THE COUNTY ASSEMBLY OF BOMET

THIRD ASSEMBLY - THIRD SESSION

REPORT OF THE COMMITTEE ON COUNTY PETITIONS ON PETITION NO. 4 OF 2023 ON THE ESTABLISHMENT OF A DISPENSARY AT KAPKOITIM IN KAPLETUNDO WARD, BOMET COUNTY

SEPTEMBER, 2024

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BOMET COUNTY ASSEMBLY
CLERK
10 SEP 2024
P.O. Box 590-20400 BOMET

Presented on 05/09/2024
at 9:30 a.m

SEPTEMBER, 2024

Contents

1 EXECUTIVE SUMMARY

The Committee on County Petitions is one of the distinguished select committees instituted under the provisions of Standing Order 200(1) of the County Assembly Standing Orders. This committee is integral to the legislative framework of the County Assembly, tasked with the responsibility of managing and addressing the petitions submitted by the public.

As a select committee, it operates with a specific focus and authority, which distinguishes it from other committees within the Assembly. Its creation reflects the Assembly's commitment to ensuring that public concerns are given due consideration and are addressed through a structured and formal process.

The committee's establishment under this standing order underscores the Assembly's dedication to transparency, accountability, and responsiveness in governance. By serving as a conduit between the public and the legislative body, the Committee on County Petitions ensures that citizens have a formal and effective means of influencing legislative processes and policy decisions.

2 COMMITTEE MEMBERSHIP

The Committee on County Petitions comprises of the following Honourable Members: -

1. Hon. Josphat Kipkirui - Chairperson
2. Hon. Emily Cheruiyot - Vice Chairperson
3. Hon. Peter Rono - Member
4. Hon. Japhet Cheruiyot - Member
5. Hon. Joseah Samoei - Member
6. Hon. Chemutai Naomi - Member
7. Hon. Nathan Kibet - Member

3 MANDATE OF THE COMMITTEE

The Select Committee on County Petitions derives its mandate from the provisions outlined in Standing Order 200(3) of the County Assembly Standing Orders. This specific provision

stipulates that the committee is responsible for considering and reporting on all public petitions that are presented to the Assembly.

The mandate encompasses a broad range of duties, including the examination of petition content, assessment of its relevance and impact, and the formulation of recommendations for the Assembly's consideration.

The committee's role is not limited to mere reception of petitions; it involves a detailed review process to ensure that each petition is appropriately addressed. This includes engaging with petitioners, gathering supplementary evidence, and conducting hearings if necessary.

The committee's report, which is based on its findings and deliberations, plays a crucial role in guiding the Assembly's decisions on whether to take legislative action or implement other measures in response to the petitions. This comprehensive mandate ensures that the Committee on County Petitions effectively bridges the gap between public concerns and legislative action, thereby enhancing the democratic process and fostering greater public engagement in governance.

4 PETITION No.4 OF 2023

Pursuant to Standing order 200 (3) of the County Assembly Standing Orders, the County Petitions Committee shall consider and report on all public petitions presented to the Assembly.

The Committee on County Petitions formally received a petition from the following residents of Kapkoitim Sub-location in Kapletundo Ward, Bomet County.

S. NO	NAME	ADDRESS	ID NUMBER
1.	Sarah Chepterer Rator	324 Sotik	4745060
2.	Jonathan K. Kiget	324 Sotik	4759545
3.	Irene C. Kiget	324 Sotik	3847513
4.	Weldon Rono	324 Sotik	21900668
5.	Andrew Rator	324 Sotik	2358778
6.	Reuben Langat	324 Sotik	10990544
7.	David K. Kiget	324 Sotik	7647791
8.	John Kipruto Koech	324 Sotik	6420131
9.	Richard K. Bosson	324 Sotik	10015693
10.	Robert Cheruiyot	324 Sotik	26189041
11.	Geoffrey Sang	324 Sotik	11637539
12.	Andrew K. Tonui	324 Sotik	10015383
13.	Daisy Chelangat	324 Sotik	20603235
14.	Florence Chepkemoi	324 Sotik	14579836

In dealing with the matter, the committee held a number of sittings during which the committee was able to engage the Petitioners and the County Executive Committee Member for Health Services and the County Executive Committee Member for Lands, Urban Planning and Housing.

