


*Approved for tabling
SNA
12/10/23*

THE NATIONAL ASSEMBLY
THIRTEENTH PARLIAMENT – SECOND SESSION – 2023

DIRECTORATE OF DEPARTMENTAL COMMITTEES
DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON:

THE PRIMARY HEALTH CARE BILL, 2023 (SENATE BILL NO. 44 OF 2023)

 THE NATIONAL ASSEMBLY PARLIAMENT BUILDINGS NAIROBI	
DATE:	12 OCT 2023 <i>TITURS</i> 12/10/2023
TABLED BY:	<i>Hon. Dr Robert Pukose, MP Chair, Health Committee</i>
CHECKED AT THE FIELD:	<i>A. Shubuko</i>

CLERKS CHAMBERS
DIRECTORATE OF DEPARTMENTAL COMMITTEES
PARLIAMENT BUILDINGS
NAIROBI

OCTOBER, 2023

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CHAIRPERSON'S FORWARD

This report contains proceedings of the Departmental Committee on Health on its consideration of the Primary Health Care Bill, 2023 (Senate Bill No. 44 of 2023), by the Senate Majority Leader, Sen. Aaron Cheruiyot which was published in the Kenya Gazette Supplement No. 169 of 15th September 2023. The Bill was passed by the Senate, with amendments, on Thursday, 28th September 2023 and thereafter conveyed to the National Assembly in accordance with provisions of Article 110(4) of the Constitution. The Bill was subsequently committed to the Departmental Committee on Health on Tuesday, 3rd October 2023 for consideration and reporting to the House pursuant to the provisions of Standing Order 127.

The Bill has twenty-five (25) clauses and seeks to provide a framework for the delivery of, access to and management of primary health care in the country. The Bill also creates an elaborate primary healthcare network at each county and sub-county level to ensure equitable distribution of resources and health services. The Bill further proposes the establishment of County Primary Health Care Advisory Committees that are mandated to ensure the effective implementation of primary healthcare through resource mobilization, advocacy and the planning and development of primary healthcare service delivery.

Following placement of advertisements in the print media on Wednesday, 4th October, 2023 seeking public and stakeholder views on the Bill pursuant to Article 118(1)(b) of the Constitution and Standing Order 127(3), the Committee received memoranda from several individuals and institutions as enumerated in Part III of the Report.

The Committee requested memoranda from several key stakeholders including the Ministry of Health, the Office of the Attorney-General and Department of Justice, the National Treasury, the Commission on Revenue Allocation, the Office of the Controller of Budget, the Kenya Law Reform Commission, the National Health Insurance Fund, the Kenya Medical Practitioners and Dentists Council, the Kenya National Commission on Human Rights, the National Gender and Equality Commission, the Commission on Administrative Justice, the Council of Governors, the County Assemblies Forum, the Kenya Medical Association, the Kenya Private Sector Alliance, the Consumers Federation of Kenya, the Rural Private Hospitals Association of Kenya, the Kenya AIDS NGOs Consortium and the Kenya Association of Private Hospitals vide letters REF: NA/DDC/DC-H/2023/094 and REF: NA/DDC/DC-H/2023/095 dated 4th October 2023.

The Committee received written memoranda from the State Department for Medical Services in the Ministry of Health, the Confraternity of Patients Kenya (COFPAK), the Kenya Faith-Based Health Services Consortium comprising of KCCB, CHAK and MEDS SUPKEM, the Rural Private Hospitals Association of Kenya (RUPHA), Mr. Hassan Ali Mohamed and the Council of Governors. The Committee also engaged the Ministry of Health from 5th to 8th October 2023 at the Weston Hotel in Nairobi County.

The Committee is grateful to the Offices of the Speaker and the Clerk of the National Assembly for the logistical and technical support accorded to it during its sittings. The Committee further wishes to thank all stakeholders who submitted their memoranda on the Bill. Finally, I wish to express my appreciation to the Honourable Members of the Committee and the Committee

Secretariat who made useful contributions towards the consideration of the Bill and production of this report.

On behalf of the Departmental Committee on Health and pursuant to the provisions of Standing Order 199(6), it is my pleasant privilege and honour to present to this House the Report of the Committee on its consideration of the Primary Health Care Bill, 2023 (Senate Bill No. 44 of 2023). It is my pleasure to report that the Committee has considered the Primary Health Care Bill, 2023 (Senate Bill No. 44 of 2023) and has the honour to report back to the National Assembly with the recommendation that the Bill be **approved without amendments**.



Hon. Dr. Robert Pukose, M.P.

Chairperson, Departmental Committee on Health

CHAPTER ONE

1.0 PREFACE

1.1 ESTABLISHMENT AND MANDATE OF THE COMMITTEE

1. The Departmental Committee on Health is established pursuant to the provisions of Standing Order 216 of the National Assembly Standing Orders and in line with Article 124 of the Constitution which provides for the establishment of the Committees by Parliament. The mandate and functions of the Committee include:

- a) To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned ministries and departments;*
- b) To study the programme and policy objectives of ministries and departments and the effectiveness of the implementation;
ba) on a quarterly basis, monitor and report on the implementation of the national budget in respect of its mandate;*
- c) To study and review all legislation referred to it;*
- d) To study, assess and analyse the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives;*
- e) To investigate and inquire into all matters relating to the assigned ministries and departments as they may deem necessary, and as may be referred to them by the House;*
- f) Vet and report on all appointments where the constitution or any other law requires the national Assembly to approve, except those understanding Order 204 (Committee on appointments);*
- g) To examine treaties, agreements and conventions;*
- h) To make reports and recommendations to the House as often as possible, including recommendation of proposed legislation;*
- i) To consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and*
- j) To examine any questions raised by Members on a matter within its mandate.*

2. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider matters related to health, medical care and health insurance including universal health coverage.
3. In executing its mandate, the Committee oversees the Ministry of Health with its two State Departments namely the State Department for Medical Services and the State Department for Public Health and Professional Standards.

1.2 COMMITTEE MEMBERSHIP

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

Chairperson

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

Vice-Chairperson

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

Hon. Owino Martin Peters, MP
Ndhiwa Constituency
ODM Party

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency
KANU

Hon. Muge Cynthia Jepkosgei, MP
Nandi (CWR)
UDA Party

Hon. Maingi Mary, MP
Mwea Constituency
UDA Party

Hon. Wanyonyi Martin Pepela, MP
Webuye East Constituency
Ford Kenya Party

Hon. Mathenge Duncan Maina, MP
Nyeri Town Constituency
UDA Party

Hon. Kipngok Reuben Kiborek , MP
Mogotio Constituency
UDA Party

Hon. Lenguris Pauline, MP
Samburu (CWR)
UDA Party

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

Hon. Oron Joshua Odongo, MP
Kisumu Central Constituency
ODM Party

Hon. Kibagendi Antoney, MP
Kitutu Chache South Constituency
ODM Party

Hon. (Prof.) Jaldesa Guyo Waqo, MP
Moyale Constituency
UPIA Party

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency
ANC Party

1.3 COMMITTEE SECRETARIAT

5. The Committee is supported by the following Members of Staff:

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

Ms. Gladys Jepkoech Kiprotich
Clerk Assistant III

Ms. Marlene Ayiro
Principal Legal Counsel II

Ms. Abigael Muinde
Research Officer III

Ms. Faith Chepkemoi
Legal Counsel II

Mr. Hiram Kimuhu
Fiscal Analyst III

Mr. Yakub Ahmed
Media Relations Officer II

Mr. Benson Kimanzi
Serjeant-At-Arms III

Ms. Rahab Chepkilim
Audio Recording Officer II

Mr Salat Abdi Ali
Senior Serjeant-At-Arms

CHAPTER TWO

2.0 OVERVIEW OF THE PRIMARY HEALTH CARE BILL, 2023 (SENATE BILL NO. 44 OF 2023)

6. The Primary Health Care Bill, 2023 (Senate Bill No. 44 of 2023) (hereinafter referred to as “the Bill”) is sponsored by the Senate Majority Leader, Sen. Aaron Cheruiyot. The principal object of the Bill is to provide a framework for the delivery of, access to and management of primary health care in the country. The Bill also creates an elaborate primary healthcare network at each county and sub-county level to ensure equitable distribution of resources and health services. The Bill further proposes the establishment of County Primary Health Care Advisory Committees that are mandated to ensure the effective implementation of primary healthcare through resource mobilization, advocacy and the planning and development of primary healthcare service delivery.
7. **Part I (Clauses 1-3)** of the Bill provides for the preliminary provisions and outlines the objects of the Bill which are to:
 - (a) promote and fulfill the rights of all persons in Kenya towards the progressive realization of their right to the highest attainable standard of health care;
 - (b) promote the implementation of primary health care through a systemic approach and clear delineation of roles of all stakeholders towards realization of universal health coverage;
 - (c) provide for the establishment of primary health care networks, community health units and other stakeholder centered engagement forums for sustainable provision of primary health care services;
 - (d) provide for the role of the multi-disciplinary team in the provision of primary health care services; and
 - (e) provide for the role of community health officers, community health assistants and community health promoters in the provision of community based primary health care services.
8. **Part II (Clauses 4-7)** of the Bill details the primary health care services that are accessible at the community level and in health facilities. The Bill in clause 7 mandates the county governments to facilitate the delivery of these services by:
 - (a) adopting supportive and innovative modern approaches for disease identification, monitoring, surveillance, early warning, research, community education and information sharing;
 - (b) providing community and stakeholder support to the respective primary health care facilities to facilitate optimal service provision;

- (c) enhancing the availability of quality services, accessibility and predictability of standardized primary health care services through effective leadership and governance, resourcing, private public partnerships, sharing of essential health products and technologies and integrated health information systems;
 - (d) ensuring that there is continuous community engagement, training and registration of households within community health units in each primary health care network; and
 - (e) guaranteeing that primary health care services are optimally financed and resourced to offer quality care to all patients and residents in the republic of Kenya.
9. **Part III (Clauses 8-13)** of the Bill provides for the establishment of the primary healthcare workforce which includes community health promoters and health care providers. The Part also sets out the modalities on the selection and recruitment of community health promoters by the county government, as well as the obligations of the county government in relation to community health promoters. The Bill further makes provision for the functions of community health promoters in clause 11. Under the Bill, a community health promoter shall be selected by the community through a public participation forum and appointed by the county government. To qualify for selection and appointment as a community health promoter under clause 9, a person shall—
- (a) be a citizen of Kenya;
 - (b) have attained the age of eighteen years;
 - (c) be of sound mind;
 - (d) be a responsible and respected member of the community;
 - (e) understand the role of a community health promoter;
 - (f) be a resident of the respective community for a continuous period of not less than five years prior to the appointment date;
 - (g) be literate and can read and write in at least one of the national languages and the local language; and
 - (h) have not been disqualified for appointment to office by the above criteria or by any other law.
10. **Part IV (Clauses 14-15)** of the Bill details the role of national government in primary health care policy and the financing of primary health care functions by the national government in accordance with the law relating to county governments additional allocations. The additional resources allocated by the national government shall be a supplement, and not a substitute, of the resources allocated by the respective county governments.
11. **Part V (Clauses 16-21)** of the Bill contains provisions on the management of primary health care services. The Bill provides for the roles of the county governments and the functions of the various administrative committees established in the Bill. The

Committees are the County Primary Health Care Advisory Committees, Primary Health Care Network Committees and Community Health Committee provided in clause 17, 19 and 21 of the Bill respectively.

12. **Part X (Clauses 22-25)** of the Bill provides for the miscellaneous provisions including transitional provisions, offences and penalties, regulations and compliance with the Data Protection Act, 2019.

CHAPTER THREE

3.0 CONSIDERATION OF THE BILL BY THE COMMITTEE

3.1 LEGAL PROVISION ON PUBLIC PARTICIPATION

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

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

14. Standing Order 127(3) provides that—

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

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

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

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

3.2 PUBLIC PARTICIPATION AND STAKEHOLDER CONSULTATION

16. The Primary Health Care Bill, 2023 sponsored by Senate Majority Leader was published in the Kenya Gazette Supplement No. 169 of 15th September 2023. The Bill was passed by the Senate, with amendments, on Thursday, 28th September 2023 and thereafter conveyed to the National Assembly in accordance with provisions of Article 110(4) of the Constitution. The Bill was subsequently committed to the Departmental Committee on Health pursuant to Standing Order 127(1) of the National Assembly Standing Orders having been read the first time in the House on Tuesday, 3rd October 2023.

17. Following the committal of the Bill, the Committee invited memoranda from the public through the placement of advertisements in the print media on Wednesday, 4th October 2023 and requested for memoranda from key stakeholders vide letters REF: NA/DDC/DC-H/2023/094 and REF: NA/DDC/DC-H/2023/095 dated 4th October 2023. The Committee also engaged the Ministry of Health from 5th to 8th October 2023 at the Weston Hotel in Nairobi County.

3.3 SUBMISSIONS ON THE BILL

18. Following the call for memoranda, the Committee received submissions through oral presentation and written memoranda from the following institutions and individuals:

1. The State Department for Medical Services, Ministry of Health;
2. The Confraternity of Patients Kenya (COFPAK);
3. The Kenya Faith-Based Health Services Consortium comprising of KCCB, CHAK and MEDS SUPKEM;
4. The Rural Private Hospitals Association of Kenya (RUPHA);
5. Mr. Hassan Ali Mohamed; and
6. The Council of Governors.

19. The **State Department for Medical Services, Ministry of Health**, whilst expressing its support for the Bill indicated that the Bill as passed by the Senate with amendments is in order and it had no further amendments to the Bill. The Ministry also indicated that it had conducted stakeholder engagement on the Bill and proposed certain amendments to the Bill when the Bill was before the Senate. The Ministry further confirmed that the Senate had considered the Ministry's comments and that the Bill as passed by the Senate with amendments on 28th September 2023 reflected the outcome of the stakeholder engagement.

20. The **Confraternity of Patients Kenya (COFPAK)** made the following submissions:

- (a) Inclusion of the words "and ensuring patient safety at all levels of healthcare provision" in clause 4(2), clause 5(2) and clause 6(2) as patient safety is paramount to the overall outcome and well-being of patients and should be included at all levels of service provision provided under Part II of the Bill;
- (b) Inclusion of the requirement that a community health promoter appointed under clause 9 of the Bill ought to be a trained community health assistant from a recognised medical training institution in clause 9(2) so as to ensure quality service provision. The Kenya Medical Training College (KMTC) has developed a curriculum for community health assistants, who should serve as community health promoters;
- (c) Inclusion of COFPAK in the Primary Health Care Advisory Council established under the Bill so as to make provision for the representation of patient organisations that champion patient safety and wellbeing of patients at all levels of healthcare. This will also enhance public faith and promote people-centred healthcare in the country towards attainment of Universal Health Coverage; and
- (d) Inclusion of COFPAK in the County Primary Health Care Advisory Committee in clause 17(2) and in the Primary Health Care Network Committee in clause 19(1) which will promote people-centred healthcare in the country towards attainment of Universal Health Coverage.

