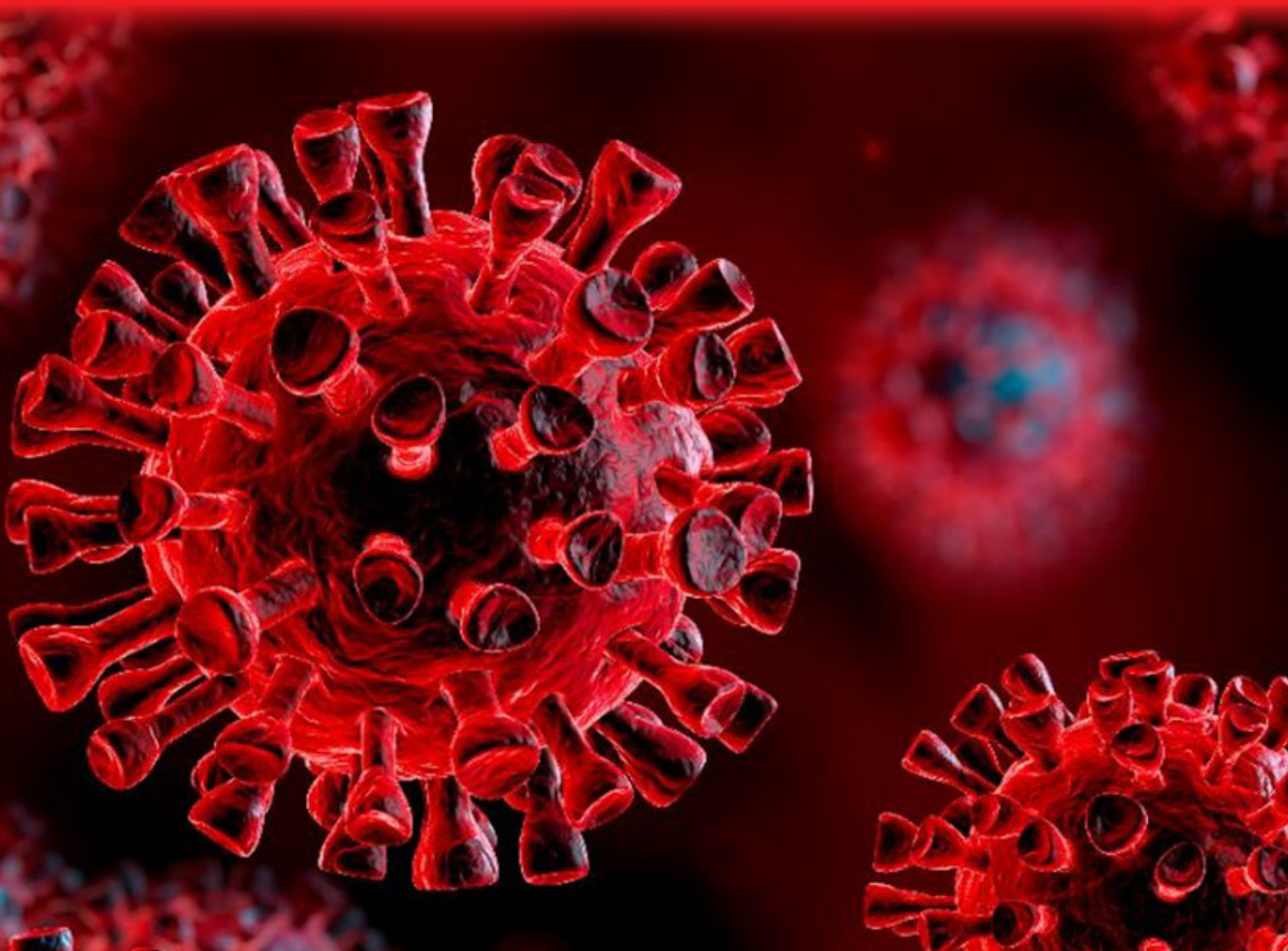


COUNTIES COVID-19 ACCOUNTABILITY

A RAPID ASSESSMENT REPORT ON TRANSPARENCY AND ACCOUNTABILITY
MEASURES BY COUNTY GOVERNMENTS IN RESPONSE TO COVID-19



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NOVEMBER 2020

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TABLE OF CONTENTS

Table of Figures ii

ACKNOWLEDGEMENTS..... iv

ABBREVIATIONS AND ACRONYMS v

ASSESSMENT COUNTIES vi

EXECUTIVE SUMMARYvii

Introduction 1

Background 1

Objectives of the rapid assessment 1

SCOPE OF THE RAPID ASSESSMENT 2

Limitations 2

Methodology 2

 Data Collection 2

 Selection of Counties for the rapid assessment..... 2

 Categories of respondents..... 2

 Respondents’ demographics..... 3

Findings from the Assessment 4

National Level Institutional Frameworks..... 4

National Policy, Legal and Regulatory Frameworks 6

County level Institutional, Policy, Legal and Regulatory Frameworks..... 7

 Recommendations 9

COVID-19 Resource Tracking 10

 Expenditure for COVID-19 Funds 10

Utilisation of COVID-19 Funds at Counties 11

COVID-19 Funds County 12

 Recommendations 16

Service Delivery..... 17

Recommendations 19

People’s Voices on Accountability for COVID-19 Resources at the Counties..... 20

Access to Information and Public Participation in COVID-19 Response at County Level . 20

 Information Gaps Identified by the Public..... 22

 Public Participation 24

 Corruption and Human rights issues during the COVID-19 Pandemic..... 25

 Existing Complaints Reporting, Handling and Feedback Mechanisms..... 26

Sources..... 28

Reports 38

Websites 38

Statements..... 38

TABLE OF FIGURES

Table 1: County Partners	iv
Table 2: Counties for the Assessment	vi
Table 3: Breakdown of categories of respondents per county	3
Table 4: RESPONDENTS' DEMOGRAPHICS.....	4
Table 5: NATIONAL LEVEL INSTITUTIONAL FRAMEWORKS.....	5
Table 6: COUNTY LEVEL INSTITUTIONAL, POLICY, LEGAL AND REGULATORY FRAMEWORKS...	7
Table 7: Amount of Funds Mobilised for COVID-19 at National Level	10
Table 8: Expenditure of National Level COVID-19 Funds.....	11
Table 9: Sample budget items in Counties	13
Table 10: County Budgetary Allocations for the Health Sector.....	15
Table 11: Isolation and ICU bed capacity.....	17
Table 12: Instances of Corruption during the pandemic	19
Table 13: Complaints handling and feedback mechanisms.....	26

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Our greatest appreciation goes to the County Partners (listed below) for their time, dedication and effort in carrying out the research work needed for the assessment together with the TI-Kenya team from Management, Research and the Action for Transparency project.

Table 1: County Partners

No.	County	Partner Organization
	Baringo	CENTRE FOR ENHANCING DEMOCRACY AND GOOD GOVERNANCE (CEDGG)
	Busia	COMMUNITY EMPOWERMENT AND DEVELOPMENT CENTRE (CEDC)
	Elgeyo Marakwet	Iten Integrated Environmental Conservation (IIEC)
	Kisumu	Transform Empowerment for Action Initiative (TEAM)
	Bungoma	Rural Development Empowerment Organisation (REDO)
	Nakuru	Centre for Transformational Leadership (CTL)
	Nyeri	Health Rights Advocacy Forum (HERAF – Nyeri)
	Machakos	Health Rights Advocacy Forum (HERAF – Machakos)
	Mombasa	Kwacha Africa
	Isiolo	Pastoralist Women for Health and Education (PWHE)
	Garissa	Supreme Council of Kenya Muslim (SUPKEM-Garissa)
	Nairobi	A4T community Advocates

ABBREVIATIONS AND ACRONYMS

A4T:	Action for Transparency
CoB:	Controller of Budget
CSO:	Civil Society Organisation
DANIDA:	Denmark's development cooperation
HRH:	Human Resources for Health
ICT:	Information Communication and Technology
ICU:	Intensive Care Unit
KEBS:	Kenya Bureau of Standards
KEMSA:	Kenya Medical Supplies Agency
MoH:	Ministry of Health
OAG:	Office of the Auditor General
PPE:	Personal Protective Equipment
PPRA:	Public Procurement Regulatory Authority
TI-Kenya:	Transparency International Kenya
UHC:	Universal Health Care

ASSESSMENT COUNTIES

Table 2: Counties for the Assessment

County Code	County Name	Geographical Region
001	Mombasa	Coast
007	Garissa	North Eastern
011	Isiolo	Eastern
016	Machakos	Eastern
019	Nyeri	Central
028	Elgeyo Marakwet	Rift Valley
030	Baringo	Rift Valley
032	Nakuru	Rift Valley
039	Bungoma	Western
040	Busia	Western
042	Kisumu	Nyanza
047	Nairobi	Nairobi

EXECUTIVE SUMMARY

As part of efforts to enhance transparency and accountability during the COVID-19 pandemic, under the Action for Transparency (A4T) project, TI-Kenya has engaged in various engagements to monitor use of public resources including the development of a COVID-19 Aid Tracker, issuing advisory statements and requests for information to public offices managing the COVID-19 Pandemic response.

Further, TI-Kenya with the support of local partners in 12 counties commissioned a **Rapid Assessment on Transparency and Accountability Measures by County Governments' Response to COVID-19** in the 12 Counties. The Rapid Assessment covers the availability of transparency and accountability measures adopted in three key areas on: institutions and policy frameworks; tracking COVID-19 resources; and service delivery during the COVID-19 pandemic. The assessment data was collected for a period of 10 days between 21st and 30th September 2020 in twelve (12) Counties and employed both primary and secondary research techniques.

The assessment was done via a guided desk research and primary data collection using semi-structured questionnaires which were administered via telephone interviews. The respondents engaged in the assessment included: 119 health workers, 110 health officials and 241 members of the public from across the 12 counties. The respondents comprised male and female, the youth, the elderly, people living with disabilities and COVID-19 survivors.

The findings from the assessment based on information available on information platforms and collaborated by respondents participating in the assessment pointed to inadequacy of transparency and accountability measures put in place in the institutional and policy frameworks established as well as in managing resources meant to support the COVID-19 response measures. It is however noted that there exists an elaborate institutional and policy framework at national level which includes establishment of multi-sectoral response committees with specified mandates but this is not reflected at county level.

Tracking the use of COVID-19 funds remains very difficult with very limited information available especially with regards to disbursements and expenditures at county level. A report by the Controller of Budget, *Special Budget Implementation Report on COVID-19* provides details on COVID-19 funds at counties noting that there has been very low absorption rates of funds with only Kshs. 3.43 Billion out of Sh13.1 billion utilised since March 2020 representing a 33.2% absorption rate as at August 2020. Accountability of funds meant to support the COVID-19 pandemic response measures still remains a big concern with allegations of misappropriation at the counties and a lack of transparency even after commitments at national and county level for publication of all procurement on COVID-19 not yet realised.

The assessment also notes that counties continue to struggle with service delivery noting that there continues to be a lack of elaborate plans including needs assessments and adequate resources available to counties. Health workers are particularly affected by the lack of adequate support from counties in provision of Personal Protective Equipment (PPE), favourable working conditions and benefits. Members of the public on the other hand have high awareness on general COVID-19 response measures at both levels of government including personal protection information but very little awareness on resources available and their utilisation.

The recommendations coming from the findings of the assessment indicate a great need for capacity enhancement for county governments (executives and assemblies) on effective institutional and policy response measures during a pandemic. There remains a great need for incorporation of transparency and accountability measures in the COVID-19 response including ensuring passing of access to information and public participation laws at the counties informing inclusive oversight mechanisms.

