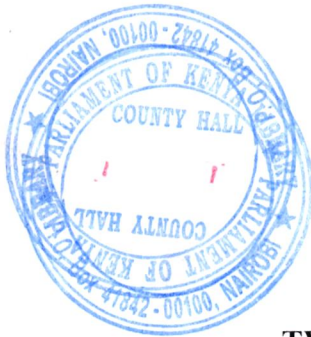


Approved for tabling in the House.

Pat SNA  
19/5/2022



REPUBLIC OF KENYA  
THE NATIONAL ASSEMBLY

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TWELFTH PARLIAMENT (SIXTH SESSION)

Paper Laid by  
the vice chairman  
of Health Hon.  
Joshua Kutony

Evans Oanda

DEPARTMENTAL COMMITTEE ON HEALTH

.....  
REPORT ON THE CONSIDERATION OF THE COMMUNITY HEALTH SERVICES BILL,  
2020 (SENATE BILL NO. 34 OF 2020)

 THE NATIONAL ASSEMBLY PAPERS LAID	
DATE:	19 MAY 2022
	DAY: Thurs
TABLED BY:	Hon. Joshua Kutony MP Vice-Chair, Health
CLERK AT THE TABLE:	Evans Oanda

CLERKS CHAMBERS  
DIRECTORATE OF DEPARTMENTAL COMMITTEES  
PARLIAMENT BUILDINGS  
NAIROBI

MAY, 2022

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  - (vi) FINANCING ALLIANCE FOR HEALTH
  - (vii) CAROLINA FOR KIBERA
  - (viii) VILLAGE HOPECORE INTERNATIONAL
  - (ix) VSO Kenya
  - (x) LVCTHEALTH
  - (xi) PATH
  - (xii) Health System Advocacy Partnership

## **ABBREVIATIONS**

1. eCHIS - Electronic Community Health Information System
2. CHAs - Community Health Assistant
3. CHOs - Community Health Officer
4. CHIS - Community Health Information System'
5. CHU - Community Health Unit
6. CHV - Community Health Volunteer

## **CHAIRPERSON'S FOREWORD**

This report contains the Committee's proceedings on the consideration of the Community Health Services (*Senate Bill No. 34 of 2020*) which was read a First Time on 30<sup>th</sup> September, 2021, and committed to the Departmental Committee on Health for review and reporting to the House pursuant to the provisions of Standing Order 127.

The Community Health Services (*Senate Bill No. 34 of 2020*) sponsored by Sen. (Dr.) Agnes Zani seeks to:

- a) provide a framework for the delivery of community health services;
- b) promote access to primary health care services at the community level and reduce health disparities between counties; and
- c) provide for the training and capacity building of the community health workforce and connected purposes.

Following placement of advertisements in the print media on 5<sup>th</sup> November 2021, requesting for comments on the Bill from members of the public and relevant stakeholders pursuant to Article 118(1)(b) of the Constitution and Standing Order 127(3), the Committee received memoranda from three (3) stakeholders.

The Committee also invited the key stakeholders vide letter REF: NA/DCS/HEALTH/2022(012) dated 4<sup>th</sup> April, 2022 for a meeting on the Bill, which was held in Mombasa County on 8<sup>th</sup> April, 2022.

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

On behalf of the Departmental Committee on Health and pursuant to 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 Services (*Senate Bill No. 34 of 2020*).

**Hon. Sabina Chege, MP**  
**Chairperson, Departmental Committee on Health**

## PART I

### 1 PREFACE

#### 1.1 ESTABLISHMENT OF THE COMMITTEE

1. The Departmental Committee on Health is established pursuant to the provisions of Standing Order No. 216 of the National Assembly 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 are;

- a) *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) *Study the programme and policy objectives of the Ministries and departments and the effectiveness of the implementation;*
- c) *Study and review all legislation referred to it;*
- d) *Study, assess and analyze the relative success of the Ministries and departments as measured by the results obtained as compared with its stated objectives;*
- e) *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 law requires the National Assembly to approve, except those under Standing Order 204;*
- fa) *Examine treaties, agreements and conventions;*
- g) *Make reports and recommendations to the House as often as possible, including recommendation of proposed legislation;*
- h) *Consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and*
- i) *Examine any questions raised by Members on a matter within its mandate*

## **1.2 MANDATE OF THE COMMITTEE**

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.

In executing its mandate, the Committee oversees the Ministry of Health, its Semi-Autonomous Government Agencies, Regulatory Bodies and Health Advisory Bodies as follows:

1. Kenyatta National Hospital (KNH)
2. Moi Teaching and Referral Hospital (MTRH)
3. Kenyatta University Teaching Referral and Research Hospital (KUTRRH)
4. Kenya Medical Training College (KMTC)
5. Kenya Medical Supplies Authority (KEMSA)
6. Kenya Medical Research Institute (KEMRI)
7. National Hospital Insurance Fund (NHIF)
8. Pharmacy and Poisons Board (PPB)
9. National AIDS Control Council (NACC)
10. National Cancer Institute (NCI)
11. Kenya Nuclear Regulatory Authority (KENRA)
12. The Mathari National Teaching and Referral Hospital (MNTRH)
13. Kenya Health Professionals Oversight Authority (KHPOA)
14. Kenya Health Human Resource Advisory Council (KHHRAC)

### 1.3 COMMITTEE MEMBERSHIP

The Departmental Committee on Health was re-constituted by the House in July, 2020 and comprises of the following Members:

Hon. Sabina Chege, MP (**Chairperson**)  
County MP for Muranga County  
**Jubilee Party**

**Vice-Chairperson**  
Hon. Joshua Kutuny, MP  
Cherangan'y Constituency  
**Jubilee Party**

Hon. (Dr.) Eseli Simiyu, MP  
Tongaren Constituency  
**Ford Kenya Party**

Hon. Gideon Ochanda, MP  
Bondo Constituency  
**ODM Party**

Hon. (Dr.) James Nyikal, MP  
Seme Constituency  
**ODM Party**

Hon. Alfred Agoi Masadia, MP  
Sabatia Constituency  
**ANC Party**

Hon. (Dr.) James K, Murgor, MP  
Keiyo North Constituency  
**Jubilee Party**

Hon. Muriuki Njagagua, MP  
Mbeere North Constituency  
**Jubilee Party**

Hon. (Dr.) Mohamed D. Duale, MP  
Daadab Constituency  
**KANU Party**

Hon. Beatrice Adagala, MP  
Vihiga County  
**ANC Party**

Hon. James G Wamacukuru  
Kabete Constituency

**Jubilee Party**

Hon. Prof. Mohamud Sheikh, MP  
Wajir South  
**Jubilee Party**

Hon. Sarah Puleta Korere, MP  
Laikipia North Constituency  
**Jubilee Party**

Hon. Capt. Ruweida Mohamed, MP  
Lamu County  
**Jubilee Party**

Hon. Kipsengeret Koros, MP  
Sigowet-Soin Constituency  
**Independent Party**

Hon. Martin Peters Owino, MP  
Ndhwa Constituency  
**ODM Party**

Hon. Joyce Ekai Emanikor, MP  
Turkana County  
**Jubilee Party**

Hon. Said Hirabe, MP  
Galole Constituency  
**Ford Kenya Party**

Hon. Tongoyo Gabriel Koshal, MP  
Narok West Constituency  
**CCM Party**

#### 1.4 COMMITTEE SECRETARIAT

The following Members of the Secretariat facilitate the Committee:

**Head of the Secretariat**

Mr. Douglas Katho

**Clerk Assistant II**

Ms. Christine Odhiambo

**Legal Counsel I**

Mr. Muyodi Meldaki Emmanuel

**Clerk Assistant II**

Mr. Eric Kanyi

**Fiscal Analyst I**

Mr. Ahmed Yakub

**Media Relations Officer**

Ms. Catherine Wangui

**Serjeant-At-Arms**

Mr. Nimrod Ochieng

**Audio Officer**

## PART II

### 2.0 COMMUNITY HEALTH SERVICES (SENATE BILL NO. 34 OF 2020)

#### 2.1 ANALYSIS OF THE BILL

The Community Health Services (Senate Bill No. 34 of 2020) sponsored by Sen. (Dr.) Agnes Zani seeks to:

- a) provide a framework for the delivery of community health services;
- b) promote access to primary health care services at the community level and reduce health disparities between counties; and
- c) provide for the training and capacity building of the community health workforce and connected purposes.

## PART III

### 3.0 PUBLIC PARTICIPATION/STAKEHOLDER CONSULTATION

Following placement of adverts in the print media on 5<sup>th</sup> November 2021, request for comments on the Bill from members of the public and relevant stakeholders pursuant to Article 118(1)(b) of the Constitution and Standing Order 127(3), the Committee received memoranda from three (3) stakeholders.

The Committee also invited stakeholders via letter REF: NA/DCS/HEALTH/2022(012) dated 4<sup>th</sup> April, 2022 for a stakeholders' engagement meeting on the Bill, which was held in Mombasa County on 8<sup>th</sup> April, 2022.

The following Stakeholders submitted their memorandum before the Committee:

1. Ministry of Health
2. Council of Governors
3. A Coalition of Community Health Workers:
  - (i) AMREF HEALTH AFRICA
  - (ii) LWALA COMMUNITY ALLIANCE
  - (iii) LIVING GOODS
  - (iv) MEDIC MOBILE Inc
  - (v) ENAI AFRICA
  - (vi) FINANCING ALLIANCE FOR HEALTH
  - (vii) CAROLINA FOR KIBERA
  - (viii) VILLAGE HOPECORE INTERNATIONAL
  - (ix) VSO Kenya
  - (x) LVCTHEALTH
  - (xi) PATH
  - (xii) Health System Advocacy Partnership

### 3.1 MINISTRY OF HEALTH

The Ministry of Health proposed amendments as follows.

#### PART 1-PRELIMINARY

##### **Definitions**

##### **Community**

1. “Community” means a specific group of people, usually living in a defined geographical area, who share common values and norms, and are arranged in a social structure according to relationships which the community has collectively developed over a period of time.

##### **Justification**

This definition encompasses all types of groupings within the country.

##### **Committee Observation**

The Committee agreed to the amendment as it includes all cadres within the community health service.

##### **Community health unit**

2. “Community health unit” “community health unit (CHU) means a group of households up to 1000 households and organized in a functional village or sub-location and formally recognized as level one in the health system serving a prescribed size of the population and supported by a community health assistant/community health worker and at least 10 community health volunteers and governed by the community health committee.

##### **Justification**

This is the definition according to the Kenya Health Act 2017 and Kenya Community Health Policy 2020-2030.

##### **Committee Observation**

The Committee agreed to the amendment as it conforms to the Kenya Health Policy 2020-2030.

##### **Community health workforce**

3. “Community health workforce means the workforce consisting of— (a) a community health assistant /Community Health Officer.

##### **Justification**

Add the community health assistant as per the community health personnel scheme of service 2013; there are two grades, i.e., CHAs and CHOs

##### **Committee Observation**

The Committee agreed to the amendment as it includes all cadres within the community health service.

### **Community Dialogue Day**

4. “Community dialogue day” means a day set aside by the Community Health Unit every quarter to discuss with the community the achievements of the community health workforce and identify community priority areas for advocacy and action.

#### **Justification**

This is a critical social accountability forum for Community health services

#### **Committee Observation**

The Committee rejected the amendment as the term is not used in the Bill.

### **Community Health Action Day**

5. “Health action day: means day set aside every month by the Community Health Unit for the community health workforce to offer health services relating to the health concerns identified and prioritized by the community during the community dialogue.

#### **Justification**

This provides a platform for community members to participate in health activities.

#### **Committee Observation**

The Committee rejected the amendment as the term is not used in the Bill.

### **OBJECTS**

6. Amend subsection (h) - improve the quality-of-service delivery of community health services to address determinants of health with a goal toward reducing socioeconomic health disparities to read as follows-

-(h) improve the quality of community health services so as to address social determinants of health with a goal of reducing socioeconomic health disparities

#### **Justification**

The Division of Community health has developed Kenya Quality Model for Health Standards for level one (community level) aimed at improving quality of community health services.

#### **Committee Observation**

The Committee gareded to the amendment as it gives further clarity in regards to the objects of the Bill.

## **PART II COMMUNITY HEALTH SERVICES**

### **ROLE OF THE NATIONAL GOVERNMENT**

7. Ministry of Health proposed as follows:

Reword subsection - (iv)implementation of community and family-based care and support systems for persons with mental illness; to read as follows-

- “Implementation of community and family-based care and support systems”

**Justification**

Support systems cover all persons with health concerns not just mental illness

**Committee Observation**

The Committee agreed with the amendment as it seeks to include all persons in the provision of community health services and not only persons with mental illness.

8. Replace the words “report tools with “data tools” - (v) reporting tools to be used by community health workforce; including electronic community health information system(eCHIS)

**Justification**

- MoH is in the process of digitizing community health information as per the national community digitization strategy 2020-2025.
- Data tools include both data collection and reporting tools.

- **Committee Observation**

- The Committee agreed with the amendment for the operationalization of the National Community Digitization Strategy 2020-2025.

9. Reword subsection - (VI) that reads - mechanism for monitoring and evaluating the effectiveness with which community health services are delivered to read as follows -

“Mechanism for monitoring delivery of community health services and evaluating effectiveness of community health strategy”

**Justification**

Monitoring is continuous, whereas evaluation is periodic hence the need to separate the two terms.

**Committee Observation**

The Committee agreed with the amendment as it gives clarity on monitoring and evaluation roles.

10. Reword subsection that reads - (b) offer technical assistance to county governments in the establishment of structures required for the delivery of community health services to read as follows –

-offer technical assistance to county governments in all matters related to the delivery of community health services.

**Justification**

Technical assistance to counties is broad, and it goes beyond the establishment of community health structures.

### **Committee Observation**

The Committee agreed with the amendment as it is inclusive of all matters related to technical assistance.

#### 11. Add providing framework for accreditation of community health training institutions

(d) develop and review the curricula and training modules for the training of the community health workforce; and provide a framework for accreditation of mid-level training institutions offering community health courses.

### **Justification**

It is stipulated in the Kenya Community Health Strategy 2020-2025.

### **Committee Observation**

The Committee agreed with the amendment as it conforms to the Kenya Community Health Strategy 2020-2025.

#### 12. Include the following as part of national government roles

- f) mobilize resources necessary for the delivery of community health services functions at national level.

### **Justification**

Mobilization of resources is a shared responsibility of national and county governments.

### **Committee Observation**

The Committee agreed with the amendment as mobilization of resources is a shared responsibility of national and county governments.

### **ROLE OF COUNTY GOVERNMENT**

#### **Clause 6(1)**

#### 13. Rephrase subsection - (d) develop the necessary technological infrastructure required by the community health workforce to effectively deliver community health services to read as follows -

- (d) Avail the necessary technological infrastructure required by the community health workforce to effectively deliver community health services.

### **Justification**

Development of the technological infrastructure is a national government function to ensure standardization.

### **Committee Observation**

The Committee agreed with the amendment to ensure clarity on the national government function.

