

REPUBLIC OF KENYA



PARLIAMENT OF KENYA

THE SENATE

TWELFTH PARLIAMENT

FIFTH SESSION

THE STANDING COMMITTEE ON HEALTH

THE COMMUNITY HEALTH SERVICES BILL, 2020
SENATE BILLS NO. 34 OF 2020

Rt. Hon. Speaker
You may approve for
tabling.
08/07/21

Clerk's Chambers,
First Floor,
Parliament Buildings,
NAIROBI.

JUNE, 2021

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PREFACE

Mr. Speaker Sir,

The Senate Standing Committee on Health is established under standing order 218 (3) of the Senate Standing Orders and is mandated to, “*consider all matters relating to medical services, public health and sanitation.*”

Committee Membership

The Membership of the Committee is composed of the following:

1. Sen. (Dr.) Michael Mbiti, MP.- Chairman
2. Sen. Mary Seneta, MP.
3. Sen. Beth Mugo, EGH, MP.
4. Sen. Beatrice Kwamboka, MP.
5. Sen. (Prof.) Samson Ongeru, EGH, MP.
6. Sen. (Dr.) Abdullahi Ali Ibrahim, MP.
7. Sen. Fred Outa, MP.
8. Sen. Millicent Omanga, MP.
9. Sen. Ledama Olekina, MP.

Mr. Speaker,

The Community Health Services Bill (Senate Bills No. 34 of 2020) was sponsored by Sen. Agnes Zani. It was published on 4th December, 2020, and read a First Time in the Senate on 4th March, 2021. Following this, it was committed to the Standing Committee on Health for consideration and facilitation of public participation in accordance with standing order 140 (1) and (5) of the Senate Standing Orders.

Mr. Speaker,

Pursuant to the provisions of Article 118(1) (b) of the Constitution and standing order 140 (5) of the Senate Standing Orders, the Committee conducted public participation and invited the public and stakeholders to submit memoranda on the Bill. (**Annex 3**)

Mr. Speaker,

Having invited interested members of the public and stakeholders to give their submissions on the Bill via written memoranda, the Committee received memoranda from various stakeholders with regards to the Bill.

In addition, the Committee scrutinized and considered the submissions and made determination and proposed amendments to the Bill.

Having received input from the members of the public and various stakeholders the Committee successfully concluded the consideration of the submissions by the Public on the Bill on Monday, 24th May, 2021 and proposed amendments to the Bill.

Mr. Speaker,

The Committee noted that some of the proposals made by the stakeholders, were already incorporated in the republished Bill and resolved to develop amendments that were not covered but would strengthen the provisions of the Bill.

Mr. Speaker,

With regards to the Bill, the Committee made the following observations:

- (a) That the Constitution delineates the functions of the National Government and the county governments in respect to provision of health care.
- (b) That Community Health Services are the first tier of provision of health care and form a critical part of primary health care which the Constitution obligates county governments to provide.
- (c) That when republishing the Bill, the Sponsor adopted the version of the Bill that had been proposed by the Committee.

- (d) That the republished Bill took in to account the leadership structures in the Health subsector and recognised that the provision of health is a continuum of which community health is a part of. In addition, the Bill recognises that the County Director of Health is the technical advisor to the county on all matters health and therefore the senior most county public service officer in respect to health.
- (e) That community health services are organised at the community level and that it is prudent to ensure that the county governments take in to account topography, geography and population as parameters to determine the size of the community for effective Community Health Services.
- (f) That the people in public baraza are the custodians of information in regard to that community and that they are the best placed to nominate the community members to represent them in the community health committee as well as the persons to be their community health volunteers.
- (g) That resource mobilisation by any government and the budgeting of those resources is already covered by the Constitution and the Public Finance Management Act.
- (h) That the Bill presents an opportunity to ensure that community health services are used to facilitate the provision of community and family-based care and support systems for persons with mental health illnesses.
- (i) That statistical information is important to ensure better planning for both the National and county governments. It is therefore important for the Ministry of Health to ensure that it integrates the different health information systems as envisaged under section 105 of the Health Act.
- (j) Community health services should not be criminalised. The good will of the community is necessary to ensure effective provision of community health services. In addition, other laws cover the access to persons and information and that if need be, the CHVs and CHOs should request assistance from the police and other enforcement authorities

Based on the foregoing, the Committee resolved that the Bill be amended to ensure that :

- (a) The Bill should reflect that community health services be centred around a community by amending clause 8 (1)(c) to replace the word “grassroot” with “community”.
- (b) The Ministry of health should fast track the implementation of section 105 of the Health Act and prescribe the data that is to be contains in the integrated health information system. In particular the Ministry of Health should ensure that gender, disability and age are provided for in the parameters set out in the system;
- (c) Include subcounty administrator in the membership of the community health committee.

Mr. Speaker,

The Committee recommends that the House adopts the proposed amendments to the Bill as contained in *Annex 1*.

Mr. Speaker,

The Committee thanks the Offices of the Speaker and Clerk of the Senate for their support during the process of considering this matter. The Committee also wishes to thank the members of the public, and the various stakeholders who participated in the stakeholder meetings.