21. The **Kenya Faith Based Health Services Consortium** comprising of KCCB, CHAK, MEDS SUPKEM made following submissions:
- (a) Deletion of the words “a hub and spokes” in the definition of the term “Primary Health Care Network” in clause 2 and substitution with the words “healthcare providers” as use of the words “a hub and spokes” disadvantages communities close to hospitals that provide primary health management;
 - (b) Inclusion of the definition of the word “county health facility” to include county and sub-county hospitals, health centres, dispensaries and any other health entity registered to provide health services in order to include faith-based organisations and private health facilities in the Bill;
 - (c) Amendment of the definition of the term “hub” to include level 5 and 6 hospitals so as to include level 5 and 6 hospitals in the provision of primary health care services;
 - (d) That there is need to provide for the essential benefits package to be negotiated with stakeholders in Clause 7(e) so as to entrench negotiation and stakeholder participation in the Bill;
 - (e) That the Bill ought to make provision for quarterly reimbursement or quarterly capitation based on learning from the current schemes;
 - (f) Deletion of paragraph (m) of clause 11(2) and substitution with a new paragraph that requires that additional functions to be performed by community health promoters ought to be assigned by a community health officer as opposed to the county executive committee member for health. This will make it easier to manage and effectively undertake the functions assigned to the community health promoter;
 - (g) That the Bill ought to clarify how the Ministry of Health will coordinate the National Treasury and other development partners in resource mobilization for primary health care as the same may be linked to the Primary Health Care Fund established under the Social Health Insurance Bill, 2023;
 - (h) That the financing of primary health care is not clear even though it is indicated that the same is the responsibility of a county government in Part IV of the Bill.
 - (i) That the *Afya bora* Fund is designed for levels 3 and below and as such provision should be made for the retention of quarterly capitation at viable rates;
 - (j) That Level 3B hospitals ought to allow to offer minor surgeries as they have theatres;
 - (k) Substitution of the Chairperson of the Vice-chancellors caucus or their representative in the Primary Health Care Advisory Council with the Chairperson of faith-based caucus or their representative so as to include faith-based

institutions in the Council as they constitute a huge percentage of healthcare providers in the country;

- (l) Inclusion of a representative of a non-county primary health care network in the County Primary Health Care Advisory Committee by including faith-based institutions and private sector healthcare providers in the County Primary Health Care Advisory Committee as they are key players;
- (m) That the Cabinet Secretary ought to develop regulations for funding of the functions of the County Primary Health Care Advisory Committee in Clause 17;
- (n) Deletion of the words “a hub and spokes” and substitution with the words “registered healthcare providers” in Clause 18(3) to provide for provision of primary health care services by level 5 and 6 hospitals for improved accessibility by patients;
- (o) Limitation of the community health unit to a range of 500 to 1000 households in Clause 19 for practicality purposes and for effective support to the households;
- (p) Insertion of the words “and budgets” immediately after the words “operational plans” in clause 21(4)(c) to ensure that the County or the Cabinet Secretary responsible for health provide a budget for the performance of the functions of the Community Health Committee established pursuant to clause 21;
- (q) That the Bill ought to provide that a community health promoter may engage in other gainful ventures where they are not assigned tasks arising from the Bill in Clause 23;
- (r) That the Bill or regulations made under it ought to clarify whether the role of a community health promoter is a full-time engagement; and
- (s) That the link between the Bill and the Primary Health Care Fund established in the Social Health Insurance Bill, 2023 is not clear and ought to be clarified.

22. **The Rural Private Hospitals Association of Kenya (RUPHA)** made the following submissions:

- (a) That the Bill ought to make provision for the definition of level 2 and 3 health care facilities in clause 2 as this will facilitate the realisation of the object of the Bill on the promotion of the implementation of primary health care through a systemic approach and clear delineation of roles of all stakeholders;
- (b) That clause 9(1) and (2) be redrafted to ensure that only persons of suitable qualifications are recruited to perform the specialised health functions given to community health promoters in clause 10. The selection and recruitment criteria of community health promoters in clause 9 is not commensurate to the functions to be performed by community health promoters. A basic medical background is critical for community health promoters to effectively deliver on the functions provided in clause 10;

- (c) That the Bill ought to give the Ministry of Health additional functions of coordinating with the National Assembly to ensure adequate appropriation of funds for the Primary Healthcare Fund and fostering public-private partnership so as to enhance the availability of quality services, accessibility and predictability of standardised primary health care services;
- (d) Inclusion of a representative of private healthcare facilities in the Primary Healthcare Advisory Council and the Primary Health Care Advisory Committee in Clause 17 as private healthcare facilities play a critical role in providing primary healthcare services in the counties;
- (e) That the Bill ought to make provision for an additional function of the Primary Healthcare Advisory Council, the county governments and the County Primary Healthcare Advisory Committee of developing a framework for public-private partnership for the effective delivery of primary healthcare services. This will align the public and private health sectors in service delivery and will compel county governments to engage the private sector in the counties in the performance of its functions.

23. **Mr. Hassan Ali Mohamed** submitted that community health promoters under the Bill should be categorized in cadres based on the level of education as follows:

- (a) CHP3: Community health promoters that completed their primary school education;
- (b) CHP2: Community health promoters that went to secondary school but failed to complete their secondary school education; and
- (c) CHP1: Form four leavers.

24. **The Council of Governors** submitted as follows:

- (a) The Council appreciated the efforts towards the development of the Bill and its noble objective of seeking to establish a legal framework for the delivery of a comprehensive and well-coordinated structure for primary healthcare services in the country;
- (b) The Council supported the Bill with the proposed further amendments to improve the Bill. The amendments were informed by issues relating to the constitutional assignment of the health function to the two levels of government and the constitutional principle on public finance management. It acknowledged that the greater part of its amendments had been considered by the Senate; and
- (c) The Council proposed the amendment of clause 12(1) and (2) by substituting the word "County Director of Health" with the "County Chief Officer of Health" to avoid the conflict of mandates between the County Director of Health and the County Chief Officer of Health.

25. The Report contains an analysis of the above stakeholder submissions on the Bill noting the general comments in support of or against the amendments. The analysis is presented in a table annexed to this report as Annexure 5 which highlights the stakeholder comments and the Committee resolution on the various clauses of the Bill.

CHAPTER FOUR

4.0 COMMITTEE OBSERVATIONS

26. The Committee, having considered the Primary Health Care Bill, 2023 (Senate Bill No. 44 of 2023) and submissions from stakeholders, made the following observations:

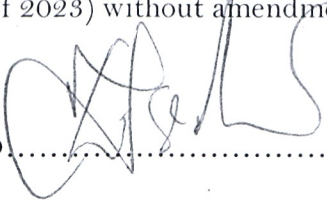
- (a) The Bill promotes the attainment of Universal Health Coverage as it seeks to ensure that all Kenyans have access to affordable and comprehensive quality health services from the primary level of care. This will reduce the disease burden and the current high costs of out-of-pocket expenditure on healthcare as there will be early detection of diseases especially chronic illnesses. In doing this, the Bill makes the two levels of government responsive to the health needs of Kenyans as envisioned in the Kenya Health Policy, 2014-2030 and the Kenya Universal Health Coverage Policy, 2020-2030;
- (b) The Bill is in line with the government's priority of using Primary Health Care as the key driver of Universal Health Coverage. Primary Health Care is essential in ensuring that all Kenyans not only access good quality health care but also fully participate in the management of their specific health needs. This is why the Bill provides for community healthcare services commencing at the household level and facility healthcare services starting from the community, dispensaries and health centers with all linking to the hospitals to form a network of practice;
- (c) The Bill aims to establish a framework for the delivery of, access to, and management of primary health care through creation of an elaborate primary healthcare network at each county and sub-county level for equitable distribution of resources and health services. This is in line with the Kenya Health Financing Strategy, 2020-2030 which is aimed at ensuring that the financing of health services is done in a fair and efficient manner for the benefit of all Kenyans;
- (d) The Bill, in relation to community health promoters, is aligned to the Health Act, No. 21 of 2017 which is the principal law on health matters in the country. The First Schedule to the Health Act, No. 21 of 2017 recognizes community health services at level 1 managed by community health extension workers. The Bill therefore strengthens these level 1 services as community health promoters are important players in the health sector as they deal directly with the community. They are also familiar with the households in their areas of residence as well as the language of the people. Community health promoters will therefore greatly assist in preventive care as, by going door to door, they will be able to identify the people in need of healthcare services before their health conditions escalate; and
- (e) The Bill is aligned to the Constitution of Kenya, 2010 as it facilitates the progressive realization of the right to the highest attainable standard of health including the right to health care services guaranteed under Article 43(1)(a). Article 21(2) of the Constitution requires the state to take legislative, policy and other measures to achieve the progressive realization of the rights guaranteed in

Article 43. The Bill therefore facilitates the fulfillment of this obligation by both levels of government as it makes health care frameworks in the country responsive to the unique health needs of the Kenyan population in each county and sub-county in furtherance of devolution.

CHAPTER FIVE

5.0 COMMITTEE RECOMMENDATIONS

27. The Committee, having considered the Bill and submissions from stakeholders, recommends that the House passes the Primary Health Care Bill, 2023 (Senate Bill No. 44 of 2023) without amendments.

SIGNED  DATE 12/10/2023

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

THE HON. CHAIRMAN
12 OCT 2023 THURS
12-10-2023
Hon. Dr. Robert Pukose, MP
Chair, Health Committee
A. Shubanku

ANNEXURE 1: MINUTES OF COMMITTEE SITTINGS

MINUTES OF HUNDRED AND (115TH) SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN WESTON HOTEL ON SATURDAY 7TH OCTOBER, 2023 AT 10.00 A.M

PRESENT

1. The Hon. Dr. Pukose Robert, M.P – **Chairperson**
2. The Hon. Prof. Jaldesa Guyo Waqo, M.P
3. The Hon. Kibagendi Antony, M.P
4. The Hon. Lenguris Pauline, M.P
5. The Hon. Mary Maingi, MP
6. The Hon. Mathenge Duncan Maina, M.P
7. The Hon. Titus Khamala, M.P
8. The Hon. Muge Cynthia Jepkosgei, M.P
9. The Hon. Kipngor Reuben Kiborek, M.P

ABSENT WITH APOLOGY

1. The Hon. Ntwiga Patrick Munene, M.P -**Vice-Chairperson.**
2. The Hon. Dr. Nyikal James Wambura, M.P.
3. The Hon. Owino Martin Peters, M.P
4. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P
5. The Hon. Oron Joshua Odongo, M.P.
6. The Hon. Wanyonyi Martin Pepela, M.P

COMMITTEE SECRETARIAT

- | | |
|-------------------------|------------------------|
| 1. Mr. Hassan A. Arale | - Clerk Assistant I |
| 2. Ms. Gladys Kiprotich | - Clerk Assistant III |
| 3. Ms. Faith Chepkemoi | - Legal Counsel II |
| 4. Mr. Eric Lungai | - Hansard Officer III |
| 5. Ms. Abigel Muinde | - Research Officer III |
| 6. Mr. Hiram Kimuhu | -Fiscal Analyst |
| 7. Mr. Benson Kimanzi | - Serjeant-At-Arms |

INATTENDANCE-MINISTRY OF HEALTH

1. Mr. Harry Kimutai-Ps Medical Services
2. Ms. Halima K, Yusuf-DHCF-FIF
3. Dr. Maurine Kimani-Moh-DCH-PHC Bill

MIN. NO. NA/DC-H/2023/446: PRELIMINARIES/INTRODUCTION

The meeting was called to order at 10.00 a.m. with a word of prayer by The Hon. Dr. Pukose Robert, M.P – Chairperson, introductions were then done.

MIN. NO. NA/DC-H/2023/447: CONSIDERATION OF THE PRIMARY HEALTH CARE BILL (SENATE BILL NO.44 OF 2023)

The legal counsel informed the members that, the Primary Health Care Bill, 2023 (hereinafter referred to as “the Bill”) is sponsored by the Senate Majority Leader. The principal object of the Bill is to provide a framework for the delivery of, access to and management of primary health care in the country. The Bill also creates an elaborate primary healthcare network at each county and sub-county level to ensure equitable distribution of resources and health services. The Bill further proposes the establishment of County Primary Health Care Advisory Committees that are mandated to ensure the effective implementation of primary healthcare through resource mobilization, advocacy and the planning and development of primary healthcare service delivery.

1. **Part I (Clauses 1-3)** of the Bill provides for the preliminary provisions and outlines the objects of the Bill which are to:
 - (a) promote and fulfill the rights of all persons in Kenya towards the progressive realization of their right to the highest attainable standards of health care;
 - (b) promote the implementation of primary health care through a systemic approach and clear delineation of roles of all stakeholders towards realization of universal health coverage;
 - (c) provide for the establishment of primary health care networks, community health units and other stakeholder centered engagement forums for sustainable provision of primary health care services;
 - (d) provide for the role of the multi-disciplinary team in the provision of primary health care services; and
 - (e) provide for the role of community health officers, community health assistants and community health promoters in the provision of community based primary health care services.

