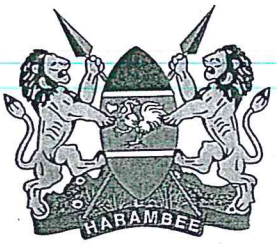
REPUBLIC OF KENYA



TWELFTH PARLIAMENT (FOURTH SESSION)

THE SENATE

AD HOC COMMITTEE ON THE COVID-19 SITUATION IN KENYA

9TH PROGRESS REPORT

Clerk's Chambers,
First Floor,
Parliament Buildings,
NAIROBI.

24th September, 2020

PREFACE

Hon. Speaker,

The Ad Hoc Committee on the COVID-19 Situation was established by the Senate on Tuesday, 31st March, 2020, with the mandate to oversight actions and measures taken by the national and county governments in addressing the spread and effects of COVID-19 in Kenya.

The Committee is mandated to address the following, among other matters-

(a) provision of testing and medical equipment, including adequate ventilators in referral hospitals and in at least one public hospital in each county;
(b) provision of adequate isolation centres and Intensive Care Unit (ICU) facilities in each county;
(c) measures to ensure continuous supply of food and other essential commodities at affordable prices;
(d) measures to enable learners in educational institutions to continue with their studies,
(e) measures to ensure protection, safety and well-being of healthcare and other frontline workers;
(f) enhancement of capacity and flexible deployment of healthcare staff;
(g) financial assistance to vulnerable persons and groups;
(h) protection of residential and commercial tenants;
(i) establishment of a stimulus package for the Micro, Small and Medium sized Enterprises;
(j) easing of legislative and regulatory requirements for doing business;
(k) measures to protect employees from retrenchment and job losses; and
(l) uniform policies and procedures aimed at slowing and eventually stopping the spread of the virus.

The Committee is comprised of the following members: -

1) Sen. (Arch.) Sylvia Mueni Kasanga, MP - Chairperson
2) Sen. Mithika Linturi, MP - Vice Chairperson
3) Sen. (Dr.) Michael Maling'a Mbito, MP - Member
4) Sen. Abshiro Soka Halake, MP - Member
5) Sen. Erick Okong'o Mogeni, SC, MP - Member
6) Sen. Mwinyihaji Mohamed Faki, MP - Member
7) Sen. (Dr.) Christopher Andrew Lang'at, MP - Member

Hon. Speaker,

The 9th Progress Report of the Ad Hoc Committee on the COVID-19 Situation comes at almost the six-month point since the Committee was set up by the Senate. The Committee has during that time held a total of **ninety-three (93) sittings**, both in-house and with stakeholders, in execution of its mandate.

The Committee is currently undertaking a second phase of engagements with selected stakeholders in exercising oversight over measures taken by the national and county governments in responding to the COVID-19 pandemic. The Committee further continues to monitor the evolving situation of the COVID-19 pandemic in the country, and to follow up on implementation of the Senate resolutions as contained in the various Progress Reports of the Committee.

Hon. Speaker,

The 9th Progress Report of the Ad Hoc Committee on the COVID-19 Situation details the engagements that the Committee has undertaken since tabling of the 8th Progress Report, as well as other significant developments that have taken place during this time.

First, the Committee has continued to hold engagements with the national and county governments on the COVID-19 response and mitigation measures put in place at the two levels. In this regard, the Committee held a meeting with the CAS Ministry of Health, Dr. Mercy Mwangangi, on Wednesday, 9th September, 2020 during which it received detailed reports on the status of the COVID-19 response at the national level; how funds allocated by the national government towards COVID-19 response and mitigation have been utilised; and, the status of implementation of Senate resolutions on the 3rd Progress Report of the Committee.

The Ministry also tabled before the Committee documents on the funds which have been committed by the National Government or received from Development partners in support of the fight against the COVID-19 pandemic, and a detailed breakdown of how the funds have been spent. Notably, the Ministry reported that, as of 9th September, 2020, it had received a total of **Kshs.23.4 billion**, comprising **Kshs.17.7 billion** from Government revenues, and **Kshs.6.7 billion** from external funding. The report further indicated that a total of **Kshs.9.2 billion** had been disbursed to counties, comprising –

i) Kshs.5 billion as conditional grants for COVID-19 emergency response;
ii) Kshs.2.36 billion as emergency allowances for frontline healthcare workers for three months;
iii) Kshs.350 million DANIDA grants for Level II and III public hospitals; and
iv) Kshs.1.5 billion emergency response support to four county hospitals.

The reports from the Ministry of Health are detailed in Chapter 2 of this Report, with the annexures relating to measures taken by the national government, and the financial report thereon, attached as Annexes 2 and 3, respectively.

Hon. Speaker,

Having engaged the Ministry of Health, the County Governments, and other stakeholders on the health-related aspects of the pandemic, which fall under Thematic Area 1 as clustered by the Committee as the beginning of its mandate, it is my pleasant duty to inform the Senate that we have now handed over that particular aspect of our mandate to the **Standing Committee on Health**. We shall be formally transmitting to the Committee the documents and reports of our Committee touching on Thematic Area 1, for the Health Committee to now pick it up, follow up on implementation of resolutions, and continue to monitor the pandemic as it evolves both globally and at the national level.

This is indeed in line with the commitments we have previously made as a Committee and, in the coming weeks, we will systemically hand over the remaining four Thematic Areas to the respective Standing Committees.

Hon. Speaker,

In July 2020, the Committee directed the Controller of Budget to submit to the Committee a Special Budget Review Implementation Report on utilization of funds by County Governments towards COVID-19 interventions, covering the period from 13th March, 2020, when the first COVID-19 case in Kenya was recorded, to 31st July, 2020. The Controller of Budget undertook the review and submitted the Report to the Committee on 21st August, 2020. The Report provides an analysis of the counties' cumulative funds and expenditure on COVID-19, clustered as funding from the National Government, Grants from Development Partners and County own contributions.

Among the highlights from the Report were that –

a) The total funds that were available from 13th March to 31st July 2020 to the County Governments for COVID-19 interventions amounted to **Kshs.13.1 billion**. This amount consisted of Kshs.5 billion from the National Government through the Ministry of Health (MOH) for COVID-19 towards quarantine and isolation expenditure; Kshs.2.36 billion from the National Government through (MOH) for allowances for Front Line Health Care Workers; Kshs.350 million from DANIDA as a grant support Level 2 and 3 Health Facilities to fight the pandemic; and Kshs.5.39 billion from county own funds. The report did not include the funds received directly by County Governments as donations.

b) The total expenditure by County Governments during the period was **Kshs.3.43 billion** and translated to an **absorption rate of 33.2 per cent**. The absorption rate is calculated as a percentage of actual expenditure to budgeted amount for COVID-19 during the period.

c) Counties which reported the highest expenditure were Nakuru at Kshs.311.97 million, Wajir at Kshs.255.33 million and Kiambu at Kshs.245.94 million. Seven Counties, namely, Bomet, Embu Kirinyaga, Lamu, Mandera, Marsabit and Nairobi City, did not report any expenditure towards COVID-19 interventions.

d) The National Government grants of Kshs.5 billion for COVID -19 responses was transferred to the various County Revenue Fund Accounts on 4th June 2020 through the Ministry of Health. Counties further received Kshs.2.36 billion on 6th July 2020 from the National Government (Ministry of Health) being allowances for Frontline Health Care Workers dealing with COVID-19 pandemic and Kshs.350 million from DANIDA on 30th June 2020 for COVID-19 interventions. The timing of the funds release was **too close to the end of the Financial Year 2019/20** and some County Governments did not prepare budgets for the utilization of the COVID-19 Grant from the National Government. Consequently, several County Governments could not withdraw these funds which had remained unutilized as of 31st July 2020.

e) When the first COVID-19 case in Kenya was reported, there were **no clear guidelines from the National Government on the role of Counties in the**

management and response to COVID-19 cases. Although several County Governments allocated funds within their budgets to fight the Pandemic, they were unable to utilize the funds due to lack of support and guidelines from the Ministry of Health (MOH). The guidelines and expectations from the County Governments were only issued towards the end of May 2020.

f) County Governments have put in place arrangements for conducting internal audits in line with Section 155 of the Public Finance Management Act, 2012. As of 31st July 2020, County Governments reported actual expenditures of Kshs.3.43 billion towards COVID-19 intervention programmes compared the available resource basket of Kshs.13.1 billion.

The Special Budget Review Implementation Report further contains detailed reports on utilization of funds by each County Government towards COVID-19 interventions. A summary of the Controller of Budget Report is found at Chapter 3 of this Report, with the CoB Report itself attached to this Report as Annex 4. I urge all Honourable Senators to go through the Report, particularly the sections relating to their respective Counties, and share with the Committee any issues that they would like us to follow up on as a Committee.

Hon. Speaker,

The Committee has further directed the Auditor-General to undertake a special audit on the utilization of funds allocated to and appropriated by the forty-seven (47) County Governments in responding to the COVID-19 pandemic, covering the period from 13th March, 2020 to 31st July, 2020. Specifically, the Committee requested the Auditor General to undertake a special audit and submit an independent report to the Committee on the following -

i) Review and establish whether the County Governments had approved work plans, procurement plans, and training plans in place specific to COVID-19 activities;
ii) Review to establish the total amount of funds received by the County Governments, specific to COVID-19 activities;
iii) Establish the bank accounts into which the funds from the National Government specific to COVID-19 activities were banked;

iv) Establish whether the funds from the National Government specific to COVID-19 activities were spent in accordance with approved work plans, procurement plans, and training plans;

v) Establish whether financial and non-financial reports on funds from the National Government specific to COVID-19 were produced every month;

vi) Test to establish the reliability of the financial and non-financial reports on funds from the National Government specific to COVID-19 activities;

vii) Detect irregularities involving the misuse of public funds and identify related weaknesses in management controls that may imperil the integrity of the organisation and the effective implementation of budgetary and other policy decisions;

viii) Determine the reliability of reports on funds execution data;

ix) Identify instances and patterns of waste and inefficiency that, if corrected, will permit more economical use of available budget resources; and

x) Provide reliable data about COVID-19 programme results as a basis for future adjustments in laws, policies, and funds allocations.

While the Committee had asked the Auditor General to submit the special audit report by 4th September, 2020, the Auditor General requested for more time to complete the exercise, and we expect to receive the report in the coming weeks. Once this is done, we will share the report with Senators and embark on the important exercise of ensuring there is full accountability on how funds set aside for COVID-19 interventions have been spent by county governments.

Hon. Speaker,

With your kind permission and support, the Ad Hoc Committee on the COVID-19 Situation has also undertaken site visits to Isiolo and Meru Counties, in the month of June, and to Mombasa, Kilifi and Kwale Counties, in the month of September.

