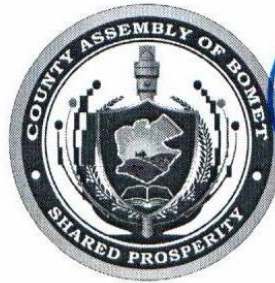


**COUNTY GOVERNMENT OF
BOMET**



**COUNTY ASSEMBLY
THIRD ASSEMBLY – (SECOND SESSION)**

COMMITTEE ON HEALTH AND SANITATION

**REPORT ON THE BOMET COUNTY EMERGENCY
REFERRALS AND AMBULANCE POLICY 2023**

SESSIONAL PAPER NO. 3 OF 2023

Approved
for tabling
[Signature]
28/11/2023

Hon Speaker
You may approve
for tabling
AND
28/11

OCTOBER, 2023

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ABBREVIATIONS

CGA	County Government Act
CIDP:	County Integrated Development Plan
CO	Chief Office
CoG	Council of Governors
EMC	Emergency Medical Care
EMS	Emergency Medical Services
EMTs	Emergency Medical Technician(s)
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
NCD	Non Communicable disease
SOP	Standard Operating Procedure

1.0. PREFACE

Mr. Speaker Sir, the Committee on Health and Sanitation has reviewed the Bomet County Emergency Referrals and Ambulance Policy and came up with a report.

The policy is critical and is extremely important since the County Department of Health Services requires efficient referrals and ambulance services system. The prevention of deaths and alleviation of suffering among the victims is heavily dependent on the quality of emergency services which in turn is a product of efficiency of referral systems and procedures. The provision of ambulance services is in consonance with Article 43(1) (a), (2) of the Constitution.

1.1. THE COMMITTEE'S MANDATE

Mr. Speaker Sir,

The Sectoral Committee on Health and Sanitation is constituted pursuant to the provisions of Standing Order No. 201(5) of the County Assembly of Bomet and executes its mandate in accordance with the provisions of the said Standing Order; which mandates the Committee to inter alia;

- i. Investigate, inquire into and report on all matters relating to the mandate, management, activities, administration, operation and estimates of the assigned department;
- ii. **Study programs and policy objectives of departments and the effectiveness of the implementation;**
- iii. Study and review all County legislation referred to it;
- iv. Study, assess and analyse the relative success of departments as measured by the results obtained as compared with their stated objectives;
- v. Investigate and inquire into all matters relating to the assigned departments as they may deem necessary, and as may be referred to them by the County Assembly;
- vi. To vet and report on all appointments where the constitution or any law requires the County Assembly to approve, except those under Standing Order 197(Committee Appointments); and
- vii. Make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.

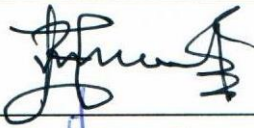
Mr. Speaker Sir, in the context of legislation, a policy is a document which outlines what a government aims to achieve for the society as a whole. All policies start off as an idea. It may be the idea of a member of the executive wing of the Government, a


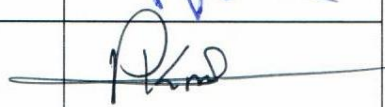

bureaucrat, legislator, a stakeholder group or an individual citizen. The provisions of Article 185 of the Constitution of Kenya 2010 on legislative authority of county assemblies are very clear and the same states that;

1. The Legislative Authority of a county Assembly is vested in, and exercised by, it's County Assembly.
2. A County Assembly may make any Laws that are necessary for or incidental to, the effective performance of the functions and exercise of the powers of the County Government under the fourth schedule.
3. A County Assembly, while respecting the principles of separation of powers, may exercise oversight over the County Executive Committee and any other County Executive Organs.
4. A County Assembly may receive and approve plans and policies for:
 - a. The management and exploitation of the counties resources; and
 - b. The development and management of its infrastructure and institutions.

