COUNTY GOVERNMENT OF ISIOLO
DIRECTORATE OF COMMUNICATION

PROGRESS REPORT ON COVID-19 PREPAREDNESS AND RESPONSE PLAN BY ISIOLO COUNTY GOVERNMENT.

Background

On 31 December 2019, World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown etiology (cause) detected in *Wuhan* City, *Hubei* Province of China. The *Coronavirus* disease (COVID-2019) was identified as the causative virus by Chinese authorities on 7th January 2020. Over a couple of months, the disease has spread around the globe with more than **3,781,168 Million** confirmed cases reported with over **261,714** deaths case. Kenya has since its first case tested **27,370** people, registered **582 confirmed cases, 366 active cases, out of which 190 have recovered** so far and with **26 fatality cases** reported as at 6th May 2020. General information about COVID-19 guidelines as stipulated by the World Health Organization, the Ministry of Health of Kenya and the Presidential guidelines to manage the spread of the novel COVID-19 pandemic is as follows;

a) Corona Virus Disease (COVID19) is a new respiratory illness that can easily be spread from person to person;
b) COVID-19 is spread through contact with droplets produced by a person who is sneezing or coughing or contaminated surfaces or objects;
c) COVID-19 can cause severe symptoms like fever, cough, headache, body aches and difficulty in breathing.
d) COVID-19 is preventable through;
   -Washing your hands with soap and running water or using an alcohol based hand sanitizer,
   - Keeping a social distance of at least 2 metres or 2-3 steps from people with flu-like symptoms.
   - Avoiding shaking hands, hugging or kissing with people with flu-like symptoms.
   - Staying at home and avoiding travel when you have flu-like symptoms.
e) Early detection and treatment can contribute greatly to survival of the patient; and
f) COVID-19 cannot be transmitted through air.

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CURRENT STATUS AT PLAY IN ISIOLO COUNTY

The County Government of Isiolo, County Covid-19 Emergency Response Committee and Isiolo County Department of Health Services;

Echo the preamble of the **Constitution of Kenya 2010** that affirms Kenyans 'proud of our ethnic, cultural and religious diversity and determined to live in peace and unity as one indivisible sovereign nation';

Recognizing the sovereignty of the people of Kenya and their aspirations for a government based on essential values of social justice, equality, non-discrimination, freedom and rule of law as enshrined in the Constitution of Kenya, 2010;

Emphasizing the need for harmonious co-existence, national cohesion and integration as emboldened by the Constitution of Kenya, 2010;

Recalling that some of the fundamental national values and principles of governance as espoused under Article 10 of the Constitution of Kenya include inclusiveness, non-discrimination and protection of the marginalized groups, communities and regions;

Underlining *constitutionalism, the rule of law, due process, fairness, social justice, equity, equality, representation and inclusivity* cardinal tenets and principles of democracy and recognize the detrimental impact of the lack of the respect for rule of law and full operationalization of the Constitution as a risk to the current gains for women, vulnerable and marginalized populations;

Reaffirming our total commitment and support to the devolved system of governance, fight against the *monster of corruption* and *imprudent financial management* by some duty bearers within the structures and institutions of the national and county governments;

Taking cognizance of the significance concept and purpose of the national values of transparency, accountability, moral probity and objectivity, impartiality and integrity and the need of their internalization by duty bearers at national and county levels of public service;

Re-affirming the freedom of security of all persons, protection of families, communities and their properties without any distinction based on *including age, gender, socio-economic status, political affiliation, ethnic and cultural backgrounds, religion, health status as enshrined in the Bill of Rights and International instruments*; and

Bound by common origins, challenges and ideals for socio-economic and political development as a region and as an indivisible integral part of the country's development and future;

Do hereby draw attention of the members of the public, civil society organizations, political leaders, religious leaders, professionals, members of the fourth estate (mainstream media) and stakeholders in health sector (Ministry of Health and Council of Governors) on the current health sector situation report;

