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TO: CLERK OF THE ASSEMBLY

THRO: IN-CHARGE L.P & P

FROM: SERVING CLERK- COMMITTEE ON HEALTH AND SANITATION

REF: CAK/9/7/VOL III 75


DATE: 15TH June, 2021

SUBJECT: COMMITTEE REPORT ON THE STUDY VISIT TO SINGAPORE ON HEALTH FINANCING AND MANAGEMENT CARRIED OUT IN SINGAPORE AS FROM 3RD - 11TH FEBRUARY, 2020

The above subject matter refers;

Forwarded herewith, please find the report by the Committee on Health and Sanitation on the On the Study Visit to Singapore on Health Financing and Management Carried out in Singapore as From 3rd - 11th February, 2020

Kindly facilitate its approval for tabling.



ONESMUS MUTUA MBWANG'A
CLERK ASSISTANT
COUNTY ASSEMBLY OF KITUI

*Mr. Speaker
you may approve
16/6/2021*

*Approved
23/6
forwarded to L.P & P
Chienia 16/06/2021*



COUNTY GOVERNMENT OF KITUI



THE COUNTY ASSEMBLY

SECOND ASSEMBLY – (FOURTH SESSION)

COMMITTEE ON HEALTH AND SANITATION

**REPORT BY THE COMMITTEE ON HEALTH AND
SANITATION
ON STUDY VISIT TO SINGAPORE**

ON HEALTH FINANCING AND MANAGEMENT

(3RD TO 11TH FEBRUARY, 2020)

**CLERK OF ASSEMBLY/CHAMBERS
P .O BOX 694 -90200
KITUI.**

FEBRUARY, 2020

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1.0 ABBREVIATIONS & ACRONYMS

HIV-	Human immune-deficiency virus
AIDS-	Acquired Immune Deficiency Virus
VHI-	Voluntary Health Insurance
GP-	General Practitioner
PHC-	Primary Health Care
K-CHIC	Kitui County Health Insurance Cover
WHO-	World Health Organization
GDP-	Gross Domestic Production
FGM-	Female Genital Mutilation
PHC-	Primary Health Care
OECD-	Organization for Economic Cooperation and Development

2.0 PREAMBLE

1. The Committee on Health and Sanitation was constituted pursuant to the provisions of Standing Order 190
2. The Committee is mandated under the Standing Order to *inter - alia*
 - i) To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned department.
Study the programme and policy objectives of the department and the effectiveness of the implementation**
 - ii) Study, assess and analyze the relative success of the department as measured by the results obtained as compared with their stated objectives**
 - iii) Make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.**

In executing her mandate, the Sectoral Committee oversees the County Ministry of Health and Sanitation. As currently constituted the Committee comprises of the following members:-

1)	Hon. Philip M. Nguli	Chairperson
2)	Hon. Nicholas N. Mwalali	Vice chairperson
3)	Hon. Geoffrey M. Mwalimu	Member
4)	Hon. Elizabeth N. Peter	Member
5)	Hon. Anthony K. Mbiti	Member
6)	Hon. Stephen I. Katana	Member
7)	Hon. Dr. Grace Mutua	Member
8)	Hon. Eliud M. Nding'uri	Member
9)	Hon. Josphine K. Mutie	Member
10)	Hon. Charles M. Maema	Member
11)	Hon. Jane Mutua	Member

It is in pursuit of the above mandates, objectives and the sustained efforts by the County Assembly to expose the Members of the Committee and Staff to other jurisdictions that a delegation was sent to Singapore to study the best practices in the health sector to equip members with the right skills, knowledge and experiences in order to be able to carry out her mandate effectively and adequately.

Mr. Speaker,

A healthy nation is a wealthy nation, affordable and universal quality Health care is one of the four pillars of the National Government's Development Agenda. Further, in adherence to the Abuja declaration of 2015 where all Member states agreed to increase their spending towards health care up to 15% of their total annual budgets, Kenya has continued to increase her budgetary allocation towards health in the subsequent budgets although a little lower than the agreed percentage at the declaration.

Mr. Speaker,

Kitui County has an approximate citizenry of 1,012,709 consisting of 48% male and 52% female (2009 National Census Report) spread in approximately 205,491 homesteads. Kitui County is characterized by a rapidly growing population, water scarcity, falling food production and low resilience to climate change. The combined effects of climate change and rapid population growth are increasing food insecurity, environmental degradation, and high poverty levels at (63.1%) in the County (Population Action International Report). Given this state of affairs in our county, provision of quality health care for all forms the basis of this study visit to Singapore.

Mr. Speaker,

Health is one of the devolved function as per the provisions of the 2010 dispensation. Kitui County has not been left out in embracing this spirit. Her Excellency the Governor has enlisted healthcare in her five development agenda pillars with a view of providing quality health care for all residents of Kitui County through the proposed universal health care under a County Health Insurance Cover (KCHIC).

In readiness for realization of a universal health care, County Ministry on Health and Sanitation came up with a policy framework which will guide the implementation of this milestone program.

The Committee on Health and Sanitation plays a key role in the legislation and policy scrutiny to ensure the program is anchored in the law. It is in this understanding that the Committee found this study vital in equipping its Members with the requisite knowledge, skills, and experiences to offer guidance needed to implement a successful universal healthcare program.

2.0.1 Justification for the visit to Singapore

By international standards, Singapore has spiraled as leading world class case studies of exceptional excellence in healthcare research, investment, financing and leadership.

The fact that Singapore has the best equipped hospitals, state of art health facilities, cutting edge technology and excellent patient care and staffing requirements makes it exemplary learning experience for Committee on Health and Sanitation.

The objective of the program was to offer an insight to Singapore healthcare management in relation to organization, human resource management, strategy tools, risk management, healthcare technology assessment and finance performance management.

2.0.2 Delegation

The following members were nominated by the Committee to undertake the exercise.

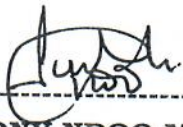
1.	Hon. Anthony Ndoo Mwanzia	Chairperson of the Delegation.
2.	Hon. Eunice Katheke	Member
3.	Hon. Josephine Kavivi Mutie	Member
4.	Hon. Eliud Muteti Nding'uri	Member
5.	Hon. Grace Mwikali Sammy	Member
6.	Hon. Mary Kanini Philip	Member
7.	Onesmus Mutua Mbwang'a	Clerk accompanying the delegation

2.0.3 Acknowledgement

The Committee delegation wishes to thank the office of the Speaker and that of the Clerk of Assembly for allowing the Committee to conduct the study visit to

Singapore, for the facilitation, planning and organizing for the travel and the necessary logistical arrangements.

The delegation also appreciates the Ministry of devolution for facilitating the approval of the foreign travel. Special thanks also goes to Octavian Consultancy Development Company who organized the relevant areas of visit and also played a key logistical role for this successful trip. It is therefore my pleasant duty and pleasure on behalf of the Committee to present this study visit report for adoption by the Assembly.



HON. ANTHONY NDOO MWANZIA -MCA
(Leader of Delegation)

Report Compiled by Onesmus M. Mbwang'a (Clerk Assistant)

3.0 1 HISTORICAL BACKGROUND OF SINGAPORE

Mr. Speaker;

Singapore, is a sovereign city-state and island country in Southeast Asia. It lies one degree (137 kilometers or 85 miles) north of the equator, at the southern tip of the Malay Peninsula, with Indonesia's Riau Islands to the south and Peninsular Malaysia to the north. Singapore's territory consists of one main island along with 62 other islets.

Since independence, extensive land reclamation has increased its total size by 23% (130 square kilometers or 50 square miles). The country is known for its transition from third world to first world in a single generation, under the leadership of its founding father, Lee Kuan Yew.

