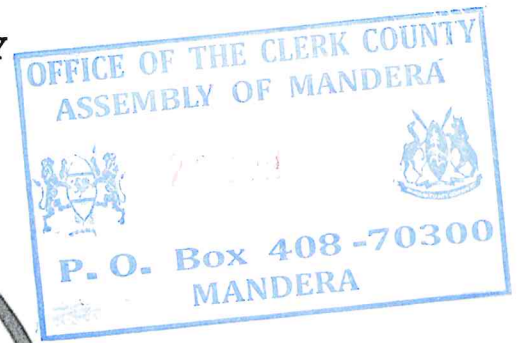


**REPUBLIC OF KENYA
MANDERA COUNTY ASSEMBLY**



SECOND ASSEMBLY (FOURTH SESSION)

AD HOC COMMITTEE ON COVID-19 SITUATION IN MANDERA COUNTY

FINAL REPORT

***THE CLERK'S CHAMBER,
MANDERA COUNTY ASSEMBLY,
NOVEMBER 2020.***

Contents

CHAPTER ONE: INTRODUCTION	1
PREFACE	1
COMMITTEE MEMBERSHIP	2
ACKNOWLEDGEMENT	3
ADOPTION OF THE PROGRESS REPORT	4
CHAPTER TWO: BACKGROUND ON COVID-19	5
COMMITTEE VISIT TO SUB COUNTY REFERRAL HOSPITALS	6
COMMITTEE’S UNDERTAKING AND FINDINGS	6
VISIT TO THE SUB-COUNTIES AND REPORT ON THE STATUS OF QUARANTINE FACILITIES	7
MANDERA NORTH SUB COUNTY	7
GIRISA (COVID-19) QUARANTINE CENTER	7
RHAMU SUB-COUNTY REFERRAL HOSPITAL	8
BANISA SUB-COUNTY	10
BANISA SUB-COUNTY REFERRAL HOSPITAL	10
MANDERA WEST SUB-COUNTY	11
TAKABA SUB-COUNTY REFERRAL HOSPITAL	11
MANDERA SOUTH SUB-COUNTY	13
ELWAK SUB-COUNTY REFERRAL HOSPITAL	13
LAFEY SUB-COUNTY	15
LAFEY SUB-COUNTY REFERRAL HOSPITAL	15
CHAPTER THREE: TESTING IN THE COUNTY	18
CHAPTER FOUR: ENGAGE AND REPORT ON THE ACTIVITIES OF THE COUNTY COVID-19 FUND COMMITTEE	21
CHAPTER FIVE: HOW THE FUND SET ASIDE FOR THE PANDEMIC IS UTILIZED.....	23
IMPLEMENTATION STATUS ON THE UTILIZATION OF COVID-19 FUNDS	23
COVID-19 FUNDING SUMMARY	25
EXPENDITURE ON QUARANTINE FACILITIES	34
EXPENDITURE ON ISOLATION CENTRES	35
HIRED VEHICLES FOR PUBLIC SENSITIZATION	36
HOW DANIDA COVID-19 FUNDS OF KSH. 11,305,000 WAS UTILIZED	36
EXPENDITURE ON RELIEF FOOD	37
RELIEF DISTRIBUTION PLAN (third distribution)	37
CHAPTER SIX: IMPLEMENTATION STATUS OF AD-HOC COMMITTEE	43

CHAPTER SEVEN: COMMITTEE’S OBSERVATIONS AND RECOMMENDATIONS	44
OBSERVATIONS	44
COMMITTEE’S RECOMMENDATIONS	46

ANNEXURES

Abbreviations

AIDS – Acquired Immunodeficiency Syndrome

A&E – Accident and Emergency

Ag. – Acting

BCG – Bacille Calmette Guerin

CECM – County Executive Committee Member

COVID-19 – Corona Virus Disease 2019

COCOP – Cooperation of Cooperating Partners

CCO – County Chief Officer

CS – Cabinet Secretary

CS – County Secretary

CEO – Chief Executive Officer

CPSB – County Public Service Board

DANIDA – Danish International Development Agency

DOH – Department of Health

HQ – Headquarter

HDU – High Dependency Unit

HIV – Human Immunodeficiency Virus

HH – Households

ICU – Intensive Care Unit

IDP – Internally Displaced Person

KMTC – Kenya Medical Training Centre

KEMSA – Kenya Medical Supplies Agency

KMPDC – Kenya Medical Practitioners and Dentist Council

KEBs – Kenya Bureau of Standards

MANDWASCO – Mandera Water and Sewerage Company

MCRH – Mandera County Referral Hospital

MSMEs – Micro, Medium and Small Enterprises

NGO – Non- Government Organization

NIC – National Influenza Centre

OPD – Out Patient Cases

PPE – Personal Protective Equipment

PAS – Public Address System

QS –Quantity Surveyor

SRC – Salaries and Remuneration

TB – Tuberculosis

WSPs – Water Service Providers

WFP – World Food Programme

WHO – World Health Organization

CHAPTER ONE: INTRODUCTION

PREFACE

Honourable Speaker,

Following the declaration of COVID-19 as global pandemic and the subsequent presidential directive issued on 17th March 2020 aimed at limiting factors that may exacerbate the spread of the disease which required institutions to come up with measures to curb the spread of the disease, on 24th March 2020 Mandera County Assembly closed to **sine die** due to the fear of effect of COVID-19 pandemic and in compliance with the presidential directive.

On Monday, 4th May 2020, the County Assembly by resolution established an Ad Hoc Committee on the COVID-19 situation in the County. The Committee is mandated to oversight actions and measures taken by the County Government in addressing the spread and effects of Covid-19 in the County and shall address the following among other matters;

- a) Provision of testing and medical equipment including adequate ventilators in Mandera Referral Hospital.
- b) Measures taken to ensure continuous supply of food and other essential commodities at affordable price.
- c) Measures taken by the County Government to enable the continuation of service delivery to the residents of the County.
- d) Provision of adequate isolation and intensive care unit (ICU) facilities in the County Referral Hospital and each of Sub-County Hospitals.
- e) Measures taken to ensure protection, safety and wellbeing of health care service providers and other frontline workers.
- f) To step up measures to sensitize and safe guard the population against the global pandemic.
- g) To monitor and report to the County Assembly on all the activities the County Government is implementing as well as to ensure funds set aside for the pandemic is utilized well.
- h) Oversight County Emergency Response Committee

On Tuesday, 23rd June 2020 the Committee tabled its first progress report in the County Assembly which was adopted. In that report the Committee stated the next course of action as;

- a) Visit the Sub-counties and report on the status of quarantine facilities.

- b) Engage and report on the activities of the County Emergency Response Committee.
- c) How the fund set aside for the pandemic is utilized.
- d) Continue to monitor measures taken by the County Government in responding to the COVID-19 pandemic, and the implementation of the recommendations as adopted by the County Assembly.
- e) Finally, as resolved by the County Assembly, the committee will submit the quarterly progress report, and eventually shall table its final report.

Honourable Speaker,

As stated in the terms of reference, the Committee was unable to deliver the 2nd progress report, this is due to delayed submission of information from the executive, quorum hitches in the Committee and the government's containment measures that limited movement. Am happy to report that this is the final report that has consolidated all matters relating to the Committee's terms of reference.

COMMITTEE MEMBERSHIP

Honourable Speaker,

The committee is composed of the following honourable members as constituted by the house: -

- | | |
|--------------------------------|--------------------|
| 1. Hon. Abass Abdille Mohamed | - Chairperson |
| 2. Hon. Alinoor Derow | - Vice-Chairperson |
| 3. Hon. Shaaban Hassan Hillo | - Member |
| 4. Hon. Shamsa Ibrahim Maalim | - Member |
| 5. Hon. Kullow Alio Guyow | - Member |
| 6. Hon. Mohamed Ibrahim Yussuf | - Member |
| 7. Hon. Alinur Hassan Ali | - Member |
| 8. Hon. Fatuma Omar Kasai | - Member |
| 9. Hon. Robow Mohamed Hassan | - Member |

ACKNOWLEDGEMENT

Honourable Speaker,

May I take this opportunity to thank all the Members of the Committee for their input and valuable contributions during the deliberations on this report.

The Committee also takes this opportunity to thank the offices of the Honourable Speaker and the Clerk for the support accorded to it during this period.

On behalf of Ad Hoc Committee on Covid-19 committee members, it is my pleasure and pleasant duty to present to the Assembly the committee's final Report on the status of Covid-19 in the County.