Upon deliberations in the said sittings and based on the submissions from the petitioners and the County Executive Committee Members, the committee came up with a report in response to the petition as provided for under the Standing Order 213 (2) of the County Assembly Standing Orders.

It is therefore my pleasant duty and privilege, on behalf of the Committee on County Petitions to table this report on the Petition.

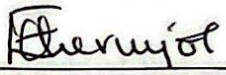
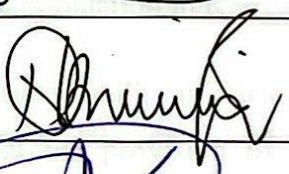
SIGNED ..... **Date** 09/09/2024

HON. JOSPHAT KIPKIRUI

CHAIRPERSON, COMMITTEE ON COUNTY PETITIONS

5 ADOPTION OF THE REPORT

We, the Hon. Members of the Committee on County Petitions do hereby append our signatures to this report to affirm our approval and confirm its accuracy, validity and authenticity: -

No.	Name	Designation	Signature
1.	Hon. Josphat Kipkirui	Chairperson	
2.	Hon. Emily Cheruiyot	V/Chairperson	
3.	Hon. Peter Rono	Member	
4.	Hon. Japhet Cheruiyot	Member	
5.	Hon. JoseahSamoei	Member	
6.	Hon. Chemutai Naomi	Member	
7.	Hon. Nathan Kibet	Member	

6 INTRODUCTION

6.1 Background

The Petition from the residents of Kapkoitim Sub-Location in Kapletundo Ward was tabled and committed to the committee on county petitions on 6th September,2023.The Petitioner sought to draw the attention of the County Assembly to the fact: -

1. **THAT** the Constitution of Kenya guarantees every Kenyan citizen and any other such person in Kenya the highest attainable standard of health care, including the right to health care services including reproductive health care.

2. **THAT** one of the frameworks for attaining the highest standards of this constitutional right is the formulation of the Kenya Health Policy, 2014-2030 which strives for significant improvement in the overall status of health in Kenya in line with the Vision 2030 and global commitments.

3. **THAT** the said policy demonstrates the health sector's commitment, under the government's stewardship, to ensure that the country attains the highest possible standards of health, in a manner responsive to the needs of the population in Kenya.

4. **THAT** the Constitution of Kenya devolved and vested the responsibility of various key functions to the County Governments which are inter-alia the provision of health services amongst the county health facilities and pharmacies.

5. **THAT** the full enjoyment of the right to health revolves around availability, accessibility, acceptability, and quality all leadingtowards achieving theUniversal Health Coverage SustainableDevelopment Goal by 2030.

6. **THAT** the right to healthcare should not only be available in our county but also accessible geographically and it should be acceptable tothose who use it.

7. **THAT** the dispensaries are at the lowest level of the public health system and are the first point of contact with patients.

8. **THAT** the residents of Kapkoitim have historically faced discrimination regarding the availability and acceptability of healthcare services.

9. **THAT** the area lies within Kapletundo Ward in Kamungei location and according to the 2019 Kenya Population and Housing Census Report, Kapkoitim sub-location has a total of 2,901 people with 556 households with a land area of 4.6 sq. km. and a density persons per sq. km. of 627.

10. **THAT** this densely populated area currently lacks any healthcare facility.

11. **THAT** residents are compelled to seek healthcare services from a neighboring dispensary in Kapletundo, which serves a population of 9,183 persons and operates from a single facility.

12. **THAT** this facility is located on a 50ft by 100ft parcel of land that also accommodates a police post, the ward administration office, and the chief's office.

13. **THAT** the patients' rights to treatment while respecting their dignity, privacy, and choice among others, have been infringed by the county government by denying free accessibility and acceptability in the context of patients' rights.

14. **THAT**, Kapkoitim sub-location neighbors Chesilyot, KesengeRirik,Chemobei, and Kesenge which areas do not have a single health facility hence forced to seek medical attention at Kapkatet Sub-County Hospitalin Kericho County.

15. **THAT** the Ministry of Health's Kenya Health Policy 2014-2030 introduced the "10/20" policy, which stipulates that dispensaries and health centers may only charge user fees of KES.10 or 20 for client cards, with no additional charges for curative care.

