COUNTY ASSEMBLY

THIRD ASSEMBLY-FOURTH SESSION

COMMITTEE ON HEALTH AND SANITATION

Hon Speaker
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01/04/25

REPORT

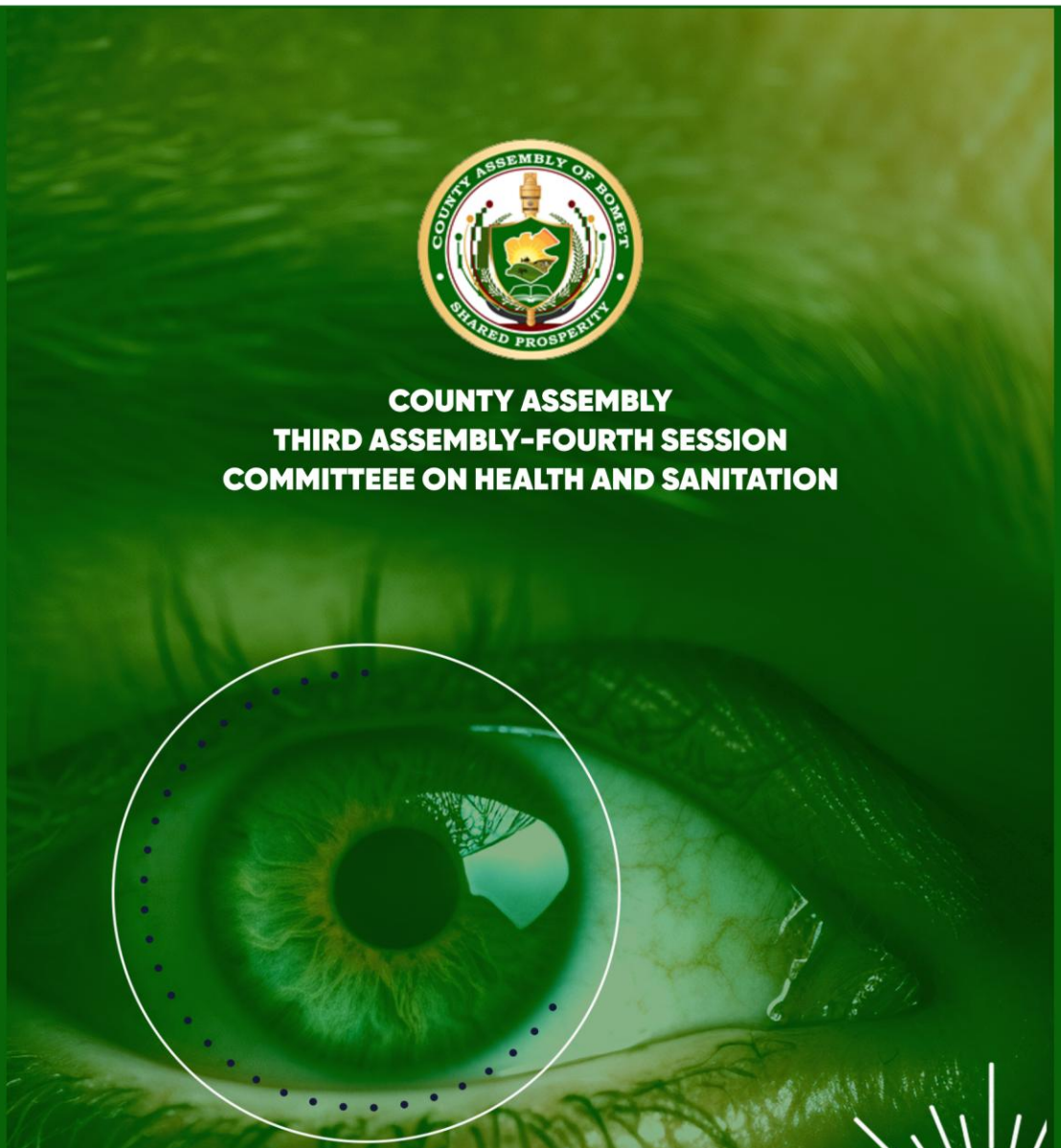
ON BOMET COUNTY COMPREHENSIVE EYE HEALTHCARE POLICY, 2025

