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by Hon. Omar Ahmed, Chairperson
Health & Sanitation Service
Committee at 2:38p.m.
Rafiq

Committee on Health and Sanitation Services

COUNTY GOVERNMENT OF TAITA TAVETA



COUNTY ASSEMBLY OF TAITA TAVETA

SECOND ASSEMBLY - FOURTH SESSION

COMMITTEE ON HEALTH AND SANITATION SERVICES

**REPORT ON THE
EXPENDITURE OF KSH. 232 MILLION, COUNTY COVID-19
EXPENDITURE, OUTSIDE CATERING AND OTHER ISSUES OF
CONCERN IN THE COUNTY HEALTH SERVICES DEPARTMENT**

OCTOBER 2020

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LIST OF ACRONYMS AND ABBREVIATIONS

MCA	-Member of County Assembly
CECM	-County Executive Committee Member
CCO	-County Chief Officer
SCH	-Sub-County Hospital
MCRH	-Moi County Referral Hospital
KMTC	-Kenya Medical Training College
CHMT	-County Health Management Team
LED	- Light Emitting Diodes
OPD	-Out-Patient Department
CHV	-Community Health Volunteer
PPE	- Personal Protective Equipment
KEMRI	-Kenya Medical Research Institute
RRT	- Rapid Response Team
CERT	-County Emergency Response Team
PHO	-Public Health Officer
CPSB	-County Public Service Board
IFMIS	- Integrated Financial Management and Information System
IV	-Intravenous
HMT	-Hospital Management Teams
NHIF	-National Hospital Insurance Funds
FIF	- Facility Improvement Fund
AIE	-Authority to Incur Expenditure
KPLC	- Kenya Power and Lighting Company
KEMSA	-Kenya Medical Supplies Authority
TWG	-Technical Working Group
CRRC	-County Rapid Response Committee
MOH	-Ministry of Health
ToT	-Training of Trainers
NYS	-National Youth Service
CSR	-Corporate Social Responsibility
KENAO	-Kenya National Audit Office

Committee on Health and Sanitation Services

PREFACE

The Committee on Health and Sanitation Services is one of the sectoral committees constituted on 13th January, 2020 pursuant to the provisions of the Taita Taveta County Assembly Standing Order No. 193 and reconstituted on 11th June, 2020.

Pursuant to Standing Order No. 182 (6), the Committee hereby presents its report on the Expenditure of Ksh.232, 000,000, County COVID-19 Expenditure, outside catering services and other issues of concern in the County Health Services Department.

Committee Membership

The Committee on Health and Sanitation Services of the County Assembly of Taita Taveta as currently constituted comprises of the following Members;

1. Hon. Omar Ahmed, MCA, **Chairperson**
2. Hon. Constance Mwandawiro Shungula, MCA, **Vice-Chairperson**
3. Hon. Godfrey Mwambi, MCA, Member
4. Hon. Joyce Makumbo Mwagoji, MCA, Member
5. Hon. Jason Mwamodenyi Tuja, MCA, Member
6. Hon. Justine Juma Mwamba, MCA, Member
7. Hon. Abednego Jonah Mwajala, MCA, Member
8. Hon. Anselim Chao Mwadime, MCA, Member
9. Hon. Martha Kenio Matigi, MCA, Member
10. Hon. Catherine Mwakiwiwi, MCA, Member
11. Hon. Beatrice Manga, MCA, Member

Committee Mandate

The Committee on Health and Sanitation Services is established pursuant to the Taita Taveta County Assembly Standing Order No.193.

Pursuant to the Taita Taveta County Assembly Standing Order No.193 (5), the mandate of the Committee on Health and Sanitation Services is to:-

- (a) Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned departments;
- (b) Study the programme and policy objectives of departments and the effectiveness of the implementation;

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- (c) Study and review all County legislation referred to it;
- (d) Study, assess and analyze the relative success of the departments as measured by the results obtained as compared with their stated objectives;
- (e) Investigate and inquire into all matters relating to the assigned departments as they may deem necessary, and as may be referred to them by the County Assembly;
- (f) Vet and report on all appointments where the Constitution or any law requires the County Assembly to approve, except those under Standing Order 187 (*Committee on Appointments*); and
- (g) Make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.

ACKNOWLEDGEMENT

On behalf of the Committee, I take this opportunity to sincerely thank the members of the Committee, the office of the Speaker and Clerk for their valuable contributions, support and facilitation during the health facility visits and deliberations that culminated to this report.

Committee on Health and Sanitation Services

1.0 CHAPTER ONE: INTRODUCTION

Expenditure of Ksh.232 Million

The County Government had allocated Kshs.250 million in the financial year 2018/2019 which was later reduced to Ksh.232 million in the supplementary budget. The budget was meant for facelift and procurement of medical equipment in an effort to boost health care standards in the county. In the revised budget, Ksh.100 Million was set aside for Moi County Referral Hospital (MCRH), Ksh.50 Million for Taveta sub-County Hospital (SCH) and Ksh.41 Million for Mwatate and Wesu sub-County Hospitals respectively.

The Committee however received allegations that medical equipment supplied using the funds were not as per the specifications of the user Departments and were therefore not accepted by the Inspection and Acceptance Committees.

County COVID-19 Expenditure

On Monday 15th June, 2020, there was public outcry following posts on social media on the alleged misappropriation of Kshs.35, 490,279.87 from the County COVID-19 funds where questionable payments were made for various COVID-19 activities including payment of allowances and hire of Tents and PA systems among others.

Outside Catering

The Committee learnt that Moi County Referral Hospital and the three Sub-County hospitals had adopted an outside catering system of operation where companies were contracted to offer catering services in the hospitals for in-patients and hospital staff. This was contrary to the previous system where the County Public Service Board (CPSB) engaged cooks to offer the catering services and supplies for food stuff and all catering needs were managed by the respective hospitals through the Health Services Department.

Other issues of concern

The other issues of concern were:

1. Provision of NHIF services in the County Health Facilities
2. Status of vehicles in the Health Services Department
3. Status of drugs and non-pharmaceuticals

In view of the above, the Committee on Health and Sanitation Services conducted visits across the Hospitals to ascertain the allegations and report to the County Assembly its findings and recommendations on the same.

Committee on Health and Sanitation Services

1.1 Objectives

The Committee objectives were to:

1. To ascertain the allegation raised on the expenditure of the Kshs.232 million budget for facelift and purchase of medical equipment
2. To investigate the allegations raised on misappropriation of the County COVID-19 funds.
3. To assess the viability of the outside catering service system in County hospitals.
4. To assess the status of NHIF services in the County.
5. To ascertain the status of vehicles in the Health Services Department.
6. To assess the status of drugs and non-pharmaceuticals.
7. To assess any other emerging issues related to the health Services Department.
8. To compile its report and recommendations for consideration by the County Assembly.

2.0 CHAPTER TWO: COMMITTEE'S METHODOLOGY/APPROACH.

The Committee took the following approach;

2.1 Site Visits and Stakeholder Engagement

The Committee visited Taveta sub-County Hospital, One-Stop-Border-Point and Kenya Medical Training College (KMTC) on 1st July, 2020 and Moi County Referral Hospital, Mwatate and Wesu sub-County Hospitals on 2nd July, 2020 where they engaged the Hospital Management team on the issues under investigation.

2.2 Deliberative Sessions

The Committee held a deliberative session with the County Executive Committee Member (CECM) and the County Chief Officer (CCO) on 17th June, 2020 at CC Hall, Wundanyi and held another session with the CECM and CCO together with the County Director of Health Services and the County Health Management Team (CHMT) on 7th July, 2020 at KMTC, Voi.

2.3 Review of Documents

The CECM, CCO, CHMT and the Hospital Management Teams also submitted documents related to the expenditure of Ksh.232 Million, County COVID-19 expenditure, outside catering services and the status of vehicles at the Health Services Department to the Committee for review and consideration.

2.4 Committee's Proceedings

The Committee held 8 deliberative meetings after the facility visits, stakeholder engagement and deliberative sessions to compile the report and make recommendations for consideration by the County Assembly.

3.0 CHAPTER THREE: COMMITTEE FINDINGS

This section contains the findings of the Committee on the various issues under consideration;

3.1: EXPENDITURE OF KSH.232 MILLION

3.1.1: Response from the County Hospital Management Teams

The Committee on Health and Sanitation Services found as follows during the hospital visits and stakeholder engagements;

3.1.1.1: Taveta sub County Hospital

The Taveta SCH Management team responded as follows in regards to the expenditure of the hospital development fund of Ksh.50 Million;

Infrastructure Development

- i. Renovation of the pharmacy department-Ongoing
- ii. Renovation of the maternity ward-Complete
- iii. Renovation of the pediatric ward-Ongoing
- iv. Renovation of female ward-Yet to kick off
- v. Construction of the hospital gate-Ongoing
- vi. Renovation of the power switch board room and replacement of asbestos roofing-Ongoing



Taveta SCH Gate 2 under construction

Supply of medical Equipment

The following equipment were delivered as per specification;

1. 15 speculums
2. 10 stitching sets
3. 1 autoclave
4. 2 fetal Doppler's
5. 20 dressing sets
6. 1 power stabilizer

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7. 4 pediatric orthopedic beds,
8. 1 HBAIC analyzer
9. 64 out of 120 patient lockers

The following equipment delivered were not as per specifications;

1. 67 out of 100 beds were delivered but lacked the intravenous poles (IV)
2. 96 out of 100 mattresses with mackintosh of medium density were delivered instead of high density. The mattresses were however replaced by the Supplier.
3. 3 phototherapy lights.
4. 10 procedure trolleys.
5. 2 examination lights.
6. 2 out of 5 oxygen concentrators were delivered.
7. 20 delivery sets.
8. Instruments trolley.
9. 2 examination lights.
10. 4 binocular microscopes

The following equipment were ordered but were not delivered;

1. The Hematology blood mixer.
2. 56 patient lockers
3. 4 mattresses with mackintosh
4. 33 patient beds
5. 3 oxygen concentrators

Pursuant to the Public Procurement and Asset Disposal Act, 2015 Section 84, an Evaluation Committee may, after tender evaluation but prior to the award of the tender conduct due diligence. The evaluation committee did not conduct due diligence until sub-standard equipment were supplied that is when representatives were sent to inspect the equipment to replace the ones previously supplied.

Taveta SCH Observations and Recommendations

Observations

The Health and Sanitation Services Committee observed as follows in regards to the expenditure of Ksh.50Million for the Hospital facelift and development as follows;

The Health Services Department failed to support the Evaluation Committee to conduct due diligence after tender evaluation and prior to the award of the tender pursuant to section 84 of the Public Procurement and Asset Disposal Act, 2015. This may have gone a long way to reduce the possibility of delivery of supplies which were not as per specification.

Less than 50 percent of the medical equipment supplied by Medix East Africa Ltd were not per the specifications of the various user Departments. Thus making the contractor unreliable.

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The Taveta sub-County Hospital Inspection and Acceptance Committee rejected the medical equipment which were not as per specifications, however, following the resolution of meetings held by the Hospital Management Teams from the 4 hospitals, at KMTC, Voi some of the rejected equipment were accepted with condition.

The Taveta SCH pediatric Ward was converted to an isolation Ward and therefore the Maternity Ward also serves as a pediatric Ward.

Recommendations

The Committee on Health and Sanitation Services recommended as follows;

1. That going forward, the County Health Services Department **must** support the Evaluation Committee to conduct due diligence as per the provisions of section 84 of the Public Procurement and Asset Disposal Act, 2015 and a report of the same adopted before deliveries are made. The bidders must also send samples of the equipment or items for verification/approval of their quality and suitability as per the user department specifications.
2. That going forward, if a supplier makes a delivery which is not as per specification, the respective Inspection and Acceptance Committees should reject the supplies and immediately notify the supplier to collect the equipment or items within seven days. The notification shall also include the directive to the supplier to commence the delivery process of the replacement of the supplies.
3. The replacement as per the above recommendation 2, should take place within 14 days upon notification by the Inspection and Acceptance Committee.
4. The Health Services Department should budget for the construction of a new building to accommodate the pediatric Ward.
5. The Health and Sanitation Services Committee should conduct a follow up visit to confirm whether Medix East Africa has replaced all the medical equipment that were accepted with condition and other related matters incidental.

3.1.1.2: Mwatate sub County Hospital

Infrastructure Development

1. Construction of a theatre-Ongoing
2. Expansion of the laboratory-Ongoing
3. Renovation of female, pediatric, male and maternity Ward-Complete
4. Renovation of a boardroom-Complete
5. Renovation of the condemned theatre structure to accommodate the physiotherapy, ultra sound, dental departments and other sub-County offices-Complete
6. The X-ray Department is currently under construction

Construction of the Theatre

Prolite Agency is the company constructing the Theatre. There is no signage for the ongoing construction.

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The Theatre under construction has been temporarily halted because there is a power pole in the middle of the building under construction. All procedure to have the pole removed by Kenya Power and Lighting Company (KPLC) have been done to enable KPLC officials to remove the pole.

Supply of Medical Equipment

The following equipment were delivered as per specifications;

1. 1 sterilizer
2. 4 examination coaches
3. 1 water bath
4. 100 speculum sets

The following equipment delivered were not as per specifications;

1. 1 water Dispenser.
2. 4 Procedure Trolleys. The trolleys have parts with plastic yet the specifications were stainless steel trolleys.
3. 10 mattresses. The mattresses were not high density
4. 20 dressing sets. 1 set was incomplete but was later supplied to completion. The sets however have plastic handles as opposed to the stainless-steel specifications
5. 2 binocular microscopes

The following equipment were ordered but not delivered;

1. 10 patient beds

Pursuant to the Public Procurement and Asset Disposal Act, 2015 Section 84, an Evaluation Committee may, after tender evaluation but prior to the award of the tender conduct due diligence. The evaluation committee did not conduct due diligence until sub-standard equipment were supplied that is when representatives were sent to inspect the equipment to replace the ones previously supplied.

Challenges in Mwatate SCH

The facility has an ultra sound machine which is currently not operating because the officer in charge has been absconding duty for the past five month's allegedly because of health issues. However, the officer did not produce any documents to prove the same. A request by the Medical Superintendent to have another officer posted to operate the machine is yet to be responded to by the County Public Service Board (CPSB).

Mwatate SCH Observations and Recommendations

Observations

The Health and Sanitation Services Committee observed as follows in regards to the expenditure of Ksh.41Million for the Hospital facelift and development as follows;

The Health Services Department failed to support the Evaluation Committee to conduct due diligence after tender evaluation and prior to the award of the tender pursuant to section 84 of the Public

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Procurement and Asset Disposal Act, 2015. Conducting due diligence can help reduce the risk and possibility of a contractor supplying equipment that are not as per specification.

Less than 50 percent of the medical equipment supplied by Medix East Africa Ltd were not as per the specifications of the various user Departments, thus making the contractor unreliable.

The Mwatate sub-County Hospital Inspection and Acceptance Committee rejected the medical equipment which were not as per specifications, however, following the resolution of meetings held by the hospital management teams from the 4 hospitals, at KMTC, Voi some of the rejected equipment were accepted with condition as per...

The Contractor of the Mwatate SCH theatre, Prolite Agency did not put a signage of the ongoing construction as required by the regulations of the National Construction Authority (NCA) Act, 2011.

The Committee noted negligence on the part of the contractor of the Theatre; Prolite Agencies, the supervisor of works, the Department of Health Services and the project Committee for beginning a construction before removing the power pole.

The Medical Superintendent informed the committee on the existing staff gaps in the radiology department since there was only one staff in the ultra sound section and upon absconding duty, the ultra sound machine services were halted.

Recommendations

The Committee on Health and Sanitation Services recommended as follows;

1. That going forward, the County Health Services Department **must** support the Evaluation Committee to conduct due diligence as per the provisions of section 84 of the Public Procurement and Asset Disposal Act, 2015 and a report of the same adopted before deliveries are made. The bidders must also send samples of the equipment or items for verification/approval of their quality and suitability as per the user department specifications.
2. That going forward, if a supplier makes a delivery which is not as per specification, the respective Inspection and Acceptance Committees should reject the supplies and immediately notify the supplier to collect the equipment or items within seven days. The notification shall also include the directive to the supplier to commence the delivery process of the replacement of the supplies.
3. The replacement as per the above recommendation 2, should take place within 14 days upon notification by the Inspection and Acceptance Committee.
4. The Contractor, Prolite Agency **must** put a signage for the ongoing construction of Mwatate SCH theatre forthwith and the department must ensure that any construction henceforth must have proper signage as per the provisions of NCA Act, 2011.

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5. The Public Works Department must ensure that due diligence is followed before any construction works begin to avoid cases where constructions take place where power poles/lines are located, the committee recommends that action should be taken against the responsible officers that is, the hospital administrative officer, the medical superintendent and relevant public works officers, including surcharging for any costs incurred.
6. The Health Services Department in liaison with the County Public Service Board should engage adequate officers (at least three officers) in the ultra sound section to ensure 24 hours service delivery for day and night shifts in the ultra sound section within 60 days.
7. The Health and Sanitation Services Committee should conduct a follow up visit to confirm whether Medix East Africa has replaced all the medical equipment that were accepted with condition and other related matters incidental.