1.2 COMMITTEE MEMBERSHIP

As currently constituted, the Health and Sanitation Committee comprises of the following honourable members whose signatures appear to affirm ownership and authenticity of this report.

No.	Name	Position	Signature
1.	Hon. Stephen Changmorik	Chairperson	
2.	Hon. Catherine Chepngetich	Vice/chairperson	
3.	Hon. Leonard Rotich	Member	
4.	Hon. Kibet Ngetich	Member	

5.	Hon. Roseline Cheptoo	Member	
6.	Hon. Peter Mutai	Member	
7.	Hon. Richard Ruto	Member	

1.3 METHODOLOGY

Hon. Speaker,

The Committee received the policy from the County Executive Committee Member for Health Services on 28th August, 2023 through the office of the Clerk. Subsequently it was tabled and committed to the Committee on 6th September 2023.

1.5 Stakeholder engagement

Hon. Speaker,

The Committee held several consultative meetings with key stakeholders. The first consultative meeting was conducted on February 2023 in Nakuru County which was sponsored by AMREF. The meeting was attended by executive department of Health and Medical Services. The second consultative meeting was held between the 26th and 27th June 2023 at Nakuru Summit Hotel, Nakuru County and also present were the Executive department of Health and Medical Services personnel.

The third and final consultative meeting was held on 2nd to 5th October, 2023 in Nakuru County and the participants included the Assembly Health Committee, AMREF and representatives from the Council of Governors. During the meeting, the participants were taken through the policy with special emphasis on the objectives to be realized through enactment of the policy as well other health related policies.

Mr. Speaker, Public participation is a legal requirement during approval of policies. It is an integral part of the objectives of devolution as provided for in Article further 174(1) (c) of the constitution of Kenya, 2010. An advert was thus placed on the print media on 26th September 2023 inviting the public to submit their views, comments or memoranda on the policy. However there were no memoranda received as at the close of the submission period.

1.4 ACKNOWLEDGEMENT

Mr. Speaker Sir,

The Committee is thankful to the Offices of the Speaker and the Clerk of the County Assembly for the logistical support accorded to it executed its mandate. The committee further wishes to thank various partners such as the AMREF and the Council of Governors for facilitation and technical support during its engagement with experts.

I wish to express my appreciation to the Honorable Members of the Committee for their resourceful input that informed the content of this report. My sincere gratitude also goes to the Secretariat for their dedication towards compiling this report.

It is therefore my pleasant duty and privilege, on behalf of the Sectoral Committee on Health and Sanitation to table this report on the The Bomet County Emergency Referrals and Ambulance Policy and its recommendations to the Assembly for deliberation and adoption.

Thank you.

Signed



Hon. Stephen Changmorik,

Chairperson, Health and Sanitation

County Assembly of Bomet.

22ND October, 2023

2.0 SCRUTINY OF THE BOMET COUNTY EMERGENCY REFERRALS AND AMBULANCE POLICY

Mr. Speaker sir,

A guide to the legislative process in Kenya by Kenya Law Reform Commission first edition of 2015 provides for salient features of a policy framework. The guide provides that a policy framework should amongst others reflect the following features.

- ✓ Be forward looking that is, it must have a long term view of the problem and offer a long term solution
- ✓ Benefit from the experience of others who have resolved similar situations.
- ✓ Seek new solutions to old problems by being clear on objectives and outcomes.
- ✓ Be based on a study or current analysis of the problem at hand.
- ✓ Offer an inclusive solution to all the segments of the community in which it would be implemented.
- ✓ Fit into the current policies being implemented by other agencies.
- ✓ Borrow from best practices and learn from implementation mistakes and successes elsewhere.
- ✓ Must have an inbuilt communication strategy for dissemination to the public and all stakeholders.
- ✓ Should have evaluation and review mechanisms as one of its features.
- ✓ Provide a pre-legislation impact assessment statement.