Mr. Speaker Sir,

It is now my pleasant duty and privilege to present this report of the Standing Committee on Health, for consideration and approval by the House pursuant to Standing Order No. 226 (2) of the Senate Standing Orders.

Signed..... 

Date.....28/05/2021.....

SEN. MBITO MICHAEL MALING'A, MP

CHAIRPERSON, STANDING COMMITTEE ON HEALTH

ADOPTION OF THE REPORT OF THE STANDING COMMITTEE ON HEALTH OF THE SENATE

We, the undersigned Members of the Standing Committee on Health of the Senate, do hereby append our signatures to adopt the Report-

1. Sen. (Dr.) Michael Mbito, MP 

2. Sen. Mary Seneta, MP 

3. Sen. Beth Mugo, EGH, MP 

4. Sen. Beatrice Kwamboka, MP 

5. Sen. (Prof) Samson Ongeri, EGH, MP 

6. Sen. (Dr) Abdullahi Ali Ibrahim, MP
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7. Sen. Fred Outa, MP 
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8. Sen. Millicent Omanga, MP
.....

9. Sen. Ledama Olekina, MP 

CHAPTER ONE

INTRODUCTION

1. Mandate of the Standing Committee on Health

The Senate Standing Committee on Health is established under standing order 218 (3) of the Senate Standing Orders and is mandated to, “*consider all matters relating to medical services, public health and sanitation.*”

2. Committee Membership

The membership of the Standing Committee on Health is comprised of the following:

- 1) Sen. (Dr.) Michael Mbito, MP - Chairperson
- 2) Sen. Mary Seneta, MP
- 3) Sen. Beth Mugo, EGH, MP
- 4) Sen. Beatrice Kwamboka, MP
- 5) Sen. (Prof.) Samson Ongeru, EGH, MP
- 6) Sen. (Dr.) Abdullahi Ali Ibrahim, MP
- 7) Sen. Ledama Olekina, MP
- 8) Sen. Fred Outa, MP
- 9) Sen. Millicent Omanga, MP

3. Background of the Community Health Services Bill, (Senate Bills No. 34 of 2020)

Under the Fourth Schedule of the Constitution, primary health care is a devolved function and community health services are pivotal to the delivery of primary health care.

The Health Act categorises Community Health Services as Level 1 in the technical classification of levels of healthcare delivery. Article 43 (1) (a) of the Constitution guarantees every person the right to the highest attainable standard of health. However,

prior to 2020, community health services were only regulated by the Strategy for Community Health 2014-2019 which had the following gaps —

- (a) the role of the county governments in provision of community health services including resource mobilization and financing of community health services was unclear;
- (b) the framework on the structure of community health services was unclear; and
- (c) the framework for appointing community health volunteers was inadequate.

This Bill was therefore developed to address the gaps in the strategy and provide the legislative framework upon which community health services may be achieved.

4. Republication of the Community Health Services Bill

On 20th June 2019, the Senate of the Republic of Kenya passed the motion that the Senate:

- (a.) reiterates and re-affirms its commitment in terms of Article 3 of the Constitution, to respect, uphold and defend the Constitution;
- (b.) further reiterates and re-affirms its commitment to protect the interests of the counties and their Governments;
- (c.) reiterates and re-assures the People of Kenya, on whose behalf it exercises its mandate under Articles 94 and 96 of the Constitution that it shall always, diligently and robustly prosecute that mandate and shall resist any actions or attempts to undermine devolution and the people's aspirations for a government based on the essential values of human rights, equality, freedom, democracy, social justice and the rule of law;
- (d.) resolves to institute legal proceedings to —
 - i.) challenge the laws that have been enacted unprocedurally in the 12th Parliament;
 - ii.) seek an interpretation of the term “money Bill”; and
 - iii.) seek a final determination of the procedure to be followed in respect of all the Bills that are pending before Parliament so as to ensure

compliance with Article 110(3) of the Constitution and for the future.

Following the above resolutions, the Senate filed a Petition in the High Court in line with the resolution of the House.

The Court made several determinations, amongst which it held-

- (a) any law passed without complying with Article 110 (3) of the Constitution is unconstitutional.
- (b) a Bill concerning counties and a money bill are mutually exclusive as the High Court held that where a Bill is a Bill that concerns counties, the Bill is not a money Bill and must be considered in line with the procedures under Articles 109 (4), 110 to 113, 122 and 123 of the Constitution.

The Senate therefore sought the republication of all Bills that had not undergone complete concurrence to conform with the decision of the High Court in respect to Petition 284 of 2019.

As a result of the foregoing, the Community Health Services Bill was republished on 4th December, 2020.

5. Public Participation and Stakeholder Engagement

Pursuant to the provisions of Article 118 (1) (b) of the Constitution and standing order 140 (5) of the Senate Standing Orders, on 4th March, 2021, the Bill was read a first time and referred to the Senate Health Committee. By an advertisement published on 16th March, 2021 in two newspapers with national circulation, the parliamentary website and parliamentary social media pages, the Committee invited interested members of the public and stakeholders to give their submissions on the Bill via written memoranda (*see Annex*

3). Notably, in response to this call for memoranda, the Committee received submissions from various stakeholders with regards to the Bill.

