

Report laid by Hon. Kari

Wanjiku on 30/7/15

Mrs.  
PCA Chs P)



**NAIROBI CITY COUNTY ASSEMBLY  
FIRST ASSEMBLY - SECOND SESSION**

**EIGHTH REPORT OF  
THE COMMITTEE ON HEALTH SERVICES  
ON**

**STUDY TOUR TO KERALA, INDIA.**



**JULY 2015**

# KERALA BENCHMARKING REPORT | 2014

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## List of Abbreviations and Acronyms

NABH- National Accreditation Board for Hospitals & Healthcare providers

NABL - National Accreditation Board for Testing & Calibration laboratories

KIMS - Kerala Institute of Medical Sciences

HIV - Human Immunodeficiency Virus

AIDS - Acquired Immunodeficiency Syndrome

ENT - Ear, Nose, and Throat

C.O.K 2010 -Constitution of Kenya, 2010



## Preface

The Sectoral Committee on Health Services was constituted by the Assembly on Tuesday, May 7<sup>th</sup> 2013. The Committee on Health Services is one of the Sectoral Committees established under Standing Order No. 191 (5) which provides that, the functions of a Sectoral Committee shall be amongst others to:-

'Investigate, inquire into and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned departments.'

-The Committee on Health Services conducted a study tour to the Kerala state in India during 5<sup>th</sup>-11<sup>th</sup> May, 2013. The Committee visited The Legislative Assembly of Kerala to study the Health systems in the State, benchmark their roles and study and share experiences with its counterpart Committee.

-The State of Kerala occupies an area of 38,863 Sq.Kms. of land curving along the Arabian Sea on the Southwest Coast of India. It represents only 1.18 percent of the total area of India. Nevertheless with a total population of nearly 30 million people, Kerala has 3.43 percent of the total population of the country. Stretching for about 590 Kms. with the width varying from 32 to 120 Kms., it is a long but narrow strip of enchanting greenery sandwiched between towering mountains and the deep blue sea. Nature has bestowed it with long beaches, mighty mountains, evergreen forests and deep backwaters. The extensive paddy fields and the luxuriant vegetation in this highly fertile land make it brilliantly green throughout. The tall, exotic coconut palm dominates the landscape. The land derived its name from "Keram", the coconut palm.

-The Members were enriched by the visit to Kerala. It gave them a better understanding of having the desired affordable and accessible healthcare for everyone.

-It is anticipated that the outcome of this study will translate into allocation of more funding for development of the Nairobi healthcare system and enactment of a framework that will support engagement and consultations with the Kerala Government on health matters by the Assembly and the County leadership.

## Background/Objectives

### o Committee mandate

The Committee on Health Services is one of the Sectoral Committees established under Standing Order No. 191.

- o The Committee decided on the study tour to benchmark Kerala health care services in general. The focus of the study is to help reshape the health care system of Nairobi County. The Committee also decided on visiting India because it is a country which is perceived to have one of the best health care systems in the world. The lessons learnt from the Kerala government healthcare system would assist Members of the Assembly in their future oversight activities.
- o The Committee was interested in the following areas of learning:
  - a) Kerala health programmes in urban health;
  - b) Recruitment and retention strategies of doctors in India, which assist in the good functioning of primary health care;
  - c) Policy Frame works and medical training Institutions;
  - d) Decentralization in Health;
  - e) Kerala HIV/AIDS control prevention and control programmes;and
  - f) Department of Indian systems of medicine.

## Committee Membership

The Committee comprises of the following Members:-

1. Hon. Manoah Karega Mboku, MCA - Chairperson
2. Hon. Martin Mugo Kanyi, MCA
3. Hon. George Ochieng Ochola, MCA
4. Hon. Samwel Nyaberi Nyang'wara, MCA
5. Hon. Elizabeth Akinyi Manyala, MCA
6. Hon. Peter Oweru Oluoch, MCA
7. Hon. Erastus Muiruri Mburu, MCA
8. Hon. Peter Wahinya Kimuhu, MCA
9. Hon. Charles Thuo Wakarindi, MCA
10. Hon. Tabitha Juma, MCA
11. Hon. Rose Nancy Luchiri, MCA
12. Hon. Elizabeth Sang, MCA
13. Hon. Florence Athembo, MCA
14. Hon. Susan Karimi Njue, MCA
15. Hon. Abdi Mohammed, MCA
16. Hon. Leah Mumo Mate, MCA
17. Hon. Karen Wanjiku, MCA

In executing its mandate, the Committee oversees the Nairobi City County Health department.