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COUNTY SITUATION REPORT

The County Government, County COVID-19 Emergency Response Committee and the Communication department wish to register progress on the following;

a) The **County COVID-19 Emergency Response Committee** was unveiled on **16th March 2020**. It comprises of different key stakeholders and representation of; County Government, National Government and Religious Leaders among others. The Committee is chaired by the Governor and co-chaired by the County Commissioner. The County Committee did also establish Sub-county and Wards committees which meets twice weekly to deliberate on progress of implementation of the County Emergency and Response Plan;

b) The County Committee embarked on establishing a **rapid response team** in all the three sub-counties which comprises of technical officers from the County Department of Health Services. The team manages daily operations and implements the emergency response plan in their respective sub counties. They also guide on surveillance, deliberation on protection of public and healthcare workers;

c) There has been an intensified case finding through; Robust Surveillance System, Engagement of Community Health Services, and Involvement of Volunteers and Grass Root Mobilizes which has yielded fruits on the fight against the virus. This has resulted in more people in isolation and quarantine centers. **85 individuals** believed to be primary suspects were put under quarantine, , **73 individuals** successfully completed the 14 day period while **12** are still in the quarantine centres

d) The county government has already trained a total of **1,128 health workers including community health volunteers** on handling Coronavirus (COVID-19) patients. Eleven Healthcare workers have undergone intensive TOT training on COVID-19 supported by the Ministry of Health;

e) Isolation Wards have been established in all the high-volume health facilities with varying number of bed capacities. A total of ***57* beds** across the county have been established with additional seventeen more beds to be procured.

f) Cognizant of the fact that some COVID-19 patients may require ICU and HDU services, The Committee swung into action to avail the much-needed facilities under extraneous circumstances from Mission for Essential Drugs and Supplies (MEDS). MEDS is a faith based, not-for-profit organization based in Nairobi, Kenya;

g) All the thirteen ICU beds at the Intensive Care Unit (ICU) and High Dependency Units (HDU) were sourced from Mission for Essential Drugs and Supplies (MEDS) following due process.

h) The isolation ward staff and surveillance response team have developed a good rapport in terms of patient admission and **sample collection and testing**. So far 17 samples were collected where all tested negative;

i) Community members were continuously **sensitized** through various media both local and national including our wide range of Community Health Volunteers (CHVs). The messages include; what is Coronavirus COVID-19, mode of spread, preventive measures, signs and symptoms, case definitions, the vulnerable groups and the role of community members including adherence and compliance to government directives;

j) Hand washing facilities have been established at all public places including; health facilities, markets places, and government offices as well as enforcing and ensuring total compliance of traders in town centers, in estates in installation and at their respective premises. In

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addition to that, since 21st March 2020 more than **80,000** passengers have been screened at all points of entry;

k) The County Government of Isiolo purchased and distributed assorted food items to cushion 16,000 households against hunger and malnutrition during these hard times of COVID-19. Moreover, medical supplies were also dispatched to flood hit areas in *Iresaboru location in Sericho* Ward. The county government has partnered with more than **Seven** local and international Non-Governmental Organizations (NGOs) to scale up humanitarian response during this period of the novel COVID-19 pandemic;

l) For the record, the County Government of Isiolo did not **borrow or lease** ICU/HDU beds and critical medical facilities from any private or public entity whatsoever contrary to what has been peddled around by busy bodies though the law allows the County Government to engage anyone or stakeholders during this period of emergency as clearly stated in; *Public Procurement and Asset Disposal Act, 2015 Section 103 (2)(a)(b)(c)* and *Public Finance Management Act, 2012 Section 135 (1)*;

m) There was **NO MONEY** lost in the procurement process. To this end, the implementing County Department of Health Services can avail information required by any credible government agencies or public as the law allows.

n) While **healthy and objective criticism** is allowed, unethical individuals guised as activists and some segment of political leaders should not seek cheap popularity by peddling lies at a time when the country is battling the deadly virus;

o) The investigative and security organs of the government need to deal with those hell-bent on spreading unsubstantiated rumours, misinformation and spew distorted news especially during this period of emergency;

p) There has been continuous and harmonious collaboration between National and County governments to review containment with security agencies on curfews and quarantining to minimize economic impacts. Moreover, there was regular review of cross border travel and preparedness;

q) As at today, 7th May 2020, there ***has been no*** confirmed case for COVID-19 in Isiolo.