To enhance accountability for resources meant to support the COVID-19 response measures, the Controller of Budget and Auditor General reports have recommendations which should be immediately implemented. These include the strengthening of internal audit processes to prevent loss of public funds. Commitments made on publication of procurement information on COVID-19 as well as other requirements on open budgets, implementation reports and expenditure information should be made public.

Service delivery remains a key concern during the pandemic period and counties therefore need to institute measures to ensure proper planning including instituting all-inclusive needs assessments to establish the resource gaps and allow effective mobilisation of resources. The assessment also notes that counties have not adopted enough measures to ensure public participation in decision making and oversight which could be achieved by embracing social accountability initiatives in collaboration with local Civil Society Organisations (CSOs) and other interest groups. Addressing concerns raised by health workers being the frontline workers in responding to the pandemic should be urgently prioritized and all measures taken to ensure that there is proper and timely remuneration, good working conditions and benefits.

INTRODUCTION

BACKGROUND

Transparency International Kenya (TI-Kenya) as one of the Uraia national level partners has since September 2019 been supporting implementation of the project on *Promoting Social Accountability for Improved Health Service Delivery*. TI-Kenya's role in the project includes supporting county partners in use of Information Communication and Technology (ICT) in social accountability and Public Expenditure Tracking on use of funds at facilities in the 12 counties of implementation using tools and methodologies under the Action for Transparency project.

In December 2019, cases of the Novel Corona Virus were reported in the Wuhan Province of China. According to reports, the Corona Virus led to respiratory disease referred to COVID-19 and which claimed thousands of lives in China. Within a short time, cases of the virus were reported in many nations across the globe and on March 13th 2020, Kenya recorded its first case of the infectious disease. By this time the World Health Organization had declared the virus a global Pandemic and emergency response to the situation was inevitable.

Following the COVID-19 crisis in early March 2020, the project was significantly affected as a result of mandatory safety measures and government directives on restriction of movement and public engagements. TI-Kenya however re-strategized and focused on initiatives to enhance transparency and accountability during the COVID-19 pandemic. Part of these strategies have included the development of an online platform for tracking of COVID-19 aid through development of the COVID-19 Aid Tracker on the A4T Website. TI-Kenya has also had other engagements to enhance transparency and accountability during the COVID-19 pandemic including participating in parliamentary engagements, issuing advisory statements and demanding information from various public institutions managing resources for the pandemic response measures.

The need for enhanced transparency and accountability in management of health services in Kenya has particularly been in sharp focus in the recent period especially after the [COVID-19 Millionaires exposé](#) in the media highlighting incidents of alleged corruption in the procurement processes at the Kenya Medical Supplies Authority (KEMSA). Subsequently, the Controller of Budget and the Office of the Auditor General have also made reports highlighting the slow utilization of COVID-19 funds by Counties and accountability issues in the management of procurement processes during the COVID-19 period respectively. This status of affairs continues to highlight the importance of enhanced transparency and accountability measures in the Health sector including through social accountability initiatives empowering citizens to play a greater role in oversight and demanding for accountability.

In line with these efforts, TI-Kenya with the support of local partners in 12 counties commissioned a ***Rapid Assessment on Transparency and Accountability Measures by County Governments' Response to COVID-19*** touching on Laws, Policies and Regulations, Mobilization and Utilization of Resources and Service Delivery by County Governments in 12 Counties in September 2020.

OBJECTIVES OF THE RAPID ASSESSMENT

- i. To examine existence and sufficiency of Laws, Policies and Regulations passed at county level in response to the COVID-19 pandemic;
- ii. To track strategies put in place by the counties to mobilize, allocate, distribute and utilise resources for the COVID-19 response focusing on; access to information, public participation, and value for money and oversight.
- iii. To assess status of service delivery and citizens experience with their county governments; response to the COVID-19 pandemic.

SCOPE OF THE RAPID ASSESSMENT

The assessment data was collected for a period of 10 days between 21st and 30th September 2020 in twelve (12) Counties. The information gathered was to the extent of the knowledge of the respondents. A desk review was conducted on the subject to complement information gathered from respondents.

LIMITATIONS

- The COVID-19 containment measures and restrictions of movement by government hindered face to face collection of information
- Data collection relied on capacities of local partners in the 12 counties relying majorly on information available to the public through county information platforms
- Due to resources constraints, the assessment was conducted in only 12 Counties

METHODOLOGY

The assessment employed various techniques in gathering, processing and presenting the information. Both primary and secondary data was used.

DATA COLLECTION

The data used in generating information for the rapid assessment was collected via guided desk research and primary data collection using semi-structured questionnaires which were administered via telephone interviews. Data was collected by members of partner organizations in the 12 Counties.

SELECTION OF COUNTIES FOR THE RAPID ASSESSMENT

The assessment was conducted in counties where TI-Kenya has partners under the Uraia Trust¹.

CATEGORIES OF RESPONDENTS

To complement information from desk review by the County Partners, information was also gathered from three categories of respondents. These are:

- Health Workers;²
- Health Officials;³ and
- Members of the public/citizens.

In total, the assessment received views from 470 respondents. The respondents in the 3 categories were distributed as follows:

- Health workers - 119 (25%);
- Health Officials – 110 (23%); and
- Members of the public - 241 (51%).

1 <https://uraia.or.ke/history/>

2 Health workers who participated in the assessment include; community health workers, health practitioners in private facilities and health practitioners in public facilities.

3 Health officials who participated in the assessment include; Ministry of Health Officials, County Assembly Health Committee Officials, County Executive Members in charge of Health and HFMC Members.

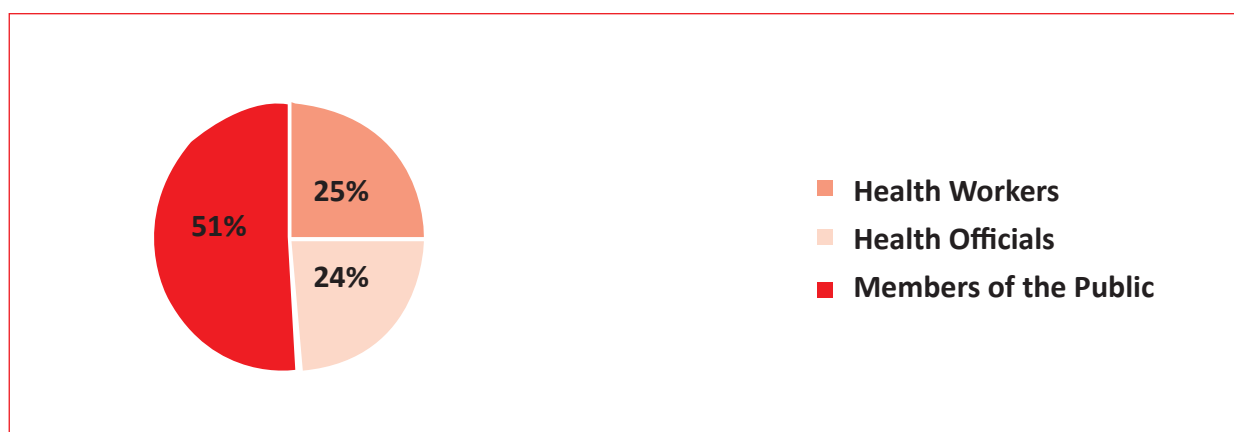


Figure 1: Categories of Respondents

All the three categories were represented in the 12 counties of assessment as per the table below:

Table 3: Breakdown of categories of respondents per county

S/N	County	Health Workers	Health Officials	Members of public	Total
	Baringo	5	13	20	38
	Bungoma	11	10	23	44
	Busia	10	10	20	40
	Elgeyo Marakwet	10	10	20	40
	Garissa	9	9	20	38
	Isiolo	10	10	20	40
	Kisumu	10	10	20	40
	Machakos	14	7	20	41
	Mombasa	10	6	20	36
	Nairobi	10	6	19	35
	Nakuru	10	9	20	39
	Nyeri	10	10	19	39
Total		119	110	241	470

RESPONDENTS’ DEMOGRAPHICS

The assessment used convenience sampling to identify respondents. This was occasioned by the restrictions of physical interactions imposed by the government. Despite this challenge, the assessment team reached to a diverse composition of respondents as shown in the table below:

Table 4: Respondents' Demographics

Category of respondents	Gender			Other Categories			
	Male	Female	Other	Persons with Disability	Youth	Elderly	COVID-19 Survivor
Members of Public	127	103	11	22	95	59	11
Health Workers	62	54	3	N/A	59	11	N/A
Health Officials	59	51	0	N/A	28	10	N/A

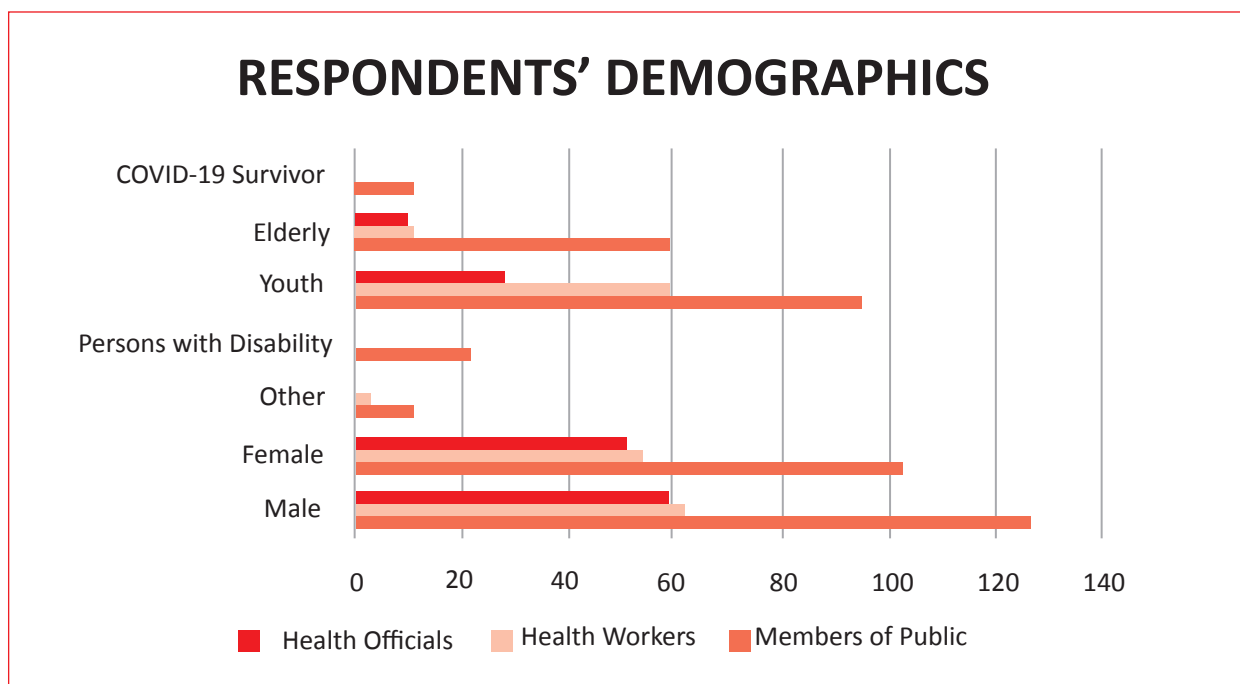


Figure 2: RESPONDENTS' DEMOGRAPHICS

FINDINGS FROM THE ASSESSMENT

NATIONAL LEVEL INSTITUTIONAL FRAMEWORKS

At national level of government, institutions in the form of committees and working groups were established and existing institutional frameworks activated to respond to the COVID-19 crisis as follows:

Table 5: NATIONAL LEVEL INSTITUTIONAL FRAMEWORKS

Arm of Government	Institutions/Laws/Policies/Regulations	Purpose
Executive	National Co-ordination Committee on the Response to the Coronavirus Pandemic (NCCRCP)	<ul style="list-style-type: none"> • Provide a comprehensive national framework in response to the Covid-19 Pandemic, • Co-ordinate actions undertaken by various arms of Government, State Agencies and tiers of Government with respect to the virus. • Provide leadership and policy guidance on the overall response to the pandemic
	National Emergency Response Committee on Coronavirus	<ul style="list-style-type: none"> • Coordinate Kenya’s preparedness, prevention, and response to threats of COVID-19- isolation and treatment facilities, supply PPEs; • Capacity building for medical personnel and other professionals; • Surveillance at ports/entry points – regulate entry into Kenya; • Conduct Economic Impact Assessments and develop mitigation strategies
	National Economic and Business Response Working Group	<ul style="list-style-type: none"> • Lead Kenya’s response to the macro and microeconomic impact of Covid-19 to protect the livelihoods of Kenyans during the crisis as well as developing strategies to ensure swift economic rebound after the crisis. • Coordinate the mobilisation of the financial and logistical resources required to respond to the pandemic.
	Security Preparedness and Response Working Group	Maintaining security in the country during the pandemic.
	County Government Co-ordination and Food Supply Working Group	<ul style="list-style-type: none"> • Monitor the availability of staple foods and take necessary action to ensure that there is an adequate food supply for all Kenyans during the pandemic.