14. Rephrase subsection (e) - put in place mechanisms to facilitate access to timely community health services including community and family-based care and support for persons with mental illness by residents within the respective county to read as follows -

- (e) put in place mechanisms to facilitate access to timely community health services including community and family-based care and support.

**Justification**

Access to community health should be for all and not just for those with mental illness

**Committee Observation**

The Committee agreed with the amendment as it seeks to include all persons in the provision of community health services and not only persons with mental illness.

15. Add new subsection h and i as follows-

h) Motivate the community health volunteers through availing the required tools of work including CHV kit and data tools.

i) Monitoring and evaluation through supportive supervision.

**Justification**

The CHVs require tools and supplies in order to deliver community health services.

**Committee Observation**

The Committee agreed with the amendment as it will ensure that the necessary resources are availed to the community health workforce.

**Clause 6(2)**

16. Reword subsection - (b) develop and implement county-specific programs and strategies that promote access to community health services, including community and family-based care and support, to read as follows –

- (b) develop and implement county-specific programs and strategies that promote access to community health services, including community and family-based care and support.

**Justification**

Remove mental illness as the community health services provide integrated services, which include mental health.

**Committee Observation**

The Committee agreed with the amendment as it gives clarity on the scope of provision of community health services.

17. Rephrase subsection (i) make recommendations for the review of the standard data tools to the community health workforce, to read as follows -

- (i) make recommendations for the review of the standard data tools to the national government and ensure uniformity.

**Justification**

Review of the standard reporting tools is a function of the national government.

**Committee Observation**

The Committee agreed with the amendment to ensure clarity on the national government function.

18. Rephrase subsection (e) collaborate with partners in the water, agriculture and education sectors to improve determinants of health at the community level, to read as follows –

- collaborate with other health related sectors including water, agriculture, education and others to improve determinants of health at the community level

**Justification**

Health related sectors may be more than water, agriculture and education hence the need to leave the list open.

**Committee Observation**

The Committee agreed with the amendment as it seeks to ensure that all sectors are involved in the collaboration on matters of community health services.

19. Add the word “policies” immediately after the word “national” in subsection (g) oversee the implementation and adherence to national standards and guidelines on the delivery of quality community health services, to read as follows –

- (g) oversee the implementation and adherence to national policies, standards and guidelines on the delivery of quality community health services.

**Justification**

Standards and guidelines are based on policies hence the need to ensure adherence to community health policies

**Committee Observation**

The Committee agreed with the amendment as it seeks to ensure that standards and guidelines will also be adhered to.

20. Rephrase subsection - (h) (i) make recommendations for the review of the standard reporting tools to the community health workforce, to read as follows-

- (i) make recommendations for the review of the standard community health data tools to the Ministry of Health for consideration.

**Justification**

Development and review of data tools is a function of the national government

**Committee Observation**

The Committee agreed with the amendment to ensure clarity on the national government function.

**Clause 6 (3)**

21. Rephrase Clause 6(3) - the county executive committee member may, for the effective performance of the functions under subsection (2), delegate the performance such functions as may be necessary to the county director of health, to read as follows –

- the county executive committee member may, for the effective performance of the functions under subsection (2), delegate such functions to the county director of health.

**Justification**

Grammatical adjustments

**Committee Observation**

The Committee agreed with the amendment as it corrects grammatical errors.

**Clause 7**

22. Rephrase Clause 7 (1) - the county public service board shall competitively recruit and appoint such community health officers it may consider necessary for the proper and efficient implementation of this Act, to read as follows -

- the county public service board shall competitively recruit and appoint such community health personnel it may consider necessary for the proper and efficient implementation of this Act.

23. Rephrase Clause 7 (2) - A community health officer shall, to read as follows -

- A community Health Assistant/Officer shall.

**Justification**

Community health personnel encompasses community health assistants and community health officers as per community health personnel scheme of service 2013.

### **Committee Observation**

The Committee agreed with the amendment as it seeks to ensure the inclusion of all cadres within the community health workforce.

24. Rephrase Clause 7 (f) - compile and analyze data from the community health unit and submit the information to the link facility for incorporation into the health information system, to read as follows -
  - f) compile and analyze data from the community health unit and submit the reports to the link health facility then sub county for uploading to the Kenya health information system.
25. Rephrase Clause 7 (e)- supervise and assign duties to community health volunteers, to read as follows –
  - e) Mentor, supervise and assign duties to community health volunteers

### **Justification**

Mentorship will increase the competencies of the CHVs in the delivery of community health services.

### **Committee Observation**

The Committee agreed with the amendments as they will ensure the enhanced capacity in the provision of community health services.

26. Amend work with CHVs to refer defaulters of health interventions within the community to link health facility.

### **Justification**

Referral is a function of the CHV with support from CHA/CHO.

### **Committee Observation**

The Committee agreed with the amendment to ensure inclusion of all cadres within the community health workforce.

### **Clause 8 (1)**

27. Delete the words “mental illness in subsection - (c) develop strategies for the effective and efficient delivery of community health services, including community and family-based care and support for persons with mental illness at the community level;

### **Justification**

Remove mental illness as community health services are integrated and include mental health among others

### **Committee Observation**

The Committee agreed with the amendment as it seeks to include all persons in the provision of community health services and not only persons with mental illness.

28. Rephrase (f) work closely with link health facilities to improve the access of the community health unit to health services, to read as follows -

b) f) Improve access to health services at the link facilities for community members.

### **Justification**

Editorial

### **Committee Observation**

The Committee agreed with the amendment for correction of grammatical errors.

29. Rephrase section (i) hold quarterly consultative meetings with the respective link facilities, to read as follows -

(i) hold quarterly consultative meetings with the respective community health units (CHUs).

### **Justification**

Consultative meetings are held with the CHUs.

### **Committee Observation**

The Committee agreed with the amendment which will ensure that effective quarterly meetings are held with the community health units.

### **Clause 9 (1)**

30. In subsection (e) replace “Ward Public Health Officer” with Ward administration officer

### **Justification**

Community Health Officer on the committee will be in the committee.

31. In subsection (f) add “ward officer responsible for veterinary services” after the words Community Health Officer.

### **Justification**

We need the Ward administration officer to assist with allocation of resources for community health. Veterinary officer will support in the one health initiative at community level

### **Committee Observation**

The Committee agreed with the amendment as it replaces the ward public health officer with a ward administration officer who will play a vital role in the allocation of resources for community health.

#### **Clause 10 (2)**

32. Rephrase - (a) is able to communicate in a language that can be understood by the community, to read as follows-

- “is able to read and write in at least one of the national languages (Swahili and/or English) and communicate in a language that can be understood by the local community”;

#### **Justification**

CHVs are responsible for health data collection at the household level; hence should be able to read and write. Besides, for effective delivery of health messages, a CVH should be able to communicate in the local language

### **Committee Observation**

The Committee rejected the amendment as it is not necessary that the community health volunteer at the local level must be able to read and write in English or Kiswahili.

#### **Clause 11 (1)**

33. In Clause 11 (1) Add the words “community health assistant”

#### **Justification**

As per community health personnel scheme of service 2013, there are two grades i.e., CHAs and CHOs

#### **Committee Observation**

The Committee agreed with the amendment to include all cadres within the community health workforce.

#### **Clause 11 (2)**

34. In subsection (b) replace the words “Provide “with “Conduct”

#### **Justification**

Grammatical

**Committee Observation**

The Committee agreed with the amendment as it seeks to correct a grammatical error.

35. Delete “mental illness”

Rephrase - (e)monitor the rehabilitation and integration of persons with mental illness into the community, to read as follows -

e) monitor the rehabilitation and integration of persons into the community

**Justification**

Rehabilitation and integration are usually for all persons as needed within the community

**Committee Observation**

The Committee agreed with the amendment as it seeks to include all persons in the provision of community health services and not only persons with mental illness.

36. Rephrase subsection - (k) collate and analyse information on the health status of the assigned households, to read as follows –

(k)Collect data on the health status of the assigned households;

**Justification**

CHVs do not have required capacity for collation or analyzing of health information.

**Committee Observation**

The Committee agreed with the amendment to ensure clarity on the role of community health volunteers.

37. Rephrase (1) report incidence of adverse drug reaction to the community health officer who shall inform the in charge of the link facility to read as follows-

-report incidence of side effects of drugs to the community health officer who shall inform the in charge of the link facility; and

**Justification**

CHVs can only report on side effects and are not able to diagnose adverse drug reactions.

**Committee Observation**

The Committee agreed with the amendment to ensure clarity on the role of community health volunteers.

38. Rephrase (2) the county director of health may designate a public officer within the county public service as a registrar to keep and maintain the register under subsection (1) to read as follows-

- (2) The county director of health may designate a community health officer within the county public service as a registrar to keep and maintain the register under subsection.

**Justification**

Community health officers are responsible for community health services, not public health officers.

**Committee Observation**

The Committee agreed with the amendment to ensure that the register is kept by a community health officer.

39. In subsection (4) replace the words “public officer” with “community health officer” to read as follows –

(4) There shall be kept and maintained, by the community health officer responsible for overseeing the delivery of community health services in each ward, an extract of the register under subsection (1) with respect to the community health volunteers deployed to households in the respective ward.

**Justification**

Community health officers are responsible for community health services.

**Committee Observation**

The Committee agreed with the amendment to ensure that the register is kept by a community health officer.

### **3.2 COUNCIL OF GOVERNORS**

The Council of Governors proposed amendments as follows.

The long title of the Act

40. AN ACT of Parliament to align community health services to the Constitution of Kenya 2010, especially the devolved system of government and to give effect to article 43 rights to health; to provide a framework for the delivery of community health services; to promote access to primary health care services at the community level and reduce health disparities between counties; to provide for the training and capacity building of the community health workforce; to recognize the need for intersectoral coordination between health and other sectors such as housing, food, water and sanitation, and education; to provide adequate funding for primary health care and community health services and Article 43 rights that intersect with them; and for connected purposes.

## **Justification**

The proposed amendments are necessary to highlight various matters as follows:

- (1) To underscore the fundamental role of county governments which are assigned by the constitution, the function of promotion of primary health care, in the delivery of community health services.
- (2) To underscore the intersection between the county governments' promotion of primary health care functions which revolve around community health services and the Article 43 rights to health and the heavy financial obligations the intersection imposes on the county governments, which need to be prioritized in the processes of Division of Revenue raised nationally between the two levels of government and the county budgets. A close examination of Article 43 rights discloses that most of these rights have primary health care issues embedded in them. For instance, reproductive health which is included in the right to health has primary health care elements that must be secured through education by community health workers; the right 'to accessible and adequate housing, and to reasonable standards of sanitation' has elements of primary health care and community health services anchored in the requirement for reasonable standards of sanitation; the right 'to be free from hunger, and to have adequate food of acceptable quality' has elements of primary health care anchored in need for good nutrition; the right 'to clean and safe water in adequate quantities' has elements of primary health care that must be secured through community health services; and the right 'to education' also plays a fundamental role in the delivery of primary health care and community health services.
- (3) To underscore the need to adequately fund county governments to be able to deliver primary health care through community health services and to deliver the Article 43 rights.
- (4) To underscore the need for intersectoral coordination both in the delivery of community health services and the funding of the same by the various sectors.

## **Committee Observation**

The Committee rejected the amendment as it restates what is already provided in the Bill.

## **2 Interpretation**

41. Introduce a new definition of the 'Community-based Health Information System' as follows:

'Community Health Information System' (CHIS) means a system that is designed to generate health related information through sources at the community level.

## **Justification**

The proposed amendment is necessary to enable county governments establish community health information systems.

### **Committee Observation**

The Committee agreed with the amendment.

### **Section 3 - Objects**

42. The objects of this Act are to —

- (a) align community health services to the Constitution of Kenya 2010, especially the devolved system of government and give effect to article 43 rights to health;
- (b) provide a framework for the effective delivery of integrated, comprehensive and quality community health services at the county level of government;
- (c) enhance community access to basic health services;
- (d) provide a framework for the coordinated implementation of policies and standards formulated by the National government by the county government pursuant to this Act for the realisation of the right to health at the community level;
- (e) entrench the role of community health volunteers in the provision of basic health care at the household level;
- (f) provide a framework of allocation of adequate funds to county governments to enable them to deliver primary health care, community health services; and realize Article 43 rights to health;
- (g) provide a framework for the financing of community health services;
- (h) provide a framework for the conferment of community health workforce with basic skills that will enable them render basic health services within their communities;
- (i) provide a mechanism for the identification of needs and gaps in the delivery of community health services and for the monitoring and evaluation of the impact of such services within the community;
- (j) improve the quality-of-service delivery of community health services to address determinants of health with a goal toward reducing socioeconomic health disparities;
- (k) recognize the need for intersectoral coordination between health and other sectors such as housing, food, water and sanitation, and education;
- (l) provide for establishment of community-based information system;
- (m) to provide a framework for mobilization and involvement of private sector in the provision of CHS.

### **Justification**

The proposed additional objects are necessary to emphasize the need to align community health services to the devolved system of government; create a link between primary health and community health services with Article 43 rights; and underscore the need for adequate funding to county governments which have the greater responsibility for delivering these services within the meaning of their 'promotion of primary health care functions. The county governments also have greater responsibility of realizing the right to health under Article 43 of the Constitution. The amendments are also necessary to align the law to the Community Health Policy of 2020 as well as international instruments such as Astana Declaration of 2008 and Health Policy, 2020.

## **Committee Observation**

The Committee rejected the amendment as the Bill, being one regulating the community health services, cannot provide for a framework for the allocation of funds to county governments.

Further, the requirement for intersectoral coordination is adopted by the Committee as proposed by the Ministry.

## **Section 5 Role of National Government**

43. The National government, in collaboration with county governments, shall —
- (a) formulate a policy on the delivery of community health services including, the —
    - (i) technical resources and structures required for the delivery of community health services;
    - (ii) qualifications of persons eligible to serve within the community health workforce;
    - (iii) standards of service to be upheld by the community health workforce in the delivery of community health services;
    - (iv) implementation of community and family-based care and support systems for persons with mental illness;
    - (v) reporting tools to be used by community health workforce; and
    - (vi) mechanism for monitoring and evaluating the effectiveness with which community health services are delivered;
  - (b) offer technical assistance to county governments in the establishment of structures required for the delivery of community health services;
  - (c) undertake research and innovation in community health services;
  - (d) develop and review the curricula and training modules for the training of the community health workforce;
  - (e) collate, analyse and disseminate information necessary for the effective delivery of community health services;
  - (f) ensure the prioritization of allocation of adequate funds to county governments during the Division of Revenue raised nationally between national and county governments for the delivery of the promotion of primary health care function of county governments and related community health services since these functions and services intersect with Article 43 rights making the functions obligatory for county governments rather than discretionary functions and powers;

- (g) provide monetary incentives to Counties including conditional and unconditional grants to promote uptake, acceleration and improved coverage of CHS.

### **Justification**

The proposed amendment is necessary since the intersection between constitutional functions of county governments converts those functions into legal obligations that ought to be given priority in the division of revenue the way repayment of public debt is given priority. It is important to not that county governments can be sued by the citizens if they fail to provide these Article 43 rights.

The proposed amendment is necessary to the law with the Health Policy of 2020, which calls for increased financing for health and related sectors to meet agreed national and international benchmarks.