During the Second World War, Singapore was occupied by Japan. It gained independence from the UK in 1963 by federating with other former British territories to form Malaysia, but separated two years later over ideological differences, becoming a sovereign nation in 1965. After early years of turbulence and despite lacking natural resources and a hinterland, the nation developed rapidly as an Asian Tiger economy, based on external trade and its workforce. Singapore is a global hub for education, entertainment, finance, healthcare, human capital, innovation, logistics, manufacturing, technology, tourism, trade, and transport. The city ranks highly in numerous international rankings, and has been recognized as the most "technology-ready" nation, top International-meetings city , city with "best investment potential", world's smartest city, world's safest country, third-most competitive country, third-largest foreign exchange market, third-largest Financial centre, third-largest oil refining and trading centre, fifth-most innovative country, and the second-busiest container port.

The London based Economist Magazine has ranked Singapore as the most expensive city to live in, since 2013. It is identified as a tax haven. Singapore is the only country in Asia with an AAA sovereign rating from all major rating agencies, and one of 11 worldwide. Globally, the Port of Singapore and Changi Airport have held the titles of leading "Maritime Capital" and "Best Airport" respectively for consecutive years, while Singapore Airlines is the 2018 "World's Best Airline".

Singapore ranks 9th on the UN Human Development Index with the 3rd highest GDP per capita. It is placed highly in key social indicators: education, healthcare, life expectancy, quality of life, personal safety and housing. Although income inequality is high, 90% of homes are owner-occupied. The Singaporean

passport is joint first with Japan for visa-free travel granted by the most countries to its citizens.

The city-state is home to 5.6 million residents, 39% of whom are foreign nationals, including permanent residents. There are four official languages: English (common and first language), Malay, Mandarin Chinese and Tamil; almost all Singaporeans are bilingual. Its cultural diversity is reflected in its extensive ethnic cuisine and major festivals. Singapore is a conservative society and finds that Singapore has the highest religious diversity of any country. Multiracialism has been enshrined in its constitution since independence, and continues to shape national policies in education, housing, politics, among others.

Singapore is a unitary multiparty parliamentary republic with a Westminster system of unicameral parliamentary government. The People's Action Party has won every election since self-government began in 1959. As one of the five founding members of Association of Southeast Asian Nations (ASEAN), Singapore is the host of the Asia-Pacific Economic Cooperation (APEC) Secretariat and Pacific Economic Cooperation Council (PECC) Secretariat, as well as many international conferences and events. It is also a member of the East Asia Summit, Non-Aligned Movement and the Commonwealth of Nations. This is an island city state situated south of Malaysia and with a multicultural population of about five million people.

Singapore gained independence in 1965 and it practices multi party political system with very democratic elections.

This is a country with good governance and transparency. The country's good governance can be attributed to the effective implementation of policies developed by the People's Action Party (PAP) that enabled the country to develop drastically. These were:

- i. Reform of the country's civil service.
- ii. Anti-corruption measures.
- iii. Decentralization of the public service commission.
- iv. Payment of competitive salaries to attract and retain the best candidates in government.

With PAP government's political will, Singapore was able to move from third world country to a first world country as a result of good governance.

3.0.2 HISTORICAL EVOLUTION OF SINGAPORE HEALTHCARE INDUSTRY

The government of Singapore planned, built, and continues to develop and maintain the nation's public health care system. It regulates both public and private health insurance in the country. The health care system is administered by the Ministry of Health, which has a responsibility for assessing health needs and for planning and delivering services through networks of health and hospital facilities, day care centers, and nursing homes.

The ministry manages, plans for, and maintains staffing throughout the system and is responsible for the financing policies and governance of the public health care system.

3.0.4 PUBLIC FINANCED HEALTH COVERAGE

Singapore offers universal health care coverage to citizens with a financing system anchored in the twin philosophies of individual responsibility and affordable health care for all. Universal health care coverage is funded through a combination of government subsidies (from general tax revenue), multilayered health care financing schemes, and private individual savings, all administered at the national level. National capital expenditures are set in the government's annual budget.

3.0.5 PRIVATE HEALTH INSURANCE SERVICES

A range of private insurance plans are available from for-profit insurers to supplement MediShield coverage. Singaporeans also have the option of purchasing other types of private insurance, although premiums for these cannot be paid for with Medisave funds while employers may provide insurance to employees as a benefit.

Subsidies are available in public hospitals and polyclinics, as well as from government-funded intermediate and long-term care providers. MediShield provides low-cost insurance coverage for treatments in the subsidized wards of public hospitals and for certain outpatient care, including kidney dialysis and cancer treatment.

As a catastrophic insurance program, MediShield generally does not cover primary care, prescription drugs, preventive services, mental health care, dental care, or optometry.

Home hospice service is free of charge, while in-patient and day hospice services are subsidized based on means-testing. Governmental-funded home-based services, such as home medical and home nursing, home help, and senior home care, are also subsidized.

3.0.6 COST-SHARING AND OUT-OF-POCKET SPENDING

The government subsidizes a portion of the cost of patient care, based on ability to pay.

Copayments after subsidy can be covered by MediShield insurance or paid for using Medisave savings. After subsidy, MediShield pays between 80 percent and 90 percent of the claimable amount that exceeds the deductible for selected outpatient treatment charges claimable under MediShield; this includes, for example, kidney dialysis, chemotherapy, and erythropoietin for chronic kidney failure. Other outpatient services are fully paid from private funds or, in some cases, employer benefits.

Deductibles do not apply to outpatient treatments; instead, 20 percent coinsurance is imposed. There is no annual cap on out-of-pocket spending.

3.0.7 SAFETY NETS AND ELIGIBILITY

Singapore established Medifund in 1993, which is the government-funded health care safety net for the poor. Money from the fund is disbursed each year to approved institutions, and a committee at each institution evaluates and approves financial assistance to patients.

Government-funded providers can tap Medifund assistance for their needy patients where Medifund generally covers necessary medical treatment, including drugs, services, and tests. Medical social workers assist patients with the application process required before aid is granted.

All lower- and middle-income patients may receive subsidies for outpatient treatment from private primary care providers for chronic or acute conditions, as well as certain dental procedures.

3.0.8 PRIMARY CARE

Primary care is administered mostly by private providers, with 1,400 private clinics offering primary care. Eighteen public polyclinics (multi-doctor primary care clinics) provide subsidized outpatient care, immunizations, health screenings, pharmacy services, and sometimes dental care.

Although accessible to all Singaporeans, these clinics generally serve the lower-income population; the bulk of primary care is delivered by private general practitioner (GP) clinics. Patients can choose their primary care doctor, with registration not required. Private primary care doctors make referrals but generally do not function as gatekeepers. They are usually paid on a fee-for-service basis. The Singaporean health care system is strengthening its ties to private GP networks. There are about 720 participating medical clinics and about 460 dental clinics.

3.0.9 OUTPATIENT SPECIALIST CARE

There are numerous specialty care centers, including ones focused on cancer, oral care, cardiovascular disease, diseases of the nervous system, and skin diseases.

The National Heart Centre, for example, offers a full range of treatment, from prevention to rehabilitation; it is the national and regional referral center for any cardiovascular complications.

Research, teaching, and training are also conducted there. Specialists who work in the public system are salaried and also may see nonsubsidized patients.

3.1.0 ADMINISTRATIVE MECHANISMS FOR PRIMARY CARE

The government pays subsidies directly to provider institutions, reimbursing them for a portion of treatment costs.

Patients receive subsidy benefits for outpatient care provided in public clinics and public hospitals; for emergency care at public hospitals; for intermediate- and long-term care at facilities managed by voluntary welfare organizations; and, through means-testing, for care in private nursing homes.

3.1.1 AFTER-HOURS CARE

Numerous public and private hospitals offer round-the-clock emergency care, and approximately 30 clinics throughout the country provide 24-hour care.

Many other clinics have late-night hours, with lists of these posted online. A 24-hour emergency hotline can be used for contacting ambulances operated by the Singapore Civil Defence Force. A mobile 24-hour house call medical service is available as well.

3.1.2 HOSPITALS MENTAL HEALTH CARE

General care is delivered at regional hospitals. In 2019, there were more than 11,000 beds (public and private sector) in 30 hospitals (15 public and 15 private, including specialty centers, community hospitals, and chronic care hospitals). In 2019, there were 4 million public hospital outpatient visits, two-thirds of them subsidized.

