

GOVERNMENT OF NAIROBI CITY COUNTY



THE NAIROBI CITY COUNTY ASSEMBLY

OFFICE OF THE CLERK

THIRD ASSEMBLY
(THIRD SESSION)

19/09/2024
19TH SEPTEMBER 2024

NCCA/TJ/PL/2023(48)

PAPER LAID

SUBJECT: REPORT OF A COMMITTEE

Pursuant to Article 229 (8) of the Constitution of Kenya, 2010 and Standing Order 196, I beg to lay the following Papers on the Table of this Assembly, today Thursday 19th September 2024:

- THE REPORT OF SELECT COMMITTEE ON PUBLIC ACCOUNTS ON CONSIDERATION OF THE REPORT OF AUDITOR GENERAL ON COVID-19 VACCINE ROLL OUT FOR THE NAIROBI CITY COUNTY GOVERNMENT.

(The Chairperson, Select Committee on Public Accounts)

Copies to:
The Speaker
The Clerk
Hansard Editor
Hansard Reporters
The Press

Report tabled by on 19/9/24
by Hon. Chege Mwangi
Officer:
PCA (ChSP)

The Nairobi City County Government



Nairobi City County Assembly
Third Assembly – Third Session

The Report of the Select Committee on Public
Accounts

on

The Consideration of the Report of the Auditor-
General on Covid-19 Vaccine Roll out for the Nairobi
City County Government.

Clerks Chambers
Nairobi City County Assembly
City Hall Buildings
Nairobi

September, 2024

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1.0 PREFACE

Hon. Speaker,

On behalf of the Public Accounts Committee (PAC) and pursuant to the provision of Standing Order 196(6), it is my pleasant privilege and honor to present to this Assembly this report of the Public Accounts Committee on the consideration of the *“The Report of the Auditor General on Covid-19 Vaccine Roll out for the Nairobi City County Government”*.

1.1 Mandate of the Public Accounts Committee

The Public Accounts Committee derives its mandate from Standing Order 203 (2) of the Nairobi City County Assembly, which provides that: -

“The Public Accounts Committee shall be responsible for the examination of the accounts showing the appropriations of the sum voted by the County Assembly to meet the public expenditure and of such other accounts laid before the County Assembly as the Committee may think fit”.

The primary mandate of the Committee is therefore to oversight the expenditure of public funds by Nairobi City County entities, to ensure value for money and adherence to government financial regulations and procedures. The Committee further aims at ensuring that Nairobi City County public funds are prudently and efficiently utilized. The Committee executes its mandate on the basis of annual and audit reports prepared by the Office of the Auditor General (OAG).

Article 229 (8) of the Constitution provides that within three months after receiving the report of the Auditor General, Parliament or the **County Assembly** shall debate and consider the report and take appropriate action. It is on this basis that this report has been produced by the Committee for consideration and adoption by the County Assembly.

1.2 Guiding principles

In the execution of its mandate, the Committee is guided by core constitutional and statutory principles on public finance management, as well as established customs, traditions, practices and usages. These principles include the following: -

(a) Constitutional Principles on Public Finance

Article 201 of the Constitution of Kenya 2010 enacts fundamental principles aimed at guiding all aspects of public finance in the Republic. It states that the principles are, *inter alia, openness and accountability, including public participation in financial matters; public money shall be used in a prudent and responsible way; and financial management shall be responsible, and fiscal reporting shall be clear*. The Committee places high regard on these principles, among others, and has been guided by them in the entire process that has led to this report.

(b) Direct Personal Liability

Article 226(5) of the Constitution is unequivocal that: - *“If the holder of a public office, including a political office, directs or approves the use of public funds contrary to law or instructions, the person is liable for any loss arising from that use and shall make good the loss, whether the person remains the holder of the office or not”*.

Consequently, Section 203(1) of the PFM Act, 2012 enacts that: - *“A public Officer is personally liable for any loss sustained by a county government that is attributable to-*

- (a) the fraudulent or corrupt conduct, or negligence, of the officer; or*
- (b) the officer’s having done any act prohibited by sections 196, 197 and 198”*

The Committee considers this Constitutional and legal provisions as the basis for holding Accounting Officers and other Public Officers directly and personally liable for any loss of public funds that may occur under their watch.

1.3 Obligations of the Accounting Officer

Article 226(2) of the Constitution provides, inter alia, that: *“the Accounting Officer of a national public entity is accountable to the National Assembly for its financial management, and the Accounting Officer of a county public entity is accountable to the County Assembly for its financial management”*.

Subsequently, Section 149(1) of the Public Finance Management (PFM) Act, 2012 provides that: *“An accounting officer is accountable to the County Assembly for ensuring that the resources of the entity for which the officer is designated are used in a way that is—*

- (a) lawful and authorized; and*
- (b) Effective, efficient, economical and transparent.”*

These provisions obligate the Clerk of the County Assembly who is the Accounting Officer and the administrator of fund to appear before the Public Accounts Committee to respond to audit queries raised by the Auditor General.

1.4 Committee Membership

The Committee comprises of the following Members: -

- | | |
|--|--------------------|
| 1. Hon. Chege Mwaura, MCA | - Chairperson |
| 2. Hon. Abel Osumba Atito, MCA | - Vice-Chairperson |
| 3. Hon. Benter Juma Obiero, MCA | |
| 4. Hon. Patrick Karani Said, MCA | |
| 5. Hon. John Rex Omolleh, MCA | |
| 6. Hon. Stazo Omung’ala Ang’ila, MCA | |
| 7. Hon. Richardo Nyantika Billy, MCA | |
| 8. Hon. John Ndile Musila, MCA | |
| 9. Hon. Cyrus Mugo Mubea, MCA | |
| 10. Hon. Jane Musangi Muthembwa, MCA | |
| 11. Hon. Emmy Khatemeshi Isalambo, MCA | |
| 12. Hon. Fuad Hussein Mohamed, MCA | |
| 13. Hon. Fatuma Abduwahid Abey, MCA | |
| 14. Hon. Eutyclus Mukiri Muriuki, MCA | |
| 15. Hon. Fredrick Njoroge Njogu, MCA | |
| 16. Hon. Rachel Wanjiru Maina, MCA | |

17. Hon. Aaron Kangara Wangare, MCA
18. Hon. Carrington Gichunji Heho, MCA
19. Hon. Mark Thiga Ruyi, MCA
20. Hon. Simon Maina Mugo, MCA
21. Hon. Paul Wachira Kariuki, MCA
22. Hon. Martin Mbugua Mwangi, MCA
23. Hon. Mary Wanjiru Kariuki, MCA

The Committee comprises of the following Secretariat;

1. Mr. Kevin Wasike - Senior Clerk Assistant
2. Mr. Benedict Ochieng - Second Clerk Assistant
3. Mr. Klinsman Munase - Legal Counsel
4. Mr. Anthony Nyandiere - Hansard Editor
5. Mr. Melvin Wachira - Research Officer

Allow me **Hon. Speaker** to thank the entire membership of this Committee for its hard work and commitment which made the taking of evidence and production of this Report a success.

