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THIRTEENTH PARLIAMENT - FOURTH SESSION - 2025

DIRECTORATE OF DEPARTMENTAL COMMITTEES

REPORT ON THE CONSIDERATION OF THE MEDICAL SOCIAL WORKERS BILL,
2024 (NATIONAL ASSEMBLY BILL NO. 22 OF 2024)

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|  THE NATIONAL ASSEMBLY PAPERS LAID | |
| DATE: 17 APR 2025 DAY: <i>Thursday</i> | |
| TABLED BY: | <i>Hon. Patrick Ntwiga, MP Vice chairperson</i> |
| CLERK-AT THE-TABLE: | <i>A. Shibuko</i> |

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LIST OF ABBREVIATIONS AND ACRONYMS

| | |
|--------------------|--|
| MOH | - Ministry of Health |
| KEMSWA | - Kenya Medical Social Workers Association |
| COG | - Council of Governors |
| CWR | - County Women Representative |
| HQ | - Head Quarter |
| KANU | - Kenya African National Union |
| KLRC | - Kenya Law Reform Commission |
| KMTC | - Kenya Medical Training College |
| MP | - Member of Parliament |
| ODM | - Orange Democratic Movement |
| OAG and DOJ | - Office of the Attorney General and Department of Justice |
| PhD | - Doctor of philosophy |
| UDA | - United Democratic Alliance |

CHAIRPERSON'S FOREWORD

This report contains proceedings of the Departmental Committee on Health on its consideration of the Medical Social Workers Bill, 2024 (National Assembly Bills No. 22 of 2024) by the departmental Committee on Health which was published on 28th March 2024. The Bill was read the First Time in the House on Tuesday, 13th August, 2024 and thereafter committed to the Departmental Committee on Health for consideration and reporting to the House pursuant to the provisions of Standing Order 127.

The principal object of the Bill is to provide a legislative framework for the regulation of the practice of medical social work. The Bill also establishes the Medical Social Workers Council to regulate medical social work and provides for the composition, functions and powers of the Council. The Bill further provides for the training, registration and licensing of Medical Social workers.

Following the placement of an advertisement in the print media on Friday, 16th August, 2024 seeking public and stakeholder views on the Bill pursuant to Article 118(1)(b) of the Constitution and Standing Order 127(3), the Committee received submissions from fourteen (10) stakeholders including; The Ministry of Health (MOH) State Department for Medical Services, the Office of the Attorney General and Department of Justice (OAG and DOJ), the Kenya Law Reform Commission (KLRC), the Kenya Medical workers Association, Mr. Bravington Ogutu, Dr. Jesca Kinoti, Ms. Margaret Siele, Ms. Peninah Kimani, and Dr. Jesca Kinoti,

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 Medical Social Workers Bill, 2024, National Assembly Bill No. 22 of 2024.

It is my pleasure to report that the Committee has considered the Medical Social Workers Bill, 2024, National Assembly Bill No. 22 of 2024 and has the honour to report back to the National Assembly with the recommendation that the Bill be **approved with amendments as reported by the Committee.**



HON. (DR.) JAMES NYIKAL WAMBURA, 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.) Nyikal James Wambura, MP
Seme Constituency
ODM Party

Vice-Chairperson

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

Hon. Owino Martin Peters, MP
Ndhiwa Constituency
ODM Party

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

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

Hon. Kipngok Reuben Kiborek , MP
Mogotio Constituency
UDA Party

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

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

Hon. Julius Ole Sunkuli Lekakeny, MP
Kilgoris Constituency
KANU

Hon. Maingi Mary, MP
Mwea Constituency
UDA Party

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

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

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

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

Hon. Mukhwana Titus Khamala, MP
Lurambi Constituency
ODM Party

1.3 COMMITTEE SECRETARIAT

5. The Committee is supported by the following secretariat:

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

Mr. Timothy Kimathi
Clerk Assistant III

Ms. Gladys Jepkoech Kiprotich
Clerk Assistant III

Ms. Marlene Ayiro
Principal Legal Counsel I

Ms. Faith Chepkemoi
Legal Counsel II

Ms. Rahab Chepkilim
Audio Recording Officer II

Mr. Hiram Kimuhu
Fiscal Analyst II

Angela Cheror
Public Communication Officer III

Mr. Hillary Mageka
Media Relations Officer III

Ms. Abigael Muinde
Research Officer III

Ms. Sheila Chebotibin
Principal Serjeant-At-Arms II

Mr. Eric Lungai
Hansard Officer III

CHAPTER TWO

2.0 THE MEDICAL SOCIAL WORKERS BILL, 2024 (NATIONAL ASSEMBLY BILL NO. 22 OF 2024)

6. The Medical Social Workers Bill, 2024 (National Assembly Bill No. 22 of 2024) was published on 28th March 2024 as a Committee-sponsored Bill. The principal object of the Bill is to provide a legislative framework for the regulation of the practice of medical social work. The Bill also establishes the Medial Social Workers Council to regulate medical social work and provides for the composition, functions and powers of the Council. The Bill further provides for the training, registration and licensing of medical social workers.

1.1 OVERVIEW OF THE BILL

7. **Part I Clause 1 and 2** of the Bill contains preliminary provisions on the short title and interpretation of terms such as medical social work as used within the text of the Bill. Clause 2 defines the term “medical social work” to mean the assessment, diagnosis, treatment and evaluation of individual, interpersonal and societal issues through the use of social work knowledge, skills, interventions and strategies in connection with health to facilitate the achievement of optimum psychosocial functioning.
8. **Part II Clause 3-16** of the Bill provides for the establishment of the Medical Social Workers Council in clause 3 with its headquarters in Nairobi. Clause 5 provides for the functions of the Council whose main purpose is to exercise supervision and control over the training and practice of medical social work in Kenya while clause 6 provides for the powers of the Council. Clause 7 of the Bill provides for the composition of the Council and the qualifications for appointment as members of the Council. The members of the Council shall include a Chairperson appointed by the Cabinet Secretary, the Director-General for Health or a representative, the Director of Medical Social Work in the Ministry, the CEO of the Kenya Medical Training College or a representative, the Chairperson of the Kenya Medical Social Workers Association, three medical social workers nominated by the Association, and the Registrar as an *ex-officio* member.
9. The Part also provides for the establishment of Committees and appointment of the Registrar and Staff by the Council for effective performance of its functions.
10. **Part III Clause 17-27** of the Bill focuses on the training and registration of medical social workers. Clause 18 outlines the qualifications required for registration including holding a qualification recognized by the Council and internship under the supervision of a registered medical social worker. Clause 19 outlines the process of application for registration while clause 21 provides for the keeping and maintenance of a register of medical social workers by the Registrar of the Council.
11. The Part also requires medical social workers to hold a valid practicing license, which is subject to renewal, suspension or cancellation based on compliance with the prescribed professional standards.

12. **Part IV Clause 28-33** of the Bill deals with the discipline of medical social workers. It establishes a Disciplinary Committee to handle cases of professional misconduct, negligence, impropriety or misconduct by registered medical social workers. This Committee has the authority to investigate and recommend disciplinary action such as imposition of fines, suspension or removal from the register. Additionally, the Part provides a process for lifting suspensions and restoration of names in the register after a specified period or upon appeal.
13. **Part V Clause 34-38** of the Bill outlines the financial provisions for the Medical Social Workers Council. It details the sources of the Council's funds which include monies vested in the Council in exercise of its powers, monies payable to the Council, gifts, grants, donations or endowments and monies from any other lawful source. The Council is required to manage its funds responsibly, prepare annual financial estimates, and submit its accounts for audit.
14. **Part VI Clause 39-44** of the Bill provides for the miscellaneous provisions related to the practice of medical social work. This Part prohibits individuals from practising without a valid practising licence, with penalties for violations including fines or imprisonment. It also makes provision for subscription fees payable annually to the Council, redress over the decisions of the Council, offences and penalties in relation to compliance with the provisions of the law.
15. **Part VII Clause 45)** of the Bill provides for delegated legislation. It mandates the Cabinet Secretary for Health in consultation with the Council to make Regulations on various matters related to medical social work practice including fees payable, prescribed forms, training and continued professional development of medical social workers, standards and conditions of professional practice.
16. **Part VIII (Clause 46-48)** of the Bill provides for general provisions including a general penalty where any provision of the Act is contravened. It also contains transitional provisions in relation to the coming into force of the law.
17. The **First Schedule of the Bill** provides for the conduct of the business and affairs of the Council in terms of meetings, elections, quorum, contracts and instruments, common seal and conflict of interest.

CHAPTER THREE

3.0 CONSIDERATION OF THE BILL BY THE COMMITTEE

3.1 LEGAL PROVISION ON PUBLIC PARTICIPATION

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

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

19. Standing Order 127(3) provides that—

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

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

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

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

3.2 PUBLIC PARTICIPATION IN THE REVIEW OF THE BILL

21. The Medical Social Workers Bill, 2024 sponsored by the health Committee was published on 28th March 2024. Pursuant to Standing Order 127(1), the Bill was referred to the Departmental Committee on Health having been read the First Time in the House on 13th August 2024.

22. Pursuant to the aforementioned provisions of the Constitution and Standing Orders on public participation, the Committee, through local daily newspapers (Nation and Standard) of Monday, 19th August 2024, published an advertisement inviting the public to submit memoranda on the Bill.

23. The Committee also sought comments on the Bill from relevant stakeholders namely the Kenya Medical Social Workers Association, Ministry of Health, the Office of the Attorney General and the Kenya Law Reform Commission.

24. Further, the Committee invited various stakeholders including the Office of the Attorney-General and the Ministry of Health to make submissions on the Bill. The meeting was held on Tuesday, 17th September, 2024 at the 5th floor Bunge tower, Parliament Buildings.

3.2.1 SUBMISSIONS ON THE BILL

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

26. The **Ministry of Health (MOH)** submitted as follows:

Clause 7-

- (a) Delete sub clause 1(d) and replace with the following—“a representative from a training institution approved under the Universities Act 2012, or Technical and Vocational Education and Training Act 2013 offering approved courses in medical social work”

Rationale- Training of medical social workers is offered at various middle level colleges and in public and private universities. The current provision will limit the representation to only one institution (Kenya Medical Training College).

Committee resolution: Adopted: Medical social workers training is offered at various middle level colleges and in public and private universities

- (b) Delete sub clause 1(f) and replace with the following— “three medical social workers registered with the Medical social Workers Council and nominated by the Kenya Medical Social Workers Association.”

Rationale- To ensure that the nominated medical social workers are in good standing with the Council.

Committee resolution: Not Adopted. The issues raised shall be addressed by the Association during the nomination.

- (c) Insert a new paragraph (h) in sub clause (1) as follows—“(h) a representative of vulnerable persons.”

Rationale- To ensure representation of the users of the medical social work services, majority of whom are vulnerable persons.

Committee resolution: Not Adopted; the proposal raises practicality challenges.

- (d) Insert a new paragraph (i) in sub clause (1) as follows—“(i) a person with the knowledge and expertise in finance”

Rationale- To ensure financial accountability in the Council.

Committee resolution: Not Adopted: This is provided for in the qualifications of the three officers nominated by the Kenya Medical Social Workers Association.

Clause 12- Delete clause 12(2)(c) and substitute with the following—“holds a degree in Medical Social Work, Psychology, Sociology, Social work, counseling or its equivalent from a university recognized in Kenya”.

Rationale- To ensure that the position attracts highly qualified professions that are specialized in the field rather than generalized.

Committee resolution: Adopted with amendment: The Clause was amended to reflect the proposals as above.

Clause 17- Insert a new sub clause as follows— (4) The Council shall approve the training curriculum for medical social workers”.

Rationale- To ensure uniformity and quality of training.

Committee resolution: Not Adopted; this is provided for in the clause 5(2) b

First schedule- Agrees with all clauses of the Bill save for the aforementioned highlighted clauses.

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

Clause 2-

(a) In the definition of the term “register”, insert the conjunction ‘and’ immediately after the expression “under Section 21”,

Committee resolution: Adopted: For proper drafting

(b) Insert a full stop (.) immediately after the expression “section 12” appearing in the definition of the Registrar.

Committee resolution: Adopted: For proper drafting

Clause 7-

(a) **Amend clause 7(6)** to specify the appointing authority for the members of the Council.

Rationale- To ensure effective implementation of clause 7(6).

Committee resolution: Adopted to specify the appointing authority for the members of the Council.

(b) **Review clause (7) (2).**

Rationale- Clause 7(2) (b) contradicts the requirements under Clause 7(2) (a) since clause (7) (2) (b) requires a person to be appointed as a chairperson to the Council to have proven knowledge and experience of at least ten years in matters of medical social work which overtly discriminates on persons with other qualifications as specified under clause 7(2) (a), which includes mental health, psychology, sociology, social work, counselling and anthropology.

Committee resolution: Adopted: To provide clarity that the chairperson of the Association is appointed by virtue of their office.

(c) **Review clause 7(3).**

Rationale- Clause 7(2) (b) contradicts the requirements under Clause 7(2) (a) since clause (7) (2) (b) requires a person to be appointed as a chairperson to the Council to have proven knowledge and experience of at least ten years in matters of medical social work which overtly discriminates on persons with other qualifications as specified under clause 7(2) (a), which includes mental health, psychology, sociology, social work, counselling and anthropology.

Committee resolution: Adopted with amendments: The qualifications revised to address the contradiction.

(d) **Delete clause 7(4).**

Rationale-The clause empowers the Cabinet Secretary to make regulations for nomination of members referred to in sub clause 1(e) and (f). Clauses 7(1)(e) and 7(1)(f) provides for the Chairperson of the Kenya Medical Social Workers Association and three medical social workers nominated by the Kenya Medical Social Workers Association as forming part of the Council, respectively. The Chairperson of the Kenya Medical Social Workers Association is a member of the Council by virtue of the office hence the requirement to regulate the criteria for nomination of a member under clause 7(1) (e) is unnecessary. Similarly, the members nominated under clause 7(1) (f) are members of a

professional body and the procedures for nomination are better dealt with administratively within the Association. In this regard, while clause 7(1) (e) is self-executing, clause 7(1)(f) does not require subsidiary legislation to operationalize the clause as the nomination can be undertaken administratively within the Association.

Committee resolution: Adopted with amendments: The qualifications revised to address the contradiction.

- (e) **Clause 12-** Delete clause 12(2)(c) and substitute with the following—“holds a degree in Medical Social Work, Psychology, Sociology, Social work, counseling or its equivalent from a university recognized in Kenya”.

Rationale- To ensure that the position attracts highly qualified professions that are specialized in the field rather than generalized.

Committee resolution: Adopted with amendment: The Clause was amended to reflect the proposals as above.

28. **The Kenya Law Reform Commission (KLRC)** submitted that;

Clause 1- Delete the provision on commencement date of the Act.

Rationale- There is an urgency to regulate and recognize medical social workers who presently engage in active practice in the health sector. Legislation is developed to cure gaps.

Committee resolution- Adopted: Article 116 of the Constitution makes provision on how a Bill comes into force.

Clause 2-

- (a) Delete the definition of the term “Association”.
- (b) Delete the definition of the term “Financial year” .
- (c) Delete the definition of the term “gazette”.
- (d) Modify the definition of the term “medical social work” by using the term “includes”

Rationale- The definition of Association gives prominence to only one association that is currently existing. In the event another that another there would be conflict if another Association is registered. The terms “gazette” and “financial year” are already defined hence there is no need to lay emphasis. The term “medical social work” is continuously expanding and evolving.

Committee resolution:

Not Adopted: The terms association, financial year and gazette are defined for clarity purposes since they are used within the text of the Bill.

D was adopted: This is to provide for continuous expansion of the profession.

Clause 4- (a) Delete clause 4 and substitute with the following new clause—

- 4(1) The headquarters of the Council shall be in Nairobi, but the Council may establish offices at any other places in Kenya.
- 4(2) The Council shall ensure access to its services in all parts of the Republic in accordance with Article 6(3) of the Constitution.

Rationale- The use of the word 'units' and the general phrasing of the provision creates ambiguity. Given that the provision deals with the headquarters, the word 'offices' is more appropriate.

Committee resolution: Not Adopted: The term unit sufficiently provides for the establishment of offices, departments and even branches at any other place in Kenya.

Clause 5- (a) Delete the words "exercise supervision and control over the training and practice of medical social workers" in clause 5(1) and replace with the words—"Regulate the practice of medical social work"

Rationale- To bring clarity on the regulatory functions of the Medical Social Workers Council.

Committee resolution: Not Adopted: The clause as drafted provides for the regulation of the medical social workers.

(b) Delete the words "minimum educational qualification" in clause 5(2)(a) and substitute with the words "develop, establish and maintain qualifications for members".

Rationale- It is not the work of the Council to prescribe minimum educational qualification.

Committee resolution: Adopted with Amendments: To broaden the function of the council to include developing and maintenance of the qualifications relating to the practice of medical social workers as follows in Kenya.

c) Delete clause 5(2)(e) and substitute with a new paragraph—

"(e) To receive and investigate complaints against members of the Council and to deal with issues of discipline, professional misconduct, incompetency and incapacity".

Rationale- One cannot formulate and purport to accredit one self. Accreditation must be undertaken independently. Publication in this clause can done through the website.

Committee resolution: Not Adopted: The clause is broader than what has been proposed.

(d)Delete the word "accredit" in clause 5(2)(g).

Committee resolution: Not Adopted: The council needs to accredit for uniform and controlled development and progression within the profession.

(h) Delete the requirement to gazette in clause 5(2) (g).

Rationale: Publication in this clause can done through the website.

Committee resolution: Adopted: Its more cost effective to publish on its website.

d)Clause 7- Consider amending Clause (7) (3) (b) since in the event that the Association nominates three persons with minimum qualification, it would mean that no one would be qualified to be a Chairperson of the Council.

Rationale- Paragraph (a) of subclause 1 provides that the Chairperson of the Council will be nominated from persons listed under paragraph (f), which provides that the Kenya Medical Social workers Association will nominate three people to the Council. Paragraph 2(b) provides that the person nominated for the position of Chairperson should have at least ten years' experience. Paragraph (3) (b) on the other hand provides that the three persons nominated by the Association should have at least five years' experience.

Committee resolution: Adopted with Amendments; by reducing the qualifications of the chairperson in 7(2) b to at least five years' experience.

(b) Delete the reference to paragraph (1) (e) in clause 7(3).

Rationale- Paragraph (1) (e) provides that the chairperson of the Association shall be a member of the Council. Paragraph 3 provides for the qualifications of the person nominated under paragraph (1) (e). By prescribing the qualification relating to the Association, the Bill infringes the right of the Association's members under Article 36 of the Constitution. The qualifications of the leadership of an Association should be provided for in that Association's constitution.

Committee resolution: Adopted: To provide clarity that the chairperson of the Association is appointed by virtue of their office.

(c) Delete reference to paragraph (1) (e) in clause 7(5) (f).

Rationale- The Chairperson of the Association holds the position in the Council by virtue of the office. Should they lose their license but the Association's constitution allows them to remain in office, then that position in the Council will remain vacant. Given that the provision does not apply to other persons who are members of the Council by virtue of their offices, it should not apply to the Chairperson of the Council either.

Adopted: To provide clarity that the chairperson of the Association is appointed by virtue of their office.

Clause 8- Delete reference to clause 7 (1) (e) in clause 8(2).

Rationale- Clause 7(1) (e) provides that the Chairperson of the Association shall be a member of the Council. Clause 8(2) provides that the person nominated under clause 7(1) (e) shall serve for a term of three years but shall be eligible for reappointment for a further term. The Chairperson of the Association is a member of the Council by virtue of the office and therefore should remain in the Council for as long as he or she remains in office.

Committee resolution: Adopted to address the error in cross-referencing

Clause 9- Delete the reference to clause 7(1) (e) in clause 9(2).

Rationale- The replacement of the Chairperson of the Association in the Council can only be subject to the election of a new Chairperson of the Association in accordance with the Association's Constitution.

Committee resolution: Adopted to address the error in cross-referencing.

Clause 19- Insert the following new sub clause immediately after clause 19(5)—

"(6) Any person who, while making an application under this section, makes a false or misleading statement or submits a forged certificate commits an offence and shall, upon conviction, be liable to a fine not exceeding five hundred thousand shillings, or to imprisonment for a term of not less than one year, or to both."

Rationale- The clause is provided for in the miscellaneous provisions however for the proper order of the Act, it should be brought to clause 19.

Committee resolution: Not Adopted: The clause ought to remain in part on the miscellaneous provisions.

Clause 21-

a) Review clause 21(5) (b).

Rationale- The clause as currently phrased implies that a person who is not in the published register or whose name has been removed from the register, is registered under the Act.

Committee resolution: Adopted: The clause was redrafted to address the ambiguity.

b) Correct the cross-referencing in clause 21(9).

Rationale- The provision on consensual removal from the register is contained in sub clause (8) and sub clause (5).

Clause 22-

(a) **Insert a new sub clause immediately after clause 22(2)**— “(3) No person shall, while in charge of any institution or any other health organization in Kenya, allow a person who is not registered and licenced under this Act to practice as a medical social worker in that institution.”

Rationale- The clause is provided for in the miscellaneous provisions however for the proper order of the Act, it should be brought to clause 22 since all provisions on licensing should be under one clause.

Committee resolution: Not Adopted: The clause ought to remain in part on the miscellaneous provisions.

(b) **Delete clause 22(3) and replace with the following new clause—**

“(4) A person who contravenes the provisions of this clause commits an offence and shall, upon conviction, be liable to a fine not exceeding five hundred thousand shillings, or to imprisonment for a term of not less than 2 years, or to both.”

(c) **Renumber the existing sub clause (3) as sub clause (4) and amend it.**

Rationale- Given that there is more than one offence in the clause with the proposed amendment, it is necessary to generalize the penalty provision.

Committee resolution: Not Adopted: The clause ought to remain in part on the miscellaneous provisions.

Clause 28-

(a) **Delete clause 28(2) and replace with the following new sub clause—** “(2) The quorum of the Committee shall be three members, provided that the members appointed under section (1) (c) shall not constitute a quorum in the absence of any other member. In the event that the chairperson is absent, but the meeting has quorum under this section, the members present shall nominate one member from amongst their number to preside over the meeting.”

Rationale- For the purpose of balance it is undesirable for the three members of the Committee nominated by the Association to constitute quorum in the absence of the Chairperson, the Director-General for health, the Attorney-General or the Registrar. The provision should also indicate how a Chairperson is arrived at in a meeting where the substantive Chairperson is absent.