SESSIONAL PAPER NO. 1 OF 2025

MARCH 2025

Approved for
tabling today afternoon
1/4/2025

COUNTY ASSEMBLY
THIRD ASSEMBLY-FOURTH SESSION
COMMITTEEE ON HEALTH AND SANITATION



REPORT

ON THE BOMET COUNTY COMPREHENSIVE EYE HEALTHCARE POLICY 2025

MARCH 2025

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CHAIR'S FOREWORD

It is my privilege to present this report on behalf of the Committee on Health and Sanitation, detailing the findings, observations and recommendations regarding the Bomet County Comprehensive Eye Healthcare Policy 2025. This report is the culmination of extensive stakeholder engagements, policy analysis and assessments aimed at evaluating the effectiveness, feasibility, and sustainability of the proposed policy interventions in eye healthcare.

The Policy goal is to strengthen eye healthcare services through a comprehensive approach that focuses on enhancing infrastructure, maintaining a reliable supply of eye health products and technologies, advancing human resource capacity building, improving accessibility for persons with disabilities, and utilizing modern technology. The policy also aims to establish seamless integration and coordination across all levels of care, from community units to tertiary facilities, ensuring that every resident receives high-quality eye healthcare services.

The Committee on Health and Sanitation acknowledges the importance of the Bomet County Comprehensive Eye Healthcare Policy 2025 in addressing preventable blindness and improving access to eye healthcare services. However, the policy requires refinements to enhance data accuracy, financial sustainability, technological integration, and Monitoring and Evaluation effectiveness. We urge the County Executive and relevant stakeholders to incorporate these recommendations for a more impactful, feasible, and sustainable policy implementation. We therefore urge this Assembly to approve the policy with committee recommendations therein.

Upon approval of the policy, it is expected that all the actors in the health sector in Bomet will rally around this policy direction. This will ensure that the county progressively moves towards the realization of the right to the highest attainable quality of healthcare services and steers the County towards the desired health goals. The importance of the policy cannot be gainsaid as it will greatly improve efficiency in the delivery of the healthcare services which is in line with Article 43 of the Constitution of Kenya, 2010.

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;

a. Investigate, inquire into and report on all matters relating to the mandate, management, activities, administration, operation and estimates of the assigned department;
b. **Study programs and policy objectives of departments and the effectiveness of the implementation**;
c. Study and review all County legislation referred to it;
d. Study, assess and analyze the relative success of departments as measured by the results obtained as compared with their stated objectives;
e. 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;
f. To vet and report on all appointments where the constitution or any law requires the County Assembly to approve, except those under Standing Order185 (Committee Appointments); and
g. Make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.