Parliament	Senate AD HOC Committee on the COVID-19 Situation in Kenya	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
	National Assembly Departmental Committee on Health	<ul style="list-style-type: none"> • Reviewing legislation; • Reviewing and approving the budget and expenditures for the execution of governance; • Conducting investigations on special issues
	Senate Standing Committee on Health	
Judiciary	National Council for the Administration of Justice	High level policy making, implementation and oversight coordinating mechanism as reflected in its membership that is composed of State and Non-State Actors from the justice sector

NATIONAL POLICY, LEGAL AND REGULATORY FRAMEWORKS

Strong policy and legal frameworks have also been found to be critical for national COVID-19 responses. The COVID-19 pandemic has seen a vast increase in urgent policy formulation and legislative action in response to the pandemic which in Kenya have included:

1. Financial Laws as guided by the Public Finance Management Legal Framework including:
 - a. Supplementary budget for 2019/2020 FY to provide for resources to deal with the Pandemic until the beginning of the 2020/2021 financial year;
 - b. 2020/2021 national budget, division of revenue and budget appropriation laws making provision for resources to deal with among other budgetary needs COVID-19 specific interventions in different sectors;
 - c. Tax laws making provision for reduction on income tax and other reliefs;
 - d. Guidelines on Mandatory Reporting of Disaster-related Expenditures by Ministries, Departments and Agencies – Treasury Circular No. 9/2020.
2. Public Health Act – Restrictions of Movement, Prevention and Control;
3. Public Order Act – Curfew;
4. The Pandemic Response and Management Bill, 2020 - an act of Parliament to provide: a legal framework for a coordinated response and management of activities during a pandemic; temporary measures and relief during a pandemic.
5. Ministry of Health COVID-19 Protocols and Guidelines⁴
6. Resolutions of the COVID-19 Conferences

Transparency and accountability mechanisms imbedded in national level policy and legal responses are guided within the existing legal frameworks and Constitutional obligations under Article 10 on the *National Values and Principles of Governance* including the need for public participation, transparency and accountability further elaborated under access to information

⁴ <https://www.health.go.ke/#1585137302557-b337f64d-c55873d1-981a>

laws⁵and, general principles on public finance⁶, public service⁷ and devolved governance⁸.

There being already general provisions on transparency and accountability, no specific policy and legislative measures were directly made in response to ensuring transparency and accountability especially in use of resources during the COVID-19 pandemic other than some guidelines on reporting from treasury and resolutions of the COVID-19 Virtual Conference held in August 2020 requiring that, “Both levels of government embrace open government and publicise tenders and awarded contracts on County and National Government websites”.

COUNTY LEVEL INSTITUTIONAL, POLICY, LEGAL AND REGULATORY FRAMEWORKS

Table 6: COUNTY LEVEL INSTITUTIONAL, POLICY, LEGAL AND REGULATORY FRAMEWORKS

County	COVID-19 Institutional, legal and policy framework	Transparency and Accountability provisions and laws (Public Participation/ Access to Information)
Baringo	<ul style="list-style-type: none"> Reference to National Government Legal and Policy framework; 	<ul style="list-style-type: none"> Baringo County Public Participation Act, 2014
Bungoma	<ul style="list-style-type: none"> Reference to National Government Legal and Policy framework; Bungoma County Disaster management committee 	<ul style="list-style-type: none"> Bungoma County Public Participation Act, 2016.
Busia	<ul style="list-style-type: none"> Reference to National Government Legal and Policy framework; Busia County Corona Emergency Committee; 	<ul style="list-style-type: none"> Civic Education and Public Participation Bill – yet to be passed by the assembly;
Isiolo	<p>Institutions</p> <ul style="list-style-type: none"> Isiolo County COVID-19 Emergency Response Committee; Sub-County Rapid Response Teams; <p>Policies</p> <ul style="list-style-type: none"> Isiolo county covid-19 preparedness plan Reference to National Government Legal and Policy framework; 	<ul style="list-style-type: none"> Civic Education and Public Participation Act 2015
Elgeyo Marakwet	<ul style="list-style-type: none"> Reference to National Government Legal and Policy framework; 	<ul style="list-style-type: none"> Public Participation Act

5 Article 35 of the Constitution and the Access to Information Act.

6 Article 201 of the Constitution and the Public Finance Management Act.

7 Article 232 of the Constitution and the Public Officers Ethics Act.

8 Article 174 of the Constitution and the County Governments Act.

COUNTIES COVID-19 ACCOUNTABILITY

Garissa	<ul style="list-style-type: none"> Garissa Assembly Ad Hoc Committee to oversee the actions and measures taken by the county administration to tackle Covid-19. 	
Kisumu	<p>Institutions</p> <ul style="list-style-type: none"> Kisumu County COVID-19 Response Call Centre; Kisumu County COVID-19 Rapid Response Committee; Kisumu County COVID-19 Response Fundraising Committee 	<ul style="list-style-type: none"> Kisumu County Access to information Act; Kisumu County Public Participation Act of 2015;
Machakos	<ul style="list-style-type: none"> Machakos Multi Agency COVID-19 committee Machakos County Covid-19 Emergency Committee comprising of County & National Government officials 	<ul style="list-style-type: none"> The County Public Participation Act; Machakos County Public Participation Policy; Machakos County Public Participation Guidelines;
Mombasa	<ul style="list-style-type: none"> Mombasa County COVID-19 Response Committee; Reference to National Government Legal and Policy framework; 	<ul style="list-style-type: none"> Mombasa County Public Participation Act, 2017
Nairobi	<ul style="list-style-type: none"> Reference to National Government Legal and Policy framework; 	<ul style="list-style-type: none"> Nairobi City County Public Participation Act, 2015
Nyeri	<ul style="list-style-type: none"> Nyeri County COVID-19 Fund Nyeri County COVID-19 and Highly Infectious Diseases Response Act, 2020 Reference to National Government Legal and Policy framework; 	<p>Nyeri County COVID-19 and Highly Infectious Diseases Response Act, 2020</p> <ul style="list-style-type: none"> Sec. 5. Establishment and composition of the Emergency Response Committee. Sec. 20. Establishment of the County Information Management System Sec. 25. Conflict of Interest <p>County Public Participation Act, 2015</p>
Nakuru	<ul style="list-style-type: none"> Nakuru County COVID-19 Emergency Response Committees Nakuru County Assembly AD-Hoc committee to curb COVID-19 	<ul style="list-style-type: none"> Nakuru County Public Participation Act 2016

It can be observed from the information presented above that an elaborate institutional, legal, policy and regulatory framework was established at National Level to deal with the COVID-19 pandemic in the Executive, Judiciary and Parliament. This elaborate framework is however not reflected at the county level with very few counties establishing institutions frameworks with Terms of Reference on their establishment, membership, operations and reporting requirements.

Most counties rely on regulations and guidelines issued at National level with notable exceptions on financial laws for passing of supplementary budgets and 2020/2021 budgets that made provision for COVID-19 funds. This points to a lack of adequate capacity at Counties (Executive and County Assemblies) on policy development and response mechanisms especially in times of crisis. Notably, Nyeri County passed the Nyeri County COVID-19 and Highly Infectious Act 2020 while Isiolo County was ranked high on COVID19 preparedness⁹ which would be partly attributed to the elaborate frameworks established including the availability of a COVID-19 Action Plan. The Nyeri COVID-19 Act particularly encompasses transparency and accountability particularly under Sec. 20. Establishment of the County Information Management System and Sec. 25. Conflict of Interest. This are good practices that could be adopted y other counties.

The assessment established that the involvement of oversight agencies and non-state actors in the planning and coordination processes has been very limited thus not providing the necessary checks and balances to ensure transparency and accountability in decision making processes. Parliamentary oversight and audit processes have also been slow at catching up with the speed at which decisions are being made and executed thus been seen as reactive measures where there has already been reported cases of corruption and misuse of public resources.

There is however high awareness among members of the public on institutional, legal, policy and regulatory frameworks established at national and county level to deal with the COVID-19 pandemic.

Recommendations

- National Government (Executive – Ministry of Devolution and Senate) in line with their mandate on capacity building and technical assistance to counties should seek to build the capacity of County Executives and Assemblies on policy formulation and establishment of institutional frameworks especially in responding to emergency situations.
- Senate should ensure availability of model laws and policy guidelines for counties to pass Access to Information and Public Participation laws. Noting that the Commission on Administrative Justice already developed a model law on Access to Information¹⁰ for adoption by counties.
- The National Government, the Council of Governors and the Public Procurement Authority should follow through on resolutions of the various COVID-19 Conferences held especially on requiring that, “Both levels of government embrace open government and publicise tenders and awarded contracts on County and National Government websites”.
- National and County governments should establish minimum safeguards to ensure public participation in decision making at national and county level not leaving out oversight institutions and non-state actors for improved service delivery and accountability.