## KERALA BENCHMARKING REPORT | 2014

### Acknowledgment

Much gratitude goes to all the participants for their time and input in the Kerala visit. Special gratitude also goes to the Kerala Government through its Directorate of Health Services, Minister for Health, Family Welfare and Devaswom Mr. V.S Sivakumar and the Legislative Assembly of Kerala for the preparation of the entire visit, logistical support and hospitality.

### Committee Delegation

The following members formed part of the delegation:

1. Hon. George Ochieng Ochola, MCA
2. Hon. Peter Oweru Oluoch, MCA
3. Hon. Florence Athembo, MCA
4. Hon. Abdi Mohammed, MCA
5. Hon. Karen Wanjiku, MCA

The following Assembly officials accompanied the Committee:

1. Mr. Joshua Mbila-Secretariat, Health Services Committee
2. Mr. Adam Kibwana-Clerk Assistant

On behalf of the Committee on Health Services, I have the honour and pleasure to present the Committee's Report on the Study tour to Kerala, India. May I take this opportunity to thank the Committee delegation for their input and the valuable information they gathered during the study tour and wish to urge the Health sector to borrow ideas from this informative report that would be of great importance to improving our health standards to the world class levels.

Thank you.

Signed .....  
Hon. Manohar Karega Mboku, MCA  
Chairperson Committee on Health service

Date 29/7/15

## 1.0 DETAILS OF STUDY TOUR.

### DAY ONE (7<sup>TH</sup> MAY, 2014)

#### a) Meeting with the Counterpart Health Committee

-Committee delegation had the pleasure to meet its counterpart health and family welfare Committee of Kerala Legislative Assembly. The Committee consists of:-

- (i) Minister for Health, Family Welfare and Devaswom-Mr Shiva Kumar
- (ii) Mr. M.P Abdussamadsamadani-Member
- (iii) Mrs. P. Aisha Potti-Member
- (iv) Mr. I.C. Balakrishnan-Member
- (v) Mr. P.K.Basheer-Member
- (vi) Mrs. E. S. Bijimol-Member
- (vii) Mr. K.Dasan-Member
- (viii) Mr. A. T.George-Member
- (ix) Mr. K. Kunhammed Master-Member
- (x) Mr. Roshy Augustine-Member

-The Committee was taken through a brief presentation on the health systems in Kerala state by Dr Ellangovan during the meeting. In the presentation we learnt that:-

- Kerala has a long history of organized healthcare. As per documents availed to the delegation, by the time the State was formed in 1956, the foundation for a medical care system accessible to all citizens was already laid. The easy accessibility and coverage of medical care facilities has played a dominant role in shaping the health status of Kerala. Some of the hospitals in Kerala are more than 50 years old. Health had been a major area of spending in the budget from early years in Kerala.
- The annual growth rate of Government healthcare expenditure has been showing a steady increase. India's first ever Human Development Report published in 2002, placed the Southern State of Kerala on top of all the other states in India, because of easy accessibility and coverage of medical care facilities.
- Kerala is reputed for its high quality health care infrastructure and renowned medical personnel. Alongside the modern medical facilities, are equally reputed facilities for Homoeopathy and Ayurveda (An age-old Indian system of medicine



based on herbs, oils and other natural ingredients). Remarkably, Kerala enjoys India's highest life expectancy and lowest infant mortality and birth rates.

