

Approved for tabling ~~BAL~~ ~~SNA~~

REPUBLIC OF KENYA

31/5/17



THE NATIONAL ASSEMBLY

Paper laid by
Vice chair D.C
on Health
Wednesday
31/5/17 Afternoon



ELEVENTH PARLIAMENT – FIFTH SESSION - 2017

THE DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON THE PETITION BY THE CHILDREN SICKLE CELL FOUNDATION OF KENYA ON ENACTMENT OF LEGISLATION ON PREVENTION, CONTROL AND MANAGEMENT OF SICKLE CELL ANAEMIA

CLERK'S CHAMBERS
DIRECTORATE OF COMMITTEE SERVICES
PARLIAMENT BUILDINGS
NAIROBI

MAY, 2017

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ABBREVIATIONS

SCD	-	Sickle Cell Disease
HSCT	-	Hematopoietic Stem Cell Transplantation
NCDs	-	Non-Communicable Diseases
MOH	-	Ministry of Health
KEMSA	-	Kenya Medical Supplies Authority

CHAIRPERSON'S FOREWORD

The Petition on Enactment of Legislation on Prevention, Control and Management of Sickle Cell Anaemia was presented to the House, on behalf of the Children Sickle Cell Foundation of Kenya by the Hon. Issack Mwaura, MP on Tuesday, 20th December, 2016 pursuant to Standing Order No. 225 (2)(a). It was, subsequently, committed to the Departmental Committee on Health for consideration.

In considering the Petition, the Committee invited and held meetings with the Hon. Issack Mwaura, MP Nominated Member of the National Assembly, who presented the petition on behalf of the petitioners, the Children Sickle Cell Foundation of Kenya; the Principal Secretary responsible for Health; and the Children Sickle Cell Foundation of Kenya on diverse dates. All those invited honored the invitations and gave their submissions which responded to the prayers by the petitioner.

It is therefore my pleasant duty and privilege, on behalf of the Departmental Committee on Health, to table the Report on the Petition by the Children Sickle Cell Foundation of Kenya on Enactment of Legislation on Prevention, Control and Management of Sickle Cell Anaemia Pursuant to Standing Order 199 (6).



HON. DR. RACHAEL NYAMAI, MP
CHAIRPERSON,
DEPARTMENTAL COMMITTEE ON HEALTH

EXECUTIVE SUMMARY

This report details the consideration and response to the prayers sought by the Children Sickle Cell Foundation of Kenya Enactment of Legislation on Prevention, Control and Management of Sickle Cell Anemia.

Pursuant to Standing Order 227 (1), the petition was referred to the Departmental Committee on Health on 20th December, 2016 for consideration. The Committee held 2 meetings to consider the petition. The Committee considered the petition pursuant to the provisions of Standing Order 227 (1) and (2).

The Committee invited and held meetings with the Hon. Issack Mwaura, MP Nominated Member of the National Assembly, who presented the petition on behalf of the petitioners, the Principal Secretary responsible for Health; and the Children Sickle Cell Foundation of Kenya on diverse dates. All parties honored the invitations and gave their submissions. The meetings/submissions were aimed at responding to the prayers by the petitioner.

The petitioner had prayed that the National Assembly through the Committee:-

1. Develops a national policy for effective management of sickle cell anaemia, including integrating sickle cell control programs in the national programs for prevention and control of the disease, early detection and treatment of the disease, community sensitization, data collection, surveillance and research on the disease.
2. Makes any other order or direction that it deems fit in the circumstances of the petition.