9 <https://www.pd.co.ke/news/isiolo-county-ranks-high-on-covid-19-preparedness-48532/>

10 <https://www.ombudsman.go.ke/index.php/ati-centre/category/84-draft-specimen-model-law-on-access-to-information>

COVID-19 Resource Tracking

Conservative estimates from the [A4T COVID-19 Aid Tracker](https://actionfortransparency.org/covid-19/aid/)¹¹ indicate Kshs. 194.6 billion as the amount money and aid mobilized by October 2020 through the various initiatives by Government to respond to the COVID-19 Pandemic with the National Treasury indicating that Kshs. 130.4 billion had been allocated through various government initiatives to respond to the pandemic by August 2020. These includes other initiatives to mobilise resources as presented below:

Table 7: Amount of Funds Mobilised for COVID-19 at National Level

Amount in Kenya Shillings	Details
Kshs. 194. 6 Billion	<p>A4T COVID-19 Aid Tracker - https://actionfortransparency.org/covid-19/aid/</p> <p>Loans, Grants and donations some of them as highlighted below:</p> <ul style="list-style-type: none"> ○ IMF approved the disbursement of Kshs. 80 Billion (\$739 Million) to be drawn under the Rapid Credit Facility to support the authorities’ response to the COVID-19 pandemic. ○ World Bank Approved Kshs. 108.5 Billion (\$1 Billion) Financing for Kenya, to Address COVID-19 Financing Gap and Support Kenya’s Economy ○ The European Union is contributed over Kshs 35 billion to Kenya’s response to COVID-19 whilst EU Member States have already provided more than Kshs. 3.3 billion (EUR 30 million). ○ U.S. Government committed Kshs. 705 million for COVID-19 activities in Kenya to support prevention, preparedness and response. These additional resources will be used for surveillance, laboratory supplies and strengthening, and surge staffing costs.
Kshs. 130. 4 Billion	<p>The National Treasury - disbursed</p> <ul style="list-style-type: none"> ● Kshs.82 Billion including KShs.53 Billion for direct Covid-19 expenditure and Kshs. 29 Billion for budget support.
Kshs 3.9 Billion	<p>Supplementary budget for the fiscal year 2019/20 - Ministry of Health</p> <ul style="list-style-type: none"> ● Kshs. 1.0 Billion for the recruitment of health workers; ● Kshs. 300.0 Million for operations; and ● Kshs. 2.6 Billion to fund the development project, Kenya COVID-19 Emergency Response Project.
Kshs.13.1 billion	<p>Controller of Budget Special Budget Implementation Report on COVID-19 at Counties</p> <ul style="list-style-type: none"> ● Kshs. 5 Billion from the National Government ● Ksh.2.36 Billion through MoH for Front Line Health Care Workers ● Kshs.350 Million from DANIDA as a grant to support Level 2 and 3 Health Facilities and ● Kshs. 5.39 Billion from County own funds
Kshs. 2.6 Billion	<p>COVID-19 Emergency Response Fund Board</p>
Kshs.114.5 Billion	<p>Annual Budget for 2020/2021 FY – not clear how much out of the Kshs.114.5 Billion allocated to the Ministry of Health would go to directly dealing with the COVID-19 response measures.</p>

EXPENDITURE FOR COVID-19 FUNDS

Lack of timely access to information from Government continues to be a challenge in tracking expenditure information, as this information is not shared proactively even when formally requested/demanded in line with the right to access information. This lack of information has

¹¹ <https://actionfortransparency.org/covid-19/aid/>

prompted several organisations to seek redress from the courts of law through Petition 218 of 2020 on Enforcing the Right to Information¹².

Expenditure information so far available to the public includes:

Table 8: Expenditure of National Level COVID-19 Funds

Institution	Expenditure Details
The National Treasury - August 2020	<ul style="list-style-type: none"> • Kshs. 10.2 Billion disbursed to counties through MOH as conditional grants (Kshs. 9.7B from national Government and Kshs. 350 Million from DANIDA). • Kshs. 5 Billion was distributed using the Equitable Distribution Formula; • Kshs. 2.4 Billion used to supplement allowances for frontline workers; • Kshs. 850 Million used to cushion vulnerable groups in 4 counties; • Kshs. 1.5 Billion for specific hospitals due to surge of COVID cases in specific areas.
Controller of Budget – August 2020	<ul style="list-style-type: none"> • Kshs. 3.43 Billion out of Sh13.1 billion disbursed to county governments utilised for the implementation of COVID-19 interventions since March representing an absorption rate of 33.2 per cent. • 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 and Nairobi City did not report any expenditure towards COVID-19 interventions. Mombasa County had not provided a report on utilisation of COVID-19 Funds for the Controller of Budget in August 2020.
COVID-19 Emergency Response Fund Board – August 2020	<ul style="list-style-type: none"> • Health PPEs KShs.1.5 Billion; • Bought 2.6 million masks at KShs. 100M distributed in Nairobi; • KShs.95M for doctors’ psychosocial support; Weekly transfers of • Kshs.1,000 to needy communities in Nairobi KShs.400M; • Support 65 hospitals for 18 months with PPEs and refurbishment of Tigoni Hospital in partnership with Kiambu County;

UTILISATION OF COVID-19 FUNDS AT COUNTIES

According to the Office of the Controller Budget Special Budget Implementation Report on COVID-19, 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 consisted of Kshs. 5 billion from the National Government through the Ministry of Health (MoH), Kshs. 2.36 billion from MoH for Front Line Health Care Workers, Kshs.350 Million from DANIDA as a grant to support Level 2 and 3 Health Facilities, and Kshs. 5.39 billion from County own funds. The funds were distributed across the counties as follows:

¹² <https://tikenya.org/media-advisory-on-access-to-information-petition/>

COVID-19 FUNDS COUNTY

County	National Government Funds (Ksh)	National Government Health Workers Allowances (Ksh)	Contribution from County own Funds (Ksh)	Grants (Ksh)	Total (Ksh)	Actual Expenditure (Ksh)	Absorption Rate
Machakos	188,521,000	97,560,000	100,000,000	9,275,000	395,356,000	223,699,060	56.6%
Baringo	84,341,000	44,985,000	190,000,000	5,670,000	324,996,000	105,533,452	32.5%
Bungoma	213,714,000	66,330,000	55,000,000	6,650,000	341,694,000	60,584,890	17.7%
Busia	106,640,000	0	103,000,000	6,650,000	216,114,000	92,446,831	42.8%
Elgeyo Marakwet	57,212,000	0	110,140,489	0	167,352,489	110,140,489	65.8%
Garissa	41,619,000	39,165,000	0	37,735,000	118,519,000	6,000,000	5.1%
Isiolo	37,418,000	0	40,000,000	34,375,000	111,793,000	58,512,463	52.3%
Kisumu	159,820,000	0	150,000,000	7,700,000	317,520,000	36,974,411	11.6%
Nairobi	29,438,500	100,200,000	164,475,000	17,605,000	576,665,000	0	0.0%
Nakuru	201,073,000	80,505,000	311,000,000	10,535,000	603,113,000	311,973,715	51.7%
Nyeri	12,439,000	63,150,000	30,061,755	5,600,000	223,201,755	1,950,000	0.9%
Total	1,508,957,000	491,895,000	1,253,677,244	141,795,000	3,396,324,244	1,007,815,311	29.7%

Most Counties utilized their monies on a number of items. The predominant expenditure items included: allowances for frontline workers, purchase of PPEs, purchase of hospital equipment, purchase of hospital beds and bedding, purchase of medical supplies and laboratory reagents, patients uniforms, equipping of isolation centres and ICU wards among others. The table below shows sample budget items for select counties. *(The list is just a sample and not exhaustive)*

Table 9: Sample budget items in Counties

County	Elgeyo Marakwet	Isiolo	Nakuru
Sample Budget items	<ul style="list-style-type: none"> • Infusion Pump and Defibrillator • Respiratory Ventilators • Utensils • Nursing Items • Stationery • Mattresses, bed sheets, blankets • Pedal bins, gloves • Patient Scrubs • CP3 Sprayers • Hand wash with stands • Oxygen flow meter and concentrator 	<ul style="list-style-type: none"> • Food supply to Street Children • Food supply to quarantine Centre (IB) • Supply of 14,000 sanitizers and mask • Supply of face masks • Provision of face mask for Isiolo Community • Provision of transport service for COV ID-19 activities • Radio Coverage School Program • Chlorine for fumigation of institutions • Fuel for COVID-19 activities • T-shirts - purchase for COVID-19 volunteers • Supply of 1900 bales of maize meat 	<ul style="list-style-type: none"> • Allowances to officers • Purchase of PPEs • Purchase of branded bags, reflector jackets, washing stands • Purchase of iron sheets, bottled water and blankets • Purchase of Fuel • Water projects paid • Purchase of soap and Foodstuff to the sub-counties

The Controller of Budget indicated that county governments as at August 2020 had only utilised Kshs. 3.43 Billion out of Sh13.1 billion since March 2020 representing a 33.2% absorption rate. Bungoma (17.7%) Garissa (5.1%) and Nyeri (0.9%) Counties had low absorption rates while Elgeyo Marakwet (65.8%), Isiolo (52.3%) and Nakuru (51.7%) Counties had the highest absorption rates. 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. From the report it can be observed that Nairobi City County did not report any expenditure towards COVID-19 interventions while Mombasa County had not provided a report on utilisation of COVID-19 Funds for the Controller of Budget in August 2020.

The need for long term planning remains apparent at both national and county level as the two levels of government are yet to make public a comprehensive COVID-19 Response plan which incorporates an assessment of resources needed to effectively respond to the COVID-19 pandemic. The national and county budgets for the 2020/2021FY have incorporated budget amounts for COVID-19 specific interventions but without any guiding criteria for assessment of needs or uniformity on areas for resource allocation which may result in loss of public funds.

Despite the existence of transparency and accountability provisions in the national legal framework, no specific measures have been placed on to safeguard against loss of public resources for CVODI-19. There are inadequate transparency and accountability measures put in place by both National and County Governments in relation to the allocation, disbursement and

utilisation of resources for COVID-19. There has also been limited or no response to Access to Information requests¹³ made to entities responsible for frontline response and management of COVID-19.

With regards to procurement, there is an unclear policy framework on urgent need procurement. This is despite the Public Procurement Regulatory Authority (PPRA) issuing a circular guide for procurement during the pandemic crisis as there is still no clarity on the law with regards to procurement in a time of emergency especially in situations where the market for required items is uncertain and without a Market Price Index for essential drugs and commodities required for the management of COVID-19. Counties are also yet to comply with commitments on publication of procurement information for COVID-19 and with very low compliance to Executive Order 2 of 2018 on the publication of public procurement data.

Internal audit reports for utilisation of COVID-19 funds are not publicly available and it is therefore not clear whether any such processes exist even as the Auditor General undertakes a special audit of the COVID-19 funds which is yet to be released. Preventive measures to safeguard against loss of resources have not been extensively considered with very limited involvement of oversight institutions and the public in ensuring that resources are been effectively applied during implementation.

Awareness levels on resource allocation and utilisation for COVID-19 is very low with only 15% of respondents engaged in the assessment having knowledge on the funds allocated while only 12% were aware of the County Health budget allocations for 2020/2021. Majority of the respondents including 53% of health workers were of the opinion that COVID-19 resources at their counties were not effectively utilised.

¹³ <https://tikenya.org/wp-content/uploads/2020/07/Communique-Access-to-Information-petition.pdf>

Table 10: County Budgetary Allocations for the Health Sector.