During these visits, the Committee met with the respective County COVID-19 Emergency Response Committees, co-Chaired by the County Governors and County Commissioners; Members of the Health Services Committees of the respective County Assemblies; front-line healthcare workers; civil society organizations, the private sector, and other partners who have joined together with the respective county governments in responding to the pandemic.

Through these engagements, the Committee was able to identify key successes that counties have recorded in responding to the pandemic, as well as challenges that have hampered the effective containment of and response to the pandemic. The Committee further observed and received firsthand accounts of the impact of the pandemic on citizens, on healthcare workers, and on county governments; and to gain insights which the Committee would not have been able to do had it not undertaken the visits.

Some of the key observations the Committee made from the visits were on the need to support local innovations in the response to the pandemic; the importance of telemedicine in minimizing contact between healthcare workers and COVID-19 patients, while ensuring they are monitored and attended to; the impact of the change in MoH guidelines regarding home based care, which has greatly freed up space and facilities in hospitals; and the significant role that the private sector has played in partnering with county governments to respond to the pandemic.

More significantly, the Committee noted that labour-related issues in various counties have greatly hampered the effective response to the pandemic. This has been a cross-cutting theme in all the counties that the Committee has visited. The Committee heard that, in addition to the challenges of access to quality personal protective equipment (PPEs), our frontline healthcare workers have had to contend with delayed payment of salaries, in some cases spanning several months; non-remittance of statutory deductions and other financial obligations; lack of medical insurance either from NHIF or private providers, which has meant that when doctors fall ill they cannot access the same services that they are providing to others; as well as issues relating to training, deployment, and promotions.

While the Committee was able to address some of these issues with the respective county governments, some fell beyond the mandate of the Committee, and we have asked the secretariat to support the healthcare workers in drafting and bringing to the Senate a petition that can then be substantively considered by the Standing Committee on Labour and Social Welfare.

The detailed accounts from the county visits, together with the Committee findings and recommendations thereon, will be contained in our next Progress Report to be tabled next week.

Hon. Speaker,

The Committee has further continued to engage with the Council of Governors, and has received detailed reports from the county governments on the status of COVID-19 interventions at the county level, including reports on how funds which have been allocated at the county level or received from the national government and development partners have been utilized. The Committee is in the process of considering these reports, and they shall form the basis of the 10th Progress Report of the Committee to be tabled on Tuesday next week.

Hon. Speaker,

One issue that the Committee has had to grapple with is the lack of public participation and consultations by the Executive with other arms of government whenever it has proposed the upscaling or downscaling of COVID-19 prevention and mitigation measures in the country. This is closely related to the lack of or insufficient public participation undertaken by Ministries when publishing or extending regulations governing various aspects of the national response to the pandemic, and which has previously been brought to the attention of this House by the Chairperson of the Standing Committee on Justice, Legal Affairs and Human Rights; and the Chairperson of the Sessional Committee on Delegated Legislation.

It is concerning that majority of the regulations put in place in response to the COVID-19 pandemic were published and enforcement commenced long before they were transmitted to Parliament for approval, as required under the Statutory Instruments Act.

Our Committee has noted this with concern, and urges the National Government to broaden the scope of public participation and stakeholder engagement, particularly of Parliament as the representatives of the people, whenever it is proposing to enact or review the COVID-19 containment and prevention measures from time to time.

Hon. Speaker,

Before I conclude, allow me to bring two important matters to the attention of the Senate –

a) First, as Senators will recall, the Ad Hoc Committee on the COVID-19 Situation introduced the **Pandemic Response and Management Bill (Senate Bill No. 6 of 2020)**, which completed the legislative process in the Senate on

Tuesday, 30th June, 2020 and was referred to the National Assembly for its concurrence. The Committee has since received communication from the National Assembly that the Bill has been determined to be a "Money Bills" within the meaning of Article 114 of the Constitution.

The Bill has consequently been referred to the Budget and Appropriations Committee to consider the Bill and report to the Assembly on how to proceed in light of the provisions of Articles 109(5) and 114 of the Constitution. This is a fate that has befallen not just the Pandemic Response and Management Bill (Senate Bill No. 6 of 2020), but also many other Senate Bills which have been passed by this House and referred to the National Assembly for concurrence.

Our view as a Committee is that the Bill is too critical not just in addressing the COVID-19 pandemic but also in setting a legislative framework for how we respond to similar pandemics in future. A lot of work and stakeholder engagement went into the drafting and consideration of the Bill by the Committee, during which the we received **one hundred and sixty-five (165) submissions** across the five thematic areas, and an additional **sixty-three (63) submissions** which were specific to the Bill.

While as a Committee we are engaging with our counterparts in the National Assembly to explore how the Bill can be considered and passed by the Assembly, including the option of having the Bill co-sponsored by a Member or Committee of the National Assembly, we also urge the Senate Leadership to engage the leadership of the National Assembly on the overall question of how each House should consider Bills originating from the other House.

b) The second issue relates to the **mandate and timeline give to the Ad Hoc Committee on the COVID-19 Situation** to complete its work and table its final report in the Senate. As Senators will recall, the Senate resolution establishing the Committee gave it a mandate of six months, which are due to lapse at the end of September. The Committee notes that the COVID-19 pandemic continues to evolve, both globally and at the national level, with several countries re-imposing restrictions as they experience a second wave.

In our context, while the number of positive cases has been reducing, caution has been urged to ensure that we do not lower our guard as a country and

thus experience a second flare up of infections. This is particularly critical as we proceed with the phased re-opening of schools. Additionally, there is still a lot of documentation that the Committee needs to go through and present its reports to the Senate, including on responses to Senators' requests for statements, and reports from the Auditor General and the Controller of Budget.

That being the case, the Committee has resolved to seek an extension of its mandate to enable the Committee to complete its work and table its final and comprehensive report in the Senate. I therefore urge Honourable colleagues to support the Motion once it is introduced in the Senate.

Hon. Speaker,

As I conclude, the Committee wishes to thank the Offices of the Speaker and the Clerk of the Senate for the support extended to it in undertaking this important assignment.

Further the Committee continues to thank the members of the public and stakeholders, including Senators, who have continued to engage with the Committee in carrying out its work.

I thank you, Mr. Speaker.

Signed.....

Date.....24th September, 2020

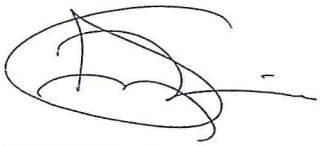
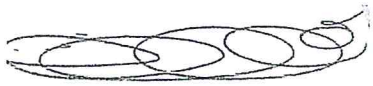
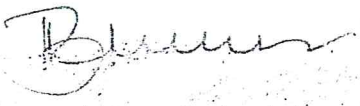
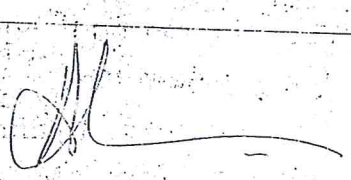
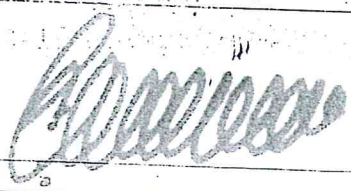
SEN. (ARCH.) SYLVIA KASANGA, MP,

CHAIRPERSON,

AD HOC COMMITTEE ON THE COVID-19 SITUATION IN KENYA

ADOPTION OF THE 9TH PROGRESS REPORT OF THE SENATE AD HOC COMMITTEE ON THE COVID-19 SITUATION IN KENYA

We, the undersigned Members of the Senate Ad Hoc Committee on the COVID-19 Situation in Kenya, do hereby append our signatures to adopt the 9th Progress Report

Sen. (Arch.) Sylvia Kasanga, MP	-Chairperson	
Sen. Mithika Linturi, MP	-Vice Chairperson	
Sen. (Dr.) Michael Mbito, MP	-Member	
Sen. Abshiro Soka Halake, MP	-Member	
Sen. Erick Okong'o Mogeni, SC, MP	-Member	
Sen. Mwinyihaji Mohamed Faki, MP	-Member	
Sen. (Dr.) Christopher Lang'at, MP	-Member	

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1. Background to the 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 coronavirus that has not been previously identified in humans.

Coronaviruses are common in animals and, 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 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.

2. Current state of the COVID-19 pandemic

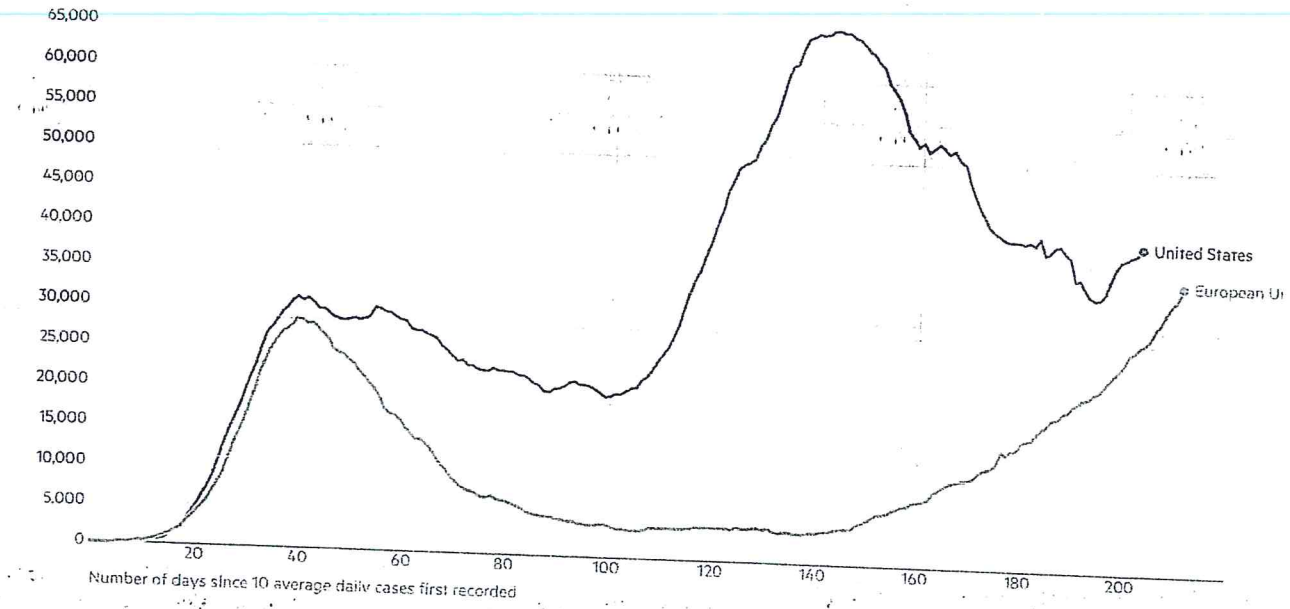
As of 22nd September, 2020, there have been **31,174,627 confirmed cases** of COVID-19 globally, including **962,613 deaths** reported to World Health Organization (WHO). The global curve is on an upward trajectory, with a total of **222,256 new cases** recorded on 22nd September, 2020. The United States, India, and Brazil are leading globally, with 6,740,464; 5,562,663; and 4,544,629 confirmed cases, respectively. In Africa, South Africa is leading with 661,936 confirmed cases as at 22nd September, 2020.