3.1.1.3: Wesu sub County Hospital

The Wesu SCH Management team responded as follows in regards to the expenditure of the hospital development fund of Ksh.41 Million;

Infrastructure Development

1. Renovation of the X-Ray -6.2M-Ongoing. So far only painting has been done and fixing of tiles. The major works which is fixing of LED Rays is yet to be done by the Contractor; Naraya Contractor.
2. Renovation of female ward, construction of outpatient and inpatient ashpit and fencing of the facility-4.2M-Complete
3. Construction of a gate-1.4M-Ongoing
4. Construction of a 4 door pit latrine-1.3M-(ongoing)

Supply of Medical Equipment

The following equipment were delivered as per specifications;

1. Purchase of a land cruiser Ambulance-9.6M
2. 2 cardiac beds and 2 mattresses
3. 2 examination coaches
4. 1 photo Doppler
5. 4 stitching sets
6. 30 mattresses with mackintosh
7. 1 power stabilizer

The following equipment delivered were not as per specifications;

1. 1 phototherapy light
2. 1 Urilizer
3. 1 binocular microscope
4. 1 water bath
5. 6 procedural trolleys- 1 did not meet specifications, 5 did not have breaks. The parts to be replaced were brought but are yet to be fixed.
6. 1 delivery set- The set was returned and is now fully equipped.

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The following equipment were ordered but not delivered

1. The 30 patient beds

Pursuant to the Public Procurement and Asset Disposal Act, 2015 Section 84, an Evaluation Committee may, after tender evaluation but prior to the award of the tender conduct due diligence. The evaluation committee did not conduct due diligence until sub-standard equipment were supplied that is when representatives were sent to inspect the equipment to replace the ones previously supplied.

Wesu SCH Observations and Recommendations

Observations

The Health and Sanitation Services Committee observed as follows in regards to the expenditure of Ksh.41Million for the Hospital facelift and development as follows;

1. The Health Services Department failed to support the Evaluation Committee to conduct due diligence after tender evaluation and prior to the award of the tender pursuant to section 84 of the Public Procurement and Asset Disposal Act, 2015. This may have gone a long way in reducing the possibility of delivery of supplies which a not as per specification.
2. Less than 50 percent of the medical equipment supplied by Medix East Africa Ltd were not per the specifications of the various user Departments. Thus making the contractor unreliable.
3. The Wesu sub-County Inspection and Acceptance Committee rejected the medical equipment which were not as per specifications, however, following the resolution of meetings held by the hospital management teams from the 4 hospitals, at KMTC, Voi some of the rejected equipment were accepted with condition.
4. The Contractor in charge of the renovation of the Wesu SCH X-ray is very slow in completing the major works of the renovation which is fixing the **X-ray rays** to enable operationalization of the X-ray Services.
5. The Committee noted variances in the cost of some constructions such as that of the four door pit latrine which is under construction in Wesu SCH at a cost of Ksh.1, 300,000 while in the Department of Education and Libraries the same design is constructed at a lower cost.

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Recommendations

The Committee on Health and Sanitation Services recommended as follows;

1. That going forward, the County Health Services Department **must** support the Evaluation Committee to conduct due diligence as per the provisions of section 84 of the Public Procurement and Asset Disposal Act, 2015 and a report of the same adopted before deliveries are made. The bidders must also send samples of the equipment or items for verification/approval of their quality and suitability as per the user department specifications.
2. That going forward, if a supplier makes a delivery which is not as per specification, the respective Inspection and Acceptance Committees should reject the supplies and immediately notify the supplier to collect the equipment or items within seven days. The notification shall also include the directive to the supplier to commence the delivery process of the replacement of the supplies.
3. The replacement as per the above recommendation 2, should take place within 14 days upon notification by the Inspection and Acceptance Committee.
4. The Contractor in charge of the renovation of the Wesu SCH X-ray should be urged to complete works as soon as possible so that X-ray services resume and the Health Services Department in liaison with the Finance and Economic Planning Department to ensure payments to the contractor are made on time upon completion of the renovation.
5. The public works department should come up with standardized project costs (Bill of Quantities) and a special audit be conducted by Kenya National Audit Office (KENAO) to ascertain the variances in the construction costs between toilets constructed by different departments.
6. The Health and Sanitation Services Committee should conduct a follow up visit to confirm whether Medix East Africa has replaced all the medical equipment that were accepted with condition and other related matters incidental.

3.1.1.4: Moi County Referral Hospital

The Moi CRH Management team responded as follows in regards to the expenditure of the hospital development fund of Ksh.100 Million;

Infrastructure Development

1. Roofing of the Pharmacy-Complete
2. Renovation of the maternity Ward-Complete
3. Renovation of the X-Ray, Laboratory roofing and other works-Complete
4. Painting of the casualty, female ward and other blocks-Complete

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Supply of Medical Equipment

The following equipment were delivered as per specifications;

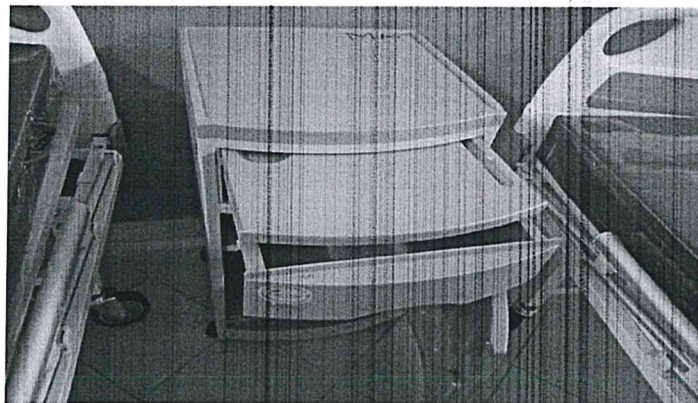
1. Purchase of a land cruiser Ambulance-9.6M
2. 2 Hydraulic delivery set
3. 10 delivery sets
4. 1 Orthopedic Mattress
5. 20 Speculums
6. 1 theatre open table
7. 30 stitching sets
8. 20 dressing sets
9. 1 Baby warmer
10. 8 BP machines
11. Pediatric bed
12. 1 urilizer Machine
13. 3 MVA sets

The following equipment delivered were not as per specifications;

1. Patient lockers
2. 5 Physiotherapy Lights
3. 10 cardiac beds and mattresses
4. 30 procedural trolleys- did not have breaks and have plastic part instead of the requested stainless-steel trolley. The trolleys are in use in the isolation facility awaiting fixing of brake.
5. 1 electric centrifuge

The following equipment were ordered but not delivered;

1. 5 Fetal Doppler
2. 4 CNT set
3. 1 Coagulation Analyzer



Patient Lockers with stainless steel and plastic parts

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Pursuant to the Public Procurement and Asset Disposal Act, 2015 Section 84, an Evaluation Committee may, after tender evaluation but prior to the award of the tender conduct due diligence. The evaluation committee did not conduct due diligence until sub-standard equipment were supplied that is when representatives were sent to inspect the equipment to replace the ones previously supplied.

Moi CRH Observations and Recommendations

Observations

The Health and Sanitation Services Committee observed as follows in regards to the expenditure of Ksh.100 Million for the Hospital facelift and development;

1. The Health Services Department failed to support the Evaluation Committee to conduct due diligence after tender evaluation and prior to the award of the tender pursuant to section 84 of the Public Procurement and Asset Disposal Act, 2015. This may have gone a long way to reduce the possibility of the contracted supplier delivering equipment which a not as per specifications.
2. Less than 50 percent of the medical equipment supplied by Medix East Africa Ltd were not as per the specifications of the various user Departments, thus making the contractor unreliable.
3. The Moi CRH Inspection and Acceptance Committee accepted with condition the medical equipment which were not as per specifications due to the urgency to operationalize the COVID-19 Isolation Ward.
4. The MCRH male Ward was converted to a COVID-19 Isolation Ward, patients are therefore referred to Mwatate SCH.

Recommendations

The Committee on Health and Sanitation Services recommended as follows;

1. That going forward, the County Health Services Department **must** support the Evaluation Committee to conduct due diligence as per the provisions of section 84 of the Public Procurement and Asset Disposal Act, 2015 and a report of the same adopted before deliveries are made. The bidders must also send samples of the equipment or items for verification/approval of their quality and suitability as per the user department specifications.
2. That going forward, if a supplier makes a delivery which is not as per specification, the respective Inspection and Acceptance Committees should reject the supplies and immediately notify the supplier to collect the equipment or items within seven days. The notification shall also include the directive to the supplier to commence the delivery process of the replacement of the supplies.
3. The replacement as per the above recommendation 2, should take place within 14 days upon notification by the Inspection and Acceptance Committee.

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4. A special audit be conducted by KENAO immediately on the authorization and usage of the sub-standard medical equipment to include the following;
 - a) Needs assessment
 - b) Procurement process (to include requisition, approvals, tendering, conduct of due diligence, delivery processes)
 - c) Suitability of the equipment (to include quality, safety, aesthetics and durability)
 - d) Payment process
5. The outcome of the special audit conduct under recommendations 4 above will determine the kind of action to be taken against the officer(s) if found culpable of authorizing the usage of sub-standard medical equipment.
6. The Health Service Department should budget for and construct more buildings in Moi CRH to accommodate the male ward and the expansion of the theatre to accommodate a main and minor theatre for obstetrics and gynecology and orthopedic surgeries.
7. The Health and Sanitation Services Committee should conduct a follow up visit to confirm whether Medix East Africa has replaced all the medical equipment that were accepted with condition and other related matters incidental.

3.1.1.5: Response by the CECM, CCO and CHMT

The CECM, CCO and CHMT during a meeting held on 7th July, 2020 at KMTC Voi presented as follows on the expenditure of Kshs.232 Million for the Development of County Hospitals;

Expenditure of 100M in Moi hospital was done as follows;

1. Purchase of ambulance at 9.6M
2. Construction of the X-ray room-Complete
3. Construction of the OPD

A breakdown on the expenditure of the 232M was as follows;

1. Moi County Referral Hospital infrastructure- Ksh.16, 632, 258.70.
2. Wesu sub-County Hospital- Ksh.22, 382, 966 where a voucher of Ksh.15, 369, 024 has been raised so far.
3. Taveta sub-County hospital- Ksh.9, 284,031 where a voucher of Ksh.4, 121, 109 has been raised so far.
4. Mwatate sub-County hospital- Ksh.31, 613, 188 where a voucher of Ksh.15, 384, 461

The Committee was informed that the following 2 suppliers were awarded the tender to supply medical equipment;

1. Pasaiba Tourmaline Ltd was to make a supply of Ksh.71, 615, 190
2. Medix East Africa Ltd was to make a supply of Ksh.42, 822, 950

Pasaiba Tourmaline Limited however later said that they were not in a position to make the supplies due to the restriction occasioned by the COVID-19 pandemic globally.

The supplies were first made in April 2020.

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Pursuant to the Public Procurement and Asset Disposal Act, 2015 Section 84, an Evaluation Committee may, after tender evaluation but prior to the award of the tender conduct due diligence. The CCO informed the Committee that due to lack of funds the evaluation committee did not conduct due diligence until sub-standard equipment were supplied that is when representatives were sent to inspect the equipment to replace the ones previously supplied.

3.1.2: Review of Documents on the Expenditure of Ksh.232 Million

The CCO Health Services submitted to the Committee the following documents on the expenditure of Ksh.232 million in the supply of medical equipment;

Requisition for purchase of medical equipment

On 19th December, 2019 the Health Services Department made a requisition for purchase of 'Assorted Medical Equipment as per attached specification' with an estimated cost of Ksh.181,190,140.

Invitation for Tender

The invitation for tender for the Health Department sought eligible suppliers and contractors to tender for various Health Facility works and equipment and for supply and delivery of Assorted Medical Equipment and Other Supplies for the Department.

The supply and delivery of Assorted Medical Equipment and Other Supplies for the Department of Health, Negotiation Number 765306-2019/2020 was an open tender and duly completed tender documents were to be submitted on or before 7th January, 2020 at 10:00 am.

Tender Document

A copy of the Tender document on the Assorted Medical Equipment and Other Supplies for the Department of Health showing the requirements of the Department was also submitted.

Professional opinion on Negotiation Number 765306-2019/2020

The Department of Supply Chain Management vide a letter dated 10th March, 2020 informed the CCO Health Services that the following companies had submitted requests;

1. Cam-Links Limited
2. Encartar
3. Finescope System Ltd
4. Gateway Innovations Limited
5. Hanloc General Contractors Limited
6. Medix East Africa Limited
7. Mwidani Investment
8. Oasis Press Supplies Limited
9. Pasaiba Tourmaline Limited
10. Physical Therapy Services

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11. Topline Surgicals Limited

The following companies did not qualify to proceed to the technical evaluation stage;

1. Cam-Links Limited-The bidder attached a form of tender of another company-Valaria Construction Limited which had construction materials attachment.
2. Gateway Innovations Limited-the bidder did not attach dully filled manufactures authorization form and company profile.
3. Hanloc General Contractors Limited- the bidder did not attach dully filled manufactures authorization form and confidential business questionnaire.
4. Mwidani Investment- the bidder did not attach manufactures authorization form.
5. Physical Therapy Services- the bidder did not attach dully filled price schedule and company profile.
6. Topline Surgicals Limited- the bidder did not attach manufactures authorization form.

The following companies proceeded to the technical evaluation stage;

1. Medix East Africa Limited
2. Oasis Press Supplies Limited
3. Pasaiba Tourmaline Limited
4. Encartar
5. Finescope System Ltd

The following companies qualified for financial evaluation;

1. Medix East Africa Limited
2. Pasaiba Tourmaline Limited

The acting Director, Supply Chain Management recommended as follows pursuant to the provisions of section 80(5) and section 84(1) of the Public Procurement and Asset Disposal Act, 2015;

1. Pasaiba Tourmaline Limited be awarded in line quotes in items for which is the lowest responsive competitive bidder at a tender sum of Ksh.79, 846, 990
2. Medix East Africa Limited be awarded in line quotes in items for which is the lowest responsive competitive bidder at a tender sum of Ksh.50, 294, 450.

Due diligence on Negotiation Number 765306-2019/2020

The Chairperson of the Tender Evaluation Committee, Dr. Shem Jeremiah vide an internal memo dated 30th January, 2020 requested the CCO Health Services for facilitation of the Tender Evaluation Committee to conduct due diligence as provided in section 84 of the Public procurement and Asset Disposal Act, 2015 prior to the award of the Negotiation Number 765306-2019/2020, supply and delivery of Assorted Medical Equipment and Other Supplies for the Department of Health.

In the request, the Committee sought to visit among other Health Facilities, Pasaiba Tourmaline Limited and Medix East Africa Limited two of the major tenderers for pre-inspection of its supplies.

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The visit was set for 20th February, 2020. The Committee was however advised that there was inadequate finance to facilitate the visit.

Notification of intention to enter into a contract

The CCO Health Services vide a letter dated 20th March, 2020 referenced TTCG/TGF/SCM/VOL.1/HEALTH/15 gave the notification to Medix East Africa Limited for the Negotiation Number 765306-2019/2020, supply and delivery of Assorted Medical Equipment and Other Supplies for the Department of Health and intention to award the Company a tender sum of Ksh.50, 294, 450.

Acceptance of the Notification of intention to enter into a contract

In response, Medix East Africa Limited acknowledged receipt of the award notification vide a letter dated 24th March, 2020.

Contract Agreement

On 6th April, 2020 an agreement was made between the Department of Health Services and Medix East Africa Limited for execution of Negotiation Number 765306-2019/2020, supply and delivery of Assorted Medical Equipment and Other Supplies for the Department of Health Services at a tender sum of Ksh.42, 882,950. The project was expected to commence on 7th April, 2020 and be completed in 8th June, 2020 in a period of 60 days.

Appointment of Inspection and Acceptance Committees

The CCO Health Services vide a letter dated 16th April, 2020 appointed officers to serve in the Inspection and Acceptance Committees pursuant to Section 48 of the Public Procurement and Asset Disposal Act, 2015 in respect to Negotiation Number 765306-2019/2020, supply and delivery of Assorted Medical Equipment and Other Supplies for the Department of Health Services.

The Officers were drawn from Moi County Referral Hospital, Taveta, Mwatate and Wesu sub-County Hospitals.

Medical equipment requisition and delivery details

The CCO submitted copies of the requisition made by Moi County Referral Hospital, Taveta, Mwatate and Wesu sub-County Hospitals. The same was then compiled into a general list.

The CCO also submitted the medical equipment delivered to Moi County Referral Hospital, Taveta, Mwatate and Wesu sub-County Hospitals and the unit price.

Delivery of medical equipment

The first lot of equipment was delivered on 16th April, 2020 and the second lot on 19th April, 2020.

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Report on the Medical Equipment Inspection and Acceptance

Moi CRH

The MCRH Inspection and Acceptance report dated 16th April, 2020 indicated the equipment inspected and accepted and those that were rejected or accepted with condition.