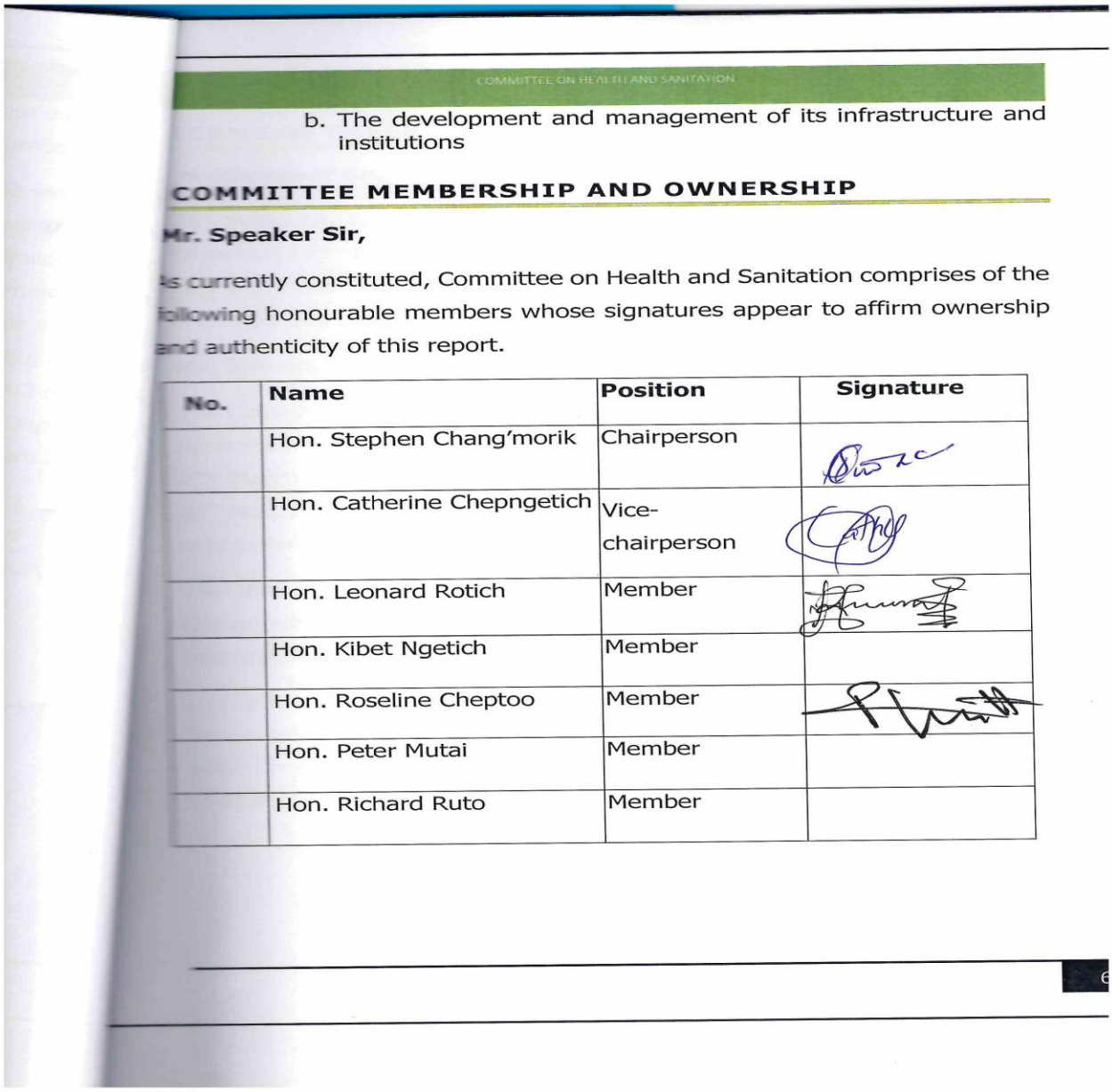
Mr. Speaker Sir, in the context of legislation, a policy is a document which basically outlines what a government aims to achieve for the society as a whole. A policy may be extracted from an idea or a manifesto. It may be the idea of a member of the executive wing of the Government, a bureaucrat, a legislator, a stakeholder group or an individual citizen. The County Assembly derives its jurisdiction to approve policies courtesy of the provisions of Article 185 of the Constitution of Kenya 2010 on legislative authority and section 8 of the County Governments Act. The jurisdiction of the County Assembly is very clear and the same states as follows;

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 county's resources; and
    b. The development and management of its infrastructure and institutions

COMMITTEE MEMBERSHIP AND OWNERSHIP

Mr. Speaker Sir,

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



COMMITTEE ON HEALTH AND SANITATION

b. The development and management of its infrastructure and institutions

COMMITTEE MEMBERSHIP AND OWNERSHIP

Mr. Speaker Sir,

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

No.	Name	Position	Signature
	Hon. Stephen Chang'morik	Chairperson	
	Hon. Catherine Chepngetich	Vice-chairperson	
	Hon. Leonard Rotich	Member	
	Hon. Kibet Ngetich	Member	
	Hon. Roseline Cheptoo	Member	
	Hon. Peter Mutai	Member	
	Hon. Richard Ruto	Member	

TERMS OF REFERENCE

Mr. Speaker Sir,

The policy on Bomet County Comprehensive Eye Healthcare 2025 was tabled on 12th March 2025 and subsequently committed to the Committee on Health and Sanitation pursuant to Standing Order No. 201 for scrutiny and reporting to the Assembly.

Mr. Speaker Sir,

The Committee resolved to invite members of the public to submit written memoranda on or before 30th March 2025 through published media dated 22nd March 2025 and the committee also conducted public participation on 26th March 2025. However, there was no memoranda as at the close of the submission period.

The committee retreated from the 27th to 29th March, 2025 to Narok Enkipai Hill Hotel to deliberate on the policy and compile this report for submission, deliberation and consideration in the Assembly.

During this period, the committee noted that the public participation on the policy was done through stakeholder's engagement as explicitly stated in the Constitution as the objectives of devolution as provided for in Article 174(1)(c) of the Constitution of Kenya, 2010.

