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NATIONAL ASSEMBLY

THIRTEENTH PARLIAMENT – THIRD SESSION – 2024

DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON:

CONSIDERATION OF THE COMMUNITY HEALTH WORKERS BILL, 2022
(NATIONAL ASSEMBLY BILL NO. 53 OF 2022)

 THE NATIONAL ASSEMBLY PAPERS LAID	
DATE: 09 APR 2024	DAY: TUE
TABLED BY:	Hon. (Dr.) Robert Pukore, MP Chairperson, D.C on Health
CLERK-AT THE TABLE:	Anne Shibuko

CLERK'S CHAMBERS
DIRECTORATE OF COMMITTEE SERVICES
PARLIAMENT BUILDINGS
NAIROBI

MARCH, 2024

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LIST OF ABBREVIATIONS AND ACRONYMS

ACHVO-K	- Advocates for Community Health Volunteers of Kenya
AKMLSO	- Association of Kenya Medical Laboratory Scientific Officers
APHRC	- African Population Health Research Center
AWSRC	-The University of Nairobi, African Women Studies Research Centre
CHESOA	- The Community Health Services and Development Officers Association
CHV	- Community Health Volunteers
CHP	- Community Health Promoters
CHW	- Community Health Workers
COG	- Council of Governors
CWR	- County Women Representative
EAC	- East Africa Community
HQ	- Head Quarter
KANU	- Kenya African National Union
KLRC	- Kenya Law Reform Commission
KMTC	- Kenya Medical Training College
LSK	- The Law Society of Kenya
MOH	- Ministry of Health
MP	- Member of Parliament
NGO	- Non- Governmental Organization
NNAK	- National Nurses Association of Kenya
ODM	- Orange Democratic Movement
OAG and DOJ	- Office of the Attorney General and Department of Justice
PhD	- Doctor of philosophy
PHOTC	- Public Health Officers and Technicians Council
SOCHE	- Society of Community Health Caregivers
UDA	- United Democratic Alliance

CHAIRPERSON'S FOREWORD

This report contains proceedings of the Departmental Committee on Health on its consideration of the Community Health Workers Bill, 2022 (National Assembly Bill No. 53 of 2022) by Hon. Martin Peters Owino, MP which was published on 26th October 2022. The Bill was read the First Time in the House on Wednesday, 14th June, 2023 and thereafter committed to the Departmental Committee on Health for consideration and reporting to the House pursuant to the provisions of Standing Order 127.

The principal objective of the Bill is to provide a framework for the regulation of community health workers. The First Schedule of the Health Act, Cap. 241 recognizes community health services at level 1 managed by community health extension workers, most of the community health workers are volunteers who are sometimes paid allowances. The proposed legal framework will therefore redress this as their recognition and regulation will allow them to be entrenched in the government just like other professionals.

Following the placement of an advertisement in the print media on Thursday, 22nd June, 2023 seeking public and stakeholder views on the Bill pursuant to Article 118(1) (b) of the Constitution and Standing Order 127(3), the Committee received submissions from fourteen (14) stakeholders including; The Ministry of Health (MOH) State Department for Medical Services, the Council of Governors (COG), the National Nurses Association of Kenya (NNAK), the Public Health Officers and Technicians Council (PHOTC), the Association of Kenya Medical Laboratory Scientific Officers (AKMLSO), the Advocates for Community Health Volunteers of Kenya (ACHVO-K) vide memorandum dated 4th July 2023, the Society of Community Health Caregivers (SOCHE) and Ms. Gloria Chepngeno Langat (PhD), a Research Scientist based at the Africa Population and Health Research Center (APHRC), the Office of the Attorney General and Department of Justice (OAG and DOJ), the Kenya Law Reform Commission (KLRC), the Law Society of Kenya (LSK), the University of Nairobi, African Women Studies Research Centre (AWSRC), the Community Health Services and Development Officers Association (CHESOA) and the Coalition of Community Health Partners vide a joint memorandum submitted by AMREF Health Africa, Lwala Community Alliance, Living Goods, Financing Alliance for Health and LVCT Health

The Committee also engaged various stakeholders including the Office of the Attorney-General and the Ministry of Health to make submissions on the Bill. The meeting was held on Tuesday, 18th July, 2023 at the 2nd Floor Boardroom, Continental House, Parliament Buildings.

The Committee is grateful 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. The Committee further wishes to thank all stakeholders who submitted their memoranda on the Bill. Finally, I wish to express my appreciation to the Honourable Members of the Committee and the Committee Secretariat who made useful contributions towards the consideration of the Bill and production of this report.

On behalf of the Departmental Committee on Health and pursuant to the provisions of Standing Order 199 (6), it is my pleasant privilege and honour to present to this House the Report of the Committee on its consideration of the Community Health Workers Bill, 2022, National Assembly Bill No. 53 of 2022.

It is my pleasure to report that the Committee has considered the Community Health Workers Bill, 2022, National Assembly Bill No. 53 of 2022 and has the honour to report back to the National Assembly with the recommendation that the Bill be **approved with amendments as reported by the Committee.**

HON. (DR.) ROBERT PUKOSE, CBS, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

CHAPTER ONE

1.0 PREFACE

1.1 ESTABLISHMENT AND MANDATE OF THE COMMITTEE

1. The Departmental Committee on Health is established pursuant to the provisions of Standing Order 216 of the National Assembly Standing Orders and in line with Article 124 of the Constitution which provides for the establishment of the Committees by Parliament. The mandate and functions of the Committee include:
 - a) *To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned ministries and departments;*
 - b) *To study the programme and policy objectives of ministries and departments and the effectiveness of the implementation;*
 - ba) *on a quarterly basis, monitor and report on the implementation of the national budget in respect of its mandate;*
 - c) ***To study and review all legislation referred to it;***
 - d) *To study, assess and analyse the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives;*
 - e) *To 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;*
 - f) *Vet and report on all appointments where the constitution or any other law requires the national Assembly to approve, except those understanding Order 204 (Committee on appointments);*
 - g) *To examine treaties, agreements and conventions;*
 - h) *To make reports and recommendations to the House as often as possible, including recommendation of proposed legislation;*
 - i) *To consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and*
 - j) *To examine any questions raised by Members on a matter within its mandate.*
2. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider matters related to health, medical care and health insurance including universal health coverage.
3. In executing its mandate, the Committee oversees the Ministry of Health with its two State Departments namely the State Department for Medical Services and the State Department for Public Health and Professional Standards.

1.2 COMMITTEE MEMBERSHIP

2. The Departmental Committee on Health was constituted by the House on 27th October 2022 and comprises of the following Members:

Chairperson

Hon. (Dr.) Robert Pukose, MP
Endebes Constituency

UDA Party

Vice-Chairperson

Hon. Ntwiga, Patrick Munene MP
Chuka/Igambang'ombe Constituency

UDA Party

Hon. Owino Martin Peters, MP
Ndhiwa Constituency

ODM Party

Hon. Muge Cynthia Jepkosgei, MP
Nandi (CWR)

UDA Party

Hon. Wanyonyi Martin Pepela, MP
Webuye East Constituency

Ford Kenya Party

Hon. Kipngok Reuben Kiborek , MP
Mogotio Constituency

UDA Party

Hon. (Dr.) Nyikal James Wambura, MP
Seme Constituency

ODM Party

Hon. Kibagendi Antoney, MP
Kitutu Chache South Constituency

ODM Party

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency
KANU

Hon. Maingi Mary, MP
Mwea Constituency

UDA Party

Hon. Mathenge Duncan Maina, MP
Nyeri Town Constituency

UDA Party

Hon. Lenguris Pauline, MP
Samburu (CWR)

UDA Party

Hon. Oron Joshua Odongo, MP
Kisumu Central Constituency

ODM Party

Hon. (Prof.) Jaldesa GuyoWaqo, MP
Moyale Constituency

UPIA Party

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency

ODM Party

1.3 COMMITTEE SECRETARIAT

5. The Committee is supported by the following secretariat:

Mr. Hassan Abdullahi Arale
Clerk Assistant I/Head of Secretariat

Ms. Gladys Jepkoech Kiprotich
Clerk Assistant III

Ms. Marlene Ayiro
Principal Legal Counsel II

Ms. Faith Chepkemoi
Legal Counsel II

Ms. Rahab Chepkilim
Audio Recording Officer II

Mr. Hiram Kimuhu
Fiscal Analyst III

Angela Cheror
Public Communication Officer III

Mr. Hillary Mageka
Media Relations Officer

Ms. Abigael Muinde
Research Officer III

Ms. Sheila Chebotibin
Senior Serjeant-At-Arms

Mr. Eric Lungai
Hansard Officer III

CHAPTER TWO

2.0 COMMUNITY HEALTH WORKERS BILL, 2022 (NATIONAL ASSEMBLY BILL NO. 53 OF 2022)

6. The Community Health Workers Bill, 2022, National Assembly Bill No. 53 of 2022 (hereinafter referred to as “the Bill”) seeks to provide a framework for the regulation of community health workers. Community health workers are important as they are the health personnel who deal directly with the community as they are familiar with the homesteads in their areas of residence as well as the language of the people. Community health workers will assist in preventive care as, through going door to door, they will know the people in need of various health care services.
7. Despite the fact that the First Schedule of the Health Act, Cap. 241 recognizes community health services at level 1 managed by community health extension workers, most of the community health workers are volunteers who are sometimes paid allowances. The proposed legal framework will therefore redress this as their recognition and regulation will allow them to be entrenched in the government just like other professionals.
8. The Bill contains seven parts (7).
9. **PART I (Clause 1-2)** of the Bill contains the preliminary provisions on the short title and interpretation. Clause 2 defines a “community health worker” to mean a person who—
 - (a) resides in a particular community health unit;
 - (b) is selected by the members of that community health unit;
 - (c) undergoes a prescribed course of training in a training institution, is a holder of a certificate issued by that institution and is registered under the Act; and
 - (d) after the prescribed training, continues to reside in that community health unit while offering services to that community health unit.

A community health unit on the other hand is defined to mean “a health service delivery structure within a defined geographical area covering a population of approximately five thousand people”.

10. **PART II (Clause 3-16)** of the Bill establishes the Community Health Workers Council with its headquarters in Nairobi. The Part also provides for the Council’s:
 - (a) composition and qualifications for appointment as a Council member—the Board shall comprise of nine (9) members including the Director General of Health, the Head of Primary Health care in the Ministry of Health, the Director of Education, a person from an non-governmental Organization (NGO) in the health sector nominated by the NGO Coordination Board, a registered community health nurse nominated by the Nursing Council of Kenya, a lecturer in community health from the community health department nominated by the Kenya Medical Training College (KMTTC), two community health workers nominated by the Council of Governors (COG) and the Cabinet secretary for the Ministry of Health (MOH) and a Registrar.

- (b) functions (clause 5)-the main function of the Council is the regulation of community health workers through setting of qualifications and professional standards and providing advice to the Cabinet Secretary and county governments on community health matters.
- (c) powers (clause 9).

11. **PART III (Clause 17-25)** of the Bill provides for the registration and training of community health workers.

The Bill provides for the:

- (a) appointment of a Registrar by the Council on such terms and conditions of employment as the Council may determine, the qualifications for appointment as Registrar and the functions of the Registrar; and
- (b) establishment and management of a register of community health workers and the procedure for the registration of community health workers.

12. **PART IV (Clause 26-28)** of the Bill establishes the Community Health Workers Disciplinary Committee to handle disciplinary matters involving community health workers. The Committee comprises of a chairperson, a representative of the Cabinet Secretary, an advocate of ten years' experience and two community health workers nominated by the Public Service Commission and Council of Governor (COG). The Registrar shall be the Secretary of this Committee.

13. **PART V (Clause 29-33)** of the Bill provides for financial provisions. It sets out the sources of funds of the Council, the preparation of annual estimates, preparation of annual reports, accounts and audit. The sources of funding of the Council includes appropriations by the National Assembly, monies accruing in the course of the performance of its functions, gifts, grants or donations given to the Council among others.

14. **PART VI (Clause 34)** of the Bill provides for delegated legislation. The Council may make Regulations under the proposed law on various matters including fees payable and prescribed forms under the Act, attendance of witnesses and production of documents to the Council and standards among others.

15. **PART VII (Clause 35)** of the Bill provides for transitional provisions. Twelve (12) months after the enactment of the Bill, all persons performing the functions of a community health worker and who have not undertaken the prescribed courses, shall undertake the prescribed courses.

16. **First Schedule**-contains provisions on the conduct of business and affairs of the Board in terms of meetings, quorum, voting, minutes and disclosure of interest among others.

17. **Second Schedule**-sets out the prescribed courses for community health workers namely Certificates in Community Health, Psychology, Counselling, Social Work, Community HIV Counselling and Testing, Immunization, Community Development, Health Education or its equivalent from a recognized institution.

CHAPTER THREE

3.0 CONSIDERATION OF THE BILL BY THE COMMITTEE

3.1 LEGAL PROVISION ON PUBLIC PARTICIPATION

18. Article 118 (1) (b) of the Constitution of Kenya provides as follows—

“Parliament shall facilitate public participation and involvement in the legislative and other business of Parliament and its Committees.”

19. Standing Order 127(3) provides that—

“The Departmental Committee to which a Bill is committed shall facilitate public participation on the Bill through an appropriate mechanism, including—

- (a) inviting submission of memoranda;*
- (b) holding public hearings;*
- (c) consulting relevant stakeholders in a sector; and*
- (d) consulting experts on technical subjects.*

20. Standing Order 127(3A) further provides that—

“The Departmental Committee shall take into account the views and recommendations of the public under paragraph (3) in its report to the House.”

3.2 PUBLIC PARTICIPATION IN THE REVIEW OF THE BILL

21. The Community Health Workers Bill, 2022 sponsored by Hon. Martin Peters Owino, a member of the Health Committee was published on 26th October 2022. Pursuant to Standing Order 127(1), the Bill was referred to the Departmental Committee on Health having been read the First Time in the House on 14th June 2023.

22. Pursuant to the aforementioned provisions of the Constitution and Standing Orders on public participation, the Committee, through local daily newspapers (Nation and Standard) of Thursday, 22nd June 2023, published an advertisement inviting the public to submit memoranda on the Bill.

23. The Committee also sought comments on the Bill from relevant stakeholders namely the Ministry of Health, the Office of the Attorney General and the Kenya Law Reform Commission vide letter dated 11th July 2023.

24. Further, vide a letter dated 11th July 2023 the Committee invited various stakeholders including the Office of the Attorney-General and the Ministry of Health to make submissions on the Bill. The meeting was held on Tuesday, 18th July, 2023 at the 2nd Floor Boardroom, Continental House, Parliament Buildings.

3.2.1 SUBMISSIONS ON THE BILL

25. The Committee received submissions through oral presentations and written memoranda from the following institutions:

1. The Ministry of Health (MOH) State Department for Medical Services vide letter dated 31st July 2023;
2. The Council of Governors (COG) vide letter dated 17th February 2023;
3. The National Nurses Association of Kenya (NNAK) vide letter dated 4th July 2023;
4. The Public Health Officers and Technicians Council (PHOTC) vide letter dated 4th July 2023;
5. The Association of Kenya Medical Laboratory Scientific Officers (AKMLSO) vide letter dated 4th July 2023;
6. The Advocates for Community Health Volunteers of Kenya (ACHVO-K) vide memorandum dated 4th July 2023;
7. The Society of Community Health Caregivers (SOCHE) vide memorandum received on 3rd July 2023; and
8. Ms. Gloria Chepngeno Langat (PhD), a Research Scientist based at the Africa Population and Health Research Center (APHRC) vide letter received on 5th July 2023;
9. The Office of the Attorney General and Department of Justice (OAG and DOJ) vide memorandum dated 17th July 2023;
10. The Kenya Law Reform Commission (KLRC);
11. The Law Society of Kenya (LSK)
12. The University of Nairobi, African Women Studies Research Centre (AWSRC) vide memorandum dated 5th July 2023;
13. The Community Health Services and Development Officers Association (CHESOA) vide memorandum dated 5th July 2023; and
14. The Coalition of Community Health Partners vide a joint memorandum submitted by AMREF Health Africa, Lwala Community Alliance, Living Goods, Financing Alliance for Health and LVCT Health

26. The **Ministry of Health (MOH) State Department for Medical Services** submitted as follows:

- a) Regarding the definition of community health workers, in clause 2, MOH noted that CHWs are members of the community where they work. They should be answerable to and be selected by the communities. The Ministry indicated that CHWs are known by different names worldwide. In Kenya, they are known as CHPs and that the umbrella term CHW embraces a variety of community health aides selected, trained and working in the communities from which they come from.

The committee noted the proposal and adopted the term “Community Health Promoters”

Justification: In line with the Primary Health Care Act, No. 13 of 2023.

- b) CHWs should be supported by the health system but not be a part of its organization. Their training should be shorter than that of professional workers.

The committee adopted the term “Community Health Promoters”

Justification: In line with the Primary Health Care Act, No. 13 of 2023.

- c) The Council defined in clause 2 is ill placed to advise the Cabinet Secretary on matters of community health. Delivery of community health is the responsibility of counties. The Ministry indicated that it is better for the Cabinet Secretary to receive advice from the technical department in charge of Community Health Services at the Ministry.

The committee rejected the proposal.

Justification: The Bill proposes that the Council will regulate both the profession and the practice of community health promoters.

- d) The Ministry indicated in Part II that the functions of CHWs are clearly outlined in the Kenya Community Health Policy and the issues raised in the Bill can be addressed through schemes of service/ career progression framework and other subsidiary regulations and do not require an Act of Parliament.

The committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters.

- e) The Ministry in clause 5, submitted that the Council is ill placed to advise the Cabinet Secretary on matters of community health as proposed. It indicated that the delivery of community health is the responsibility of counties and that the technical department in charge of Community Health Services at the Ministry is best placed to advise the Cabinet Secretary.

The committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. The Council further amended to provide for representation of the county governments through the addition of a

Chief Officers of Health who shall be nominated by the Council of Governors to represent the interest of counties.

- f) The Ministry submitted that clause 29 on funds of the Council will be costly for CHPs who are only paid a stipend as they will be required to pay an annual fee and additional exchequer financing is required to legislate workers who do not require this law.

The committee noted the proposal and submitted that the Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Fees for services rendered and monies from the exchequer are necessary to ensure that the effectiveness of the Council.

- g) The Ministry submitted that in Part IV of the Bill there is no need to establish a disciplinary committee as CHPs are supervised by healthcare providers who are regulated under the Health Act, Cap. 241. CHWs/ CHPs are not a formal cadre as they are selected by the community and work on the basis of volunteerism for the good of their community (*ubuntu*).

The Committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Community health promoters are an important part of the health personnel who deal directly with the communities.

- h) The Ministry stated that in Part vii the courses prescribed are already regulated and that the courses alluded to in the Second Schedule are already regulated by other bodies such as the Public Health Officers Council, the Nursing Council among others

The Committee noted the proposal and indicated that the prescribed courses in the Second Schedule are necessary for purposes of uniformity in the quality of care provided by community health promoters.

- i) The MOH further indicated that it does not support the Bill and recommended its withdrawal. The Bill impedes the implementation of community health services as it focuses on establishing a Council for a few professionals in community health and yet the field of community health involves a variety of players from lay health workers, diverse health professionals and multi-sectoral actors. Establishing the Council will further be costly for CHPs as they will have to contribute annual subscriptions for renewal of licenses even though they are not formal employees and are paid a stipend and not a salary.

The Committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters.

27. The Council of Governors (COG) submitted as follows:

- a) That clause 2 the Bill to clearly delineate and define the category of Community Health Workers that it refers to. The current definition of “community health workers” causes confusion as there are several categories of workers namely community health promoters/volunteers (who are not recognized), community health assistants (who are recognized but unregulated and are trained in community health for two years at KMTC and supervise community health promoters) and community health extension workers (who are recognized and regulated by various regulators, undertake four months training in community health and supervise community health volunteers).The COG indicated that recognition of community health promoters/volunteers will bring about industrial expectations.

The committee adopted the proposal.

- b) That there is no need to establish the Community Health Workers Council as community health workers can be regulated without creation of new institutions. Cadre-based regulators should be discouraged as it leads to fragmentation and disharmony in the health sector. It indicated that there are several other unregulated cadres in health and enactment of the Bill will lead to the undesirable cadre-based regulation. The Bill is also burdensome to Kenyans as the regulations proposed in the Bill will be financed using public money.

The committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Community health promoters are an important part of the health personnel who deal directly with the communities)

- c) The Council of Governors (COG) proposed that the entire part III be deleted and the Ministry of Health to provide a framework for regulation of CHWs as envisaged under the Health Act, Cap. 241 which will discourage cadre-based registration and regulation

The committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters.

- d) The COG recommended that the Bill be withdrawn as it will create more confusion, fragmentation and disharmony in the health sector. The MOH to provide a framework for a unified health system and coordinate the inter-relationship between the national and county government health systems as envisioned under the Health Act, Cap. 241 so as to prevent cadre-based regulators

The Committee noted the proposal and indicated that the Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Community health promoters are an important part of the health personnel who deal directly with the communities.

- e) The COG further proposed that the Council will result in double registration and regulation of community health extension workers who already identify with specific regulators. There are other players in the community health space such as public health technicians, pharmaceutical technologists, nurses, laboratory workers and public health technicians who all work in the community.

The Committee noted the proposal and indicated that the Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Community health promoters are an important part of the health personnel who deal directly with the communities)

28. The National Nurses Association of Kenya (NNAK) submitted as follows:

- a) The National Nurses Association of Kenya proposed the deletion of part I and indicated that the CEC is a political position that may lead to hiring of cheap labour at the expense of professionals.

The committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters)

- b) The Association proposed the deletion of the entire Part II and indicated that; -
- i. There is no need for a statute as the issues in the Bill can be addressed through schemes of service and other subsidiary legislation.
 - ii. There is no need for a CHWs Council. The Senate Bill provides that the County Health Committee shall regulate CHWs.
 - iii. The establishment of the Council causes an unnecessary burden in relation to human resource and duplication of roles.
 - iv. The Community Health Unit should be linked to a healthcare facility or public health officer.

The Committee rejected the proposal on deletion of the entire Part II.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Community health promoters are an important part of the health personnel who deal directly with the communities.

- c) The Association proposed the deletion of the words "Cabinet Secretary and" in regulation 5(g) and indicated the Community health is the responsibility of counties and the county community health structure coordinated by the Division of Community Health to advise the Cabinet Secretary.

The Committee rejected the proposal.

Justification: The Council being a regulator will advise the national government on matters of the practice of community health promoters.

- d) The Association proposed the deletion of the reference to community health worker in clause 6 as it makes reference to a non-existent cadre.

The committee rejected the proposal.

Justification: It adopts the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- e) The Association proposed the deletion of the entire part V as establishing a Council introduces an unnecessary functional crisis and additional financial burden to the government as the Council’s functions can be performed by other regulatory bodies and the Public Service Commission.

The Committee noted the proposal and stated that the Council will handle public money including fees for services rendered and monies from the exchequer, the Council has to adhere to the provisions of the Public Finance Management Act, Cap. 412A.

- f) The Association proposed deletion of the Second Schedule as the listed qualifications limit community health practice to a few people with limited and specialized training

The Committee rejected the proposal.

Justification: Restricting the training to community health would limit the scope of training and expertise at the primary health care level and exclude CHPs who are trained in other primary health care matters. The Committee further adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- g) The Association indicated that the memorandum of objects and reasons of the Bill contradicts the Second Schedule as the Bill takes CHWs as lay people which negates the requirement for specialized training in the prescribed courses.

The Committee noted the proposal and stated that in accordance with the National Assembly Standing Orders, the memorandum of reasons and objects is not reported back to the House by Departmental Committees.

- h) The Bill seeks to introduce a non-existent cadre of healthcare workers, CHWs. The Bill does not advance community health services in Kenya as the name CHW disenfranchises the over 100,00 CHVs in the country. The CHVs were further not consulted in the development of the Bill.

- i) The Association submitted the following general comments, that;

- v. The Bill should be withdrawn and its contents addressed within the existing legislation and Public Service Commission mechanisms that have an existing CHW scheme of service. The Bill may also be redrafted with input from the existing professionals.
- vi. The Bill may be merged with the Senate Bill No. 34 of 2020 that exhaustively covers delivery of community health services including the workforce.
- vii. The Bill does not provide for an indemnity clause even though CHWs are not trained professionals and cannot offer technical services at the community level.
- viii. The Bill does not provide for confidentiality of patient data and legal redress to patients in the event of malpractice.
- ix. The Bill does not set out how CHWs will be hired, their level of training, scope of practice and regulation.

The Committee noted the above comments and adopts the term “community health promoter” for alignment with the Primary Health Care Act, No. 13 of 2023.

29. **The Public Health Officers and Technicians Council (PHOTC)** whilst supporting the Bill, submitted as follows:

- a) The Council proposed the insertion of the words “Public Health Officers and Technicians’ Council” immediately after the phrase “Pharmacy and Poisons Board” in clause 5 (f) for inclusion of public health officers and technicians in community health service. The national policy direction on community health recognizes the role of public health officers and technicians in coordination of community health functions. Other community health services are implemented by public health officers and technicians under other statutes such as the Public Health Act, Cap. 242, Meat Control Act Cap. 356, Malaria Prevention Act Cap. 246, Tobacco Control Act, Cap. 245A and Food Drugs and Chemical Substances Act, Cap. 254.

The Committee rejected the proposal.

Justification: The list is broad enough to cover all the relevant regulatory bodies in the health sector. Further, the Committee has proposed to include a representative of the Public Health Officer and Technicians Council in the Council being established in the Bill. Public health officers are the main providers of primary health care and are the ones supervising community health promoters.

- b) Proposed the insertion of a new paragraph after paragraph (f) in Clause 6 as follows—

“One public health officer and one public health technician nominated by the Public Health Officers and Technicians Council”. This is for the inclusion of public health officers and technicians. The addition of the two members is in line with *Mwongozo* which provides for membership of up to eleven members.

The Committee adopted the proposal with amendments.

30. **The Association of Kenya Medical Laboratory Scientific Officers (AKMLSO)** submitted as follows;

- a) The AKMLSO proposed the insertion of the words “and/or served by a specific public health facility within the locality” immediately after the word “people” in the definition of the term “community health unit” in clause 2. A public health facility is necessary for the referral of residents who require medical attention

The Committee rejected the proposal.

Justification: The Primary Health Care Act, No. 13 of 2023 already makes provision for facility based primary healthcare services.

- b) The AKMLSO proposed the deletion of paragraph (f) in clause 5 and substitution with a new paragraph (f) for alignment with the Health Act, Cap. 241 and to prevent conflict with existing health professions as CHWs may be engaged in cross-cutting activities for instance CHWs will be involved in the use of any diagnostic gadgets such as glucose meters and other self-testing instruments. This will require quality assurance by medical laboratory professionals regulated by the Kenya Medical Laboratory Technicians and Technologists Board. The new paragraph (f) to provide as follows:

“(f) Collaborate with other health regulatory authorities such as:

- (a) the Clinical Officers Authority established under the Clinical Officers Act;
- (b) the Nursing Council of Kenya established under the Nurses Act;
- (c) the Kenya Medical Laboratory Technicians and Technologists Board established under the Medical Laboratory Technicians and Technologists Act
- (d) the Medical Practitioners and Dentists Board established under the Medical Practitioners and Dentists Act;
- (e) the Radiation Protection Board established under the Radiation Protection Act;
- (f) the Pharmacy and Poisons Board established under the Pharmacy and Poison Act;
- (g) the Council of Institute of Nutritionists and Dieticians established under the Nutritionists and Dieticians Act;
- (h) the Public Health Officers and Technicians Council established under the Public Health Officers (Training, Registration and Licensing) Act; and
- (i) any other body as may be prescribed by the Health Act, 2017 (No. 21 of 2017)”.

The Committee rejected the proposal.

Justification: The list is broad enough to cover all the relevant regulatory bodies in the health sector. Further, the Committee has proposed to include a representative of the Public Health Officer and Technicians Council in the Council being established in the Bill. Public health officers are the main providers of primary health care and are the ones supervising community health promoters)

c) Insert the following new paragraphs—

“(i) prescribe, in consultation with other health regulatory authorities and such approved training institutions as the Council may deem appropriate, the courses of instruction for community health workers;

(j) consider and approve the qualifications of community health workers for the purposes of registration under this Act;

(k) approve in consultation with Technical and Vocational Education and Training Authority (TVETA) and Commission of University Education (CUE) institutions for the training of community health workers.”

The insertion of the paragraphs was not Adopted.

Justification: One of the proposed functions of the Council is to ensure the maintenance and improvement of standards of practice by community health workers. In maintenance of the standards of practice, the Council will ensure that the training institutions that offer the prescribed courses are compliant with its standards of practice)

d) The AKMLSO proposed the deletion of the term “Head of Primary Healthcare” and substitution with “the Director of Community Health” in clause 6(1)(b) as community health is distinct from primary health care.

The Committee Adopted the proposal with amendment.

e) The AKMLSO proposed the deletion of word “Council” and substitution with the term “Attorney General” in clause 26(2)(c) so as to ensure impartiality by the advocate.

f) The AKMLSO proposed the deletion of words “The Cabinet Secretary may, in consultation with the Council” and substitution with the words “The Council may, in consultation with the Cabinet Secretary” in clause 34(1). The Cabinet Secretary may not give due attention to the matters affecting the Council’s operations.

The Committee rejected the proposal.

Justification: Under the Statutory Instruments Act, Cap. 2A, the Cabinet Secretary is the regulation-making authority)

g) The AKMLSO proposed deletion of the word “Cabinet Secretary” and substitution with the word “Council” in clause 34(3)(a) and (b). The Cabinet Secretary may not give due attention to the matters affecting the Council’s operations.

h) In the Second Schedule, the AKMLSO indicated that some of the listed courses are mere topics in all health professions which makes community health work a narrow and mediocre profession. It therefore proposed deletion of the provision and substitution with the following new provision—

“(1) A person who—

- (a) has successfully attended a community health training course approved by the Council; or
- (b) has attended a course of instruction for community health work recognized by the council as equivalent to the course prescribed and approved by the Council; or
- (c) holds such other qualifications as the Council may prescribe; and
- (d) has completed such approved period of probation as may be prescribed by the Council, may apply to the Council for registration under this Act.”

The Committee rejected the proposal.

Justification: Restricting the training to community health would limit the scope of training and expertise at the primary health care level and exclude CHPs who are trained in other primary health care matters. The Committee further adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023)

- i) On the Memorandum of Reasons and Objects, the AKMLSO proposed the amendment of the memorandum to state that the Bill concerns county governments. It submitted that health is a devolved function. The Bill seeks to provide a framework for regulation of CHWs whose services are required at level 1, falling under the functional domain of county governments, in the Kenyan health structure.

The Committee noted the proposal and stated that restricting the training to community health would limit the scope of training and expertise at the primary health care level and exclude CHPs who are trained in other primary health care matters. The Committee further adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023)

31. The **Advocates for Community Health Volunteers of Kenya (ACHVO-K)** made the following submissions:

- a) proposed adoption of the name “community health promoter” instead of “community health volunteer” in clause 2.

The committee adopted the proposal

- b) There is need to clearly define the term “community health promoter” such that institutions such as counties adopt sustainable classification of the work of community health promoters into job groups.

The committee adopted the proposal

- c) That CHPs should be appointed based on merit by a county institution, the County Public Service Board which will bring clear identification and fair remuneration.

The committee adopted the proposal

- d) there is need for provision for the roles and functions of community health committee members in clause 9 as the same is not included in the Bill.

The committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters

- e) provision of a transition clause that acknowledges existing CHPs/ Volunteers in clause 35 so as not to subject existing CHPs to new entry rules as may be set by any county or policy.

The committee noted the proposal. The Primary Health Care Act, No. 13 of 2023 already provides for the transition of the existing community health promoters. This notwithstanding community health promoters have to undertake the prescribed courses so as to qualify for registration.

- f) substitution of the term “stipend” with the words “fair remuneration of work done”. The Bill to provide for an advisory body to regulate the work done by CHPs and champion their unique issues such as social statutory coverage such as NSSF, risk allowance, fair remuneration and facilitation. CHPs should be represented in the advisory body.

The committee rejected the proposal.

Justification: It is a global best practice that community health workers generally serve their communities on the basis of volunteerism.

- g) The Bill to provide for an inclusive and equitable framework on the enhancement of education of CHPs and the setting of their training curriculum.

The committee rejected the proposal.

Justification: It is a global best practice that community health workers generally serve their communities on the basis of volunteerism.

32. **The Society of Community Health Caregivers (SOCHE)** submitted as follows:

- a) Deletion and substitution of the long title with the following new long title—

“AN ACT of Parliament to make provision for the training, registration, and licensing of Community Health Officers, Assistants and Promoters in Kenya”. This to provide for the establishment, powers and functions of the Community Health Officers, Assistants and Promoters Council of Kenya and for connected purposes.

The Committee adopted the proposal with Amendments.

- b) The community health workforce comprises of community health promoters referred to as community health workers or community health volunteers and community health

officers and assistants. Community health officers and assistants are recognized under the MOH Community Health Policy, 2020-2030 and the Community Health Strategy ,2020-2025.

The Committee Adopted the proposal with Amendments.

- c) Incorporation of the entire community health cadres through deletion and substitution of clause 1 with a new clause—“(1) This Act may be cited as the Community Health Officers, Assistants and Promoters Regulatory Act,2022”.

The Committee adopted the proposal with Amendments.

- d) Deletion of the definition of “community health unit” and substitution with a new definition to mean a geographical area covering a population of approximately 5,000 people, assigned one Community Health Assistant/Officer and 10 community health promoters who offer promotive preventive and basic curative services”. The new definition will align with the definition of community health unit in the MOH Community Health Policy, 2020-2030 and the Community Health Strategy, 2020-2025.

The Committee rejected the proposal.

Justification: The Committee adopted the definition of the term “community health unit” provided in the Primary Health Care Act, No. 13 of 2023)

- e) Replace the term “community health worker” with “community health promoter”.

The Committee adopted the term “Community Health Promoter” for alignment with the Primary Health Care Act, No. 13 of 2023)

- f) Delete paragraph (b) and (c) in the definition of the term “community health worker” and substitute with the following new paragraphs—

“(b) must be selected at a community meeting or baraza called by the area leader or the community health committee

(c) must possess basic literacy skills such as how to read and write subsequently, fulfill all the Community Health Promoter module training and assessment, and be certified by the council as Community Health Promoter”

CHPs are drawn from the community where they live. A majority of CHPS have not pursued higher education. The minimum qualification should be the ability to read and write and successful completion of the required training modules

The Committee rejected the proposal.

Justification: The Committee adopted the term “community health promoter” as provided in the Primary Health Care Act, No. 13 of 2023.

- g) Insert the following new definitions—

“Community health committee” means a committee that is charged with the coordination and management of a community health unit and whose membership shall be prescribed by the Ministry of Health as the community health committee will be responsible for leadership in creation of the community health unit and selection of CHPs.

The Committee did not adopt the proposal.

Justification: The Committee adopted the term “community health promoter” as provided in the Primary Health Care Act, No. 13 of 2023.

“Community Health Officer” means a holder of bachelor’s degree in Community Health from a government approved institution of higher learning as a community health officer runs the CHU and supports the supervision of CHU and Community Health Committees.

The Committee did not adopt the proposal.

Justification: The Committee adopted the term “community health promoter” as provided in the Primary Health Care Act, No. 13 of 2023.

“Assistant Community Health Officer” means a holder of Diploma or Higher National Diploma in Community Health from a government approved institution of higher learning as Assistant Community Health Officers runs a CHU and offers support supervision.

The Committee rejected the proposal.

Justification: The Committee adopted the term “community health promoter” as provided in the Primary Health Care Act, No. 13 of 2023.

“Community Health Assistant” means a holder of Certificate in Community Health from a government approved institution of higher learning” as Community Health Assistants runs a CHU and offers support supervision to CHPs.

The Committee rejected the proposal

- h) Insert the following new definition— “Society/Association” to mean the Society/Association of Community Health Officers, Assistants and Promoters registered by the registrar of societies for incorporation of the Societies/Associations of Community Health Officers, Assistants and Promoters in the Council.

The Committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters who are represented in the Council.

- i) Delete definition of the word “Council” and substitute with the following new definition— “Council means the Community Health Officers, Assistants and Promoters Council of Kenya established under section 3” For incorporation of the entire community health cadres.

The committee adopted the proposal with amendments.

- j) Delete definition of the word “register” and substitute with the following new definition— “register means the register of Community Health Officers, Assistants and Promoters which the Registrar is required to maintain under section 3” for incorporation of the entire community health cadres.

The committee adopted the proposal with amendments.

- k) Delete the term “Community Health Workers Council” and substitute with the term “Community Health Officers, Assistants and Promoters Council of Kenya” in the title of Part II in clause for incorporation of the entire community health cadres

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoter” for alignment with the Primary Health Care Act, No. 13 of 2023.

33. **Gloria Chepngeno Langat (PhD), a Research Scientist based at the Africa Population and Health Research Centre (APHRC)** whilst expressing her support for the Bill indicated that APHRC’s research has shown that CHWs can save lives and improve the health and wellbeing of populations at the community level.

Better remuneration and training of CHWs and harmonized standards of practice will therefore enhance the quality of health services at the community level ultimately improving population health and reducing the cost of healthcare.

The Committee noted the proposal and indicated that Community health promoters are an important part of the health personnel who deal directly with the communities.

34. **The Office of the Attorney-General and Department of Justice (OAG and DOJ)** made the following submissions:

- a) The Bill does not create an offence for practising without registration, making the law unenforceable

The Committee noted the proposal and stated that the offences in the Bill are sufficient encompasses offences related to practice without registration by the Council.

- b) That the Bill ought to specify the validity period for the certificate of registration in clause 22 to provide clarity on whether the certificate of registration is granted only at the point of entry into the profession or periodically.

The Committee noted the proposal and stated that the registration is one off and will not lapse hence there is no need to set a validity period.