The following were rejected or accepted with condition;

1. 30 Procedure Trolleys were accepted with condition that brakes are installed
2. 15 examination Lights were accepted with conditions not specified in the report
3. 1 coagulation machine was not supplied
4. 1 utilizer was not supplied
5. 1 mechanical shaker was not supplied
6. 10 mattresses were rejected for not meeting the specification and were to be replaced

Taveta SCH

The Taveta SCH Inspection and Acceptance Committee meeting was held on 23rd April, 2020 and indicated the equipment inspected as follows;

The following was the report of the Inspection and Acceptance Committee;

1. 64 out of 120 patient lockers were delivered and did not meet the specification since they were not made of steel, had no magnetic door latch and the size was 48x47x80cm instead of the requested 40x40x80cm
2. 10 stitching sets were delivered and did not meet specifications. The sets lacked gallipot and blade holder and were 'Ss Tray 8"x5"' instead of the requested 10"x14".
3. 15 Speculum sets were delivered and did not meet specifications since medium set was less 2' and small set exceeded 2'
4. 20 delivery sets were delivered and did not meet specifications since they lacked; 2 bowls of 8", the needle holder and the Ss tray was 12.5"x9: instead of 10"x14", the kidney dish was 8.5" instead of 10" and had a single Artery forceps straight of 8" instead of 2

The set also lacked the following items;

- i. Cusco speculum
 - ii. Dissecting forceps plain
 - iii. Sponge holding forceps
 - iv. Kocher forceps holding
 - v. Teale vulsellum forceps
5. 2 out of 5 oxygen concentrators were delivered and did not meet specifications. They had 1 built in flowmeter instead of 2 and holds 5LPM instead of 10LPM.
 6. 1 fridge guard was delivered even though there was no item description in the specification document for a power stabilizer.

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7. 96 out of 100 medium density mattresses were delivered instead of high density and the delivery was not as per the patient size bed.
8. 4 Orthopedic/pediatric beds, 2 fetal dopplers, 1 HBAIC Analyzer and 7 instrument trolleys were delivered but had no item description from the specification document.
9. 20 dressing sets were delivered and did not meet specification with the Ss tray 10.8"x12" instead of 10"x14" and the dissecting forceps untoothed instead of 1 toothed and the other untoothed
10. 1 autoclave of 18 liters was delivered instead of 20 liters
11. 67 out of 100 patient beds were delivered and did not meet specifications with the intravenous adjustable poles not available and mobile with 4 castors with only 2 brakes fixed.
12. 10 procedure trolleys were delivered and did not meet specifications with a dimension of 660mm instead of 750mm, lacked lockable casters, lacked 3 side rails on each shelf and the side rails had no provision for bucket or bowl.
13. 1 examination light was delivered and did not meet specification with the diameter of lighting being 80mm instead of 100mm and only 3 LED could light instead of 5.
14. 3 phototherapy machines were delivered. The bulbs were not LED instead had blue phototherapy tubes. The times is capable of counting up instead of down hence cannot give a clear total usage and treatment time.
15. 4 microscopes were delivered but were not Olympus as per the specifications

The Taveta SCH Inspection and Acceptance Committee having inspected the medical equipment and having noted that there was no match between the equipment delivered and the Technical Specification document resolved not to accept the equipment pursuant to Section 48 (3)(c) of the Public Procurement and Asset Disposal Act, 2015.

Progress Report on the Rejected Items

The Inspection and Acceptance Committee in Taveta SCH held another meeting on 3rd June, 2020 to give a progress report on the rejected items following a meeting held in KMTC Voi on 30th April, 2020 as follows;

1. Patient lockers were accepted
2. Stitching set accepted after delivery of the missing items as per specifications
3. Speculum was accepted after delivery of 2 medium set speculums as agreed in the KMTC Voi meeting
4. Autoclave accepted after replacement with a 24L autoclave
5. The pediatric orthopedic beds were accepted as agreed in the KMTC Voi meeting
6. Dressing set accepted after delivery of toothed dissecting forceps
7. Power stabilizer accepted as agreed in the KMTC Voi meeting
8. HBAIC accepted after installation, training and inspection.
9. Mattresses and mackintosh were accepted after replacement of the mattresses.

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The Inspection and Acceptance Committee in Taveta SCH held another meeting on 15th June, 2020 to give a progress report on the rejected items following a meeting held in KMTC Voi on 30th April, 2020 as follows;

1. Modern patient beds accepted after delivery of the missing IV poles
2. Phototherapy light was collected by the supplier for replacement
3. The Examination light was collected by the supplier for replacement
4. The oxygen concentrator was collected by the supplier for replacement
5. The instrument trolley was collected by the supplier for replacement
6. The Binocular microscope was rejected and still await the supplier to collect it for replacement

Wesu SCH

The Wesu SCH Inspection and Acceptance Committee report on rejected medical equipment dated 29th April, 2020 indicated delivery of medical equipment as follows;

The following equipment were rejects;

1. 5 procedure trolleys were delivered. 4 of the trolleys had no brakes and 1 was incomplete.
2. 1 phototherapy machine was delivered. The machine had no LED bulb as phototherapy radiat source and was not capable of counting down.
3. 1 water bath was delivered but did not have 30 liters capacity as specified
4. 1 delivery set was delivered with the following missing items; Artery forceps straight 8"-1 pc, Needle holder 7" (Sims) 1pc and Box Ss 8"-2 pc
5. 1 examination light was delivered with 3 LEDs (Light Emitting Diodes) instead of the preferred over 5
6. 4 stitching sets were delivered with the following missing items; Toothed dissecting forcep- 1pc, Gallipot 180ml-1pc, Blade holder size 3 and 4-2pcs
7. 1 fridge guard was delivered instead of the specified voltage stabilizer
8. 1 Urilizer machine was delivered and is awaiting the supplier to test the machine for its function-ability before the acceptance process is undertaken.

The following items were accepted;

- i. Patient mattress
- ii. Cardiac beds
- iii. Examination watch
- iv. Fetal Doppler
- v. Dressing set
- vi. Microscope

Mwatate SCH

The Inspection and Acceptance Committee held a meeting on 5th June, 2020 and the following was the Inspection and Acceptance report;

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The equipment listed below were rejected:

1. 20 stitching sets were delivered. The lid holders were not made of stainless steel and were therefore not accepted. The item did not also meet the following specifications;
2. 10 dressing sets were delivered with lid holders not made of stainless steel hence not accepted
3. 1 binocular microscope with the field vie being too small and the date plate raised doubt hence the item was not accepted
4. 1 water dispenser was delivered but did not meet the specifications as follows; hot, warm and cold water with compressor cooling with fresh cabinet, 3 push taps with silver and black and silver color sprout, up tray and cover. The item was not accepted.
5. 1 mechanical shaker was delivered without a manual the supplier was to supply maintenance manual for acceptance.
6. 15 patient mattress and mackintosh were delivered and did not meet the following specifications; they were medium density instead of high density, were not hospital grade (Green mackintosh) and hence not accepted.
7. 5 procedure trolleys were delivered but did not meet specifications. The trolley wheels were not lockable, some parts were made of plastic which can wear and tear fast as a result of disinfecting agents instead of stainless steel, they lacked provision for bowl and bucket and hence not accepted.

The following items were accepted;

- i. Speculum
- ii. Examination coach
- iii. Water distiller
- iv. Autoclave machine

Inspection, Acceptance and Review of Assorted Medical Equipment by County Hospitals and Medix East Africa Limited

The Taita Taveta County Hospitals and officials from Medix East Africa Limited held a meeting on 5th May, 2020 at KMTC, Voi campus and agreed as follows;

1. Items accepted with conditions should be replaced within 2-4 weeks.
2. Items rejected should be supplied as per specifications
3. The supplier to liaise with the various hospitals and provide a list of items to be delivered with specification for confirmation before loading and supply
4. All deliveries will be made on week days during working hours
5. Supplier to provide warranty documents for every item delivered
6. Supplier to provide commitment letter for replacement of the items agreed to be replaced
7. Supplier to make earlier communication for deliveries to allow proper preparation and mobilization of the inspection team
8. Inspection, commissioning and acceptance will be done upon installation of machines
9. Due to the COVID-19 pandemic some of the equipment which were previously rejected were in urgent need for setting up of the isolation centres it was agreed that items with less

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specification variation be put to use as the supplier makes arrangements to replace the missing sets.

10. The supplier was to open a joint email for all hospitals for easy communication for the delivery of the next consignment
11. Procurement and Finance and Planning Department should fast track payment of fully accepted equipment to the supplier

Correspondents on the rejected Assorted Medical Equipment

1. On 2nd May, 2020, the CCO Health Services vide a letter referenced TTVT/HS/CCOH/LET/VOL.3/ (98) wrote to Medix East Africa Limited on the need to correct the deviation; including replacement of equipment that do not hesitate to meet the user specification as highlighted in the Inspection and Acceptance Reports within 14 Days from receipt of the letter to ensure timely conclusion of the procurement process to avoid pending bills as the financial year was ending in 1 month time. Further, to allow for inspection and acceptance of some items highlighted as pending installation and Commissioning.
2. On 3rd June, 2020, Medix East Africa Limited responded that they have delivered and rectified on the few areas of concern and consider the first phase of the supplies done. They further requested release of payment as agreed so that they can deliver the balance before the financial year closes.

The delivery of the second batch is subject to full payment of the first batch. Medix East Africa Limited also reminded the CCO to include payment of a debt that has been pending for more than 2 years as indicated in a statement sent earlier to the office of the CCO.

Medix East Africa Limited hoped to deliver the balance order before 15th June, 2020.

3. On 11th May, 2020, the CCO Health Services vide a letter referenced TTVT/HS/CCOH/LET/VOL.3/ (13) wrote to Medix East Africa Limited drawing their attention to the previous letter which Medix East Africa Limited to reminding them on the need quickly respond to ensure timely conclusion of the procurement process to avoid pending bills as the financial year was ending in 1 month time.
4. On 12th June, 2020 the CCO Health Services vide a letter referenced TTVT/HS/CCOH/LET/VOL.3/ (131) wrote to Medix East Africa Limited drawing their attention to the letter referenced TTVT/HS/CCOH/LET/VOL.3/ (13) dated 11th May, 2020 on concerns raised by users on equipment supplied on 15th April, 2020 and 18th April, 2020. The CCO Health Services appreciated that an effort was made to address some of the concerns on 21st May, 2020 and 2nd and 3rd June, 2020 and urged that Medix East Africa Limited urgently collects the following items for replacement;
 - i. Water dispenser
 - ii. Binocular microscope model xsz-210ba
 - iii. Modern patient beds
 - iv. Phototherapy machine
 - v. Oxygen concentrator

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- vi. Stitching set
- vii. Examination lights
- viii. Instrumental trolley

The CCO further requested that Medix East Africa Limited addresses issues of the following items by 17th June, 2020 to enable the Inspection and Acceptance Committees assess the same for compliance so as to enable processing of payment;

- i. Water bath
- ii. Dressing set
- iii. Stitching set
- iv. Procedural trolley

The CCO while drawing the attention of Medix East Africa Limited to the provisions of Section 35(1) and 35(6) of the Public Procurement and Asset Disposal Regulation, 2020 informed Medix that the Department will proceed to process payment for items received, inspected and accepted by the Inspection and Acceptance Committee.

5. On 29th June, 2020 Medix East Africa Limited wrote to the County Secretary and the CCO Health Services on the collected items as directed by the CCO as follows;

Taveta SCH

- i. 1 Examination Light
- ii. 2 oxygen concentrators
- iii. 5 instrumental trolleys
- iv. 3 phototherapy lights

Wesu SCH

- i. 1 Examination Light
- ii. 1 Phototherapy Light
- iii. 1 Water bath

Mwatate SCH

- i. 20 Stitching/Suture set
- ii. 10 Dressing set
- iii. 4 Water dispensers

Moi CRH

- i. 11 Examination Light

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Infrastructure Development from the Ksh.232 million

The CCO submitted the project progress report for MCRH, Wesu, Taveta and Mwatate SCHs utilized from the Ksh.232 Million as follows;

Moi CRH

NO.	PROJECT	CONTRACTOR	AMOUNT	VOUCHER AMOUNT	STATUS/ REMARKS
1.	Completion of OPD	Sitwa Enterprises Ltd	3,013,767	1,130,930	Voucher Amount in IB/
2.	Roof renovation for the X-ray room	Lwandani Ent	613,199.20	613,199.20	Complete/IB
3.	Alteration at maternity ward	Ronams co.ltd	1, 247, 667	1, 247, 667	Complete/validation
4.	Paint works	Alui general services ltd	1, 458, 772.50	1, 458, 772.50	Complete/IB
5.	Purchase of ambulance land cruiser	Toyota kenya	9, 530, 000	9, 530, 000	Payment done/delivered
6.	Pharmacy roof renovation	Bettods	768, 848	768, 848	Complete/validation
Totals			16, 632, 253.70	14, 749, 417	

Wesu SCH

No.	PROJECT	CONTRACTOR	AMOUNT	VOUCHER AMOUNT	STATUS/ REMARKS
1	Construction of main gate	Sanabil Gen supplies	1, 458, 237.80	621, 990	80% complete
2	Construction of 4-door pit latrine	Kidaya Inv	1, 300, 000	988, 000	90% Complete/Validation
3	Renovation of X-ray block	Naraya Gen Merchant ltd	6, 365, 693.72		Works in progress
4	Renovation works at Wesu SCH	Adams Supplies	4, 229, 034	4, 229, 034	In progress/invoicing
5	Purchase of ambulance land cruiser	Toyota kenya	9, 530, 000	9, 530, 000	Payment done/delivered
Totals			22, 382, 966	15, 369, 024	

TAVETA SCH

No.	PROJECT	CONTRACTOR	AMOUNT	VOUCHER AMOUNT	STATUS/ REMARKS
1	Construction of main gate	Walcon Inv ltd	1, 457, 108.40	545, 245	In progress/validation
2	Roofing, ceiling, floor repair for maternity block	Franji & Gen Sup Ltd electricals	1, 433, 064	1, 433, 064	Complete/IB

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3	Switch board renovation	Franji & Gen Sup Ltd electricals	1, 700, 000		Works in progress
4	Renovation for generator house, pharmacy room, male and female ward	Franji & Gen Sup Ltd electricals	4, 693, 858.80	2, 143, 000	Work in progress
	Totals		9, 284, 031	4, 121, 309	

MWATATE SCH

No.	PROJECT	CONTRACTOR	AMOUNT	VOUCHER AMOUNT	STATUS/REMARKS
1	Renovation works at Mwatate SCH	Alui Gen services ltd	2, 696, 855	2, 696, 855	Complete/Paid
2	Laboratory extension	Richardson Ent Ltd		911, 997	Work in progress/IB
3	Refurbishment of former theatre block to offices & construction of waiting bay of OPD	Ronams	902, 323.40	902, 323.40	Works in progress/IB
4	Construction of theatre block	Prolite ltd	25, 998, 490	10, 873, 286	In progress/invoicing
	Totals		31, 613, 188		
	Total for MCRH, Taveta, Wesu and Mwatate SCH		79, 912, 438.70		

Construction of Theatre Block in Mwatate SCH

Submissions by the CCO Health Services on the construction of the Theatre block in Mwatate SCH by Prolite Limited indicated as follows;

Identification of site for the Theatre block

The Mwatate sub-County Hospital Management team on 14th February, 2020 held a meeting and identified the site where the theatre is under construction citing the following reasons;

1. The proximity of the area to the maternity block was favourable and thus easy access to critical patients from the maternity to the theatre.
2. Construction of a rump would be easy, affordable and fast compared to any other area since space around the facility is limited and the maternity block is at the furthest end of the facility grounds.

Agreement for Construction of the Theatre

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The Department of Health Services entered into an agreement with Prolite Agencies on 26th February, 2020 for the Tender Negotiation No. 766549-proposed Construction of a Theatre Block at Mwatate Sub-County Hospital at a tender sum of Ksh. 25,998,490. The project was expected to commence on 26th February, 2020 to be completed on 17th June, 2020 covering a period of 120 days.

Site Handing Over

Minutes of the site handing over dated 19th February 2020 with the commencement date clearly stated as 26th February, 2020. In the handing over minutes, the project architect's report noted that there were challenges with the identified site since KPLC electricity poles were passing through the site and therefore require re-routing. The contractor promised to make follow up on re-routing of the power line.

KPLC Quotation to Re-Route

The quotation by KPLC to relocate the power supply lines on Plot No. Mwatate Sub-County Hospital in Mruru-Dembwa-Mwatate-Chawia Wusi at the Mwatate SCH construction of the Theatre was to cost Ksh. 449,191 inclusive of VAT. The quotation was prepared on 23rd April, 2020 and payment is yet to be made.