### **Committee Observation**

The Committee rejected the amendment as the Bill, being one regulating the community health services, cannot provide for a framework for the allocation of funds to county governments.

### **Section 6 Role of County Governments**

44. 6(1) The County Government shall —
- (a) implement the national policy and standards on community health services;
  - (b) mobilise resources necessary for the delivery of community health services in the respective county;
  - (c) allocate adequate funds and resources necessary for the effective delivery of community health services within the respective county;
  - (d) develop the necessary technological infrastructure required by the community health workforce to effectively deliver community health services;
  - (e) put in place mechanisms to facilitate access to timely community health services including community and family-based care and support for persons with mental illness by residents within the respective county;
  - (f) facilitate access to information regarding appropriate healthy behavior including basic information on sanitation, hygiene, and the prevention and treatment of communicable and non-communicable diseases; and
  - (g) co-ordinate the implementation of educational programmes for the community health workforce and avail resources required for the participation of the community health workforce in the programmes;
  - (h) ensure intersectoral coordination between the health sector and other related sectors such as such as housing, food, water and sanitation, and education not only in the delivery of community health services but also in budgeting and providing adequate funding for these services.

## **Justification**

The proposal is to amend section 6(1) by deleting the entire paragraph (c) because it is too prescriptive for county governments and interferes with the budgetary autonomy of county governments to determine their own priorities.

The proposed amendments seeks to ensure that the different departments of government coordinate not only for purposes of delivering community health services but also budgeting and providing adequate funding for these services.

The proposed amendment seeks to specify that it is the CECM for health.

## **Committee Observation**

The Committee rejected the amendment as the Bill, being one regulating the community health services, cannot provide for a framework for the allocation of funds to county governments.

45. (2) In ensuring that the county governments meet their obligations under subsection (1), the county executive committee member responsible for health in each county shall—
- (a) advise the Governor on all matters relating to the delivery of community health services in the county;
  - (b) develop and implement county specific programs and strategies that promote access to community health services including community and family-based care and support for persons with mental illness;
  - (c) collaborate with such entities as it may consider necessary—
    - i. for the conduct of capacity building and training programmes with respect to the community health workforce;
    - ii. in financing and resourcing the delivery of community health services in the county; and
    - iii. in the establishment of structures for the supervision of the community health workforce;
  - (d) monitor and evaluate the effectiveness of community health programs delivered within the respective county;
  - (e) collaborate with partners in the water, agriculture and education sectors to improve determinants of health at the community level;
  - (f) in every quarter, collate, analyse and disseminate information on delivery gaps and needs, recommendations for improved delivery of community health services and other information relating to community health services delivered in the county;
  - (g) oversee the implementation and adherence to national standards and guidelines on the delivery of quality community health services;
  - (h) approve and integrate into the county budget the community health unit annual work plan and the budget;
  - (i) make recommendations for the review of the standard reporting tools to the community health workforce;
  - (j) put in place measures to ensure the safety of community health workforce while delivering community health services in the respective county;

- (k) provide the job aids required by community health workers in the delivery of community health services at the household level;
  - (l) provide the necessary resources for capacity building of the community health workforce;
  - (m) develop and carry out sensitisation programmes on community health services and the role of community health workforce in the county;
  - (n) promote the involvement and participation of private sector in the provision of CHS; and
  - (o) perform such other function as may be necessary for the implementation of this Act.
- (3) The county executive committee member may, for the effective performance of the functions under subsection (2), delegate the performance such functions as may be necessary to the county director of health.

### **Justification**

The proposal is to amend section 6(2) by deleting paragraph (f) since it is too prescriptive for county governments which ought to allowed to determine some of these details at the local level in a manner that may permit diversity in the approach by different counties.

The proposal is to amend section 6(2) by deleting paragraph (h) since it is too prescriptive for county governments which ought to allowed to determine some of these details at the local level in a manner that may permit diversity in the approach by different counties.

The proposed amendment recognizes the important role non-state actors play in the health sector and therefore requires county governments to promote the involvement of the private sector.

### **Committee Observation**

The Committee rejected the amendment since it would have the effect of removing the critical roles played by the county governments in the provision of community health services.

### **Section 7 - Community Health Officers**

46. 7(1) The county public service board **may** competitively recruit and appoint such community health officers it may consider necessary for the proper and efficient implementation of this Act **or assign to existing county structures such as the public health officers the responsibility of efficient implementation of this Act.**
- (2) A community health officer shall —
- (a) monitor and evaluate the implementation of decisions arising from community dialogue days and health action days;
  - (b) coordinate the implementation of community health activities by the community health workforce and the Committee;
  - (c) oversee the selection of community health volunteers by the Committee;

- (d) provide technical support and training to community health volunteers and the Committee;
- (e) supervise and assign duties to community health volunteers;
- (f) compile and analyse data from the community health unit and submit the information to the link facility for incorporation into the health information system;
- (g) collate information gathered by the community health volunteers and display it at strategic sites to enhance dialogue at the household and community level;
- (h) manage the community-based health information system;
- (i) monitor the use and management of community health volunteers' kits; and referring defaulters of health interventions within the community to the link facility.

### **Justification**

The proposed amendments are necessary to ensure that county governments that can rely on the existing public health officers to implement this Act need not employ other officers for this purpose. This will help county governments in cutting down the costs of administration of the Act.

### **Committee Observation**

The Committee rejected the amendment as it would lead to ambiguity and implementation challenges.

### **Section 8 - Delivery of Community Health Services**

47. 8(1) The county director of health shall, for the delivery of community health services at the household level, —
- (a) coordinate the implementation of community health services at level 1 within the community;
  - (b) ensure accountability and transparency in the use of resources by community health units;
  - (c) develop strategies for the effective and efficient delivery of community health services, including community and family-based care and support for persons with mental illness at the community level;
  - (d) identify gaps existing within the community health workforce and make recommendations to the county executive committee member on the interventions necessary to address such gaps;
  - (e) plan, coordinate and mobilize the community to participate in community dialogue and health action days;
  - (f) work closely with link facilities to improve the access of the community health unit to health services;
  - (g) facilitate the resolution of disputes that arise with respect to the delivery of community health services;
  - (h) prepare quarterly reports on activities carried out by a community health unit; and
  - (i) hold quarterly consultative meetings with the respective link facilities.
- (2) The county executive committee member shall, for the effective performance of the functions under subsection (1), establish a community health committee.

### **Justification**

The proposal is to amend section 8(1) by deleting paragraphs (h) and (i) since they are too prescriptive for county governments which ought to be allowed some space to provide their own details for dealing with these matters.

### **Committee Observation**

The Committee rejected the amendment as preparation of quarterly reports and holding quarterly meetings are necessary to monitor the efficient delivery of community health services.

### **Section 9 - Community Health Committee**

48. 9(1) A community health committee established under section 8 (2), the committee shall consist of —
- (a) a **Chairperson** selected by community health volunteers within that community health unit;
  - (b) **the Village Administrator in terms of the County Government Act;**
  - (c) the following persons selected by the community in a *baraza* convened by the county **Village Administrator** in accordance with the respective county legislation —
    - (i) a woman representing women groups in that community;
    - (ii) a person with disability representing persons with disabilities in that community;
    - (iii) a representative of the youth in the community;
  - (d) one person representing the inter-religious organizations in the community nominated by an inter-religious organization with the largest membership;
  - (e) a ward public health officer;
  - (f) a community health officer who shall be an *ex officio* member of the committee and the secretary to the committee; and
  - (g) one person representing a health non-governmental organisation nominated by health non-governmental organisations that is involved in the provision of community health services within the respective community.

### **Justification**

The proposed amendment clarifies that the Chairperson is to be elected by other Community Health Volunteers.

The proposed amendment assigns membership to the county Village Administrator instead of using the Chief who is a national government official.

The proposed amendment assigns the function to the county Village Administrator instead of the County Executive Committee Member.

### **Committee Observation**

The Committee rejected the amendment, and instead recommended the replacement of the ward public health officer with a ward administration officer who will play a vital role in the allocation of resources for community health.

**49. Section 13 - Inspection of the Register**

**Subject to the provisions of the data protection legislation**, any person may inspect the register or any document relating to any entry in the register and may, upon payment of such fee as may be prescribed by the county executive committee member, obtain a copy or extract from the register.

**Justification**

The proposed amendment seeks to protect the privacy of individual medical data.

**Committee Observation**

The Committee rejected the amendment as it is not necessary to restate an existing legislation in the Bill.

**50. Section 17 – Regulations**

Amend by deleting the entire section.

**Justification**

The proposed amendment seeks to avoid national covering the whole field including details that should be left to county governments. County governments can provide for these details in their own legislation and guidelines.

**Committee Observation**

The Committee rejected the amendment as clause 17 provides that the Regulations shall be prescribed by the Cabinet Secretary in consultation with the Council of Governors, hence both levels of government will be included.

**51. Section 18**

A county government may enact county-specific legislation, **regulations and guidelines**, generally for the better carrying out of the provisions of this Act.

**Justification**

The proposed amendments are necessary to recognize the role of county governments to make regulations and guidelines instead of national government making them for them.

**Committee Observation**

The Committee rejected the amendment since the legislation enacted by the county governments may provide for the need to prescribe regulations where necessary.

### **3.3 SUBMISSION BY THE COALITION OF COMMUNITY HEALTH WORKERS.**

Amref Health Africa, Lwala Community Alliance, Living Goods Medic Mobile Inc, Enai Africa, Financing Alliance For Health Carolina For Kibera, Village Hopecore International VSO Kenya, LVCTHEALTH, PATH, and Health System Advocacy Partnership proposed the following amendments:

#### **Clause 2**

52. Introduce a definition of Community Health Information System i.e ‘Community Health Information System’ (CHIS) means a system that is designed to generate health related information through sources at the community level.

#### **Justification**

It is necessary to enable county governments to establish community health information systems as provided for in the National Community Health Digitization Strategy 2020.

#### **Committee Observation**

The Committee agreed to the amendment in the form proposed by the Ministry.

#### **Clause 5**

53. Provided for the protection and safeguarding of the community health workers

#### **Justification**

The community health worker is the first line of response for disease prevention and treatment. Therefore, safeguarding and protection is necessary to take care of their welfare.

#### **Committee Observation**

The Committee rejected the amendment since the Employment Act, No. 11 of 2007 and the Occupational Safety and Health Act, No. 15 of 2007 already exist to provide for the safety of all workers.

#### **Clause 5**

Role of the county government-

54. Introduce a section on responsibilities of the national government. This section should provide a framework for allocation of adequate funds to county governments to enable them to deliver high quality community health services to realize Article 43 on the right to health.

### **Justification**

The community health worker is the first line of response for disease prevention and treatment. Therefore, safeguarding and protection is necessary to take care of their welfare.

### **Committee Observation**

The Committee rejected the amendment since clause 5 of the Bill provides for the role of the national government in the provision of community health services.

### **Clause 8. (1) c**

55. Amend by replacing the “grassroot level with the term “community level”

### **Justification**

Change from grassroot level to the community level shall emphasize the fact that the activities are conducted at community level. Grassroots denote different meanings in different contexts and may be misinterpreted.

### **Committee Observation**

The Committee rejected the amendment as the term “grassroot level” is vague.

### **Clause 13**

56. Proposed that this article be strengthened to make access granted subject to the provisions of the data protection Act.

### **Justification**

The newly passed Data Protection Act articulates specific requirements for handling of personal information. When access to health data is made subject to the provisions of Data Protection Act will ensure community health workforce and handlers of community health data are protected from breaches of the law.

### **Committee Observation**

The Committee rejected the amendment as it is not necessary to restate an existing legislation in the Bill.

## PART IV

### 4.0 COMMITTEE RECOMMENDATION

57. The Committee having considered the Community Health Services (*Senate Bill No. 34 of 2020*) recommends that the House approve the Bill with amendments as proposed in the schedule.

## PART V

### 5.0 SCHEDULE OF PROPOSED AMENDMENTS

58. The Committees proposed the following amendments to be considered by the House in the Committee stage:

#### CLAUSE 2

**THAT**, clause 2 of the Bill be amended—

(a) by deleting the definition of “community” and substituting therefor the following new definition—

“community” means a specific group of people, usually living in a defined geographical area, who share common values and norms, and are arranged in a social structure according to relationships which the community has collectively developed over a period of time;”

(b) by deleting the definition of “community health unit” and substituting therefor the following new definition—

“community health unit” means a group of households, not exceeding one thousand households, and who are organised in a functional village or sub-location and supported by a prescribed number of Community Health Volunteers and Community Health Assistants”

(c) in the definition of “community health workforce” by deleting paragraph (a) and substituting therefor the following new paragraph—

“(a) community health personnel as appointed in section 7;”

(d) by inserting the following new definition in its proper alphabetic sequence—

“community health personnel” means a community health officer or community health assistant appointed under section 7;”

#### Justification

The amendment seeks to ensure that the definition of the term community encompasses all types of groupings within the country.

The amendment also seeks to ensure that the definitions of the community health unit and community health workforce align with the Kenya Community Health Policy 2020-2030, and includes all cadres of the community health service.

#### CLAUSE 3

**THAT**, clause 3 of the Bill be amended by deleting paragraph (h) and substituting therefor the following new paragraph—

“(h) improve the quality of community health services to address social determinants of health with a goal of reducing socioeconomic health disparities.”

### **Justification**

The amendment seeks to ensure compliance with the Kenya Quality Model for Health Standards for level one health facilities, as developed by the Division of Community health within the Ministry of Health. This will ensure the improvement of the quality of community health services.

### **CLAUSE 5**

**THAT**, the Bill be amended by deleting clause 5 and inserting the following new clause—

Role of national government. of **5.** The national government, in collaboration with county governments, shall—

- (a) formulate a policy on the delivery of community health services including the—
  - (i) technical resources and structures required for the delivery of community health services;
  - (ii) qualifications of persons eligible to serve within the community health workforce;
  - (iii) standards of service to be upheld by the community health workforce in the delivery of community health services;
  - (iv) implementation of community and family-based care and support systems;
  - (v) data tools to be used by the community health workforce, including the electronic community health information system;
  - (vi) mechanisms for monitoring delivery of community health services and evaluating effectiveness of community health strategy;
- (b) offer technical assistance to county governments in all matters related to the delivery of community health services;
- (c) undertake research and innovation in community health services;
- (d) develop and review the curricula and training modules for the for the training of the community health workforce;
- (e) provide a framework for accreditation of mid-level training institutions offering community health courses;
- (f) develop and deploy community health information system including electronic health information system; and
- (g) mobilize resources necessary for the delivery of community health service functions at national level.

## Justification

The amendment seeks to ensure that support systems cover all persons with health concerns and not only persons with mental illness.

The amendment also introduces the electronic community health information system in compliance with the national community digitization strategy 2020-2025 which the Ministry is in the process of implementing.

The amendment further seeks to ensure that the monitoring of the delivery of community health services is a continuous process, and to broaden the aspect of technical assistance to county governments in line with the Community Health Strategy.

## CLAUSE 6

**THAT**, the Bill be amended by deleting clause 6 and inserting the following new clause—

Role of county governments.