- c) That there is need to provide for training in community health work in the Second Schedule since members of a profession usually possess some specialized training so as to provide skilled services. At the point of entry into the profession, the members should possess uniform training and qualifications. In the Bill as currently drafted, the prospective members of the profession are not uniformly trained as they are trained on different subjects. This means that they cannot be subjected to uniform standards because they have diverse training backgrounds.

The Committee rejected the proposal.

Justification: Restricting the training to community health would limit the scope of training and expertise at the primary health care level and exclude CHPs who are trained in other primary health care matters. The Committee further adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023)

35. **The Kenya Law Reform Commission (KLRC)** submitted that it had no objection to the Bill. The Bill is expected to contribute significantly to the government’s agenda of *Afya Bora mashinani* with respect to UHC.

The Committee noted the proposal and stated that Community health promoters are an important part of the health personnel who deal directly with the communities.

36. **The Law Society of Kenya (LSK)** whilst supporting the enactment of the Bill submitted as follows:

- a) That the Bill’s recognition of CHWs, provisions on the training and certification of CHWs, integration of CHWs into the country’s health system, accountability provisions, community engagement of CHWs and provisions on fair and adequate remuneration of CHWs align with the LSK’s commitment to social justice, equality and the constitutional guarantee of the right to health

The committee noted the proposal and stated that the Community health promoters are an important part of the health personnel who deal directly with the communities.

- b) The LSK emphasized the significance of CHWs in improving healthcare access and outcomes and advocates for the protection and empowerment of these essential healthcare providers.

The Committee noted the proposal. Community health promoters are an important part of the health personnel who deal directly with the communities.

37. **The University of Nairobi, African Women Studies Research Centre (AWSRC)** made the following submissions:

- a) Inclusion of an additional object of the Act “to integrate health workers formally into the system” in the Long Title of the Bill. This is the main goal of recognising CHWs by

integrating them formally considering that previously they had mostly been untrained volunteers who have had a positive impact in the community.

The Committee rejected the proposal.

Justification: Primary healthcare and community health promoters are already integrated in the health ecosystem under the Health Act, Cap. 241 and the Primary Health Care Act, No. 13 of 2023.

- b) Insertion of a clause on objects of the Act in Part I to provide that the Act seeks to ensure:
- i. Improved access to health services;
 - ii. Increased health and screening;
 - iii. Better understanding between community members and the health and social service system;
 - iv. Enhanced communication between community members and the social service system;
 - v. Increased use of health care services;
 - vi. Improved adherence to health recommendations;
 - vii. Reduced need for emergency and specialty services; and
 - viii. Enhanced preventive and promotive health care.

The Committee rejected the proposal.

Justification: The Bill as drafted is in order as the main purpose of the Bill which is to regulate community health workers is well provided for throughout the Bill)

- c) That there is need to align the definition of “Community Health Worker” with the definition in the Kenya Community Health Policy, 2020- 2030 or the EAC Health Policy for consistency.
- d) That the Bill ought to provide for additional functions in clause 5 namely to protect the welfare of CHWs and liaison between County and National Governments on matters pertaining CHWs. The Council to define the roles and scope of the functions that can be performed by the CHWs since the main purpose of the Bill and the formation of the Council is for purposes of Community Health Workers thus their welfare should not be left out.

The committee adopted the proposal with amendments.

- e) The Council functions and powers should be more inclined to addressing the common interest of the workers and the community so as to prevent CHWs from exceeding their mandate and professional qualifications.
- f) That there is a need to provide for the power to protect the welfare of CHWs in clause 9 since the main purpose of the Bill and the formation of the Council is for the purposes of CHWs including their welfare.

The Committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters)

- g) That there is need for the Registrar to keep gender disintegrated data in clause 19 since this would help track the male and female CHWs, their turnover, needs and concerns.

The Committee Noted that, this is a good proposal which is an accepted standard in data management and which the Registrar has to adhere to.

- h) Deletion of clause 22(1) as the requirement of being “fit and proper’ is vague and may raise issues in the event of denial of registration.

The Committee rejected the proposal.

Justification: The provision is necessary so as to ensure that persons beyond approach are registered as community health promoters by the Council especially because CHPs interact one on one with communities)

That training of CHWs should use the KMTC Curriculum as envisaged in the Kenya Community Health Strategy, 2020- 2025 in clause 23 as areas of training should not be limited under a binding law.

The Committee rejected the proposal.

Justification: aspects of training of CHPs are provided in clause 5. The proposals are too specific and are policy issues that will be handled by the Council)

- i) That training be harmonized with the EAC Region requirements in clause 23 to make the CHWs competent to serve across the region and should be initial and continue to facilitate refresher courses and training on emerging issues.

The Committee rejected the proposal

Justification: Aspects of training of CHPs are provided in clause 5. The proposals are too specific and are policy issues that will be handled by the Council.

- j) That there is no provision for gender balance in the formulation of the committee membership in clause 26.

The Committee noted the proposal and stated that, gender issues are to be taken into account at the point of appointing the members of the Disciplinary Committee.

- k) Insertion of a provision that creates a Community Health Committee and sets out its membership, representations and functions as CHWs work at the community health level and hence they need to work with the community. Further, the Committee should be formed as envisaged in the Kenya Community Health Policy, 2020-2030.

The Committee noted the proposal.

- 1) Introduction of a Part on the welfare of Community Health Workers. The Part to address the following:
 - i. Recruitment and Selection-CHPs should be chosen from the community they will serve. Communities should have a say in the selection of their CHWs. CHWs should be directly chosen by the households that they will work with. Traditional service providers who may have the skills but lacking modern technology should be embraced and given the necessary facilitation.
 - ii. Remuneration-This should also come with other benefits enjoyed by other workers such as NHIF and paid annual and maternity leave.
 - iii. Support and Supervision-Regular and reliable support and supervision, support in logistics and infrastructure and reliable provision of transport, drugs and equipment.
 - iv. Incentives.
 - v. Relationship with formal health services.
 - vi. Welfare during outbreaks and pandemics.

The Committee noted on the above and indicated that the matters proposed are best addressed in policy.

38. **The Community Health Services and Development Officers Association (CHESOA)** made the following submissions:

- a) Deletion and substitution of the term “Community Health Workers” with the term “Community Health Officers” wherever it appears as the CHPs and Community Health Committees do not meet the academic and regulatory requirements advanced in the Bill whereas Community Health Officers do.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023)

- b) Rename the Bill to the Community Health Officers Act, 2022 in clause 1 as CHWs is a broad term currently not justified in any policy document. The term is sometimes used to refer to Community Health Officers, CHPs and Community Health Committees (CHCs). CHPs and CHCs do not meet the academic and regulatory requirements advanced in the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023)

- c) Deletion of the term “community health worker” and substitution with the term “community health officer” to mean a person who, having successfully undergone a prescribed course of training in a training institution, is a holder of a certificate issued by that institution and is registered under this Act. CHPs who are part of community health workers are members of a given community and it will be very difficult for them to

undergo training in institutions of higher learning so as to be registered as proposed in the Bill. Community Health Officers meet the criteria set out for training and regulation.

The committee adopted the proposal with amendments.

- d) Redefine the terms “Council” to mean Community Health Officers Council established under section 3; “register” to mean the register of community health officers which the Registrar is required to maintain under section 19 and “Registrar” to mean the registrar of community health officers as provided under section 17.

The committee adopted the proposal with amendments.

- e) Insertion of a new definition of the term “Association” in clause 2 to mean the Community Health Services and Development Officers Association. The Association will help in members’ professional regulation and is a key stakeholder since it represents the interests of all practicing Community Health Officers. This is in line with the formation of other Councils such as the Medical Practitioners and Dentist Council, Nursing Council.

The Committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters who are represented in the Council.

- f) Deletion of the words “Community Health Workers Council” and substitution with the words “Community Health Officers Council” in the title of Part II for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoter” for alignment with the Primary Health Care Act, No. 13 of 2023.

- g) Deletion of the words “community health workers” and substitution with the words “community health officers” wherever it appears in clause 5 for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoter” for alignment with the Primary Health Care Act, No. 13 of 2023.

- h) Replace the Director of education or his designate with a lecturer nominated by universities training community health in clause 6(1)(c) to bring the input of institutions of higher learning in Community Health into the profession and the Council.

The Committee rejected the proposal.

Justification: The Director of Education removed from the composition of the Board as the academic qualifications of community health promoters are best handled experts with a medical background.

- i) Replace one registered community health nurse with registered community health officer nominated by the Association in clause 6(1)(e) to advance the profession and bring the insights of the Association in the Council. No Council presently constituted has a different cadre sitting in the Council or the Board.

The Committee rejected the proposal.

Justification: The Director-General for Health appointed by virtue of the Health Act, Cap. 241 to represent the Ministry of Health including its SAGAs. The Committee further adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- j) Delete the words “community health workers” and substitute with the words “community health officers” in clause 6 (1) (g) and (h) for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- k) Add the Head, Division of Community Health Services at the Ministry of Health in clause 6(1)(j) as Community Health Policies are led by this officer who will bring a wealth of experience in the Council.

The Committee rejected the proposal.

Justification: The Director-General for Health appointed by virtue of the Health Act, Cap. 241 to represent the Ministry of Health including its SAGAs.

- l) Add the General Secretary of the Association in clause 6(1)(k) to bring the perspective of the professional’s Association to the Council.

The Committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters who are represented in the Council.

- m) Add one Lecturer in community health from the department dealing with community health nominated by the Association to represent Technical and Vocational Training colleges in clause 6(1)(l) to bring on board the technical expertise of middle level trainers to the council.

The Committee rejected the proposal.

Justification: The academic qualifications of community health promoters are best handled experts with a medical background. The Bill further seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters who are represented in the Council)

- n) Delete the words “community health workers” and substitute with “community health officers” in the Title of Part III for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- o) Delete the words “community health worker” and substitute with “community health officer” in clause 18(c) for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023)

- p) Delete the words “community health workers” and substitute with “community health officers” in clause 19 wherever it appears for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023)

- q) Delete the words “community health workers” and substitute with “community health officers” in clause 20 (1) (b, c) and 20(2) for alignment with the proposed new name of the Bill.

The Committee rejected the proposal

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- r) Delete the words “community health workers” and substitute with “community health officers” in clause 22 (1)(d) for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- s) Delete the words “community health workers” and substitute with “community health officers” in clause 23 for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- t) Delete the words “community health workers” and substitute with “community health officers” in clause 26 (1), 26 (2) (d) and (e) and 26(5) for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- u) Delete the words “community health workers” and substitute with “community health officers” in clause 27 for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- v) The Second Schedule stipulates that someone has to undergo prescribed courses in recognized training institutions. Community Health workers do not have such qualifications and as such the Bill may not be relevant or applicable.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- w) Delete the words “community health worker” and substitute with “community health officer” in clause 28 (4) and (5) as these are the personnel to be regulated by the Council under the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- x) Provide that all serving officers employed under the Scheme of Service for Community Health Services Personnel of November, 2013 shall be deemed to have qualified for registration as Community Health Officers even though they may not have the prescribed qualification under the Act in clause 35 as Officers who have served for over five years have gained knowledge through experiential learning which is recognized by the Kenya National Qualifications Authority. This will take cognizance of the fact there are existing Community Health Officers already in service and are under permanent and pensionable terms.

The Committee noted that, the Primary Health Care Act, No. 13 of 2023 already provides for the transition of the existing community health promoters. This

notwithstanding community health promoters have to undertake the prescribed courses so as to qualify for registration.

- y) Provide that a person shall be eligible for registration as a Community Health Officer if he/she has undertaken any of the following prescribed courses: Certificate in Community Health, Diploma in Community Health and Degree in Community Health in the Second Schedule to professionalize Community Health Practice and avoid the confusion brought about by introducing other professions already in existence and with different mandate.

The Committee rejected the proposal.

- z) Delete paragraph two and three in Memorandum of Reasons and Objects as the Bill seeks to address competency of community health personnel. In the second schedule, it stipulates that someone has to undergo prescribed courses in recognized training institutions. Community Health workers do not have such qualifications and as such the bill may not be relevant or applicable

The Committee noted that, in accordance with the National Assembly Standing Orders, the memorandum of reasons and objects is not reported back to the House by Departmental Committees.

- aa) Opposed the Bill and requested that the Bill be withdrawn based on the following reasons:

- i. The Community Health Policy and the Community Health Services Acts in some counties indicate that the requirements for selection of CHPs include being able to read and write. Some of those having O level qualifications do not meet the criteria for admission into institutions of higher learning. The enactment of the Bill will send home many CHPs who are already engaged by the counties.
- ii. CHPs who meet requirements for admission to study prescribed courses may not have money to go back to school so as to meet the requirements of registration by the proposed Council. The Bill will therefore disadvantage them.
- iii. There are already qualified Kenyans who have studied the prescribed courses and meet the requirements for registration by the proposed Council.
- iv. There are 3250 Community Health Officers in the country who supervise CHPs. Community Health Officers are central to the roll out of Community Health Services in the country, which is key to achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). It is important to regulate Community Health Officers given their role as supervisors of CHPs.

The committee noted the above proposal and stated that the Bill seeks to establish a Council to regulate the practice and the profession of community health workers/promoters in the manner set out in the Bill.

39. **The Coalition of Community Health Partners** through a joint memorandum of AMREF Health Africa, Lwala Community Alliance, Living Goods, Financing Alliance for Health and LVCT Health made the following submissions:

- a) Rename the Bill to the “Community Health Officers Act, 2022” in clause 1 as CHWs known as community health promoters are lay people with approximately 40% of the 41,017 CHPs having not completed secondary school education.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- b) Deletion of the term “community health worker” and substitution with the term “Community Health Officer” wherever it appears in the Bill. The latter to be defined to mean a person who has undergone a community health course in a recognized training institution. This ensures that the Bill is regulating the practice by ensuring supervision and capacity building for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- c) Deletion of the term “Head of Primary Health care” and substitution with the term “Head of Community Health Services Division” in clause 6(1)(b) as community health services has its own Division and is not under PHC department.

The proposal was not Adopted.

Justification: The Director-General for Health appointed by virtue of the Health Act, Cap. 241 to represent the Ministry of Health including its SAGAs)

- d) Replace worker with officer in clause 18 (c) as Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- e) Replace worker with officer in clause 19 (c). Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- f) Replace worker with officer in clause 20 (1) and (2). Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- g) Replace worker with officer in clause 20 (1) and (2) as Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- h) Replace worker with officer in clause 22 (1)(c). This can only apply to persons with certificate and can't be enforced on Community Health Promoters since they have no remuneration.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- i) Replace worker with officer in clause 23 (1)(c) as Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- j) Replace worker with officer in clause 26 (1), (1) d, (1) e and (5) as changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- k) Inclusion of the role of the county governments in clause 27 as community health officers are mostly employed by the county governments.

The committee noted the proposal and stated that the county governments are already included as the Council of Governors is to nominate some members in both the Council and the Disciplinary Committee.

- l) Replace worker with officer in clause 28(5) as changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- m) Replace worker with officer in clause 35 as changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- n) Replace worker with Officer as Changing the courses from (community Health, psychology, counselling, social work, community HIV counselling and testing, Immunizations, Community Development, Health Education) to Community health. The community health officer has a qualification in Community Health which in most colleges incorporates the other courses in the community health curriculum.

The Committee rejected the proposal.

Justification: Restricting the training to community health would limit the scope of training and expertise at the primary health care level and exclude CHPs who are trained in other primary health care matters. The Committee further adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

- o) Disapproved of the Bill and requested that the Bill be withdrawn or amended for the following reasons—
 - i. The Bill as currently drafted does not advance community health services in the country due to conflicts with the current national and county policies on community health.
 - ii. The Bill advances the interests of community health workers who are not currently a cadre in the service but are named as CHPs, Community Health Officers and Community Health Assistants as per the career progression guidelines and the Community Health Policy.

- iii. The Bill could be amended especially in the Title to support supervision and advance the welfare of CHPs and Community Health Officers.
- iv. Community health officers often referred to as community health workers have neither been engaged nor their opinions sought in coming up with the Bill.
- v. CHPs cannot be bound by the law as they are lay people most of whom do not have the requisite qualifications to be registered or even undergo the proposed formal training in a college.

The Committee noted the above proposal and indicated that the Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters in the manner set out in the Bill.

CHAPTER FOUR

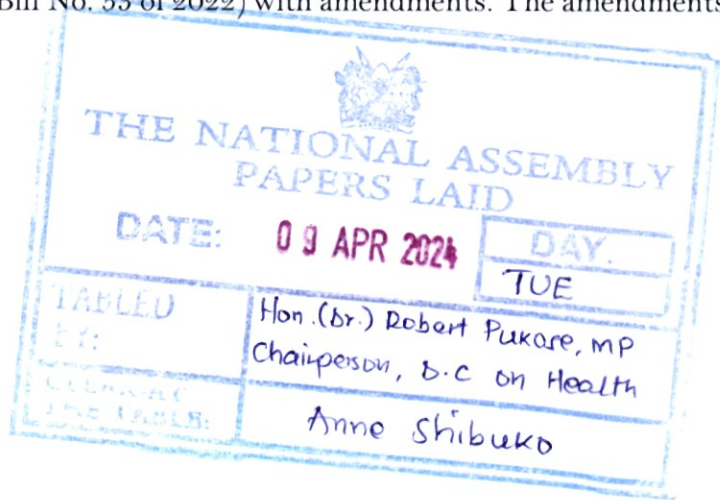
4.0 COMMITTEE OBSERVATIONS

40. The Committee, having considered the Community Health Workers Bill, 2022, National Assembly Bill No. 53 of 2022 and submissions from stakeholders, made the following observations:
- (a) The Bill provides a framework for the regulation of community health promoters who provide community healthcare services at level 1. The Primary Health Care Act, No. 13 of 2023 makes provision for the use and appointment of community health promoters. The regulation of community health promoters as proposed by the Bill will therefore strengthen level 1 healthcare services which are critical in reducing the health burden in the country.
 - (b) Community health promoters are critical in ensuring early detection of diseases. Early detection prevents the escalation of diseases which will ultimately reduce the cost of healthcare paid not only by the government health insurer but also the out of pocket expenditure spent by Kenyans on healthcare.
 - (c) Investment in community healthcare services provided by community health promoters is also crucial to the success of the entire health eco-system as it ensures effective and targeted management of diseases. This kind of one-on-one management of diseases will improve the administration of medication leading to better health outcomes and reduction in the spread of contagious diseases.

CHAPTER FIVE

5.0 COMMITTEE RECOMMENDATION

The Committee recommends that the House considers and passes the Community Health Workers Bill, 2022 (National Assembly Bill No. 53 of 2022) with amendments. The amendments are set out in Chapter Six of this report.



CHAPTER SIX

6.0 SCHEDULE OF AMENDMENTS

Upon considering the Community Health Workers Bill, 2022, National Assembly Bill No. 53 of 2022 and submissions from stakeholders, the Committee proposes the following amendments:

LONG TITLE

THAT, the Bill be amended by deleting the Long Title and substituting therefor the following new Long Title—

“AN ACT of Parliament to regulate the practice of community health promoters; to make provision for the training and registration of community health promoters; to establish the Community Health Promoters Council and for connected purposes”.

Justification: The amendment is necessary for purposes of alignment with the amendments proposed within the text of the Bill and which have adopted the use of the term “community health promoters” used in the Primary Health Care Act, No. 13 of 2023 instead of the term “community health workers”.

CLAUSE 1

THAT, Clause 1 of the Bill be amended by deleting the phrase “Community Health Workers Act, 2022” and substituting therefor the phrase “Community Health Promoters Act, 2022”.

Justification: The amendment is necessary for purposes of alignment with the amendments proposed within the text of the Bill and which have adopted the use of the term “community health promoters” used in the Primary Health Care Act, No. 13 of 2023 instead of the term “community health workers”.

CLAUSE 2

THAT, Clause 2 of the Bill be amended—

- (a) by deleting the definition of “community health unit” and substituting therefor the following new definition—
“community health unit” has the meaning assigned to it under section 2 of the Primary Health Care Act, 2023;

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

- (b) by deleting the definition of “community health worker”;
- (c) in the definition of the term “Council” by deleting the word “Workers” and substituting therefor the word “Promoters”;

(d) in the definition of “register” by deleting the word “workers” and substituting therefor the word “promoters”;

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

(e) by deleting the definition of “Registrar” and substituting therefor the following new definition—

“Registrar” means the person appointed under section 17;

Justification: For proper drafting in line with the House drafting style.

(f) by inserting the following new definitions in its proper alphabetical sequence—

“County Chief Officer of Health” means a county chief officer of health appointed under section 45 of the County Governments Act; and

“community health promoter” has the meaning assigned to it under section 2 of the Primary Health Care Act, 2023;

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

PART II

THAT, Part II of the Bill be amended by deleting the word “workers” and substituting therefor the word “promoters”.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

CLAUSE 3

THAT, Clause 3 of the Bill be amended in sub-clause (1) by deleting the word “Workers” and substituting therefor the word “Promoters”.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

CLAUSE 5

THAT, Clause 5 of the Bill be amended in—

(a) paragraph (a) by deleting the word “workers” and substituting therefor the word “promoters”;

(b) paragraph (b) by deleting the word “workers” and substituting therefor the word “promoters”;

- (c) paragraph (c) by deleting the word “workers” and substituting therefor the word “promoters”;
- (d) paragraph (e) by deleting the word “workers” and substituting therefor the word “promoters”; and
- (e) paragraph (h) by deleting the word “workers” wherever it appears and substituting therefor the word “promoters”.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

CLAUSE 6

THAT, Clause 6 of the Bill be amended—

- (a) by deleting sub-clause (1) and substituting therefor the following new sub-clause (1)—
 - “(1) The Council shall consist of—
 - (a) the Director-General for Health or a representative designated in writing by the Director-General for Health;
 - (b) one person from a non-governmental organisation in the health sector nominated by the Non-Governmental Organisation Coordination Board;
 - (c) a representative of the Public Health Officers and Technicians Council;
 - (d) two persons with knowledge and experience in matters of community health nominated by the Cabinet Secretary;
 - (e) two persons, one of whom shall be a County Chief Officer of Health, with knowledge and experience in matters of community health nominated by the Council of County Governors to represent the interests of counties;
 - (f) the Registrar who shall be the secretary and an *ex officio* member of the Council.”;

Justification: The composition of the Council should comply with the Mwongozo Code of Governance for State Corporations in terms of numbers, skill mix and professional expertise which should include all relevant players involved in the matters of community health.

- (b) in sub-clause (2) by deleting the words “paragraph (g)” and substituting therefor the words “subsection (1) (d) and (e)”; and
- (c) in sub-clause (3) by deleting the words “sub-section (1)(f) and (g)” and substituting therefor the words “sub-section (1)(d) and (e)”.

Justification: For proper drafting and cross referencing in line with the House drafting style.

CLAUSE 7

THAT, Clause 7 of the Bill be amended by deleting the words “section 6(1)(e), (f) and (g)” appearing immediately after the words “ appointed under” and substituting therefor the words “section 6 (1)(b), (c), (d) and (e)”.

Justification: For proper drafting and cross referencing in line with the House Drafting Style.

PART III

THAT, Part III of the Bill be amended by deleting the word “workers” and substituting therefor the word “promoters”.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

CLAUSE 18

THAT, Clause 18 of the Bill be amended in paragraph (c) by deleting the word “worker” and substituting therefor the word “promoter”.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

CLAUSE 19

THAT, Clause 19 of the Bill be amended—

- (a) in paragraph (c) by deleting the word “workers” and substituting therefor the word “promoters”;
- (b) by deleting paragraph (d) and substituting therefor the following new paragraph (d)—
“(d) publish on its website a list of names, addresses and qualifications of the registered community health promoters not later than 31st March in every year;” and
- (c) in paragraph (e) by deleting the word “workers” and substituting therefor the word “promoters”.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”. To require publication of registered community health promoters on the website of the Community Health Promoters Council instead of the Kenya Gazette as the latter is very expensive and not economical.

CLAUSE 20

THAT, Clause 20 of the Bill be amended in—

- (a) sub-clause (1) by—
 - (i) deleting the word “workers” and substituting therefor the word “promoters”;
 - (ii) deleting the word “worker” appearing in paragraph (b) and substituting therefor the word “promoter”;
 - (iii) deleting the word “worker” appearing in paragraph (c) and substituting therefor the word “promoter”; and
- (b) sub-clause (2) by deleting the word “worker” and substituting therefor the word “promoter”.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

CLAUSE 22

THAT, Clause 22 of the Bill be amended in subsection (1) by deleting the word “worker” appearing in paragraph (d) and substituting therefor the word “promoter”.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

CLAUSE 23

THAT, Clause 23 of the Bill be amended by deleting the word “worker” and substituting therefor the word “promoter”.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

CLAUSE 26

THAT, Clause 26 of the Bill be amended in—

- (a) sub-clause (1) by deleting the word “workers” and substituting therefor the word “promoters”;

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

- (b) sub-clause (2) by—

- (i) deleting paragraph (c) and substituting therefor the following new paragraph (c)—

“(c) a representative of the Attorney-General with at least ten years’ experience as an advocate of the High Court;”.

Justification: For accountability purposes, the advocate that sits on the Disciplinary Committee ought to be appointed by the Attorney-General who by the Constitution is the principal legal adviser of the national government.

- (ii) deleting paragraph (d) and substituting therefor the following new paragraph (d)—

“(d) a representative of the Public Health Officers and Technicians Council;”

- (iii) deleting the word “worker” appearing in paragraph (e) and substituting therefor the word “promoter”.

- (c) sub-clause (5) by deleting the word “workers” and substituting therefor the word “promoters”.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

CLAUSE 27

THAT, Clause 27 of the Bill be amended by deleting the word “worker” appearing in the opening sentence and substituting therefor the word “promoter”.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

CLAUSE 28

THAT, Clause 28 of the Bill be amended in—

- (a) sub-clause (4) by deleting the word “worker” and substituting therefor the word “promoter”; and
- (b) sub-clause (5) by deleting the word “worker” and substituting therefor the word “promoter”.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.

CLAUSE 35

THAT, the Bill be amended by deleting clause 35 and substituting therefor the following new clause—

“(35) Within twenty four months upon the commencement of this Act, the Council shall ensure that community health promoters who, immediately before the commencement of this Act, have not undertaken the courses prescribed shall undertake any of the courses prescribed in the Second Schedule for purposes of registration as a community health promoter under this Act.”

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter” and to increase the period from twelve to twenty four months for community health promoters to undertake the prescribed courses.

SECOND SCHEDULE

THAT, the Bill be amended by deleting the Second Schedule and substituting therefor the following new Schedule—

SECOND SCHEDULE (s. 23) PRESCRIBED COURSES

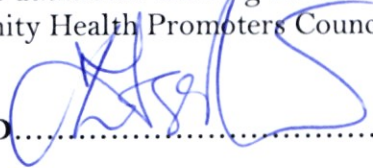
A person is eligible for registration as a community health promoter where the person has undertaken training in—

- (a) community health;
- (b) psychology;
- (c) counselling;
- (d) social work;
- (e) community HIV counselling and testing;
- (f) immunization;
- (g) community development;
- (h) health education; or

(i) any other relevant training as prescribed by the Cabinet Secretary.

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”. To further allow the Cabinet Secretary for Health to prescribe additional training elements for community health promoters to be registered by the Community Health Promoters Council.

SIGNED.....



DATE.....

12/03/2024

HON. DR. ROBERT PUKOSE, CBS, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

Annexure 1 : Minutes of Committee sittings

MINUTES OF SEVENTY-EIGHTH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN 2ND FLOOR CONTINENTAL HOUSE PARLIAMENT BUILDINGS ON TUESDAY, 18TH JULY, 2023 AT 1.30 P.M

PRESENT

1. The Hon. Dr. Pukose Robert, M.P – **Chairperson**
2. The Hon. Ntwiga Patrick Munene, M.P -**Vice-Chairperson.**
3. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P
4. The Hon. Kibagendi Antony, M.P
5. The Hon. Prof. Jaldesa Guyo Waqo, M.P
6. The Hon. Owino Martin Peters, M.P
7. The Hon. Mary Maingi, MP
8. The Hon. Mathenge Duncan Maina, M.P
9. The Hon. Kipngor Reuben Kiborek, M.P

ABSENT WITH APOLOGY

1. The Hon. Titus Khamala, M.P
2. The Hon. Dr. Nyikal James Wambura, M.P.
3. The Hon. Oron Joshua Odongo, M.P
4. The Hon. Lenguris Pauline, M.P
5. The Hon. Muge Cynthia Jepkosgei, M.P
6. The Hon. Wanyonyi Martin Pepela, M.P

COMMITTEE SECRETARIAT

1. Mr. Hassan A. Arale - Clerk Assistant II
2. Ms. Gladys Kiprotich - Clerk Assistant III
3. Ms. Faith Chepkemoi - Legal Counsel II
4. Mr. Eric Lungai - Hansard Officer III
5. Ms. Abigel Muinde - Research Officer III
6. Mr. Adhi salat - Serjeant At Arms
7. Ms. Rahab Chepkilim - Audio Officer

INATTENDANCE

1. Mr. Harry Kimutai, CBS PS -State Department for Medical Services
2. Ms.Mary Muthoni -PS-State Department for Health Standards and Professional Management
3. Dr.Sehah Muteru -Ag.Director-NQCL
4. Dr.Fred M.Siyoi -PPB-CEO
5. Dr.Charles G.Githinji -PPB-Chairman
6. Ms.Mary Kitegi -Office Of Attorney General
7. Ms.Annette Omwoyo -Kenya Law Reform Commission
8. Samson D.Maundu -AG offices -Principal Parliamentary Council
9. Dr.Barshir Isaak -Ag director family health
10. Dr.Martine Mwangi -Ag Head Directorate NCI-Kenya
11. Dr.Mary Nyangasi -Head National Cancer Program,MOH
12. Dr.Kamene Kimenyé -Ag.Director Of Public Health
13. Mr.Collins H.Odhiambo -Deputy Ceo, Law Society Of Kenya
14. Dr.edward serem -DSSDDMS
15. Dr.Tom Menge -Head Directorate Health Products MOH
16. Ms.Sharon Munanie -LSK secretariat

MIN. NO. NA/DC-H/2023/298: PRELIMINARIES/INTRODUCTION

The meeting was called to order at 1:30 p.m with a word of prayer by the Hon. Dr. Pukose Robert, M.P – Chairperson.

MIN. NO. NA/DC-H/2023/299 SUBMISSIONS BY STAKEHOLDERS, THE ASSISTED REPRODUCTIVE TECHNOLOGY BILL OF (NA BILL NO. 61) 2022 AND THE COMMUNITY HEALTH WORKERS BILL (NA BILL NO. 53), 2022

The following stakeholders appeared before the committee and presented their views and the proposed amendments;

1. The Attorney General and Department of Justice
2. Kenya Law Reform Commission
3. Ministry of Health
4. The Law Society of Kenya

1. The Assisted Reproductive Technology Bill, (NA Bill No. 61) 2022**a. The Attorney General and Department of Justice,**

The Attorney General and Department of Justice proposed the amendment of clause 7 by deleting the words “National Government” and substitute therefor the words “Cabinet Secretary”. The clause provides for the obligations of the National Government in relation to assisted reproductive technology. It is therefore important to place responsibility on a specific office so that the office is held accountable for the performance of the specified functions;

b. Ministry of Health,

The Ministry was informed that a private members Bill cannot be withdrawn to enable the executive prepare its own legislation. The Ministry should therefore highlight its comments/amendments on a private member Bill being considered by the Committee. The Ministry was thereafter directed to relook its submissions on the Kenya Drugs Authority Bill (NA Bill No. 54) 2022 and submit its comprehensive memoranda in two weeks' time.

c. Kenya Law Reform Commission

The Kenya Law Reform Commission proposed the following amendments:

- I. On clause 2 on the definition of a child, the Bill to adopt the definition set out in the Constitution.
- II. On clause 2, the term zygote should be defined.
- III. On clause 4, the marginal note to use either objects or purpose of the Act.
- IV. Add the words “if any” in clause 24(g) on the requirement of educational and professional skills to allow persons without such qualifications to become donors;
- V. Adopted the drafting issues in the memorandum earlier submitted.
- VI. Delete clause 48 as KHPOA is mandated to handle disputes between parties. Application for judicial review will follow if the party is aggrieved by KHPOA's decision.

d. The Law Society of Kenya

The Law Society of Kenya supports the Bill and made the following submissions:

- I. It recommended that the Bill be amended to allow a single woman to enter into a Surrogacy Arrangements and obtain a Child through Surrogacy.

- II. The definition of Assisted Reproductive Technology be reworded to reflect modern advancements.
- III. Clause 20(b) be amended to provide that; "(b) there was informed consent in writing given by the man"
- IV. Clause 27 on Surrogate Motherhood should require that a surrogate mother should reveal any medical conditions or addictions she may have that can adversely affect the unborn or get exacerbated by the pregnancy. It is important for such information be availed to the commissioning parents as a legal requirement before entering a surrogacy agreement.
- V. Recommended that there should be two different legislations one that deals wholly with the legal process of Assisted Reproductive technology and the other the medical side as happens in other jurisdictions.
- VI. Recommended that Cyro-preservation should only be allowed for 10 years. Gametes and eggs should only be used for the purposes intended and strict fines imposed if this rule is violated by the embryologist.
- VII. Indicated that it is ready to work with MOH in the drafting of its Bill.

2. **The Community Health Workers Bill (NA Bill No. 53), 2022**

a. **The Attorney General and Department of Justice**

The AG Proposed the amendment of Clause 22(3) to specify the validity period for the certificate of registration It is important to clarify whether the certificate of registration is granted only at the point of entry into the profession or periodically.

The AG further Proposed the amendment of the Second Schedule to provide for training in community health work since Members of a profession usually possess some specialised training so as to provide skilled services. At the point of entry into the profession, the members should possess uniform training and qualifications. In this Bill, the prospective members of the profession are not uniformly trained as they are trained on different subjects. This means that they cannot be subjected to uniform standards because they have diverse training backgrounds

b. **Ministry of Health**

The Ministry was informed that a private members Bill cannot be withdrawn to enable the executive prepare its own legislation. The Ministry should therefore highlight its comments/amendments on a private member Bill being considered by the Committee. The Ministry was thereafter directed to relook its submissions on the Kenya Drugs Authority Bill (NA Bill No. 54) 2022 and submit its comprehensive memoranda in two weeks' time.

c. **The Law Society of Kenya**

The Law Society of Kenya supports the enactment of the Community Health Workers Bill, 2022. The Bill's recognition, training, integration, remuneration, community engagement, and accountability provisions align with the LSK commitment to social justice, equality, and the right to health. By endorsing the bill, the LSK emphasizes the significance of CHWs in improving healthcare access and outcomes, and advocates for the protection and empowerment of these essential healthcare providers.

d. **Kenya Law Reform Commission**

The Commission indicated that it had no objection to the Bill and would submit a written memorandum on the Bill.

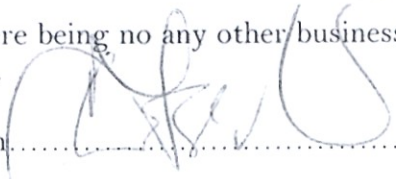
WAY FORWARD

The Legal Counsel directed to review the clause 18 and the proposed amendment on licensing submitted by the AG and advice the Committee on how best to draft the clause.

The Committee to request for memorandum on the Assisted Reproductive Technology Bill, (NA Bill No. 61) 2022 from the NCKK.

MIN. NO. NA/DC-H/2023/301: ADJOURNMENT

There being no any other business, the Chairperson, adjourned the meeting at exactly 3.30 p.m.

Sign  Date 25/7/2023

**HON. DR. ROBERT PUKOSE, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH**

MINUTES OF THE 13TH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN 5TH FLOOR BUNGE TOWER ROOM 25 ON TUESDAY, 5TH MARCH 2024 AT 10.00 A.M.

PRESENT

1. The Hon. Dr. Pukose Robert, EGH, M.P – **Chairperson**
2. The Hon. Ntwiga Patrick Munene, M.P -**Vice-Chairperson.**
3. The Hon. Owino Martin Peters, **M.P**
4. The Hon. Dr. Nyikal James Wambura, **M.P**
5. The Hon. Mary Maingi, **MP**
6. The Hon. Kibagendi Antony, **M.P**
7. The Hon. Lenguris Pauline, **M.P**
8. The Hon. Oron Joshua Odongo, **M.P**

ABSENT WITH APOLOGY

1. The Hon. Mathenge Duncan Maina, **M.P**
2. The Hon. Prof. Jaldesa Guyo Waqo, **M.P**
3. The Hon. Muge Cynthia Jepkosgei, **M.P**
4. The Hon. Titus Khamala, **M.P**
5. The Hon. Wanyonyi Martin Pepela, **M.P**
6. The Hon. Kipngor Reuben Kiborek, **M.P**
7. The Hon. Sunkuli Julius Lekakeny Ole, **EGH, EBS, M.P**

COMMITTEE SECRETARIAT

1. Ms. Gladys Kiprotich - Clerk Assistant III
2. Ms. Abigel Muinde - Research Officer III
3. Ms. Faith Chepkemai - Legal Counsel II
4. Ms. Sheila Chebotin - Senior Serjeant At Arms
5. Mr. Eric Lungai -Hansard Reporter III
6. Mr. Danton Kimutai -Audio officer III

MIN. NO. NA/DC-H/2024/54: PRELIMINARIES/INTRODUCTION

The meeting was called to order at 10.00 a.m with a word of prayer by the Chairperson Hon. Dr. Pukose Robert, EGH, M.P.

MIN. NO. NA/DC-H/2024/55: BRIEF BY LEGAL COUNSEL ON THE COMMUNITY HEALTH WORKERS BILL, 2022

The legal counsel briefed as follows;

a) Background On The Bill

The Community Health Workers Bill, sponsored by Hon. Martin Peters Owino, a member of the Health Committee dated 26th October 2022, was read the first time in the House on 14th June 2023 and referred to the Departmental Committee on Health.