Having scrutinized and considered the submissions from various stakeholders, the Committee successfully concluded its consideration of the submissions from the members of the Public on Monday, 24th May, 2021 and proposed amendments to the Bill. (*see Annex I*).

6. Objectives of the Community Health Services Bill (Senate Bills No. 34 of 2020)

The objective of the Bill is to provide a framework for the delivery of community health services; promote access to primary health care services at the community level and reduce health disparities between counties; and provide capacity building for the community health workforce.

7. Overview of the Bill

The Bill proposes the following-

Part I-Preliminary

Clause 3 of the Bill sets out the objects of the Bill to include providing a framework for the coordinated implementation of policies and standards by the county government to realise the right to health; entrenching the role of community health volunteers in the provision of basic health care at the household level; providing a framework for the financing of community health services, etc

Part II-Community Health Services

Clause 5 of the Bill sets out the role of the National government to include formulating, in collaboration with county governments, policy on the delivery of community health services; and offering technical assistance to county governments in the establishment of structures required for the delivery of community health services within the county; etc

Clause 6 of the Bill sets out the role of the County governments to include mobilising resources necessary for the delivery of community health services in the respective county; allocating adequate funds and resources necessary for the effective delivery of community health services within the respective county; putting in place mechanisms to facilitate access to timely community health services by residents within the respective county; and facilitating access to information regarding appropriate healthy behaviour including basic information on sanitation, hygiene, and the prevention and treatment of communicable and non-communicable diseases. The Bill provides that the County Executive Committee Member may delegate the performance of function to the county director of health.

Clause 9 of the Bill obligates the county executive committee member to coordinate the implementation of community health services. The Bill provides that the County Executive Committee Member may, in performing these functions, delegate to either an officer in the public service or establish a community health committee. **Clause 10** of the Bill sets out the membership of the committee and caps the total membership of the committee to nine (9) members.

Clause 7 of the Bill requires the county public service board to competitively recruit community health officers. The role of community health officers includes: coordinating the implementation of community health activities by the community health workforce and the Committee; and compiling and analysing data from the community health unit for incorporation into the health information system; etc

Clause 8 sets out the responsibilities of the county director of health to include: ensuring accountability and transparency in the use of resources by community health units; identify gaps existing within the community health workforce and make recommendations to the county executive committee member on the interventions necessary to address such gaps; facilitate the resolution of disputes that arise with respect to the delivery of community health services.

Clause 9 of the Bill sets out the composition of the community health committee. The Committee shall consist of—

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

Clause 10 of the Bill provides that a community health volunteer shall be nominated by the community in a public *baraza* and appointed by the county executive committee member. It also provides that the county executive committee shall, in consultation with the respective County Public Service Board and the Salaries and Remuneration Commission determine the stipend to be paid to the community health volunteers.

Clause 11 of the Bill sets out the functions of the community health volunteer to include providing community disease surveillance by reporting early signs of imminent health disasters or emergencies; enrolling and monitoring the health status of members of the households assigned to the community health volunteer; providing appropriate health advice on good nutrition, prevention, transmission and management of communicable diseases to an assigned household in a language that the member of the household understands; and monitoring the growth of children under the age of five years in an assigned household; etc

Clause 12 of the Bill obligates each county director of health to keep and maintain a register of all community health volunteers working in the county. It further requires that county director of health designate a public officer as a registrar to keep and maintain the register.

In addition, the public officer responsible for overseeing the delivery of community health services in each ward shall keep an extract of the register in respect of that ward to facilitate access by the public.

Clause 14 of the Bill obligates the county executive committee member to publish on the county government website and any other available media, information about community health services available in the county.

Part III- Miscellaneous Provisions

Clause 17 of the Bill delegates power to the cabinet secretary in charge of health to, in consultation with the council of governors make regulations, prescribe standards and guidelines generally for the better carrying into effect of this Act.

Clause 18 of the Bill empowers a county government to enact county specific legislation generally for the better carrying out of the provisions of this Act.

CHAPTER TWO

PUBLIC PARTICIPATION AND STAKEHOLDER ENGAGEMENT

As indicated in the previous chapter, the Community Health Services Bill, 2020 was republished on 4th December, 2020, and read a First Time in the Senate on 4th March, 2021. Following this, it was committed to the Standing Committee on Health for facilitation of public participation as per standing order 140 (1) and (5).

Accordingly, pursuant to the provisions of Article 118 (1) (b) of the Constitution and standing order 140 (5) of the Senate Standing Orders, on 16th March, 2021, by an advertisement published on two newspapers with national circulation, the parliamentary website and parliamentary social media pages, the Committee invited interested members of the public and stakeholders to give their submissions on the Bill via written memoranda (*see Annex 3*). The Committee received submissions from various stakeholders with regards to the Bill. A matrix with a summary of the submissions from the various stakeholders has been attached to this report as *Annex 4*.