ACKNOWLEDMENT

Mr. Speaker Sir,

The Committee is thankful to the office of the Speaker and Clerk of the Assembly for the logistical support accorded to it during the report writing as it executes its mandate.

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

It is therefore my pleasant duty and privilege, on behalf of the Committee on Health and Sanitation to table this report on Bomet County Comprehensive Eye Healthcare Policy 2025 and its recommendations to the Assembly for deliberation and adoption.

Signed_____

Date_____

HON. STEPHEN CHANG'MORIK, MCA
CHAIRPERSON, COMMITTEE ON HESLTH AND SANITATION

LEGAL FRAMEWORK

Mr. Speaker Sir,

Health services are a devolved function under Part 2 of the Second Schedule of the Constitution. Article 43(1)(a) of the Constitution guarantees every individual the right to the highest attainable standard of health, including access to healthcare services. Furthermore, Article 21(2) mandates the State to take legislative, policy, and other necessary measures—including setting standards—to progressively realize the rights enshrined in Article 43.

The legislative authority of county governments is firmly established under **Article 185(1) of the Constitution**, which vests and empowers county assemblies with the authority to legislate. Additionally, county assemblies have the mandate to.

1. **Enact Laws** – Counties can formulate laws necessary for, or incidental to, the effective discharge of their functions as outlined in the Fourth Schedule.
2. **Exercise Oversight** – County assemblies hold oversight authority over the county executive committee and other executive organs while upholding the principle of separation of powers.
3. **Approve Plans and Policies** – This includes overseeing the management and utilization of county resources, as well as the

4. development and administration of county infrastructure and institutions.

In line with this, **Section 4(a) of the Health Act** places an obligation on the State to **observe, respect, protect, promote, and fulfill** the right to the highest attainable standard of health—including reproductive healthcare and emergency medical treatment. The Act also mandates the formulation of policies and laws necessary to enhance public health and well-being.

HIGHLIGHTS OF THE POLICY

Mr. Speaker Sir, this policy is referred to as Bomet County Comprehensive Eye Healthcare Policy of 2025 and its objective is to address the challenges of visual impairment and blindness in the county by ensuring that residents have access to quality, safe, affordable and inclusive eye health care services. The policy aligns with national health goals and internation commitments to eye health.

The Mission and the Vision of the Policy are as follows;

Vision: to create a county where eye health care needs are met by providing equitable access to quality, affordable, safe and comprehensive eye health care services for everyone.

Mission: to deliver comprehensive, people centered eye healthcare services, reduce the burden of eye diseases, eliminate avoidable blindness and mitigate social and economic impacts.

Objectives:

The primary objectives of the policy include.

1. Reducing preventable blindness and visual impairment.
2. Strengthening eye care services at all levels of healthcare.
3. Increasing awareness about eye health and preventive measures.
4. Enhancing human resource capacity for eye care services.
5. Improving partnerships and resource mobilization for eye health initiatives.

Major Challenges Identified

The major challenges identified in the policy are as follows.

1. Bomet County has a significant burden of eye diseases, including cataracts, refractive errors, glaucoma, and diabetic retinopathy.
2. There is inadequate access to specialized eye care, especially in rural areas.
3. A shortage of trained ophthalmologists, optometrists, and eye care professionals limit service delivery.
4. Poor public awareness and late diagnosis contribute to worsening eye health conditions.

KEY POLICY AREAS

Mr. Speaker Sir, the following are the key policy areas as per the submitted policy

A. SERVICE DELIVERY

- Integration of eye care into primary healthcare.
- Expansion of eye care services at dispensaries, health centers, and hospitals.
- Establishment of a specialized eye unit at the county referral hospital.

B. HUMAN RESOURCE DEVELOPMENT

- Training and capacity-building programs for healthcare workers.
- Recruitment and retention of eye health specialists.
- Community health worker involvement in basic eye care services.

C. PUBLIC AWARENESS & PREVENTIVE MEASURES

- County-wide eye health education and outreach programs.
- School-based vision screening programs.
- Promotion of healthy eye practices, including the use of protective eyewear.

D. INFRASTRUCTURE & EQUIPMENT

- Upgrading existing health facilities with modern eye care equipment.
- Provision of mobile eye care clinics to reach remote areas.

- Strengthening referral systems for specialized treatment.

