



REPUBLIC OF KENYA

COUNTY ASSEMBLY OF SAMBURU

FIRST ASSEMBLY- FOURTH SESSION

SELECT AD-HOC COMMITTEE

**SPECIAL REPORT ON THE INQUIRY INTO ALLEGATIONS OF FINANCIAL
MISMANAGEMENT, MALADMINISTRATION, DEMORALISATION AND
HARASSMENT OF STAFF AT THE DEPARTMENT OF MEDICAL SERVICES,
PUBLIC HEALTH AND SANITATION**

DECEMBER 2016

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ASSEMBLY BUILDINGS

VOLUME 1 (REPORT)

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LIST OF ABBREVIATIONS

AG.	ACTING
CA	COUNTY ASSEMBLY
CDOH	COUNTY DIRECTOR OF HEALTH
CEC	COUNTY EXECUTIVE COMMITTEE
CECM	COUNTY EXECUTIVE COMMITTEE MEMBER
CECM-HEALTH	COUNTY EXECUTIVE COMMITTEE MEMBER FOR HEALTH
CG	COUNTY GOVERNMENT
CHMT	COUNTY HEALTH MANAGEMENT TEAM
CO	CHIEF OFFICER
CPHO	COUNTY PUBLIC HEALTH OFFICER
CPSB	COUNTY PUBLIC SERVICE BOARD
CS	COUNTY SECRETARY
GIMI	GALILEE INTERNATIONAL MANAGEMENT INSTITUTE
IMNCH HEALTH	INTEGRATED MATERNAL NUTRITION AND CHILD
PHO	PUBLIC HEALTH OFFICER
SEDF	SAMBURU EAST DEVELOPMENT FORUM
SCHMT	SUB-COUNTY HEALTH MANAGEMENT TEAM

1 PREFACE

Hon Speaker,

The Samburu County Assembly *Ad Hoc Committee on issues concerning the department of Health* was established pursuant to the County Assembly Resolution passed on Thursday, November 17, 2016.

1.1 Committee Mandate

The committee was mandated among other things, look into and report on;

- a) The total cost of the two trainings for the CECM and any other staff that accompanied the CECM and who they are.
- b) The necessity of having and attending the two trainings.
- c) Explain the expenditure of Ksh.1.2M on the official car of the CECM on repair within a span of one year and without following procurement procedures.
- d) The County government Act, 2012 establishes County government's structure which places Chief Officer as the accounting officer, the policy that the department used to create office of strategic partnership coordinator who is directly answerable to the CECM removing those roles from the Director.
- e) The list of new employees by the department including casuals and the drivers under contract.
- f) Nepotism, favouritism and partiality in the department of health.
- g) Harassment, intimidation and demoralisation of staff by the CECM – Health in the department.
- h) Examine and inquire into the above matters and report to the County assembly within two weeks upon the formation of the committee.

The procedure of a Select Committee and other related matters thereto is covered under Standing Order No. 154–184. The Committee has powers, under Article 185 and 195 of the Constitution of Kenya 2010, to summon witnesses, examine them on oath and receive evidence.

1.2 Membership of the Committee

Hon Speaker,

The Committee is comprised of the following Members-

- | | |
|---------------------------|----------|
| 1. Hon Modesta Ellie- | Chairman |
| 2. Hon Leitore Benjamin- | V/Chair |
| 3. Hon Letura Raisy- | Member |
| 4. Hon Irene Leshore- | Member |
| 5. Hon Lesoipa Shadrack - | Member |
| 6. Hon Loldepe Ely- | Member |
| 7. Hon Fabian Lolosoli- | Member |

1.3 Committee Secretariat

- | | |
|----------------------|------------------------|
| 1. Saiwana Lekerpes- | Senior Clerk Assistant |
| 2. Lenapeer Fred- | Hansard Editor |
| 3. Lekalesoi Philip- | Senior Clerk Assistant |
| 4. Leturuju Toilasy- | Legal Researcher |
| 5. Ann Lekimain- | Hansard Reporter |
| 6. Lemeteki Steve- | Hansard Reporter |
| 7. Lelenguya Haron- | Hansard Reporter |
| 8. Agnes Kariamo- | Audio Recorder |
| 9. Jolina Loriakwe- | Audio Recorder |
| 10. Angela Lerugum- | Sergeant at arms |
| 11. Matano Leakono- | Intern |
| 12. Fred Leisido- | Intern |

1.4 Committee Proceedings

Hon Speaker,

In its inquiry into the allegations of financial mismanagement, maladministration, harassment and intimidation of staff at the Samburu County department of Medical Services, Public health and Sanitation, the Committee held a total of thirteen sittings in which it closely received oral and written submissions and examined evidence from witnesses. The Committee heard and received both oral and written evidence from-

- i) Mr. Siringa Letinina, Samburu County Secretary;
- ii) Ms. Mary Kanyaman Ekai, CEC Member for Medical Services, Public health and Sanitation;
- iii) Ms. Josephine Lenasalia, Chief Officer for Medical Services, Public health and Sanitation;
- iv) Dr. Martin Thurania, Ag. Samburu County Director for Medical Services;
- v) Mr. Erustus Sinoti, Samburu County Public Health Officer;
- vi) Dr. Leturuju Philip (*among others*), Representing various officers affected by the massive transfers within the department (Medical Services, Public health and Sanitation).
- vii) Dr. Alex Mungai, Senior Pharmacist in the Department of Medical Services, Public health and Sanitation.
- viii) Mr. Ngala Lagat, representing Clinical officers for the Department of Medical Services, Public health and Sanitation.
- ix) Mr. Peter Irungu, Human Resource officer for Samburu County Department of Medical Services, Public health and Sanitation.
- x) Ms. Pauline Lenguris, Transport administration officer for Samburu County Department of Medical Services, Public health and Sanitation.
- xi) Mr. David Ochonga, sub-County public health officer (Samburu West).
- xii) Mr. Anthony Lotukoi, a nursing officer, in-charge of Kisima Health centre.
- xiii) Ms. Selina Lengolos, a nurse.
- xiv) Ms. James Lolngojine, a nurse.
- xv) Ms. Emily Lengopito, a nurse.
- xvi) Mr. Pius Learao, a casual driver.
- xvii) Mr. Zachayo Lebarleya, a casual driver.
- xviii) Mr Silvio Lororua, Administrator Wamba Catholic Hospital
- xix) Mr. Daniel Areman, a driver (former) for the CECM- Health.

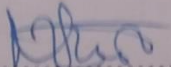
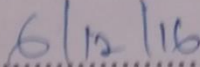
The records of evidence adduced, documents and notes received by the Committee form the basis of the Committee's observations/findings and recommendations as outlined in the Report and can be obtained in the Hansard reports of the Committee available in the County Assembly library.

1.5 Acknowledgement

Hon Speaker,

The Committee wishes to record its appreciation to the Office of the Speaker and the Clerk of the County Assembly of Samburu for facilitation in fulfilment of its mandate. The Committee is also grateful to all the witnesses, government officials and agencies that adduced evidence before it. Further, the Committee is grateful to the staff of the County Assembly for the services they rendered to the Committee. It is their commitment and dedication to duty that made the work of the Committee and production of this Report possible.

On behalf of the Members of the Ad Hoc Committee, I beg to table the Special Report of the Committee on the Inquiry into Allegations of financial mismanagement, maladministration, harassment and intimidation of staff at the Samburu County department of Medical Services, Public health and Sanitation.

Sign.....Date. .....

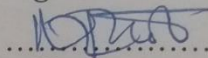
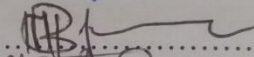
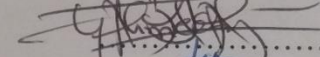
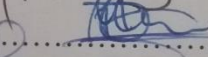
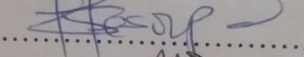
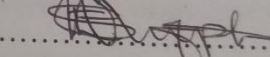
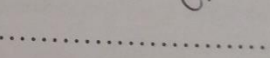
Hon. Modesta Ellie
Chair, Ad- Hoc Committee

ADOPTION OF THE SPECIAL REPORT ON THE INQUIRY INTO ALLEGATIONS OF FINANCIAL MISMANAGEMENT, MALADMINISTRATION, HARASSMENT AND INTIMIDATION OF STAFF AT THE SAMBURU COUNTY DEPARTMENT OF MEDICAL SERVICES, PUBLIC HEALTH AND SANITATION.

Members

Designation

Sign

Members	Designation	Sign
1. Hon Modesta Ellie	Chairman	
2. Hon Leitore Benjamin	V/Chair	
3. Hon Letura Raisy	Member	
4. Hon Irene Leshore	Member	
5. Hon Lesoipa Shadrack	Member	
6. Hon Loldepe Ely	Member	
7. Hon Fabian Lolosoli	Member	

2 BACKGROUND INFORMATION ON DEVOLUTION OF HEALTHCARE IN KENYA

On 4 August 2010, 67 per cent of Kenyan voters approved a new Constitution in a constitutional referendum, and it was signed into law on 27 August 2010. The new constitution ushered in the “second Republic”, the manifestation of the people’s desire for change, government accountability, and democracy. At the heart of this change is the concept of devolution of political and economic power to 47 newly-created counties.

According to the World Bank:

When governments devolve functions, they transfer authority for decision-making, finance, and management to quasi-autonomous units of local government with corporate status. Devolution usually transfers responsibilities for services to municipalities that elect their own mayors and councils, raise their own revenues, and have independent authority to make investment decisions. In a devolved system, local governments have clear and legally recognised geographical boundaries over which they exercise authority and within which they perform public functions.

The County governments replace the provincial, district and local government administration governments that were created at independence.

Per the Constitution of Kenya, 2010, transfer of functions from national to County government is expected to take no longer than three years. The County governments are responsible for

- a.** County legislation
- b.** Executive functions
- c.** Functions transferred from the national government
- d.** Functions agreed upon with other counties
- e.** Establishment and staffing of a public service.

The two levels of government are distinct and interdependent and will conduct business on the basis of “consultation and cooperation” (The Constitution of Kenya, 2010, Chapter 2, Article 6(2)).

Since independence in 1963, centralisation has been at the core of Kenyan governance, with power concentrated in the capital. As a result, Kenya has been marked by spatial inequalities during this period of time. It is against this backdrop that healthcare devolution is taking place. Article 174 of the Kenya Constitution clearly articulates the rationale behind

devolution as, among other reasons, self-governance, economic development and equitable sharing of national and local resources.