It is to be noted that most of Europe is at the current date experiencing a second wave of the pandemic, with a number of countries re-imposing containment measures which had been eased once the number of daily confirmed cases reduced. This is illustrated in the two charts below, obtained from the Financial Times and the European Center for Diseases Control (CDC) respectively.

Chart 1: New confirmed cases of COVID-19 in the United States and the EU

New confirmed cases of Covid-19 in United States and European Union

Seven-day rolling average of new cases, by number of days since 10 average daily cases first recorded



Source: Financial Times analysis of data from the European Centre for Disease Prevention and Control, the Covid Tracking Project, the UK Dept of Health & Social Care and the Spanish Ministry of Health

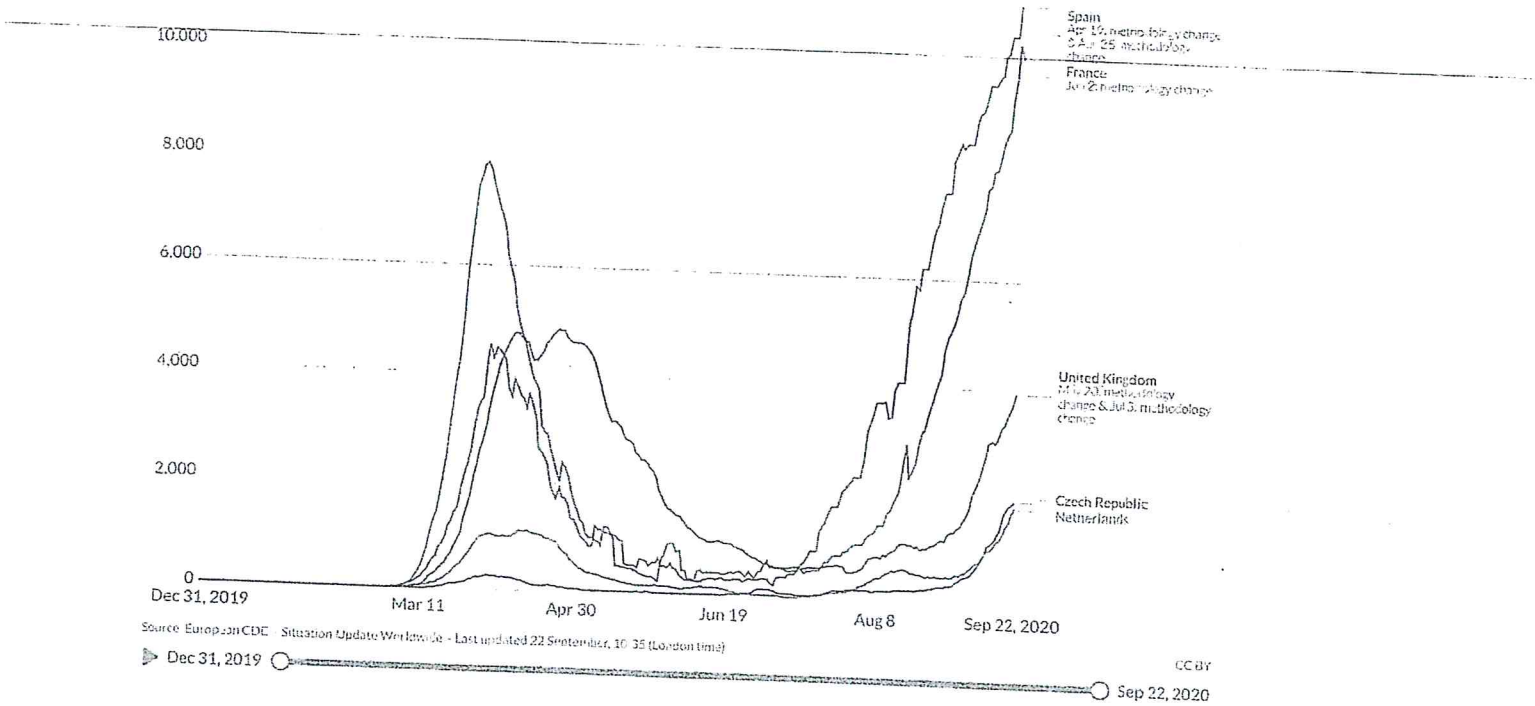
Data updated September 22, 2020, 2:00pm Eastern. Interactive version: ft.com/covid19

Chart 2: New confirmed COVID 19 cases in selected European countries

Daily new confirmed COVID-19 cases

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

LINEAR LOG



Source: European CDC – Situation Update Worldwide – Last updated 22 September, 10:35 (London time)

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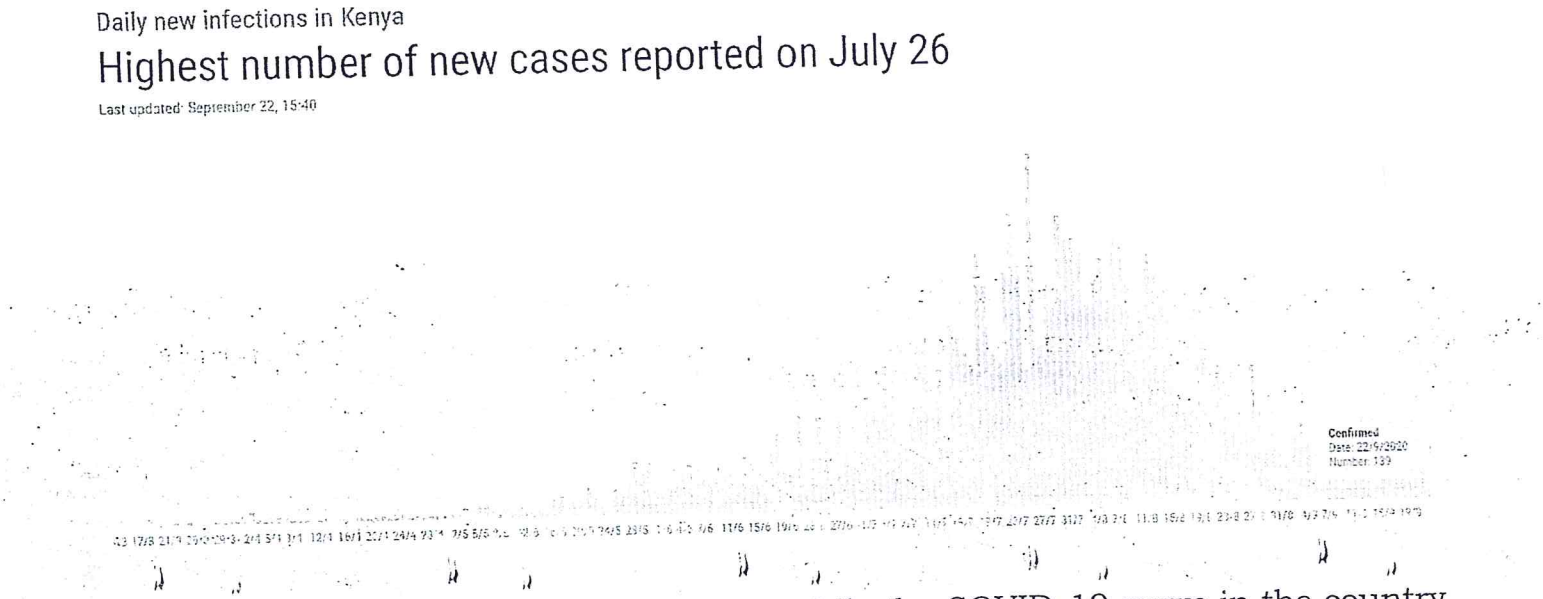
In Kenya, a total of **37,218 cases** had been confirmed, out of a total number **520,124 tests** conducted by the said date. Of this number, 24,147 patients have fully recovered, with 659 deaths recorded.

The table below shows the trend of COVID-19 prevalence in Kenya, since the first case was reported on 13th March, 2020, with the highest number of confirmed cases being recorded on 26th July, 2020.[1]

Chart 3: Confirmed COVID-19 cases in Kenya from 1st March to 22nd September, 2020



An observation has also been made that, while the COVID-19 curve in the country seems to have flattened, it now appears to be back on an upward trajectory, based on daily infection data from the Ministry of Health.

3. Establishment, mandate, and membership of the Ad Hoc Committee

During the sitting of the Senate held on Tuesday, 31st March, 2020, the Senate, by Resolution, established the Ad Hoc Committee on the COVID-19 situation, with the mandate to oversight actions and measures taken by the national and county governments in addressing the spread and effects of COVID-19 in Kenya

This action was taken in recognition of the need for an integrated and multi-sectorial intervention towards a harmonized comprehensive response to the pandemic, and of the need to complement the efforts of the national and county governments in

[1] https://www.nation.africa/kenya/covid

containing the spread of the pandemic and cushioning Kenyans from the shocks arising thereon.

The Ad Hoc Committee on the COVID-19 Situation is mandated to address the following, among other matters-

(a) provision of testing and medical equipment, including adequate ventilators in referral hospitals and in at least one public hospital in each county;
(b) provision of adequate isolation centres and Intensive Care Unit (ICU) facilities in each county;
(c) measures to ensure continuous supply of food and other essential commodities at affordable prices;
(d) measures to enable learners in educational institutions to continue with their studies;
(e) measures to ensure protection, safety and well-being of healthcare and other frontline workers;
(f) enhancement of capacity and flexible deployment of healthcare staff;
(g) financial assistance to vulnerable persons and groups;
(h) protection of residential and commercial tenants;
(i) establishment of a stimulus package for the Micro, Small and Medium sized Enterprises;
(j) easing of legislative and regulatory requirements for doing business;
(k) measures to protect employees from retrenchment and job losses; and
(l) uniform policies and procedures aimed at slowing and eventually stopping the spread of the virus.

The Committee is comprised of the following members:-

1) Sen. (Arch.) Sylvia Mueni Kasanga, MP - Chairperson
2) Sen. Mithika Linturi, MP - Vice Chairperson
3) Sen. (Dr.) Michael Maling'a Mbito, MP - Member
4) Sen. Abshiro Soka Halake, MP - Member
5) Sen. Erick Okong'o Mogeni, SC, MP - Member
6) Sen. Mwinyihaji Mohamed Faki, MP - Member
7) Sen. (Dr.) Christopher Andrew Lang'at, MP - Member

The Committee has so far held a total of **93 sittings**. The Minutes of the 93rd Sitting are attached to this Report as ***Annex 1***.