The Bill seeks to provide a framework for the regulation of community health workers. Community health workers are important as they are the health personnel who deal directly with the community as they are familiar with the homesteads in their areas of residence as well as the language of the people. Community health workers will assist in preventive care as, through going door to door, they will know the people in need of various health care services.

Despite the fact that the First Schedule of the Health Act, No. 21 of 2017 recognizes community health services at level 1 managed by community health extension workers, most of the community health workers are volunteers who may sometimes be paid allowances. The proposed legal framework will therefore redress this as their recognition and regulation will allow them to be entrenched in the government just like other professionals.

b) Summary of provisions of the Bill

PART I (Clause 1-2) of the Bill contains the preliminary provisions on the short title and interpretation. Clause 2 defines a "community health worker" to mean a person who—

- (a) resides in a particular community health unit;
- (b) is selected by the members of that community health unit;
- (c) undergoes a prescribed course of training in a training institution, is a holder of a certificate issued by that institution and is registered under this Act;
- (d) after the prescribed training, continues to reside in that community health unit while offering services to that community health unit.

A community health unit is defined to mean "a health service delivery structure within a defined geographical area covering a population of approximately five thousand people".

PART II (Clause 3-16) of the Bill establishes the Community Health Workers Council in clause 3 with its HQs in Nairobi. The Part also provides for the Council's:

- (a) composition and qualifications for appointment as a Council member—the Board shall comprise of nine (9) members and includes the Director General of Health, Head of Primary Health care in the Ministry of Health, Director of Education, a person from an NGO in the health sector nominated by the NGO Coordination Board, a registered community health nurse nominated by the Nursing Council of Kenya, a lecturer in community health from the community health department nominated by KMTC, two community health workers nominated by the COG and CS, MOH and a Registrar. The Chairperson shall be appointed by the Cabinet Secretary from among these members.
- (b) functions (clause 5)—the main function of the Council is the regulation of community health workers through setting of qualifications and professional standards and providing advice to the CS and county government on community health matters.
- (c) powers (clause 9).

PART III (Clause 17-25) of the Bill provides for the registration and training of community health workers.

The Bill:

- (a) provides for the appointment of a Registrar by the Council on such terms and conditions of employment as the Council may determine, the qualifications for appointment as Registrar, the functions of the Registrar; and

- (b) provides for the establishment and management of a register of community health workers and the procedure for the registration of community health workers.

PART IV (Clause 26-28) of the Bill establishes the Community Health Workers Disciplinary Committee to handle disciplinary matters involving community health workers. The Committee comprises of a chairperson, a representative of the CS, an advocate of ten years' experience and two community health workers nominated by the Public Service Commission and COG. The Registrar shall be the Secretary of the Committee.

PART V (Clause 29-33) of the Bill provides for financial provisions. It sets out the sources of fund of the Council, the preparation of annual estimates, preparation of annual reports, accounts and audit. The source of funding of the Council includes appropriations by the National Assembly, monies accruing in the course of the performance of its functions, gifts, grants or donations given to the Council among others.

PART VI (Clause 34) of the Bill provides for delegated legislation. The Council may make Regulations under the proposed law on various matters including fees payable and prescribed forms under the Act, attendance of witnesses and production of documents to the Council and standards among others.

PART VII (Clause 35) of the Bill provides for transitional provisions. Twelve (12) months after the enactment of the Bill, all persons performing the functions of a community health worker and who have not undertaken the prescribed courses, shall undertake the prescribed courses.

c) Schedules

First Schedule-contains provisions on the conduct of business and affairs of the Board in terms of meetings, quorum, voting, minutes disclosure of interest among others.

Second Schedule-sets out the prescribed courses for community health workers namely a Certificate in Community Health, Psychology, Counselling, Social Work, Community HIV Counselling and Testing, Immunization, Community Development, Health Education or its equivalent from a recognized institution.

Committee comments on the Bill

The committee Supported the Bill and proposed the following amendments:

- 1) The committee proposed the substitution of the word "Worker" with the word "promoter" in the entire Bill for alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".
- 2) **Clause 6(1)** on the membership of the council the committee proposed amendment by deleting b, c, e, f. as well as addition of representatives of the Public Health as membership of the council.
- 3) **Clause 26(c)** on the establishment of the of the disciplinary committee be amended to a representative of the Attorney General with at least ten years' experience.

4) The committee supported the second schedule however it proposed that the schedule be redrafted to in the second paragraph to "*Training in community, psychology, counselling social work, community III/ counselling and testing, Immunization, Community Development, Health Education and any other relevant training*"

MIN. NO. NADC-H/2024/56: ANY OTHER BUSINESS

The following issues were canvassed

1. The committee Secretariat was directed to plan for a retreat before the end of March for consideration of the report on Inquiry into the alleged fraudulent payments of medical claims and capitation payments to health facilities by the National Health Insurance Fund.
2. On Pending business before the committee the Hon. Dr. Nyikal James Wambura, M. P who is the sponsor of the Cancer Prevention and Control (Amendment) Bill, 2022 informed the committee that he will make a decision on the bill once the house finalizes on Hon. Abdul Rahim Daud's Bill on the Cancer Prevention and Control (Amendment) (No.2) Bill, 2022.

MIN. NO. NADC-H/2024/57: ADJOURNMENT

There being no any other business, the Chairperson, adjourned the meeting at exactly 1.50 p.m.

Sign.....*H. Pukose*.....Date.....*1/13/2023*.....

**HON. DR. ROBERT PUKOSE, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH**

MINUTES OF THE 15TH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN 6TH FLOOR BUNGE TOWERS EALA BOARDROOM ON TUESDAY, 12TH MARCH 2024 AT 10.00 A.M.

PRESENT

1. The Hon. Ntwiga Patrick Munene, M.P -Vice-Chairperson.
2. The Hon. Owino Martin Peters, M.P
3. The Hon. Dr. Nyikal James Wambura, M.P
4. The Hon. Wanyonyi Martin Pepela, M.P
5. The Hon. Mary Maingi, MP
6. The Hon. Oron Joshua Odongo, M.P
7. The Hon. Prof. Jaldesa Guyo Waqo, M.P
8. The Hon. Kibagendi Antony, M.P
9. The Hon. Lenguris Pauline, M.P

ABSENT WITH APOLOGY

1. The Hon. Dr. Pukose Robert, EGH, M.P – **Chairperson**
2. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P
3. The Hon. Mathenge Duncan Maina, M.P
4. The Hon. Muge Cynthia Jepkosgei, M.P
5. The Hon. Titus Khamala, M.P
6. The Hon. Kipng'ok Reuben Kiborek, M.P

COMMITTEE SECRETARIAT

1. Mr. Hassan A. Arale - Clerk Assistant I
2. Ms. Gladys Kiprotich - Clerk Assistant III
3. Ms. Abigel Muinde - Research Officer III
4. Ms. Faith Chepkemai -Legal Counsel II
5. Ms. Sheila Chebotin - Senior Serjeant at Arms
6. Mr. Eric Lungai -Hansard Reporter III
7. Ms. Rehema Koech -Audio Officer II
8. Ms. Eunice Akai - Intern

MIN. NO. NA/DC-H/2024/62: PRELIMINARIES/INTRODUCTION

The meeting was called to order at 10.30 a.m. with a word of prayer by the Hon. Oron Joshua Odongo, M.P.

MIN. NO. NA/DC-H/2024/63: CONFIRMATION OF MINUTES OF THE PREVIOUS SITTING

The following minutes were confirmed as the true proceedings of the committee sittings:

1. Minutes of the 11th sitting were confirmed as a true record of the deliberations having been proposed by, Hon. Mary Maingi, M.P and seconded by the Hon. Owino Martin Peters, M.P

2. Minutes of the 12th sitting were confirmed as a true record of the deliberations having been proposed by, Hon. Mary Maingi, M.P and seconded by Hon. Oron Joshua Odongo, M.P.
3. Minutes of the 13th sitting were confirmed as a true record of the deliberations having been proposed by Hon. Oron Joshua Odongo, M.P and seconded by Hon. Owino Martin Peters, M.P.

MIN. NO. NA/DC-H/2023/64: ADOPTION OF THE REPORTS

The following reports were adopted;

1. Report on the Consideration of the Community Health Workers Bill, 2022, National Assembly Bill No. 53 of 2022 by Hon. Martin Peters Owino, MP was adopted having been proposed by the Hon. Ntwiga Patrick Munene, M.P- Vice-Chairperson and Seconded by the Hon. Dr. Nyikal James Wambura, M.P.
2. Report on the consideration of the legislative proposal of the Health (Amendment) Bill, 2023 by the Hon. Abraham Kirwa Mp was adopted having been proposed by Hon. Owino Martin Peters, M.P and seconded by Hon. Dr. Nyikal James Wambura, M.P.
3. Report on the consideration of the Legislative Proposal of the Public Health (Amendment) Bill, 2023 By the Hon. Amb. Francis Sigei, M.P was adopted having been proposed by Hon. Owino Martin Peters, M.P and seconded by the Hon. Oron Joshua Odongo, M.P.

MIN. NO. NADC-H/2024/65: ANY OTHER BUSINESS

The Committee was informed of the upcoming report writing retreat on the NHIF inquiry in Mombasa proposed to be held from 25th to 28th March, 2024 which was unanimously adopted.

MIN. NO. NADC-H/2024/66: ADJOURNMENT

There being no any other business, the Chairperson, adjourned the meeting at exactly 1.00 p.m.

Sign.  Date. 14/3/2024

**HON. DR. ROBERT PUKOSE, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH**

Annexure 2 : Report adoption schedule

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THE NATIONAL ASSEMBLY

13TH PARLIAMENT – THIRD SESSION (2024)

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

ADOPTION LIST OF THE CONSIDERATION OF THE REPORT ON THE COMMUNITY HEALTH WORKERS BILL, 2022 (NATIONAL ASSEMBLY BILL NO. 53 OF 2022)

We, the undersigned Members of the Departmental Committee on Health do hereby append our signatures to adopt this Report Date: 12/3/2024

NO	NAME	SIGNATURE
1.	The Hon. Dr. Pukose Robert, EGH, M.P -Chairperson	/
2.	The Hon. Ntwiga Patrick Munene, M.P -Vice-Chairperson.	<i>PMunene</i>
3.	The Hon. Dr. Nyikal James Wambura, M.P.	<i>[Signature]</i>
4.	The Hon. Titus Khamala, M.P	/
5.	The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P.	/
6.	The Hon. Prof. Jaldesa Guyo Waqo, M.P.	<i>[Signature]</i>
7.	The Hon. Owino Martin Peters, M.P.	<i>[Signature]</i>
8.	The Hon. Wanyonyi Martin Pepela, M.P	<i>[Signature]</i>
9.	The Hon. Lenguris Pauline, M.P	<i>[Signature]</i>
10.	The Hon. Mary Maingi, MP	<i>[Signature]</i>
11.	The Hon. Muge Cynthia Jepkosgei, M.P	<i>[Signature]</i>
12.	The Hon. Oron Joshua Odongo, M.P.	<i>[Signature]</i>
13.	The Hon. Kibagendi Antony, M.P.	<i>[Signature]</i>
14.	The Hon. Mathenge Duncan Maina, M.P	/
15.	The Hon. Kipngor Reuben Kiborek, M.P	/

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Annexure 3 : Analysis of submissions by stakeholders on the Bill

MATRIX ON STAKEHOLDER VIEWS ON THE COMMUNITY HEALTH WORKERS BILL, 2022 (NATIONAL ASSEMBLY BILL NO. 53 OF 2022)

CLAU E	STAKEHOLDER	PROPOSED AMENDMENT/ COMMENT	RATIONALE	COMMITTEE RESOLUTION
Long Title	SOCHE	Delete and substitute the long title with the following new long title— “AN ACT of Parliament to make provision for the training, registration, and licensing of Community Health Officers, Assistants and Promoters in Kenya; to provide for the establishment, powers and functions of the Community Health Officers, Assistants and Promoters Council of Kenya and for connected purposes”.	The community health workforce comprises of community health promoters referred to as community health workers or community health volunteers and community health officers and assistants. Community health officers and assistants are recognized under the MOH Community Health Policy 2020-2030 and the Community Health Strategy 2020-2025.	Adopted with amendments. To adopt the term “community health promoter” which ensures alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term “community health promoter”.
	AWSRC	Include an additional object of the Act as follows— “to integrate health workers formally into the system”	The main goal of recognizing CHWs has been to integrate them formally considering that previously they had mostly been untrained volunteers who have had a positive impact in the community.	Not Adopted. Primary healthcare and community health promoters are already integrated in the health ecosystem under the Health Act, Cap. 241 and the Primary Health Care Act, No. 13 of 2023.
	CHESOA	Delete and substitute therefor the word “Community Health Workers” with “Community Health Officers” wherever it appears.	CHPs and Community Health Committees do not meet the academic and regulatory requirements advanced in the bill. Community Health Officers do.	Not Adopted. The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.

	PART I	NNAK	Delete the part.	The CEC is a political position that may lead to hiring of cheap labour at the expense of professionals.	Not Adopted. The Part is necessary for purposes for ensuring that the Bill is aligned to the House drafting style.
		AWSRC	<p>Insert a clause on objects of the Act which will provide that the Act is aimed—</p> <ul style="list-style-type: none"> • Improved access to health services • Increased health and screening • Better understanding between community members and the health and social service system • Enhanced communication between community members and social service system • Increased use of health care services • Improved adherence to health recommendation • Reduced need for emergency and specialty services • Enhancing preventive and promotive health care 	To set out the purpose of enacting the legislation.	Not Adopted. The Bill as drafted is in order as the main purpose of the Bill which is to regulate community health workers is well provided for throughout the Bill.
	Clause 1	SOCHE	<p>Delete and substitute clause 1 with the following new clause—</p> <p>“This Act may be cited as the Community Health Officers, Assistants and Promoters Regulatory Act,2022”.</p>	To incorporate the entire community health cadres.	Adopted with amendments. To adopt the term “community health promoter” which ensures alignment with the Primary Health Care Act, No. 13 of 2023 which uses

					the term “community health promoter”.
		CHESOA	Rename the Bill to the Community Health Officers Act, 2022.	CHWs is a broad term currently not justified in any policy document. The term is sometimes used to refer to Community Health Officers, CHPs and Community Health Committees (CHCs). CHPs and CHCs do not meet the academic and regulatory requirements advanced in the Bill.	Not Adopted. The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.
		Coalition of Community Health Partners	Rename the Bill to the Community Health Officers Act, 2022.	CHWs known as Community health promoters are lay people with approximately 40% (41,017CHPs) having not completed secondary school education (source: CHW registry 2023).	
Clause 2	MOH		As regards the definition of community health workers, MOH notes that CHWs are members of the community where they work. They should answerable to and be selected by the communities. They should be supported by the health system but not be a part of its organization. Their training should be shorter than that of professional workers.	CHWs are known by different names worldwide. In Kenya, they are known as CHPs. The umbrella term CHW embraces a variety of community health aides selected, trained and working in the communities from which they come from.	Noted. The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.
			The Council defined in clause 2 is ill placed to advise the Cabinet Secretary on matters of community health. Delivery of community health is the responsibility of counties.	It is better for the Cabinet Secretary to receive advice from the technical department in charge of Community Health Services at the Ministry.	Not Adopted. The Bill proposes that the Council will regulate both the profession and the practice of community health promoters.
		COG	The Bill to clearly delineate and define the category of Community Health Workers that it refers to.	The current definition of “community health workers” causes confusion as there are several categories of workers namely community health promoters/volunteers (who are not recognized), community health assistants (who are recognized but unregulated; they are trained in community health for two years at KMTC and	Adopted. The Committee adopted the term “community health promoter” which is clearly defined in the Primary Health

			<p>supervise community health promoters) and community health extension workers (who are recognized and regulated by various regulators; they undertake four months training in community health and supervise community health volunteers).</p> <p>Recognition of community health promoters/volunteers will bring about industrial expectations.</p>	Care Act, No. 13 of 2023.
	ACHVO-K	<p>Adopt the name “community health promoter” instead of “community health volunteer”.</p> <p>Clearly define the term “community health promoter” such that institutions such as counties adopt sustainable classification of the work of community health promoters into Job groups.</p> <p>CHPs should be appointed based on merit by a county institution, the County Public Service Board.</p>	For clear identification and fair remuneration.	Adopted. The Committee adopted the term “Community Health Promoters” for alignment with the Primary Health Care Act, No. 13 of 2023.
	AKMLSO	Insert the words “and/or served by a specific public health facility within the locality” immediately after the word “people”.	A public health facility is necessary for the referral of residents who require medical attention.	Not Adopted. The Primary Health Care Act, No. 13 of 2023 already makes provision for facility based primary healthcare services.
		<p>Delete the definition of “community health worker” and substitute with the following new definition—</p> <p>“community health worker means a front-line worker dedicated to providing quality health care to their local community. Their close relationship with those they</p>	For alignment with international nomenclature of professions.	Not Adopted. The Committee adopted the term “Community Health Promoter” for alignment with the Primary Health Care Act, No. 13 of 2023.

		serve foster a trust that gives their health recommendations, diagnoses, and referrals added authority. As a link to available health facilities, clinics, and other resources, the community health worker's objective is to improve the quality and availability of healthcare for community health units."		
	SOCHE	Delete the definition of "community health unit" and substitute with the following new definition— "community health unit means a geographical area covering a population of approximately 5,000 people, assigned one Community Health Assistant/Officer and 10 community health promoters who offer promotive preventive and basic curative services".	Alignment with the definition of community health unit in the MOH Community Health Policy 2020-2030 and the Community Health Strategy 2020-2025. The Community Health Assistant/Officer is the technical operator of the community health unit.	Not Adopted. The Committee adopted the definition of the term "community health unit" provided in the Primary Health Care Act, No. 13 of 2023.
		Replace the term "community health worker" with "community health promoter".		Adopted. The Committee adopted the term "Community Health Promoter" for alignment with the Primary Health Care Act, No. 13 of 2023.
		Delete paragraph (b) and (c) in the definition of the term "community health worker" and substitute with the following new paragraphs— "(b) must be selected at a community meeting or baraza called by the area leader or the community health committee (c) must possess basic literacy skills such as how to read and write subsequently, fulfill all the Community Health Promoter	CHPs are drawn from the community where they live. A majority of CHPS have not pursued higher education. The minimum qualification should be the ability to read and write and successful completion of the required training modules.	Not Adopted. The Committee adopted the term "community health promoter" provided in the Primary Health Care Act, No. 13 of 2023.

	<p>module training and assessment, and be certified by the council as Community Health Promoter”</p> <p>Insert the following new definitions—</p> <p>“community health committee” means a committee that is charged with the coordination and management of a community health unit and whose membership shall be prescribed by the Ministry of Health</p> <p>“Community Health Officer” means a holder of bachelor’s degree in Community Health from a government approved institution of higher learning</p> <p>“Assistant Community Health Officer” means a holder of Diploma or Higher National Diploma in Community Health from a government approved institution of higher learning</p> <p>“Community Health Assistant” means a holder of Certificate in Community Health from a government approved institution of higher learning”.</p> <p>Insert the following new definition—</p> <p>“Society/Association” to mean the Society/Association of Community Health Officers, Assistants and Promoters registered by the registrar of societies.</p> <p>Insert the following new definition—</p>	<p>The community health committee will be responsible for leadership in creation of the community health unit and selection of CHPs.</p> <p>A community health officer runs the CHU and supports the supervision of CHU and Community Health Committees.</p> <p>Assistant Community Health Officers runs a CHU and offers support supervision.</p> <p>Community Health Assistants runs a CHU and offers support supervision to CHPs.</p>	<p>Not Adopted. The Committee adopted the term “Community Health Promoter” for alignment with the Primary Health Care Act, No. 13 of 2023.</p>
		<p>For incorporation of the Societies/Associations of Community Health Officers, Assistants and Promoters in the Council.</p>	<p>Not Adopted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters who are represented in the Council.</p>
		<p>For singular naming of community health personnel.</p>	

		“community health officers, assistants and promoters”.		<p>Adopted with amendments. The Committee adopted the term “Community Health Promoter” for alignment with the Primary Health Care Act, No. 13 of 2023 and the definition of the words “Council” and “register” proposed for amendment accordingly.</p>
		Delete definition of the word “Council” and substitute with the following new definition— “Council means the Community Health Officers, Assistants and Promoters Council of Kenya established under section 3”.	For incorporation of the entire community health cadres.	
		Delete definition of the word “register” and substitute with the following new definition— “register means the register of Community Health Officers, Assistants and Promoters which the Registrar is required to maintain under section 3”	For incorporation of the entire community health cadres.	
	AWSRC	Align the definition of “Community Health Worker” with the definition in the Kenya Community Health Policy 2020-2030 or the EAC Health Policy.	For consistency.	
	CHESOA	delete community health worker and insert— "community health officer " to mean a person who, having successfully undergone a prescribed course of training in a training institution, is a holder of a certificate issued by that institution and is registered under this Act;	CHPs who are part of community health workers are members of a given community and it will be very difficult for them to undergo training in institutions of higher learning so as to be registered as proposed in the bill. Community Health Officers meet the criteria set out for training and regulation.	
		Redefine the following terms— “Council” means community health officers council established under section 3;		

		<p>"register" means the register of community health officers which the Registrar is required to maintain under section 19;</p> <p>"Registrar" means the registrar of community health officers as provided under section 17;</p>		
		<p>Insert the following definition— "Association" means Community Health Services and Development Officers Association</p>	<p>The Association will help in members' professional regulation and is a key stakeholder since it represents the interests of all practicing Community Health Officers This is in line with formation of other councils such as the Medical Practitioners and Dentist Council, Nursing Council etc.</p>	<p>Not Adopted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters who are represented in the Council.</p>
	Coalition of Community Health Partners	<p>In the definition of community health worker, amend to Community Health Officers and include the following definition "Community Health officer is a person who has undergone Community health course in a recognized training institution.</p>	<p>Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.</p>	<p>Not Adopted. The Committee adopted the term "Community Health Promoter" for alignment with the Primary Health Care Act, No. 13 of 2023.</p>
		<p>Replace Community Health Workers with Community Health Officers in definition of the Council.</p>	<p>Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.</p>	
PART II	MOH	<p>The issues raised in the Bill can be addressed through schemes of service/ career progression framework and other subsidiary regulations and do not require an Act of Parliament.</p>	<p>The functions of CHWs are clearly outlined in the Kenya Community Health Policy.</p>	<p>Not Adopted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters.</p>
	NNAK	<p>Delete the entire Part II.</p>	<p>There is no need for a statute as the issues in the Bill can be addressed through schemes of service and other subsidiary legislation.</p>	

			There is no need for a CHWs Council. The Senate Bill provides for County Health Committee to regulate CHWs.	
			The establishment of the Council causes an unnecessary burden in relation to human resource and duplication of roles.	
			The Community Health Unit should be linked to a healthcare facility or public health officer.	
	SOCHE	Delete the term "Community Health Workers Council" and substitute with the term "Community Health Officers, Assistants and Promoters Council of Kenya" in title of Part II.	For incorporation of the entire community health cadres.	Not Adopted. The Committee adopted the term "Community Health Promoter" for alignment with the Primary Health Care Act, No. 13 of 2023.
	CHESOA	Delete "Community Health Workers Council" and insert "Community Health Officers Council" in the title of Part II.	Alignment with the proposed new name of the Bill.	
Clause 3	SOCHE	Delete the term "Community Health Workers Council" and substitute with the term "Community Health Officers, Assistants and Promoters Council of Kenya" in the title of Part II.	For incorporation of the entire community health cadres.	
	COG	There is no need to establish the Community Health Workers Council as community health workers can be regulated without creation of new institutions.	Cadre-based regulators should be discouraged as it leads to fragmentation and disharmony in the health sector. There are several other unregulated health cadres in heath and enactment of this Bill will lead to the undesirable cadre-based regulation. It is also burdensome to Kenyans as the regulations proposed in the Bill will be financed using public money.	Not Adopted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Community health promoters are an important part of the health personnel who deal directly with the communities.

	Coalition of Community Health Partners	Replace Workers with Officers in clause 3(1).	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.	Not Adopted. The Committee adopted the term "Community Health Promoter" for alignment with the Primary Health Care Act, No. 13 of 2023.
Clause 5	MOH	The Council is ill placed to advise the Cabinet Secretary on matters of community health as proposed in paragraph (g).	Delivery of community health is the responsibility of counties. The technical department in charge of Community Health Services at the Ministry is best placed to advise the Cabinet Secretary.	Not Adopted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. The Council further amended to provide for representation of the county governments through the addition of a Chief Officers of Health who shall be nominated by the Council of Governors to represent the interest of counties.
	PHOTC	Insert the words "Public Health Officers and Technicians' Council" immediately after the phrase "Pharmacy and Poisons Board" in sub clause (f).	Inclusion of public health officers and technicians in community health services. The National Policy direction on community health recognizes the role of public health officers and technicians in coordination of community health functions. Other community health services implemented by public health officers and technicians under other statutes such as the Public Health Act, Cap. 242, Meat Control Act Cap. 356, Malaria Prevention Act Cap. 246, Tobacco Control Act, 2007 and Food Drugs and Chemical Substances Act, Cap. 254 are conducted at the community level.	Not Adopted. The list is broad enough to cover all the relevant regulatory bodies in the health sector. Further, the Committee has proposed to include a representative of the Public Health Officer and Technicians Council in the Council

AKMLSO	<p>Delete paragraph (f) and substitute with the following new paragraph—</p> <p>“(f) Collaborate with other health regulatory authorities such as:</p> <p>(a) the Clinical Officers Authority established under the Clinical officers Act;</p> <p>(b) the Nursing Council of Kenya established under the Nurses Act;</p> <p>(c) the Kenya Medical Laboratory Technicians and Technologists Board established under the Medical Laboratory Technicians and Technologists Act</p> <p>(d) the Medical Practitioners and Dentists Board established under the Medical Practitioners and Dentists Act;</p> <p>(e) the Radiation Protection Board established under the Radiation Protection Act;</p> <p>(f) the Pharmacy and Poisons Board established under the Pharmacy and Poison Act;</p> <p>(g) the Council of Institute of Nutritionists and Dieticians established under the Nutritionists and Dieticians Act;</p> <p>(h) the Public Health Officers and Technicians Council established under the Public Health Officers (Training, Registration and Licensing) Act; and</p> <p>(i) any other body as may be prescribed by the Health Act, 2017 (No. 21 of 2017)”.</p>	<p>For alignment with the Health Act, No. 21 of 2017 and to prevent conflict with existing health professions as CHWs may be engaged in cross-cutting activities for instance CHWs will be involved in the use of any diagnostic gadgets such as glucose meter and other self-testing instruments. This will require quality assurance by medical laboratory professionals regulated by the Kenya Medical Laboratory Technicians and Technologists Board</p>	<p>being established in the Bill. Public health officers are the main providers of primary health care and are the ones supervising community health promoters.</p>
	<p>Insert the following new paragraphs—</p> <p>“(i) prescribe, in consultation with other health regulatory authorities and such approved training institutions as the</p>	<p>To provide for quality training of CHWs by ensuring training institutions have the requisite physical infrastructure, human resource and other facilities.</p>	<p>Not Adopted. One of the proposed functions of the Council is to ensure the maintenance and</p>

		<p>Council may deem appropriate, the courses of instruction for community health workers;</p> <p>(j) consider and approve the qualifications of community health workers for the purposes of registration under this Act;</p> <p>(k) approve in consultation with Technical and Vocational Education and Training Authority (TVETA) and Commission of University Education (CUE) institutions for the training of community health workers."</p>		<p>improvement of standards of practice by community health workers. In maintenance of the standards of practice, the Council will ensure that the training institutions that offer the prescribed courses are compliant with its standards of practice.</p>
	NNAK	<p>Delete the words "Cabinet Secretary and" in regulation 5(g).</p>	<p>Community health is the responsibility of counties.</p> <p>The county community health structure coordinated by the Division of Community Health to advise the Cabinet Secretary.</p>	<p>Not Adopted. The Council being a regulator will advise the national government on matters of the practice of community health promoters.</p>
	SOCHE	<p>Delete the term "community health workers" and substitute with the terms "Community Health Officers, Assistant Community Health Officers, Community Health Assistants and Community Health Promoters" in regulation 5(a), (b), (c), (e) and (h).</p>	<p>For incorporation and representation of the entire community health cadres.</p>	<p>Not Adopted. The Committee adopted the term "Community Health Promoter" for alignment with the Primary Health Care Act, No. 13 of 2023.</p>
		<p>Insert a new paragraph as follows—</p> <p>"The Council shall be in position to offer internship to trainees in Community Health"</p>		<p>Not Adopted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters.</p>
	AWSRC	<p>Provide for the following functions—</p> <ul style="list-style-type: none"> to protect the welfare of CHWs 	<p>The main purpose of the Bill and the formation of the Council is for purposes of Community</p>	<p>Noted. This is already provided for as the Council will regulate</p>

		<ul style="list-style-type: none"> liaison between County and National Governments on matters pertaining CHWs for the council to define the roles and scope of the functions that can be performed by the CHWs 	<p>Health Workers thus their welfare should not be left out.</p> <p>The Council functions/ powers should be more inclined to addressing the common interest of the workers and the community so as to prevent CHWs from exceeding their mandate and professional qualifications.</p>	<p>the practice and the profession of community health workers/ promoters in line with the Primary Health Care Act, No. 13 of 2023.</p>
	CHESOA	Delete the words "community health workers" with "community health officers" in clause 5 (a,b,c,e,h).	Alignment with the proposed new name of the Bill.	Not Adopted. The Committee adopted the term "Community Health Promoter" for alignment with the Primary Health Care Act, No. 13 of 2023.
	Coalition of Community Health Partners	Replace Workers with Officers in clause 5.	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.	Adopted with amendments. The Committee has proposed to include a representative of the Public Health Officer and Technicians Council in the Council being established in the Bill. Public health officers are the main providers of primary health care and are the ones supervising community health promoters.
Clause 6	PHOTC	<p>Insert a new sub clause after paragraph (f) as follows—</p> <p>"One public health officer and one public health technician nominated by the Public Health Officers and Technicians Council".</p>	<p>Inclusion of public health officers and technicians.</p> <p>The addition of 2 members is in line with Mwongozo provides for membership of up to 11 members.</p>	Adopted with amendments. The Committee has proposed to include a representative of the Public Health Officer and Technicians Council in the Council being established in the Bill. Public health officers are the main providers of primary health care and are the ones supervising community health promoters.
	AKMLSO	Delete term "Head of Primary Healthcare" and substitute with "the Director of Community Health" in regulation 6(1)(b).	Community health is distinct from primary health care.	Adopted with amendment. The Director-General for Health appointed by virtue of the Health Act, Cap. 241 to represent the Ministry
		Delete term "the Kenya Medical Training College" and substitute with "all approved community health workers trainers" in regulation 6(1)(f).	For representation of CHW training institutions in the Council.	

				of Health including its SAGAs.
		Delete the words "members under paragraph (g)" and substitute with the words "the Council members who are registered community health workers" in regulation 6(2).	Paragraph (g) in subclause (1) provides for only one member.	Not Adopted. The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.
	NNAK	Delete reference to community health worker in clause 6.	The clause makes reference to a non-existent cadre.	
	SOCHE	Delete paragraph (e) and (g) in subclause 1 and substitute with the following new clause— “(e) Two Licensed Community Health Officers nominated by the Association/Society of Community Health Officers, Assistant community Health Officers and Community Health Assistants”	The Community Health Officers to offer technical advice to the Council. A Community Health Nurse is a specialist under Curative healthcare whereas Community Health Services is a preventive and promotive function. A Community Health Nurse further possesses a lower level of academic qualification (a Diploma) compared to a Community Health Officer, who holds a Bachelor's degree in Community Health.	
		Delete paragraph (f) in subclause 1 and substitute with the following new clause— “(f) One Community Health Lecturer with the qualification of a Community Health Officer from College or University in a department dealing with community health nominated by the Cabinet Secretary of health”	It is unfair to recognize Kenya Medical Training College as the exclusive provider of Community Health training. Community Health is accredited by the Commission of University Education (established under Section 4 of the Universities Act, No. 42 of 2012 and is currently offered in over 130 institutions of higher learning.	
		Delete paragraph (h) in subclause 1 and substitute with the following new paragraph— “(h) One community health promoter nominated by the Association/Society of Community Health Promoters”	Inclusion of a community Health promoter in the Council.	

		The Membership of the Council has not factored gender balance in its representation.	Every gender should be represented for participation in decision making.	Noted. Gender issues are to be taken into account at the point of appointing the members of the Council.
	CHESOA	Replace the Director of education or his designate with a lecturer nominated by universities training community health in clause 6(1)(c).	To bring the input of institutions of higher learning in Community Health into the profession and council.	Not Adopted. The Director of Education removed from the composition of the Board as the academic qualifications of community health promoters are best handled experts with a medical background.
		Replace one registered community health nurse with registered community health officer nominated by the association clause 6(1)(e).	To advance the profession and bring the insights of the association in the council. No council presently constituted has a different cadre sitting in the council or board	Not Adopted. The Director-General for Health appointed by virtue of the Health Act, Cap. 241 to represent the Ministry of Health including its SAGAs. The Committee further adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.
		Delete the words "community health workers" with "community health officers" in clause 6 (1) (g) and (h).	Alignment with the proposed new name of the Bill.	Not Adopted. The Committee adopted the term "Community Health Promoters" in line with the Primary

					Health Care Act, No. 13 of 2023.
			Add the Head, Division of Community Health Services at the Ministry of Health in clause 6(1)(j).	This is important as Community Health Policies are led by this officer who will bring wealth of experience in the Council.	Not Adopted. The Director-General for Health appointed by virtue of the Health Act, Cap. 241 to represent the Ministry of Health including its SAGAs.
			Add the General Secretary of the Association in clause 6(1)(k).	To bring the perspective of the professional association to the council.	Not Adopted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters who are represented in the Council.
			Add one Lecturer in community health from the department dealing with community health nominated by the Association to represent Technical and Vocational Training colleges in clause 6(1)(l).	To bring on board the technical expertise of middle level trainers to the council	Not Adopted. The academic qualifications of community health promoters are best handled experts with a medical background. The Bill further seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters who are represented in the Council.
	Coalition of Community Health Partners		Replace Head of Primary Health care to head of community Health Services Division in clause 6(1)(b).	Community health services has its own division currently and is not under PHC department	Not Adopted. The Director-General for Health appointed by

		Replace Community health Nurse to Community health officer in clause 6(1)(e).	Community health nurses are no longer trained by KMTC and other institutions. Moreover, the cadre can't be included in a council for another cadre since they have their own council.	virtue of the Health Act, Cap. 241 to represent the Ministry of Health including its SAGAs.
		Replace Community health worker with Community Health Officer in clause 6(1)(g) and (h).	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.	Not Adopted. The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.
Clause 9	ACHVO-K	Provide for the roles and functions of community health committee members.	Not included in the Bill.	Not Adopted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters.
	AWSRC	Provide for the power to protect the welfare of CHWs.	The main purpose of the Bill and the formation of the Council is for purposes of CHWs including their welfare.	
PART III	MOH	The scope of work for CHWs is outlined in the Kenya Community Health Policy. MOH has a curriculum that addresses the training and certification of CHPs. The training is informal and is conducted at their respective community health unit.	There is no need to legislate on the Kenyan culture where CHWs or CHPs as health advocates work on the basis of volunteerism for the good of their community (<i>ubuntu</i>).	
	COG	Delete the entire part.	MOH to provide a framework for regulation and regulation of CHWs as envisaged under the Health Act, 2017 which will discourage cadre-based registration and regulation.	
	OAG and DOJ	The Bill does not create an offence for practising without registration, making the law unenforceable		Noted. The offences in the Bill are sufficient encompasses offences

					related to practice without registration by the Council.
		SOCHE	Delete the term "Community Health Workers" and substitute with the term "Community Health Officers, Assistants and Promoters" in the title of Part III.	For incorporation of the entire community health cadres.	Not Adopted. The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.
			Insert a new clause on regulation of institutions offering community health courses in Kenya. Give the Council power to approve and inspect institutions offering Community Health.	To address the current lack of standardization which has made employers to question the authenticity of some certificates. Some certificates are issued after three months while others require two years.	Not Adopted. The function of assessing the qualifications of community health workers is broad and covers the regulation of institutions offering community health courses.
		CHESOA	Delete the words "community health workers" with "community health officers" in the Title of Part III.	Alignment with the proposed new name of the Bill.	Not Adopted. The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.
Clause 18		SOCHE	Delete paragraph (c) and substitute with the following new paragraph— “(c) is a registered Community Health Officer with at least four years’ experience in Community Health”	A registrar should hold a Bachelor's Degree in Community Health from a government approved institution of higher learning in Kenya. Reduce level of experience from 10 to 4 years as most community health trainees have limited experience.	
		CHESOA	Delete the words "community health worker" with "community health officer" in clause 18(c).	Alignment with the proposed new name of the Bill.	
			Add "in community health" immediately after the word "degree" in clause 18(b).	It is important for someone in authority when it comes to community health.	Not Adopted. The accepted training for community health workers/promoter is basic training and a

					certificate on matters of community health.
	Coalition of Community Health Partners	Replace worker with officer in clause 18 (c).	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.		Not Adopted. The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023. Noted. This is a good proposal which is an accepted standard in data management and which the Registrar has to adhere to. Not Adopted. The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.
Clause 19	SOCHE	Delete the words "Community Health Workers" and substitute with the words "Community Health Officers, Assistants and Promoters" in paragraph (c), (d) and (e).	For incorporation of the entire community health cadres.		
	AWSRC	The Registrar should keep gender disintegrated data.	This would help track the male and female CHWs, their turnover, needs and concerns.		
	CHESOA	Delete the words "community health workers" with "community health officers" in clause 19 (c, d, e).	Alignment with the proposed new name of the Bill.		
	Coalition of Community Health Partners	Replace worker with officer in clause 19 (c).	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.		
Clause 20	SOCHE	Delete the words "Community Health Workers" and substitute with the words "Community Health Officers, Assistants and Promoters" wherever it appears in subclause (1). Delete the words "A Community Health Worker" and substitute with the words "Community Health Officers, Assistants and Promoters" in subclause (2).	For incorporation of the entire community health cadres.		
		Insert the words "academic qualification and other" immediately before the word	The Registrar to have academic qualification equivalent to that of a Community Health Officer		

		"qualifications" in paragraph (b) of subclause (1).	(A minimum of a Bachelors' Degree in Community Health).	of CHWs and not the qualifications of the Registrar of the Council.
	CHESOA	Delete the words "community health workers" with "community health officers" in clause 20 (1) (b, c) and 20(2).	Alignment with the proposed new name of the Bill.	Not Adopted. The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.
	Coalition of Community Health Partners	Replace worker with officer in clause 20 (1) and (2).	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.	
Clause 22	SOCHE	Delete paragraph (a) of subclause (1) and substitute with the following new paragraph— "(a) has successfully undergone a training in Community Health Course at an approved training institution;"	To require that licensed Community Health Officers, Assistant Community Health Officer and Community Health Assistant must be holders of Certificate, Diploma/Higher Diploma and Certificate respectively. CHPs should acquire the basic CHP modules training prescribed by MOH after being nominated by the community members.	Not Adopted. Restricting the training to community health would limit the scope of training and expertise at the primary health care level and exclude CHPs who are trained in other primary health care matters.
	OAG and DOJ	Specify the validity period for the certificate of registration.	To provide clarity on whether the certificate of registration is granted only at the point of entry into the profession or periodically.	Noted. The registration is one off and will not lapse hence there is no need to set a validity period.
	AWSRC	Delete paragraph (e) of clause 22(1).	The requirement of being "fit and proper" is vague and may raise issues in the event of denial of registration.	Not Adopted. The provision is necessary so as to ensure that persons beyond approach are registered as community health promoters by the Council especially because CHPs interact

				one on one with communities.
		Provide an alternative redress procedure for aggrieved parties in the event of denial of registration for instance, at the County Level of the Ministry of Health.	Court process may be cumbersome, costly and discouraging.	Noted. The Bill already provides for a redress mechanism as the Disciplinary Committee of the Council will handle all issues of removal from the register.
	CHESOA	Delete the words “community health workers” with “community health officers” in clause 22 (1)(d).	Alignment with the proposed new name of the Bill.	Not Adopted. The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.
	Coalition of Community Health Partners	Replace worker with officer in clause 22 (1)(c).	This can only apply to persons with certificate and can't be enforced on Community Health Promoters since they have no remuneration.	
Clause 23	SOCHE	Delete clause 23.	Licensed Community Health Officers, Assistant Community Health Officer and Community Health Assistant must be holders of Certificate, Diploma/Higher Diploma and Certificate respectively. CHPs should acquire the basic CHP modules training prescribed by MOH.	Not Adopted. The prescribed courses in the Second Schedule are necessary for purposes of uniformity in the quality of care provided by community health promoters.
	AWSRC	Propose the following— <ul style="list-style-type: none"> • training should use the KMTC Curriculum as envisaged in the Kenya Community Health Strategy 2020- 2025; • training to be harmonized with the EAC Region • training should be initial and continuing 	Areas of training should not be limited under a binding law. To make the CHWs competent to serve across the region. To facilitate refresher courses and training on emerging issues.	Not Adopted. Aspects of training of CHPs are provided in clause 5. The proposals are too specific and are policy issues that will be handled by the Council.