Article 43 (1) (a) of the Constitution of Kenya stipulates that;

Every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care;

And article 53 (1) (c) **that**, *every child has a right to basic nutrition, shelter and health care;*

And further Schedule 4 of the Constitution of Kenya devolves to the County governments the following:

- a. County health facilities and pharmacies;*
- b. ambulance services;*
- c. promotion of primary health care;*
- d. licensing and control of undertakings that sell food to the public;*
- e. veterinary services (excluding regulation of the profession);*
- f. cemeteries, funeral parlours and crematoria; and refuse removal, refuse dumps and solid waste disposal.*

2.1 Kenya Health Policy 2012 – 2030

In the devolved government, the Kenya Health Policy 2012 – 2030 provides guidance to the health sector in terms of identifying and outlining the requisite activities in achieving the government's health goals. The policy is aligned to Kenya's Vision 2030 (Kenya's national development agenda), the Constitution of Kenya and global health commitments (e.g. the Millennium Development Goals), and uses a three-pronged framework (comprehensive, balanced and coherent) to define policy direction. It outlines the six objectives (Eliminate Communicable diseases, Halt, and reverse rising burden of NCD's, Reduce the burden of violence and injuries, Provide essential health services, Minimize exposure to health risk factors, Strengthen collaboration with health related sectors) and seven orientations (Health Financing, Health Leadership, Health products & technologies, Health Information, Health Workforce, Service Delivery Systems, Health Infrastructure) that the government should focus on to achieve its health goals. Implementation of the policy will be done through five-year medium-term strategic plans.

2.1.1 The Health Sector strategic and Investment plan (KHSSP) for (July 2013-June 2017)

Being the second medium term plan for health, this plan makes the backbone of the Kenya Health Policy 2012 – 2030.

At County level, the Kenya Health Policy 2012 – 2030 proposes the formation of County health departments whose role will be to create and provide an enabling institutional and management structure responsible for “coordinating and managing the delivery of healthcare mandates and services at the County level.” In addition to the County health departments, the policy calls for the formation of County health management teams. These will provide “professional and technical management structures” in each County to coordinate the delivery of health services through health facilities available in each County.

In the devolved system, healthcare is organised in a four-tiered system:

- a. Community health services: This level is comprised of all community-based demand creation activities, that is, the identification of cases that need to be managed at higher levels of care, as defined by the health sector.
- b. Primary care services: This level is comprised of all dispensaries, health centres and maternity homes for both public and private providers.
- c. County referral services: These are hospitals operating in, and managed by a given County and are comprised of the former level four and district hospitals in the County and include public and private facilities.
- d. National referral services: This level is comprised of facilities that provide highly specialised services and includes all tertiary referral facilities.

The counties are responsible for three levels of care: community health services, primary care services and County referral services. The national government has responsibility for national referral services.

Further, this policy provides for the **Organization & Management of services at the County level, providing for the department of health which is headed by the** County Executive Committee (CEC) who shall be responsible for overall coordination and management of County Health Services.

To facilitate operational provision of health services, this strategic plan also proposes the following organizational structure based on the County functions for health outlined in the Fourth Schedule of the Constitution, the health policy objectives and orientations, and the need for clearly demarcated areas of responsibilities. The proposal also takes into account the need to have a lean structure based on functionality and integration of services at the County level.

The following is the rationalized organogram for the County Health Management;

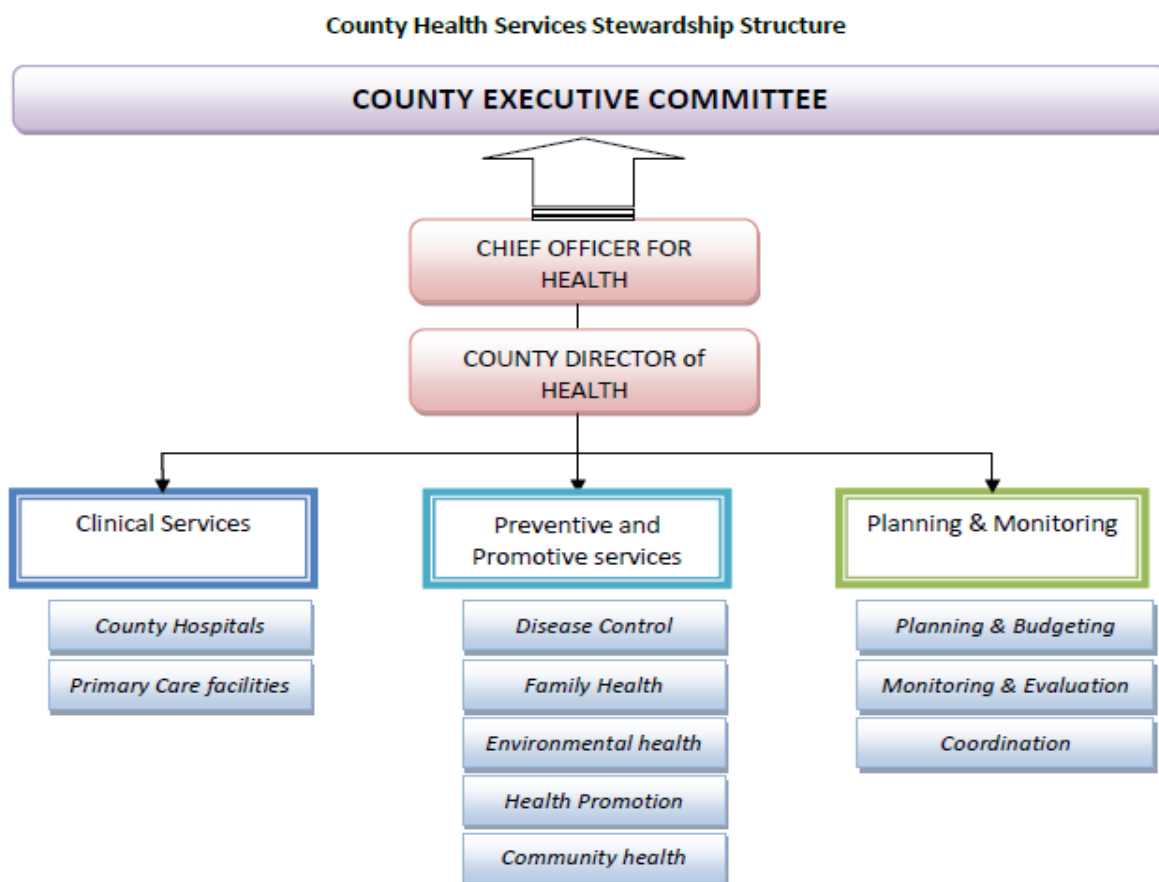


Figure 2.1 Rationalized organogram for the County Health Management.

The CEC retains overall political and policy responsibility for health service delivery as per the constitution. It may designate an individual to provide this oversight function. The County Department for Health therefore would either be a standalone department with a County Secretary for Health, or a part of a wider department including other social services. Every County shall have a Chief Officer for Health (COH), who will be the overall Chief Accounting Officer for Health. The COH will report to the County Executive Committee Member responsible for Health. The COH will be recruited by the County Public Service

Board and appointed by the Governor in accordance with Article 45 of the County Government Act.

Working with the COH, each County will have a County Director for Health (CDOH), who will provide the overall technical guidance for Health. The CDOH will work closely with the COH to report to the County Executive Committee Member responsible for Health. The CDOH will be selected by the County Governor / CEC based on guidance from the National Department for Health and or competitively be selected by the County Public Service Board. CDOH is the chief technical person in the department of health.

2.1.2 The County Health Management Team (CHMT)

A County Health Management Team (CHMT) shall be constituted, headed by the County Director of Health and made up of:

- i. Heads of the 3 Directorates in the County Department for Health (I.e **Preventive and Promotive Services, Clinical Services and Planning and Monitoring**)
- ii. Medical Superintendents of all County hospitals within the County

This team's main responsibility shall be to follow up on implementation of the County Health Strategic Plan and Operational Plan. It shall meet quarterly, and its operations guided by available Terms of Reference. It shall define areas of responsibility for each County Referral Facility based on allocation of ALL the County locations / sub locations. As such, each Referral Facility shall have a clearly defined Area of Responsibility for operational coordination and management of health and related services. The County Referral Management Team shall plan, supervise, coordinate, and monitor service delivery in this area, and not only limit itself to the referral facility management.

All primary care facilities shall be under the responsibility of the referral facility within whose area of responsibility they lie.

2.1.3 The Sub County Health Management Team (SCMT)

A Sub County Health Management Team (SCMT) shall be constituted, headed by the Medical Superintendent of the Referral Facility in charge of the area of responsibility and made up of

- i. Heads of Departments of the referral facility management committee
- ii. Heads of all primary care facilities in the area of responsibility

This SCMT's main responsibility shall be to follow up on implementation of the County Health Strategic Plan and Operational Plan with the teams area of responsibility. It shall meet quarterly, and its operations guided by available Terms of Reference. The Referral facility shall define areas of responsibility for each primary care facility in its area of responsibility based on allocation of ALL the County locations / sub locations. As such, each primary care facility shall have a clearly defined Area of Responsibility for operational coordination and management of health and related services. The Primary Care facility Management Team shall plan, supervise, coordinate, and monitor service delivery in this area, and not only limit itself to the primary care facility management.

All community units shall be under the responsibility of the primary care facility within whose area of responsibility they lie.

2.1.4 The Primary Care Health Management Team (PCMT)

A Primary Care Health Management Team (PCMT) shall be constituted, headed by the head of the Primary care facility in charge of the area of responsibility and made up of

- i. Primary care in charge
- ii. Heads of all Community Units in the area of responsibility of the primary care facility

This PCMT's main responsibility shall be to follow up on implementation of the County Health Strategic Plan and Operational Plan with the primary care facility's area of responsibility. It shall meet quarterly, and its operations guided by available Terms of Reference. The primary care facility shall define areas of responsibility for each community unit in its area of responsibility. As such, each community unit shall have a clearly defined Area of Responsibility for operational coordination and management of health and related services. The PCMT shall plan, supervise, coordinate, and monitor service delivery in this area, and not only limit itself to the facility management.