The Institute of Mental Health is Singapore's acute tertiary psychiatric hospital. It provides psychiatric, rehabilitative, and counseling services for children, adolescents, adults, and the elderly, as well as long-term care and forensic services. Patients with addictions can be treated in the institute's National Addictions.

3.1.3 MANAGEMENT SERVICES UNIT

Many public hospitals also offer general and specialized services for eating and sleep disorders, addiction, and geriatric psychiatric conditions.

Voluntary welfare organizations and private operators manage long-term care services for the elderly. Services are financed in several ways, including direct payment by individuals and families; direct government subsidy to patients through providers; and capital and recurrent funding for intermediate and long-term care providers to provide means-tested subsidized care. Depending on which type of care and setting best suits their needs, seniors and their families can choose nursing facilities or home-based health care providers, including hospice care.

3.1.4 SINGAPORE MEDICAL INDUSTRY

Singapore will showcase the best in healthcare delivery and medical technology with the 3 healthcare strategies that the government has formulated: the pursuit of clinical research, long-term care improvement, and a focus on more sophisticated care.

Singapore has also implemented Medishield Life, healthcare insurance that will assure people with pre-existing conditions along with the whole Singaporean population health coverage and full access to medical care.

Indeed, the healthcare industry in Singapore will be a good avenue for opportunities in an industry that's only going to grow and grow.

3.1.5 GOVERNMENT POLICY ON HEALTHCARE

The Ministry of Health (MOH) is the one responsible for formulating policies and programs for the development and regulation of healthcare products and services.

The nation's goal is to transform the healthcare sector through IT-enabled delivery systems that will focus on achieving integrated and high-quality care, cost-effective services, an increased ability of the public to manage health, and strong clinical and health services research.

In order for MOH to meet these goals, they have been allocated with enough money to set up projects and funding is only expected to grow in the years to come.

3.1.6 SINGAPORE MARKET SIZE AND TRENDS

Most of the expensive tertiary care services are provided by public hospitals. Primary healthcare services are mostly provided by private sector practitioners and some by government polyclinics operating under MOH.

3.1.7 SUSTAINABLE HEALTH CARE

There is evidence that sustainable systems and processes provide both patient benefit and save costs, quite apart from reducing the carbon footprint. These key principles lie in a diverse range of approaches. Primary and secondary prevention

should be a goal of every patient encounter, with resource centres providing patient-centered family education, which promotes better health. In addition, the early identification of patients who would benefit from proactive management has demonstrable patient and economic value. Systems reconfiguration, as exemplified by the US model of vertical integration, reduces waste and duplication while improving on efficiency.

4.0 LESSONS LEARNT

Mr. Speaker,

Health is a devolved function to the Counties where majority of the responsibilities handled at the county level including employment of staff and general management of health facilities to ensure effective and quality health care.

Kitui County has a lot to learn from the healthcare system in Singapore. Healthcare provision should start at the community level where the current community health volunteers should be well trained to be able to tackle minor healthcare needs.

These community health volunteers should be converted to community health officers (caregivers) who should be in a position to make proper diagnosis and subsequent prescriptions and treatment to patients at the community level. Cases which cannot be managed at this level should be referred to a community health centers (dispensaries, and health centres).

Patients seeking services in dispensaries and health centres should only do so upon being referred by a community health officer (the current community health volunteers). Cases which cannot be managed in the dispensaries and health centres should be referred to the specialists in a level IV hospital. Only referral cases should be handled in the level IV hospitals.

This way the current congestion and overcrowding of patients in the level IV hospitals due to cases which can otherwise be handled at lower level health facilities will be reduced.

Provision of healthcare in our county should ensure that those in greatest need take precedence in medical care. All human beings should have an equal entitlement to dignity, and should have the same rights, regardless of their status in the community. There should be a reasonable relationship between the

costs and the effects, measured in terms of improved health and improved quality of life to residents of Kitui County.

Efforts to ensure effective and quality healthcare is achieved in our County should be doubled by the County Ministry on Health and Sanitation to ensure proper working condition for the health care staff. This should range from proper remunerations, suitable career progression/scheme of service and suitable working environment to ensure that the staff in this sector are happy and contented with the terms of their service which leads to optimal production.

Sufficient health care funding is prudent for quality health care to be achieved. Kitui County should seek to partner with health insurance providers in order to achieve the dream of affordable quality health care for all across the county. Proper policy to address the issue of financial autonomy for health care centers especially the level IV hospitals to ensure smooth running while providing services to all.

More emphasis should be given to the low income earners and the most vulnerable in the society while funding the health care. The less fortunate in the society should be enrolled into health care safety nets to ensure they access the health care services. The KCHIC program should be streamlined to offer quality financing to all health facilities offering services to all. Others programs such as the NHIF and LINDA MAMA, should be embraced to boost health financing across the county.

5.0 GENERAL OBSERVATIONS

Having undergone a successful training in Singapore the Committee makes the following general observations;

- i. In order to have a vibrant health care system, all achievements/ milestones and benefits in the healthcare sector there is need for proper communication to the consumers/residents for maximum utilization.
- ii. Efforts to realize a successful health care for all should be well coordinated by a set unit for a common goal.
- iii. Quality and effective health care needs proper funding to ensure constant supply of drugs, machines and equipment and proper remuneration of staff.
- iv. Community health officers if well trained/empowered will help to tackle minor health conditions which do not require specialized treatment/attention.

- v. Clear referral system, if established will help to address minor health conditions at community level and also help to decongest the level IV hospitals.
- vi. Effective health care should seek to give priority to the most deserving/the less fortunate and not based on one's socioeconomic status.
- vii. Suitable working conditions, proper remunerations and clear career progression are necessary for an effective work force in the health sector.
- viii. The relationship between the cost and effective healthcare should be seen to improve life of the people.
- ix. Proper policy framework is necessary for effective health care funding which ensures sufficient funding and timely reimbursements to the health care givers.
- x. Safety nets are necessary such as LINDA MAMA and NHIF for the less fortunate/ low income earners and the elderly for equitable access to quality health care.

6.0 COMMITTEE RECOMMENDATIONS

- i. A proper policy framework should be enacted to ensure sufficient and timely funding and reimbursements for all health care facilities in Kitui County to ensure smooth service delivery. This should as well address the issue of financial autonomy to the health care facilities to shorten the turnaround time taken while seeking funding.
- ii. In order to achieve an efficient and effective health care for all, sufficient funds should be allocated to the health sector to put up enough health facilities, equipping the existing ones and proper staffing, remunerations and improved working conditions.
- iii. Social Safety nets should be established to address the health care needs for the less fortunate/ low income earners, orphans, the sickly, the elderly and the vulnerable groups in the society.
- iv. The current community health volunteers should be well trained/empowered and converted to community health officers who should offer quality healthcare services at the community level to the less fortunate, the orphans and the elderly and make referrals for cases which need specialized attention to dispensaries and health centers.