The Committee received and considered submissions from **stakeholders** including government departments and agencies, civil society groups, and professional associations indicated below:

1. National Gender and Equality Commission (NGEC)
2. Kenya National Commission on Human Rights (KNCHR)
3. African Women Studies Centre (AWSC)
4. BIDII, Machakos County Civil Society Network-Health Forum (Young Professionals for Development (YPD), BIDII, Deaf Empowerment Network (DEK), Exodus Development Communications, Neema Charity Foundation, Vukka Arts, Kenya Red Cross Society-Machakos Branch, Matungulu Youth, Professional Partnership Services (PPS), Health Rights Advocacy Forum, Violet Mbiti

Foundation, Muthetheni Child Sponsorship Programme, World Vision Kenya-
Machakos Office and HENNET (Machakos CSOs)

5. Association of Public Health Officers- Kenya (APHOK)
6. Mohamed Noormohamed
7. Community Health Services and Development Officers Association (CHESOA)
8. Amref, Lwala Community Alliance, Living Goods, Medic Mobile Inc, Enai Africa, Financing Alliance for Health, Carolina for Kibera, Village Hopecore International, VSO Kenya, LVCTHEALTH, PATH, Health System Advocacy Partnership (CHW Coalition)
9. Bipolar Heroes, Goinghome.com, Hoymas Kenya, Institute of Legislative Affairs, Kenya Association for the Intellectually Handicapped, Mental 360, Mental Health Alliance Kenya, Inuka, SGBV Alliance Kisumu, Lake Region Public Benefit Organizations Network (LPN), TINADA Youth Organisation Kenya, Access to Medicines Platform, Tunawiri CBO, Medicines Transparency Alliance, ADACTA Community Empowerment Organization 16. Kisumu SRHR_UHC Alliance, Women for Dementia – Africa, Action for Women Empowerment & Rights Initiative, Plus Kenya, Ikuze Africa, Mentally Unsilenced (CSOs)

The minutes of the above meetings have been attached to this report as *Annex 2*.

CHAPTER THREE

COMMITTEE OBSERVATIONS

The Committee made the following observations –

- (a) That the Constitution delineates the functions of the National Government and the county governments in respect to provision of health care.
- (b) That Community Health Services are the first tier of provision of health care and form a critical part of primary health care which the Constitution obligates county governments to provide.
- (c) That when republishing the Bill, the Sponsor adopted the version of the Bill that had been proposed by the Committee.
- (d) That the republished Bill took in to account the leadership structures in the Health subsector and recognised that the provision of health is a continuum of which community health is a part of. In addition, the Bill recognises that the County Director of Health is the technical advisor to the county on all matters health and therefore the senior most county public service officer in respect to health.
- (e) That community health services are organised at the community level and that it is prudent to ensure that the county governments take in to account topography, geography and population as parameters to determine the size of the community for effective Community Health Services.
- (f) That the people in public baraza are the custodians of information in regard to that community and that they are the best placed to nominate the community members to represent them in the community health committee as well as the persons to be their community health volunteers.
- (g) That resource mobilisation by any government and the budgeting of those resources is already covered by the Constitution and the Public Finance Management Act.

- (h) That the Bill presents an opportunity to ensure that community health services are used to facilitate the provision of community and family-based care and support systems for persons with mental health illnesses.
- (i) That statistical information is important to ensure better planning for both the National and county governments. It is therefore important for the Ministry of Health to ensure that it integrates the different health information systems as envisaged under section 105 of the Health Act.
- (j) Community health services should not be criminalised. The good will of the community is necessary to ensure effective provision of community health services. In addition, other laws cover the access to persons and information and that if need be, the CHVs and CHOs should request assistance from the police and other enforcement authorities.

CHAPTER FIVE

COMMITTEE RECOMMENDATIONS & PROPOSED AMENDMENTS

The Committee therefore recommends that the Bill be amended to ensure:

- (a) The Bill reflects that community health services are centred around a community by amending clause 8 (1)(c) to replace the word “grassroot” with “community”.
- (b) The Ministry of health should fast track the implementation of section 105 of the Health Act and prescribe the data that is to be contains in the integrated health information system. In particular the Ministry of Health should ensure that gender, disability and age are provided for in the parameters set out in the system;
- (c) Include subcounty administrator in the membership of the community health committee.

Committee stage amendments proposed by the Committee are attached to this report as *Annex 1*. And the Minutes as **Annex 2**.

26th May, 2021,
The Clerk of the Senate,
Parliament Buildings,
NAIROBI.

RE: COMMITTEE STAGE AMENDMENTS TO THE COMMUNITY HEALTH SERVICES BILL, (SENATE BILLS NO. 34 OF 2020)

NOTICE is given that the Chairperson of the Standing Committee on Health, Senator Michael Mbiti intends to move the following amendments to the Community Health Services Bill, Senate Bills No. 34 of 2020, at the Committee Stage —

CLAUSE 4

THAT clause 4 of the Bill be amended in paragraph (e) by inserting the words “in a format and using technology that enables access by persons with disabilities” immediately after the words “to information”.

CLAUSE 5

THAT clause 5 of the Bill be amended in a paragraph (a) by inserting the following sub-paragraph immediately after paragraph (iii) —

- (iiia) implementation of community and family-based care and support systems for persons with mental health illness;

CLAUSE 6

THAT clause 6 of the Bill be amended—

- (a) in sub-clause (1) by inserting the words “including community and family-based care and support for persons with mental illness” immediately after the words “community health services” appearing in paragraph (e); and
- (b) in sub-clause (2) by inserting the words “including community and family-based care and support for persons with mental illness” immediately after the words “community health services” appearing in paragraph (b).