Committee resolution: Adopted with Amendment to provide that the three members of the Committee nominated by the Association cannot constitute a quorum in the absence of any other member.

(b) Amend clause 28(3) by inserting the words “appointed under subsection 1(c)” immediately after the word “Committee”.

Rationale- The three medical social workers elected by the members of the Association are members of the Disciplinary Committee by virtue of their offices and therefore can only leave the Committee if they cease holding their respective offices.

Committee resolution: Adopted: the appointment of the other members of the disciplinary committee is by virtue of their office.

Clause 29-

Delete clause 29 (a)

Rationale- Conviction by a court of law is a fact that need not be tried again under a disciplinary procedure. Subjecting a convicted person to a disciplinary procedure violates Article 50(2) (o) of the Constitution. It is further sufficient that clause 21(6) (a) of the Bill provides for the removal of a convicted person from the register.

Committee resolution: Not Adopted: the clause as drafted is in order and there is no unfairness.

Clause 40- Delete clause 40.

Rationale- Insistence on sealed physical certificates seems a bit archaic in a world that is increasingly becoming digital. The issuance of a practice number upon renewal of a licence should be enough proof that a person is licensed to practice.

Committee resolution: Not Adopted. The seal is necessary for the purpose of authentication of certificates issued by the council including those provided through digital platforms.

Clause 42- Delete clause 42.

Rationale- The provisions of clause 42 (1) (2) (3) and (4) should be covered under clause 22 as per the KLRC's proposed amendment. The provisions of clause 42(5) should be covered under clause 19.

Committee resolution: Not Adopted: The clause ought to remain in part on the miscellaneous provisions.

Clause 45- Amend the cross reference in clause 45(2) (a) from “section 9 (1) (e) and (f)” to “section 7(1) (f)”.

Rationale- The provision relating to the nomination of Council members is section 7 and not section 9. Section 7(1) (e) further relates to the Chairperson of the Association and hence no regulation is necessary to provide for the criteria for his or her nomination to the Council.

Committee resolution: Adopted for proper cross-referencing.

Clause 46- Delete clause 46 and replace with the following new clause—

“A person contravenes the provision of this Act commits an offence and shall, where no other penalty is applicable, be liable upon conviction to a fine not exceeding five hundred thousand shillings, or to imprisonment for a term not less than one year, or both.”

Rationale- There are other penalties within the Bill and hence it is important to specify that the general penalty applies where no other penalty applies.

Committee resolution: Adopted the clause applies where there are no other penalties.

First Schedule- Delete the expression “section 12(1)” and substitute the expression “section 11(1)”.

Rationale- The First Schedule relates to section 11(1) of the Act and not section 12(1) as indicated.

Committee resolution: Adopted for proper cross-referencing.

29. Kenya Medical Social Workers Association (KEMSWA)

In Clause 7

- a) Amend clause 7 on the composition of the Council by inserting a new subclause (h) to include a representative of universities in Kenya that offer medical social work education.

Committee resolution: Adopted with Amendments: to provide for a representative from a training institution approved under the Universities Act 2012, or Technical and Vocational Education and Training Act 2013 offering approved courses in medical social work”.

- b) Delete the words “psychology”, “counselling and “mental health” and allow them to be taken care by the statement “or its equivalent and add the word “medical” before anthropology and sociology.

Rationale: A substantive law on counselling and psychology already exists. Medical social workers practice embedded counselling.

Committee resolution: Adopted: A substantive law on counselling and psychology already exists.

In Clause 12-

- a) Delete the words “psychology”, “counselling” and “mental health” and allow them to be taken care of by the statement “or its equivalent”.
- b) Insert the word “medical” before anthropology and sociology.

Rationale- A substantive law on counselling and psychology already exists. Medical social workers practice embedded counselling.

Committee resolution: Adopted with amendment: The Clause was amended to reflect the proposals as above.

In clause 17- Add the “KMTC Act “

Rationale- KMTC is a training institution.

Committee resolution: Not Adopted. Accreditation of training institutions is provided for under the Universities Act and the Technical and Vocational Education and Training Act.

In Clause 18- Add KMTC Act in clause 18(4) and (5).

Rationale- KMTC is a training institution.

Committee resolution: Not Adopted. Accreditation of training institutions is provided for under the Universities Act and the Technical and Vocational Education and Training Act.

In Clause 47-

(a) Clause 47(2) should come before clause 47(1).

Committee resolution: Not an Adopted; the clause as drafted is in order.

(b) Delete the words “ninety days” and replace with the words “twenty four months” in clause 47.

Rationale: If the prescribed course by the Council as per the Bill was to take twelve months at minimum with all practicing medical social workers required to go through, there is a very high likelihood of interference with service delivery. Training would only be feasible in groups even with the use of online or distance learning.

Committee resolution: Adopted: to increase the timelines of medical social workers' transition to comply with the Act to twenty-four months.

(c) Delete the word “twelve” and replace with the words “thirty six” in clause 47(2).

Rationale- If the prescribed course by the Council as per the Bill was to take twelve months at minimum with all practicing medical social workers required to go through, there is a very high likelihood of interference with service delivery. Training would only be feasible in groups even with the use of online or distance learning.

Committee resolution: Adopted to increase the timelines from twelve months to thirty-six months.

30. **Dr. Jesica Kinoti- Medical Social Work Lecturer, Researcher and Consultant**

In Clause 2- Include the recognition of the profession as an academic discipline in the definition of the term “medical social work”.

Rationale- To pave way for the development the profession to PhD levels so as to strengthen research and policy formulation and implementation.

Committee resolution- Not Adopted: The Bill seeks to regulate the medical social worker profession which includes training in medical social work and hence no need for it to be mentioned in the definition.

In Clause 7- Provide for the representation of the university in the Medical Social Workers Council with a minimum qualification of a PhD in clause 7(1).

Rationale- To strengthen the development of the curriculum for teaching and research in the field of medical social worker.

Committee resolution: Adopted with Amendment to provide for a representative from a training institution approved under the Universities Act 2012, or Technical and Vocational Education and Training Act 2013 offering approved courses in medical social work”

First Schedule- Expressed support for the Bill and requested that it is enacted and thanked the Chairperson of the Committee for introducing the Bill.

Rationale- Medical social work is a noble profession and has been recognized by the Ministry of Health and the government scheme of service. The profession deals with sensitive matters in bridging the gap between patients and resources in different set ups and in particular in health centres. Issues of handling patient Medical social work is a noble profession and has been recognized by the Ministry of Health and the government scheme of service. The profession deals with sensitive matters in bridging the gap between patients and resources in different set ups and in particular in health centres. Issues of handling patient data that involve ethical issues, supporting patients in hospital and in community and managing care and support services are all sensitive matters among others which needs the Bill to regulate the same.

The medical social work profession, which focuses majorly on prevention and management, resonates well with the worldwide principles of primary health care are to be upheld in order to realize optimal health within the resource constraints.

The Committee noted.

31. Mr. Bravingtone Ogutu

Clause 2- Adopt the following as the definition of the term “medical social worker”—

“A medical social worker is a professional who works within healthcare settings to support patients and their families in coping with the social, emotional, and financial challenges that arise from the illness, injury, or hospitalization.

Rationale- They are trained in social work and specialize in the intersection of healthcare and social services, helping to ensure that patients receive comprehensive care that addresses not just their medical needs but also their psychological well-being.”

Committee resolution: Adopted with Amendments: the term redefined to bring clarity to its meeting as follows: A healthcare professional registered under this Act who works within a healthcare setting and supports patients and their families

in coping with social, emotional and economic challenges occasioned by an illness, injury or hospitalization”

Clause 12-

Anthropologists cannot be included in the Bill.

Psychologists have their Board and cannot be included in this Bill.

Rationale: While both medical social workers and anthropologists are concerned with human well-being, their focus, methods and work environment are distinct. Medical social workers provide direct care and support within health care settings, while anthropologists study human behavior and cultures often in a research or academic context.

Committee resolution: Adopted with amendment: The Clause was amended to reflect the proposals as above.

32. **Ms. Margeret Siele- Medical Social Work Services Coordinator, Nakuru County**

Clause 7- Delete “mental health, psychology, counseling and anthropology” from the qualifications to be appointed as the Chairperson and members of the Medical Social Workers Council in clause 7(2) and 7(3) and only retain “medical social work, social work, sociology or its equivalent from a university recognized in Kenya”.

Rationale- Medical social workers provide psychosocial support services and play various roles including educators, counsellors, facilitators, advocates and problems solvers in the health facilities. They provide insight to social dimension in medical services.

Committee resolution: Adopted with Amendments: the chair and the members of the Council will have knowledge in medical social work, medical social sociology, medical anthropology or finance.

First Schedule: Expressed strong support for the Bill and thanked the Chairperson of the Committee for introducing the Bill. Urged all Members of Parliament to prioritize the passage of the Bill to support the professional growth and advancement of medical social workers in Kenya.

Rationale: Medical social work services complete the definition of health according to WHO that states that health encompasses the physical, social, psychological and mental wellbeing of a person. Many at times the social component is left out, yet it is the most critical since 90% of health cases are social in nature. By investing in the regulation and promotion of medical social work, the country can enhance the quality of care, improve patient treatment outcomes and contribute to the well-being of our communities and the nation at large.

Medical social workers are a link between the hospital and the community and counterpart’ organizations and institutions like children homes, rescue centres, police, children offices, NGOs and CBOs etc. with the objective of providing holistic healthcare services. The Bill is a crucial step towards recognizing and enhancing the profession of medical social work in Kenya. It will provide for standards for education, training, licensing and ethical conduct for medical social work practice

which translates to well-equipped and empowered medical social workers who will deliver high-quality care to individuals and families in healthcare settings.

The Committee noted:

33. Mr. Leonard Ngeno- Medical Social Worker stationed at Nakuru County Referral and Teaching Hospital-

Appreciated the Chairperson of the Committee for introducing the Bill.

Rationale- To regulate the medical social workers' profession for better service delivery. Medical social workers offer services including:

- (a) conducting social economic assessment of patients;
- (b) health education;
- (c) adolescence issues; and follow up on neglected, abused and abandoned children.

The Committee noted

34. Ms. Penina Kimani- Medical Social Worker practicing in Nakuru County

First schedule:

Expressed strong support for the Bill and thanked the Chairperson of the Committee for introducing the Bill. Urged all Members of Parliament to prioritize the passage of the Bill.

Rationale- The Bill aims to regulate and promote the practice of medical social work in Kenya. Medical social workers play a critical role in addressing the psychosocial economic needs of patients, providing emotional as well as material support, and connecting them with essential services and resources they need. They are instrumental in advocating for patient's right to access healthcare, ensuring their holistic well-being, and facilitating their access to necessary services.

The Bill is therefore a crucial step towards recognizing and enhancing the profession of medical social work in the country. By establishing standards for education, training, licensing, and ethical conduct, the Bill will ensure that medical social workers are well-equipped and empowered to deliver high-quality care to individuals and families in healthcare settings.

The Bill will therefore support the professional growth and advancement of medical social workers in Kenya. By investing in the regulation and promotion of medical social work, the country can enhance the quality of care, improve patient's outcomes, and contribute to the well-being of our communities.

The Committee noted

35. Mr. Kelwon Kandie- Medical Social Worker Kenyatta National Hospital

Urged the National Assembly to pass the Bill as it will significantly contribute to the well-being of Kenyan citizens and the efficiency of the healthcare system. In his memorandum, Mr. Kelwon gave a historical overview of medical social work and the global and Kenyan situation on medical social work, justified the need for regulation and highlighted the public benefits of this proposed legislation.

He also attached the Medical Social Workers Code of Ethics and Professional Standards which will guide the conduct and practice of medical social workers in providing essential psychosocial services within healthcare settings.

Rationale- The regulation of medical social workers is essential to ensuring that professional standards are upheld and that patients receive quality care through structured, ethical practices. The Bill represents a crucial step in strengthening Kenya's healthcare system by formalizing and regulating the role of medical social workers. By addressing the social determinants of health that often go unaddressed in clinical settings, the Bill will enhance healthcare service delivery, improve patient outcomes, and ensure comprehensive care that meets the medical, social, and emotional needs of patients. Additionally, regulating the training, practice, and licensing of medical social workers will promote ethical and accountable service delivery while elevating the professional standing of the field. Through the Bill:

- (a) The Council shall set clear standards for the profession, ensuring that medical social workers are adequately trained and equipped to meet the needs of the healthcare system which will improve the quality of services provided to patients and ensure accountability among practitioners;
- (b) The healthcare system will benefit from a more holistic approach to patient care, reducing hospital readmissions, improving treatment adherence, and enhancing overall clinical outcomes;
- (c) There will be a framework for integrating medical social work services into mainstream healthcare, which will directly impact public health goals, such as reducing the burden of non-communicable diseases and mental health conditions; and
- (d) There will be inclusion of medical social workers in multidisciplinary teams, particularly in managing complex cases such as cancer, HIV, and mental health disorders which will lead to more comprehensive care and better health outcomes for patients.
- (e) The Bill is aligned to, and has complementarity with the existing laws in the health sector namely the Health Act, the Public Health Act, the Mental Health Act, HIV and AIDS Prevention and Control Act, Community Health Services Act, Health Records and Information Managers Act, Occupational Safety and Health Act, Nutritionists and Dieticians Act, Primary Health Care Act, Digital Health Act, Facility Improvement Financing Act and Social Health Insurance Act.

CHAPTER FOUR


4.0 COMMITTEE OBSERVATIONS

36. The Committee, having considered the Medical Social Workers Bill, (National Assembly Bill No. 22 of 2024) and submissions from stakeholders, made the following observations:
- a) Medical social workers are trained at institutions including Kenya Medical Training College (KMTC), Nairobi Women's Hospital College (Diploma level), Jomo Kenyatta University of Agriculture and Technology (JKUAT), and Masinde Muliro University of Science and Technology (MMUST) (Degree level). The University of Nairobi offers a Postgraduate Diploma in Psychiatric Social Work. As of 2023, there were approximately 1,650 medical social workers in the country.
 - b) The Bill seeks to establish a structured framework for training, registering, licensing, and regulating medical social workers in Kenya. Its primary aim is to enhance professionalism within the sector, ensure standardization, and safeguard public welfare by promoting ethical practices among medical social workers.
 - c) Medical social workers play a critical role in delivering psychosocial support, enhancing patient welfare, and contributing to holistic healthcare. The profession is aligned with the ongoing shift toward evidence-based healthcare, supporting comprehensive service delivery through the integration of social determinants of health. By professionalizing the sector, the Bill will improve service quality and support the realization of universal health coverage.
 - d) The proposed legislation complements the Constitution of Kenya and the Health Act (Cap. 241), particularly the right to the highest attainable standard of health. Additionally, the profession contributes to the achievement of key Sustainable Development Goals (SDGs):
 - (i) SDG 1: Eradicating poverty;
 - (ii) SDG 3: Ensuring healthy lives and promoting well-being for all;
 - (iii) SDG 8: Promoting decent work and sustainable economic growth.
 - e) Unlike other health professions, medical social work currently lacks a regulatory body, thus the Bill seeks to provide the necessary legislative foundation to institutionalize, professionalize, and standardize the practice of medical social work in Kenya.

CHAPTER FIVE

5.0 COMMITTEE RECOMMENDATION

The Committee, having considered the Bill clause by clause and submissions by the various stakeholders recommends to the House that the Medical Social Workers Bill, 2024 (National Assembly Bill No. 22 of 2024) should be proceeded with amendments. The amendments are set out in Chapter Six of this report.

| | |
|--|---|
|  THE NATIONAL ASSEMBLY PAPERS LAID | |
| DATE: 17 APR 2025 | DAY: <i>Thursday</i> |
| PREPARED BY: | <i>Hon. Patrick Atwiga, MP</i> <i>Vice chairperson</i> |
| CLERK AT THE TABLE: | <i>A. Shikuku</i> |

CHAPTER SIX

6.0 SCHEDULE OF AMENDMENTS

Upon considering the Medical Social Workers Bill, 2024 (National Assembly Bill No. 22 of 2024) and submissions from stakeholders, the Committee proposes the following amendments:

CLAUSE 1

THAT, Clause 1 of the Bill be amended by deleting the words “and shall come into force twelve months after publication in the Gazette”.

Justification: Article 116 of the Constitution makes provision on how a Bill is to come into force.

CLAUSE 2

THAT, Clause 2 of the Bill be amended—

- (a) in the definition of the term “medical social work”, delete the word “means” and substitute therefor the word “includes”.

Justification: To ensure the broad and inclusive use of the term as the medical social work profession keeps growing.

- (b) by deleting the definition of the term “medical social worker” and substituting therefor the following new definition—

“medical social worker” means a healthcare professional registered under this Act who works within healthcare settings and supports patients and their families in coping with social, emotional and economic challenges occasioned by an illness, injury or hospitalization.

Justification: The term “medical social worker” amended to bring clarity on its meaning.

CLAUSE 5

THAT, Clause 5 of the Bill be amended in sub clause (2) by —

- (a) deleting the words “prescribe the minimum educational requirements for persons wishing to be registered as” appearing in paragraph (a) and substituting therefor the words “establish and maintain qualifications for”; and

Justification: To broaden the functions of the Medical Social Workers Council to include development and maintenance of the qualifications relating to the practice of medical social work in the country.

- (b) deleting the words “in the Kenya *Gazette*” appearing in paragraph (h) and substituting therefor the words “on its website”.

Justification: Publication on the Medical Social Workers Council’s website is more cost-effective and practical.

CLAUSE 7

THAT, Clause 7 of the Bill be amended—

- (a) in sub-clause (1) by deleting paragraph (d) and substituting therefor the following new paragraph (d)—

“(d) a representative from a training institution accredited under the
Cap. 210. Universities Act or the Technical and Vocational Education and Training
Cap. 210A. Act offering approved courses in medical social work;

Justification: The current provision will limit the representation to only one institution, the Kenya Medical Training College) and yet the training of medical social workers is offered at various middle level colleges and in public and private universities.

- (b) in sub-clause (2) by—

- (i) deleting the words “Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology” appearing in paragraph (a) and substituting therefor the words “medical sociology, social work, medical anthropology”.

Justification: To ensure that the Medical Social Workers Council has the relevant qualifications for the effective regulation of the practice of medical social work in the country.

- (ii) deleting the words “ten years in matters of medical social work;” appearing in paragraph (b) and substituting therefor the word “five years”.

Justification: The Chairperson of the Medical Social Workers Council is to be nominated from a section of the members and hence the need to ensure that the latter are also qualified to be appointed as the Chairperson.

- (c) in sub-clause (3) by deleting the words “Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology” appearing in paragraph (a) and substituting therefor the words “medical sociology, social work, medical anthropology, finance”.

Justification: To ensure that the Medical Social Workers Council has the relevant qualifications for the effective regulation of the practice of medical social work in the country.

- (d) by inserting the words “by the Cabinet Secretary” immediately after the expression “1(e) and (f)” appearing in sub-clause (6).

Justification: To specify the appointing authority for the Members of the Medical Social Workers Council.

CLAUSE 12

THAT, Clause 12 of the Bill be amended in sub-clause (2) by deleting the words “Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology” appearing in paragraph (c) and substituting therefor the words “medical sociology, social work, medical anthropology, finance”.

Justification: To ensure that the Medical Social Workers Council has the relevant qualifications for the effective regulation of the practice of medical social work in the country including on financial accountability.

CLAUSE 28

THAT, Clause 28 of the Bill be amended in—

- (a) subsection (2) by inserting the words “provided that the members appointed under subsection (1)(c) shall not constitute a quorum in the absence of any other member” immediately after the word “members”; and

Justification: For the purpose of balance and fair administrative action it is undesirable for the three members of the Disciplinary Committee nominated by the Association to constitute quorum in the absence of the Chairperson, the Director-General for health, the Attorney-General or the Registrar.

- (b) subsection (3) by inserting the words “appointed under subsection 1(c)” immediately after the word “Committee”.

Justification: Besides the three elected medical social workers, the rest of the members of the Disciplinary Committee including the Director-General for health, the Attorney-General and the Registrar are members of the Disciplinary Committee by virtue of their offices and can only leave the Committee when they cease holding their respective offices.

CLAUSE 29

THAT, the Bill be amended by deleting Clause 29 and substituting therefore the following new Clause 29—

Reference of matters to the Disciplinary Committee. **29.** The Council may refer any disciplinary matter relating to a person registered under this Act to the Disciplinary Committee.

Justification: To expand the scope of the disciplinary matters that the Disciplinary Committee may handle in relation to the registered medical social workers.

CLAUSE 46

THAT, the Bill be amended by deleting Clause 46.

Justification: There is no need for a general penalty as the specific offences and penalties are already provided for in clauses 17(2), 22(3), 39, 40(4), 41 and 42 of the Bill.

CLAUSE 47

THAT, Clause 47 of the Bill be amended in—

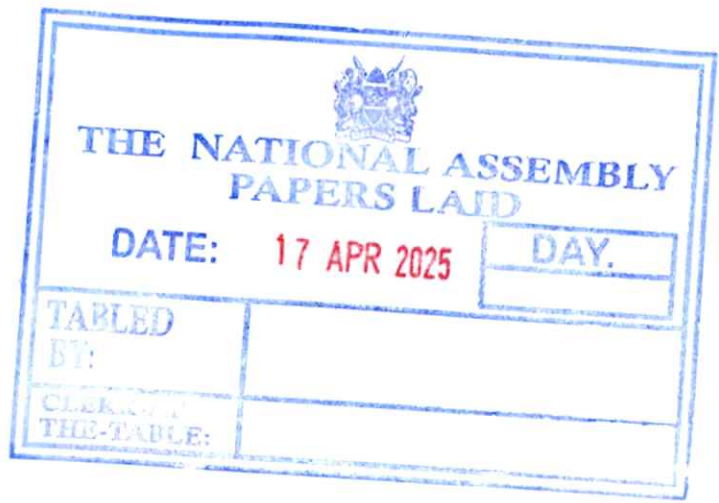
- (a) sub-clause (1) by deleting the words “ninety days” and substituting therefor the words “twenty four months”; and
- (b) sub-clause (2) by deleting the words “twelve” and substituting therefor the word “thirty six”.

Justification: The current timelines are too short and need to be enhanced so as to facilitate effective and seamless transition and compliance with the provisions.

Sign..... *J. Wambura* Date..... *17th April / 2025*

HON. DR. NYIKAL JAMES WAMBURA, M.P.

CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH



ANNEXURE 1:MINUTES OF COMMITTEE SITTINGS



MINUTES OF THE 29th SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD AT BUNGE TOWERS, 5TH FLOOR, COMMITTEE ROOM 24, ON TUESDAY, 15th APRIL 2025, AT 10:00 AM

PRESENT

- | | |
|---|-----------|
| 1. The Hon. Ntwiga Patrick Munene, MP- Vice Chairman | -Chairing |
| 2. The Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP | -Member |
| 3. The Hon. Lenguris Pauline, MP | -Member |
| 4. The Hon. Prof. Jaldesa Guyo Waqo, MP | -Member |
| 5. The Hon. Owino Martin Peters, MP | -Member |
| 6. The Hon. Mathenge Duncan Maina, MP | - Member |
| 7. The Hon. Oron Joshua Odongo, MP | -Member |
| 8. The Hon. Mary Maingi, MP | -Member |

ABSENT WITH APOLOGY

- | | |
|---|--------------|
| 1. The. Hon. Dr. Nyikal James Wambura, MP | -Chairperson |
| 2. The Hon. Dr. Pukose Robert, MP | -Member |
| 3. The Hon. Kipngor Reuben Kiborek, MP | -Member |
| 4. The Hon Kibagendi Antoney, MP | -Member |
| 5. The Hon Wanyonyi Martin Pepela, MP | -Member |
| 6. The Hon. Cynthia Muge, MP | -Member |
| 7. The Hon. Titus Khamala, MP | -Member |

COMMITTEE SECRETARIAT

- | | |
|-------------------------|--------------------------|
| 1. Mr. Hassan A. Arale | -Clerk Assistant I |
| 2. Mr. Timothy Kimathi | -Clerk Assistant III |
| 3. Ms. Gladys Kiprotich | -Clerk Assistant III |
| 4. Ms. Faith Chepkemoi | -Legal Counsel |
| 5. Ms.Rahab Chepkilim | -Audio Officer |
| 6. Ms.Jacenta Maru | -Senior Serjeant At Arms |
| 7. Mr.Hillary Mageka | -Media Relations Officer |

AGENDA

1. Prayers;
2. Adoption of the Agenda;
3. Confirmation of Minutes of the previous meetings;
4. Matters Arising;

5. **Consideration of the Report on Medical Social Workers Bill,2024 (National Assembly, Bill No.22 Of 2024)**
6. **Consideration and adoption of the Report on Medical Social Workers Bill,2024 (National Assembly, Bill no.22 of 2024)**
7. **Meeting with Hon.Mukunji Githonga, MP, to brief the Committee on the Proposed Pharmacy and Poisons Amendment Bill,2025.**
8. **Consideration and adoption of the Report on the Proposed Pharmacy and Poisons (Amendment) Bill, 2025**
9. Any other business; and;
10. Adjournment/Date of the Next Meeting.

MIN. NO. NA/DC-H/2025/212: PRELIMINARIES/INTRODUCTION

The Session Chair called the meeting to order at ten minutes past ten o'clock, followed by the Prayer and self-introductions.

MIN. NO. NA/DC-H/2025/213: ADOPTION OF AGENDA

The agenda of the meeting was adopted, having been proposed by Hon. Prof. Guyo Jaldesa Peters, MP, and seconded by Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP

MIN. NO. NA/DC-H/2025/214: CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

I. Confirmation of Minutes of the 25th sitting held on 11th April,2025

Minutes of the 25th Sitting held on 11th April,2025, were adopted as a true reflection of the Committee deliberations, having been proposed by Hon. Owino Martin Peters, MP and seconded by Hon. Prof. Jaldesa Guyo Waqo, MP.

II. Confirmation of Minutes of the 26th sitting held on 11th April, 2025.

Minutes of the 26th Sitting held on 11th April, 2025, were adopted as a true reflection of the Committee deliberations, having been proposed by Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP, and seconded by Hon. Owino Martin Peters, Mp.

III. Confirmation of Minutes of the 27th sitting held on 12th April, 2025

Minutes of the 27th Sitting held on 12th April, 2025, were adopted as a true reflection of the Committee deliberations, having been proposed by Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP and seconded by Hon. Prof. Jaldesa Guyo Waqo, MP.

IV. Confirmation of Minutes of the 28th sitting held on 12th April, 2025

Minutes of the 28th Sitting held on 12th April, 2025, were adopted as a true reflection of the Committee deliberations, having been proposed by Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP, and seconded by Hon. Prof. Jaldesa Guyo Waqo, MP.

MIN. NO. NA/DC-H/2025/215: MATTERS ARISING

There were no matters arising.

MIN. NO. NA/DC-H/2025/216: CONSIDERATION OF THE REPORT ON MEDICAL SOCIAL WORKERS BILL, 2024 (NATIONAL ASSEMBLY, BILL NO. 22 OF 2024)

COMMITTEE RECOMMENDATION

The Committee recommends that the House adopts the Medical Social Workers Bill, 2024 (National Assembly Bill No. 22 of 2024) with amendments.

SCHEDULE OF AMENDMENTS

Upon considering the Medical Social Workers Bill, 2024 (National Assembly Bill No. 22 of 2024) and submissions from stakeholders, the Committee proposes the following amendments:

CLAUSE 1

THAT, Clause 1 of the Bill be amended by deleting the words “and shall come into force twelve months after publication in the Gazette”.

Justification: Article 116 of the Constitution makes provision on how a Bill is to come into force.

CLAUSE 2

THAT, Clause 2 of the Bill be amended—

- (a) in the definition of the term “medical social work”, delete the word “means” and substitute therefor the word “includes”.

Justification: To ensure the broad and inclusive use of the term as the medical social work profession keeps growing.

- (b) by deleting the definition of the term “medical social worker” and substituting therefor the following new definition—

“medical social worker” means a healthcare professional registered under this Act who works within healthcare settings and supports patients and their families in coping with social, emotional and economic challenges occasioned by an illness, injury or hospitalization.

Justification: The term “medical social worker” amended to bring clarity on its meaning.

CLAUSE 5

THAT, Clause 5 of the Bill be amended in subclause (2) by —

- (a) deleting the words “prescribe the minimum educational requirements for persons wishing to be registered as” appearing in paragraph (a) and substituting therefor the words “establish and maintain qualifications for”; and

Justification: To broaden the functions of the Medical Social Workers Council to include development and maintenance of the qualifications relating to the practice of medical social work in the country.

- (b) deleting the words “in the Kenya *Gazette*” appearing in paragraph (h) and substituting therefor the words “on its website”.

Justification: Publication on the Medical Social Workers Council’s website is more cost-effective and practical.

CLAUSE 7

THAT, Clause 7 of the Bill be amended—

- (a) in sub-clause (1) by deleting paragraph (d) and substituting therefor the following new paragraph (d)—

“(d) a representative from a training institution accredited under the Universities Act or the Technical and Vocational Education and Training Act offering approved courses in medical social work;

Cap. 210.
Cap. 210A.

Justification: The current provision will limit the representation to only one institution, the Kenya Medical Training College) and yet the training of medical social workers is offered at various middle level colleges and in public and private universities.

- (b) in sub-clause (2) by—

- (i) deleting the words “Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology” appearing in paragraph (a) and substituting therefor the words “medical sociology, social work, medical anthropology”.

Justification: To ensure that the Medical Social Workers Council has the relevant qualifications for the effective regulation of the practice of medical social work in the country.

- (ii) deleting the words “ten years in matters of medical social work;” appearing in paragraph (b) and substituting therefor the word “five years”.

Justification: The Chairperson of the Medical Social Workers Council is to be nominated from a section of the members and hence the need to ensure that the latter are also qualified to be appointed as the Chairperson.

- (c) in sub-clause (3) by deleting the words “Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology” appearing in paragraph (a) and substituting therefor the words “medical sociology, social work, medical anthropology, finance”.

Justification: To ensure that the Medical Social Workers Council has the relevant qualifications for the effective regulation of the practice of medical social work in the country.

- (d) by inserting the words "by the Cabinet Secretary" immediately after the expression "1(e) and (f)" appearing in sub-clause (6).

Justification: To specify the appointing authority for the Members of the Medical Social Workers Council.

CLAUSE 12

THAT, Clause 12 of the Bill be amended in sub-clause (2) by deleting the words "Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology" appearing in paragraph (c) and substituting therefor the words "medical sociology, social work, medical anthropology, finance".

Justification: To ensure that the Medical Social Workers Council has the relevant qualifications for the effective regulation of the practice of medical social work in the country including on financial accountability.

CLAUSE 28

THAT, Clause 28 of the Bill be amended in—

- (a) subsection (2) by inserting the words "provided that the members appointed under subsection (1)(c) shall not constitute a quorum in the absence of any other member" immediately after the word "members"; and

Justification: For the purpose of balance and fair administrative action it is undesirable for the three members of the Disciplinary Committee nominated by the Association to constitute quorum in the absence of the Chairperson, the Director-General for health, the Attorney-General or the Registrar.

- (b) subsection (3) by inserting the words "appointed under subsection 1(c)" immediately after the word "Committee".

Justification: Besides the three elected medical social workers, the rest of the members of the Disciplinary Committee including the Director-General for health, the Attorney-General and the Registrar are members of the Disciplinary Committee by virtue of their offices and can only leave the Committee when they cease holding their respective offices.

CLAUSE 46

THAT, the Bill be amended by deleting Clause 46.

Justification: There is no need for a general penalty as the specific offences and penalties are already provided for in clauses 17(2), 22(3), 39, 40(4), 41 and 42 of the Bill.

CLAUSE 47

THAT, Clause 47 of the Bill be amended in—

- (a) sub-clause (1) by deleting the words "ninety days" and substituting therefor the words "twenty four months"; and

- (b) sub-clause (2) by deleting the words “twelve” and substituting therefor the word “thirty six”.

Justification: The current timelines are too short and need to be enhanced so as to facilitate effective and seamless transition and compliance with the provisions.

MIN. NO. NA/DC-H/2025/217: CONSIDERATION AND ADOPTION OF THE REPORT ON MEDICAL SOCIAL WORKERS BILL, 2024 (NATIONAL ASSEMBLY, BILL NO.22 OF 2024)

The report on the Medical Social Workers Bill, 2024 (National Assembly, Bill No.22 of 2024) was adopted by the committee, having been proposed by Hon. Oron Joshua Odongo, MP and seconded by Hon. Mary Maingi, MP.

MIN. NO. NA/DC-H/2025/218: MEETING WITH HON.MUKUNJI GITHONGA, MP TO BRIEF THE COMMITTEE ON PROPOSED PHARMACY AND POISONS AMENDMENT BILL, 2025.

The legal counsel gave a brief on the Legislative Proposal as follow;

(a) Background on the Legislative Proposal

The Pharmacy and Poisons (Amendment) Bill, 2025 (hereinafter referred to as “the Legislative Proposal”), sponsored by Hon. Mukunji Gitonga, MP has been referred to the Departmental Committee on Health for pre-publication scrutiny pursuant to Standing Order 114(3)(a)(i) as directed by the Hon. Speaker of the National Assembly.

The principal object of the legislative proposal is to recognize individuals who obtained a Certificate of Pharmaceutical Technology between 1st January 1998 and 31st December 2008 from a college recognized by the Pharmacy and Poisons Board in Kenya.

(b) Summary of the Legislative Proposal

Clause 1 provides the short title of the Legislative Proposal.

Clause 2 amends section 8 of the Pharmacy and Poisons Act, Cap. 244 by introducing a new subsection (3) as follows:

“(3) Notwithstanding subsection (2), a person who satisfies the Board that he or she holds a Certificate in Pharmaceutical Technology obtained between 1st January 1998 and 31st December, 2008 from a college recognized by the Board in Kenya at that time, shall subject to this Act, be entitled to have his or her name entered in the register.”

(c) Analysis of Stakeholder memoranda received by The Committee

The Committee received memoranda from the following institutions:

- i. **The Office of the Attorney-General and Department of Justice** Submitted a general comment as follows;

The legislative proposal does not raise any significant constitutional or statutory issues. The Office had sought policy guidance from the Ministry of Health on the legislative proposal so as to respond conclusively given that the policy on the legislative proposal lies with the Ministry of Health.

ii. **Pharmacy and Poisons Board submitted as follows;**

The legislative proposal is untenable for the following reasons:

- a) Registered pharmacists were the only recognized cadre when the Pharmacy and Poisons Act came into force on 1st May 1957;
- b) The need for recognition of a certificate in pharmaceutical technology is unknown and has no justification in the sector;
- c) Cadres are recognized based on guidelines that are informed by the technical and sensitive nature of handling of medicines and role to be performed by the cadres;
- d) The requirement for satisfying the Board prior to registration should be proceed by a criteria, which has not existed for certificate holders;
- e) PPB has never accredited or recognized colleges offering certificates in pharmaceutical technology even between 1998 to 2008;
- f) The amendment may bring confusion in the pharmaceutical sector since the role of certificate holders is undefined; no certificate holder has been registered or enrolled since the Act was enacted; and
- g) Global best practice for the pharmaceutical sector is to streamline the cadres based on established practices since medicines must be handled by highly qualified personnel. Kenya has defined the same in relation to pharmacists and pharmaceutical technologists.

Hon. Mukunji Githonga, Mp submitted as follows;

He informed the committee that he recognized the guidance from the key stakeholders.

He then indicated that he engaged with certificate holders in pharmaceutical technology from accredited institutions such as the Eldoret National Polytechnic, Kenya Coast National Polytechnic (KCNP), and the Technical University of Kenya. These professionals have been advocating for recognition and advancement within their careers.

In recent consultations, he noted that there are approximately 11,700 professionals within the pharmaceutical technology cadre who need formal recognition to practice.

He urged the committee to find ways to ensure students are accommodated. He further added that the regulatory body could consider subjecting students to mandatory exams before allowing them to practice.

He added that the Pharmacy and Poisons Board can generate resources through charging for tests.

COMMITTEE OBSERVATIONS

The Committee observed that:

- (a) the intention of the legislative proposal was to recognize individuals who obtained a Certificate of pharmaceutical technology between 1st January 1998 and 31st December 2008 from a college recognized by the Pharmacy and Poisons Board in Kenya.
- (b) Section 8 of the Pharmacy and Poisons Act, Cap. 244 provides for the registration of diploma and degree holders only.
- (c) *The High Court in Stephen Macharia Gachugu & 79 others v Attorney General & Pharmacy & another [2020] eKLR* held that “a reading of sections 6, 7 and 8 of the Act together with the definition of the term “enrolled pharmaceutical technologist” in Section 2 of the Act clearly shows that only two cadres of professionals are recognized by the law in the pharmacy field. Degree holders are registered as pharmacists whereas diploma holders are enrolled as pharmaceutical technologists. According to Section 8(2) of the Act, pharmaceutical technologists must be diploma holders. Painful, as this pronouncement is, there is no place for certificate holders in the pharmacy industry.....it follows that Section 8 of the Pharmacy and Poisons Act is constitutional.
- (d) Kenya can only achieve maturity level 3 and be able to manufacture and export its pharmaceuticals if it is aligned to global best practice in relation to the regulation of its pharmaceutical sector. As regards the pharmacy professionals, global best practice recommends the streamlining of professional cadres based on established practices since medicines must be handled by highly qualified personnel. In this regard, the Pharmacy and Poisons Board has only determined the practice guidelines for pharmacists (degree holders) and pharmaceutical technologists (diploma holders).
- (e) The Pharmacy and Poisons Board needs to handle the issue of training institutions offering certificate courses in pharmaceutical technology so that Kenyans are not allowed to undertake courses that will not be recognized by the Board.

COMMITTEE RECOMMENDATION

In light of the foregoing, the Committee recommends that pursuant to the provision of Standing Order 114(7), the legislative proposal **should not be proceeded with**.

MIN. NO. NA/DC-H/2025/219: CONSIDERATION AND ADOPTION OF THE REPORT ON THE PROPOSED PHARMACY AND POISONS (AMENDMENT) BILL, 2025

The report on the Proposed Pharmacy and Poisons (Amendment) Bill, 2025 was adopted by the committee, having been proposed by the Hon. Lenguris Pauline, MP, and seconded by the Hon. Sunkuli Julius Lekakeny Ole, EGH, EBS, MP

MIN. NO. NA/DC-H/2025/220: ANY OTHER BUSINESS

The following issue was raised;


The Committee tasked the Secretariat to plan and coordinate a joint sitting scheduled for 23rd April 2025. The meeting will bring together the Committee on Health, the Committee on Education, the Cabinet Secretary for Health, the Cabinet Secretary for Education, and the Chief Executive Officers from the Kenya Medical Training College (KMTC), the Kenya

Universities and Colleges Central Placement Service (KUCCPS), and the Higher Education Loans Board (HELB).

The primary agenda of the sitting is to deliberate on Higher Education Loans Board (HELB) support to students of the Kenya Medical Training College (KMTC) and other Colleges.

MIN. NO. NA/DC-H/2025/221: ADJOURNMENT

There being no other business, the meeting was adjourned at five minutes past noon. The next meeting will be held by notice.

Sign.......... Date.....17th/April/2025.....

**HON. DR. NYIKAL JAMES WAMBURA, M.P.
CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH**

ANNEXURE 2: REPORT ADOPTION SCHEDULE



THE NATIONAL ASSEMBLY

13TH PARLIAMENT – FOURTH SESSION (2025)

DIRECTORATE OF DEPARTMENTAL COMMITTEES

DEPARTMENTAL COMMITTEE ON HEALTH

**REPORT ON THE CONSIDERATION OF THE MEDICAL SOCIAL WORKERS
BILL, 2024 (NATIONAL ASSEMBLY BILL NO. 17 OF 2024)**

We, the undersigned Members of the Departmental Committee on Health do hereby append our
signatures to adopt this Report.....Date: 15/4/2025.....

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

**ANNEXURE 3: ANALYSIS OF SUBMISSIONS BY
STAKEHOLDERS ON THE BILL**

MATRIX ON STAKEHOLDER VIEWS ON THE MEDICAL SOCIAL WORKERS BILL, 2024 (NATIONAL ASSEMBLY BILL NO. 22 OF 2024)

| CLAUSE | STAKEHOLDER | PROPOSED AMENDMENT/ COMMENT | RATIONALE | COMMITTEE RESOLUTION |
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| Clause 1 | Kenya Law Reform Commission (KLRC) | Delete the provision on commencement date of the Act. | There is an urgency to regulate and recognize medical social workers who presently engage in active practice in the health sector. Legislation is developed to cure gaps. | Adopted: Article 116 of the Constitution makes provision on how a Bill comes into force. |
| Clause 2 | Dr. Jesca Kinoti Medical Social Work Lecturer, Researcher and Consultant | Include the recognition of the profession as an academic discipline in the definition of the term "medical social work". | To pave way for the development the profession to PhD levels so as to strengthen research and policy formulation and implementation. | Not Adopted: The Bill seeks to regulate the medical social worker profession which includes training in medical social work and hence no need for it to be mentioned in the definition. |
| | KLRC | (a) Delete the definition of the term "Association". (b) Delete the definition of the term " Financial year" . (c) Delete the definition of the term "gazette". | The definition of Association gives prominence to only one association that is currently existing. In the event another that another There would be conflict if another Association is registered. | Not Adopted: The terms association, financial year and gazette are defined for clarity purposes since they are used |

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| | | | <p>The terms “gazette” and “financial year” are already defined hence there is no need to lay emphasis.</p> <p>The term “medical social work” is continuously expanding and evolving.</p> | <p>within the text of the Bill.</p> <p>Adopted: This is to provide for continuous expansion of the profession.</p> |
| | Bravingtone Ogutu | <p>Adopt the following as the definition of the term “medical social worker”— “A medical social worker is a professional who works within healthcare settings to support patients and their families in coping with the social, emotional, and financial challenges that arise from the illness, injury, or hospitalization. They are trained in social work and specialize in the intersection of healthcare and social services, helping to ensure that patients receive comprehensive care that addresses not just their medical needs but also their psychological well-being.”</p> | | <p>Adopted with Amendments: the term redefined to bring clarity to its meeting as follows: A healthcare professional registered under this Act who works within a healthcare setting and supports patients and their families in coping with social, emotional and economic challenges occasioned by an illness, injury or hospitalization”</p> |

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| | Office of the Attorney General (OAG) | (a) In the definition of the term “register”, insert the conjunction ‘and’ immediately after the expression “under Section 21”, | | Adopted: For proper drafting. |
| | | (b) Insert a full stop (.) immediately after the expression “section 12” appearing in the definition of the Registrar. | | Adopted: For proper drafting. |
| Clause 4 | KLRC | (a) Delete clause 4 and substitute with the following new clause— 4(1) The headquarters of the Council shall be in Nairobi, but the Council may establish offices at any other places in Kenya. 4(2) The Council shall ensure access to its services in all parts of the Republic in accordance with Article 6(3) of the Constitution. | The use of the word ‘units’ and the general phrasing of the provision creates ambiguity. Given that the provision deals with the headquarters, the word ‘offices’ is more appropriate. | Not Adopted: The term unit sufficiently provides for the establishment of offices, departments and even branches at any other place in Kenya. |
| Clause 5 | KLRC | (a) Delete the words “exercise supervision and control over the training and practice of medical social workers” in clause 5(1) and replace with the words— | To bring clarity on the regulatory functions of the Medical Social Workers Council. | Not Adopted: The clause as drafted provides for the regulation of the medical social workers. |

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| | | <p>“Regulate the practice of medical social work”</p> <p>(b) Delete the words “minimum educational qualification” in clause 5(2)(a) and substitute with the words “develop, establish and maintain qualifications for members”.</p> <p>(c) Delete clause 5(2)(e) and substitute with a new paragraph— “(e) to receive and investigate complaints against members of the Council and to deal with issues of discipline, professional misconduct, incompetency and incapacity”.</p> <p>(d) Delete the word “accredit” in clause 5(2)(g).</p> | <p>It is not the work of the Council to prescribe minimum educational qualification.</p> <p>One cannot formulate and purport to accredit one self. Accreditation must be undertaken independently.</p> | <p>Adopted with Amendments: To broaden the function of the council to include developing and maintenance of the qualifications relating to the practice of medical social workers as follows in Kenya.</p> <p>Not Adopted: The clause is broader than what has been proposed.</p> <p>Not Adopted: The council needs to accredit for uniform and controlled development and progression</p> |
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| | | | (h) Delete the requirement to gazette in clause 5(2)(g). | Publication in this clause can done through the website. | within the profession. Adopted: Its more cost effective to publish on its website. |
| Clause 7 | Margaret Siele Medical Social Work Services Coordinator, Nakuru County | Delete “mental health, psychology, counseling and anthropology” from the qualifications to be appointed as the Chairperson and members of the Medical Social Workers Council in clause 7(2) and 7(3) and only retain “medical social work, social work, sociology or its equivalent from a university recognized in Kenya”. | Medical social workers provide psychosocial support services and play various roles including educators, counsellors, facilitators, advocates and problems solvers in the health facilities. They provide insight to social dimension in medical services. | Adopted with Amendments: the chair and the members of the Council will have knowledge in medical social work, medical social sociology, medical anthropology or finance. | |
| | Peninah Kimani Medical Social Worker practising in Nakuru County | Remove “mental health, psychology, counseling and anthropology” from the qualifications to be appointed as the Chairperson and members of the Medical Social Workers Council in clause 7(2) and 7(3) and only retain “medical social work, social work, | Counselors and psychologists have a separate Act of Parliament that governs them. Adding them to the Medical Social Workers Act will duplicate their roles and responsibilities as well as their registration and licensing. | | |