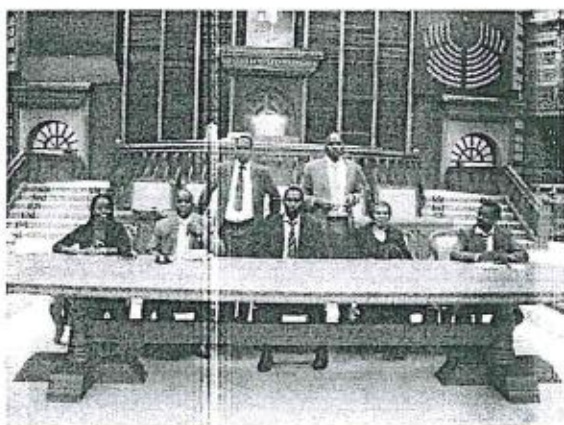
- The delegation was informed that the key attributes of health governance are the establishment of high standards of care, transparent responsibility and accountability and a constant and dynamic drive to improve health services.

## b) Tour of the Kerala Legislative Chamber

-It was a great honor to have received a warm welcome from the staff members of the Kerala Legislative Assembly. The staff gave us an informative talk introducing the workings and the structure of their Assembly as well as an eye-opening state guided tour.

-We proceeded to tour the Assembly buildings where we learnt that:-

- Their Assembly sits 53 times in a year.
- The Legislature comprises of the Governor and the Legislative Assembly.
- The Governor has the power to summon and prorogue the Assembly or to dissolve the same.
- The Members of the Legislative Assembly are directly elected, normally once in every five years by the adult population who are eligible to vote. The present Kerala Legislative Assembly consists of 140 elected members and 1 member nominated by the Governor from the Anglo-Indian Community.
- The House elects one of its own members as its Presiding Officer and he is called Speaker. Speaker is assisted by the Deputy Speaker who is also elected by the House



*Members posing for a photo session inside the Kerala Assembly. We were privileged to be the first delegation to take photos inside the Chambers. Taking photos inside is prohibited.*





*Members tour the Kerala Assembly precincts.*



*Our group receiving a short brief on Kerala Chambers*

## c) Tour of the Kerala Assembly Museum

-The delegation appreciated most the presence of a Legislative museum within the precincts of Kerala Assembly. It is a history museum, throwing light on the country's freedom struggle and evolution as a modern democracy over the decades and was inaugurated at the Kerala Assembly by state Governor Nikhil Kumar.

- On the display at the hi-tech museum are pictures and paper clippings depicting the history of India's evolution as a Constitutional Republic, information regarding the legislative bodies that existed before the formation of Kerala state like Travancore Legislative Assembly and the legislative history of the state after the state formation in 1956.

- The museum also has a research centre, library and mini theatre with LCD projectors and touch screen facilities. Its second floor is dedicated to Mahatma Gandhi, displaying pictures, photographs and paper clippings relating to his life and contributions.

### *Photos taken at the Museum*



*Brief by the Assembly museum tour guide*



*Guided tour of the Assembly museum*





*Gift awarded to the Ministry of Tourism*



*Historic photos displayed in the Assembly museum*



*Delegates signing visitors book*



*Walking to the Assembly museum*

## DAY TWO (8<sup>TH</sup> MAY, 2014)

### Tour of the Kerala State Science & Technology Museum

-On the second day the delegation, through the state of Kerala facilitation, was treated to a tour of the Kerala State Science & Technology Museum & Priyadarsini Planetarium.

- The Kerala State Science & Technology Museum is an autonomous organization designed to serve as a dynamic medium of science communication for the public.

- The museum has galleries on Bio-medical Engineering, electricity, electronics, power and motion mechanics with more than 300 exhibits, galleries on popular Science, etc. A well-equipped library is an important attraction of this museum.

- Kerala State Science & Technology museum is registered under charitable society act,



and the activities of the same are fully dependent on the State Government funding. Outcome of the Museum activities lead to intangible benefits in the form of empowerment of the whole society and human resource development of the state.



*Priyadarsini Planetarium*



*Member poses to read information on a pulse oximeter*

## DAY THREE (9<sup>TH</sup> MAY, 2014)

### Tour of The Kerala Institute Of Medical Sciences (KIMS)

-On the third day, the delegation visited the renowned Kerala Institute of Medical Sciences (KIMS) where it had the opportunity to meet with the facility's management headed by its Chair Dr. M.I Sahadulla.