General Medical Supplies from the Ksh. 232 Million

The CCO submitted a list of general supplies budgeted for MCRH, Wesu, Taveta and Mwatate SCHs from the Ksh.232 Million as follows;

No.	PROJECT	CONTRACTOR	AMOUNT	VOUCHER AMOUNT	STATUS/ REMARKS
1.	Supply & delivery of assorted Medical equipment and other supplies for the dept. of health services	Paisaba tourmaline Ltd	71, 635, 190	0	Awarded, supply order issued, supply partially done and thereafter collected due to failure to meet user specification
2.	Supply & delivery of assorted Medical equipment and other supplies for the dept. of health services	Medix E.A ltd	42, 822, 950	9, 798, 173. 14	Awarded, supply order issued, delivery on course
3.	Installation of Integrated Health Management Information System	Compufix Technologies	29,300,000	10, 000, 000	1 st Phase covering Mwatate SCH and MCH Complete/validation
	Totals		143, 758, 140	19,798,173,.14	

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GENERAL COMMITTEE OBSERVATIONS AND RECOMMENDATION

Observations

The Health and Sanitation Services Committee made the following general observations in regards to the expenditure of Ksh.232 Million for the facelift and development the Level 4 and Level 5 Hospitals;

1. The Health Services Department failed to support the Evaluation Committee to conduct due diligence after tender evaluation and prior to the award of the tender pursuant to section 84 of the Public Procurement and Asset Disposal Act, 2015.
2. The agreement signed between the Health Services Department and Medix East Africa for the Tender Negotiation Number 765306-2019/2020, supply and delivery of Assorted Medical Equipment and Other Supplies for the Department of Health clearly indicated that the project was to be completed by 8th June, 2020 at a cost of Ksh. 42, 822, 950. However, Medix East Africa Limited has so far supplied medical equipment worth Ksh. 14 M of which Less than 50 percent of the medical equipment supplied were not as per the specifications of the various user Departments, thus making the contractor unreliable.
3. The Inspection and Acceptance Committee's for the 3 sub-County Hospitals, Taveta, Mwatate and Wesu rejected the medical equipment which were not as per specifications while that of Moi CRH accepted the medical equipment with condition. However, following the resolution of meetings held by the hospital management teams from the 4 hospitals, at KMTC, Voi some of the rejected equipment were accepted with condition.
4. That Medix East Africa Limited has replaced some of the items that were accepted with condition by the Inspection and Acceptance Committee's in MCRH, Wesu, Taveta and Mwatate SCH and on 29th June, 2020 collected items that were rejected from MCRH, Wesu, Taveta and Mwatate SCH for replacement as indicated in the Committee findings above. The replacement is yet to be done.
5. Medix East Africa in its correspondences with the CCO Health Services cited the interruption of the global trade Network due to the COVID-19 pandemic as one of the causes for the delay in supplying the medical equipment as required in the Tender Negotiation Number 765306-2019/2020.
6. Medix East Africa Limited is therefore demanding that the County Government makes a payment of Ksh.9, 798,173 of the Ksh.14 Million supplies made for the Company to be able to make the final consignment. The CCO Health Services confirmed that the voucher for payment of the Ksh.9, 798,173 has been raised pending payment by the Finance and Economic Planning Department.
7. The MCRH male Ward was converted to a COVID-19 isolation Ward, patients are therefore referred to Mwatate SCH and the Taveta SCH pediatric Ward was converted to an isolation Ward and therefore the Maternity Ward also serves as a pediatric Ward.
8. The Health Services Department has a shortage of staff in the various cadres and more staff are resigning for greener pastures. This has partly been occasioned by the delays in

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promotion, re-designation and low salary scales which demoralize most County Health Workers.

9. The Construction of the Mwatate SCH Theatre block has stalled due to the power line located at the construction site. The Kenya Power Lighting Company requires the Health Services Department to pay Ksh.449, 191 to relocate power poles.

Recommendations

The Committee on Health and Sanitation Services recommended as follows;

1. That going forward, the County Health Services Department **must** support the Evaluation Committee to conduct due diligence as per the provisions of section 84 of the Public Procurement and Asset Disposal Act, 2015 and a report of the same adopted before deliveries are made. The bidders must also send samples of the equipment or items for verification/approval of their quality and suitability as per the user department specifications.
2. That going forward, if a supplier makes a delivery which is not as per specification, the respective Inspection and Acceptance Committees should reject the supplies and immediately notify the supplier to collect the equipment or items within seven days. The notification shall also include the directive to the supplier to commence the delivery process of the replacement of the supplies.
3. The replacement as per the above recommendation 2, should take place within 14 days upon notification by the Inspection and Acceptance Committee.
4. That going forward, the County Supply Chain Management Department **must** conduct due diligence to verify the history and capability of Companies that will bid for tenders for Medical Supplies for the Department of Health Services to ensure the Companies have a history in the supply of Medical Equipment, the origin of their supplies and the financial capability before awarding the tenders so as to avoid another occurrence of supply of sub-standard medical equipment in the future.
5. A special audit be conducted by KENAO immediately on the authorization and usage of the sub-standard medical equipment to include the following;
 - a) Needs assessment
 - b) Procurement process (to include requisition, approvals, tendering, conduct of due diligence, delivery processes)
 - c) Suitability of the equipment (to include quality, safety, aesthetics and durability)
 - d) Payment process
6. The outcome of the special audit conduct under recommendations 5 above will determine the kind of action to be taken against the officer(s) if found culpable of authorizing the usage of sub-standard medical equipment.
7. The Finance and Economic Planning Department **must** pay Ksh. 449,191 to KPLC immediately to ensure that construction works resume at the Mwatate SCH Theatre block.

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8. That the Public Works Department should ensure due diligence is observed by all contractors before any works commence, this should include putting up of signage and removal of any obstacles such as power poles before constructions begin.
9. Disciplinary Action be taken against the Public Works Officer and the Public Health Officer who authorized commencement of works for the construction of the Mwatate Sub-County Hospital Theatre block before removal of the Kenya Power Line and a report of the same be submitted to the County Assembly within 30 days.
10. The County Public Service Board should effect the promotion and re-designation of County Health Workers and advise the Human Resource Department accordingly on all matters concerning the Salaries and allowances of the Workers.
11. The Health Services Department should budget for the construction of more buildings to give room for the departments converted to Isolation Wards in Moi CRH and Taveta SCH.
12. The Health and Sanitation Services Committee should conduct a follow up visit to confirm whether Medix East Africa has replaced all the medical equipment that were accepted with condition and other related matters incidental.

3.2 COUNTY COVID-19 EXPENDITURE

3.2.1: Response from the County Hospital Management Teams

The Committee on Health and Sanitation Services found as follows during the hospital visits and stakeholders engagement;

3.2.1.1: Taveta SCH

Infrastructure

The Committee was informed that as of 16th March, 2020 the isolation ward at Rekeke had a bed capacity of six. When the number of COVID-19 patients kept rising the patients were transferred from Rekeke to Taveta Sub-County hospital. According to the Ministry of Health, there was need for the hospital to have an isolation ward. The pediatric ward was renovated and converted to an isolation ward at a cost of Kshs.1.9 million. The hospital combined the pediatric with the maternity ward. The Kshs.1.9 million however, is a pending claim.

Equipment

The hospital also received 20 modern beds during the launch of the isolation ward. The number met the target as the isolation ward has a capacity of 20 beds.

Allowances/imprest

The health workers involved in the COVID-19 activities have not received their allowances since March, 2020. The COVID-19 rapid response team received an imprest of Ksh.200,000 to cater for allowances. The team consisted of 30 people. With the remaining balance the hospital bought batteries for thermo-guns and a few utensils.

The second payment received was for the eight-member team that handled a COVID-19 positive case reported by the disease surveillance counterparts from Tanzania. The patient was isolated in the facility's two bed capacity holding room. The team taking samples at the border point and the CHV's at Salaita also got their allowances.

The technical team who were attending to patients at the isolation wards have not received their allowances.

The PHO Taveta SCH received an imprest for normal hospital operations which he has since surrendered. The Ksh.200, 000 imprest was used to pay casuals whose contracts were terminated. The casuals were being paid Kshs.300 per day and their dues amounted to Ksh.167,000. The remaining balance was used to repair ambulances and also bought a number of items that the hospital needed.

Isolation ward

The Committee was informed that, the isolation ward now holds two patients. They released seven patients as at 30th June, 2020. Previously, they had a total of 25 patients. They have protective gears but they still require more. They need the N95 masks. They are currently using KN95 which does not

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have a respirator and thus in some way exposing them to the virus. Also, the gowns that were currently supplied are made in Kenya do not meet the standards. They have since raised their concerns and they hope that next batch will be of good quality. Dr Omar also informed the committee that, 90 percent of the COVID-19 patients that they attend to are asymptomatic and that, the hospital's isolation ward lacks the necessary equipment to manage COVID-19 critical cases.

Quarantine centers

The Mahoo quarantine center holds violators, people who are under forced quarantine as a result of contravening the law and disregarding the Ministry of Health directives. Mahoo quarantine center is under constant surveillance of security personnel and it does not provide beds and food for the violators.

KMTC on the other hand, handles normal quarantine cases. The center is under the supervision the National government. KMTC quarantine has a bed capacity of 56 and people under quarantine are provided with food and toiletries.



Sample Collection ongoing at One-Stop-Border-Point, Taveta

Taveta SCH Achievements

The Taveta Sub-County Hospital Management Team highlighted to the committee that, they had a supportive and enabling environment. Since the onset of the COVID-19 pandemic in the County, the hospital held meetings and engaged several stakeholders in the society and has received tremendous support from the security team NYS, DCC, NIS, DCI, Police, World Vision, Muhuri, KCB, Equity Bank, the Muslim Community, the business Community and the political class. Jamia Mosques supported the hospital with fumigation pump, sanitizers and gloves. KCB and Equity Bank provided the triage tents.

In Taveta Sub-County, as at 30th June, 2020, managed to test a total of 2386 individuals, this being a total of the samples collected at the One Stop Border Point, quarantine centers, holding room and isolation wards. 2066 of them were truck drivers.

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They have also managed to take care of and discharge a total of 25 COVID-19 confirmed cases. By the time of the visit, the isolation ward only had two patients.

Screening is also going on in all the facilities. Individuals seeking services at the hospital are screened before seeing the doctor.

The facility receives and sends daily reports from the disease surveillance and the health record officer to county officials and the national government.

Dissemination of results from KEMRI. The results are first sent to the CECM Health and Sanitation Services who channels them to the Medical Superintendent who then shares the results with the Taveta Sub-County team leader, the disease surveillance team, the DCC, and the One Stop Border Point Health officer in charge and necessary action is taken.

The team reported timely transportation of samples collected. The Taveta Sub-County team has managed to collect samples on a daily basis and send them to KEMRI laboratory in Kilifi within 14 hours.

Taveta SCH Challenges

The Medical Superintendent reported that despite the numerous achievements, the hospital is still facing a number of challenges. The Committee was informed that the technical team manning the isolation, quarantine centers and doing sample collection are demoralized because they have not received their allowances since they started handling COVID-19 cases, inconsistent supply of PPE's and the public failing to observe the MOH guidelines. There are staffing gaps and lack of equipment. In case of an influx of the critically ill the hospital will be overwhelmed.

Delays in transmission of results from KEMRI Kilifi is causing a lot of problems with the truck drivers who are on transit at the One Stop Border Point. The County Government should request for a portable machine at the border. Also, there are logistical hiccups as their two utility vehicles still lie in the garage pending payment.

Another challenge the technical team is facing is lack of psychosocial support. The hospital lacks water. It has been 10 days since their Ksh.245, 000 pump slipped during installation. Efforts to draw out the pump have proved futile. Waste management is also an issue. The hospital does not have an incinerator and upon inspection the hospital could be shut down. Security concerns since the hospital lacks a perimeter wall. The Medical Superintendent advised H.E Governor to write to the Mombasa Cement Company boss to assist the County Government of Taita Taveta in constructing perimeter walls in the main hospital as part of CSR.

Taveta SCH Observations and Recommendations

Observations

The Health and Sanitation Services Committee observed as follows in regards to COVID-19 expenditure;

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1. The Taveta SCH pediatric Ward was converted to an Isolation Ward and therefore the Maternity Ward also serves as a pediatric Ward.
2. Staff assigned to serve in the Isolation Ward and Quarantine Centers and other COVID-19 activities such as sample collection are yet to be paid their allowances.
3. There is inconsistent supply of Personal Protective Equipment. The gowns and masks supplied by the County Government were of low quality.
4. There are staffing gaps at the Isolation Ward since the MOH recommended doctor to patient ratio for critically ill COVID-19 patients is 1:1 but currently there are 6 staff assigned to the ward. In case of COVID-19 critical cases in the County, the staff will be overwhelmed.
5. The Taveta Isolation Ward does not meet the MOH standard of an Isolation Ward. It has a 20 bed capacity with no piped oxygen or ventilators.
6. The process of collection of COVID-19 samples from the County and transmission for testing to KEMRI Kilifi is costly, time consuming and compromises the outcome of the results considering the distance to be covered and the delays in provision of means of transport.
7. Community Health Volunteers are playing a critical role in the County COVID-19 activities including sensitization and screening on COVID-19. The CHVs will also play a key role in the home based care system yet they are not given allowance for the services rendered.

Recommendations

The Committee on Health and Sanitation Services recommended as follows;

1. The Health Services Department should budget for the construction of a new building to accommodate the Pediatric Ward
2. The Health Services Department in liaison with the Finance and Economic Planning Department should fast track the payment of allowances for staff involved in COVID-19 activities.
3. The Health Services Department in liaison with the Finance and Economic Planning Department should ensure the provision of quality Personal Protective Equipment for the protection and wellbeing of the Health Workers involved in COVID-19 activities. This will also reduce the risk of infection not only to the staff but the community at large
4. The Health Services Department in liaison with the CPSB should engage more Health Workers so as to increase the number of staff in charge of Isolation Wards.
5. The County Government should consider procuring more ventilators and establish an Intensive Care Unit.

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6. The County Government should consider purchasing and or lobby for support from the National Government for the provision of a portable testing machine considering that Taveta is at the border of Kenya and Tanzania.
7. The County Health Services Department in liaison with the Finance and Economic Department should consider giving the CHVs a stipend to motivate them for their contribution in preventive care while considering that they will also play a key role when the Country fully adopts the COVID-19 home based care system.

3.2.1.2: Mwatate SCH

The Mwatate SCH management team responded as follows in regards to the County COVID-19 expenditure;

COVID-19 activities revolved around the following;

1. Screening
2. Sample collection

Collection of samples has been done but officers are yet to be paid.

3. Contact tracing

Tracing of persons in contact with cases reported was done but officers were paid in part

4. Isolation Wards

Staff engaged in isolation wards are yet to be paid except for the first suspicious case report in the County. The officers are to be paid Ksh.1000 daily.

Officers are currently hosted at Two Oceans Hotel in Voi to avoid them from coming into contact with family members after working in the isolation Ward.

5. Sensitization and training

Training has been done to Rural facility in-charges, Sub-County Administrators, Chiefs, Administration Police, Community Health Volunteers (CHVs).

6. Distribution of commodities

This entailed distribution of spray pumps, sanitizers, gumboots and other hand wash facilities donated by World Vision. The officers in charge were partly paid.

7. Renovation of isolation Ward

The maternity block was renovated to serve as the isolation Ward. The vouchers and summary of payments can only be obtained from the Finance Department.

8. The Ksh.200,000 imprest

The Ksh.200,000 imprest that went viral was utilized to facilitate COVID-19 activities as follows;

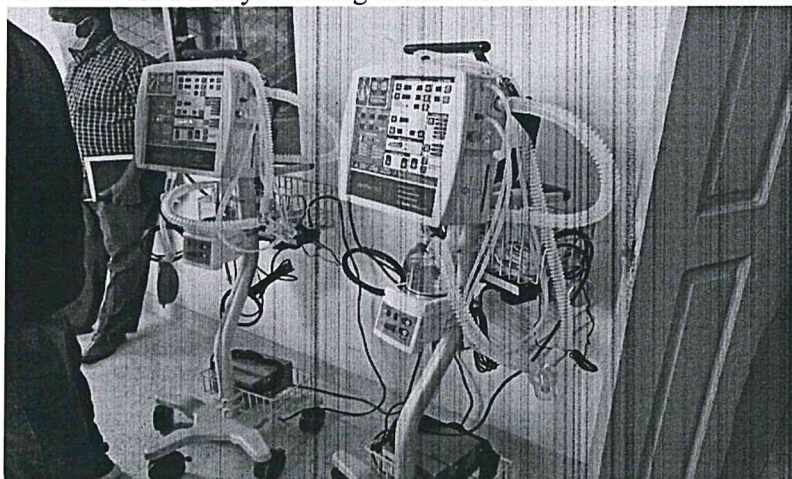
- Screening
- Sensitization
- Contact tracing
- Public sensitization

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- Purchase of items in the isolation wards including; basins, buckets, clock and battery

9. Ventilators

The facility has received 5 ventilators through the National Government program. 30 staff are going to be taken for a 3 days training to familiarize them with the machines.