CLAUSE 8

THAT clause 8 of the Bill be amended in sub-clause (1) by deleting paragraph (c) and substituting therefor the following new paragraph —

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

CLAUSE 11

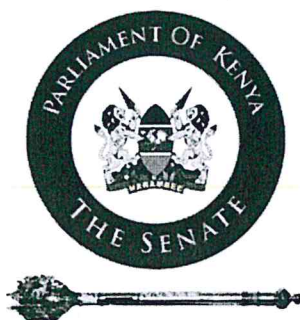
THAT clause 11 of the Bill be amended in sub-clause (2) by inserting the following new paragraph immediately after paragraph (d) —

- (da) monitor the rehabilitation and integration of persons with a mental illness into the community.

Dated.....28/05/2021....., 2021.



Sen. Michael Mbito,
Chairperson, Standing Committee on Health.



MINUTES OF THE SITTING OF THE SENATE STANDING COMMITTEE ON HEALTH, HELD ON MONDAY, 24TH MAY, 2021, AT 9:00 A.M. ON THE ZOOM ONLINE CONSIDERATION OF PUBLIC SUBMISSIONS ON THE COMMUNITY HEALTH (AMENDMENT) BILL, 2020

PRESENT

- 1) Sen. (Dr.) Michael Mbito, MP - Chairperson
- 2) Sen. Mary Seneta, MP
- 3) Sen. Millicent Omanga, MP
- 4) Sen. (Prof) Samson Ongeru, EGH, MP
- 5) Sen. Beatrice Kwamboka, MP
- 6) Sen. Ledama Olekina, MP
- 7) Sen. Beth Mugo, EGH, MP

APOLOGY

- 1) Sen. (Dr) Abdullahi Ali Ibrahim, CBS, MP
- 2) Sen. Fred Outa, MP

SECRETARIAT

- 1) Ms. Emmy Chepkwony - Principal Clerk Assistant 1
- 2) Ms. Sombe Toona - Legal Counsel
- 3) Mr. Robert Rop - Audio Officer
- 4) Ms. Fahriya Ibrahim - SAA
- 5) Ms. Lynn Aseka - Parliamentary Intern, Committees

MIN. NO. SCH5/136/2021: PRELIMINARIES

The Chairperson called the meeting to order at 9.10 a.m and the meeting commenced with a word of prayer.

MIN. NO. SCH5/137/2021: ADOPTION OF THE AGENDA

The committee adopted the agenda of the sitting, as set out below, having been proposed by **Sen. Mary Seneta, MP** and seconded by **Sen. Prof. Sam Ongeru, EGH, MP**: -

1. Preliminaries

- a) Prayer*
- b) Adoption of the Agenda*
- 2. ***Consideration of public submissions on the Community Health (Amendment) Bill, 2020.***
- 3. Any other business.
- 4. Date of the Next Meeting.
- 5. Adjournment

MIN. NO. SCH5/138/2021: CONSIDERATION OF SUBMISSIONS FROM PUBLIC ON THE COMMUNITY HEALTH (AMENDMENT) BILL, 2020

The Committee considered it's the submissions from public on the Community Health Bill, 2020 and made the determinations as follows-

No.	Clause	Stakeholder	Submission	Observation	Committee Resolution
PART 1- PRELIMINARY					
1.	2	NGEC	<p>Proposal Rename “Community Health Volunteer”(CHV) “Community health extension worker”(CHEW)</p> <p>Rationale A Volunteer in the strict sense of the word means a person who freely offers to take part in an enterprise or undertake a task and does not receive any reward for their services. In this case the Community health volunteers earn an allowance from the exchequer and maybe it could be desirable to change the title to “extension worker”.</p>	<p>Various countries refer to the volunteers in various ways eg Ethiopia uses the term community health agent, Uganda uses the term community resource person; Swaziland uses the term rural health motivator and at some point Kenya used the term village health helper. Various other countries use the term community health promoter.</p> <p>The Policy prescribes that the persons should be volunteers. Despite being called volunteers, they are currently working in the counties and they are paid a monthly stipend.</p> <p>CHVs are different from CHOs. In respect to Community health volunteers (CHVs), the Bill proposes that they be selected through a public baraza and they are not ‘employees’ of the county government per se. They are however paid a stipend for their service.</p> <p>The correct equivalent of the CHEW is the CHO. The Health Act uses the term Community health extension worker to refer to the officers employed by the county public service as the persons in charge of service delivery under tier one of health</p>	Rejected