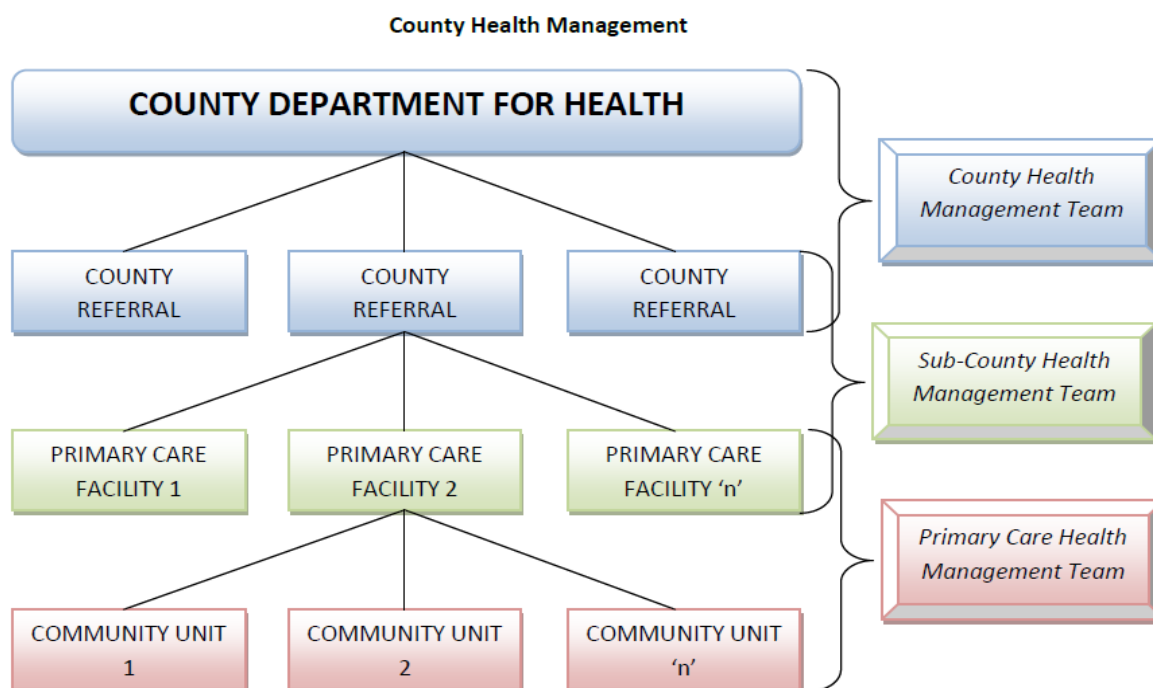


Figure 2.2 CHMT Operational table

Governance and management structures that define ownership, selection and technical responsibility through boards/committees and the management team, respectively, are defined, strengthened and made functional (as part of devolution, in line with the constitutional 2010). These structures shall focus on attaining the following objectives

- i. **Improved voice and accountability:** Through ensuring their issues and aspirations are being raised, and incorporated into the priorities for the health sector at the level
- ii. **Political stability and lack of violence:** Through ensuring actions of the health managers are appropriately articulated to the population
- iii. **Government effectiveness:** Through appraising performance of stewardship functions exercised by the management levels by participating in, and approving annual work plans and reports of performance
- iv. **Regulatory quality:** Through ensuring expected regulatory functions are carried out to the benefit of the population
- v. **Rule of law:** Through ensuring legal framework is adhered to, in all actions of the sector, and
- vi. **Control of corruption:** Through monitoring of implementation of health activities

The functioning of these systems shall be guided by the legal framework to achieve the following key interventions:

- i. Have fully functional governance structures at all the Counties. These include
 - a. County Department responsible for Health
 - b. Hospital Boards
 - c. Primary Care Management Committee's
 - d. Community Health Committee's
- ii. Update sector guidelines for functioning of these structures, in line with the above-mentioned 6 governance dimensions
- iii. Update the health sector legal framework, taking into consideration the current needs and aspirations as outlined in the National Health Policy and the 2010 constitution. The legal and regulatory framework shall bring together, in a comprehensive manner, all the health and health related legislation required to guide the implementation of the policy orientations, using the framework below.

2.2 Human Resource Strategy for Health 2014-18

Human Resource for health is one of the core building blocks of a health system in any country. Kenya's Human Resource Strategy for Health 2014-18 has been created to guide and provide a road map for HRH interventions for improved health service delivery.

In fact the main projected outcome and strategic objective for this strategy is creating a Conducive Environment that Attracts and Retains Health Workforce as well as Responsive Institutional Framework that Support Workforce Performance Management.

Health workers are meant to be motivated and appreciated in order to increase the overall health sector in the country. The County governments should also work in ensuring that they adhere to such national policies and strategies.

3 EVIDENCE AND SUBMISSION BY WITNESSES

3.1 Introduction

This Section contains evidence submitted both orally and in writing by key witnesses invited to adduce evidence before the Committee. Committee Observations on each of the witness submission is also recorded.

The Ad Hoc Committee as mandated by Standing Order 1 commenced Inquiry into Allegations of financial mismanagement, maladministration, harassment and intimidation of staff at the Samburu County department of Medical Services, Public health and Sanitation on 18th November, 2016 and has since received oral and written submissions from the following:-

- i) Mr. Siringa Letinina, Samburu County Secretary;
- ii) Ms. Mary Kanyaman Ekai, CEC Member for Medical Services, Public health and Sanitation;
- iii) Ms. Josephine Lenasalia, Chief Officer for Medical Services, Public health and Sanitation;
- iv) Dr. Martin Thurania, Ag. Samburu County Director for Medical Services;
- v) Mr. Erustus Sinoti, Samburu County Public Health Officer;
- vi) Dr. Leturuju Philip (*among others*), Representing various officers affected by the massive transfers within the department (Medical Services, Public health and Sanitation).
- vii) Dr. Alex Mungai, Senior Pharmacist in the Department of Medical Services, Public health and Sanitation.
- viii) Mr. Ngala Lagat, representing Clinical officers for the Department of Medical Services, Public health and Sanitation.
- ix) Mr. Peter Irungu, Human Resource officer for Samburu County Department of Medical Services, Public health and Sanitation.
- x) Ms. Pauline Lenguris, Transport administration officer for Samburu County Department of Medical Services, Public health and Sanitation.
- xi) Mr. David Ochonga, sub-County public health officer (Samburu West).
- xii) Mr. Anthony Lotukoi, a nursing officer, in-charge of Kisima Health centre.
- xiii) Ms. Selina Lengolos, a nurse.
- xiv) Ms. James Lolngojine, a nurse.

- xv) Ms. Emily Lengopito, a nurse.
- xvi) Mr. Pius Learao, a casual driver.
- xvii) Mr. Zachayo Lebarleya, a casual driver.
- xviii) Mr. Silvio Lororua, Administrator, Wamba Catholic Hospital.
- xix) Mr. Daniel Areman, a driver.

3.2 EVIDENCE BY THE CASUAL DRIVERS

3.2.1 Evidence by Mr. Paul Learao, Casual Driver at Sereolipi Dispensary.

Mr. Paul Learao, Casual Driver, Sereolipi Dispensary accompanied by Mr. Zachayo Lebarleya appeared before the Committee on 21st November, 2016 to adduce evidence on the matter of their terms of engagement, alleged demoralisation and harassment of staff and financial mismanagement at the department of health.

He submitted THAT—

- a) He was engaged since September 2014 and their letters of casual engagements have been renewed after every three months since then. The letters do not have any terms of engagement (**Annex 4-9**)
- b) Their gross salary is KES 10,000 and is not mentioned in their engagement letters.
- c) They are paid by facilities, and it sometimes take more than 6 months before being paid, their claims for per diems have never been paid (most).
- d) They neither have relief drivers nor do they have offs and annual leaves.
- e) There are some new drivers engaged on permanent basis; Thomas Etelenj, Lesuuda and Lemalasia yet there are casual drivers who stayed in the department for long to qualify for that.
- f) The drivers through their representative have met on different occasions on their employment, though informally with the governor, the CS and the CPSB.
- g) The CEC for Health, Mary Kanyaman Ekai has always promised them that she would follow up with the CPSB on employment of Drivers.
- h) The department has worsened since the inception of a new CEC (Mary Kanyaman Ekai), since vehicles have been taking long for repair, and allocation of fuel has become lower. (Kisima, Swaari and Sereolipi ambulances are still awaiting for repair two weeks on).

- i) The drivers are fearful of the current CEC, saying that she (Mary Ekai) is arrogant and intimidating to work with. In one instance, The CECM directed the CO and Ms Pauline Lenguris withdraw the MPESA foundation money (KES 148,000) intended for Suguta Marmar dispensary ambulance driver to be used in repairing other ambulances. The driver Mr. Zachayo Lebarleya explained to the committee how he was harassed by the CECM as he tried to follow up on the MPESA foundation fund.
- j) The drivers also explained to the committee that their allowances on per diems are not paid especially when they take patients referred to other hospitals outside the County.

3.3 EVIDENCE BY THE FORMER COUNTY PHARMACIST

3.4 Evidence by Dr. Alex Mungai, Senior pharmacist, Department of Health.

Dr. Alex Mungai, Senior Pharmacist at the Department of Health appeared before the Committee on 22nd November, 2016 to adduce evidence on the matter of alleged demoralisation and harassment of staff, unprocedural transfers and financial mismanagement at the Department of Health.

He submitted THAT—

- a) He was seconded from Meru to Samburu District in 2011 as a pharmacist.
- b) He was then appointed the County Pharmacist in 25th March 2013 by the national director of medical services, clearly describing his duties and responsibilities. (**Annex 10**)
- c) The County Pharmacist (Alex Mungai) was demoted and re-designated as the sub-County pharmacist (Samburu North) in June 2016 by the CEC- Mary K. Ekai. (**annex 14**)
- d) The transfer and re-designation was as a result of him failing to cooperate with the CECM- Health who was ordering him to procure drugs from private vendor and not KEMSA as recommended by the national government's health policy for quality and cost effectiveness.
- e) KEMSA supplies quality drugs and they have a delivery service within a shortest time, this makes it cost effective unlike private companies.

- f) The CEC disregarded him on several occasions and on April 2016, she told Dr. Kabinga, the County Physician to prepare a parallel requisition to order drugs (For Ksh. 3M) that Dr Alex Mungai was also preparing (for Ksh 9.6M).
- g) He as a pharmacist was preparing that requisition which was all inclusive with all categories of drugs but Dr Kabinga was preparing a cheaper one but was not cost effective since it contained fewer drug categories.
- h) This was a witch hunt by the CECM against Dr Alex Mungai who would then be blamed as a result of lack of/ inadequate drugs within the County health facilities.
- i) The CEC- Health, Mary Ekai on one occasion also cancelled a requisition that he (Alex Mungai) made to KEMSA, causing delay in drug supply in the hospital, causing public outcry, only to be blamed on him. (**Annex 19**)
- j) The CEC- health, Mary Ekai even bullied him in public on another occasion, calling him a thief of public funds intended for the Samburu people, this was just after the CECM alleged that the pharmacy was so dusty and dirty.
- k) CEC-health Mary Ekai swore that she would destroy him and that she is a powerful woman capable of doing anything to harm on him (either physically or professionally); this was evidenced by his demotion, re-designation and transfer to Baragoi (as a sub-County pharmacist) as a sign of punishment/ harassment.
- l) This has made him always live in fear of attack or anything that might endanger his security as the CECM- Mary Ekai promised to completely destroy him.

3.5 EVIDENCE BY MR. NGALA NG'ETUNY LAGAT

3.5.1 Evidence by Mr. Ngala Ng'etuny Lagat, Senior Clinical Officer, Department of Health.

Mr. Ngala Ng'etuny Lagat, Senior Clinical Officer, Department of Health appeared before the Committee on 22nd November, 2016 to adduce evidence on the matter of alleged demoralisation and harassment of staff and unprocedural/unlawful re-designations/transfers at the Department of Health.