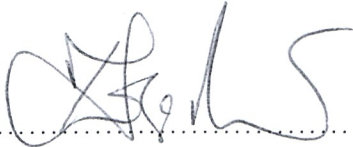
2. **Part II (Clauses 4-7)** of the Bill details the primary health care services that are accessible at the community level and in health facilities. The Bill in clause 7 mandates the county governments to facilitate the delivery of these services by:
 - (a) adopting supportive and innovative modern approaches for disease identification, monitoring, surveillance, early warning, research, community education and information sharing;
 - (b) providing community and stakeholder support to the respective primary health care facilities to facilitate optimal service provision;
 - (c) enhancing the availability of quality services, accessibility and predictability of standardized primary health care services through effective leadership and governance, resourcing, private public partnerships, sharing of essential health products and technologies and integrated health information systems;
 - (d) ensuring that there is continuous community engagement, training and registration of households within community health units in each primary health care network; and

- (e) guaranteeing that primary health care services are optimally financed and resourced to offer quality care to all patients and residents in the republic of Kenya.
3. **Part III (Clauses 8-13)** of the Bill provides for the establishment of the primary healthcare workforce which includes community health promoters and health care providers. The Part also sets out the modalities on the selection and recruitment of recruitment of community health promoters by the county government as well as the obligations of the county government in relation to community health promoters. The Bill further makes provision for the functions of community health promoters in clause 11. Under the Bill, a community health promoter shall be selected by the community through a public participation forum and appointed by the county government. To qualify for selection and appointment as a community health promoter under clause 9, a person ought to —
- (a) be a citizen of Kenya;
 - (b) have attained the age of eighteen years;
 - (c) be of sound mind;
 - (d) be a responsible and respected member of the community;
 - (e) understand the role of a community health promoter;
 - (f) be a resident of the respective community for a continuous period of not less than five years prior to the appointment date;
 - (g) be literate and can read and write in at least one of the national languages and the local language; and
 - (h) have not been disqualified for appointment to office by the above criteria or by any other law.
4. **Part IV (Clauses 14-15)** of the Bill details the role of national government in primary health care policy and the financing of primary health care functions by the national government in accordance with the law relating to county governments additional allocations. The additional resources allocated by the national government shall be a supplement, and not a substitute, of the resources allocated by the respective county governments.
5. **Part V (Clauses 16-21)** of the Bill contains provisions on the management of primary health care services. The Bill provides for the roles of the county governments and the functions of the various administrative committees established in the Bill. The Committees are the County Primary Health Care Advisory Committees, Primary Health Care Network Committees and Community Health Committee provided in clause 17, 19 and 21 of the Bill respectively.
6. **Part X (Clauses 22-25)** of the Bill provides for the miscellaneous provisions including transitional provisions, offences and penalties, regulations and compliance with the Data Protection Act, 2019.

Finally, the members were taken through the Bill Clause by Clause in all the 25 clauses of the Primary Health Care Bill (Senate Bill No.44 Of 2023) as referred by the Senate.

MIN. NO. NADC-H/2023/448: ADJOURNMENT

There being no any other business, the Chairperson, adjourned the meeting at exactly 1.30 p.m.

Sign.  Date 12/10/2023

HON. DR. ROBERT PUKOSE, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

MINUTES OF HUNDRED AND SIXTEENTH (116TH) SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN WESTON HOTEL ON SATURDAY 7TH OCTOBER, 2023 AT 2.30 P.M

PRESENT

1. The Hon. Dr. Pukose Robert, M.P – **Chairperson**
2. The Hon. Prof. Jaldesa Guyo Waqo, M.P
3. The Hon. Kibagendi Antony, M.P
4. The Hon. Lenguris Pauline, M.P
5. The Hon. Mary Maingi, MP
6. The Hon. Mathenge Duncan Maina, M.P
7. The Hon. Titus Khamala, M.P
8. The Hon. Muge Cynthia Jepkosgei, M.P
9. The Hon. Kipngor Reuben Kiborek, M.P

ABSENT WITH APOLOGY

1. The Hon. Ntwiga Patrick Munene, M.P -**Vice-Chairperson.**
2. The Hon. Dr. Nyikal James Wambura, M.P.
3. The Hon. Owino Martin Peters, M.P
4. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P
5. The Hon. Oron Joshua Odongo, M.P.
6. The Hon. Wanyonyi Martin Pepela, M.P

COMMITTEE SECRETARIAT

- | | |
|-------------------------|------------------------|
| 1. Mr. Hassan A. Arale | - Clerk Assistant I |
| 2. Ms. Gladys Kiprotich | - Clerk Assistant III |
| 3. Ms. Faith Chepkemoi | - Legal Counsel II |
| 4. Mr. Eric Lungai | - Hansard Officer III |
| 5. Ms. Abigel Muinde | - Research Officer III |
| 6. Mr. Hiram Kimuhu | -Fiscal Analyst III |
| 7. Mr. Benson Kimanzi | - Serjeant-At-Arms |

MIN. NO. NA/DC-H/2023/449: PRELIMINARIES/INTRODUCTION

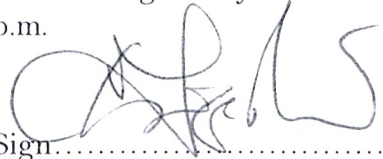
The meeting was called to order at 2.00 p.m. with a word of prayer by The Hon. Dr. Pukose Robert, M.P – Chairperson.

MIN. NO. NA/DC-H/2023/450: CONSIDERATION OF THE PRIMARY HEALTH CARE BILL (SENATE BILL NO.44 OF 2023)

The Committee in its consideration was taken through the Primary Health Care Bill (Senate Bill No.44 of 2023) clause by clause and also did consider stakeholders submission from the The State Department for Medical Services, Ministry of Health, The Confraternity of Patients Kenya (COFPAK), The Kenya Faith-Based Health Services Consortium comprising of KCCB, CHAK and MEDS SUPKEM, The Rural Private Hospitals Association of Kenya (RUPHA); and Mr. Hassan Ali Mohamed.

MIN. NO. NADC-H/2023/451: ADJOURNMENT

There being no any other business, the Chairperson, adjourned the meeting at exactly 4.30 p.m.

Sign..........Date.....12/10/2023.....

HON. DR. ROBERT PUKOSE, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

THE NIGERIAN LEGISLATURE
DATE: 12 OCT 2023 THURS
12-10-2023
Hon. Dr Robert Pukose, M.P.
Chair, Health Committee
A. Chuboko

MINUTES OF HUNDRED AND EIGHTEENTH (118TH) SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN COMMITTEE ROOM 12 ON THURSDAY 12TH OCTOBER, 2023 AT 9.30 A.M

PRESENT

1. The Hon. Dr. Pukose Robert, M.P – **Chairperson**
2. The Hon. Dr. Nyikal James Wambura, M.P.
3. The Hon. Owino Martin Peters, M.P
4. The Hon. Kibagendi Antony, M.P
5. The Hon. Lenguris Pauline, M.P
6. The Hon. Mathenge Duncan Maina, M.P
7. The Hon. Wanyonyi Martin Pepela, M.P
8. The Hon. Muge Cynthia Jepkosgei, M.P
9. The Hon. Oron Joshua Odongo, M.P

ABSENT WITH APOLOGY

1. The Hon. Ntwiga Patrick Munene, M.P -**Vice-Chairperson.**
2. The Hon. Titus Khamala, M.P
3. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, M.P
4. The Hon. Prof. Jaldesa Guyo Waqo, M.P
5. The Hon. Kipngor Reuben Kiborek, M.P
6. The Hon. Mary Maingi, MP

COMMITTEE SECRETARIAT

1. Mr. Hassan A. Arale - Clerk Assistant I
2. Ms. Gladys Kiprotich - Clerk Assistant III
3. Ms. Faith Chepkemoi - Legal Counsel II
4. Mr. Eric Lungai - Hansard Officer III
5. Ms. Abigal Muinde - Research Officer III
6. Mr. Hiram Kimuhu -Fiscal Analyst III
7. Mr. Benson Kimanzi - Serjeant-At-Arms

MIN. NO. NA/DC-H/2023/452: PRELIMINARIES/INTRODUCTION

The meeting was called to order at 2.00 p.m. with a word of prayer by the Chairperson Hon. Dr. Pukose Robert, M.P.

MIN. NO. NA/DC-H/2023/453: MEETING NHIF AG. CEO ON THE ALLEGED FRAUDULENT PAYMENTS OF HOSPITAL BY NHIF

Dr. Samson Kuhora, ag. CEO and head of Beneficiary design presented as follows;

The structure of the Department, the roles of the different offices and the office holders. As a point of note, the name of the Department is the Department of Benefits Design and Claims Management, under the Directorate of Beneficiary and Provider Management.

The utilization per year has been on an upward trend, with the 2022/23 FY surpassing the 100% utilization. This is attributable to the fraud risk especially with the outpatient cover (provider payment mechanism; PPM; is FFFS which overproduces the hospital

visit rate), increased awareness through sensitizations platforms, and uncontrolled pricing for this benefit.

Surveillance has been increased to reduce the risk of fraud and suspend contracts for providers engaged in fraud, and mitigate the risks related to staff and process induced fraud.

The retirees' scheme is a high utilization account due to the age and disease related risk factors. The average utilization per member is high, and the loss ratio is also high, despite the risk-adjusted premiums adopted in 2020/21.

The mitigation measure is to have a post-retirement medical scheme for former government workers, where contributions start in the pre-retirement ages. The other mitigation measure is the roll-out of the essential benefit package that has a chronic/critical illness financing from the exchequer. The dip in 2021/22 is attributed to an increase in costing for the premiums which reduced the numbers willing to enroll in the scheme.

The cover for the Police and Prisons services has a utilization of more than the 85% threshold. This is attributed to variations in the pricing related to schemes where the cover is based on limits. To address this, the gap was presented to the board in October 2021 and the resolution was to cost services through the Ministry of Health. This was partially achieved in 2022/24 contracts and is being done for the Essential Benefits Package (EBP) in the planned UHC roll-out. Additionally, the scheme's PPM for outpatient services exposed the Fund to overproduction risk. The utilization data was used to estimate the risk and calculate premiums in 2022/23, and on presentation of the data, the scheme opted to exit cover by the Fund.

The loss ratio for the national scheme have been on a downward trend in the 3 years. This is largely due to controls in the informal sector of the national scheme, including price, scope and access controls in the benefits. The formal sector retention also increased from 72% to Overall, when computed against accrued premiums, the utilization ratio reduced to 88% in 2021/22. 78% on the post-COVID period, and the utilization was retained below 60%.

MIN. NO. NA/DC-H/2023/454: CONSIDERATION AND ADOPTION OF THE REPORT ON THE FACILITIES IMPROVEMENT FINANCING BILL (SENATE Bill NO. 43 of 2023)

The Committee, having considered the Facilities Improvement Financing Bill, 2023 (Senate Bill No. 43 of 2023) and submissions from stakeholders, made the following observations:

- (a) The Bill is aligned to the Constitution of Kenya, 2010 on county funds. The Constitution in Article 207(1) exempts money reasonably excluded by an Act of Parliament from being paid into the County Revenue Fund. Article 207(4) of the Constitution further recognizes that an Act of Parliament may provide for the establishment of other funds by counties and the management of those funds

respectively. The Bill therefore meets this criterion as it makes provision for public health facility improvement financing and details how the same will be retained, managed and administered to ensure proper utilization of funds;

- (b) The Bill is aligned to the Public Finance Management Act, No. 18 of 2012 which is the primary law on public finance matters in the country. Section 109(2)(b) of the Public Finance Management Act, 2012 provides that all money is to be paid into the County Revenue Fund except money that may, in accordance with other legislation, the Act or County legislation, be retained by a county government entity which received it for the purposes of defraying its expenses;
- (c) The Bill is aligned to the Health Act, No. 21 of 2017 which is the primary law on health matters in the country. Section 86(1)(c) of the Health Act, 2017 provides that the Ministry of Health shall ensure progressive financial access to universal health coverage through various measures including developing policies and strategies that ensure the realization of universal health coverage. The Bill will therefore stimulate increased revenue collection by public health facilities, significantly contributing to the realization of the Universal Health Coverage target of augmenting expenditure on healthcare infrastructure throughout the country;
- (d) The Bill aims to ringfence money generated by public health facilities, ensuring a predictable, regular, and steady source of funding for public health facility operations in counties. This will guarantee that funds are utilized for the improvement of patient care at the respective public health facilities. In doing this, the Bill facilitates the realization of Article 43(1)(a) of the Constitution of Kenya, 2010 which not only guarantees the right to quality and affordable health care but also recognizes the role of the government in removing barriers to access to quality and affordable health care;
- (e) The Bill directly responds to the legal intervention proposed by the Departmental Committee on Health in the Twelfth Parliament in its exit report dated 8th June 2022. In the report, the Committee recommended that the Departmental Committee on Health in the Thirteenth Parliament establishes a Facility Improvement Fund for county public health facilities to support health function that is devolved; and
- (f) Public health facilities previously used to retained and manage the monies generated however, this ended in the advent of devolution and the enactment of the Public Finance Management Act, No. 18 of 2012 took away the financial autonomy of public health facilities to retain, bank and spend revenues collected from user fees;
- (g) Section 109 of the Public Finance Management Act, No. 18 of 2012 provides that all revenue collected by all county government entities is submitted to the County Revenue Fund and then these entities will request funds from the County Revenue Fund. County health facilities now draw funds generated through cash, insurance schemes and grants from the County Revenue Fund;

- (h) This has occasioned numerous bureaucracies and limited funding for public health facilities as they are usually allocated less monies compared to what they remitted making them struggle to meet their operation and maintenance costs which has adversely affected their service delivery. Some counties including Kakamega, Isiolo, Mombasa and Elgeyo Marakwet, noting the challenges they have faced, have established Facilities Improvement Funds allowing their public health facilities to manage the funds they generate through Health Services Management Committees; and
- (i) Counties that have not established such a Fund continue to face several key challenges including demotivated health workers, delays in service delivery due to procedural difficulties in the procurement of essential supplies and poor accountability for money generated in public health facilities.

COMMITTEE RECOMMENDATIONS

The Committee, having considered the Bill and the submissions from stakeholders, recommends that the House passes the Facilities Improvement Financing Bill, 2023 (Senate Bill No. 43 of 2023) without amendments.

The adoption of the report was proposed by the **Hon. Lenguris Pauline, M. P** and seconded by the **Hon. Mathenge Duncan Maina M.P.**

MIN. NO. NA/DC-H/2023/455: CONSIDERATION AND ADOPTION OF THE REPORT ON THE PRIMARY HEALTH CARE BILL (SENATE BILL NO.44 OF 2023)

The Committee, having considered the Primary Health Care Bill, 2023 (Senate Bill No. 44 of 2023) and submissions from stakeholders, made the following observations:

- (a) The Bill promotes the attainment of Universal Health Coverage as it seeks to ensure that all Kenyans have access to affordable and comprehensive quality health services from the primary level of care. This will reduce the disease burden and the current high costs of out-of-pocket expenditure on healthcare as there will be early detection of diseases especially chronic illnesses. In doing this, the Bill makes the two levels of government responsive to the health needs of Kenyans as envisioned in the Kenya Health Policy, 2014-2030 and the Kenya Universal Health Coverage Policy, 2020-2030;
- (b) The Bill is in line with the government's priority of using Primary Health Care as the key driver of Universal Health Coverage. Primary Health Care is essential in ensuring that all Kenyans not only access good quality health care but also fully participate in the management of their specific health needs. This is why the Bill provides for community healthcare services commencing at the household level and facility healthcare services starting from the community, dispensaries and health centers with all linking to the hospitals to form a network of practice;

- (c) The Bill aims to establish a framework for the delivery of, access to, and management of primary health care through creation of an elaborate primary healthcare network at each county and sub-county level for equitable distribution of resources and health services. This is in line with the Kenya Health Financing Strategy, 2020-2030 which is aimed at ensuring that the financing of health services is done in a fair and efficient manner for the benefit of all Kenyans;
- (d) The Bill, in relation to community health promoters, is aligned to the Health Act, No. 21 of 2017 which is the principal law on health matters in the country. The First Schedule to the Health Act, No. 21 of 2017 recognizes community health services at level 1 managed by community health extension workers. The Bill therefore strengthens these level 1 services as community health promoters are important players in the health sector as they deal directly with the community. They are also familiar with the households in their areas of residence as well as the language of the people. Community health promoters will therefore greatly assist in preventive care as, by going door to door, they will be able to identify the people in need of healthcare services before their health conditions escalate; and
- (e) The Bill is aligned to the Constitution of Kenya, 2010 as it facilitates the progressive realization of the right to the highest attainable standard of health including the right to health care services guaranteed under Article 43(1)(a). Article 21(2) of the Constitution requires the state to take legislative, policy and other measures to achieve the progressive realization of the rights guaranteed in Article 43. The Bill therefore facilitates the fulfilment of this obligation by both levels of government as it makes health care frameworks in the country responsive to the unique health needs of the Kenyan population in each county and sub-county in furtherance of devolution.