After meticulous consideration of the petition, the Committee makes the following recommendations:

1. On Prayer 1 that a national policy be developed for effective management of sickle cell anaemia, including integrating sickle cell control programs in the national programs for prevention and control of the disease, early detection and treatment of the disease, community sensitization, data collection, surveillance and research on the disease:

1.0 PREFACE

1.1 Establishment and Mandate of the Committee Mandate

The Committee on Health is one of the Departmental Committees of the National Assembly established under Standing Order 216 and mandated to, inter alia;

1. **Investigate and inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned Ministries and departments’.**
2. Study the programme and policy objectives of Ministries and departments and the effectiveness of the implementation;
3. Study and review all legislation referred to it;
4. Study, assess and analyze the relative success of the Ministries and departments as measured by the results obtained as compared with their stated objectives;
5. Investigate and inquire into all matters relating to the assigned Ministries and departments as they may deem necessary, and as may be referred to them by the House;
6. To vet and report on all appointments where the Constitution or any law requires the National Assembly to approve, except those under Standing Order 204; and
7. Make reports and recommendations to the House as often as possible, including recommendation or proposed legislation.

1.2 Oversight

In executing its mandate, the Committee oversees the following government Ministries, departments and/or agencies, namely:

- i. The Ministry of Health
- ii. The Kenyatta National Hospital
- iii. The Moi Teaching and Referral Hospital

1.5 List of Recommendations

In response to the petitioners' prayers, the Committee recommends that: -

1. On Prayer 1 that a national policy be developed for effective management of sickle cell anaemia, including integrating sickle cell control programs in the national programs for prevention and control of the disease, early detection and treatment of the disease, community sensitization, data collection, surveillance and research on the disease:

The Ministry of Health should:

- i) Urgently conduct a national survey to establish the sickle cell anaemia disease burden in the country. Such a survey shall then inform programmatic interventions with respect to Sickle Cell Disease.
- ii) Take concrete steps, in collaboration with counties, to ensure implementation of the Kenya Health Policy with respect to the Sickle Cell Disease. Specific interventions with respect to Sickle Cell Disease have to address informed premarital decision making, early screening, and availability of life saving medication.
- iii) Develop a well-funded national program to respond to the challenges of people living with sickle cell anaemia.
- iv) In collaboration with relevant stakeholders conduct local research and community sensitizations on the sickle cell disease with a focus on areas where the disease is most prevalent in the country.

2. On prayer 2 that the Committee makes any other order or direction that it deems fit in the circumstances of the petition:

The Ministry of Health should:

- i) Establish a budget line dedicated to management of sickle cell anaemia in the country in the next financial year (2018/2019) estimates.

- ii) Ensure that referral centres meant to deal with sickle cell anaemia are established on need basis so that the areas most affected by sickle cell anaemia benefit most.
 - iii) Develop legislation on non-communicable diseases and submit the same to Parliament for consideration.
3. The Ministry of Health should report to the National Assembly on the implementation of the above recommendations within 90 days from the date of tabling of this report.

1.6 Adoption of the Report

We, Members of the Departmental Committee on Health, have pursuant to Standing Order 199 adopted this Report on the Petition by the Children Sickle Cell Foundation of Kenya on Enactment of Legislation on Prevention, Control and Management of Sickle Cell Anemia and affixed our signatures (Annex 2) to affirm our approval and confirm its accuracy, validity and authenticity on Friday 12th May, 2017.

1.7 Acknowledgement

The Committee is thankful to the Offices of the Speaker and the Clerk of the National Assembly for the logistical and technical support accorded to it during its Sittings. I also wish to express my appreciation to the Honorable Members of the Committee who, with commitment, participated in the activities of the Committee and preparation of this Report.

3.0 SUBMISSIONS AND EVIDENCE

Having received the Petition, the Committee commenced its consideration by inviting the Hon. Issack Mwaura, MP, who presented the petition on behalf of the petitioners; the Children Sickle Cell Foundation of Kenya; the Principal Secretary responsible for Health; and the Children Sickle Cell Foundation of Kenya on diverse dates. Those invited honored the invitations and gave their submissions. During the meetings held, written and oral evidence was adduced as recorded hereunder:-

3.1 MEETING WITH THE HON. ISSACK MWAURA, MP

The Hon. Issack Mwaura, MP appeared before the Committee, accompanied by persons living with sickle cell anaemia, Mr. Mudukiza Joe and Ms. Lea Kilenga on Thursday 16th March, 2017 and informed it that:

1. Persons living with sickle cell anaemia suffer a lot without serious government intervention to alleviate their suffering.
2. The sickle cell anaemia disease is ignored in government health programs.
3. Serious government interventions were required in order to reduce the number of children and adults dying from the disease including those who commit suicide due to suffering occasioned by the disease.
4. Most persons suffering from sickle cell anaemia were from poor backgrounds hence need for proper interventions to socially protect and ensure proper management of the disease.
5. There was an urgent need to create awareness of the disease to ensure people make informed decisions with respect to the disease.
6. There was need for resource allocation to create a program at the Ministry of Health to deal with management of sickle cell anaemia.

3.1.1 Presentation by Mr. Mudukiza Joe

Mr. Mudukiza Joe, a person living with sickle cell anemia, appeared before the Committee and informed it that:

1. He was 22 years old and was living with sickle cell anemia.

2. He discovered his condition when joining form one since it was kept secret from him when growing up.
3. When he joined boarding school in form one, he experienced challenges like inappropriate diet and stigma from teachers and fellow students who never understood his condition.
4. He left school often due to ill health but managed to complete his four year secondary course.
5. Whenever he applies for jobs, he was discriminated against due his condition.
6. He has held jobs as a secondary school teacher but was sacked from employment due to having the sickle cell anemia disease.
7. Sickle cell anemia was difficult and costly to manage in terms drugs purchase.
8. Local hospitals do not have handling mechanisms for people living with sickle cell anemia. Such people are left to queue like normal people which was inhumane.
9. He urged that government considers making the medication required by people living with sickle cell anemia to be free.

3.1.2 Presentation by Ms. Lea Kilenga

Ms. Lea Kilenga, a person living with sickle cell anemia, informed it that:

1. She has three(3) siblings affected by sickle cell anaemia since it is a genetically acquired red blood cell disorder.
2. Sickle cell anaemia was prevalent in young children because most do not live to adulthood.
3. There were no statistics in the country on persons living with sickle cell anaemia.
4. Sickle cell anaemia disease medication was a daily affair hence very expensive to manage for a regular Kenyan.
5. There was misdiagnosis of the sickle cell anaemia disease because it manifests as malaria and the two diseases are prevalent in the same regions.
6. There were no doctors specialized in managing sickle cell anaemia among adults. Only paediatricians manage it among children putting adults with the disease in jeopardy.
7. The insurance industry in Kenya discriminates against persons living with sickle cell anaemia.

8. Sickle cell anaemia creates disability hence need to include those living with the disease in the benefits and exemptions enjoyed by persons living with disability.

3.2 MEETING WITH THE PETITIONERS

Ms. Selina Olwanda, the Chairperson, Children Sickle Cell Anaemia Foundation appeared before the Committee on Tuesday 21st March, 2017 and informed it that:

1. The sickle cell disease is one of the most neglected non- communicable diseases in Kenya. There is very little attention paid to sickle disease and the victims have long been neglected to cater for themselves.
2. There is little or lack of sensitization of Kenyans on sickle cell anemia. Mostly it is only those that are directly affected by the disease or those who are part of the medical community handling the disease who knows about it.
3. There is no National sickle cell Registry. This makes it difficult to determine how many sicklers/victims are in Kenya, how many die annually, hence, there is no tracking of the disease especially in the infants.
4. There is insufficient control and management programmes, the only programmes available have neither the national coverage nor basic facilities to manage the patients. For example, there is only one National sickle cell clinic in the country at Kenyatta National Hospital, hematology section and the clinic is lumped under blood disorders. The clinic also lacks most of the basics for instance it has no sickle cell testing machine (Hb Electrophoresis Machine) and patients who want to test for their genotypes are referred to private labs which are expensive. The clinic also operates as a day care operating 5 days a week and from 8 am to 5pm and some medicine for treating the disease like Hydroxyurea are not available at the clinic.
5. It was 118 years since the sickle cell anemia disease was discovered.
6. The Foundation worked with the following organizations in responding to the sickle cell anemia: Ampath-Eldoret, Oasis Clinics across the country, Strathmore University and Baraka Clinic, Mathare.
7. The Foundation, in conjunction with partners, runs clinics every Tuesday. Patients pay Ksh 300 in those clinics for comprehensive services and the initiative had greatly improved the condition of persons living with sickle cell disease. However, rural areas were still unreached.