-KIMS is one of Asia's leading tertiary care hospitals, and a landmark healthcare destination in Kerala initiated by KIMS Healthcare Management Ltd. The 600 bed multi-disciplinary super specialty hospital was started with the objective of providing world class healthcare services and specialized medical facilities at affordable costs with hospital branches in Bahrain ,Oman, Saudi Arabia and Qatar.

-KIMS specialises in:-

- |   |  |                              |
|---|--|------------------------------|
| • Anaesthesiology                         | • Child and Adolescent Psychiatry                  | • Diet and Nutrition         |
| • Ayurveda                                | • Critical Care                                    | • Emergency Medical Service  |
| • Blood Bank (NABH accredited Blood Bank) | • Dental, clinical, oral and Maxillofacial Surgery | • Endocrinology and Diabetes |
| • Cancer Care                             | • Dermatology & Cosmetology                        | • Ent and Laryngology        |
| • Cardiac Surgery                         |  | • Family Medicine            |
| • Cardiology                              |  | • Fertility Clinic           |



## KERALA BENCHMARKING REPORT | 2014

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• Gastroenterology</li> <li>• General Surgery</li> <li>• Hepatobiliary, Pancreatic and Liver Transplant Surgery</li> <li>• High Risk Pregnancy and Fetal Medicine</li> <li>• Holistic Medicine</li> <li>• Internal Medicine</li> <li>• Laboratory Medicine ( NABL accredited Laboratory)</li> <li>• Minimal Access Surgery</li> <li>• Nephrology</li> </ul> | <ul style="list-style-type: none"> <li>• Neurology</li> <li>• Neurosurgery</li> <li>• Nutrition and Dietetics</li> <li>• Obesity Clinic</li> <li>• Obstetrics and Gynaecology</li> <li>• Ophthalmology</li> <li>• Orthopaedics and Trauma</li> <li>• Paediatric Surgery</li> <li>• Paediatrics</li> <li>• Physical Medicine and Rehabilitation</li> <li>• Physiotherapy</li> <li>• Plastic, Reconstructive,</li> </ul> | <ul style="list-style-type: none"> <li>• Microvascular Surgery</li> <li>• Psychiatry and Behavioral Medicine</li> <li>• Radiodiagnosis and Imaging Sciences</li> <li>• Respiratory Medicine and Critical Care</li> <li>• Rheumatology</li> <li>• Surgical Gastroenterology</li> <li>• Thoracic Surgery</li> <li>• Urology</li> </ul> |
|--|--|--|

-The meeting was quite a productive one as our team discussed at the forum collaboration mechanisms with the institute that would offer affordable health services to Kenyans through engagement with the various KIMS specialists. There was a presentation during the meeting to give us a deeper understanding of the overview and operations of KIMS.

-The KIMS team offered to train Kenyan medical professionals at a subsidized fee if our County Government was willing to take up the offer. Dr. Elizabeth Clark, the Hospital analyst was willing to have Kenyan doctors in a skills building training in 2015.

-The Chairman of KIMS suggested Clinical, educational and training programs as the platform for us to embark on a collaboration programme.

The programmes were classified as:-

- Clinical where they would make plans for patients to travel to seek treatment at KIMS;
- Educational where they would consider admitting our students into their nursing programs ;and
- On the job training of our medical personnel.

-In the presentation we were able to learn that KIMS network had:-

- 600 Doctors
  - 1100 Nurses
  - 500 Admin staff
  - 1400+ Support Staff
  - 1000 Contractual Staff
- (The staffs are from 20 different countries)



- They have state of the art facilities & focus on quality

-We further noted that KIMS has a Credential and Privilege Committee that is tasked with assessing Medical professionals before they engage in the practice of medicine.

-The meeting ended with KIMS offering to give our delegation a general health checkup at a discounted fee on the 10<sup>th</sup> day of May, 2014. The delegation then embarked on a tour of the KIMS hospital guided by its friendly staff.