Therefore,

Mr. Speaker Sir, the committee scrutinized the The Bomet County Emergency Referrals and Ambulance Policy based on the framework stated hereunder:

- ✓ Introduction
- ✓ Situation analysis
- ✓ Challenges or problem/issues to be addressed
- ✓ An analysis of the existing legal framework
- ✓ Strategies for its implementation
- ✓ Actors/stakeholders including the roles and responsibilities
- ✓ Monitoring and evaluation mechanism
- ✓ Review measures

- ✓ Provision of legal instrument for its operationalization

2.1. INTRODUCTION

Mr. Speaker Sir,

The formulation of The Bomet County Emergency Referrals and Ambulance Policy marks an important milestone in the County as it strives towards the fulfillment, respect, observance, promotion and protection of the right to the highest attainable standard of health and emergency care. The policy gives effect to Article 43(1) (a), (2) of the Constitution, which provides the legal and constitutional foundation on the right to the highest attainable standard of health and emergency care.

Mr. Speaker,

The successful provision of efficient and high quality health care services and effective referral system to residents of Bomet County requires the development and adoption of a coherent policy frame work that provides guidance to all actors regarding the specific tasks that need to be accomplished to ensure that Kenya vision 2030 is achieved given the key role it plays in maintaining the healthy and skilled work force necessary to drive the economy.

Mr. Speaker, The formulation of this policy by the Department of Health Services in consultation with key stakeholders is a testimony to the desire and resolve of the County Government of Bomet to provide quality health care service that are accessible, equitable and affordable for all residents of Bomet and beyond.

2.2. OBJECTIVES OF THE POLICY

Mr. Speaker Sir,

This policy seeks to address the following objectives;

- (a) To establish a county infrastructure to support universal access to emergency referral and ambulance services
- (b) To ensure the highest quality of service in emergency referral and ambulance services
- (c) To provide mechanisms for operations of ambulance services and referral services
- (d) To develop a framework for HRH development and management in the referral and ambulance services.
- (e) To strengthen systems for monitoring, evaluation, surveillance and research on emergency referral and ambulance services

- (f) To provide emergency referral and ambulance service leadership and governance.

2.2.1 Policy Measures and Strategies

The policy has 6 (six) main objectives which are to be implemented through the following strategic measures;

Objective 1: To establish a county infrastructure to support universal access to emergency referral and ambulance services. This objective will anchor the key infrastructural components. In its implementation, the county puts forth the following specific strategies for its implementation:

- A. Establish a County Single Short Code Toll-Free Emergency Medical Care Access Number
- B. Map out and enhance ambulance standards at all levels of care including non-state actors
- C. Establish and strengthen emergency operation and Ambulance dispatch centers at the County Headquarters control centre and the sub counties/referral hospitals

Objective 2: To ensure the highest quality of service in emergency referral and ambulance services

The policy advocates for prompt and effective management of emergency referrals which is crucial towards achieving the desired goals. This objective will focus on updating and disseminating relevant referral protocols, enhancing the skills of EMTs, and ensuring access to appropriately equipped ambulances. The following strategies will be deployed:

- A. Strengthen capacity for EMTs
- B. Develop Standard Operating Procedures (SOPs) for Ambulances and Emergency referral services
- C. Provide and enhance standards of Emergency Health Products and Technologies utilized in patient transfers.

The third objective is to provide mechanisms for operations of ambulance services and referral services. Under its fourth objective, the policy seeks to develop a framework for HRH development and management in the referral and ambulance services. This objective focuses on promoting human resource development to address the shortage and training/appropriately equipping EMTs and all the relevant staff. To achieve this the policy proposes creation of a scheme of service for EMC/EMTs/paramedical practitioners

The fifth objective is to strengthen systems for monitoring, evaluation, surveillance and research

on emergency referral and ambulance services. This objective focuses on strengthening the routine Health information system deployed, monitoring and evaluating the performance of the Emergency referral and ambulance System, and promoting the generation and use of evidence to inform the strengthening of the Emergency Referral System. The strategies includes:

- A. Disseminate and enhance utilization of the guidelines/SOPCs in Emergency referral Surveillance
- B. Increase Use of Emergency Medical Care Data for Decision Making
- C. Conduct and Facilitate emergency referral and ambulance system Surveys
- D. Facilitate Operational Research for Policy Making.