8. The Foundation had developed protocols to attend to sickle cell anemia patients at minimal cost.
9. As petitioners they prayed that:
 - a) The government develops a National policy on effective management of Sickle Cell Disease.
 - b) Parliament urges government to prioritize sickle cell disease by integrating sickle cell control programmes in the national programmes for prevention and control of the disease, essential areas of work should cover advocacy, prevention, counseling, early detection and treatment, data collection, surveillance and research, community education and partnerships.
 - c) A multiplicity team involving health and social workers, teachers, parents and concerned non-government organizations should be established to work on the practical aspects of implementation and monitoring of the programme.
 - d) Parliament urges government to develop national standards for universal screening to identify infants with sickle cell disease as well as carriers.
 - e) Parliament urges government to establish programmes for management of sickle cell disease at different levels of the health-care system emphasizing programmes that use simple, affordable technology and are accessible to a large proportion of the community.
 - f) Parliament urges government to foster appropriate partnerships between health professionals, parents, patients, relevant community interest groups and the media. Partnerships will facilitate public education, identification of genetic risks in the community by recording family disease histories, genetic counseling, awareness and active participation and care programmes.
 - g) Parliament urges the government to develop centres for pediatric care, adult care and best practices.
 - h) Parliament urges government to avail funding to advocacy groups that fight so hard to enhance the quality of life of Kenyans suffering with sickle cell disease.
 - i) Parliament urges government to establish Sickle Cell Comprehensive Centre of Kenya for carrying out research, treatment, distribution of medicine required for treatment of sickle cell disease.

- j) Parliament urges government to facilitate passing of an Act that will regulate activities for the prevention, control and management of Sickle cell disease.

3.3 MEETING WITH THE MINISTRY OF HEALTH

Dr. Izaq Odongo, Deputy Director of Medical Services, appeared before the Committee on behalf of the Principal Secretary, Ministry of Health, on Tuesday 21st March, 2017 and informed it that:

1. Sickle cell disease is indeed a fatal inherited blood disorder of utmost public health concern as stated by the petitioner to the Committee;
2. Whilst the petitioner may be rightfully entitled to feel that Sickle cell disease has been neglected owing to little apparent attention to this condition compared to the other Non Communicable Disease (NCDs), it is now a key priority to the Ministry considering the huge burden they cause owing to their chronic nature and their impact on the economy at large;
3. Sickle cell disease is a priority NCD of public health importance just like the other NCDs as per the Brazzaville declaration that recognized hemoglobinopathies such as Sickle Cell Disease as priority NCDs for the African region. In line with this, the National Strategy for prevention and Control of NCDs 2015-2020 includes sickle cell in its scope;
4. The Ministry of Health has been working on sickle cell management guidelines that will guide the prevention, control and management of sickle cell disease by health care workers and the community and there exists currently a draft guideline which is on the final phase of completion;
5. In order to raise the profile of the disease, the Ministry began commemorating World Sickle cell day (June 19th) to raise awareness among the public on prevention and treatment;
6. MOH has been involved in sensitization of sickle cell disease through strategic partnerships with patient groups, media, academia, county governments and other non-governmental organizations such as MSF and Red Cross, who have running projects on the same;

7. In addition to the sickle cell clinic at Kenyatta National Hospital, other clinics have been designated such as the Moi Teaching and Referral Hospital and other clinics run by Ampath program in Homabay County. Capacity building for health care workers in other regions with high burden of Sickle cell diseases like Kilifi, Taita Taveta, Kisumu and Siaya has been continuously revamped to accurately diagnose and manage patients living with sickle cell;
8. There is a draft tool to establish a registry that had been developed and will be rolled out in all the 17 affected counties for implementation in future; and
9. Currently the drug hydroxyurea is listed in the KEMSA essential drug list. Other drugs that are used in management of sickle cell especially in pain management are also available in the essential drug list.
10. On the petitioner's prayers, he stated that:

- a) **Development of a national policy for effective management of sickle cell anaemia, including integrating sickle cell control programmes in the national programmes for prevention and control of the disease, early detection and treatment of the disease, community sensitization, data collection, surveillance and research on the disease;**

Sickle cell diseases (SCD) prevention and control has already been integrated into the Kenya Health Policy under the group NCDs hence it is not suitable to develop a standalone Sickle Cell Diseases policy. Strategic objective two of this policy deals with halting and reversing the trend of NCDs which includes SCD. Further, the Ministry has developed a National Strategy for prevention and control of NCDs which outlines priority activities for the period 2015-2020 which also includes SCD. Primary health care level prevention and management has been taken care of by development of a community health training manual for community health volunteers on NCDs which also include SCD. The NCD strategy has prioritized health system strengthening, advocacy, research and surveillance, partnership and advocacy for SCD.

- b) **Making any other order or direction that it deems fit in the circumstances of the petition**

He stated that that legislating on individual disease was not attainable and also costly to the government.

4.0 COMMITTEE OBSERVATIONS

The Committee made the following observations from evidence adduced in the meetings held, that:-

1. Management of the sickle cell anaemia disease is costly hence need for urgent interventions by the Ministry of Health to help persons living with the disease considering that most of them originate from poor backgrounds.
2. The sickle cell anaemia disease requires more of policy intervention to prioritize it in the Ministry of Health programs instead of a legislative response. The Ministry therefore needs to take the lead in policy matters relating to the disease and cascade the same to the counties. Policy with respect to the sickle cell anaemia disease has to address screening, and availability of life saving medication.
3. There was need for an urgent national survey to establish the disease burden in respect of sickle cell anaemia. Such a survey shall then inform the policy to be developed by the Ministry of Health.
4. The Ministry of Health ought to develop legislation on non-communicable diseases and submit the same to Parliament for consideration.
5. The emphasis in responding to sickle cell anaemia has to be prevention, thereby ensuring people make informed choices at the point of considering marriage and screening at birth to establish categories and carriers. This shall ensure earlier interventions.
6. There was a Technical Working Group established on 16th March, 2017 under the Health Ministry to come up with draft guidelines on management of non-communicable diseases, including sickle cell anaemia. The group comprised representatives from the University of Nairobi, Moi Teaching and Referral Hospital, and the Kenyatta National Hospital. However, the Ministry of Health had taken too long to craft interventions with respect to sickle cell anaemia.
7. There was need for the Ministry of Health to have a budget line dedicated to management of sickle cell anaemia in the country.

8. The Ministry of Health lacked data on the sickle cell anaemia disease in the country since the last research done on the disease was in the year 1990.
9. Referral centres meant to deal with sickle cell anaemia are not located in the areas most affected by sickle cell anaemia.

5.0 COMMITTEE RECOMMENDATIONS

In response to the prayers by the petitioner, the Committee recommends that:-

1. On Prayer 1 that a national policy be developed for effective management of sickle cell anaemia, including integrating sickle cell control programs in the national programs for prevention and control of the disease, early detection and treatment of the disease, community sensitization, data collection, surveillance and research on the disease:

The Ministry of Health should:

- i) Urgently conduct a national survey to establish the sickle cell anaemia disease burden in the country. Such a survey shall then inform programmatic interventions with respect to Sickle Cell Disease.
 - ii) Take concrete steps, in collaboration with counties, to ensure implementation of the Kenya Health Policy with respect to the Sickle Cell Disease. Specific interventions with respect to Sickle Cell Disease have to address informed premarital decision making, early screening, and availability of life saving medication.
 - iii) Develop a well-funded national program to respond to the challenges of people living with sickle cell anaemia.
 - iv) In collaboration with relevant stakeholders conduct local research and community sensitizations on the sickle cell disease with a focus on areas where the disease is most prevalent in the country.
2. On prayer 2 that the Committee makes any other order or direction that it deems fit in the circumstances of the petition:

The Ministry of Health should:

MINUTES OF THE 28TH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD ON FRIDAY 12TH MAY, 2017 AT THE SHIMBA CONFERENCE ROOM, PRIDE INN RESORT AND CONVENTION CENTRE, MOMBASA AT 9.30AM.