*Photos taken during Kerala Institute of Medical Sciences tour*



*Meeting with KIMS administration*



*Left-Elizabeth Clark(Hospital analyst KIMS)*



*Members viewing a cancer treatment machine*



*The latest cancer treatment machine at KIMS*

## Remarks by the Kenyan Delegation

The Acting Chairman, Hon. George Ochola expressed gratitude to the Kerala Government and the Kerala Institute of Medical Sciences that the delegation had visited a medical institution of repute and gained valuable insights about quality health care.



## 2.0 COMMITTEE OBSERVATIONS

-During the presentation in the meeting with the Kerala Assembly health Committee and the overall study tour, our Committee noted the following:-

- About 34% of the Kerala populations utilize public health facilities while the remaining 66% go to private hospitals.
- Kerala was the first state in India to decentralize administration of Health.
- That Ayurveda medicine was very popular in the Indian systems of medicine.
- That India was the largest manufacturer of generic medicine and this was a contributing factor to the availability of a variety of cheap and available drugs in the country.
- That palliative care (where nurses give care to terminally ill persons from their homes) was only done in the state of Kerala.
- Kerala had a very high prevalence rate of Cancer infections. The incidence rate in male is 150.0 and in female is 143.0 per 100,000 persons. The proportion of tobacco related cancers relative to all cancers is 40% in males.
- New HIV infections among the population were drastically reducing.  
For instance HIV Burden in Kerala as on 31st March 2014 was;
  - HIV infected people estimate: 25,090
  - HIV prevalence : 0.12%
  - Total tested : 2,452,692
  - Detected HIV positive : 25,166
  - No. registered at ART centres: 17,724
- The HIV infected population is given adequate care and support in form of medicine and nutrition by the Kerala Government. The Health department had also launched a behavioural change study targeting the youth, sex workers and drug addicts so as to sensitize them on the dangers of engaging in high risk behaviours .In this regard they had also increased the number of VCT centres and strengthened their capacities in reaching the entire population.
- The most important resource of any country is its human capital. Realizing this, both the central and state governments of India have been spending huge sums of money in establishing a fairly good public health infrastructure.
- The timely availability of doctors, clinics, other health care providers, sanitation facilities and fast quality services are the main factors determining



patients' satisfaction and therefore the authorities concerned should focus on these issues in order to enhance patient satisfaction.

- That the department of Indian systems of Medicine in the state was active in providing;-
  - Prevention and control of various communicable diseases and distribution of free medicine kits through various Ayurveda institutions and conducting various awareness programmes and medical camps
  - Management of Type II Diabetes
  - Management of refractive errors
  - Rehabilitation of post stroke management
  - Sports Ayurveda Research Cell- To improve physical fitness and management of sports injuries
  - School Health Programmes
- That after a degree in medicine, it was mandatory for one to serve in the rural Kerala for one year before they could join the major urban hospitals. The doctors are paid handsomely.
- Several trauma care centers have been set up along national highways.
- The People of Kerala, being highly literate, are extremely health conscious. On the other hand, Kerala is believed to be a state with a fairly well developed public health infrastructure. But to what extent the people are making use of the available health infrastructure is a real question. It is said that nearly fifty percent of the capacity at most of the government hospitals in Kerala remain unutilized. There may be multiple reasons for that, among others, one of the prominent factors that encourage people to resort to government hospitals to meet their health care needs is the extent of their satisfaction with the quality of services rendered at these hospitals which in turn is dependent on their perception about the service quality. There are numerous aspects that influence the perception of patients regarding the quality of services rendered like the behavior of doctors, behaviour of nurses and support staff etc. One of the most important factors that impact the satisfaction of patients is the physical evidence or tangible elements at government hospitals. As such, it is very important to assess the satisfaction of patients with the physical or tangible elements at government hospitals to ensure their overall satisfaction.
- **Climate change and Public Health.**  
 The changing climate of Kerala inevitably affects the basic requirements for maintaining health, clean air and water, sufficient food and adequate shelter. Climate change also brings new challenges to the control of infectious diseases.