16. **THAT** residents traveling to a Level Four facility in another county incur travel and registration costs, which contradicts their right to affordable healthcare.

17. **THAT** essential health services, such as antenatal care and treatment for minor medical issues, are manageable at lower-level facilities. However, residents are forced to travel to Level Four facilities, incurring unnecessary expenses for these services.

18. **THAT** since the inception of devolved governments, the residents have time and again in various public participations voiced their requests including ensuring that it is incorporated at the County Integrated Development Plans of 2013-2017, 2017-2022, and 2023-2027 and the current Annual Development Plan (2023-2024).

19. **THAT** despite numerous efforts to address this issue with relevant authorities, no satisfactory response has been received. We thus present this petition to the County Assembly, which is mandated to represent the residents of Bomet County, particularly those of Kapkoitim, on this matter.

20. **THAT** none of the issues raised in this petition are currently pending before any court of law, constitutional body, or quasi-judicial organ.

6.2 Legal Basis for Petitions

6.2.1 The Legal Framework

Petitions

The right of citizens to petition public authorities is enshrined in the Constitution. **Article 37 of the Constitution** provides that;

> *"Every person has a right, peaceably and unarmed, to assemble, to demonstrate, to picket and to present petitions to public authorities"*

Section 15(1) of the County Governments Act, 2012 makes a provision for citizens' right to petition the County assembly. The said section provides that;

> *"A person has a right to petition a county assembly to consider any matter within its authority, including enacting, amending or repealing any of its legislation."*

The Standing Order 213 (1) of the County Assembly Standing Orders provides that every Petition presented or reported pursuant to this Part, shall stand committed to the County Petitions Committee.

Standing Order 213(2) further provides that whenever a Petition is committed, the Committee shall, in not more than sixty calendar days from the time of reading the prayer, respond to the petitioner by way of a report addressed to the petitioner or petitioners and laid on the Table of the County Assembly and no debate on or in relation to the report shall be allowed, but the Speaker may, in exceptional circumstances, allow comments or observations in relation to the Petitions for not more than twenty Minutes.

7 CONSIDERATION OF PETITION

7.1 Specific Prayers of the Petitioner

The specific prayer of the Petitioners to the County Assembly were to implore/request the County Assembly to intervene in the matter so as to expeditiously ensure the establishment of a dispensary within the Kapkoitim Sub-location in Kapletundo Ward.

7.2 Approach taken by the Committee

1. In considering the petition, the committee observed that it would be important to verify the facts alleged in the petition. The committee therefore resolved to conduct an inquiry on the issues raised in the petition.

2. In this regard the committee received the petition on 6th September, 2023 after being tabled and committed to it and further met the petitioners on 4th April, 2024.

3. Thereafter the committee invited the County Executive Committee Member for Health Services on 3rd May, 2024 to respond to the issues raised in the petition and assist the committee prepare a comprehensive report.

4. On 28th May, 2024, the Committee also sought the input of the County Executive Committee Member for Lands, Housing and Urban Planning on the availability of land in Kapkoitim Sub-location for the establishment of a dispensary. However, the County Executive Committee Member had not confirmed the availability of the said Public Interest (PI) land in the said sub-location at the time of writing this report.

7.3 Submissions from the Petitioners

The Petitioners appeared before the Committee on Thursday 4th April, 2024 and Mr. Jonathan Kiget on behalf petitioners stated under oath as follows;

(1) **THAT,** prior to the implementation of devolution, Kapkoitim was under the jurisdiction of Kericho District. At that time, residents had to travel a considerable distance to access healthcare services at Kapkatet Hospital.

(2) **THAT,** following the implementation of devolution in Kenya, where healthcare services became a devolved function, the residents of Kapkoitim Sub-Location have

not fully benefited from devolution in terms of access to healthcare services. This is because they still have to travel a considerable distance to access healthcare services, currently relying on Kapletundo Dispensary and Kapkatet Hospital.

(3) **THAT,** the community has requested the Set-Kobor Self-Help Group (Women's Group) to provide land for the establishment of a dispensary in Kapkotim. However, the residents are unable to afford to purchase the plot from the group. Therefore, they are appealing to the County Government of Bomet to allocate funds for this purpose.