Ventilators at Mwatate SCH

For the ventilators to operate, the following is required;

- i. Oxygen cylinders: The facility currently has 2 oxygen cylinders. There is no piped oxygen.
- ii. Monitors: The facility currently has 1 monitor
- iii. Oxygen concentrators: The facility currently has 3 oxygen concentrators

Mwatate SCH Observations and Recommendations

Observations

The Health and Sanitation Services Committee observed as follows in regards to the COVID-19 expenditure;

1. The hospital received 5 ventilators from the National Government. The facility however has one monitor, 2 oxygen cylinders and 3 oxygen concentrators which are not enough to operate the five ventilators.
2. Staff involved in COVID-19 activities are yet to be paid their allowances.
3. There is inconsistent supply of masks by the County Government.
4. Community Health Volunteers are playing a critical role in the County COVID-19 activities including sensitization and screening on COVID-19. The CHVs will also play a key role in the home based care system yet they are not paid any allowance for the services rendered.

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Recommendations

The Committee on Health and Sanitation Services recommended as follows;

1. The Health Services Department should budget for the provision of piped oxygen, and the provision of more monitors, oxygen cylinder and oxygen concentrators to make the ventilators operational and improve all other services in the hospital.
2. The Health Services Department in liaison with the Finance and Economic Planning Department should fast track the payment of allowances for staff involved in COVID-19 activities.
3. The Health Services Department in liaison with the CPSB should prepare to engage more Health Workers or deploy staff to serve in the Isolation Ward under construction in Mwatate SCH.
4. The County Government should fast track the construction of the Isolation Ward since the cessation of movement between Counties has been lifted and there is an expected rise of rural infection due to the expected influx of people from towns and cities to the County.
5. The County Health Services Department in liaison with the Finance and Economic Department should consider giving County CHVs a stipend to motivate them for the role they play in preventive care while noting that they will play a key role when the Country fully adopts the COVID-19 home based care system.
6. The County Health Services Department in liaison with the Finance and Economic Department should fast track the purchase of monitors to ensure that the ventilators are operational.

3.2.1.3: Wesu SCH

The Wesu SCH management team responded as follows in regards to the County COVID-19 expenditure;

Training and Sensitization

Rapid Response Teams (RRT) were established at sub-County Level as a measure to curb the spread of the pandemic. 23 officers of the Rapid Response Team were trained. The officers are yet to be paid their allowances.

Sensitization and training of staff was done three times including the training for support staff conducted on 28th May, 2020, technical staff conducted on 3rd April, 2020 and another carried out on 11th June, 2020. The staff involved are yet to be paid their allowances. They were provided with lunch during the training.

Isolation Ward

The Rehabilitation Centre in the facility is being renovated to serve as an isolation ward. Equipment such as beds and Personal Protective Equipment (PPEs) are yet to be supplied. The facility borrowed

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6 beds from Mghange Dawida Health Centre to be used in the isolation ward. Staff to man the Isolation Ward and quarantine center are also yet to be identified. The facility heads also noted that most of its staff are vulnerable of the age 50 years, some are expectant and others nursing mothers who should not be assigned to man the isolation and quarantine centers.

Provision of transport

The facility relies on the only ambulance available for all transport.

Sample collection began in May 2020 and is conducted in Wundanyi CC hall. The samples are then taken to Moi CRH for transportation to KEMRI Kilifi for testing. The officers in charge of the sample collection reported there was a challenge in transport for the samples and sometimes the officers are forced to stay late to the evening waiting for transport of the samples even after finalizing the exercise early enough.

Wesu SCH Observations and Recommendations

Observations

The Health and Sanitation Services Committee observed as follows in regards to the COVID-19 expenditure as follows;

1. Staff involved in COVID-19 activities are yet to be paid there allowance.
2. The facility has not been provided with PPEs and equipment for the Isolation Ward currently under renovation. Staff to serve in the isolation Ward are also yet to be identified.
3. There are challenges in the transportation of COVID-19 samples collected at Wundanyi CC Hall for transmission to KEMRI Kilifi for testing which may compromise the outcome of the results.
4. Community Health Volunteers are playing a critical role in the County COVID-19 activities including sensitization and screening on COVID-19. They CHVs will also play a key role in the home based care system yet they are not given any allowance for the services rendered.

Recommendations

The Committee on Health and Sanitation Services recommended as follows;

1. The Health Services Department in liaison with the Finance and Economic Planning Department should fast track the payment of allowances for staff involved in COVID-19 activities including those who took part in sensitization and training session and collection of samples at the Wundanyi CC Hall.
2. The County Government should fast track the renovation of the Rehabilitation Center to serve as an Isolation Ward since the cessation of movement between Counties was lifted and there is an expected rise of rural infection due to the expected influx of people from towns and cities to the County.

3. The Health Services Department in liaison with the CPSB should prepare to engage more Health Workers or deploy staff to serve in the Isolation Ward under renovation at Wesu SCH. The Department should also budget for equipping of the Isolation Ward.
4. The Health Services Department should ensure timely provision of vehicles to collect COVID-19 samples from the 4 sub-Counties so as to beat the 24 hours life cycle of the sample.
5. The County Health Services Department in liaison with the Finance and Economic Planning Department should consider giving the CHVs a stipend to motivate them for the role they play while also considering that they will play a key role when the Country fully adopts the COVID-19 home based care system.

3.2.1.4: Moi CRH

The Moi CRH management team responded as follows in regards to the County COVID-19 expenditure where several activities were conducted;

Training and Allowances

Rapid Response Teams (RRT) were established at sub-County Level as a measure to curb the spread of the pandemic.

Provision of Transport

There have been challenges in transporting samples and staff engaged in COVID-19 activities.

Allowances

Allowances for staff engaged in the Isolation Ward for 5 days were paid in April 2020 at Ksh. 200,000 and Ksh. 91,000. Since then, no payment has been made and the total amount owed by the time of the visit was reported to be 2.5M for May and June 2020 allowances.

Outreaches

The following outreach activities to screen and collect samples have been carried out in the following areas;

- Maungu
- Kasarani
- Voi CBD
- Manyani Prison (Thrice)
- Voi Law courts
- Voi Police Station
- CIT Quarantine Centre

Screening was also carried out in Egwata and Manyani under the supervision of the County Health Management Team (CHMT) where tents were used. Prior to settling to these two areas, screening was also done at Voi junction and Manga areas.

Renovation of Male ward

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The Male ward has been renovated in line with the National Government recommendations to serve as an Isolation Ward. Male patients are thus taken to Mwatate sub-County Hospital.

Oxygen plant

Ksh. 15M has been set aside for the oxygen plant project. The oxygen plant room is also ready awaiting shipping from France and installation of the machine. The machine is expected to arrive from July 2020. Piping for the oxygen has also been done.

Moi SCH Observations and Recommendations

Observations

The Health and Sanitation Services Committee observed as follows in regards to the COVID-19 expenditure as follows;

1. Staff involved in COVID-19 activities such as sample collection, screening, outreaches, sensitization and trainings are yet to be paid their allowances.
2. There are challenges in the transportation of COVID-19 samples collected from the various collection points for transmission to KEMRI Kilifi for testing which may compromise the outcome of the results.
3. Community Health Volunteers are playing a critical role in the County COVID-19 activities including sensitization and screening on COVID-19. They CHVs will also play a key role in the home based care system yet they are not given allowance for the services rendered.
4. The piping of the oxygen has been completed in the isolation ward only and the oxygen plant is yet to be delivered and installed.

Recommendations

The Committee on Health and Sanitation Services recommended as follows;

1. The Health Services Department in liaison with the Finance and Economic Planning Department should fast track the payment of allowances for staff involved in COVID-19 activities.
2. The Health Services Department should ensure timely provision of vehicles to collect COVID-19 samples from the 4 sub-Counties so as to beat the 24 hours life cycle of the sample.
3. The County Health Services Department in liaison with the Finance and Economic Planning Department should consider giving the CHVs a stipend to motivate them for they role they play while also considering that they will play a key role when the Country fully adopts the COVID-19 home based care system.
4. The Health Services Department should fast track oxygen piping in all other Wards and other emergency sections including the Theatre section. The Department should also fast track the delivery and installation of the oxygen plant.

3.2.1.5: Response by the CECM, CCO and CHMT

The CECM, CCO and CHMT during a meeting held on 7th July, 2020 at KMTC Voi presented as follows on the County COVID-19 expenditure;

After the first case of COVID-19 was reported in Kenya, the County Emergency Response Team (CERT) was established at the County Level with chairperson being the Governor and the County Commissioner as the Co-Chairperson.

At the sub-County Level, Rapid Response Teams (RRT) were formed.

In April 2020, highway screening began at Engwata, Manyani and Njukini. The purpose was to screen travelers heading or passing by through the County as resolved by CERT following public outcry on visitors from town how may lead to the spread of the coronavirus. Highway screening involved; taking temperatures, history of travel and any signs of COVID-19.

The highway screening was due to the assumption that COVID-19 can be detected with elevated temperature. The exercise was however stopped after asymptomatic cases of COVID-19 were discovered.

Highway screening was under the management of selective CHMT Members as follow;

Njukini Screening

1. John Nyambu was in charge of the screening site
2. Screening began on 3rd April, 2020 and ended in 4th July, 2020
3. 2 Tents were put up, 1 (100-seater) tent and 1 (50) seater tent
4. There were 3 Health workers attached to the site
5. On 5th April 2020, 2 portable toilets were pitched for male and female clients
6. There was a hand wash tank
7. There were tables and chairs
8. The Health Workers were also provided with lunch

Manyani screening

1. Eddah was in charge of the site
2. Screening began in 2nd April, 2020 and ended on 10th June, 2020
3. There were 4 tents,
4. There were tables and 35 chairs
5. There were 2 portable toilets
6. Hand wash facilities were provided
7. 114,240 people were screened
8. Lunch was provided for the health workers
9. There were banners giving information on COVID-19 and the ongoing exercise
10. The staff involved included Public Health Officers (PHO), Assistant Community Health Officers, 5-7 police officers and 4 Red Cross officers
11. The exercise involved taking temperature, history of travel, confirmation of valid certificate to be on the road

Engwata Screening

1. Miriam Wakio was in charge of the site
2. Screening began from 2nd April, 2020 to 10th June, 2020
3. The site offered 24 hours screening services
4. There were 2 (100-seater) tents, 2 (50-seater) tents and 1 (25-seater) gazebo tent
5. There were 2 portable toilets
6. Hand wash facility was provided
7. There were 2 solar panels
8. There were 4 rechargeable lamps
9. There were 3 tables and 50 chairs
10. There was provision of water, food, tea and snacks
11. 15 health workers were involved
12. There were security officers ranging between 5-10
13. There was provision of toiletries, battery for thermos gun

The information collected in Njukini, Manyani and Engwata was then forwarded for compilation by data clerks. There were 24 data clerks who compiled the information and analyzed it for submission to the RRT for follow up and action where need be.

Some of the facilities provided had the following costing;

1 portable toilet-10,000
1 chair-30
100-seater tent-6,000
50-seater tent-3,000
1 table-1000

A cumulative cost of Ksh.4, 905,280 was incurred for the high way screening.

Other COVID-19 activities involved the following;

1. Renovation of the rehabilitation Centre in Wesu to a standard Isolation Ward to provide for facilities for doffing and donning. Renovations were also done in Mwatate, Moi, Taveta sub-County Hospitals.
2. Purchase of Persona Protective Equipment (PPE)
3. Renovation works had a cumulative cost of Kshs.47,281,900 and the activities carried out included;
 - Piping of Moi and Taveta Oxygen plant- Ksh.2,800,950
 - Renovation of female ward at Moi hospital-KSh.700,000
 - Renovation of renal room in Taveta-4M
4. Supplies costed 14,228,450 as follows;
 - Supply and delivery of oxygen-221,860
 - Supply and delivery of PPEs-2,530,000
 - Supply and delivery of isolation material-238,440

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The COVID-19 budget was 25,000,000 recurrent budget, 50,000,000 development budget and 1,000, 000 for making of masks at the County Vocational Training Centre (VTCs) under the Department of Education, Libraries and VTCs.

The Committee was informed that 12M has been spent from the Operation and Maintenance (O&M) from various departments for COVID-19 activities since the Department is yet to access the COVID-19 funds.

There is a pending bill of 37.5M for COVID-19 related activities and supplies.

The team acknowledged that most PPEs supplied were sub-standard. However, this was due to the demands for the supplies where it has been difficult to get PPEs from US but instead a replica from Europe and China was supplied. A single set of PPE costs 4,800 to 5,000

Imprest

Sub-County Health Management Team heads had been given imprests worth Ksh.200, 000 only which they have surrendered accordingly.

3.2.2: Review of Documents

The CCO Health Services submitted to the Committee the following documents on the COVID-19 expenditure;

1. County Emergency Response Team (CERT) Resolutions

On 2nd April, 2020, the CERT chaired by H.E. the Governor and co-Chaired by the County Commissioner held a meeting to deliberate on issues concerning County preparedness on the COVID-19 pandemic. Deliberations during the meeting were as follows;

Establishment of COVID-19 Teams

During the meeting, the CECM Health Services informed the CERT that the Department had established the County Technical Working Group (TWG) with the mandate of giving technical guidance to the County Rapid Response Committee (CRRC) and coordination of all technical matters including the effective and accurate exchange of information about health risks and hazards. The TWG comprised of Health Care officials from different cadres. The TWG had by then came up with a County Contingency Plan and a budget which was shared with the Ministry of Health (MOH).

The CERT was also informed on the establishment of Rapid Response Teams from each sub-County and in partnership with MOHH the RRTs were taken through a 2 days sensitization at KMTC, Voi on COVID-19.

Establishment of COVID-19 Centers

The CECM also reported on the establishment of isolation Wards, holding rooms and quarantine ground.

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Training and Sensitization

Capacity building of 135 Health Care Workers as ToTs who in turn trained 1185 persons including Health Care Workers, Prison Officers, SGR Officers, CHVs and religious leaders.

Launch of the Highway Screening

The CERT during the meeting resolved to launch screening sites to screen all passengers destined to Taita Taveta sub-Counties at the major entry points in Manyani, Miasenyi (Engwata) and Njukini. Activities at the screening sites will include; taking body temperature using thermos guns, recording personal details for travelers, data entry and segregation of the data per sub-County to ensure compliance with the 14 days self-quarantine as guided by the MOH.

The launch of the screening exercise was to be done in Kaloleni and Ndii in two hours' time and on 3rd April, 2020 be shifted to Engwata, Manyani and Njukini.

2. Technical Working Group (TWG) Resolutions

On 4th April, 2020, the TWG held a meeting at Moi CRH and among issues under deliberation were the out-sourcing of food and negotiation on event management supplies at the screening sites. The deliberations were as follows;

Out Sourcing of Food

The TWG agreed that due to the proximity of screening points from the main towns, there was need to identify local supplies to offer tea, snacks, water and lunch. The Team Leaders in the 3 screening tasks were authorized to identify food suppliers to offer the meals.

Event management supplies

The TWG went through the framework contract of prequalified list of suppliers for event management and identified Gracious Tent and Sounds to provide the services because of its availability and capacity to provide and manage services in the three sites. The TWG engaged Gracious Tent and Sounds and negotiated prices as follows;

NO.	ITEMS	PRICES AS PER THE TENDER AND SUPPLY AGREEMENT	NEGOTIATED COVID-19 PRICE
1	Tent (100 Pax)	8000	6000
2	Tent (50 Pax)	5000	3000
3	Gazebo (25 Pax)		2000
4	Plastic Chair	40	40
5	Portable Table	1500	1000
6	Portable Toilet	15,000	10,000

Gracious Tent and Sounds therefore made the following supplies;

- i. 100 Seater Tents -4
- ii. 50 Seater Tents -6
- iii. Gazebo Tent -1

- iv. Plastic Chairs -150
- v. Tables -6
- vi. Portable Toilet -5

3. Summary on the operation of the Screening Sites

Reports from the Screening site team leaders submitted by the CCO gave a summary on the operations of the screening sites as follows;

Manyani Screening Site

The site was launched on 2nd April, 2020 to 10th June, 2020 and was stationed opposite the entry to Manyani GK Prison. A total of 114, 240 (107,190 Male and 7050 Female) travelers were screened.

Some of the challenges cited in the area included Human-Wildlife Conflict, Harsh Weather Conditions, uncooperative travelers, stock out of supplies such as batteries for the thermos guns and unpaid allowances for the officers stationed at the site.

Njukini Screening Site

The site was launched on 3rd April, 2020 to 4th July, 2020 and was stationed at Njukini Cess Collection Point. A total of 46,085 travelers were screened.

Some of the challenges cited in the area included inaccessibility of the screening site, stock out of supplies such as batteries for the thermos guns and unpaid allowances for the officers stationed at the site.

Engwata Screening Site

The site was launched on 2nd April, 2020 to 10th June, 2020 and was at Miasenyi sub Location along the Mombasa-Nairobi Highway. During the 70 days, a total of 106,349 travelers were screened.

Some of the challenges cited in the area included inadequate provision of PPEs, stationeries and batteries for thermos guns, exposure to harsh weather conditions, Human-Wildlife Conflict, Harsh travelers, long working hours due to breakdown of vehicles and late disbursement of allowances.