County	Total County Budget 2020/2021 (Ksh)	Recurrent Expenditure Allocation for Health 2020/2021 (Ksh)	Development Expenditure Allocation for Health (Ksh)	Total Allocation for Health 2020/2021 (Ksh)	Percent of Health Budget to Total Budget	Total Allocation for Health 2019/2020 (Ksh)	Percent of Health Budget to Total Budget	Difference (Ksh)	Percentage change
Machakos	11,969,249,081	514,539,073.20	568,344,343.54	4,097,613,214	36.0%	3,954,764,283	36.0%	142,848,931	3.4%
Baringo	6,274,000,000	2,000,906,472	311,475,591	2,312,382,063	36.9%	2,219,520,733	36.9%	92,861,330.00	4%
Bungoma	11,835,998,884	3,118,411,022	256,088,089	3,374,499,111	28.5%	2,871,336,831	28.5%	503,162,280.40	18%
Busia	7,617,995,970	1,936,325,070	143,794,503	2,080,119,573	27.3%	1,820,793,622	27.3%	259,325,951.00	14%
Elgeyo Marakwet	5,905,553,797	1,545,876,304	299,102,466	1,844,978,770	31.2%	2,108,654,429	31.2%	-263,675,659.00	-13%
Garissa	8,874,351,897	2,391,864,890	581,173,362	2,973,038,252	33.5%	2,790,297,525	33.5%	182,740,727.00	7%
Isiolo	5,253,083,194	1,066,405,039	136,920,000	1,203,325,039	22.9%	1,099,800,551	22.9%	103,524,488.00	9%
Kisumu	12,780,355,751	3,734,611,276	318,400,000	4,053,011,276	31.7%	3,803,731,584	31.7%	249,279,692.00	7%
Mombasa	14,634,579,687	3,225,659,735	351,641,776	3,577,301,511	24.4%	3,045,477,310	24.4%	531,824,201.00	17%
Nairobi	31,434,000,000	6,468,479,092	748,000,000	7,216,479,092	23.0%	7,369,000,000	23.0%	-152,520,908.00	-2%
Nakuru	14,502,135,116	5,492,018,745	837,146,487	6,329,165,232	43.6%	6,687,894,142	43.6%	-358,728,910.00	-5%
Nyeri	7,365,364,244	2,498,492,815	191,800,000	2,690,292,815	36.5%	2,647,844,894	36.5%	42,447,921.00	2%

SOURCE: County Budget Statements for FY 2020/2021 and FY 2019/2020

The budget allocations for health sector for the year 2020/2021 will in a great way inform the interventions in curbing the COVID-19 pandemic. Members of public and county officials need to be aware of the funds allocations so as to demand accountability from an informed point of view as well as offer enough oversight respectively.

Majority of the counties, 8 out of the 12, have allocated over a quarter of their total budgets to the Health Sector with Nakuru County leading the pack at 43.5% of its total budget going to Health Sector. Compared to the FY 2019/2020 allocations for the Health Sector, 8 out of the 12 counties have increased the budgetary allocations for the sector in the FY 2020/2021. Bungoma leads the rest with an 18% increase.

RECOMMENDATIONS

- Government and all development partners contributing resources to the Health Sector to establish minimum safeguards to ensure transparency and accountability in utilisation of resources including: public disclosure requirements on budgets, allocations, disbursements, procurement processes, implementation and audit reports.
- Implementation and adoption of CoB recommendations: on inclusion of MoH and DANIDA COVID-19 Grants in the 2020/21 budgets to facilitate approval of withdrawals; National Government institutions (National Treasury, KEMSA, KEBS, CoB, PPRA and OAG) should support County Governments on financial processes to ensure value for money; and Operationalisation of County Internal Audit Committees to proactively ensure proper utilisation of resources.
- The National Emergency Response Committee on Coronavirus should further enhance the report on MOH Technical Assistance to the County Governments for Mitigation of COVID-19 Pandemic and Strengthening of Health Systems for UHC in the Counties to include a cost analysis on county preparedness for infrastructural, commodity, human resource and administrative support requirements.
- National Government institutions and Counties should implement commitments and Presidential directives issues on disclosure of procurement information including, proactively publish the names of companies and their beneficial owners, and individuals awarded any contracts for COVID-19 related commodities or services and the contract amounts, at national and county levels on the Public Procurement Information Portal.
- PPRA should publish a market price index of all essential drugs and commodities required for the management and response to COVID-19 to guide procuring entities on price ceilings and provide safeguards against the inflation of commodity prices.
- The Auditor General should conduct an independent audit of all funds advanced for the COVID-19 response efforts to all recipient entities including the national and county governments, and the COVID-19 Emergency Response Fund Board. This audit should include the accounts for the different Government institutions using public resources to respond to the COVID-19 Pandemic.
- Counties should establish public information portals on COVID-19 accessible to the public and able to share data with national level information portals with county specific information including on: current number of infections; affected geographical locations; preventive measures; emergency response units and their activities across the country; resource allocations, at national and county level, including donations in cash and in kind; and other pertinent information.

SERVICE DELIVERY

From the MOH Technical Assistance to the County Governments for Mitigation of COVID-19 Pandemic and Strengthening of Health Systems for UHC¹⁴ in the Counties of August 2020, it was noted that majority of the counties did not yet have the capacity needs to effectively respond to the COVID-19 pandemic. Out of 45 counties assessed 28% had a bed capacity over 200, and only 15% met the minimum 300 bed capacity. 47% of facilities assessed fell in the ‘Low – Fair’ category for adherence to MOH guidelines while all counties in general, had inadequate HRH.

Table 11: Isolation and ICU bed capacity

County	Number of Isolation Beds	Number of ICU Beds
Baringo	88	0
Bungoma	22	0
Busia	194	0
Garissa	310	4
Isiolo	104	13
Kisumu	119	3
Machakos	371	7
Mombasa	404	16
Nairobi	1085	66
Nakuru	172	66
Nyeri	188	0
Total	3057	175

Source: Ministry of Health, Technical Report Week 3, August 2020

Health workers indicated that supplies were inadequate with 75% of the health workers participating in the assessment decrying inadequacy of PPEs, 85% lamented of poor remuneration, 63% complained of unfavourable working conditions while 88% noted that there were no other benefits and allowances such ‘a’ comprehensive medical insurance cover and overtime allowances.

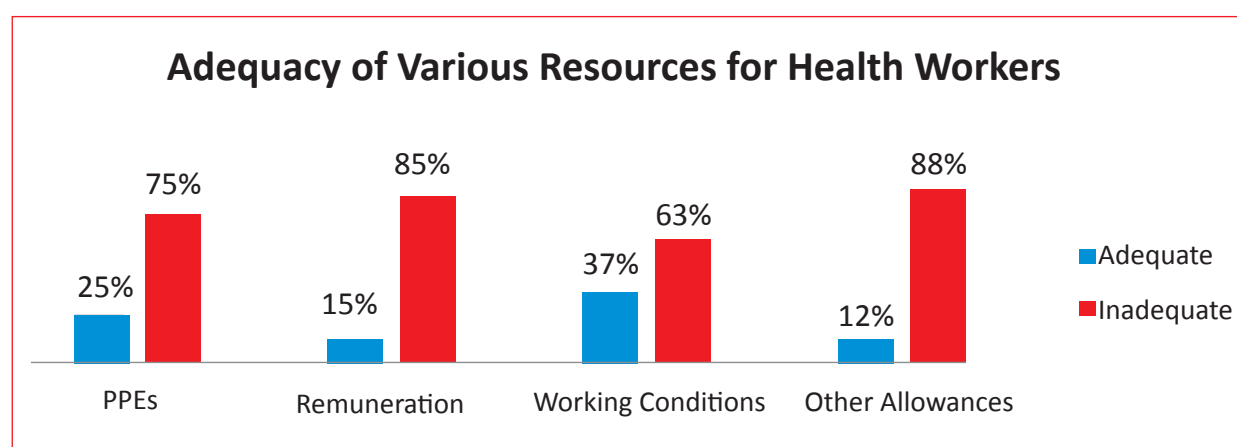


Figure 3: Adequacy of resources for health workers

14 https://actionfortransparency.org/knowledge-base/doc-3-annex-1-county-preparedness-county-ta-for-coviduhc_aug-6-2020-v1-2/

Health workers faced a myriad of challenges during the pandemic as outlined below:

- i. Delayed salaries and allowances for health workers
- ii. Inadequate supply of PPEs
- iii. Heavy workload due to understaffing in health facilities
- iv. Supply of substandard PPEs
- v. Health workers strikes
- vi. Poor prioritization of issues in procurement
- vii. Delay in procurement of hospital equipment
- viii. Lack of Transparency Accountability in use of funds by the County government
- ix. Lack of COVID-19 testing centers
- x. Inadequate training in handling COVID-19 cases
- xi. Information gaps regarding the actual COVID-19 situations
- xii. Congestion in health facilities
- xiii. Stigmatization of COVID-19 victims
- xiv. Biased distribution of relief food in dry counties

Only 47%, of the members of public who participated in the assessment had seen their communities benefit from COVID-19 response funds. The benefits included: setting up of handwashing points in various points across the Counties, provision of free masks and cash transfers for the elderly and disabled.

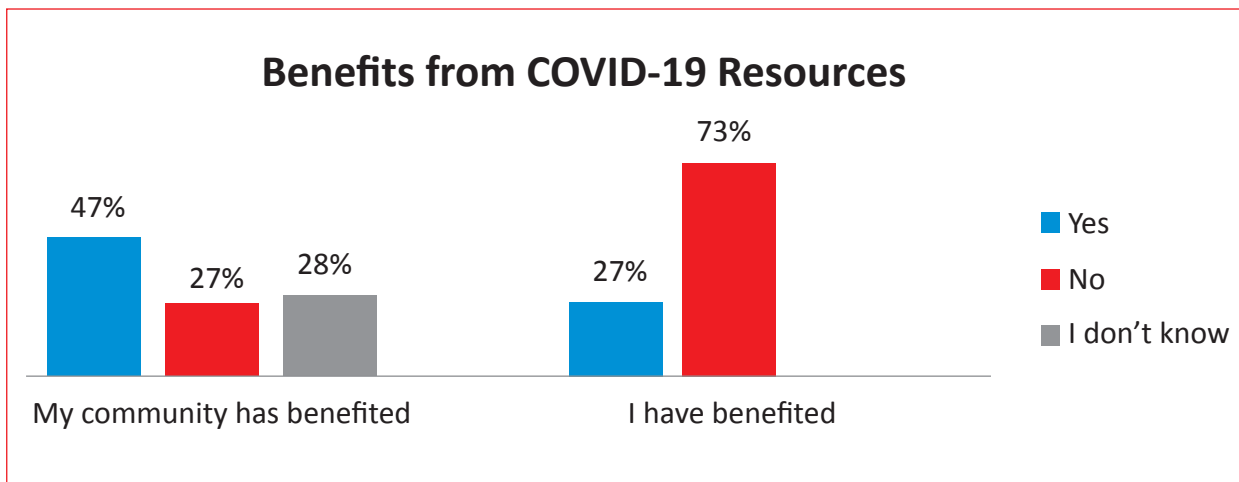


Figure 4: Benefits to communities on COVID-19 funds/Aid

For those who had witnessed their community benefit from the COVID-19 response funds, they quoted that their communities had received: handwashing tanks, soaps, sanitizers, food, masks and Kazi Mtaani,¹⁵. At individual level, besides the community benefits there are those who noted they had used the ICU facilities, some received weekly cash transfers and others received cash for the disabled.

¹⁵ The National Hygiene Program (NHP), dubbed KAZI MTAANI, is a national initiative that designed to cushion the most vulnerable but able-bodied citizens living in informal settlements from the effects and response strategies of the COVID-19 pandemic.

The benefits were said to have come from the County Governments, Non-Governmental Organizations private donors, political leaders and National Government.