E. PARTNERSHIPS & FUNDING

- Collaboration with non-governmental organizations (NGOs), private sector, and donor agencies.
- County government budgetary allocations for sustainable eye care financing.
- Advocacy for inclusion of eye care services in health insurance schemes.

F. IMPLEMENTATION FRAMEWORK

- The Department of Health will oversee the implementation of this policy.
- Establishment of a County Eye Health Committee for coordination and monitoring.
- Annual reviews and progress evaluations to ensure policy effectiveness.

G. EXPECTED OUTCOMES

- Reduction in cases of preventable blindness.
- Increased access to eye care services across the county.
- Enhanced capacity of health workers in eye care management.
- Improved eye health awareness and preventive care practices.

Mr. Speaker, in a nutshell, Bomet County Eye Policy 2025 is a strategic effort to address the challenges in eye health service delivery. Through

effective implementation, it aims to ensure that all residents have access to quality eye care, contributing to overall public health improvement in the county.

COMMITTEE OBSERVATIONS

Eye health is a critical component of public health, significantly impacting the overall well-being, economic productivity, and quality of life of a community. In the recent years, counties across Kenya have increasingly recognized the need for structured policies to address preventable blindness and vision impairment, ensuring equitable access to quality eye care services. The Bomet County Comprehensive Eye Healthcare Policy 2025 represents a commendable effort to enhance eye healthcare services, aligning with national and global strategies for universal eye health coverage.

The analysis of the policy serves as an in-depth evaluation of its content, effectiveness, originality, and alignment with best practices in public health policy formulation. The policy has highlighted the strengths, including its comprehensive scope, robust institutional framework, and strategic objectives. It has also identified key areas for improvement, such as financial sustainability, workforce development, and strategies for public awareness.

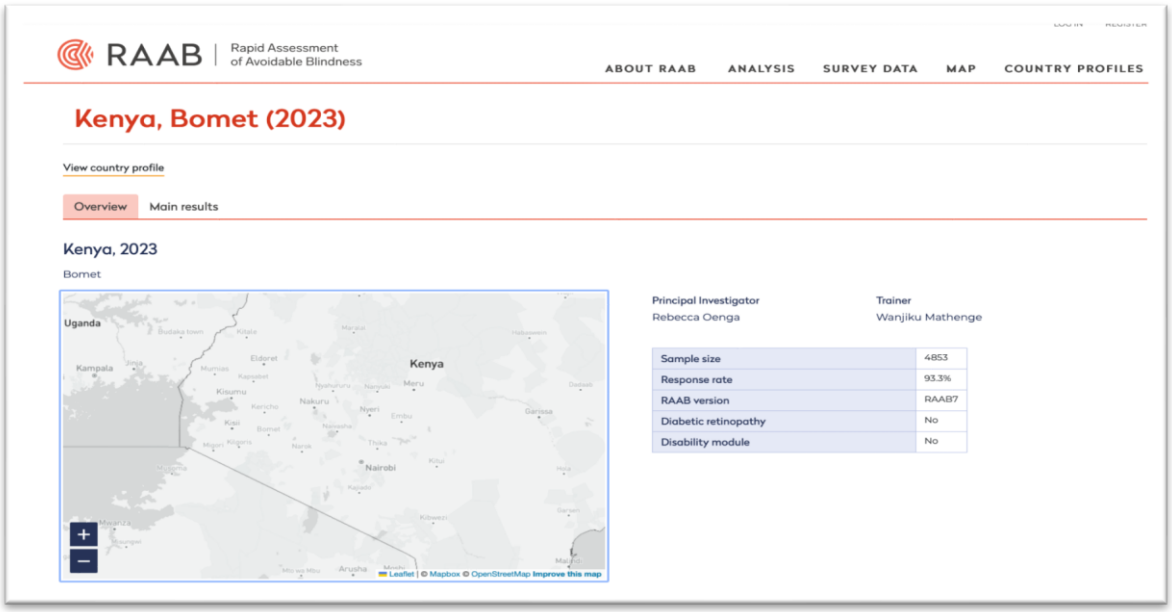
The Bomet County Comprehensive Eye Healthcare Policy 2025 holds immense potential to transform eye healthcare services in the county, reducing the burden of preventable blindness and improving the quality of life for its residents. With strategic refinements and adherence to

ethical policy formulation standards, Bomet County can position itself as a leader in eye healthcare innovation and service delivery.