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| | | sociology or its equivalent from a university recognized in Kenya”. | | |
| | Dr. Jesca Kinoti | Provide for the representation of the university in the Medical Social Workers Council with a minimum qualification of a PhD in clause 7(1). | To strengthen the development of the curriculum for teaching and research in the field of medical social worker | Adopted with Amendment to provide for a representative from a training institution approved under the Universities Act 2012, or Technical and Vocational Education and Training Act 2013 offering approved courses in medical social work” |
| | KLRC | Consider amending Clause (7) (3) (b) since in the event that the Association nominates three persons with minimum qualification, it would mean that no one would be qualified to be a Chairperson of the Council. | Paragraph (a) of subclause 1 provides that the Chairperson of the Council will be nominated from persons listed under paragraph (f), which provides that the Kenya Medical Social workers Association will nominate three people to the Council. Paragraph 2(b) provides that the person nominated for the position of Chairperson should have at least ten years’ experience. Paragraph (3) (b) on the other hand provides that the three persons nominated by the Association should have at least five years’ experience. | Adopted with Amendments; by reducing the qualifications of the chairperson in 7(2)b to at least five years’ experience. |

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| | | Delete the reference to paragraph (1) (e) in clause 7(3). | Paragraph (1) (e) provides that the chairperson of the Association shall be a member of the Council. Paragraph 3 provides for the qualifications of the person nominated under paragraph (1) (e). By prescribing the qualification relating to the Association, the Bill infringes the right of the Association's members under Article 36 of the Constitution. The qualifications of the leadership of an Association should be provided in that Association's constitution. | Adopted: To provide clarity that the chairperson of the Association is appointed by virtue of their office. |
| | | Delete reference to paragraph (1) (e) in clause 7(5) (f). | The Chairperson of the Association holds the position in the Council by virtue of the office. Should they lose their license but the Association's constitution allows them to remain in office, then that position in the Council will remain vacant. Given that the provision does not apply to other persons who are members of the Council by virtue of their offices, it should not apply to the Chairperson of the Council either. | Adopted: To provide clarity that the chairperson of the Association is appointed by virtue of their office. |
| | Kenya Medical Social Workers Association (KEMSWA) | (a) Amend clause 7 on the composition of the Council by inserting a new subclause (h) to include a representative of universities in Kenya that offer medical social work education. | | Adopted with Amendments: to provide for a representative from a training institution approved under the Universities Act 2012, or Technical and Vocational Education and |

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| | | | | Training Act 2013 offering approved courses in medical social work” |
| | | (b) Delete the words “psychology”, “counselling and “mental health” and allow them to be taken care by the statement “or its equivalent and add the word “medical” before anthropology and sociology. | A substantive law on counselling and psychology already exists. Medical social workers practice embedded counselling. | Adopted: A substantive law on counselling and psychology already exists |
| | The Ministry of Health (MOH) | (a) Delete subclause 1(d) and replace with the following— “a representative from a training institution approved under the Universities Act 2012, or Technical and Vocational Education and Training Act 2013 offering approved courses in medical social work” | Training of medical social workers is offered at various middle level colleges and in public and private universities. The current provision will limit the representation to only one institution (Kenya Medical Training College). | Adopted: Medical social workers training is offered at various middle level colleges and in public and private universities |
| | | (b) Delete subclause 1(f) and replace with the following— “three medical social workers registered with | To ensure that the nominated medical social workers are in good standing with the Council. | Not Adopted. The issues raised shall be addressed by the Association |

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| | | the Medical social Workers Council and nominated by the Kenya Medical Social Workers Association.” | | during the nomination. |
| | | (c) Insert a new paragraph (h) in subclause (1) as follows— “(h) a representative of vulnerable persons.” | To ensure representation of the users of the medical social work services, majority of whom are vulnerable persons. | Not Adopted; the proposal raises practicality challenges. |
| | | (d) Insert a new paragraph (i) in subclause (1) as follows— “(i) a person with the knowledge and expertise in finance” | To ensure financial accountability in the Council. | Not Adopted: This is provided for in the qualifications of the three officers nominated by the Kenya Medical Social Workers Association |
| | OAG | (a) Amend clause 7(6) to specify the appointing authority for the members of the Council. | To ensure effective implementation of clause 7(6). | Adopted to specify the appointing authority for the members of the Council. |
| | | (b) Review clause (7) (2). | Clause 7(2)(b) contradicts the requirements under Clause 7(2)(a) since clause (7)(2)(b) requires a person to be appointed as a chairperson to the Council to have proven knowledge and experience of at least ten years in matters of medical social work which overtly discriminates on persons with other qualifications as | Adopted: To provide clarity that the chairperson of the Association is appointed by virtue of their office. |

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| | | | specified under clause 7(2)(a), which includes mental health, psychology, sociology, social work, counselling and anthropology. | |
| | | (c) Review clause 7(3). | Clause 7(2)(b) contradicts the requirements under Clause 7(2)(a) since clause (7)(2)(b) requires a person to be appointed as a chairperson to the Council to have proven knowledge and experience of at least ten years in matters of medical social work which overtly discriminates on persons with other qualifications as specified under clause 7(2)(a), which includes mental health, psychology, sociology, social work, counselling and anthropology. | Adopted with amendments: The qualifications revised to address the contradiction. O |
| | | (d) Delete clause 7(4). | The clause empowers the Cabinet Secretary to make regulations for nomination of members referred to in subclause 1(e) and (f). Clauses 7(1)(e) and 7(1)(f) provides for the Chairperson of the Kenya Medical Social Workers Association and three medical social workers nominated by the Kenya Medical Social Workers Association as forming part of the Council, respectively. The Chairperson of the Kenya Medical Social Workers Association is a member of the Council by virtue of the office hence the requirement to regulate the criteria for nomination of a member under clause 7(1)(e) is unnecessary. Similarly, the members nominated under clause 7(1)(f) are members of a professional body and the procedures for nomination are better dealt with administratively within the | |

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| | | | Association. In this regard, while clause 7(1)(e) is self-executing, clause 7(1)(f) does not require subsidiary legislation to operationalize the clause as the nomination can be undertaken administratively within the Association. | |
| | Bravingtone Ogutu | Anthropologists cannot be included in the Bill. | While both medical social workers and anthropologists are concerned with human well-being, their focus, methods and work environment are distinct. Medical social workers provide direct care and support within health care settings, while anthropologists study human behavior and cultures often in a research or academic context. | Adopted with amendments to use the term medical anthropology. |
| | | Psychologists have their Board and cannot be included in this Bill. | | Adopted: A substantive law on counselling and psychology already exists. |
| | | The composition of the Council provides that only the CEO of Kenya Medical Training College sits on the Council however currently, there are two universities that are offering training of bachelor's degrees in Medical Social Work and one other college offering a diploma on the same. | | Adopted with amendment: To provide for a representative from a training institution approved under the Universities Act 2012, or Technical and Vocational Education and Training Act 2013 offering approved courses in |

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| | | | | | medical social work” |
| Clause 8 | KLRC | Delete reference to clause 7 (1)(e) in clause 8(2). | Clause 7(1)(e) provides that the Chairperson of the Association shall be a member of the Council. Clause 8(2) provides that the person nominated under clause 7(1)(e) shall serve for a term of three years but shall be eligible for reappointment for a further term. The Chairperson of the Association is a member of the Council by virtue of the office and therefore should remain in the Council for as long as he or she remains in office. | | Adopted to address the error in cross-referencing |
| Clause 9 | KLRC | Delete the reference to clause 7(1) (e) in clause 9(2). | The replacement of the Chairperson of the Association in the Council can only be subject to the election of a new Chairperson of the Association in accordance with the Association’s Constitution. | | |
| Clause 12 | KEMSWA | (a) Delete the words “psychology”, “counselling” and “mental health” and allow them to be taken care of by the statement “or its equivalent”. (b) Insert the word “medical” before anthropology and sociology. | A substantive law on counselling and psychology already exists. Medical social workers practice embedded counselling. | | Adopted with amendment: The Clause was amended to reflect the proposals as above. |
| | MOH | | To ensure that the position attracts highly qualified professions that are specialized in the field rather than generalized. | | |

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| | OAG | Review clause 12. | Clause 12(2)(d) overtly discriminates on persons with other qualifications as specified under 12(2)(c) which includes Mental Health, Psychology, Sociology, Social Work, Counselling and Anthropology. | |
| | Bravingtone Ogutu | Anthropologists cannot be included in the Bill. | While both medical social workers and anthropologists are concerned with human well-being, their focus, methods and work environment are distinct. Medical social workers provide direct care and support within health care settings, while anthropologists study human behavior and cultures often in a research or academic context. | |
| | | Psychologists have their Board and cannot be included in this Bill. | | |
| Clause 17 | KEMSWA | Add the "KMTC Act " | KMTC is a training institution. | Not Adopted. Accreditation of training institutions is provided for under the Universities Act and the Technical and Vocational Education and Training Act. |
| | MOH | Insert a new subclause as follows— (4) The Council shall approve the training | To ensure uniformity and quality of training. | Not Adopted; this is provided for in the clause 5(2)b |

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| | | curriculum for medical social workers”. | | |
| Clause 18 | KEMSWA | Add KMTC Act in clause 18(4) and (5). | KMTC is a training institution. | Not Adopted. Accreditation of training institutions is provided for under the Universities Act and the Technical and Vocational Education and Training Act. |
| Clause 19 | KLRC | Insert the following new subclause immediately after clause 19(5)— “(6) Any person who, while making an application under this section, makes a false or misleading statement or submits a forged certificate commits an offence and shall, upon conviction, be liable to a fine not exceeding five hundred thousand shillings, or to imprisonment for a term of not less than one year, or to both.” | The clause is provided for in the miscellaneous provisions however for the proper order of the Act, it should be brought to clause 19. | Not Adopted: The clause ought to remain in part on the miscellaneous provisions. |
| Clause 21 | KLRC | (a) Review clause 21(5) (b). | The clause as currently phrased implies that a person who is not in the published register or whose name has been removed | Adopted: The clause was redrafted to |

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| | | | from the register, is registered under the Act. | address the ambiguity. |
| | | (b) Correct the cross-referencing in clause 21(9) . | The provision on consensual removal from the register is contained in subclause (8) and subclause (5). | Adopted for proper cross-referencing. |
| Clause 22 | KLRC | (a) Insert a new subclause immediately after clause 22(2)— “(3) No person shall, while in charge of any institution or any other health organization in Kenya, allow a person who is not registered and licenced under this Act to practice as a medical social worker in that institution.” | The clause is provided for in the miscellaneous provisions however for the proper order of the Act, it should be brought to clause 22 since all provisions on licensing should be under one clause. | Not Adopted: The clause ought to remain in part on the miscellaneous provisions. |
| | | (b) Delete clause 22(3) and replace with the following new clause— “(4) A person who contravenes the provisions of this clause commits an offence and shall, upon conviction, be liable to a fine not exceeding five hundred thousand shillings, or to imprisonment for a term of not less than 2 years, or to both.” (c) Renumber the existing subclause (3) as | Given that there is more than one offence in the clause with the proposed amendment, it is necessary to generalize the penalty provision. | Not Adopted: The clause ought to remain in part on the miscellaneous provisions. |

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| | | subclause (4) and amend it. | | |
| | OAG | Review clause 22. | To accurately reflect the policy intention of the legislator and for the proposed provision to clearly communicate to the people who will be affected by the Bill. Moreover, there is need to separate the policy ideas contained in clause 22 in order to improve readability of the proposed provision. The practicing licence should be provided for separately from private practice matters. Clarity should also be provided as to whether there are persons who are exempted from taking out a practicing licence. | Not Adopted: The clause as drafted is in order. |
| Clause 28 | KLRC | (a) Delete clause 28(2) and replace with the following new subclause— “(2) The quorum of the Committee shall be three members, provided that the members appointed under section (1) (c) shall not constitute a quorum in the absence of any other member. In the event that the chairperson is absent, but the meeting has quorum under this section, the members present shall nominate one member from amongst their | For the purpose of balance it is undesirable for the three members of the Committee nominated by the Association to constitute quorum in the absence of the Chairperson, the Director-General for health, the Attorney-General or the Registrar. The provision should also indicate how a Chairperson is arrived at in a meeting where the substantive Chairperson is absent. | Adopted with Amendment to provide that the three members of the Committee nominated by the Association cannot constitute a quorum in the absence of any other member. |

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| | | number to preside over the meeting.” | | |
| | | (b) Amend clause 28(3) by inserting the words “appointed under subsection 1(c)” immediately after the word “Committee”. | The three medical social workers elected by the members of the Association are members of the Disciplinary Committee by virtue of their offices and therefore can only leave the Committee if they cease holding their respective offices. | Adopted: the appointment of the other members of the disciplinary committee is by virtue of their office. |
| Clause 29 | KLRC | Delete clause 29 (a) | Conviction by a court of law is a fact that need not be tried again under a disciplinary procedure. Subjecting a convicted person to a disciplinary procedure violates Article 50(2)(o) of the Constitution. It is further sufficient that clause 21(6)(a) of the Bill provides for the removal of a convicted person from the register. | Not Adopted: the clause as drafted is in order and there is no unfairness. |
| Clause 39 | OAG | Delete the repeated words “ <u>a fine not exceeding fine not exceeding</u> ” in clause 39. | | Adopted. To remove the repetition. |
| Clause 40 | KLRC | Delete clause 40. | Insistence on sealed physical certificates seems a bit archaic in a world that is increasingly becoming digital. The issuance of a practice number upon renewal of a licence should be enough proof that a person is licensed to practice. | Not Adopted. The seal is necessary for the purpose of authentication of certificates issued by the council including those provided through digital platforms. |

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| Clause 42 | KLRC | Delete clause 42. | The provisions of clause 42 (1) (2) (3) and (4) should be covered under clause 22 as per the KLRC's proposed amendment. The provisions of clause 42(5) should be covered under clause 19. | Not Adopted: The clause ought to remain in part on the miscellaneous provisions. |
| Clause 45 | KLRC | Amend the cross reference in clause 45(2) (a) from "section 9 (1)(e) and (f)" to "section 7(1)(f)". | The provision relating to the nomination of Council members is section 7 and not section 9. Section 7(1)(e) further relates to the Chairperson of the Association and hence no regulation is necessary to provide for the criteria for his or her nomination to the Council. | Adopted for proper cross-referencing. |
| Clause 46 | KLRC | Delete clause 46 and replace with the following new clause— <i>"A person contravenes the provision of this Act commits an offence and shall, where no other penalty is applicable, be liable upon conviction to a fine not exceeding five hundred thousand shillings, or to imprisonment for a term not less than one year, or both."</i> | There are other penalties within the Bill and hence it is important to specify that the general penalty applies where no other penalty applies. | Adopted the clause applies where there are no other penalties. |
| Clause 47 | KEMSWA | (a) Clause 47(2) should come before clause 47(1). (b) Delete the words "ninety days" and | If the prescribed course by the Council as per the Bill was to take twelve months | Not an Adopted; the clause as drafted is in order. Adopted: to increase the |

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| | | replace with the words “twenty four months” in clause 47. (c) Delete the word “twelve” and replace with the words “thirty six” in clause 47(2). | at minimum with all practicing medical social workers required to go through, there is a very high likelihood of interference with service delivery. Training would only be feasible in groups even with the use of online or distance learning. | timelines of medical social workers' transition to comply with the Act to twenty-four months. Adopted to increase the timelines from twelve months to thirty-six months. |
| First Schedule | KLRC | Delete the expression “section 12(1)” and substitute the expression “section 11(1)”. | The First Schedule relates to section 11(1) of the Act and not section 12(1) as indicated. | Adopted for proper cross-referencing. |
| GENERAL COMMENTS ON THE BILL | | | | |
| | MOH | Agrees with all clauses of the Bill save for the aforementioned highlighted clauses. | | Noted |
| | Margaret Siele | Expressed strong support for the Bill and thanked the Chairperson of the Committee for introducing the Bill. Urged all Members of Parliament to prioritize the passage of the Bill to support the professional growth and advancement of medical social workers in Kenya. | Medical social work services complete the definition of health according to WHO that states that health encompasses the physical, social, psychological and mental wellbeing of a person. Many at times the social component is left out, yet it is the most critical since 90% of health cases are social in nature. By investing in the regulation and promotion of medical social work, the country can enhance the quality of care, improve patient treatment outcomes and contribute to | Noted |

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| | | | <p>the well-being of our communities and the nation at large.</p> <p>Medical social workers are a link between the hospital and the community and counterpart' organizations and institutions like children homes, rescue centres, police, children offices, NGOs and CBOs etc. with the objective of providing holistic healthcare services. The Bill is a crucial step towards recognizing and enhancing the profession of medical social work in Kenya. It will provide for standards for education, training, licensing and ethical conduct for medical social work practice which translates to well-equipped and empowered medical social workers who will deliver high-quality care to individuals and families in healthcare settings.</p> | |
| | Peninah Kimani | Expressed strong support for the Bill and thanked the Chairperson of the Committee for introducing the Bill. Urged all Members of Parliament to prioritize the passage of the Bill. | <p>The Bill aims to regulate and promote the practice of medical social work in Kenya. Medical social workers play a critical role in addressing the psychosocial economic needs of patients, providing emotional as well as material support, and connecting them with essential services and resources they need. They are instrumental in advocating for patient's right to access healthcare, ensuring their holistic well-being, and facilitating their access to necessary services.</p> <p>The Bill is therefore a crucial step towards recognizing and enhancing the</p> | Noted |

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| | | | <p>profession of medical social work in the country. By establishing standards for education, training, licencing, and ethical conduct, the Bill will ensure that medical social workers are well-equipped and empowered to deliver high-quality care to individuals and families in healthcare settings.</p> <p>The Bill will therefore support the professional growth and advancement of medical social workers in Kenya. By investing in the regulation and promotion of medical social work, the country can enhance the quality of care, improve patient's outcomes, and contribute to the well-being of our communities.</p> | |
| | Dr. Jesca Kinoti | Expressed support for the Bill and requested that it is enacted and thanked the Chairperson of the Committee for introducing the Bill. | <p>Medical social work is a noble profession and has been recognized by the Ministry of Health and the government scheme of service. The profession deals with sensitive matters in bridging the gap between patients and resources in different set ups and in particular in health centres. Issues of handling patient data that involve ethical issues, supporting patients in hospital and in community and managing care and support services are all sensitive matters among others which needs the Bill to regulate the same.</p> <p>The medical social work profession, which focuses majorly on prevention and management, resonates well with the worldwide principles of primary health</p> | Noted |

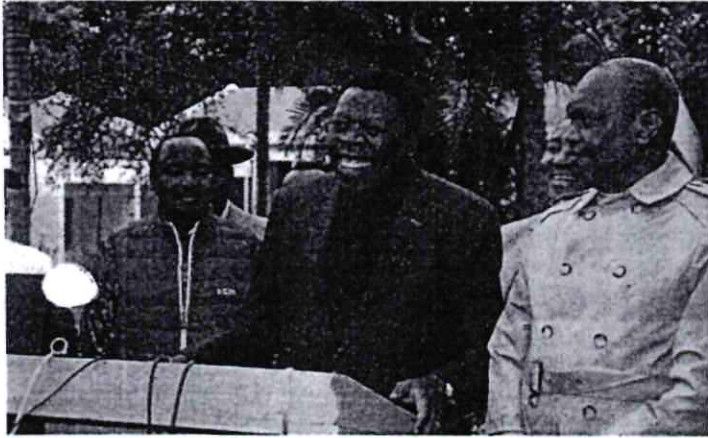
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| | | | | care are to be upheld in order to realize optimal health within the resource constraints. | |
| | | Leonard Ngeno Medical Social Worker stationed at Nakuru County Referral And Teaching Hospital | Appreciated the Chairperson of the Committee for introducing the Bill. | To regulate the medical social workers' profession for better service delivery. Medical social workers offer services including: (a) conducting social economic assessment of patients; (b) health education; (c) adolescence issues; and (d) follow up on neglected, abused and abandoned children. | Noted |
| | | Peninah Kimani Medical Social Worker practising in Nakuru County | Expressed strong support for the Bill and thanked the Chairperson of the Committee for introducing the Bill. | | Noted |
| | | Kelwon Richard Kandie Medical Social Worker Kenyatta National Hospital | Urged the National Assembly to pass the Bill as it will significantly contribute to the well- being of Kenyan citizens and the efficiency of the healthcare system. In his memorandum, Mr. Kelwon gave a historical overview of medical social work and the global and Kenyan situation on medical social work, justified the need for regulation and highlighted the public benefits of this proposed legislation. | The regulation of medical social workers is essential to ensuring that professional standards are upheld and that patients receive quality care through structured, ethical practices. The Bill represents a crucial step in strengthening Kenya's healthcare system by formalizing and regulating the role of medical social workers. By addressing the social determinants of health that often go unaddressed in clinical settings, the Bill will enhance healthcare service delivery, improve patient outcomes, and ensure comprehensive care that meets the medical, social, and emotional needs of patients. Additionally, regulating the training, practice, and licensing of medical social workers will promote | Noted |

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| | | <p>He also attached the Medical Social Workers Code of Ethics and Professional Standards which will guide the conduct and practice of medical social workers in providing essential psychosocial services within healthcare settings.</p> | <p>ethical and accountable service delivery while elevating the professional standing of the field. Through the Bill:</p> <ul style="list-style-type: none"> • the Council shall set clear standards for the profession, ensuring that medical social workers are adequately trained and equipped to meet the needs of the healthcare system which will improve the quality of services provided to patients and ensure accountability among practitioners; • the healthcare system will benefit from a more holistic approach to patient care, reducing hospital readmissions, improving treatment adherence, and enhancing overall clinical outcomes; • there will be a framework for integrating medical social work services into mainstream healthcare, which will directly impact public health goals, such as reducing the burden of non-communicable diseases and mental health conditions; and • there will be inclusion of medical social workers in multidisciplinary teams, particularly in managing complex cases such as cancer, HIV, and mental health disorders which will lead to more comprehensive care and better health outcomes for patients. | |
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| | | | | <p>The Bill is aligned to, and has complementarity with the existing laws in the health sector namely the Health Act, the Public Health Act, the Mental Health Act, HIV and AIDS Prevention and Control Act, Community Health Services Act, Health Records and Information Managers Act, Occupational Safety and Health Act, Nutritionists and Dieticians Act, Primary Health Care Act, Digital Health Act, Facility Improvement Financing Act and Social Health Insurance Act.</p> | |
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**ANNEXURE 4: COPY OF THE NEWSPAPER
ADVERTISEMENT ON PUBLIC PARTICIPATION ON
THE BILL**

DAP-K tells ODM to leave Azimio, join Government wholly



Azimio Leaders Kalonzo Musyoka, Eugene Wamalwa and Jeremiah Kioni at a past press conference. [Muriithigo, Standard]

Wamalwa vows to unseat President Ruto in 2027.