				<p>care. However the schemes of service that were later developed rename the CHEWs as community health officer or community health assistant(CHO/ CHA). Further the Kenya Mental Health policy also uses CHO/ CHA.</p> <p>For constituency of language the Bill adopts the term Community Health Officer.</p>	
2.		KNCHR CSOs	<p>Proposal</p> <p>In the definition of ‘community health workforce’, recognize/include ‘community health extension workers’ and ‘Community health assistants’.</p> <p>Rationale</p> <p>According to the First Schedule of the Health Act, the In- charge of Level 1 (Community Health Services) is the community health extension worker. This worker is defined under section 2 of the Health Act as:</p> <p>‘a health care professional working in health centres in rural and medically underserved areas, where they provide emergency treatments and a range of other health services to patients’.</p> <p>Community health extension workers are also recognized in the Kenya Community Health Policy 2020 – 2030, which notes that ‘during the third Global Human Resource for Health (HRH) forum in Brazil in 2013, Kenya committed</p>	<p>The Community health extension worker is referred to either as the community health assistant or community health officer in the Kenya Community Health Policy 2020 – 2030 and the scheme of service that has been used. They are therefore represented in the definition. For consistency of language the uses Community health officer instead of community health assistant.</p>	Rejected

		<p>to recruit 40,000 Community Health Extension Workers by 2017.</p> <p>Inclusion of community health extension workers' and 'Community health assistants' will align the Bill to terms used by the Kenya Community Health Strategy 2020- 2025. Moreover, some counties eg Turkana that have a Community Health Acts have made reference to the proposed terms.</p>		
3.		<p>Proposal</p> <p>Include definition of community health services after definition of community health workforce as follows;</p> <p>"community health services" means health care services provided to people in their communities and households and includes health education; health promotion; disease prevention and control; mental health and psychosocial support services; public health services; emergency health and referral services; sensitization on addictions; home care; long term care; rehabilitation services; palliative care and minor treatment for illness; and injury in relation to primary care;</p> <p>Rationale</p> <p>This will help avoid ambiguity on the scope of community health services envisioned by this legislation.</p>	<p>The Bill outlines the function that can be carried out by both the community health workforce and the community health committee. Since the matter is covered comprehensively under the body of the Bill the definition may not serve the intended purpose.</p>	Rejected
4.	CHW Coalition	<p>Proposal</p> <p>Provide a definition of Community Health Volunteer (CHV) as per the Community Health Policy (CHP) 2020-2030 within the meaning of Community Health Workforce as: a</p>	<p>The Kenya Community Health Policy 2020-2030 provides <i>A community health volunteer will be selected at a community meeting or baraza called</i></p>	Rejected

			<p>person elected by members of a community health unit to serve as a health worker without expectation of remuneration or charging a fee for the same</p> <p>Rationale Community health worker is a generic definition for which other categories of community health workforce could fit in (paid or unpaid). It is therefore necessary to distinguish volunteers from other categories to avoid complications that may arise when applying the legal framework for regulation of Community Health Workers</p>	<p><i>by the area leader or the community health committee.</i>(Page 15)</p> <p>The Bill defines the community health volunteer by taking in to account the selection process. Clause 10 provides A community health volunteer shall be selected by the community in a public baraza and appointed by the respective county executive committee member.</p>	
5.	KNCHR	<p>Proposal</p> <p>Include definition of ‘County Community Health Services Committee’ after definition of County Executive Committee Member (CECM) as follows;</p> <p>"County Community Health Services Committee" means a County Committee established by the County Executive Committee Member for effective discharge of functions under Clause 6 (2) of this Bill.</p> <p>Rationale</p> <p>Functions stipulated under Clause 6 (2) are broad. Having a diversified Committee assist the County Executive Committee Member will ensure inclusivity of all facets encompassing community health and holistic approaches to discharging the functions.</p>	<p>The leadership structure under community health services is community based as such the Bill establishes a community health committee under clause 9 and the county executive committee member is required to delegate specific functions to it under clause 8 (2).</p>	Rejected	
6.	CHW Coalition	<p>Proposal</p> <p>Provide for definition of community-based health information system (CHIS) as per CHP 2020-2030 as; a system that is designed to generate</p>	<p>The Kenya Community Health Policy 2020-2030 provide <i>Community Based Health Information (CHIS) is a system that</i></p>	Rejected	

		<p>health related information through sources at the community level</p> <p>Rationale</p> <p>CHIS is a key component of Community health services</p>	<p><i>generates health related information through sources at the community level.</i></p> <p>However, the national health system operates the District Health Information System (DHIS) which according to the policy will be used by the CHOs to input data in to the National Health Information system. The DHIS is the overall information system for the integrated health structure. The CHIS should be part of the DHIS.</p> <p>As a result of the foregoing, it may be prudent to allow the matter of the CHIS to be elaborated under strategy.</p> <p>The Committee may make a policy decision on the matter.</p>	
7.	APHOK	<p>Proposal</p> <p>We suggest the following amendment.</p> <p>We thus recommend that community health work force should have a limiting definition as opposed to a broad definition and should only include persons who offer preventive, promotive and rehabilitative aspect of health to the community.</p> <p>Rationale</p> <p>A broad definition of a community health force including a certified medical practitioner is problematic as it includes medical doctors, pharmacists, clinical officers and other health cadres into the</p>	<p>The participants seem to be referring to the Bill before it was republished. In the republished Bill Public health officers are not defined as part of the community health workforce. The Community health workforce is comprised of the community health volunteer (CHV) and the community health officer (CHO)</p>	Rejected