Thank you,

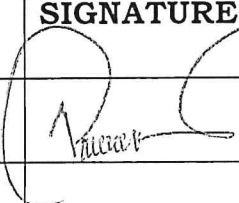
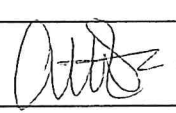

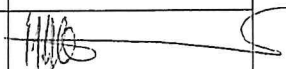
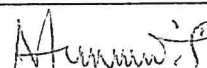
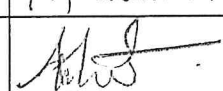
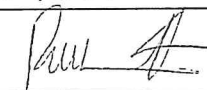
**HON. ABASS ABDILLE MOHAMED,
CHAIRPERSON AD HOC COMMITTEE ON COVID-19 SITUATION IN THE
COUNTY.**

Date.....

16th Nov 2020

ADOPTION OF THE PROGRESS REPORT

We, the undersigned Members of Mandera County Assembly Ad Hoc Committee on the Covid-19 situation in Mandera County, do adopt this report by appending our signatures against our names.

S/No.	NAMES	DESIGNATION	SIGNATURE
1.	Hon. Abass Abdille Mohamed	Chairperson	
2.	Hon. Alinoor Derow Abdullahi	Vice-Chairperson	
3.	Hon. Shaban Hassan Hillow	Member	
4.	Hon. Shamsa Ibrahim Maalim	Member	
5.	Hon. Kulow Alio Guyow	Member	
6.	Hon. Mohamed Ibrahim Yussuf	Member	
7.	Hon. Alinur Hassan Ali	Member	
8.	Hon. Fatuma Omar Kasai	Member	
9.	Hon. Robow Mohamed Hassan	Member	

CHAPTER TWO: BACKGROUND ON COVID-19

Coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). A novel coronavirus (Cov) is a new strain of the coronavirus that has not been previously identified in humans.

Coronaviruses are common in animals, occasionally; people get infected with these viruses which may then spread to other people. For example, SARS-CoV was associated with civet cats and MERS-CoV was associated with dromedary camels. Possible animal sources of COVID-19 have not yet been confirmed

Corona Virus Disease 2019 (COVID-19) is a new respiratory illness that began in Wuhan, China, in December 2019. As at 16th November 2020, the virus had resulted in more than 54 million infections and 1,325,085 deaths globally.

In Kenya, a total of 70,804 cases had been confirmed as at 16th November 2020, with 46,244 patients having fully recovered and 1,287 patients having succumbed to the illness.

Mandera County had its first suspected cases of COVID-19 on 5th of April 2020 and samples for testing were delivered to National Influenza Centre (NIC) for testing. These patients had history of travel from Kilifi County and termed as high risk.

The samples tested positive for COVID-19 on the 7th April, thus Mandera County declaring its first index cases on the same day with a total of eighteen (18) cases tested positive for COVID-19 as at 15th June, 2020.

As at 16th November 2020, the virus had resulted in 84 infections and 4 deaths after a sample of 1192 were tested since the beginning of the pandemic with Mandera East having the highest cases reported.

Since the virus was reported in the County a total of 280,555 persons were screened at different sites within the County.

COMMITTEE VISIT TO SUB COUNTY REFERRAL HOSPITALS

COMMITTEE'S UNDERTAKING AND FINDINGS

In the first report, the committee resolved to visit the Sub-County Referral Hospitals. Consequently, the committee undertook field visits at the Sub County Referral Hospitals within the County from 25th - 27th August 2020 to assess their level of preparedness in the fight against COVID-19.

Prior to the visits, the Committee came up with the following checklist as a guidance to use during the visits to collect information that would determine the level of COVID-19 preparedness in the County: -

- a) The level of preparedness of Sub-County facilities to receive COVID-19 cases.
- b) Availability of adequate Personal Protective Equipment (PPEs) in the hospitals to safe guard the frontline health workers being infected with COVID -19.
- c) Training of frontline Health care worker and other health staffs to receive and handle COVID -19 patients.
- d) Availability of infrastructure set aside for the COVID -19 patients in the facilities.
- e) Whether the facilities are in a position to handle a huge number of COVID -19 cases in case of surge in the County.

The methodologies used while conducting the field visit included:

- a) Holding discussions with Hospital Management Teams including the facilities administrators, Medical Superintendents, other health officials and County administrators.
- b) Undertaking guided tour of the facilities and inspection of equipment put in place to address COVID-19 related matters.

VISIT TO THE SUB-COUNTIES AND REPORT ON THE STATUS OF QUARANTINE FACILITIES

MANDERA NORTH SUB COUNTY

GIRISA (COVID-19) QUARANTINE CENTER

On Tuesday 25th August, 2020, the Committee visited the Girisa Dispensary which was converted to quarantine facility for Mandera North Sub-County. The Committee members were received by the nurse on duty who took them to the quarantine wards where suspected COVID-19 patients are received, attended to and tested. Since the dispensary is not COVID-19 isolation Centre, the confirmed cases are referred to Mandera County Referral Hospital (MCRH) for care and management.

Committee Observations and Findings.

- a) The facility has 9-bed capacity that has been set aside for COVID-19 suspected cases where samples are collected and forwarded to MCRH. Four confirmed cases were referred from the facility.
- b) At the time of visit to the facility, there were no suspected cases that were admitted.
- c) A total of 44 primary contacts have undergone 14 days' mandatory quarantine at the facility.
- d) The facility had 70 Personal Protective Equipment (PPEs) and other items such as gloves, safety glasses, surgical boots, hard hats, and full body suites.
- e) The facility is solar powered but KPLC poles are readily on site.
- f) There is an ambulance that has been set aside specifically for ferrying Covid-19 confirmed cases to Mandera County Referral Hospital (MCRH).
- g) The facility lacks oxygen cylinders.
- h) At the time of the visit, bush clearing was being undertaken by youth employed through the Kazi Mtaani Initiative.
- i) The facility's compound is well fenced with one entrance.
- j) The quarantine wards had adequate ventilation both natural and artificial.
- k) The health staff present during the visit expressed that some of the major challenges at the facility was lack of water storage systems and staff quarters.
- l) Social distancing and use of face masks protocols are not adhered to due to negative community perception and attitudes.

- m) The facility is also on standby for any surge in Covid-19 cases.
- n) Some of the services such as Ante-Natal Care (ANC), Immunization, nutrition and family planning are currently offered at Nomadic Primary School.
- o) Six Kenya Police Reservist (KPR) are engaged to provide security for persons quarantined at the facility.
- p) At the time of visit the facility had the following staff;

S/NO.	CADRES	NO. AVAILABLE
1.	Medical Officers	2
2.	Clinical Officers	2
3.	Nurses	4
4.	Nutritionist	1
5.	Health Records	1
6.	Public Health Officers	2
7.	Pharm Techs	1
8.	Laboratory Tech	3
9.	Commodity Officer	1
10.	Bio medical	1
11	Community Health Ass	2
12.	Support staff	5

RHAMU SUB-COUNTY REFERRAL HOSPITAL

The Committee visited the Rhamu Sub-County Referral Hospital and met with Health management team of the facility, after a brief introduction, the medical superintendent at the Hospital briefed the members on the status of COVID—19 preparedness at the hospital.

Committee Observations and Findings.

- a) The hospital has embraced the government health directive by providing screening services at the entrance of the hospital as well as providing handwashing facility.
- b) The facility is neither an isolation centre nor a quarantine facility.
- c) A total of 1426 patients were screened at the gates of the hospital as at the Committee visit.
- d) Screening of travelers currently ongoing. Travelers from Mandera are screened adjacent to Rhamu Girls Secondary School while travelers from Nairobi are screened at slaughter house.
- e) Public health officers from the hospital are enforcing the ban on social gatherings.

- f) The hospital management raised concern over social distancing and use of face masks not practiced due to negative community perception and attitudes.
- g) The hospital has distributed 98 hand washing facilities donated by Mandera North Constituency office and National Government through Mandera North deputy county commissioner.
- h) The hospital management team held several meetings with sub county multi agency committee to evaluate the level of preparedness and progress.
- i) The Medical Superintendent highlighted that shortage of pharmaceuticals, non-pharmaceuticals and lack of furniture for the health workers as some of the challenges at the facility.
- j) The health care workers at the hospital have been adequately trained to handle Covid-19 cases.
- k) The hospital has 68 complete Personal Protective Equipment (PPEs) and other items such as gloves, safety glasses, surgical boots, hard hats, and full body suites.
- l) At the time of visit the facility had the following staff;

S/NO.	CADRES	NO. AVAILABLE
1	Medical officer	2
2	Clinical officers	8
3	Nurses	28
4	Hospital Administrator	1
5	Nutritionist	3
6	Anesthetist	2
7	Health Records	3
8	Public Health Officers	1
9	Pharm Tech	3
10	VCT	3
11	Laboratory Tech	4
12	Commodity Officer	1
13	Biomedical	2
14	Community Health Assistant	4
15	Accountant	1
16	Support Staff	1
17	Drivers	2
18	Casual Workers	20

BANISA SUB-COUNTY

BANISA SUB-COUNTY REFERRAL HOSPITAL

On Tuesday 25th August, 2020, the Committee visited Banisa Sub-County Hospital where they were received by the facility's Medical Superintendent who took the committee to on-going construction within the facility and holding area where suspected Covid-19 patients are received before they are transferred to Mandera.