He says one can't be in government and opposition at the same time.

ARTIN NDIEMA, TRANS NZOIA

Democratic Action Party Kenya (DAP-K) has asked the governing council of Azimio la Umoja-One Kenya to expel the Orange Democratic Movement party (ODM) from the coalition that was formed ahead of the 2022 elections.

DAP-K accused the Raila Odinga-led ODM of siding with the government, without the knowledge of the coalition's affiliate parties. During the National Executive Council (NEC) meeting in Kitale on Saturday, the Eugene Wamalwa-led party said DAP-K was committed to opposition roles and was not ready to continue working with Raila.

"The NEC has instructed me to notify the Azimio One Kenya Coalition that ODM should formally exit the coalition due to its close association with the Kenya Kwanza government," Wamalwa said after the NEC meeting.

Wamalwa said DAP-K will remain on the side of ordinary Kenyans, and will support Gen Z and millennials in their push for reforms.

"I have been instructed by DAP-K NEC to tell the Azimio One Kenya governing council that we are not joining Kenya Kwanza government. Our members in ODM are free to leave the coalition," Wamalwa said.

"AS DAP-K, we are remaining in the opposition because we want to rescue Kenyans. Those who want to rescue President Ruto can go ahead and leave the coalition, they can't be in both opposition and government," the DAP-K party leader added.

Trans Nzoia Governor George Natembeya, the party's deputy leader, said DAP-K will advocate for the rights of voiceless Kenyans by maintaining their role in the opposition.

"Our Constitution allows us to have an opposition to hold the government accountable. We won't betray those who are counting on us by aligning with the government," said Natembeya.

ODM officials from Western Kenya, however, dismissed the claim that Odinga's actions constitute a betrayal of his colleagues in the Azimio One Kenya coalition, clarifying that ODM had not aligned itself with the Kenya Kwanza coalition.

"ODM merely allowed individuals who chose to relinquish their positions to join the government on their own, not as representatives of the party. Those labeling our party leader a betrayer are misguided," ODM Kakamega County chairman Kizito Mugalia said.

Mugalia said those suggesting that ODM leaves the Azimio One Kenya Coalition were doing so out of misinformation.

"During the 2022 general elections, every candidate in the coalition, apart from Raila Odinga, ran on their party tickets, which makes him the best person to dictate its future," said John Simiyu, ODM Secretary, Trans Nzoia.

Cracks began to appear in Azimio last year when the National Dialogue Committee (NADCO), established between Azimio and the ruling Kenya Kwanza to find a resolution to post-election protests, released its report.

Wamalwa criticised the report, arguing that it failed to include some of the key issues discussed by the committee, such as the high cost of living.

Further cracks appeared when Raila, the Azimio leader, agreed to a dialogue with President Ruto, in an effort aimed at ending the Gen Z-led protests. President Ruto appointed Wandayi, who previously served as the National Assembly Minority Leader under ODM, to lead the Energy and Petroleum docket.

Wycliffe Oparanya and Hassan Joho, both of whom held the position of ODM Deputy Party Leaders before their appointment, head the ministries of Cooperatives and Mining, respectively.

John Mbadi, who was the ODM national chairperson, was made CS for Treasury.



REPUBLIC OF KENYA
THIRTEENTH PARLIAMENT- THIRD SESSION (2024)
THE NATIONAL ASSEMBLY

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

IN THE MATTER OF CONSIDERATION BY THE NATIONAL ASSEMBLY OF:

1. THE MEDICAL SOCIAL WORKERS BILL (NATIONAL ASSEMBLY BILL NO. 22 OF 2024);
2. THE ASSEMBLY AND DEMONSTRATION BILL (NATIONAL ASSEMBLY BILL NO. 28 OF 2024); AND
3. THE KENYA REVENUE AUTHORITY (AMENDMENT) (No. 2) BILL (NATIONAL ASSEMBLY BILL NO. 35 OF 2024).

INVITATION TO SUBMIT MEMORANDA

WHEREAS, Article 118(1) (b) of the Constitution requires Parliament to facilitate public participation and involvement in the legislative and other business of Parliament and its Committees, and Standing Order 127(3) of the National Assembly Standing Orders requires House Committees considering Bills to facilitate public participation;

AND WHEREAS, the Medical Social Workers Bill (National Assembly Bill No. 22 of 2024); the Assembly and Demonstration Bill (National Assembly Bill No. 28 of 2024) and the Kenya Revenue Authority (Amendment) (No. 2) (National Assembly Bill No. 35 of 2024) were read a First Time and thereafter referred to the relevant Departmental Committees for consideration and reporting to the House;

IT IS NOTIFIED that—

1. **The Medical Social Workers Bill (National Assembly Bill No. 22 of 2024)** is sponsored by the **Hon. Robert Pukose, MP**. The Bill seeks to provide a legislative framework for the training, registration, and licensing of medical social workers for the regulation of their practice;
2. **The Assembly and Demonstration Bill (National Assembly Bill No. 28 of 2024)** is sponsored by the **Hon. Geoffrey Kiringa Ruku, MP**. The Bill seeks to give effect to the provisions of Article 37 of the Constitution on the right of any person to assemble, demonstrate, picket and petition public bodies;
3. **The Kenya Revenue Authority (Amendment) (No. 2) Bill (National Assembly Bill No. 35 of 2024)** is sponsored by the **Leader of the Majority Party**. It seeks to amend Section 5 of the Kenya Revenue Authority Act (Cap. 469) to provide for a legal framework for the Kenya School of Revenue Administration to collaborate with other institutions of higher learning to provide programs in revenue administration, develop curricula and assess or examine students and award qualifications. Additionally, the Bill seeks to amend the Act to empower the Commissioner-General to appoint Deputy Commissioners. The Bill also amends Section 15A of the Act to empower the Cabinet Secretary to waive the penalty payable by an appointed agent who fails to transfer funds collected if the failure was inadvertent, a result of a *force majeure* event, or if the person was under receivership or statutory management.

NOW THEREFORE, in compliance with Article 118(1) (b) of the Constitution and Standing Order 127(3), the respective Departmental Committees hereby invite the public and stakeholders to submit memoranda on the Bills to the respective Departmental Committees listed below:-

| S/No. | BILL | COMMITTEE |
|-------|--|--------------------------------------|
| 1. | The Medical Social Workers Bill (National Assembly Bill No. 22 of 2024) | Health |
| 2. | The Assembly and Demonstration Bill (National Assembly Bill No. 28 of 2024) | Administration and Internal Security |
| 3. | The Kenya Revenue Authority (Amendment) (No. 2) Bill (National Assembly Bill No. 35 of 2024) | Finance and National Planning |

Copies of the Bills 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 may be forwarded 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 **Monday, 9th September 2024 at 5.00 p.m.**

S. NJOROGE, CBS
CLERK OF THE NATIONAL ASSEMBLY
19th August, 2024

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

**ANNEXURE 5: 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

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

When replying, please quote

Ref: NA/DDC/DC-II/2024/078

5th September, 2024

Ms. Chelimo Elizabeth
National Chairperson
Kenya Medical Social Workers Association
P.O Box. 1010400-00101
NAIROBI
kemswa@gmail.com

Mr. Paul Famba
Chief Executive Officer
Public Service Commission
Commission House, Harambee Avenue
NAIROBI
psck@publicservice.go.ke

Dr. Matilda M. Mwakazo
Registrar and Chief Executive Officer
Counsellors & Psychologist Board
Afya House, Cathedral Road
P.O Box 30016-00100
NAIROBI
CPB.health22@gmail.com

Dr. Kanyenje Gakombe
Chairman
Kenya Health Care Federation
2nd Floor, Kedong House
P.O Box. 37929-00100,
NAIROBI
admin@khf.co.ke

Hon. Sabulci P. Kiplangat
Chairperson
County Assemblies Forum
5th Floor, Flamingo Tower
Mara Road, Upper Hill
NAIROBI
communication@countyassmblicsforum.org

Ms. Mary Mwiti
Chief Executive Officer
Council of Governors
2nd Floor, Delta House
Waiyaki Way, Westlands
NAIROBI

Dear **Dr. Gakombe**

**RE: STAKEHOLDER ENGAGEMENT ON THE MEDICAL SOCIAL WORKERS
BILL (NATIONAL ASSEMBLY BILL NO. 22 OF 2024)**

The Departmental Committee on Health is established pursuant to Standing Order 216 and is mandated *inter alia* 'to study and review all legislation referred to it'.

Pursuant to the cited mandate, the Committee is in the process of considering the **Medical Social Workers Bill (National Assembly Bill No. 22 of 2024)** (copy forwarded herewith). Sponsored by the Departmental Committee on Health, this Bill seeks to establish a legislative framework for the training, registration, and licensing of medical social workers, as well as the regulation of their practice.

In compliance with the provisions of Article 118 (1)(b) of the Constitution, the Committee invites you to submit your views on the Bill to be received on or before **Thursday 19th September, 2024**.

Kindly provide fifteen (15) copies of your submission and send a soft copy to the Office of the Clerk via email: cna@parliament.go.ke.

Our Liaison Officers on this subject are Mr. Hassan A. Arale, who may be contacted on Tel No. 0721480578 or email: hassan.arale@parliament.go.ke and Mr. Timothy Kimathi, Tel No. 0725650878 or email: timothy.kimathi@parliament.go.ke.

Yours



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

ANNEXURE 6: STAKEHOLDER SUBMISSIONS



MINISTRY OF HEALTH

PROPOSED CHANGES TO THE MEDICAL SOCIAL WORKERS BILL NO.22 OF 2024

The Ministry of Health is in receipt of an invitation from the National Assembly to submit memoranda on the Medical Social Workers Bill (National Assembly Bill No. 22 of 2024) currently before the Departmental Committee on Health. The Bill seeks to establish a legislative framework for the training, registration and licensing of medical social workers and the regulation of the practice.

The Ministry recognizes the important role of Medical social workers in health and submits the following proposed changes to the Bill:

| Current provisions in the Bill | Proposed Changes | Justification |
|---|--|--|
| PART II; Section 7, subsection (d) “the Chief Executive Officer of the Kenya medical training college or a representative not below the level of a deputy director designated in writing.” | Delete the section and replace with “a representative from training institution approved under the Universities Act 2012, or Technical and Vocational Education and Training Act, 2013 offering approved courses in Medical Social Work” | Training of medical social workers is offered at various middle level colleges and universities in public and private. The current provision will limit the representation to only one institution (Kenya Medical Training College). |
| PART II; Section 7, subsection (f) “three medical social workers nominated by the Kenya Medical Social Workers Association” | Delete and replace with “three medical social workers registered with “The Medical Social Workers’ Council” and nominated by the Kenya Medical Social Workers Association” | To ensure that nominated medical social workers are in good standing with the council |
| PART II; Section 7 Proposed composition is not fully inclusive | Add subsection (h) as follows “a representative of vulnerable persons” | To ensure representation of users of the Medical social work services majority of who are the vulnerable persons |

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| <p>PART II; Section 7</p> <p>Proposed composition is not fully inclusive</p> | <p>Add subsection (i) as follows "a person with knowledge and expertise in finance"</p> | <p>To ensure financial accountability in the council</p> |
| <p>PART II; Section 12, subsection (2)(c)</p> <p>"holds a degree in Medical Social Work, Mental Health, Psychology, Sociology</p> <p>Social work, counseling, Anthropology, or its equivalent from a university recognized in Kenya"</p> | <p>Revise and replace as follows "holds a degree in Medical Social Work, Psychology, Sociology</p> <p>Social work, counseling, or its equivalent from a university recognized in Kenya"</p> | <p>To ensure the position attracts highly qualified professions that are specialized in the field rather than generalized</p> |
| <p>PART III</p> <p>Section 17,</p> | <p>Add subsection 4 as follows;</p> <p>"The council shall approve the training curriculum for Medical social workers"</p> | <p>To ensure uniformity and quality of training</p> |

The Ministry of Health agrees with the other clauses of the Bill and submits to the Committee for consideration.



REPUBLIC OF KENYA

OFFICE OF THE ATTORNEY-GENERAL & DEPARTMENT OF JUSTICE

DDC
1/10/24

Ref: AG/LDD/119/2/43

27th September, 2024

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

Hasan Asale
to facilitate consideration
1/10/24

RE: DEPARTMENTAL COMMITTEE ON HEALTH STAKEHOLDER ENGAGEMENT ON THE MEDICAL SOCIAL WORKERS BILL (NATIONAL ASSEMBLY BILL NO. 22 OF 2024)

This has reference to above captioned subject-matter and your letter under Ref. No. NA/DDC/DC-H/2024/080/2024 dated 10th September, 2024, through which the Departmental Committee on Health invited this Office for a meeting to discuss the Medical Social Workers Bill, 2024.

We have reviewed the Medical Social Workers Bill, 2024 in light of the Constitution and existing legislation and our comments are as follows—

1. Clause 7 of the Bill provides for composition of the Council. Clause 7(1)(f) provides that the Council shall consist of three medical social workers nominated by the Kenya Medical Social Workers Association. Further, clause 7(6) provides that the appointment of the Chairperson and members under subclause 1(e) and (f) shall be by name and notice in the *Gazette*. In order to effectively implement the clause 7(6), we recommend that the Bill be amended in clause 7(6) in order to specify the appointing authority for the members of the Council.
2. Clause 7(2) of the Bill provides for qualifications for appointment of a Chairperson of the Council as follows—

(2) A person qualifies for appointment as the chairperson of the Council if the person—

SHERIA HOUSE, HARAMBEE AVENUE
P.O. Box 40112-00100, NAIROBI, KENYA. TEL: +254 20 2227461/2251355/07119445555/0732529995
E-MAIL: info.statelawoffice@kenya.go.ke WEBSITE: www.attorney-general.go.ke

DEPARTMENT OF JUSTICE
CO-OPERATIVE BANK HOUSE, HAILLE SELLASIE AVENUE P.O. Box 56057-00200, Nairobi-Kenya TEL: Nairobi 2224029/ 2240337
E-MAIL: legal@justice.go.ke WEBSITE: www.justice.go.ke

NATIONAL ASSEMBLY RECEIVED
30 SEP 2024
CLERK'S OFFICE
P. O Box 41842, NAIROBI

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- (a) holds a degree in Medical Social Work, Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology or its equivalent from a university recognized in Kenya;*
- (b) has proven knowledge and experience of at least ten years in matters of medical social work;*
- (c) is registered as a medical social worker under this Act; and*
- (d) meets the requirements of Chapter Six of the Constitution.*

We note that clause 7(2)(b) contradicts the requirements under clause 7(2)(a). In essence, clause 7(2)(b) requires a person to be appointed as a chairperson to the Council to have proven **knowledge and experience of at least ten years in matters of medical social work** (emphasis is ours) which overtly discriminates on persons with other qualifications as specified under clause 7(2)(a), which includes Mental Health, Psychology, Sociology, Social Work, Counselling and Anthropology. We recommend that clause 7(2) be reviewed to eliminate the discrimination.

3. Clause 7(3) of the Bill provides for qualifications for appointment as of a member of the Council as follows—

(3) A person qualifies for appointment as a member of the Council under subsection (1) (e) and (f) if the person—

- (a) holds a degree in Medical Social Work, Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology or its equivalent from a university recognized in Kenya;*
- (b) has knowledge and experience of at least five years in medical social work;*
- (c) is registered as a medical social worker under this Act; and*
- (d) meets the requirements of Chapter Six of the Constitution.*

Clause 7(3)(b) contradicts the requirements specified under clause 7(3)(a). In essence, clause 7(3)(b) requires a person to be appointed as a member of the Council to have proven **knowledge and experience of at least ten years in matters of medical social work** (emphasis is ours) which overtly discriminates on persons with other qualifications as specified under clause 7(3)(a), which includes Mental Health, Psychology, Sociology, Social Work, Counselling and Anthropology. We recommend that clause 7(3) be reviewed to eliminate the discrimination.

4. Clause 7(4) of the Bill empowers the Cabinet Secretary to make regulations for nomination of members referred to in subclause (1) (e) and (f). Clauses 7(1)(e) and 7(1)(f) provides for the Chairperson of the Kenya Medical Social Workers Association and three medical social workers nominated by the Kenya Medical Social Workers Association as forming part of the Council, respectively. The Chairperson of the Kenya Medical Social Workers Association is a member of the Council by virtue of Office hence the requirement to regulate the criteria for nomination of a member under clause 7(1)(e) is unnecessary. Similarly, the members nominated under clause 7(1)(f) are members of a professional body and the procedures for nomination are better dealt with administratively within the Association. In this regard, clause 7(1)(e) is self-executing while clause 7(1)(f) does not require subsidiary legislation to

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operationalize the clause as the nomination can be undertaken administratively within the Association. We therefore, recommend that clause 7(4) of the Bill be amended by deleting the subclause (4).

5. Clause 12 of the Bill provides for appointment of the Registrar of the Council. Clause 12(2) specifies the qualifications for appointment of a person as a Registrar of the Council which includes the requirement that the person; is a medical social worker registered under the Act; holds a degree in Medical Social Work, Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology or its equivalent from a university recognized in Kenya and holds a degree in Medical Social Work, Mental Health, Psychology, Sociology, Social Work, Counselling, Anthropology or its equivalent from a university recognized in Kenya in accordance with clause 12(2)(b), 12(2)(c) and 12(2)(d), respectively. Clause 12(2)(d) overtly discriminates on persons with other qualifications as specified under 12(2)(c) which includes Mental Health, Psychology, Sociology, Social Work, Counselling and Anthropology. We recommend that the provision be reviewed to eliminate the discrimination.
6. Clause 22 of the Bill provides for a practicing licence. Clause 22(2)(b)(iii) states as follows—

"(2) For the purposes of this Act, a person shall be deemed to engage in private practice if the person practices as a medical social worker —

(a)

(b) in partnership with others and is entitled to receive a share of the profits earned by such partnership and is liable to bear a share of any losses incurred by such partnership, but no person shall be deemed to engage in private practice where he is employed;

(i)

(ii)

(iii) by any person or partnership engaged in his profession where all fees and charges earned ' by him are to the benefit of his employer, notwithstanding that he is engaged in his professional capacity as a medical social worker."

Clause 22 of the Bill ought to be reviewed in order to accurately reflect the policy intention of the legislator and for the proposed provision to communicate clearly to the people who will be affected by the Bill. Moreover, there is need to separate the policy ideas contained in clause 22 in order to improve readability of the proposed provision. The practicing licence should be provided for separately from private practice matters. It should also be clarified as to whether there are persons who are exempted from taking out a practicing licence. We therefore recommend that clause 22 of the Bill be reviewed to address the foregoing issues.

7. Clause provides for the financial year of the Council which shall be a period of twelve months ending on the thirtieth day of June in each year. We note that clause 2 of the proposed Bill defines the term 'financial year' by cross-referencing the definition contained in Article 260 of the Constitution. In order to ensure cohesion and

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consistency in the text of the Bill, we recommend that the two definitions be harmonized.

8. We recommend that the citation to the Statutes specified in first column of the Schedule be amended in the manner respectively specified in the fourth column of the Schedule so as to conform to the Twenty-Fourth Annual Supplement of the Laws of Kenya issued by this Office in accordance with section 7 of the Revision of Laws Act, Cap. 1.

| Statute | Clause | Current citation in the Bill | Recommended citation. |
|---|---|------------------------------|-----------------------|
| Fair Administrative Actions Act | 13(2), 26(2) | No. 4 of 2015 | Cap. 7L |
| Universities Act, 2012 | 2, 17(1)(c), 17(3). | No. 42. of 2012 | Cap. 210 |
| Technical and Vocational Education and Training Act, 2013 | 2, 17(1)(c), 17(3), 17(4), 17(5). | No. 29 of 2013 | Cap. 210A |
| Public Finance Management Act | 34(2) | No. 18 of 2012 | Cap 412A |
| Public Audit Act | 37(3) | No. 34 of 2015 | Cap. 412B |
| Statutory Instruments Act | 45(4)(a) | No. 23 of 2013 | Cap. 2A |

Editorial issues

9. Insert the conjunction 'and' immediately after expression "under section 21", in the definition of the term "Register".
10. Insert a full stop (.) immediately after the expression "section 12" appearing in the definition of the term "Registrar".
11. Clause 39 of the Bill provides as follows—

"A person who engages in practice or charges a professional fee without a valid certificate under this Act commits an offence and shall be liable, on conviction, to a fine not exceeding fine not exceeding five hundred thousand shillings, or to imprisonment for a term not exceeding two years, or to both."

We recommend that clause 39 of the Bill be amended by deleting the repeated words.

Subsequently, it is important to highlight that the policy on the subject matter, lies within the mandate of the Ministry of Health. To this end, we have therefore shared the legislative proposal with the Ministry for policy guidance.

We trust this is in order.