He submitted THAT—

- a) He was appointed on 11th July 2001 and posted to formally Maralal District hospital.
- b) His problems started when the CECM- Mary Ekai accused him of leading the go-slow of the clinical officers in the Maralal referral hospital mid-2016,
- c) The CECM called him to her office and started belittling and harassing him (as recorded in his phone- attached in the Hansard report), saying that he is nothing, swearing that she will transfer him to a remote place in order to punish him.
- d) This made Mr Lagat Ngala feel belittled and bullied, an event that was so gross that he might never forget.
- e) He was later transferred to Suguta marmar health centre as an in-charge, a position that with all his experience working in the public sector, he feels like a punishment and intimidation and can't even imagine how it would be awkward to refer his patients to fresh clinical officers or even his juniors in service back in the referral hospital.
- f) He declined the transfer to Suguta, writing a letter of his dissatisfaction (**Annex 20**), a letter that was never honoured, some of his colleagues that appealed for such transfers were reinstated back to their former working places but his was rejected, in fact his salary was even stopped since September 2016.

3.6 EVIDENCE BY NURSES REPRESENTATIVES

3.6.1 Evidence by representatives of the nurses (Ms Selina Lenkolos, Ms Emily Lengopito and Mr James Lolngojine) in the Department of Health.

Representatives of the nurses (Ms Selina Lenkolos, Ms Emily Lengopito and Mr James Lolngojine) in the Department of Health appeared before the Committee on 22nd November, 2016 to adduce evidence on the matter of alleged demoralisation and harassment of staff, and financial mismanagement at the Department of Health.

They submitted THAT—

- a) The CHMT has been denied their roles by the CECM- Mary Ekai and it no longer functions to effectively deliver its intended objectives.
- b) The County training committee does not play any role since the current CECM came on board and only a few members of staff considered close to the CECM are handpicked to attend crucial trainings within or outside the County/country. This is in the case of one David Onchonga (SCPHO) who went to Strathmore and Israel despite being a junior to Erustus Sinoti (CPHO) who was not consulted.
- c) Most of their colleagues have been affected by the various transfers (**annex 11-18**) in the department. These transfers were malicious and mainly targeted members on one community (**annex 11-18**), including members of the staff who went to see the governor on various issues surrounding transfers in the County department of Health.
- d) The CECM- Mary Ekai has on several occasions intimidated the members of the Samburu Community, even calling them members of devolved cartels and hitting them hard as sworn by her with the not so well welcomed transfers.
- e) The transfers done by the CECM- Mary Ekai were not procedural since it re-designated some officers (even demoting most) without consultation with the CHMT and other stake holders.
- f) The CECM – Mary Ekai is full of favouritism and on several occasions said she would not work with the Samburus (cartels), and replaced Mr. Josephat Lenguris (since he is a Samburu by tribe) from the coordinator of RBF with James Ikonya. Some of their colleagues have since suffered this, from Rayapen Leruso resigning after transfer, Ngala Lagat's salary stopped to Chris Lengusuranga staying at home of embarrassment.

3.7 (EVIDENCE BY MEDICAL OFFICERS AND OTHERS) affected group (as represented)

3.8 Evidence by representatives of the Medical Officers (Dr. Philip Leturuju) and others (Mr Silas Leparmarai- a health records officer, Chris Lengusuranga- a nursing officer and Tarzizio Lesupeer)

Evidence by representatives of the Medical Officers (Dr. Philip Leturuju) and others (Mr Silas Leparmarai- a health records officer, Chris Lengusuranga- a nursing officer and Tarzizio Lesupeer) appeared before the Committee on 23rd November, 2016 to adduce evidence on the matter of alleged demoralisation of staff, harassment and financial mismanagement at the Department of Health.

They submitted THAT—

- a) Dr Philip Leturuju was transferred from Wamba as the Samburu East Sub County Medical officer back (in less than one year) to Maralal Referral Hospital as a medical officer. **(Annex 11-18)**
- b) Mr Chris Lengusuranga was demoted and transferred from the position of a County Nursing officer to be in-charge of Baragoi health centre. **(Annex 11-18)**
- c) Mr Tarzizio Lesupeer was transferred from the position of a nursing officer in-charge of Samburu North sub-County hospital (Baragoi) to Naiborkeju dispensary. **(Annex 11-18)**
- d) Mr SilasLeparmarai who was working as a records officer in Wamba catholic hospital (despite the County government having signed an MOU with Wamba Catholic Hospital for the County to facilitate the facility with staff and drugs, and also consulting in case of any withdrawals of staff) transferred to Baragoi health centre without notice of the facility (Wamba Catholic Hospital) and later informally to Logetei dispensary. **(Annex 11-18).**
- e) This was malicious and was intended to intimidate and harass these officers, in a way for the CECM – Mary Ekai to manipulate things on management of the department of health.
- f) These officers are demoralised and their service delivery and productivity have been damaged.

- g) Dr. Philip Leturuju informed the committee that most of the CHMT members have been transferred and since ceased to be members of the CHMT. These members have been replaced with other members who can be manipulated by the CECM.
- h) There is victimization of staff who questioned or raised alarmed on the unprocedural and unlawful transfers/ demotions.
- i) There is intimidation of staff in the department by the CEC either verbally or through social media. For instance all the witnesses who appeared before the committee were all removed from the department's management *WhatsApp* group by the administrator who is the CECM for Health.
- j) The CECM- Mary Ekai does not at all want to support the SCHMT, for example when Dr. Leturuju Philip was the head of Samburu East SCHMT, he requested for standing imprest of Ksh. 200,000 for outreach programs and immunizations, which was approved by the Chief Officer and director but later cancelled CECM without any explanation (**Annex 21**)
- k) The Chief Officer is incompetent and has been reduced to a rubber stamp by the CECM.

3.9 EVIDENCE BY THE HEALTH ADMINISTRATORS (Human Resource and Transport)

3.9.1 Evidence by the Hospital administrators (Ms Pauline Lenguris- Transport and Mr Peter Irungu- Human Resource)

Evidence by Hospital administrators (Ms Pauline Lenguris- Transport and Mr Peter Irungu- Human Resource) who appeared before the Committee on 23rd November, 2016 to adduce evidence on the matter of alleged demoralisation of staff, harassment and financial mismanagement at the Department of Health.

They submitted THAT—

- a) There are 62 officers on casual employment payroll in the department. (**Annex 2-3**)
- b) They receive instructions from the seniors, for example posting letters are signed by the Chief Officer and then they serve them to respective staff.

- c) Head of department's Human resource is a Member of the CHMT-(which is no longer as functional due to influence by the CECM).
- d) On the Issue raised by the house on the total cost of the two trainings and any other staff that accompanied the CECM, the Human resource informed this committee that David Onchoka is on leave to take his sickly mother for treatment in India. Later on the Human resource officer learnt that David Onchonga had accompanied the CECM to a training in Israel.
- e) On the issue of transfer of Mr. Christopher Lengusuranka, a former County nursing officer- the human resource informed the committee that he was indeed transferred severally within a short time, under instructions from the CO who says she is also under directions from the CECM. **(Annexure 11-18)**
- f) On another issue raised in the house about an officer who is always absent in Kisima health centre, the human resource officer confirmed that Mr. Anthony Lotukoi was indeed posted as an in-charge of Kisima Health centre but was transferred to work in the office of the CECM without any official letter and that is jeopardizing the service delivery at Kisima health centre.
- g) On the question why the RMNCH is directly under the office of the CECM, the human resource informed the committee that the docket of handling donors should be directly under the director's office and it is an abuse of office by the CECM to be directly supervising donor and partner funding.
- h) The current Training committee (a sub-committee of the CHMT) is biased and does not make its own decisions since its members were directly appointed by the CECM.
- i) Mr. Irungu (Human resource officer) is not involved/ consulted in trainings of staff
- j) Irregularities in mass transfers is affecting staff's service delivery and morale.
- k) There are delayed promotions of HWs who are qualified for promotions according to the department's Scheme of service is not being adhered to.
- l) Officers employed in 2014 are still on probation despite them being supposed to work on probation for six months, this includes majority of the nurses, and the reason for this failure is that the HR has never received any authority to confirm the employees on probation terms.
- m) The CECM- Mary Ekai has ensured that Ms Pauline Lenguris (department's transport officer) is only responsible for ambulances as opposed to all transportation in the health sector, this has also demoralised Pauline for such a micromanagement of the unit.

- n) There is confusion since the introduction of the new organogram by the CECM, since there is introduction of new offices without clear roles and responsibilities.
- o) The CECM- Mary Ekai lacks impartiality and in some occasion, allocated the Nachola's dispensary (where she comes from) ambulance with (6) additional tyres while ambulances from other wards are only allocated four spare tyres at regular intervals. This is not only discrimination of other wards but also overstepping on the mandate of the transport officer.

3.10 EVIDENCE BY THE COUNTY DIRECTOR OF HEALTH

3.10.1 Evidence by Dr. Martin Thuranira the County Director of Health.

Evidence by Dr. Martin Thuranira the County Director of Health, who appeared before the Committee on 24th November, 2016 to adduce evidence on the matter of alleged demoralisation of staff, harassment and financial mismanagement at the Department of Health.

He submitted THAT—

- a) He is the acting County Director of Health- since 2013.
- b) He is unable to execute his mandate because of the following reasons;
 - i. In transportation and logistics neglected, vehicles break down without repair; he still has the old GK vehicle given to him by the national government when he was seconded to Samburu County.
 - ii. He is unable to get the assistance of the transportation manager who was informed by the CECM that she is only responsible for the ambulances.
 - iii. Requests for funding are usually declined due to personal differences between officers in the CHMT and the CECM- Mary Ekai. The CHMT members lack independence in execution of its mandate.
 - iv. Some officers are working under direction from the CEC, ignoring the necessary consultation with the director, thus demoralising the director even further.
- c) He confirmed that there is nepotism and tribalism in the department, fuelled by the CECM.

- d) The director informed the committee that at sometimes this year, the CO have been directed by the CECM to suspend the director.
- e) The acting director has on several occasions inquired and proposed through the CO on his confirmation by the CPSB; the CEC cancelled his name in the indent list.
- f) There are newly established offices not contemplated in the National Health Policy (IMNCH) whose heads report directly to the CECM.
- g) The offices in-charge of reproductive health, maternal and child health and nutrition should be under the director of health services.
- h) The CECM has unlawfully and unprocedurally established an organogram/performance management plan which is contrary to the approved National Health Policy 2012-2030 that is standard in all counties.
- i) On the issue of mass transfers;
 - i. The director was surprised by the mass transfers since they were done without consultation of the CHMT which is the technical team in the department.
 - ii. The director tried to plead with the CO (who then said she is under pressure from the CEC) to reverse the mass transfers.
 - iii. There were several number of transfers within a short time- this is a sign of systemic failures in the department.
- j) There has been major cases of harassment and intimidation of health workers. The director is a victim of harassment and at some point when he was home, when the CECM calls him, his son asks him ‘baba ni yule mtu mbaya wa samburu anapiga simu?’
- k) The director informed the committee that his relationship with the CECM started to sour when he declined to sign for pay on some consignment without documentation, the CEC has since then been undermining on the director as a person. (The consignment was on a donation from USA – for non-pharmaceuticals, ultrasound machines delivered on October 2015, the director was afraid of audit and refused to sign on lack of sufficient documentation).