COMMITTEE RECOMMENDATIONS

The Committee, having considered the Bill and submissions from stakeholders, recommends that the House passes the Primary Health Care Bill, 2023 (Senate Bill No. 44 of 2023) **without amendments.**

The adoption of the report was proposed by the **Hon. Mathenge Duncan Maina, M. P** and seconded by the **Hon. Lenguris Pauline, M.P.**

MIN. NO. NADC-H/2023/456: ADJOURNMENT

There being no any other business, the Chairperson, adjourned the meeting at exactly 11.30 a.m.

Sign.....Date.....

HON. DR. ROBERT PUKOSE, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH

12/10/2023
 12 OCT 2023
 HON (Dr) Robert PUKOSE, M.P.
 Chair, Health Committee
 A. Shubricko

ANNEXURE 2: REPORT ADOPTION SCHEDULE



THE NATIONAL ASSEMBLY
13TH PARLIAMENT - SECOND SESSION - 2023
DIRECTORATE OF DEPARTMENTAL COMMITTEES
DEPARTMENTAL COMMITTEE ON HEALTH,
ADOPTION LIST FOR THE REPORT ON THE PRIMARY HEALTH CARE BILL
2023 (SENATE BILL NO. 44 OF 2023)

DATE: 12-10-2023

VENUE: Committee Room 12

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

**ANNEXURE 3: COPY OF THE NEWSPAPER
ADVERTISEMENT ON PUBLIC PARTICIPATION ON
THE BILL**

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www.ncwsc.co.ke

PUBLIC NOTICE

SCAM ALERT

It has come to the attention of Nairobi City Water & Sewerage Company Ltd (NCWSC) that unscrupulous individuals have invited the public to apply for vacancies in the company through an email nairobiwaterandsewerage047@gmail.com

NCWSC would like to inform the general public that the vacancies in Technical & Legal Directorates were advertised in December 2021 and the positions are already filled. Further, the public should note that NCWSC emails have the domain nairobiwater.co.ke, NCWSC does not use Gmail addresses for recruitment or any other purpose. Should there be any vacancies, the same shall be posted in our website www.nairobiwater.co.ke

The Public is also notified that NCWSC does not charge any facilitation fees when recruiting staff including temporary labourers (casuals). The company bears no responsibility for any personal loss arising from fraudulent job offers or related transactions.

Please call our pilot line 0703 080 000 for any clarification.

Eng. Nahason Muguna
Managing Director

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REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY
THIRTEENTH PARLIAMENT - SECOND SESSION (2023)

IN THE MATTER OF ARTICLE 118(1)(b) OF THE CONSTITUTION
AND
IN THE MATTER OF CONSIDERATION BY THE NATIONAL ASSEMBLY OF:
THE FACILITIES IMPROVEMENT FINANCING BILL, 2023 AND THE PRIMARY HEALTH CARE BILL, 2023

INVITATION TO SUBMIT MEMORANDA

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

AND WHEREAS, the Facilities Improvement Financing Bill, 2023 (Senate Bill, No. 43 of 2023) and the Primary Health Care Bill, 2023 (Senate Bill, No. 44 of 2023) were read a First Time on Tuesday, 3rd October, 2023 and pursuant to National Assembly Standing Order 127(1) committed to the Departmental Committee on Health for consideration and reporting to the House;

IT IS NOTIFIED that—

1. The Facilities Improvement Financing Bill, 2023 (Senate Bill No. 43 of 2023) is a Bill sponsored by the Senate Majority Leader, Sen. Aaron Cheruiyot, MGH, MP. The Bill seeks to provide for public health facility improvement financing and management and administration of the improvement financing. The Bill further aims to ringfence money generated by health facilities, ensuring a predictable, regular and steady source of funding for health facility operations in counties.
2. The Primary Health Care Bill (Senate Bill No. 44 of 2023) is a Bill sponsored by the Senate Majority Leader, Sen. Aaron Cheruiyot, MGH, MP. The Bill seeks to establish a framework for the delivery of, access to and management of primary health care. The framework creates an elaborate primary healthcare network at each county and sub-county level to ensure equitable distribution of resources and health services. The Bill further proposes the establishment of a Primary Healthcare Advisory Council to advise the national government and county governments on the implementation of primary healthcare services. Additionally, the Bill establishes County Primary Health Care Advisory Committees at the county level which are tasked to ensure the effective implementation of primary healthcare through resource mobilization, advocacy and the planning and development of primary healthcare service delivery.

NOW THEREFORE, in compliance with Article 118(1) (b) of the Constitution and Standing Order 127(3), the Clerk of the National Assembly hereby invites members of the public to submit memoranda on the Bills.


Copies of the Bill are available at the National Assembly Table Office, Main Parliament Buildings and on www.parliament.go.ke/the-national-assembly/house-business/bills.

The memoranda should be addressed to the Clerk of the National Assembly, P.O. Box 41842-00100, Nairobi; hand-delivered to the Office of the Clerk, Main Parliament Buildings, Nairobi; or emailed to en@parliament.go.ke to be received on or before Wednesday, 11th October, 2023 at 5:00 pm.

SAMUEL NJOROGE
CLERK OF THE NATIONAL ASSEMBLY
4th October, 2023

For the Welfare of Society and the Just Government of the People

COUNTY GOVERNMENT OF NANDI



NANDI COUNTY ASSEMBLY

Telephone Number: 0780 000 029 / 0412 000 029
Email: info@nandiassembly.go.ke

P.O. Box 673-30300,
KAPSABET, KENYA

PUBLIC PARTICIPATION/SUBMISSION OF MEMORANDA

The Nandi County Annual Development Plan (CADP) for FY 2024-2025 has been tabled at the County Assembly.

Pursuant to Article 196(1)(b) and 201 of the Constitution, read together with section 87 of the County Government Act, provides for public participation and involvement in the legislative and other business of the Assembly and its Committees.

In compliance with the laws, the County Assembly of Nandi invites members of the public and stake holders for public hearings as per the schedule below.

Date	Sub-County	Venue	Time
Monday, 16 th October, 2023	Mosop	Kabiyet Ward Office	10.00 a.m.
	Chesumei	Chemundu Deputy County Commissioner's Ground	
Tuesday, 17 th October, 2023	Emgwen	Eliud Kipchoge Complex Hall	10.00 a.m.
	Aldai	Kobujoi CDF Hall	
Wednesday, 18 th October, 2023	Nandi Hills	Nandi Hills Town Hall	10.00 a.m.
	Tindiret	Maraba Social Hall	


Copies of the Nandi County Annual Development Plan (CADP) for FY 2024-2025 is accessible at the County Assembly website www.nandiassembly.go.ke.

Members of the public can make their submission at the venue indicated on the schedule or submit written memoranda to:

Clerk of the County Assembly
P.O Box 673-30300
Kapsabet.

Memoranda can be hand-delivered to the Office of the Clerk, County Assembly buildings at Kapsabet, or emailed to info@nandiassembly.go.ke; to be received on or before Thursday 19th October, 2023.

Barnaba G.K Kosgei
Clerk, Nandi County Assembly



TENDER NOTICE

The Kenya Red Cross Society (KRCS) invites applications from eligible Service Providers for the tender below:

ITEM No.	TENDER NO.	DESCRIPTION
1	GFPREQ01910	SUPPLY AND DELIVERY OF FABRICATED MOTOR VEHICLE (MOBILE CLINIC VAN)

Detailed tender document can be downloaded FREE OF CHARGE from the websites <https://www.redcross.or.ke/Tenders> or <https://reliefweb.int>

Bids should reach tenders@redcross.or.ke on or before **18th October 2023** at **11.00 a.m.** Bids received after the above-specified date and time shall not be considered.

Bidders should provide **soft copies** of technical and financial proposal in two separate folders clearly Marked **"Technical Proposal"** and **"Financial Proposal"** both of which should then be sent to tenders@redcross.or.ke with the subject reading **"Tender No: GFPREQ01910: Supply and delivery of Fabricated Motor Vehicle (Mobile Clinic Van)"**

Tenders will be opened immediately thereafter in the presence of the bidders who choose to attend the **online tender opening**, a meeting link will be shared to all eligible bidders who register through tenders@redcross.or.ke

Procurement Manager



Ad Center
Open Weekdays: 8:00am - 5:00pm
Saturday: 9:00am - 2:30pm

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Accusations Governor faced 12 charges, including illegal recruitment of staff, favouritism and nepotism

Nyaribo survives impeachment attempt

Only 16 members of Nyamira County Assembly voted in support of the motion to remove the governor yesterday

BY RUTH MBULA

Nyamira Governor Amos Nyaribo yesterday survived impeachment after the motion to remove him failed to garner support from at least two-thirds of the members of the county assembly.

The votes in favour of impeachment were 16 against a target of 23 announced by the Assembly Speaker Enock Okero. There were 18 votes against the motion.

"The motion did not meet the threshold, so it was defeated. It can only be brought back to the House after six months," said Mr Okero.

The impeachment motion was officially tabled at the Nyamira County Assembly last week Tuesday.

According to the 19-page document, Mr Nyaribo faced 12 charges, including illegal recruitment of staff, failure to remit statutory dues, favouritism and nepotism.

"This was the most blatant abuse of power by a county assembly where your opponents are ganging up with other lead-



23

Number of votes that were required to impeach Governor Amos Nyaribo

ers in the devolved unit to remove you from power to take over," said Rigoma ward rep Nyambega Gisesa.

The move by Mr Nyaribo's United Progressive Alliance (UPA) party on Monday to whip its members to vote against the impeachment motion appears to

have worked in the governor's favour. The party has a majority in the assembly.

Nyamira has 20 elected and 15 nominated MCAs. UPA has six elected ward reps, followed by ODM with four, Jubilee (2) and Ford Kenya (2). Wiper, United Democratic Alliance, Amani Na-

Esise ward rep Josiah Mang'era tabled the impeachment motion against Governor Amos Nyaribo on September 26. FILE INATION

tional Congress, PPOK and KNC have one each, while one is independent. Combined with nominated MCAs, UPA has a total of nine. However, the party lost its majority leader, Elijah Osiemo, in a road accident last month.

In a letter to all party members in the Nyamira County Assembly, UPA Secretary-General Jacob Bagaka had threatened disciplinary action against anyone who did not vote to save the party leader.

"The party hereby directs all UPA party members in the Nyamira County Assembly to oppose and/or vote down the above motion sponsored by Mr Reuben Miinda Riechi for the removal of Mr Amos Kimwoni Nyaribo," Mr

Bagaka wrote.

The *Nation* has established that UPA had also approached other Azimio La Umoja One Kenya coalition member parties such as ODM to help them rescue Mr Nyaribo.

The impeachment motion, moved by Esise ward rep Josiah Mang'era, sought to remove Mr Nyaribo under Article 8(1)(a), (b), (c) of the Constitution of Kenya, Section 33 of the County Government Act 2012 and Standing Order No. 62 of the Nyamira County Assembly. He accused Mr Nyaribo of subverting the law by allegedly cherry-picking Godfrey Nyang'au and Elmelda Nyaberi as the director of human resource management and human resource officer, respectively.

The governor was also accused of disobeying a court order by Justice Christine Baari that made the appointment of Mr Nyang'au and Ms Nyaberi illegal.

Mr Nyaribo was also accused of bypassing the assembly when he suspended the CEO of the County Public Service Board in the middle of an active recruitment exercise.

mbula@ke.nationmedia.com



TENDER NOTICE

The Kenya Red Cross Society (KRCS) invites applications from eligible Service Providers for the tender below:

ITEM No.	TENDER NO.	DESCRIPTION
1	GFPREQ01910	SUPPLY AND DELIVERY OF FABRICATED MOTOR VEHICLE (MOBILE CLINIC VAN)

Interested tender document can be downloaded FREE OF CHARGE from the website <https://www.redcross.or.ke/Tenders> or <https://reliefweb.int>

Bids should reach tenders@redcross.or.ke on or before **18th October 2023 at 11.00 a.m.** Bids received after the above-specified date and time shall not be considered.

Bidders should provide **soft copies** of technical and financial proposal in two separate folders clearly Marked **"Technical Proposal"** and **"Financial Proposal"** both of which should then be sent to tenders@redcross.or.ke with the subject reading **"Tender No: GFPREQ01910: Supply and delivery of Fabricated Motor Vehicle (Mobile Clinic Van)"**

Tenders will be opened immediately thereafter in the presence of the bidders who choose to attend the **online tender opening**, a meeting link will be shared to all eligible bidders who register through tenders@redcross.or.ke

Procurement Manager



REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY
THIRTEENTH PARLIAMENT - SECOND SESSION (2023)

IN THE MATTER OF ARTICLE 118(1)(b) OF THE CONSTITUTION AND

IN THE MATTER OF CONSIDERATION BY THE NATIONAL ASSEMBLY OF:
THE FACILITY IMPROVEMENT FUND BILL, 2023 AND THE PRIMARY HEALTH CARE BILL, 2023

INVITATION TO SUBMIT MEMORANDA

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

AND WHEREAS, the Facility Improvement Financing Bill, 2023 (Senate Bill, No. 43 of 2023) and the Primary Health Care Bill, 2023 (Senate Bill, No. 44 of 2023) were read a First Time on **Tuesday, 3rd October, 2023** and pursuant to National Assembly Standing Order 127(1) committed to the Departmental Committee on Health for consideration and reporting to the House;

IT IS NOTIFIED that—

- The Facility Improvement Financing Bill, 2023 (Senate Bill No. 43 of 2023) is a Bill sponsored by the Senate Majority Leader, Sen. Aaron Chersulyot, MGH, MP. The Bill seeks to provide for public health facility improvement financing and management and administration of the improvement financing. The Bill further aims to ringfence money generated by health facilities, ensuring a predictable, regular and steady source of funding for health facility operations in counties.
- The Primary Health Care Bill (Senate Bill No. 44 of 2023) is a Bill sponsored by the Senate Majority Leader, Sen. Aaron Chersulyot, MGH, MP. The Bill seeks to establish a framework for the delivery of, access to and management of primary health care. The framework creates an elaborate primary healthcare network at each county and sub-county level to ensure equitable distribution of resources and health services. The Bill further proposes the establishment of a Primary Healthcare Advisory Council to advise the national government and county governments on the implementation of primary healthcare services. Additionally, the Bill establishes County Primary Health Care Advisory Committees at the county level which are tasked to ensure the effective implementation of primary healthcare through resource mobilization, advocacy and the planning and development of primary healthcare service delivery.