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Summary of costing per site

SCREENING SITE	CATERING	ALLOWANCE	TENTS, CHAIRS, TOLIETS
Manyani 2 nd April to 10 th June, 2020	423,435	3,252,045	Costing for tents from 2 nd April to 4 th June. 2020
Engwata 2 nd April to 10 th June, 2020	927,500	3,898,375	
Njukini 3 rd April to 3 rd July, 2020	314,320	687,960	
Data Centre	1,708,500	-	
TOTAL COST	3,373,755	7,838,380	7,897,000

4. Daily Allowances at the COVID-19 Screening Site

According to the submission by the CCO, the screening sites operated from 2nd April to 10th June, 2020. The daily allowances for staff at the 3 screening were summarized as follows;

NO.	STAFF CATEGORY	EGWATA	MANYANI	NJUKINI	SALAITA	TOTAL STAFF	AMNT PER DAY	TOTAL (per Day)
1.	Health Care Workers	15	6	4	3	28	1000	28,000
2.	Security	10	10	3	2	25	840	21,000
3.	Community Health Volunteers	1	0	0	0	1	840	840
4.	Data Clerks	24	0	0	0	24	840	20,160
5.	Red Cross Volunteers	4	4	0	0	8	840	6,720
6.	Drivers	3	2	1	1	7	840	5,880
	TOTAL	57	22	8	6	93	5200	82,600
7.	Catering (2 Weeks)	273,000	140,000	60,640				473,600

5. Monthly cost for the operation of the 3 screening sites

The total cost per month was summarized as follows according to the submission by the CCO;

NO.	ITEM	COST PER MONTH
1.	Allowance	2,508,000
2.	Tents	1,480,000
3.	Catering Services	947,280
	Total Cost	4,935,280

6. COVID-19 Renovation/Works and Supplies

According to the submission made by the CCO, COVID-19 Infrastructural development (renovation and works) at a cost of Ksh.47,281,900 and COVID-19 supplies at a cost of Ksh.14,228,450 are underway with some completed or supplied and others still ongoing as follows;

Committee on Health and Sanitation Services

COVID-19 Infrastructure Development

No.	Project	Contractor	Amount	Remarks
1.	Oxygen piping in MCRH and Taveta SCH	Finescope	2, 899, 950	complete
2.	Renovation female ward MCRH	Romans	351, 000	Complete
3.	Renovation of male ward to be Isolation ward	Nosneb	700, 000	Complete
4.	Construction of MCRH isolation ward bathroom (Chlorine shower)	Nosneb	400, 000	Complete
5.	Renovation of renal rooms Taveta SCH	Jumejo Ent	4, 000, 000	On going
6.	Installation of water plant renal unit	finescope	4, 500, 000	Awarded
7.	Supply of renal machine	Semu Medical tech	8, 500, 000	Procurement on course
8.	2 COVID-19 ambulances	Toyota Kenya	19, 500, 000	LPO issued awaiting delivery
9.	Renovation of isolation ward Taveta	Jeromo logistics ltd. co	1, 917, 230	complete
10	Renovation of isolation ward Mwatate	Oortnova concepts Ent. ltd	1, 810, 218	ongoing
11	Renovation of isolation ward Wesu	Ibiz holdings ltd	2, 107, 062	complete
12	Renovation of isolation ward Rekeke		372, 460	complete
13	Renovation Works County Council Hall		200,000	Procurement yet to begin
14	Renovation of Kishushe dispensary holding room		23, 980	Procurement yet to begin
		Total	47, 281, 900	

COVID-19 SUPPLIES

NO.	SUPPLY MADE	CONTRACTOR	AMOUNT	STATUS
1	Supply and delivery of oxygen	BOC Kenya	221, 860	Supplied
2	Supply and delivery of PPEs	DOLACK Pharmaceutical Ltd	2, 530, 000	supplied
3	Supply and delivery of isolation materials	Exage solution ltd	238, 440	supplied
4	Supply and delivery of PPEs	Sai pharmaceutical Ltd	2, 983, 500	Supplied
5	Supply and delivery of PPEs	Sai pharmaceutical ltd	1, 125, 000	Supplied
6	Supply and delivery of thermal & care-stream film X-ray and CT Scan films	Isis	2, 520, 000	
7	Supply of portable toilets	Natomart Ent	1, 760, 000	To be supplied
8	Supply of disposable plates	Kilamba Inv	795, 150	To be supplied

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9	Supply of assorted electronic machines	Duramax	291, 000	To be supplied
10	Supply of linen	Davarros ventures	163, 500	To be supplied
11	Supply of COVID-19 screening site assorted materials	Ndoria Inv. Ltd.	1, 600, 000	supplied
12	Supply of infra-red thermometer gun	Stepsville Inv. Ltd	1, 197, 000	Supplied
13	Renal consumables	Angelica Medical Supplies	875, 200	supplied
14	Supply of non-pharmaceuticals	KEMSA	2, 120; 450	
15	Supply and delivery of PPEs	DOLACK pharmaceuticals ltd	1, 889, 000	Supplied
16	Supply and delivery of cleaning material	Muonjore logistics	199, 800	supplied
17	Supply and delivery of tents, chairs and tables	Tasleem Agencies ltd	1,701.000	supplied
18	Supply and delivery of Isolation materials	Infinity Lines Ent.	1,232,970	supplied
	TOTALS		14,228,450	

7. Public Awareness Creation Campaign

Public Awareness creation campaigns on COVID-19 were done through radio talk shows. The following submissions were made by the CCO Health Services;

Quotation for Radio Talk Shows

Quotations for radio talk shows were submitted by various local radio stations as follows;

- Mwanedu FM: The Quotation dated 13th March, 2020 inclusive of VAT would cost Ksh. 265,930. The package offered pre-recorded public service announcements 5 times daily for 7 days and two free PSAs every day for seven days.
- Sifa FM: The Quotation dated 16th March 2020 inclusive of VAT would cost Ksh. 649,600, which involved presenter mentions 4 times daily for 7 days.
- Anguo FM: The Quotation dated 14th March, 2020 inclusive of VAT would cost Ksh. 278,400. The package offered was 7 days mention at Ksh.140,000 and 16% VAT at Ksh. 22,400 and 1 hour talk show at Ksh. 100,000 and 16 % VAT at Ksh. 16,000.

Pending Payments for Radio Talk Shows

The Health Services Department while considering the coverage and cost as quoted by the various local radio stations contracted Anguo FM and Radio Tumaini to create awareness on the COVID-19 pandemic.

According to invoices submitted by the CCO Health Services, the pending payments for radio shows conducted are as follows;

- Anguo FM: The invoice dated 25th March, 2020 indicates that the balance due is Ksh.538,240.

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- b) Radio Tumaini: the invoice dated 2nd June, 2020 for a 1 hour live radio talk show hosting H.E. Deputy Governor, Majala Mlaghui, OCPD Voi Berbnastein Shari and two Clinical Officers cost Ksh. 40,000.

Alleged Payments to Mwanedu and Sifa FM

1. Following the public outcry on the alleged misappropriation of fund where Mwanedu FM and Sifa FM were documented to have received payments for public awareness on COVID-19 yet only quotations from the radio stations were submitted, the two stations which had not offered any services followed up the matter with the CCO for clarification.
2. The CCO Health Services explained that the alleged expenditures were proposed COVID-19 budget for public Awareness developed when the Department was in the process of coming up with the County COVID-19 budget part of which did not materialize due to budget constraints and the figures quoted were derived from the quotations received from the various Radio Stations.
3. The CCO on 14th July, 2020 vide a letter referenced TTVT/HS/CCOH/FIN/VOL.3/(47) clarified the circumstances to Mwanedu FM following a letter by the Managing Director of Mwanedu FM dated 6th July, 2020 seeking clarity on the alleged payments.

Committee on Health and Sanitation Services

GENERAL COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

Observations

The Health and Sanitation Services Committee observed as follows in regards to the COVID-19 expenditure;

1. There are challenges in the transportation of COVID-19 samples collected from the various collection points for transmission to KEMRI Kilifi for testing which may compromise the outcome of the results.
2. Screening at Manyani and Engwata screening sites began on 2nd April to 10th June, 2020 while that of Njukini Screening site began on 2nd April to 4th July, 2020. The Manyani, Engwata and Njukini screening sites were provided with services including; outside catering, tents, chair, tables, portable toilets, toiletries and batteries for thermos guns and involved officers including; Health care workers, security officers, CHVs, Red Cross officers and drivers who are yet to be paid their allowances.
3. The Health Services Department established a data entry center with 24 officers assigned to key in and analyze data collected from Manyani, Engwata and Njukini for dissemination to the RRT.
4. That the cumulative cost which is inclusive of VAT for the tents, chairs, portable toilets, tables and other related items for event management in the Engwata, Njukini and Manyani Screening sites is Ksh. 7,897,000. A voucher of the same has been raised for payment.
5. That the cumulative cost for staff allowances stationed in the Engwata, Njukini and Manyani Screening sites and at the Data Entry Centre is Ksh. 7,838,380.
6. That the cost for catering services in Manyani Screening Site where 22 staff were stationed in is Ksh. 423,435, in Engwata where 57 staff were stationed is Ksh. 927,500 and in Njukini where 9 staff were stationed is Ksh. 314,320 making a total of Ksh. 3,373, 755.
7. That the cumulative cost incurred by the Health Services Department for public Awareness on COVID-19 in local radio talk shows is Ksh. 578,240 that is; Ksh. 538,240 for Anguo FM and Ksh. 40,000 for Radio Tumaini. The choice of the Radio Stations was determined by the availability of slots to host the shows and the assumed preferences of the local residents which in turn determines the how many people will be reached.
8. The cumulative cost as per the submissions by the CCO Health Services for Event Management Services (tents, Chairs, Portable toilets), staff allowance, catering services at the screening sites and public awareness radio shows is Ksh. 19,687,375.

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9. That Mwanedu FM gave a quotation of Ksh. 265,930 and Sifa FM a quotation of Ksh. 649,600 for COVID-19 Public Awareness Talk Show but the Radio Stations were not contracted to offer the said services.

That following the allegations made in social media on the misappropriation of County COVID-19 funds, Mwanedu FM and Sifa FM followed up the issue with the CCO Health. The CCO Health Services explained the circumstances and on demand, wrote an official response to Mwanedu FM to clearly indicate that no services were rendered hence the allegation made in social media were unfounded.

10. The COVID-19 budget was 25,000,000 recurrent budget, 50,000,000 development budget and 1,000, 000 for making of masks at the County Vocational Training Centre (VTCs) under the Department of Education, Libraries and VTCs.

12M has been spent from the Operation and Maintenance (O&M) from various departments for COVID-19 activities since the Department is yet to access the COVID-19 funds.

There is a pending bill of 37.5M for COVID-19 related activities and supplies.

11. That Hospital Management Team Leaders in MCRH, Taveta, Mwatate and Wesu SCHs were given imprest worth Ksh.200, 000 to facilitate COVID-19 related activities including facilitation for RRT and purchase of items for the operationalization of Isolation Wards which have been surrendered accordingly.

Recommendations

The Committee on Health and Sanitation Services recommends as follows on the COVID-19 expenditure;

1. The Health Services Department should ensure timely provision of vehicles to collect COVID-19 samples from the 4 sub-Counties so as to beat the 24 hours life cycle of the sample.
2. That all staff involved in COVID-19 activities be paid their allowances within a period of 30 days.
3. The County Health Services Department in liaison with the Finance and Economic Planning Department should consider giving the CHVs a stipend to motivate them for they role they play while also considering that they will play a key role when the Country fully adopts the COVID-19 home based care system.
4. The Health Services Department should fast track oxygen piping in Taveta SCH and in all other Wards and other emergency sections including the Theatre section in MCRH. The Department should also fast track the delivery and installation of the oxygen plant.

Committee on Health and Sanitation Services

3.3: OUTSIDE CATERING SERVICES

3.3.1: Response from the County Hospital Management Team

The Committee on Health and Sanitation Services found as follows during the visits and stakeholders engagements;

3.3.1.1: Taveta Sub-County Hospital

Outside catering in Taveta Sub-County hospital has been on-going for about three months by the time of the visit. Multipack logistic limited was contracted for a one-year period at the County level and deployed to Sub-County Hospital.

The hospital team was not engaged in the decision-making process that led to the change of system to outside catering services.

The hospitals caters for water, electricity and fuel.

The nutritionists and the cateresses supervise the operations and ensure quality food is prepared.

The hospital charges Kshs.250 per day inclusive of food on inpatients.

On average the county government will have to pay outside catering Kshs.650 per day per person on meals.

The hospital management team is not certain whether the contracted company is certified to offer food services.



Taveta SCH Kitchen (Outside Catering Services)

The Hospital Management Team (HMT) appreciated the improved catering services in terms of efficiency and quality.

Taveta SCH Observations and Recommendations **Observations**

Committee on Health and Sanitation Services

1. The Health and Sanitation Services Committee observed as follows in regards to the outside catering services;
2. The HMT was not involved in the decision making process of adopting the outside catering system.
3. The outside catering company signed a one year contract with the county government to provide catering services.
4. The estimated cost for outside catering meals per day (Ksh. 650) is expensive in comparison to the in-patient charges per day (Ksh.250). The county government is therefore operating at a loss with the outside catering system where an inpatient is charged Ksh.250 per night while the county government pays approximately ksh.650 for food per day for the same patient. The county government also incurs costs for utility bills including water, electricity and fuel.
5. The company and its staff are not certified/licensed by the public Health department to provide the catering services.
6. Cooks previously hired by the County Public Service Board were deployed to serve in other Departments.
7. The Quality and quantity of food has improved.
8. Health care workers can now concentrate with their core mandate with minimal interruptions stemming from catering services and follow up on supplies

Recommendations

1. The HMT should be involved in all decision making processes concerning the respective facilities because they are directly in charge
2. The department should look for a cheaper and affordable model to provide food for in-patients upon expiry of the one year contract.
3. The health services department should ensure that the outside catering service provider is duly certified by the public health department and that all the outside catering staff go through medical examination and are issued with medical examination certificates.

3.3.1.2: Mwatate SCH

Outside catering services in the hospital are offered by Exage Solution Company which signed a 1-year contract.

The company purchases the food and provides cooks to prepare the food under the supervision of a Public Health Officer and Nutritionist.

The County however provides;

1. Water
2. Electricity and gas
3. Kitchen and utensils

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The company is not certified/licensed by the public Health department to provide the said services. However, the cooks have been taken through the ordinary public health tests and certified.

Some of the prices for the foods offered are, as follows;

Breakfast –Tea, Bread, Egg- Ksh. 120-Ksh. 150

Lunch -Pilau-Ksh. 300

Dinner -Chapati, Cabbage, Beef Stew-Ksh. 200

In view of the above, a patient spends approximately Ksh. 650 per day for food.

The hospital management was not involved in making the resolutions to opt for outside catering. They were however involved in a meeting to harmonize the price of the food in all sub-County hospitals after it was noted that the prices differed.

Mwatate SCH Observations and Recommendations

Observations

1. The Health and Sanitation Services Committee observed as follows in regards to the outside catering services;
2. The HMT was not involved in the decision making process of adopting the outside catering system.
3. The outside catering company signed a one year contract with county government to provide catering services.
4. The estimated cost for outside catering meals per day (Ksh. 650) is expensive in comparison to the in-patient charges per day (Ksh.250). The county government is therefore operating at a loss with the outside catering system where an inpatient is charged Ksh.250 per night while the county government pays approximately ksh.650 for food per day for the same patient. The county government also incurs costs for utility bills including water, electricity and fuel.
5. The company and its staff are not certified/licensed by the public Health department to provide the said services.
6. Cooks previously hired by the County Public Service Board were deployed to serve in other Departments.
7. The Quality and quantity of food has improved.
8. Health care workers can now concentrate with their core mandate with minimal interruptions stemming from catering services and follow up on supplies

Committee on Health and Sanitation Services

Recommendations

1. The HMT should be involved in all decision making processes concerning the respective facilities because they are directly in charge
2. The Health Services Department should look for a cheaper and affordable model to provide food for in patients upon expiry of the one year contract.
3. The Health Services Department should ensure that the outside catering service provider is duly certified by the public health department and that all the outside catering staff go through medical examination and are issued with medical examination certificates.

3.3.1.3: Wesu SCH

The hospital management team informed the Committee that outside catering services are offered by Heavy Weight Ventures Company which signed a 1-year contract to provide the services to the facility.

The company purchases the food and provides cooks to prepare the food under the supervision of a Public Health Officer and Nutritionist.

The County however provides the following items which they noted were costly for the facility to manage;

1. Water
2. Electricity and gas
3. Kitchen and utensils

The company is not certified/licensed by the public Health department to provide the said services. However, the cooks have been taken through the ordinary public health tests and certified.

Cooks previously hired by the County Public Service Board (CPSB) were deployed to serve in other Departments.

Some of the prices for the foods offered are as follows;

Breakfast –Tea, Bread, Egg- Ksh.120 to Ksh.150

Lunch -Pilau-Ksh.300

Dinner -Chapati, Cabbage, Beef Stew-Ksh.200

In view of the above, a patient spends approximately Ksh.650 per day for food.