Committee Observations and findings.

- a) The hospital has embraced the government health directive by providing screening services at the entrance of the hospital as well as providing handwashing facility.
- b) The facility had a 4-bed holding area that has been set aside for Covid-19 suspected cases where samples are collected and forwarded to Mandera.
- c) The health workers had been trained on the current Covid-19; epidemiological situation including risk factors for infection, clinical symptoms and signs of Covid-19, procedures for reporting and transferring confirmed cases.
- d) The facility was in possession of a total of 30 full Personal Protective Equipment (PPEs) which was inadequate considering that the facility is a Sub County Referral Hospital.
- e) The medical superintendent informed that the number of patients seeking the hospital services declined due to the fear of the Corona Pandemic.
- f) The medical superintendent stated that Banisa Sub County has no quarantine facility.
- g) At the time of visiting the facility the construction of male, female and pediatrics wards and modern maternity wing was on-going.
- h) The Medical Superintendent informed that some of essential drugs were out of stock.
- i) An ambulance has been set aside specifically for ferrying Covid-19 confirmed cases to Mandera County Referral Hospital (MCRH).
- j) That, the Sub County reported only one positive case out of the 20 samples sent to KEMRI for testing at the visit.
- k) Although the facility manages its waste, it was raised that they need incinerator to destroy contaminated waste.
- l) The Medical superintendent expressed that the facility has only one oxygen cylinder.

- m) The facility does not have a medical officer and a clinical officer is acting as Medical superintendent
- n) At the time of visit the facility had the following staff;

S/NO.	CADRES	NO. AVAILABLE
1.	Clinical Officers	7
2.	Nurses	17
3.	Hospital Administrator	1
4.	Nutritionists	3
5.	Health Records	2
6.	Pharm techs	3
7.	VCT	1
8.	Lab techs	4
9.	Community Health Assistant	1
10.	Casual workers	12

MANDERA WEST SUB-COUNTY

TAKABA SUB-COUNTY REFERRAL HOSPITAL

On Wednesday 26th August, 2020, the Committee members visited the facility where they were received by the Medical Superintendent.

Committee Observations and findings.

The following were the committee findings;

- That the male ward was converted to isolation ward and was planned to receive suspected Covid-19 cases, this was after the Sub County Administration offices that were initially identified to act as isolation center was revised after the drift to the facility became impassible due to rain.
- That, after CHMTs service delivery assessment, it was noted that there was shortage of space for general patients and a decision was made that the isolation ward reverts to normal in-patient services.
- Any confirmed cases from the Sub County will be referred to Elwak Isolation Center for care and management at the time of the visit.
- That, Mandera West Sub County reported only one positive case out of the 87 samples sent to KEMRI for testing.
- The health workers had been trained on the current Covid-19; epidemiological situation including risk factors for infection, clinical symptoms and signs of Covid-19, procedures for reporting and transferring confirmed cases.

- f) The hospital had 68 complete Personal Protective Equipment (PPEs) and other items such as gloves, safety glasses, boots, hard hats, and full body suites.
- g) The hospital has embraced the government health directive by providing screening services at the entrance of the hospital as well as providing handwashing facility.
- h) That the Medical Superintendent expressed major challenges at the hospital as poor infrastructure, congestion and poor utilization of general services at the hospital due to fear of Covid-19.
- i) Other challenges raised included erratic supply of infection prevention gadgets and appliances including face masks.
- j) The facility has 20 isolation beds and other equipment for Covid-19 response on standby in case of surge in Covid-19 cases.
- k) There were two ambulances that have been set aside specifically for ferrying Covid-19 confirmed cases to Mandera County Referral Hospital (MCRH).
- l) The sub county has one vehicle hired for sensitizing the community on the effects of Covid-19.
- m) The facility needed more health workers including nurses and clinical officers to help them handle the pandemic in case of an escalating outbreak.
- n) At the time of visit the facility had the following staff;

S/NO.	CADRES	NO. AVAILABLE
1	Medical officer	4
2	Clinical officers	8
3	Nurses	22
4	Hospital Administrator	1
5	Nutritionist	4
6	Anesthetist	4
7	Health Records	3
8	Public Health Officers	1
9	Pharm Tech	5
10	VCT	1
11	Laboratory Tech	5
12	Commodity Officer	2
13	Biomedical	2
14	Community Health Assistant	0
15	Accountant	1
16	Support Staff	1
17	Drivers	2
18	Casual Workers	19

MANDERA SOUTH SUB-COUNTY

ELWAK SUB-COUNTY REFERRAL HOSPITAL

Elwak Sub County Referral Hospital is the second facility designated as Covid-19 Isolation Centre after Mandera County Referral Hospital. The Committee had visited the facility to find out whether the Hospital had been facilitated and equipped to handle Covid-19 patients. On arrival, Honourable members were received by the Medical Superintendent who took the committee on a guided tour to the Accident and Emergency section that was converted to quarantine and isolation centre.

Committee Observations and findings.

The following were the committee findings;

- a) The hospital had embraced the government health directive by providing screening services at the entrance of the hospital as well as providing handwashing facility.
- b) Screening of patients was done at the gate by a nurse by taking the temperature.
- c) The facility had 88 general beds for the quarantine and isolation wards.
- d) The hospital had 4 ICU and 4 HDU beds, 4 ventilators and other life support equipment necessary in the Covid-19 response.
- e) The facility's isolation centre had oxygen production machine and cylinders to store oxygen, flowmeters to connect and regulate oxygen. Portable piped water, waste management facility and electricity supply also available.
- f) The health workers had been trained on the current Covid-19; epidemiological situation including risk factors for infection, clinical symptoms and signs of Covid-19, procedures for reporting and transferring confirmed cases.
- g) The facility has a total of 30 Personal Protective Equipment (PPEs) which was inadequate considering that the facility is a Sub County Referral Hospital.
- h) At the time of the visit, the hospital had not admitted any Covid-19 positive cases. Two positive cases from the sub county were referred to Mandera County Referral Hospital.

- i) That; the hospital had a covid-19 patients handling guideline and was always in contact with the sub county health monitoring team which so far had handled two confirmed cases and had been referred to MCRH for further diagnosis and management. However, this was before the facility was fully equipped.
- j) It was noted that the national government regulation on prevention measures like mask wearing, hand sanitizing and social distancing were not adhered to.
- k) That, the facility lacks critical care staff including physician, ICU trained nurses and anesthesiologists.
- l) A total of 2054 patients were screened at the gates of the hospital and there's continuous screening of travelers at Elwak Airstrip.
- m) A vehicle was hired for the sub county for community mobilization and sensitization.
- n) The public health department has undertaken inspection of mosques and sensitization of religious leaders to ensure compliance on Covid-19 guidelines.
- o) The medical superintendent has requested for the operationalization of the incinerators and the kitchen.
- p) At the time of visit the facility had the following staff;

S/NO	CADRES	NO. AVAILABLE
1	Medical officer	6
2	Clinical officers	12
3	Nurses	52
4	Hospital Administrator	1
5	Nutritionist	6
6	Anesthetist	3
7	Health Records	5
8	Public Health Officers	1
9	Pharm Tech	7
10	VCT	1
11	Laboratory Tech	7
12	Commodity Officer	1
13	Biomedical	2
14	Community Health Assistant	5
15	Accountant	1
16	Support Staff	1
17	Drivers	1
18	Casual Workers	23

Challenges at the facility

- i. High electricity bills coupled with erratic power supply.
- ii. High fuel consumption of the new generator.
- iii. Lack of water connection at the kitchen and laundry.
- iv. Lack of proper infrastructure including lack of office space, lack of MCH block and staff housing unit.
- v. Lack of internal and external fencing of the hospital.
- vi. Lack of office furniture and computers for the staff.
- vii. Shortages of PPEs and thermo guns.
- viii. Lack of mortuary and ablution area for storage and preservation of bodies.
- ix. The facility lacks female ward.