(4) **THAT** the plot is the property of the Set-Kobor Self-Help Group, which has unanimously agreed to sell it to Bomet County Government for the establishment of a dispensary that will benefit the local community and beyond.

(5) **THAT,** the group comprises 60 members, although some have passed away. The group used to run a *Posho-Mill* but it has since become non-operational.

(6) **THAT,** they have apprised the County Executive Committee Member for Lands, Housing, and Planning of the land's availability via a letter.

(7) **THAT,** the group has been requested not to sell the said plot but to await further communications from the County Government.

(8) **THAT,** during the public participation in the County Integrated Development Plan, residents of Kapkoitim proposed the inclusion of the establishment of a dispensary in Kapkoitim in the plan.

(9) **THAT,** Kapkoitim has been gazetted as a location, justifying the need for a health facility within its jurisdiction.

The petitioners then presented the following documents to the Committee;

1. Original title deed confirming the ownership of the land.
2. The Group’s certificate of registration.
3. A letter to the CECM for Lands, Housing, and Urban Planning offering to sell a parcel of land by the group.

The members expressed deep concern for the entire community, acknowledging the petitioners' commitment. They firmly assured them of their support. The committee informed the petitioners about the lengthy procurement process in the County Government. However, the group's trustees, who were present, informed the committee that the group was willing to allow the construction of the dispensary to proceed while awaiting payment.

7.4 Response from the County Executive Committee Member for Health Services

The County Executive Committee Member for Health Services did not appear before the committee on 9th May, 2024 as invited but he nevertheless sent a response on 21st May, 2024 in response to the issues raised in the petition. In his response he submitted as follows that: -

(1) The County Government of Bomet is dedicated to ensuring sustainable, equitable healthcare of the highest standards for all residents. With 161 public health facilities, comprising a referral hospital, 5 sub-county hospitals, 24 health centers, and 131 dispensaries, the County strives to meet the constitutional and Vision 2030 goals. Adequate resources and financing mechanisms are essential for effective service delivery in the health sector.

(2) In pursuit of achieving the Sustainable Development Goals by 2030 and ensuring Universal Health Coverage (UHC), there is a growing emphasis on developing strong, adaptable, and resilient health systems. Progress has been made through targeted investments in critical components of the health system building blocks, including health service delivery, leadership and governance, human resources, health products and technologies, financing, infrastructure, information monitoring, and health research and development.

(3) The Kenya Essential Package for Health (KEPH) is a package of services to which people are entitled at the different levels of care and which guides achievement of UHC and safeguards the right to health. The focuses of Universal Health Coverage (UHC) are Primary Health Care (PHC) and the improvement of health systems that calls for the strengthening of the health system as a whole and an increase in investment.

(4) The Kenya Essential Package for Health (KEPH) comprises a set of entitled services available at various levels of care. It serves as a guide toward achieving Universal

Health Coverage (UHC) and upholding the right to health. UHC primarily emphasizes Primary Health Care (PHC) and necessitates overall health system strengthening and increased investment.

(5) PHC serves as the bedrock of any health system, ensuring that all individuals remain healthy and receive timely care. When PHC functions effectively, people and families are connected with reliable health workers and support networks throughout their lives. They gain access to comprehensive services, including family planning, routine immunizations, illness treatment, and chronic condition management. Strong PHC empowers individuals, families, and communities to actively participate in decisions about their health.

7.4.1 Norms and Standards for Health Infrastructure

The purpose of the Infrastructure Norms and Standards is to guide, monitor, and enforce the control of critical risks to the health and safety of health infrastructure users utilizing required systems and relevant supportive structures within all categories of health facilities, to provide quality services to the citizens of the country.

7.4.2 Objectives of Norms and Standards for Health Infrastructure

(1) To guide the minimum infrastructure that different levels of the health care system require for effective delivery of the KEPH.

(2) To inform decisions on the construction and equipping of new health facilities.

(3) To inform decisions for rehabilitation or modification of existing health facilities.

(4) To guide health infrastructure investment.

(5) To guide the distribution of health infrastructure.

(6) To provide a framework for monitoring and evaluation of implementation of these norms and standards.

7.4.3 Principles for the Development of Health Infrastructure Norms and Standards

A well-functioning health infrastructure improves the quality of health services, thereby contributing to better health outcomes. For adequate and comprehensive infrastructure planning and management, an integrated health system approach is needed. This integration is embodied in the following principles:

(a) The system needs to be defined in terms of different levels/ tiers that together make up the entire healthcare delivery system.