NOW THEREFORE, in compliance with Article 118(1) (b) of the Constitution and Standing Order 127(3), the Clerk of the National Assembly hereby invites members of the public to submit memoranda on the Bills.

Copies of the Bill are available at the National Assembly Table Office, Main Parliament Buildings and on www.parliament.go.ke/the-national-assembly/house-business/bills.

The memoranda should be addressed to the Clerk of the National Assembly, P.O. Box 41842-00100, Nairobi; hand-delivered to the Office of the Clerk, Main Parliament Buildings, Nairobi; or emailed to cna@parliament.go.ke to be received on or before **Wednesday, 11th October, 2023 at 5:00 pm.**

SAMUEL NJOROGE
CLERK OF THE NATIONAL ASSEMBLY
3rd October, 2023

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

**ANNEXURE 4: LETTER INVITING STAKEHOLDERS
TO SUBMIT VIEWS ON THE BILL**



THE NATIONAL ASSEMBLY
OFFICE OF THE CLERK

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

Telephone: +254202848000 ext. 3300
Email: cna@parliament.go.ke
www.parliament.go.ke/the-national-assembly

Ref. NA/DDC/DC-H/2023/ (094)

4th October, 2023

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

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

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

Dr. Chris K. Kiptoo
Principal Secretary
The National Treasury and Economic Planning
Treasury Building
Harambee Avenue
NAIROBI

Mr. James Katule
Chief Executive Officer
Commission on Revenue Allocation
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P. O. Box 1310-00200
NAIROBI

Dr. Margret Nyakang'o
Controller of Budget
Office of the Controller of Budget
Bima House, 12th Floor Harambee Avenue
P.O. Box 35616-00100
NAIROBI

Mr. Joash Dache,
Secretary /Chief Executive Officer,
Kenya Law Reform Commission (K.L.R.C),
P.O Box 34999-00100,
NAIROBI,

Dr. Samson Kuhora,
Ag. Chief Executive Officer
National Health Insurance Fund
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Dr. David G. Kariuki
Chief Executive Officer,
Kenya Medical Practitioners and Dentists Council,
KMP & DC House,
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NAIROBI

Mr. Benard Mogesa PhD, CPM
Commission Secretary/Chief Executive Officer
Kenya National Commission on Human Rights (KNCHR)
P.O. Box 74359-00200
NAIROBI

Ms. Betty Sungura, MBS
Commission Secretary /CEO
National Gender and Equality Commission (NGEC)
P.O Box 27512-00506
NAIROBI

Ms. Mary Wambua
Commission of Administrative Justice
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Opposite Aga Khan High School
Off Waiyaki Way, Westlands
P.O. Box 20414-00200
NAIROBI

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

Ms. Judy Oduma
Chief Executive Officer
County Assembly Forum
Flamingo Towers, 5th Floor Wing B, Mara Road
P.O. Box 73552-00200,
NAIROBI

Dear Hon. Mose

RE: CONSIDERATION OF THE FACILITIES IMPROVEMENT FINANCING BILL (SENATE BILL NO. 43 OF 2023) AND THE PRIMARY HEALTH CARE BILL (SENATE BILL NO. 44 OF 2023) BY THE DEPARTMENTAL COMMITTEE ON HEALTH

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

The Facilities Improvement Financing Bill (Senate Bill No. 43 of 2023) and the Primary Health Care Bill (Senate Bill No. 44 of 2023) are before the Committee for consideration and reporting to the House in line with the provisions of standing order 127.

The principal objective of the Facilities Improvement Financing Bill (Senate Bill No. 43 of 2023) is to provide for public health facility improvement financing and management and administration of the improvement financing. The Bill also seeks to ring-fence money generated by health facilities, ensuring a predictable, regular and steady source of funding for health facility operations in counties.

The principal objective of the Primary Health Care Bill (Senate Bill No. 44 of 2023) is to establish a framework for the delivery of, access to and management of primary health care. The framework creates an elaborate primary healthcare network at each county and sub-county level to ensure equitable distribution of resources and health services.

The Bill also proposes the establishment of a Primary Healthcare Advisory Council that advises the national government and county governments on implementation of primary health care services.

Pursuant to Article 118(1) (b) of the Constitution and National Assembly Standing Order 127(3), the Committee hereby invites you to submit memoranda on the said Bills. Copies of the Bill are available at the National Assembly Table Office, Main Parliament Building or on www.parliament.go.ke/the-national-assembly/house-business/bills.

In view of short timeline within which the Committee is required to consider the Bills and report to the House, it will be appreciated if the memoranda reaches the Office of the Clerk of the National Assembly, First Floor, Main Parliament Buildings not later than Wednesday, 11th October, 2023 at 5.00 pm. Soft copies of the memoranda may be emailed to cna@parliament.go.ke.

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

Yours



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

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

Ms. Susan Wafula
Cabinet Secretary,
Ministry of Health.
Alya, House.

Prof. Njuguna Ndungu
Cabinet Secretary
The National Treasury and Economic Planning
Treasury Building
Harambee Avenue
NAIROBI

Mr. Stanley Kahinga
Chairperson
Kenya Medical and Dentists Council Board
P.O. Box 44839-00100
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Eng. Michael S.M. Kamau, HSC, CBS
Board Chairperson
National Health Insurance Fund
P.O Box 27512-00506
NAIROBI

CPA Mary Wanyonyi
Chairperson
Commission on Revenue Allocation
14 Riverside Drive, Grosvenor Suite,
2nd Floor,
P. O. Box 1510-00200
NAIROBI



THE NATIONAL ASSEMBLY
OFFICE OF THE CLERK

P. O. Box 41842-00100

Nairobi, Kenya

Main Parliament Buildings

When replying please quote

Telephone: +254202848000 ext. 3300

Email: cna@parliament.go.ke

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

Ref. NA/DDC/DC-H/2023/ (095)

4th October, 2023

Dr. Simon Mucara Kigundu

The President

The Kenya Medical Association

KMA Centre, 4th Floor, Chyulu Road, Upper Hill

P.O. Box 48502-00100

NAIROBI

Ms. Carole Kariuki

Chief Executive Officer

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Mr. Stephen Mutoro

Secretary General

Consumers Federation of Kenya

Rehema Place, Block F-45 Ngong Road/Ring Rd Kilimani Junction

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NAIROBI

Dr. Makamu Lishenga

Chairman

Rural Private Hospitals Association of Kenya

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Mr. Allan Ragi

Executive Director,

Kenya Aids NGOs Consortium and Transform Health (KANCO)

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onto Acacia-Matasia Road then Plains view North Road,

Opposite Merisho Police Post

P.O. Box 69866 – 00400

NAIROBI

Dr. Tomothy Olweny
Secretary General
Kenya Association of Private Hospitals
Hurlingham Medicare Plaza, 5th floor, Suite 517
NAIROBI
info@kaph.co.ke

Dear *M. Arale*

RE: CONSIDERATION OF THE FACILITIES IMPROVEMENT FINANCING BILL (SENATE BILL NO. 43 OF 2023) AND THE PRIMARY HEALTH CARE BILL (SENATE BILL NO. 44 OF 2023) BY THE DEPARTMENTAL COMMITTEE ON HEALTH

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The Bill also proposes the establishment of a Primary Healthcare Advisory Council that advises the national government and county governments on implementation of primary health care services.

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In view of short timeline within which the Committee is required to consider the Bills and report to the House, It will be appreciated if the memoranda reaches the **Office of the Clerk of the National Assembly, First Floor, Main Parliament Buildings not later than Wednesday, 11th October, 2023 at 5.00 pm**. Soft copies of the memoranda may be emailed to cna@parliament.go.ke.

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

Yours



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

**ANNEXURE 5: ANALYSIS OF SUBMISSIONS BY
STAKEHOLDERS ON THE BILL**

ANALYSIS OF STAKEHOLDER MEMORANDA RECEIVED BY THE COMMITTEE ON THE PRIMARY HEALTH CARE BILL, 2023 (SENATE BILL NO. 44 OF 2023)

THE PRIMARY HEALTH CARE BILL, 2023					
NO.	CLAUSE	STAKEHOLDER	PROPOSED AMENDMENT/ COMMENT	RATIONALE	COMMITTEE RESOLUTION
1	Clause 2	Kenya Faith-Based Health Services Consortium	Deletion of the words "a hub and spokes" and substitution with the words "healthcare providers" in the definition of the term "Primary Health Care Network". Inclusion of the following new definition: "county health facility" means county and sub-county hospitals, health centers, dispensaries and any other health entity registered to provide health services.	Using a hub and spokes disadvantages communities close to hospitals that provide primary health management. To include faith based organizations and private health facilities.	Rejected. The use of the word "hub" and "spokes" are defined in the Bill in light of the three categories of primary health care services, community health care services and facility health care services. Rejected. The definition of the term "health facility" cross references the Health Act, No. 21 of 2017 which defines the term without reference to the level of government.
			Amendment of the definition of the term "hub" to include level 5 and 6 hospitals.	To include level 5 and 6 hospitals in the provision of primary health care services.	Rejected. The Bill applies to primary health care services offered at level 1 to 3 health facilities under the Health Act, No. 21 of 2017.
		RUPHA	The Bill to define level 2 and 3 health care facilities.	To facilitate the realization of the objective of promotion of primary health care through a systemic approach and clear delineation of roles of all stakeholders".	Rejected. Level 2 and 3 health care facilities are enumerated under the definition of the term "spokes". They are also defined under the Health Act, No. 21 of 2017, the primary law on health matters in the country.

			<p>The Bill to define the term “essential health care” used in the definition of the term “primary health care”.</p>	<p>To properly demarcate the scope of primary health care.</p>	<p>Rejected. The term “essential health care” is used in its ordinary sense.</p>
		<p>The People’s Health Movement, the Amnesty International Kenya, the Organization of African Youth Kenya, the Advocates of Hope for Community (AHFCO) and the Institute of Public Finance.</p>	<p>The definition of the term “primary health care” to include the following: “The first level of contact with the healthcare system (all organizations, people and actions whose primary intent is to promote, restore or maintain health) that patients receive when they have medical concerns or needs and takes a whole-of-society approach to health that aims equitably to maximize the level and distribution of health and well-being by focusing on people’s needs and preferences (both as individuals and as communities) as early as possible through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course.</p>	<p>A clear and simple definition of primary health care is needed to facilitate the coordination of future primary health care efforts at national and local levels and to guide their implementation. Primary Health Care has been repeatedly reinterpreted and redefined since 1978 as first-contact personal health care services and also as a set of priority health interventions for low-income populations.</p>	<p>Rejected. The proposed amendment is too specific whereas legislative drafting is usually done in general terms.</p>
			<p>“A people-centered rather than disease-centered service that addresses the majority</p>		

			<p>of a person's health needs throughout their lifetime including physical, mental and social well-being".</p> <p>Inclusion of a definition of "Primary Healthcare Levels" to mean "The first stop at the community for most of people's health symptoms and medical concerns/needs including regular screenings, general checkups, wellness, illness, injuries, and referrals".</p>	<p>The Bill has not clearly defined "Primary Healthcare Levels".</p>	<p>Rejected. The term "spokes" defined in the Bill clarifies the levels of health care facilities that offer primary health care services namely level 2 and 3 health facilities and the community health units. This definition is line with the Health Act, No. 21 of 2017 which provides that primary health care services are offered at level 1 to 3 health facilities.</p>
		<p>Recognition of "LEVEL 1 - Community" in the definition of the term "facility" that involves services such as Health promotion, dietary guidance linked with agricultural and livestock practices, Treatment of minor ailments like diarrhea; Tuberculosis (TB) screening, home visits, contact tracing of TB patients and tracing of TB defaulters; Screening of malnutrition; Malaria rapid test; Blood pressure and blood sugar testing; HIV testing; Health talks with pregnant women and observations of signs of danger; Issuance of referral letters to other facilities.</p>	<p>The Bill defines a "facility" as a 'dispensary' or 'health center' which connotes level 2 and 3. Level 1, the community level which is the first-contact personal health care service, is completely not recognized.</p>		

			<p>A Community Health Worker (CHW) should be defined to mean “a frontline public health worker/member of the community in association with the local health care system who is a trusted member of and/or has close understanding of the community and life experiences with the community members s/he serve”.</p> <p>A Community Health Worker should further be defined to mean “Members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers”.</p>	<p>The Bill has not adequately defined a Community Health Worker.</p>	<p>Rejected. The current government has shifted its policy and adopted the use of the term “community health promoter”. The manner of selection of a community health promoter as provided in clause 2 and 9 of the Bill has incorporated the essential features of the proposed definition of a “community health worker”.</p>
				<p>The Bill has introduced terms such as “Community Health Promoters” which is not based on any health laws, policies or guidelines.</p>	