			community health force without clear roles and responsibilities. A clear reading of the schemes of service of health workers such as medical officers, pharmacists, dentists, nurses and clinical officers will establish that the aforementioned health cadres carry out the curative function in delivering health services and not the relevant community health service which is preventive and promotive.		
8.		Machakos CSOs	Proposal Review the definition of community health workers in line with section 23 and schedule 2 of this proposed bill Rationale This definition should take cognizant the Kenya community health policy definition of community health work office that comprises of Community Health Officers, who are employees of community health government at level 1 and Community Health Volunteers who are selected by community members.	The Bill defines community health workforce to include both the community health officer and the community health volunteer. The concern by the stakeholder is therefore addressed.	Rejected
9.	3	CHW Coalition	Proposal Insert as an additional object: to provide for establishment of community-based information system. to provide a framework for mobilization and involvement of private sector in the provision of CHS Rationale This aligns the Bill to Astana Declaration of 2008 and Health Policy, 2020	The Committee may make a policy decision on this matter. The Committee has already resolved that the CHIS should be part and parcel of the DHIS.	Rejected

10.	3	AWSC	<p>Proposal</p> <p>1. Under subsection (h) identification of community needs should be done in a gender assessment sensitive manner. Putting into consideration, issues such as gender-based violence, orphans, and elderly especially those with chronic illnesses, the widowed who are also infected with HIV and other disadvantaged groups in specific communities.</p> <p>2. Provide a mechanisms for addressing the impact of COVID 19 and other pandemics/infectious/communicable diseases on the community and ways of addressing them at community level. This should target the caretakers of home based care, particularly women who play a great role in domestic care. This may include social and psychosocial support, addressing issues of homebased care..</p>	<p>The Community health services seeks to provide the framework for community. Health services. Gender mainstreaming in health should be considered not only in respect to community health services but health as a whole In addition, gender mainstreaming relates to implementation matters which should be handled by the strategy.</p>	Rejected
11.	4 (e)	KNCHR	<p>Proposal</p> <p>Clause 4 (e) proposes access to information as an additional guiding principle. The Commission proposes the addition of the following words after the word ‘information’:</p> <p>‘including in accessible formats and technologies appropriate to different kinds of disabilities’.</p> <p>Rationale</p> <p>Persons with disabilities face specific challenges in accessing information generally, and especially in health contexts.</p>	<p>Article 7 of the Constitution provides that the state shall promote the use of braille and other communication formats and technologies accessible to persons with disabilities. The Committee may make a policy decision on this matter.</p>	Adopted

			<p>Research done by KNCHR notes that:⁹</p> <p>‘The blind and deaf face serious challenges when it comes to access to information. Yet, health care providers and facilities have not designed methods to facilitate communication with them... the modes of communication in most health facilities are not in friendly formats that can be accessed by those who are blind, deaf or have intellectual or cognitive impairments’.</p> <p>Providing information in accessible formats is also in line with the WHO Quality Rights Initiative and article 21(a) of UNCRPD.</p>		
12.	5	CHW-Coalition	<p>Proposal Insert as an additional role: provide monetary incentives to Counties including conditional and unconditional grants to promote uptake, acceleration and improved coverage of CHS.</p> <p>Rationale This aligns the Bill with the Health Policy, 2020, which calls for increased financing for health and related sectors to meet agreed national and international benchmarks (4.3.5.ii)</p>	The provision of conditional and unconditional grants to county governments is a prerogative of the National Government. Article 202 (2) of the Constitution.	Rejected
13.		KNCHR CSOs	<p>Proposal</p> <p>We propose the following additional obligation of national government in collaboration with county government:</p> <p><i>‘expanding and strengthening community and family-based care and support systems for persons with mental health conditions’</i></p> <p>Rationale</p>	<p>The Mental health Bill, 2020 addresses the issue of mental health care provision more precisely.</p> <p>However, the Committee may consider this proposal to strengthen the delivery of community health services in respect to mental health care.</p>	Adopted

		<p>This is in line with WHO Quality Rights program adopting articles 19 and 25 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Article 25(c) of the CRPD requires States Parties to provide health services as close as possible to people’s own communities, including in rural areas. Article 19 further states that persons with disabilities have the right to live in the community, with choices equal to others.</p>	<p>The Committee may make a policy decision on this matter.</p>	
14.	Machakos CSOs	<p>Proposal</p> <p>Amend the section to capture both national and county functions.</p> <p>Rationale</p> <p>Most of the functions mentioned are county government functions.</p>	<p>The Bill already captures the functions of both county and national government. The functions set out under clause 5 conform to the delineation of duties between the national and county governments under the Constitution.</p>	Rejected
15.	CHW Coalition	<p>Proposal</p> <p>We propose the following additional subclauses under 5 (a)—</p> <p>(iii a) protection and safeguarding the health and wellbeing of the community health workforce while performing any assigned duties and responsibilities, including liability transfer to the government, insurer or employer.</p> <p>(iii b) Provide for a designated supervisor tasked with providing ongoing mentorship, performance reviews, and oversight of safety of Community Health Volunteers</p> <p>Rationale</p> <p>The bill talks a lot about the standards and expectations placed upon the community health volunteer. However, no obligation is provided for the protection and safeguarding of the Community Health Volunteers.</p>	<p>The Bill already provides an obligation for safeguarding the community health workforce when performing its functions and provides for a supervision framework.</p> <p>The Community health volunteer is directly under the supervision of county governments. The CEC is obligated under clause 6 (2) (l) to <i>provide the necessary resources for capacity building of the community health workforce</i>. In addition 6 (2) (j) provides the county should <i>put in place measures to ensure the safety of community</i></p>	Rejected