PRESENT

1. The Hon. Mwinga Gunga, M.P. - Chairing
2. The Hon. Dr. Robert Pukose, M.P. (Vice-Chairperson)
3. The Hon. Dr. James Murgor, M.P.
4. The Hon. Raphael Milkau Otaalo, M.P.
5. The Hon. Zipporah Jesang, M.P
6. The Hon. Robert Mbui, M.P.
7. The Hon. Alfred Agoi, M.P.
8. The Hon. Kamande Mwangi, M.P.
9. The Hon. Dr. Stephen Wachira, M.P.
10. The Hon. Dr. Susan Musyoka, M.P.
11. The Hon. Paul Koinange, M.P.
12. The Hon. David Karithi, M.P.
13. The Hon. Dr. James Nyikal, M.P.
14. The Hon. Jared Opiyo, M.P.
15. The Hon. John Nyaga Muchiri, M.P.
16. The Hon. Fred Outa, M.P.

ABSENT WITH APOLOGY

1. The Hon. Dr. Racheal Nyamai, M.P. (Chairperson)
2. The Hon. Dr. Eseli Simiyu, CBS, M.P.
3. The Hon. Stephen M. Mule, M.P
4. The Hon. Dr. Dahir D. Mohamed, M.P.
5. The Hon. Leonard Sang, M.P.
6. The Hon. Michael Onyura, M.P.
7. The Hon. Dr. James O. Gesami, M.P.
8. The Hon. Dr. Naomi Shaban, M.P.
9. The Hon. Dr. Enoch Kibunguchy, M.P.
10. The Hon. Hassan Aden Osman, M.P.
11. The Hon. James Gakuya, M.P.
12. The Hon. Dr. Patrick Musimba, M.P.
13. The Hon. Alfred Sambu, M.P.

NATIONAL ASSEMBLY SECRETARIAT

1. Ms. Esther Nginyo - Third Clerk Assistant.
2. Mr. Dennis Mogare - Third Clerk Assistant.
3. Ms. Ruth Mwhaki - Third Clerk Assistant.



THE NATIONAL ASSEMBLY

ELEVENTH PARLIAMENT
(FOURTH SESSION)

PUBLIC PETITION

BY CHILDREN SICKLE CELL FOUNDATION OF KENYA ON
ENACTMENT OF A LEGISLATION ON PREVENTION, CONTROL
AND MANAGEMENT OF SICKLE CELL ANAEMIA IN KENYA

I, THE UNDERSIGNED on behalf of persons living with sickle cell anaemia,

DRAW the attention of the House to the following: -

- i. THAT, sickle cell anaemia is fatal condition that claims lives of infants below the age of five years, yet most neglected non-communicable disease in Kenya;
- ii. THAT, the government has given little attention to prevention, control and management of sickle cell anaemia;
- iii. THAT, there is minimal sensitization about the disease as opposed to comparable diseases like cancer, diabetes and HIV/AIDS that claim nearly similar number of lives as sickle cell anaemia does;
- iv. THAT, there is no national registry or tracking system in place for this condition, to determine the annual infants deaths caused by the condition or the number of people living with the condition;
- v. THAT, there is insufficient control and management programmes, with only one ill-equipped national sickle cell clinic domiciled at the Kenyatta National Hospital, forcing patients to seek treatment in private clinics that charge exorbitant fees;
- vi. THAT, the government has not provided an elaborate plan for provision and supply of affordable medicines for the management of sickle cell anaemia;
- vii. THAT, efforts to address and resolve the matter have been futile;
- viii. THAT, the issues in respect of which this Petition is made are not pending before any court of law, tribunal, constitutional or legal body.