1. COUNTY SUPPORTS AND PARTNERSHIP WITH RELEVANT STAKEHOLDERS

The County government managed to secure meaningful partnerships with various Non-Governmental Organizations such as;

i) **Living Goods** which donated a consignment of 3 months medical commodities for 710 Community Health Volunteers (CHVs) kits, IEC Materials, examination gloves, hand washing soap, surgical spirit, surgical masks,150 PCS of 100 liter heavy duty hand washing water tanks, heavy duty surface gloves, disposable gowns, eye protection goggles, with screening exercises set to benefit from tents and table sets. The organization also lent the county a car with fuel and driver's allowances during this period of COVID-19.

ii) **Action Aid International -Kenya** who generously provided 5,000 litres of water tanks and 30 hand washing stations. Hand washing stations targeted women and children. In addition, they further graciously financed Hospitality budget for Isiolo County COVID-19 Emergency Response Committee;

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iii) **Child Fund Organization** donated and distributed items such as; buckets, soap and jerry cans of 20 litres capacity which was dispatched to residents of; *Ngaremara, Burat, Bulapesa, Wabera* and *Oldonyiro* Wards. This is a measure of improving interventions aimed at curbing occurrence of infections of the ongoing COVID-19 pandemic.

iv) **Turkiye Diyanet Foundation** from Turkey who donated assorted food items for 400 vulnerable families which include people with disability, economically challenged people and elderly. The donation was made possible through the **NASRI Livelihoods Foundation-(Kenya)**;

v) **World Food Programme (WFP)** availed Non- Food Items and 240 bags of Orange fleshed sweet potato vines through the Department of Agriculture;

vi) **British Army Training Unit Kenya (BATUK)** supported the county by donation of hand washing facilities specifically water tanks each with a capacity of 10,000 litres.

vii) **East African Breweries Limited** who generously provided 70 cartons of portable sanitizers containing 24 bottles per carton;

viii) **Isahaqia &Harti** Community in Isiolo County donated 200 water tanks of 50 litres each for hand washing purposes; and

ix) **Other Health partners** such as **Merti Integrated Programme** supporting the county in logistics

The above donations were made possible through stakeholder engagement enabled by indefatigable spirit and effort of H.E Governor Dr. Mohamed Kuti.

2. DEBUNKING PROCUREMENT OF ICU BEDS

"The very concept of objective truth is fading out of the world. Lies will pass into history".- George Orwell.

COUNCIL OF GOVERNORS

It is strange for anyone who has internet connection to tell their story, their version of events, and connect with audiences that may be inclined to agree or disagree with them. By doing so they create debate and even create consensus. However, it is invariably important to ensure that information is accurate and factual. The County Committee on Covid-19 Emergency Response and Department of Health strictly adhered to *Public Procurement and Asset Disposal Act* and *Public Finance Management Act* to the letter.

The approach by the Committee is supported by a letter from the Council of Governors Chair to the Chief Executive Officer, Ethics and Anti-Corruption Commission (EACC) dated **25th March 2020** with reference number **COG/7/10 Vol.2 (31).** In the letter, the Chair of the Council of Governors stated that counties to ensure strict adherence to the statutory approvals espoused in Section 69 (3),

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direct procurement and **single sourcing** methods be employed during this period of emergency response. For avoidance of doubt, Isiolo County Government wishes to state as follows:

a) Procurement procedures is not an event but a process and all the dealings of the Department of Health Services was above board;

b) Given the current situation in the country and the guidelines issued by the Ministry of Health Kenya (MOH-K) with respect to COVID-19 matters, procuring entities are guided to scale down the procurement activities with the exception of the ongoing process, save for the procurement of essential and critical services;

c) For the initiated procurement process, The Accounting Officer (Chief Officer for Health Services) is allowed to make decisions on whether the procurement process can proceed in the context of the prevailing circumstances and in view of the Government directives as well as objectives/principles as enshrined in the Public Procurement and Asset Disposal Act, 2015 and the possibility of the entity achieving the intended outcome of the subject within the existing constraints;

d) Where a procuring entity is unable to process an ongoing procurement to conclusion, the Chief Officer, is expected to make a rational decision on whether to terminate the procurement by invoking provisions of Section 63 of the Act on the basis of force majeure to avoid inherent challenges and risks;

e) The County Government has a structured partnership arrangement with Mission for Essential Drugs and Supplies (MEDS) that has been ratified last year. MEDS supplied the County Government of Isiolo with ICU/HDU beds. This was in line with PPDA 2015 Section 103 (2)(a)(b)(c) and (e). MEDS confirmed purchase of ICU/HDU beds by the county government on their official twitter handle on 15th April 2020: and

f) The market price offered by the MEDS was quite fair and reasonable compared to any other institution that deals with medical supplies. This is due to the fact that MEDS is a not-profit faith-based organization;