1.5 Background

The Auditor-General conducted a Special Audit on the Efficiency and Effectiveness of the Covid-19 vaccines roll-out in Kenya. The Audit covered the period from inception of the vaccination exercise in March 2021 to 31 March, 2022. The primary objective of the audit was to determine the efficiency and effectiveness of the Covid-19 vaccines roll-out in Kenya at the National and County level. The Audit at the National Level involved review of Covid19 Vaccines budgets, Vaccine sourcing (donations and purchases), coordination and training for of human resources. At the County level, the audit involved review of County budgets for Vaccines roll out, sources, storage, distribution, administration and disposal of the vaccines. It also covered human resource, coordination of players, monitoring and supervision.

The Government of Kenya commissioned use of the Chanjo System for the Covid-19 vaccines roll-out while utilizing the existing immunization structures for other routine vaccines.

This Special audit would not have been successful without collaboration, partnerships and support of our several stakeholders drawn from both the National and County Governments. This was by way of provision of logistical and technical support during the planning and execution of the Special Audit. At the National Government level, we received support from the Ministry of Health (MOH) and its Agencies including the Referral Hospitals who accorded us personnel to work with our auditors during the audit and motor vehicles when needed. The Ministry of Defense (MOD) accorded access to the facilities and the Ministry of Interior and Coordination of National Government accorded the audit teams security escorts where needed. At the County level, the Audit Teams were accorded the requisite cooperation and logistical support by way of transport

in instances where teams had to split for greater efficiency and enhanced physical visits to the facilities. We appreciate the County Leadership led by Their Excellencies, the Governors and the County Executive Committee Members (CECM) for Health in the 47 Counties.

1.6 Audit Scope, Limitations and Mitigation

The audit reviewed all processes relating to Covid-19 vaccines immunization which included budgeting, administration, disposal of the expired stocks, governance and monitoring structures. Challenges experienced during the audit included lack of definition of some of the Vaccinating Facilities in the Chanjo System and inadequacy of or incomplete vaccine inventory records. The Audit Team put in place several measures to mitigate the challenges including expanding the scope to ensure comprehensive coverage of the Vaccinating Facilities in the Counties.

1.7 Audit approach and methodology

The Audit exercise entailed planning phase which included obtaining relevant information from the Ministry of Health (MOH) and piloting of the vaccine roll-out audit in one of the Counties before rolling out to the rest of the 47 Counties. Meetings were held with the auditees and evidence was collected through interviews, document reviews, Data Analytics, analysis of audit evidence among others. The audit was performed in accordance with the INTOSAI Framework of Profession Pronouncements (IFPP) for Supreme Audit Institutions.

2.0 REPORT SUMMARY

2.1 Doses Received and Administered

The Nairobi City County received 2,948,919 doses of various types of vaccines during the period under review. Out of the total Covid-19 Vaccine Doses received in the County, 2,510,074 doses were administered, while 2,109 vaccine doses were still in stock as at the time of the audit cut-off date on 31 March, 2022. The balance of 436,736 was either expired, damaged, wasted or unaccounted for as at 31 March, 2022.

2.2 Budget

A review of the Nairobi City County health services budget for the 2021/2022 financial year revealed that the County did not budget for the Covid-19 vaccination activities but instead used the budget for routine immunization to cater for the rollout exercise.

2.3 Sources and Distribution of Vaccines

The source of vaccines to the County was from the National Government through the Nairobi Regional Store. The distribution flow was from Regional Store, to the Sub County stores and to the facilities which administered the vaccines.

2.4 Storage of Vaccines

The Nairobi Regional and Sub County Stores complied to some extent with the storage conditions set out by MOH for Covid-19 Vaccines. However, weaknesses were noted in the storage at the facilities, including inadequate storage equipment and temperature monitoring tools.

2.5 Disposal of Vaccines

The Special Audit noted that a total of 8,892 vaccine doses had expired, damaged or wasted. Out of 8,892 vaccine doses 6,042 had been disposed with other hospital waste while the balance of 2,850 vaccine doses was still in stock.

2.6 Human Resource Matters

The financing for health care personnel was to be funded by the Government of Kenya, Donors and development partners. Nairobi City County Management explained that their trainings were undertaken through the assistance of the development partners. However, there was no proper records of documentation maintained for the trainings undertaken or provided.

2.7 Coordination of Players

The coordination of the exercise was done by the Nairobi City County Covid-19 Vaccine Deployment and Vaccination Taskforce. However, the appointment letters and the minutes of the Task Force were not provided for audit review.

2.8 Monitoring and Supervision

The Audit established that Covid-19 Vaccines roll out was monitored and supervised by a Committee to ensure smooth implementation of policies and guidelines issued from time to time by the National Government. However, the Committee did not maintain minutes and attendance schedules to evidence their activities.

2.9 Conclusions and Recommendation

The audit concluded that the roll-out of the Covid-19 Vaccines was effective. However, weaknesses were noted in some of the processes, including failure to budget for the rollout activities, practical adherence to waste disposal regulations, inadequate staff and training at the facilities and inadequate access to the Chanjo System due to lack of data bundles to the staff updating information in the system. This impacted on the real time recording of information in the system and an unexplained deficit variance of 437,039 of vaccine doses valued at Kshs.266,993,070 based on the average Vaccine cost during the period.

The existing immunization structures for routine vaccines were functional but require scale up to handle unforeseen pandemics. Owing to the weaknesses noted it is recommended that the Nairobi City County Government should work closely with the National Government to strengthen the existing immunization structures and staffing to meet international standards.

3.0 BACKGROUND AND INTRODUCTION

Kenya received its first consignment of Astra Zeneca-Oxford Covid-19 vaccine in March 2021 as part of the COVAX facility. This was followed by more vaccines such as Moderna, Johnson and Johnson (Janssen), Pfizer and Sinopharm from other development partners. The Ministry of Health launched a campaign and kicked off deployment plan for the vaccines on 5 March, 2021

with priority given to frontline health workers and essential staff including security personnel. According to the National Covid-19 vaccine deployment plan, the first vaccine deployment plan was developed in March 2021, however, the MOH revised the vaccine deployment plan in August 2021 in an effort to ensure that the entire adult population is vaccinated.