A
Dorcas A. Oduor, SC, OGW, EBS
ATTORNEY-GENERAL



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PUBLIC SERVICE COMMISSION

PSC/LEG/019/14/158/VIII/53

19th September 2024

Mr. Samuel Njoroge, CBS
The Clerk
National Assembly
Main Parliament Buildings
P O Box 41842-00100
NAIROBI

② Mr. Hassan Arale
Pls inform the Committee.
Dm 26/09/24

WDDC
26/09/24

Dear Mr. Njoroge,

RE: STAKEHOLDER ENGAGEMENT ON THE MEDICAL SOCIAL WORKERS BILL (NATIONAL ASSEMBLY BILL NO. 22 OF 2024)

This has reference to your letter Ref. NA/DDC/DC-H/2024/078 dated 5th September 2024 and received by the Commission on 10th September 2024 refer.

The Commission is in the process of reviewing the Bill and requests that you allow us to submit our views on the same day by 27th September 2024.

Thanking you in advance for your kind consideration.

Yours sincerely,

PAUL FAMBA, MBS
SECRETARY/CEO
PUBLIC SERVICE COMMISSION

RECEIVED
DIRECTOR
SECRETARY

NATIONAL ASSEMBLY RECEIVED
24 SEP 2024
CLERK'S OFFICE
P. O. Box 41842, NAIROBI



PUBLIC SERVICE COMMISSION

PSC/LEG/019/14/158/VIII/55

26th September 2024

Mr. Samuel Njoroge, CBS
The Clerk
National Assembly
Main Parliament Buildings
P O Box 41842-00100
NAIROBI

DDC
2

70/9/24
2

Hassan Asale

*to facilitate
consideration
Monday
30/9/24*

Dear Mr. Njoroge,

RE: STAKEHOLDER ENGAGEMENT ON THE MEDICAL SOCIAL HEALTH WORKERS BILL (NATIONAL ASSEMBLY BILL NO. 22 OF 2024)

The above quoted matter refers.

Attached herewith please find a matrix containing the Commission's observations and recommendations concerning the Medical Social Health Workers Bill (National Assembly Bill No. 22 of 2024).

Yours sincerely,

PAUL FAMBA, MBS
SECRETARY/CEO

PUBLIC SERVICE COMMISSION
DIRECTOR
RECEIVED
30 SEP 2024
R D
Directorate of Departmental Committees

Attach.

**NATIONAL ASSEMBLY
RECEIVED**
27 SEP 2024
CLERK'S OFFICE
P. O. Box 41842, NAIROBI



A Memorandum by the Public Service Commission

Analysis of the Medical Social Health Workers Bill

| Clause | Provision | Observation | Recommendation |
|---------------|---|---|--|
| 7 | (1)The Council consists of— (a) a chairperson appointed by the Cabinet Secretary from amongst persons nominated under paragraph (f); (b) the Director-General for health or a representative designated in writing; (c) the Director of Medical Social Work in the Ministry responsible for matters relating to health; (d) the Chief Executive Officer of the Kenya Medical Training College or a representative not below the level of a Deputy Director designated in writing; (e) the chairperson of the Kenya Medical Social Workers Association; (f) three medical social workers nominated by the Kenya Medical Social Workers Association; (g) the Registrar who shall be an ex officio member of the Council. | The Council comprises of persons from the Health sector only yet one of the functions of the Council is approving qualifications of persons to be registered as medical social workers. | Include representation from the Commission for University Education (CUE) and the Technical and Education Vocational Training Authority (TVETA). This will reduce instances where either CUE or TVETA approves courses offered by universities and TVETIs only for students to be told the course they undertook is not recognized. |

| Clause | Provision | Observation | Recommendation |
|--------|---|---|---|
| 14(1) | 14. (1) The Council shall, through a competitive and transparent process, employ such officers, agent and other staff as may be necessary for the proper discharge of its functions under this Act, upon such terms and conditions of service as the Council may determine upon the advice of the Salaries and Remuneration Commission. | The Role of the Public Service Commission in reviewing conditions of service is not recognized. Terms and conditions are not limited to salaries only where SRC plays a role. | Amend this clause and provide for the Public Service Commission's role in reviewing and making recommendations on conditions of service. |
| | (2) The Council shall, in the appointment of employees, ensure: (a) equalization of opportunities for the youth; (b) that not more than two thirds of its staff are of the same gender; and (c) that the appointment of staff reflects the ethnic and regional diversity of the people of Kenya | This provision does not capture all constitutional parameters. There is no reference to appointing PWDs and persons from minority and marginalized communities. | Harmonize with the constitutional requirements Harmonize with the constitutional parameters. Amend to read : <i>In making appointments or promotions, the Council bound by the constitutional principles which require that —</i> <i>(a) no applicant or candidate is discriminated on any ground;</i> <i>(b) no one gender constitutes more than two thirds of those appointed;</i> <i>(c) at least five percent of the appointments constitute persons with disabilities;</i> <i>(d) there is proportionate representation of all ethnic communities; and</i> <i>(e) the youth are appointed.</i> |
| | 17.(1) No person being in charge of a training institution in Kenya shall— (a) admit persons for training with a view to qualifying for registration under this Act; | This provides the justification for inclusion of representation of CUE and TVETA in the Council for Medical Social Workers | The Commission of Universities Education and the Technical and Education Vocational Training Authority should be represented in the Council |

| Clause | Provision | Observation | Recommendation |
|--------|--|--|--|
| | <p>(b) conduct a course of training or administer the examination prescribed for the purposes of registration under this Act; or</p> <p>(c) issue any document or statement implying that the holder has undergone a course of training or passed the examinations prescribed by the Council for purposes of registration, unless such institution is established or accredited under the Universities Act, 2012 or the Technical and Vocational Education and Training Act, 2013.</p> | | |
| 18 | <p>18.(1) A person is eligible to be registered as a medical social worker under this Act, if the person—</p> <p>(a) is the holder of a qualification recognized by the Council;</p> | <p>There are persons currently serving as medical health social health workers.</p> <p>Their qualifications are known.</p> <p>Provide for these qualifications in the law as has been done in 18(2) to provide for clarity</p> | <p>Amend to read</p> <p><i>A person is eligible to be registered as a medical social worker under this Act, if the person—</i></p> <p><i>(a) holds a certificate, diploma or degree obtained from a recognized institution</i></p> |

GENERAL OBSERVATIONS

1. The numbers of medical social workers in the public service are very few with some health facilities having none. The proliferation of Councils for medical personnel provides cost centres and constitutes a commitment and financial implications for government.
2. The background of the social workers has been in the humanities and social sciences and the current attempt to place it as one of the health cadres needs deeper interrogation.

Kelwon Richard Kandie
P.O. Box 20723-00202
Nairobi, Kenya
Email: kkandie@knh.or.ke
Date: 7th September 2024

DDC
Please deal.
SL
09/09/24

The Clerk of the National Assembly
P.O. Box 41842-00100
Nairobi, Kenya
Email: cna@parliament.go.ke

Hasan Awale
to facilitate
in 10/9/24



Dear Sir/Madam,

REF: Memorandum in Support of the Medical Social Workers Bill No. 22 of 2024

I am writing to express my support for the Medical Social Workers Bill No. 22 of 2024, which seeks to regulate the training, practice, and licensing of medical social workers in Kenya. This memorandum outlines the importance of medical social work in healthcare, the need for its regulation, and the public benefits of enacting this bill.

Introduction

Medical social work has been integral to Kenya's healthcare system since 1952, providing psychosocial support, assisting with healthcare navigation, and offering patient-centred care to vulnerable populations. This memorandum provides a historical overview of medical social work, justifies the need for regulation, and highlights the public benefits of this proposed legislation.

Historical Background

Globally, medical social work emerged in the early 20th century in response to the recognition that medical care alone was insufficient to address the social, psychological, and economic factors influencing health outcomes. Social reformers such as Ida Cannon, at Massachusetts General Hospital, laid the foundation for integrating social determinants of health into patient care.

Medical Social Work in Kenya: Historical Context and Evolution

Medical social work was introduced in Kenya in 1952 to address the social challenges patients faced, including poverty, family breakdown, and limited access to healthcare. Over time, the profession has expanded, playing a critical role in Kenya's healthcare system by supporting patients with financial aid, psychological counselling, and healthcare system navigation. Despite this, the



profession remains unregulated, leading to inconsistencies in service delivery and uncoordinated training.

The Need for Medical Social Work in Healthcare Settings

Medical social workers play a crucial role in bridging the gap between healthcare and social challenges that affect patients' ability to access and benefit from treatment. The demand for their services is evident in the following areas:

- **Psychosocial Support:** Providing counselling, mental health services, and emotional support to patients and their families.
- **Navigation and Advocacy:** Assisting patients in navigating complex healthcare systems and accessing necessary resources.
- **Patient Retention and Care Continuity:** Ensuring patients adhere to treatment plans, especially in chronic care settings.
- **Crisis Intervention:** Offering support in cases of trauma, domestic violence, or child abuse, and coordinating with relevant agencies.

The Global Situation: Regulating Medical Social Work Practice

Countries like the United States, United Kingdom, Canada, and Australia have established regulatory frameworks for medical social workers, ensuring professionals meet care standards and adhere to ethical guidelines. These regulations enhance professionalism and accountability, safeguarding both patients and practitioners.

The Kenyan Situation: Current Gaps in Regulation and Training

In Kenya, medical social work has contributed significantly to healthcare since 1952. However, the absence of a formal regulatory framework has resulted in inconsistent practice standards, unclear accountability mechanisms, and limited professional development pathways. This gap hinders the growth and recognition of the profession, as well as public confidence in medical social work services.

Justification for Regulation and Licensing of Medical Social Workers

The Medical Social Workers Bill No. 22 of 2024 is necessary to:

- **Standardize Training:** Establish uniform educational requirements and training standards for all medical social workers.
- **Enhance Accountability:** Licensing will ensure adherence to the medical social work code of ethics and professional standards.
- **Ensure Public Safety:** Regulating the profession will protect the public from unqualified or unethical practitioners.

- **Facilitate Professional Growth:** A regulatory body will support continuous professional development.

Public Benefits of Regulating and Licensing Medical Social Workers

The regulation and licensing of medical social workers will offer numerous public benefits, including:

- **Improved Patient Care:** Only qualified professionals will provide medical social work services.
- **Accountability and Ethics:** Licensed professionals will be held accountable to a regulatory body, ensuring ethical conduct.
- **Increased Access to Services:** Regulation will enhance access to social support services within healthcare, improving patient outcomes.
- **Reduction in Healthcare Costs:** By addressing psychosocial factors, medical social workers can reduce healthcare costs through improved patient retention and reduced hospital readmissions.
- **Protection of Vulnerable Populations:** Regulated practitioners will be better equipped to advocate for vulnerable groups, such as those with chronic illnesses or social and economic hardships.
- **Professional Integrity:** Licensing will ensure that only qualified professionals practice, protecting the integrity of the profession.

COMPLEMENTARITY OF THE MEDICAL SOCIAL WORKERS BILL NO. 22 OF 2024 WITH EXISTING HEALTH ACTS IN KENYA

Health Act, 2017

The Health Act provides for the right to the highest attainable standard of health, as enshrined in the Constitution. Medical social workers play a key role in facilitating access to this right by addressing the psychosocial, economic, and environmental factors that affect patients' well-being. Their involvement in patient care ensures continuity, particularly in chronic conditions requiring long-term management and adherence to treatment protocols.

Medical social workers help bridge the gap between clinical care and community-based support, ensuring that vulnerable populations are integrated into the healthcare system. This bill will formalize the roles of medical social workers, aligning their functions with the provisions of the Health Act, particularly in promoting equity and accessibility to healthcare.

Public Health Act, Cap 242

The Public Health Act focuses on the prevention and control of diseases. Medical social workers are integral to the successful implementation of preventive health

measures. Through health education, community outreach, and patient advocacy, they enhance the effectiveness of public health campaigns, particularly in marginalized communities. By supporting the bill, medical social workers will be empowered to play a more defined role in managing public health crises, including providing psychosocial support during epidemics, thus enhancing the efficacy of disease prevention measures outlined in the Public Health Act.

Mental Health Act, 1989 (Amended in 2022)

The Mental Health Act prioritizes mental health as a key component of public health. Medical social workers are essential in the delivery of mental health services, providing counselling, case management, and rehabilitation services. They ensure that patients with mental health conditions receive the necessary support throughout their treatment journey. The Medical Social Workers Bill will align with this act by ensuring that social workers are adequately trained and licensed to provide mental health services, ultimately improving the integration of mental health into primary healthcare and addressing the stigma associated with mental illness.

HIV and AIDS Prevention and Control Act, 2006

Medical social workers play a pivotal role in the management of HIV and AIDS, providing support to individuals affected by the disease. They contribute to adherence counselling, stigma reduction, and psychosocial support to patients and their families. The enactment of the Medical Social Workers Bill will enhance the capacity of social workers to address the multifaceted needs of people living with HIV, ensuring that healthcare interventions are not only medical but also address the social determinants of health.

Community Health Services Act, 2021

The Community Health Services Act focuses on the delivery of healthcare at the grassroots level. Medical social workers play a critical role in community health, linking healthcare services with social services. They work to address the socio-economic barriers to healthcare, particularly in rural and underserved areas. By formalizing the role of medical social workers through the proposed bill, their impact on community health will be more profound, ensuring that community health workers are supported in providing comprehensive care that includes addressing social vulnerabilities.

Health Records and Information Managers Act, 2016

Accurate health records are essential for the continuity of care. Medical social workers contribute by ensuring that psychosocial assessments and interventions

are properly documented and integrated into patient records. Their work complements that of health records managers by adding a social dimension to health records. This bill will emphasize the need for medical social workers to collaborate closely with health records officers to ensure that patient care plans are holistic, integrating both medical and social aspects of health.

Occupational Safety and Health Act, 2007

The Occupational Safety and Health Act promotes safe and healthy working conditions. Medical social workers often intervene in cases where workers experience occupational stress or trauma. Their role in rehabilitation and counselling is crucial in preventing long-term health consequences from unsafe work environments. The Medical Social Workers Bill will empower these professionals to take a more active role in occupational health by providing support to workers dealing with psychological and emotional stress related to workplace hazards.

Nutritionists and Dieticians Act, 2007

Medical social workers collaborate with nutritionists and dieticians to address the nutritional needs of patients. Through advocacy and support, they help ensure that patients have access to proper nutrition, which is critical in managing chronic illnesses and promoting recovery. The bill will enhance the collaboration between medical social workers and nutritionists, creating a framework for more integrated care in nutritional management.

Primary Health Care Act, 2023

The Primary Health Care Act emphasizes a patient-centred approach to healthcare. Medical social workers ensure that healthcare services are patient-centred by addressing the social and emotional needs of patients. Their role in care coordination ensures that healthcare is responsive to the needs of individuals and communities. This bill will further the goals of the Primary Health Care Act by formalizing the role of medical social workers in providing patient-centred care, particularly in primary healthcare settings.

Digital Health Act, 2023

The Digital Health Act promotes the use of technology to improve healthcare delivery. Through telehealth platforms, medical social workers provide remote psychosocial support and counselling services. They also utilize digital tools to monitor patient progress and deliver health education. The Medical Social Workers Bill will align with this Act by incorporating digital health into the scope of medical social work practice, ensuring social workers are trained to leverage technology for patient support.

Facility Improvement Financing Act, 2023

This Act provides a framework for financing healthcare facilities. Medical social workers play a role in identifying patients in financial distress and advocating for facility-based support, such as credit or subsidized healthcare services. With the passage of the Medical Social Workers Bill, social workers' capacity to support financially vulnerable patients will be formalized, ensuring that no patient is denied care due to economic challenges.

Social Health Insurance Act, 2023

The Social Health Insurance Act aims to provide universal healthcare coverage. Medical social workers assist patients in navigating insurance systems and accessing health benefits. They play a crucial role in ensuring patients are enrolled in insurance schemes and fully understand their coverage. The Medical Social Workers Bill will complement this Act by strengthening the capacity of social workers to help patients navigate health insurance processes, thereby reducing financial barriers to care.

Global Insights on the Role of Medical Social Workers

In countries like the United States and Canada, regulating and formally licensing medical social workers has led to improved healthcare outcomes. In the U.S., medical social workers, licensed under the Social Work Practice Act, contribute to reducing hospital readmissions through discharge planning and care coordination. In Canada, social workers are integrated into healthcare teams to support mental health and chronic disease management, leading to improved patient satisfaction and treatment adherence. By adopting a similar regulatory framework, Kenya stands to enhance the quality of care provided to its citizens.

INTEGRATION OF MEDICAL SOCIAL WORK SERVICES IN KENYA'S HEALTH POLICY

While Kenya's health policy recognizes the importance of multidisciplinary approaches in healthcare delivery, medical social work services remain under-integrated as a formal and distinct service. This gap hinders social workers' ability to provide the full spectrum of psychosocial support that patients require, particularly in tertiary and referral hospitals like Kenyatta National Hospital. In the current policy framework, medical social workers are often seen as auxiliary support staff rather than essential healthcare providers, leading to an underutilization of their expertise and contributions.

Gaps in the Integration of Medical Social Work Services

Absence of a Clear Regulatory Framework: Unlike other healthcare professionals, such as nurses and clinical officers, medical social workers are not governed by a

specific regulatory body that outlines their roles, scope of practice, and professional standards. This lack of regulation limits their recognition within the healthcare system.

Limited Representation in Health Policies: Current health policies in Kenya, including the Kenya Health Policy (2014–2030), do not fully capture the role of medical social workers in addressing the social determinants of health. This gap results in missed opportunities for early interventions that could improve patient outcomes, particularly for vulnerable groups, including those with chronic illnesses and mental health challenges.

Lack of Resources and Training Opportunities: Medical social workers often face resource constraints, such as insufficient staffing, a lack of specialized training, and limited opportunities for continuous professional development. These challenges affect the quality and consistency of services provided to patients.

How the Medical Social Workers Bill No. 22 of 2024 Will Enhance Health Services

Regulation and Professionalism: The Bill proposes the establishment of a regulatory council that will govern the training, practice, and licensing of medical social workers. This council will set clear standards for the profession, ensuring that medical social workers are adequately trained and equipped to meet the needs of the healthcare system. In turn, this will improve the quality of services provided to patients and ensure accountability among practitioners.

Improved Patient Outcomes: Medical social workers play a crucial role in addressing patients' psychosocial needs, including mental health support, patient navigation, discharge planning, and home-based care. By formalizing their roles through the Bill, the healthcare system will benefit from a more holistic approach to patient care, reducing hospital readmissions, improving treatment adherence, and enhancing overall clinical outcomes.

Bridging the Gap Between Healthcare and Communities: Medical social workers are uniquely positioned to address social determinants of health, such as poverty, housing, and access to social services. The Bill will provide a framework for integrating these services into mainstream healthcare, which will directly impact public health goals, such as reducing the burden of non-communicable diseases and mental health conditions.

Collaboration and Multidisciplinary Care: Enacting the Medical Social Workers Bill No. 22 of 2024 will promote greater collaboration between medical social workers and other healthcare professionals. The Bill emphasizes the inclusion of medical social workers in multidisciplinary teams, particularly in managing complex cases such as cancer, HIV, and mental health disorders. This approach will lead to more comprehensive care and better health outcomes for patients.

How the Medical Social Workers Bill No. 22 of 2024 Will Enforce social workers code of ethics and practice standards

The Medical Social Workers Bill No. 22 of 2024 will significantly strengthen the enforcement of the medical social workers' code of ethics and practice standards in Kenya by providing a legal framework for their regulation. Currently, the code of ethics serves as a professional guideline without statutory backing. However, once enacted, the bill will establish a regulatory council mandated to oversee the adherence to these ethical guidelines and practice standards, ensuring that they are not only recommended but legally enforced.


The bill will institutionalize continuous professional development, licensing, and certification, making it mandatory for all practicing medical social workers to meet ethical and professional standards. This will also provide a formal mechanism for disciplinary action in cases of unethical behavior or professional misconduct, enhancing accountability within the profession. By legally anchoring the code of ethics and practice standards, the bill will empower medical social workers to provide consistent, high-quality care while safeguarding the rights and well-being of the patients they serve.

conclusion

The Medical Social Workers Bill No. 22 of 2024 represents a crucial step in strengthening Kenya's healthcare system by formalizing and regulating the role of medical social workers. By addressing the social determinants of health that often go unaddressed in clinical settings, the Bill will enhance healthcare service delivery, improve patient outcomes, and ensure comprehensive care that meets the medical, social, and emotional needs of patients. Additionally, regulating the training, practice, and licensing of medical social workers will promote ethical and accountable service delivery while elevating the professional standing of the field.

I strongly urge the National Assembly to pass this Bill, as it will significantly contribute to the well-being of Kenyan citizens and the efficiency of the healthcare system.

Sincerely,



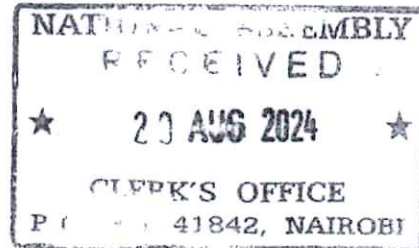
Kelwon Richard Kandie
Medical Social Worker
Kenyatta National Hospital

BRAVINGTONE OGUTU
P.O BOX 765
KARURI
19th AUGUST 2024
bogutu@kmtc.ac.ke

D/DC
Please deal.
[Signature]
21/08/24



TO
S. NJOROGE, CBS
CLERK OF NATIONAL ASSEMBLY
P.O BOX 41842 – 00100
NAIROBI



Hassan Arala
to facilitate
wa m y
21/8/24

Dear Sir

RE: Submission of memoranda on the Medical Social Bill (National Assembly Bill no 22 of 2024)

The following are my views on the stated Bill about public participation.

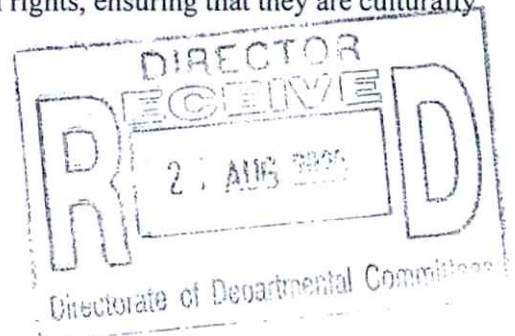
1. Anthropologists do not perform the same duties as medical social workers. Below is a contrast between an anthropologist and a Medical social worker

Definition of Anthropology

Anthropology is the scientific study of humans, their behavior, and societies in the past and present. It aims to understand the full complexity of cultures throughout human history. Anthropology is unique in its holistic approach, considering the biological, cultural, archaeological, and linguistic aspects of human life.