In the case of **Direct procurement** here are the mandatory conditions as provided for in ***Section 103*** of the ***Public***

The Council of Governors further notes that section 2 of the said Act defines an **"urgent need"** to mean, "*the needs for goods, works or services in circumstances where there is an imminent or actual threat to public health, safety…such that engaging in tendering proceedings or other procurement methods would not be practicable*". As such, the Act provides for an explicit procurement process as highlighted above.

In addition, it is important to note that County Governments have established an emergency fund in line with section 110 of the Public Finance Management Act (PFMA) which fund consists of money appropriated by the County Assembly to the fund by an appropriation law. Section 135 of the PFMA further stipulates that, "*A county government may spend money that has not been appropriated if the amount appropriated for any purpose under the County Appropriation Act is insufficient or a need has arisen for expenditure for a purpose for which no amount has been appropriated by that Act, or money has been withdrawn from the county government Emergency Fund*. Therefore, in responding to the current crisis, Counties are utilizing the fund to tackle the issue.

However, note that this is an extra ordinary calamity that also needs extra ordinary solutions that also requires Immediate/urgent interventions, as County Governments, we will endeavour to adhere to the provisions of the law as we explore all the necessary measures in responding to COVID-19.

2

We remain grateful for your continued support.

Yours sincerely,

H.E. Hon. FCPA Wycliffe Ambetsa Oparanya, EGH, CGJ
Chairman, Council of Governors

Copy: All Excellency Governors
All County Secretaries
All CECS in charge of Finance
All CECS in charge of Health

MEDS
@meds_kenya

County government of Isiolo purchases ICU and HDU beds complete with oxygen machines and patient monitors from MEDS. MEDS launched it's medical equipment showroom last year. Visit l.facebook.com/l.php?u=http%3... and learn more about MEDS. l.facebook.com/l.php?u=https%...

County sets up 13- bed intensive care unit

DIRECTOR, INFORMATION AND PUBLIC COMMUNICATION
07 MAY 2020
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MEDS NEWSLETTER

MEDS Partners with Isiolo County Government to set up isolation unit for COVID-19 Patients

Procurement and Disposal Act 2015. It provides, a procuring entity may use direct procurement as allowed under sub-section (2) as long as the purpose is not to avoid competition. ***Sub section (2).*** A procuring entity may use direct procurement if any of the following are satisfied–

a) **the goods, works or services are available only from a particular supplier or contractor**, or a particular supplier or contractor has exclusive rights in respect of the goods, works or services, and no reasonable alternative or substitute exists;

b) **due to war, invasion, disorder, natural disaster or there is an urgent need for the goods, works or services**, and engaging in tendering proceedings or any other method of procurement would therefore be impractical, provided that the circumstances giving rise to the urgency were neither foreseeable by the procuring entity nor the result of dilatory conduct on its part;

c) **owing to a catastrophic event, there is an urgent need for the goods, works or services,** making it impractical to use other methods of procurement because of the time involved in using those methods;

d) the procuring entity, having procured goods, equipment, technology or services from a supplier or contractor, determines that additional supplies shall be procured from that supplier or contractor for reasons of standardization or because of the need for compatibility with existing goods, equipment, technology or services, taking into account the effectiveness of the original procurement in meeting the needs of the procuring entity, the limited size of the proposed procurement in relation to the original procurement, the reasonableness of the price and the unsuitability of alternatives to the goods or services in question;

e) for the acquiring of goods, works or services provided by a public entity provided that the **acquisition price is fair and reasonable** and compares well with known prices of goods, works or services in the circumstances.