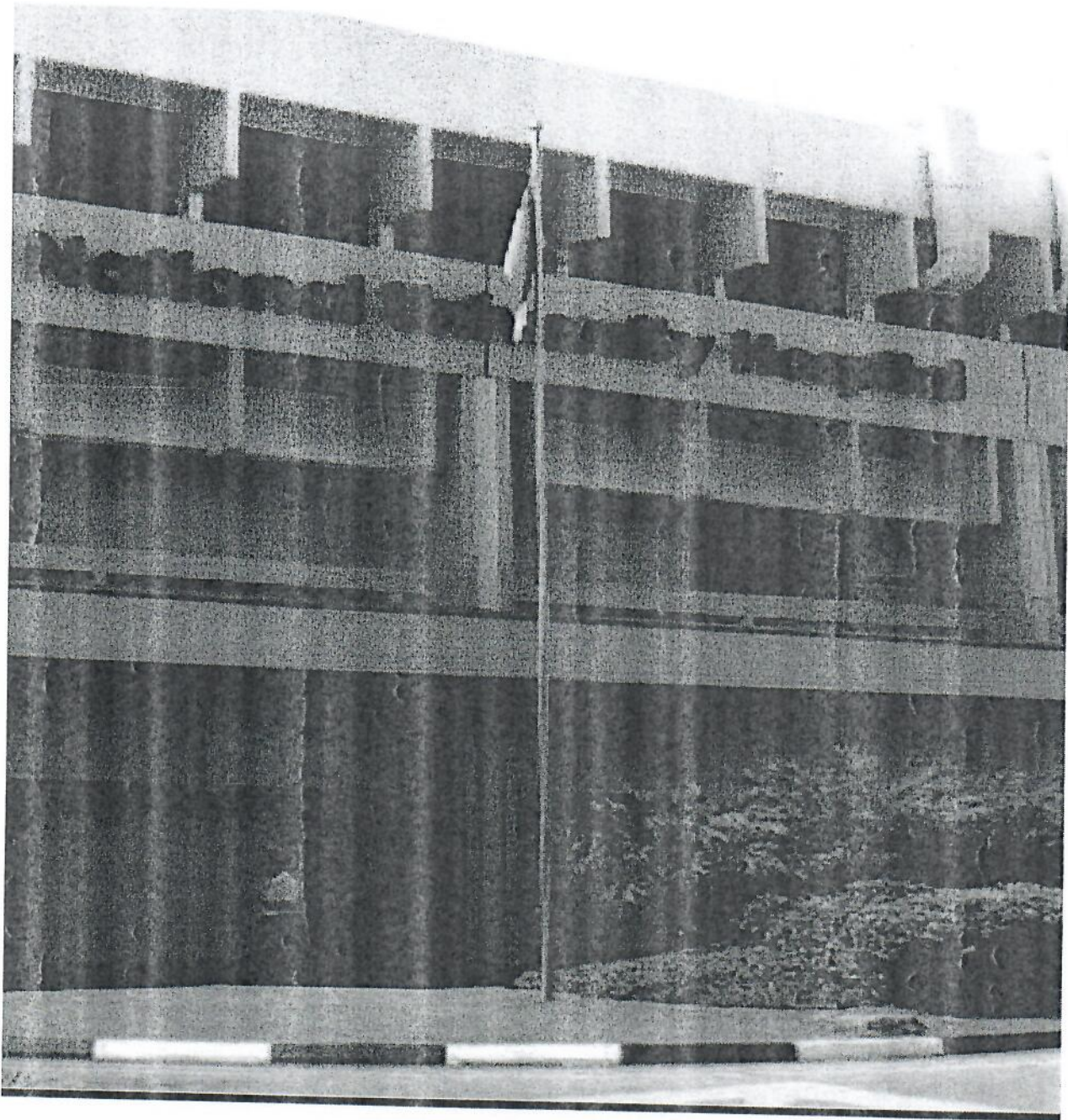
7.0 CONCLUSION

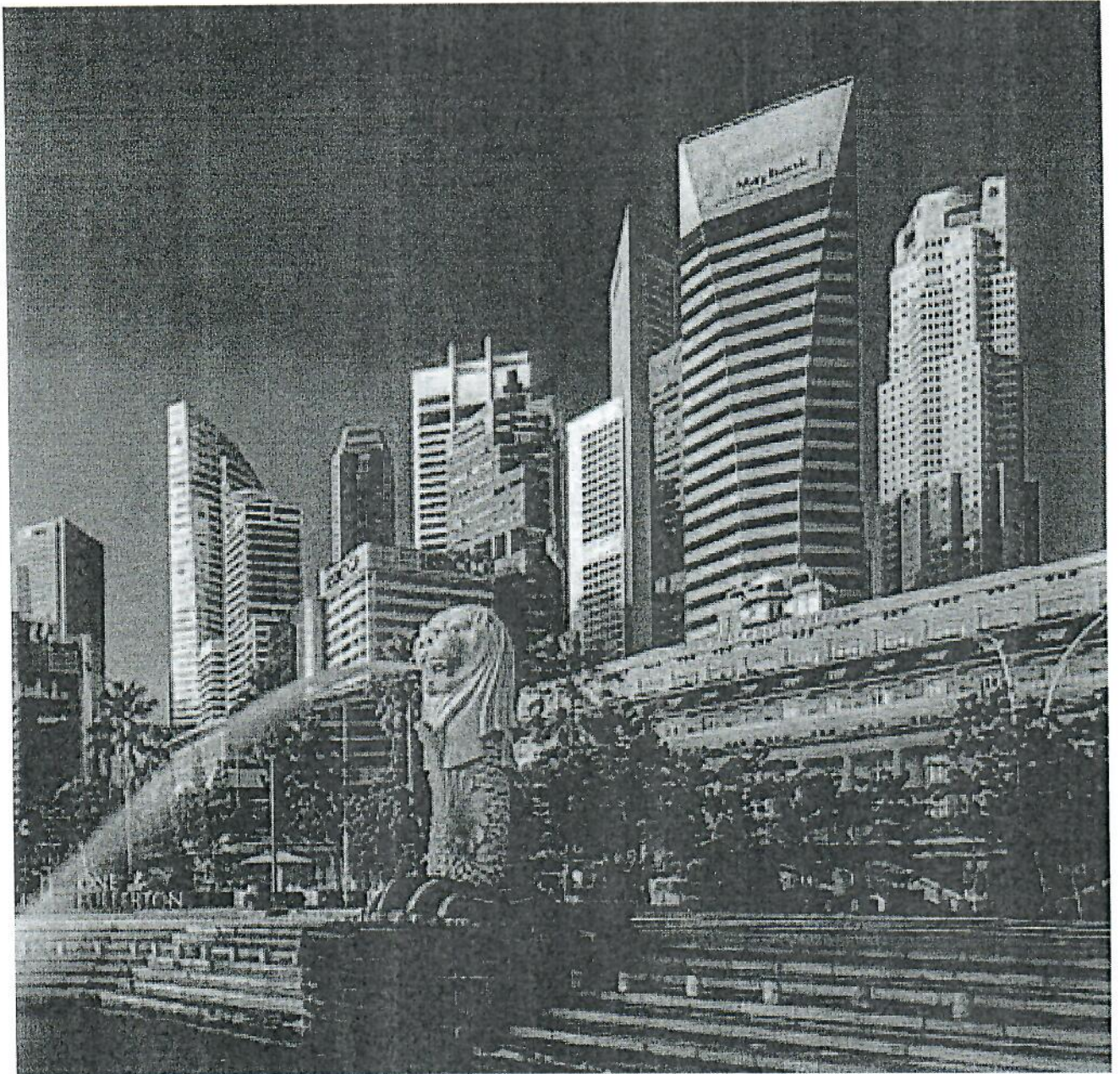
Health care financing is one of the factors as enlisted in global health care provision. Thus, sufficient funding is crucial for any leadership which aspires to achieve quality and sustainable health care for her citizenry. Kitui County's health care has been faced with numerous financing challenges which has led to severe shortage of drugs, staff strikes and go slows and to some extent brain drain where staff have left to seek greener pastures coupled with lack of crucial equipment in the theatres and maternities. It is paramount to consider increasing funding for the line ministry in subsequent budgets in order to cure this situation while the county leadership should seek to partner with donors and other development partners in order to close the existing funding gaps being experienced in this ministry. Emphasis should as well be put in place to ensure prudent utilization of health funds to reduce wastage and corruption coupled with embezzlement of public funds. Proper checks and balances should be instituted with a view of ensuring efficiency, cost reduction in offering health services in order to realize an effective service delivery for quality and affordable health care for all.

ANNEX I

PICTORIALS







ANNEX II

REPORT ADOPTION/ AUTHENTICATION

We the members of the Health and Sanitation Committee delegation to Singapore do append our signatures to authenticate and adopt the report on the foreign visit to Singapore on health financing and management.

NAME	SIGNATURE
1) Hon. Anthony N. Mwanzia	Leader of delegation----- 
2) Hon. Grace M. Sammy	Member----- 
3) Hon. Eliud M. Nding'uri	Member----- 
4) Hon. Josphine K. Mutie	Member----- 
5) Hon. Mary K. Philip	Member----- 
6) Hon. Eunice M. Katheke	Member----- 

ANNEX III- Boarding passes

ANNEX IV-Invitation letter

ANNEX V- Approval for travel by Ministry of Devolution.