	CHESOA	Delete the words "community health workers" with "community health officers" in clause 23.	Alignment with the proposed new name of the Bill.	Not Adopted. The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.
	Coalition of Community Health Partners	Replace worker with officer in clause 23 (1)(c).	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.	
PART IV	MOH	There is no need to establish a disciplinary committee as CHPs are supervised by health care providers who are regulated and abided under the Health Act.	CHWs/ CHPs are not a formal cadre as they are selected by the community and work on the basis of volunteerism for the good of their community (<i>ubuntu</i>).	Not Adopted. The Disciplinary Committee is necessary so as to ensure fairness in the handling of complaints and disputes in relation to CHPs.
Clause 26	AKMLSO	Delete word "Council" and substitute with "Attorney General" in regulation 26(2)(c).	To ensure impartiality by the advocate.	Adopted. To ensure impartiality by the advocate which will contribute to fairness in the disciplinary process.
	SOCHE	Delete word "worker" and substitute with the word "officer" in regulation 26(2)(d).	CHPs are under the County Government.	Not Adopted. The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.
		Delete word "worker" and substitute with the word "promoter" in regulation 26(2)(e).	CHPs are under the County Government.	
		Delete the words "Community Health Workers" and substitute with the words "Community Health Officers, Assistants and Promoters" in subclause (5).	Inclusion of the entire community health cadres.	
	AWSRC	There is no provision for gender balance in the formulation of the committee membership.	There is need for representation of all genders.	Noted. Gender issues are to be taken into account at the point of appointing the members of the Disciplinary Committee.

	CHESOA	Delete the words “community health workers” with “community health officers” in clause 26 (1), 26 (2) (d) and (e) and 26(5).	Alignment with the proposed new name of the Bill.	<p>Not Adopted. The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.</p>	
		Add one community health officer nominated by the Association.	The Association represents the interests of all practicing Community Health Officers		
	Coalition of Community Health Partners	Replace worker with officer in clause 26 (1), (1) d, (1) e and (5)	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.		
Clause 27	SOCHE	Delete the words “Community Health Worker” and substitute with the words “a Community Health Officer, Assistant or Promoter” in clause 27.	Inclusion of the entire community health cadres.		
	CHESOA	Delete the words “community health workers” with “community health officers” in clause 27.	Alignment with the proposed new name of the Bill.		
	Coalition of Community Health Partners	Include the role of the county governments.	Community Health Officers are employed mostly by the county governments.		<p>Noted. The county governments are already included as the Council of Governors is to nominate some members in both the Council and the Disciplinary Committee.</p>
Clause 28	SOCHE	Delete the words “Community Health Worker” and substitute with the words “a Community Health Officer, Assistant or Promoter” in subclause (4) and (5).	Inclusion of the entire community health cadres.		
	CHESOA	Delete the words “community health worker” with “community health officer” in clause 28 (4) and (5).	These are the personnel to be regulated by the council under this bill	<p>Not Adopted. The Committee adopted the term “Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.</p>	
	Coalition of Community Health Partners	Replace worker with officer in clause 28(5).	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs		

PART V	MOH	Clause 29 on funds of the Council will be costly for CHPs who are only paid a stipend as they will be required to pay an annual fee.	Additional exchequer financing is required to legislate workers who do not require this law.	Noted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Fees for services rendered and monies from the exchequer are necessary to ensure that the effectiveness of the Council.
	NNAK	Delete the entire part.	Establishing a Council introduces an unnecessary functional crisis and additional financial burden to the government as the Council's functions can be performed by other regulatory bodies and the Public Service Commission.	Noted. Given that the Council will handle public money including fees for services rendered and monies from the exchequer, the Council has to adhere to the provisions of the Public Finance Management Act, Cap. 412A.
PART VI	MOH	There is no need for a Council to regulate the CHPs.	CHWs or CHPs do not require a Council to regulate them as they are selected by the community and work on the basis of volunteerism for the good of the community.	Not Adopted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Community health promoters are an important part of the health personnel who deal directly with the communities.

Clause 34	AKMLSO	Delete words "The Cabinet Secretary may, in consultation with the Council" and substitute with words "The Council may, in consultation with the Cabinet Secretary" in regulation 34(1).	The Cabinet Secretary may not give due attention to the matters affecting the Council's operations.	Not Adopted. Under the Statutory Instruments Act, Cap. 2A, the Cabinet Secretary is the regulation-making authority.
		Delete word "Cabinet Secretary" and substitute with "Council" in regulation 34(3)(a) and (b).	The Cabinet Secretary may not give due attention to the matters affecting the Council's operations.	
PART VII	MOH	The courses prescribed are already regulated.	The courses alluded to in the Second Schedule are already regulated by other bodies such as the Public Health Officers Council, the Nursing Council among others.	Noted. The prescribed courses in the Second Schedule are necessary for purposes of uniformity in the quality of care provided by community health promoters.
Clause 35	ACHVO-K	Provide for a transition clause that acknowledges existing CHPs/ Volunteers.	Not to subject existing CHPs to new entry rules as may be set by any county or policy.	Noted. The Primary Health Care Act, No. 13 of 2023 already provides for the transition of the existing community health promoters. This notwithstanding community health promoters have to undertake the prescribed courses so as to qualify for registration.
	SOCHE	Delete words "twelve" and substitute with "twenty-four" in clause 35.	For uniformity, the current Community Health Officers or Assistants should undertake a two-year certificate course in community health.	Adopted. This will give the existing community health promoters sufficient time to comply with the provisions of the

				Bill on registration as community health promoters.
	CHESOA	All serving officers employed under the Scheme of Service for Community Health Services Personnel November 2013 shall be deemed to have qualified for registration as Community Health Officers even though they may not have the prescribed qualification under this Act.	Officers who have served for over 5 years have gained knowledge through experiential learning which is recognized by the Kenya National Qualifications Authority. To take cognizance of the fact there are existing Community Health Officers already in service and are under permanent and pensionable terms	Noted. The Primary Health Care Act, No. 13 of 2023 already provides for the transition of the existing community health promoters. This notwithstanding community health promoters have to undertake the prescribed courses so as to qualify for registration.
	Coalition of Community Health Partners	Replace worker with officer in clause 35.	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.	Not Adopted. The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.
Second Schedule	OAG and DOJ	Provide for training in community health work.	Members of a profession usually possess some specialized training so as to provide skilled services. At the point of entry into the profession, the members should possess uniform training and qualifications. In this Bill, the prospective members of the profession are not uniformly trained as they are trained on different subjects. This means that they cannot be subjected to uniform standards because they have diverse training backgrounds.	Not Adopted. Restricting the training to community health would limit the scope of training and expertise at the primary health care level and exclude CHPs who are trained in other primary health care matters. The Committee further adopted the term
	AKMLSO	Delete the provision and substitute with the following new provision—	Some of the listed courses are mere topics in all health professions. They therefore make	

		<p>(1) A person who— (a) has successfully attended a community health training course approved by the Council; or (b) has attended a course of instruction for community health work recognized by the council as equivalent to the course prescribed and approved by the Council; or (c) holds such other qualifications as the Council may prescribe; and (d) has completed such approved period of probation as may be prescribed by the Council, may apply to the Council for registration under this Act.</p>	<p>community health work a narrow and mediocre profession.</p>	<p>“Community Health Promoters” in line with the Primary Health Care Act, No. 13 of 2023.</p>
	NNAK	Delete the Schedule.	The listed qualifications limits community health practice to a few people with limited and specialized training.	
	SOCHE	<p>Delete the provision and substitute with the following new provision—</p> <p>(a) A person shall be eligible for registration as a Community Health Officer, Assistant and Promoter if he or she has undertaken any of the following prescribed courses in the following: Bachelor’s degree in Community Health, Higher National Diploma in Community Health, Diploma in Community Health, Certificate in Community Health; and</p> <p>(b) Community Health promoters must have undertaken training in all Community Health Modules prescribed by the ministry of Health examined and certified to be Community Health promoters</p>	<p>The Community Health profession is saturated. There is no need to incorporate unrelated courses such as social work into the Community Health domain instead the course should be standardized and named Community Health. Some of the listed courses such as Community HIV/AIDS Testing and Counseling are two-week courses.</p> <p>The Institute of Social Work Professionals Bill, 2020 was developed for the regulation of social work, community development, counseling psychology, and medical social work and their related courses.</p>	

	CHESOA	A person shall be eligible for registration as Community Health Officer if he/she has undertaken any of the following prescribed courses: 1. Certificate in Community Health 2. Diploma in Community Health 3. Degree in Community Health	To professionalize Community Health Practice and avoid the confusion brought about by introducing other professions already in existence and with different mandate.	
	Coalition of Community Health Partners	Replace worker with Officer. Change the courses from (community Health, psychology, counselling, social work, community HIV counselling and testing, Immunizations, Community Development, Health Education) to Community health	The community health officer has a qualification in Community Health which in most colleges incorporates the other courses in the community health curriculum.	
Memorandum of Reasons and Objects	AKMLSO	Amend the memorandum to state that the Bill concerns county governments.	Health is a devolved function. The Bill seeks to provide a framework for regulation of CHWs whose services are required at level 1, falling under the functional domain of county governments, in the Kenyan health structure.	Noted. In accordance with the National Assembly Standing Orders, the memorandum of reasons and objects is not reported back to the House by Departmental Committees.
	NNAK	The memorandum contradicts the Second Schedule.	The Bill takes CHWs as lay people which negates the requirement for specialized training in the prescribed courses.	
	CHESOA	Delete paragraph two and three.	The Bill seeks to address competency of community health personnel. In the second schedule, it stipulates that someone has to undergo prescribed courses in recognized training institutions. Community Health workers do not have such qualifications and as such the bill may not be relevant or applicable	
General Comments	MOH	MOH does not support the Bill and recommends its withdrawal. It impedes the implementation of community health services as it focuses on establishing a Council for a few professionals in		Not Adopted. The Bill seeks to establish a Council to regulate the practice and the profession of

			community health and yet the field of community health involves a variety of players from lay health workers, diverse health professionals and multi-sectoral actors.		community health workers/ promoters.
			Forming the Council will be costly for CHPs as they will have to contribute annual subscriptions for renewal of licences even though they are not formal employees and not paid a salary but a stipend.		
		Gloria Chepngeno Langat	APHRC's research has shown that CHWs can save lives and improve the health and wellbeing of populations at the community level. Better remuneration and training of CHWs and harmonized standards of practice will enhance the quality of health services at the community level ultimately improving population health and reducing the cost of healthcare.		Noted. Community health promoters are an important part of the health personnel who deal directly with the communities.
		ACHVO-K	Replace the term "stipend" with "fair remuneration of work done". Provide for: <ul style="list-style-type: none"> • an advisory body to regulate the work done by CHPs and champion their unique issues such as social statutory coverage e.g. NSSF, risk allowance, fair remuneration and facilitation. CHPs should be represented in the advisory body. • an inclusive and equitable framework on the enhancement of education of 		Not Adopted. It is a global best practice that community health workers generally serve their communities on the basis of volunteerism.

			CHPs and setting of their training curriculum.	
		COG	<p>Recommends that the Bill be withdrawn as it will create more confusion, fragmentation and disharmony in the health sector. The MOH to provide a framework for a unified health system and coordinate the inter-relationship between the national and county government health systems as envisioned under the Health Act, 2017 so as to prevent cadre-based regulators.</p> <p>The proposed Council will result in double registration and regulation of community health extension workers who already identify with specific regulators. There are other players in the community health space such as public health technicians, pharmaceutical technologists, nurses, laboratory workers, public health technicians who all work in the community.</p>	<p>Noted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Community health promoters are an important part of the health personnel who deal directly with the communities.</p>
		NNAK	<p>The Bill seeks to introduce a non-existent cadre of healthcare workers, CHWs. The Bill does not advance community health services in Kenya as the name CHW disenfranchises the over 100,00 CHVs in the country. The CHVs were not consulted in the development of the Bill.</p> <p>The Bill should be withdrawn and its contents addressed within the existing legislation and Public Service Commission mechanisms that have an existing CHW scheme of service. The Bill may also be redrafted with input from the existing professionals.</p>	<p>Noted. The Committee adopted the term “community health promoter” for alignment with the Primary Health Care Act, No. 13 of 2023.</p>

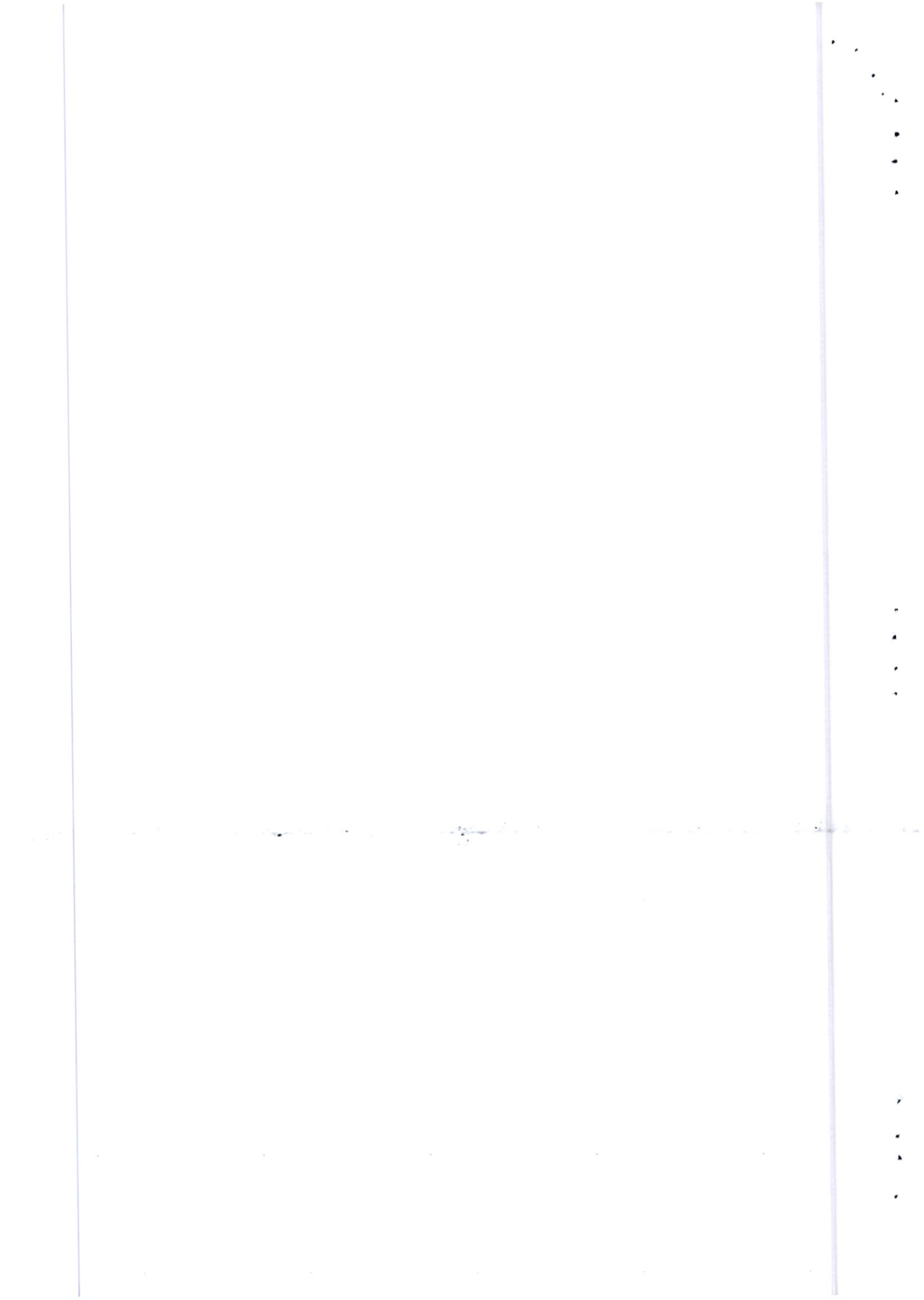
			<p>The Bill may be merged with Senate Bill No. 34 of 2020 that exhaustively covers delivery of community health services including the workforce.</p>	
			<p>The Bill does not provide for an indemnity clause even though CHWs are not trained professionals and cannot offer technical services at the community level.</p> <p>The Bill does not provide for confidentiality of patient data and legal redress to patients in the event of malpractice.</p> <p>The Bill does not set out how CHWs will be hired, their level of training, scope of practice and regulation.</p>	
		KLRC	<p>KLRC indicated that it had no objection to the Bill. The Bill is expected to contribute significantly to the government's agenda of <i>Afya Bora mashinani</i> with respect to UHC.</p>	<p>Noted. Community health promoters are an important part of the health personnel who deal directly with the communities.</p>
		LSK	<p>Supports the enactment of the Bill. The Bill's recognition of CHWs, provisions on the training and certification of CHWs, integration of CHWs into the country's health system, accountability provisions, community engagement of CHWs and provisions on fair and adequate remuneration of CHWs align with the LSK commitment to social justice, equality, and the constitutional guarantee of the right to health.</p> <p>The LSK emphasizes the significance of CHWs in improving healthcare access and</p>	

		outcomes, and advocates for the protection and empowerment of these essential healthcare providers.		
	AWSRC	<p>Appreciates Parliament's decision to enact legislation to address matters regarding CHWs.</p> <p>Insert a provision that creates a Community Health Committee and sets out its membership, representations and functions.</p> <p>Introduce a part on the welfare of Community Health Workers. The part to address the following—</p> <p>(a) Recruitment and Selection</p> <ul style="list-style-type: none"> ✓ Should be chosen from the community they will serve ✓ That communities should have a say in the selection of their CHWs ✓ That they should be directly chosen by the households that they will work with ✓ Traditional service providers who may have the skills but lacking modern technology should be embraced and given the necessary facilitation <p>(b) Remuneration</p> <p>This should also come with other benefits enjoyed by other workers such as NHIF and paid annual and maternity leave</p> <p>(c) Support and Supervision</p> <ul style="list-style-type: none"> ✓ Regular and reliable support and supervision ✓ Support in logistics and infrastructure 	CHWs work at community health level and hence they need to work with the community. Further, the same committee should be formed as envisaged in the Kenya Community Health Policy 2020-2030.	Noted. The matters proposed are best addressed in policy.

		<p>✓ Reliable provision of transport, drugs and equipment</p> <p>(d) Incentives</p> <p>(e) Relationship with formal health services</p> <p>(f) Welfare during outbreaks and pandemics</p>	
	CHESOA	<p>Oppose this bill and requests that the Bill be withdrawn based on the following reasons:</p> <p>1. The Community Health Policy and the Community Health Services Acts in some counties indicate that the requirements for selection of CHPs include being able to read and write. Some of those having O level qualifications do not meet the criteria for admission into institutions of higher learning. The enactment of this Bill will send home many CHPs who are already engaged by the counties.</p> <p>2. CHPs who meet requirements for admission to study prescribed courses may not have money to go back to school so as to meet the requirements of registration by the proposed council. This will disadvantage them.</p> <p>3. There are already qualified Kenyans who have studied the prescribed courses and meet the requirements for registration by the proposed council.</p> <p>4. There are existing 3250 Community Health Officers in the country who supervise CHPs. Community Health Officers are central to the roll out of</p>	<p>Noted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/promoters in the manner set out in the Bill.</p>

		Community Health Services in the Country, which is key to achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). It is important to regulate Community Health Officers given their role as supervisors of CHPs.	
	Coalition of Community Health Partners	<p>Disapproves of the Bill and requests that it is withdrawn or amended for the following reasons—</p> <p>The Bill as currently drafted does not advance community health services in the Country due to conflicts with current national and county policies on Community health.</p> <p>The Bill advances the interests of community health workers who are not currently a cadre in the service but are named as CHPs and Community Health Officers/ Assistants/ Assistants community health officers as per the career progression guidelines and community health policy.</p> <p>The Bill can be amended to support supervision and advance the welfare of CHPs and Community Health Officers. We feel that the title needs to reflect this as well as amend some clauses that will make the bill Community health-centric.</p> <p>The community Health Officers often referred to as community health workers have neither been engaged nor have their opinions sought in coming up with this legislation.</p>	<p>Noted. The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters in the manner set out in the Bill.</p>

			CHPs cannot be bound by the law being lay people most of whom do not have the requisite qualifications to be registered or even undergo the formal training in a college.		
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Annexure 4 : Copy of the newspaper advertisement on public participation on the Bill



LSK seeks Arusha's help in case over gadget that snoops on calls

▶ Lawyers accuses the Supreme Court of violating Kenyan law for not defining a 'person' in a case.

▶ The case on data management initially involved Busia Senator Okiya Omtatah.

KAMAU MUTHONI, NAIROBI

The Law Society of Kenya has escalated the battle over a controversial device procured by the Communication Authority of Kenya, feared to spy on mobile phone users.

The society through its lawyer Dudley Ochieng now joins the list of Kenyans trooping to the East Africa Court of Justice (EACJ) complaining about the Kenyan judicial system.

LSK in its case against Attorney General, accuses the Supreme Court of violating Kenyan law and the East Africa Community (EAC) treaty by dismissing the appeal it filed before the highest court in Kenya.

According to the lawyer Eric Theuri-led lobby, the Supreme Court failed to correctly define who a 'person' in a case is, by limiting it to only the parties that were involved in a dispute. The case on Data Management System (DMS) initially involved Busia Senator Okiya Omtatah against AG and CA.

Safaricom, Telkom, and Airtel were interested parties.

LSK came in after the Court of Appeal overturned High Court's decision barring CA from installing DSM. Omtatah did not appeal the case. However, LSK moved to the Supreme Court arguing that the Court of Appeal failed to factor in the evidence submitted to show that the device would allow third parties access crucial information about callers.

However, Supreme Court Justices Philomena Mwilu, Mohamed Ibrahim, Smokin Wanjala, Njoki Ndung'u, and Isaac Lenaola dismissed the case, as LSK was not a party to the case.

In the EAC, LSK now argues that Kenya's highest court unfairly locked it out from accessing justice. At the

"The Supreme Court of Kenya's decision suffers wrongs to be without remedy by foreclosing all possibility of appeals by aggrieved nonparties despite Articles 22 and 258 of the Constitution and despite Rule 36 of the Supreme 20 Court of Kenya Rules, 2020."

same time, it argues that the Supreme Court also threw out Omtatah's case.

"The Supreme Court of Kenya's decision suffers wrongs to be without remedy by foreclosing all possibility of appeals by aggrieved nonparties despite Articles 22 and 258 of the Constitution and despite Rule 36 of the Supreme 20 Court of Kenya Rules, 2020. The Supreme Court further inequitably allowed a wrong to be without remedy by dismissing the

cross-appeal by Okiiti—a main party," court papers before the regional court read in part.

In the Court of Appeal in Kenya, Justices Martha Koome (current Chief Justice) William Ouko (now a Supreme Court judge), and Daniel Musinga overturned a High Court's judgment which outlawed installation of DSM.

The three judges faulted Justice John Mativo (now Court of Appeal judge) saying he failed to appreciate there was no credible evidence to demonstrate the system was meant to spy on consumers' private information. The High Court had scuttled plans by the regulatory body to install the system and force mobile service companies to connect their systems to it.

Fears were that CA would listen in on mobile phone conversations but it insisted DSM will help to detect fake mobile devices.

The appeals court found that consultations with telecom operators Safaricom, Airtel, and Telkom Kenya on the design of the system were not yet complete.

COURT Kuria barred from abusing journalists and media houses

The High Court in Nairobi has cut short Trade Cabinet Secretary Moses Kuria's vitriol against the media.

Yesterday, Justice Lawrence Mugambi ordered the CS not to insult, belittle or issue disparaging or vilifying words against journalists.

"Prayer number 2 of the notice of motion namely, pending the hearing and determination of this application an injunction be and is hereby issued against the Cabinet Secretary, Ministry of Investments, Trade and Industries Moses Kuria preventing him from uttering and expressing any insulting, demeaning, belittling, condescending, disdainful, disparaging or vilifying words against any media practitioner(s) within the meaning of Article 34 of the Constitution," Justice Mugambi ruled.

He observed that lawyer Charles Mugane had detailed Kuria's scandalous, offensive, vilifying and threatening words in public.

Mugane moved to court after Kuria posted on his Twitter account disparaging words against Nation Media Group.

In the case, Mugane sued Kuria and Attorney General Justin Muturi with the Media Council of Kenya, the EACC and NMG as interested parties. [Kamau Muthoni]



REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY
THIRTEEN PARLIAMENT - SECOND SESSION

IN THE MATTER OF ARTICLE 118(1) (b) OF THE CONSTITUTION
AND
IN THE MATTER OF CONSIDERATION BY NATIONAL ASSEMBLY OF:
THE NATIONAL GOVERNMENT CONSTITUENCIES DEVELOPMENT FUND (AMENDMENT) BILL, 2023

INVITATION TO SUBMIT MEMORANDA

WHEREAS, Article 118(1) (b) of the Constitution requires Parliament to facilitate public participation and involvement in the legislative and other business of Parliament and its Committees;

AND WHEREAS, The National Government Constituencies Development Fund (Amendment) Bill, 2023 (National Assembly Bill No. 13 of 2023) co-sponsored by the Leader of the Majority Party, the Hon. Kimani Ichung'u, MGH, MP and the Leader of the Minority Party, the Hon. James Opiyo Wandayi, MGH, MP, was read a First Time on Wednesday, 7th June, 2023 and pursuant to National Assembly Standing Order 127(1) committed to the Select Committee on National Government Constituencies Development Fund for consideration and reporting to the House;

FURTHER WHEREAS, the principal object of the Bill is to amend the National Government Constituencies Development Fund Act, No. 30 of 2015 to provide that projects undertaken under the Fund must fall within the exclusive mandate of the national government; and to align the Act with the Constitution on the distinct roles and functions of the national and county governments;

NOW THEREFORE, in compliance with Article 118(1) (b) of the Constitution and Standing Order 127(3), the Select Committee on National Government Constituencies Development Fund hereby invites members of the Public to submit memoranda on the Bill.

A copy of the Bill is available at the National Assembly Table Office, or on www.parliament.go.ke/the-national-assembly/house-business/bills.

The memoranda may be addressed to the Clerk of the National Assembly, P.O. Box 41842-00100, Nairobi; hand-delivered to the Office of the Clerk, Main Parliament Buildings, Nairobi; or emailed to cna@parliament.go.ke; to be received on or before Wednesday, 28th June, 2023 at 5:00 p.m.

S. NJOROGE
CLERK OF THE NATIONAL ASSEMBLY
22nd June, 2023

"For the Welfare of Society and the just Government of the People"



REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY
THIRTEENTH PARLIAMENT - SECOND SESSION

IN THE MATTER OF ARTICLE 118(1)(b) OF THE CONSTITUTION
AND
IN THE MATTER OF CONSIDERATION BY THE NATIONAL ASSEMBLY OF:
THE COMMUNITY HEALTH WORKERS BILL, 2022

INVITATION TO SUBMIT MEMORANDA

WHEREAS, Article 118(1) (b) of the Constitution of Kenya requires Parliament to facilitate public participation and involvement in the legislative and other business of Parliament and its Committees;

AND WHEREAS, the Community Health Workers Bill, 2022 (National Assembly Bills No. 53), sponsored by Hon. Martin Peters Owino, MP, was read a First Time on Wednesday, 14th June, 2023 and pursuant to National Assembly Standing Order 127(1) committed to the Departmental Committee on Health for consideration and reporting to the House;

FURTHER WHEREAS, the principal object of the Bill is to provide a framework for the regulation of community health workers who, despite their importance in provision of medical services in the Community, mostly are volunteers and are occasionally paid allowances;

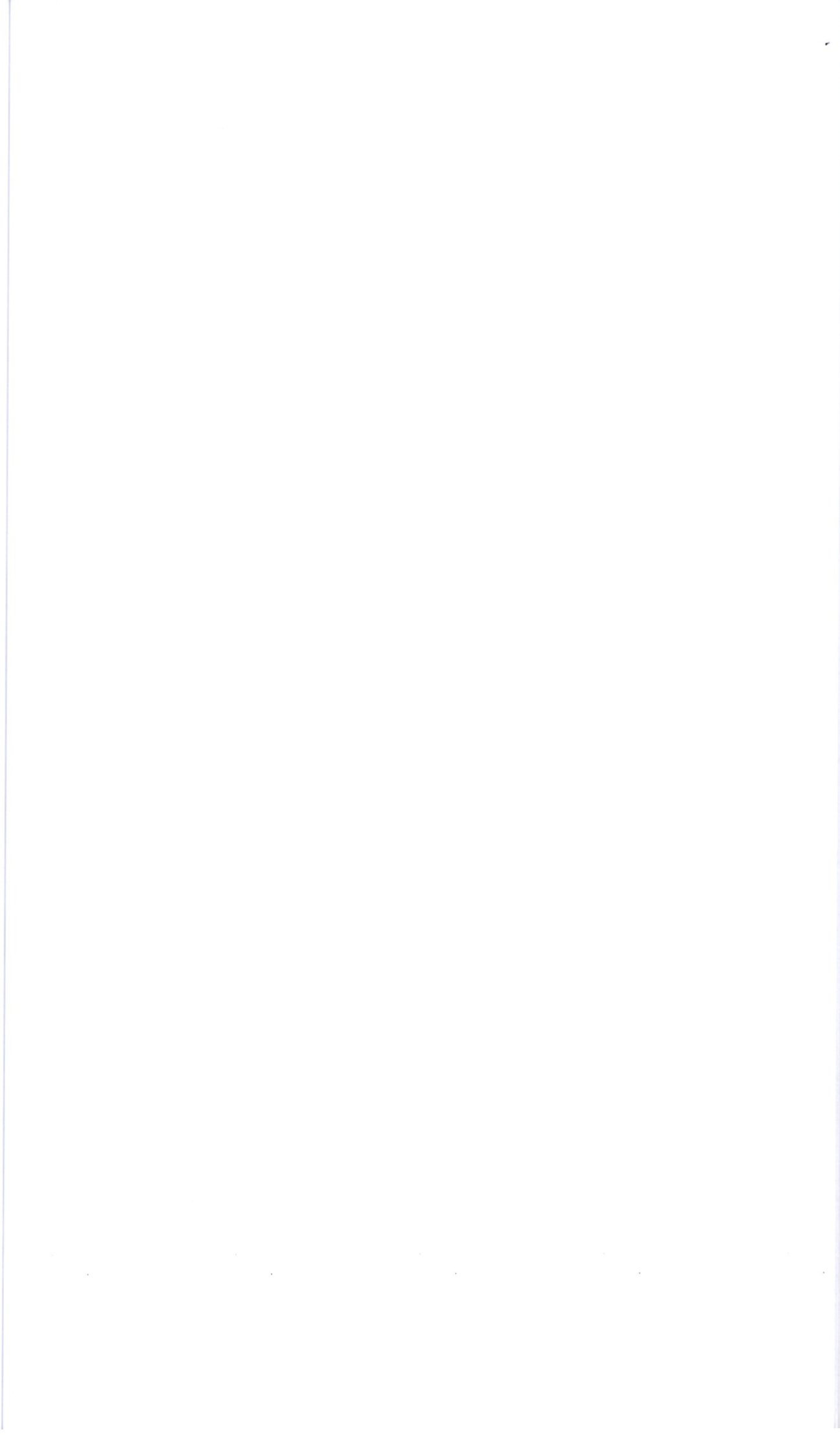
NOW THEREFORE, in compliance with Article 118(1) (b) of the Constitution and Standing Order 127(3), the Departmental Committee on Health hereby invites members of the public to submit memoranda on the Bill.

A copy of the Bill is available at the National Assembly Table Office, Main Parliament Building or on www.parliament.go.ke/the-national-assembly/house-business/bills.

The memoranda should be addressed to the Clerk of the National Assembly, P.O. Box 41842-00100, Nairobi; hand-delivered to the Office of the Clerk, Main Parliament Buildings, Nairobi; or emailed to cna@parliament.go.ke to be received on or before Wednesday, 5th July, 2023 at 5:00 pm.