3.11 EVIDENCE BY THE COUNTY PUBLIC HEALTH OFFICER

3.11.1 Evidence by Mr. Erustus Sinoti, the County Public Health Officer.

Evidence by Mr. Erustus Sinoti the County Public Health Officer, who appeared before the Committee on 24th November, 2016 to adduce evidence on the matter of alleged demoralisation of staff, harassment and financial mismanagement at the Department of Health.

He submitted THAT—

- a) He was deployed in 2006 September as a district PHO
- b) The CECM interferes with the department of the Public Health, and delegates duties supposed to be done by the CPHO to other junior officers.
- c) Mr Sinoti informed the committee that CECM on a particular occasion during the polio campaigns threatened the officer (CPHO), she even threatened to fight him in her office and telling him to *'Go back to Kisii do you think you can ever be a CECM, CO or a director in Samburu County?'* after having locked him for two hours in her office. This was belittling and intimidation of other officers in the department by the CECM.
- d) The CECM- Mary Ekai always shouts to officers disrespectfully, including Sinoti, falsely accusing them of corruption.
- e) The CECM Mary Ekai interferes with USAID funding, for example soap, making sure that the donations always reach Nachola first and not any other ward, and this is lack of impartiality of the CECM. The CEC is tribalistic and nepotic, and is full of partiality.
- f) In the CHMT meetings, the CEC attacks officers head on one by one, even outside the agendas of the meetings; this is a sign of intimidation and harassment.
- g) The annual work plan of the PH department is usually prepared and taken to the CECM's office, which then usually accedes to it or fail to depending on her relationship with the officers of the department. She mostly rejects or fails to appreciate annual work plans for the public health department, just because of her personal difference with the head of that unit.
- h) Mr. Oncoka David went to the trainings in Kenya and outside without consultation with the CPHO, just because the CEC likes him.

- i) The CEC is disorganizing the whole department, by creating divisions, mistrust and enmity within and without the department.

3.12 EVIDENCE BY MR. ANTHONY LOTUKOI

Evidence by Mr. Anthony Lotukoi, a nursing officer in-charge of Kisima model health centre.

Evidence by Mr. Anthony Lotukoi, a nursing officer in-charge of Kisima model health centre, who appeared before the Committee on 24th November, 2016 to adduce evidence on the matter of alleged demoralisation of staff, harassment and financial mismanagement at the Department of Health.

He submitted THAT—

- a) He was Employed on 1st of July 2016
- b) He was deployed to kisima health centre and after 2 months he was posted back to Maralal hospital to work under the office of the CEC.
- c) He informed the committee that during his work at the CECM's office, he was charged to coordinate maternal health services (As a co-ordinator of RMNCH).
- d) On July 2016, on a posting order (**Annex 11-18**), he was posted back to Kisima Health Centre- where he currently works as an in-charge.
- e) He is no longer the coordinator of RMNCH, and confirms that that the office of RMNCH should be directly under the office of the County director of health and not the CECM.
- f) He still works as the coordinator of donor activities.
- g) He was handpicked by the CECM to take the position of coordinator for RMNCH- until July 2016 when he was posted back to Kisima health centre.

3.13 EVIDENCE BY THE CHIEF OFFICER OF HEALTH

3.13.1 Evidence by Ms. Josephine Lenasalia, the Chief Officer of health.

Evidence by Ms. Josephine Lenasalia, the Chief Officer of health, accompanied by Fred Lolkirik, John Leshipayo and Luke Yegon (all being accountants) appeared before the Committee on 25th November, 2016 to adduce evidence on the matter of alleged demoralisation of staff, harassment and financial mismanagement at the Department of Health.

They submitted THAT—

- a) The CO was deployed to the department on 2nd Feb 2016.
- b) There are challenges in implementation of her duties and responsibilities and the main challenge being the present CECM – Health.

Example: - payment of an outreach event at Nachola in June 2016 in which people were paid lunch and per diem allowances under the direction of the Chief Officer but the CEC later called those officers paid to return the money, this is a sign of disrespect to her (Chief Officer) office. That shows lack of coordination in the department

- c) The CO is **AWARE** of intimidation and Harassment of staff by the CEC,
For example the first sitting of CHMT that she attended was full of intimidation from the CEC, the CEC was picking up on people/senior managers in front of the rest, calling them cartels, shouting at them, threatening to destroy the alleged cartels brought down from the national government.
- d) The CO has never received any official complaint on harassment from the CECM, due to the fear of the repercussions from the CEC (for fear of punishments and transfers).
- e) On an occasion on 4th November 2016 during a training where the CECM- Health was accompanied by Leshipayo John (the accountant) to the Samburu North sub-County, the CECM got furious with Silas Leparmarai (health records officer), calling them team '*majambazi*', shouting at him in Public, she then turned against James Lekalantula (a nurse), Reprimanded him in public. This was a sign of disrespect and failing to provide leadership in the health sector.

- f) Ngala Lagat was on another event called in a phone by CECM, telling him that he is an alien from another County, junior irrelevant staff, intimidating him, shouting at him that he was leading a go-slow by the clinical officers in the Maralal Referral Hospital.
- g) The complaints were never reported formally but verbally to the CS by the CO on several occasions.
- h) The CHMT is not playing its roles as mandated in the National Health policy 2012-2030.
- i) The CO herself was harassed by the CECM, for example;
 - a. A Mobile clinic outreach that was to be set up at Baawa village in June 2016. The CEC was on a sick leave on the particular day the mobile clinic was to be set up. The CO then informed the CECM through a phone message of the the intended activity of the day. The CECM did not like that decision, and after the clinic outreach was delivered at Baawa, the CECM came, forcefully instructed to board into her (CEC'S) car, then while driving she stopped the car and started shouting at her, quarrelling with her, threatening for a fight, Pauline Lenguris (who followed them later on) was also reprimanded, shouted at, in front of the patients in a nearby clinic, Leirr. That is the worst case of disrespect.
- j) On another occasion, the CECM stormed the CO's residence banging tables, threatening to fight for failing to come to the office, the children were terrified, meaning that CECM is gross and has no a single pint of respect.
- k) The sourness in the relationship between the CEC and the CO started on October 2016, when the CECM was demanding to be paid on claims for three months; May, June, July, August, - the said claims were not supported by the relevant supporting documents and so the CO could not honour (**Annex 22-23**)
- l) The CEC harassed John Leshipayo (the accountant) on another occasion when they were travelling from Nakuru to Maralal, commanding him to fuel the vehicle with his own money.
- m) The CEC commands accountants to do float the PFM act 2012; Mr. Luke Yego was once forced to buy airtime for ksh 2000, despite the CECM having monthly airtime allowance of Ksh 6000.
- n) The CEC demanded on one occasion (June, 2016) to be provided with Ksh 100,000 petty cash out of the KES 500,000 standing imprest for her own personal use.

- o) The CO has been sent several phone text messages by the CECM, all disrespectful and annoying (**Annex 24-26**)
- p) In April 2016, the CEC took her vehicle to car repair at Bhogals garage without following the laid down Procurement procedure; no inspection report was done by the public works, the CO was issued with three invoices from Bhogals (KES 990,000, KES 99,990 and KES 118,920). (**Annex 27-28**)

The normal procedure: Step 1- pre inspection report which provides for the approximate costs (after the driver fills a form for repairs needed); Step 2- goes to the CO then Procurement (treasury- bidding of quotations- competitively selected and awarded)

These crucial procedures were breached by the CECM.

- q) In response to the cost and the necessity of the trainings attended by the CECM and any other staff that accompanied her, the CO responded that:-
 - a. Israel and Italy trips by the CECM.
 - i. The training undertaken by the CEC in Israel (accompanied by Mr. David Onchonga, a sub-County public health officer) was on health systems management (9th – 22nd November 2016)
 - ii. This was the same course that they (CECM and Onchonga Davi) undertook at Strathmore University in Nairobi, Kenya on April- July 2016.
 - iii. According to the CO, the two trainings were similar and therefore a waste of government resources.
- r) The two trainings (Israel and Strathmore) were done without the approval/consultation of the trainings committee (as a sub-committee of the CHMT).
- s) The department sponsored CEC to visit Italy and Israel.
Israel trip was between 9th-22nd November 2016- which is 14 days in Israel (but the CECM was paid for 16 days instead) - this is a financial malpractice and the CECM should surrender the extra moneys back. (Total cost in Israel for the CECM was 1,866,170).
- t) The total cost for the trip of the CECM to Italy costed tax payers KES 770,000.
- u) The annual budget for the trainings for the health department has been depleted by only two officers.
- v) The origin of transfers in June.
 - a. Were prepared by the CECM- with an objective to break the alleged Cartels.

- b. The CO was just forcefully instructed to sign.
 - c. Chris Lengusurangs's salary was not stopped but Lagat Ngala's salary was stopped despite all appealing for reversal of their transfers (**Annex 21**), this was double standards and partiality in the department.
- w) The reason why Dr. Thuranira has taken long to be absorbed as a director was because of the CECM- Health.
- a. The CECM was not happy about Dr Martin Thuranira being confirmed as the County director of health, she even withdrew the indent that the CO wrote to the CPSB to confirm Dr. Martin Thuranira as the director for medical services.
- x) On Procurement of Service charters, the set out procedures were not, the Service Charters were paid Ksh 10,000 for 33 facilities, these money were given to Onchonga David (under the direction of the CECM) in Cash and through MPESA.
- a. This might be the plan of the CEC health to misappropriate money in the department.
 - b. David Onchonga was also always the only person given contracts to procure t-shirts for TB days, among other departmental occasions, despite him not being a company and not prequalified by the department. He is a confidant of the CECM.
 - c. Some facilities (ngutuk e lmuget) were not supplied with the procured Service charters.
 - d. There was evidently floating of procurement rules.

3.14 EVIDENCE BY THE MR. SILVIO LORORUA

Evidence by Mr Silvio Lororua, the former administrator of Wamba Catholic Hospital.

Evidence by Mr Silvio Lororua, the former administrator of Wamba Catholic Hospital, who appeared before the Committee on 25th November, 2016 to adduce evidence on the matter of alleged demoralisation of staff, harassment and financial mismanagement at the Department of Health among other issues.