Name of the Passenger اسم المسافر
HON EUNICEMWATHI
KATHEKE

Departure المغادرة
1655

Date التاريخ
02FEB
NBO - DOH

ECONOMY CLASS
HON EUNICEMWATHI
KATHEKE
NBO - DOH
30B ZONE 2
QR1336 02FEB
ETKT 1573439867940-1

Boarding البوابة فتح
1555

Gate البوابة
09

Seat المقعد
30B

Flight الرحلة
QR

ZONE 2
SEQ-098

1336

PCS: CKWT: UNCKWT: SEG
1 15 098



Name of the Passenger اسم المسافر
HON EUNICEMWATHI
KATHEKE

Departure المغادرة
0210

Date التاريخ
03FEB
DOH - SIN

ECONOMY CLASS
HON EUNICEMWATHI
KATHEKE
DOH - SIN
44B ZONE 1
QR946 03FEB
ETKT 1573439867940-2

Boarding البوابة فتح
0110

Gate البوابة

Seat المقعد
44B

Flight الرحلة
QR

ZONE 1
SEQ-221

946

PCS: CKWT: UNCKWT: SE
1 15 22

Name of the Passenger اسم المسافر
HON EUNICEMWATHI
KATHEKE

Departure المغادرة
1750

Date التاريخ
10FEB
DOH - NBO

ECONOMY CLASS
HON EUNICEMWATHI
KATHEKE
DOH - NBO
32J ZONE 2
QR1341 10FEB
ETKT 1573439867940-4

Boarding البوابة فتح
1650

Gate البوابة

Seat المقعد
32J

Flight الرحلة
QR

ZONE 2
SEQ-068

1341

PCS: CKWT: UNCKWT: SE
1 22 0

Name of the Passenger اسم المسافر
HON EUNICEMWATHI
KATHEKE

Departure المغادرة
1130

Date التاريخ
10FEB
SIN - DOH

ECONOMY CLASS
HON EUNICEMWATHI
KATHEKE
SIN - DOH
38A ZONE 2
QR943 10FEB
ETKT 1573439867940-3

Boarding البوابة فتح
1030

Gate البوابة
D32

Seat المقعد
38A

Flight الرحلة
QR

ZONE 2
SEQ-031

943

PCS: CKWT: UNCKWT: SE
1 22 03



IMMIGRATION SINGAPORE
VISIT PASS
 Subject to Reg. 12 (1)
 Entry from Singapore
10 FEB 2020
 PERMITTED TO ENTER AND
 REMAIN IN SINGAPORE
 FOR THIRTY DAYS FROM
 DATE SHOWN ABOVE.

Permitted to enter and remain
 in West Malaysia and Sabah
 for 14 days only from
 04 FEB 2020
 10 FEB 2020
 20114766

10 FEB 2020
 20114766

IMMIGRATION SINGAPORE
VISIT PASS
 Subject to Reg. 12 (1)
 Entry from Singapore
03 FEB 2020
 PERMITTED TO ENTER AND
 REMAIN IN SINGAPORE
 FOR THIRTY DAYS FROM
 DATE SHOWN ABOVE.