LAFEY SUB-COUNTY

LAFEY SUB-COUNTY REFERRAL HOSPITAL

The Committee members could not directly travel to Lafey town due to insecurity but met with Lafey Sub County Referral Hospital Medical Superintendent and the Sub County Health Officer at Gari Health Centre. From the deliberations that took place in this meeting, the Committee made the following observations: -

- a) That the hospital management has prepared six bed capacity isolation ward at the facility.
- b) The hospital management team also formed emergency preparedness and response coordination team that will put in place an infection prevention control (IPC) and also plan critical staffs to be deployed to the isolation ward for case management.
- c) That 10 staffs have been deployed to the isolation ward for case management and 8 other staffs have been deployed at the community intervention level.
- d) That the hospital management team had stakeholders' engagement to help undertake social mobilization, mass public awareness program and enforcement of public health measures.
- e) That, the County Government has provided Hilux Pickup truck for sensitization and public awareness on COVID-19.

- f) The facility was in possession of a total of 30 Personal Protective Equipment (PPEs) which was inadequate considering that the facility is a Sub County Referral Hospital.
- g) At the time of the visit, there was no Covid-19 positive case that was reported from the sub county.
- h) The health workers had been trained on the current Covid-19; epidemiological situation including risk factors for infection, clinical symptoms and signs of Covid-19, procedures for reporting and transferring confirmed cases.
- i) That, a total of 7,321 persons have been screened of which 3,849 were patients visiting various health facilities and 3,472 were travelers.
- j) That, the hospital received 15 hand washing stations from the area MP and the area MCA. Also received are 5000 pieces of 200ml bottles and 49 20L Jerri cans of sanitizers. The items were later distributed to all the villages in Lafey Sub County.
- k) The facility sent 28 samples to KEMRI for testing and all samples tested negative.
- l) At the time of visit the facility had the following staff;

S/NO.	CADRES	NO. AVAILABLE
1	Medical officer	0
2	Clinical officers	3
3	Nurses	10
4	Hospital Administrator	0
5	Nutritionist	2
6	Anesthetist	0
7	Health Records	1
8	Public Health Officers	1
9	Pharm Tech	1
10	VCT	2
11	Laboratory Tech	3
12	Commodity Officer	1
13	Biomedical	1
14	Community Health Assistant	1
15	Accountant	0
16	Support Staff	0
17	Drivers	0
18	Casual Workers	15

Challenges at the Facility

- i. Inadequate PPEs, pharmaceutical, non-pharmaceutical supplies and other essential supplies.
- ii. Lack of electricity, the facility is powered by solar energy which is erratic and expensive to maintain, the facility also has a stand by generator which only serves the maternity ward.
- iii. The hospital lacks water storage facilities.
- iv. Poor location of the isolation ward, the ward is located within the hospital, in the event COVID-19 patient is received at the ward it would be impossible to maintain infection prevention control.
- v. The facility lacks laundry facilities.
- vi. The facility is experiencing serious staff gaps that's affecting service delivery at the hospital.
- vii. Lack of AIE for public health team.

CHAPTER THREE: TESTING IN THE COUNTY

Mandera County had its first suspected cases of COVID-19 on 5th of April 2020 and samples for testing were delivered to National Influenza Centre (NIC) for testing. These patients had history of travel from Kilifi County, an area termed as high risk.

The samples tested positive for COVID-19 on the 7th April, thus Mandera County declaring its first index cases. As at 16th November 2020 a total of eighty (84) cases tested positive for COVID-19.

Below is the summary of the cases as at Monday 16th November 2020

S/NO	SUB-COUNTY	NO. OF POSITIVE CASES
1.	Mandera East	69
2.	Mandera North	5
3.	Mandera South	4
4.	Mandera West	3
5.	Banisa	2
6.	Lafey	1
7.	Kutulo	0
TOTAL		84

- Four (4) Covid-19 related deaths were reported in the County since the first positive case was reported with case fatality rate of 4.8%.
- A total of **1,192** samples were tested since the beginning of the pandemic of which **854** were tested in Nairobi while **338** were tested at the Mandera Molecular laboratory.
- A total of **70** health workers were screened for Covid-19 of which one turned positive.
- A total **280,555** persons were screened at different sites within the county of which **195,721** were screened at health facilities while **84,834** were screened at entry and exit points.

National Government grant(Allowances for Healthcare workers)			31,845,000	31,560,000	31,560,000	285,000
County Own Contribution	Relief food Distribution (Finance department)			120,000,000	319,200,000	
	Covid response (Health Department) comprises of			180,200,000		
	i. 30 million in second supplementary FY 2019/2020					
	ii. 60 million Assemblies own contribution third supplementary FY 2019/2020					
	iii. 90.2 million third supplementary FY 2019/2020 for Health Department on COVID-19 interventions					
	MANDWASCO			10,000,000		
	Staff Contribution (pay cut for three months)			9,000,000		
TOTAL					753,888,000	

On 28th September 2020 vide letter **MCA/EX/HSC/GEN/VOL.1. (074)** the committee requested from the CECM Health Services and CCO Medical Services on how the National and County Government Funds set aside for Covid-19 interventions were utilized.

In response, the department provided expenditure report as summarized in the schedules below;

GRANT FROM NATIONAL GOVERNMENT - DIRECT RECEIPT TO THE COUNTY 300,000,000

DESCRIPTION	AMOUNT
Rehabilitation center water connection and reticulation	2,543,000.00
Water connection to kamor IDH	3,900,000.00

Logistics for staff movement to and from isolation wards and quarantine centers (car hire for 3 month)	900,000.00
Car hire for field staff (car hire for 1 month)	6,300,000.00
Car hire for isolation staff at Takaba and Mandera isolation centers	450,000.00
Disinfection of public places, offices and homes of positive cases	450,000.00
Construction of burning chamber at Kamor IDH	2,000,000.00
Signage for isolation and quarantine centers	840,000.00
Procurement of curtains and auxiliaries for Kamor IDH	1,500,000.00
Staff training (Local and National)	1,988,900.00
Support supervision (M&E)	2,011,100.00
Printing of IEC material (MAYSA)	2,500,000.00
Branding of COVID 19 ambulances	450,000.00
Accommodation for frontline HW Mandera east	25,376,000.00
Accommodation for frontline HW and quarantine services for other sub counties	30,250,000.00
Medical Supplies 1 & 2 payment	87,354,573.00
Payment of medical supplies	16,993,470.00
Additional beds and supplies	59,645,427.00
Medical supplies for isolation facilities	49,785,000.00
Motor Vehicle maintenance	500,000.00
Staff training at sub county level	500,000.00
Catering Services at isolation Center at referral hospital	3,362,530.00
Supply of drinking water to all health centers and isolation centers	400,000.00
TOTAL	300,000,000

How Commitment for conditional grant to county government of Mandera for COVID 19 response Grant from national government - Receipt through the CRF account **91,323,000.00** was utilized as tabulated below;-

DESCRIPTION	AMOUNT
Rehabilitation centre civil works (perimeter wall and walkway)	16,848,490.00
Kamor IDH (Kitchen, demolition works, provision for liquid waste)	18,499,970.00
Kutulo fencing of SCHO isolation center water connection ,fittings window grills,curtains,shelves, and electricity connection	4,152,450.00
Rehabilitation of 225m3 masonry tank Takaba SCH	2,884,000.00
Water connection to isolation ward from darwed borehole	2,065,350.00
Water connection and reticulation to lafey hospital	1,850,000.00
Provision of razor wire for Kamor IDH	1,800,000.00
Construction , cabling of incinerator house at Takaba Hospital	2,650,000.00
Construction, cabling ash pit of incinerator house at El wak hospital	3,450,000.00
Construction of bio digester, laundry and kitchen, walkway and repair of incinerator at El wak SCH	17,854,070.00
Renovation of sub county administration offices at El wak to host COVID patients water, biodigester, electricity and internal fencing	3,008,586.00
Water connection to kitchen, laundry and wards at El wak hospital	3,900,000.00
Mandera East Accomodation and catering for health care workers and covid 19 suspects	5,684,000.00
Sub County Accomodation and catering for health care workers and covid 19 suspects	4,670,000.00
Public Adress System and washing machines	1,745,000.00
TOTAL	91,061,916.00

How County own contribution - budgeted FY 2019-2020 Ksh. 180,000,000 was utilized

DESCRIPTION	AMOUNT
Supply of COVID 19 medical items	20,000,000.00
Supply of COVID 19 medical items and equipment	70,000,000.00
Extension of oxygen gas installation to Isolation unit	2,105,255.00
Refurbishment of Isolation unit ward at MCRH	2,894,803.00
Renovation at Girisa	3,177,150.00
Proposed Isolation centre at Elwak	3,795,868.00
Electrical and drainage works at Elwak	1,202,456.00