	<p>Definition of concepts and terms within the law is usually based on existing policies and guidelines such as the Kenya Primary Health Care Strategic Framework, 2019-2024.</p>	
<p>2</p>	<p>PART II</p>	<p>The People's Health Movement and 4 others</p>
<p>Rejected. The categorization of primary health care services, community health care services and facility health care services is necessary in light of the differences in categorization of the levels of health facilities in the definition of the term "spokes" adopted in the Bill.</p>	<p>The merged terminology is intended to prevent confusion as the Bill does not provide a clear differentiation of the three service categories. All the three are about service delivery within the communities.</p>	<p>Primary health care services, Community health care services and Facility health care services in clause 4, 5 and 6 should be merged into one term namely "Community-Based Health-Care Services" defined to mean "all services provided by "people" who spend a substantial part of their working time outside a health facility, discharging their services at the individual, family or community level, as well as primary health care services provided in small local health facilities".</p> <p>The word "People" used in the proposed terminology should further be defined mean "Two distinct groups of providers: community health workers (who may or may not be volunteers) and formally-trained health professionals</p>

			who focus on community work (nurses, midwives, public health officers, doctors etc.).		
3	Clause 4	COFPAK	Inclusion of “and ensuring patient safety at all levels of healthcare provision” in clause 4(2).	Patient safety is paramount to the overall outcome and well-being of patients and should be included at all levels of service provision.	Noted. Issues of patient safety are implied under the object of the Bill in clause 3 (a) on the need to provide the highest attainable standards of health care.
4	Clause 5	COFPAK	Inclusion of “and ensuring patient safety at all levels of healthcare provision” in clause 5(2).		
5	Clause 6	COFPAK	Inclusion of “and ensuring patient safety at all levels of healthcare provision” in clause 6(2).		
6	Clause 7	Kenya Faith-Based Health Services Consortium	The Bill to provide for essential benefits package negotiated with stakeholders in clause 7(e), negotiation and stakeholder participation and quarterly reimbursement or quarterly capitation based on learning from the current schemes.		Noted. The Bill in clause 7 requires each county government to provide community and stakeholder support in the facilitation of service delivery of primary health care. Issues of reimbursement and capitation to be addressed in regulations to be made under clause 25.
7	Clause 8	The People’s Health Movement and 4 others	The primary health care workforce in clause 8 to include “all occupations engaged in providing health promotion, disease prevention, treatment, rehabilitation and palliative care services, the public health workforce, and those engaged in addressing the	The Bill limits the primary health care workforce to a section of health care providers.	Rejected. The Bill does not limit the primary health care workforce as clause 2 of the Bill adopts the definition of a “health care provider” in the Health Act, No. 21 of 2017 which is broad and general enough to cover all professions within the health care sector. The Health Act, No. 21 of 2017 defines a “health care provider” to mean a person who

<p>provides health care services and includes a health care professional. The Health Act, No. 21 of 2017 further defines a health care professional as “any person who has obtained health professional qualifications and is licensed by the relevant regulatory body.</p>		<p>social determinants of health, including the caregivers and volunteers, the majority of whom are women, who complement the work of salaried workers”.</p>	
<p>Noted. Clause 13 of the Bill provides that community health promoters shall be trained at least once a year by respective county governments.</p>	<p>The functions in clause 10 are mismatched with the recruitment criteria provided in clause 9(1) and (2).</p>	<p>Redrafting of clauses 9(1) and (2) so that persons with suitable qualifications are recruited to perform the specialized health functions given to community health promoters in clause 10. A basic medical background is critical for community health promoters.</p>	
		<p>Community health promoters should have cadres as follows:</p> <ul style="list-style-type: none"> • CHP3: CHPs that completed their primary school education; • CHP2: CHPs that went to secondary school but failed to complete their secondary school education; and • CHP1: Form four leavers. 	<p>Hassan Ali Mohamed</p>
	<p>The Kenya Medical Training College (KMTC) has developed a curriculum for community health</p>	<p>Inclusion of the fact that the person should be a trained community health assistant from a recognized medical</p>	<p>COFPAK</p>

			training institution under clause 9(2).	assistants who should then serve as community health promoters which will ensure quality service provision.	
9	Clause 11	Kenya Faith-Based Health Services Consortium	Deletion of paragraph (m) in sub-clause (2) and substitution with the following new paragraph—“(m) perform such function as may be assigned by the county director of health through a community health officer”.	To make it easier to manage and effectively undertake the function assigned to a health promoter.	Rejected. Under the Bill, it is the responsibility of the county executive committee member of health to oversee implementation of national policies, guidelines and standards on primary health care services in a county.
10	Clause 12	Council of Governors	Amendment of clause 12(1) and (2) by substituting the word “County Director of Health” with the “County Chief Officer of Health”	To avoid the conflict of mandates between the County Director of Health and the County Chief Officer of Health.	Rejected. The County Director of Health is best placed as his office is established under section 19(2) of the Health Act, No. 21 of 2017 as the technical advisor on all matters of health in the County.
11	Clause 14	Kenya Faith-Based Health Services Consortium	Clause 14 to clarify how the Ministry of Health will coordinate the National Treasury and other development partners in resource mobilization for primary health care. The same may be linked to the Primary Health Care Fund in the Social Health Insurance Bill, 2023.		Adopted with amendments. The Bill makes provision for the financing of primary health care functions by both levels of government.
		RUPHA	The Bill to give the Ministry of Health the following additional functions:	The Social Health Insurance Bill, 2023 establishes the Primary Health Care Fund	Noted. The Bill makes provision for the financing of primary health care functions by both levels of government. The Bill in clause 16

12	PART IV	Kenya Faith-Based Health Services Consortium	<ul style="list-style-type: none"> to coordinate with the National Assembly to ensure adequate appropriation of funds for the Primary Health Care Fund to foster public-private partnership so as to enhance the availability of quality services, accessibility and predictability of standardized primary health care services". 	<p>whose function is "to purchase primary health care services from health facilities. The sources of funds for the Primary Health Care Fund includes monies appropriated by the National Assembly.</p>	<p>further gives the county governments the responsibility of resource mobilization.</p> <p>The private sector is represented in the County Primary Health Care Advisory Committee and Primary Health Care Network Committee.</p>
13	PART V	COFPAK	Financing of primary health care is not clear even though it is indicated that the same is the responsibility of a county government.	<p><i>Afya bora</i> is designed for levels 3 and below.</p> <p>Retain quarterly capitation at a viable rate.</p> <p>Level 3B hospitals should be considered in offering minor surgeries as they have theatres.</p> <p>For inclusion of patient organizations that champions patient safety and wellbeing of patients at all levels of healthcare. This will also enhance public faith and promote people-centered healthcare in the</p>	<p>Adopted with amendments. The Bill makes provision for the financing of primary health care functions by both levels of government. The Bill further applies to primary health care services offered under level 1 to 3 health facilities as provided under the Health Act, No. 21 of 2017.</p>
13	PART V	COFPAK	Inclusion of COFPAK in the Primary Health Care Advisory Council in clause 14(1).	<p>For inclusion of patient organizations that champions patient safety and wellbeing of patients at all levels of healthcare. This will also enhance public faith and promote people-centered healthcare in the</p>	<p>Noted. The Primary Health Care Advisory Council has been deleted from the Bill as promotion of primary health care services is a county function under the Constitution.</p>

				country towards the attainment of Universal Health Coverage.	
		Kenya Faith-Based Health Services Consortium	Deletion of clause 14(f) and substitution with the following new clause— “the Chairperson of faith based caucus or their representative”	For inclusion of faith based institutions, that constitute a huge percentage of healthcare providers in the country.	
		RUPHA	Inclusion of a representative of private healthcare facilities in the Primary Healthcare Advisory Council.	Private healthcare facilities in Rural Kenya account for up to 50% of provision of primary health services and their omission will affect the efficiency of the Council.	
			The Bill to make provision for an additional function of the Primary Healthcare Advisory Council as follows— “to develop a framework for public-private partnership for the effective delivery of primary healthcare services”.	To provide for alignment of the public and private health sectors in service delivery.	
14	Clause 16	RUPHA	The Bill to make provision for an additional function of county governments as follows— “put in place mechanisms to ensure public-private partnership for the effective coordination and delivery of	To compel County Governments to engage the private sector in the counties in the performance of their functions.	Rejected. The private sector is represented in the County Primary Health Care Advisory Committee and Primary Health Care Network Committee and will support the government in implementation of primary health care services.

15	Clause 17	COFPAK Kenya Faith-Based Health Services Consortium	<p>primary healthcare services at county level”.</p> <p>Inclusion of COFPAK in the County Primary Health Care Advisory Committee in clause 17(2).</p> <p>Inclusion of a representative of a non county primary health care network in the County Primary Health Care Advisory Committee by including faith based institutions and private sector healthcare providers.</p> <p>The Cabinet Secretary should develop regulations for funding of the functions of the County Primary Health Care Advisory Committee.</p>	<p>For inclusion of faith based institutions and private sector health providers in the County Primary Health Care Advisory Committee as they are key players.</p>	<p>Rejected. The County Primary Health Care Advisory Committee only has representation from the county government.</p>
		RUPHA	<p>Inclusion of a representative of primary health care facilities in the County Primary Health Care Advisory Committee.</p> <p>The Bill to make provision for an additional function of the county Primary Healthcare Advisory Committee as follows— “to develop guidelines for fostering public-private partnership for the effective delivery of primary</p>	<p>Private healthcare facilities play a critical role in providing primary healthcare services in the counties.</p> <p>To align the public and private health sectors in service delivery.</p>	<p>Rejected. The private sector is represented in the County Primary Health Care Advisory Committee and Primary Health Care Network Committee and will support the government in implementation of primary health care services.</p>

			healthcare services at the county”.		
16	Clause 18	Kenya Faith-Based Health Services Consortium	Deletion of the words “a hub and spokes” and substitution with the words “registered healthcare providers” in clause 18(3).	To provide for the provision of primary health care services by level 5 and 6 hospitals for improved accessibility by patients.	Rejected. The use of the word “hub” and “spokes” are defined in the Bill in light of the three categories of primary health care services, community health care services and facility health care services.
			The Bill to provide that the register of members of a primary health care network contemplated under clause 18(5) shall be electronic, paper based or both.		Noted. The modalities of registration of persons under primary health care networks to be addressed in regulations to be made under clause 25.
17	Clause 19	COPPAK	Inclusion of COPPAK in the Primary Health Care Network Committee in clause 19(1).		Rejected. Issues of patient care are cross cutting and will be raised by all members of the Primary Health Care Network Committee based on their interactions with patients.
			Limitation of the community health unit to a range of 500 to 1000 households.	For practical purposes and effective support to the households.	Noted. The Bill in clause 20(3) already provides for this as it gives an approximation of one thousand households.
18	Clause 21	Kenya Faith-Based Health Services Consortium	Insertion of the words “and budgets” immediately after the words “operational plans” in clause 21(4)(c).	To ensure that the County or the Cabinet Secretary responsible for health provides a budget for the performance of the functions of the Community Health Committee.	Rejected. Issues of budget for payment of primary health care services under the Bill shall handled by the Cabinet Secretary and the County Executive Committee Member for health in the National and county governments.
19	Clause 23	Kenya Faith-Based Health	The Bill to provide that a community health promoter		Rejected. The prohibition of engaging in other activities is

	<p>may engage in other gainful ventures where they are not assigned tasks arising from the Bill.</p> <p>The Bill or regulations made under it ought to clarify whether a community health promoter's role is full time.</p>	<p>necessary to prevent conflict in the course of the work of community health promoters.</p> <p>The terms and conditions of community health promoters to be determined by the County Public Service Board under clause 10(3) of the Bill.</p>
<p>20</p>	<p>General comments</p>	<p>of Ministry of Health</p>
<p>20</p>	<p>of Ministry of Health</p>	<p>Noted. The Committee adopted the Bill without amendments.</p>
<p>Kenya Faith-Based Health Services Consortium</p>	<p>The Ministry submitted that the Bill as passed by the Senate on 27th September 2023 is in order and that it had no further amendments to the Bill.</p> <p>The Ministry also submitted that it had conducted stakeholder engagement on the Bill and proposed amendments to the Senate which had considered the same as the Bill reflects the outcome of the said stakeholder engagement.</p>	<p>Noted. The link of the Bill with the Primary Health Care Fund is set out in the Social Health Insurance Bill, 2023 which provides that the object of the Fund is to purchase primary health care services from health facilities.</p>
<p>People's Health Movement and 4 others</p>	<p>There should be an added clause on the protection and safeguarding of community health workers</p>	<p>The Committee noted the general comments. The functions of Community Health Promoters are clearly set out in clause 11 of the Bill.</p>

			<p>including liability transfer given that they are usually the first line responders.</p> <p>The Bill needs to be aligned with the Employment Act, 2007 and the Occupational Safety and Health Act, 2007. Alternative ways of remunerating community health workers should be developed for example the Facility Improvement Fund (FIIF) could be used if both the county and national government are not able to pay the workers.</p> <p>There is need to review the existing curricula for training community health workers and a framework established for the accreditation of community health workers and the two aligned to the stipulations laid out in the Community Health Strategy, 2020-2025.</p> <p>There is an existing scheme of service for community health services personnel which forms the basis for remuneration of community health workers.</p>		<p>To avoid liability, Community Health Promoters need to adhere to their set functions.</p> <p>The Bill is aligned to the Employment Act, 2007 and the Occupational Safety and Health Act, 2007 as Community Health Promoters will be provided the necessary facilitation as provided under clause 16 of the Bill. Under this clause, respective county governments will also be responsible for the coordination of the implementation of training programmes for community health promoters.</p> <p>The Senate and the National Assembly have subjected the Bill to public participation as required under the Constitution of Kenya, 2010.</p>
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	<p>A Primary Health Care Bill prepared by the Ministry of Health had been taken to the National Assembly even though adequate public participation was not done.</p> <p>Community Health shifts focus from curative services to preventive services in order to enhance access to health by community members.</p>		
<p>The Committee noted the general comments on the importance of the Bill in establishing a legal framework for the delivery of a comprehensive and well-coordinated structure for primary healthcare services in the country which is a key function of the county governments under the Fourth Schedule to the Constitution.</p>		<p>The Council appreciated the efforts towards the development of the Bill and its noble objective of seeking to establish a legal framework for the delivery of a comprehensive and well-coordinated structure for primary healthcare services in the country;</p> <p>The Council supported the Bill with the proposed further amendments to improve the Bill. The amendments were informed by issues relating to the constitutional assignment of the health function to the two levels of government and the constitutional principle on public finance management.</p>	

			It acknowledged that the greater part of its amendments had been considered by the Senate.		
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ANNEXURE 6: SUBMISSIONS BY STAKEHOLDERS



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

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

AFYA HOUSE
CATHEDRAL ROAD
P. O Box 30016-00100

Ref: MOH/ADM/1/2

6th October, 2023

Mr. Samuel Njoroge
Clerk of the National Assembly,
Parliament Buildings,
P.O. Box 41842-00100
NAIROBI

RE: CONSIDERATION OF THE FACILITIES IMPROVEMENT FINANCING BILL (SENATE BILL NO. 43 OF 2023) AND THE PRIMARY HEALTHCARE BILL (SENATE BILL NO.44 OF 2023) BY THE DEPARTMENTAL COMMITTEE ON HEALTH

We make reference to the above subject matter.

The National Assembly has invited for submission of Memoranda on The Facilities Improvement Financing Bill (Senate Bill No. 43 of 2023) and The Primary Healthcare Bill (Senate Bill No.44 of 2023).

The Ministry conducted Stakeholder Engagement on the Proposed Bills and proposed certain amendments to the Bills when the Bills were before the Senate. The Senate considered our comments together with those of various other stakeholders and we note that the Bills, as passed by the Senate, with amendments, on 27th and 28th September, 2023 reflect the outcome of the Stakeholder Engagement.