VISA - VISAS

1332-1332-1332
 11.2.2020
 JKIA
 ER
 1332-1332-1332-1332



Name of the Passenger اسم المسافر
~~HON- GRACEMWIKALI~~
SAMMY

Departure المغادرة
1750

Date التاريخ
10FEB
DOH - NBO

ECONOMY CLASS
~~HON- GRACEMWIKALI~~
SAMMY
DOH - NBO
33F ZONE 2
QR1341 10FEB
ETKT 1573439867939-4

Boarding البوابة فتح

1650

البوابة Gate

المقعد Seat

33F

الرحلة Flight

QR

ZONE 2
SE0-065

1341

PCS: CKWT: UNCKWT: SEQ NO:
1 10 065

Name of the Passenger اسم المسافر
HON GRACEMWIKALI
SAMMY

Departure المغادرة
1655

Date التاريخ
02FEB
NBO - DOH

ECONOMY CLASS
HON GRACEMWIKALI
SAMMY
NBO - DOH
30J ZONE 2
QR1336 02FEB
ETKT 1573439867939-1

Boarding البوابة فتح

1555

البوابة Gate

09

المقعد Seat

30J

الرحلة Flight

QR

ZONE 2
SE0-101

1336

PCS: CKWT: UNCKWT: SEQ NO:
1 14 101

Name of the Passenger اسم المسافر
~~HON GRACEMWIKALI~~
SAMMY

Departure المغادرة
1130

Date التاريخ
10FEB
SIN - DOH

ECONOMY CLASS
~~HON- GRACEMWIKALI~~
SAMMY
SIN - DOH
38H ZONE 2
QR943 10FEB
ETKT 1573439867939-3

Boarding البوابة فتح

1030

البوابة Gate

D32

المقعد Seat

38H

الرحلة Flight

QR

ZONE 2
SE0-028

943

PCS: CKWT: UNCKWT: SEQ NO:
1 10 028

Name of the Passenger اسم المسافر
HON GRACEMWIKALI
SAMMY

Departure المغادرة
0210

Date التاريخ
03FEB
DOH - SIN

ECONOMY CLASS
HON GRACEMWIKALI
SAMMY
DOH - SIN
43C ZONE 1
QR946 03
ETKT 1573439867939-2

Boarding البوابة فتح

0110

البوابة Gate

المقعد Seat

43C

الرحلة Flight

QR

ZONE 1
SE0-232

946

PCS: CKWT: UNCKWT:
1 14

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة

Gate closes 20 minutes before departure



XX

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة

Gate closes 20 minutes before departure



XX

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة

Gate closes 20 minutes before departure



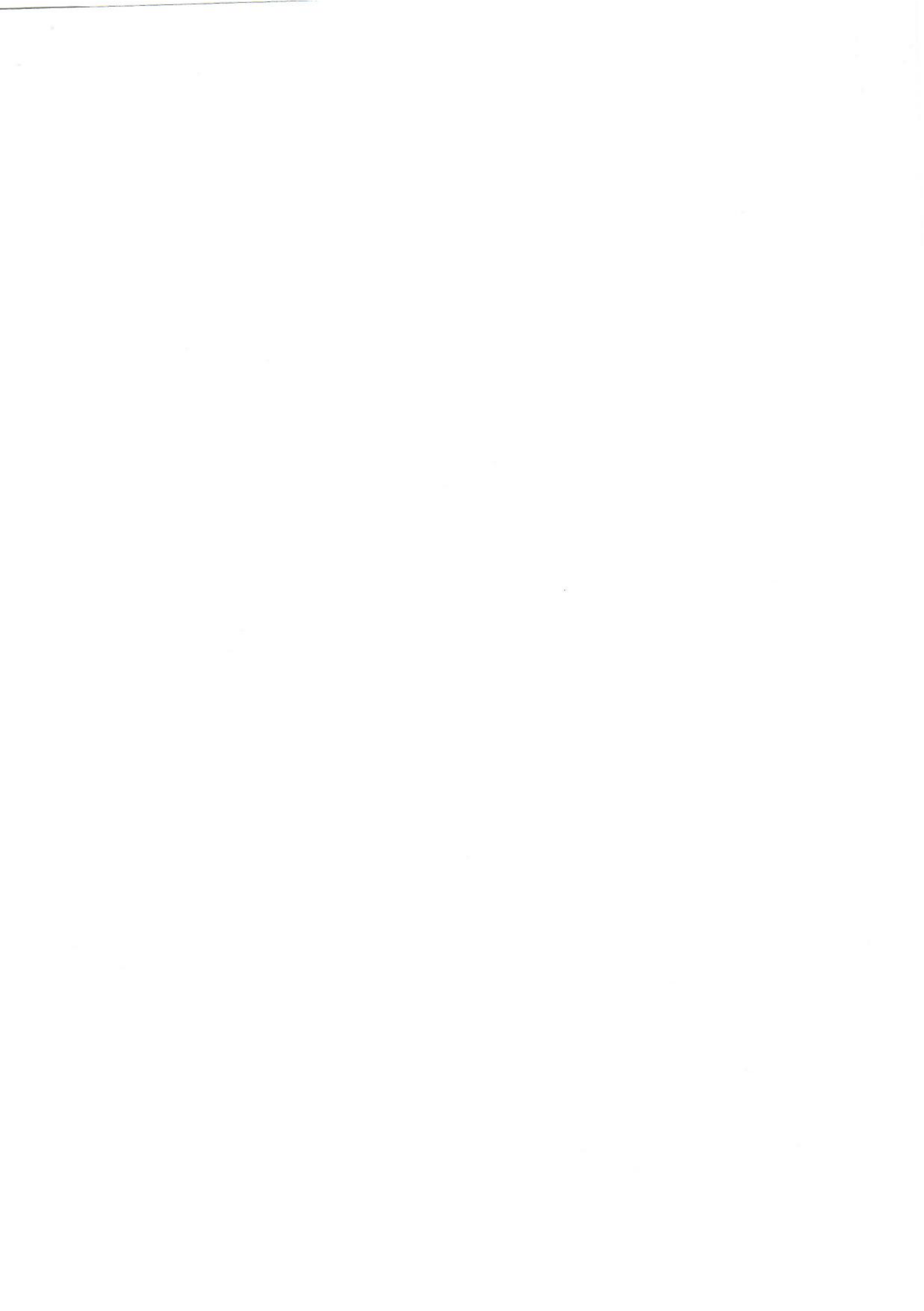
XX

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة

Gate closes 20 minutes before departure



XX



1344-1344-1344-1344
* (1344) KENYA (1344) *
IMMIGRATION OFFICER
JKIA
21.6.2018

Permitted to enter and remain
in West Malaysia and Sabah
for thirty (30) days
ON SOCIAL VISIT ONLY FROM
THE DATE ABOVE TO
DATE OF EXPIRY OF PASS
M
04 FEB 2020
VISIT PASS
Reg. 11, Imm. Regs., 83
MALAYSIA IMMIGRATION
BANGUNAN SULTAN ISKANDAR
19
11
11

10 FEB 2020
10 FEB 2020
03 FEB 2020
VISAS - VIZA - VISAS

VISAS - VIZA - VISAS

1332-1332-1332-1332
* (1332) KENYA (1332) *
IMMIGRATION OFFICER
JKIA
11.2.2020
1332-1332-1332-1332



تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure



Name of the Passenger اسم المسافر
~~HON MARYKANINI PHILLIP~~

Departure المغادرة
1750

Date التاريخ
10FEB
DOH - NBO

Boarding البوابة فتح
1650

Gate البوابة

Seat المقعد

Flight الرحلة

32K
ZONE 2
SEQ-067

QR
1341

XX

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure



Name of the Passenger اسم المسافر
~~HON MARYKANINI PHILLIP~~

Departure المغادرة
1130

Date التاريخ
10FEB
SIN - DOH

Boarding البوابة فتح
1030

Gate البوابة

Seat المقعد

Flight الرحلة

38F
ZONE 2
SEQ-030

QR
943

HON MARYKANINI PHILLIP
SIN - DOH
38F
QR 943
10

XX

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure



Name of the Passenger اسم المسافر
HON MARYKANINI PHILLIP

Departure المغادرة
1655

Date التاريخ
02FEB
NBO - DOH

Boarding البوابة فتح
1555

Gate البوابة

Seat المقعد

Flight الرحلة

09

30G

QR

ZONE 2
SEQ-099

1336

XX

Economy Class

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure



Name of the Passenger اسم المسافر
HON MARYKANINI PHILLIP

Departure المغادرة
0210

Date التاريخ
03FEB
DOH - SIN

Boarding البوابة فتح
0110

Gate البوابة

Seat المقعد

Flight الرحلة

45C

QR

ZONE 1
SEQ-226

946

XX





الدرجة السياحية
Economy Class



QATAR
AIRWAYS القطرية

التسجيل للرحلة
Boarding Pass

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure



Name of the Passenger اسم المسافر
HON ELIUDMUTETI
NDINGURI

Departure المغادرة
1130

Date التاريخ
10FEB
SIN-DOH

ECONOMY CLASS
HON ELIUDMUTETI
NDINGURI
SIN-DOH
38E ZONE 2
QR943 10FEB
ETKT 1573439867968-3

Boarding البوابة فتح
1030

Gate البوابة
D32

Seat المقعد
38E
ZONE 2
SEQ-027

Flight الرحلة
QR
943

PCS: CKWT: UNCKWT: SEQ
1 11 027

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure



Name of the Passenger اسم المسافر
HON ELIUDMUTETI
NDINGURI

Departure المغادرة
1750

Date التاريخ
10FEB
DOH-NBO

ECONOMY CLASS
HON ELIUDMUTETI
NDINGURI
DOH-NBO
33H ZONE 2
QR1341 10FEB
ETKT 1573439867968-4

Boarding البوابة فتح
1650

Gate البوابة

Seat المقعد
33H
ZONE 2
SEQ-064

Flight الرحلة
QR
1341

PCS: CKWT: UNCKWT: SEQ
1 11 064

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure



Name of the Passenger اسم المسافر
HON ELIUDMUTETI
NDINGURI

Departure المغادرة
0045

Date التاريخ
03FEB
NBO-DOH

ECONOMY CLASS
HON ELIUDMUTETI
NDINGURI
NBO-DOH
35F ZONE 1
QR1342 03F
ETKT 1573439867968-1

Boarding البوابة فتح
2345

Gate البوابة

Seat المقعد
35F
ZONE 1
SEQ-101

Flight الرحلة
QR
1342

PCS: CKWT: UNCKWT: SEQ
1 10 1

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure



Name of the Passenger اسم المسافر
HON ELIUDMUTETI
NDINGURI

Departure المغادرة
0830

Date التاريخ
03FEB
DOH SI

Boarding البوابة فتح
0730

Gate البوابة

Seat المقعد
38A
ZONE 2
SEQ-118

Flight الرحلة
QF
94



12.6.2018
JKIA
1332-1332-1332
1332-1332-1332

02.2.2020
JKIA
1332-1332-1332
1332-1332-1332

VISAS - IZ1 - VISAS

11.2.2020
JKIA
1332-1332-1332
1332-1332-1332
IMMIGRATION
CER

REPUBLIC OF SINGAPORE
VISIT PASS
Subject to Reg. 12 (7)
Immigration Regulations
10 FEB 2020
PERMITTED TO ENTER AND
REMAIN IN SINGAPORE
FOR THIRTY DAYS FOR
SOCIAL VISIT ONLY FROM
WEST MALAYSIA AND
SARAWAK
MALAYSIA IMMIGRATION
JKIA
SINGAPORE
VISIT PASS
Reg. 11, Imm. Regs. 63
04 FEB 2020
Permitted to enter and remain
in West Malaysia and Sarawak
for a period of 30 days
on social visit only from
the date shown above.