The sixth objective relates to provision of emergency referral and ambulance service leadership and governance. This objective seeks to address leadership and governance challenges and to provide a conducive policy implementation environment and the resources necessary for the achievement of the Policy goal and objectives. The following Strategies will be used:

- A. Align emergency referral and ambulance service governance and legislation to mandates and core functions
- B. Strengthen county and extra-county coordination of Emergency referrals.
- C. Develop norms and standards for Emergency referral and ambulance services.

2.3. SITUATION ANALYSIS

Mr. Speaker Sir,

The constitution of Kenya 2010 provides that every person has a right to the highest attainable standard of health and that a person shall not be denied emergency medical treatment. Emergency Medical care has been defined in the Health Act 2017 as necessary immediate healthcare that must be administered to prevent death or worsening of a medical situation. It focuses on the immediate decision-making and action necessary to prevent death or disability.

Creating an emergency care and ambulance policy will increase efficiency and effectiveness with which emergencies are handled as early resuscitation and stabilization of acutely ill or injured patients greatly reduce morbidity and mortality.

A well-coordinated referral system and network has been shown to improve survival from acute illness or injury. This policy aims to improve the healthcare system response to emergency care and referral/ambulance services.

Currently, the county public health facilities comprise 133 dispensaries, 22 health centers, 5 sub-county hospitals and one County Referral hospital as per County gazette notice vol. 111-no.1 2015. The health facilities are distributed as per sub-county shown in the table below. Additionally, there are several private and faith based health facilities.

Mr. Speaker Sir,

Here is the distribution of health facilities.

TABLE 1: DISTRIBUTION OF PUBLIC HEALTH FACILITIES

S/NO	Sub-County	CATEGORY				Total
		No. of Dispensaries Level II	No. of Health Centres Level III	Sub-County Hospitals Level IV	County Hospital Level V	
1	Sotik	34	6	1		41
2	Konoin	22	5	1		28
3	Chepalungu	35	2	1		38
4	Bomet East	17	6	1	1	24
5	Bomet Central	25	3	1		29
TOTAL		133	22	5	1	161

The number of facilities will continue to change from time to time as per the County Integrated Development Plan. The department of Health Services has to improve on service delivery and infrastructure thus the need to gazette more health facilities to accommodate those upgraded and newly established facilities. The county currently has 246 established community units linked to health facilities.

The growing aging population continues to exert pressure on health services. Non communicable diseases (NCD), HIV pandemic maturity, injuries from road traffic accidents, assault, burns, continue to pose a risk and burden on the healthcare system.

The Local Context

In the last two years' total referrals went above 27,000 as shown in table 2 below:

Table 2: Summary referrals data for year 2021- 2022

SNo	Referral service	2021	2022	Total
1.	Referrals from Health Facilities	5748	4849	10597

2.	Referrals to other health facilities	5402	5910	11312
3.	Referrals from community units	322	255	577
4.	Referrals to community units	207	797	1004
5	Other referrals	2872	1448	4320

2.4. CHALLENGES/ISSUES TO BE ADDRESSED BY THE POLICY

Mr. Speaker,

The Department of Health Services has a network of healthcare provision infrastructure. This includes community health units, and level 1 to 5 health facilities. Additionally, there are non-state actors which include faith based, community based organizations and private facilities.

It is important to note that currently there is no policy guiding the emergency and ambulance services within the County. This despite the fact that the county Government has a fleet of 4 ambulances which are managed by the department of Health services. The mapping of other fleets in other non-state actors has also not been documented. There are also challenges associated with the management of human resource involved in handling emergencies and referral cases.