The Ministry therefore, notes that the Bills as passed by the Senate, with amendments are in order and has no further amendments to propose.

Harry K. Kimtai, CBS
PRINCIPAL SECRETARY

Copy to: Cabinet Secretary
Ministry of Health
NAIROBI



COFPAK
Confraternity of Patients (K)

CONFRATERNITY OF PATIENTS KENYA (COFPAK)

P. O. Box 2395 - 00200
LOIPI Building, 3rd Floor Lungalunga Road
Nairobi, Kenya

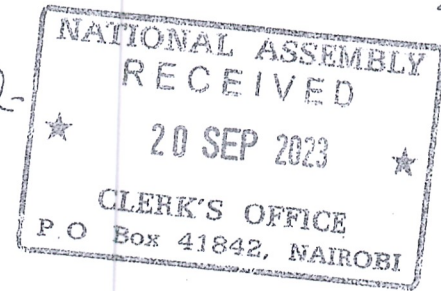
Email: info@cofpak.org
Tel: +254 712369537
Web: www.cofpak.org

*Mr. Arale
Please deal
21/09/23*

Ref: |NA|DDC|DC-H|2023| (o88)

Clerk of the National Assembly,
P. O. Box 41842- 00100,
Main Parliament Buildings,
Nairobi, Kenya.

*D/DC
Please deal
21/09/23*



14th|09|2023.

Dear Sir,

RE: MEMORANDUM ON PRIMARY HEALTH CARE BILL 2023

The Confraternity of Patients Kenya (COFPAK) is a non-governmental, nonprofit, organization that represents, safeguards, and promotes the interests of healthcare services seekers at all levels. COFPAK provides the platform to ensure that the patients have an active role to play in all the stages of healthcare including planning, provision, monitoring, research, and evaluation of health services.

COFPAK has reviewed and interrogated the Primary Healthcare Bill 2023. It submits this memorandum in line with its mandate. Further, it responds to the Public Notice, call for comments, and invitation for public participation. In this memorandum, COFPAK highlights select views of the proposals included in the Bill.

Section of the Bill	View/Proposal	Justification
PART II – PRIMARY HEALTH CARE SERVICES 4. (2) Primary health care services 5 (2) Community health care services 6 (2) Facility health care services.	The 3 sections should include: "...AND ensuring patient safety at all levels of healthcare provision"	Patient safety is paramount to the overall outcome and well-being of patients seeking healthcare services and should be included at all levels of healthcare service provision
PART III – PRIMARY HEALTHCARE WORKFORCE	Add: Should be a trained community health assistant (CHA) from a	The KMTC has already developed a curriculum for the CHA who upon recruitment should serve as community health

21 SEP 2023
Departmental Committee

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



Confraternity of Patients (K)

P.O. Box 10770/14
LUPPI Building, 3rd floor Lugallanga Road
Nairobi, Kenya

Phone: 011 254 2000000
Tel: +254 712369337
Web: www.cofpak.org

Recruitment of community health promoters. 9 (2)	recognized medical training institution	promoters. This shall also ensure quality service provision
PART IV – MANAGEMENT OF PRIMARY HEALTH CARE SERVICES Primary Health Care Advisory Council. Section 14 (1) County primary health-care advisory committee Section 16 (2) Primary health care network committee Section 18 (1)	Include an organization that champions patient safety and well-being at all levels of healthcare. In this case The Confraternity of Patients Kenya (COFPAK) should be included.	The proposed Council lacks representation of patient organizations. COFPAK has a strong link with the public healthcare needs to promote bottom-up, people-centered healthcare in Kenya towards attaining Universal Health Coverage and enhancing public faith.

The Confraternity of Patients Kenya (COFPAK) is delighted to contribute to delivering a people-centered Primary Health Care, taking cognizant of the health and wellbeing needs of the majority at the bottom of the pyramid.

Sincerely,

Peter O. Omollo,
pomollo@cofpak.org
0720390444
For and on behalf of
The Confraternity of Patients Kenya (COFPAK).



Cofpak
Confraternity of Patients (K)

CONFRATERNITY OF PATIENTS KENYA (COFPAK)

P. O. Box 2395 - 00200
LOIPI Building, 3rd Floor Lungalunga Road
Nairobi, Kenya

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Web: www.cofpak.org

<p>Recruitment of community health promoters.</p> <p>9 (2)</p>	<p>recognized medical training institution</p>	<p>promoters. This shall also ensure quality service provision</p>
<p>PART IV – MANAGEMENT OF PRIMARY HEALTH CARE SERVICES</p> <p>Primary Health Care Advisory Council.</p> <p>Section 14 (1)</p> <p>County primary health-care advisory committee</p> <p>Section 16 (2)</p> <p>Primary health care network committee</p> <p>Section 18 (1)</p>	<p>Include an organization that champions patient safety and well-being at all levels of healthcare.</p> <p>In this case The Confraternity of Patients Kenya (COFPAK) should be included.</p>	<p>The proposed Council lacks representation of patient organizations. COFPAK has a strong link with the public healthcare needs to promote bottom-up, people-centered healthcare in Kenya towards attaining Universal Health Coverage and enhancing public faith.</p>

The Confraternity of Patients Kenya (COFPAK) is delighted to contribute to delivering a people-centered Primary Health Care, taking cognizant of the health and wellbeing needs of the majority at the bottom of the pyramid.

Sincerely,

Peter O. Omollo,
pomollo@cofpak.org
0720390444
For and on behalf of
The Confraternity of Patients Kenya (COFPAK).



PRIMARY HEALTH CARE BILL, 2023- KENYA FAITH-BASED HEALTH SERVICES CONSORTIUM (KCCB, CHAK, MEDS SUPKEM) PROPOSED AMENDMENTS ON 18TH SEPTEMBER 2023 BY ONLINE SUBMISSIONS METHODS

We appreciate the privilege to share our views on the proposed primary Health care bill 2023. FBO facilities highly support the Government objective of Universal Healthcare for all Kenyans.

ena@parliament.go.ke

clerk.senate@parliament.go.ke

NO	CLAUSE	PHC BILL	OUR PROPOSAL	COMMENT
1	PART I – PRELIMINARY 2-interpretation	Primary Health Care Network” means an administrative health region comprising of a hub and spokes established to deliver access to primary health care services for patients, as well as to coordinate with other hospitals in order to improve the overall operational efficiency of the network	Primary Health Care Network” means an administrative health region comprising of healthcare providers established to deliver access to primary health care services for patients, as well as to coordinate with other hospitals in order to improve the overall operational efficiency of the network	Use of hub and spoke disadvantage community close to hospitals that provide the needed primary health management
2	PART III – PRIMARY HEALTH CARE WORKFORCE- Functions of community health promoters. 2 (m)	Perform such function as may be assigned by the county executive committee member in county legislation or under any other law	Perform such function as may be assigned by county director of health through community health officer.	This will make it easier to manage and effectively undertake function assigned to health promoter
3	PART IV – MANAGEMENT OF PRIMARY HEALTH CARE SERVICES – Primary health care advisory council 14 (f)	The Chairperson of the Vice-Chancellors caucus or their representative	the Chairperson of Faith based caucus or their representative	Faith based institutions constitute a huge percentage of healthcare providers in Kenya hence need to be part of decision making body
4	PART IV – MANAGEMENT OF PRIMARY	Missing representation from non-county primary healthcare provider	(l) a representative from Non County Primary Health Care Network	Additional member to represent healthcare network from faith based institutions

<p>HEALTH CARE SERVICES- County primary health-care advisory committee</p>			
<p>PART IV – MANAGEMENT OF PRIMARY HEALTH CARE SERVICES- Primary health care networks. 17(3)</p>	<p>A primary health care network shall comprise of a hub and spokes</p>	<p>A primary health care network shall comprise of registered health providers. Allow levels 4, 5 offer primary care for patients that access the facilities easily, to avoid distance travel when it is level 5 that is nearer the clients, and to give consumer choices. Levels 4, 5 and 6 if they have capacity can select to do primary care as well as referral care.</p>	<p>Level 5 and 6 are left out of providing any primary health care</p>
<p>6</p> <p>Financing of primary health care not clear as indicated to be the responsibility of county government ?</p>	<p>Not covered</p>	<p>Specifically mention that Atya Bora is designed for levels 3 and below. Retain quarterly capitation at a viable rate instead of Kes83/head for unlimited outpatient care. Level 3B hospitals have theatres, and mostly in rural areas. These facilities should be considered in offering minor surgeries.</p>	
<p>7</p> <p>7 (e) No formula/Essential Benefits package for care given: reimbursement guaranteeing that primary health care services are optimally financed and resourced to offer quality care</p>	<p>Not covered</p>	<p>Disclose and have the essential benefits package negotiated with stakeholders. Entrench negotiation & stakeholder participation in the Act.</p>	

	to all patients and residents in the republic of Kenya.				
8	No time frame for reimbursement	Not covered	Provide for Quarterly reimbursements of Quarterly capitation, learning from the current schemes.		
9	Definitions	county health facility” includes county and sub-county hospitals, health centers, dispensaries and any other health entity registered to provide health services;	Include Faith-based and private health service providers.	The Bill leaves out FBOs & private Hospitals and facilities.	
		hub” means a primary health care referral facility which should be a level four facility;	Include levels 5 & 6.	The Bill has left out levels 5 & 6.	
10	10 (f)	guaranteeing that primary health care services are optimally financed and resourced to offer quality care to all patients and residents in the republic of Kenya.	Reduce a “Community Health Unit” to a range of 500-1000 for practical purposes of ability to support these level of households.	10 functions for 1000 households	
11	13 (F)	MoH, coordinate, with the National Treasury and other development partners, for the mobilization and allocation of adequate resources, to support the realization of accessible, acceptable and equitable primary health care services.	Clarify this in regulations, the how? Link this to Afya Bora fund in SHA ACT 2023.	There is no clear funding provisions for these tasks	
12	16	(1) Each county shall establish a County Primary Health Care Advisory Committee.	Include FBOs and private sector health providers.	Excludes key players/representation. -There is no clear funding provisions for these tasks	

			CS to provide regulations for funding of roles/tasks.	
13	17 (5)	(5) Every person shall be registered as a member of a primary health care network.	Add register may be electronic, paper based or both	Clarify registration mode.
14	20 (4) (C)	The functions of the Community Health Committee shall be to— (c) prepare and present the Community Health Unit annual work-plans and operational plans to the link facility health committee;	Insert, 'work-plans and operational plan and budgets'. All the committees established are not resourced or financed.	This can also be covered in the regulations, but the CS or County should be mandated in the Act to provide a budget for the roles and tasks.
15	22(1) (I)	A Community Health Promoter shall not— (1) engage in other activities that may conflict with his or her duty; and	Clarify if this role is a full time job. Otherwise specify that they may engage in other gainful ventures when not assigned tasks arising from this ACT	Clarify in the regulations

Other: The link between the PHC Bill and PHC Fund is not clear, this should be clarified.

Kind Regards

**OFFICE OF THE CLERK
THE NATIONAL ASSEMBLY
P . O. Box 41842-00100**

NAIROBI.

Tel: +254202848000 ext 3300 / +254790494055

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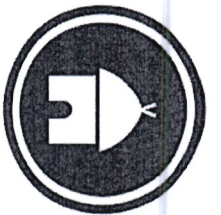
Twitter: @NAssemblyKE

From: mohammed <hassanalimoha@gmail.com>

To: cna <cna@parliament.go.ke>

Date: Tuesday, 19 September 2023 8:13 PM EAT

Community health promoters should have cadres Those who reached primary School should be called CHP3, those who reached secondary school but not completed should be called CHP2 and those who are form four leaver should be called CHP1.



RURAL PRIVATE HOSPITALS
ASSOCIATION OF KENYA

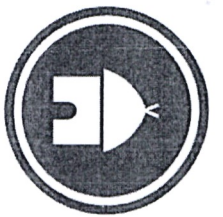
22nd SEPTEMBER 2023

FEEDBACK FROM THE RURAL PRIVATE HOSPITALS ASSOCIATION OF KENYA (RUPHA) ON THE
PROPOSED PRIMARY HEALTHCARE BILL, 2023

Part/Clause	Issues of Concern	Recommendation
Part I - PRELIMINARY. Clause 2 "Interpretation"	<i>Level 2 and 3 health care facilities are NOT defined.</i> Whereas Level 4, 5 and 6 health facilities are defined as "hospitals".	<ul style="list-style-type: none">We recommend that the definition term be provided for level 2 and 3 health care facilities. This will help achieve objective 3(b) of the bill which is stated as "to promote the implementation of primary health care through a systemic approach and <u>clear delineation of roles of all stakeholders</u>".
PART III. PRIMARY HEALTH CARE WORKFORCE Clause 9(1) and 9(2) - "Recruitment of community health promoters". Clause 10 - "Functions of community health promoters".	Clause 9(1) establishes the procedure for appointment as a community health promoter, Clause 9(2) provides the criteria to be met for appointment as a community health promoter whereas Clause 10 lists the functions of the community health promoter. "In our view, the listed functions in clause 10 are mismatched with the criteria	<ul style="list-style-type: none">Define "essential health care". A definition of essential health care will properly demarcate the scope of primary health care. This is critical to give effect to the "objects of the Act" as outlined particularly by Part I Clause 3(a)We recommend that Clauses 9(1) and 9(2) be re-written to ensure that only persons of "suitable qualifications are recruited to perform the specialized health functions set forth for community health promoters in clause 10. A basic medical background seems critical for community health promoters to deliver on functions in clause 10.

The Comprehensive Care Society

Dr. Brian Lishenga (Chairman) • Rev. Joseph Kariuki (Vice Chairman) • Mrs. Salome Mwaura (Secretary General) • Mr. David Shungu (Deputy Secretary General) • Mrs. Daisy Adalla (Treasurer) • Mrs. Pacifica Omambia (Deputy Treasurer) • Mr. Muhamud Amin (Ex Officio Member) • Ms. Cynthia Mukami (Administrator)



RURAL PRIVATE HOSPITALS
ASSOCIATION OF KENYA

<p>PART IV - MANAGEMENT OF PRIMARY HEALTH CARE SERVICES</p> <p>Clause 13 "Role of the Ministry Responsible for Health"</p>	<p>established in clauses 9(1) and 9(2). The functions in clause 10 require that the procedure for appointment - 9(1) and the criteria - 9(2) should be modified.</p> <p>The Social Health Insurance Bill, 2023 establishes the Primary Health care Fund whose function is "to purchase primary health care services from health facilities. The "sources of funds" for the PHC Fund are listed as "Monies appropriated by the National Assembly".</p> <p>We are concerned that "<u>Coordinating with the National Assembly to ensure adequate appropriation of funds for Primary health care</u>" is not listed as a function of the Ministry of Health under Clause 13</p>	<ul style="list-style-type: none"> We recommend that Clause 13 explicitly states a function of the Ministry responsible for health as "<u>Coordinating with the National Assembly to ensure adequate appropriation of funds for the Primary health care Fund</u>".
<p>PART IV - MANAGEMENT OF PRIMARY HEALTH CARE SERVICES</p> <p>Clause 14 "Primary health care advisory council."</p>	<p>We also note that "<u>fostering of public-private partnership</u>" is omitted as a function of the Ministry responsible for health.</p> <p>Clause 14 which establishes the Primary Healthcare Advisory Council at the National level <u>excludes representation from Private Health care Facilities.</u></p> <p><i>Considering that private Healthcare facilities in Rural Kenya account for up to 50% of provision of primary health services, this is a serious omission to the capacity of the Advisory Council to properly execute its mandate</i></p>	<ul style="list-style-type: none"> We recommend that the membership of the national Primary Healthcare Advisory Council includes a "a representative of private healthcare facilities".