**6.** (1) The county governments shall—

- (a) implement the national policy and standards on community health services;
- (b) mobilise resources necessary for the delivery of community health services in the respective county;
- (c) allocate adequate funds and resources necessary for the effective delivery of community health services within the respective county;
- (d) avail the necessary technological infrastructure required by the community health workforce to effectively deliver community health services;
- (e) put in place mechanisms to facilitate access to timely community health services including community and family-based care and support;
- (f) facilitate access to information regarding appropriate healthy behaviour including basic information on sanitation, hygiene, and the prevention and treatment of communicable and non-communicable diseases; and
- (g) co-ordinate the implementation of educational programmes for the community health workforce and avail resources required for the participation of the community health workforce in the programmes.

(2) In ensuring that the county governments meet their obligations under subsection (1), the county executive committee member in each county shall—

- (a) advice the Governor on all matters relating to the delivery of community health services in the county;
- (b) develop and implement county specific programs and

- strategies that promote access to community health services including community and family based care and support;
- (c) collaborate with such entities as it may consider necessary—
    - (i) for the conduct of capacity building and training programmes with respect to the community health workforce;
    - (ii) in financing and resourcing the delivery of community health services in the county; and
    - (iii) in the establishment of structures for the supervision of the community health workforce;
  - (d) monitor and evaluate the effectiveness of community health programs delivered within the respective county;
  - (e) collaborate with other health related sectors including water, agriculture, education and other sectors to improve determinants of health at the community level;
  - (f) in every quarter, collate, analyse and disseminate information on delivery gaps and needs, recommendations for improved delivery of community health services and other information relating to community health services delivered in the county;
  - (g) oversee the implementation and adherence to national policies, standards and guidelines on the delivery of quality community health services;
  - (h) approve and integrate into the county budget the community health unit annual work plan and the budget;
  - (i) make recommendations for the review of the standard data tools to the national government for consideration;
  - (j) put in place measures to ensure the safety of community health workforce while delivering community health services in the respective county;
  - (k) provide the job aids required by community health workers in the delivery of community health services at the household level;
  - (l) provide the necessary resources for capacity building of the community health workforce;
  - (m) develop and carry out sensitisation programmes on community health services and the role of community health workforce in the county; and
  - (n) perform such other function as may be necessary for the implementation of this Act.

(3) The county executive committee member may, for the effective performance of the functions under subsection (2), delegate the performance of such functions as may be necessary to the county director of health.

### **Justification**

The amendments in sub-clause (1), specifically in paragraphs (d) and (e) seek to ensure that the development of technological infrastructure is performed by the national government to ensure standardization throughout the counties, and also to ensure that access to community health services shall be for all persons and not limited to persons with mental illness.

In sub-clause (2), the amendments to paragraphs (b), (i), (e), (g) and (i) seek to ensure that the review of the standard reporting tools shall be a function of the national government. The amendments also seek to ensure that all health related sectors may be included in collaboration efforts. The amendments also seek to ensure that the county governments shall adhere to policies as developed by the national government.

### **CLAUSE 7**

**THAT**, the Bill be amended by deleting clause 7 and inserting the following new clause—

Community  
health personnel.

7. (1) The county public service board shall competitively recruit and appoint such community health personnel as it may consider necessary for the proper and efficient implementation of this Act.

(2) A community health personnel appointed under subsection (1) shall —

- (a) monitor and evaluate the implementation of decisions arising from community dialogue days and health action days;
- (b) coordinate the implementation of community health activities by the community health workforce and the Committee;
- (c) oversee the selection of community health volunteers by the Committee;
- (d) provide technical support and training to community health volunteers and the Committee;
- (e) supervise and assign duties to community health volunteers;
- (f) compile and analyse data from the community health unit and submit the reports to the link health facility for incorporation into the health information system;
- (g) collate information gathered by the community health

- volunteers and display it at strategic sites to enhance dialogue at the household and community level;
- (h) manage the community based health information system;
- (i) monitor the use and management of community health volunteers' kits; and
- (j) work with community health volunteers to refer defaulters of health interventions within the community to the link health facility.

### **Justification**

The amendment in sub-clause (1) seeks to use the term “community health personnel” to refer to both community health officers and community health assistants as defined in the interpretation section, and which is also in alignment with the Kenya Community Health Policy 2020-2030.

The amendment in sub-clause (2), specifically in paragraphs (f) and (j) seek to ensure that routine community health reports should flow from the community health unit to the link health facility and consequently for uploading to the health information system. The amendment also seeks to ensure that referral of defaulters is a function of community health volunteers with the support of the community health personnel.

### **CLAUSE 8**

**THAT**, clause 8 of the Bill be amended in sub-clause (1)—

- (a) by deleting the words “for persons with mental illness” appearing in paragraph (c);
- (b) by deleting paragraph (f) and inserting the following new paragraph—
  - “(f) improve and promote access to health services at the link health facilities for community members;”
- (c) in paragraph (h) by deleting the word “quarterly” and substituting therefor the word “monthly”;
- (d) by deleting paragraph (i) and inserting the following new paragraph—
  - “(i) hold quarterly consultative meetings with the community health units;”

### **Justification**

The amendments seek to ensure that community health services shall be availed to all persons and not limited to persons with mental illness.

The amendment also seeks to ensure that consultative meetings are held with the community health units for purposes of feedback and reporting, as well as to ensure that community health reports are prepared on a monthly basis for efficiency.

### **CLAUSE 9**

**THAT**, clause 9 of the Bill be amended in sub-clause (1) by—

- (a) deleting the words “the committee” appearing in the opening sentence;

- (b) deleting paragraph (e) and inserting the following new paragraph—  
“(e) a ward administration officer;”

### **Justification**

The amendment seeks to correct a grammatical error.

Further, the amendment replaces the ward public health officer with a ward administration officer who will play a vital role in the allocation of resources for community health.

### **CLAUSE 11**

**THAT**, clause 11 be amended—

- (a) in sub-clause (1) by deleting the word “officer” and substituting therefor the word “personnel”;
- (b) in sub-clause (2)—
- (i) by deleting the word “provide” appearing in paragraph (b) and substituting therefor the word “conduct”;
  - (ii) by deleting the words “with mental illness” appearing in paragraph (e);
  - (iii) by deleting paragraph (k) and inserting the following new paragraph—  
“(k) collect data on the health status of the assigned households;”
  - (iv) by deleting paragraph (l) and inserting the following new paragraph—  
“(l) report incidence of side effects of drugs to the community health personnel who shall inform the in charge of the link health facility;”

### **Justification**

The amendment seeks to use the term “community health personnel” which includes both community health officers and community health assistants so as to align with the Kenya Community Health Policy 2020-2030.

The amendment further seeks to ensure that community health services is availed to all persons within the community and not limited to persons with mental illness.

The amendment on the role of the community health volunteer is necessary since community health volunteers do not have the required capacity to collate and analyse health information, and instead they can only collect data.

The amendment also ensures that community health volunteers shall report side effect of drug use as they cannot diagnose adverse drug reactions.

### **CLAUSE 12**

**THAT**, clause 12 of the Bill be amended—

- (a) in sub-clause (2) by deleting the words “public officer” and substituting therefor the words “community health personnel”;
- (b) in sub-clause (4) by deleting the words “public officer” and substituting therefor the words “community health personnel”;

**Justification**


The amendment seeks to use the term “community health personnel” which includes both community health officers and community health assistants so as to align with the Kenya Community Health Policy 2020-2030.

**CLAUSE 17**

**THAT**, clause 17 of the Bill be amended in sub-clause (2) by deleting the words “community health volunteers” appearing in paragraph (b) and substituting therefor the words “ the community health workforce”

**Justification**

The amendment seeks to ensure the inclusion of all cadres within the community health workforce as defined in the interpretation section, which means both the community health personnel and the community health volunteers.

**SIGNED**.....

**DATE**.....14/4/22.....

**THE HON. SABINA CHEGE, MP  
CHAIRPERSON,  
DEPARTMENTAL COMMITTEE ON HEALTH**



## THE NATIONAL ASSEMBLY

### 12TH PARLIAMENT - SIXTH SESSION (2021)

#### HEALTH COMMITTEE

#### ATTENDANCE REGISTER

Date: 14/4/22

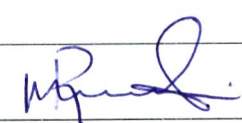
Venue: New Dining Hall, Main Parliament Building

Time Started 10:19am

Time Ended: 12:34pm

AGENDA: adoption of the report on the Community Health Services Bill, 2020 (Senate Bill No. 34 of 2020)

No.	HON MEMBER	SIGNATURE
1.	HON. SABINA CHEGE, MP – <b>CHAIRPERSON</b>	Virtual
2.	HON. JOSHUA KUTUNY, MP – <b>VICE/CHAIRPERSON</b>	<del>Virtual</del> Virtual
3.	HON. DR. ESELI SIMIYU, MP	
4.	HON. DR. JAMES NYIKAL, MP	
5.	HON. DR. JAMES KIPKOSGEI MURGOR, MP	
6.	HON. DR. MOHAMED DAHIR DUALE, MP	Virtual
7.	HON. ALFRED AGOI MASAIDA, MP	
8.	HON. MURIUKI NJAGAGUA, MP	Virtual
9.	HON. JOYCE AKAI EMANIKOR, MP	Virtual
10.	HON. DR. GEDION OCHANDA, MP	
11.	HON. SARAH PAULATA KORERE, MP	Virtual

No.	HON MEMBER	SIGNATURE
12.	HON. PROF. MOHAMUD SHEIKH MOHAMED, MP	Virtual
13.	HON. MARTIN PETERS OWINO, MP	Virtual
14.	HON. KIPSENGERET KOROS, MP	Virtual
15.	HON. TONGOYO GABRIEL KOSHAL, MP	Virtual
16.	HON. BEATRICE ADAGALA, MP	Virtual
17.	HON. SAID HIRIBAE, MP	
18.	HON. (CAPT.) RUWEIDA MOHAMMED, MP	Virtual 
19.	HON. JAMES GITHUA KAMAU WAMACUKURU, MP	

Submitted by: Mtshali Emmanuel  
Clerk Assistant

Signature: 

Date: 14/4/22

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
DIRECTOR – DEPARTMENTAL COMMITTEES

**MINUTES OF THE 20<sup>TH</sup> SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD ON THURSDAY 14<sup>TH</sup> APRIL, 2022 IN THE NEW DINING HALL, MAIN PARLIAMENT BUILDING AT 10.00 A.M.**

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**PRESENT**

1. **The Hon. Sabina Chege, MP** - Chairperson
2. **The Hon. Joshua Kutuny, MP** - Vice-Chairperson
3. The Hon. Dr Mohamed Dahir Duale, MP
4. The Hon. Muriuki Njagagua, MP
5. The Hon. Joyce Akai Emanikor, MP
6. The Hon. Sarah Paulata Korere, MP
7. The Hon. Prof Mohamud Sheikh Mohamed, MP
8. The Hon. Martin Peters Owino, MP
9. The Hon. Kipsengeret Koros, MP
10. The Hon. Tongoyo Gabriel Koshal, MP
11. The Hon. Beatrice Adagala, MP
12. The Hon. (Capt) Ruweida Mohammed, MP

**ABSENT WITH APOLOGY**

1. The Hon. Dr James Nyikal, MP
2. The Hon. Dr Eseli Simiyu, MP
3. The Hon. Dr James Kipkosgei Murgor, MP
4. The Hon. Alfred Agoi Masadia, MP
5. The Hon. Dr Gideon Ochanda, MP
6. The Hon. Said Hiribae, MP
7. The Hon James Githua Kamau Wamacukuru, MP

**IN ATTENDANCE**

**NATIONAL ASSEMBLY SECRETARIAT**

1. Douglas Katho - Clerk Assistant II
2. Muyodi Emmanuel - Clerk Assistant II
3. Christine Odhiambo - Legal Counsel I
4. Nimrod Ochieng - Audio Officer

**MIN. NO.NA/DC.H/2022/66: PRELIMINARIES**

The meeting was called to order at 10.19 a.m. with a word of prayer from the Vice-Chairperson.

**MIN. NO.NA/DC.H/2022/67: ADOPTION OF THE AGENDA**

The Members unanimously adopted the meeting agenda as presented.

Agenda:

1. Call to Order and Prayers

**Substantive Agenda:**

- a. **Consideration of the Community Health Services Bill (Senate Bill No. 34. 2020)**

**b. Adoption of the Community Health Services Bill  
(Senate Bill No. 34. 2020)**

- 2. Any Other Business
- 3. Adjournment

**MIN.NO.NA/DC.H/2022/68: CONSIDERATION OF THE COMMUNITY  
HEALTH SERVICES BILL, 2020 (SENATE BILL  
NO. 34 OF 2020)**

The Committee considered the draft report of the Community Health Services Bill (Senate Bill No. 34. 2020) and proposed amendments to be considered by the House in the Committee stage.


**MIN.NO.NA/DC.H/2022/69: ADOPTION OF THE COMMUNITY HEALTH  
SERVICES BILL, 2020 (SENATE BILL NO. 34 OF  
2020)**

The Committee adopted the Report of the Community Health Services Bill (Senate Bill No. 34. 2020) after being proposed by the Hon. (Capt) Ruweida Mohammed, MP and seconded by the Hon. Beatrice Adagala, MP.

(The details of the Committee's proposed amendments are contained in the Report of the Community Health Services Bill (Senate Bill No. 34. 2020)

**MIN. NO.NA/DC.H/2022/70: ADJOURNMENT**

There being no other business, the meeting adjourned at 12.34 p.m.

Sign.......... Date.....14/4/22.....  
(Chairperson)

**MINUTES OF THE 19<sup>TH</sup> SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD ON FRIDAY 8<sup>TH</sup> APRIL, 2022 IN THE CONFERENCE ROOM, ENGLISHPOINT MARINA AT 10.30 A.M**

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**PRESENT**

1. **The Hon. Sabina Chege, MP** - Chairperson
2. **The Hon. Joshua Kutuny, MP** - Vice-Chairperson
3. The Hon. Dr Mohamed Dahir Duale, MP
4. The Hon. Muriuki Njagagua, MP
5. The Hon. Joyce Akai Emanikor, MP
6. The Hon. Dr Gideon Ochanda, MP
7. The Hon. Sarah Paulata Korere, MP
8. The Hon. Prof Mohamud Sheikh Mohamed, MP
9. The Hon. Martin Peters Owino, MP
10. The Hon. Kipsengeret Koros, MP
11. The Hon. Tongoyo Gabriel Koshal, MP
12. The Hon. Beatrice Adagala, MP
13. The Hon. Said Hiribae, MP
14. The Hon. (Capt) Ruweida Mohammed, MP
15. The Hon James Githua Kamau Wamacukuru, MP

**ABSENT WITH APOLOGY**

1. The Hon. Dr James Nyikal, MP
2. The Hon. Dr Eseli Simiyu, MP
3. The Hon. Dr James Kipkosgei Murgor, MP
4. The Hon. Alfred Agoi Masadia, MP

**SENATE**

Senator Dr. Agnes Zani

**IN ATTENDANCE**

**NATIONAL ASSEMBLY SECRETARIAT**

1. Douglas Katho - Clerk Assistant II
2. Muyodi Emmanuel - Clerk Assistant II
3. Christine Odhiambo - Legal Counsel I
4. Nimrod Ochieng - Audio Officer

**MINISTRY OF HEALTH**

1. Dr. Adrew Mulwa - Director Medical Services/Preventive and Promotional Health
2. Mr. John Wanyugu - Deputy Head Division Community Health

**COUNCIL OF GOVERNORS**

Ms. Meboh Abuor - Legal Counsel, Health Committee

**AMREF HEALTH AFRICA**

- 1. Mr. Gilbert Wangalwa – Deputy Country Director
- 2. Mr. Isaac Ntwiga – Senior Technical Advisor, Health System Strengthening
- 3. Mr. George Oele - Senior Technical Advisor, Community Health System Strengthening
- 4. Mr. Aloise Gikunda – Project Manager

**MIN. NO.NA/DC.H/2022/59: PRELIMINARIES**

The meeting was called to order at 10.43 a.m. with a word of prayer from the Vice-Chairperson.