ANALYSIS OF THE EYE HEALTH SITUATION

Before examining Bomet County Comprehensive Eye Healthcare Policy 2025 in detail, it is essential to first review Chapter Two of the Policy on Eye Health Situation Analysis to assess whether the policy was warranted and if it effectively addresses emerging eye healthcare issues within the county.

The global, African, and Kenyan eye health statistics cited in the policy are generally consistent with publicly available data. However, regarding the eye health situation in Bomet County, the policy primarily references the Rapid Assessment of Avoidable Blindness (RAAB) survey conducted in 2023. Although the policy accurately presents the findings from this survey, it incorrectly cites the report as dated 2024. According to the RAAB official website, the survey's results are dated 2023, as illustrated below.



A notable concern is the absence of empirical data that reflects the real-time eye health situation in Bomet County. Since this policy originates from the Department of Health, the situation analysis could have been further validated by incorporating data from health facilities, including patient diagnostic records, treatment patterns, and hospital visits. Such information would provide a more comprehensive and localized perspective on the county's eye healthcare needs.

The policy could benefit from including recent data on the prevalence of uncorrected refractive errors and other emerging eye health challenges. By incorporating real-time clinical data alongside survey findings, the policy would provide a more accurate and evidence-based foundation for decision-making and resource allocation.

SWOT ANALYSIS OF THE POLICY (CHAPTER 1-4)

STRENGTHS OF THE POLICY

1. Comprehensive scope

- The policy addresses all key aspects of eye healthcare, including governance, financing, service delivery, human resources, infrastructure, and data management.
- It aligns with global and national health strategies, such as the National Eye Health Strategic Plan 2020-2025 and WHO's recommendations.

2. Strong institutional framework

Clear roles and responsibilities for different stakeholders, including the Executive Subcommittee on Eye Health, County Eye Healthcare Technical Committee, and Facility Technical Committee has been identified in the policy.

3. Strategic objectives and implementation plan

The document outlines eight key objectives with detailed strategies for financing, service delivery, research, and infrastructure development. Additionally, the monitoring and evaluation (M&E) matrix is well-structured, providing measurable indicators for tracking progress.

4. inclusion of data-driven decision-making

The policy emphasizes the need for data collection, reporting, and analysis to improve service efficiency and adoption of electronic medical record (EMR) and telemedicine enhances service delivery and accessibility.

5. Equity and inclusivity focus

The Policy recognizes the need for accessibility for persons with disabilities (PWD) and Gender mainstreaming and protection of vulnerable groups are embedded in the guiding principles.

6. Financial sustainability considerations

The Policy proposes the establishment of a dedicated budget line for eye healthcare. It also encourages resource mobilization from social health insurance schemes and partnerships with NGOs.

WEAKNESSES AND AREAS FOR IMPROVEMENT

1. One of the key shortcomings of the policy document is the lack of a clearly defined legal framework to support the rational of the plocy and its implementation. To enhance its credibility and enforceability, the policy should be anchored in relevant constitutional and legislative provisions.

   For instance-

   - The Constitution of Kenya (Article 43(1)(a)) guarantees every citizen the right to the highest attainable standard of health, including healthcare services.
   - The Health Act mandates the government to develop policies and legal frameworks that ensure access to quality healthcare services, including eye health.
   - Additional legal instruments, such as county health laws, international conventions on eye health, and regulatory guidelines, can further strengthen the policy's foundation.

2. Role overlap and bureaucratic complexity

The presence of multiple committees with overlapping roles (County, Sub-County, and Facility-level teams) may lead to-

- Slow decision-making due to excessive consultation layers.
- Delays in policy implementation due to lack of direct accountability.

Lack of a Central Coordinating Unit – While the policy establishes various committees, it does not designate a single entity responsible for synchronizing activities, avoiding duplication, and ensuring interdepartmental collaboration.

3. Weak use of empirical data to justify the policy

Limited county specific data – While the policy discusses global and national statistics, it lacks sufficient real-time, county-specific data to demonstrate the actual situation in Bomet. The policy could have included data from local health facilities, past eye screenings, and hospital records to strengthen its justification. The policy heavily depended on the Rapid Assessment of Avoidable Blindness (RAAB) survey as its primary data source.

4. Lack of clear timelines

While objectives and strategies are well-outlined, the policy lacks a clear implementation timeline for achieving each target. It would be beneficial to specify short-term, medium-term, and long-term goals based on the available resources.