S. NJOROGE
CLERK OF THE NATIONAL ASSEMBLY
22nd June, 2023

"For the Welfare of Society and the just Government of the People"



Annexure 5 : Letter inviting stakeholders to submit views on the Bill

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THE NATIONAL ASSEMBLY
OFFICE OF THE CLERK

P. O. Box 41842-00100
Nairobi, Kenya
Main Parliament Buildings
When replying please quote

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Email: cna@parliament.go.ke
www.parliament.go.ke/the-national-assembly

Ref. NA/DDC/DC-H/2023/ (039)

11th July, 2023

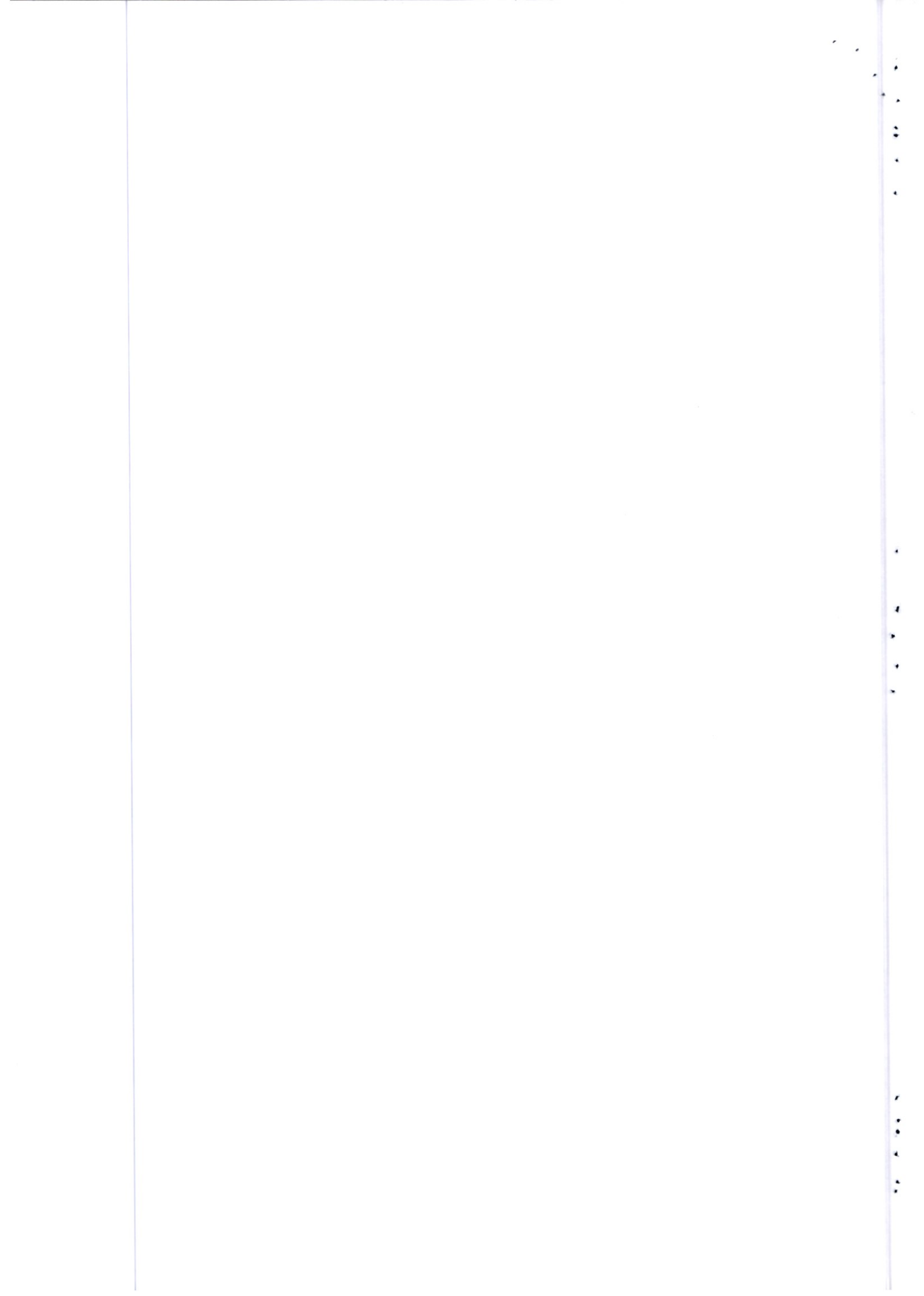
Hon. Shadrack Mose,
Solicitor General,
Office of the Attorney General and Department of Justice,
Sheria House, Harambee Avenue,
NAIROBI

Ms. Mary Muthoni Muriuki
Principal Secretary
State Department for Public Health and Professional Standards
Ministry of Health
Afya House
NAIROBI

Mr. Harry Kimutai, CBS
Principal Secretary
State Department for Medical Services
Ministry of Health
Afya House
NAIROBI

Mr. Joash Dache
Secretary /Chief Executive Officer
Kenya Law Reform Commission
P.O. Box 34999-00100
NAIROBI

Dr. Fred Siyoi
Chief Executive Officer
Pharmacy and Poisons Board
P.O. Box 27663-00506
Lenana Road
NAIROBI



Copy to: -

Hon. Justin B. N. Muturi, E.G.H
Attorney General of the Republic of Kenya
Office of the Attorney General and Department of Justice
Sheria house
Harambee Avenue
NAIROBI

Ms. Susan Wafula
Cabinet Secretary,
Ministry of Health
Afya, House
NAIROBI

Dr. Charles Githua Githinji, PhD
Chairman of the Board
Pharmacy and Poisons Board
P.O. Box 27663-00506
Lenana Road
NAIROBI

Mr. Stanley Kahinga
Chairman
Kenya Medical and Dentists Council Board
P.O. Box 44839-00100
NAIROBI

Dr. Githingi Gitahi
Chairman
National Cancer Institute of Kenya
PO Box 30016, G.P.O
NAIROBI



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Ref. NA/DDC/DC-H/2023/ (040)

10th July, 2023.

Mr. Eric Theuri
President
Law Society of Kenya
Gitanga Road
P.O. Box 72219-00200
NAIROBI

Dear *Mr. Theuri*,

**RE: MEETING WITH THE DEPARTMENTAL COMMITTEE ON HEALTH TO
DISCUSS BILLS**

The Departmental Committee on Health is established under Standing Order 216 (5) (c) and is mandated to, among others, "*study and review all legislation referred to it*".

Pursuant to the provisions of standing order 127(1), the following Bills were committed to the Committee for consideration: **(copies attached)**

1. The Kenya Drugs Authority Bill (NA Bill No. 54) 2022,
2. The Assisted Reproductive Technology Bill of (NA Bill No. 61) 2022,
3. The Community Health Workers Bill (NA Bill 53) 2022 and
4. The Cancer Prevention and Control (Amendment) Bill (NA Bill No. 45) 2022

Pursuant to Article 118(1) (b) of the Constitution and Standing Order 127(3) of the National Assembly, the Committee resolved to invite relevant stakeholders to submit their views and comments on the said Bills.

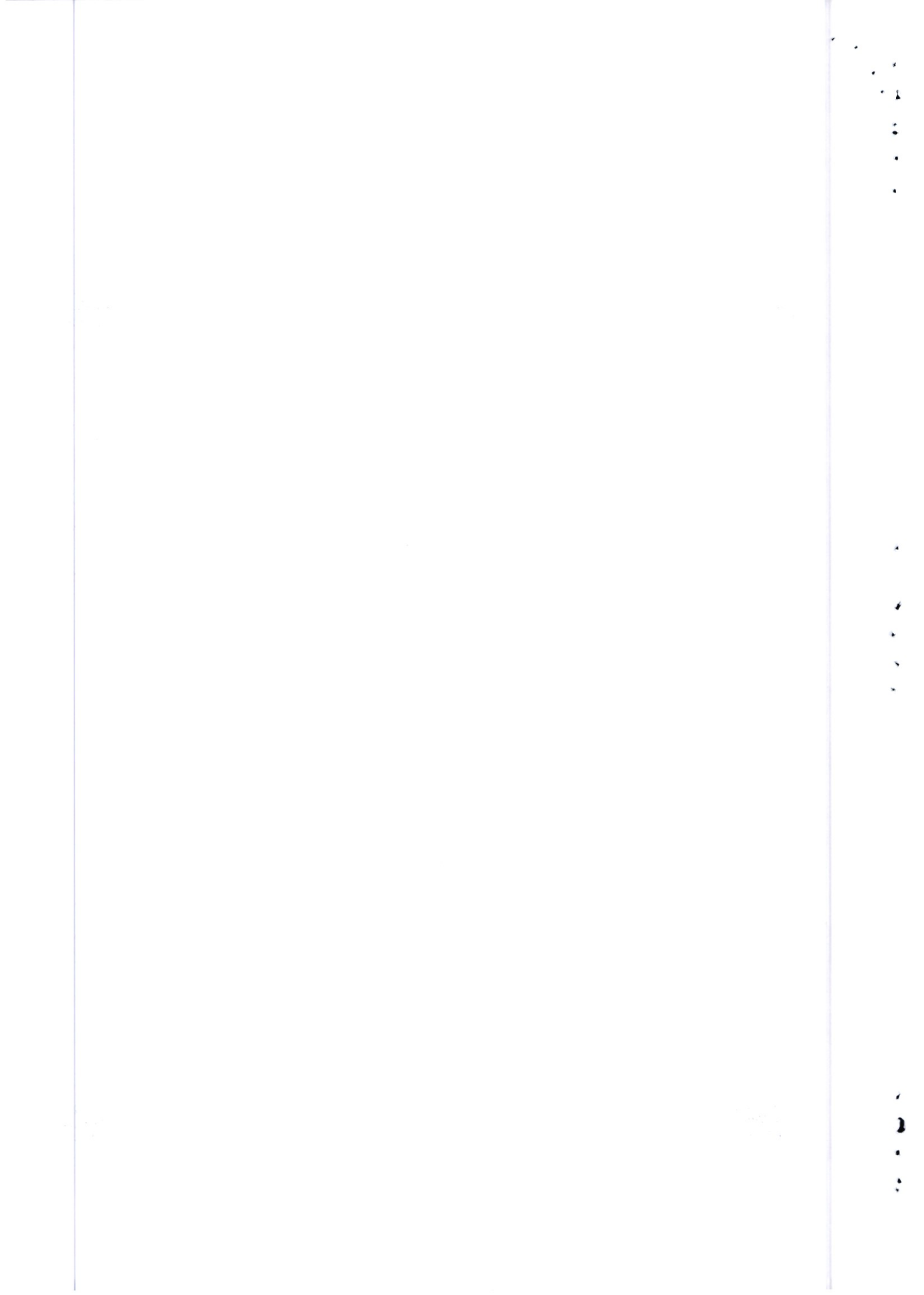
In this regard, the Committee therefore invites you for a meeting to submit your views and comments on the said Bills on **Tuesday, 18th July 2023 at 11.00 am at Parliament Buildings.**

Our Liaison Officers on this subject are **Mr. Hassan A. Arale**, Committee Clerk who may be contacted on **Tel No. 0721480578** or email: hassan.arale@parliament.go.ke or **Ms. Gladys Kiprotich**, **Tel No. 0718721253** or email: gladys.kiprotich@parliament.go.ke.

Yours *Sincerely*,

PETER K. CHEMWENO
For: CLERK OF THE NATIONAL ASSEMBLY

Annexure 6 : Letter inviting stakeholders for a meeting with the Committee on the Bill





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www.parliament.go.ke/the-national-assembly

Ref. NA/DDC/DC-H/2023/ (039)

11th July, 2023

Hon. Shadrack Mose,
Solicitor General,
Office of the Attorney General and Department of Justice,
Sheria House, Harambee Avenue,
NAIROBI

Ms. Mary Muthoni Muriuki
Principal Secretary
State Department for Public Health and Professional Standards
Ministry of Health
Afya House
NAIROBI

Mr. Harry Kimutai, CBS
Principal Secretary
State Department for Medical Services
Ministry of Health
Afya House
NAIROBI

Mr. Joash Dache
Secretary /Chief Executive Officer
Kenya Law Reform Commission
P.O. Box 34999-00100
NAIROBI

Dr. Fred Siyoi
Chief Executive Officer
Pharmacy and Poisons Board
P.O. Box 27663-00506
Lenana Road
NAIROBI

Dr. Elias Melly
Chief Executive Officer
National Cancer Institute of Kenya
P.O Box 30016, G.P.O
NAIROBI

Dr. David G. Kariuki
Chief Executive Officer,
Kenya Medical Practitioners and Dentists Council,
KMP & DC House,
Woodlands Rd, off Lenana Rd
P.O. Box 44839-00100
NAIROBI

Dear *Hon. Mose*,

RE: MEETING WITH THE DEPARTMENTAL COMMITTEE ON HEALTH TO DISCUSS BILLS.

The Departmental Committee on Health is established under National Assembly Standing Order 216 (5) (c) and is mandated to among others, "*study and review all legislation referred to it*".

Pursuant to the provisions of Standing Order 127(1), the following Bills (copies attached) have been committed to the Committee for consideration and reporting to the House:

1. The Kenya Drugs Authority Bill (National Assembly Bill No. 54) 2022,
2. The Assisted Reproductive Technology Bill of (National Assembly Bill No. 61) 2022,
3. The Community Health Workers Bill (National Assembly Bill No. 53) 2022 and
4. The Cancer Prevention and Control (Amendment) Bill (National Assembly Bill No. 45) 2022

Article 118(1) (b) of the Constitution and Standing Order 127(3) requires the Committee to conduct public participation while considering Bills. In this regard, the Committee has resolved to meet relevant stakeholders to submit their views and comments on the said Bills.

The purpose of this letter is to invite you for a meeting with the Committee to discuss the Bills. The meeting will be held on **Tuesday, 18th July 2023** at **9.00 am** in **Parliament Buildings**.

Our Liaison Officers on this subject are **Mr. Hassan A. Arale**, Committee Clerk who may be contacted on **Tel No. 0721480578** or email: hassan.arale@parliament.go.ke and **Ms. Gladys Kiprotich**, Tel No. **0718721253** or email: gladys.kiprotich@parliament.go.ke.

Yours *Sincerely*,



PETER K. CHEMWENO
For: CLERK OF THE NATIONAL ASSEMBLY

Copy to: -

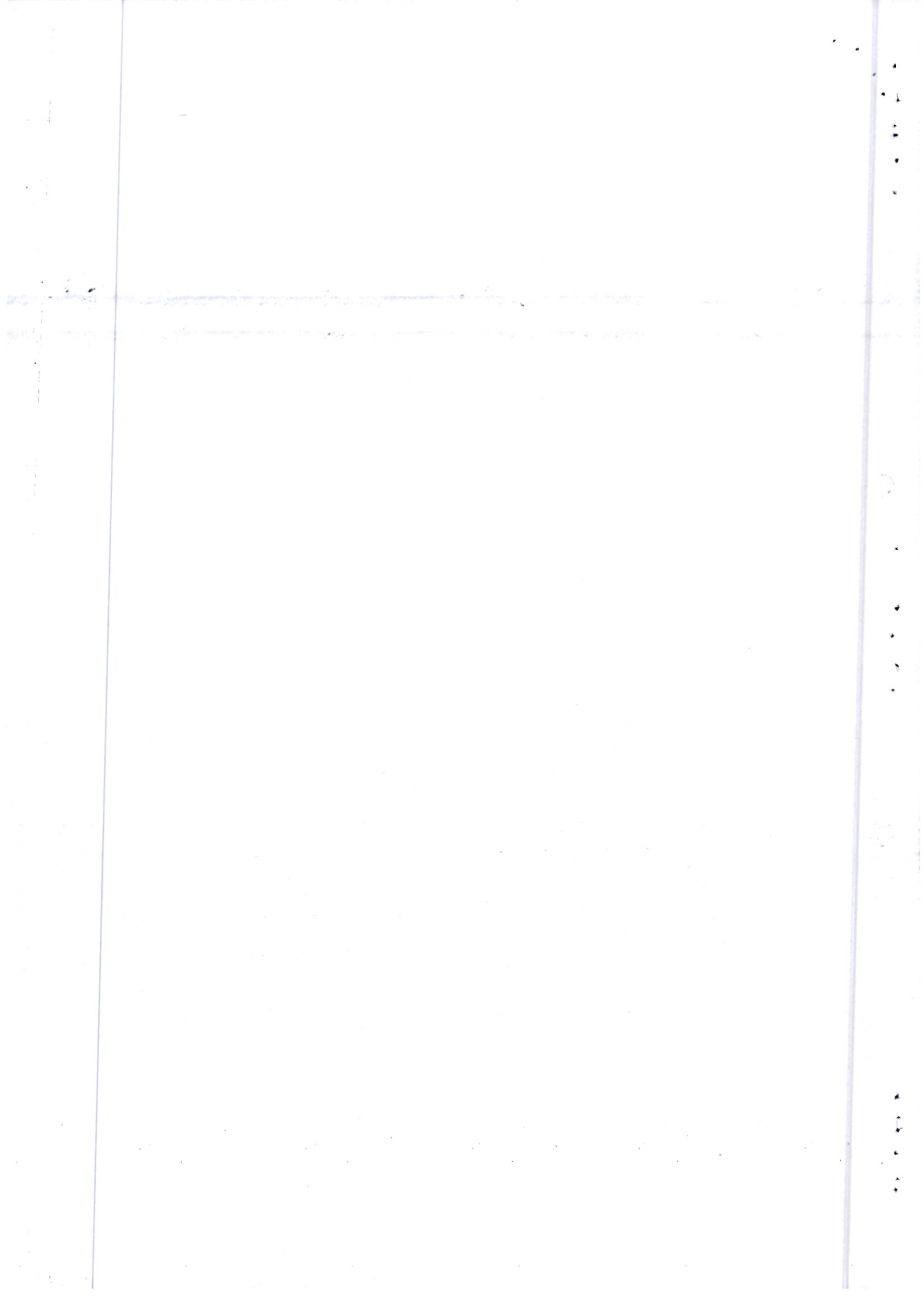
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Sheria house
Harambee Avenue
NAIROBI

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Cabinet Secretary,
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Afya, House
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Dr. Charles Githua Githinji, PhD
Chairman of the Board
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P.O. Box 27668-00506
Lenana Road
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Kenya Medical and Dentists Council Board
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Ref. NA/DDC/DC-H/2023/ (046)

11th July, 2023

Ms. Mary Mwiti
Chief Executive Officer
Ms. Council of Governors
P.O Box 40401-00100

NAIROBI

Dear *Ms. Mwiti*,

**RE: RE: MEETING WITH THE DEPARTMENTAL COMMITTEE ON HEALTH TO
CONSIDER THE COMMUNITY HEALTH WORKERS BILL, 2022.**

The Departmental Committee on Health is established under National Assembly Standing Order 216 (5) (c) and is mandated to, among others, "*study and review all legislation referred to it*".

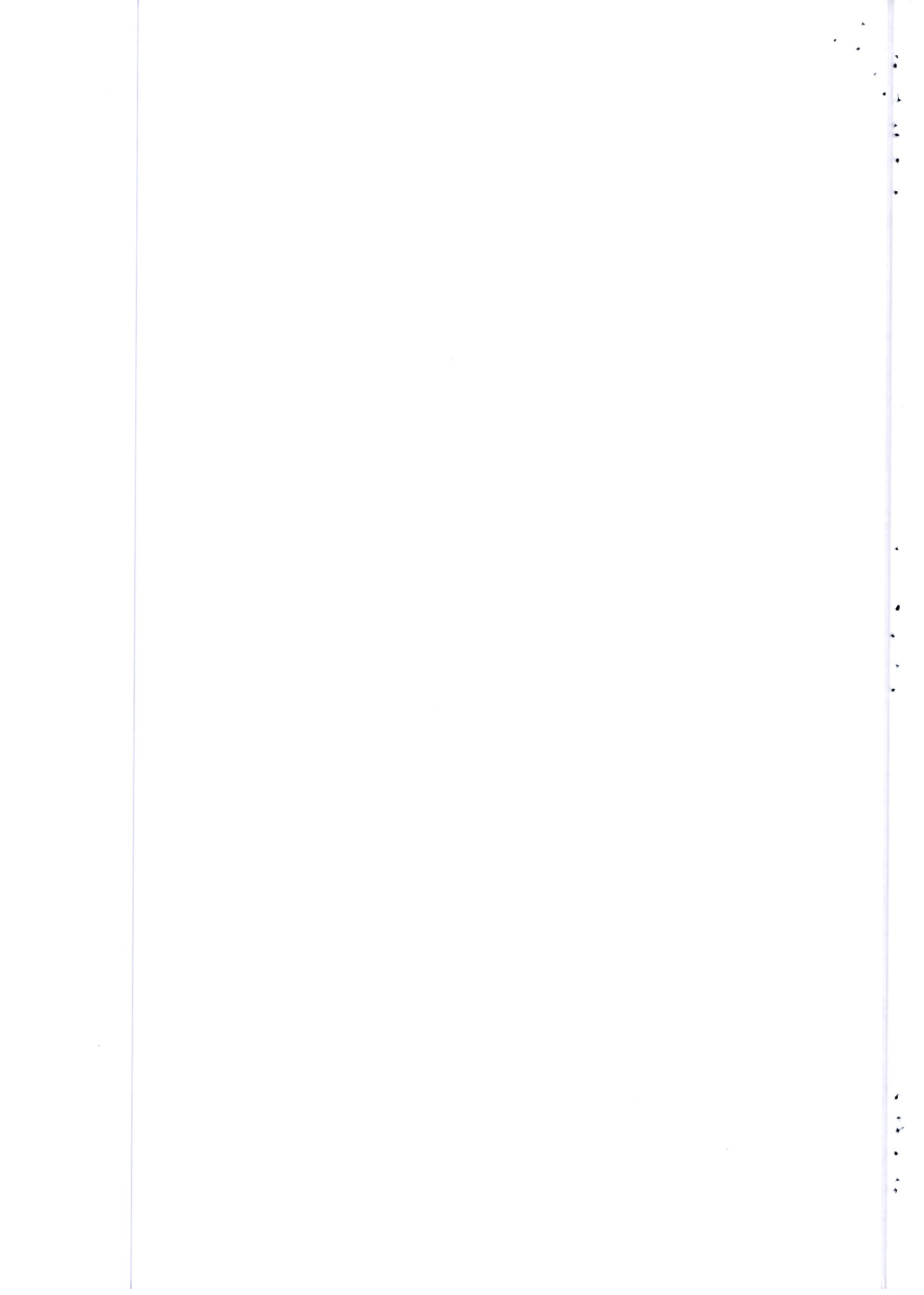
Pursuant to the provisions of Standing Order 127(1), the Community Health Workers Bill, 2022 (copy attached) was committed to the Committee for review and reporting to the House. Article 118(1) (b) of the Constitution and Standing Order 127(3) require the Committee to facilitate public participation when reviewing the Bill.

In this regard, the Committee therefore invites you for a meeting to submit your views and comments on the Bill. The meeting will be held on **Thursday, 20th July 2023** at 11.00 am at venue to be communicated within Parliament Buildings.

Our Liaison Officers on this subject are **Mr. Hassan A. Arale**, Committee Clerk who may be contacted on Tel No. 0721480578 or email: hassan.arale@parliament.go.ke and **Ms. Gladys Kiprotich**, Tel No. 0718721253 or email: gladys.kiprotich@parliament.go.ke.

Yours *Sincerely*,

PETER K. CHEMWENO
For: CLERK OF THE NATIONAL ASSEMBLY



Annexure 7 : Submissions by stakeholders

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Tel.: 0782903352 / 0722688528

Email: chesoa2017@gmail.com

P.O Box

27892- P.O Box 27892-00100- NAIROBI

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NAIROBI

"Building and sustaining community health services"

COMMUNITY HEALTH SERVICES & DEVELOPMENT OFFICERS ASSOCIATION

MEMORANDUM TO THE NATIONAL ASSEMBLY

THIRTEENTH PARLIAMENT || THE COMMUNITY HEALTH WORKERS

BILL, 2022.

The Clerk of the National Assembly,

Main Parliament Building,

P.O Box 41842-00100.

NAIROBI.

Dear Sir/Madam,

Context

Article 43 of the Constitution of Kenya, 2010. 43. (a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. For us to achieve this, appropriate legislation will go a long way in putting in place the legal framework for delivery of quality community health services in the country.

The Community Health Workers Bill, 2022 (National Assembly Bills No. 53) was published by The National Assembly on 10th November 2022 and stands committed to the National Assembly Departmental Committee on Health for consideration and reporting. Pursuant to Article 118 (1) of the Constitution of Kenya 2010 highlighting the importance of citizens participation, we submit this memorandum.

We submit that we **oppose this bill** and consequently **request that the Bill be withdrawn** based on the following reasons:

1. The Community Health Policy and the Community Health Services Acts in some counties indicate that the requirements for selection of Community Health Promoters include being able to read and write. Some of those having O level qualifications do not meet the criteria for admission into institutions of higher learning. The enactment of this bill will send home many CHPs who are already engaged by the counties.
2. CHPs who meet requirements for admission to study prescribed courses may not have money to go back to school so as to meet the requirements of registration by the proposed council. This will disadvantage them.
3. There are already qualified Kenyans who have studied the prescribed courses and meet the requirements for registration by the proposed council.
4. There are existing 3250 Community Health Officers in the country who supervise Community Health Promoters (CHPS). Community Health Officers are central to the roll out of Community Health Services in the Country, which is key to achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). It is important to regulate Community Health Officers given their role as supervisors of Community Health Promoters (CHPS).

We propose that the Community Health Workers Bill 2022 be amended to regulate Community Health Officers and as such, be renamed Community Health Officers Bill and the following article specific changes be made:

RULE	PROPOSED AMENDMENT	JUSTIFICATION
Title	Community Health Officers Bill, 2022.	Community Health Workers is a broad term currently not justified in any policy document. The term is sometimes used to refer to Community Health Officers, Community Health Promoters (CHPs) and Community Health Committees (CHCs). CHPs and CHCs do not meet the academic and regulatory requirements advanced in the bill
A Bill for	AN ACT of Parliament to make provision for the training, registration and licensing of community health officers to regulate their practice; to provide for the establishment, powers and functions of the Community Health Officers Council of Kenya and for connected purposes	Community Health Promoters (CHPs) and Community Health Committees (CHCs) do not meet the academic and regulatory requirements advanced in the bill. Community Health Officers do.
Part 1-Preliminary 1 In this act	Replace community health worker This Act may be cited as the Community Health Officers Act, 2022.	To align the bill with the suggested title
2. In this Act, unless the context otherwise requires—	Delete community health worker and insert "community health officer " means a person who, having successfully undergone a prescribed course of training in a training institution, is a holder of a certificate issued by that institution and is registered under this Act; "Council" means community health officers council established under section 3. "register" means the register of community health officers which the Registrar is required to maintain under section 19; "Registrar" means the registrar of community health officers as provided under section 17.	Community Health Promoters who are part of community health workers are members of a given community and it will be very difficult for them to undergo training in institutions of higher learning so as to be registered as proposed in the bill. Community Health Officers meet the criteria set out for training and regulation.
	Add "Association" means Community Health Services and Development Officers Association	The Association will help in members' professional regulation and is a key stakeholder since it represents the interests of all practicing Community Health Officers This is in line with formation of other councils such as the Medical Practitioners and Dentist Council, Nursing Council etc.

PART II—ESTABLISHMENT, FUNCTIONS AND POWERS OF THE COMMUNITY HEALTH WORKERS COUNCIL	Delete Community Health Workers Council and insert Community Health Officers Council	To align the bill with the suggested title
3. (1)	There is established a Council to be known as the Community Health Officers Council	To align the bill with the proposed council
5 (a, b, c, e, h)	Replace the words community health workers with Community Health Officers	To align the bill with the suggested title
6 (1) (c)	Replace the Director of education or his designate with a lecturer nominated by universities training community health	To bring the input of institutions of higher learning in Community Health into the profession and council.
6 (1) (e)	Replace one registered community health nurse with registered community health officer nominated by the association	To advance the profession and bring the insights of the association in the council. No council presently constituted has a different cadre sitting in the council or board
6 (1) (g)	Replace the words community health worker with community health officer	To align the bill with the suggested title.
6 (1) (h)	Replace the words community health workers with community health officer	To align the bill with the suggested title.
6 (1) (j)	Add; Head, Division of Community Health Services at the Ministry of Health	Important since Community Health Policies are led by the officer. Will bring wealth of experience in the Council.
6 (1) (k)	Add; the General Secretary of the Association	To bring the perspective of the professional association to the council
6 (1) (l)	Add; One Lecturer in community health from the department dealing with community health nominated by the by the Association to represent Technical and Vocational Training colleges	To bring on board the technical expertise of middle level trainers to the council
PART III REGISTRATION AND TRAINING OF COMMUNITY HEALTH WORKERS	Replace Community Health Workers with Community Health Officers	To align the bill with the suggested title.
18 (b)	Add in Community Health after the word Degree	It is important to have someone in authority when it comes to Community Health
18 (c)	delete Community Health Worker and insert Community Health Officer	To align the bill with the proposed title
19 (c, d, e)	Replace Community Health Workers with Community Health Officers	To align the bill with the proposed title
20 (1) (b) (c) (2)	Replace Community Health Worker(s) with Community	To align the bill with the proposed title

	Health Officers in all sections that apply	
22 (d)	delete Community Health Worker and insert Community Health Officer	To align the bill with the proposed title. To ensure that the trainee is adequately trained before they take the mantle. To complete the training practice period (Internship) as required in medical field.
23	delete Community Health Worker and insert Community Health Officer	To align the bill with the suggested title.
PART IV — DISCIPLINE 26 (1)	Delete Community Health Workers and insert Community Health Officers	To align the bill with the proposed title
26 (2), (d), (e)	delete Community Health Worker and insert Community Health Officer	To align the bill with the proposed title
26 (2) f	Add; one Community Health Officer nominated by the Association	The Association represents the interests of all practicing Community Health Officers
26 (5)	Replace Community Health Worker with Community Health Officer	This are the personnel to be regulated by the council under this bill
27	Replace community health worker with community health officer	To align the bill with the suggested title.
28 (4), (5)	Replace Community Health Worker with Community Health Officer	This are the personnel to be regulated by the council under this bill
PART VII- TRANSITIONAL PROVISIONS 35	All serving officers employed under the Scheme of Service for Community Health Services Personnel November 2013 shall be deemed to have qualified for registration as Community Health Officers even though they may not have the prescribed qualification under this Act	Officers who have served for over 5 years have gained knowledge through experiential learning which is recognized by the Kenya National Qualifications Authority To take cognizance of the fact there are existing Community Health Officers already in service and are under permanent and pensionable terms
SECOND SCHEDULE PRESCRIBED COURSES	A person shall be eligible for registration as Community Health Officer if he/she has undertaken any of the following prescribed courses: 1. Certificate in Community Health 2. Diploma in Community Health 3. Degree in Community Health	To professionalize Community Health Practice and avoid the confusion brought about by introducing other professions already in existence and with different mandate.
MEMORANDUM OF OBJECTS AND REASONS	Delete paragraph two and three	The bill seeks to address competency of community health personnel. In the second schedule, it stipulates that someone has to undergo prescribed courses in recognized training institutions. Community Health

		Workers do not have such qualifications and as such the bill may not be relevant or applicable
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(Signature)

Submitted by: Wycliffe Ogenya
General Secretary

Dated : 05.07.2023





REPUBLIC OF KENYA

**OFFICE OF THE ATTORNEY GENERAL AND DEPARTMENT OF
JUSTICE**

MEMORANDUM

**IN RESPONSE TO THE INVITATION OF THE DEPARTMENTAL
COMMITTEE ON HEALTH TO MAKE SUBMISSIONS ON THE
ASSISTED REPRODUCTIVE TECHNOLOGY BILL, 2022, THE
COMMUNITY HEALTH WORKERS BILL, 2022 AND THE
CANCER PREVENTION AND CONTROL (AMENDMENT) BILL,
2022**

JULY 2023

Reference is made to the letter dated 11th July 2023 Ref. NA/DDC/DC-H/2023(039) from the Office of the Clerk of the National Assembly requesting the Office of the Attorney-General to appear before the Departmental Committee on Health and make submissions on the Assisted Reproductive Technology Bill, 2022, the Community Health Workers Bill, 2022 and the Cancer Prevention and Control (Amendment) Bill, 2022.

We have reviewed the three Bills and our comments are as outlined in the matrix below.

		2. Delete the marginal not and substitute therefor with "Restrictions on the use of embryos"	
Clause 46(1) (d)	The Directorate may revoke a license if satisfied that there has been a change of circumstances since the licence was granted;	Delete	The provision is not clear about the circumstances that would warrant the revocation of a licence.
Clause 46(1) (e)	The Directorate may revoke a license if satisfied that the character of the person responsible is not as is required for the supervision of the activities or that the nominal licensee is not a suitable person to hold a licence; or	Delete	The Bill does not prescribe the kind of character that the person responsible or the nominal licensee should have. The parameters that the Directorate would use to assess character are not clear. Revocation should be based on concrete reasons that can be substantiated.

THE COMMUNITY HEALTH WORKERS BILL, 2022

Clause	Provision	Proposed Amendment	Justification
22(3)	The Registrar shall, with the approval of the Council, issue to every person registered under this Act certificate of registration in the prescribed form.	Specify the validity period for the certificate of registration.	It's important to clarify whether the certificate of registration is granted only at the point of entry into the profession or periodically.
Second Schedule	A person shall be eligible for registration as a Community Health Worker if he or she has	Provide for training in community health work.	Members of a profession usually possess some specialised training so as to provide skilled services. At the

	undertaken any of the following prescribed courses— Certificate in Community Health, Psychology, Counselling, Social Work, Community HIV Counselling and Testing, Immunization, Community Development, Health Education or its equivalent from a recognised institution		point of entry into the profession, the members should possess uniform training and qualifications. In this Bill, the prospective members of the profession are not uniformly trained as they are trained on different subjects. This means that they cannot be subjected to uniform standards because they have diverse training backgrounds.
			The Bill does not create an offence for practising without registration, making the law unenforceable.

THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL, 2022

Clause	Provision	Proposed Amendment	Justification
Clause 3 (ba)	The Principal Act is amended in section 5 by inserting the following new paragraphs immediately after paragraph (b)— " (ba) promote the use of e-health and telemedicine for the prevention and management of persons with cancer;	Amend paragraph (ba) by deleting the words "persons with"	E-health and telemedicine should prevent and manage cancer and not persons with cancer.


MARY KITEGI
PRINCIPAL STATE COUNSEL
FOR ATTORNEY-GENERAL
17th July 2023



UNIVERSITY OF NAIROBI
AFRICAN WOMEN STUDIES RESEARCH CENTRE
WOMEN'S ECONOMIC EMPOWERMENT HUB

P.O Box- 30197-00100 Tel: 0705 541746

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**SUBMISSION OF MEMORANDUM BY THE UNIVERSITY OF NAIROBI WOMEN
ECONOMIC EMPOWERMENT HUB ON COMMUNITY HEALTH WORKERS BILL 2020**

Contact person: Mary Wambui Kanyi

Tel no: 0722868461

Email: wambuimk@uonbi.ac.ke

5th July 2023

Introduction

The African Women Studies, UON WEE Hub takes a keen interest in Kenya's Fiscal Policy situation with the view of supporting the increased participation of women in the Kenyan Economy. The engagements of the African Women Studies, UON WEE Hub on Kenya's Fiscal Policy environment is a deliberate approach to support the policymakers (National Treasury, County Assemblies and Parliament) by providing alternative choices on matters that directly affect the plight of women in the country and their involvement in economic activities. The focus is on women's economic empowerment by pin-pointing the inclusion, omission, reduction and increment of the funds that have an impact on the economic empowerment and participation of women in the economy. The analysis and proposals given is in line with the critical areas that the AWSC UON WEE Hub attaches importance in uplifting the lives of women which are Health, Primary Education, Water and Sanitation, Clean and Affordable Energy and Unpaid Domestic and Care Work. Directing efforts on policies aimed at improving food security, Women's Economic Empowerment, childcare, financial inclusion, social protection among other issues would directly impact on the abilities of women to engage more in the economy and that would yield accelerated growth.

Community Health Work in Kenya

Community Health is the first level of healthcare provision in Kenya that is constituted of: (i) Interventions focusing on building demand for existing health and related services, by improving community awareness and health seeking behaviours, and (ii) Taking defined interventions and services (as defined in the Kenya Health Sector Strategic and Investment Plan; KHSSP) closer to the community and households.

A **Community Health Volunteer/Worker** is a member of the community selected to serve in a **Community Health Unit** (is a health service delivery structure within a defined geographical area covering a population of approximately 5,000 people)(As defined in the Kenya Community Health Strategy 2020-2025)

In 2006 Kenya adopted a community-based approach (Community Health Strategy), as articulated in the second National Health Sector Strategic Plan (NHSSP II: 2005-2010). Community health is recognized as the level 1 of health care in the Kenya Health Act, 2017. Kenya is a signatory to Astana Declaration (2018) which highlighted the importance of community health services in advancing Universal Health Coverage. The third edition of the community health strategy 2020-2025 intends to build the capacity of individuals and households to know and progressively realize their rights to equitable, good quality health care and demand services as provided for in the constitution 2010. (Kenya Community Health Strategy 2020-2025)

The Community health approach is based on the concept of primary health care and focusses on the principles of partnership, community participation, empowerment, and access to health care services. The goal of community health services is to bring health services closer to the households

thereby improving preventive, promotive and rehabilitative health of communities. (Kenya Community Health Strategy 2020-2025)

According to a study conducted by World Vision in 2015, living in a rural area of Kenya can be deadly, especially for a pregnant mother or very young child, and much of Kenya is rural. Three-fourths of Kenya's population live in rural areas (75%), and Kenya is a global health workforce crisis country: For every 10,000 people, there are only 1.9 doctors and 8.6 nurses and midwives (WHO, 2014). Additionally, a staggering 1,400,000 Kenyans are living with HIV/AIDS and 160,000 are children (UNAIDS, 2014). When a health worker is desperately needed in Kenya—such as during a difficult labor, infection, or high fever—there may not be one.

Further, they opined that how a child is cared for in their own home has a profound impact on their ability to survive and thrive during their first few days, months and years of life. Mothers need practical and social support so they can look after their child appropriately as they grow and develop. Families need knowledge and skills to best care for their children. Communities need people who know their needs and are trained to provide essential health advice and support. In difficult to reach areas including rural isolated location, and also inner-city urban slums, CHWs are a critical source of health care for the poorest most underserved populations. CHWs are able to reach people in their homes, enabling them to target those individuals and families typically unable to access health services.

About the Community Health Workers Bill 2020

The Community Health Workers Bill is a proposed Act of Parliament to make provision for the training, registration, and licensing of community health workers; to regulate their practice; to provide for the establishment, powers, and functions of the Community Health Workers Council of Kenya.

The African Women Studies, UON WEE Hub takes a keen interest on policy issues under Article 43 of the Constitution of Kenya with health being one of them. In that regard the Hub appreciates Parliament's decision to enact into law a legislation to address matters regarding Community Health Workers. However, the Hub wishes to make some proposals/ recommendations for consideration to the Bill.

Table 1: Some proposals/recommendations/changes and justification for the changes being proposed by UON WEE Hub

CLAUSE NUMBER	MARGINAL NOTE	PROPOSED AMENDMENT	JUSTIFICATION
	Long Title	Additional role of the Act should be to integrate Health Workers formally into the system.	-The main goal of recognizing CHWs has been to integrate them formally considering that previously they had

			mostly been untrained volunteers who still made a lot of positive impact in the community.
2	Interpretation	“Community Health Worker” definition to be relooked and probably match the one given in the Kenya Community Health Policy 2020-2030 or of the EAC Health Policy	-To give consistency in definitions
6	Membership of the Council	The Membership of the Council has not factored in gender balance in its representation	-Every gender should be represented for participation in decision making.
5 & 9	Functions/Powers of the Council	We propose that; - There should be a function/power to protect the welfare of CHWs -There should be a function for liaison between County and National Governments on matters pertaining CHWs -There should be a function where the council defines the roles and scope of the functions that can be performed by the CHWs	-The main purpose of the Bill and the formation of the Council is for purposes of Community Health Workers thus their welfare should not be left out. - The Council functions/ powers should be more inclined to addressing the common interest of the workers and the community. -To avoid exceeding their mandate and professional qualifications.
19	Functions of the Registrar	We propose that the registrar should keep a gender disintegrated data	-This would help track the male and female CHWs, their turnover, needs, and concerns.