The decision of the Committee and executing Department of Health Services is supported by Section 135 (1) of the Public Finance Management Act, 2012 which states, *" A county government may spend money that has not been appropriated if the amount appropriated for any purpose under the County Appropriation Act is insufficient or a need has arisen for expenditure for a purpose for which no amount has been appropriated by that Act, or money has been withdrawn from the county government Emergency Fund"*

3. DEPOLITICISATION OF WAR ON COVID-19

County Government of Isiolo just like any other County Governments and the National Government received fair share of barrage of negative politics from people with a programmed mind set out to tarnish and rubbish the concerted effort of the Isiolo County Covid-19 Emergency Response Committee in particular and the County Government in general. The current regime under the able leadership of H.E Dr. Mohamed Kuti Governor, Isiolo County has overhauled

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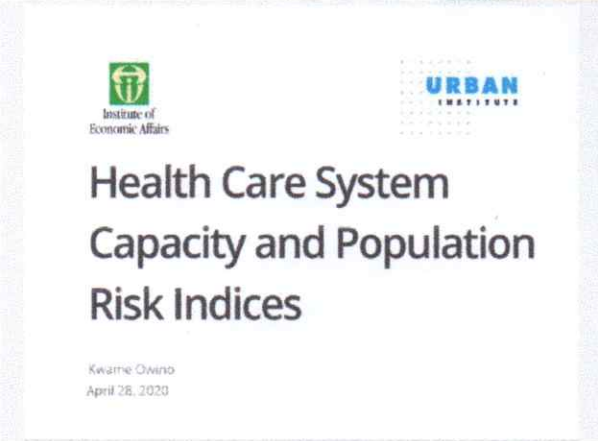
and is continuing to overhaul the Health sector by focusing on Primary Healthcare while aggressively investing in; Infrastructure, Equipment and Hiring Qualified Technical Workforce, thereby uprooting the monotonous health gap that has nosedived the lust for specialized services at exorbitant costs as well as ridding the County communities of the alarming undeserved and unnecessary mortality and morbidity rate.

During these trying moments, it will be prudent for all political leaders and human rights activists to cease from polarizing and trivializing the fight against the novel Coronavirus (COVID-19) in our great County. This is against a backdrop by some individuals posting falsified stories and images of a pick-up vehicle ostensibly delivering Intensive Care Unit (ICU) beds in the recently unveiled Intensive Care Unit (ICU) and High Dependency Unit (HDU) at the Isiolo Teaching and Referral Hospital (I.C.T.R.H). The County Government of Isiolo duly followed with military precision the laid-out guidelines and statutory laws pertaining to public procurement. Therefore, any distorted information pieced-up together to attain imagined goals should be treated with the contempt it deserves.

Objective and constructive criticisms aired by human rights activists and or any political leader or any resident of Isiolo County are the very fundamental base of open democracy but it is very disappointing when this virtue is reduced to settling political scores through disinformation and fake news. Ideally, this should not be done at the expense of public service and specifically at this very time of curbing the spread of Coronavirus (COVID-19). There are better avenues for anyone to air out concerns or grievances with the County administration. Leadership is about making others better as a result of your presence and making sure that impact lasts in your absence. We think it's very important to have a feedback loop, where you're constantly thinking about what you've done and how you could be doing it better. We believe that's the single best piece of advice: constantly think about how you could be doing things better and questioning yourself.



4. EMERGING REPORT

In the recently published report by the Institute for Economic Affairs on **28th April 2020** titled "Health care System Capacity and Population Risk Indices". The detailed research was authored by institute's Chief Executive Officer ***Kwame Owino***. Isiolo was ranked among top TEN in the country. To be specific, Isiolo County clocked **7th position** after top notch counties. The Institute of Economic Affairs (IEA Kenya) is a think-tank that provides a platform for informed discussions in order to influence public policy in Kenya. They seek to promote pluralism of ideas through open, active and informed debate on public policy issues. They undertake research and conduct public education on key economic and topical issues in public affairs in Kenya and the region, and utilize the outcomes of the research for policy dialogue and to influence policy making.