In regard to Financing of the ambulance services, this policy aims to address the perennial challenges relating to inadequate budgetary allocation to the emergency and ambulance services. This will guarantee sustainability of the ambulance services.

2.5. AN ANALYSIS OF THE EXISTING LEGAL FRAMEWORK

Mr. Speaker Sir,

Constitution of Kenya 2010

In 2010, the Constitution of Kenya provides for economic, social, and cultural rights for the citizens. This includes the right to health care services including reproductive health care” is guaranteed for all Kenyans and the right to emergency medical treatment.

The Fourth Schedule of the Constitution distributes functions between the National Government and the County Governments. As per the schedule, County governments are charged with the responsibility of provision of primary health services whereas the National Government develops and formulates various Health Sector Policies.

Kenya Vision 2030

Kenya Vision 2030 is the long-term development blueprint for the Country, aiming to transform Kenya into a “globally competitive and prosperous and newly industrialized middle-income Country providing a high quality of life to all its citizens in a clean and secure environment by 2030”. Health is one of the components of delivering the Vision’s Social Pillar, given the key role it plays in maintaining a healthy and skilled workforce necessary to drive the economy.

Health Act 2017

The Health Act 2017 establishes a unified health system to coordinate the interrelationship between the National government and County government health systems, to provide for regulation of health care service and health care service providers, health products and health technologies. It establishes a national health system which encompasses public and private institutions and providers of health services at the national and county levels.

Section 7 of the Act defines emergency medical treatment including prehospital care stabilizing the health status of the individual; or arranging for referral in cases where the health provider of the first call does not have facilities or capabilities to stabilize the health status of the victim. It also penalizes any medical institution that fails to provide emergency medical treatment while having the ability to do so.

The Act recognizes the role of health regulatory bodies established under any written law and to distinguish their regulatory role from the policy making function of the National Government and Section 15 vests the National Government Ministry for Health with the mandate of developing health policies, laws and administrative procedures and programs in consultation with County Governments and health sector stakeholders and the public for the progressive realization of the highest attainable standards of health.

National Health Policy 2014-2030

The goal of the Kenya Health Policy 2014–2030 is attainment of the highest standard of health in a manner responsive to the needs of the Kenya population. Kenya’s health policy framework future direction 2012 -2030 introduces new ways of managing the health sector as it seeks to

provide health services to all. It also creates opportunities to upscale support to the health sector's requirements for the provision of adequate services and facilities for the attainment of the highest standard of health in a manner responsive to the needs of the Kenya population. The rights and freedoms granted to each citizen of Kenya shall be upheld in this context.

Other Legislation and Policy Documents

There are other pieces of enabling legislation that promotes various rights to health. These includes the following Acts of Parliament; the Public Health Act Cap 242 (revised 2012), the Environmental Management Coordination Act Cap 387 (revised 2012), Radiation Protection Act Cap 243, Pharmacy and Poison Act Cap 244, and the Standards Act Cap 496 and the following policy documents, National Actional Plan for Health Security, Health Sector Disaster Risk Management Strategic Plan, Public Health Emergency Operation Centre Framework, Kenya Public Health Emergency Supply Chain Framework, the National Disaster Response Plan (2014), and All Hazard Plan.

2.6. STRATEGIES FOR ITS IMPLEMENTATION

2.7. Mr. Speaker Sir,

To ensure the successful implementation of this this policy, the following strategies must be put in place;