Many of the major killer diseases are highly climate sensitive as regards to temperature and rainfall, including cholera and the diarrheal diseases, as well as malaria, dengue and other infections carried by vectors. Also the issues of reductions and seasonal changes in the availability of fresh water, regional drops in food production, and rising sea levels etc have the potential to force population displacement with negative health impacts.

o **Managing the emerging / re-emerging Communicable diseases;**

Waterborne diseases like diarrhoea, Hepatitis, Typhoid fever and vector borne diseases like Dengue fever, Malaria etc., remain a major problem in Kerala. Leptospirosis which was a problem for few southern districts in the last decade has become a major communicable disease in the whole state and causing much morbidity and mortality throughout the year. These diseases follow a seasonal pattern. Outbreaks of waterborne diseases like diarrhoea cholera are always more in the monsoon season extending from May to August. Higher incidence of acute viral fevers along with diseases like Dengue, leptospirosis, scrub typhus etc make this as the "season of epidemics". There is an apprehension that the presence of migrant labourers from different states might introduce / reintroduce diseases that are not prevalent here. A high level of epidemiological surveillance and outbreak management has to be maintained in the state.

o **Overview of Health Service System of the State of Kerala**

Curative services are provided by Ayurveda, Modern medicine and Homeopathy systems of medicine. While in general, modern medicine is the preferred system for specific conditions, ayurveda and homeopathy are chosen by a large percentage of the population of Kerala. Government acknowledges the importance of the three systems of medicine and encourages studies of the comparative advantages of treatments under the three systems.

o **Decentralization and health**

By middle of the 1990s in Kerala, administrative decentralization and decentralized planning, paved the way for transfer of health care institutions up to the district level to the Panchayathi Raj Institutions (PRI). All health care institutions except General Hospitals, Women & Children Hospitals and Specialty Hospitals have been transferred to the three tier PRIs and up to 40 % of the plan fund of various sectors including that of health sector is being disbursed through these institutions. Thus, Kerala became the first state in the country to initiate administrative decentralization in an extensive way in the health sector.

o **Historically, the princely rules of the State, made a small beginning to provide infrastructural facilities for a primary health care system. After the re-organisation of the State, it reached a fairly high level of standard and soundness. The availability of facilities for primary health care, their accessibility, the very high degree of awareness and acceptability among the people made Kerala a model**



in health care. The level of achievements attained in the implementation of the various national programmes for control / eradication of diseases and also of family welfare programmes including universal immunisation programme and maternal and child health activities have helped the state to reduce the mortality rates and improve the health status of the people. The maternal mortality rate, life expectancy has been enhanced especially that of females to over 73 years. Today the infant mortality rate is as low as 16 per 1000 live births and the maternal mortality is 1 per 1000 women, which are comparable to that of some of the developed countries.

## 3.0 COMMITTEE'S RECOMMENDATIONS

Mr. Speaker following the visit, the Committee urges this Assembly to resolve as follows;

1. Pursuant to the provisions of article 43 (1) (a) of the C.O.K 2010 and the fact that the Fourth schedule of the C.O.K has devolved the Health function to Counties, the Nairobi County Government positions good health as a development agenda and as a right to its citizen.
2. Nairobi County Government to ensure provision and availability of the needed financial, technical and human resources to elevate its health facilities to the prescribed levels of quality healthcare provision to meet health needs of the County.
3. Re-evaluation of the structure and functioning of the existing health system in addressing the health care delivery needs, its weaknesses and strengths, role in enhancing and ameliorating health equities. This should lead to evidence based restructuring of the health system. It should include information systems which measure, describe, understand and track health inequities.
4. Nairobi County and Kerala should enter into a bilateral agreement on health matters cooperation so as to solidify the linkages between the two Governments and serve to give impetus to Nairobi's health programme.
5. Memorandum of Understanding between Kerala Institute of Medical Sciences (KIMS) and the two governments should be considered and expedited so that Nairobi can fully tap into the vast reservoir of the knowledge and experience Kerala possesses in the Health field and also enable the County benefit from the offer to train Kenyan medical professionals at a subsidized fee that they put before the Committee.
6. The County Government should enact policies that would aim to reduce the cost of obtaining the relevant requisite operating licences to run drug manufacturing firms and this would attract drug manufacturing giants like India.
7. The County creates awareness on cancer and cancer symptoms so as to avert late diagnosis of cancers among our residents and educate her people on healthy and unhealthy living habits that are a prime contributor to the emerging cases of cancer.
8. The County to develop a robust policy to sensitize residents on the dangers of engaging in high risk behaviours including underage sex, commercial sex, alcohol and drug abuse that are a major contributory factor to the new HIV infections in the County.