Nairobi City County received its first consignment of 24,000 Astra Zeneca-Oxford Covid-19 vaccine doses in March 2021, through the Nairobi Regional Vaccines Store. They were first administered at Mbagathi County Hospital before being rolled out to the facilities in the seventeen (17) Sub-Counties. As at 31 March, 2022, the findings of the Special Audit Team were that the County had received in total 2,943,914 doses as tabulated below:

Vaccine	Number of Doses
Moderna	498,100
Oxford AstraZeneca	1,602,462
Janssen	275,350
Pfizer	559,742
Sinopharm	8,260
Sputnik-V	5,005
Total	2,948,919

3.1 Objective of the Audit

The primary objective of the audit was to determine the efficiency and effectiveness of the Covid-19 vaccine rollou in Nairobi City County. This was to be achieved through; review of budget, sources of the vaccines, storage, distribution, utilization and disposal of the vaccines, human resource, coordination of players and monitoring and supervision.

3.2 Terms of Reference

The following Terms of References (TORs) guided the Special Audit; **Table 1**

TOR	Detailed Procedures
1. Budget	<ul style="list-style-type: none"> How much was set aside for vaccines and related activities and how the figures were arrived at. Budget approval process Allocation of the funds i.e. specific budget items <p>Source of funds i.e. GOK and Donors</p>
2. Sources of Vaccines	<ul style="list-style-type: none"> GOK Procured vaccines, development partners donations and COVAX. Procurement process for GOK procured vaccines. Local and international approval of vaccines and syringes. Types and quantities of the vaccines from the different sources; and the vaccine shelf life and prices where applicable. Consider whether vaccines came with syringes or not and the effect. Vaccine Batch Numbers.

	<ul style="list-style-type: none"> • Storage of defective vaccines/expired. • Recording of vaccines. • Government clearance process for vaccines sourced from outside the country. • WHO rating of effectiveness of various vaccines. • Cost vs budget.
3. Storage of Vaccines	<ul style="list-style-type: none"> • Manufacturer's requirements for storage of vaccines. • Local storage capacity. • Local storage conditions. • Handling requirements. • Transportation requirements. • Recording including batch numbers. • Stocking levels, process of issuing of vaccines as well as duration. • Recording and accountability. • Duration in store. • Storage of defective vaccine and Syringes. • Cost Vs Budget.
4. Distribution	<ul style="list-style-type: none"> • How were vaccines distributed; logistics • Quantities of vaccines distributed • Proportion of vaccines distributed per region • Basis of quantities and proportions distributed e.g. population Storage issues • Recording and accountability • Cost vs budget
5. Utilization	<ul style="list-style-type: none"> • Awareness creation • Intended/target population • Uptake per vaccine type • Rate of transition from first to second dose • Possibility of delayed administration of second dose • Matters relating to booster doses • Expired vaccines • Recording and accountability for vaccines received, utilized in stock and expired • Cost vs budget
6. Disposal	<ul style="list-style-type: none"> • Number of vaccines disposed • Criteria for disposal • Recording and accountability for the disposal • Reports and feedback • Reconciliation of what was procured, utilized, unused and disposals • Costs vs budgets
7. Human Resource Matters	<ul style="list-style-type: none"> • Number of persons involved • Roles and responsibilities

(National and County Staff)	<ul style="list-style-type: none"> • Expertise (capacity/skills) • Duplication of roles if any • Selection and appointment criteria • Training Plans and Roll Out • Costs vs budgets
8. Coordination of Players	<ul style="list-style-type: none"> • Who are the key players? • Are the roles and responsibilities of the players clear? • Is there a framework for coordination and communication by the players? • Approval and appointment of taskforce and committees • Costs vs budgets
9. Monitoring and Supervision	<ul style="list-style-type: none"> • Is there a framework for monitoring and supervision of players? • Approval and appointment of taskforce and committees • Costs vs budgets

3.3 Scope of the Audit and Limitation to Scope

3.3.1 Scope

The audit reviewed all processes from the inception of Covid-19 vaccines roll out, through budgeting to administration and disposal including the governance and monitoring structures. The period covered was from inception in March 2021 to 31 March, 2022.

3.3.2 Limitations

The Special Audit experienced challenges and limitations which were mitigated in several ways in order not to negatively affect the quality and results of the audit findings. Some of the challenges and measures taken included:

- i. Vaccine damages and wastages were not recorded by the vaccinating facilities. This was mitigated by referring to the vaccine wastages uploaded in the Chanjo Kenya system; A total of 133 out of 148 vaccinating facilities in the Nairobi City County were not defined in the Chanjo Kenya System. This called for 100% coverage of physical verification of records, stocks and visits to all facilities;
- ii. Manual records in some facilities were found to be inaccurate. Under such circumstances the Audit Team solely relied on the Chanjo Kenya system data which is the primary system; and
- iii. There were inventory inaccuracies and incomplete records. The Audit Team resulted to use of physical records like order sheets and vaccines stock ledgers and reconciled them with what was in the Chanjo Kenya System.

3.5 Audit Phases

The audit was divided into two phases; Phase one involved review of processes at The National Treasury, Controller of Budget and Ministry of Health and analysis of data maintained by eMIS,

Chanjo System and Kenya Health Information System. The information was shared with the Audit Teams to inform the next phase.

Phase two involved review of processes, data and verifications at regional office in Nairobi and vaccinating facilities in Nairobi City County. This phase also involved verification of samples already drawn in phase 1 and interview of staff.

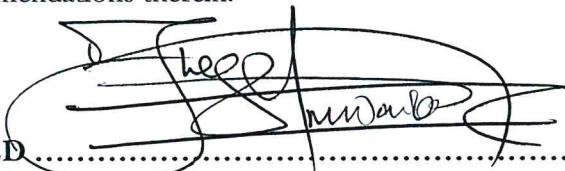
4.0 APPRECIATION

Hon. Speaker,

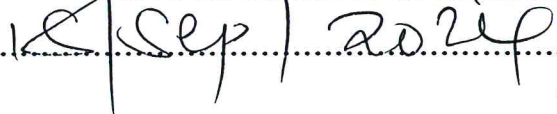
The Committee also wishes to sincerely thank the Offices of the Speaker and the Clerk for the services extended to the Committee while considering this matter. The Committee further wishes to appreciate the Officers from the Office of the Auditor General and the Committee secretariat for their exemplary advisory services that enabled Members effectively execute their mandate.

Hon. Speaker,

On behalf of the Committee, I now wish to table this report and urge the Assembly to adopt it and the recommendations therein.

SIGNED 

HON. CHEGE MWAURA (CHAIRPERSON)

DATE 

4.0 COMMITTEE OBSERVATIONS

The Committee noted the Following;

4.1 Budget and Sources of Vaccines

4.1.1 Unconfirmed Funding of Covid-19 Vaccination Support Services

A review of the County's Health Services and Nairobi Metropolitan Services budget for the 2021/2022 financial year revealed that the County did not budget for the Covid-19 vaccination activities. Covid-19 vaccination costs, including transportation, training and capacity building and procurement of auxiliary services such as syringes and safety boxes, could not therefore be traced to a specific budget, an indication they were not budgeted for. This was contrary to Regulations 29. (1) of the Public Finance Management (County Governments) Regulations, 2015 which states that the accounting officer shall ensure that the draft estimates relating to her or his department are prepared in conformity with the Constitution, the Act and these Regulations. Management however, indicated that the expenditures were met by partners, but this was unsupported by any documentary evidence such as agreements.