10 FEB 2020



تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure



Name of the Passenger اسم المسافر
MR ONESMUSMUTUA
MBWANGA

Departure المغادرة
1130

Date التاريخ
10FEB
SIN - DOH

ECONOMY CLASS
MR ONESMUSMUTUA
MBWANGA
SIN - DOH
38B ZONE 2
QR943 10FEB
ETKT 1573439867941-3

Boarding فتح البوابة
1030

Gate البوابة
D32

Seat المقعد
38B
ZONE 2
SEQ-032

Flight الرحلة
QR
943

PCS: CKWT: UNCKWT: SEQ NO:
1 17 032

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure



Name of the Passenger اسم المسافر
MR ONESMUSMUTUA
MBWANGA

Departure المغادرة
0210

Date التاريخ
03FEB
DOH - SIN

ECONOMY CLASS
MR ONESMUSMUTUA
MBWANGA
DOH - SIN
44C ZONE 1
QR946 03FEB
ETKT 1573439867941-2

Boarding فتح البوابة
0110

Gate البوابة

Seat المقعد
44C
ZONE 1
SEQ-218

Flight الرحلة
QR
946

PCS: CKWT: UNCKWT: SEQ NO:
1 10 218

ECONOMY CLASS

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure



Name of the Passenger اسم المسافر
MR ONESMUSMUTUA
MBWANGA

Departure المغادرة
1750

Date التاريخ
10FEB
DOH - NBO

ECONOMY CLASS
MR ONESMUSMUTUA
MBWANGA
DOH - NBO
32H ZONE 2
QR1341 10FEB
ETKT 1573439867941-4

Boarding فتح البوابة
1650

Gate البوابة

Seat المقعد
32H
ZONE 2
SEQ-069

Flight الرحلة
QR
1341

PCS: CKWT: UNCKWT: SEQ NO:
1 17 069

Name of the Passenger اسم المسافر
MR ONESMUSMUTUA
MBWANGA

Departure المغادرة
1655

Date التاريخ
02FEB
NBO - DOH

ECONOMY CLASS
MR ONESMUSMUTUA
MBWANGA
NBO - DOH
30D ZONE 2
QR1336
ETKT 1573439867941-5

Boarding فتح البوابة
1555

Gate البوابة

09

Seat المقعد
30D
ZONE 2
SEQ-096

Flight الرحلة
QR
1336

PCS: CKWT: UNCKWT: SEQ NO:
1 10

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure



03 FEB 2020
 IMMIGRATION SINGAPORE
 PERMITTED TO ENTER AND REMAIN IN SINGAPORE FOR 30 DAYS ON SOCIAL VISIT ONLY FROM THE DATE SHOWN ABOVE

104 FEB 2020
 VISIT PASS (S) (V)
 Reg. 11, Imm. Regs. 82
 BANGSIAN SULTAN ISKANDAR
 PERMITTED TO ENTER AND REMAIN IN VISIT PASS (S) (V) ON SOCIAL VISIT ONLY FROM THE DATE SHOWN ABOVE

104 FEB 2020
 VISIT PASS (S) (V)
 25/4/20

IMMIGRATION SINGAPORE
 VISIT PASS
 Subject to Reg. 12 (7)
 Immigration Regulations
 10 FEB 2020
 PERMITTED TO ENTER AND REMAIN IN SINGAPORE FOR THIRTY DAYS FOR SOCIAL VISIT ONLY FROM THE DATE SHOWN ABOVE


11.2.2020
 JKIA
 1258-1258-1258

12.6.2018
 EXIT
 1258-1258-1258

SAS - VIZA - VISAS

AK01087439KEN1912076M2805092

V<TURMANZIA<<ANTHOY<NDOOH<



ANTHOY NDOOH M W ANZANIA
 07.12.2019
 T.P. Nairobi BE
 REPUBLIC OF TURKEY

09.08.2000
 12.19 71 8
 3.03

STANBUL
 KONIYE
 TUR

53 733607

VIZA

TURKME
 QUMI
 TURKME

KC

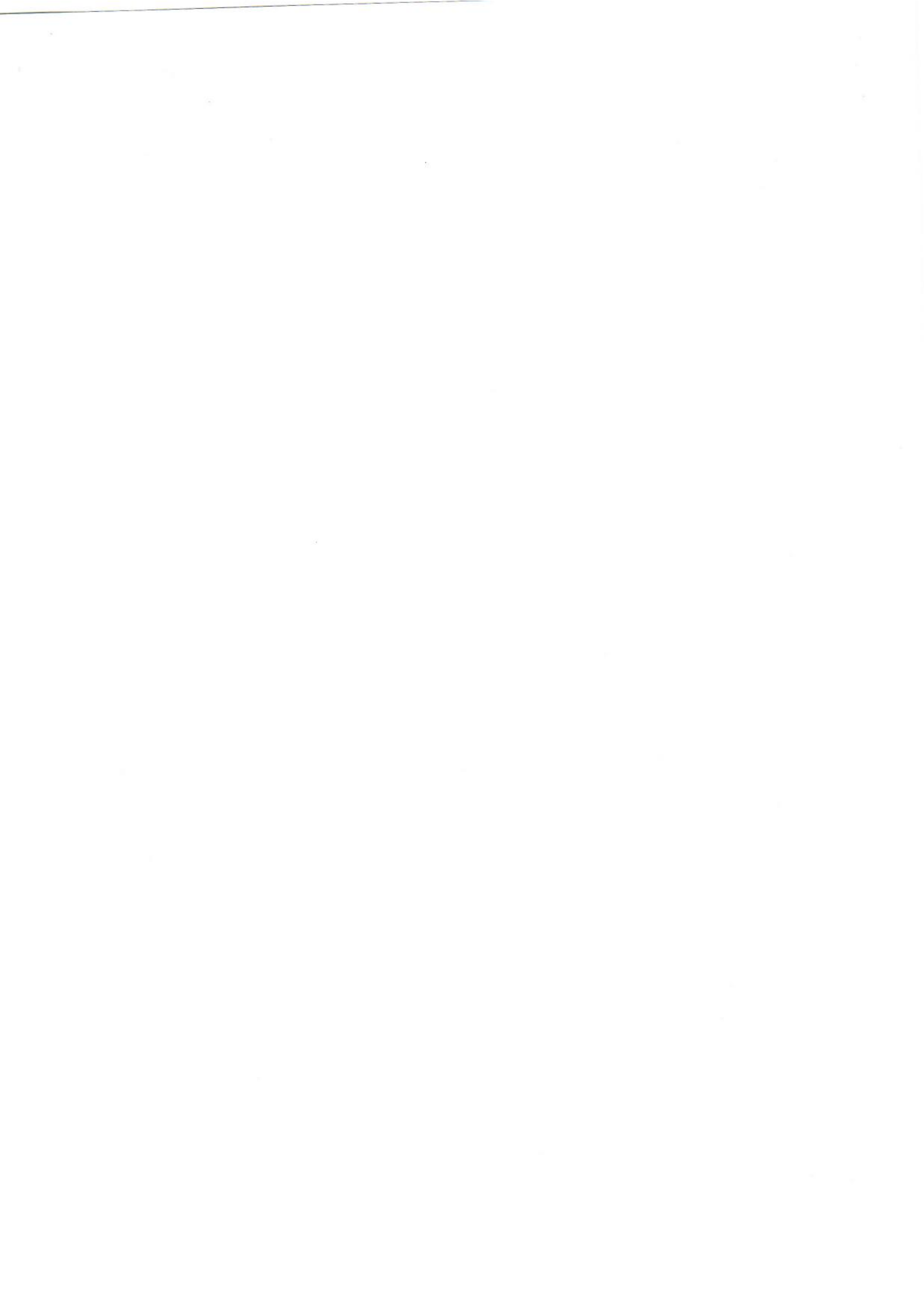
11.2.2020
 JKIA
 IMMIGRATION OFFICER

10.12.2019
 JKIA
 IMMIGRATION OFFICER

21.6.2018
 JKIA
 IMMIGRATION OFFICER

04 FEB 2020
 Permitted to enter and remain
 in West Malaysia and Sabah
 for thirty (30) days
 on social visit only from
 the date shown above.

04 FEB 2020
 JKIA





ATTIC TOURS AND TRAVEL

Electricity House
 6th Floor, Harambee Avenue
 P.O.Box 7740 - 00100, Nairobi, Kenya
 Tel: +254 20 2377179
 Cell: +254 721 311 405 / 726 669 851
 Email: info@attictravel.com
 Web: www.attictravel.com

Date:
 Agency Reference Number:
 Travel Agent:

Saturday, 01 February 2020
 RS5Q44

Your Travel Itinerary

Travellers

* MWANZIA/ANTHONYNDOOHON(Adult - ADT)

Frequent Flyer Numbers

Sunday, 02 February 2020

Flight	QR1336 - Qatar Airways (Q.C.S.C)	Confirmation Number For Qatar Airways (Q.C.S.C)	HK - Confirmed
Class	T - Economy		KD9799
Departs	16:55 Jomo Kenyatta Intl, Nairobi Kenya		Non Stop
Arrives	22:55 Doha International Arpt, Doha Qatar		NBO Terminal 1C
Flying Time	6:00		DOH
Equipment	Airbus Industrie A330-200		Carbon Emission: 561.00 kgs
Services	Non-Smoking		
Meal	Meal		
Comments	*Baggage Allowance : Adult-45K *Contact airline to confirm baggage allowance.		