5. Limited analysis of underlying causes of poor eye health services

No detailed discussion on barriers to eye care - While the policy mentions the prevalence of blindness and visual impairment, it

does not adequately explore the root causes of poor access to eye care services in Bomet County. Some key missing factors include-

- Financial barriers – High cost of treatment, lack of a dedicated budget for eye care.
- Limited specialist availability – The shortage of ophthalmologists and optometrists in the county.
- Inadequate outreach programs – Lack of eye screening and awareness campaigns in rural areas.
- Cultural beliefs and myths – Some communities associate eye conditions with curses or witchcraft, discouraging medical intervention.

6. Lack of measurable targets and performance indicators

Objectives are too broad without specific outcomes – While the strategic objectives are well-defined, they lack clear Key Performance Indicators (KPIs).

Example of Weak Objective- A case in point in this policy "Improve Eye Healthcare Service Delivery in Bomet County."

This objective does not specify how improvement will be measured (e.g., increased cataract surgeries, reduced blindness rates, expanded outreach services).

While strategic objectives are clearly defined, they lack key performance indicators for ease of evaluating the outcome.

7. Weak financial sustainability framework

No concrete funding strategy – The policy acknowledges the need for financing but does not outline-

- How much funding is required annually for full implementation.
- Sources of funding (e.g., county treasury, partnerships, donor support, insurance schemes).
- Long-term sustainability measures (e.g., revenue-generating activities, cost-sharing models).

Additionally, the policy does not provide a clear model for sustained financial support beyond county allocation. For example, the County government can explore SHIF as a sustainable financing model and donor funding, PPPs and CSR initiatives as alternative sources of funds.

8. Absence of a clear policy implementation plan

- No timeline for implementation – The policy does not specify when different interventions will be carried out.
- Unclear roles for implementation – While the Policy mentions policy goals and guiding principles, it does not outline who is responsible for executing each objective.

9. Limited focus on public awareness campaigns

While community engagement is mentioned, there is no specific strategy for sustained public awareness campaigns to encourage early detection and treatment.

10. Shortage of specialized personnel

The policy acknowledges a severe shortage of ophthalmologists and trained personnel, but it does not provide a clear roadmap for recruiting and retaining specialists. Incentives for specialists (such as scholarships, training sponsorships, or salary improvements) are not explicitly mentioned.

11. Weak approach to addressing eye health equity

Limited strategies for vulnerable groups – While the policy acknowledges the importance of inclusivity, it lacks detailed interventions for marginalized groups such as-

- Children in schools (school-based screening programs).
- Elderly populations (age-related vision loss interventions).
- People with disabilities (PWDs) (tailored eye care services).

12. Inconsistent policy review mechanism

The policy states that it will be reviewed every three years or as needed, but it does not specify who will conduct the review or what parameters will determine the necessity of an early review.

STRENGHTS

1. Inclusion of an M&E matrix

Well-structured M&E approach – The chapter presents a Monitoring and Evaluation Matrix, which outlines-

- Objectives for different thematic areas.
- Key activities for implementation.
- Indicators to measure progress.
- Means of verification (e.g., reports, audits, records).

Categorization of M&E Components – The chapter covers different aspects of M&E, such as-

- Leadership and governance monitoring – Tracking the establishment of governance structures.
- Health financing monitoring – Evaluating funding sources and budget allocations.
- Human resource monitoring – Assessing the number of trained and deployed eye healthcare professionals.
- Infrastructure and supply chain monitoring – Ensuring the availability of eye care facilities and medical supplies.

2. Commitment to regular policy review
    - Periodic review framework – The policy specifies that it will be reviewed every three years or whenever necessary.

- Stakeholder involvement in review processes – It includes government entities, private sector partners, faith-based organizations, and the community in the review process

WEAKNESS AND AREAS FOR IMPROVEMENT

1. Lack of baseline data for performance measurement

The M&E framework does not establish a baseline against which progress will be measured. Without a starting point, it is impossible to determine whether improvements are occurring.

2. Absence of clear performance targets

While the M&E matrix lists indicators, it does not set specific, quantifiable targets (e.g., "Increase cataract surgeries by 30% over five years").

3. Weak financial accountability measures in m&e

The chapter does not outline mechanisms for tracking how funds allocated for eye healthcare are spent.