4.1.2 Sources of Vaccines

The County received 2,948,919 vaccines between March 2021 and 31 March, 2022 from the National Government. A review of the County's Health Services Budget for the 2021/2022 revealed that there was no provision for the Covid-19 vaccine roll out. Further, the Special Audit revealed the following anomalies as summarized in **Table 3** below and detailed in **Appendix 2**:

Table 3: Weaknesses in Budgeting and Covid-19 Expenditure

Observation/Findings	Number of Compliant (Counties and Sub-Counties)	Number of Non-Compliant (Counties and Sub-Counties)
Failure to budget for associated Covid-19 vaccination costs, including transportation, training and procurement of auxiliary services such as syringes and safety boxes.	0	17
Lack of budgetary support for Covid-19 from donors/National Government	N/a	N/a
Failure to spend budgetary support on Covid-19 vaccination.	N/a	N/a
Failure by the Sub County/ Facility to finance Distribution of Vaccines, Outreaches, Trainings costs related to Covid-19 vaccination;	0	17

4.2 Storage of Vaccines

According to World Health Organization (WHO) Guidelines (Covid-19 vaccination: supply and logistics guidance, 12 February 2021) the Covid-19 vaccines should be stored as follows:

- i. Pfizer should be maintained at -80 °C to -60 °C in Ultra Low Temperatures (ULT) freezer, and for Undiluted thawed vaccine at +2 °C to +8 °C;
- ii. Moderna should be maintained at -25°C to -15°C in ULT freezer, and unopened vials can be stored refrigerated between 2 °C to 8°C for up to 30 days prior to first use;
- iii. Oxford/AstraZeneca should be maintained at 2 °C to 8 °C; and
- iv. Further, Centre for Disease Control (CDC) clinical guidance for Janssen Covid-19 Vaccine recommend storing of the vaccine at temperatures between 2°C and 8°C.

4.2.1 Storage at the Regional Store

A review of documents provided for audit and physical verification carried out at the regional store revealed the following:

- i. The building where the vaccines were stored had sufficient physical security. The store is kept under lock and key and precautions were put in place to prevent unauthorized access. An SMS alert is also sent whenever the cold room or ultra-cold freezer door is opened;
- ii. Continuous temperature monitoring devices and systems are validated. There is a manual recording in the multi-log device (temperature and data logger). The device has an alarm system that sends SMS alerts in case of high temperatures, cold rooms, freezers, and ultra-cold freezers;
- iii. The store has sufficient capacity for orderly store the various categories of vaccines. The quarantine area is at the dry store, where all the damaged, rejected, expired, or recalled vaccines are removed from the shelf and kept and separated from the good vaccines. This vaccine is appropriately labelled before storage at the dry store;
- iv. All the vaccines at the cold rooms were stored off the floor as per the general storage requirements. This complies with Pharmacy and Poisons Guidelines for Good distribution practices for medical products and health technologies in Kenya which state that Storage areas should be designed or adapted to ensure good storage conditions;
- v. The vaccines are issued on First Expiry, First Out basis (FEFO) or First In First Out (FIFO) basis where the vaccines have the same expiry dates;
- vi. The store has a contingency plan in case of power failure, equipment breakdown, or cold chain breach. In addition, the store has a backup generator in case of power failure, an emergency contacts list, security and fire contacts, and vaccines relocation sites; and
- vii. The temperature monitoring is done twice a day and the data recorded in the temperature monitoring charts.

The Regional Store for the Covid-19 at Nairobi was therefore confirmed to have complied with the requirements as provided for in the Ministry of Health Standards Operating Procedures and WHO guidelines.

4.2.2 Storage at the County and Sub - Counties Stores

A review of documents provided for audit and physical verification carried out at the Seventeen (17) Sub-Counties stores revealed issues as summarized in Table 4 and detailed in **Appendix 3**. It was however noted that Nairobi City County did not have a store of its own, instead the Sub Counties collected vaccines directly from the Nairobi Regional Store.

Table 4: Storage at the County and Sub County Stores

Observations/Findings	Number of Sub-Counties in Compliance	Number of Sub-Counties in Non-Compliance
<i>Cold Chain and Supply Logistics</i>		
Store have sufficient security to prevent loss of Covid vaccines as well as prevent unauthorized access	15	2
Store has sufficient space for orderly receipt, warehousing, and dispatch of vaccines including a quarantine area for isolation when necessary, isolation of faulty packs and recalled goods. The vaccines and areas concerned were appropriately identified.	15	2
Broken or damaged items are withdrawn from usable stock and stored separately	17	0
There was sufficient lighting necessary to enable all operations to be carried out accurately and safely.	17	0
All Covid-19 vaccines stored off the floor	17	0
Refrigerated and freezing storage environments fitted with signals to indicate that refrigeration has failed. The signal permitted resetting only by the authorized person.	17	0
The vaccines issued on a FIFE method and guided by the expiry date	17	0

There was a contingency plan in case of power failure, equipment breakdown, or cold chain breach	4	13
<i>General Storage Areas</i>		
There were Secure measures to ensure that rejected vaccines cannot be used. Rejected vaccines are stored separately from other products while awaiting destruction or return to the supplier	11	6
There are written procedures and a sanitation program indicating the frequency of cleaning and the methods used to clean the premises and storage areas.	17	0
There was a cleaning log that must be completed, signed, and checked by the appropriately designated person.	14	3
There was a written procedure and a program for pest control. The pest control agents used did not pose any risk of contaminating the vaccines.	8	9
There were appropriate written procedures for the clean-up of any spillage to ensure the complete removal of any risk of contamination	11	6
The Covid-19 vaccines were stored in such a way as to prevent contamination or cross-contamination.	17	0
<i>Storage Conditions</i>		
The storage conditions were compatible with the storage conditions specified on their labels. (Storage facilities protected goods from deterioration.)	17	0
The warehouse was maintained at a temperature not exceeding 30°C, and relative humidity not exceeding 75% Relative humidity (WHO zone IVb requirements)at all times.	17	0
The storage conditions of the refrigerators are as per the vaccine manufacturer's recommendations (Refrigerated (2°C to 8°C)	17	0
There was continuous temperature monitoring devices. In addition, there were written procedures describing the action in case of temperature deviating outside of the set standards and conditions.	17	0

The store had stock in the Cold Room and were physical counted and grouped per vaccine and Batch Numbers	17	0
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From the foregoing, the Special Audit Team confirmed that thirteen (13) of the seventeen (17) Sub County Stores within Nairobi City County did not have a contingency plan in case of power failure, equipment breakdown, or cold chain breach. Nine (9) of the Stores also did not have written procedures and programs for pest control while 6 did not have written procedures for the clean-up of any spillage in addition to secure measures to ensure that rejected vaccines cannot be used. Three (3) Sub-Counties did not maintain cleaning logs while another 2 did not have sufficient space and security to prevent loss of Covid-19 vaccines as well as prevent unauthorized access.