- a) To establish a county infrastructure to support universal access to emergency referral and ambulance services the following strategies be put in place;
 - i. Establish a County Single Short Code Toll-Free Emergency Medical Care Access Number.
 - ii. Map out and enhance ambulance standards at all levels of care including non-state actors.
 - iii. Establish and strengthen emergency operation and Ambulance dispatch centers at the County Headquarters control centre and the sub counties/referral hospitals.
- b) To ensure the highest quality of service in emergency referral and ambulance services the following strategies be adopted;
 - i. Strengthen capacity for EMTs.
 - ii. Develop Standard Operating Procedures (SOPs) for Ambulances and Emergency referral services.
 - iii. Provide and enhance standards of Emergency Health Products and Technologies utilized in patient.
- c) To develop a framework for HRH development and management in the referral and ambulance

services. To achieve this the following strategies will be implemented:

- i. Create a scheme of service for EMC/EMTs/paramedical practitioners
- d) To strengthen systems for monitoring, evaluation, surveillance and research on emergency referral and ambulance services. The following strategies be adopted
 - i. Disseminate and enhance utilization of the guidelines/SOPCs in Emergency referral Surveillance.
 - ii. Increase Use of Emergency Medical Care Data for Decision Making.
 - iii. Conduct and Facilitate emergency referral and ambulance system Surveys.
 - iv. Facilitate Operational Research for Policy Making.
- e) To provide emergency referral and ambulance service leadership and governance.

To achieve this, the following strategies be adopted

- i. Align emergency referral and ambulance service governance and legislation to mandates and core functions.
- ii. Strengthen county and extra-county coordination of Emergency referrals.
- iii. Develop norms and standards for Emergency referral and ambulance services.

2.8. ACTORS OR STAKEHOLDERS AND RESPONSIBILITIES

Mr. Speaker Sir,

This section highlights the key actors/stakeholders and their responsibilities in the implementation of the policy.

There shall be a committee on ambulance services which shall be established to oversee the management of ambulance services. The committee shall be answerable to the County Executive Committee Member in charge of Health Services

The composition of the Ambulance Services committee shall comprise of the following:

- a) Chief Officer in charge of Health services or his/her designate who shall be the Chairperson
- b) Medical superintendent of county referral hospital(s)
- c) Director in charge of public health
- d) Director in charge of Health Administration
- e) Director Disaster Operations Department

- f) One person from non-state actor's county referral facility
- g) Two Members representing Community
- h) Ambulance coordinator who shall be the secretary and an ex officio

The Roles and responsibilities of ambulance committee shall include;

- a) To provide leadership of Ambulance services
- b) To spearhead planning and budgeting of ambulance services
- c) To mobilize resources towards Emergency referral and Ambulance services
- d) To ensure proper management and accountability of resources
- e) To monitor and evaluate the performance of Emergency referral and Ambulance services

2.9. TARGET AUDIENCE

Mr. Speaker Sir,

The policy targets to address the following audience;

- County Government of Bomet
- Community/public
- Private sector
- NGOS
- Faith based organizations.

2.10. MONITORING AND EVALUATION MECHANISMS

Mr. Speaker,

The Policy implementation will be monitored and followed up using financial and non-financial targets and indicators. The targets will be in line with the county health goals and health sector priorities as set out in the County Annual Plans. These plans will be implemented and monitored through annual work plans and medium-term plans. The targets will be benchmarked against best practices.

Tracking progress

The M&E plan envisions the following:

a) Monitoring:

Quarterly performance monitoring meetings will be held to review the progress of implementation against targets in the annual work plans. Semi-annual stakeholder performance monitoring and review meetings will also review performance against targets, address any constraints in implementation, and refocus activities if needed.

b) Review and Planning Meetings:

As part of the commitment to performance monitoring, all stakeholders will meet biannually to review achievements against targets and milestones in the strategic plan and annual work plans. These meetings will also define and finalize priorities for the new financial year in line with quality, compliance with protocols and guidelines, documentation, client satisfaction, and responsiveness to clients and system needs.