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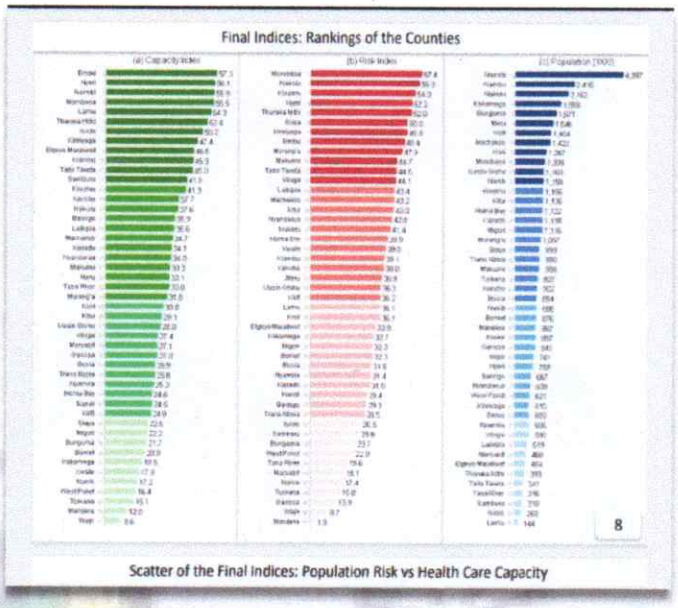
Some of the risk indicators used in the survey include; population (60+ years), urban population, mortality rate, morbidity rate, HIV+ prevalence rate, distance to the nearest city (Nairobi), visitors to Game Parks and Museums. The capacity indicators range from Recurrent Health Expenditure (per capita) to total Health facilities per 100KM^2. The report ranked seven counties as the **safest** because of a "high score on the health capacity index based on high scores for healthcare facilities and health workers relative to its population size". They are Lamu, Elgeyo Marawkwet, Tana River, Kajiado, **Isiolo** and Samburu.



However, the report's author warned it should not be interpreted to literally mean that the low risk high capacity (the safest) counties should be ignored while shifting attention to the low risk high capacity (the most vulnerable) ones. Kenya suffers chronic shortage of healthcare workers, always operating below the World Health Organization 2030 threshold. The country has a nurse-to-population ratio of 25 per 10,000 and 36 doctors per 10,000. According to the *Kenya Health Workforce Survey* 2015, Nairobi holds more than a third of doctors (32 per cent).

The five counties with the highest ratio of nurses below age 60 to 10,000 population are Nairobi (9.7), Uasin Gishu (8.5), Tharaka-Nithi (7.9), **Isiolo (5.2)**, and Taita-Taveta (5.0).

CONCLUSION

The recent scathing criticism of the County's Department of Health Services by some politicians and a group of human rights activists at the height of an unprecedented calamity exposes the dangers of politicization and finger-pointing pose to the collective pursuit of tackling a global health disaster. Yet the department continues to work under a tough environment and operating under low budget relying on the support of national government and development partners. The continuous politicking and trivialization of COVID-19 war is only meant to distract

As the Coronavirus (COVID-19) related deaths and cases rise exponentially each day, this is the time to quarantine COVID politics and instead double collective efforts toward flattening of the curve. COVID-19 like all other viruses has no; Tribe, Race, Religion or Nationality and these petty politics only serve to distract the County from the core mission of defeating the pandemic. For more information on County Government of Isiolo preparedness and response see the attached annexure.

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Over time - we have demonstrated the pliability, bravery and wisdom required to conquer this invisible enemy. Our prayers and thanks to our brave and dedicated medical professionals, their support staff, essential service providers and humanitarian organizations. We thank God for those who are working every day to curb the spread of the COVID-19 in county.

Thank you, stay safe and stay home.

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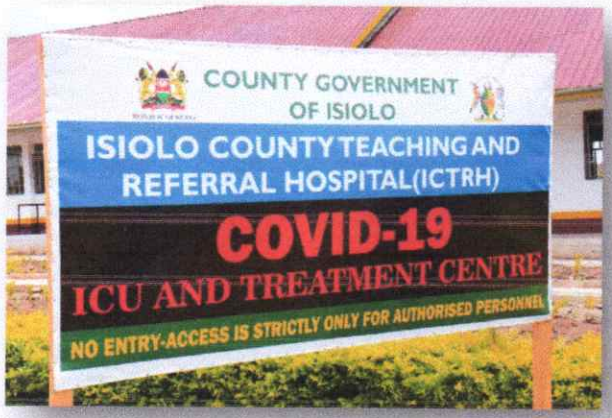
DIRECTORATE OF COMMUNICATION,

COUNTY GOVERNMENT OF ISIOLO.