CHAPTER TWO

STATUS OF THE NATIONAL RESPONSE TO THE COVID-19 PANDEMIC

1. Introduction

By a letter Ref. No. SEN./12/4/AC-COVID19/2020(60) dated 18th August, 2020, the Senate Ad Hoc Committee on the COVID-19 Situation in Kenya invited the Cabinet Secretary for Health to appear before the Committee on 7th September, 2020, to address the following matters-

a) the status of the national response to the COVID-19 pandemic; and
b) the status of implementation of the Resolutions of the Senate on the 3rd Progress Report of the Committee, as adopted by the Senate on Tuesday, 28th April, 2020.

The meeting was held on Wednesday, 9th September, 2020 at which the Cabinet Secretary was represented by Dr. Mercy Mwangangi, Chief Administrative Secretary at the Ministry. *The written responses received from the Ministry, together with selected annexures thereon, are attached to this Report as* ***Annex 2****. Additionally, the financial report received from the Ministry, together with the annexures thereon, is attached to this Report as* ***Annex 3****.*

Key highlights of the MoH presentation and written submissions are provided below:

2. Status of the National Response to the COVID-19 Pandemic

According to the MoH, as of 30th August 2020, Kenya had reported 34,057 confirmed cases of COVID-19, including 19,688 recoveries and 574 deaths in all 47 counties as follows: Nairobi (19,417)

1. Kiambu (2,515)
2. Mombasa (2,369)
3. Kajiado(1,872)
4. Machakos (1,241)
5. Busia (1,087)
6. Nakuru (853)
7. Uasin Gishu (477)
8. Migori (423)
9. Nyeri (268)
10. Garissa (263)
11. Kisumu (258)
12. Kericho (236)
13. Laikipia (219)
14. Narok (217)
15. Kisii (173)
16. Murang'a (169)
17. Kilifi (166)
18. Makueni (157)
19. Kitui (125)
20. Bomet (120)
21. Taita Taveta (116)
22. Lamu (107)
23. Turkana (101)
24. Embu (87)
25. Kirinyaga (85)
26. Meru (80)
27. Trans Nzoia (74)

28. Kwale (72)
29. Nandi (69)
30. Siaya (68)
31. Kakamega (63)
32. Homa Bay (62)
33. Isiolo (58)
34. Samburu (49)
35. Nyandarua (47)
36. Bungoma (44)
37. Tharaka (40)
38. Baringo (39)
39. Wajir (38)
40. Mandera (28)
41. Vihiga (28)
42. Tana River (25)
43. Nyamira (22)
44. Marsabit (18)
45. Elgeyo Marakwet (6)
46. West Pokot (6)

Of the 34,057 confirmed cases, 955 were frontline health workers, out of which 16 mortalities had been reported.

3. National Response Measures

In addition to maintaining heightened surveillance at all points of entry, health facilities and the community, the MoH submitted that the National Government had put in place the following response measures:

a) *Coordination of Response:* The MoH reported that the national response was being coordinated through a whole government and multi-agency approach in accordance with Executive No. 2 of 2020 which established the National Emergency Response Committee.

b) *Public Health Emergency Operations Centre:* The MoH had fully activated the Public Health Emergency Operations Centre for purposes of coordinating response measures as well as providing daily situation reports to inform planning. Further, in collaboration with the World Health Organisation (WHO), the MoH had provided capacity training to sub-county rapid response and contact tracing teams from various counties as follows: Nairobi, Mombasa, Marsabit, Wajir, Turkana, Kajiado, Kilifi, Isiolo, Mandera, Busia, Kiambu, Kwale, Nakuru, Kitui, Garissa, Tana River, Migori, Taita Taveta, Bungoma, Kakamega, Murang'a, Meru, Siaya, Kisumu, Nyeri and Uasin Gishu

c) *Diagnostic capacity:* According to the MoH, Kenya's diagnostic capacity to conduct confirmatory tests for COVID-19 in the country had been scaled up to 34 public and private laboratories in 12 counties as follows: Nairobi, Kisumu, Mombasa, Kilifi, Wajir, Kericho, Uasin Gishu, Machakos, Busia,

Nakuru, Kajiado and Trans Nzoia. Accredited laboratories were provided as follows:

1. National Influenza Centre (NIC)
2. National HIV Reference laboratory at the National Public Health Laboratories
3. Kenya Medical Research Institute (KEMRI) laboratories (Nairobi, Kilifi, Kisumu and Alupe)
4. KEMRI Nairobi HIV Laboratory
5. KEMRI CDC Nairobi
6. KEMRI CMR
7. KEMRI Walter Reed (Kericho and Kisumu)
8. ILRI
9. Kenyatta National Hospital
10. Moi Teaching and Referral Hospital
11. Coast General Teaching and Referral Hospital
12. Wajir County Referral Hospital
13. Machakos County Referral Hospital
14. Busia County Referral Hospital
15. Kitale County Referral Hospital
16. Malindi County Referral Hospital
17. Nairobi West Hospital
18. Aga Khan University Hospital
19. Nairobi Hospital
20. Lancet
21. AMREF
22. Mombasa Hospital
23. Kenyatta University Teaching Research and Referral Hospital
24. IOM
25. PathCare Kenya Ltd
26. Meditest Diagnostic Services and
27. Nairobi South Hospital

Further to the above, the MoH had deployed two mobile laboratories in Mai Mahiu and Namanga border points. By the time of the meeting, 438,712 samples had been tested.

d) *Screening:* The MoH reported that mandatory screening of cargo vessels crew was ongoing at all points of entry. As of 27th August, 2020, a total number of 1,011,467 persons had been screened across all points of entry.

Further to the above, following the commencement of international travel on 1st August, 2020, in conjunction with the Kenya Airports Authority and other stakeholders, stringent measures had been put in place to ensure the safety of travelers and airport staff in line with MoH guidelines on social distancing, hand washing, sanitizing, temperature screening, disinfection of aircrafts and sensitization of staff.

e) *Isolation/Quarantine Facilities:* According to the MoH, there were 7411 isolation beds and 312 ICU beds across the 47 counties by the time of writing this report.

f) *Vaccine development:* The MoH reported that KEMRI was participating in global efforts for a COVID-19 vaccine through local trials. The MoH further submitted that it had engaged GAVI on the COVID-19 Global Vaccine Access Facility with a view towards ensuring access to effective vaccines by Kenyans.

g) *Personal Protective Equipment (PPEs):* The MoH had distributed 24,283 complete PPE kits.

h) *Community Involvement:* The Government had fully engaged *Nyumba Kumi* initiative committees to support outbreak response measures. Additionally, the MoH was using community health volunteers (CHVs) to enhance COVID-19 detection and reporting at the household level.

i) *Physical/Social distancing and use of face masks:* In order to limit person to person transmission of COVID-19 in the country, the Government had implemented multiple containment strategies including closure of learning institutions, postponement of large gatherings, mandatory use of face masks in public places etc.

4. Status of the Implementation of the Resolutions of the Senate on the 3rd Progress Report of the Ad *Hoc* Committee on the COVID-19 Pandemic

COMMITTEE OBSERVATIONS	COMMITTEE RECOMMENDATIONS	MoH RESPONSE
A. National Preparedness and Response		
The Committee notes that: 1. The Committee recognizes that Kenya is still in the initial stages of the COVID-19 outbreak. 2. The Committee acknowledges that while consensus on Kenya's modelling projections is yet to be arrived at, estimates by the MoH indicate that the number of deaths may surge up to 30,000 during the peak phase of the outbreak if strict adherence to recommended hygiene and containment measures are not maintained. Conversely, if strict adherence to the recommended Government measures is maintained, the projections in deaths attributable to COVID-19 will be significantly reduced.	Based on the foregoing, the Committee recommends that: 1. The Committee recommends the continued enforcement of current containment measures. 2. There is a need to leverage on religious, political and community leadership at all levels of society for the dissemination of packaged, COVID-19 public messages. **ACTION:** MoH	Containment measures remain in force including: - The countrywide dusk-to-dawn curfew; - Contact tracing and testing; - Public awareness-building; - Mandatory use of face masks in public places - Social distancing etc. Additionally, all levels of leadership were involved in awareness creation and dissemination of customized messages.

B. County Preparedness		
The Committee notes that: 1. The current level of preparedness in most counties is suboptimal with health worker representative groups indicating that counties lack adequate supplies of personal protective equipment (PPEs); have poorly equipped isolation and treatment facilities; and, have not facilitated adequate training and sensitization on the care and management of COVID-19 patients. 2. There are wide disparities in the level of preparedness amongst counties: While some counties have realized laudable progress in the initiation and implementation of appropriate response plans (e.g. Mombasa County), others have lagged behind. 3. Variations in the level of preparedness amongst counties are directly linked to political good will and commitment, or the lack thereof.	Based on the foregoing, the Committee recommends that: 1. Measures be instituted to develop and implement a standardized performance-based mechanism aimed at objectively monitoring the level of preparedness of County Governments. To this end, the Committee directs the MoH to develop a monitoring tool for this purpose, and to report back to this House on the level of preparedness of all 47 County Governments within a period of seven (7) days. **ACTION:** Senate, MoH, Senators, County Assemblies.	The MoH commissioned a Rapid assessment of all counties. Additionally, the MoH provided technical support to County Governments for purposes of planning for COVID-19 containment interventions, and strengthening of health systems for Universal Health Coverage.

4. Senators and leaders at county level have an important responsibility to strengthen the political accountability of the individual County Governments on their level of preparedness.		
C. Universal Access to Care		
The Committee notes that; 1. The Government through the MoH has made a commitment to meet the cost of treatment for COVID-19 patients in public health facilities. 2. Further, under a proposed UHC Scheme within the NHIF, COVID-19 is set to be fully covered under the NHIF benefits package.	Based on the foregoing, the Committee recommends that: 1. Ongoing efforts to include the proposed UHC Scheme under NHIF be fast-tracked. **ACTION:** MoH, NHIF, NT	The cost burden of financing the testing, hospitalization and treatment for Covid- 19 was not financially viable for NHIF. In line with global best practice and sustainable models of managing pandemic responses, the MoH proposed a centrally coordinated and financing model e.g. Covid-19 Fund managed by NHIF.
D. Availability of ICU facilities, ventilator support, and basic oxygenation equipment in the counties.		
The Committee notes that; 1. Kenya faces a critical deficit in the availability of ICU beds and ventilators for use by COVID-19 patients who may develop severe	Based on the foregoing, the Committee recommends that: 1. In order to narrow the alarming gap in critical care services across the counties, a grant from the COVID-19 Emergency	By a letter Ref. DV/ES1081/19/01/(113) dated 14th May 2020 from the National Treasury to the MOH, a conditional grant of Kshs.5 Billion had been disbursed to County

illness as demonstrated by the following: a) According to the MoH, as of 18th April, 2020, Kenya had a total of 518 ICU beds in 79 public and private/faith-based facilities across the country; b) Of the 518 beds, 448 (94%) were already in use by non-COVID patients requiring critical care services; c) According to the MoH, the projected deficit of ICU beds for use by severely ill COVID-19 patients stood at 190 at the time of the writing of this Report; d) While counties are scaling up efforts to increase their ICU bed capacity (e.g., Kisumu County has expanded its ICU bed capacity in Jaramogi Oginga Odinga Teaching & Referral Hospital (JOORTH) from 15 to 21 beds), according to submissions made by the Kenya Health Federation, at least	Fund be provided for every county for purposes of: expanding ICU bed capacity; and, increasing the availability of ventilators and other basic oxygenation equipment. **ACTION:** Senate 2. The release of the Kshs. 5 Billion grant to counties be expedited for purposes of facilitating the implementation of county-level COVID-19 response plans. **ACTION:** MoH, MoF , NT /COB 3. The MoH provides a report to the Senate on the whereabouts of the 30 ventilators it is said to have purchased and distributed within a period of seven (7) days. **ACTION:** MoH/Senate 4. The County Assembly Forum and County Assemblies act speedily to pass the supplementary budgets necessary for enabling the implementation of county-level response plans.	Governments for COVID-19 Emergency Response (see *Annex 3*).