He submitted THAT—

- a) He is the former administrator of Wamba catholic hospital
- b) There is a formal Relationship between the dioceses (Wamba catholic hospital) and the County government and that;
 - a. There is an MOU signed in early 2015 between the County government and Wamba Catholic hospital and the County government committed itself to assist supply part of pharmaceuticals and non-pharmaceuticals as well as staffing the Catholic Hospital)
 - b. Until recently the MOU has been honoured by the County government, but in the last few months the CECM- has said that the agreement was not signed by a medic (Irene Senei, the former CECM- Health) and that the County government should stop honouring the MOU.
 - c. The facility has been provided by the County government with 1 surgeon and 4 medical officers (but 1 left for further studies), 1 pharmaceutical technologist, 6 nurses (but one nurse was withdrawn and transferred from the hospital by the department of health), 1 clinical officer, and 1 records officer (who was also withdrawn and transferred by the department).
- c) The CECM on one event said that she will assist Silvio Lororua (wamba catholic hospital administrator) bring down Wamba hospital.
 - i. The CEC said this in the presence of various visitors including the County director of health, Dr Thurania and other officials from FARM ACCESS.
 - ii. She once confronted the bishop to give the wamba Catholic hospital to the County, now once that was denied, the CECM got furious and

started to harass and disrespect the MOU and she confirmed that by withdrawing the three staff from wamba hospital.

- d) The CECM did not even give the facility time to adjust and prepare for the staff withdrawals during the mass transfers; this is another breach of the MOU by the CECM.

3.15 EVIDENCE BY THE COUNTY SECRETARY

3.15.1 Evidence by Mr Siringa Letinina, the Samburu County Secretary.

Evidence by Mr Siringa Letinina, the Samburu County Secretary, appeared before the Committee on 25th November, 2016 to adduce evidence on the matter of alleged demoralisation of staff, harassment and financial mismanagement at the Department of Health.

He submitted THAT—

- a) He confirms that there are numerous complaints from the staff of the department of health on the harassment, frustration and intimidation by the CECM- Mary Ekai, he has reported that issue to the deputy governor, and subsequently to the governor. The CECM did not change, and has tended to worsen the situation in the department of health even after several meetings with her.
- b) The CECM avoids the office of the CS- so the CS might not be aware of much else that happens in the department of health.
- c) The transfers done in the department were biased and only targeted one tribe as evidenced in the posting orders.
- d) The positions as in the organogram are being filled without the knowledge of the CPSB; the organogram is being done by the CECM- without even the approval of the County Executive Committee or the County assembly.
- e) The CECM's trip to Israel was paid on full board and she was also given full per diem.
- f) The CECM was also paid 16 days and not 14 days as indicated in the invitation letter.
- g) The extra money needs to be surrendered by the CECM.

3.16 EVIDENCE BY MR. DAVID ONCHONGA

Evidence by Mr David Onchonga, the Samburu West sub-County Public Health Officer.

Evidence by Mr David Onchonga, the Samburu West sub-County Public Health Officer, appeared before the Committee on 26th November, 2016 to adduce evidence on the matter of alleged demoralisation of staff, harassment and financial mismanagement at the Department of Health.

He submitted THAT—

- a) He was a PHO since 2010.
- b) He attended a training in Israel, GIMI from 8th – 23rd Nov 2016- and that he sponsored himself. (**Annex 29**)
- c) In June 2016, Mr John Leshipayo called him when he was in Nairobi asked him to find someone to supply service charters for 33 facilities at KES 10,000 each, David then promised to look for someone in Nairobi who can do that for the department. He later found that person and supplied the service charters.
 - a. Sunshine Designers was used to supply the service charters.
 - b. The department did not use the necessary procurement procedures to procure for the service charters.
 - c. The officer breached such procedures and procured for the health centres and dispensaries.
 - d. He (David) supplies t-shirts for various occasions in the department of health without any procurement procedures.
 - e. David is under pressure from the CEC at some point, on the money for the Service Charters.
 - f. The CECM nominated him to go to the training in Strathmore, she later asked the training committee to approve his nomination.
- d) At the end of FY 2015/16, Samson Lerte was issued an imprest of KES 2M for outreaches. Mr. David Ochonga was given some money for outreaches in the Samburu north and west sub-counties. After they returned from Samburu North, Some officers were ordered by the CECM to return the money back as they did not spend any night out, some officers returned and others did not.

The money surrendered was continuously used for other outreach programs.

- e) During the outreach programs, the CECM ordered KES 54,000 to be spent on the attendants at Nachola, unlike in other places (Loosuk and Lodungokwe) where she did not request for any money to be given to the community.
- f) David Ochonga is aware of the new organogram.
 - a. A committee was set by the CECM to create the new organogram, he was one of the members of the committee to assist in the setting it up in a computer.
 - i. The following were the members of the committee that was selected by the CECM to create the new organogram;
 - a. Chris Lengusuranga
 - b. David Ochonga
 - c. Among others,
 - b. The organogram was a creation of the CECM who just told the committee to formalise and draw in a computer.
- g) He confirms that there is an issue of poor working relationships between staff in the department, especially with Mary K. Ekai.
- h) David confirms to the committee that the new organogram has caused a lot of confusion in the department, as some technical offices were placed under the CECM.

3.17 EVIDENCE BY THE COUNTY EXECUTIVE COMMITTEE MEMBER FOR HEALTH

3.17.1 Evidence by Ms. Mary Kanyaman Ekai- CECM, Health

Ms. Mary Kanyaman Ekai- CEC, Health appeared before the Committee on 28th November, 2016 to adduce evidence on the matter of alleged financial mismanagement, demoralisation and harassment of staff at the Department of Health.

She submitted THAT—

- a) She was appointed the County Executive Committee Member on 15th July, 2015 by His Excellency the Governor of Samburu County.
- b) She informed the committee that the rigidity of change from the members of staff in the department has interfered with her performance as the CECM- Health. That she attends the CHMT meeting, which she doesn't interfere with.
- c) She also informed the committee that she keeps custodian of the minutes when she chairs the CHMT meetings that she does on monthly basis.
- d) She also told the committee that she doesn't recognize without authentication, the County Director of health as legitimate, which she says that she has requested for him to substantiate with a letter that he is the director (either acting or otherwise) without success.
- e) Her social interaction outside office does not interfere with her working interaction with the working colleagues.
- f) On the allegations of harassment and intimidation of Mr. Lagat Ngala, she told committee that she did not harass Mr. Lagat and that;-
 - a) When Mr. Lagat was the County's assistant chief clinical officer, there were issues of strike of clinical officers in the department. She then called him into her office to confirm why there was a go-slow in that unit.
 - b) The CECM informed the committee that she thought the reason Mr Ngala Lagat was failing to come to work was because of the great attention he gives to his clinic in Maralal, and the best thing to do to improve on his productivity is to transfer him to Suguta Marmar health centre.

- g) On the allegations of harassment and intimidation of Mr. Erustus Sinoti, she told committee she did not intimidate him and that;-
- a) She invited Mr. Sinoti to her office because she heard that he was complaining that he is being overlooked by the CECM, and that there was special attention given to Lemowonapi Augustus and David Onchonga, despite them being his juniors.
- h) On the allegation that there were five nurses who went to seek audience of the governor on issues affecting the department but were later transferred by the CECM.
- a) She informed the committee that the nurses were transferred in order to improve service delivery, and it was just a coincidence that most of them went to seek audience with the governor earlier.
 - b) Dr Kabinga and Mr. Leshalote were not transferred despite them appearing to see the governor, (it was alleged that she transferred those who went to see the governor).
- i) On the alleged unlawful Procurement of service charters. The CECM responded that;
- a) It is the facilities that make their own micro budgets and forwards it to the CHMT which then forwards to the CECM.
 - b) She did not have any interest in supplying service charters and they were supplied because facilities budgeted it for themselves.
 - c) She advised Leshipayo John (HSSF accountant) to develop a template for service charters and look for someone to procure them for the facilities. The money used to purchase service charters was from HSSF fund, a donor fund that she is directly responsible for.
 - d) She is aware that procurement laws were flouted.
 - e) She only suggested on procurement of service charters to Mr. Leshipayo and not David Onchonga, she did not therefore influence on the decision to ask Mr David Onchonka to supply for them.
- j) On the matters of transfers, she told the committee that she is aware of the several posting orders in the Department within the year 2016.
- a. She is not the one responsible for transfers and that some transfers were even done when she was in Israel, another one was done when she was in Kampala.

- b. She confirms to the committee that she has influenced on the transfers in posting order number 006/2016 and she did it to improve service delivery in the Department.
- i. On the allegations that she once said that she would do the transfers in order to destabilize the alleged cartels, she responds that the objective of the transfers were purely to improve service delivery.
 - ii. On the issue of transfer of Tarsisco Lesupeer- she responded that he (Lesupeer) did not have a degree at the time of his re-designation. They later discussed this issue with the CO and the director, and he (Lesupeer) was reconsidered and was let to remain in Baragoi health centre.
 - iii. On allegations that the CECM once told Mr Lengusuranga that he should wait until 2018 to vie for the CECM, she says it was not true.
 - iv. She responded that Christopher Lengusuranga- was in-charge of nursing in the County but was transferred from Maralal Referral to be the sub-County medical coordinator (so this was even a promotion)
 - v. On the allegations that she transferred Dr. Alex Mungai (County pharmacist) because she wanted him to procure drugs using private vendors and not KEMSA, She says that she has no interest in supply of drugs to the County government using private companies and that Dr Alex Mbugua was a chronic absentee and which was the sole reason that led to his transfer.
 - vi. Allegations of cancellation of drug requisition in April by the CEC (3MM and 9.6M), she was just solving the difference between Dr Alex Mungai and Dr Kabinga on how to procure drugs and that she did not interfere with his work.
 - vii. She sometimes consults on transfers with the HODs on transfers, but on posting order number 6 (**Annexure 30**), she did not consult.

- viii. The three letters of transfer for Mr. Christopher Lengusuranga within one month were done by the CO and not her.
 - ix. She did not target any certain community on transfers, and most of the transfers were done by the CO, and that she has no interest in targeting one particular community.
 - x. She also told the committee that Mr. Ngala Lagat appealed to the CO and that she has not seen that appeal, the reason his salary was stopped from the month of September was because he failed to appear in the work place.
 - xi. On the allegation that she effected transfer of David Chebor to Lookuniyani dispensary despite him not speaking the local language- she responds that this is still service delivery to the people of Samburu.
 - xii. On Josephat Lenguris who was the head of **PBF (now PBF) Project** and transferred despite being the best program in the County, she responded that; his transfer was not done to punish but promote him as Suguta marmar health centre was being upgraded to the level of sub-County hospital in Samburu west.
- k) On the New Organogram, the CECM responded that;
- i) The organogram was approved by the CEC.
 - ii) She is aware that the Kenya Health Policy 2012/13 proposes an organogram to be implemented in the counties, yet she has adjusted it to fit Samburu County.
 - iii) She put the office of IMNCHR directly under her in order to monitor on donor funding and improve service delivery in that sector.
 - iv) The idea to place the IMNCHR services directly under the office of the CECM, was agreed on by other stake holders (senior managers), and that they borrowed this organogram structure from Malawi, where services in reproductive health improved when it was placed directly under the office of the president.