Supply of fuel	2,000,000.00
Renovation of staff quarters at MCRH	1,999,004.00
Covid-19 Task force	7,400,000.00
Medical Supplies for Covid	19 59,430,050.00
Covid-19 operations	2,600,000.00
Renovation work at MCRH	3,300,000.00
TOTAL	179,904,586.00

EXPENDITURE ON SUPPLIES

APRIL 2020 SUPPLY

S/NO.	ITEMS	NO. OF ITEMS	UNIT PRICE	AMOUNT
1.	Oxygen cylinders	20	55,860	1,117,200
2.	Nasal prongs	50	342	17,100
3.	Central venous catheter lines (CVC)	5	11,856	59,280
4.	Central venous catheter sets (CVC)	4	18,525	74,100
5.	Metallic drug cabinet	10	38,646	386,460
6.	Thermometer guns	50	28,500	1,425,000
7.	Trolleys	20	33,060	661,200
8.	Suction machines portable	5	62,700	313,500
9.	Suction machine oil	10	52,000	520,000
10.	Bedside lockers	100	37,620	3,762,000
11.	Digital BP machines	5	15,390	76,950
12.	Ambu bags	15	20,406	306,090
13.	Plastic face masks (size 2,3,4)	50	7,866	393,300
14.	Scrubs	150	15,846	2,376,900
15.	Sterile gauze drums	10	15,846	158,460

e) Screening sites;

S/NO.	SUB-COUNTY	SITES	TOTAL
1.	Mandera East	B9 road, Malka Suftu Border, Nairobi buses, Airstrip and MCRH gate.	5
2.	Kutulo	Barrier and Hospital	2
3.	Mandera North	Slaughter and Hospital	2
4.	Mandera West	Hospital and Airstrip	2
5.	Lafey	Barrier and Hospital	2
6.	Banisa	PSV In and Out of town and Hospital	2
7.	Elwak	Hospital and B9 road	2

f) A total of 65 schools were inspected for school Covid-19 compliance at all the sub counties and are ongoing;

S/NO.	SUB COUNTY	NO. OF PRIMARY SCHOOLS	NO. OF SECONDARY SCHOOLS	TOTAL
1.	Mandera East	25	10	35
2.	Mandera North	11	3	14
3.	Mandera West	3	2	5
4.	Banisa	2	1	3
5.	Lafey	2	1	3
6.	Kutulo	3	2	5
	TOTAL	46	19	65

- g) **188** hotels and restaurants have complied with public health standards.
- h) The Mandera County Government in partnership with the Kenya Medical Research Institute (KEMRI) has set up a molecular laboratory at the Mandera County Referral Hospital (MCRH). The machines and other necessary supplies are prepositioned at MCRH in addition to this two senior KEMRI staff were seconded and are currently stationed at the hospital and three county staff and all the safety measures were put in place as requested by KEMRI.
- i) On 20th October 2020 the Ministry of Health in conjunction with Kenya Red Cross launched free mass Covid-19 at Mandera Town Bus Park to help prevent the spread of the Novel Coronavirus. The exercise is to continue for **20** days.

- j) As at 9th November 2020, a total of **265** samples were received at MCRH COVID-19 Molecular lab. Results for 195 samples were received with **38** turning positive and **157** negative.
- k) Number of Health Care Workers Trained On Covid-19 In Mandera County;

S/NO.	Training periods	Number	Supported by
1.	No. trained (2-3 days) training	41	KEMRI with County support.
		30	National MOH with support from WHO
		75	KRCS
2.	No. of HCWs sensitized sensitization sessions/meetings	274	Mandera County Government
3.	CHVs sensitized on Covid-19 (one day)	150	Kenya Red Cross Society (KRCS)
4.	Community body handlers trained on Covid-19 body handling and burial measures.	25	
	Total	595	

CHAPTER FOUR: ENGAGE AND REPORT ON THE ACTIVITIES OF THE COUNTY COVID-19 FUND COMMITTEE

MANDERA COUNTY COVID-19 EMERGENCY FUND COMMITTEE

During the special sitting, the County Assembly approved Mandera County Covid-19 Emergency Response Fund Regulation, 2020.

The functions of the Committee are;

- (a) To consider and recommend the estimates of revenue to and expenditure from the fund to the County Executive Committee for approval;
- (b) To approve disbursements from the Fund;
- (c) To receive, review and approve reports on the performance of the Fund;
- (d) To oversee the monitoring and evaluation of the programmes and activities under the Fund;
- (e) To approve the financial statements of the Fund prepared in accordance with the Act; and
- (f) To perform any other function that shall be assigned by the County Executive Committee.

On 29th May 2020, through Kenya gazette Supplement no. 3710 H.E. the Governor gazetted the names of the Mandera County Covid-19 Emergency Fund Committee Pursuant to the Mandera County Covid-19 Emergency Response Fund Regulation, 2020.

The members include: -

- | | |
|---------------------------------|------------|
| 1. Mr. Abdikadir Adan Abdulla | - Chairman |
| 2. Mrs. Fatuma Abdinoor | - Member |
| 3. Mr. Mohamed Gaiya | - Member |
| 4. Mr. Abdullahi Issack Mohamed | - Member |

On 20th July 2020 vide letter **REF No; MCA/MM/GEN/VOL. (001)** the Ad hoc Committee asked the fund committee to provide the total amount of monies received from the National treasury and well-wishers for the purpose of COVID-19 pandemic in the County and how such fund(s) were utilized if any as well as activities under taken by the Committee since its inception. However, no response was received.

On 7th September 2020 vide letter **REF No; MCA/MM/GEN/VOL. (002)** the Ad hoc committee resolved to seek audience with the Mandera County COVID-19 Emergency Fund Committee after the first attempt failed and surprisingly no response was received again.

The ad hoc committee established that the Mandera County COVID-19 Emergency Fund Committee was sluggish in its operation.

CHAPTER FIVE: HOW THE FUND SET ASIDE FOR THE PANDEMIC IS UTILIZED

IMPLEMENTATION STATUS ON THE UTILIZATION OF COVID-19 FUNDS.

NO	SOURCE	AMOUNT	SOURCE	REMARKS
1.	DANIDA	11,305,000	350 Million allocated to the 47 counties for level II and III Health facilities for structural development and emergency response to the Covid-19 pandemic	Received through County treasury meant for Public Health and utilized.
2.	National Government	91,323,000	The donations by the President where kshs 5 Billion has been shared among the 47 Counties as a response, from the Ministry of Health as an AIE and was sent officially through the CCO Medical Services.	Funds received Not used but committed for supplies
3.	National Government (Ministry of Health)	50,000,000	There is 850 million kshs to be shared among the Counties of Mombasa, Kilifi, Kwale and Mandera. but the CS for Health directed the money to be shared among the Counties affected by the Covid-19 pandemic. Later the money was shared among 17 counties and Mandera County received 50 Million as new allocation.	Received and utilized on supplies and hotels
4.	National Government	250,000,000	Pledge of 850 million to be shared by three hospitals, Mombasa Referral Hospital, Jaramogi Oginga Odinga hospital and Mandera County Referral Hospital.	250 million received utilized for COVID 19 supplies and quarantine facilities

5.	National Government grant(Allowances for Healthcare workers	31,845,000	Conditional grant from National Government for Health care workers allowances (for the months of April, May and June)	31,560,000 paid to health care workers as allowances
6.	Budgetary Allocation FY2019/2020 (third supplementary)	310,200,000	In the third supplementary a total of kshs 310 million was appropriated towards COVID-19 and the balance was raised by reorganizing the budget. The fund was appropriated as follows 122 Million for medical supplies, 120 Million for relief food,10 million for MANDWASCO and 60 million from Mandera County Assembly	Used for supplies
6.	Mandera County Executive	Estimated 9,000,000	On 16 th April 2020 the Head of Public Service issued Circular No 8/2020 on implementation of the voluntary salary cuts in the public service although this applied to national government officers, Counties were allowed to apply the provision of the circular. In line with the Presidential initiative to offer a voluntary reduction of salaries of senior ranks of the National Executive, the County Governments have taken a step to mirror the efforts of the President and agreed on a reduction. Through the Council of Governors, they came up with the following voluntary pay cut structure in the County Public Service which Mandera	County treasury did not provide how the fund was utilized

			<p>County Executive has effected.</p> <p>Governor and deputy governor - 30%</p> <p>Staff in the Job Group T - 20%</p> <p>Staff in Job Group S - 15%</p> <p>Staff in Job Group R - 10%</p> <p>They also resolved that other cadres to voluntarily contribute whatever percentage that they deem fit and called upon the County Assemblies to follow suit and agree on a figure as this is for the benefit of all.</p>	
TOTAL		753,673,000		