27 counties still lack ICU beds; e) With regards to the availability of ventilators, according to the MoH, Kenya has 297 functional ventilators, of which only 90 are available in public health facilities; f) According to the MoH, an additional 30 ventilators have been procured, of which 8 have been distributed. According to the, counties have not received any of these additional ventilators from the MoH, and g) Further, according to the MoH and the COG, there is also a critical shortage of basic oxygenation equipment in the counties. The availability of this basic equipment is considered critical for use in the care and management of COVID-patients who may develop mild to moderate illness. h) According to submissions by the	5. And further that, County Assemblies as the first-line of oversight over County Executives, exercise extra vigilance and ensure that resources for the COVID-response at county level are put to proper use. **ACTION:** CAF, County Assemblies.	

COG, the National Government has made a commitment to allocate a total of KShs.5 Billion to be disbursed over a period of three months for purposes of facilitating county response plans.		
E. Human Resources for Health		
With regards to issues regarding Human Resources for Health: ***a) Recruitment*** 1. The Committee recognizes and lauds the ongoing mass recruitment exercise by the Government in which it is expected that an additional 520 doctors and 5500 health workers will be engaged on a contractual basis. 2. The Committee however notes the exclusion of certain important cadres from the recruitment exercise e.g. graduate nurses. b) ***Adequate Compensation*** 3. The Committee takes note of, and lauds the MoH initiative to draft a	Based on the foregoing, the Committee recommends the following: 1. A conditional grant to counties for services foregone that is equivalent to the total annual costs of releasing postgraduate doctors on study leave. 2. Fair terms and conditions of employment for all contracted doctors and health workers, and the payment of gratuities at the end of the contract period. 3. The inclusion of all cadres of health workers in the ongoing recruitment exercise including graduate and specialist nurses.	A total of Kshs.1 Billion had been disbursed for purposes of enhancing Human Resource capacity towards the COVID-19 response. Through the funds, the Public Service Commission (PSC) had undertaken a successful recruitment of 852 officers who had since been deployed to various health facilities across the country. Additionally, the Salaries and Remuneration Commission (SRC) had approved a 3-month COVID-19 Medical Emergency Allowance and Benefits for frontline workers with effect from 1st April, 2020

proposal for the motivation and welfare of health workers. The incentives under consideration in the proposal are in line with current global practice, and include: comprehensive medical, disability and life insurance, risk allowances, tax relief, and the facilitation of meals and accommodation. ***c) Training*** 4. The Committee notes with concern reports by health workers based in the counties of having received inadequate training and sensitization on the care and management of COVID-19 patients.	4. MoH to fast track the draft compensation package proposal for the motivation and welfare of frontline health workers. 5. National and County Governments to fast track measures to guarantee access to care and treatment for all health workers by prioritizing periodic and regular testing; and setting aside specially designated quarantine, isolation and treatment facilities for use by health workers. 6. National and County Governments institute measures to ensure that all health workers receive adequate PPEs that adhere to minimum acceptable quality and standards.	
d) Guaranteed Access to Care for Health Workers 5. The Committee notes that owing to the particular risks that health workers face, there is a need for the Government to institute measures to guarantee access to care and management of COVID-19 for all health workers.	7. National and County Governments to institute measures to provide for accommodation, meals and transport of health workers for the entirety of the COVID 19 outbreak period. 8. Expedite the amicable and speedy resolution of all pending labour disputes between unions	

6. To this end, the Committee takes note of, and lauds the initiative by the National Government to designate quarantine, isolation and treatment facilities for its health workers. 7. Likewise, the Committee notes that according to submissions by the COG, County Governments are in the process of identifying similar facilities for health workers at county level. ***e) Priority Testing for Health Workers*** 8. The Committee further notes that owing to the high risk of infection that health workers face, it is necessary for the Government to institute measures for the periodic testing of frontline health workers. ***f) Personal Protective Equipment (PPEs) for Health Workers*** 9. Further, the Committee notes that owing to the high risk of infection and death by health workers in the face of the COVID-19 pandemic, there is need for the Government	and the following counties: a. Kirinyaga b. Laikipia c. Meru d. Homa Bay e. Vihiga f. Taita Taveta 9. The MoH to expedite the development of protocols and guidelines for: - Considerations and exemptions in the deployment of vulnerable health workers such as pregnant mothers and health workers with pre-existing conditions. - Addressing the risk, stigma and alienation of health workers dealing with COVID-19 patients. **ACTION:** MoH, COG, County Governments, SRC, NT, health worker unions and associations.	

to ensure that health workers receive adequate PPEs that adhere to the minimum acceptable quality and standards of the Kenya Bureau of Standards.		
g) Recall of Doctors on Postgraduate Training		
10. The Committee notes that response efforts by County Governments have been hampered by the retention of postgraduate doctors in national health referral facilities during this pandemic period.		
11. According to the submissions by the KMPDU, postgraduate doctors provide at least 60% of the health workforce at national health referral facilities.		
12. Further, the Committee observes that Schedule Four of the Constitution assigns the National Government the function of training and capacity-building.		
13. While the National Government is responsible for meeting the cost of training of postgraduate doctors,		

County Governments have been forced to bear the heavy cost of paying salaries for resident doctors whose services are rendered at national level. In effect, this has resulted in a reverse subsidy of national health referral services by County Governments.		
h) Pending Labour Disputes		
14. The Committee takes note that health service delivery has been hampered by pending labour disputes in the following counties: - Laikipia - Kirinyaga - Meru - Homa Bay - Vihiga - Taita Taveta There is a need for the pending disputes to be resolved amicably and in an expedited manner owing to the increased demand for health services in the current pandemic situation.		
i) Vulnerable Health Workers		

15. Health workers who are pregnant, aged over 58 years and/or who have pre-existing chronic conditions face a higher risk of infection and death arising from COVID 19. ***j) Mental Health and Psychosocial Support for Health Workers*** 16. Frontline health workers dealing with COVID-19 patients face increased risk of infection and death, as well as high levels of stigmatization, isolation and alienation.		
F. Personal Protective Equipment		
With regards to issues concerning the availability of PPEs: 1. The Committee observes that as of the time of the writing of this Report, according to the MoH, 3,682 PPEs had been delivered and distributed to various health facilities across the country. 2. However, the Committee notes that while the MoH maintains that adequate quantities of Personal Protective Equipment	Based on the foregoing, the Committee recommends that: 1. The MoH provides a comprehensive forecasting and quantification of all PPE needs in the country with a view towards providing an objective basis for assessing the overall gaps and needs. 2. The MoH engages health workers as the end users in all stages of quality assessment for both	The MoH had conducted a comprehensive forecasting and quantification. Additionally, KEBS standards for PPEs had been adopted and disseminated.

(PPEs) have been provided to counties and health facilities, these claims were at variance with the overwhelming majority of stakeholders who appeared before the Committee, including the COG and health worker associations and unions. 3. The Committee recognizes and lauds efforts by the National Government to engage local manufacturers in enhancing the supply of PPEs, including a commitment to purchase Kshs.300 million worth of reusable masks for vulnerable members of the society. 4. With regards to the promotion of local manufacture of PPEs, the Committee further takes note that the Government stands to make significant cost savings: According to the MoH, while the average cost of an exported PPE kit is KShs.15,000.00, a locally assembled one of good quality amounts to KShs.3000. 5. With regards to the quality and standards of	locally manufactured and exported PPEs. 3. The KEBS acts to ensure strict adherence to set standards for PPEs from both local and export sources. 4. The PPB puts measures in place to restrict access to specialized PPEs such as N-95 and surgical masks from members of the public. **ACTION:** MoH, COG, County Governments.	

PPEs, the Committee notes that strict adherence to KEBS standards must be assured for PPEs from both exported and local sources.		
G. Testing/Diagnostics		
With regards to testing, the Committee takes note that: 1. So far, over 12,000 Kenyans have received testing. 2. According to the MoH, for purposes of cost-effectiveness, the Government has adopted a targeted mass testing strategy that is focused on exposed cohorts rather than entire populations or groups.	With regards to testing/diagnosis of COVID, the Committee recommends that: 1. The MoH acts to fast track the activation of GeneXpert machines and supply of sample collection kits to counties; 2. The MoH acts to fast track the accreditation of regional laboratories in Machakos, Malindi, Wajir, Busia and Trans	Kenya was ready for the adoption of GeneXpert into the testing grid, and WHO had committed to provide 2500 tests for initial trials and optimization. The IOM has also indicated willingness to adopt the system. However, the manufacturer of the GenExpert machines, CEPHEID, was unable to meet global demands for supply of the kits.
3. Kenya has an installed testing capacity in excess of 37,000 tests per day (taking into account the reference laboratories and GeneXpert equipment in the counties). However, the actual testing capacity is dependent on the availability of reagents and consumables,	Nzoia; as well as, ILRI, ICIPE, AMREF and UNITID/UON. 3. Specialised personnel, and in particular, qualified Clinical Pathologists be engaged in the guidance, validation and interpretation of testing services at all accredited COVID-19 laboratories.	With regards to expanding diagnostic capacity, coordinated efforts between the MoH, KEMRI and the World Bank had allowed the following to join the testing grid: ILRI, AMREF Machakos, Malindi, Wajir, Busia (County hospital) and Kitale county hospital (Trans Nzoia).