There were notable issues raised around misappropriation of funds, irregularities in procurement and laxity on taking care of health care workers needs across the counties. Cases of misappropriation of funds and inadequate supplies led to majority of the respondent’s opinion that the resources were not managed in a prudent manner. Some corruption incidents were reported in the media hence affecting the credibility of funds utilization at the County level. Some other cases are highlighted in the table below as shared by respondents:

Table 12: Instances of Corruption during the pandemic

County	Nature Of Corruption Cases	Source
BUNGOMA	The county administration has been accused of buying 600 20-litre Jerricans at an overpriced rate of Sh10, 000 each in the war against COVID-19. This was a diversion of the monies meant for COVID-19 response	Mainstream media & Social media (https://www.the-star.co.ke/counties/western/2020-04-22-mcas-demand-answers-over-bungoma-jerricans/)
ELGEYO MARAkwET	Misuse of funds in Buying of 40 inch flat screens by diverting monies meant for COVID -19 response	https://www.standardmedia.co.ke/nairobi/article/2001384226/how-counties-used-sh34b-COVID-19-cash-on-tvs-gumboots

Recommendations

- Counties should incorporate social accountability measures by partnering with Civil Society Organizations and other public engagement structures for an inclusive process in accessing the needs gap and quality of services in response to the COVID-19 pandemic using social audit, service satisfaction surveys and citizens’ report cards.
- MoH and Counties should engage health practitioners in decision making processes through their representatives from the Unions and all resources meant to address their concerns be openly and effectively applied.
- The Ministry of Labour and Social Protection should publish all information on the criteria for allocation and distribution of social protection funds aimed at mitigating the socio-economic impact of the COVID-19 pandemic, including the list of all beneficiaries and amounts disbursed.
- The Ethics and Anti-Corruption Commission and the Directorate of Criminal Investigations must fast-track independent investigations on the already suspected cases of corruption at national and county levels.
- County Assemblies should urgently deploy their oversight mechanisms to ensure proper use of resources including meant to address the COVID-19 Pandemic in their counties including ensuring urgent implementation of the Controller of Budget and the Auditor General reports recommendations as they become available.

PEOPLE’S VOICES ON ACCOUNTABILITY FOR COVID-19 RESOURCES AT THE COUNTIES

Both the Health Workers and the Health Officials noted that there were several accountability hitches facing the Health Sector in the counties. Some of the accountability challenges identified include:

- i. Unclear usage of voted funds
- ii. Insufficient PPEs despite budgetary allocations
- iii. Supply of low-quality PPEs to Health Workers
- iv. Lack of stipends for Community Health Volunteers
- v. Lack of public involvement in spending funds
- vi. Poorly equipped ICUs and Isolation centers
- vii. Selective and discriminatory issue of PPEs
- viii. Delay of funds expenditure reports
- ix. Lack of proper representation in the County Assembly and Executive committees on COVID-19
- x. Inadequate supply of drugs despite budgetary allocations
- xi. Lack of proper leadership in steering response to COVID-19 strategies

ACCESS TO INFORMATION AND PUBLIC PARTICIPATION IN COVID-19 RESPONSE AT COUNTY LEVEL

The status of public participation and access to information was assessed in the 12 counties.

The assessment established that there was high awareness among members of the public with regards to information on COVID-19.

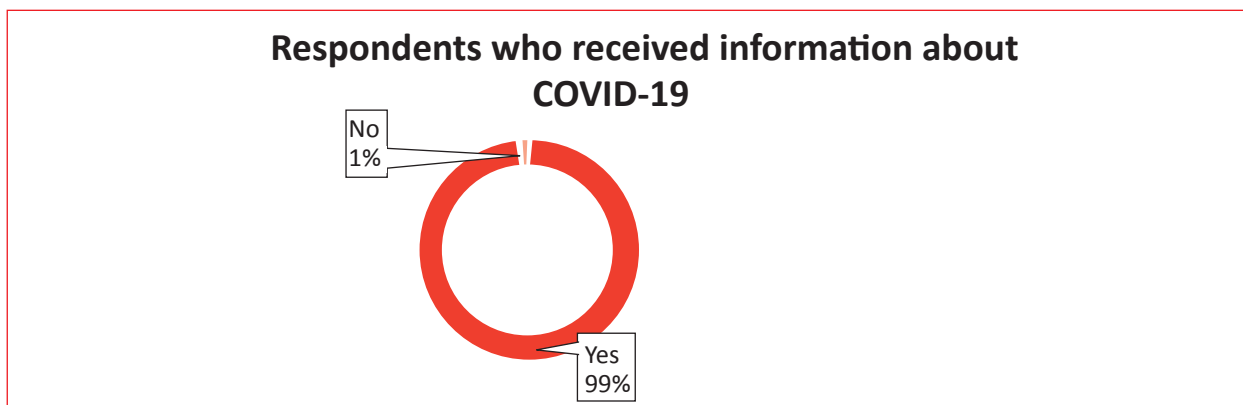


Figure 5: Access to information by public

Television and Radio were the biggest media of transmitting information to citizens. Of all the citizens who had received information about COVID-19, 94% and 91% acknowledged getting the information from television and radio respectively. Other forms of passing information also very common were: community forums, word of mouth, newspapers and social media being accessed by over 60% of the respondents as illustrated below:

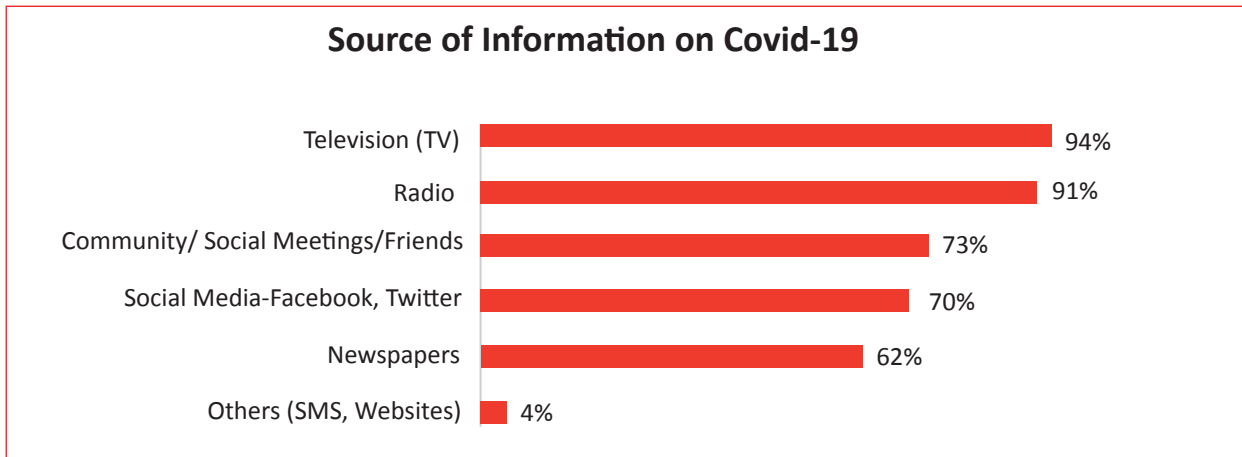


Figure 6: Source of information by the public

The assessment established that the most frequent information available to the citizens was number of new COVID-19 cases/recoveries and personal precautionary measures at 74% and 73% respectively.

The least available information was on expenditure of COVID-19 monies at a dismal 7%. Information on deaths and county pandemic response measures was accessed by 63% and 57% of the respondents respectively as shown below:

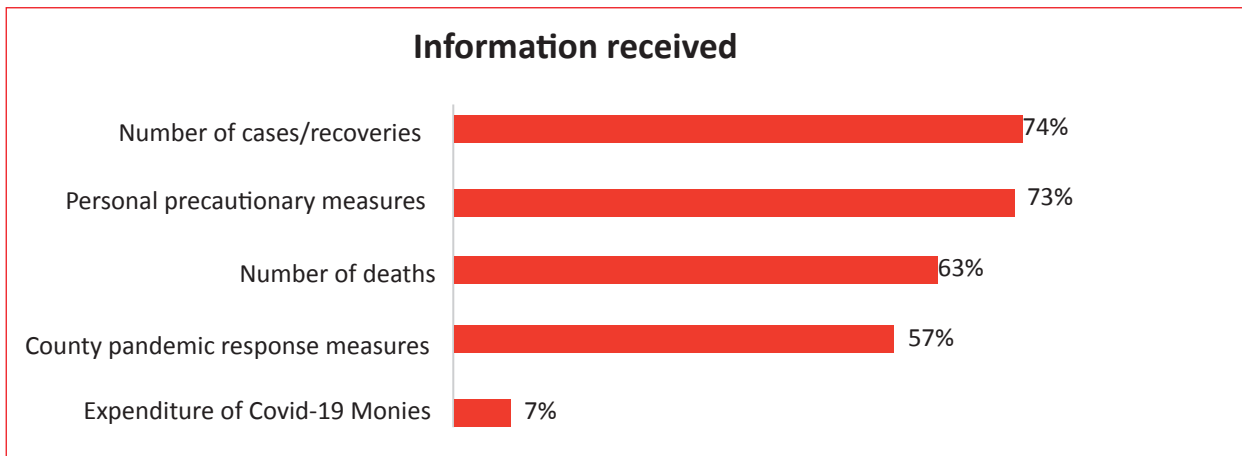


Figure 7: Type of information received

Despite citizens acknowledging that they had received some information on COVID-19, more than half, 51%, did not know where to get support in dealing with COVID-19. The other 49% were aware support mechanism for COVID-19 related issues. This is as shown below:

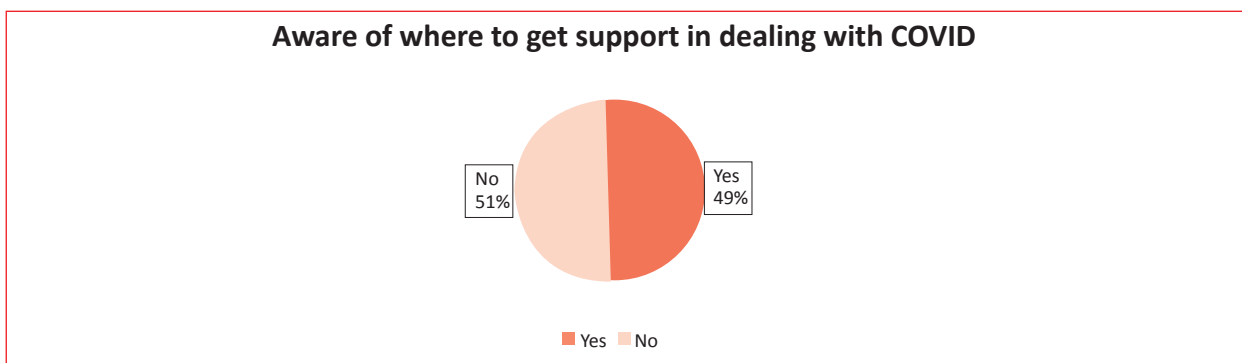


Figure 8: Knowledge of where to get COVID-19 related support

COUNTIES COVID-19 ACCOUNTABILITY

Those who were aware of where to get support mentioned various sources with majority mentioning the toll free USSD issued by the government (**Toll free USSD mentioned was *719#**). Others said they were aware they could call the toll-free line which was 719.

Hospitals, County COVID-19 response teams, Civil Society Organizations Networks, Community Forums and Chiefs Barazas were also mentioned. In specific instances, members of the public noted that some Counties had County Hotlines, County Government Social Media pages and County Websites.

County response committees, public health officials and local hospitals were the other sources of COVID-19 response support mentioned.

INFORMATION GAPS IDENTIFIED BY THE PUBLIC

Despite the available information, members of public noted that the information regarding COVID-19 pandemic and its responses strategies was not enough. There was more that they needed to know. Such inadequate and/or missing information as outlined by the citizens included:

- i. Amount of funds/resources allocated to counties to respond to the COVID-19 pandemic
- ii. How COVID-19 money allocated to Counties was spent
- iii. Accountability measures in utilization of COVID-19 resources
- iv. Whether dead bodies could transmit the virus
- v. Strategies on ensuring reopening of schools
- vi. The laws and other measures put in place by Counties in fighting the pandemic
- vii. Number of deaths per County
- viii. Compensation of frontline workers who had lost lives in line of duty
- ix. Availability of Cure/Treatment/Vaccine for COVID-19.