4.2.3 Storage at the Facilities Level

A review of documents provided for audit and physical verification carried out at the 148 facilities revealed issues as summarized in **Table 5** below and detailed in **Appendix 4**.

Table 5: Storage at the Facilities Level

Criteria	Number of Compliant Facilities	Number of Non-Compliant Facilities
<i>Cold Chain and Supply Logistics</i>		
Store have sufficient security to prevent loss of Covid vaccines as well as prevent unauthorized access.	148	0
Broken or damaged items are withdrawn from usable stock and stored separately.	148	0
There was sufficient lighting necessary to enable all operations to be carried out accurately and safely.	146	2
All Covid-19 vaccines stored off the floor.	141	7
Refrigerated and freezing storage environments fitted with signals to indicate that refrigeration has failed. The signal permitted resetting only by the authorized person.	147	1
The vaccines issued on a FIFE method and guided by the expiry date.	148	0

There was a contingency plan in case of power failure, equipment breakdown, or cold chain breach.	148	0
General Storage Areas		
There were Secure measures to ensure that rejected vaccines cannot be used. Rejected vaccines are stored separately from other products while awaiting destruction or return to the supplier.	147	1
There are written procedures and a sanitation program indicating the frequency of cleaning and the methods used to clean the premises and storage areas.	109	39
There was a cleaning log that must be completed, signed, and checked by the appropriately designated person.	0	148
There were appropriate written procedures for the clean-up of any spillage to ensure the complete removal of any risk of contamination.	111	37
Storage Conditions		
The storage conditions of the refrigerators are as per the vaccine manufacturer's recommendations (Refrigerated (2°C to 8°C).	147	1
There were continuous temperature monitoring devices. In addition, there were written procedures describing the action in case of temperature deviating outside of the set standards and conditions.	148	0
The store had stock in the Cold Room and were physical counted and grouped per vaccine and Batch Numbers.	148	0

In view of the above, the Special Audit Team confirmed that Nairobi City County Covid-19 vaccinating facilities did not maintain cleaning logs, 39 facilities did have written procedures on sanitation while 37 facilities did not have written procedures on clean-up of spillage.

4.3 Distribution of Vaccines

4.3.1 Distribution at County Level

Documents provided for audit revealed that Covid-19 Vaccines on arrival in the Country ideally should be transferred to the Central Stores which in turn distributes to the Regional Stores. The Regional Stores were then to distribute to the County Stores, which in turn distributes to Sub County Stores and to Facilities. However, this was not the case for Nairobi City County.

The County does not have a County store; instead the Vaccines from the Regional Store were distributed directly to fifteen (15) Sub-Counties through Chanjo System. The other two Sub-Counties of Embakasi North and Central received their vaccines from Kasarani and Embakasi West Sub-Counties respectively.

Dispatches from the fifteen (15) Sub County stores to facilities were done through the Chanjo System as required with exception of five (5) Sub-Counties of Starehe, Mathare, Kamukunji, Embakasi West and Westlands where the vaccines were being dispatched manually through order sheets and recorded in vaccines stock ledger books of parent and child facilities.

The 2,948,919 vaccines received in Nairobi City County as at 31 March, 2022 were distributed to the 15 Sub-Counties as summarized in **Table 6** below and detailed in **Appendix 5**.

Table 6: Vaccine Distribution at County Level

Vaccine Type	Distributed to Nairobi Sub-County Stores	Vaccinations in Facilities in Nairobi	Variance between Sub-County and Facilities Distribution	Explanation for the Variance
Janssen	275,350	202,474	72,876	The variance between the distribution to Nairobi Sub County Stores and the facilities may be attributed to poor record keeping for the vaccine doses movements.
Moderna	498,100	309,912	188,188	
AstraZeneca	1,602,462	1,608,883	-6,421	
Pfizer	559,742	377,058	182,684	
Sinopharm	8,260	7,879	381	
Sputnik-V	5,005	3,859	1,146	
Total	2,948,919	2,510,065	438,854	

4.4 Utilization of Vaccines

Ordinarily, Covid-19 vaccines flow through four levels before being administered; National Vaccine store (NVS), Regional Vaccine stores (RVS), Sub County Vaccine stores and Health Facilities. Examination of records maintained in the Chanjo System revealed that as at 31 March, 2022, 2,948,919 vaccine doses had been received in the County.

Examination of records maintained in the Chanjo System revealed that as at 31 March, 2022; 2,948,919 vaccine doses had been received in the County.

Documents provided for audit revealed that there were 148 vaccinating facilities with only 131 facilities having been mapped in the Chanjo System.

Out of the 2,948,919 Covid-19 vaccine doses received, 2,510,074 vaccine doses were administered, 2,109 were in stock while the balance of 8,892 was either expired, damaged or had gone to waste as at 31 March, 2022 as summarized below in **Table 7** and detailed in **Appendix 6**. There was however an unexplained deficit variance of 427,844 vaccines doses.

Table 7: Utilization of Vaccines

Vaccine Type	Doses Received	Doses Administered	Doses In Stock	Doses Expired	Doses Damaged	Doses Wasted	Unexplained Variance Doses	Estimate Price per Dose (Kshs.)	Total Amount (Kshs.)
Janssen	275,350	202,474	1,815	119	30	791	70,121	753	52,801,113
Moderna	498,100	309,921	0	0	60	1,257	186,862	505	94,365,310
Oxford/AstraZeneca	1,602,462	1,608,883	228	744	49	1,753	(9,195)	446	(4,100,970)
Pfizer	559,742	377,058	66	2,769	0	1,320	178,529	670	119,614,430
Sinopharm	8,260	7,879	0	0	0	0	381	557	212,217
Sputnik-V*	5,005	3,859	0	0	0	0	1,146		
Total	2,948,919	2,510,074	2,109	3,632	139	5,121	427,844	2,931	266,993,070

○ *Denotes the positive variances attributed to vaccine gains during administration.*

○ **Estimated price of the Sputnik-V vaccine could not be established.*

4.4.1 Administered Doses

The Chanjo System report shows a total of 3,148,391 doses had been administered in Nairobi City County between 1 March, 2021 and 31 March, 2022. The vaccine doses administered are as summarized in Table 8 below:

Table 8: Administered Doses

No.	Vaccine Type	1st Dose	2nd Dose	Booster Dose	Grand Total
1	AstraZeneca	1,048,227	831,091	22,902	1,902,220
2	Moderna	263,767	200,109	7,556	471,432
3	Janssen	263,827	2	119	263,948
4	Pfizer	254,178	178,138	66,746	499,062
5	Sputnik-V	2,042	1,806	-	3,848
6	Sinopharm	4,787	3,094	-	7,881
	Grand Total	1,836,828	1,214,240	97,323	3,148,391

The disparity between the administered doses of 2,510,074 in the trackers used during audit and the administered doses from the Chanjo System of 3,148,391 for the same period (1 March, 2021 and 31 March, 2022) may be attributed to the retrospective entries of vaccinations into the System.