THURSDAY 7TH MAY, 2020



PREPAREDNESS AND RESPONSE ACTIVITIES BY ISIOLO COUNTY GOVERNMENT

As part of preparedness and response toward the global outbreak of COVID-19 pandemic, Isiolo County has conducted series of activities with major focus been prevention of the spread of the viral infection. As at today, 5th May 2020, there ***has been no*** confirmed case for COVID-19 in Isiolo.

Activities conducted include;

1) **Enhanced surveillance and Community health services**

Intensified case finding through a robust surveillance system, engagement of community members, involvement of 50 students drawn from various Universities and grass root mobilizers has yielded fruits on fight against the virus. This has resulted in more people in Isolation centers and quarantine as follows;

Intervention	Number	Comment
Quarantine at home and quarantine centres	**85 individuals of primary suspect**	73 Successfully completed the 14 day period while 6 are still in quarantine
Isolation at Government facility cases (ICTRH)	**12 primary suspects**	15 individuals from quarantine and isolation centers were tested and all tested negative and discharged.

As at 6th May2020, **we have none** at the hospital Isolation center.

2) **Establishment of County/sub county/ward Emergency Response Committees** - The County team was established on 16th March 2020. It comprises of different key stakeholders and representation of county government, national government, religious leaders among others. It is chaired by the Governor and deputized by the County

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Commissioner. The committee meets twice weekly to deliberate on progress of implementation of the County Emergency and Response Plan. All the other committees were established and are meeting twice a week to deliberate and discuss on the activities geared towards prevention of infection in the area.

3) **Rapid response team** - In each of the three sub counties, rapid response team was established comprising of technical officer from the County Department of Health. The team manages daily operations and implement the emergency response plan in their respective sub counties. They also guide on surveillance, deliberation on protection of public and healthcare workers.
4) **Isolation Wards** - Isolation wards has been established in all the high volume health facilities with varying number of bed capacities. A total of 42 beds across the county have been established with additional thirty more beds to be procured. This include 13 ICU/HDU beds.

The following are the centres with Isolation and their respective bed capacities;

S/No	Name of the Health Facility	Bed Capacity
01	Isiolo County Referral Hospital	20
02	Kipsing Health Centre	2
03	Merti Health Centre	17
04	GarbatullaSub County Hospital	6
05	Kinna Health Centre	4
06	Gafarsa Health Centre	2
07	Modogashe Dispensary	2
08	Sericho Health Centre	2
09	IresHaaBoru	2
	Total	**57**

5. Establishment of Covid-19 ICU and HDU wards

Cognizant of the fact that some COVID-19 patients may require ICU and HDU services, the county has procured 13 high end ICU/HDU beds to establish ICU and HDU treatment Centre. The department swung into action to avail the much needed facilities under extraneous circumstances from Mission for Essential Drugs and Supplies (MEDS). MEDS is a faith based, not-for-profit organization based in Nairobi, Kenya. The county government has structured agreement with the organization beside KEMSA. This have been installed and commissioned at KMTC campus at Isiolo County Teaching and Referral Hospital

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6. Sample collection and testing

The isolation ward staff and surveillance response team have developed a good rapport in terms of patient admission and sample collection and testing. So far 41 samples were collected with 15 testing negative and 26 awaiting result.

7. Sensitization and training of Healthcare workers – 1128 health workers including Community Health Volunteers were sensitized and trained on COVID-19 at their respective sub county hospitals of ICTRH, *Garbatula* and *Merti* level iv Hospitals. 11 Healthcare workers have undergone intensive training on COVID-19 supported by the National government as TOTs.