4. Unclear roles and responsibilities in M&E implementation

While the chapter identifies multiple stakeholders**,** it does not specify who will be responsible for gathering, analyzing, and reporting data**.**

5. Lack of community engagement in M&E

The M&E framework does not specify how patients and communities will be engaged in assessing eye healthcare service quality.

6. No digital data management strategy

The chapter does not mention the use of technology (e.g., Electronic Medical Records (EMRs), telemedicine, or data dashboards) to track eye healthcare indicators.

Mr. Speaker Sir, having reviewed the policy the Committee makes the following recommendations. That the department should.

1. Incorporate the legal framework as a policy justification

To ensure the policy is firmly grounded in law and aligned with national development goals, it is essential to anchor it within the existing legal and policy framework. This includes-

- **Article 43 of the Constitution of Kenya, 2010**, which guarantees every Kenyan the right to the highest attainable standard of health, including reproductive health care.
- **Part 2 of the Fourth Schedule to the Constitution**, which assigns health services as a devolved function under the county governments, reinforcing their mandate in ensuring accessible and quality healthcare.
- **Section 4 of the Health Act, 2017**, which provides a framework for the progressive realization of the right to health, emphasizing universal health coverage and equitable service provision.
- **The National Eye Health Strategic Plan**, which outlines key interventions for preventing and managing eye-related conditions, ensuring access to quality eye care services.
- **Kenya Vision 2030**, which prioritizes health as a key pillar of social development and underscores the need for comprehensive healthcare services, including specialized areas such as eye care.

By integrating these legal and policy instruments, the policy gains the necessary legitimacy, ensuring its implementation aligns with constitutional provisions and national development objectives

2. Streamline coordination structures and improve stakeholder role definition and coordination mechanism by reducing unnecessary bureaucracy by defining clear, non-overlapping roles for committees.
3. Strengthen justification of the policy with more local data which include Bomet county health facility data on-

    - Annual patient visits for eye-related conditions
    - Availability of eye care specialists and resources
    - Referral patterns for complex eye conditions
    - Current service coverage
    - Treatment rates

4. Expand discussion on barriers to eye healthcare access by addressing financial, cultural, geographical, and systemic barriers and propose strategies to improve service accessibility.
5. Define clear timelines and implementation phases highlighted by the policy by

    - Introducing an implementation plan with timelines, responsible agencies, and monitoring mechanisms
    - Introducing a roadmap with short-term (1-2 years), medium-term (3-5 years), and long-term (5+ years) milestones.

- Specifying deadlines for key initiatives, such as infrastructure development and data system upgrades.

6. Establish a clear financial plan by

   - Outlining a clear financial framework, detailing funding needs, sources, and sustainability strategies
   - Providing estimated budget allocations and identify sustainable funding sources. Additionally define the 'Eye program' in the department's itemized budget and allocate resources to various line items relayed to eye health.
   - Including cost-sharing mechanisms for low-income patients.

7. Expand the strategies of public awareness programs eye health through the following proposals

   - Collaborating with local media, schools, and community health workers to improve early diagnosis rates.
   - Conducting annual awareness campaigns on preventable blindness and common eye conditions.
   - Developing specialized programs for school children, elderly populations, and PWDs

8. Strengthen human resource development strategies in the policy using the following ideas.

   - Introduce incentives for specialists, such as scholarships for ophthalmology students, competitive salaries, and allowances.

- Establish exchange programs with national and international eye care institutions.

9. Enhance review and evaluation mechanisms

- Define a dedicated review body and specific evaluation criteria.
- Specify how feedback from stakeholders (especially patients and healthcare workers) will be incorporated into future reviews.

10. Introduce community participation in M&E framework in the policy by highlighting the importance of patient feedback surveys and community engagement forums.
11. Integrate M&E with digital health systems by highlighting the use of Electronic Medical Records (ERMS) and digital dashboards for real-time data analysis and reporting.

Therefore, **Mr Speaker Sir**, the committee recommends that the County Assembly approves The Bomet County Comprehensive Eye Healthcare Policy 2025, **Sessional Paper No. 1 of 2025** with the committee's aforesaid recommendations. Furtherance to this, the committee recommends that the County Executive Committee Member responsible for Health incorporates the said recommendations in the final published version of the policy within a period of **90 days** from the date of approval of this policy.

County Assembly of Bomet
P.O Box 590-20400,
Bomet