PLATFORMS FOR ACCESSING INFORMATION ON ALLOCATION, DISBURSEMENT, EXPENDITURE AND AUDIT OF COVID-19 RESOURCES

Following the information gaps identified above, it was established that counties lacked proper platforms for availing information on allocation, disbursement, expenditure and audit of funds to the citizens. The Health officials at the County Level confirmed the unfortunate trend with 53% of the officials noting that the platforms were not provided. Only 17% of the officials said that the mechanisms were there. This is as illustrated below:

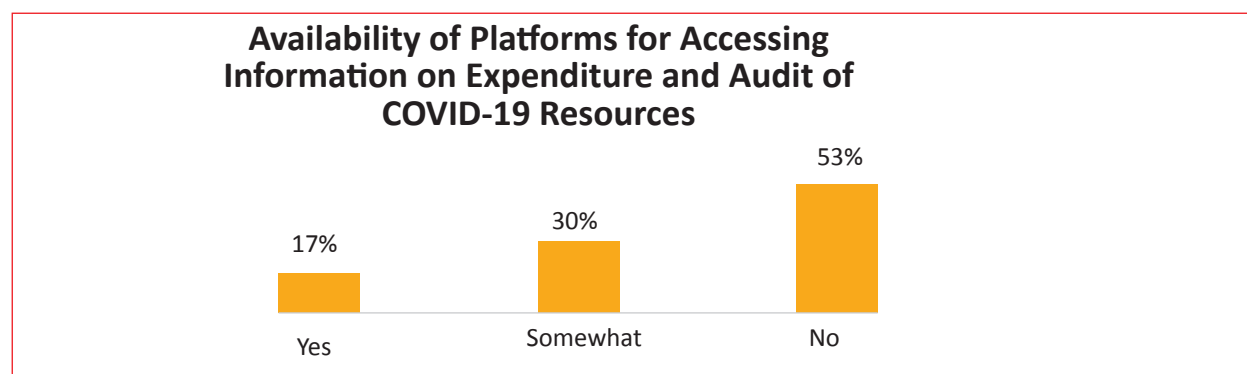


Figure 9: Availability of Platforms for accessing information on allocation, expenditure and audit of monies

The assessment established that counties mostly just displayed information on advertising tenders but not on the procurement process and outcomes as is required under the Public Procurement Portal and the commitments made during the COVID-19 Conference by the Council of Governors.

To establish the timeliness and credibility of information disseminated by the County to the Citizens, the assessment sought the views of the Health Workers. In their response, 53% of the Health Workers said the information was not timely and true while 47% agreed that the information was true and timely. The figure below illustrates:

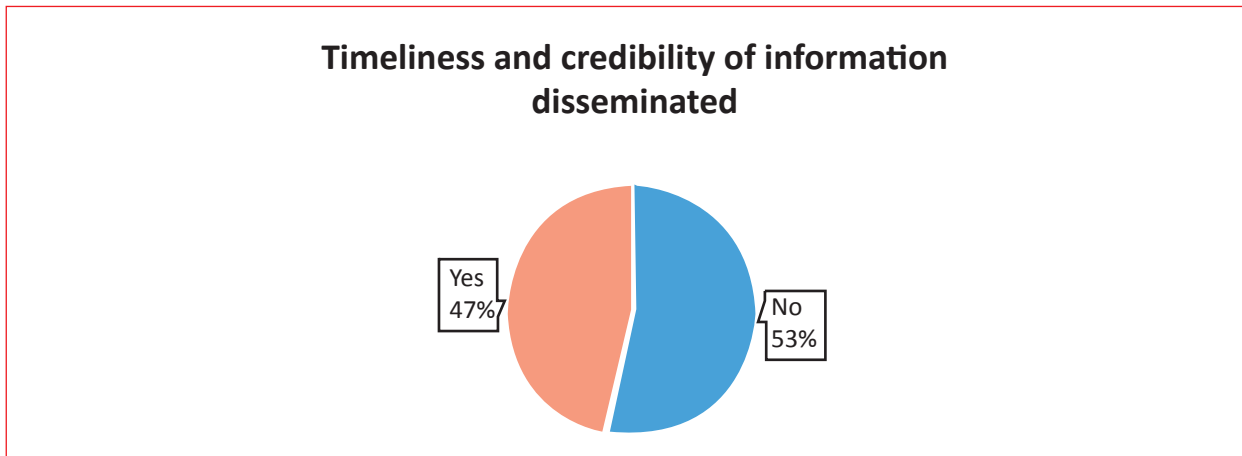


Figure 10: Timeliness and credibility on COVID-19 Information

The health workers who said the information was timely and true cited the regular updates by the Ministry of Health as one of the reasons for their rating. Media adverts and posters on preventive measures were also lauded.

Those who said the information was not true and/or timely clarified that the updates were only from the National government and not the County governments hence leaving the Public unsure of the actual situation in their Counties.

The County Health Officials acknowledged that the Access to Information mechanisms at the County level were inadequate with 41% of those interviewed agreeing and 23% remaining non-committal on the same issue. Slightly above one third, 36%, of the County Health Officials noted that the mechanisms were adequate.

Some County health officials noted that the available mechanisms were not easily accessible and that the public only relied on social media.

County
does not have enough radio
station to air sufficient programmes
hence access to information is inadequate.
~ An official from Elgeyo Marakwet

PUBLIC PARTICIPATION

Public participation is a structured way of consulting with persons, groups and entities before decisions are made. It is a constitutional requirement specifically, Article 1 that states that sovereign power belongs to the people and Article 10 (2) (a) and the Fourth Schedule Part 2 (14) of the Constitution of Kenya and is stipulated as a function of the County Government. Sections 87 to 92 and 115 of the County Governments Act, 2012 outline the principles of public participation and the imperative for facilitating public participation in the work of the County government. It is designed to give a voice to the voiceless and cements the concept of agency to the County Government, that is, the County government becomes an agent of the people.

During the assessment, it was established that the idea of Public Participation is far from being entrenched in the governance structures of County Governments. Only 34% of the members of the public were aware of Public Participation Initiatives in their counties and out of these, only 19% participated in any of the initiatives. The graph below illustrates;

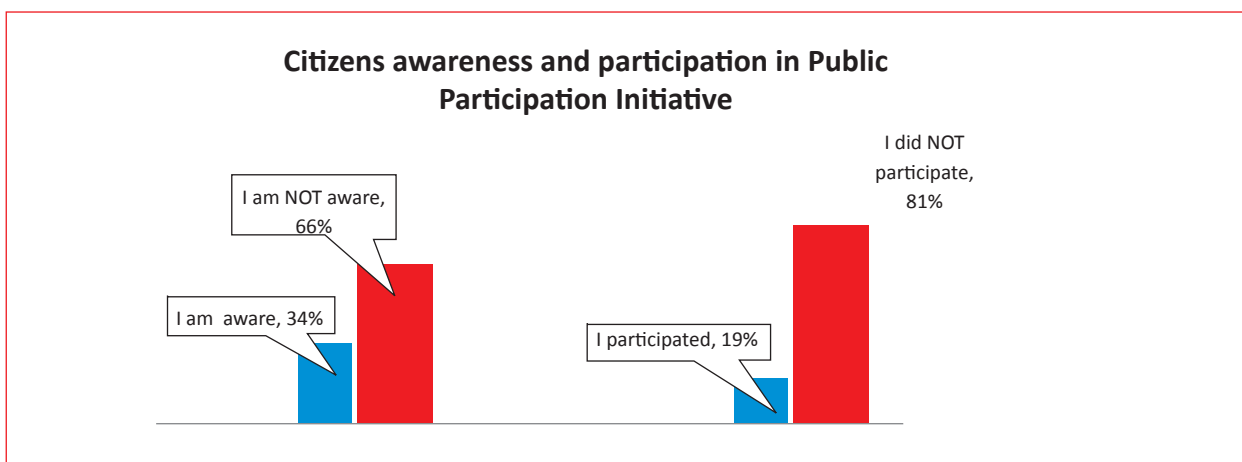


Figure 11: Public Participation

Those who had heard and/or attended the Public Participation forums in the Counties highlighted the below as some of the forums they had heard and/or participated in:

- i. Community engagements forums at Chiefs office
- ii. Engagements over local radios
- iii. County government committees initiatives
- iv. Public Health meetings by Public Health Officers
- v. Sensitization via Roadshows
- vi. Community Based Organizations forums
- vii. Public engagements by Civil Society Organizations
- viii. Community Health Volunteer Initiatives
- ix. Mass testing conducted by County governments
- x. Ministry of Health facilitated public sessions

The Public Participation mechanisms put in place by the County Governments in terms of making decisions for COVID-19 related issues were inadequate according to 50% of the County Health Officials. Only 32 % of the officials noted that the mechanisms were adequate.

The officials who rated the mechanisms as inadequate boldly noted that the public is rarely involved. Those who said the mechanisms were adequate noted instances of public participation in the budgeting process at ward level and that the members of public were willing to participate.

As illustrated in the graph below, County Officials acknowledged that the members of Public have interest in engaging in Public Participation. This was confirmed by 58% of the officials. Around one third of the respondents, 31%, said that the public did not have interest in public participation while 10% remained neutral on the matter.

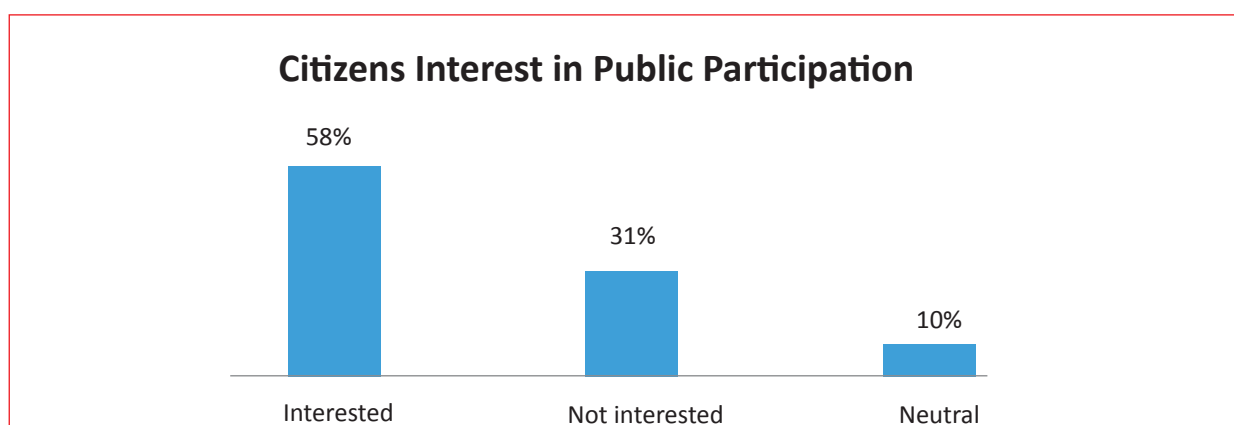


Figure 12: Interest in Public Participation

The members of Public made the following suggestions as a way of enhancing the quality and value of Public Participation at the County Level:

- i. Decentralize public participation to the grassroots/village level
- ii. Involve the youths in public participation initiatives as they are more vulnerable
- iii. Public participation sessions to take very little time
- iv. County government should announce the dates for such forums in advance
- v. Public participation forums to be done in public places
- vi. County government should use local leaders to do sensitization e.g. Nyumba Kumi, Ward Management Committees, chiefs and others
- vii. Participants should adhere to Ministry of Health guidelines on prevention of COVID-19
- viii. Community should appoint focal points to represent them in the forums
- ix. County governments should embrace technology in conducting public participation forums e.g. by use of social media platforms
- x. The County government to use local media to engage the citizens
- xi. Engage all stakeholders including women, youths and people with disabilities
- xii. Provision of Personal Protective Equipment to attendees of the forums
- xiii. Funding of youth groups to conduct sensitization on COVID-19
- xiv. Avoid stigmatization of COVID-19 survivors during forums
- xv. Adoption of ICT platforms for public participation