equipment health and the capacity of health workers to collect such a large number of samples every day. 4. The expansion of Kenya's testing capacity will require a concomitant increase in human personnel. 5. Counties have a cumulative potential capacity to run 3000 tests per day through GeneXpert machines. However, a key constraint is the availability of sample collection kits. 6. Private sector capacity in scaling up Kenya's testing capacity has not been fully tapped owing to regulatory hurdles including delayed and costly validation processes for testing kits by KEMRI. 7. Further expansion in the country's testing capacity can be realised through the accreditation of additional labs, including:	4. The MoH and KEMRI acts to fast track the test validation process for private sector players, and that specific measures be taken to reduce the costs thereof. 5. That the MoH institutes external quality assurance measures and controls for purposes of ensuring consistency and standardisation of results amongst accredited laboratories. 6. The recruitment of additional personnel with the requisite skills to meet the increased demands that have been brought about by the expanded testing capacity. 7. Increased investment in laboratory systems strengthening with a view towards enabling Kenya's response in the current COVID-19 pandemic, as well as future pandemics and other health risks. **ACTION:** MoH/KEMRI, COG, County Governments, KEMRI	Additionally, at least 10 testing laboratories in the private sector had been incorporated into the testing grid, including, Aga Khan, Lancet, Nairobi Hospital, Nairobi West Hospital, Pathcare, ILRI AMREF, IOM, Meditest, Nairobi South Hospital, Mombasa Hospital With regards to external quality assurance, the National Laboratory Services had brought together the CDC, KEMRI, Walter Reed and ASLM to develop a single external quality control panel that would be rolled into each laboratory. Meanwhile, KEMRI and the NIC were acting as curators of the results generated across all testing laboratories. For purposes of meeting the increased demand for testing, the MoH, with the support of the World Bank had recruited an additional 54 technologists to support testing at border points. Further, in the Phase 2 of this support, the World Bank had

- Regional laboratories in Machakos, Malindi, Wajir, Busia and Trans Nzoia to conduct COVID 19 testing. - ILRI, AMREF, ICIPE, UNITID/UON.		committed to support the hiring of an additional 108 technologists, 54 data clerks, and 3 Liaison /Logistic officers. Further, with support from donors and development partners such as the World Bank, Global fund and CHAI, the MoH was in the process of procuring an extra 17 PCR thermocycler machines, centrifuges, freezers and fridges, and Biological safety cabinets through KEMSA.
H. Isolation		
The Committee notes that:; 1. According to submissions made by the MoH, the total projected need for isolation beds at the time of the writing of this report was 3,116 (2280 county isolation beds, and 836 national isolation beds). 2. In order to control against the risk of cross-contamination, and for purposes of minimizing disruption to the delivery	Based on the foregoing, the Committee recommends that; 1. In light of increased cases of COVID-19 in the counties, the MoH/KMPDC and County Governments acts promptly to designate specific isolation facilities in all regions/counties. **ACTION:** MoH, COG, County Governments	See *Annex 1* for the County Preparedness Report.

of other essential services, it is necessary to designate specific facilities for isolation use at the regional/county level.		
I. Quarantine		
With regards to quarantine facilities, the Committee notes that: 1. Various state agencies and departments have been involved in various capacities in the planning and implementation of quarantine arrangements including: the Presidency, the MoH/KMPDC, Min. of Interior, Min. of Transport and Infrastructure, Min. of Education, County Governments (Nairobi, Mombasa, Kilifi and Kwale), KMA, Min. of Youth and Public Service, Min. of Tourism, private sector/hotel owners and the Kenya Red Cross. 2. As of the time of the writing of this report, according to the MoH, a total of 2,678 persons	Based on the foregoing, the Committee recommends that; 1. In light of increased cases of COVID-19 in the counties, the MoH/KMPDC and County Governments act promptly to designate specific quarantine facilities in all counties. 2 Measures be instituted to subsidise the costs of quarantine in order to protect ordinary citizens from catastrophic expenditure. **ACTION:** MoH, COG, County Governments	See *Annex 1* for the County Preparedness Report.

had been held under mandatory quarantine. Of these, a total of 1,309 persons in fifteen (15) quarantine facilities had their mandatory quarantine period extended for an additional two-weeks owing to alleged non-adherence to quarantine guidelines. 3. A total of 106 quarantine facilities have been identified by the KMPDC in Nairobi, Mombasa, Kwale and Kilifi Counties. 4. Of the persons held under mandatory quarantine, 102 have so far tested positive for COVID-12. 5. The cost of accomodation at the selected facilities is prohibitive to ordinary citizens, at between KShs. 2000 and KShs. 10,000 per person per day. Particularly for persons affected by extensions, according to the MoH, there have been reported incidents of persons being unable to pay their bills.		

J. Community Health Workforce		
The deployment of an effective community health strategy was key to the success of West Africa in containing the Ebola crisis in 2014. Accordingly, there is a need for a shift in focus of the Governments' response from the national to the grassroots level if Kenya is to effectively meet the challenges and demands posed by the escalating COVID-19 outbreak situation	In relation to enabling the effective use of Kenya's Community Health Workforce, the Committee recommends: 1. That the Senate expedites the passage of the Community Health Services Bill. 2. That the MoH expedites the publication of a comprehensive policy framework and strategic plan to guide the delivery of Community Health Services. 3. The allocation of additional resources to County Governments for purposes of implementing a comprehensive Community Health Strategy. 4. That compensation for CHWs be standardised across all counties, and be pegged to at least 50% of the minimum wage. 5. That the health, safety and wellbeing of CHWs involved in Kenya's frontline response be guaranteed through equipping them with adequate PPEs.	The Government had fully engaged *Nyuma Kumi* initiative committees to support outbreak response measures. Additionally, the MoH was using community health volunteers (CHVs) to enhance COVID-19 detection and reporting at the household level.

	6. That CHWs be recognised as an essential workforce in Kenya's response plan. **ACTION:** MoH, COG, County Governments	
K. Mental Health and Psychosocial Support		
The Committee notes that:; 1. The MoH has made laudable progress in instituting measures for mental health and psychosocial support in relation to the COVID-19 pandemic including the establishment of a toll-free tele-counselling support centre, deployment of a community mental health strategy etc.	Based on the foregoing, the Committee recommends that: 1. The MoH acts to expedite the publication and implementation of the Mental Health Taskforce Report. 2. MoH and NHIF to fast track the inclusion of a mental health and substance abuse treatment package under the NHIF.	NHIF was covering Mental and behavioural health under its Inpatient and Outpatient covers. Additionally, NHIF had a Drug & Substance Abuse Rehabilitation Package which covers the members for mental disorders resulting from drug and substance abuse.
2. Despite this, the effects of the pandemic and the attendant prolonged containment portend serious short- and long-term consequences on the mental health of individuals and the society as a whole. 3. The MoH established a Mental Health Taskforce in December, 2019 with a mandate to assess mental health systems	3. MoH to institute measures to ensure the minimal disruption in the delivery of mental health services, particularly at Mathare National Hospital. 4. There is a need for the MoH to shift the its COVID 19 message from one that emphasises criminality, to one that emphasises more on	

and the mental wellbeing of Kenyans. 4. Further, in view of both the short and long-term consequences of the prolonged containment measures, urgent action is needed to provide for the inclusion of a mental health and substance abuse treatment package under the NHIF. 5. Further, it is imperative to ensure that the delivery of mental health services, particularly at Mathare National Hospital, are not disrupted during the pandemic period. 6. Similarly, essential drugs for mental health treatment must remain available and accessible despite the pandemic.	social responsibility and solidarity. **ACTION:** MoH, NHIF	
7. The communication and messaging strategy employed by the MoH has had the inadvertent effect of criminalising COVID-19 patients, and increasing stigmatisation.		
L. Private Sector Support		
The Committee notes that:;	Based on the foregoing, the Committee recommends	Requirements for the approval of both public and private isolation

1. The COVID-19 pandemic has presented unique challenges to the private health sector that threaten to cripple it including, but not limited to: a) diminished access to essential medical supplies and commodities including PPEs owing to global supply chain pressures that have significantly driven up costs; b) fragmentation of the supply chain between the public and private sector owing to legal provisions of the KEMSA Act that preclude the private sector from accessing goods from KEMSA;	that; 1. The Min. of Industrialization, Trade and Enterprise Development acts promptly to: (i) include Medicines and Medical Supplies in the list of products listed for exemption from PVoC requirements; and (ii) (ii) provide for VAT Zero Rating for Medical Devices by way of a Legal Notice within a period of seven (7) days. 2. The MoH/KMPDC act to ease regulatory requirements for the approval of isolation facilities by private hospitals. 3. The MoH/KEMRI act to	facilities was uniform. In addition, NHIF had acted to settle outstanding hospital claims payments to private healthcare providers: In the 2019/2020 FY NHIF paid hospital claims amounting to Ksh.30.3 billion to private Healthcare providers. The highest reimbursement was in the last quarter where NHIF paid Ksh.8.5 billion to the Private healthcare providers alone. In the current FY 2020/2021 i.e. between July 2020 to date NHIF had already paid
c) regulatory hurdles with regards to obtaining approvals for the setting up of isolation facilities in private hospitals; costly and lengthy approvals for validation of tests entering the market etc. d) risk of bankruptcy owing to reduced demand for services	fast track test validation processes, and ease the cost thereof. 4. The MoH/KEMSA and KHF act to allow for the incorporation of private sector needs in the procurement of PPEs and other essential medical supplies and commodities. 5. The NHIF expedites the release of all NHIF	Ksh.3.6 billion to the private HCPs.

owing to current containment measures, and delayed disbursements by the NHIF.	payments due to private hospitals for purposes of mitigating against the risk of bankruptcy/closure of hospitals. 6. Consideration be made for the inclusion of private hospitals in the disbursement of COVID-19 funds. **ACTION:** Min. of Industrialization, Trade and Enterprise Development, MoH/KEMRI/KEMSA/, NHIF	
M. Telemedicine / Telehealth		
The utilization of telehealth /telemedicine services will have a huge impact on enhancing access to specialist services, addressing existing disparities in access to care and promoting quality affordable care. Within the current context of the COVID-19 pandemic, the adoption of technology and mobile health solutions will have the potential impact of increasing the speed and delivery of health	Fast track the development and approval of e-Health regulations, policies, protocols and guidelines for purposes of guiding the delivery of telemedicine/telehealth services. **ACTION:** MoH, KMPDC	The MoH had developed an E-Health Bill which was at advanced stages. Additionally, a Cabinet Memorandum for Telemedicine had been prepared. Further, the Kenya Medical Practitioners and Dentists Council had submitted proposed e-health rules under CAP 253, to the MoH for gazettement in Dec 2019.