(b) Health Infrastructure, itself must be integrated into a harmonious whole with other required inputs (especially human resources). This is to avoid mismatches in their development and ensure that health services are delivered efficiently, equitably, and effectively in a sustainable manner.

(c) Health infrastructure must be fit for the intended service.

(d) Health infrastructure must be compliant with occupational health and safety laws, and environmental norms and standards.

(e) Health infrastructure must meet the needs of the clients, users, and healthcare personnel.

7.4.4 Human Resources for Health

The Human Resources for Health Norms and Standards (Ministry of Health, 2014c) and the Health Sector Infrastructure Norms and Standards define the human resource and infrastructure norms and standards needed for delivery of the Kenya Essential Package for Health.

Achieving UHC and the Sustainable Development Goals requires an enabling policy environment, better management systems and practices relating to human resources for health, and dialogue to drive and ensure the harmonization of interventions relating to human resources of health for improved outcomes.

Bomet faces a shortage of qualified health workers, especially in lower-level health facilities, where there is often a high demand for health services. According to the Kenya Health Workforce Report (2018), the health worker population ratio in Bomet County was 1:836 as of 2017. This means that there was one health worker for every 836 people in the county.

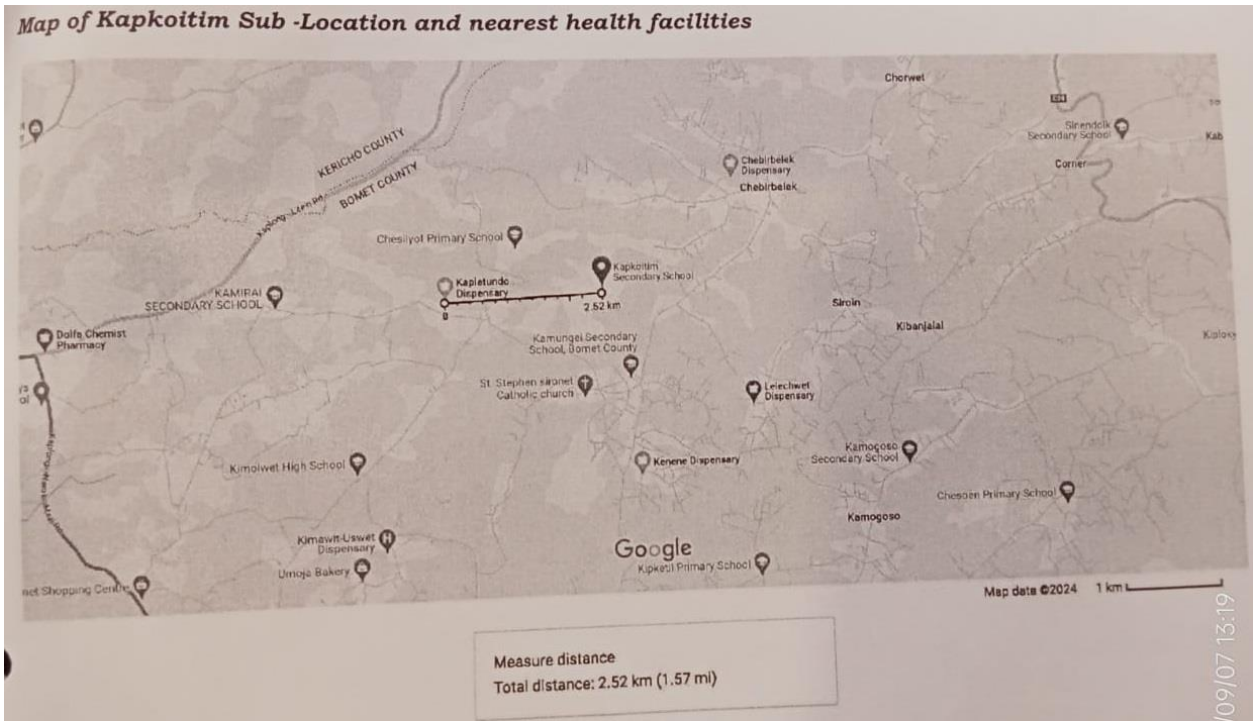
The same report also indicated that the health worker density in Bomet County was 1.2 per 1,000 population, which is lower than the national average of 1.6 per 1,000 population. This suggests that Bomet County may face challenges in recruiting and retaining an adequate number of health workers to meet the health needs of its population.