**MIN. NO.NA/DC.H/2022/60: ADOPTION OF THE AGENDA**

The Members unanimously adopted the meeting agenda as presented.

Agenda:

- 1. Call to Order and Prayers

**Substantive Agenda:**

**Public participation exercise on the Community Health Services Bill (Senate Bill No. 34. 2020)**

- 2. Any Other Business
- 3. Adjournment


**MIN.NO.NA/DC.H/2022/61: COMMUNITY HEALTH SERVICES BILL, 2020 (SENATE BILL NO. 34 OF 2020)**

The stakeholders took the Committee through their memoranda and explained each proposed amendment's import.

*(Details of specific clauses and amendments are contained in the Report of the Community Health Services Bill -Senate Bill No. 34. 2020)*

**MIN. NO.NA/DC.H/2022/62: ADJOURNMENT**

There being no other business, the meeting adjourned at 1.34 p.m.

Sign.......... Date.....14/4/22.....  
(Chairperson)

**MINUTES OF THE 17<sup>TH</sup> SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD ON TUESDAY 5<sup>TH</sup> APRIL, 2022 IN THE NEW DINING HALL, MAIN PARLIAMENT BUILDING AT 10.00 A.M**

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**PRESENT**

1. **The Hon. Sabina Chege, MP** - Chairperson – Virtual
2. **The Hon. Joshua Kutuny, MP** – Vice-Chairperson - Virtual
3. The Hon. Dr James Nyikal, MP
4. The Hon. Muriuki Njagagua, MP – Virtual
5. The Hon. Sarah Paulata Korere, MP
6. The Hon. Prof Mohamud Sheikh Mohamed, MP – Virtual
7. The Hon. Martin Peters Owino, MP
8. The Hon. Beatrice Adagala, MP – Virtual
9. The Hon. (Capt) Ruweida Mohammed, MP – Virtual
10. The Hon James Githua Kamau Wamacukuru, MP – Virtual

**ABSENT WITH APOLOGY**

1. The Hon. Dr Eseli Simiyu, MP
2. The Hon. Dr Mohamed Dahir Duale, MP
3. The Hon. Dr James Kipkosgei Murgor, MP
4. The Hon. Joyce Akai Emanikor, MP – Virtual
5. The Hon. Alfred Agoi Masadia, MP
6. The Hon. Dr Gideon Ochanda, MP
7. The Hon. Kipsengeret Koros, MP – Virtual
8. The Hon. Tongoyo Gabriel Koshal, MP
9. The Hon. Said Hiribae, MP

**IN ATTENDANCE**

**NATIONAL ASSEMBLY SECRETARIAT**

1. Douglas Katho – Clerk Assistant II
2. Muyodi Emmanuel – Clerk Assistant II
3. Christine Odhiambo - Legal Counsel I
4. Nimrod Ochieng – Audio Officer

**MIN. NO.NA/DC.H/2022/51: PRELIMINARIES**

The meeting was called to order at 10.13 a.m. with a word of prayer from the Vice-Chairperson.

**MIN. NO.NA/DC.H/2022/52: ADOPTION OF THE AGENDA**

The Members unanimously adopted the meeting agenda as presented.

Agenda:

1. Call to Order and Prayers

**Substantive Agenda:**

**Briefing by the Legal Counsel on the Community Health Service Bill (Senate Bill)**

2. Any Other Business
3. Adjournment

**MIN.NO.NA/DC.H/2022/53: BRIEFING ON THE COMMUNITY HEALTH SERVICES BILL, 2020 (SENATE BILL NO. 34 OF 2020)**

The Legal Counsel briefed the Committee on the Community Health Services Bill (Senate Bill). Thereafter she took the Committee through the comparison between the Community Health Workers Bill (National Assembly Bill) sponsored by the Hon. Martin Peters Owino, MP and the Community Health Services Bill (Senate Bill) sponsored by Senator. Dr. Agnes Zani as follows:

<b>Community Health Workers Bill (National Assembly Bill)</b>	<b>Community Health Services Bill (Senate Bill)</b>
<p><b>Definition:</b> Definition of “community health worker”—</p> <p>“community health worker” 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;</p> <p>Definition as proposed to be amended—</p> <p>“community health worker” means a person who—</p> <ol style="list-style-type: none"> <li>(a) resides in a particular community health unit;</li> <li>(b) is selected by the members of that community health unit;</li> <li>(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;</li> <li>(d) after the prescribed training, continues to reside in that community health unit while offering services to that community health unit.”</li> </ol>	<p><b>Definition:</b> Definition of “community health workforce”—</p> <p>“community health workforce” means the workforce consisting of—</p> <ol style="list-style-type: none"> <li>(a) a community health officer; and</li> <li>(b) a community health volunteer selected by the community in accordance with section 10;</li> </ol> <p>The Bill does not define a community health officer.</p>

**Administrative structure:**

Establishes the Community Health Workers Council which shall regulate the community health workers.

Composition of the Council (as proposed to be amended)—

- (1) The Council shall consist of—
- (a) the Director General of health or a representative designated in writing;
  - (b) the Head of Primary Healthcare from the ministry for the time being responsible for matters relating to health;
  - (c) the Director of Education or a representative designated in writing;
  - (d) one person from a non-governmental organisation in the health sector nominated by the Non- Governmental Organisation Coordination Board;
  - (e) one registered community health nurse nominated by the Nursing Council of Kenya;
  - (f) one lecturer in community health from the department dealing with community health, nominated by the Kenya Medical Training College;
  - (g) one community health worker nominated by the Cabinet Secretary;
  - (h) one community health worker nominated by the Council of County Governors; and
  - (i) the Registrar who shall be an *ex officio* member of the Council.”

Clause 22 provides for the registration of a community health worker by the Council. Clause 20 provides that the register of community health workers shall contain particulars of the community health workers including the place of business or employment of the community health worker.

The Bill however does not contain a specific provision providing for the appointment of community health workers by either the

**Administrative structure:**

The Bill assigns roles to both the national and county governments to implement community health services.

In particular, the national government shall be responsible for policy formulation, provision of technical resources and structures as well as qualifications of persons eligible to serve within the community health workforce.

The county governments on the other hand shall be responsible for implementing the national policy and standards, mobilizing resources and allocation of adequate funds for the effective delivery of community health services.

Clause 9 provides that a county executive committee member shall establish a community health committee for the effective performance of the functions related to the delivery of community health services at the county level.

The community health committee shall consist of—

- (a) a community health volunteer selected by community health volunteers within that community health unit;
- (b) the Chief;
- (c) the following persons selected by the community in a baraza convened by the county executive committee member in accordance with the respective county legislation —
  - (i) a woman representing women groups in that community;
  - (ii) a person with disability representing persons with disabilities in that community;
  - (iii) a representative of the youth in the community;
- (d) one person representing the inter-religious organizations in the community nominated by an inter-religious organization with the largest membership;
- (e) a ward public health officer;
- (f) a community health officer who shall be an *ex officio* member of the committee and the secretary to the

<p>national or county governments. However the proposed amendment to the definition of “community health worker provides that a community health worker shall continue to reside in that community health unit while offering services to that community health unit.</p>	<p>committee; and  (g) one person representing a health nongovernmental organisation nominated by health non-governmental organisations that is involved in the provision of community health services within the respective community.</p> <p>Clause 7 of the Bill provides for the recruitment of community health officers by the county public service board.  Clause 10 provides that a community health volunteer shall be selected by the community in a public baraza and appointed by the respective county executive committee member.  Clause 11 provides that a community health officer shall assign to each community health volunteer households for purposes of delivery of community health services.</p>
<p><b>Qualifications of community health workers:</b></p> <p>The Second Schedule to the Bill provides for the prescribed courses for eligibility for registration as a community health worker. These include certificate in community health and others; diploma in community health and others; and bachelors’ degree in community health and others.</p> <p>The proposed amendments however propose the deletion of diploma and bachelors’ degree requirement, so as to ensure that all persons performing the functions of a community health worker shall be required to have only a minimum of a certificate qualification to be eligible for registration under the Act.</p>	<p><b>Qualifications of community health volunteers:</b></p> <p>Clause 10(2) provides that a person shall be eligible for selection and appointment as a community health volunteer under if such person—</p> <ul style="list-style-type: none"> <li>(a) is able to communicate in a language that can be understood by the community;</li> <li>(b) is a fit and proper person to be registered under this Act;</li> <li>(c) resides within the community; and</li> <li>(d) meets such other criteria as the county executive committee member may, in county legislation, prescribe.</li> </ul> <p>Clause 7 of the Bill provides for the recruitment of community health officers by the county public service board but does not provide for the qualifications of a community health officer.</p>
<p><b>Financial provisions:</b></p> <p>Clause 29 provides that the funds of the Council shall consist of —</p> <ul style="list-style-type: none"> <li>(a) such monies as may be appropriated by the National Assembly for the purposes of the Council;</li> </ul>	<p><b>Financial provisions:</b></p> <p>Clause 6 provides that the county governments shall mobilise resources necessary for the delivery of community health services, and shall allocate adequate funds and resources necessary for the delivery of community health services.</p>

<p>(b) such monies as may be payable to the Council pursuant to this Act or any other written law;</p> <p>(c) gifts, grants, donations or endowments as may be given to the Council;</p> <p>(d) any funds provided by bilateral or multilateral donors, for the purpose of the Council;</p> <p>(e) fees for services rendered by the Council; and</p> <p>(f) monies from any other lawful source provided for the Council.</p>	<p>Clause 10 provides that a community health volunteer shall be paid such stipend as the as the county executive committee member, in consultation with the respective County Public Service Board and the Salaries and Remuneration Commission, determine.</p>
<p><b>Transitional provisions:</b></p> <p>Proposed amendment introduces a transitional provision—</p> <p>“Within twelve months after the enactment of this Act, all persons performing the functions of a community health worker shall undertake any of the courses prescribed in the Second Schedule to be eligible for registration as a community health worker under this Act.”</p>	<p><b>Transitional provisions:</b></p> <p>Clause 19 provides the transitional provisions—</p> <p>“All public officers appointed by the Public Service Commission and serving under the national government or the county public service board and serving under the county in respect to community health services shall be deemed to be in the service of either the national or county government respectively on the effective date.”</p>

**Resolution**

The Committee resolved to undertake stakeholder's engagement on Friday 8<sup>th</sup> April, 2022 to deliberate on the proposed amendments.

**MIN. NO.NA/DC.H/2022/54: ADJOURNMENT**

There being no other business, the meeting adjourned at 12.17 p.m.

Sign.......... Date.....14/4/22.....

(Chairperson)

REPUBLIC OF KENYA



THE NATIONAL ASSEMBLY  
TWELFTH PARLIAMENT – FIFTH SESSION

DEPARTMENTAL COMMITTEE ON HEALTH

In the Matter of Article 118(1) (b) of the Constitution and National Assembly Standing Order 127(3)

And

In the Matter of Consideration by the National Assembly of:-

1. The Community Health Services (Senate Bill No. 34 of 2020)
2. The Mental Health (Amendment) Bill, 2020 (Senate Bill No. 28)
3. The Health Laws (Amendment) Bill, (National Assembly Bill No. 2 of 2021)

**PUBLIC PARTICIPATION (SUBMISSION OF MEMORANDA)**

Article 118(1) (1) (b) of the Constitution provides that "Parliament shall facilitate public participation and involvement in the legislative and other businesses of Parliament and its Committees". National Assembly's Standing Order 127(3) provides that "the Departmental Committee to which a Bill has been committed shall facilitate public participation and take into account the views and recommendations of the public when the Committee makes its report to the House".

Pursuant to Article 118(1) (b) of the Constitution and Standing Order 127(3) of the National Assembly Standing Orders, the Clerk of the National Assembly hereby invites members of the public and relevant stakeholders to submit memoranda on the following Bills:

The Community Health Services (Senate Bill No. 34 of 2020) sponsored by Sen. (Dr.) Agnes Zani, M.P., seeks to provide for a framework for the delivery of community health services; to promote access to primary health care services at the community level and reduce health disparities between counties; to provide for the training and capacity building of the community health workforce; and for connected purposes.

The Mental Health (Amendment) Bill, 2020 (Senate Bill No. 28) sponsored by Sen. Sylvia Kasanga, M.P., seeks to amend the Mental Health Act; The Bill seeks to provide for the prevention of mental illness, to provide for the care, treatment and rehabilitation of persons with mental illness; to provide for procedures of admission, treatment and general management of persons with mental illness.

The Health Laws (Amendment) Bill, (National Assembly No. 2 of 2021), sponsored by the Leader of Majority Party, Hon. (Dr.) Amos Kimunya, EGH, M.P., seeks to make various wide ranging amendments to various health-related statutes on matters relating to health policy to improve efficiency, service delivery, realization of the Universal Health Coverage and the Big 4 Agenda, in line with the Constitution, the Health Act, 2017, the Mwangozo Code of Governance for State Corporation and other applicable laws.

Pursuant to Standing Order 127(1) of the National Assembly Standing Orders, the Bills were committed to Departmental Committee on Health for consideration and Report to the House, having undergone the First Reading as set out in the schedule hereunder:

**SCHEDULE**

Bill	First Reading
1. The Community Health Services (Senate Bill No. 34 of 2020) sponsored by Sen. (Dr.) Agnes Zani, M.P.	30 <sup>th</sup> September, 2021
2. The Mental Health (Amendment) Bill, 2020 (Senate Bill No. 28) sponsored by Sen. Sylvia Kasanga, M.P.	13 <sup>th</sup> October, 2021
3. The Health Laws (Amendment) Bill, (National Assembly No. 2 of 2021), sponsored by the Leader of Majority Party, Hon. (Dr.) Amos Kimunya, EGH, M.P.	30 <sup>th</sup> March, 2021 21 <sup>st</sup> October, 2021 (referred back to Committee for regularization)

Copies of the Bills are available at the National Assembly Table Office, or on [www.parliament.go.ke](http://www.parliament.go.ke) or [theclerk@parliament.go.ke](mailto:theclerk@parliament.go.ke).