4.4.2 Expired Doses

These are vaccine doses that had not been administered by the manufactures use by date indicated on the vials totalling to 3,632 vaccine doses. Out of the 3,632 vaccine doses, 782 doses had been disposed by the time of the Special Audit in May 2022. Expired doses from the facilities were reported to have been sent to Sub County Stores, which in turn transported the same to the Regional Vaccines Store.

The Special Audit Team noted that out of the 3,632 expired vaccine doses, 614 were received by various facilities when their remaining with a useful shelf life of only 7 to 35 days.

Batch	Date of Receipt	Batch Expiry Date	Days to Expiry	Vaccine Doses
210548	15 March, 2022	31 March, 2022	16	50
210217	11 February, 2022	28 February, 2022	17	30
210548	18 March, 2022	31 March, 2022	13	26
ACA1948	13 December, 2021	31 December, 2021	18	16
77946	21 January, 2022	31 January, 2022	10	20
210304	26 November, 2021	31 December, 2021	35	100
210217	19 February, 2022	28 February, 2022	9	60
NN0195	4 March, 2022	31 March, 2022	27	30

210157	13 October,2021	31 October,2021	18	152
210548	24 March,2022	31 March,2022	7	90
210548	22 March,2022	31 March,2022	9	30
210548	15 March,2022	31 March,2022	16	10
Total				614

4.4.3 Damaged Doses

These were vaccines that were not administered as the vaccine vials had been damaged. All the 139 damaged vaccine doses in Nairobi City County had been disposed by the time of the Special Audit in May 2022.

4.4.4 Wasted Doses

These were vaccine doses that were not administered due to failure to utilize within the stipulated timelines upon opening of the vial. A total of 5,121 vaccine doses were reported as wasted in the County and had been disposed by the time of the Special Audit in May 2022.

4.4.5 Unexplained Vaccine Variances

Documents provided for audit revealed that 2,948,919 vaccine doses received in the County. However, reconciliation of the vaccines received, administered, in stock, expired, damaged and wasted revealed an unexplained deficit variance of 427,844 doses valued at Kshs.266,993,070.

The following weakness observed during the audit could have contributed to unexplained variances:

- i. Wastages not reported at the facilities;
- ii. Vaccines doses utilized during the outreaches or in facilities not defined in the Chanjo System may not have been subsequently updated; and
- iii. Vaccination data not entered accurately, causing over-administration in some batches and under-administration in others.

4.5 Disposal of Vaccines

The Special Audit noted that a total of 3,632 expired doses had not been disposed as at the time of the audit. However, 6,042 damaged and wasted vaccine doses had been disposed.

A review of documents provided for audit revealed non-compliance with the disposal requirement as per the Pharmacy and Poisons Board-Guidelines for Safe Management of Pharmaceutical Waste January 2022, Section 3 of Environmental Management and Coordination Act (Revised 2015), Regulation 2 of Environmental Management and Coordination (Waste Management) Regulations of 2006 and World Health Organization Standard Operating Procedures (SOP) on Waste

Management of Covid-19 vaccines vials and ancillary supply as summarized in Table 9 below and detailed in **Appendices 7 to 8.**

Table 9: Disposal of Vaccines

Observation/Findings	Sub County Stores Facilities			
	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
Lack of waste management plan developed at either the National and/or County level	17	0	148	0
There is a variance between the budgeted cost and the actual cost for disposal of Covid-19 waste	8	9	80	68
Lack of NEMA clearance when transporting Covid-19 waste from one County to another	17	0	148	0
The disposed vaccine vials were recorded and accounted for in the vaccine inventory report	15	2	76	72
Failure by the County/Sub County Store to fill out an application form for disposal of pharmaceutical waste issued by the Pharmacy and Poisons Board in compliance with the Guidelines for safe management of pharmaceutical waste	14	3	122	26

Failure to dispose at NEMA approved pharmaceutical disposal sites in compliance with the Guidelines for safe management of pharmaceutical waste	17	0	148	0
The disposal of pharmaceutical waste without supervision by a Pharmacy and Poisons Board inspector or Public Health Officer in compliance with the Guidelines for safe management of pharmaceutical waste	17	0	112	36
Disposal without certificate of safe disposal of pharmaceutical waste in compliance with the Guidelines for secure management of pharmaceutical waste	N/a		126	22

Disposing pharmaceutical waste without separating from the sharp waste and other healthcare wastes and the different wastes not securely packaged in plastic bags or rigid containers which are clearly labelled as per the Guidelines for safe management of pharmaceutical waste and WHO Waste management of used Covid-19 vaccines vials and ancillary supply	N/a	N/a	148	0
Disposal of vaccine vials (both wasted and expired) by the Healthcare facility without following the Guidelines for safe management of pharmaceutical waste and WHO Waste management of used Covid-19 vaccines vials and ancillary supply (requirement is Treatment by disinfection with solution, encapsulation, autoclaving or inertization)	N/a	N/a	148	0
Failure to have a pharmaceutical waste stored in designated quarantine stores and away from usable pharmaceutical	N/a	N/a	148	0
Lack of an incinerator, burning chamber or burning pit.	N/a	N/a	81	67

In view of the above, most of the Sub-Counties and public health facilities did not have budgets for disposal of Covid-19 related waste. A number of the facilities did not record or account for the Vaccine vials disposed in the inventory report. In addition, most private facilities failed to fill out the application form for disposal of pharmaceutical waste issued by the Pharmacy and Poisons Board and did not have certificate of safe disposal of pharmaceutical waste in compliance with the Guidelines for secure management of pharmaceutical waste.

The audit further noted that 64 public facilities lacked incinerators, burning chambers or burning pits for disposal of Covid-19 vaccines related waste.

4.6 Human Resource Matters

4.6.1 Training at County Level

The health care workers were to be trained and competent on; knowledge on Covid-19 disease; knowledge and skills in Covid-19 Vaccine demand creation, health facility preparation, safe vaccine administration, infection control practices, patient data management, adverse event reporting and management, documentation and monitoring of vaccine utilization and logistics, communication, waste management, mental health and multi-disciplinary team work.

Immediately after the Covid-19 vaccines were introduced, trainings for different level personnel in the National and County Governments were conducted. Nairobi City County Health Management Team explained that trainings in all the seventeen (17) Sub-Counties were done through support by Partners. However, no correspondence or documentation regarding donor facilitation and support was provided for audit review. In addition, the training plan, training

timetable, venue, the attendance list, the cost to the donor, number of trainees per County, trainee selection criteria, training timetable, venue and training reports were not provided for audit review.