7.4.5 Kapletundo Ward Gazetted Health Facilities

According to the Kenya Gazette issued on 19th October 2023, Kapletundo Ward is served by the following county health facilities.

MFL Code	Facility Name	Keph Level	Facility Type	Operation Status
28591	Chebilat -Togomin Dispensary	Level 2	Dispensary	Operational
14297	Chebirbelek Dispensary	Level 2	Dispensary	Operational
14376	Cheptangulgei Dispensary	Level 2	Dispensary	Operational
14714	Kapkesembe Dispensary	Level 2	Dispensary	Operational
26899	Kapletundo Dispensary	Level 2	Dispensary	Operational
20439	Kimawit-Uswet Dispensary	Level 2	Dispensary	Operational
18524	Kimolwet Dispensary	Level 2	Dispensary	Operational
15100	Lelechwet Dispensary	Level 2	Dispensary	Operational
15714	Soymet Dispensary	Level 2	Dispensary	Operational
20535	Kipsonoi Health Centre	Level 3	Basic Health Centre	Operational

Map of Kapkoitim Sub-Location



7.4.6 Community Health Promoters (CHPs)

The Community Health Promoters (CHPs) are a critical workforce in the delivery of community-based Primary Health Care as envisioned in the Bottom-Up Economic Transformation Agenda that seeks to promote access to quality and affordable healthcare for the socioeconomic development of the country.

Bomet County rolled out electronic community Health information systems (e-CHIS) to 1929 community health promoters who were issued with CHP kits. We are now using e-CHIS to manage data collected during household visits. Kapletundo ward has 18 community units spread across the ward as follows:

S. NO	COMMUNITY HEALTH UNIT NAME	NUMBER OF COMMUNITY HEALTH PROMOTERS (CHPS)	LINK HEALTH FACILITY
1.	Kapkoitim	10	Kipsonoi Health Center
2.	Kenene	10	Kipsonoi Health Center
3.	Balek	10	Kapletundo Dispensary

4.	Chebilat C	10	Chebilat Togomin Dispensary
5.	Chebirbelek	10	Chebirbelek Dispensary
6.	Chemobei	10	Chebirbelek Dispensary
7.	Chepkosiom	10	Soimet Dispensary
8.	Chesilyot	10	Cheptangulgei Dispensary
9.	Emityot	10	Soimet Dispensary
10.	Kamungei	10	Kipsonoi Health Center
11.	Kapkesembe	10	Kapkesembe Dispensary
12.	Keronjo	10	Soimet Dispensary
13.	Kimawit	10	Uswet Dispensary
14.	Kimolwet	10	Kimolwet Dispensary Lelechwet
15.	Lelechwet	10	Dispensary Lelechwet
16.	Siroin	10	Dispensary Chebilat
17.	Togomin	10	Togomin Dispensary
18.	Yaganek	10	Soimet Dispensary
	Total	**180**	

In the health sector, ensuring that physical infrastructure aligns with established norms and standards is crucial. Both the World Health Organization (WHO) and Kenya's health sector guidelines emphasized the need for human resources and infrastructure to support the delivery of the Kenya Essential Package for Health. 4) Specifically, these standards require that the population resides within a 5-kilometer radius of a healthcare unit.

Based on the Global Positioning System (GPS) coordinates from the Master Facility List (MFL), it is confirmed that 100% of the population in Kapkoitim sub-location resides within a 5-kilometer radius of a healthcare unit, as depicted in the provided table and map.

Existing Health Facility	Measured Direct distance from Kapkoitim Sub-Location	Remarks
Kapletundo Dispensary	Total distance: 2.52 km	Less than 5km radius
Chebirbelek Dispensary	Total distance: 2.72 km	Less than 5km radius
Lelechwet Dispensary	Total distance: 3.12 km	Less than 5km radius
Cheptangulgei Dispensary	Total distance: 3.62 km	Less than 5km radius

7.4.7 Community Participation

The department aims to enhance community engagement in healthcare by involving communities in planning, implementing, and monitoring services to improve access and quality of care. Individuals, households, and communities play an active role in health by taking responsibility for their well-being.