COVID-19 FUNDING SUMMARY

Source of Funds	Budgeted Amount (FY 2019/20)	Budgeted Amount (FY 2020/21)	Direct receipts to the County	Total Commitment	Actual Expenditure (Kshs.)	Balance (Ksh)
Conditional Grants from the National Government		123,168,000	300,000,000	423,168,000	300,000,000	123,168,000
Donor Funds(Danida additional funds to health facilities			11,305,000	11,305,000	11,305,000	
Grant from National Government(91,323,000	91,323,000	91,323,000	

16.	Electronic nebulizer	10	78,660	786,600
17.	Laryngoscopes	8	77,520	620,160
18.	Fluid infusion pump	10	336,300	3,363,000
19.	Examination Couch	10	47,880	478,800
20.	COVID patient management kits	1	3,000,000	3,000,000
21.	Patient screens (3 foldable)	20	56,430	1,128,600
22.	Glucometer strips	100	11,172	1,117,200
23.	Drip stand	150	32,490	4,873,500
24.	Digital BP machine (electric)	15	15,390	230,850
25.	Glucometer machine	8	17,100	136,800
26.	Oxygen flow meters	20	117,990	2,359,800
27.	Transport			250,800
28.	Hospital beds	120	72,000	8,640,000
29.	Mattresses	120	13,350	1,602,000
30.	Bed sheets	240	3,300	792,000
31.	Cellular blanket	120	3,800	456,000
32.	Pillows	120	2,120	254,400
33.	Oxygen concentrators	41	415,900	17,051,900
34.	Patient monitor	30	420,000	12,600,000
35.	Biosafety cabinets	1	1,550,000	1,550,000
36.	Hematology analyzer	1	1,500,000	1,500,000
37.	Hand sanitizers	8000	2,340	18,720,000
38.	Hand washing facilities	54	10,500	567,000
39.	Knapsack sprayer	25	15,400	385,000
40.	Bar soaps (boxes)	100	2,150	215,000
41.	Thermo guns	20	26,000	520,000
42.	Rebreather mask	300	50	150,000
43.	Filling cabinets	10	35,000	350,000
44.	Water dispensers	10	25,200	252,000
45.	Pedal bins (3 sets of 18lts)	51	6,500	331,500
46.	Computers and printers	4	135,000	540,000
47.	TV set and accessories	4	88,620	354,480
48.	Patient chairs (3 seater)	20	34,300	686,000
49.	Office chairs	30	19,920	597,600
50.	Office tables	10	27,200	272,000

51.	Wheel chairs	10	35,000	350,000
52.	Brooms	100	500	50,000
53.	Buckets	100	500	50,000
54.	Savlon	50	3,500	175,000
55.	Jik solution	50	950	47,500
56.	Hibitane	50	2,200	110,000
57.	Gas cooker (4 burner)	4	65,000	260,000
58.	Gas cylinder (13 kgs)	4	15,000	60,000
59.	Cups (plastic cups)	150	300	45,000
60.	Plates silver	150	300	45,000
61.	Spoons and forks	100	500	50,000
62.	Cooking sufurias (assorted sizes)	40	3,000	120,000
63.	Tea urn	4	16,500	66,000
64.	Serving spoons	8	300	2,400
65.	Knives	8	500	4,000
66.	Measuring jugs	15	1000	15,000
67.	Water glass (stainless steel)	150	100	15,000
68.	PPE set	2000	14,200	28,400,000
69.	Facemasks pkts 50	4500	5,500	24,750,000
70.	N-95 masks with respirator	2000	2,650	5,300,000
71.	Latex gloves	700	900	630,000
72.	Sterile gloves	500	60	30,000
73.	Heavy duty gloves	700	1,520	1,064,000
74.	Theatre/medical gumboots	150	5,500	825,000
75.	Disposable gowns	500	1,500	750,000
76.	Surgical caps	1500	1,000	1,500,000
77.	N-95 masks (plain)	2000	1,850	3,700,000
78.	Coverall	1000	6,500	6,500,000
79.	Face shield	1500	2,850	4,275,000
80.	PPEs sets	100	15,200	1,520,000
81.	N95 masks	500	2,700	1,350,000
82.	Bar soaps (boxes)	120	2,250	270,000
83.	Sanitizers	200	2,340	468,000
84.	Googles	100	1,700	170,000

85.	Handwashing stations for hospitals	9	11,500	103,500
86.	Face masks	500	5,500	2,750,000
87.	Face shield	32	2,135	68,320
88.	Disposable gowns	150	2,000	300,000

JUNE 2020 SUPPLIES

S/NO.	ITEMS	QUANTITY	UNIT PRICE	AMOUNT
1.	Hand sanitizers	10000	900	9,000,000
2.	Hand washing facilities	500	11,500	5,750,000
3.	PPE set	700	9,000	6,300,000
4.	N-95 masks plain	2700	1,700	4,590,000
5.	Bar soaps (boxes)	2000	1,000	2,000,000
6.	Sterile gloves	5000	700	3,500,000
7.	Disposable gowns	1000	2,000	2,000,000
8.	Face shield	1200	1,800	2,160,000
9.	Surgical caps	1700	600	1,020,000
10.	Thermo guns	180	18,000	3,240,000
11.	Scrubs	250	2,500	625,000
12.	Brooms	1000	500	500,000
13.	Buckets	1000	500	500,000
14.	Jik solution 5 ltrs	1000	1,000	1,000,000
15.	Pylarvex 20 ltrs	150	2,000	300,000
16.	Pur 4GM sachets	300	4,500	1,350,000
17.	Aqua tabs 10s	5000	170	850,000
18.	Primiphos methyl	60	60,000	3,600,000
19.	Face masks	500	3,000	1,500,000
20.	PPEs (sets)	1700	15,200	25,840,000
21.	N-95 masks	1200	2,700	3,240,000
22.	Bar soaps (boxes)	100	2,250	225,000
23.	Thermos guns	90	27,000	2,430,000
24.	Chlorine granules	90	30,200	2,718,000
25.	Motorized sprayer pumps	25	45,500	1,137,500
26.	Scrubs	200	16,600	2,520,000
27.	Sanitizers	700	2,300	1,610,000
28.	Googles	300	1,700	510,000
29.	Hand washing stations for hospitals	50	11,500	575,000
30.	Face masks	1500	5,200	7,800,000
31.	Gloves sterile	700	700	490,000

32.	Heavy duty gloves	400	1,500	600,000
33.	Theatre gumboots	250	5,700	1,425,000
34.	Disposable gowns	700	2,000	1,400,000
35.	Surgical caps	500	900	450,000
36.	Oxagal disinfectant	400	10,000	4,000,000
37.	Leukomed absorbent wound dressing	1200	300	360,000
38.	Acid concentrate lympho	300	2,000	600,000
39.	Sodium bicarbonate	400	1,000	400,000
40.	Nemiderm	400	1,000	400,000
41.	Primpore	700	1,000	700,000

AUGUST 2020 SUPPLIES

S/NO.	ITEMS	NO. OF ITEMS	UNIT PRICE	AMOUNT
1.	Binocular electric microscope	1	250,000	250,000
2.	Centrifuge	1	18,000	18,000
3.	Laboratory rotator/mixer	1	44,000	44,000
4.	Hemoglobin meter	1	40,000	40,000
5.	Haematology strips	10	6,500	65,000
6.	Glucometer on call plus machine	2	7,500	15,000
7.	Glucometer strips	20	4,500	45,000
8.	Haematology machine	1	2,680,000	2,680,000
9.	Portable examination light	2	12,000	24,000
10.	Colour coded bin	3	5,000	15,000
11.	MVA kits	2	10,000	20,000
12.	AVD kits	3	28,000	84,000
13.	Baby weighing scale	2	12,000	24,000
14.	Baby coat with mattress	1	28,000	28,000
15.	Ambu bags (adult)	2	12,000	24,000
16.	Ambu bags (paedetric)	2	12,000	24,000
17.	Fetoscope	3	400	1,200
18.	Bathroom scale 2 in 1	2	80,000	160,000
19.	Autoclave 18ltrs	3	36,000	108,000
20.	6kg gas cylinder	5	11,200	56,000
21.	Office table	8	35,000	280,000
22.	Office chair	20	12,000	240,000
23.	Stethoscope	3	10,200	30,600
24.	Digital BP machine	3	7,500	22,500