Further, as indicated in the task force minutes of 15 September, 2021, the number of Healthcare Workers trained was low and this posed as a challenge in the vaccination program.

A review of the documents provided for audit revealed anomalies as summarized in Table 10 below and detailed in Appendices 9 and 10

Table 10: Training at County Levels

Observation/Findings	Sub County Stores		Facilities	
	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
County and Sub-Counties were not represented in National training for ToT.	0	17	N/a	N/a
Counties and Sub-Counties Health Management Team not trained on Covid-19 vaccination	17	0	N/a	N/a
Trainings not well spread to all necessary cadres	17	0	N/a	N/a
Lack of a training plan and trainings not done as per training plan	17	0	N/a	N/a
Lack of a specific training budget for Covid-19 vaccination	13	4	N/a	N/a
Variance between budget and actual expenditure for training on Covid-19 vaccination.	2	15	N/a	N/a
Lack of training details including designation, attendance dates, financier of staff at national/County/Sub County/facility	17	0	146	2
Lack of adequate staff at the facility to carry out the Covid-19 vaccination	N/a	N/a	129	19
Lack training to staff handling separate roles and duties	N/a	N/a	135	13
Lack of prior training to Health Care Workers (HCW) on Covid-19 including vaccine administration	N/a	N/a	142	6
Failure to train the health care workers on vaccine administration (i.e. what was covered in the training)	N/a	N/a	142	6
Failure to use trained staff to train other staff	N/a	N/a	146	2

In the foregoing, the Special Audit Team was able to establish that there was inadequate Human Resources engaged in the Covid-19 vaccines roll out programme since there was no budgetary provision for training, no staff at the Sub Counties were involved at the National Training for Training of Trainers. Further, nineteen (19) facilities did not have adequate staff to carry out the Covid-19 vaccination. Roles for staff in thirteen (13) facilities were not segregated nor were they trained to handle the additional roles.

4.7 Coordination of Players

4.7.1 Coordination at County Level

According to the National Covid-19 Vaccine Deployment Plan 2021, the County Emergency Covid-19 Response Committee were to be adopted to form the Steering Committee. A review of documents provided for audit at the Counties, Sub Counties and Facilities revealed anomalies as summarized in **Table 11** below and detailed in **Appendices 12 and 13**.

Table 11: Coordination at County Level

Observation/Findings	County	Sub County Stores		Facilities	
	Non-Compliance in County	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
Failure to form coordination taskforce/committee at the County and Sub County level	0	17	0	N/a	N/a
Lack of terms of reference (TOR) for the task force /committee	0	17	0	N/a	N/a
Failure by the task force /committee to execute the TORS	0	17	0		N/a
Lack of directives/advisory/instruction from national government or higher levels in the Covid-19Vaccine management	0	17	0	120	28
Failure by the County/Sub County taskforce to communicate to the National Task force on Covid-19 vaccine roll out	0	17	0	120	28
Lack of minutes/ meetings by the committee/task force	0	17	0		
Failure to carry out advocacy	0	17	0	120	28
Failure to carry out mobilization	0	17	0	112	36
Failure to carry out outreaches	0	17	0	103	45

From the foregoing, facilities of between 28 and 45 failed to carry out advocacy, mobilization and outreaches on the Covid19 vaccine roll out within Nairobi City County.

4.8 Monitoring and Supervision

Monitoring and Supervision at the County and Facilities Level

A review of documents provided for audit at the Sub-Counties and facilities level of Covid-19 management revealed anomalies as summarized in **Table 12** and detailed in **Appendices 14 to 16**.

Table 12: Monitoring and Supervision at the County and Facilities Level

Observation/Findings	County		Sub County Stores		Facilities	
	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
Lack of a designated officer as an in charge for monitoring Covid-19 vaccine rollout.	1	0	17	0	0	0
Lack of monitoring tablets from the Ministry	1	0	17	0	43	105
Monitoring tablets distributed not in good working conditions	1	0	17	0	131	17
Personnel involved in the rollout not facilitated by air time	1	0	13	4	23	125
Lack of mechanism/measures where patients could report adverse effects after vaccination.	1	0	17	0	145	3
Adverse effect booklet required to report adverse effects not received by the County/ Sub County	1	0	17	0	134	14
Failure to monitor temperature during transportation of vaccines	0	1	0	17	118	30
Failure to record temperature every morning and evening in the temperature monitoring chart/tool	1	0	17	0	140	8
Failure to monitor for the expiry of the vaccines?	1	0	17	0	147	1
Failure to monitor the Pfizer and Moderna vaccines for the 30days expiry period after thawing	1	0	17	0	140	8
Failure by the Facility in making use of the temperature monitoring tools	1	0	0	0	147	1

In view of the above, the facilities failed to monitor temperature during transportation of vaccines and as a result one cannot establish if they have deviated beyond the specified range. It was also noted that over 70% of the facilities did not receive any tablets for the Covid-19 vaccine update of the Chanjo System. The staff with the tablets also indicated not having received the data bundles in the tablets.

5.0 IRREGULARITIES AND WEAKNESSES IN MANAGEMENT AND INSTITUTIONS CONTROLS OF VACCINES

The following are irregularities and weaknesses observed at the County and Sub County levels and the corresponding recommendations made by the special audit;

Table 13: Irregularities and Weaknesses at the County and Sub County Level

No.	Irregularities and Weaknesses	Recommendations
1.	Inconsistent use and lack of updating the Chanjo System as most of the facilities were using eLMIS	The facilities should ensure proper accountability of vaccines receipts, issues and utilization through consistent use and updating of the same in Chanjo System
2.	Inventory inaccuracy and incomplete records as facilities which were not defined in the Chanjo System	It is recommended the use of Chanjo System to account for Covid-19 vaccines. For those facilities not in Chanjo System, we recommend that they are mapped in the system
3.	Inadequate staffing at the facilities. In most cases, the vaccinators doubled up to register the people being vaccinated	The County Government should ensure adequate staffing at the vaccination centres.
4.	Inputting of wrong batch numbers and wrong dates in the system for vaccine administration.	Data should also be captured real time in the system to avoid any loss.
5.	Lack of proper inventory records on the computer tablets	The County should maintain proper and up to date inventory records. They should carry out regular maintenance and stock take of the computer tablets.
6.	Failure to record expired, damaged and wasted vaccines	Management should institute proper recording measures of the expired, damaged and wasted vaccines.
7.	Lack of County budget on Covid-19 programs and action plans.	The County should ensure that a specific budgetary allocation is approved for managing Covid-19 action plans.
8.	Lack of facilitation of the vaccinating personnel at facilities and Sub-Counties with airtime, internet bundles, and subsistence allowances.	Management should ensure teams participating in the vaccination program are well facilitated to enable them perform their functions effectively.