This involvement fosters a sense of ownership and includes both individual participation in health activities and collective management of health facilities. For instance, forming a health committee with engaged community members exemplifies this collaborative approach.

7.4.8 CIDP 2023 -2027

The third generation Bomet CIDP 2023-2027 was prepared in accordance with Article 220 of the Constitution of Kenya, 2010, Part XI of County Government Act, 2012, Section 126 (1) of the Public Finance Management (PFM) Act, 2012, and other legislations. Public participation forums were organized and conducted in all the twenty-five wards of the county in compliance with Article 196 of the Constitution of Kenya, 2010, Sections 87(a), (b) and 115 (1) (b) (ii) and (iv) of the County Government Act 2012 by both arms of the County Government. The stakeholder engagement through public participation in Kapletundo ward on projects to be implemented over the five-year period captured the projects/priorities as indicated in the table below.

KAPLETUNDO WARD PUBLIC PARTICIPATION CIDP TEMPLATE

HEALTH SERVICES

PROPOSED PROJECTS	PHYSICAL LOCATION
Upgrade Lelechwet dispensary including maternity	Siroin Sub-location
Proposed siroin dispensary	Siroin Sub-location
Upgrade to Health center	Chebirbelek Dispensary
Completion of staff house	Chebirbelek Dispensary
Construction of maternity wing	Chebirbelek Dispensary
Expansion of plot	Chebirbelek Dispensary
Proposed Chemobei Dispensary	Chemobei
Proposed Koluu Dispensary	Koluu
Renovate & elevate Kimawit dispensary to a Health Centre	Kimawit
Supply drugs regularly	Kimawit
Kapkesembe dispensary - equip laboratory, construct maternity wing, renovate dispensary, construct staff houses, and expand land	Kambira
Upgrade Kimolwet dispensary to a Health Centre - construct staff quarters, employ CHVs, and maternity wing	Kimolwet
Complete construction of Keronjo dispensary	Kimawit
Supply drugs regularly	Kimawit
Kapkesembe dispensary - equip laboratory, construct maternity wing, renovate dispensary, construct staff houses, and expand land	Kambira

7.5 Conclusion

To maximize the benefits of the Kenya Essential Package for Health, there should be an appropriate mix of inputs - human resources, commodities, and infrastructure. There will also be a need to reform the architecture that determines how the different parts of the health system operate and interact with one another to meet priority health needs through integrated, people-centered services as envisaged in The Primary Health Care Act, 2023 that provides for the establishment of Primary Health Care networks (PCNs).

8 COMMITTEE OBSERVATIONS

Based on the submissions from the petitioners and the County Executive Committee Member for Health Services made the following observations:

(1) **THAT** county health services, including, in particular county health facilities and pharmacies is a devolved function under Part 2 of the Fourth Schedule to the Constitution.

(2) **THAT** Article 43 (1) (a) of the Constitution provides that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care;

(3) **THAT**, indeed there is no health facility within Kapkoitim sub-location in Kapletundo Ward forcing the residents to travel a considerable distance to access health care.

(4) **THAT** the Petitioners submitted minutes confirming that the Set-Kobor Self-Help Group had agreed to sell a parcel of land to the County Government to establish a dispensary at Kapkoitim as requested by the committee during the meeting with the petitioners.

9 COMMITTEE RECOMMENDATIONS

The Committee having investigated the matter in accordance with its mandate under Standing order 200 (3) of the County Assembly Standing Orders recommend as follows: -

(1) **THAT**, in response to the Petitioner's prayer, the Committee recommends that the County Executive Committee Member for Health Services in conjunction with the County Executive Committee Member for Lands, Housing and Urban Planning ensures that a dispensary is established in Kapkoitim Sub-location in Kapletundo Ward so as to ensure that the residents' access adequate standards of health care and of affordable quality.

(2) **THAT** in order to ensure the implementation of Recommendation Number One (1) above, the County Executive Committee Member for Health Services and that of Lands, Housing and Urban Planning should ensure that the establishment of the dispensary is anchored in all the county planning documents and that the same is adequately provided for in the budget.