CORRUPTION AND HUMAN RIGHTS ISSUES DURING THE COVID-19 PANDEMIC

At the onset of the pandemic, there were reported cases of panic buying that saw sky-rocketing of prices of essential goods as well as hoarding of the goods. As a result of the enforcement of curfew orders, there were many instances of abuse of human rights by law enforcement agencies and several cases of bribery. Incidences of domestic violence, medical negligence, drug abuse and teenage pregnancy were of a worrying trend too. The assessment established that the members of public had experiences as shown in the graph below:

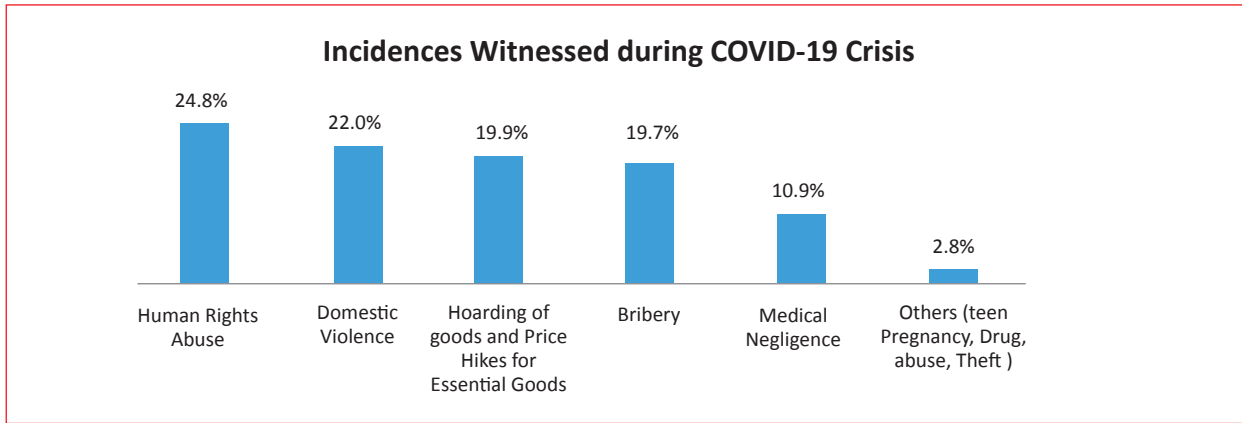


Figure 13: Corruption and Human Rights issues observed during the pandemic

EXISTING COMPLAINTS REPORTING, HANDLING AND FEEDBACK MECHANISMS

Slightly more than half of the members of Public were aware of where to report complaints relating to COVID-19. However, the number who citizens who did not know where to report was also high at 49%.

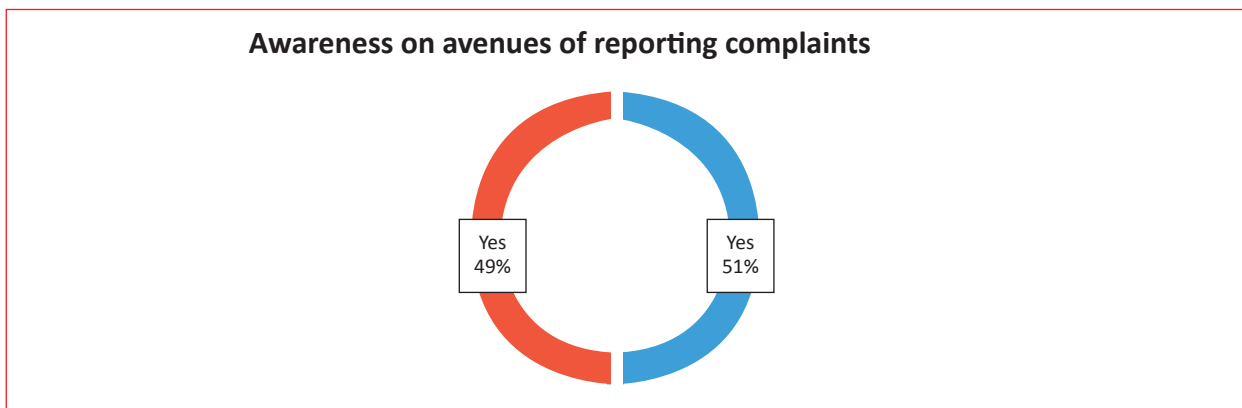


Figure 14: Awareness on Avenues for Reporting Complaints

Asked of those available reporting, complaints handling and feedback mechanisms that the counties had put in place for the Public, all the three categories of respondents highlighted them as in the table below:

Table 13: Complaints handling and feedback mechanisms

Avenues for Reporting incidents on COVID-19: Members of Public Perspective	Mechanisms for reporting conduct of healthcare workers by the public: Health Workers Perspective	County Mechanisms for reporting incidents on COVID-19 for human rights abuses, bribery and others. County Officials Perspective
Hotline numbers given by government	Health facility leadership	Toll free numbers
Toll free numbers by Government - 719	Social media	Sub-county offices
Local Leaders	Health facility complaints committee	Health facilities
Hotline by County government	Suggestion boxes	County hotlines

Police Stations	Sub county Ministry of Health offices	Complaints and compliments committee
Hospitals and other health facilities	Surveillance team contact numbers	County officials
Chief's Office	Toll free numbers	
Radio stations hotline numbers	Community Health Volunteers	
Ministry of Health WhatsApp group	Email contacts	
County disaster management desk	Mainstream media	
Ethics and Anticorruption Commission offices	Police stations	
Ombudsman	Branded ambulances and hospital vans	
County COVID-19 Response Committee	Though NGOs and CSOs	

All the 3 categories of respondents under the assessment were asked to rate the effectiveness of complaints reporting and handling mechanisms mentioned in the preceding table above. Health Workers noted that reports and complaints against their operations mechanisms are somehow effective with 34% positive rating. Only a dismal 18% of the citizens approved the effectiveness of the mechanisms while 38% of the officials lauded the effectiveness of the mechanisms put up by the County governments for the public for reporting and handling of complaints. This is illustrated below:

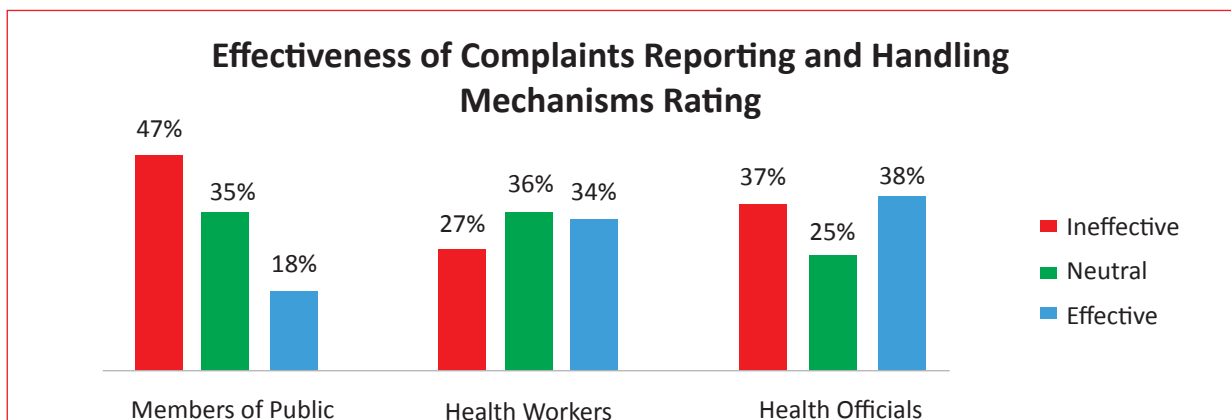


Figure 16: Complaints Handling and Feedback

On the reasons for the above rating, ineffectiveness of the mechanisms was attributed to long durations of resolving issues, low pace of handling complaints and biasness in addressing complaints. Those who lauded the mechanisms noted that various complaints were perfectly resolved, there was timely response and that Community Health Workers were effective because they made home to home visits.

Using community Health Volunteers in airing complaints is the best thing because they do home visits.
 ~A member of public from Machakos County

SOURCES

REPORTS

- Special Audit Report on Utilisation of COVID-19 Funds by Kenya Medical Supplies Authority (KEMSA) – September 2020
- Controller Budget Special Budget Implementation Report on COVID-19 – August 2020
- MOH Technical Assistance to the County Governments for Mitigation of COVID-19 Pandemic and Strengthening of Health Systems for UHC – August 2020
- Utilizing the Community Health Strategy to Respond to COVID-19 – MoH

WEBSITES

- <https://devinit.org/resources/kenyas-covid-19-budget-funding-for-health-and-welfare/>
- <http://www.parliament.go.ke/the-senate/committees/ad-hoc-committees/12/covid-19>
- https://actionfortransparency.org/knowledge-base/doc-3-annex-1-county-preparedness-county-ta-for-coviduhc_aug-6-2020-v1-2/
- <https://actionfortransparency.org/covid-19/aid/>
- www.tikenya.org
- <http://kenyalaw.org/kl/index.php?id=10288>
- County information platforms – websites, social media platforms
- https://www.health.go.ke/wp-content/uploads/2020/04/Community-Response-to-COVID-2019_1.docx.pdf
- <https://www.who.int/news/item/22-07-2020-new-covid-19-law-lab-to-provide-vital-legal-information-and-support-for-the-global-covid-19-response>

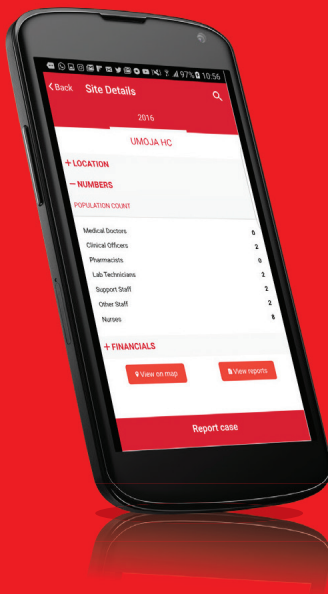
STATEMENTS

TI-Kenya has also put out several statements touching on accountability issues during the COVID-19 period among them:

- I. Press Statement on Accountability Measures in the COVID-19 Response - <https://tikenya.org/press-statement-on-accountability-measures-in-the-covid-19-response/>
- II. Press Statement on Bribery Incidents in the Enforcement of COVID-19 Measures - <https://tikenya.org/press-statement-on-bribery-incidents-in-the-enforcement-of-covid-19-measures/>
- III. Press statement on COVID-19 expenditure - demanding detailed expenditure information for the Kshs. 1.0 Billion under Transforming Health Systems (THS) programme <https://tikenya.org/press-statement-on-covid-19-funds-expenditure/>
- IV. Press Release on Request for Information on Import and Distribution of Personal Protective Equipment - 17 Kenyans and 19 organizations wrote to the Pharmacy and Poisons Board requesting information on importation and distribution of personal protective equipment (PPE) during the COVID-19 pandemic - <https://tikenya.org/press-release-on-request-for-information-on-import-and-distribution-of-personal-protective-equipment/>
- V. Press Statement on Transparency and Accountability in COVID-19 Response Measures: Observations and a Call to Action - <https://tikenya.org/transparency-and-accountability-in-covid-19-response-measures/>

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