The hospital management was not involved in making the resolution to opt for outside catering but were involved in a meeting to harmonize the price of the food in all sub-County hospitals after it was not that the prices differed. They also noted that the quality of food has since improved.

The hospital management revealed that payments owed to Heavy Weight Ventures for the two months services offered is Ksh.1.2M.

Committee on Health and Sanitation Services

Wesu SCH Observations and Recommendations

Observations

The Health and Sanitation Services Committee observed as follows in regards to the outside catering services;

1. The HMT was not involved in the decision making process of adopting the outside catering system.
2. The outside catering company signed a one year contract with county government to provide catering services.
3. The estimated cost for outside catering meals per day (Ksh. 650) is expensive in comparison to the in-patient charges per day (Ksh.250). The county government is therefore operating at a loss with the outside catering system where an inpatient is charged Ksh.250 per night while the county government pays approximately ksh.650 for food per day for the same patient. The county government also incurs costs for utility bills including water, electricity and fuel which the HMT said that the bills have become too expensive to foot.
4. The company and its staff are not certified/licensed by the public Health department to provide the said services.
5. Cooks previously hired by the County Public Service Board were deployed to serve in other Departments.
6. The Quality and quantity of food has improved.
7. Health care workers can now concentrate with their core mandate with minimal interruptions stemming from catering services and follow up on supplies

Recommendations

1. The HMT should be involved in all decision making processes concerning the respective facilities because they are directly in charge
2. The department should look for a cheaper and affordable model to provide food for in-patients upon expiry of the one year contract.
3. The health services department should ensure that the outside catering service provider is duly certified by the public health department and that all the outside catering staff go through medical examination and are issued with medical examination certificates.

3.3.1.4: Moi CRH

The Hospital Management team informed the Committee that outside catering services are offered by Cholmart Enterprise Company which signed a 1-year contract to provide the services to the facility.

The company purchases the food and provides cooks to prepare the food under the supervision of a Public Health Officer and Nutritionist.

The County however provides;

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1. Water
2. Electricity and gas
3. Kitchen and utensils

The company is not certified/licensed by the public Health department to provide the said services. However, the cooks have been taken through the ordinary public health tests and certified.

Cooks previously hired by the County Public Service Board were deployed to serve in other Departments.

Some of the prices for the foods offered are as follows;

Breakfast –Tea, Bread, Egg- Ksh.120 to Ksh.150

Lunch -Pilau-Ksh.300

Dinner -Chapati, Cabbage, Beef Stew-Ksh.200

In view of the above, a patient spends approximately Ksh.650 per day for food.

The hospital management was not involved in making the resolution to opt for outside catering. They however were involved in a meeting to harmonize the price of the foods in all sub-County hospitals after it was not that the prices differed. The team appreciated that the quality of food has improved.

The hospital management revealed that payments owed to the company for two months is 3.5M. They also felt that the outside catering idea was good since they previously experienced shortage in supplies due to delayed payments to the suppliers hence interrupting catering services in the hospital.

Moi CRH Observations and Recommendations

Observations

1. The Health and Sanitation Services Committee observed as follows in regards to the outside catering services;
2. The HMT was not involved in the decision making process of adopting the outside catering system.
3. The outside catering company signed a one year contract with county government to provide catering services.
4. The estimated cost for outside catering meals per day (Ksh. 650) is expensive in comparison to the in-patient charges per day (Ksh.250). The county government is therefore operating at a loss with the outside catering system where an inpatient is charged Ksh.250 per night while the county government pays approximately ksh.650 for food per day for the same patient. The county government also incurs costs for utility bills including water, electricity and fuel.
5. The company is not certified/licensed by the public Health department to provide the said services. However, the cooks have been taken through the ordinary public health tests and certified.
6. Cooks previously hired by the County Public Service Board were deployed to serve in other Departments.

7. The Quality and quantity of food has improved.
8. Health care workers can now concentrate with their core mandate with minimal interruptions stemming from catering services and follow up on supplies

Recommendations

1. The HMT should be involved in all decision making processes concerning the respective facilities because they are directly in charge
2. The Health Services Department should look for a cheaper and affordable model to provide food for in patients upon expiry of the one year contract.
3. The Health Services Department should ensure that the outside catering service provider is duly certified by the public health department and that all the outside catering staff go through medical examination and are issued with medical examination certificates.

3.3.1.5: Response by the CECM, CCO and CHMT

The CECM, CCO and CHMT during a meeting held on 7th July, 2020 at KMTC Voi presented as follows on the County COVID-19 expenditure;

The County Health Nutritionist informed the meeting that the outside catering program was guided by the inpatient feeding protocol and in compliance with the food, hygiene and safety regulations

The program was discussed and approved by the Cabinet during the tenure of the former CECM.

PHOs in the hospitals inspect and supervise the catering environment for maintenance of good hygiene while nutritionists give guidance on matters nutrition to the catering service providers according to patient needs.

3.3.2: Review of Documents

The CCO Health Services submitted the following documents on outside catering;

1. Cost Benefit Analysis for Outside Catering

The County Department of Health Services submitted a cost benefit analysis brief from two sampled health facilities; Moi County Referral Hospital and Taveta Sub-County Hospital before and during the outside catering service system as follows;

Committee on Health and Sanitation Services

MOI CRH-SUPPLY AND DELIVERY OF FOOD STUFFS-(BEFORE OUTSIDE CATERING)				
Month	Cost of supply	No. of patients	Average patients per day	Average cost per patient
February 2020	1, 899, 000	2297	82	700
March 2020	1, 109, 000	2005	65	
Average	1, 504, 000	2151	74	
MCRH- DURING OUTSIDE CATERING				
April 2020	1, 020, 000	1700	57	500-600
May 2020	655, 800	1093	43	
Average	837, 900	1233	47	

TAVETA SCH- SUPPLY AND DELIVERY OF FOODS STUFFS-(BEFORE OUTSIDE CATERING)				
Month	Cost of supply	No. of patient	Average no. of patients	Average cost per patient
January 2020	1, 629, 940	1246	42	
February 2020		1297	44	
March 2020		1406	47	
Average	543, 313	1316	44	412
TAVETA SCH- DURING OUTSIDE CATERING				
April 2020	675, 000	1125	38	
May 2020	655, 800	1093	37	
Average	665, 400	1109	38	500-600

NB: The cost for supply and delivery of food included the cost of supply of tea and meals for specialized categories.

2. Reasons for Adoption of Outside Catering System

- i. There was a need to minimize food wastage which has been a challenge. Outside catering will ensure food used is calculated according to the patient daily requirement and the contracted companies will supply exact amounts needed.
- ii. There was a need to save time used to procure, cook, serve and supervise kitchen staff which hindered food being served at specified time promptly.
- iii. There was a need to improve the quality and quantity of food by employing expertise service in cookery and catering.

3. Benefits of outside catering

- i. Work has been made more effective for the nutritionist.
- ii. Time used to follow up on supplies has been done away with.
- iii. Quality and quantity of food has improved.
- iv. Customer satisfaction has improved remarkably.
- v. Health care workers can now concentrate with their core mandate with minimal interruptions stemming from catering services.

4. Food Supply Pending Bills List

Committee on Health and Sanitation Services

The County Health Services Department submitted a copy of the food supply pending bills as at 20th September, 2019, of Ksh.11,170, 666 as follows;

- i. MCRH- 6, 713, 518
- ii. Taveta SCH- 2, 616, 365
- iii. Mwatate SCH- 1, 174, 721
- iv. Wesu SCH- 351, 114
- v. Wundanyi- 314, 948

5. Request for approval for outside catering

On 2nd December, 2019, the CECM Health Services sent out a cabinet memo to the office of the Governor to request for approval to outsource catering services in Level 4 and Level 5 hospitals. The CECM justified the request as follows:

1. It has worked well in other government institutions
2. Urgent need to have hospital administration concentrate on quality health care services.

According to the memo, the approved budget estimates 2019/2020 for outside catering was as follows:

- i. MCRH-7,700, 000
- ii. Taveta SCH- 3, 700, 000
- iii. Mwatate SCH- 3, 100, 000
- iv. Wesu SCH- 3, 487, 063
- v. Wundanyi Hospital- 2, 392, 238

6. Approval of the Outside Catering System

On 4th December, 2019, the cabinet approved the resolution to outsource catering services in Level 4 and Level 5 hospitals. An excerpt of the cabinet meeting was submitted.

7. Invitation to Tender

The Health Services department published a tender notice in the newspaper and completed tender documents were to be submitted through the IFMIS system before 21st January 2020.

A copy of the Tender document on outside catering showing the requirements of the Department was also submitted.

8. Notification of intention to enter into a contract

On 10th February 2020, the County Health Services department sent out notification of intention enter into contract to Multipack Logistics, Exage Solution Limited, and Cholmart Enterprises for Taveta Sub-County hospital, Mwatate Sub-County and Moi County Referral Hospital respectively.

Committee on Health and Sanitation Services

9. Acceptance for Framework Contract Letters

On 13th February, 2020, Cholmart Enterprises furnished the County Health Services with letter of acceptance followed by, Multipack Logistics on 14th February, 2020 and Exage Solutions Limited on 18th February, 2020. The acceptance letters were submitted alongside with a price schedule for hospital meals.

10. Contract Agreement

On the 6th day of April, 2020 the County Government of Taita Taveta Health Services Department entered in to a contract with the outside catering service providers as follows:

- i. Cholmart Enterprises was contracted to offer services at MCRH
- ii. Multipack Logistics Limited was contracted to offer services at Taveta Sub-County Hospital
- iii. Heavy Weight Ventures was contracted to offer services at Wesu Sub-County Hospital
- iv. Exage Solutions Limited was contracted to offer services at Mwatate Sub-County Hospital

11. Harmonization of the Food Prices

On 14th February, 2020, the Chief Officer Health and Sanitation Services called a meeting to address outside catering challenges. In the meeting food prices were reviewed and harmonized across board as per the attached list. It was also resolved that, the hospitals shall cater for water, electricity and fuel costs.

11. Food Drugs and Chemical Substances (Food Hygiene) License

The County Health Services Department submitted Licenses pursuant to the provisions of the Food, Drugs and Chemical Substances (Food Hygiene) Regulations Cap 254 to the outside catering companies and Certificates of Medical Examination for the staff hired by the outside catering services companies as follows; Multipack Logistics for Taveta SCH, Exage Solutions Limited for Mwatate SCH, Heavy Weight Ventures for Wesu SCH, Cholmart Enterprises for MCRH and Fine Mountline Company Ltd for Wundanyi SCH.

3.3.3: GENERAL COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

Observations

The Health and Sanitation Services Committee observed as follows in regards to outside catering services in the Health Services Department;

1. The County Health Services Department has a pending bill of Ksh.11,170, 666 with suppliers who used to supply food stuff before the outside catering system was adopted as at 20th September, 2019 as follows;
 - i. MCRH- 6, 713, 518
 - ii. Taveta SCH- 2, 616, 365

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- iii. Mwatate SCH- 1, 174, 721
 - iv. Wesu SCH- 351, 114
 - v. Wundanyi SCH- 314, 948
2. The outside catering system for Level 4 and Level 5 hospitals was approved by the Cabinet 4th December, 2019 upon a request made by the former CECM.
 3. The approved budget estimates for the Financial Year 2019/2020 for outside catering is as follows:
 - i. MCRH-7,700, 000
 - ii. Taveta SCH- 3, 700, 000
 - iii. Mwatate SCH- 3, 100, 000
 - iv. Wesu SCH- 3, 487, 063
 - v. Wundanyi SCH- 2, 392, 238
 4. That the County Government on 6th day of April, 2020, entered into a one year contract with Cholmart Enterprises, Multipack Logistics Limited, Heavy Weight Ventures, and Exage Solutions Limited and Mountline Company Ltd to offer outside catering services at MCRH, Taveta, Wesu, Mwatate and Wundanyi SCHs respectively while the hospitals cater for water, electricity and fuel costs and provide the companies with the kitchen and utensils.
 5. The Companies offering outside catering services have Food Drugs and Chemical Substances (Food Hygiene) Licenses and their staff have gone through the necessary Medical Examinations and are duly certified.
 6. The estimated cost for outside catering meals per day (Ksh. 650) is expensive in comparison to the in-patient charges per day (Ksh.250). The county government is therefore operating at a loss with the outside catering system where an inpatient is charged Ksh.250 per night while the county government pays approximately ksh.650 for food per day for the same patient. The county government also incurs costs for utility bills including water, electricity and fuel.
 7. That Cholmart is yet to be paid Ksh.3.5 million for outside catering services offered for two months in MCRH and Ksh.1.2 million for Heavy Weight Ventures for the two months outside catering services offered in Wesu SCH. From this revelation, it is clear that the above approved budget for catering services for MCRH and Wesu SCH is inadequate and the County Government is likely to have issues of pending bills for outside catering services.
 8. Cooks previously engaged by the CPSB were deployed to other Departments with some serving as secretaries and security personnel.

Recommendations

The Health and Sanitation Services Committee recommends as follows in regards to outside catering services in the Health Services Department;

1. The Health Services Department must engage the outside catering companies to further review the food prices so that the services are cost effective considering that the utility costs are settled by respective Hospitals.
2. Upon lapse of the contract signed between the County Government and the Outside Catering Services Companies on 5th April, 2020, the Health Services Department should not extend the contracts and must revert back to the old affordable system where Hospitals made their own food. The Health Services Department and the Finance and Economic Planning Department must ensure that the food suppliers are paid in time to avoid interruption of catering services.
3. The Health Services Department should within 60 days come up with a framework on how the catering utility bills; water, electricity and fuel will be settled since the hospitals can no longer manage the bills.
4. The Health Services Department in liaison with the Finance and Economic Planning Department should within 30 days come up with a plan to settle the pending bill for suppliers who previously supplied food stuff to the Level 4 and Level 5 hospitals prior to the adoption of the outside catering system.

A detailed report on the suppliers, amounts owed to each supplier and the payment plan should be submitted to the County Assembly immediately for follow up.

5. The Health Services Department should establish a policy to regulate the catering services in Level 4 and Level 5 Hospitals so as to ensure that the safety of patient is guaranteed within 120 days and the same submitted to the County Assembly for consideration.
6. The Health Services Department must ensure the outside catering service companies have their staff tested for COVID-19 frequently as required by law.

3.4: OTHER ISSUES OF CONCERN

3.4.1: NATIONAL HOSPITAL INSURANCE FUND SERVICES

3.4.1: RESPONSE FROM THE COUNTY HOSPITAL MANAGEMENT TEAMS

The Committee on Health and Sanitation Services found as follows during the visits and stakeholders engagement;

3.4.1.1: Taveta SCH

The Taveta HMT informed the committee that a directive was issued by the CECM Budget, Finance and Economic Planning issued that all NHIF money was to be channeled to County Revenue Fund account. The hospitals, therefore cannot access the money, a move which has crippled some hospital operations which were financed by the NHIF money.

Prior to the directive, the HMT used to come up with a budget, send it to the CCOH and they are given Authority to Incur Expenditure (AIE) and they utilize the money according to the budget. Before they used to buy drugs, laboratory reagents, X-ray films and stationaries using the NHIF money. NHIF patients used to be given first priority in the hospital and they never lacked drugs in their clinic. The hospital risks losing NHIF patients due to lack of drugs and non-pharmaceuticals that would have otherwise been stocked with the NHIF refunds.

3.4.1.2: Mwatate SCH

National Hospital Insurance Fund is categorized into 3 as follows;

1. Linda Mama program
2. Common Mwananchi program
3. Civil Servants program

The funds were previously deposited in the hospital account upon request by the facility. However, since April, following a cabinet resolution, it was directed that all the funds be directed to the County Revenue Fund in line with the provisions of the law that revenue should not be used at source.

Challenges

The new system had challenges since refund take time to reach the facility. The facility is therefore not able to serve NHIF clients as efficiently as required thus forcing some clients to purchase drugs which would have otherwise been purchased using the NHIF funds. Clients who also purchase the drugs are not refunded as fast as required due to the inaccessibility of the funds.

3.4.1.3: Wesu SCH

National Health Insurance Fund is were previously deposited in the hospital account upon request by the facility. However, since April 2020 , following a cabinet resolution, it was directed that all the funds be directed to the County Revenue Fund in line with the provisions of the law that revenue should not be used at sources.

Challenges

This new system has posed so many challenges including the inability to service machines such as laundry machines and the generator and purchase of laboratory reagents which are not supplied by KEMSA and normally run out of stock.

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The facility has not received any NHIF funds since the inception of the new system.

3.4.1.4: Moi CRH

National Hospital Insurance Funds were previously deposited in the hospital account upon request by the facility. However, since April 2020, following the County cabinet resolution, it was directed that all the funds be directed to the County Revenue Fund in line with the provisions of the law that revenue should not be used at source.