Sub County	**Training (full package training)**
TOTs	11
Isiolo	641
Merti	191
Garbatulla	285
Total	**1,128**

8. Sensitization of community members on COVID-19 – Community members are continuously being sensitized through various media including our wide range of CHVs. The messages include what is Coronavirus (COVI-19) , mode of spread, preventive measures, signs and symptoms, case definitions, the vulnerable groups and the role of community members including adherence and compliance to government directives. Different approaches have been used to reach out to communities, these include;

i) **Public Address System –**Through the support of KRCS and other partners, the County Department of Health has reached out to all villages/estates in Isiolo with messages on the outbreak, mode of transmission, signs and symptoms, prevention and all the Dos and Don'ts. This is a continuous process so as to reach out to other rural villages in Isiolo. The targeted groups through this communication medium include community members in estates, 500 *bodaboda* riders and 100 taxi/*matatu* drivers. So far an estimated 180,000 persons have been reached.

ii) **Through local Radio stations –** Three different radio stations has been used to deliver messages. The total coverage by the three stations is estimated to be 150,000 people. Healthcare workers, youth groups and religious leaders have been used to deliver the messages using this platform. So far, 9 radio talk shows have been conducted in Boran and Swahili languages. Three was done by religious leaders and the rest by health technical team.

iii) **Small group sensitization –** Through one on one forums, the County department of health have sensitized different groups including religious leaders, youth groups, the

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Kenya Police Officers involved in Screening of passengers as well as local administrative leadership, taxi drivers and *bodaboda* riders.

iv) **Sensitization at Isiolo GK prison**–Detention centers are often characterized by overcrowding and lack adequate WASH facilities. Overcrowding and lack of hand washing practices are one of the risk factors in the spread of the infection. The County Department of health reached out to Inmates and warders at Isiolo GK Prison. The total of 147 inmates and 10 wardens were reached.

v) **Sensitization at Victor Children home** – The County department of health reached out to Victor children home which provide host to 120 children (Male 66, Female 54). The children are mostly those abandoned by their parents and others from poor families. During the visit, the County department of Health through support from UNICEF delivered WASH commodities including 2 hand washing sets, 18 pieces of 20litre jerry can, 2 boxes of soap and 40 buckets. Demonstration of hand washing technique also done.

VI) Sensitization of Security team by Healthcare workers

Experts from the departments of health services trained security personnel on COVID-19 and how to prevent infections at ICTRH learning centre.

1) **Distribution and installation of hand washing facilities.**

Hand washing facilities have been established at all public places including health facilities, markets places, and government offices as well as enforcing and ensuring total compliance of traders in town centers and in estates in installation of hand washing facility at their respective premises.

2) **Community sensitization on social distancing and enforcement of government directives** through ensuring to government directive including the partial lockdown, burial ceremonies restricted to 15 persons, ban in wedding gatherings, *khat/miraa* sales, closure of bars and video dens and hotels restricted to offer take-away meals only, *matatus* allowed to carry only to specific percentage of their capacity among others.

3) **Continuous daily screening of passengers at all point of entry into the County.** The activity started on 21st March 2020 and so far, over 80,000 passengers have been screened by use of thermal gun to monitor their body temperatures and to determine if any of them meet the case definition.

4) **Establishment of emergency operation center with all round call numbers.**

The county department of health has established critical 24 hour hotlines where public can inquire and report about COVI-19. The numbers are as follows;

Safaricom: 0790635442

Airtel: 0738455948

The public are urged to call these numbers on matters of COVID-19,

5) **Protective gears and equipment**

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The county, in an attempt to secure healthcare workers and general populace, have procured enough protective gears in the form Protective aprons, masks, gloves and sanitizers. Equipment such as fumigation pumps, Thermo guns and spray chemicals have all been procured and distributed while more are in the process of procurement.

6). Public Health interventions are also ongoing

Several public health activities are ongoing alongside community health services and surveillance. These include;

- Fumigation (Food and livestock markets, *matatu* stage, office of County Governments, County Assembly, Police station, GK prison, orphan children homes, Sub County Hospital
- Distributed chlorine and pumps at all Sub Counties, WASH products, and thermo guns
- Town sanitation
- Upscale Inspections (Closed 34 eating premises not compliant)
- Town fumigation by public health team

APPENDIX 1

S/No.	ACTIVITY	REPORT
1.	**Community Awareness on local radios**	Covid - Community awareness on local fr
2.	**Sensitization at GK Prison**	Covid - GK Prison Sensitization.docx
3.	**Sensitization of local leaders**	Covid - Local leaders Sensitization.docx
4.	**Sensitization of screening team**	COVID - SCREENING TEAM SENSITIZATIOI
6.	**Sensitization at the children home**	Covid - Victor children home Sensiti:

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