PUBLIC PETITION

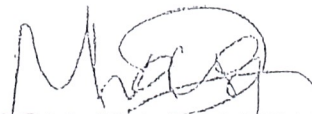
BY CHILDREN SICKLE CELL FOUNDATION, KENYA ON
ENACTMENT OF A LEGISLATION ON PREVENTION, CONTROL
AND MANAGEMENT OF SICKLE CELL ANAEMIA IN KENYA

THEREFORE your humble petitioners pray that the National Assembly, through the Departmental Committee on Health:

- (i) Develops a national policy for effective management of sickle cell anaemia including integrating sickle cell control programmes in the national programmes for prevention and control of the disease, early detection and treatment of the disease, community sensitization, data collection, surveillance and research on the disease; and
- (ii) makes any other order or direction that it deems fit in the circumstances of the Petition.

And your humble Petitioners will ever pray.

PRESENTED BY:



HON. ISAAC MWAURA, MP
NOMINATED MEMBER

DATE: 25/10/16

REPUBLIC OF KENYA

Approved by
SNA
17/8/16



THE NATIONAL ASSEMBLY

ELEVENTH PARLIAMENT – FOURTH SESSION

PUBLIC PETITION

REGARDING DETENTION OF THE BODY OF BERRETTA RERI
BY THE MANAGEMENT OF NAIROBI WOMEN'S HOSPITAL

I, THE UNDERSIGNED, on behalf of the grandmother and concerned friends of the late Berretta Reri, an orphan girl;

DRAW the attention of the House to the following:-

1. **THAT**, Berretta Reri, aged seventeen (17) years, was orphaned at the age of seven (7) years in 2005, leaving her to be raised by her grandmother, Carren Achieng, who is a poor dress maker in Ongata Rongai, Kajiado County;
2. **THAT**, in early 2015, the late Beretta, then a student at Mbagathi View Academy Secondary School, developed some complications in her feet after being bitten by unknown insect while on a school trip, and that in October 2015, her condition deteriorated, requiring hospitalization at Nairobi Womens' Hospital – Rongai Branch;
3. **THAT**, in November 2015, the management of Beretta's school allegedly opened an M-Pesa paybill account No. 220685 under the name Beretta Walk Initiative to mobilize funds to clear her existing bill of Kshs. 717,929. The proceeds from the opened paybill account was never was never paid to the hospital;
4. **THAT**, the school internally conducted fundraising from students which allegedly raised about Ksh. 60,000, but the proceeds were never paid to the hospital
5. **THAT**, towards the end of January 2016, Beretta developed kidney failure and the hospital arranged to transfer her to Kenyatta National Hospital for continuous, cheaper treatment; however, without seeking the consent of her grandmother, the late Berretta was instead taken to the Adams Arcade Branch of Nairobi Women's Hospital, where she passed away on 9th February 2016;

PUBLIC PETITION

**REGARDING DETENTION OF THE BODY OF BERRETTA RELI,
BY THE MANAGEMENT OF NAIROBI WOMEN'S HOSPITAL**

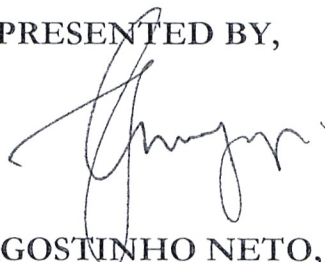
6. **THAT**, the deceased's body still lies at the hospital's mortuary due to an outstanding bill and mortuary fees totaling Ksh. 2,582,082.82, and still counting, which Beretta's grandmother is unable to raise, out of which the hospital has indicated it will only waive Kshs. 500,000.00;
7. **THAT**, efforts to have the late Berretta's body released by the hospital for interment by the grandmother, and area leaders have not yielded fruit;

THEREFORE your humble petitioners pray that the National Assembly, through the Departmental Committee on Health:-