- v) Under RMNCH, (CECM- is responsible for advocacy purposes), Nutrition (is under Delphina Kaaman), and Outreaches (under Lerte)
 - vi) She has not appointed any officer in those two positions, Anthony Lotukoi is in charge of Kisima Health Centre, and he does assist in dispensing duties given to him on donor funding.
 - vii) On the allegation that she withdrew an indent by the CO to the CPSB to employ two directors, she responded that she did that in order to create a new indent for three directors as provided for by the new organogram.
 - viii) She verbally presented the new organogram to the CPSB.
 - ix) Lotukoi was selected by her as a personal assistant for the CEC and that he has a letter on that and he does not coordinate donor funds/partners unless on a request from the CECM, she also told the committee that she has the discretion of working with whoever she feels like.
 - x) She says it is wrong for Jackline Lengees to work in Kisima as an in-charge because Lotukoi was re-deployed to Kisima as an in-charge, and that the responsibility that handing over is done lies directly with the CO and the facility.
 - xi) She is shocked that officers in the department of health are fearful of her, to the point of not reporting on any matter to her.
- l) On the Cost of maintenance for the Vehicle of the CECM and the procurement procedures used to repair the vehicle at Bhogals.
- i. The CECM confirmed the committee that there was no any procurement procedures used in taking her vehicle for repair at Bhogals.
 - ii. She also told the committee that they (with the CO) did the process in reverse after the vehicle was repaired.
 - iii. The vehicle used approx. KES 990,000, KES 99,000 and KES 118,000 within a span of one year on its repairs at Bhogals.
- m) On the allegations that she harassed her driver Mr. Daniel Areman and denied him his 12 days per diem on one occasion when they travelled to Nairobi, she told the

committee that she paid Mr. Areman KES 56,000 as his per diem in Nairobi. She also said that she changed him from being her driver when she realised that he was lying about his job group, saying that he is in JG F while he was in JG E.

- n) On allegations that she has once requested for unsubstantiated claims that were rejected by the CO for lack of sufficient documentation, she told the committee that it was true but she sometimes visits different health centres within the County and those visits do not have invitation letters, and she was just being embarrassed by the CO.
- o) On the trip to Israel- she confirmed to the committee that the trip was paid on full board, including accommodation.
 - i) She regretted that she never checked her bank balance whether she was paid full per diem for the 16 days in which case she said she would return the extra money to the County government's account. She agrees that it is wrong to attend a course and be paid full board yet be paid a full per diem.
 - ii) She also said that it is the accountants who should calculate for what she should be paid, and that she is not liable of paying herself the extra amount of money.
 - iii) She stayed in Israel for 16 days until 23rd November 2016.
 - iv) She also told the committee that she was to attend the training with Mr David Onchonge but the CS made her understand that there is a budgetary constraint and that's why David Onchonga was not cleared by the County government, David Onchonga sponsored himself to Israel for the same course.
- p) Training in Strathmore University
 - i. About the reason why she always attends trainings with Mr. David Onchonga, she informed the committee that their annual work plan provides for a training of two senior officers annually. And that previously, Ms Irene Senei (former CECM) attended the training with Chris Lengusuranga who is a County nursing officer and Mr. Julius Leseeto (former CO) attended with Dr. Nato, a medical doctor and now was the chance for the public health department to have one officer trained, together with the trainings committee, she selected Mr Daviv Onchonga, a sub-County health officer, saying that his senior, Mr. Erustus Sinoti previously attended international trainings.

- ii. She also confirmed that Erustus Sinoti was not consulted when David Onhonga was selected to attend training both at Strathmore University and GIMI, Israel.
 - iii. The total cost for Strathmore training for both officers (CECM and Mr. David Onchonga) is KES 770,000 (including per diems)
 - iv. she also told the committee that she attended a benchmarking trip to Turin, Italy in October in order to improve service delivery in Samburu County. And that the County government used KES 728,474 for her trip in Italy.
 - v. She also said that her training and the trainings of other HCWs is budgeted for and makes one of the principal pillars for health management.
- q) On the Money provided as imprest on Outreache programs:-
- i. She informed the committee that KES 2M was withdrawn as imprest on Mr Samson Lerte was intended and actually prudently used for outreache and mapping programs.
 - ii. She also told the committee that money was used in all the three sites (Lodungokwe, Loosuk and Nachola) for outreaches equitably and that no place was favoured.
 - iii. She further said that she told members of staff to surrender the money they were paid as per diems for two days (which they did not stay). Some officers honoured this and some did not.
 - iv. On the claim that she was interested in the money used for outreaches, she told the committee that she was keeping close monitoring so that the officers do not divert the money for other uses.
 - v. She informed the committee that as one of the attendants in the outreaches, she was also paid her per diem. -she doesn't remember cancelling on any request for the Samburu east sub-County health management team.
- r) On the allegations that she dishonoured the MOU between the CG and Wamba Catholic Hospital.
- i) She told the committee that there was an MOU signed and was not dishonoured; the withdrawals were done since the CG facilities did not have enough staff, the CPSB did not employ extra staff to work in the

department, but in every employment they usually give one staff to Wamba Catholic Hospital.

- ii) The MOU only mentions partial assistance of the Wamba Catholic Hospital by the CG, and it does not mention the number of staff nor the amount of money that should be used for both pharmaceuticals and non-pharmaceuticals.
- s) On the allegation that she harassed Mr John Leshipayo (ordering him to pay for meals and fuel the vehicle with his own money) as they were travelling from Nakuru to Maralal, she informed the committee that that was a lie and that she even bought lunch for him and fuelled the vehicle.
- t) She informed the committee that she is entitled to an airtime allowance and it was not true that she demanded for more airtime allowance as was alleged.
- u) On the allegation that she advised the signatories of the SALAMA FOUNDATION use money intended for Suguta marmar ambulance to repair other ambulances, she told the committee that the SALAMA FOUNDATION money is not intended for one specific facility and can be used in other facilities so long as its use falls on an objective to improve maternal and child health.
- v) She also informed the committee that casuals employed in the department have not been done in consultation with the CPSB.
- w) She has learnt the level of harassment and intimidation and even demoralisation of staff for the department of health from the committee; she complains that no one has ever reported to her on it.
- x) She complains to the committee that she feels insubordinated by her juniors, both through social media and verbal utterances, and at an occasion, an officer confronted her, one Emily Lemooge shouting at her that this is Samburu County and should not be controlled by other tribes. This was demeaning to the CEC; A SEDF post by Leparmarai Silas was also demeaning to the CEC (**Annex 31**).

4 KEY FINDINGS AND OBSERVATIONS

Hon Speaker,

The section below provides a summary of the Committee's Observations on the inquiry into allegations of financial mismanagement, maladministration, harassment and intimidation of staff at the Samburu County department of Medical Services, Public health and Sanitation.

These observations and recommendations, if taken into account and implemented, will ensure the recovery of public funds, healing of the ailing department of Health, improved service delivery and gain of public trust.

From the oral and written evidence submitted, the Committee made the following observations and findings-

1. **THAT**, the CECM- Health was sponsored by the County Government of Samburu for a Health Systems Management training in Galilee International Management Institute, Israel at a cost of KES **1,866,170** (including fees and per diem).
2. **THAT**, the CECM-Health travelled alone as the other officer (Mr. David Onchonga) who accompanied her sponsored himself.
3. **THAT**, Samburu County Government sponsored two officers (Ms Mary Kanyaman Ekai and Mr. David Onchonga) to attend a **five (5) week** Leading High Performing Healthcare Organization Programme (Lehho) at Strathmore Business School , the total cost for the training being **KES 2,166,000** (**KES 770,000** being tuition for both and **KES 1,396,000** being per diems)
4. **THAT**, the CECM- Ms. Mary Kanyaman Ekai utilized KES 1,207,000 to maintain her official vehicle at Bhogals Kenya without following the set out procurement procedures.
5. **THAT**, the CECM- Health has implemented a new management plan (organogram) without the knowledge of the CEC, CPSB and the County assembly and **THAT** the new organogram may have caused mayhem in the department. The organogram places the office of IMNCH under the office of the CEC and not the County Director of Health.
6. **THAT**, the Department of health has a total of 62 casual employees, including drivers. (**Annex 2 and 3**)
7. **THAT**, on several occasions, the CECM for Health, Medical Services and Sanitation Ms. Mary Ekai Kanyaman grossly violated the provisions of the Constitution of

Kenya 2010 and other Laws. The CECM- health publicly discriminated public officers in the health department on grounds of ethnicity.

In one occasion, she discriminated the County Public Health Officer Mr. Erustus Sinoti on the basis that he is a Kisii by ethnicity. This discrimination by the CECM for Health, Medical Services and Sanitation who is state officer clearly violates the express provisions of Article 27(4) of the Constitution which states that:

The State shall not discriminate directly or indirectly against any person on any ground, including race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth.

8. **THAT**, on a different occasion the CECM-health stormed the COs residential house, banged her tables and accused the CO of running her office affairs at home despite the fact that the CO was on sick leave. Again, CECM's conduct here demonstrated disrespect to the immediate senior most employees within the Department of Health, Medical Services and Sanitation. It is the Selects Committee's finding that the CECM instilled fear to all the employees, bringing doubt of her competence due to her wanting Integrity and Leadership skills.
9. **THAT**, most of the newly employed staff are still on probation two years on since their appointments.

Section 71 of the County Governments Act provides for Confirmation of appointment on lapse of period and states *interalia* that;

- (1) *If the relevant authority fails to confirm an appointment of a public officer initially appointed on probationary terms, and the term has lapsed with or without an extension, the officer shall stand confirmed in the appointment on the due date.*
- (2) *The period served on probationary terms shall be taken into account when computing the period of service for the purpose of payment of pension benefits, gratuity or any other terminal benefit.*
- (3) *A probationary period of service shall not be extended except on account of— (a) affording the public officer further opportunity to pass an examination the passing of which is a condition for the confirmation, the officer's service otherwise being satisfactory; (b) affording the public officer an opportunity for improvement in any*

respect, in which the officer's work or conduct have been adversely reported on.

It is worth noting that CHMT which ought to deliberate on the confirmation of employment of Health workers is inefficient in its functioning since its members were massively transferred by the CECM thus rendering the CHMT dysfunctional.

10. **THAT**, the Select Committee from the submissions of a Casual Drivers (One Pius Learao) noted that the department directly engaged casuals workers at the departmental level without involving the CPSB mandated with the employment of employees of the County. Section 74 of the County Government Act provides for the functions and powers of the County Public Service Board which *inter alia* is

The County Public Service Board shall regulate the engagement of persons on contract, volunteer and casual workers, staff of joint ventures and attachment of interns in its public bodies and offices.