25.	Thermometer	3	1,000	3,000
26.	Nitrile gloves	1,000	1,850	1,850,000
27.	N-95 masks	2,000	1,950	3,900,000
28.	PPE complete set	1,500	9,980	14,970,000
29.	Sterilization drum	2	1,800	3,600
30.	Observation bed	2	22,000	44,000
31.	Examination couch	4	15,390	61,560
32.	Stitching kit	4	5,500	22,000
33.	Patient monitors	30	345,000	10,350,000
34.	Pillows	190	2,120	402,800
35.	Cellular blankets	190	4,200	798,000
36.	Hospital beds	190	75,000	14,250,000
37.	Mattress with mackintosh	190	12,200	2,318,000
38.	Bedsheets branded	380	3,500,000	1,330,000
39.	Ward screen	5	28,000	140,000
40.	Trolleys	4	14,000	56,000
41.	Surgeon gowns	900	2,200	1,980,000
42.	Drip stand	15	10,000	150,000
43.	Bedside metallic lockers	20	22,300	446,000
44.	Latex examination gloves	500	1,200	600,000
45.	Theatre/ medical gumboots	375	4,000	1,500,000
46.	Heavy duty gloves	600	850	510,000
TOTAL			353,813,010	

EXPENDITURE ON QURANTINE FACILITIES

No.	Sub-County	Name of the Facility	Location	Full Board Rate	No. of rooms available	Cost per Month
1.	Mandera East	Rasmaal Group Hotel	Mandera	3,500	40	4,200,000
		KMTC	Mandera	1,500	15	Public Facility

				(cost of meals for 2 months)		
2.	Mandera North	Girisa Dispendary	Rhamu	1,500 (cost of meals for 3months)	6	Public Facility
3.	Banissa	Wayam Lodge	Banissa	2,000	20	1,200,000
4.	Mandera West	Lala Salama Guest House	Takaba	2,000	20	1,200,000
5.	Mandera South	Sub-County HQ	Elwak	1,500 (meals cost)	15	Public Facility
6.	Lafey	Duale Lodge	Lafey	2,000	20	1,200,000
7.	Kutulo	Luley Guest House	Kutulo	1,800	20	1,080,000
TOTAL						8,880,000

EXPENDITURE ON ISOLATION CENTRES

No.	Sub-County	Name of Hotel	No. of beds hired	Full board rate
1.	Mandera East	Riverside Hotel	18	4,000
		Hill View Hotel	20	3,800
2.	Mandera North	Galana Hotel	20	2,000
3.	Banisa	Banisa Guest House	20	2,000
4.	Mandera West	Rowla Guest House	22	2,000
5.	Mandera South	E-Guest House	19	2,000
6.	Kutulo	Private residence	10	2,000
7.	Lafey	Duale Lodge	18	2,000

SECOND RESPONSE ISOLATION CENTRES FOR RRT AND ISOLATION HEALTH TEAM			
	Mandera East	Residential House from (July – December)2020	100,000
	Mandera East	Residential House from (July – December)2020	100,000
	TOTAL COST		200,000

HIRED VEHICLES FOR PUBLIC SENSITIZATION

Sub County	Vehicle Reg.	Make	Rate/day	Engagement period	TOTAL COST
Mandera East	KBY 693Y	Nissan Patrol	10,000	3 months	900,000
Mandera North	KBS 624T	L/Cruiser	10,000	3 months	900,000
Banisa	KBT 705K	Hilux	10,000	3 months	900,000
Mandera West	KAS 099U	Hilux	10,000	3 months	900,000
Mandera South	KBW 352Z	Hilux	10,000	3 months	900,000
Kutulo	KAN 803C	Hilux	10,000	3 months	900,000
Lafey	KAU 052Z	Hilux	10,000	3 months	900,000
Mandera East	Logistics for staff movement to and from isolation wards and quarantine centers		900,000 (3 months)	3 months	900,000
Takaba and mandera	car hire for isolation staff at Takaba and mandera isolation centers		450,000 (3 months)	3 months	450,000
TOTAL					7,650,000

HOW DANIDA COVID-19 FUNDS OF KSH. 11,305,000 WAS UTILIZED

On 12th November 2020, the committee wrote to the CCO Public Health Services vide letter **MCA/EX/HSC/GEN/VOL. 1 (076)** requesting the

department to provide detailed expenditure report on how the Danida Funds were utilized.

In response, the CCO provided a schedule of how the Danida COVID-19 funds was distributed to gazetted level 2 and 3 health facilities in the county. (Copy of the schedule attached)

EXPENDITURE ON RELIEF FOOD

On 13th November 2020 vide letter REF No; MCA/EP/GEN/VOL.1(279) the Committee asked the CECM for finance and Economic planning to provide details of how the fund set aside for relief was utilized.

In response the CECM stated as follows;

S/NO.	COMPANIES AWARDED	AMOUNT (Kshs)
1.	ALIMRAN INVESTMENT LIMITED	119,977,920
2.	BISMIL LIMITED	15,726,400
	GRAND TOTAL	135,704,320

On how deductions from staff pay cuts towards COVID-19 intervention were utilized, the CECM did not provide any information.

RELIEF DISTRIBUTION PLAN (third distribution)

On 25th September 2020, the Committee wrote to the CECM for Finance and Economic planning vide letter **ref: MCA/EX/FEP/GEN/VOL.1 (0273)** to provide list of relief food beneficiaries and third cycle distribution plan.

In response, the CECM provided the following summary allocation of foodstuff distribution for most vulnerable members of the community in the county;

SUB COUNTY	NO. HH	RICE- 25KGS	BEANS 4KGS	OIL 3LTS	METRIC TONS
MANDERA NORTH RHAMU	154	76.5	616	462	5.8
RHAMU DIMTU	160	80	640	480	6
ASHABITO	183	91.5	722	549	6.7
GUTICHA	202	101	808	606	7.6

MAROTHILE	140	70	560	420	5.25
	839	419	3346	2517	31.15
MANDERA SOUTH					
ELWAK SOUTH	160	80	640	480	6.122
ELWAK NORTH	160	80	640	480	6.122
WARGADUD	170	84	680	510	6.7
S/FATUMA	170	85	680	510	6.4
Sub-Total	660	329	2640	1980	25.34
KUTULO	410	202	1616	1212	15.3
Sub-Total	410	202	1616	1212	15.3
MANDERA WEST					
TAKABA	165	80.5	648	486	6.1
DANDU	177	88.5	708	531	6.6
TAKABA SOUTH	150	75	600	450	5.625
GITHER	170	85	680	510	6.375
LAGSURE	149	74.5	596	447	5.587
Sub-Total	811	403.5	3232	2424	30.308
BANISSA					
DERKALE	154	78	624	468	5.851
KILWAHERI	170	85	680	510	6.375
GUBA	126	63	504	378	4.7
MALKAMARI	202	101	808	606	6.5
BANISA	186	92.5	744	558	6.96
Sub-Total	838	419.5	3360	2520	30.386
LAFEY - FINO	150	75	600	450	5.575
SALA	130	65	520	390	4.875
WARANKARA	160	80	640	480	5.999
ALUNGU	145	72.5	580	435	5.999

LAFEY	205	102.5	820	615	6.687
Sub-Total	790	395	3160	2370	29.135
MANDERA EAST TOWNSHIP	160	80	640	480	6
ARABIA	160	80	640	480	6
KHALALIO	160	80	640	480	6
NEBOI	160	80	640	480	6
LIBEHIYA	160	80	640	480	6
Sub-Total	800	400	3200	2400	30

Summary of the distribution

SUB COUNTY	NO. OF HH	RICE-25KGS	BEANS-4KGS	OIL-3LTS	METRIC TONS
MANDERA NORTH	839	419	3346	2517	31.15
MANDERA SOUTH	640	329	2640	1980	25.34
KUTULO	410	202	1616	1212	15.3
MANDERA WEST	811	403.5	3232	2424	30.308
BANISSA	838	419.5	3360	2520	30.386
LAFEY	790	395	3160	2370	27.887
MANDERA EAST	800	400	3200	2400	30
GRAND TOTAL	5128	2568	20554	15423	190.371

Food distribution for Dugsi teachers in Mandera County

SUB COUNTY	WARD	NO. OF HH	RICE - 25KGS	BEANS-4KGS	OIL - 3LTS
MDR NORTH	Rhamu	98	49	392	294
	Rhamu Dimtu	25	12.5	100	75
	Guticha	25	11	92	69
	Ashabito	40	20	160	120
	Marothile	3	1.5	12	9
	Sub total	191	94	756	567
MDR SOUTH	Elwak South& North	120	60	638	360
	Wargadud	40	20	160	120
	S/Fatuma	49	24.5	196	147
	Sub total	209	104.5	994	627
KUTULO	Kutulo	100	51	408	306
	Sub total	100	51	408	306
MDR WEST	Takaba	57	28.5	218	171
	Dandu	49	24.5	196	147
	Tkb South	30	15	120	90
	Gither	45	15.5	184	138
	Lagsure	47	23.5	188	141
	Sub total	228	107	906	687
BANISSA	Derkale	32	16	128	96
	Kilweheri	42	20.5	164	123
	Guba	21	10.5	84	63
	MalkaMari	53	26.5	212	159