Functions of Anthropology

1. Understanding Human Diversity: Anthropology helps in understanding the vast range of human cultures and societies, shedding light on different ways of living, thinking, and organizing societies.
2. Preserving Cultural Heritage: Anthropologists document and preserve cultural practices, languages, and traditions that might otherwise be lost due to globalization, modernization, or other factors.
3. Promoting Cross-Cultural Understanding: Anthropology fosters empathy and understanding between different cultural groups, helping to reduce prejudice and conflict.
4. Informing Public Policy: Insights from anthropology can inform policies on issues like healthcare, education, immigration, and human rights, ensuring that they are culturally sensitive and effective.



5. **Studying Human Evolution and Adaptation:** Biological anthropologists study how humans have evolved over millions of years, how we continue to adapt to changing environments, and how our biology interacts with our behavior.
6. **Solving Practical Problems:** Applied anthropology uses anthropological methods and insights to solve real-world problems in areas like development, business, and public health.
7. **Contributing to Academic Knowledge:** Anthropology contributes to broader academic debates on topics like power, inequality, gender, and race, enriching our understanding of these complex issues.
8. **Enhancing Communication:** Linguistic anthropology helps in understanding how language shapes social interactions, identity, and cultural norms, which is crucial for improving communication in diverse societies.

Definition of a Medical Social Worker

A medical social worker is a professional who works within healthcare settings to support patients and their families in coping with the social, emotional, and financial challenges that arise from illness, injury, or hospitalization. They are trained in social work and specialize in the intersection of healthcare and social services, helping to ensure that patients receive comprehensive care that addresses not just their medical needs but also their psychosocial well-being.

Functions of a Medical Social Worker

1. **Patient Assessment and Advocacy:**
 - Conduct thorough assessments of patients' social, emotional, and financial needs.
 - Advocate for patients' rights, ensuring they receive the necessary services and support.
2. **Discharge Planning:**
 - Develop and implement discharge plans to ensure that patients have a safe and supportive environment to return to after leaving the hospital.
 - Coordinate with other healthcare professionals and community resources to arrange for home care, rehabilitation, or other necessary services.
3. **Counseling and Emotional Support:**
 - Provide counseling to patients and their families to help them cope with illness, treatment, and the associated emotional stress.
 - Offer support during critical situations such as terminal illness, chronic disease management, or sudden medical crises.
4. **Crisis Intervention:**

- Respond to emergencies and crises, offering immediate support to patients and families during times of acute stress, such as during life-threatening diagnoses, traumatic injuries, or sudden losses.
 - Facilitate communication between patients, families, and healthcare providers to ensure clear understanding and decision-making during crises.
5. Resource Coordination:
- Connect patients and families with community resources, such as financial aid, housing assistance, and social services, to address the non-medical aspects of their care.
 - Help patients navigate complex healthcare systems, including insurance, Medicaid/Medicare, and other healthcare programs.
6. Education and Health Promotion:
- Educate patients and families about their medical conditions, treatment options, and the healthcare system.
 - Promote health and well-being by providing information on lifestyle changes, preventive care, and support groups.
7. Support for Chronic Illness and Long-term Care:
- Assist patients with chronic illnesses in managing their conditions over the long term, helping them to maintain their quality of life.
 - Facilitate long-term care planning, including discussions about advanced directives, power of attorney, and other end-of-life considerations.
8. Ethical Decision-Making:
- Participate in ethical decision-making processes within the healthcare team, helping to address issues like consent, autonomy, and the balancing of patient and family wishes with medical recommendations.
9. Collaboration with Healthcare Teams:
- Work closely with doctors, nurses, therapists, and other healthcare professionals to ensure that the social and emotional needs of patients are integrated into their overall care plans.
 - Attend interdisciplinary meetings and contribute to the holistic care of patients by sharing insights from a psychosocial perspective.
10. Advocacy for Vulnerable Populations:
- Focus on the needs of vulnerable populations, such as the elderly, children, people with disabilities, or those with mental health issues, ensuring they receive appropriate care and services.
 - Work on broader initiatives within healthcare settings to promote equitable access to care for all patients, regardless of their background or circumstances.

Difference Between a Medical Social Worker and an Anthropologist

1. Field of Study and Focus:

- Medical Social Worker:
 - Focuses on the practical application of social work within healthcare settings.
 - Works directly with patients, families, and healthcare teams to address the social, emotional, and financial challenges associated with illness and treatment.
 - Their work is grounded in social work principles, with an emphasis on improving individual well-being and access to resources within the healthcare system.
- Anthropologist:
 - Focuses on the study of human cultures, behaviors, societies, and biological aspects across time and space.
 - Engages in research, often within academic or field settings, to understand human diversity, evolution, cultural practices, and social structures.
 - Their work is rooted in scientific inquiry, aiming to contribute to broader knowledge about humanity rather than direct intervention in individual lives.

2. Professional Role and Responsibilities:

- Medical Social Worker:
 - Provides direct services such as counseling, discharge planning, crisis intervention, and resource coordination to patients in healthcare settings.
 - Collaborates with healthcare professionals to ensure comprehensive patient care.
 - Acts as an advocate for patients' rights and helps them navigate complex healthcare systems.
- Anthropologist:
 - Conducts research through fieldwork, interviews, and observations to gather data on human societies and behaviors.
 - Analyzes cultural, biological, linguistic, or archaeological data to understand human diversity and evolution.
 - May work in academic settings, museums, or research institutions, often publishing findings in scholarly journals.

3. Approach to Work:

- Medical Social Worker:

- Uses a client-centered approach, focusing on the individual's immediate needs, with an emphasis on problem-solving and support within the healthcare environment.
- Employs therapeutic and social work methods to help patients cope with illness and its impacts.
- Anthropologist:
 - Uses a holistic and often comparative approach to study human societies, cultures, and evolution.
 - May take a more theoretical or observational stance, focusing on long-term studies and understanding broader societal patterns rather than immediate interventions.

4. Education and Training:

- Medical Social Worker:
 - Holds a degree or a diploma in Medical Social Work
- Anthropologist:
 - Generally holds a degree in Anthropology or a related field, with specialization in cultural, biological, archaeological, or linguistic anthropology.
 - Training is often research-oriented, with fieldwork as a significant component of their education.

5. Work Environment:

- Medical Social Worker:
 - Works in hospitals, clinics, rehabilitation centers, nursing homes, or other healthcare environments.
 - Engages in direct patient care, often as part of a multidisciplinary healthcare team.
- Anthropologist:
 - Works in academic institutions, research organizations, museums, or field sites.
 - May spend considerable time conducting fieldwork, studying cultures, or analyzing data.

In summary, while both medical social workers and anthropologists are concerned with human well-being, their focus, methods, and work environments are distinct. Medical social workers provide direct care and support within healthcare settings, while anthropologists study human behavior and cultures, often in a research or academic context.

In my view, anthropologists cannot be included in the Medical Social Work Bill

2. Sociologists have different scope from the Medical Social Workers

1. Field of Study and Focus:

- Sociologist:
 - Focuses on the study of society, social institutions, and social relationships.
 - Examines patterns of social behavior, social structures, cultural norms, and how these elements influence human interactions.
 - Their work is primarily research-oriented, aiming to understand and explain social phenomena.
- Medical Social Worker:
 - Focuses on the practical application of social work within healthcare settings.
 - Works directly with patients, families, and healthcare teams to address social, emotional, and financial challenges related to illness and treatment.
 - Their work is grounded in providing support and services to improve individual well-being within the context of healthcare.

2. Professional Role and Responsibilities:

- Sociologist:
 - Conducts research to analyze social behaviors, trends, and issues such as inequality, education, family dynamics, and healthcare systems.
 - Publishes findings in academic journals, teaches in universities, and contributes to public policy discussions.
 - Often works on a macro level, examining large-scale social processes and structures.
- Medical Social Worker:
 - Provides direct services such as counseling, discharge planning, crisis intervention, and resource coordination to patients in healthcare settings.
 - Collaborates with healthcare professionals to ensure that patients receive comprehensive care, addressing both medical and psychosocial needs.
 - Works on a micro level, focusing on individual patients and their immediate social environment.

3. Approach to Work:

- Sociologist:
 - Uses theoretical frameworks and quantitative or qualitative research methods to study social patterns and behaviors.
 - Analyzes data to identify trends, causes, and effects of social issues, and often aims to inform public policy or contribute to sociological theory.

- Takes an observational and analytical stance, focusing on understanding and explaining rather than intervening.
- Medical Social Worker:
 - Uses a client-centered approach, focusing on the immediate needs of individuals or families within the healthcare system.
 - Employs therapeutic methods and social work practices to help patients cope with the challenges of illness, treatment, and recovery.
 - Takes an active role in intervention, providing direct support and resources to improve patient outcomes.

4. Education and Training:

- Sociologist:
 - Typically holds a degree in Sociology or a related field.
 - Training is heavily research-oriented, with an emphasis on social theory, research methods, and data analysis.
 - Sociologists are often trained to conduct independent research and contribute to academic knowledge.
- Medical Social Worker:
 - Holds a degree or a diploma in Medical Social Work
 - Medical social workers are trained to provide direct services and interventions to individuals and families.

5. Work Environment:

- Sociologist:
 - Works in academic institutions, research organizations, government agencies, or think tanks.
 - May also work as consultants, policy advisors, or in roles that require social research and analysis.
 - The work environment is often research-driven, with a focus on analysis, writing, and teaching.
- Medical Social Worker:
 - Works in hospitals, clinics, rehabilitation centers, nursing homes, or other healthcare settings.
 - Engages in direct patient care, often as part of a multidisciplinary healthcare team.
 - The work environment is client-focused, requiring frequent interaction with patients, families, and healthcare providers.

6. Impact on Society:

- Sociologist:
 - Contributes to the understanding of societal issues, influencing public policy, social programs, and academic discourse.
 - Works on understanding large-scale social changes, inequalities, and the factors that shape human behavior within societies.
- Medical Social Worker:
 - Directly impacts the well-being of individuals and families by providing essential support during illness or crisis.
 - Works to improve patient outcomes by addressing the social determinants of health, such as access to resources and emotional support.

In Summary Sociologists focus on research and understanding broad social patterns, often working in academic or research settings. They analyze and explain social phenomena at a macro level. Medical Social Workers focus on providing direct support and intervention to individuals within healthcare settings, working at a micro level to address the specific needs of patients and families.

3. On the constitution of the Council, the bill states only the CEO of Kenya Medical Training College, as per now two universities are training bachelor degrees in Medical social work and one more college offers diploma in the same.

4. Psychologist have their board and cannot be included in this bill

Those are my views and I hope they will be considered to improve the profession of medical social workers and avoid role confusion.

Yours Sincerely

B.O

Bravingtone Ogutu

Medical Social Worker
HOD medical social worker department
KMTC Karuri Campus



KLRC COMMENTS ON THE MEDICAL SOCIAL WORKERS BILL, 2024

| SECTION | CLAUSE | PROPOSED AMENDMENT | JUSTIFICATION |
|---------|---------------------------------|---|---|
| 1. | 1 Short title and commencement. | <p>The commencement time in this clause should be deleted.</p> <p>This is because there is an urgency to regulate and recognize medical social workers who presently engage in active practice in the Health Sector.</p> <p>This Bill if passed by the House should come into force immediately in accordance with Article 116 (1) of the Constitution.</p> | <p>Legislation is developed to cure gaps. In this case the practice of medical social work and persons engaging in medical social work are unregulated.</p> |
| 2. | 2- Interpretation. | <p>The following definitions should be reconsidered:- "Association"-We propose a deletion because it gives</p> | <p>The provision defines the key terms used in the Bill in the context of the legislation. Definitions must be clear and refrain from any ambiguity.</p> |

| | | | | |
|----|-----------------------------|----------|---|--|
| 5. | 5 Functions of the Council. | (1), (2) | <p>KLRC proposes a modification with the provisions as follows:-</p> <p>Delete the words "exercise supervision and control over the training and practice of medical social work" replace with the words:-</p> <p>"regulate the practice of medical social work"</p> <p>52(a) delete the "minimum educational qualifications" and substitute it with "develop .establish and maintain qualifications for membership"</p> <p>5 2(b)-</p> <p>5 2(e)-Delete and substitute with "to receive and investigate complaints against members of the Council <u>and to deal with issues of discipline, professional misconduct, incompetency and incapacity</u>"</p> <p>52(g) Delete the word "accredit" One cannot formulate and purport to accredit self" Accreditation must be undertaken independently.</p> | To bring clarity on the regulatory functions of the Council. |
|----|-----------------------------|----------|---|--|

| | | | |
|--|--------|---|---|
| | (3) | Delete reference to paragraph (1)(e) from the provisions of paragraph (3) | Paragraph (1)(e) provides that the Chairperson of the Kenya Medical Social Workers Association shall be a member of the Council. Paragraph 3 provides for the qualifications of the person nominated under paragraph (1)(e). By prescribing the qualification so the Association's Chairperson, the Bill infringes the rights of the Association's members under Article 36 of the Constitution. The qualifications of the leadership of an association should be provided for in that association's constitution. |
| | (5)(f) | Delete reference to paragraph (1)(e) from the provisions of paragraph (3) | The Chairperson of the Kenya Medical Social Workers Association holds the position in the Council by virtue of the office. Should they lose their license but the Association's constitution allows them to remain in office, then that position in the Council will remain vacant. Since that provision doesn't apply to other persons who are members of the Council by virtue of their offices, it shouldn't apply to the Chairperson of the Council either. |

(2) / (3)

| | | | | |
|-----|---------------------------------------|-----------------------------|--|---|
| 15. | 15 Remuneration | (1) (2) | KLRC is in agreement with the provisions. | The provisions offer guidelines on the remuneration of Council Members and staff of the Council. |
| 16. | 16 Protection from personal liability | (1) (2) | KLRC is in agreement with the provisions. | The provisions indemnify Council Members and staff for acts done in good faith in the performance of their functions. |
| 17 | 17 Approved training institutions | (1) (2) (3) | KLRC is in agreement with the provisions. | The provisions make it mandatory for the training of medical social workers to be done by approved institutions only, and creates an offence thereof. |
| 18 | 18 Qualifications for Registration | (1) (2) (3) (4) (5) (6) (7) | KLRC is in agreement with the provisions. | The provisions outline the criteria for eligibility for registration of medical social workers. |
| 19 | 19 Application for Registration | (1) (2) (3) (4) (5) | KLRC is in agreement with the provisions. | The provisions outline the procedure for application for registration as a medical social worker. |
| | | | (6) Any person who, while making an application under this section, makes a false or misleading statement or submits a forged certificate commits an offence and shall, upon conviction, be liable to a fine not exceeding five hundred thousand shillings, or to imprisonment for a term of not less than one year, or to both. | This provision was in the miscellaneous provisions, but for the proper order of the Act, it should be under this provision. |
| 20 | 20 Effect of Registration | (1) (2) | KLRC is in agreement with the provisions. | The provisions allow registered persons to identify with the appropriate titles of the profession. |

| | | | | | | |
|----|----|---|-----|-----|---|--|
| 24 | 24 | Validity of practising licence. | (1) | (2) | KLRC is in agreement with the provisions. | The provisions describe the period during which an issued practising licence is valid. |
| 25 | 25 | Renewal of practising licence | (1) | (2) | KLRC is in agreement with the provisions. | The section provides for the renewal of a practising licence. |
| 26 | 26 | Suspension and cancellation of practising licence. | (1) | (2) | KLRC is in agreement with the provisions. | The section provides for the suspension and cancellation of a practising licence, as well as the grounds for such cancellation. |
| 27 | 27 | Effect of removal of name from register and suspension or cancellation of practising license. | N/A | | KLRC is in agreement with the provisions. | The section bars anyone from practising as a medical social worker once their practising certificate has been suspended or cancelled, or if they have been removed from the register. |
| 28 | 28 | Disciplinary Committee | (2) | | The quorum of the Committee shall be three members, provided that the members appointed under section (1)(c) shall not constitute a quorum in the absence of any other member. In the event that the Chairperson is absent, but the meeting has quorum under this section, the members present shall nominate one member from amongst their number to preside over the meeting. | For purposes of balance it would be undesirable, for instance, for the three members of the Committee nominated by the Kenya Medical Social Workers Association to constitute quorum in the absence of the Chairperson, the Director General of Health, the Attorney General or the Registrar. The provision should also indicate how a chairperson is arrived at in a meeting where the substantive chairperson is absent. |
| | | | (3) | | A member of the Disciplinary Committee appointed under subsection (1)(c) shall hold office for three years and shall be eligible for reappointment for one further term in office. | The rest of the members of the committee are members by virtue of their offices and therefore can only leave the committee if they cease holding their respective offices. |

| | | | | |
|----|---|---------------------|---|---|
| 39 | 39 Practice without a valid certificate | N/A | KLRC is in agreement with the provisions. | The section makes it an offence to practice without a valid certificate. |
| 40 | 40 Certificates | (1) (2) (3) (4) | Delete entire section. | Insistence on sealed physical certificates seems a bit archaic in a world that is increasingly becoming digital. The issuance of a practice number upon renewal of a licence should be enough proof that a person is licensed to practice. |
| 41 | 41 Offences by partnerships or bodies corporate | (1) (2) | KLRC is in agreement with the provisions. | The section provides for personal liability for corporate offences. |
| 42 | 42 Offences relating to registration | (1) (2) (3) (4) (5) | Delete entire section | The provisions of subsections (1) (2) (3) and (4) should be covered under section 22 (see KLRC's proposed amendment to section 22). The provisions of subsection (5) should be covered under section 19 (see KLRC's proposed amendment to section 19). |
| 43 | 43 Subscriptions | N/A | KLRC is in agreement with the provisions. | The provision allows the Council to charge prescription fees to licensees. |
| 44 | Redress | N/A | KLRC is in agreement with the provisions. | The provision allows persons aggrieved by the decisions of the Council to appeal to the High Court. |
| 45 | 45 Regulations | 45(2)(a) | criteria for nomination of members referred to in section (7)(1) (f): | The provision relating to nomination of Council Members is section 7 and not section 9 as indicated. Section (7)(1)(e) relate to the chairperson of the Kenya Medical Social Workers Association, so no regulation is necessary to provide for the criteria for his or her nomination to the Council. |
| 46 | 46 General Penalty | N/A | A person who contravenes the provision of this Act commits an offence and shall, where no other | There are other penalties within the Act so it is important to specify that the general penalty applies where no other penalty applies. |



Feed

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REF: KEMSWA/010/16/09/2024

16/09/2024

MEMORANDUM ON THE INTRODUCTION OF THE MEDICAL SOCIAL WORKERS
BILL (NATIONAL ASSEMBLY BILL NO. 22 OF 2024)

PRESENTED TO

THE NATIONAL ASSEMBLY DEPARTMENTAL COMMITTEE ON HEALTH

SUBMITTED TO THE CLERK OF THE NATIONAL ASSEMBLY

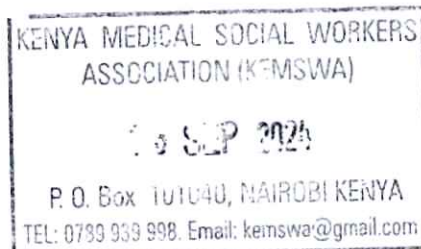
PO BOX 41842-00100, NAIROBI

IN THE MATTER OF CONSIDERATION BY THE DEPARTMENTAL COMMITTEE ON
HEALTH OF THE NATIONAL ASSEMBLY

THE MEDICAL SOCIAL WORKERS BILL (NATIONAL ASSEMBLY BILL NO.22 OF
2024)

16TH SEPTEMBER, 2024

SUBMITTED BY: Kenya Medical Social Workers Association (KEMSWA)



Overview

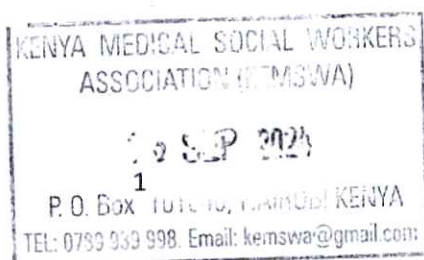
This is in response to your letter Reference NA/DDC/DC-H/2024/078 dated 05/09/2024 on stakeholders' engagement on the medical social workers Bill National Assembly Bill No. 22 Of 2024.

The following pages adduce our response set out in three sections with the first addressing the bill's content while the other three sections are appendices for further information in line with medical social work.

The Kenya Medical Social Workers Association (KEMSWA) highly appreciates the National Assembly for allowing the processing of the Medical Social Workers Bill (National Assembly bill No 22 of 2024) sponsored by the Departmental Committee on Health currently chaired by Hon. Dr. Robert Pukose, Member of Parliament for Endebess constituency. Indeed, the sponsor of the bill has brought to the fore an area of health care service provision whose need is advancing rapidly in Kenya and globally however has remained not anchored in law nationally.

Kenya Medical Social Workers Association (KEMSWA) is in full support of the aforesaid bill with the following prayers accompanied by three appendices on the essence of medical social work in the health sector and its uniqueness from other related areas of practice and profession.

The association kindly requests for the following considerations with all due regard to the extensive work done by the departmental committee on health.



In PART II MEDICAL SOCIAL WORKERS COUNCIL

Article 7 (1) add a section (h) there be inclusion of a representative of universities in Kenya that offer medical social work education

Article 7 (2) (a) Delete the words “Psychology”, “Counselling” and “Mental Health” and allow them to be taken care of by the statement or its equivalent and add the word “medical” before anthropology. There is already a substantive law on counselling and psychology while medical social workers practice embedded counselling.

Article 12 (2) (C) Delete the words “Psychology”, “Counselling”, and “Mental Health” and allow them to be taken care of by the statement or its equivalent and add the word “medical” before anthropology and Sociology. There is already a substantive law on counselling and psychology while medical social workers practice embedded counselling.

In PART III TRAINING AND REGISTRATION OF MEDICAL SOCIAL WORKERS

Article 17 (C) Add KMTC Act Revised Edition 2012 [1990] (It’s a training institution)

Article 18 (4), Add KMTC Act Revised Edition 2012 [1990] (It’s a training institution) (5) Add KMTC Act Revised Edition 2012 [1990] (It’s a training institution) include KMTC act in both sub-articles

PART IV GENERAL PROVISIONS

Article 47 (1) and (2). Sub-article (2) should come before sub-article (1). On sub-article (1) remove Ninety (90) days and replace with twenty-four (24) months

Article 47 (2) Replace the word “twelve” with “thirty six months” after the word within and before the word months. This is in recognition of the point that if the prescribed course by the council as per this bill was to take twelve months at minimum with all practicing medical social workers required to go through, there is a very high likelihood of interference with service delivery hence training would be feasible in groups even with the use of online or distance learning

The rest of the bill and composition of the articles are recommended to remain the same.