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 [clerk@parliament.go.ke](mailto:clerk@parliament.go.ke); to be received on or before Friday, 19<sup>th</sup> November, 2021 at 5.00 p.m.

MICHAEL R. SIALAI, CBS  
CLERK OF THE NATIONAL ASSEMBLY  
5<sup>th</sup> November, 2021.

Telegraphic Address  
'Bunge', Nairobi  
Telephone +254 20 2848000  
Fax: +254 20 2243694  
E-mail: clerk@parliament.go.ke



Office of the Clerk  
National Assembly  
Parliament Buildings  
P.O. Box 41842-00100  
NAIROBI, KENYA

**REPUBLIC OF KENYA  
THE NATIONAL ASSEMBLY**

**REF: NA/DCS/HEALTH/2022(012)**

**5<sup>th</sup> April, 2022**

**Ms. Susan Mochache, CBS**  
Principal Secretary  
Ministry of Health  
Afya House  
**NAIROBI**

**Mrs. Jacqueline Mogeni, MBS**  
Chief Executive Officer  
Council of Governors  
Delta House, Rhapta Road  
**NAIROBI**

**Dr. Meshack Ndirangu**  
AMREF Health Africa in Kenya  
Meshack.ndirangu@amref.org  
**NAIROBI**

Dear

**RE: MEETING WITH THE DEPARTMENTAL COMMITTEE ON HEALTH  
TO CONSIDER THE COMMUNITY HEALTH SERVICES BILL (*SENATE  
BILL No. 34 OF 2020*) ON FRIDAY 8<sup>TH</sup> APRIL, 2022 IN MOMBASA  
COUNTY**

The Departmental Committee on Health is established pursuant to the provisions of National Assembly Standing Order 216 which mandates Departmental Committees to *inter alia, study and review all legislation referred to it.*

The Community Health Services Bill (*Senate Bill No. 34 of 2020*) sponsored by Senator Dr. Agnes Zani, MP is before the Committee for consideration and reporting to the House. Due to the tremendous public interest in the Bill, the Committee has resolved to meet critical stakeholders to make submissions on the Bill.


This is therefore to invite you to the meeting with the Committee scheduled for **Friday, 8<sup>th</sup> April, 2021 in Mombasa County**. You are required to prepare your submissions in a matrix format that indicates the specific clauses, you are proposing and their corresponding justification. Twenty (20) hard copies of the submissions be availed to the meeting while soft copies be sent to clerk@parliament.go.ke .

The Committee's Liaison Officers on this subject are **Mr. Douglas Katho, Clerk Assistant II** and **Mr. Emmanuel Muyodi, Clerk Assistant II**, who may be contacted on Tel No. **0722333145** and **0725247240** or by email **douglaskatho@gmail.com** and **muyodim@gmail.com**, respectively.

Yours

**JEREMIAH W. NDOMBI, MBS**  
**For: CLERK OF THE NATIONAL ASSEMBLY**

Copied to: **Hon Mutahi Kagwe, EGH**  
Cabinet Secretary  
Ministry of Health  
Afya House  
**NAIROBI**



**H.E. (Prof.) Peter Anyang' Nyong'o, EGH**  
Chairperson, Health and Biotechnology Committee  
Council of Governors  
Delta House, Rhapta Road  
**NAIROBI**

**REPUBLIC OF KENYA**



**MINISTRY OF HEALTH**

**MOH MEMORANDUM ON THE COMMUNITY HEALTH SERVICES BILL, 2020  
(SENATE BILL NO.34)**

### **Preamble**

The Community Health Services Bill 2020 has articulated key areas that require legislation in order to strengthen delivery of community health services. The Ministry of Health has reviewed the bill and, in our view, it is aligned to the Health Act 2017, Kenya Health Policy 2014-2030 and the Kenya Community Health Policy 2020-2030.

### **Recommendations**

The Ministry of Health supports the bill with amendments contained herein. This will ensure ease of implementation of community health services at national and county level and advance the right to health at community level as articulated in Article 43(1)(a) of the Constitution of Kenya.

<b>PROPOSED AMENDMENTS</b>		
<b>Section</b>	<b>Proposed changes</b>	<b>Justification</b>
<b>Part I-PRELIMINARY</b>		
Definition “Community”	“Community” means a specific group of people, usually living in a defined geographical area, who share common values and norms, and are arranged in a social structure according to relationships which the community has collectively developed over a period of time.	This definition encompasses all types of groupings within the country
Community health unit	“Community health unit” “community health unit (CHU) means a group of households up to 1000 households and organized in a functional village or sub-location and formally recognized as level one in the health system serving a prescribed size of the population and supported by a community health assistant/community health worker and at least 10 community health volunteers and governed by community health committee.	This is the definition according to the Kenya Health Act 2017 and Kenya Community Health Policy 2020-2030
Community health workforce	“Community health workforce” means the workforce consisting of— (a) a community health assistant /Community Health Officer	Add the community health assistant as per community health personnel scheme of service 2013, there are two grades i.e., CHAs and CHOs
Community Dialogue Day	“Community dialogue day” means a day set aside by the Community Health Unit every quarter to discuss with the community the achievements of the community health workforce and identify community priority areas for advocacy and action.	This is a critical social accountability forum for Community health services
Community Health Action Day	“Health action days” means days set aside every month by the Community Health Unit for community health workforce to offer health services relating to the health concerns identified and prioritized by the community during the community dialogue day immediately preceding them.	This provides a platform for community members to participate in health activities
3. Objects	(h) improve the quality-of-service delivery of community health services to address determinants of health with a goal toward reducing socioeconomic health disparities. Change to: (h) improve the quality of community health services so as to address social determinants of health with a goal of reducing socioeconomic health disparities	The Division of Community health has developed Kenya Quality Model for Health Standards for level one (community level) aimed at improving quality of community health services
<b>Part II COMMUNITY HEALTH SERVICES</b>		
5. Role of National Government	(iv) implementation of community and family-based care and support systems for persons with mental illness;	Support systems cover all persons with health concerns not just mental illness

	<p>Reword it to “Implementation of community and family-based care and support systems”</p> <p>(v) reporting tools to be used by community health workforce; including electronic community health information system(eCHIS) Added eCHIS</p> <p>Reword from reporting tools to ‘data tools’</p> <p>(VI) mechanism for monitoring and evaluating the effectiveness with which community health services are delivered</p> <p>Reword to Mechanism for monitoring delivery of community health services and evaluating effectiveness of community health strategy</p>	<p>MoH is in the process of digitizing community health information as per the national community digitization strategy 2020-2025</p> <p>Data tools include both data collection and reporting tools</p> <p>Monitoring is continuous whereas evaluation is periodic hence the need to separate the two terms</p>
	<p>(b) offer technical assistance to county governments in the establishment of structures required for the delivery of community health services Change to offer technical assistance to county governments in all matters related to the delivery of community health services</p>	<p>Technical assistance to counties is broad and it goes beyond establishment of community health structures</p>
	<p>(e) collate, analyze and disseminate information necessary for the effective delivery of community health services Change to: Develop and deploy community health information system including electronic health information system</p>	<p>The role of national government goes beyond collating, analyzing and disseminating information</p>
	<p>Add providing framework for accreditation of community health training institutions (d) develop and review the curricula and training modules for the training of the community health workforce; and provide a framework for accreditation of mid-level training institutions offering community health courses</p>	<p>It is stipulated in the Kenya Community Health Strategy 2020-2025</p>
Additional role of national government	<p>Add as part of national government roles f) mobilize resources necessary for the delivery of community health services functions at national level</p>	<p>Mobilization of resources is a shared responsibility of national and county governments</p>
6. Role of County Government # 6 (1)	<p>Rephrase (d)develop the necessary technological infrastructure required by the community health workforce to effectively deliver community health services; To: (d)Avail the necessary technological infrastructure required by the community health workforce to effectively deliver community health services</p>	<p>Development of the technological infrastructure is a national government function to ensure standardization</p>

	<p>(e) put in place mechanisms to facilitate access to timely community health services including community and family-based care and support for persons with mental illness by residents within the respective county</p> <p>Rephrase to (e) put in place mechanisms to facilitate access to timely community health services including community and family-based care and support</p>	<p>Access to community health should be for all and not just for those with mental illness</p>
	<p>Add h) Motivate the community health volunteers through availing the required tools of work including CHV kit and data tools i) Monitoring and evaluation through supportive supervision</p>	<p>The CHVs require tools and supplies in order to deliver community health services</p>
# 6 (2)	<p>(b) develop and implement county specific programs and strategies that promote access to community health services including community and family-based care and support</p> <p>Change to (b) develop and implement county specific programs and strategies that promote access to community health services including community and family-based care and support</p>	<p>Remove mental illness as the community health services provide integrated services which include mental health</p>
	<p>(i) make recommendations for the review of the standard data tools to the community health workforce;</p> <p>Rephrase (i) make recommendations for the review of the standard data tools to the national government and ensure uniformity</p>	<p>Review of the standard reporting tools is a function of the national government</p>
	<p>(e) collaborate with partners in the water, agriculture and education sectors to improve determinants of health at the community level</p> <p>Change to collaborate with other health related sectors including water, agriculture, education and others to improve determinants of health at the community level</p>	<p>Health related sectors may be more than water, agriculture and education hence the need to leave the list open</p>
	<p>(g) oversee the implementation and adherence to national standards and guidelines on the delivery of quality community health services</p> <p>Add, policies to read (g) oversee the implementation and adherence to national policies, standards and guidelines on the delivery of quality community health services</p>	<p>Standards and guidelines are based on policies hence the need to ensure adherence to community health policies</p>
	<p>(h) (i) make recommendations for the review of the standard reporting tools to the community health workforce;</p>	<p>Development and review of data tools is a function of the national government</p>

	Change to:  (h) (i) make recommendations for the review of the standard community health data tools to the Ministry of Health for consideration	
6 (3)	The county executive committee member may, for the effective performance of the functions under subsection (2), delegate the performance such functions as may be necessary to the county director of health  Change to  The county executive committee member may, for the effective performance of the functions under subsection (2), delegate such functions to the county director of health	Grammatical adjustments
# 7	(1) The county public service board shall competitively recruit and appoint such community health officers it may consider necessary for the proper and efficient implementation of this Act. Change to: The county public service board shall competitively recruit and appoint such community health personnel it may consider necessary for the proper and efficient implementation of this Act  (2) A community health officer shall —  Change to: A community Health Assistant/Officer shall	Community health personnel encompasses community health assistants and community health officers as per community health personnel scheme of service 2013,
	(f) compile and analyze data from the community health unit and submit the information to the link facility for incorporation into the health information system; Change to f) compile and analyze data from the community health unit and submit the reports to the link health facility then sub county for uploading to the Kenya health information system	Routine Community Health Reports should flow from the community health unit to the link facility then sub county for uploading to Kenya Health Information System
	(e) supervise and assign duties to community health volunteers; To be rephrased to include mentorship e) Mentor, supervise and assign duties to community health volunteers	Mentorship will increase the competencies of the CHVs in delivery of community health services
	Edit (j) Work with CHVs to refer defaulters of health interventions within the community to link health facility	Referral is a function of the CHV with support from CHA/CHO
8.(1)	(c) develop strategies for the effective and efficient delivery of community health services, including community and family-based care and	Remove mental illness as community health services are integrated and include mental health among others

	support for persons with mental illness at the community level; Remove mental illness in this section	
	Rephrase (f) work closely with link health facilities to improve the access of the community health unit to health services; To: f) Improve access to health services at the link facilities for community members	Editorial
	i) hold quarterly consultative meetings with the respective link facilities. The section to be rephrased to (i) hold quarterly consultative meetings with the respective community health units (CHUs)	Consultative meetings are held with the CHUs
	(h) prepare quarterly reports on activities carried out by a community health unit Change to: (h) prepare monthly and quarterly reports on activities carried out by a community health unit	Routine community health reports are on monthly basis
(1)	e) Ward Public Health Officer Replace with: Ward administration officer f) Community Health Officer Add ward officer responsible for veterinary services	We do not need a ward Public Health Officer since we shall have A Community Health Officer on the committee  We need the Ward administration officer to assist with allocation of resources for community health Veterinary officer will support in the one health initiative at community level
10.(2)	Add "read and write" (a) is able to communicate in a language that can be understood by the community; To read: (a) is able to read and write in at least one of the national languages (Swahili and/or English) and communicate in a language that can be understood by the local community;	CHVs are responsible for health data collection at household level hence should be able to read and write. Besides, for effective delivery of health messages, a CVH should be able to communicate in the local language
11.(1)	Add "community health assistant"  A community health assistants/officer shall assign to each community health volunteer households in such localities in such a manner as shall be prescribed in county legislation for the purpose of facilitating access to and ensuring the effective delivery of community health services at the community.	Add the community health assistant as per community health personnel scheme of service 2013, there are two grades i.e., CHAs and CHOs
11.(2)	(b) change from "Provide "to "Conduct"  Delete "mental illness" (e) monitor the rehabilitation and integration of persons with mental illness into the community	Grammatical  Rehabilitation and integration are usually for all persons as needed within the community

	To e) monitor the rehabilitation and integration of persons into the community	
	Rephrase (k) collate and analyse information on the health status of the assigned households; To (k) Collect data on the health status of the assigned households;	CHVs do not have required capacity for collation or analyzing of health information
	Rephrase (l) report incidence of adverse drug reaction to the community health officer who shall inform the in charge of the link facility; and To: (l) report incidence of side effects of drugs to the community health officer who shall inform the in charge of the link facility; and	CHVs can only report on side effects and are not able to diagnose adverse drug reactions
12.(2)	Rephrase (2) The county director of health may designate a public officer within the county public service as a registrar to keep and maintain the register under subsection (1) To(2) The county director of health may designate a community health officer within the county public service as a registrar to keep and maintain the register under subsection	Community health officers are responsible for community health services not public health officers
	(4) There shall be kept and maintained, by the public officer responsible for overseeing the delivery of community health services in each ward, an extract of the register under subsection (1) with respect to the community health volunteers deployed to households in the respective ward. Rephrase to "community health officer" (4) There shall be kept and maintained, by the community health officer responsible for overseeing the delivery of community health services in each ward, an extract of the register under subsection (1) with respect to the community health volunteers deployed to households in the respective ward.	Community health officers are responsible for community health services

<b>PART III — MISCELLANEOUS PROVISIONS</b>		
17.(2)	<p>(b) training of community health volunteers;</p> <p>Include CHAs/CHOs</p> <p>(b) training of community health volunteers, community health assistants/officers</p>	Community health workforce include CHVs, CHAs/CHOs

Susan N. Mochache, CBS  
**PRINCIPAL SECRETARY**



**COUNCIL OF GOVERNORS**

**LEGISLATIVE MEMORANDUM TO THE SENATE STANDING COMMITTEE ON HEALTH ON THE COMMUNITY  
HEALTH SERVICES BILL, 2020**

(A Bill published in the Kenya Gazette Supplement No. 221 of 4<sup>th</sup> December, 2020 and passed by the Senate, with amendments,  
on 5<sup>th</sup> August, 2021.)