Consequently, there was unlawful engagement of the casual workers in the Health department as the Board responsible for hiring and engaging employees was not involved. It's an indication that the County Executive Committee Member does not know her mandate as the County Executive Committee Member for health, usurped the powers of other statutory bodies in this case the County public service board as established under section 57 of the County government Act and its functions as regards engagement of casuals as contemplated under section 74 of the County government Act.

11. **THAT**, the casual workers have been working since 2014 without being confirmed in the employment of the County contrary to fair labour practices contemplated by Article 41 of the Constitution. The Committee finds that the Department of Health, Medical Services and Sanitation under the guidance of CECM Health, Medical Services and Sanitation was grossly involved in violation of the express provisions of the Constitution and mandatory provisions of the County Government. As a result of this conduct, the CECM- Mary Kanyaman Ekai is unfit to continue holding the state and public office.
12. **THAT**, the County Executive Committee Member for health Ms. Mary Kanyaman Ekai has intimidated members of the staff and harassed them regularly. This harassment was witnessed in the following cases among others:

- i. Daniel Areman

Was a driver assigned to the County Executive Committee Member for health. On several occasions, he was verbally harassed and. At one point in time, the said County executive member threatened him that she will drive herself. This was a situation when her only assigned driver was tired and needed rest.

ii. Mr. zakayo Lebarleya

Was intimidated and harassed by the County Executive Committee Member when he submitted Suguta Marmar health centre budget and minutes to withdraw an amount to repair the facility Ambulance.

iii. Dr. Mungai Alex

Was the former County pharmacist but was demoted by the CECM under unclear circumstances, after she told him that she would *'finish'* him.

13. **THAT**, the County Executive Committee Member for health created offices not contemplated under the national health policy. These newly created offices only reports directly to her and are ranked both above the chief officer and the medical director who is the senior most technical person in the health department.

One of these newly created offices is that of deputy director for health, the office of strategic partnership and that of integrated MNCH –Maternal Nutrition and Child Health. This is a clear contravention of the provisions of section 47 of the County government Act which requires The County Executive Committee to design a performance management plan to evaluate performance of the County public service and the implementation of County policies. The same documents also require an approval of the County Assembly which is not the case in this new organogram. This new organogram was neither approved by the executive committee, the CPSB nor the County Assembly. Thus the new organogram is contrary to the requirement of the Kenya National health 2012-2030.

14. **THAT**, the CECM once directed her official driver, Daniel Araman to take her official vehicle to Bhogals for repair which costed the County government KES **990,000** without following the procurement procedures. The process was flawed, full of irregularities and the payment was done through a reversal process. In a second case, the CECM health took the same vehicle to Bhogals for repairs without following the laid down procedures for another repair which cost the County government of Samburu **KES 99,990** and **KES 118,920**.

15. **THAT**, the CECM for health on a different occasion presented documents to be paid without proper supporting documentation, in this case, only the work ticket was

available. The chief officer could not honour this claim as the supporting documents were not attached, these claims by the CECM contravenes article 201 of the CoK on the need for prudent use of public moneys.

16. **THAT**, the CECM and a Public health officer David Onchonga expended the entire training budget within the Department against over 600 staff in the Department meant to be trained from the budget.
17. **THAT**, the CECM for Health does not utilize well the scarce resources available in the department of health. Mr. Chris Lengusuranka having over 25 years of experience is currently serving as a County nurse-staffing officer. The said officer was previously Rift Valley nursing officer but later seconded to Samburu County as a County nursing officer (CNO). Displacing such experienced public officers by the CECM is a clear case of incompetency by the CECM. This is also the case of Dr. Alex Mungai who was seconded in 2013 to work as the Samburu County Chief Pharmacist but was later demoted and re-designated by the CECM to work as a sub-County pharmacist, this was not only discouraging and demoralizing to the affected officers but underutilisation of available human resource in the department.
18. **THAT**, the CECM while under oath, severely gave false information before the Select Committee thereby compromising her credibility and integrity, for instance when she said that Dr Alex Mbugua does not have any letter to act as a County pharmacist.
19. **THAT**, in several occasions, the County Executive Committee Member for health, Ms, Mary Kanyaman Ekai, acted ultra vires and unlawfully. The department of health under the CECM's leadership re-designated several medical staff through **posting order no. 6/2016** dated **15th June 2016** and **subsequent posting orders**. In fact the posting order states that it's a change of positions and was discussed and approved by the top ministerial level. This is normally a role of the County Health Management Team (CHMT). Under her directions, public officers were re-designated without their consent as required under section 69 of the County government Act. For instance Mr. Ngala Langat appealed against his re-designation but he had his salary stopped instead.
20. **THAT**, the CECM disregarded the roles of her chief officer and usurped the powers of the said office. In one case, the County Executive Committee Member cancelled a standing *imprest* meant to assist in operations of Samburu East Sub-County despite the chief officer approving the said *imprest* of Kenya shillings 200,000.

This is a role to be performed only by the chief officer who is the departments' accounting officer according to section 45(5) of the County government Act.

21. **THAT**, the CECM Verbally abused junior officers at a training on **4th November 2016** at Samburu North sub-County during a training referring to them as “**team majambazi**”. This statement was directed to a health records officer, Mr. Silas Leparmarai. This is a clear failure to provide leadership and Integrity within the department as required by chapter six of the constitution of Kenya, and due to this abuse of office by the CECM, the situation currently in the department of health, in Samburu County is described as Pathetic and therefore, wanting.
22. **THAT**, the CECM for health benefited on unjust enrichment. In her trip to Israel, she benefited from a 100% per diem as opposed to her entitlement of 25% per diem since she had been provided for with a full board as evidenced in her admission letter. This is a clear disregard of the set out financial procedures.

5 RECOMMENDATIONS

Arising from the oral and written evidence taken, submissions received and observations, the Committee makes the following recommendations for consideration of implementation by the various government entities and agencies: -

1. **THAT**, the Governor of Samburu County, H.E. Moses Kasaine Lenolkulal to take necessary action against the CECM for Medical Services, Public Health and Sanitation (Ms Mary Kanyaman Ekai) for :-
 - i. Discriminating Public Officers on basis of their ethnicity.
 - ii. Unlawfully overseeing irregular employment of casual workers within the Health Department without the involvement of the CSPB.
 - iii. Intentionally flouting procurement procedure during the repair and servicing of her official vehicle.
 - iv. Purchasing of Service Charters for health facilities without following the procurement laws/procedures.
 - v. Establishing and operationalizing a new departmental organogram without the approval of the County Executive Committee and subsequent approval of the County Assembly.
 - vi. Establishing offices contrary to the National Health Policy 2012-2030 contemplated in the fourth schedule of the Constitution and also usurping the mandate of the CPSB under Section 55(d) of the County Government Act.
 - vii. Verbal and consistent harassment of staff within the Health Department thereby violating the express provisions of Chapter 6 of the Constitution.
 - viii. Undermining offices within the Health Department thereby rendering them incapable of functioning i.e. Chief Officer of Health, Director of Medical Services, County Health Management Team, County Pharmacist, Director Public Health Services, Sub-County Health Management Teams, and Administrative Offices.
 - ix. Concealing crucial information in respect to her per diem during her trip to Israel thereby unjustly enriching herself from full and excess per diem as opposed to a quarter per diem and as a result leading to imprudent and irresponsible expenditure of the County resources contrary to Article 201 of the Constitution.

2. **THAT**, the County Public Service Board to take up the issue of engagement of casual workers and those on contracts in the department of health as stipulated under Section 74 of the County Government Act.
3. **THAT**, from **Posting Order No. 6** onwards be declared null and void as they were unprocedurally and unlawfully conducted without due regard to Section 69(2) (c) (d) and 72(1) of the County Governments Act.
4. **THAT**, the CPSB is directed to reinstate the salary of Mr. Ngala Langat, the Assistant Chief Clinical Officer that was irregularly stopped.
5. **THAT**, the Chief Finance Officer to recover the excess per diem advanced to the CECM Health, Ms Mary Kanyaman Ekai during her travel to Israel in November 2016.
6. **THAT**, the CPSB abolishes all the unlawfully established offices within the Department of Health, Medical Services and Sanitation as in the ‘new’ organogram.
7. **THAT**, the CPSB considers confirmation of Public Officers working under Acting Capacity for more than three years. (Including but not limited to; the County Director of Health, Dr. Martin Thurania and the County Pharmacist, Dr. Alex Mbugua)
8. **THAT**, the contents of Memorandum of Understanding between the Samburu County Government and Wamba Catholic Mission Hospital be strictly adhered to (as stipulated in the Public Private Partnership act, 2013).
9. **THAT**, the Public Officers within the Health Department to execute their mandate, functions and powers bestowed upon them in accordance with Article 10 of the Constitution, without fear or favour and above all to ensure service delivery to the people of Samburu County.

6 CONCLUSION

The committee concluded that there is harassment and intimidation of staff (by the CECM – Mary Kanyaman Ekai) at the department of Medical Services, Public Health and Sanitation.

Further, the committee concludes that the County Government lost KES 1,000,000 to Ms Mary Kanyaman Ekai on her recent trip to Israel, when she was paid on full board and given 100% per diem and not the 25% necessary in the provided regulations.

The relevant government agencies (the governor, the CPSB, the Treasury, the CDOH and the CA among others) must move with speed in line with the committee's recommendations and take necessary steps to return sanity in the county department of Medical Services, Public Health and Sanitation. The committee directs that the clerk of the county assembly provide the necessary support including availing the various documents submitted to this committee to the relevant government agencies implementing the recommendations of this report.

7 APPENDICES

ANNEX1: Hansard Report (AS A SEPARATE BOOKLET, VOLUME 2: HANSARD REPORT)

ANNEX2: List of casuats

ANNEX3: List of casuats

ANNEX4: Casual engagement letter

ANNEX5: Casual engagement letter

ANNEX6: Casual engagement letter

ANNEX7: Casual engagement letter

ANNEX8: Casual engagement letter

ANNEX9: Casual engagement letter

ANNEX10: Dr Alex Mungai posting as a county pharmacist

ANNEX11: posting order 3/16

ANNEX12: posting order 4/16

ANNEX13: posting order 5/16

ANNEX14: posting order 6/16

ANNEX15: posting order 7/16

ANNEX16: posting order 8/16

ANNEX17: posting order 9/16

ANNEX18: posting order 11/16

ANNEX19: Cancelled LSO

ANNEX20: Letter of Appeal for Transfers

ANNEX 21: Cancelled request for imprest for Samburu east HTM

ANNEX22: unsupported claims

ANNEX23: unsupported claims

ANNEX24: annoying texts

ANNEX25: annoying texts

ANNEX26: annoying texts

ANNEX27: Bhogals claim

ANNEX28: Bhogals claim

ANNEX29: letter to GIMI on David Onchonger's self-sponsorship

ANNEX30: CHMT Meeting

ANNEX31: SEDF post by Leparmarai Silas