22 (e)	Registration and effect of registration	We propose that the requirement “fit and proper” be removed	-The requirement is vague and may raise issues in the event of denial of registration
22 (2)	Registration and effect of registration	We propose an alternative redress procedure for aggrieved parties in the event of denial of registration for instance, at the County Level of the Ministry of Health.	-The process of going through the court may be cumbersome, costly and discouraging.
23	Prescribed Courses for Registration	We propose that; -Training should use the KMTC Curriculum as envisaged in the Kenya Community Health Strategy 2020-2025 -To be harmonized with the EAC Region - Training should be initial and continuing.	- Areas of training should not be limited under a binding law -To make the CHWs competent to serve across the region -To help in refresher courses and training on emerging issues
26	Establishment of a disciplinary committee	There is no provision for gender balance in the formulation of the committee membership.	-There is need for representation of all gender.

Other key proposals by the UON WEE Hub

Proposal 1: Objects

The Bill should have objects. This should be informed by the whole purpose of having the legislation which we propose among others would include;

- Improved access to health services
- Increased health and screening
- Better understanding between community members and the health and social service system
- Enhanced communication between community members and social service system
- Increased use of health care services
- Improved adherence to health recommendation

- Reduced need for emergency and specialty services
- Enhancing preventive and promotive health care

Justification:

It reflects on the purpose of the legislation

Proposal 2: Creation of a Community Health Committee

There is need for a formalized Community Health Committee detailing its;

- Membership
- Representations
- Tasks

Justification:

The objective of having community health workers is for them to work at community health level and hence they need to work with the community. Further, the same committee should be formed as envisaged in the Kenya Community Health Policy 2020-2030.

Proposal 3: Welfare of Community Health Workers

We propose that there should be a PART in the Bill making provision for the above to address among others;

- Recruitment and Selection
 - Should be chosen from the community they will serve
 - That communities should have a say in the selection of their CHWs
 - That they should be directly chosen by the households that they will work with
 - Traditional service providers who may have the skills but lacking modern technology should be embraced and given the necessary facilitation
- Remuneration
 - This should also come with other benefits enjoyed by other workers such as NHIF and paid annual and maternity leave
- Support and Supervision
 - Regular and reliable support and supervision
 - Support in logistics and infrastructure
 - Reliable provision of transport, drugs and equipment
- Incentives
- Relationship with formal health services
- Welfare during outbreaks and pandemics



LAW SOCIETY OF KENYA
Lavington, Opposite Valley Arcade
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P.O. Box 72219-00200
NAIROBI
Tel. 387 4664
0720 904983

MEMORANDUM TO
PARLIAMENT

ON

THE COMMUNITY HEALTH WORKERS BILL, 2022

JULY, 2023

Eric Theuri, President Law Society of Kenya
Lavington, opp Valley Arcade,
Gitanga Road P.O Box 72219 - 00200 Nairobi | Kenya
Tel: +254 111 045 300
Email: lskpresidenttheuri@gmail.com/president@lsk.or.ke
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THE COMMUNITY HEALTH WORKERS BILL, 2022

Introduction

The Law Society of Kenya is a professional statutory body established under the Law Society of Kenya Act, No. 21 of 2014 with a mandatory membership of all Advocates in Kenya currently numbering to over 21,000.

The organs of the Society are the General Membership, the Council, the Branches and the Secretariat. The Council is the governing body of the Law Society of Kenya. It comprises a President, a Vice-President and eleven other members, all of whom must be members of the Law Society of Kenya. Council members are elected every two years by the members of the Society by means of a secret ballot conducted in accordance with the Law Society of Kenya Act.

Currently, the Council is comprised of The President, The Vice-president and 11 Council members namely:

- President, Eric Theuri
- Vice President, Faith Mony Odhiambo
- General Membership Representatives, Chrysostom Akhaabi, Kabata Mwaura, Tom K'opere
- Nairobi Representatives, Cohen Amanyang, Njoki Mboce, Ochieng Gor
- Up-country Representatives, Byron Menezes, Lindah Kiome, Michael Wabwile, Vincent Githaiga
- Coast Representative, Riziki Emukule
- Secretary/CEO, Florence W. Muturi

One of the Law Society of Kenya statutory objects as provided in section 4(a) of the Act is to assist the Government and the courts in all matters affecting legislation and the administration and practice of law in Kenya. Pursuant to the statutory mandate, the Law Society of Kenya makes the following submissions on The Community Health Workers Bill, 2022.

GENERAL COMMENTS

The Law Society of Kenya (LSK) plays a crucial role in advocating for the protection of human rights, access to justice, and the well-being of all Kenyan citizens. Recognizing the importance of community health workers (CHWs) in improving healthcare access and outcomes, the LSK expresses its full support for the provisions outlined in the Community Health Workers Bill, 2022 of Kenya.

The LSK identifies that the bill is a significant step towards recognizing and empowering CHWs, and it aligns with the society's principles of social justice, equality, and the constitutional guarantee of the right of access to quality health care under the constitution, to wit,

43. (1) Every person has the right—

(a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care;

The significant steps include:

1. **Recognition of CHWs:**

The LSK acknowledges the significance of formally recognizing CHWs and defining their roles and responsibilities within the healthcare system. By providing a clear definition, the bill ensures that CHWs are acknowledged as valuable members of the healthcare workforce, deserving of appropriate support, respect, and legal protection.

2. **Training and Certification:**

The LSK appreciates the provisions within the bill that prioritize standardized training and certification for CHWs. Establishing a national curriculum and certification criteria will enhance the quality and consistency of CHW training programs, ensuring that CHWs possess the necessary skills and knowledge to provide effective healthcare services to communities in need.

3. **Integration with the Health System:**

The LSK supports the bill's emphasis on integrating CHWs within the broader health system. By promoting collaboration and coordination with formal healthcare providers, the bill encourages effective communication, referral mechanisms, and coordinated care

delivery. This integration will contribute to strengthening the overall healthcare system and improving access to quality healthcare services.

4. Remuneration and Benefits:

The LSK recognizes the importance of fair and adequate remuneration for CHWs as a means of recognizing their valuable contributions. The provisions in the bill that address stipends, allowances, and benefits for CHWs are essential in ensuring their economic well-being and motivation to continue providing crucial healthcare services to underserved communities.

5. Community Engagement:

The LSK supports the bill's emphasis on community engagement and participation in the CHW program. Involving community members in the selection, training, and supervision of CHWs ensures that the program is tailored to the specific needs and cultural contexts of each community. Such community engagement fosters ownership, trust, and sustainability of the CHW program.

6. Monitoring, Evaluation, and Accountability:

The LSK appreciates the bill's provisions that promote monitoring, evaluation, and accountability in the CHW program. Establishing a national monitoring and evaluation framework will enable the assessment of the impact and effectiveness of CHW interventions, ensuring that resources are allocated efficiently and that the program's objectives are met.

Conclusion:

The Law Society of Kenya supports the enactment of the Community Health Workers Bill, 2022. The bill's recognition, training, integration, remuneration, community engagement, and accountability provisions align with the LSK's commitment to social justice, equality, and the right to health.

By endorsing the bill, the LSK emphasizes the significance of CHWs in improving healthcare access and outcomes, and advocates for the protection and empowerment of these essential healthcare providers.

In conclusion, therefore, we humbly submit in support of the spirit and the letter of the statute.



COUNCIL OF GOVERNORS

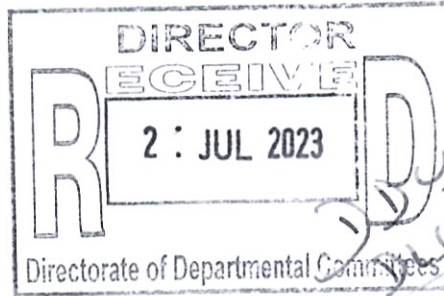
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Nairobi.

Tel: (020) 2403314, 2403313
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Our Ref: COG/6/40 Vol. 85 (63)

19th July 2023

Mr. Samuel Njoroge
Clerk of the National Assembly
Parliament Buildings
NAIROBI



for attention of the committee on Health & Jobs refer to 20.7.23

*Hassan Arale
to facilitate
CA W/ 21/7/23*

Dear Mr. Njoroge

COUNCIL OF GOVERNORS MEMORANDUM ON THE COMMUNITY HEALTH WORKERS BILL, 2022

Greetings.

We acknowledge receipt of your letter Ref: NA/DDC/DC-H/ 2023/(046) dated 11th July 2023 whose content is duly noted.

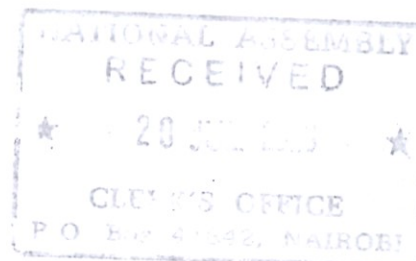
The Council of Governors plays a critical role in bringing County Governments together to advance matters of their common interest. County Governments have the constitutional mandate of health service delivery. Community health services are at the core of level 1 health services and we see it important that the views of Counties are considered. To this end we have consolidated comments from the County Officials on the draft Community Health workers Bill 2022 and prepared a memorandum of comments and proposals.

The purpose of this letter is therefore to present the said memorandum for your consideration.

We remain available for further discourse on the subject.

Yours sincerely,

Mary Mwiti
Chief Executive Officer



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COUNCIL OF GOVERNORS

**LEGISLATIVE MEMORANDUM TO THE NATIONAL ASSEMBLY DEPARTMENTAL COMMITTEE ON HEALTH ON THE
COMMUNITY HEALTH WORKERS BILL, 2022**

FROM

THE COUNCIL OF GOVERNORS

SUBMITTED ON

20th JULY 2023

MEMORANDUM ON THE COMMUNITY HEALTH WORKERS BILL, 2020

The Council of Governors,

In recognition of Article 1(4) of the Constitution of Kenya, that sovereign power of the people is exercised at the national level and the county level;

In further recognition of Article 6 (2) that governments at the National and County levels are distinct; and

Aware of the need for coordination and consultation between the National Government and County Governments to ensure that legislation responds to the key issues facing devolution, and further reflects the spirit and objects of devolution.

The Council hereby notes as follows on the Community Health Workers Bill, 2020 (the Bill):

A. General Comments

Whereas the Bill seeks to make provision for the training, registration, and licensing of community health workers in Kenya, there is need for Community Health Workers to be clearly defined. There is need to clarify which category of community health workers the Bill refers to as currently, all the following category of workers serve in the Communities.

- a. Community Health Assistants (CHAs) which remain unregulated.
- b. Community Health Extension Workers (CHEWs) recognized and regulated by various regulators.
- c. Community Health Promoter/ Volunteer (CHP/V) not a recognized health cadre.

Accordingly, it will not only be confusing to create a council targeting Community Health Workers if the general and broad understanding of the term is not defined but also result in double registration and regulation of CHEWs, who already identify with specific regulators. There are several players in the Community Health space such as public health technicians, pharmaceutical technologist, Nurse, laboratory workers, public health technicians, all who work in the Community.

Additionally, the issue of cadre-based regulators should be discouraged as it leads to fragmentation and disharmony in the Health Sector with disconnect between functioning of various health regulatory bodies. It is also burdensome to the citizens as all these regulations as proposed in the draft Bill are financed from the National coffers. There are several other unregulated health cadres in health and passage of this Bill will open a pandoras box for the clamor for cadre-based regulation, these include

- i) Speech and hearing professionals;
- ii) Psychologist and counselors;
- iii) Emergency medical technicians;
- iv) Community health Assistants;
- v) Medical engineering technologists and technicians;
- vi) Morticians;
- vii) Optometrists and Opticians;
- viii) Orthopedic technologists;
- ix) Orthopedic & trauma technologists;
- x) Perioperative theater technologists and technicians; and
- xi) Podiatrists.

CHAs- trained for two years at the KMTTC in community health. Supervise the CHPs.

CHEWs- four months training in Community Health (Nutrition, Pharmacist or pharmaceutical technologist, Nurse, laboratory workers, public health technicians) they supervise the CHVs

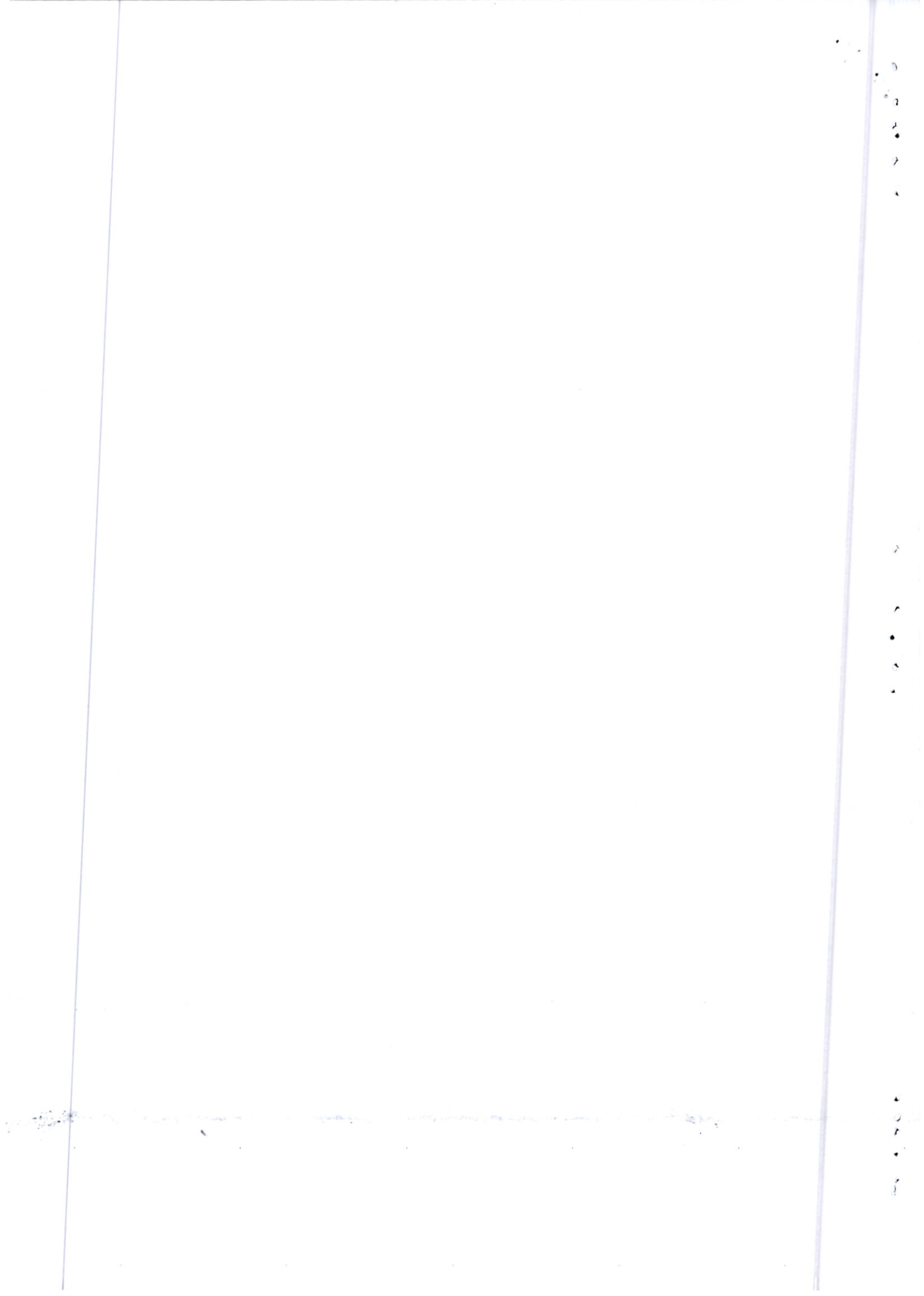
B. Specific Comments

Section of the Bill	Provision of Section in the Bill	Proposed Amendment/ Recommendation	Rationale for Amendment and Recommendation
Object of the Bill	An Act of Parliament to make provision for the training, registration, and licensing of community health workers, to regulate their practice, to provide for the establishment, powers and functions of the community health workers council of Kenya and for connected purposes.	<ol style="list-style-type: none"> 1. The recommendation is to withdraw the Bill. 2. Ministry of Health to provide a framework for a unified health system, coordinate the inter-relationship between the national government and county government health systems, provide for regulation of health care service and health care service providers, health products and health technologies as envisaged under the Health Act 2017. 	The legislation will create more confusion, fragmentation, and disharmony in the Health Sector with disconnect between functioning of various health regulatory bodies.
Sec. 2 Interpretation	“community health worker”	Define, delineate and clarify which category of community health workers the Bill refers to as currently several category of workers serve in the Communities such as Community Health Promoters/ Volunteers (CHP/V)- not a recognized health cadre, Community Health Assistants (CHAs) recognized but remains unregulated and Community Health Extension Workers (CHEWs) recognized and regulated by various regulators.	Proposed definition causes confusion. Additionally, recognition of CHP/Vs as workers will come with industrial expectations.

<p>Part II Sec. 3 - 16</p> <p>Establishment, functions, and powers of the Community Health Workers Council</p>	<p>7. (1) There is established a Council to be known as the Community Health Workers Council.</p>	<p>No need to establish the Community Health Workers Council as community health workers can be regulated without the creation of new institutions.</p>	<p>Cadre-based regulators should be discouraged as it leads to fragmentation and disharmony in the Health Sector with disconnect between functioning of various health regulatory bodies. It is also burdensome to the citizens as all these regulations as proposed in the draft Bill are financed from the National coffers. There are several other unregulated health cadres in health and passage of this Bill will open a pandoras box for the clamor for cadre-based regulation.</p>
<p>Part III. Sec. 17- 25</p> <p>Registration and Training of Community Health Workers.</p>	<p>Delete entire part</p>	<p>The Ministry of Health to provide a framework for registration and regulation of the Community Health Workers as envisaged under the Health Act, 2017.</p>	<p>This is to discourage Cadre-Based registration and regulation.</p>

C. Recommendations:

The Council recommends withdrawal of the Bill.



MEMORANDUM TO THE NATIONAL ASSEMBLY

TWELFTH PARLIAMENT ||

THE COMMUNITY HEALTH WORKERS BILL, 2022

SUBMITTING AS COALITION OF COMMUNITY HEALTH PARTNERS.

1. AMREF HEALTH AFRICA
2. LWALA COMMUNITY ALLIANCE
3. LIVING GOODS
4. FINANCING ALLIANCE FOR HEALTH
5. LVCT HEALTH

Context

The Community Health Workers Bill (National Assembly Bill No. 53 of 2022) was published by The National Assembly on 10th November 2022 and stands committed to The National Assembly Standing Committee on Health for public participation.

Position of the Memorandum

As organizations working with the community health workforce and Community Health workers/volunteers across Kenya, we have agreed that the Bill as is currently drafted does not advance community health services in the Country due to conflicts with current national and county policies on Community health. The Bill advances the interests of community health workers who are not currently a cadre in the service but are named as Community Health Promoters and Community Health Officers/ Assistants/ Assistants community health officers as per the career progression guidelines and community health policy.

As a coalition of partners in the community health space, we feel that the Bill can be amended to support supervision and advance the welfare of Community Health Promoters and Community Health Officers. We feel that the title needs to reflect this as well as amend some clauses that will make the bill Community health-centric.

As currently drafted, disapprove of the Bill and request that the Bill be withdrawn or amended.

Proposed Changes

In the same vein, the community Health Officers often referred to as community health workers have neither been engaged nor have their opinions sought in coming up with this legislation. Moreover, the Community Health Promoters can not be bound by the law being lay people most of whom do not have the requisite qualifications to be registered or even undergo the formal training in a college.

Having read the Bill as published, we make the following proposals:

Proposed amendments

Section	Proposed Changes	Justification
Title	Amend to Community Health Officers Bill	-Community Health Workers known as Community health promoters are lay people with approximately 40% (41,017CHPs) having not completed secondary school education (source: CHW registry 2023)
Part I- Preliminary Clause 1: Short title	Change to Community Health officers Act, 2022 instead of Community Health Workers Act, 2022	-Community Health Workers known as Community health promoters are lay people with approximately 40% (41,017CHPs) having not completed secondary school education (source: CHW registry 2023)
Clause 2: Definition of CHW??	Amend to Community Health Officers and include the following definition "Community Health officer is a person who has undergone Community health course in a recognized training institution.	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs
Clause 2: Definition of	Replace Community Health Workers with	Changing to Community Health officer ensures that we are

Council	Community Health Officers	regulating the practice. The team forms the supervision and capacity building team for the CHPs
Clause 3 (1)	Replace Workers with Officers	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs
Clause 5	Replace Workers with Officers	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs
Clause 6 (1) b	Replace Head of Primary Health care to head of community Health Services Division	-Community health services has it's own division currently and is not under PHC department
Clause 6 (1) e	Replace Community health Nurse to Community health officer	Community health nurses are no longer trained by KMTC and other institutions. Moreover, the cadre can't be included in a council for another cadre since they have their own council.
Clause 6 (1) g and h	Replace Community health worker with Community Health Officer	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs
Clause 18 c	Replace worker with officer	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs
Clause 19 (c)	Replace worker with	Changing to Community Health

	officer	officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs
Clause 20 (1) and (2)	Replace worker with officer	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs
Clause 22 (1) c		This can only apply to persons with certificate and can't be enforced on Community Health Promoters since they have no remuneration
Clause 23	Replace worker with Officer	- Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs
Clause 26 (1), (1) d, (1) e and (5)	Replace worker with officer	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs
Clause 27	Include the role of the county governments	Community Health Officers are employed mostly by the county governments
Clause 28 (5)	Replace worker with officer	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs
Clause 35	Replace worker with officer	Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision

		and capacity building team for the CHPs
Second Schedule	Replace worker with Officer Change the courses from (community Health, psychology, counselling, social work, community HIV counselling and testing, Immunizations, Community Development, Health Education) to Community health	The community health officer have a qualification in Community Health which in most colleges incorporate the other courses in the community health curriculum

SUBMISSION PREPARED BY

1. Aloise Gikunda (Amref Health Africa)
2. Julius Mbeya (Lwala Community Alliance)
3. Christine Mugambi (Lwala Community Alliance)
4. Dr. David Oluoch (Living Goods)
5. Wendy Wakhusama – (Financing Alliance for Health)
6. Linet Okoth- (LVCT Health)

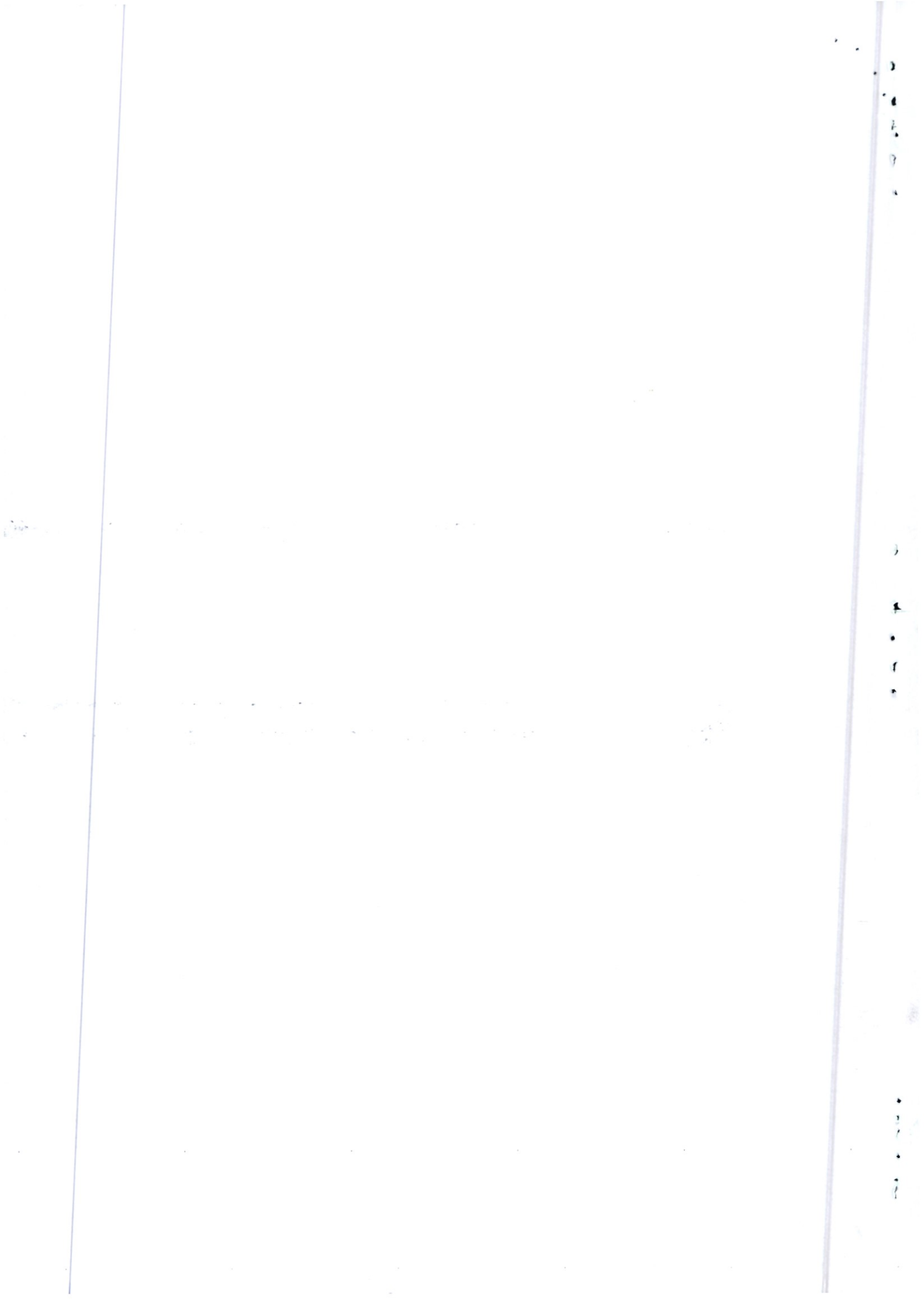


PLEASE CONTACT THE UNDERSIGNED FOR FURTHER DETAILS

ALOISE Gikunda, AMREF HEALTH AFRICA, aloise.gikunda@amref.org - TEL +254

720309030, JULIUS MBEYA, LWALA COMMUNITY ALLIANCE

julius@lwalacommunityalliance.org TEL +254 722 891 918





PUBLIC HEALTH OFFICERS AND TECHNICIANS COUNCIL, KENYA

Email: ceo@photc.org
Website: www.photc.org
Telephone: 020 239 8646

HEAD OFFICE: KMTC GROUNDS
OLD MBAGATHI ROAD – OFF NGONG' ROAD
P.O. BOX 34061-00100,
NAIROBI

When replying please quote:
PHOTC/GC/2023/07/04/VOL.10 (058)

4th July 2023

Clerk of the National Assembly
The National Assembly,
Main parliament Buildings,
NAIROBI

D/DC

*Please deal
soon
05/07/23*

*Hassan Arale
pls deal
4/7/23
6/7/23*

RE: MEMORANDUM ON COMMUNITY HEALTH WORKERS BILL 2022

I refer to your invitation for submission of memoranda on the on Community Health Workers Bill, 2022.

The Public Health Officers and Technicians Council is established by Public Health Officers Act No. 12 of 2013 to regulate the training practice and employment of Public Health Officers and Technicians and to advise the Government in relation to all aspects thereof.

I hereby express gratitude to parliament for enacting a bill that will support regulation of community Health workers who form critical mass of the health workforce in the best interest of service delivery and patient safety.

To improve coordination and effective regulation, the Council has made proposals to guide Parliament to enact a robust statute that will support effective health service delivery. Enclosed, please find our submission for your kind consideration.

The proposals cover representation and the inclusion Public Health Officers and Technicians as a critical player in community Health services.

I look forward to your kind consideration and involvement in the legislative agenda.

Aggrey Oriema
REGISTRAR/CEO

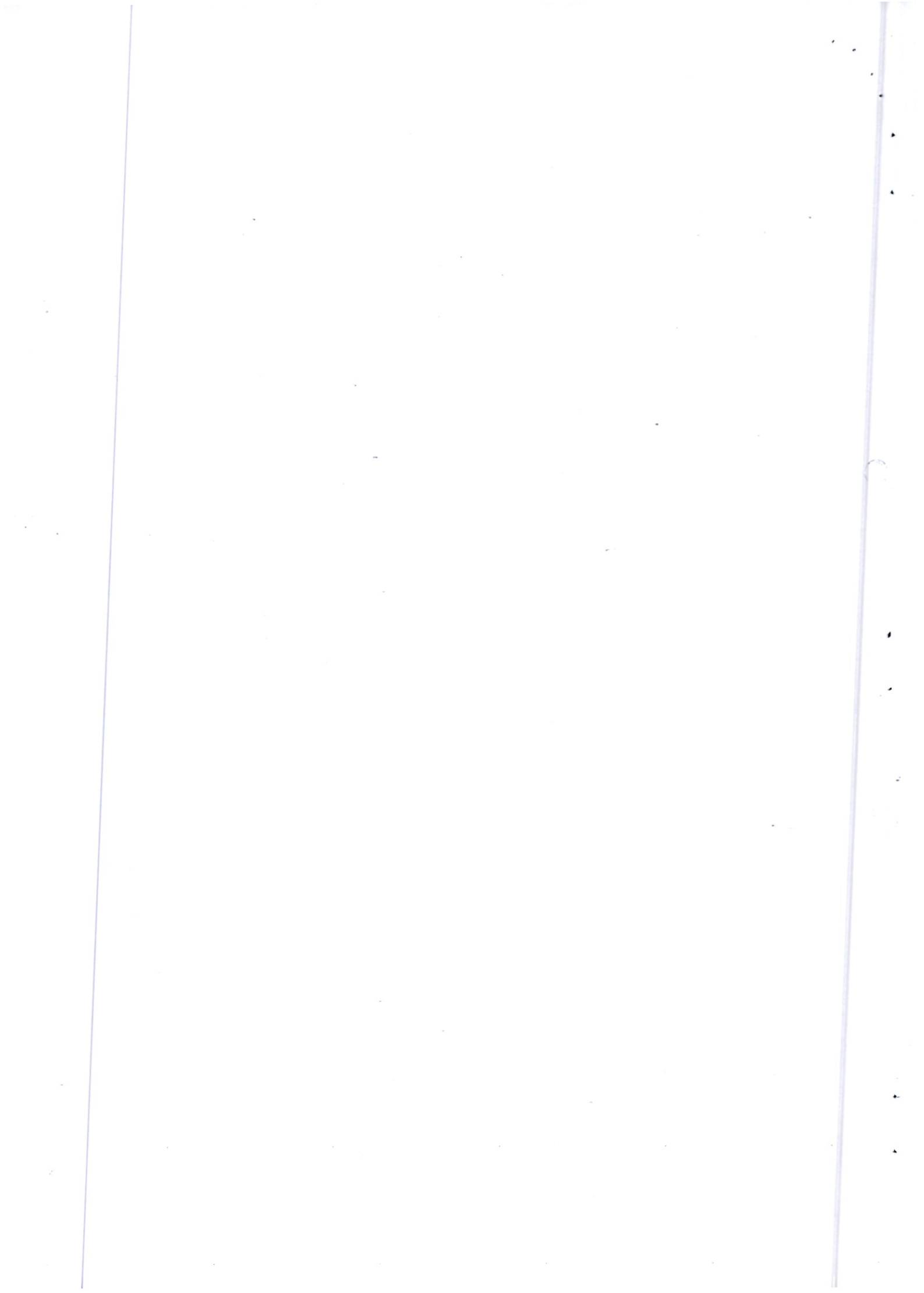
Encl.

Copy to: Mmbone Mwalenga,
Chairperson,

NATIONAL ASSEMBLY
RECEIVED
05 JUL 2023
DEPUTY CLERK S. KIOKO
P. O. Box 41842 - 00100, NAIROBI

NATIONAL ASSEMBLY
RECEIVED
★ 05 JUL 2023 ★
CLERK'S OFFICE
P O Box 41842, NAIROBI

PUBLIC HEALTH OFFICERS AND TECHNICIANS COUNCIL
RECEIVED
06 JUL 2023

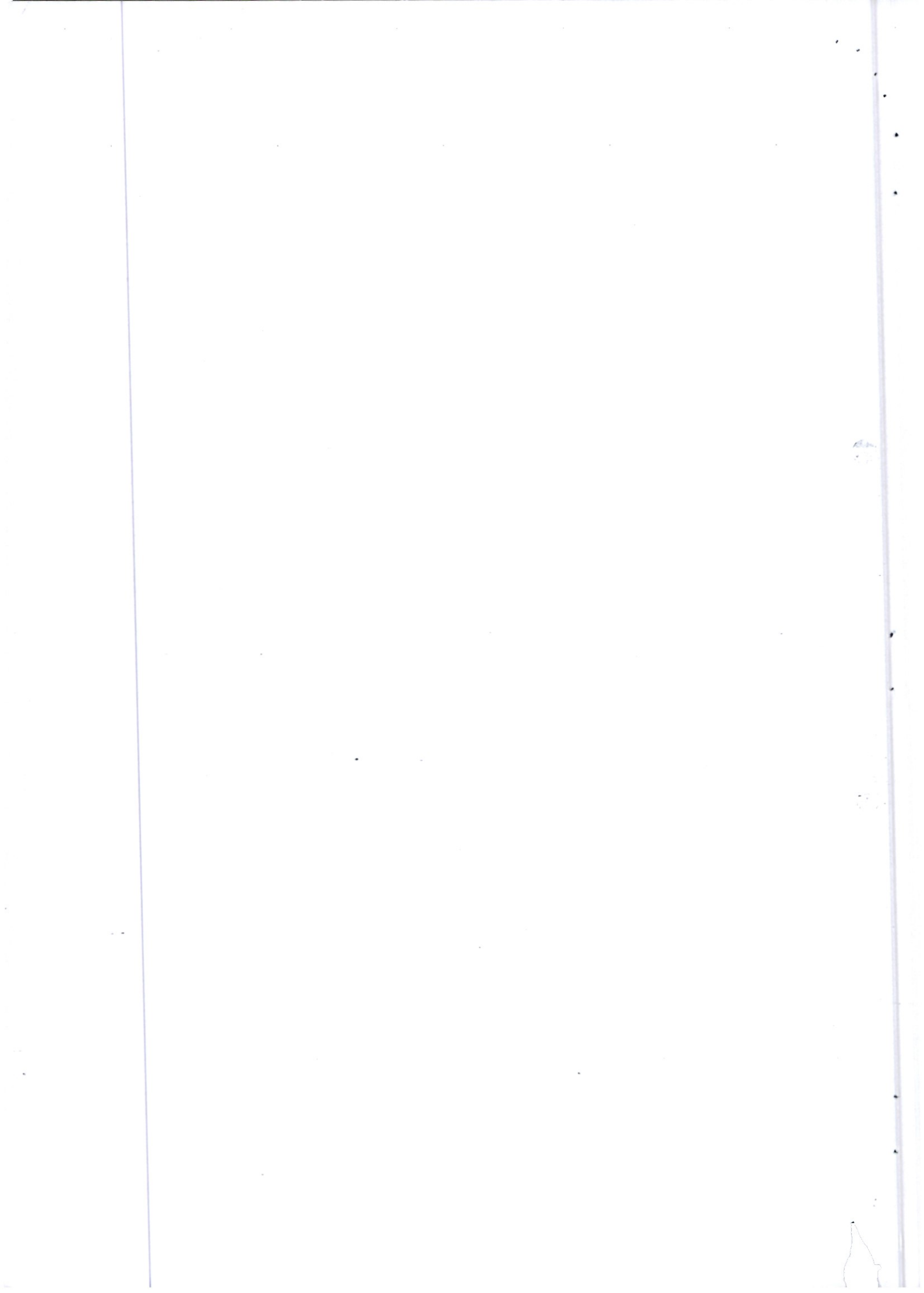


REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY
THIRTEENTH PARLIAMENT – SECOND SESSION
IN THE MATTER OF ARTICLE 118(1) (b) OF THE CONSTITUTION
AND
IN THE MATTER OF CONSIDERATION BY THE NATIONAL ASSEMBLY OF:
THE COMMUNITY HEALTH WORKERS BILL, 2022
PUBLIC PARTICIPATION/ SUBMISSION OF MEMORANDA

SUBMITTING AS ADVOCATES FOR COMMUNITY HEALTH VOLUNTEERS OF KENYA (ACHVO-K)

Counties CHP Leaders

- 1) Loise Nyaboke Nyachio – Nyamira
- 2) Benard Otieno – Migori
- 3) John Wabwire Shikuku – Bungoma
- 4) Anastacia Kamau – Kiambu
- 5) Haduba Godfrey – Budalangi
- 6) Peter Karanja – Nairobi
- 7) Elkanas Agoro Ngola – Mbita
- 8) Mito Milambo – Kisumu
- 9) John Okewo – Homabay
- 10) Daniel Akodhe – Kisumu
- 11) Dominic Kimani – Kiambu
- 12) Margaret Kamau – Kiambu



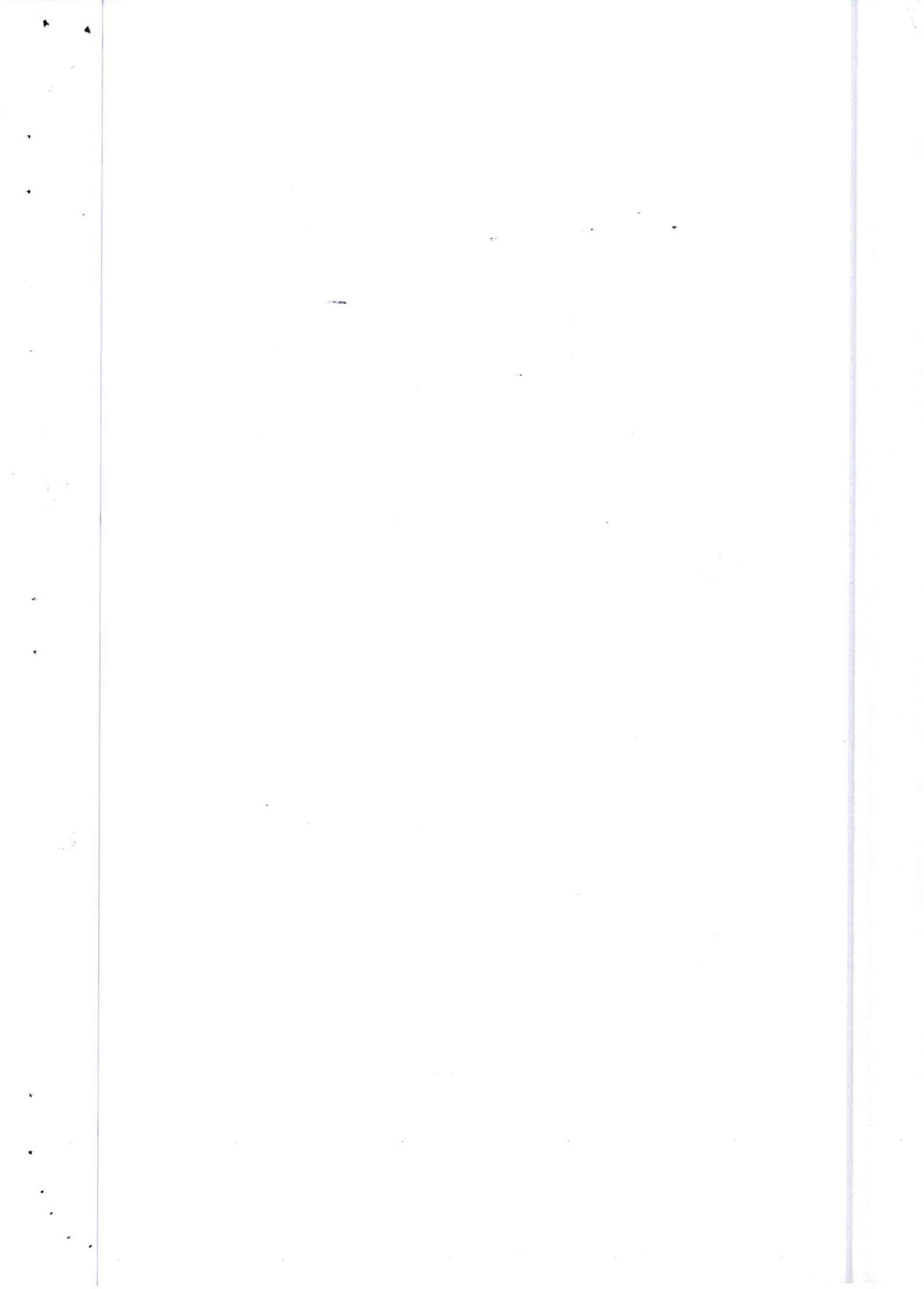
- 13) Aisha Hamisi – Nairobi
- 14) Jamila Waiganjo – Nairobi
- 15) Alice Waithanga – Nairobi
- 16) Mercy Mahundu – Nairobi
- 17) Margaret Odera – Nairobi
- 18) Sheringham Elisha – Nairobi
- 19) Michael Natu – Mombasa
- 20) Nancy Minayo - Nairobi

Dear Sir,

**RE: VIEWS OF THE ADVOCATES FOR COMMUNITY HEALTH VOLUNTEERS OF KENYA ON THE COMMUNITY HEALTH WORKER'S BILL,
NATIONAL ASSEMBLY BILL NO. 53 OF 2023**

We file this memorandum under the umbrella body known as Advocates for Community Health Volunteers of Kenya (ACHVO-K). ACHVO-K is a national initiative for Community Health Promoters which advocates for upscaling and strengthening of integrated and sustainable community health delivery in Kenya.