The hospital received Ksh.3.1M a wee prior to the Committee visit as refund for NHIF services rendered. Claims totaling to Ksh.10, 570, 000 are yet to be refunded to the facility. The facility also has a debt of Ksh.6.7M as refund to clients for drugs and non-pharmaceuticals bought by the NHIF clients when the facility had run out of stock.

Challenges

This new system has posed so many challenges especially at the Dialysis Centre where patients are forced to use their own money to buy some drugs and non-pharmaceuticals which are currently out of stock.

The Committee was also informed that 2 nurses previously stationed at the Renal Unit have since resigned for employment at Moi Teaching Referral Hospital, Eldoret citing delays in promotion and low salaries offered in the County. The Hospital Management team cited this to be a common case where Health Workers are moving to greener pastures due to the numerous delays by the County Public Service Board and Human Resource Department in taking care of the Health Workers welfare.

3.4.1.5: COMMITTEE OBSERVATIONS AND RECOMMENDATION

Observations

Observations

The Committee on Health and Sanitation Services observed as follows in regards to the National Hospital Insurance Fund services in the County;

1. That NHIF funds played an important role in the management and provision of Health services in County Health Facilities. The Level 5, Level 4 and Rural Health Facilities offered NHIF Services ranging from Linda Mama, Common Mwananchi and Civil Servants program. Refunds from the NHIF services rendered were used by the Health Facilities to improve the facilities and even purchase some drugs and non-pharmaceuticals for the NHIF patients.
2. That the County Finance and Economic Planning Department directed that all hospitals including NHIF funds shall be deposited into the County Revenue Fund account pursuant to section 109 (2) of the Public Finance Management Act, 2012, which stipulates that the County Treasury for each county government shall ensure that all money raised or received by or on behalf of the county government is paid into the County Revenue Fund.
3. This new system has posed so many challenges and affected the efficient provision of services to NHIF clients in all the Health Facilities. Refunds from the County Revenue Fund are delayed and therefore most Health facilities are unable to service machines, improve the

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facilities, or even purchase drugs and non-pharmaceuticals for NHIF clients when they run out of stock. NHIF clients are in turn forced to purchase some of the drugs and non-pharmaceuticals as they wait to be refunded for the purchases made. A critical case is cited of the Dialysis Centre where patients are at times forced to use their own money to buy some drugs and non-pharmaceuticals which are currently out of stock.

Recommendation

The Committee on Health and Sanitation Services recommends as follows in regards to the National Hospital Insurance Fund services in the County;

1. That notwithstanding the provisions of section 109 (2) of the Public Finance Management Act, 2012, as highlighted above, section 109(2) (b) gives leeway for County Health Facilities as entities to retain the NHIF funds by stipulating that;

The County Treasury for each county government shall ensure that all money raised or received by or on behalf of the county government is paid into the County Revenue Fund, except money that; (b) may, in accordance with other legislation, this Act or County legislation, be retained by the county government entity which received it for the purposes of defraying its expenses.

2. In view of the above highlighted Public Finance Management Act, 2012 section 109(2) (b) the Committee recommends that all NHIF funds be deposited to the respective Health Facility Accounts and all monies directed to the County Revenue Fund be reverted back to the respective Health Facilities within 90 days and a detailed report on the same be submitted to the County Assembly.
3. Further, the Health and Sanitation Committee resolves to fast track the processing of the Taita Taveta County Health Services Bill, 2020. This is while noting that, Clause 57 of the draft bill provides for the establishment of the Taita Taveta County Facilities Improvement Fund within 30 days after *gazettement* of the Act and that Clause 57 (c) and (g) of the bill, stipulates that monies earned or received as user charges and funds received as reimbursement as National Hospital Insurance Fund (NHIF) shall be paid to the FIF.

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3.4.2: STATUS OF DRUGS

3.4.2.1: Mwatate SCH

Drugs in the County are stored in the County Central Drug store in Wundanyi. This forces facilities to find means to transport drugs and non-pharmaceuticals to the hospital and rural facilities in the sub-County when they run out of stock. The ambulance is most used to transport the drugs and non-pharmaceuticals since there is no utility vehicle.

3.4.2.2: Wesu SCH

The facility gets its supplies for drugs and non-pharmaceuticals from the County Central Drug store in Wundanyi. The facility is forced to find means to transport the drugs and non-pharmaceuticals to the hospital and to rural facilities in the sub-County when they run out of stock. They rely on the recently purchased ambulance for transport since the facility does not have a utility vehicle.

The facility was running out of paracetamol, amoxicillin and dental cartridge by the time of the visit, drugs which they had to make arrangement to re-stock from the central drug store.

3.4.2.3: Moi CRH

Supplies for drugs and non-pharmaceuticals are made from the Central Drug store in Wundanyi. The facility however has to find means to transport drugs and non-pharmaceuticals and mostly rely on the ambulance since there is no utility vehicle.

The facility was running out of stock for CT-Scan reagents.

3.4.2.4: COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

Observations

The Committee on Health and Sanitation Services observed as follows in regards to the status of drugs and non-pharmaceuticals;

1. That all drugs and non-pharmaceuticals are stored at the central drug store in Wundanyi.
2. That there is no established plan or system to distribute drugs from the central drug store to the Level 5, Level 4s and all the Rural Health Facilities in the County.
3. That all Level 4 and Level 5 Health Facilities are expected to find means to transport and replenish depleted stock of drugs and non-pharmaceuticals from the central drug store to the facilities and to Rural Health Facilities. This leads to cost implications and double handling that may compromise the safety and quality of the drugs and non-pharmaceuticals which would have otherwise been avoided by having KEMSA deliver them to every health facility.
4. That patients are sometimes forced to purchase drugs and non-pharmaceuticals when Health Facilities run out of stock.

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Recommendations

The Committee on Health and Sanitation Services recommends as follows in regards to the status of drugs and non-pharmaceuticals

1. The Health Services Department to revert back to the old system where KEMSA delivered drugs to the last mile to all Health Facilities including Rural Health Facilities and put security measures to curb the alleged theft of drugs and non-pharmaceuticals in County Health Facilities.

This is while considering the guidelines and advisory of KEMSA that the drug store is not certified by the Pharmacy and Poisons Board to store drugs and is likely to compromise the safety and quality of drugs and that the system has affected the timely delivery of drugs and non-pharmaceuticals in County Health Facilities.

3.4.3: VEHICLES IN THE HEALTH SERVICES DEPARTMENT

3.4.3.1: Taveta SCH

The hospital management reported challenges of means of transport to carry out various activities in the facility. The Public Health Officer owing to the nature of the supervisory work noted that they requested for motorbikes to enable them reach the various Rural Health Facilities in the sub-County to carry out the supervisory duties assigned to them.

The Committee was informed that, under the economic stimulus project, PHOs received motorbikes which are currently grounded for lack of service and maintenance. The hospital team noted that with the country now looking forward to home-based care for COVID-19 patients, the PHO Department needs to be empowered logistically so as to carry out their mandate with ease.

3.4.3.2: Mwatate SCH

The hospital management team informed the Committee on the transport challenges experienced in the day-to-day operations. The PHO Department does not have motorbikes which can enable them conduct supervision at the Rural Health Facilities in the sub-County.

Challenges in transport were also mentioned when re-stocking drugs and non-pharmaceuticals from the central drug store in Wundanyi since the facility has the following 3 vehicles;

1. 1 ambulance
2. 1 double cabin that is mostly engaged
3. 1 double cabin that needs repair

3.4.3.3: Wesu SCH

The Hospital Management reported challenges in transport which was a major challenge considering the poor road system and terrain of the area where the hospital is located. This they said contributed to the low turnout of patients as some opt for other facilities which are more accessible.

The facility recently purchased an ambulance which they also use to transport drugs and non-pharmaceuticals from the central drug store in Wundanyi when they run out of stock. This they noted affected the hospital's referral system where a patient may be forced to wait for the ambulance to carry out other duties before a patient is referred to the other hospital a matter which they noted puts the life of patients at risk.

The hospital has the following vehicles;

1. 1 ambulance
2. 1 double cabin utility vehicle that is currently at CMC motors awaiting payment of repairs done.

Transport challenges were also cited in transporting COVID-19 samples. Sample collection began in May 2020. The exercise is conducted in Wundanyi CC hall. The samples are then taken to Moi Hospital for transportation to KEMRI Kilifi for testing. The officers in charge of the sample collection reported there was a challenge in transport for the samples and sometimes the officers are forced to stay late to the evening waiting for transport of the samples even after finalizing the exercise early enough.

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3.4.3.4: Moi CRH

The facility has the following vehicles which are not operational;

1. 1 box body ambulance at HITECH garage
2. 1 Ford Ranger utility vehicle is broken down and parked outside the facility
3. 10 motorbikes used by Public Health Officers (PHO) which need service and maintenance.

3.4.3.5: Review of Documents

The CCO Health Services submitted the following on vehicles in the County Health Services Department;

1. The Donated Ford ambulance

The cost incurred for the ambulance to reach the County was Kshs.8, 268,750 and the clearance charges Kshs.3, 000,000 making a total cost of Kshs.11, 268,750. The spare part of the ambulance are available at CMC Motors, Mombasa.

The status of the Ford Ambulances is as follows;

- i. 06CG075A- Working and in good condition
- ii. 06CG073A-Ceased engine on 2nd October, 2019. CMC Motors did inspection and currently awaiting repairs
- iii. 06CG074A-involved in a road accident on 15th October, 2019. CMC Motors did inspection and currently awaiting repairs

2. Status of vehicles in the Department of Health Services

NO.	VEHICLE NO. AND TYPE	STATION	REMARKS	AMOUNT	GARAGE
1.	06CG039A-Box Body Ambulance	Mwatate	Functional		
2.	06CG081A-New Cruiser Ambulance	MCRH	Functional		
3.	06CG038A-Box Ambulance	MCRH	Functional		
4.	06CG075A-Ford Ambulance	MCRH	Functional		
5.	06CG073A- Ford Ambulance	MCRH	Repairable		
6.	06CG074A- Ford Ambulance	MCRH	Repairable		
7.	GKA474P-Cruiser Ambulance	MCRH	Repairable		
8.	GKA462P-Cruiser Ambulance	MCRH	Repairable		

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9.	06CG040A-Box Ambulance	Taveta	Functional		
10.	GKA476P-Cruiser Ambulance	Taveta	Repaired. Yet to be paid	Amount not indicated	HI TECH
11.	GKA726L-Cruiser Ambulance	Taveta	Functional		
12.	06CG041A-Box Ambulance	Wundanyi SCH	Functional		
13.	06CG080A-New Cruiser Ambulance	Wesu SCH	Functional		
14.	GKA547K-Toyota Shark Ambulance	Wesu SCH	Repaired. Yet to be paid	774,000	ROBS MAGIC MSA
15.	GKA945D-Ambulance	Kasighau Health Centre	Repairable	150,000	Homeboys
16.	GKA252Q-Utility	MCRH	Disposal		
17.	06CG005A-Utility	CECM	Functional		
18.	06CG042A-Utility	CHMT	Repairable		Homeboys
19.	GKA257Q-Utility	CHMT	Repairable		MCRH
20.	GKA306Y-Utility	CHMT	Repairable		MY FACE
21.	GKA542R-Utility	CHMT	Functional		
22.	GKB641M-Utility	CHMT	Functional		
23.	GKKAY 780 L-Utility	CHMT	Functional		
24.	KBZ104X	Beyond Zero-Mobile Clinic	Functional		
25.	GKA128E-Utility		Disposal		Homeboys
26.	GKA281Q-Utility		Disposal		MCRH
27.	GKA759A-Utility		Disposal		MCRH
28.	GKA978T-Utility		Disposal		MCRH
29.	GKA255D-Utility	PHO DEPT	Repairable		Homeboys
30.	GKA278C-Utility	PHO DEPT	Repairable		County Garage
31.	GKA505B-Utility	PHO DEPT	Repairable		MY FACE
32.	GKA510B-Utility	PHO DEPT	Repairable		Homeboys

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3.4.3.6: COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

Observations

The Committee on Health and Sanitation Services observed as follows in regards to the status of vehicles in the Health Service Department;

1. There are 13 functional vehicles, 2 vehicles repaired with bills yet to be settled, 14 repairable vehicles and 5 disposal vehicles in the Health Services Department.
2. That two of the three donated Ford ambulances are not operational and are awaiting repairs.
3. PHO's motorbikes are currently grounded for lack of service and maintenance.

Recommendations

The Committee on Health and Sanitation Services recommends as follows in regards to the status of vehicles in the Health Service Department;

1. That all vehicles that are repairable should be repaired and their bills settled to have the vehicles released from the various garages they are lying and made operational within 60 days and a detailed report of the same be submitted to the County Assembly.
2. That pursuant to the Public Procurement and Asset Disposal Act, 2015, Section 165 (1) (a) which allows for transfer of assets from one public entity to another public entity or part of a public entity with or without financial adjustment, the Health Services Department in consultation with the office of the County Secretary should ensure that due process is followed to ensure that the 5 disposable vehicles are donated to County Vocational Training Centers to address the lack of training tools in the Motor Vehicle Mechanics related courses as per the resolution passed by the County Assembly on Tuesday, 12th November, 2019.
3. That the box body ambulances should be converted to utility vehicles.
4. The County Health Services Department should give the PHO's department logistic support by repairing the grounded motorbikes and procuring additional motorbikes to facilitate PHO's supervisory roles in Rural Health Facilities within 90 days.
5. The procurement and delivery process for acquiring the 3 donated Ford Paramedic ambulances be investigated by the Ethic and Anti-Corruption Commission (EACC) and the Director of Criminal Investigation (DCI)

Mr. Speaker Sir, on behalf of the Committee on Health and Sanitation Services, it is my honor and pleasure to table this report.

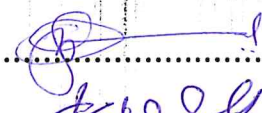
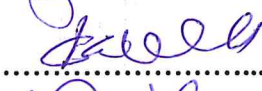




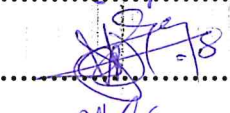



CONFIRMED.....

DATE.....

HON. OMAR AHMED, MCA/CHAIRPERSON

COMMITTEE ON HEALTH AND SANITATION SERVICES

COMMITTEE ADOPTION OF THE REPORT

<u>Name of Committee Member</u>	<u>Signature</u>
1. Hon. Omar Ahmed, MCA, <u>Chairperson</u>	
2. Hon. Constance Mwandawiro, MCA, <u>Vice-Chairperson</u>	
3. Hon. Godfrey Mwambi, MCA, Member	
4. Hon. Joyce Makumbo Mwagoji, MCA, Member	
5. Hon. Jason Mwamodenyi Tuja, MCA, Member	
6. Hon. Justine Juma Mwamba, MCA, Member	
7. Hon. Abednego Jonah Mwajala, MCA, Member	
8. Hon. Anselim Chao Mwadime, MCA, Member	
9. Hon. Martha Kenio Matigi, MCA, Member	
10. Hon. Catherine Mwakiwiwi, MCA, Member	
11. Hon. Beatrice Manga, MCA, Member	

REFERENCES

1. The Constitution of Kenya, 2010
2. The Public Finance Management Act, 2012
3. The Public Procurement and Asset Disposal Act, 2015
4. The Taita Taveta County Assembly Standing Order

APPENDIXES

Expenditure of Ksh.232 Million

1. Requisition for Medical equipment by the Health Department
2. Invitation for tender for medical equipment
3. Tender document for the medical equipment
4. Professional opinion for the tender of medical equipment
5. Request to conduct due diligence
6. Notification of intention to enter into contract with Medix East Africa Ltd
7. Contract agreement for supply of Medix East Africa Ltd
8. Appointment of the Inspection and Acceptance Committees
9. List of requested Medical Equipment
10. List of medical equipment delivered
11. Delivery note for Taveta SCH
12. Minutes of Inspection and Acceptance Committees-Taveta, Mwatate, Wesu SCHs and MCRH
13. Minutes of Medix E.A. Lt and HMTs
14. Correspondents between CCO and Medix E.A. Ltd
15. List of Medical Equipment collected by Medix E.A. Ltd
16. List of the Ksh. 232 Projects
17. Copies for construction of Mwatate SCH Theatre

COVID-19 Expenditure

18. Minutes of CERT to launch Screening sites
19. TWG Minutes
20. Screening Sites cost analysis
21. COVID-19 renovation works and supplies
22. Screening sites summary reports
23. Ksh. 200,000 surrender and claims
24. Quotation for radio talk shows
25. Cost for radio talk shows
26. Correspondents on alleged payment to Mwanedu FM

Outside Catering Services

27. Cost benefit analysis for Outside Catering
28. Pending bill for catering services as at 20th September 2019
29. Cabinet memo and approval of Outside Catering
30. Invitation for tender for outside catering
31. Tender document for outside catering
32. Notification for intention to enter into contract for outside catering
33. Acceptance of contract for outside catering
34. Copies of contracts for outside catering
35. Licenses and Medical Examination Certificates
36. Minutes to harmonize the food prices
37. List of the food price per company
38. Hospital menu for Taveta SCH and MCRH

Status of Vehicles

39. Status of Health Services Department Vehicles