Traveller	Ticket Number	Seat	Special Meals
* MWANZIA/ANTHONYNDOOHON	1573439867936(Electronic)		

Monday, 03 February 2020

Flight	QR946 - Qatar Airways (Q.C.S.C)	Confirmation Number For Qatar Airways (Q.C.S.C)	HK - Confirmed
Class	T - Economy		KD9799
Departs	02:10 Doha International Arpt, Doha Qatar		Non Stop
Arrives	14:55 Changi Intl Arpt, Singapore Singapore		DOH
Flying Time	7:45		SIN Terminal 1
Equipment	UNKNOWN		Carbon Emission: 724.63 kgs
Services	Non-Smoking		
Meal	Meal		
Comments	*Baggage Allowance : Adult-45K *Contact airline to confirm baggage allowance.		

Traveller	Ticket Number	Seat	Special Meals
* MWANZIA/ANTHONYNDOOHON	1573439867936(Electronic)		

Monday, 10 February 2020

Flight	QR943 - Qatar Airways (Q.C.S.C)	Confirmation Number For Qatar Airways (Q.C.S.C)	HK - Confirmed
Class	W - Economy		KD9799
Departs	11:30 Changi Intl Arpt, Singapore Singapore		Non Stop
Arrives	15:00 Doha International Arpt, Doha Qatar		SIN Terminal 1
Flying Time	8:30		DOH
Equipment	UNKNOWN		Carbon Emission: 794.75 kgs
Services	Non-Smoking		
Meal	Meal		
Comments	*Baggage Allowance : Adult-45K *Contact airline to confirm baggage allowance.		

Traveller	Ticket Number	Seat	Special Meals
* MWANZIA/ANTHONYNDOOHON	1573439867936(Electronic)		

Monday, 10 February 2020

Flight	QR1341 - Qatar Airways (Q.C.S.C)	Confirmation Number For Qatar Airways (Q.C.S.C)	HK - Confirmed
Class	W - Economy		KD9799
Departs	17:50 Doha International Arpt, Doha Qatar		Non Stop
Arrives	23:35 Jomo Kenyatta Intl, Nairobi Kenya		DOH
Flying Time	5:45		NBO Terminal 1E
Equipment	Airbus Industries A350-900		Carbon Emission: 537.63 kgs
Services	Non-Smoking		





Octavian
Consultant
Development (032956227-4)

Friday January 3, 2020

Our Ref: OCD/202000103/C15

THE CLERK
KITUI County Assembly,
P.O. BOX 694, 90200
KITUI, KENYA

ATTENTION: CHAIRPERSON, COMMITTEE ON HEALTH AND SANITATION

REF: STRATEGY FOR HEALTHCARE DELIVERY SUMMIT
FEBRUARY 2ND TO 11TH 2020 SINGAPORE


OCTAVIAN CONSULTING DEVELOPMENT, ASIA is pleased to invite the County Assembly Committee on Health and Sanitation to the Conference and Benchmarking Experiment on Strategy for Healthcare Delivery in Singapore and Malaysia in February 2nd to 11th 2020.

Innovation, Investment and Financing Healthcare Excellence is amongst the County and National Governments Strategic Big 4 Agenda. Improving Access to Affordable and Quality Healthcare for the citizens is a priority. Its notable that the healthcare industry has and continues to face a myriad of complicated problems, including staff shortages, rising costs and the burden of modernizing services. The healthcare situation in the counties is a high-stress high-risk environment, luckily the populace and service providers have continued to take on the challenges of healthcare with grace and confidence.

Singapore and Malaysia have spiraled as leading world-class case studies of exceptional excellence in healthcare research, investment, financing and leadership; best equipped hospitals, state of the art facilities, cutting edge technology and excellent patient care and staffing requirements that suit an exemplary learning experience for the Committee on Health.

INVESTMENT: USD \$ 1,995.00 Exclusive of 8% SST Per Delegate. The Delegates will be responsible for their Flight Tickets, Accommodation and other personal costs.

For more information, please contact Mohd Mazlan on email: octavian.consultant@yahoo.com, Looking forward to your confirmations in advance of time, please do not hesitate to contact us for more information,

Sincerely,

Mohd Mazlan
EXECUTIVE DIRECTOR



Block 59 Tingkat 1 No.17 Bandar Baru Sentul
51200 Kuala Lumpur W.P.
Tel/Fax: 03-40449341 Email: octavian.consultant@yahoo.com

*This is a change of venue
3rd to 2nd of Feb to 11 Feb
2020. It's 27/1/2020*

*13 P/F
Take
of it
above
27/1*

31



PROGRAM OUTLINE

Date	Activity/Event
Feb 2, Singapore	<ul style="list-style-type: none"> ◦ Arrivals and Registrations in Singapore
Feb 3, Singapore	<ul style="list-style-type: none"> ◦ Introduction and Overview ◦ Historical Evolution of Singapore HealthCare Industry
Feb 4 Singapore	<ul style="list-style-type: none"> ◦ Courtesy Tour at Singapore's Health Ministry
Feb 5, Singapore	<ul style="list-style-type: none"> ◦ Hospital Facility Tour ◦ Dinner Event and Address by Representative Ministry of Health, Singapore
Feb 6, Singapore	<p data-bbox="555 842 1139 878">Transformational Healthcare Service Delivery</p> <ul style="list-style-type: none"> ◦ Quality Healthcare Metrics ◦ Access to Quality Healthcare ◦ Healthcare Strategic Plan ◦ Service Delivery - Transforming Patient Experience: Delivering Care that meets Patient Needs & Preferences
Feb 7, Singapore	<ul style="list-style-type: none"> ◦ Complimentary City Tour
Feb 8, Singapore	<ul style="list-style-type: none"> ◦ Worship and Complimentary City Tour
Feb 9, Singapore	<ul style="list-style-type: none"> ◦ Technology and Infrastructure ◦ Digital Transformation of Healthcare Services ◦ Medical Staff, Staffing, Welfare and Best Practices ◦ Hospital Facilities Tour
Feb 10, Malaysia	<ul style="list-style-type: none"> ◦ Courtesy Tour at Singapore's Health Ministry ◦ Hospital Facility Tour
Feb 11, Malaysia	<ul style="list-style-type: none"> ◦ Complimentary City Tour ◦ Departures



REPUBLIC OF KENYA



MINISTRY OF DEVOLUTION AND ASAL
STATE DEPARTMENT OF DEVOLUTION
OFFICE OF THE PRINCIPAL SECRETARY

Fax No.: 2217869
Telephone: +254-020-2215245
Web: <http://www.devolutionandplanning.go.ke>
Email: psdevolution@devolutionplanning.go.ke

Telposta Towers
P.O. Box 30004- 00100
NAIROBI
KENYA

Ref. No: MDP/DD/ADM/6/19/VOL. LIX

17th January, 2020

Clerk of the County Assembly
County Assembly of Kitui
P.O. Box 694- 90200

KITUI

Attn: Mr. L. Waema

**RE: AUTHORITY TO TRAVEL TO SINGAPORE & MALAYSIA –
COUNTY ASSEMBLY OF KITUI**

Reference is made to your letter Ref: CAK 3/2/VOL IV (13) dated 14th January, 2020 on the above subject.

Authority is hereby granted for the under-listed County Officials to travel to Singapore & Malaysia from 3rd to 14th February, 2020 to attend a summit on Strategy for Health Care Delivery.

S.no	Name	Designation
1.	Hon. Anthony Ndoo Mwanzia	ChairPerson
2.	Hon. Josphine Kavivi Mutie	Member
3.	Hon. Eliud Muteti Nding'uri	Member
4.	Hon. Grace Mwikali Sammy	Member
5.	Hon. Mary Kanini Phillip	Member
6.	Hon. Eunice Mwathi Katheke	Member
7.	Mr. Onesmus Mutua Mbwang'a	Committee Clerk

It is noted that the County Assembly of Kitui will meet all the expenses pertaining to this trip.