Pursuant to Article 118 (1) (b) of the Constitution and standing Order 123 of the National Assembly Standing order, the Speaker of the National Assembly invited views of the Members of the Public and stakeholders to provide views on the Community Health Worker's Bill, 2022 (National Assembly Bill No. 53 of 2023).

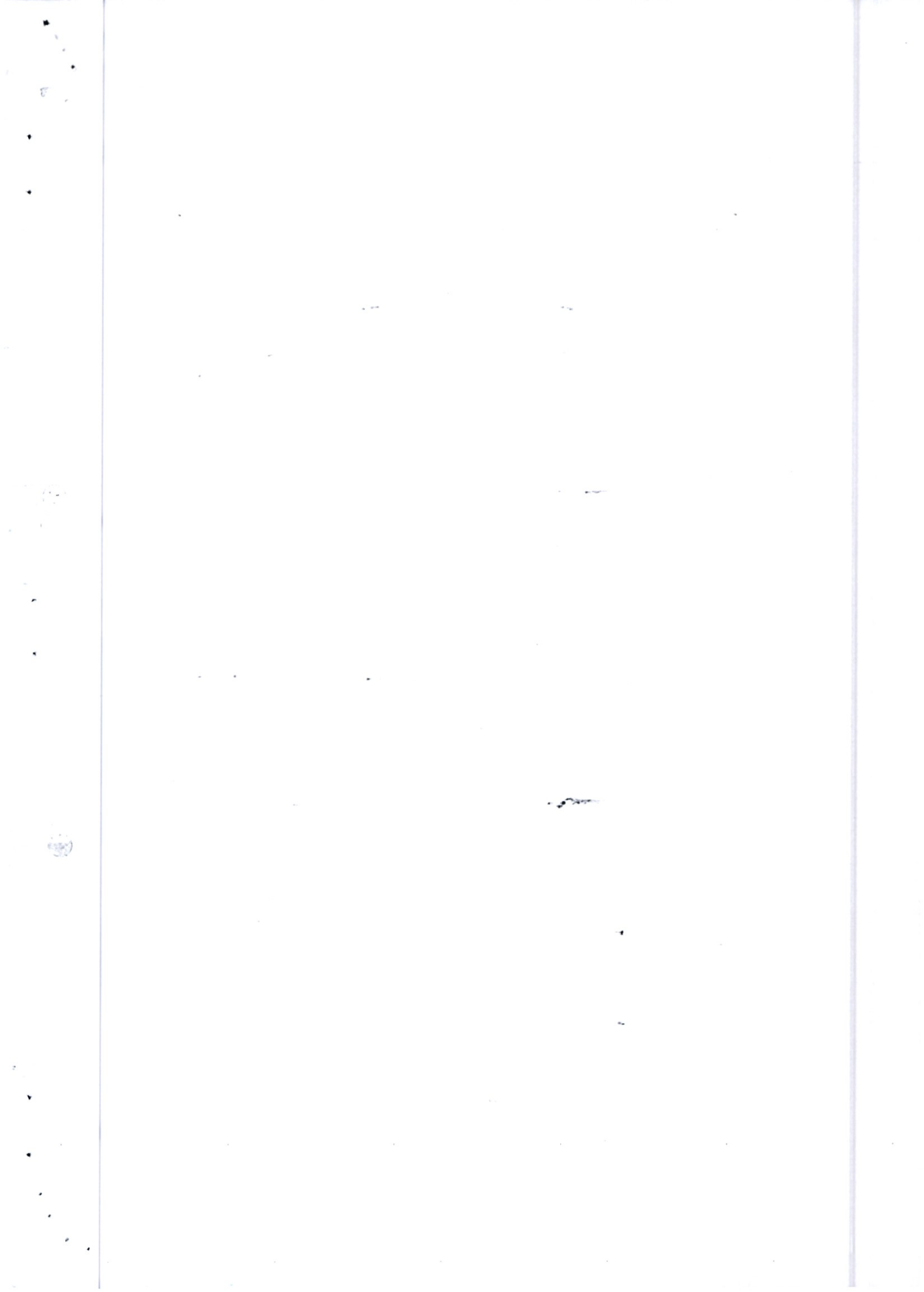


Position of the Memorandum

1. We strongly recommend the use of the name Community Health Promoters in reference to workers under this program of community health work, as opposed to the Community Health Volunteer. The same should be captured under Section 2 of the Bill. The insinuation under section 2 (b) making reference to Community Health Volunteers should be negated. There should be clear definition of the term under section 2.
2. In the finer definition of the Community Health Promoter, the requisite state institutions like Counties should adopt sustainable mode of classification of their work into Job Groups for clear identification and fair remuneration practice.
3. We recommend that Section 9 of the Bill covers the roles/functions of the Community Health Committee Members. In the current context, the same has not been included.
4. The process of appointing Community Health Promoters should be hinged on the county institutions. The County Public Service Board should play part in this, and merit be the guiding principle.
5. The term stipend should be replaced with the term fair remuneration of work done as advised with the County Public Service Board and the Salaries and Remuneration Commission. This relates to Section 10 (3) of the Act.
6. The Bill should include a transition clause which acknowledges the current Community Health Promoters/Volunteers. This way, the current community Health Promoters shall not be subjected to new entry rules that may be set with any county or policy.

Besides, we further seek that:

- There should be an advisory body for all roles done by Community Health Promoters in Kenya, the same should focus on their voices, including their appointment as part of the advisory body.



SOCIETY OF COMMUNITY HEALTH CAREGIVERS

DDC-1100
2
3/07

Telephone: 0715489011 or 0729673536
Mail: sochekenya@gmail.com or
info@societyofcommunityhealth.org



P.O BOX 314-80100
Mombasa, Kenya.
3rd July 2023

OUR REF: SOCHE/07/06/23

CLERK OF THE NATIONAL ASSEMBLY
P.O BOX 41842-00100,
NAIROBI.

Hassan Male
to facilitate
4/7/23

Dear Sir/Madam,

RE: MEMORANDUM ON COMMUNITY HEALTH WORKERS BILL NO 53 OF 2022

Above subject refers.

The Society of Community Health Caregivers is established under Cap 108 of the Societies Act. Our Membership consists of trained Community Health Officers (bachelor's degree), Assistant Community Health Officers (Diploma) and Community Health Assistants (Certificate).

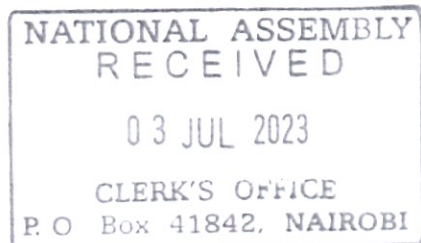
We are writing to express our views and concerns regarding the Community Health Workers Bill No. 53 of 2022. As an association, we are deeply committed to safeguarding the interest of Community Health and welfare of the professionals under this cadre. We believe it is essential to provide input on this bill, as it directly impacts the functioning of Community Health Service as a crucial cadre within the healthcare system.

The opinions expressed in this memorandum represent the perspectives of our members who are professionals in the field of Community Health, and we believe that these views can greatly contribute to the improvement of Community Health Service and Primary Health Care at large in a meaningful way.

Thank you.

Kind regards,

D. Muhandachi
(Secretary General)





**MEMORANDUM ON COMMUNITY HEALTH WORKERS BILL NO 53 OF, 2022 BY
HON. MARTIN PETERS OWINO**

LONG TITLE

Amend the long title to read.

AN ACT of Parliament to make provision for the training, registration, and licensing of Community Health Officers, Assistants and Promoters in Kenya; to provide for the establishment, powers and functions of the Community Health Officers, Assistants and Promoters Council of Kenya and for connected purposes.

Justification

Community Health consists of a workforce comprising Community Health promoters formally referred to as Community Health Workers or Community Health Volunteers and Community Health Officers, and Assistants who primarily fulfill technical roles within the Community Health Units. It is crucial for the regulation to encompass the entire cadre rather than targeting specific sections of the workforce. Furthermore, it is equally important to highlight that Community Health Officers and Assistants currently do not have a regulatory framework. The first schedule of Health Act 2017 introduces Community Health Services as the first level of healthcare provision in Kenya and the in-charge at this level is the Community Health Extension Worker who are currently recognized as Community Health Officers and Assistants as per the Ministry of Health Community Health Policy 2020-2030 and the Community Health Strategy 2020-2025. Additionally, this bill should place special emphasis on the training aspect of Community Health and the regulation of institutions that have recently fallen into disarray. By doing so, we can ensure the delivery of high-quality Community Health Services in Kenya.

PART I- PRELIMINARY			
Clause		Amendment	Justification
1	Short Title	Amend the short title of the bill to: Community Health Officers, Assistants and Promoters Regulatory Bill 2022	<ul style="list-style-type: none">• The bill should incorporate the entire Community Health cadre rather than only a part of practitioners in the cadre.• The entire community Health cadre does not have a regulatory framework.• Regulation of the entire cadre will be economical to the government. Rather than having more than



		<p>one body regulating one cadre</p> <ul style="list-style-type: none"> • There is a total mess in training of community Health in Kenya due to variation of titles of titles of the course and duration of the course offered across different institutions 	
2	"Community Health Unit"	<p>Amend the definition of Community Health Unit to; <i>geographical area covering a population of approximately 5,000 people, assigned one Community Health Assistant/Officer and 10 community health promoters who offer promotive preventive and basic curative services</i></p>	<ul style="list-style-type: none"> • This is the approved definition of a Community Health Unit based on MOH Community Health Policy (2020-2025) and Community Health Policy 2020-2030 by the Ministry of Health. • A Community Health Unit primarily consists of a Community Health Officer/Assistant who is the technical operator of the Community Health Unit (CHU). without the technical operator, then the CHU is rendered a non-functional unit. • And also, Community Health committee to provide the leadership role. These forms the basic structure of a CHU)
	Insert the term "Community Health Committee"	<p>Definition of Community Health Committee: <i>a committee that is charged with the coordination and management of a community health unit and whose membership shall be</i></p>	<ul style="list-style-type: none"> • The establishment of a Community Health Committee plays a vital role in the creation of a Community Health Unit, the selection process of Community Health Promoters, and providing leadership



	<i>prescribed by the Ministry of Health</i>	within the Community Health Unit.
Insert the term “Community Health Officers, Assistants and Promoters” as a single term immediately	Insert Definition. <i>Single term to refer to Community Health Officers, Assistant Community Health Officers, Community Health Assistants and Community Health Promoters</i>	A single term that should uniformly be used to refer to the workers under Level One (Community Health Personnel)
“Community Health Worker” definition	Amend the term ‘Community Health worker’ and replace it with ‘Community Health Promoter.’ Also delete qualification 2(b) and replace it with. “Must be selected at a community meeting or <i>baraza</i> called by the area leader or the community health committee.” Amend 2(c) to read. <i>Must possess basic literacy skills such as how to read and write subsequently, fulfill all the Community Health Promoter module training and assessment, and be certified by the council as Community Health Promoter</i>	<ul style="list-style-type: none"> • The Community Health Promoters are drawn from the community where they live and are selected through a <i>Baraza</i> organized by the Community Leaders or Community Health Committee. • In Kenya, the number of community health promoters exceeds 100,000, with a significant portion having not pursued higher education. Approximately 50% of these promoters did not sit for the Kenya Certificate of Secondary Education (KCSE) for various unavoidable reasons. Due to their advancement in age and dedication to community service and further to ensure inclusivity, the minimum qualification for community health promoters should be the ability to read and write, as well as successfully completing the required training modules and passing the CHP module examination for the





			purposes of certification.
Insert the Definition of a “Community Health Officer” immediately below	Insert the definition of a ‘Community Health Officer’ as <i>“A holder of bachelor’s degree in Community Health from a government approved institution of higher learning”</i>		A Community Health Officer plays a technical role in running of a Community Health Units and offering support supervision to both the Community Health committee and the Community Health Unit.
Insert the Definition of “Assistant Community Health Officer” immediately below	<i>“A holder of Diploma or Higher National Diploma in Community Health from a government approved institution of higher learning”</i>		Assistant Community Health Officer plays technical role in running of a Community Health Unit and offering support supervision
Insert the Definition of a “Community Health Assistant” immediately below	<i>“A holder of Certificate in Community Health from a government approved institution of higher learning”</i>		Community Health Assistant plays technical role in running of a Community Health Unit and offering support supervision to Community Health Promoters
“Council” definition	Amend the definition of the ‘Council’ to “Community Health Officers, Assistants and Promoters Council of Kenya” established under section 3 which should be also amended		The council should incorporate the entire community health cadre rather than only the Community Health Promoters only.
Register definition	Amend to read “register of “Community Health Officers, Assistants and Promoters”		The register should comprise the Community Health Officers, Assistant Community Health Officers, Community Health Assistants and Community Health Promoters.
Insert “Society/Association” Definition	Insert Society/Association of Community Health Officers, Assistants and Promoters registered by the registrar of Societies		The Associations/Societies for Community Health Officers, Assistants and Promoters should be incorporated in the Council for consultation purposes in the running of the council
Insert “Community Health Officers, Assistants and Promoters” as a single term immediately below	Insert Definition. <i>Single term to refer to Community Health Officers, Assistant Community Health Officers, Community Health Assistants and Community Health Promoters</i>		A single term that should be used to refer to the workers under level one (Community Health workforce)
PART II- ESTABLISHMENT, FUNCTION AND POWERS OF COMMUNITY HEALTH WORKERS COUNCIL			
Amend Part II to read: Establishment, function and powers of Community Health Officers, Assistants and Promoters Council of Kenya			





3 (1)	Establishment of the Council	Amend 3(1) to <i>There is established a council to be known as the Community Health Officers, Assistants and Promoters Council of Kenya</i>	This should be a one regulatory body for all Community Health Officers, Assistant Community Health Officers, Community Health Assistants and Community Health Promoters of Kenya. The body that shall be mandated towards regulation of Community health Practice in Kenya.
5	Functions of the Council	<p>Amend</p> <p>5 (a) to Assess the qualifications of Community Health Officers, Assistant Community Health Officers, Community Health Assistants and Community Health Promoters</p> <p>5(b) Ensure the maintenance of improvement of the standards of practice by Community Health Officers, Assistant Community Health Officers, Community Health Assistants and Community Health Promoters</p> <p>5(c) Establish a professional code and supervise the professional conduct and practice of Community Health Officers, Assistant Community Health Officers, Community Health Assistants and Community Health Promoters</p> <p>5(e) Maintain the register and keep a record of all Community Health Officers, Assistants Community Health Officers, Community Health Assistants and Community Health Promoters</p> <p>5(h) consider and deal with any other matter pertaining to community Health Officers, Assistant Community Health Officers, Community Health Assistants and Community Health Promoters including prescribing badges, insignia, or uniforms to be worn by Community Health Officers, Assistants and Promoters.</p> <p>Add an extra function:</p>	<p>The council should regulate the entire community Health Practice in Kenya due to lack of existing regulatory framework for Community Health Practice available.</p> <p>5 (g) Suggests that the Council should advise the Cabinet Secretary and County Government on Community Health matters. This means that the Council must have a proper understanding of Community health service delivery. This is a technical function which requires that there Must be a member or members of the council who are well trained and have proper understanding of Community Health Service delivery. A Community Health Officer would be in a good position to advice the council on such.</p>



		<i>The council shall be in position to offer internship to trainees in Community Health</i>	
6	Members of the Council	<p>Delete 6(e) and 6(g) and replace with <i>Two Licensed Community Health Officers nominated by the Association/Society of Community Health Officers, Assistant community Health Officers and Community Health Assistants</i></p>	<ul style="list-style-type: none"> • A Community Health Officer will offer technical advice to the council since they are specialists in Community Health matters. • Community Health Officers, Assistant Community Health Officer, Community Health Assistants, and Community Health Promoters engage in similar/related day to day activities as per the MOH Community Health Policy. • A registered Community Health Nurse is a specialist under Curative healthcare whereas Community Health Services is a preventive and promotive function. • Furthermore, it should be noted that a registered Community Health Nurse possesses a lower level of academic qualification (a Diploma) compared to a Community Health Officer, who holds a Bachelor's degree in Community Health and is much more informed on management of Community Health Services since it is their primary role.





		<p>Amend to 6(f) One Community Health Lecturer with the qualification of a Community Health Officer from College or University in a department dealing with community health nominated by the Cabinet Secretary of health</p>	<p>It would be unfair to solely recognize Kenya Medical Training College as the exclusive provider of Community Health training. Community Health is also accredited by the Commission of Higher Education (established under Section 4 of the Act No. 42 of the 2012 University Act) further, it is offered at various institutions of higher learning throughout Kenya. In fact, there are more than 130 institutions offering Community Health as a course (Both Universities and Colleges combined) . What is highly needed is to regulate these institutions for proper provision of Community Health training in Community Health. There is a lack of uniformity in the Community Health training curriculum and duration of the course.</p>
		<p>Amend 6(h) one community health promoter nominated by the Association/Society of Community Health Promoters</p>	<p>It will be prudent to also include a community Health promoter in the council.</p>

PART III: REGISTRATION AND TRAINING OF COMMUNITY HEALTH WORKERS

Amend Part III to read: Registration and training of Community Health Officers, Assistants, And Promoters

18	<p>Appointment of the registrar</p>	<p>Amend 18(c) to read. is a registered Community Health Officer with at least four years' experience in Community Health</p>	<p>The appointment of the registrar should be done through a competitive process, and the individual should hold a bachelor's degree in Community Health from a government-approved institution of higher learning in Kenya. The requirement of ten years of experience should be reconsidered and reduced to a minimum of five years, considering that most community</p>
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			health trainees have limited experience beyond that timeframe.
19	Functions of the registrar	<p>Amend (19c) to read. <i>keep and maintain a register of community health Officers, Assistants and Promoters.</i></p> <p>Amend (19d) to read. <i>Publish in the Gazette a list of names, addresses and qualifications of the registered community Health Officers, Assistants and Promoters not later than, 31st March in every year; and</i></p>	Incorporate all community health practitioners.
		19 (e) Amend the term <i>“Community Health Worker” to Community Health Officers, Assistants and Promoters</i>	Incorporate all community health practitioners.
20	Particulars of the registrar	Amend 20(1) to read. <i>the register shall contain the following particulars of Community Officers, Assistants and Promoters</i>	Align to Incorporate all community health practitioners.
		Amend 20(b) To read. <i>Academic qualifications and other qualifications</i>	The registrar MUST have academic qualification equivalent to the Community Health Officer (i.e., a Minimum of bachelor’s degree in Community Health)
		20(c) Amend the term <i>“Community Health Worker.” to “Community Health Officers, Assistants and Promoters”</i>	Align to Incorporate all community health practitioners.
		Amend 20(2) To read: <i>“Community Health Officers, Assistants and Promoters” shall notify the registrar of any change of particulars</i>	This means that if a Community Health promoter acquires an extra qualification to allow them to become Community Health Assistant, then they can notify the registrar for the change of their title. Same to CHA if acquires and extra qualification to be an ACHO and finally if an ACHO acquires qualifications to be a Community Health Officer (CHO)
		Amend 22 (1a) To read. <i>has successfully undergone a training in Community Health Course at an approved training institution;</i>	For persons to be licensed as Community Health Officers, Assistant Community Health Officer and Community Health Assistant must be holders of





			Certificate, Diploma/Higher Diploma and Certificate respectively. Whereas Community Health promoters should acquire the basic (CHP) modules training prescribed by the ministry of Health after being nominated by the community members
23	Prescribed courses for registration	Delete (23)	For persons to be licensed as Community Health Officers, Assistant Community Health Officer and Community Health Assistant must be holders of bachelor's degree, Diploma/Higher Diploma and Certificate respectively. Whereas Community Health promoters should acquire the basic (CHP) modules training prescribed by the Ministry of Health after being nominated by the community members.
PART IV: DISCIPLINE			
26	Establishment of a disciplinary Committee	Amend 26(d) to read. <i>One Community Health Officer nominated by the Public Service Commission; and</i>	Community Health Promoters are under County Government
		Amend 26(e) to read. <i>One Community Health Promoter nominated by the Council of County Governors.</i>	
		26 (5) Amend to read <i>The Disciplinary Committee shall receive and investigate complaints against Community Health Officers, Assistants, and Promoters in accordance with the rules and regulations under this Act.</i>	
27	The disciplinary powers of the committee	Amend 27 to read. <i>The Disciplinary Committee may make the following orders against a Community Health Officer, Assistant or Promoter</i>	
28	Proceedings of the disciplinary committee	Amend 28(4) to read. <i>A community Health Officer, Assistant or Promoter who contravenes subsection (3) commits an offense and upon</i>	



		<i>conviction, shall be liable to a fine not exceeding twenty thousand shillings.</i>	
		Amend 28(5) to read. <i>A Community Health Officer, Assistant or promoter who is aggrieved by the decision of the Council in the exercise of its powers under this section may, within sixty days from the date of the decision of the Council, appeal to the High Court.</i>	
	<p>INTRODUCE A CLAUSE TO REGULATE INSTITUTIONS OFFERING COMMUNITY HEALTH COURSE IN KENYA</p> <p>Give powers to the Council to approve institutions offering Community Health in Kenya</p> <p>Give powers to the Council to inspect such institutions</p>		<p>There is a significant concern regarding the regulation of institutions that offer community health as a course in Kenya. The Society of Community Health Caregivers has identified over 130 institutions offering such a course. However, these institutions lack uniformity in terms of course duration due to the absence of regulation. Some institutions provide a certificate in community health in as little as three months, while others extend the duration up to two years. This lack of standardization makes it difficult for employers to recognize the authenticity of the certificates. Approximately 70 out of the 130 mapped institutions are in Nairobi and Kiambu County (Thika town). Furthermore, the emergence of online institutions like JP-UK allows individuals to obtain a certificate in Community Health simply by answering a few questions online hence interfering with the integrity of the Course. Consequently, the job market has become highly saturated, leading many Community Health graduates to consider returning to school to pursue a different field of study. Therefore, we strongly advocate for the regulation of institutions</p>





			offering Community Health as a course in Kenya.
PART VII: TRANSITIONAL PROVISIONS			
35	Transitional provisions	<p>Amend 35 to read: <i>Within twenty-four months after the enactment of this Act, all persons performing the functions of a Community Health Officer, Assistant Community Health Officer or Community Health Assistant and who have not undertaken the Community Health course should have fulfilled the requirement of training to be licensed under this Act</i></p>	<p>Individuals currently working as Community Health Officers or Community Health Assistants who lack the necessary qualification in Community Health to obtain a license should seriously consider returning to school. Undertaking a two-year certificate course in community health would ensure uniformity and standardization in terms of qualifications for these roles.</p>
SECOND SCHEDULE PRESCRIBED COURSES			
		<p>Amend the second schedule to read: a) <i>A person shall be eligible for registration as a Community Health Officer, Assistant and Promoter if he or she has undertaken any of the following prescribed courses in the following. Bachelor's degree in Community Health, Higher National Diploma in Community Health, Diploma in Community Health, Certificate in Community Health and.</i> b) <i>Community Health promoters must have undertaken training in all Community Health Modules prescribed by the ministry of Health examined and certified to be Community Health promoters</i></p>	<p>We currently have an extensive number of institutions, exceeding 130, offering Community Health as a course, resulting in a saturated job market. With over 10,000 graduates in the field of Community Health, approximately 75% of them are unemployed and this is alarming. Therefore, it is unnecessary to incorporate unrelated courses such as social work into the Community Health domain. It is worth noting that a bill concerning the regulation of social work, community development, counseling psychology, and medical social work is already under consideration in parliament (Institute Of Social Work Professionals Bill. 2020) which seeks to provide a regulatory framework for the Social work related course such as Counseling Psychology, Community Development, Sociology etc.</p>



		<p>Community Health is a distinct health science-based course, and its content differs from the courses mentioned in schedule two of this bill. To promote clarity and consistency, it would be beneficial to standardize the course name as Community Health. Presently, there are over 15 different variations of the course name, all related to Community Health and the duration of the course per university and Colleges differs. There are institutions that offer Community health Certificate at as low as less than six months in duration whereas others offer as longer as two years.</p> <p>Regarding Community Health Promoters (CHPs), since there are already around 15 modules available for their training, there is no need for them to return to college to continue their work as CHPs. However, if they desire to advance their careers and become Community Health Assistants or Officers, they can choose to pursue further education.</p> <p>A course highlighted under schedule two as Community HIV/AIDS Testing and Counseling is a two-week course.</p>
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ASSOCIATION OF KENYA MEDICAL LABORATORY SCIENTIFIC OFFICERS

Golf Course Commercial Centre
1st Floor Room 1.6,
Next to Kenyatta Market, Mbagathi Way.
P. O. Box 55233 - 00200 Nairobi

Mobile: 0792567331, 0723246913, 0726765860
E-mail: akmlso.akmlso@gmail.com
Website: www.akmlso.or.ke

Ref: Ref: Akl/chwb/22/08

4th July 2023

The Clerk,
Departmental Committee on Health,
National Assembly,
Parliament Buildings,
P O Box 41842 - 00100.
NAIROBI!

D/DC
Please deal.
Soni
05/07/23

Hassan Arab
pls deal
le w y
6/7/23

Email: akmlso@akmlso.or.ke

Dear Sir,

Re: Memoranda on the Community Health Workers Bill, 2022 (National Assembly Bill No.53)

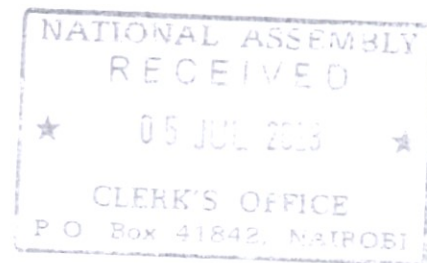
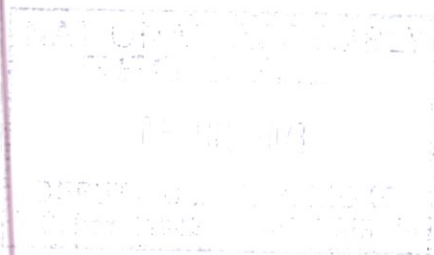
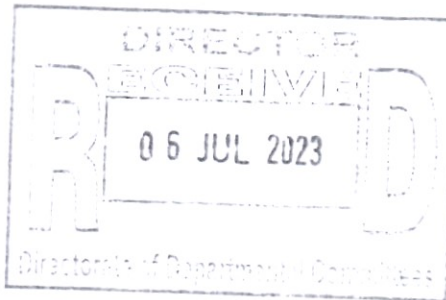
The above caption matter refers,

The Association of Kenya Medical Laboratory Scientific Officers (AKMLSO) ensures excellence in Medical Laboratory practice in the republic of Kenya and beyond.

The Association, (AKMLSO) has interrogated the above mentioned Bill and proposed the amendments contained in this memorandum. The main purpose of this memorandum is to ensure there is no conflict or duplication of responsibilities or mandate between the proposed community Health Workers and Medical Laboratory professionals registered under Cap 253A laws of Kenya as well as other healthcare professionals. We hope you will find the proposed amendments useful in the attainment of quality healthcare for Kenyan Citizens as envisaged by the Constitution of Kenya.

Thank you.

Safari Kithi
NATIONAL EXECUTIVE CHAIRMAN



National Executive Chairman: **Safari K. Kithi** Secretary General: **Patrick Njuguna** National Treasurer: **Robert T. Katsutsu**

Vision: Ensuring excellence in medical laboratory practice in the Republic of Kenya and beyond.

Mission: To advance and maintain high standards of medical laboratory sciences by adhering to strict professional practice.



**MEMORANDA ON THE COMMUNITY HEALTH
WORKERS BILL, 2022 (NATIONAL ASSEMBLY
BILL NO. 53)**

1291	PART II- ESTABLISHMENT, FUNCTIONS AND POWER OF THE COMMUNITY HEALTH POWERS OF THE COMMUNITY HEALTH WORKERS COUNCIL (5) f	"Collaborate with other bodies such as the Medical Practitioners and Dentists Board, the Central Board of Health, the Clinical Officers Council, the Nursing Council of Kenya and the Pharmacy and Poisons Board, in furtherance of the functions of the Council and those bodies;	<p>recommendations, diagnoses, and referrals added authority.1 As a link to available health facilities, clinics, and other resources, the community health worker's objective is to improve the quality and availability of healthcare for community health units.</p> <p>Amend by deleting the entire section and replacing it with the following- "Collaborate with other health regulatory authorities such as: (a) the Clinical Officers Authority established under the Clinical officers Act; (b) the Nursing Council of Kenya established under the Nurses Act; (c) the Kenya Medical Laboratory Technicians and Technologists Board established under the Medical Laboratory Technicians and Technologists Act (d) the Medical</p>	Aligning this Act with the Health Act, 2017 (No. 21 of 2017) To ensure the envisaged new health professions referred as community health work is not in conflict with any other established health profession, specifically the community health workers may be engaged in cross-cutting activities that may lead professional conflicts. For example, is community health workers will be involved in use of any diagnostic gadgets such as glucose meter and other self-testing instruments, there is a need for quality assurance by medical laboratory professionals who are under the Kenya Medical Laboratory Technicians and Technologists Board
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PAGE	CLAUSE	CURRENT PROVISION	PROPOSED AMENDMENT (S)	JUSTIFICATION
1289	PART I- PRELIMINARY 2	“community health unit” means a health service delivery structure within a defined geographical area covering a population of approximately five thousand people”	Amend by inserting the words ‘served by a specific public health facility within the locality’ to read as follows - “community health unit” means a health service delivery structure within a defined geographical area covering a population of approximately five thousand people and/or served by a specific public health facility within the locality’ to read as follows”	A community health unit requires a public health facility for the referral of residents who require medical attention. This facility should have facilities and human resource commensurate with level 2 hospital so as to take care of common ailments in a particular geographical region.
	PART I- PRELIMINARY 2 a, b, c, d	“community health worker” means a person who- (a) Resides in a particular community health unit; (b) Is selected by the members of the community health unit; (c) Undergoes a prescribed course of training in training institution, is a holder of a certificate issued by the institution and is registered under the Act;	Delete the entire section and replace with the following words to read as follows- <i>A community health worker (CHW) is a front-line worker dedicated to providing quality health care to their local community. Their close relationship with those they serve fosters a trust that gives their health</i>	This is to align the definition with a scientifically sound delectation as per the international nomenclature of professions

			<p><i>Practitioners and Dentists Board established under the Medical Practitioners and Dentists Act;</i></p> <p><i>(e) the Radiation Protection Board established under the Radiation Protection Act;</i></p> <p><i>(f) the Pharmacy and Poisons Board established under the Pharmacy and Poison Act;</i></p> <p><i>(g) the Council of Institute of Nutritionists and Dieticians established under the Nutritionists and Dieticians Act;</i></p> <p><i>(h) the Public Health Officers and Technicians Council established under the Public Health Officers (Training, Registration and Licensing) Act; and</i></p> <p><i>(i) any other body as may be prescribed by the Health Act, 2017 (No. 21 of 2017).</i></p>	
	PART II- ESTABLISHMENT, FUNCTIONS AND	New	prescribe, in consultation with other health regulatory authorities and such	This is to provide for the quality training of community health workers by ensuring training

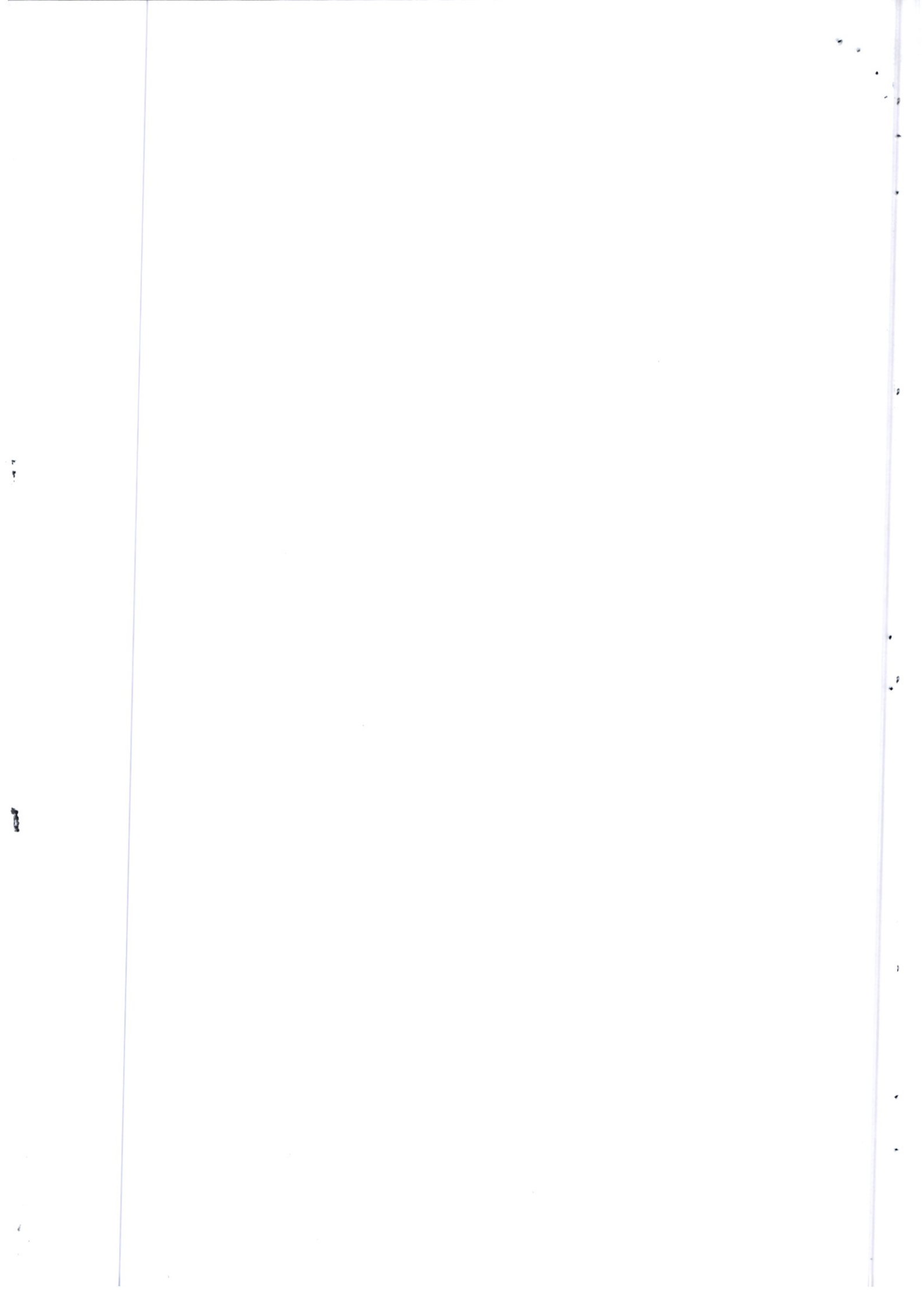
	POWER OF THE COMMUNITY HEALTH POWERS OF THE COMMUNITY HEALTH WORKERS COUNCIL (5) h		approved training institutions as the Council may deem appropriate, the courses of instruction for community health workers;	institutions have the requisite physical infrastructure, human resource, and other facilities necessary for training
	PART II- ESTABLISHMENT, FUNCTIONS AND POWER OF THE COMMUNITY HEALTH WORKERS COUNCIL (5) i	New	consider and approve the qualifications of community health workers for the purposes of registration under this Act;	This is to provide for the quality training of community health workers by ensuring training institutions have the requisite physical infrastructure, human resource, and other facilities necessary for training
	PART II- ESTABLISHMENT, FUNCTIONS AND POWER OF THE COMMUNITY HEALTH POWERS OF THE COMMUNITY HEALTH WORKERS COUNCIL (5) j	New	approve in consultation with Technical and Vocational Education and Training Authority (TVETA) and Commission of University Education (CUE) institutions for the training of community health workers	This is to provide for the quality training of community health workers by ensuring training institutions have the requisite physical infrastructure, human resource, and other facilities necessary for training of community health workers
1291	PART II- ESTABLISHMENT, FUNCTIONS AND POWER THE COMMUNITY HEALTH WORKERS COUNCIL (6) b	The Head of Primary Healthcare from the ministry for the time being responsible for matters relating to health;	Amend by deleting the word 'primary health care' and replacing it with 'community health programmes' to read- <i>The Director of community health from the ministry for</i>	Community health and primary health care are not one and the same, and there is a need to have a deliberate distinction to ensure clarity