APPENDIX I

Medical Social Workers Bill (National Assembly Bill No. 22 of 2024)

Introduction

Medical Social Work Bill 2024 will support the professional growth and advancement of medical social workers in Kenya. By investing in the regulation and promotion of medical social work, we can enhance the quality of care, improve patients' clinical outcomes, and contribute to the well-being of our public in the health sector as a practice globally.

The Medical Social Workers Bill 2024, recognizes medical social work as an essential profession within the Kenyan healthcare system. Medical social workers play a critical role in bridging healthcare services and social welfare systems, ensuring that patients receive comprehensive care that addresses both medical and psycho-social needs.

Justification for the Bill

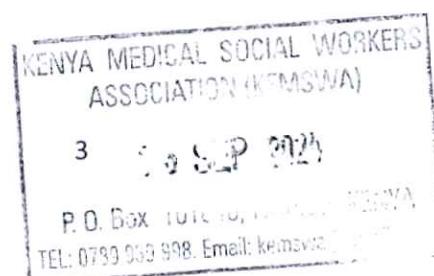
1. Regulation and Professional Standards:

Currently, the role of medical social workers lacks a formal framework of regulation and licensing. This bill seeks to establish a legal framework that will ensure medical social workers are properly licensed, qualified, and operate under a recognized professional code of ethics. Proper regulation will improve service quality and accountability within healthcare.

2. Public Health and Well-being:

Medical social workers address psychosocial issues that directly impact patient health, including mental health, financial struggles, domestic abuse, and health literacy. By addressing these barriers, medical social workers ensure better patient treatment outcomes. However, the absence of a governing council or defined standards hinders their potential, and patients do not receive the full benefits of their services.

3. Professional Recognition:



The lack of formal recognition within the healthcare system has made it difficult for MSWs to receive fair remuneration and recognition for their contributions. This bill will formalize their status, ensuring that medical social workers are recognized as healthcare professionals in line with other regulated health practitioners as per the WHO definition of health.

4. Alignment with International Standards:

Many countries, such as the United States, Canada, South Africa, and Australia, have already enacted legislation that governs medical or clinical social workers, recognizing the critical role they play in healthcare. Kenya must align with these best practices to ensure that our healthcare system continues to evolve and improve.

Objective of the Bill

The primary objective of the Medical Social Workers Bill 2024 is to regulate, train, license, and professionalize medical social workers, ensuring that they adhere to set standards of practice. Key objectives include:

1. Establishment of the Medical Social Workers Council to oversee regulation, licensure, and professional standards.
2. Defining the scope of practice for medical social workers.
3. Setting standards for education and training, including continuous professional development.
4. Ensuring public protection by instituting mechanisms for professional discipline, ethical conduct, and service quality assurance.

Scope of Medical Social Work Practice

Medical social work is a profession, focusing on providing support and resources to patients, families, communities and healthcare teams in a variety of healthcare settings. The scope of practice is informed by professional ethics, clinical knowledge, and healthcare policies. Medical social workers operate in hospitals, outpatient clinics, rehabilitation centres, hospice care, and community health settings, contributing significantly to patient care and healthcare outcomes. Below is a detailed outline of the scope of medical social work practice:

1. Psychosocial Support

- **Comprehensive Assessment:** Medical social workers assess patients' emotional, social, and environmental needs to understand the impact of illness on their quality of life. This includes evaluating *mental health status*, social support systems, financial resources, and coping mechanisms.
- **Patient-Caregiver Assessment:** They also assess the needs and capacities of caregivers, ensuring they have the necessary resources and support to care for the patient effectively.
- **Medical disability assessments:** The mental and intellectual disability and physical disability domains are areas of work in respective multidisciplinary teams in gazetted hospitals where medical social workers are involved.

2. Case Management and Care Coordination

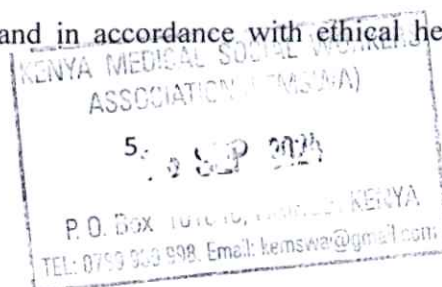
- **Multidisciplinary Team Coordination:** Medical social workers serve as a bridge between the patient and the healthcare team. They help coordinate care by ensuring that communication between different healthcare professionals is seamless.
- **Patient Navigation:** They assist patients in navigating complex healthcare systems, facilitating access to medical services, appointments, and follow-up care.
- **Discharge Planning:** Medical social workers play a critical role in discharge planning by identifying the services patients need after leaving the hospital, such as home healthcare, rehabilitation services, and follow-up medical appointments.

3. Crisis Intervention

- **Emotional Support:** They provide immediate psychological support to patients and families during crises, such as receiving a new diagnosis, end-of-life care, or traumatic injury.
- **Trauma Counseling:** Medical social workers address acute mental health needs, such as PTSD, depression, or anxiety, especially in settings like emergency departments and trauma units such as gender based violence recovery centers.

4. Advocacy and Patient Rights

- **Patient Advocacy:** Medical social workers advocate for patients' rights, ensuring they are treated with dignity, respect, and in accordance with ethical healthcare practices. This



includes advocating for access to services and challenging inequalities in the healthcare system in line with WHO quality rights.

- Legal and Ethical Guidance: They provide guidance on legal matters such as advanced directives, informed consent, and patient confidentiality, ensuring that patients and families understand their rights and options.

5. Embedded Counseling and Emotional Support

- Individual and Group Therapy: Medical social workers provide therapeutic support to individuals or groups dealing with chronic illness, disability, or trauma, helping them cope with emotional and certain psychological challenges.
- Family Counseling: They offer family counselling to address relationship issues that arise from illness or injury, promoting healthy communication and coping strategies within the family unit.
- Grief Counseling: Medical social workers support patients and families facing loss and bereavement, helping them manage grief and emotional distress during end-of-life care.

6. Financial Assistance and Resource Referral/realignment

- Financial Advice: They assess patients' financial situations and help them access financial aid, insurance, or social welfare programs to cover medical costs.
- Community Resource Referral: Medical social workers connect patients and families to community resources such as housing assistance, food programs, transportation services, and support groups.
- Medical Billing and Credit Assistance: In some settings, medical social workers evaluate patients for credit consideration, helping them manage medical bills and financial obligations.

7. Health Education and Patient Empowerment

- Patient Education: They educate patients and their families about medical conditions, treatment plans, and the healthcare system, empowering them to make informed decisions about their care.

- Health Promotion: Medical social workers engage in preventive care activities, promoting healthy lifestyles and educating communities about health issues such as chronic disease management, mental health awareness, and substance abuse prevention.

8. Palliative and End-of-Life Care

- Palliative Care Support: Medical social workers assist patients with life-limiting illnesses and their families, helping them navigate palliative care options and addressing emotional and spiritual needs.
- Advance Care Planning: They support patients and families in making decisions about end-of-life care, including discussing advance directives, Do Not Resuscitate (DNR) orders, and hospice care.
- Bereavement Support: Medical social workers provide ongoing bereavement support to families following the death of a loved one, helping them process grief and loss.

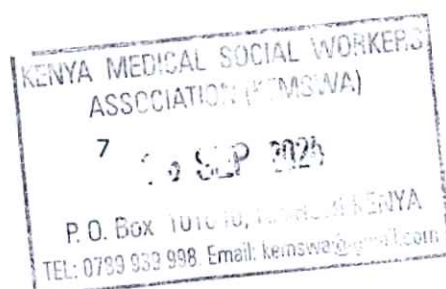
9. Ethical Decision-Making

- Ethical Dilemmas: Medical social workers often participate in hospital ethics committees, helping to address complex ethical issues in patient care, such as resource allocation, patient autonomy, and consent in vulnerable populations.
- Mediation: In cases of conflict between healthcare teams and families, medical social workers mediate to resolve disagreements and ensure that patient care decisions are made in the best interest of the patient.

10. Research and Policy Development

- Research Participation: Medical social workers contribute to research initiatives aimed at improving patient outcomes, enhancing healthcare policies, and understanding social determinants of health.
- Policy Advocacy: They advocate for changes in healthcare policies that improve access to care, protect patient rights, and address social inequalities in the healthcare system.

11. Training and Capacity Building



- Healthcare Team Education: Medical social workers provide training to healthcare professionals on psychosocial aspects of care, cultural competence, and communication skills.
- Student Supervision: In some settings, they supervise social work students and interns, providing them with practical training and mentorship in medical social work practice.

12. Compliment Public Health and Community Engagement

- Compliment Public Health Initiatives: Medical social workers collaborate with public health agencies to design and implement programs that address the social determinants of health and promote community well-being.
- Community Outreach: They engage in outreach activities to raise awareness about health services, advocate for vulnerable populations, and ensure that marginalized groups have access to healthcare.

13. Specialized Services

- Rehabilitation Services: Medical social workers in rehabilitation settings focus on helping patients adjust to physical disabilities, facilitating access to rehabilitation programs, and promoting independent living.
- Mental Health and Substance Abuse Support: They provide specialized support to patients with mental health conditions or substance use disorders, helping them access treatment, therapy, and rehabilitation services.
- Pediatric and Geriatric Care: Medical social workers working with children or older adults provide age-appropriate care, addressing the unique psychosocial needs of these populations.
- Comprehensive Care
- Oncology and Palliative care
- GBV

Medical Social Workers' Role in Healthcare

1. Holistic Care: Medical social workers contribute to holistic care by addressing non-medical factors such as mental health, family dynamics, social determinants of health, and economic challenges, which all affect patients' recovery and well-being.

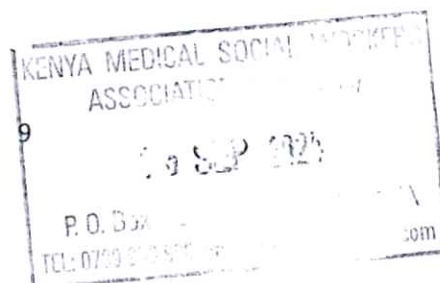
2. **Reducing Readmission Rates:** Through careful discharge planning and follow-up care, MSWs help reduce hospital readmission rates by ensuring that patients receive the support they need post-discharge.
3. **Support in Chronic and Palliative Care:** In chronic and palliative care settings, MSWs provide long-term support, counselling, and resource coordination, helping patients and their families navigate the emotional and logistical challenges of ongoing or end-of-life care.
4. **Mental Health Support:** By offering mental health counselling and support, medical social workers help patients cope with mental health conditions, either as a primary issue or one exacerbated by physical health problems.

Importance and Benefits of MSW to the Public

1. **Improved Patient Outcomes:** Medical social workers address social determinants of health, contributing to better overall patient outcomes by improving access to services and reducing barriers to care.
2. **Enhanced Health Equity:** By supporting vulnerable populations, such as the economically disadvantaged, the elderly, and those with chronic illnesses, medical social workers promote health equity and ensure that marginalized groups receive the care they need.
3. **Cost-Efficiency in Healthcare:** Medical social workers help reduce the overall cost of healthcare by preventing unnecessary readmission, streamlining care processes, and helping patients access financial assistance programs.
4. **Mental Health and Psychosocial Support:** MSWs offer critical mental health services and psychosocial support, which can reduce the burden on the healthcare system by preventing mental health crises and improving patients' capacity to manage their health.
5. **Improved Health Literacy:** Medical social workers enhance patients' understanding of their medical conditions and treatment options, improving adherence to medical recommendations and fostering more positive healthcare experiences.

Countries with Enacted Medical Social Work or Clinical Social Work Bills

1. **United States:** The Social Work Licensure Act provides state-specific licensing for clinical social workers, including those working in healthcare settings. It sets education, training, and ethical standards.



2. Canada: Clinical social workers, including medical social workers, are regulated under provincial legislation that governs their scope of practice, qualifications, and standards of care.
3. South Africa: The South African Council for Social Service Professions regulates social workers, including those working in health settings, ensuring adherence to national standards.
4. Australia: Clinical social workers are licensed professionals regulated under national standards, with clear guidelines for their role in healthcare systems.

The enactment of the Medical Social Workers Bill 2024 will professionalize the field of medical social work and improve the quality and accessibility of healthcare services across Kenya. By addressing psychosocial and economic factors that influence health outcomes, medical social workers are vital in ensuring that patients receive comprehensive, patient-centered care.

APPENDIX II

Medical Social Workers differentiated from other forms of general Social Workers

The difference between Medical Social Workers and other generic social workers.

Medical social work has been in existence for quite a while although many people still appear not to know exactly what it does. From the WHO definition of health, we can confirm that Medical social work is a befitting profession in the health sector and especially in the various health facilities. In appreciation of the same definition, it is important to note that the profession deals with the cause and effect of the social problems that clients (patients) interact with in the course of their illnesses. It then implies that medical social workers provide psycho-social support in an attempt to solve the problems through social investigations, psychosocial assessments, counselling, social rehabilitation and follow-up.

Medical Social Workers are distinct in their training and professional practice. Currently, Medical Social Workers train at Kenya Medical Training College (KMTTC) at the Diploma Level and Jomo Kenya University of Agriculture and Technology (JKUAT) at the Degree level both of which are science based and NOT Art based. Therefore, Medical Social Workers are health care workers as recognized by Ministry of Health and the World Health Organization (WHO). Among other core courses distinct to medical social work includes anatomy and physiology, pharmacology, common diseases, psychopathology, mental health, biochemistry and health project management.

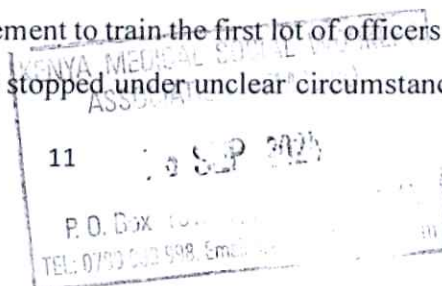
Medical Social Workers directly work with patients in health care settings and their practice is oversighted by the Ministry of Health.

The Scheme of Service for medical social workers is domiciled and administered within the ministry of health for those working in the public sector.

Background of Medical Social Work profession:

Medical Social work in the clinical setting applies specific knowledge, theories and methods of assessment, diagnosis, treatment planning interventions and outcome evaluation practice incorporating theories, biological, psychological and social development.

The training of medical social workers (MSW) was initiated way back 1980 when it became apparent that the provision of health care services was not complete without the input of medical social workers. This necessitated the arrangement to train the first lot of officers. The ministry only facilitated the training of two classes and it stopped under unclear circumstances. The below 30



officers were just a drop in the ocean and they could not cope with the demand that was created for the services hence the decision by the ministry of health to hire officers from diverse training backgrounds and colleges.

This attempt to have this diverse group offer services only served for a time since the various officers used the employment opportunities as a stepping stone for other greener pastures. It went on for quite some time before medical social workers as professionals were able to negotiate for appropriate training of personnel from an appropriate training college which can blend well with other cadres.

A number of these personnel who remained have undergone a lot of on- job training to help them cope with the nature, scope and complexity of the work involved. Between 1984 and 2016 the profession functioned with the generic social workers and a handful of medical social workers.

Out of realization that still these officers had something missing, there was a need to come up with a targeted relevant training. The medical social work course then was started to fill the gap that had existed ever since the profession began in Kenya over four decades ago.

Medical social workers represent the largest group of behavioural health practitioners in the country. They are often one of the three core first health care workers to be involved to diagnose and treat people with mental disorders and various emotional and behavioural disturbances.

Medical social workers are essential to a variety of patient-centred settings, including Psychiatric/mental health centres, hospitals and community substance use treatment and recovery programs, primary health care centres, paediatric hospitals (e.g. Gertrude's Children Hospital , AIC Kijabe Mission Hospital (Cure International) Geriatric Hospital services,

Medical social work has a primary focus on the Social, mental, emotional, and behavioural well-being of individuals, couples, families, and groups.

It's pivoted on a holistic approach to bio-psychosocial and spiritual domains and the client's relationship to his or her environment. Medical social work views the client's relationship with his or her environment as essential to treatment planning.

Medical social work is domiciled in the Ministry of Health (MOH), recognised and controlled professional practice through the Kenya Health Professions Oversight Authority (KHPOA). It is clustered together with other clinical service providers by the SRC and MOH

Medical Social Work Education

A minimum of three years diploma course at the Kenya Medical Training College or University degree with internship and practicums under supervised clinical settings in designated Public Hospitals.

Medical social work is broad-based and addresses the health needs of individuals, families, couples, and groups affected by life changes and challenges, including mental disorders and other behavioural disturbances.

Medical social workers provide essential services in the environments, communities, and social systems that affect the lives of patients through discharge care and transition planning.

Medical social workers are committed to the delivery of competent services to individual patients, their families, couples, and groups. Therefore, they recognize the patient's role in his or her treatment planning and the client's right to have a knowledgeable, skilled practitioner who is guided by sound ethical practice.

Medical social workers in healthcare settings

Have an understanding of common ethical and legal issues in medical social work practice in health care settings;

Bio-psychosocial–spiritual assessment;

Use of the strengths perspective in the prognosis of patients;

Client and family engagement in all aspects of social work intervention;

Case management/care management/care coordination/health care navigation;

Discharge and transition planning e.g. Sexual Gender Based Violence survivors;

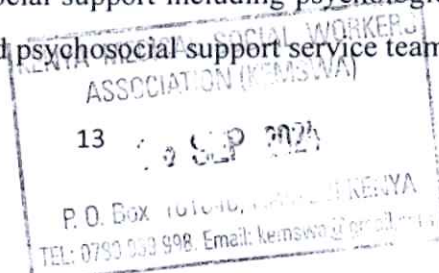
Patient concordance with and adherence to the plan of care e.g. TB and HIV patients;

Advance care planning especially for psychiatric clients;

Palliative care, including pain and symptom management, Hospice and end-of-life care;

Identification of child/elderly/vulnerable adult abuse, trauma, neglect, and exploitation;

Crisis intervention and offering psychosocial support including psychological first aid as a core team member of county mental health and psychosocial support service teams;



Facilitation of benefits and resource acquisition to assist patients and families, including an understanding of related policies, eligibility requirements, and financial and legal issues;

Advocacy with other members of the inter/multidisciplinary team and within the health care facilities to promote patients' and families' decision making and quality of health and life;

Client, family, inter/multidisciplinary, and community promotive health education;

Family systems issues, including the impact of health care concerns, illness, and disease on family relationships; life cycles; and care giving roles and support needs in line with the social determinants of health;

Cross cutting Roles of Medical Social Workers in Geriatric, pediatrics, psychiatric, palliative healthcare settings

1. Psycho-social support; aimed at enabling the patients and families to deal with inter and intra-personal problems such as Addressing bio psychosocial causes and consequences of mental illness. Embedded counselling is practiced

2. Social economic assessments; service to the disadvantaged groups and arranging for the appropriate assistance for their therapeutic pathways in line with UHC

3. Social-medical investigations; to influence the social factors that are causal to the disease

4. Patients Social rehabilitation; this includes resettlement, re-integration and placements and sometimes repatriation. This also involves community resources and social capital, individual efficacy

5. Outreach Services; with the medical teams, to undertake preventive and promotive health. Emphasizing the psycho-social and medical needs of individuals, families and communities

6. Referrals and linkages; aims at care and treatment continuum, decongesting wards, developing linkages with social welfare agencies to assist the clients

Note;

Counselling: This is a procedure that is often used in clinical social work and other professions to guide individuals, families, couples, groups, and communities by such activities as delineating alternatives, helping to articulate goals, and providing needed information (Barker, 2003).

Psychodynamic: This word pertains to the cognitive, emotional, and volitional mental processes that consciously and unconsciously motivate an individual's behaviour. These processes are the product of the interplay among a person's genetic and biological heritage, the sociocultural milieu, past and current realities, perceptual abilities and distortions, and his or her unique experiences and memories (Barker, 2003).

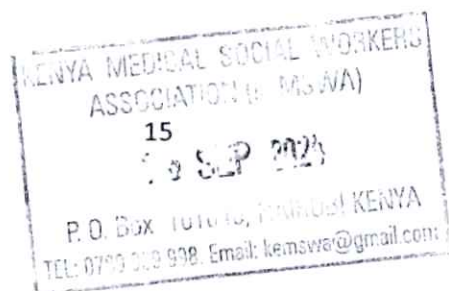
Therapy: This is a systematic process designed to remedy, cure, or abate some disease, disability, or problem. This term is often used by social workers as a synonym for individual psychotherapy, conjoint therapy, couples therapy, psychosocial therapy, or group therapy (Barker, 2003).

The medical social workers pray that Parliament passes this bill to create a more structured, effective, and equitable healthcare system in Kenya.

Signed by,

National Chairman Name: ARTHUR MWGO Sign [Signature] Date: 16-09-2024
National Secretary Name: Chester C K Sign [Signature] Date: 16-09-2024

Kenya Medical Social Workers Association



APPENDIX III

Citations

The medical social work function has been captured in different documented health related policies, national guidelines and Reports including but not limited to the following:

- Medical Social Work in Kenya: Scope, Relevance, and Utility; Muhungi., W., N. and Machani., S., O. (2022)
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- Social work in the oncology setting compared to social work in general medical settings: An analysis of findings from a multisite Australian Social Work practice audit. *Australian Social Work*, 75(2), 152-164. Keesbury, J., Onyango-Ouma, W., Undie, C. C., Maternowska, C., Mugisha, F., Kageha, E., & Askew, I. (2012).
- A review and evaluation of multi-sectoral response services ('one-stop centers') for gender-based violence in Kenya and Zambia.
- The National Guidelines for Medical disability assessments & categorization-2022
- The National Facility improvement financing policy/guidelines
- The Post Rape Care PRC form MOH 364
- The circular on county mental health and psychosocial services teams

- The national TB/Leprosy guidelines
- Mental health for primary health care services
- The national clinical management guidelines for common mental disorders- 2024 MOH
- The Mental Health and Wellbeing Task force report:Towards Happiness and National Prosperity (2020)
- The national Staffing Norms for the human resource for health
- The National HIV guidelines
- Devolved HRM Policy Guidelines on Human Resources for Health February 2015
- The MOH 711 reporting tool
- KENYA MEDICAL TRAINING COLLEGE ACT; CHAPTER 261-Revised Edition 2012 [1990]-Published by the National Council for Law Reporting with the Authority of the Attorney-General-www.kenyalaw.org