The M & E framework will be implemented as indicated in the following matrix:

Monitoring and evaluation framework			
Objectives	Activities	Indicator	Means of Verifications
Improve preparedness and response to emergencies and disasters	-Evacuation of victims during emergencies	-Number of emergencies handled	-Emergency reports
	- Training of ambulance teams	-Number of staffs trained on ACLS, BCLS	- Training reports
	-Maintenance of Vehicles and	-Number of ACLS and BLS	- Health services

	Equipment	Ambulance maintained and fully functional	Department reports
Emergency Transfer of clients from different levels	Movement of clients from one facility to the other	-Number of clients referred	transfer forms - journey logs - monthly reports
Provision of quality emergency services	Training of ambulance teams	-Number of staffs trained	-Number of skilled ambulance crew -Training reports
Improve coordination of ambulance and referral services	-Establishment of ambulance committee -Establishment of ambulance coordination office - Facilitation of Ambulance Services	- Presence of ambulance committee -Availability of operational ambulance office -Budget for ambulance services	- Approved list of committee members - Appointment letters for office bearers and TORs - Financial reports

Monitoring and evaluation shall be carried out to ensure the policy meets its objectives.

Mr. Speaker,

In this policy, the monitoring and evaluation section looks at the two levels of performance.

The first level is the performance in the implementation of the policy. The second level deals with routine performance monitoring which must be undertaken to ensure quality, compliance with protocols and guidelines, documentation, client satisfaction, and responsiveness to clients and system needs.

2.1 THE REVIEW MEASURES.

The policy does not provide for review measures.

2.2 PROVISION OF A LEGAL INSTRUMENT FOR ITS OPERATIONALIZATION

For the policy to function effectively there is need to develop emergency referral and ambulance regulations and Act to foresee the implementation of this policy.

OBSERVATIONS FROM THE PUBLIC HEARING AND THE SUBMITTED STATEMENT OF MEMORANDA

Mr. Speaker,

As noted earlier there was no memorandum submitted as at the close of the submission period. However, the committee noted that there was an extensive engagement with various stake holders during the formulation of the policy.

3.0 COMMITTEE OBSERVATIONS

Mr. Speaker Sir,

The Committee having scrutinized the policy makes the following observations.

- ✓ The policy is all inclusive as all relevant stakeholders were consulted and their input considered towards successfully drafting of this policy.
- ✓ The policy does not have review mechanism.
- ✓ The policy has highlighted foreseeable challenges and the possible solutions geared towards provision of quality and affordable health care.
- ✓ The policy is well tailored towards provision of high quality and affordable healthcare to the residents of Bomet.
- ✓ The policy is clear on the issues and problems it seeks to address.
- ✓ The policy provides for the comprehensive monitoring and evaluation mechanisms.
- ✓ The policy is well aligned with both national and international legal instruments as well as government agenda.

4.0. COMMITTEE'S RECOMMENDATIONS

Mr. Speaker Sir,

The committee recommends that this House adopts this report with the following recommendations;

1. There is need to develop further guidelines and regulations to facilitate successful implementation of the policy.
2. The policy should provide for review measures.
3. That the CECM Health Service should ensure that there are enough funds allocated in future annual budgets to cater for repairs and maintenance of ambulances. The funds should be allocated in a programme based budget line.
4. That the CECM Health Service should engage other ambulance services providers through Public Private Partnership. This should be done through contractual

agreement with service providers.

5. The department should ensure timely remuneration and compensation of paramedics and drivers attached to county ambulances. The CECM must ensure that at any given time an ambulance is assigned at least two drivers and two paramedics.
6. That the CECM Health Service should ensure that all ambulances have the right equipment and are assigned trained personnel to offer the required services in line with the Kenya Health Sectoral Referral implementation guidelines of 2014.
7. That the CECM Health Service should enter into an agreement or memorandum of Understanding (MOUs) with health insurance schemes for expeditious reimbursement of transport services fee.

5.0. COMMITTEE CONCLUSION

Mr. Speaker Sir

The Committee is cognizant of the fact that this policy will be able to improve the health status of Bomet County population if well implemented to the latter, therefore the committee recommends to this house to adopt it.