**FROM**

**THE COUNCIL OF GOVERNORS**

**TO**

**NATIONAL ASSEMBLY**

1/11/2021

**MEMORANDUM ON THE COMMUNITY HEALTH SERVICES 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 cooperative devolved government which imposes obligations for among other things, 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 Services Bill, 2020 (the Bill):

- 1) While the Bill is good and timely, the Council of Governors wishes to propose amendments to the Bill that aim to make it an even better law if passed.
- 2) The COG proposes amendments that seek—
  - a. To expand the objects of the Bill as stated in both the long title of the Act and section 3 dealing with the objects of the Bill to include alignment of the Bill to the Constitution of 2010, especially the devolved system of government, and the Article 43 socio-economic rights all of which have elements of health.
  - b. To indicate the link and intersection between the county governments' 'promotion of primary health care' function which is at the centre of community health services and the Article 43 socio-economic rights including the right to health.
  - c. To underscore how this intersection covers the county government promotion of primary health care function into obligations upon which suits against county governments can be founded.
  - d. To underscore why as such obligations the promotion of primary health care functions of county governments should be give priority in the division of revenue raised nationally between national and county governments.

- e. To underscore the need to allocate to county governments adequate funds to enable them deliver health services including promotion of primary health care and community health services, thus, giving special attention to funding of preventive and promotive health care as opposed to the current over focus on curative health care at the expense of preventive and promotive health.
- f. To underscore the need for intersectoral coordination between the health sector and other related sectors that deal with factors that can be addressed as part of the preventive and promotive health care strategy. These other sectors include housing, food, water and sanitation, and education.

Section of the Bill	Provision of Section in the Bill	Proposed Amendment	Rationale for Amendment and Recommendation
The long title of the Act	ACT of Parliament to provide a framework for the delivery of community health services; to promote access to primary health care services at the community level and reduce health disparities between counties; to provide for the training and capacity building of the community health workforce; and for connected purposes	AN ACT of Parliament to align community health services to the Constitution of Kenya 2010, especially the devolved system of government and to give effect to article 43 rights to health; to provide a framework for the delivery of community health services; to promote access to primary health care services at the community level and reduce health disparities between counties; to provide for the training and capacity building of the community health workforce; to recognize the need for intersectoral coordination between	The proposed Amendments are necessary to high light various matters as follows: (1) To underscore the fundamental role of county governments which are assigned by the constitution the function of promotion of primary health care, in the delivery of community health services. (2) To underscore the intersection between the county governments' promotion of primary health care functions

		<p>health and other sectors such as housing, food, water and sanitation, and education; to provide adequate funding for primary health care and community health services and Article 43 rights that intersect with them; and for connected purposes</p>	<p>which revolve around community health services and the Article 43 rights to health and the heavy financial obligations the intersection imposes on the county governments, which need to be prioritized in the processes of Division of Revenue raised nationally between the two levels of government and the county budgets. A close examination of Article 43 rights discloses that most of these rights have primary health care issues embedded in them. For instance, reproductive health which is included in the right to health has primary health care elements that must be secured through education by community health workers; the right 'to accessible and adequate housing, and to reasonable standards of sanitation' has elements of</p>
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			<p>primary health care and community health services anchored in the requirement for reasonable standards of sanitation; the right 'to be free from hunger, and to have adequate food of acceptable quality' has elements of primary health care anchored in the need for good nutrition; the right 'to clean and safe water in adequate quantities' has elements of primary health care that must be secured through community health services; and the right 'to education' also plays a fundamental role in the the delivery of primary health care and community health services.</p> <p>(3) To underscore the need to adequately fund county governments to be able to deliver primary health care through community health</p>
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			<p>services and to deliver the Article 43 rights.</p> <p>(4) To underscore the need for intersectoral coordination both in the delivery of community health services and the funding of the same by the various sectors.</p>
<p>2 Interpretation</p>		<p>Introduce a new definition of the ‘Community-based Health Information System’ as follows: ‘Community Health Information System’ (CHIS) means a system that is designed to generate health related information through sources at the community level.</p>	<p>The proposed amendment is necessary to enable county governments establish community health information systems.</p>
<p>53 Objects</p>	<p>3. The objects of this Act are to —  (a) provide a framework for the effective delivery of integrated, comprehensive and quality community health services at the county level of government;</p>	<p>3. The objects of this Act are to —  (a) <b>align community health services to the Constitution of Kenya 2010, especially the devolved system of government and give effect to article 43 rights to health;</b>  (b) provide a framework for the effective delivery of integrated, comprehensive and quality community</p>	<p>The proposed additional objects are necessary to emphasize the need to align community health services to the devolved system of government; create a link between primary health and community health services with Article 43 rights; and underscore the need for adequate funding to county governments which have the greater responsibility for delivering these services within the meaning of their ‘promotion of primary health care functions. The county governments</p>

	<p>(b) enhance community access to basic health services;</p> <p>(c) provide a framework for the coordinated implementation of policies and standards formulated by the National government by the county government pursuant to this Act for the realisation of the right to health at the community level;</p> <p>(d) entrench the role of community health volunteers in the provision of basic health care at the household level;</p> <p>(e) provide a framework for the financing of community health services;</p> <p>(f) provide a framework for the conferment of community health workforce with basic skills that will enable them render basic health services within their communities;</p>	<p>health services at the county level of government;</p> <p>(c) enhance community access to basic health services;</p> <p>(d) provide a framework for the coordinated implementation of policies and standards formulated by the National government by the county government pursuant to this Act for the realisation of the right to health at the community level;</p> <p>(e) entrench the role of community health volunteers in the provision of basic health care at the household level;</p> <p>(f) <b>provide a framework of allocation of adequate funds to county governments to enable them to deliver primary health care, community health services; and realize Article 43 rights to health;</b></p> <p>(g) provide a framework for the financing of community health services;</p> <p>(h) provide a framework for the conferment of community health workforce with basic</p>	<p>also have greater responsibility of realizing the right to health under Article 43 of the Constitution. The amendments are also necessary to align the law to the Community Health Policy of 2020 as well as international instruments such as Astana Declaration of 2008 and Health Policy, 2020.</p>
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	<p>(g) provide a mechanism for the identification of needs and gaps in the delivery of community health services and for the monitoring and evaluation of the impact of such services within the community; and</p> <p>(h) improve the quality-of-service delivery of community health services to address determinants of health with a goal toward reducing socioeconomic health disparities.</p>	<p>skills that will enable them render basic health services within their communities;</p> <p>(i) provide a mechanism for the identification of needs and gaps in the delivery of community health services and for the monitoring and evaluation of the impact of such services within the community;</p> <p>(j) improve the quality-of-service delivery of community health services to address determinants of health with a goal toward reducing socioeconomic health disparities;</p> <p>(k) recognize the need for intersectoral coordination between health and other sectors such as housing, food, water and sanitation, and education;</p> <p>(l) provide for establishment of community-based information system;</p> <p>(m) to provide a framework for mobilization and involvement of private sector in the provision of CHS</p>	
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<p>persons with mental illness;</p> <p>(v) reporting tools to be used by community health workforce; and</p> <p>(vi) mechanism for monitoring and evaluating the effectiveness with which community health services are delivered;</p> <p>(b) offer technical assistance to county governments in the establishment of structures required for the delivery of community health services;</p> <p>(c) undertake research and innovation in community health services;</p> <p>(d) develop and review the curricula and training modules for the training of the community health workforce; and</p> <p>(e) collate, analyse and disseminate</p>	<p>effectiveness with which community health services are delivered;</p> <p>(b) offer technical assistance to county governments in the establishment of structures required for the delivery of community health services;</p> <p>(c) undertake research and innovation in community health services;</p> <p>(d) develop and review the curricula and training modules for the training of the community health workforce;</p> <p>(e) collate, analyse and disseminate information necessary for the effective delivery of community health services;</p> <p>(f) ensure the prioritization of allocation of adequate funds to county governments during the Division of Revenue raised nationally between national and county governments for the delivery of the promotion of primary health care function of county governments and related community health services since these functions and services intersect with Article</p>	<p>The proposed amendment is necessary since the intersection between constitutional functions of county governments converts those functions into legal obligations that ought to be given priority in the division of revenue the way repayment of public debt is given priority. It is important to not that county governments can be sued by the citizens if they fail to provide these Article 43 rights.</p>
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<p>persons with mental illness;</p> <p>(v) reporting tools to be used by community health workforce; and</p> <p>(vi) mechanism for monitoring and evaluating the effectiveness with which community health services are delivered;</p> <p>(b) offer technical assistance to county governments in the establishment of structures required for the delivery of community health services;</p> <p>(c) undertake research and innovation in community health services;</p> <p>(d) develop and review the curricula and training modules for the training of the community health workforce; and</p> <p>(e) collate, analyse and disseminate</p>	<p>effectiveness with which community health services are delivered;</p> <p>(b) offer technical assistance to county governments in the establishment of structures required for the delivery of community health services;</p> <p>(c) undertake research and innovation in community health services;</p> <p>(d) develop and review the curricula and training modules for the training of the community health workforce;</p> <p>(e) collate, analyse and disseminate information necessary for the effective delivery of community health services;</p> <p>(f) ensure the prioritization of allocation of adequate funds to county governments during the Division of Revenue raised nationally between national and county governments for the delivery of the promotion of primary health care function of county governments and related community health services since these functions and services intersect with Article</p>	<p>The proposed amendment is necessary since the intersection between constitutional functions of county governments converts those functions into legal obligations that ought to be given priority in the division of revenue the way repayment of public debt is given priority. It is important to not that county governments can be sued by the citizens if they fail to provide these Article 43 rights.</p>
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S 6 Role of County Governments	<p>information necessary for the effective delivery of community health services.</p> <p>6. (1) The County Government shall —</p> <p>(a) implement the national policy and standards on community health services;</p> <p>(b) mobilise resources necessary for the delivery of community health services in the respective county;</p> <p>(c) allocate adequate funds and resources necessary for the effective delivery of community health services within the respective county;</p> <p>(d) develop the necessary</p>	<p>43 rights making the functions obligatory for county governments rather than discretionary functions and powers;</p> <p>(g) provide monetary incentives to Counties including conditional and unconditional grants to promote uptake, acceleration and improved coverage of CHS.</p> <p>6(1) The County Government shall —</p> <p>(a) implement the national policy and standards on community health services;</p> <p>(b) mobilise resources necessary for the delivery of community health services in the respective county;</p> <p>(c) allocate adequate funds and resources necessary for the effective delivery of community health services within the respective county;</p> <p>(d) develop the necessary technological infrastructure required by the community health workforce to effectively deliver community health services;</p> <p>(e) put in place mechanisms to facilitate access to timely</p>	<p>The proposed amendment is necessary to the law with the Health Policy of 2020, which calls for increased financing for health and related sectors to meet agreed national and international benchmarks.</p> <p>The proposal is to amend section 6(1) by deleting the entire paragraph (c) because it is too prescriptive for county governments and interferes with the budgetary autonomy of county governments to determine their own priorities.</p>
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	<p>technological infrastructure required by the community health workforce to effectively deliver community health services;</p> <p>(e) put in place mechanisms to facilitate access to timely community health services including community and family-based care and support for persons with mental illness by residents within the respective county;</p> <p>(f) facilitate access to information regarding appropriate healthy behavior including basic information on sanitation, hygiene, and the prevention and treatment of communicable and non-communicable diseases; and</p> <p>(g) co-ordinate the implementation of educational</p>	
	<p>community health services including community and family-based care and support for persons with mental illness by residents within the respective county;</p> <p>(f) facilitate access to information regarding appropriate healthy behavior including basic information on sanitation, hygiene, and the prevention and treatment of communicable and non-communicable diseases; and</p> <p>(g) co-ordinate the implementation of educational programmes for the community health workforce and avail resources required for the participation of the community health workforce in the programmes;</p> <p>(h) ensure intersectoral coordination between the health sector and other related sectors such as such as housing, food, water and sanitation, and education not only in the delivery of community health services</p>	

	<p>programmes for the community health workforce and avail resources required for the participation of the community health workforce in the programmes.</p> <p>(2) In ensuring that the county governments meet their obligations under subsection (1), the county executive committee member in each county shall—</p> <p>(a) advise the Governor on all matters relating to the delivery of community health services in the county;</p> <p>(b) develop and implement specific county programmes and strategies that promote access to community health services including family-based care and support for persons with mental illness;</p>	<p><b>but also in budgeting and providing adequate funding for these services.</b></p> <p>(2) In ensuring that the county governments meet their obligations under subsection (1), the county executive committee member <b>responsible for health</b> in each county shall—</p> <p>(a) advise the Governor on all matters relating to the delivery of community health services in the county;</p> <p>(b) develop and implement county specific programs and strategies that promote access to community health services including community and family-based care and support for persons with mental illness;</p> <p>(c) collaborate with such entities as it may consider necessary—</p> <ul style="list-style-type: none"> <li>i. for the conduct of capacity building and training programmes with respect to the community health workforce;</li> <li>ii. in financing and resourcing the</li> </ul>	<p>The proposed amendments seeks to ensure that the different departments of government coordinate not only for purposes of delivering community health services but also budgeting and providing adequate funding for these services.</p> <p>The proposed amendment seeks to specify that it is the CECM for health.</p>
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	<p>(c) collaborate with such entities as it may consider necessary—</p> <p>(i) for the conduct of capacity building and training programmes with respect to the community health workforce;</p> <p>(ii) in financing and resourcing the delivery of community health services in the county; and</p> <p>(iii) in the establishment of structures for the supervision of the community health workforce;</p> <p>(d) monitor and evaluate the effectiveness of community health programs delivered within the respective county;</p> <p>(e) collaborate with partners in the water,</p>	<p>delivery of community health services in the county; and</p> <p>iii. in the establishment of structures for the supervision of the community health workforce;</p> <p>(d) monitor and evaluate the effectiveness of community health programs delivered within the respective county;</p> <p>(e) collaborate with partners in the water, agriculture and education sectors to improve determinants of health at the community level;</p> <p>(f) in every quarter, collate, analyse and disseminate information on delivery gaps and needs, recommendations for improved delivery of community health services and other information relating to community health services delivered in the county;</p> <p>(g) oversee the implementation and adherence to national standards and guidelines on</p>	<p>The proposal is to amend section 6(2) by deleting paragraph (f) since it is too prescriptive for county</p>
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	<p>agriculture and education sectors to improve determinants of health at the community level;</p> <p>(f) in every quarter, collate, analyse and disseminate information on delivery gaps and needs, recommendations for improved delivery of community health services and other information relating to community health services delivered in the county;</p> <p>(g) oversee the implementation and adherence to national standards and guidelines on the delivery of quality community health services;</p> <p>(h) approve and integrate into the county budget the community health unit annual work plan and the budget;</p>	<p>the delivery of quality community health services;</p> <p>(h) approve and integrate into the county budget the community health unit annual work plan and the budget;</p> <p>(i) make recommendations for the review of the standard reporting tools to the community health workforce;</p> <p>(j) put in place measures to ensure the safety of community health workforce while delivering community health services in the respective county;</p> <p>(k) provide the job aids required by community health workers in the delivery of community health services at the household level;</p> <p>(l) provide the necessary resources for capacity building of the community health workforce;</p> <p>(m) develop and carry out sensitisation programmes on community health services and the role of community health workforce in the county;</p>	<p>governments which ought to allowed to determine some of these details at the local level in a manner that may permit diversity in the approach by different counties.</p> <p>The proposal is to amend section 6(2) by deleting paragraph (h) since it is too prescriptive for county governments which ought to allowed to determine some of these details at the local level in a manner that may permit diversity in the approach by different counties.</p>
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	<p>(i) make recommendations for the review of the standard reporting tools to the community health workforce;</p> <p>(j) put in place measures to ensure the safety of community health workforce while delivering community health services in the respective county;</p> <p>(k) provide the job aids required by community health workers in the delivery of community health services at the household level;</p> <p>(l) provide the necessary resources for capacity building of the community health workforce;</p> <p>(m) develop and carry out sensitisation programmes on community health services and the role of community health</p>	<p>(n) promote the involvement and participation of private sector in the provision of CHS; and</p> <p>(o) perform such other function as may be necessary for the implementation of this Act.</p> <p>(3) The county executive committee member may, for the effective performance of the functions under subsection (2), delegate the performance such functions as may be necessary to the county director of health.</p>	<p>The proposed amendment recognizes the important role non-state actors play in the health sector and therefore requires county governments to promote the involvement of the private sector.</p>
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	<p>workforce in the county; and</p> <p>(n) perform such other function as may be necessary for the implementation of this Act.</p> <p>(3) The county executive committee member may, for the effective performance of the functions under subsection (2), delegate the performance such functions as may be necessary to the county director of health.</p>		
<p>S.7 Community Health Officers</p>	<p>7(1) The county public service board shall competitively recruit and appoint such community health officers it may consider necessary for the proper and efficient implementation of this Act.</p> <p>(2) A community health officer shall—</p> <p>(a) monitor and evaluate the implementation of decisions arising from community dialogue days and health action days;</p> <p>(b) coordinate the implementation of community health activities by the</p>	<p>7(1) The county public service board may competitively recruit and appoint such community health officers it may consider necessary for the proper and efficient implementation of this Act or <b>assign to existing county structures such as the public health officers the responsibility of efficient implementation of this Act.</b></p> <p>(2) A community health officer shall—</p> <p>(j) monitor and evaluate the implementation of decisions arising from community dialogue days and health action days;</p> <p>(k) coordinate the implementation of community health activities by the</p>	<p>The proposed amendments are necessary to ensure that county governments that can rely on the existing public health officers to implement this Act need not employ other officers for this purpose. This will help county governments in cutting down the costs of administration of the Act.</p>