1. Investigates the circumstances under which the management of the Nairobi Women's Hospital transferred the deceased to its Adam's Arcade branch instead of Kenyatta National Hospital, a cheaper public facility without the grandmother's knowledge or approval;
2. Intervenes through the Ministry of Health to ensure that the Hospital's management unconditionally releases the body of the late Berretta Reli to the grandmother for interment, and waives the outstanding hospital bills;
3. Investigates the alleged failure by the administration of Mbagathi View Academy secondary school to pay about Ksh. 60,000.00 that was allegedly collected from the students and via the M-Pesa paybill account towards mitigating the deceased's hospital bills and recommends punishment to those found culpable of misappropriating the said contributions; and
4. Makes any other order and/or direction that it deems fit in the circumstances of the plight of the deceased child's grandmother.

And your **PETITIONERS** will ever pray.

PRESENTED BY,



**HON. AGOSTINHO NETO, M.P.
MEMBER FOR NDHIWA CONSTITUENCY**

DATE: 16/08/2016

Approved
BN
SUA
23/6/16

REPUBLIC OF KENYA

ANNEX 3.



THE NATIONAL ASSEMBLY

ELEVENTH PARLIAMENT

(FOURTH SESSION)

PUBLIC PETITION

**BY THE KENYA STUDENT NURSES CHAPTER OF THE NATIONAL
NURSES ASSOCIATION OF KENYA REGARDING DIRECT EMPLOYMENT
OF GRADUATE NURSES BY THE PUBLIC SERVICE COMMISSION**

I, the **UNDERSIGNED**, on behalf of the Kenya Student Nurses Chapter of the National Nurses Association of Kenya,

DRAW the attention of the House on the following: -

- i) **THAT**, since 2009, there has been no guaranteed employment for graduate nurses in Kenya;
- ii) **THAT**, full implementation of the Scheme of Service for Nursing Personnel has not been achieved despite its approval by the Public Service Commission in May 2014;
- iii) **THAT**, there is pressing need to deploy graduate nurses in the specialized care areas recently introduced in every county hospital/health facilities such as renal, Intensive Care Unit and neonatal unit owing to their good background in biomedical sciences;
- iv) **THAT**, there is also need to deploy graduate nurses to the understaffed Kenya Medical Training College as the Bachelor of Science curriculum adequately enables them to serve at this capacity;
- v) **THAT**, efforts to resolve this matter with the current employers and the Ministry of Health have been futile; and nothing substantial so far has been yielded; and
- vi) **THAT**, the matter presented in this petition is not pending before any tribunal or court of law;

PUBLIC PETITION

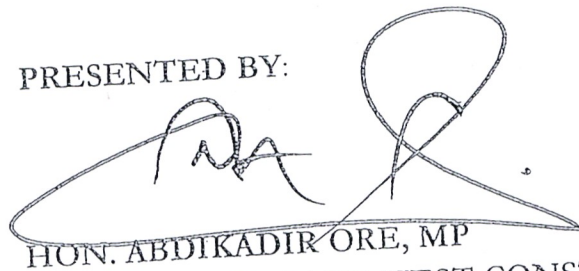
BY THE KENYA STUDENT NURSES CHAPTER OF THE NATIONAL
NURSES ASSOCIATION OF KENYA REGARDING DIRECT EMPLOYMENT
OF GRADUATE NURSES BY THE PUBLIC SERVICE COMMISSION

THEREFORE your humble Petitioners pray that the National Assembly, through the Departmental Committee on Health: -

- i. Recommends fair distribution of available current and future vacant recruitment positions of nursing personnel to reflect all cadres;
- ii. Recommend that the Ministry of Health implements the Scheme of Service for Nursing Personnel approved in May 2014; and
- iii. Makes any other order or direction that it deems fit in the circumstances of the case.

And your PETITIONERS will ever pray.

PRESENTED BY:



HON. ABDIKADIR ORE, MP
MEMBER FOR WAJIR WEST CONSTITUENCY

DATE.....14/6/0/6.....