	Banissa	88	44	352	264
	Sub total	236	117.5	940	705
LAFEY	Fino	18	13	104	78
	Warankara	18	26	72	54
	Sala	11	5.5	44	33
	Alungo	6	3	24	18
	Lafey	52	26	208	156
	Sub total	105	73.5	452	339
MDR EAST	Township	199	99.5	796	597
	Arabia	33	16.5	132	99
	Khalalio	40	20	160	120
	Neboi	187	93.5	748	561
	Libehiya	30	15	110	90
	Sub total	489	244.5	1946	1467

Summary of food distribution for Dugsi teachers

SUB COUNTY	NO. HH	RICE- 25KGS	BEANS 4KGS	-	OIL - 3LTS
Mdr North	191	94	756		567
Mdr South	209	104.5	994		627
Kutulo	100	51	408		306
Mdr West	228	107	906		687
Banissa	236	117.5	940		705
Lafey	105	73.5	452		339
Mdr East	489	244.5	1946		1467
GRAND TOTAL	1558	792	6402		4698

Summary of IDPs food distribution

IDP CENTRE	IDP	NO. OF IDPs TARGETED	RICE-25KGS	BEANS 50	OIL 18 LTS CARTOON
MDR North Rhamu dimtu	Deg Marer	133	66.5	10.64	22
Rhamu	Jabi bar	46	23	3.68	8
	Wajir IDPs	800	400	64	133
	Garse IDPs	267	133.5	21.36	44
	Abakaro IDPs	480	240	38.4	80
	Sukela Tinfu	150	75	12	25
BANISSA Malkaruqa	Ardgarbicha	200	100	16	63
MDR South	Wajir IDPs-Elwak	334	167	27	56
	Bulla Watta	118	59	12	20
KUTULO	Kutulo IDPs	182	91	14.56	30
	Harwale	100	50	8	17
Sub total		2810	1405	227.64	468

In summary, a total of **19,762** Households received relief food benefiting **5,074** vulnerable households, **1,919** special groups, **1,711** Dugsi Teachers, **2,810** IDPs and **8,248** flood victims in the first distribution.

In the third relief distribution, over **12,000** households are set to benefit with flood victims and special groups excluded.

CHAPTER SIX: IMPLEMENTATION STATUS OF AD-HOC COMMITTEE

RECOMMENDATIONS ON THE FIRST PROGRESS REPORT.

- a) Up-scaling awareness and sensitization on Covid-19 has been enhanced in all the sub counties. A vehicle has been hired for 1 month and public address systems fitted.
- b) The normal operations have been restored at the MCRH and services shifted to the surrounding facilities have been discontinued. All departments are in full operation.
- c) The hotels hired to offer quarantine services have been stopped upon the expiry of the three months' engagement.
- d) The Health Ministry has fully operational isolation wards, mainly MCRH isolation, Rehab isolation centre, Kamor isolation, Elwak referral hospital isolation. In addition, there are sitelight centres designed to hold patients for referral at Kutulo hospital, Girisa health centre, Banisa, Lafey and Takaba hospital.
- e) The total available Covid-19 beds are 306 and presidential directive of 300 beds have been achieved.
- f) Strengthening of cross border surveillance, the surveillance officers from Mandera County and Somalia have been sharing Covid-19 trends.
- g) The ministry has been cognizant about the dangers posed to frontline health workers from the inception of Covid-19 response and have prioritized PPEs to health workers as priority. There are enough stocks of PPEs to last until December 2020.

Challenges

- i. High threats of potential spill over or spread of Covid-19 from Somalia through the long stretched porous borders as several deaths and cases have been reported from the border town of Beledxawo where no proper containment measures have been put place.
- ii. Denial by some of the county residents about Covid-19,
- iii. Home based care for contacts and symptomatic patients anticipated to be challenge with the communal lifestyle of the Somali community and especially if the person is the breadwinner.
- iv. With easing of the restrictions, there is likelihood of the infections to spread through travelers from Nairobi and other parts of Kenya by air and road.
- v. Inadequate number trained health care workers on case management, contact tracing, IPC and general responses.

CHAPTER SEVEN: COMMITTEE'S OBSERVATIONS AND RECOMMENDATIONS

OBSERVATIONS

- a) The Department confirmed that **766** health care workers were paid allowances in the month of July along with the salaries. The payment was for the months of (April, May and June) 2020 at a cost of ksh. **31,560,000**. However, the payment for contractual staff and interns is being processed, as this group is not on payroll.
- b) The Mandera County Government in partnership with the Kenya Medical Research Institute (KEMRI) has set up a Covid-19 molecular laboratory at the Mandera County Referral Hospital (MCRH). This is of great benefits to the County as there is reduced cost on testing, shorter turnaround time for COVID-19 results as well as the conduct mass testing.
- c) Mandera County Government has shifted from quarantining suspected persons to homebased care however, there is no proper training and sensitization of the public thus, Poor handling of Covid-19 homebased care patients and during the burial of bodies, which may aid in the spread of the virus.
- d) The County Government has **306** isolation beds thus, surpassed the national threshold.
- e) It was observed that there is imbalance in the distribution of medical officers in the County for instance Banisa and Lafey Sub-county referral Hospitals have no Medical Officers however, Takaba referral Hospitals has **4**, Elwak referral Hospitals has **6** while MCRH 17 Medical officer and **4** Specialists (2 surgeons and 2 obstetricians).
- f) The Health department has begun mass testing for Covid-19 in the County with the process kicking off in Mandera town however; the number of volunteers are few.
- g) There is surge of COVID-19 cases in the County claiming more lives. As at **16th November 2020** the County had **84** confirmed cases and **4** deaths. This is associated with relaxed rules and non-compliance with public health measures.
- h) It noted that Staff were trained, equipped and are able to handle Covid-19 cases.
- i) Covid-19 protective equipment and other gears were distributed to all the sub counties.
- j) The COVID-19 fund committee could not be reached and this committee cannot ascertain its activities as efforts to engage them proofed futile.
- k) The department has relaxed all the Covid-19 containment measures.

- 1) It was noted that deductions from staff voluntary pay cuts estimated to be ksh 3 million per month for 3 months (9 million) could not be accounted for as the committee's effort to have the CEC finance and Economic Planning to account for the funds were futile.

COMMITTEE'S RECOMMENDATIONS

The Committee recommends that;

- a) Since the mandate of the Ad hoc Committee on COVID-19 situation in the County has expired and the pandemic is on upward scale, this committee recommends that the Mandera County Assembly Health Services Committee takes up the task and continue to monitor the situation.
- b) The Mandera County Government to partner with the Kenya Medical Research Institute (KEMRI) and set up a Covid-19 molecular laboratory at Elwak Sub-County Referral Hospital. This will ease congestion at MCRH and improve testing in the sub-counties.
- c) There is an upsurge of COVID-19 in the Country and the County and the medical supplies are depleting hence the department of Health should stock enough medical supplies and PPEs to avert any potential crisis.
- d) The Health department should enforce the public health containment measures on COVID-19 Pandemic.
- e) The Department should sensitize the public on home based care and how to handle COVID-19 corpses during burial.
- f) Substantial amount of COVID-19 fund was spent on leasing of Quarantine facilities, Isolation facilities and hiring of motor vehicles. Therefore, in future COVID-19 funding should be directed towards medical supplies and other critical interventions.
- g) The county department of health to enforce the presidential health decrees such as no mask no service directive.
- h) Mandera County Government to put measures in place to protect and prioritize the health and wellbeing of the health care workers who are involved in COVID-19 response by providing comprehensive medical cover, adequate PPEs and incentives to motivate them.
- i) The COVID-19 fund committee should prove its functionality by aiding in the diversification of funding sources as well as provide proper monitoring and evaluation mechanism on funds set aside for Covid-19 pandemic.
- j) The CECM Finance and economic Planning could not account for the funds realized from staff voluntary pay cuts towards COVID-19 intervention. This committee therefore, invites the relevant county Assembly Committee(s) to follow up on the utilization of the aforesaid fund.
- l) The Health Department should balance the distribution of medical staffs by deploying medical officers to Banisa and Lafey Sub-Counties Referral Hospitals as well as post an anesthesiologist to Elwak Referral Hospital.

- m) The County Health Department should fast-track the payment of allowances to contractual staff and interns who were or are involved in COVID-19 response.