The Comprehensive Care Society

Dr. Brian Lishenga (Chairman) • Rev. Joseph Kariuki (Vice Chairman) • Mrs. Salome Mwaura (Secretary General) • Mr. David Shungu (Deputy Secretary General) • Mrs. Daisy Adalla (Treasurer) • Mrs. Pacifica Omambia (Deputy Treasurer) • Mr. Mohamud Amin (Ex Officio Member) • Ms. Cynthia Mukami (Administrator)



RURAL PRIVATE HOSPITALS
ASSOCIATION OF KENYA

<p>PART IV - MANAGEMENT OF PRIMARY HEALTH CARE SERVICES</p> <p>Clause 14 (4) "Functions of the Primary health care advisory council."</p>	<p>Clause 14 (4) lists the functions of the Primary health care advisory council.</p> <p><u>We note with concern the omission of a function of the Advisory Council to align the public and private health sectors in service delivery.</u></p>	<ul style="list-style-type: none"> We recommend that a function of the Primary health care advisory council be listed as "to develop a framework for public-private partnership for the effective delivery of primary healthcare services".
<p>PART IV - MANAGEMENT OF PRIMARY HEALTH CARE SERVICES</p> <p>Clause 15 - Role of the County Government</p>	<p>Clause 15 lists the functions of the County Governments in management of primary healthcare services.</p> <p><u>We note with concern that County Governments are not required to engage the private sector in the counties in their functions.</u></p>	<ul style="list-style-type: none"> We recommend that a function of County Governments be listed as "put in place mechanisms to ensure public-private partnership for the effective coordination and delivery of primary healthcare services at county level"
<p>PART IV - MANAGEMENT OF PRIMARY HEALTH CARE SERVICES</p> <p>Clause 16 - County Primary Health care Advisory Committee</p>	<p>Clause 16 establishes the County Primary Health care Advisory Committee.</p> <p><u>We note with concern the exclusion of a representative of private healthcare facilities in this committee despite the critical role of private healthcare facilities in providing primary healthcare services in the counties.</u></p>	<ul style="list-style-type: none"> We recommend that the membership of the County Primary Healthcare Advisory Committee includes a "a representative of private healthcare facilities".
<p>PART IV - MANAGEMENT OF PRIMARY HEALTH CARE SERVICES</p> <p>Clause 16 (3) - Functions of the County Primary Health care Advisory Committee</p>	<p>Clause 16 (3) lists the functions of the County Primary Healthcare Advisory Committee.</p> <p><u>We note with concern the omission of a function of the Advisory Committee to align the public and private health sectors in service delivery.</u></p>	<ul style="list-style-type: none"> We recommend that a function of the County Primary Healthcare Advisory Committee be listed as "to develop guidelines for fostering public-private partnership for the effective delivery of primary healthcare services at the county".

The Comprehensive Care Society

Dr. Brian Lishenga (Chairman) • Rev. Joseph Karuki (Vice Chairman) • Mrs. Salome Mwaura (Secretary General) • Mr. David Shungu (Deputy Secretary General) • Mrs. Daisy Adalla (Treasurer) • Mrs. Pacifica Omambia (Deputy Treasurer) • Mr. Muhamud Amin (Ex Officio Member) • Ms. Cynthia Mukami (Administrator)

Memorandum on the Primary Health Care Services Bill 2023,

Presented to the Clerk of the National Assembly,

P.O. Box 41842 – 00100, Nairobi, Email: cna@parliament.go.ke

5th October 2023

D/DC
Please deal
S. Li.
11/10/23

Hassan Ado
to facilitate
law 10/10/23

We the undersigned Civil Society Organizations working on health, governance and human rights have analyzed the above proposed law and make our recommendations pursuant to the notice issued on the 4th October 2023.

PRIMARY HEALTH CARE SERVICES BILL, 2023

Overview

The proposed bill seeks to provide a framework for the delivery of and access to and management of primary health care services; to establish the Primary Health Care Fund to provide for the financing of primary health care services and for connected purposes.

NOTABLE CONCERNS

There should be an added clause on the protection and safeguarding of community health workers including liability transfer given that they are usually the first line responders. The bill needs to be aligned with the employment act and the act on occupational health and safety.

That a primary health care bill prepared by the Ministry of Health had been taken to the national assembly even though adequate public participation was not done. There a need to review the existing curricula for training community health worker,

**NATIONAL ASSEMBLY
RECEIVED**
11 OCT 2023
DEPUTY CLERK S. KIOKO
P. O. Box 41842 - 00100, NAIROBI

**NATIONAL ASSEMBLY
RECEIVED**
11 OCT 2023
CLERK'S OFFICE
P. O. Box 41842, NAIROBI

FOR THE
11 OCT 2023
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and then create a framework for the accreditation of community health workers and align it with stipulations laid out in the community health strategy 2020-2025.

We suggest that there is a need to come up with alternative ways of remunerating community health workers. For example, the Facility Improvement Fund (FIF) could be used if both the county and national government are not able to pay the workers.

Community Health shifts focus from curative services to preventive services in order to enhance access to health by community members. There is also the scheme of service for community health services personnel which forms the basis for remuneration of community health workers.

Regulation/Clause	Issue of Concern	Justification	Recommendation
Interpretation	'Primary health care'	Given that Primary Health Care has repeatedly reinterpreted and redefined since 1978, as first-contact personal health care services, and as also as a set of	The definition should further include; - <i>"The first level of contact with the healthcare system (all organizations, people and actions whose primary intent is to promote, restore or maintain health) that patients</i>

		<p>priority health interventions for low-income populations. A clear and simple definition of PHC is needed to facilitate the coordination of future PHC efforts at national, and local levels and to guide their implementation.</p>	<p><i>receive when they have medical concerns or needs and takes a whole-of-society approach to health that aims equitably to maximize the level and distribution of health and well-being by focusing on people's needs and preferences (both as individuals and communities) as early as possible through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course.</i></p>
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			<p><i>“A people-centered rather than disease-centered service that addresses the majority of a person’s health needs throughout their lifetime including physical, mental and social well-being”.</i></p> <p><i>“The first stop at the</i></p>
Interpretation	“Primary Healthcare Levels”	The bill has not clearly defined the “Primary Healthcare Levels”	<p><i>We propose the definition to mean; “The first stop at the community for most of people’s health symptoms and medical concerns/needs including regular screenings, general checkups, wellness,</i></p>

			<i>illness, injuries, and referrals”.</i>
Interpretation	Facility	The bill defines “facility” as ‘dispensary’ or ‘health center’, that means level 2 and 3. Level 1 is completely not recognized. level 1 is “community level which is the first-contact personal health care service.	<i>We propose the recognition of “LEVEL 1 – Community”, where some services such as, Health promotion, dietary guidance linked with agricultural and livestock practices, Treatment of minor ailments like diarrhoea; Tuberculosis (TB) screening, home visits, contact tracing of TB patients and tracing of TB defaulters; Screening of malnutrition; Malaria rapid test; Blood pressure and blood sugar testing;</i>

			<p><i>HIV testing; Health talks with pregnant women and observations of signs of danger; Issuance of referral letters to other facilities.</i></p>
<p>Interpretation</p>	<p>Community Health Worker (CHW)</p>	<p>The bill has Not adequately defined Community Health Worker (CHW).</p>	<p>Community Health Worker (CHW) <i>should be defined to mean, "a frontline public health worker/member of the community in association with the local health care system who is a trusted member of and/or has close understanding of the community and life experiences with the</i></p>

*community members
s/he serve."*

*'Community Health
Worker' should
further mean,
"Members of the
communities where
they work, should be
selected by the
communities, should
be answerable to the
communities for their
activities, should be
supported by the
health system but
not necessarily a part
of its organization,
and have shorter
training than
professional
workers".*

<p>Interpretation</p>	<p>Community Health Promoters'</p>	<p>When defining the concepts and terms within the law, it is usually based on existing policies and guidelines, e.g., 'Kenya Primary Health Care Strategic Framework' 2019-2024.</p> <p>The bill has introduced the terms such as 'Community Health Promoters' which is not based on any health law, policies or guidelines.</p>	<p><i>We recommend that 'Community Health Promoters'' be replaced with the existing term "Community Health Workers"</i></p>
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<p>Part II (5), (6), and (7)</p> <p>Primary Health Care Services</p>	<p>'Primary Health Care service'</p> <p>'Community Health care Service'</p> <p>'Facility Health Care Service'</p>	<p>The bill has No clear differentiation of services between "Primary health care services", "Community health care services", "Facility health care services", which is all about services delivery in the communities.</p>	<p><i>To avoid confusion, we recommend that the said three terms be merged to; - "Community-Based Health-Care Services" to mean "all services provided by "people" who spend a substantial part of their working time outside a health facility, discharging their services at the individual, family or community level, as well as primary health care services provided in small local health facilities".</i></p> <p><i>The word "People" here mean;</i></p>
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			<p><i>“Two distinct groups of providers: community health workers (who may or may not be volunteers) and formally-trained health professionals who focus on community work (nurses, midwives, public health officers, doctors etc.).</i></p>
PART III, (9)	Primary healthcare workforce.	The bill limits the Primary Health Care Workforce to a section of health care providers	<p><i>We propose that the Health Care Workforce to include; -</i></p> <p><i>“All occupations engaged in providing health promotion, disease prevention, treatment, rehabilitation and palliative care services, the public</i></p>

			<i>health workforce, and those engaged in addressing the social determinants of health, including the caregivers and volunteers, the majority of whom are women, who complement the work of salaried workers”.</i>
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Submitted by the following organizations:

1. People's Health Movement
2. Amnesty International Kenya
3. Organization of African Youth Kenya
4. Advocates of Hope for Community - AHFCO
5. Institute of Public Finance



COUNCIL OF GOVERNORS

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*DO c. Hon
11/10*

Our Ref. COG/6/40 Vol. 87

9th October 2023

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

*Hassan Asale
to facilitate
by 12/10/23*

Dear Mr. Njoroge

COUNCIL OF GOVERNORS MEMORANDUM ON THE PRIMARY HEALTH CARE SERVICES BILL, 2023 AND THE FACILITIES IMPROVEMENT FINANCING BILL, 2023

The above subject matter refers.

The Council of Governors appreciates the legislative work of the National Assembly through the Standing Committee on Health and appreciates the invitation from the committee to present memorandum on the referenced Bills.

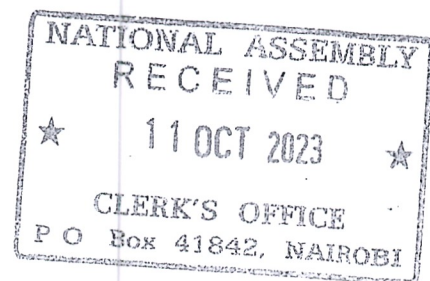
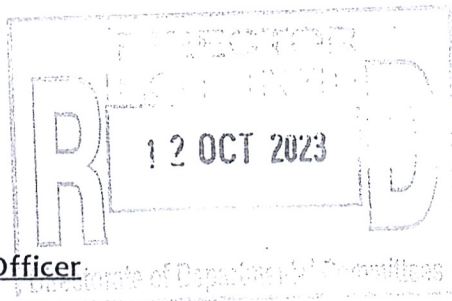
In view of the above and in execution of its mandate of bringing County Governments together to advance matters of their common interest, we have reviewed and consolidated comments from the Counties on the draft Primary Health Care Services Bill, 2023 and the Facilities Improvement Financing Bill, 2023 and prepared a memorandum of comments and proposals.

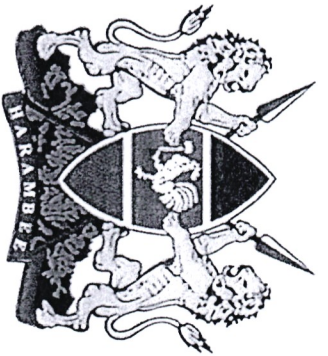
The purpose of this letter is therefore to submit written memoranda on the two bills for your consideration.

We remain available for further discourse on the subject.

Yours sincerely

Mary Mwiti
Chief Executive Officer





COUNCIL OF GOVERNORS

LEGISLATIVE MEMORANDUM ON THE PRIMARY HEALTH CARE SERVICES BILL, 2023

To:

THE NATIONAL ASSEMBLY

From:

THE COUNCIL OF GOVERNORS

09/10/2023

MEMORANDUM ON THE PRIMARY HEALTH CARE SERVICES BILL, 2023

The Council of Governors,

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

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

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

The Council hereby notes as follows on the **Primary Health Care Services Bill of 2023** (the Bill).

- 1) The Council of Governors appreciates the efforts that have gone into putting together the Bill and the noble objective of seeking to establish a legal framework for the delivery of comprehensive and well-coordinated and structured quality primary health care services in the country.
- 2) The Council of Governors therefore fully supports the Bill but proposes further Amendments that seek to improve the Bill, that are informed by several issues relating to the constitutional assignment of the health function to the two levels of government and the constitutional principles for public finance management noting that the greater part of COG Issues were considered by the Senate and accepted.

A. Comments on Specific Provisions:

Section of the Bill	Provision of Section in the Bill	Proposed COG Amendment	Justification
S. 12 Register of community health promoters;	S. 12(1) Each County Director of health shall keep a register of all community health promoters working in the County.	Replace the word County Director of health with “County Chief Officer of Health”	The Chief officer is the authorized officer in charge of personnel.
	S.12(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 (1).	Replace the word County Director of health with “County Chief Officer of Health”	The proposed amendment is necessary to avoid conflict of mandates between the County Director of health and the County Chief Officer of Health.

B. Recommendation

The National Assembly considers and incorporates the proposed amendments.