services, while minimising risk to health workers. Further, the utilisation and adoption of telemedicine / telehealth services will serve to enhance access and availability of care for non-COVID essential services		
N. Regulation		
The current term of the PPB Board has expired thus exposing the country to gaps and challenges in the regulation of essential medical supplies and commodities.	The Committee recommends that the MoH fast track the appointment of the PPB.	The matter was being worked on by the MoH legal team.
O. Medical Supplies as a public and essential good		
There is a risk of unscrupulous traders taking advantage of the current COVID-19 pandemic to hoard medical supplies, and distort prices.	The MoH/PPB to act and declare medical supplies a public and essential good, and institute price control measures in order to ensure continued access and stable pricing during the COVID-19 outbreak period. **ACTION:** MoH/PPB	The cessation of most lockdowns in China and India had eased most of the shortages for both finished products and Active Principal Ingredients (API). Further, hoarding had also been addressed by local production of all PPEs. Additionally, the MoH lacked the regulatory framework for price control of Health

		Products and Technologies
P. Research and Innovation		
The Committee notes that:; 1. Research and academic institutions in Kenya have played a crucial role in driving Kenya's response to the COVID-19 pandemic. Notably, the Committee lauds the achievements of the MoH and KEMRI in: initiating automated testing for COVID 19; developing a whole genome sequencing of the COVID-19 virus; and, developing screening kits, viral transport media etc. 2. The potential of Kenya's academic and research institutions in driving Kenya's response to the COVID-19 pandemic remains largely untapped owing to several years of neglect and inadequate funding.	Based on the foregoing, the Committee recommends that; 1. The Government leverages further on research and academic institutions in driving Kenya's response to the pandemic. 2. Additional funding be provided to research and academic institutions for purposes of facilitating research and innovation.	The MoH had provided funding support to KEMRI to respond to, and conduct research in COVID-19. Additionally, other donors had also rolled out research projects related to the pandemic in the institution.
Q. Safe disposal of masks		
The need for proper disposal of used PPEs, particularly masks has arisen owing to	The MoH/Min. of Environment should act expeditiously to institute	Guidelines for the safe disposal or used masks

unscrupulous actions per persons to sell used masks.	measures to ensure the safe disposal of masks.	had been developed and disseminated.

5. Plenary

Kindly refer to the table below for a summary of the issues that were deliberated upon during the plenary session with the MOH, and the proposed solutions/way forward:

No.	Issue	Responses/Proposed Solutions
1.	Lack of accountability on PPEs donated to counties by development partners such as WHO.	- All PPEs donated by development partners must be captured in county inventories.
2.	Delayed payment of COVID-19 Medical Emergency Allowance and Benefits to health workers.	The MoH and respective County Governments to expedite the payment of the COVID-19 Medical Emergency Allowances and Benefits to affected health workers. - Additionally, the MoH to consider extending the applicable period up from 3 months owing to the prolonged outbreak situation.
3.	Retention of ventilators donated to counties by the MoH.	- The MoH to expedite the release of all donated COVID-19 equipment and supplies to the affected counties e.g Mombasa.
4.	Need to decentralize COVID-19 testing in order to bring it closer to the people e.g. there is lack of access to testing for people in Lunga Lunga owing to its distance from Mombasa and	- The MoH in collaboration with the World Bank is acting to increase proximity and access to COVID-19 testing by increasing laboratory capacity at existing sites, and expanding into new sites.

	other designated testing sites.	
5.	Need for the MoH to lift the ban on sanitation booths, especially at the ferry in Mombasa County.	- The MoH to engage with local innovators of sanitation booths (e.g TUM University, Mombasa) with a view towards promoting local innovation and initiatives.
6.	Detention of patients owing to delayed payments by NHIF.	- The MoH and NHIF to devise a sustainable, long-term financing model for treatment of patients affected by the pandemic e.g. the establishment of a COVID-19 Fund within the NHIF.
7.	Lack of requisite specialized personnel to match the expansion of ICU infrastructure in the counties.	- The MoH and County Governments to act to ensure the availability of requisite specialized personnel in all ICU facilities across the country e.g. medical anesthesiologists and anesthetists.

CHAPTER THREE

REPORT FROM THE CONTROLLER OF BUDGET

1. Introduction

By a letter Ref. No. SEN./12/4/AC-COVID19/2020(58) dated 4th August, 2020, the Senate Ad Hoc Committee on the COVID-19 Situation in Kenya directed the Controller of Budget to submit to the Committee a Special Budget Review Implementation Report on utilization of funds by County Governments towards COVID-19 interventions, for the period 13th March, 2020, when the first COVID-19 case in Kenya was recorded, to 31st July, 2020.

The Controller of Budget submitted the said Report to the Committee by way of a letter Ref. No. COB/SEN/002/Vol.2(44) dated 21st August, 2020. Below is an overview of the report, with the Report itself attached to this Progress Report as *Annex 4*.

2. Highlights of the Special Budget Review Implementation Report on utilization of funds by County Governments towards COVID-19 interventions

The Special Budget Review Implementation Report on utilization of funds by County Governments towards COVID-19 interventions was prepared in accordance with Article 254(2) of the constitution which requires the Controller of Budget to prepare special reports at any time as may be required by Parliament.

The special report covered the period from 13th March ,2020 when the first COVID-19 case was reported in the country, to 31st July,2020 and provided an overview of the utilization of COVID-19 funds by the County Government during the period.

In the Report, the Controller of Budget noted that the total amount of funds that were available during the period to the County Governments for COVID-19 interventions amounted to **Ksh.13.1 billion** which comprised of -

i) Ksh.5.0 billion- from the National Government through the Ministry of Health for quarantine and isolation expenditure;
ii) Ksh.2.36 billion- from the National Government through Ministry of Health for allowances for front line health care workers;

iii) Ksh.350 million -from DANIDA as a grant to support level 2 and 3 health facilities to fight the pandemic; and
iv) Ksh.5.39 billion –from County own funds.

On the expenditure of the said resources, the total reported expenditure by County Governments during the period amounted to Ksh.3.43 billion translating to an absorption rate of 33.2% of the budgeted funds for Covid-19 interventions. The leading expenditure items included –

a) Purchase of Personnel Protective Equipment's (PPEs);
b) Allowances for Frontline health care workers;
c) Construction of ICU/isolation wards;
d) Purchase of Hospital beds/ICU beds;
e) Purchase of lab reagents and purchase of non-pharmaceutical items;
f) Purchase of relief food to avert covid-19 effects; and
g) Setting up of Covid-19 Screening Centers.

The Counties with the highest percentage on the utilization of COVID-19 funds have reported lower cases of infections and it includes; West Pokot County (100%), Siaya County (98.6%) , Wajir County (92%) and Taita-Taveta County (85.9%). On the other hand, seven (7) counties namely, Bomet, Garissa, Kirinyaga, Kitui, Lamu, Mombasa and Taita Taveta did not budget funds from their own revenues towards COVID - 19 interventions. Nairobi City County did not report any expenditure on the grants received towards the pandemic interventions, while Mombasa County was reported to not have submitted the requested information to the Controller of Budget.

3. Challenges that hindered effective utilization of COVID-19 funds by county governments

The Controller of Budget identified several challenges that hindered the effective utilization of COVID-19 funds by the County Governments, among them –

i) ***Failure by Counties to Budget for the COVID-19 Grants*** - the counties received grants of Ksh.5.0 billion from the National Government which was transferred to the various County Revenue Fund Accounts on 4th June, 2020. Counties also received Ksh.2.36 billion as a grant from the National Government for paying allowances for frontline health care workers on 6th

July, 2020 and Ksh.350 million from DANIDA for Covid-19 interventions on 3oth June, 2020.

The release of these funds was too close to the end of the FY 2019/20 with some County Government failing to prepare budgets for the utilizations of the grants. Several County Government could not therefore withdraw the funds and remained unutilized as at 31st July 2020.

ii) ***Lack of Adequate Support from the National Government*** - Since the first case was reported in the Country, there was inadequate synergy between the National and County Governments, no clear guideline from the National Government on the role of Counties in the management and response to the COVID-19 pandemic. Several counties that allocated funds within their budget to respond to the pandemic could not utilize the same due to lack of guideline from the National Government.

iii) ***Internal Audit on the Utilization of COVID-19 Pandemic Funds*** - Counties reported an actual expenditure of Ksh.3.43 billion compared with available resources of Ksh.13.1 billion. The expenditure on COVID-19 intervention is yet to be audited, though significant portion of the resources have not been utilized.

CHAPTER FOUR

COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

COMMITTEE OBSERVATIONS

a) County Performance and Level of County Preparedness

i) Availability of Isolation Beds

1. According to findings by the MoH, as of August, 2020 *(see Annex 1-MoH)*, County health facilities had a total functional bed capacity of 7,723 beds (including 7,411 isolation beds and 312 ICU beds) against a projected need of 14,100 beds (minimum of 300 beds per county) as indicated in the table below:

No.	County	No. of Isolation Beds	No. of ICU beds
1	Nairobi	1085	66
2	Mombasa	404	16
3	Machakos	371	7
4	Makueni	312	2
5	Garissa	310	4
6	Mandera	307	16
7	Kakamega	301	6
8	Kilifi	271	7
9	Kisii	250	15
10	Homa Bay	240	0
11	Tharaka Nithi	230	15
12	Migori	211	0
13	Embu	207	14

14	Busia	194	0
15	Nyeri	188	0
16	Kajiado (*plus Kajiado/Nairobi County*)	183	10
17	Nakuru	172	10
18	Kiambu	160	12
19	Kericho	132	4
20	Taita Taveta	127	0
21	Vihiga	123	5
22	Laikipia	120	5
23	Kisumu	119	3
24	Nyandarua	114	2
25	Turkana	107	1
26	Meru	106	0
27	Isiolo	104	13
28	Nandi	93	0
29	Baringo	88	0
30	Murang'a	86	36
31	Kwale	80	4
32	Nyamira	80	5
33	Kitui	70	4
34	Bomet	69	5
35	Uasin Gishu	69	0

36	Narok	56	2
37	Siaya	51	0
38	Marsabit	44	0
39	West Pokot	40	0
40	Wajir	38	13
41	Tana River	37	0
42	Samburu	27	0
43	Bungoma	22	0
44	Lamu	13	0
45	Kirinyaga	0	0
	TOTAL	**7411**	**312**

2. As indicated in the table above, out of 45 counties that were assessed by the MoH (i.e. excluding Trans Nzoia and Elgeyo Marakwet), **only seven counties (15%) of the counties met the minimum required bed capacity of 300**. They included: Nairobi, Mombasa, Machakos, Makueni, Garissa, Mandera and Kakamega. Counties with at least 250 isolation beds included: Kakamega, Kilifi and Kisii.

3. The worst-performing counties with regard to bed capacity included: Nyamira, Kitui, Bomet, Uasin Gishu, Narok, Siaya, Marsabit, West Pokot, Wajir, Tana River, Samburu, Bungoma, Lamu and Kirinyaga. Of these, the Committee noted that the poorest-performing county i.e. Kirinyaga, was recorded as not having a single isolation or ICU bed.

ii) Availability of ICU beds

4. With regards to availability of ICU beds, the Committee noted according to the MoH, as of August 2020, counties had a total of 312 ICU beds against a projected need of 317, revealing a demand gap of at least 58 ICU beds.