			<i>the time being responsible for matters relating to health</i>	
1291	PART II- ESTABLISHMENT, FUNCTIONS AND POWER OF THE COMMUNITY HEALTH WORKERS COUNCIL (6) f	one lecturer in community health from the department dealing with community health, nominated by the Kenya Medical Training College;	Amend by deleting the word 'Kenya Medical Training College' and replacing with 'approved community health worker trainers' to read- one lecturer in community health from the departments of training institutions dealing with community health, nominated by all approved community health worker trainers	This is to ensure all community health worker training institutions are fully represented in the council and there is wider participation in its election and composition
1291	PART II- ESTABLISHMENT, FUNCTIONS AND POWER OF THE COMMUNITY HEALTH WORKERS COUNCIL (6) 2	The Chairperson shall be appointed by the Cabinet Secretary from among the members under paragraph (g)	Amend by deleting the word 'paragraph (g)' and replacing it with the words- from among the Council members who are registered community health workers.	Paragraph (g) was only one person hence no choices for selection but a direct prescription.
1297	PART IV-DECIPLINE (2) c	an advocate of the High Court with at least ten years' experience appointed by the Council	Amend by deleting the word 'Council' and replacing it with the word "Attorney General" section and replacing with - an advocate of the High Court with at least ten years' experience appointed	This is to ensure the neutrality of the advocate on matters justice and law consistent with other health laws

			<i>by the Attorney General</i>	
1299	PART VI- PROVISIONS ON DELEGATED LEGISLATION 34 (1)	The Cabinet Secretary may, in consultation with the Council, make regulations for the better carrying into effects the functions of the Act	Amend by interchanging the word Cabinet Secretary with the Council to read- <i>The Council may, in consultation with the Cabinet Secretary, make regulations for the better carrying into effects the functions of the Act</i>	To give the Council the powers to participate in the delegated legislation in an efficient manner and avoid the bureaucracy in the office of the Cabinet Secretary which deals with deals with many other matters and many not give due attention to the matters affecting the Council's operations
1299-1300	PART VI- PROVISIONS ON DELEGATED LEGISLATION 34 (3) a	the purpose and objective of the delegation under this section is to enable the Cabinet Secretary to make rules to provide for the better carrying into the effect the provisions of this Act	Amend by replacing the word Cabinet Secretary with the Council to read- <i>the purpose and objective of the delegation under this section is to enable the Council to make rules to provide for the better carrying into the effect the provisions of this Act</i>	To align with the previous amendment in Part VI, 34 (1)
1300	PART VI- PROVISIONS ON DELEGATED LEGISLATION 34 (3) b	the authority of the Cabinet Secretary to make regulations under this Act will be limited to bringing into effect the provisions of this Act and fulfillment of the objectives specified under this section;	Amend by replacing the word Cabinet Secretary with the Council to read- the authority of the Council to make regulations under this Act will be limited to bringing into effect the provisions of this Act and	To align with the previous amendment in Part VI, 34 (1)

1303	<p>SECOND SCHEDULE (s. 23) PRESCRIBED COURSES</p>	<p>A person shall be eligible for registration as a Community Health Worker if he or she has undertaken any of the following prescribed courses- Certificate in Community Health, Psychology, Counselling, Social Work, Community Development, Health Education or its equivalent from a recognised institution</p>	<p>fulfillment of the objectives specified under this section</p>	<p>Not all cited qualifications are mere topics in all health professions, and fail to provide value in crafting community health work as a profession. This will prevent making community health as a significantly narrow and mediocre profession.</p>
		<p>Amend by deleting this section and inserting the following new section to read as follows-(1) A person who— (a) has successfully attended a community health training course approved by the Council; or (b) has attended a course of instruction for community health work recognised by the council as equivalent to the course prescribed and approved by the Council; or (c) holds such other qualifications as the Council may prescribe; and (d) has completed such approved period of probation as may be prescribed by the Council, may apply to the Council for registration under this Act.</p>		

1304	MEMORANDUM OF OBJECTS AND REASONS-Indication of whether the Bill concerns county governments	The Bill does not affect the functions of the county government and therefore not a Bill concerning counties for the purposes of the Standing Orders.	Amend this section by deleting the word 'does not' to read as follows- <i>The Bill affects the functions of the county government and therefore, this Bill concerns counties for the purposes of the Standing Orders.</i>	Health is a devolved functions as per the Constitution of Kenya 2010 (Fourth Schedule Part 2, Section 2, c). Additionally, the Council of Governors shall appoint a representative to the Council, and the Council shall advice the county government on community health matters as provided in PART III Section 5 (g)
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Hassan Abale
pls facilitate
6/7/23



Clerk of the National Assembly,
P. O. Box 41842-00100,
Nairobi



RE:MEMORANDA ON THE COMMUNITY HEALTH WORKERS BILL, 2022

I am Dr Gloria Langat a research scientist based at the Africa Population and Health Research Center (APHRC) with speciality in demography and gerontology. The APHRC is a premier African-based and Africa-led research organisation generating evidence and translating knowledge to inform policy and practice.

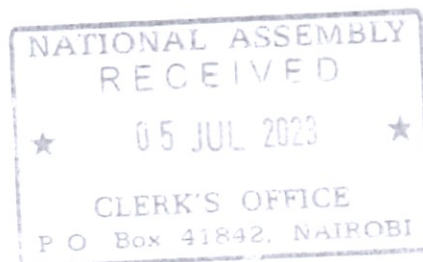
I'm pleased to see the effort towards transforming community health through the bill seeking to provide a framework for regulation of community health workers and creation of the Community Health Workers Council. Our research has shown the immense difference that community health workers, as first responders, can save lives and improve the health and wellbeing of populations at the community level. Better remuneration and training of community health workers as well as a harmonised standards of practice will enhance the nature and quality of health services at the community level ultimately improving population health and reducing the cost of healthcare.

Among our planned research over the next years, we would like to understand the unmet health and social care needs of special population groups such as older persons who are no longer able to live independently due to debilitating conditions and children with disabilities and how these needs can be met at the community level. I believe this research will be instrumental in augmenting and informing the Community Health Workers Council once it is in place.

I look forward to the next phase of the process in the bill. Thank you.

Regards,

GLORIA CHEPNGENO LANGAT (PhD)



10.10.63



*DDC-11001
&
5/07*

RECEIVED
06 JUL 2023
Directorate of Departmental Committees

MEMBER OF THE INTERNATIONAL COUNCIL OF NURSES

The Nurses Complex
Kenyatta National Hospital Grounds
Beyond the M.O.H Government Chemists Department

P.O Box 49422 - 00100
Nairobi - Kenya
email: nnakenya@gmail.com
info@nnak.or.ke

*Hasan Asale
pls facilitate
6/7/23*

To,
The Clerk of the National Assembly
P.O. Box 41842
Nairobi.

04/07/2023
NATIONAL ASSEMBLY
RECEIVED
05 JUL 2023
CLERK'S OFFICE
P. O Box 41842, NAIROBI

MEMORANDUM ON THE COMMUNITY HEALTH
WORKERS BILL, 2020

SUBMISSION BY THE NATIONAL NURSES ASSOCIATION OF
KENYA.

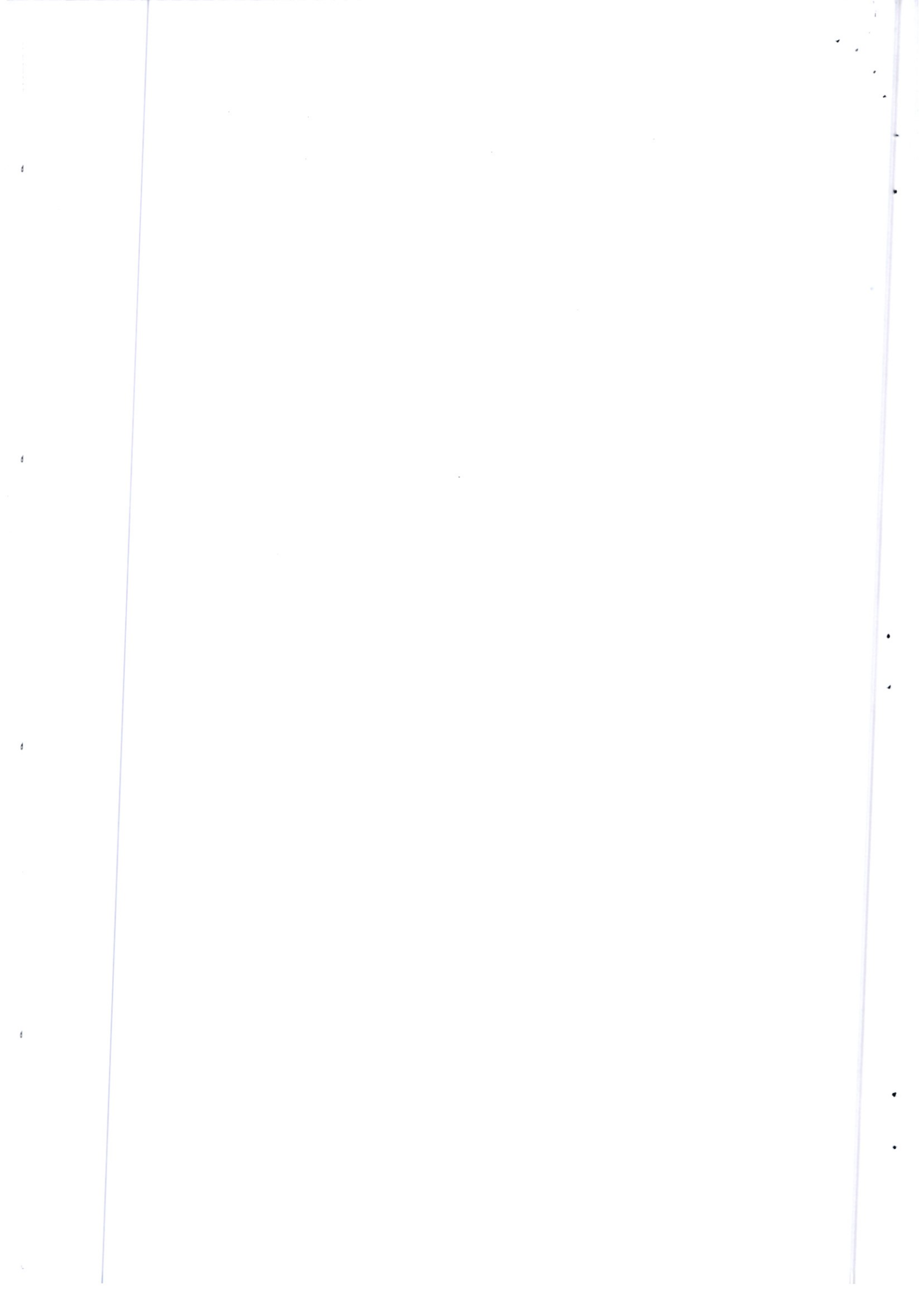
Introduction

The Community Health Workers Bill (National Assembly Bill No. 30 of 2020) was published by The National Assembly on 14th October, 2020 and stands committed to The National Assembly Standing Committee on Health for public participation.

Our position as National Nurses Association of Kenya

Community health is one of three components that community health nurses (ECHN & KRCHN) undertake during training at either certificate or diploma level in order to be qualified. It takes about three & half years both theory & clinical to attain the qualifications to provide Community Health services along with general nursing & midwifery components. This happens in KMTCs, FBO or Private hospitals and training institutions.

As the National Nurses Association of Kenya, we are concerned that the Bill is not advancing community health services in Kenya but seeks to introduce a new cadre of healthcare workers referred as Community Health Workers, which is currently a non-existent healthcare worker cadre. We are convinced that the passage of the Bill will undermine delivery of community health services rendered at level one (Community Health Unit) of the health system, reverse gains made in advancing community health



and health of our people and reset the country in its grand march to Universal Health Coverage (UHC).

We are unhappy with the Bill and request that the Bill be withdrawn and concerns of the sponsors of the Bill be addressed within existing legislation and Public Service Commission mechanisms within which a scheme of service for the community health workforce is in effect. Alternatively, the Bill should be considered for merger with the Senate Bill No. 34 of 2020 that comprehensively covers delivery of community health services including the workforce. Primary healthcare services is part of the current healthcare service, it should be basic healthcare related services in unreached or hard to reach population. When its training does it mean empowerment or capacity building because training will mean they have to have formal training which is not envisioned

Proposed Changes

The proposed Community Health Workers Bill introduces a workforce that does not exist in the current Ministry of Health structure or schemes of service. The Community Health Worker is used interchangeably with Community Health Volunteers (CHWs or CHVs). This is a cadre of volunteer lay health workforce that has existed in the country for a long time. These volunteers are elected by the community and serve their neighbors by providing health education, basic treatment and referral for care to health facilities. The Bill therefore appropriates to itself a name that will disadvantage and render helpless 100,000 community health volunteers that the country relies on to respond to health emergencies and deliver lifesaving care in our communities.

In the same vein, the Community Health Volunteers often referred to as community health workers have neither been engaged nor their opinions sought in coming up with this legislation.

We further note that there is a Senate Bill No. 34 of 2020 published on 4th December 2020 i.e. The Community Health Services Bill, 2020 which addresses the concerns of the community health workforce including the community health workers/volunteers more exhaustively. When passed into law, the Community Health Services Bill shall provide a framework for;

1. Delivery of community health services;
2. Promote access to primary health care services at the community level and reduce health disparities across the country and
3. Provide for the training and capacity building of the community health workforce. This workforce will broadly include community health officers whose scheme of service is already operationalized by the Ministry of Health/ Public Service Commission and community health volunteers selected at community level.



Having read the Bill as published, we make the following proposals

Section	Proposed Changes	Reasons
PART I PRELIMINARY	Delete	<ul style="list-style-type: none"> The CEC is apolitical arm who if not regulated may misuse this to achieve /sabotage healthcare in unpopular areas on employment by public service; this can be used to disadvantage employment of professionals in favor of cheap labor
PART II - ESTABLISHMENT, FUNCTIONS AND POWERS OF THE COMMUNITY HEALTH WORKERS COUNCIL	Delete	<ul style="list-style-type: none"> Creation of a council is not necessary, as the Senate Bill has taken care of the Leadership and Governance at the County through the introduction of County Health Committees. The council will add an extra burden in terms of the human resource payroll and duplication of roles. "kit"; this must be well defined so as not authorize use of untrained personnel giving services beyond their scope. The unit -it should be to the linked healthcare facility or public health officer. this makes them above other officer. Kenyans require committed services at the community level not more regulation and additional bodies that make service delivery unattainable. The department of Primary Health and Division of Community health in particular do not have a vote head and relies heavily on partner support. Issues raised in the Bill can be addressed through the schemes of service and other subsidiary regulations and do not require an Act of Parliament.
Art. 5(g) - Council to advise the Cabinet Secretary on community health matters;	Delete	<ul style="list-style-type: none"> The proposed council is in no position to advise the Cabinet secretary on matters of community health. Delivery of community health is the responsibility of the counties. The Cabinet Secretary can be advised by the leaders in the county community health structure and coordinated by the Division of Community Health. The NNAK also has a critical role to play in this advisory.



<p>Art. 6, (1)(g) Composition of the Council</p>	<p>Delete</p>	<ul style="list-style-type: none"> • It is erroneous to refer to a cadre called Community Health Worker employed by the national and county governments when such a cadre does not exist. • The employment Act and Regulation currently does not have a cadre called Community Health Workers and so the Council will regulate an illegality of a non-existent cadre
<p>PART V -FINANCIAL PROVISIONS</p>	<p>Delete</p>	<ul style="list-style-type: none"> • As already indicated, the Bill introduces an additional burden to the government by creating a council whose functions can be carried out by other regulatory bodies and the Public Service Commission. Kenyans need urgent healthcare services. The country's health system is in chaos and the creation of an additional council will only exacerbate the country's health deficiencies.
<p>SECOND SCHEDULE</p>	<p>Delete</p>	<ul style="list-style-type: none"> • In Kenya and globally, the field of community health has grown due to the multiplicity of professions and skills that come together to make community health functional. We have community members, economists, accountants, administrators, statisticians, lawyers, doctors, nurses, physicians, social workers, counsellors etc. that weave the Beautiful story of community health. Limiting the practice of community health to a few people with a particular training will ultimately deny the field the much-needed expertise and ultimately negatively impact health outcomes that we have achieved for the country.
<p>MEMORANDUM OF OBJECTS AND REASONS</p>	<p>Contradictory to the second schedule</p>	<ul style="list-style-type: none"> • The section aptly captures the Community Health Workers/ volunteers as lay people who deal directly with the community. They know the homesteads in the area where they live and are familiar with the language of the people. By going door to door, they are able to know the people in need of various health care services. This is the cadre we have referred to in the Introductory sections above. It is inconceivable that these lay workers will have the qualifications described in the second schedule in order to be allowed to serve their communities.

MISCELLANEOUS CONTRIBUTIONS.

The Community Health Volunteers have a special role. They are the linkage between the community and the health facilities. They ensure that the people access healthcare when they need it. They encourage the pregnant mothers to attend the ANC and deliver their babies in hospital. They encourage the mothers to take their babies for health monitoring and vaccination.

They encourage the community to maintain high standards of hygiene and sanitation, and good nutrition. They also encourage compliance to medication, and prevention of disease.

They are not professionals; they have no professional training and are not regulated. So, they CANNOT offer technical services at the community level. Their job is to offer linkage and support.

The Bill is lacking a legal framework, with an indemnity clause. In case there is any malpractice the patient has no recourse to assistance. Also, because there is no regulation, legal redress will be a challenge.

The Bill does not address how these workers will be hired, their level of training, monitoring and evaluation, scope of practice and regulation. It does not address the issue of confidentiality when dealing with patient data, which is very sensitive at community level.

There are other cadres of staff, like community nurses, who are professionally trained to offer services at the community level. Many are available to offer these services to the people. Let us use what we have instead of creating another problematic

The community health volunteers are not professionals, and so exposing them to the community is risking their lives. Poor medicine for poor people should be discouraged

RECOMMENDATIONS

1. The Bill is though, unclear, ambiguous and dangerous. It should be withdrawn and redrafted with input from professionals.
2. The current workforce should be put into consideration before hiring new staff
3. The Bill should be detailed and comprehensive, the current one is very vague and ambiguous.
4. the county government and senate have failed to ensure that adequate personnel are employed as well as equipping of the facilities thus the shortfall
5. NNAK as well as other professional associations should be part and parcel of the committee sitting to review this bill.

Yours Sincerely,



Collins Ajwang
President
National Nurses Association of Kenya







PUBLIC HEALTH OFFICERS AND TECHNICIANS COUNCIL, KENYA

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HEAD OFFICE: KMTC GROUNDS
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NAIROBI

When replying please quote:
PHOTC/GC/2023/07/04/VOL.10 (058)

4th July 2023

Clerk of the National Assembly
The National Assembly,
Main parliament Buildings,
NAIROBI

D/DC
Please deal.
S/O
05/07/23
Hassan Asala
pls deal
4p. 4/7/23
6/7/23

RE: MEMORANDUM ON COMMUNITY HEALTH WORKERS BILL 2022

I refer to your invitation for submission of memoranda on the on Community Health Workers Bill, 2022.

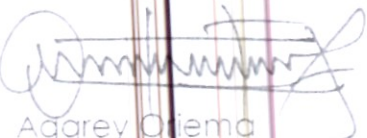
The Public Health Officers and Technicians Council is established by Public Health Officers Act No. 12 of 2013 to regulate the training practice and employment of Public Health Officers and Technicians and to advise the Government in relation to all aspects thereof.

I hereby express gratitude to parliament for enacting a bill that will support regulation of community Health workers who form critical mass of the health workforce in the best interest of service delivery and patient safety.

To improve coordination and effective regulation, the Council has made proposals to guide Parliament to enact a robust statute that will support effective health service delivery. Enclosed, please find our submission for your kind consideration.

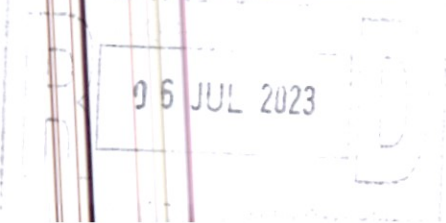
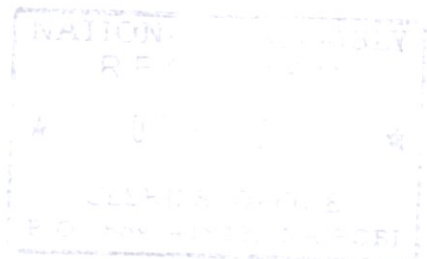
The proposals cover representation and the inclusion Public Health Officers and Technicians as a critical player in community Health services.

I look forward to your kind consideration and involvement in the legislative agenda.


Aggrey Ojema
REGISTRAR/CEO
Encl.

Copy to: Nimbone Mwalenga,
Chairperson,

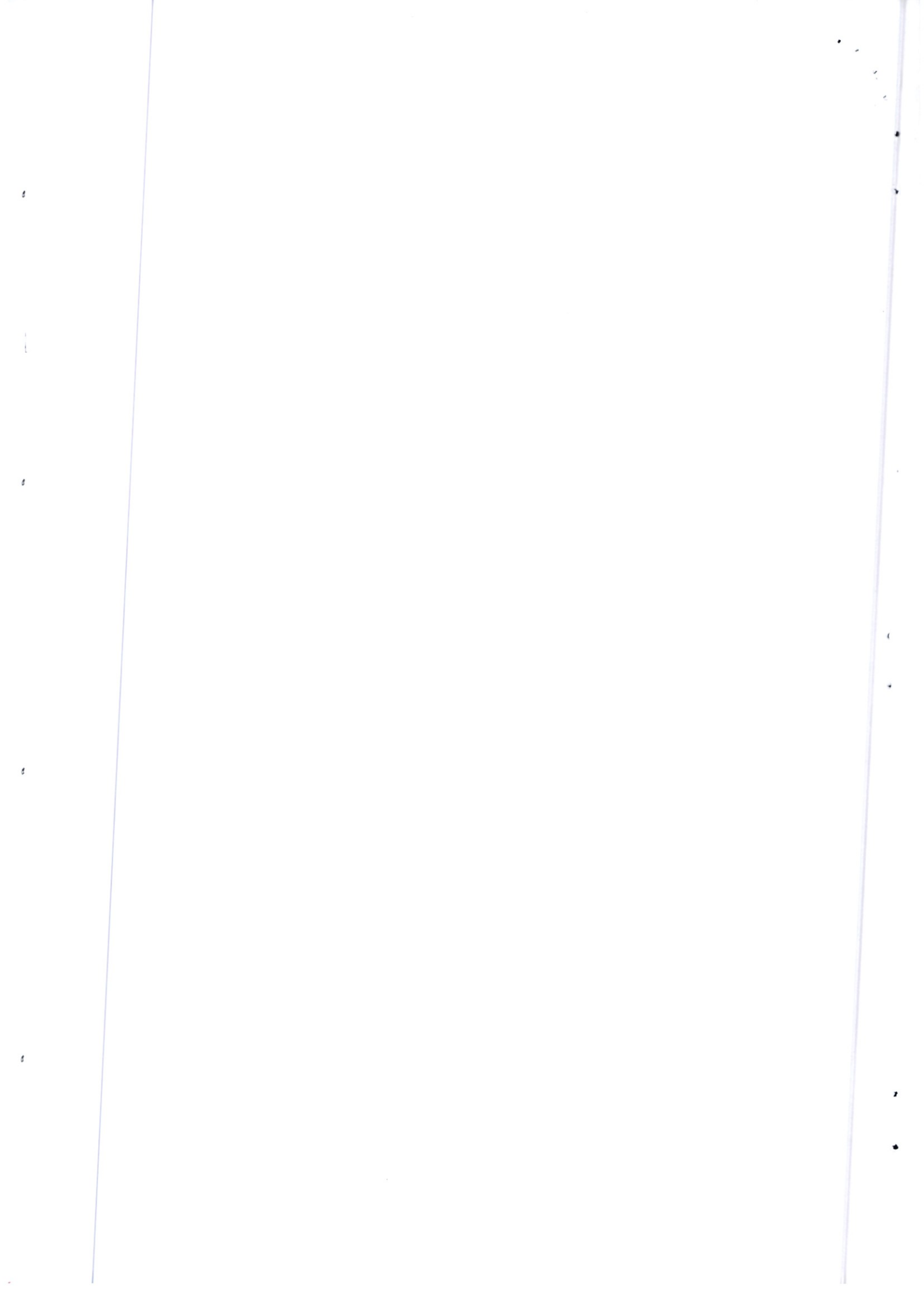
PUBLIC HEALTH OFFICERS AND TECHNICIANS COUNCIL





BY
PUBLIC HEALTH OFFICERS AND TECHNICIANS COUNCIL

PART	PAGE NO.	SECTION	SHORT TITLE	CURRENT CONTENT AS ESTABLISHED IN THE DRAFT BILL	PROPOSED CONTENT	JUSTIFICATION
Part II	1290-1291	5 (f)	Functions of the Council	5 (f) Collaborate with other bodies such as the Medical Practitioners and Dentists Board, the Central Board of Health, the Clinical Officers Council, the Nursing Council of Kenya, Pharmacy and Poisons Board in furtherance of the functions of the Council and those bodies	5 (f) Collaborate with other bodies such as the Medical Practitioners and Dentists Board, the Central Board of Health, the Clinical Officers Council, the Nursing Council of Kenya, Pharmacy and Poisons Board, Public Health Officers and Technicians' Council in furtherance of the functions of the Council and those bodies	<p>1. The National Policy direction on Community Health Strategy provides the coordination framework for Public Health Officers and Technicians to coordinate community Health functions and collaborate with community Health Workforce in health service delivery</p> <p>2. To mainstream community health services - Functions of Public Health Officers and Technicians under Public Health Act Cap 242, Food Drugs and Chemical Substances Act cap 254, Meat Control Act cap 356, Malaria Prevention Act cap 246, Tobacco Control Act, 2007 and other relevant statutes</p>



						implemented and enforced by Public Health Officers and Technicians are conducted at the community level and require close coordination with community health workers to attain the broader objectives of the health sector.
Part II	1291	6 (1)	Membership of the Council	New	Insert new (f) One public Health Officer and one Public Health Technician nominated by the Public Health Officers and Technicians Council	<ol style="list-style-type: none"> 1. To accommodate the interest of Public Health Officers and Technicians who support the bulk of community health workforce to support regulation of community health workforce as critical components of Health Service delivery. 2. The addition of two members is in line with good governance practices such as <i>Mwongozo</i> code of Governance which permit membership up to eleven (11) Council members.



② *Asale Seal*
4/8/23



DO after 8 368

MINISTRY OF HEALTH
OFFICE OF THE PRINCIPAL SECRETARY
STATE DEPARTMENT FOR MEDICAL SERVICES

Telephone: Nairobi 254-020-2717077
Fax: 254-2719008
Email: ps.medical@health.go.ke

AFYA HOUSE
CATHEDRAL ROAD
P. O Box 30016-00100
NAIROBI

When replying please quote:

Ref: MOH/ADM/1/2

31st July 2023

The Clerk of the National Assembly
Parliament Buildings
P.O. Box 41842-00100
NAIROBI

RE: SUBMISSION OF MEMORANDUM ON THE COMMUNITY HEALTH WORKERS BILL NO. 53, 2022

The National Assembly has called for public participation and submission of memorandum on the Community Health Workers Bill, Kenya Gazette Supplement No.183 (National Assembly Bills, No. 53), 2022. The bill seeks to provide a framework for the regulations of community health workers.

The Ministry has reviewed the bill and advices for its withdrawal; the field of community health has a variety of players from lay health workers, diverse health professionals and multi-sectoral actors who are engaged in ensuring that the social determinants of health within a given community are safeguarded. However, the bill focusses on establishing a council for just a few professionals in community health thus impeding the implementation of community health services.

Attached find the memorandum.

Harry Kimutai, CBS
PRINCIPAL SECRETARY

RECEIVED
04 AUG 2023
Directorate of Departmental Committees

NATIONAL ASSEMBLY RECEIVED
03 AUG 2023
DEPUTY CLERK
J.W.N
P. O. Box 41842 - 00100, NAIROBI

03 AUG 2023
03 AUG 2023





Ministry of Health

LEGISLATIVE MEMORANDUM TO THE NATIONAL ASSEMBLY DEPARTMENTAL COMMITTEE OF
HEALTH ON THE COMMUNITY HEALTH WORKERS BILL, 2022

FROM

MINISTRY OF HEALTH

SUBMITTED ON

28TH JULY 2023

4

MEMORANDUM OF COMMUNITY HEALTH BILL, 2022

a. General comments

The Ministry takes note that the bill seeks to establish a council for community health workers. It is also noted that the terms community health workers alluded to in the bill is among ~~some of the~~ actors who have a role in the community but is not exhaustive. It is worth noting that the field of community health has varied and multisectoral actors who ensure that the social determinants of health are safeguarded in a given community. It is therefore inappropriate for a council to be established to solely regulate specific cadre of workers leaving out other actors at the community level.

The formation of the council will also be costly for Community Health Promoters as they be contributing the annual subscription to renew the license. The community health promoters are not formal employees and they are not paid salary but a stipend.

b. Specific comments

Section of the Bill	Provision of the section in the bill	Proposed Amendments/ Recommendations	Rationale of Amendments and Recommendations
Part 1-PRELIMINARY	Definition of Community health worker	Community health workers are members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers.	Community health workers are known by many different names in different countries. The umbrella term "Community Health Worker" (CHW) embraces a variety of community health aides selected, trained and working in the communities from which they come. In Kenya, they are known as Community Health Promoters (CHPs).
Part 1-PRELIMINARY	Council	The proposed council is ill placed to advise the Cabinet secretary on matters of community health. Delivery of community health is the responsibility of the counties.	The Cabinet Secretary stands a better chance of receiving advice from technical department at the ministry in charge of Community Health Services
ESTABLISHMENT, FUNCTIONS AND POWERS OF THE COMMUNITY HEALTH WORKERS COUNCIL	Establishment of the Council	The functions for the community health workers are clearly outlined in the Kenya Community health Policy	Issues raised in the Bill can be addressed through the schemes of service/Career progression framework and other subsidiary regulations and do not require an Act of Parliament.
REGISTRATION AND TRAINING OF COMMUNITY HEALTH WORKERS	Prescribed courses for registration	The scope of work for the community health workers are clearly outlined in the	The Community health workers or community health Promoters work on basis of volunteerism for the

		Kenya Community health Policy. There is a MOH Curriculum that clearly addresses the training and certification of the community health promoters. The training is informal and is conducted at their respective community Health unit	good of their community "Ubuntu", there is no need to legislate this Kenyan culture The community health promoters work as health advocates in their communities
Part IV- Discipline	Establishment of Disciplinary Committee	There is no need of a disciplinary committee as community health promoters are supervised by health care providers who are regulated and abided under the health Act.	The Community health workers or community health promoters are not a formal carder as they are selected by the community and work on basis of volunteerism for the good of their community "Ubuntu"
Part V – Financial Provisions	Funds of the council	This will be costly for the Community health promoters who are only paid a stipend as they be required to pay an annual fee	Additional exchequer financing is required to legislate workers who do not require this law
Part VI- Provisions of delegated legislation	Regulations	There is no need for a council to regulate the Community Health promoters	The Community health workers or community health promoters do not require a council to regulate them as they are selected by the community and work on basis of volunteerism for the good of the community
Part VII- Transitional Provisions	Prescribed Courses	The courses prescribed are already regulated	he courses alluded to in the 2nd schedule are already regulated by other bodies such as Public Health Officers



			Council, Nursing Council amongst others
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c. Recommendations

The ministry of health does not support Community Health workers Bill, 2022 and recommends withdrawal of the bill.

4





MINISTRY OF HEALTH
 OFFICE OF THE PRINCIPAL SECRETARY of Departmental Committees
 STATE DEPARTMENT FOR MEDICAL SERVICES



Handwritten notes:
 2) Sale Deal
 11/7/23

Telephone: Nairobi 254-020-2717077
 Fax: 254-2719008
 Email: pshealth@gmail.com

AFYA HOUSE
 CATHEDRAL ROAD
 P. O Box 30016-00100
 NAIROBI

When replying please quote:

Ref: MOH/ADM/1/2

6th July 2023

The Clerk of the National Assembly
 Parliament Buildings
 P.O. Box 41842-00100
 NAIROBI

Handwritten notes:
 D/DCS
 @fn
 Attention y
 Committee on
 Health
 10.7.23

RE: SUBMISSION OF MEMORANDUM ON THE COMMUNITY HEALTH WORKERS BILL NO. 53, 2022

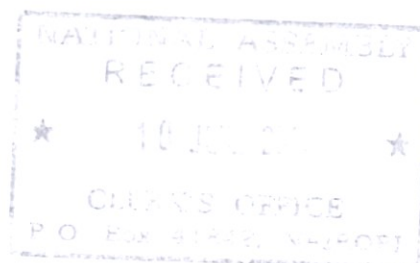
The National Assembly has called for public participation and submission of a memorandum on the Community Health Workers Bill, Kenya Gazette Supplement No.183 (National Assembly Bills, No. 53), 2022. The bill seeks to provide a framework for the regulations of community health workers.

The Ministry has reviewed the bill and advices for its withdrawal; the field of community health has a variety of players from lay health workers, diverse health professionals and multi-sectoral actors who are engaged in ensuring that the social determinants of health within a given community are safeguarded. However, the bill focuses on establishing a council for just a few professionals in community health thus impeding the implementation of community health services.

Attached please find the memorandum.

Signature of Harry Kimitai

Harry Kimitai, CBS
PRINCIPAL SECRETARY







MINISTRY OF HEALTH

National Assembly Bills No. 53 of 2022

MOH MEMORANDUM TO THE COMMUNITY HEALTH WORKERS BILL, 2022

Preamble

The Ministry takes note that the bill seeks to establish a council for community health workers. It is also noted that the terms community health workers alluded to in the bill is among some of the actors who have a role in the community but is not exhaustive. It is worth noting that the field of community health has varied and multisectoral actors who ensure that the social determinants of health are safeguarded in a given community. It is therefore inappropriate for a council to be established to solely regulate specific cadre of workers leaving out other actors at the community level.

Recommendations

MOH recommends rejection and withdrawal of the Community Health workers bill no 53, 2022.

		“Ubuntu”, there is no need to legislate this Kenyan culture There is an MOH curriculum on basic and technical modules to train and certify community health promoters who work as health advocates in their communities
Part IV- DISCIPLINE		
#26-28	Expunge	The Community health workers or community health promoters do not require a council to regulate them as they are selected by the community and work on basis of volunteerism for the good of their community “Ubuntu”
Part V- FINANCIAL PROVISIONS		
# 29-33	Expunge	Additional exchequer financing is required to legislate workers who do not require this law
PART VI-PROVISIONS ON DELEGATED LEGISLATION		
First Schedule (s. 10)		
#,1-4	Expunge	The Community health workers or community health promoters do not require a council to regulate them as they are selected by the community and work on basis of volunteerism for the good of the community “Ubuntu”
Second Schedule (s.23)- Prescribed Courses		
	Expunge	Some of the courses alluded to in the 2 nd schedule are already regulated by other bodies such as Public Health Officers Council, Nursing Council amongst others
MEMORANDUM OF OBJECTS AND REASONS		
Introduction	Expunge	The Community health worker as articulated in the introduction section of the memorandum of objects is not the same one alluded to in Part 1 & 2 of the bill

Section	Proposed changes	Justification
Part 1-PRELIMINARY		
# 2 Community health worker	Community health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers.	Community health workers are known by many different names in different countries. The umbrella term "Community Health Worker" (CHW) embraces a variety of community health aides selected, trained and working in the communities from which they come. In Kenya, they are known as Community Health Promoters (CHPs).
# 2 Council	Expunge	The proposed council is ill placed to advise the Cabinet secretary on matters of community health. Delivery of community health is the responsibility of the counties. The Cabinet Secretary stands a better chance of receiving advice from technical department at the ministry in charge of Community Health Services
Part II – ESTABLISHMENT, FUNCTIONS AND POWERS OF THE COMMUNITY HEALTH WORKERS COUNCIL		
# 3 - 16	Expunge	Issues raised in the Bill can be addressed through the schemes of service and other subsidiary regulations and do not require an Act of Parliament.
Part III- REGISTRATION AND TRAINING OF COMMUNITY HEALTH WORKERS		
# 17-25	Expunge	The Community health workers or community health Promoters work on basis of volunteerism for the good of their communities