<p>community health workforce and the Committee;</p> <p>(c) oversee the selection of community health volunteers by the Committee;</p> <p>(d) provide technical support and training to community health volunteers and the Committee;</p> <p>(e) supervise and assign duties to community health volunteers;</p> <p>(f) compile and analyse data from the community health unit and submit the information to the link facility for incorporation into the health information system;</p> <p>(g) collate information gathered by the community health volunteers and display it at strategic sites to enhance dialogue at the household and community level;</p> <p>(h) manage the community-based</p>	<p>community health workforce and the Committee;</p> <p>(i) oversee the selection of community health volunteers by the Committee;</p> <p>(m) provide technical support and training to community health volunteers and the Committee;</p> <p>(n) supervise and assign duties to community health volunteers;</p> <p>(o) compile and analyse data from the community health unit and submit the information to the link facility for incorporation into the health information system;</p> <p>(p) collate information gathered by the community health volunteers and display it at strategic sites to enhance dialogue at the household and community level;</p> <p>(q) manage the community-based health information system;</p> <p>(r) monitor the use and management of community health volunteers' kits; and referring defaulters of health interventions within the community to the link facility.</p>	
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<p>S 8 Delivery of Community Health Services</p>	<p>health information system;  (i) monitor the use and management of community health volunteers' kits; and referring defaulters of health interventions within the community to the link facility.</p>		
	<p>8(1) The county director of health shall, for the delivery of community health services at the household level, —  (a) coordinate the implementation of community health services at level 1 within the community;  (b) ensure accountability and transparency in the use of resources by community health units;  (c) develop strategies for the effective and efficient delivery of community health services, including family-based care and support for persons with mental</p>	<p>8(1) The county director of health shall, for the delivery of community health services at the household level, —  (a) coordinate the implementation of community health services at level 1 within the community;  (b) ensure accountability and transparency in the use of resources by community health units;  (c) develop strategies for the effective and efficient delivery of community health services, including community and family-based care and support for persons with mental illness at the community level;  (d) identify gaps existing within the community health workforce and make recommendations to the county executive</p>	

<p>illness at the community level;</p> <p>(d) identify gaps existing within the community health workforce and make recommendations to the county executive committee member on the interventions necessary to address such gaps;</p> <p>(e) plan, coordinate and mobilize the community to participate in community dialogue and health action days;</p> <p>(f) work closely with link facilities to improve the access of the community health unit to health services;</p> <p>(g) facilitate the resolution of disputes that arise with respect to the delivery of community health services;</p> <p>(h) prepare quarterly reports on activities</p>	<p>committee member on the interventions necessary to address such gaps;</p> <p>(e) plan, coordinate and mobilize the community to participate in community dialogue and health action days;</p> <p>(f) work closely with link facilities to improve the access of the community health unit to health services;</p> <p>(g) facilitate the resolution of disputes that arise with respect to the delivery of community health services;</p> <p>(h) prepare quarterly reports on activities carried out by a community health unit; and</p> <p>(i) hold quarterly consultative meetings with the respective link facilities.</p> <p>(2) The county executive committee member shall, for the effective performance of the functions under subsection (1), establish a community health committee.</p>	<p>The proposal is to amend section 8(1) by deleting paragraphs (h) and (i) since they are too prescriptive for county governments which ought to be allowed some space to provide their own details for dealing with these matters.</p>
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	<p>carried out by a community health unit; and</p> <p>(i) hold quarterly consultative meetings with the respective link facilities.</p> <p>(2) The county executive community member shall, for the effective performance of the functions under subsection (1), establish a community health committee.</p>		
<p>S. 9 Community Health Committee</p>	<p>9(1) A community health committee established under section 8 (2), the committee shall consist of —</p> <p>(a) a community health volunteer selected by community health volunteers within that community health unit;</p> <p>(b) the Chief;</p> <p>(c) the following persons selected by the community in a baraza convened by the county executive committee member in accordance with</p>	<p>9(1) A community health committee established under section 8 (2), the committee shall consist of —</p> <p>(a) a <b>Chairperson</b> selected by community health volunteers within that community health unit;</p> <p>(b) <b>the Village Administrator in terms of the County Government Act;</b></p> <p>(c) the following persons selected by the community in a baraza convened by the county <b>Village Administrator</b> in accordance with the county respective legislation —</p>	<p>The proposed amendment clarifies that the Chairperson is to be elected by other Community Health Volunteers.</p> <p>The proposed amendment assigns membership to the county Village Administrator instead of using the Chief who is a national government official.</p> <p>The proposed amendment assigns the function to the county Village Administrator instead of the County Executive Committee Member.</p>

<p>the respective county legislation —</p> <p>(i) a woman representing women groups in that community;</p> <p>(ii) a person with disability representing persons with disabilities in that community;</p> <p>(iii) a representative of the youth in the community;</p> <p>(d) one person representing the inter-religious organizations in the community nominated by an inter-religious organization with the largest membership;</p> <p>(e) a ward public health officer;</p> <p>(f) a community health officer who shall be an <i>ex officio</i> member of the committee and the secretary to the committee; and</p> <p>(g) one person representing a</p>	<p>(i) a woman representing women groups in that community;</p> <p>(ii) a person with disability representing persons with disabilities in that community;</p> <p>(iii) a representative of the youth in the community;</p> <p>(d) one person representing the inter-religious organizations in the community nominated by an inter-religious organization with the largest membership;</p> <p>(e) a ward public health officer;</p> <p>(f) a community health officer who shall be an <i>ex officio</i> member of the committee and the secretary to the committee; and</p> <p>(g) one person representing a health non-governmental organisation nominated by health non-governmental organisations that is involved in the provision of community health services within the respective community.</p>	
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S 13 Inspection of the Register	health governmental organisation nominated by non-health governmental organisations that is involved in the provision of community health services within the respective community.	13. Any person may inspect the register or any document relating to any entry in the register and may, upon payment of such fee as may be prescribed by the county executive committee member, obtain a copy or extract from the register.	The proposed amendment seeks to protect the privacy of individual medical data.
S 17 Regulations	1. (1) The Cabinet Secretary may, in consultation with the Council of Governors, make regulations, prescribe standards and guidelines generally for the better carrying into effect of this Act. (2) Without prejudice to the generality of subsection	13. Subject to the provisions of the data protection legislation, any person may inspect the register or any document relating to any entry in the register and may, upon payment of such fee as may be prescribed by the county executive committee member, obtain a copy or extract from the register.	The proposed amendment seeks to avoid national covering the whole field including details that should be left to county governments. County governments can provide for these details in their own legislations and guidelines.

	<p>(1), the Cabinet Secretary may prescribe minimum standards relating to the following—</p> <ul style="list-style-type: none"> <li>(a) programmes of community health services;</li> <li>(b) training of community health volunteers;</li> <li>(c) certification and registration requirements;</li> <li>(d) health and safety;</li> <li>(e) communication and consultation; and</li> </ul> <p>prescribe the records to be kept by counties offering community health services.</p>		
S. 18	<p>18. A county government may enact county specific legislation generally for the better carrying out of the provisions of this Act.</p>	<p>18. A county government may enact county specific legislation, <b>regulations and guidelines</b>, generally for the better carrying out of the provisions of this Act.</p>	<p>The proposed amendments are necessary to recognize the role of county governments to make regulations and guidelines instead of national government making them for them.</p>

**A. Recommendations:**

The Council of Governors recommend that the amendment proposals made above be adopted into to give primary health care and preventive and promotive health care the prominence that it deserves. This will greatly advance the Universal Health Coverage agenda that the country has embarked on.

# MEMORANDUM TO THE NATIONAL ASSEMBLY

## TWELFTH PARLIAMENT || FIFTH SESSION

### THE COMMUNITY HEALTH SERVICES (SENATE BILL No. 34 of 2020)

#### SUBMITTING AS COALITION OF COMMUNITY HEALTH WORKERS.

1. LWALA COMMUNITY ALLIANCE
2. AMREF HEALTH AFRICA
3. LIVING GOODS
4. MEDIC MOBILE Inc
5. ENAI AFRICA
6. FINANCING ALLIANCE FOR HEALTH
7. CAROLINA FOR KIBERA
8. VILLAGE HOPECORE INTERNATIONAL
9. VSO Kenya
10. LVCTHEALTH
11. PATH
12. Health System Advocacy Partnership

#### ***Context of the Memorandum***

The Community Health Services Bill (Senate Bill No. 34 of 2020) was read in The National Assembly on 30th September, 2021 and stands committed to The Departmental Committee on Health.

As organizations working with community health workforce particularly Community Health Workers, we hope that adoption of the changes below shall strengthen the Bill, make it more implementable and advance the right to health as articulated in Art. 43(1)(a) of the constitution;

#### ***Proposes Changes***

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

##### A. GENERAL

We affirm our support for the passage of the Bill and enactment into law. It addresses fundamental concerns on the delivery of health services. It is well drafted and in our opinion if passed shall address the major concerns experienced as impediments to the delivery of effective and impactful community health services.

It is our considered opinion that the realization of Universal Health Coverage (UHC) is heavily dependent on effective implementation of community health services. This Bill when passed and assented to will go a long way in advancing the government's agenda on Universal Health Coverage and leapfrog the country's efforts in advancing the right to health. Community Health Workers (CHWs) are the vanguard of our health system. Their recognition and support is critical to delivery of community health services and this Bill makes that bold step.

The use of the term **Community Health Workers** is appropriate and should be retained in the Bill because it is empowering and aligned to WHO recommendations for optimizing community health systems adopted in 2019. The name is a recognition of the services rendered to community members whether paid or unpaid.

#### B. RECOMMENDATION TO MERGE THE COMMUNITY HEALTH SERVICES BILL WITH THE COMMUNITY HEALTH WORKERS BILL

In order to advance the delivery of community health services in Kenya, bring efficiency and ease of coordination of community health services, it is our considered opinion that this Community Health Services Bill (Senate Bill No. 34 of 2020) be merged with the Community Health Workers Bill (National Assembly Bill No. 30 of 2020). Specific reasons for this recommendation are;

- a) Both Bills overlap in the key area of regulation of the community health workers. If kept as separate laws, there will be unnecessary overlaps and duplication that shall lead to wastage, duplication and conflicts.
- b) Both Bills prescribe minimum qualifications of CHWs which overlap and may conflict and thus we propose using one set of minimum qualifications while also factoring in the different cadres of Community Health Workers. For example, the requirements for community health "volunteers" are definitely different from those of the other community health officers.
- c) The content of the Community Health Workers Bill 2020 is rather limited and could be subsumed by the provisions of the Community Health Services Bill 2020 without losing the intent of the Community Health Workers Bill.
- d) The spirit of Harambee "self help" has guided volunteerism in delivery of community health services. By creating an employed only cadre as envisioned in the Community Health Workers Bill, we are not only likely to kill the spirit of volunteerism but also limit the ability of communities to contribute to their own health.
- e) The main contribution of the Community Health Workers Bill 2020 is introduction of a Community Health Workers Council. We propose that this be introduced into the Bill so that we have a framework for regulation of the employed cadre of the Community Health Workforce.

Below is a list of recommendations for improvement of the Bill.

Art & Sec	Recommendation for change/ update	Rationale for recommendation
Art 2	Introduce a definition of Community Health Information System i.e 'Community Health Information System' (CHIS) means a system that is designed to generate health related information through sources at the community level.	The coalition proposes the amendment since it is necessary to enable county governments to establish community health information systems as provided for in the National Community Health Digitization Strategy 2020.
Art. 5 (a)	The bill talks a lot about the standards and expectations placed upon the community health worker. No obligation is provided for the protection and safeguarding of the community health workers.	The community health worker is the first line of response for disease prevention and treatment. Therefore, safeguarding and protection is necessary to take care of their welfare
Art 6	This Article lays out the responsibilities of the county government. We propose the introduction of a section on responsibilities of the national government. This section should provide a framework for allocation of adequate funds to county governments to enable them to deliver high quality community health services to realize Article 43 on the right to health.	Acknowledging that the delivery of health services is a function of county governments, resources for delivery of the same majorly comes from the conditional transfers. Articulating the role of the national government including resource allocation for delivery of community health services is paramount.
Art 8. (1) c	Use of the term <b>community</b> level as opposed to <b>grassroot</b>	Change from grassroot level to the community level shall emphasize the fact that the activities are conducted at

	level;	community level. Grassroots denote different meanings in different contexts and may be misinterpreted.
Art 13	This Article provides for access to community health data. We propose that this article be strengthened to make access granted subject to the provisions of the data protection Act.	The newly passed Data Protection Act articulates specific requirements for handling of personal information. When access to health data is made subject to the provisions of Data Protection Act will ensure community health workforce and handlers of community health data are protected from breaches of the law.

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