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### APPENDICES:-

- |              |  |
|--------------|--|
| Appendix I   | - Presentation on Kerala Health system |
| Appendix II  | - Presentation on KIMS                 |
| Appendix III | - Leaflets                             |

*END*

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MINUTES OF THE NAIROBI COUNTY ASSEMBLY 59/2014 HEALTH SERVICES  
COMMITTEE MEETING HELD ON WEDNESDAY 19<sup>th</sup> MAY, 2014 AT 11.30 A.M. AT  
CHARTER HALL.

PRESENT

1. Hon. Florence Achieng Athembo;(Chairing)
2. Hon. Manoah Karega Mboku;
3. Hon. George Ochieng Ochola;
4. Hon. Peter Oweru Oluoch;
5. Hon. Erastus Muiruri Mburu;
6. Hon. Charles Thuo Wakarindi;
7. Hon. Elizabeth Sang;
8. Hon. Leah Mumo Mate;
9. Hon. Rose Nancy Luchiri;
10. Hon. Karen Wanjiku Githaiga;
11. Hon. Abdi Mohammed;
12. Hon. Tabitha Akinyi Juma;
13. Hon. Susan Karemi Njue.

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COMMITTEE SECRETARIAT

Joshua Mbila -Clerk Assistant.

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MIN.276 CAHSC – PRELIMINARIES

-The meeting was opened with prayers by the Chair and proceeded as per the agenda.

MIN.277/CAHSC – COMMITTEE BRIEFING ON INDIA TOUR

-Members were briefed on the just concluded study tour to Kerala, India as follows,

i) Day One

-Members were informed that on day one of the visit, HSC team met with the counterpart Committee of Kerala Legislative Assembly Chaired by The Minister of Health for Kerala state.

-After the meeting, the team visited the Museum of the Kerala Legislative Assembly where all the history of the Assembly is stored.

ii) Day Two





-On the second day HSC team visited Kerala Institute of Medical Sciences, one of Asia's leading tertiary care hospitals, a landmark healthcare destination in Kerala initiated by KIMS Healthcare Management Ltd. The 600 bed multi-disciplinary super speciality hospital was started with the objective of providing world class healthcare services and specialized medical facilities at affordable costs. There was an interactive meeting with the administration of the Institute, where KIMS offered to give our Doctors training services in their facilities. There was a training scheduled for August.

-Members also had an opportunity to utilize the healthcare services offered.

#### MIN.278/CAHSC – MATTERS ARISING

-The HSC should consider having an accompanying medic or doctor from the Executive side in future benchmarking trips outside the country.

-Hon Karen to come up with proposals that would be forwarded to Kerala Legislative Assembly and the KIMS.

- HSC to second our doctors for future trainings in KIMS.

#### MIN.279/CAHSC – AOB

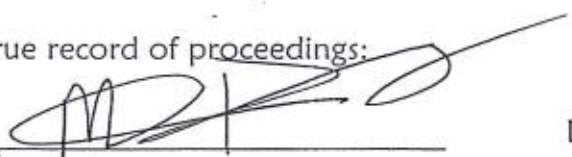
-There was no AOB.

#### MIN.280/CAHSC – ADJOURNMENT

Meeting adjourned at 12.30 noon and next meeting to be held on Tuesday 20<sup>th</sup> May at 11.30 am

Confirmed as true record of proceedings:

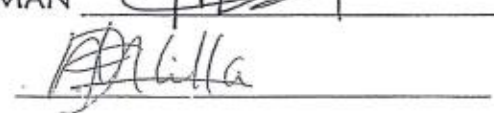
CHAIRMAN



DATE

8/7/14

CLERK



DATE

8/7/2014