5. Counties with the highest number of ICU beds included: Nairobi, Muranga, Mombasa, Mandera, Kisii, Tharaka Nithi, Embu, Isiolo, Wajir, Kiambu, Nakuru and Kajiado.

6. The MoH report further indicated that at least 17 counties did not have a single ICU bed as indicated below: Homa Bay, Migori, Busia, Nyeri, Taita Taveta, Meru, Nandi, Baringo, Uasin Gishu, Siaya, Marsabit, West Pokot, Tana River, Samburu, Bungoma, Lamu and Kirinyaga.

7. The Committee however noted that even where ICU infrastructure was available, counties lacked the requisite specialized personnel to provide ICU services. As such, there is an urgent need for the MoH, COG and County Governments to act expeditiously to ensure that the expanding ICU infrastructure across the counties is matched with the availability of requisite specialized personnel including ICU nurses, medical anesthesiologists, anesthetists etc.

iii) Availability of Oxygen and Laboratory Facilities

8. The Committee further noted that according to the MoH, most counties lacked adequate supplies of reliable oxygen and laboratory testing facilities. This was identified as a major weak link in the management of the COVID-19 pandemic situation.

b) Payment of COVID-19 Medical Emergency Allowances and Benefits for Frontline Workers in National and County Governments

9. The Committee took note that in line with its recommendation that the MoH "*fast track the draft compensation package proposal for the motivation and welfare of frontline health workers,*" COVID-19 Medical Emergency Allowances and Benefits for frontline health workers amounting to Kshs.3,013,390,000.000 were approved with effect from 1st April, 2020. The Committee further takes note that the approved allowances and benefits were extended to all frontline health workers including drivers, cleaners, support staff etc.

10. The Committee recognizes and lauds the efforts of the Ministry of Health, Council of Governors, Salaries and Remuneration Commission, the National Treasury, and the County Governments in ensuring that frontline health workers receive just compensation for the high risk they face in the fight against COVID-19.

11. Acknowledging that the outbreak situation has extended beyond the envisaged three-month period, the Committee urges the MoH, National Treasury and SRC to consider extending the applicable period for the payment of COVID-19 Medical Emergency Allowances and Benefits to frontline health workers for a further period of six (6) months in recognition of the high risks that they continue to face.

c) Testing

12. The Committee further took note that in line with its recommendation that the MoH *"acts to fast track the accreditation of regional laboratories in Machakos, Malindi, Wajir, Busia and Trans Nzoia; as well as, ILRI, ICIPE, AMREF and UNITID/UON,"* the MoH had expanded testing capacity several regional and private laboratories including ILRI, AMREF Machakos, Malindi, Wajir, Busia County Referral Hospital and Kitale County Referral Hospital (Trans Nzoia), Aga Khan, Lancet, Nairobi Hospital, Nairobi West Hospital, Pathcare, ILRI AMREF, IOM, Meditest, Nairobi South Hospital, Mombasa Hospital.

13. The Committee further took note that while counties were ready to adopt GeneXpert machines for use in COVID-19 testing, according to the MoH, the manufacturer of the GenExpert machines, CEPHEID, was unable to meet global demands for supply of the requisite kits.

14. The Committee nonetheless acknowledges the commitment by WHO to provide 2500 GeneXpert test kits for initial trials, and urges the MoH and the COG to act to ensure that the kits are equitably distributed across the counties.

15. The Committee further acknowledged the commitment by the World Bank to collaborate with the MoH to increase proximity and access to COVID-19 testing by increasing laboratory capacity at existing sites, and expanding into new sites.

d) The National Hospital Insurance Fund (NHIF)

16. The Committee further noted that there is need for clarity on the role of NHIF in the COVID-19 pandemic response. While acknowledging that the cost burden of financing testing, hospitalization and treatment for COVID-19 may not be financially viable for NHIF, the Committee observed that there was an

urgent need for stakeholder engagement aimed at finding a sustainable and long-term financing model for managing pandemic situations.

e) Research and Innovation by entities

17. The Committee observed that research and academic institutions in Kenya have a key role to play in promoting Kenya's response to the COVID-19 pandemic. However, the potential of Kenya's academic and research institutions in driving Kenya's response to the COVID-19 pandemic remains largely untapped and neglected.

18. The Committee therefore urges the MoH to engage local research and academic institutions with a view towards driving local innovations for the COVID-19 response. In particular, the Committee urges the MoH to engage with Technical University of Mombasa, with regard to their innovations on safe sanitation booths at the ferry.

COMMITTEE RECOMMENDATIONS

The Committee makes the following **recommendations:**

A. *Arising from the Meeting with the Ministry of Health and the documents submitted thereon:*

1) The Committee recommends that the MoH scale up technical assistance and capacity-building to counties for purposes of mitigating the COVID-19 pandemic, particularly in counties that continue to lag behind such as Kwale, Nyamira, Kitui, Bomet, Uasin Gishu, Narok, Siaya, Marsabit, West Pokot, Wajir, Tana River, Samburu, Bungoma, Lamu and Kirinyaga.

2) The MoH, COG and County Governments should act expeditiously to ensure that expanding ICU infrastructure across the counties is matched with the availability of requisite specialized personnel including ICU nurses, medical anesthesiologists, anesthetists etc.

3) The Committee further recommends a six-month extension to the stipulated three-month period for the payment of COVID-19 Medical Emergency Allowances and Benefits to frontline health workers in light of the prolonged COVID-19 pandemic situation and in recognition of the special risks that frontline health workers face.

4) In addition, the Committee recommends that the MoH, COG and County Governments Act expeditiously to increase proximity and access to COVID-19 testing by increasing laboratory capacity at existing sites, and expanding into new sites. In particular, the Committee recommends that the MoH, COG and respective County Governments act urgently to expedite the operationalization of GeneXpert machines in the counties for purposes of COVID-19 testing.

5) The Committee further recommends that the National Government, and particularly the MoH, leverage on local research and academic institutions as key drivers of Kenya's response to the COVID-19 pandemic e.g. UNITID, University of Nairobi, Tum University, Mombasa etc.

B. *Arising from the Special Budget Review Implementation Report on utilization of funds by County Governments towards COVID-19 interventions*

6) The National Government to give the necessary support especially on guidance on use of the resources to ensure they are well utilized for the intended purposes.

7) The County Government to include the allocated funds in their budget if not already done through supplementary budget in the current Financial Year 2020/21.

8) Counties to ensure the Counties Internal Audit Committees established under section 155 of the PFM Act, 2012 and regulation 167 of PFM (County Government) regulation ,2015 are effective to ensure close monitoring of the resources.

9) Counties to prepare quarterly reports on the progress on the use of the funds and submit to the COB for preparation of the National report on the same to be submitted to Parliament in line with section 166 (4) and 168(3) of the PFM Act, 2012.

CHAPTER SEVEN

NEXT STEPS

With the mandate of the Committee due to lapse on 30th September, 2020, the Committee resolved to seek from the Senate an extension of its mandate by six months, from 1st October, 2020 to 30th March, 2021.

This is informed by the evolving nature of the pandemic, both locally and globally, which necessitates the continued monitoring and oversight over actions taken by the national and county governments in responding to the pandemic, including accountability in the use of public funds.

The extension will therefore enable to Committee to complete its work and table its final and comprehensive report when the Senate resumes from recess in February next year.

ANNEXES

Annex 1: Minutes of the 93rd Sitting of the Committee

Annex 2: Submissions and documents received from the Ministry of Health

Annex 3: Financial report and supporting documents received from the Ministry of Health

Annex 4: Special Budget Review Implementation Report by the Controller of Budget on utilization of funds by County Governments towards COVID-19 interventions

TWELFTH PARLIAMENT | FOURTH SESSION

MINUTES OF THE NINETY-THIRD SITTING OF THE SENATE AD HOC COMMITTEE ON THE COVID-19 SITUATION, HELD ON THE ZOOM VIRTUAL MEETING PLATFORM, ON THURSDAY, 24TH SEPTEMBER, 2020 AT 10.25 A.M.

PRESENT

1. Sen. (Arch.) Sylvia Mueni Kasanga, MP - Chairperson (Chairing)
2. Sen. Mithika Linturi, MP - Vice Chairperson
3. Sen. (Dr.) Michael Maling'a Mbito, MP - Member
4. Sen. Erick Okong'o Mogeni, SC, MP - Member
5. Sen. Mwinyihaji Mohamed Faki, MP - Member
6. Sen. Abshiro Soka Halake, MP - Member
7. Sen. (Dr.) Christopher Andrew Lang'at, MP - Member

SECRETARIAT

1. Mr. Charles Munyua - Clerk Assistant (Taking Minutes)
2. Dr. Christine Sagini - Research Officer
3. Ms. Lucianne Limo - Media Relations Officer
4. Mr. Philemon Okinda - Serjeant-at-Arms
5. Mr. Simon Muinde - Audio Officer

MIN. NO. 484/2020 **PRELIMINARIES**

The Chairperson called the meeting to order at 10.25 am, and Sen. Mithika Linturi, MP commenced the meeting with a word of prayer.

MIN. NO. 485/2020 **ADOPTION OF THE AGENDA**

The Committee adopted the agenda of the Sitting, as set out below, having been proposed by Sen. (Dr.) Christopher Andrew Lang'at, MP, and seconded by Sen. Mithika Linturi, MP: -

1. Preliminaries
   a) *Prayer*

b) *Adoption of the Agenda*

2. Consideration of the 9th Progress Report of the Committee.
3. Any Other Business.
4. Date of the Next Meeting.
5. Adjournment.

MIN. NO. 486/2020 **THE 9TH PROGRESS REPORT OF THE COMMITTEE**

The Committee considered and adopted the 9th Progress Report of the Committee having been proposed by Sen. Abshiro Soka Halake, MP and seconded by Sen. Erick Okong'o Mogeni, SC, MP.

In adopting the Report, the Committee requested that a note be included on the lack of sufficient public participation and stakeholder engagement by the Executive in proposing and implementing measures to prevent and mitigate the spread of the COVID-19 pandemic.

MIN. NO. 487/2020 **ANY OTHER BUSINESS**

The Committee resolved to hold a sitting on Friday, 25th September, 2020 at 11.30am to consider requests for statements pending before the Committee and responses received thereon from the national and respective county governments.

MIN. NO. 488/2020 **ADJOURNMENT**

There being no other business, the Chairperson adjourned the meeting at 10.55 am. The next meeting will be on Friday, 25th September, 2020 at 11.30am.

SIGNED: .....

(CHAIRPERSON)

DATE: 24th September, 2020 .....