6.0 COMMITTEE RECOMMENDATIONS

The Committee made the following recommendations;

- i. That the Nairobi City County Government should work closely with the National Government to strengthen the existing immunization structures and staffing to meet international standards; and
- ii. The County Assembly to adopt this report with the recommendations highlighted in table 13 above.

7.0 CONCLUSION

The objective of the Special Audit was to determine the efficiency and effectiveness of the Covid-19 vaccine roll out in Nairobi City County. Following the findings, the County should ensure that all vaccinating facilities are defined in the Chanjo System, and effective supervision of the activities at the County, Sub County and facilities on all matters relating to receipts, issues and administering of vaccines is instituted. The above weaknesses resulted in an unexplained variance (deficit) of 427,844 of vaccine doses valued at Kshs.266,993,070 based on the average Vaccine cost during the period.

The County should also adhere to the cold chain and supply logistics guidelines as issued by WHO and MOH. In order to meet the increasing demand for health service, there is need to continuously assess the adequacy of health workers and build their capacity for effective service delivery to the citizens of Nairobi City County.

8.0 ANNEXURES

Annex	Title
Annex 1	Minutes of the Sitings

MINUTES OF THE 22ND SITTING OF THE NAIROBI CITY COUNTY ASSEMBLY SELECT COMMITTEE ON COUNTY PUBLIC ACCOUNTS HELD ON FRIDAY, 23RD AUGUST, 2024 AT 9.30 A.M. AT LAKE NAIVASHA RESORT, NAKURU COUNTY.

MEMBERS PRESENT:

1. Hon. Chege Mwaura, MCA – Chairman
2. Hon. Abel Osumba Atito, MCA – Vice-Chairman
3. Hon. Mark Thiga Ruyi, MCA
4. Hon. Emmy Khatemeshi Isalambo, MCA
5. Hon. Jane Musangi Muthembwa, MCA
6. Hon. Rachel Wanjiru Maina, MCA
7. Hon. Eutyclus Mukiri Muriuki, MCA
8. Hon. Paul Wachira Kariuki, MCA
9. Hon. Cyrus Mugo Mubea, MCA
10. Hon. Stazo Elijah Omung'ala Ang'ila, MCA
11. Hon. Fredrick Njoroge Njogu, MCA
12. Hon. Martin Mbugua Mwangi, MCA
13. Hon. Mary Wanjiru Kariuki, MCA
14. Hon. Aaron Kangara Wangare, MCA
15. Hon. Carrington Gichunji Heho, MCA
16. Hon. Simon Maina Mugo, MCA
17. Hon. Billy Richardo Nyantika, MCA
18. Hon. Benta Juma Obiero, MCA
19. Hon. John Ndile Musila, MCA
20. Hon. John Rex Omolleh, MCA
21. Hon. Patrick Karani Said, MCA
22. Hon. Fatuma Abduwahid Abey, MCA
23. Hon. Fuad Hussein Mohamed, MCA

IN-ATTENDANCE

1. Mr. Patrick Muriuki – Office of the Auditor-General

SECRETARIAT

1. Mr. Kevin Wasike - Senior Clerk Assistant
2. Mr. Benedict Ochieng - 2nd Clerk Assistant
3. Mr. Klinsman Munase - Legal Counsel
4. Mr. Anthony Nyandiere - Hansard Officer
5. Mr. Melvin Wachira - Research Officer

MIN.086/NCCA/PAC/AUGUST/2024

– PRELIMINARIES

The Chairman called the meeting to order at Twelve O'clock and said the opening prayers. He then welcomed Members present, the Auditors and the Secretariat to the meeting and took them through the agenda which was adopted for consideration as proposed by Hon. Emmy Khatemeshi, MCA and seconded by Hon. Eutyclus Mukiri, MCA.

MIN.087/NCCA/PAC/AUGUST/2024

– CONSIDERATION AND ADOPTION OF THE DRAFT REPORT ON THE CONSIDERATION OF THE REPORTS OF THE AUDITOR-

GENERAL ON THE FINANCIAL STATEMENTS OF NAIROBI CITY COUNTY EXECUTIVE FOR THE YEARS ENDED 30TH JUNE 2019, 2020 AND 2021 RESPECTIVELY.

The Secretariat tabled and took the Committee through the draft report on the consideration of the report of the Auditor-General on the Financial Statements of Nairobi City County Executive for the years ended 30th June, 2019, 2020 and 2021 respectively. The Committee deliberated on the report and adopted the same for tabling in the Assembly as proposed by Hon. Mark Thiga, MCA and seconded by Hon. Paul Wachira, MCA.

MIN.088/NCCA/PAC/AUGUST/2024 – CONSIDERATION AND ADOPTION OF THE DRAFT REPORT ON THE CONSIDERATION OF THE SPECIAL AUDIT REPORT OF THE AUDITOR-GENERAL ON COVID-19 VACCINE ROLL OUT FOR THE NAIROBI CITY COUNTY GOVERNMENT FOR THE YEAR 31ST MARCH, 2022.

The Secretariat tabled and took the Committee through the draft report on the consideration of the special audit report of the Auditor-General on Covid-19 Vaccine Roll out for the Nairobi City County Government for the year 31st March, 2022. The Committee deliberated on the report and adopted the same for tabling in the Assembly as proposed by Hon. Jane Musangi, MCA and seconded by Hon. Eutyclus Mukiri, MCA.

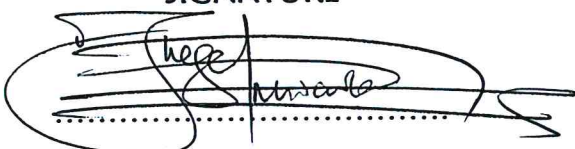
MIN.089/NCCA/PAC/AUGUST/2024 – CONSIDERATION AND ADOPTION OF THE DRAFT REPORT ON THE CONSIDERATION OF THE SPECIAL REPORT OF THE AUDITOR-GENERAL ON PUBLIC PARTICIPATION IN NAIROBI CITY COUNTY BUDGET MAKING PROCESS FOR THE FINANCIAL YEAR 2021/2022.

The Secretariat tabled and took the Committee through the draft report on the consideration of the Special Report of the Auditor-General on Public Participation in Nairobi City County Budget Making Process for the Financial Year 2021/2022. The Committee deliberated on the report and adopted the same for tabling in the Assembly as proposed by Hon. Cyrus Mugo, MCA and seconded by Hon. Paul Wachira, MCA.

MIN.090/NCCA/PAC/AUGUST/2024 – A.O.B & ADJOURNMENT

The being no other business and the time being fifteen minutes past One O'clock, the Chairman adjourned the meeting. The next meeting was scheduled to be held the Friday, 23rd August, 2024 at 2.30 p.m.

CONFIRMED AS A TRUE RECORD OF THE PROCEEDINGS

SIGNATURE
CHAIRPERSON 

DATE
18/Sep/2024