				<p><i>health workforce while delivering community health services in the respective county.</i></p> <p>Clause 7 (2) (e) of the Bill provides:</p> <p><i>(e) supervise and assign duties to community health volunteers;</i></p>	
16.	5(e)	NGEC	<p>The National Government, in collaboration with county governments, shall — (e) collate disaggregated data based on age, gender, disability among other relevant factors, analyse and disseminate information necessary for the effective delivery of community health services</p> <p>Rationale This is to ensure National and County governments not only collect disaggregated data and information but the disaggregation of data/information is used to make analysis and conclusions. This will ensure that informed decisions are taken to respond to different issues as identified by disaggregation of data/information.</p>	<p>The Committee resolved— Statistical information is important for purposes of planning. The MOH should take steps to ensure the implementation of section 105 of the Health Act in respect to setting up the integrated Health Information System.</p>	Rejected
17.	6	Machakos CSOs	<p>Proposal The national government does employ community health workers but they fall under the county government and therefore there is need to consult council of governors.</p> <p>As per the Health Act Section 16 we have director general but not director of medical services.</p> <p>The Council of Governors is not represented in the Council.</p> <p>Nominees to the council should include representatives of the community health workers</p>	<p>The Bill maintains the delineation of duties between the national and county governments as contained in the fourth schedule of the Constitution and therefore restricts itself to community health officers employed by county governments.</p> <p>The republished Bill does not refer to the director medical services or the director general of health.</p>	Rejected

			<p>association and their unions, the Health NGOS' Network (HENNET), private sector, and Health Faith Based Organizations.</p> <p>Rationale</p>	<p>This Bill does not establish a council.</p> <p>It is possible that the stakeholder is referring to a Bill that is not before Committee.</p> <p>The Committee resolved that Chairs to the Health Committee should consult on Bills that relate to the same subject matter in order to consider the way forward in regard to possible conflict issues.</p>	
18.	6(1)(b)	CHW Coalition	<p>Proposal</p> <p>Insert the following additional provisions <i>including payment of community health workforce in the respective county</i> <i>County Governments to set thresholds for financing of community health services in their CIDP</i></p> <p>Consider adding a provision that ... provide Community Health Volunteers with necessary equipment and tools aligned with the health tasks they are asked to perform</p> <p>Rationale</p> <p>Need to allocate adequate funds and resources necessary for the effective delivery of community health services</p>	<p>The proposed provisions are encompassed under 6 (1) (b) and (c) which provide— <i>(b) mobilise resources necessary for the delivery of community health services in the respective county; (c) allocate adequate funds and resources necessary for the effective delivery of community health services within the respective county;</i></p> <p>In addition, clause 10 (3) provides</p> <p><i>(3) A community health volunteer shall be appointed on such terms and conditions and shall be paid such a stipend as the county executive committee member, in consultation with the respective County Public Service Board and the Salaries and Remuneration Commission, shall determine.</i></p> <p>Clause 7 also provides</p>	Rejected

				<p><i>(1) The county public service board shall competitively recruit and appoint such community health officers it may consider necessary for the proper and efficient implementation of this Act.</i></p> <p>Clause 6 (2) (k) requires that the county provides the job aids required by community health workers in the delivery of community health services at the household level;</p>	
19.			<p>Proposal Insert as an additional role: to promote the involvement and participation of private sector in the provision of CHS.</p> <p>Insert as an additional obligation of county executive committee member (CECM) in each county: develop and implement strategies for mobilizing and involving private sector in provision of CHS</p> <p>Rationale The private sector (particularly private health facilities, manufacturers of pharmaceuticals and medicines) could play a role in CHS for urban (upmarket) communities.</p> <p>The CECM will be expected to include private sector involvement strategies in County -specific laws and policies on CHS.</p>	<p>The Bill already covers the participation of private sector and provides for the mobilisation of private sector support. Clause 6 (2) (c) mandates the county to –</p> <p><i>(c) collaborate with such entities as it may consider necessary—</i></p> <p><i>(i) for the conduct of capacity building and training programmes with respect to the community health workforce;</i></p> <p><i>(ii) in financing and resourcing the delivery of community health</i></p>	Rejected

				<p><i>services in the county; and</i></p> <p><i>(iii) in the establishment of structures for the supervision of the community health workforce;</i></p>	
20.		CHW Coalition	<p>Proposal Insert as an additional obligation of county executive committee member in each county: to establish, in consultation with the County executive committee member for finance, a community health fund to ensure adequate, predictable and sustainable financing for CHS.</p> <p>Provide for a section, detailing arrangements and thresholds for financing of CHS at the county level.</p> <p>Rationale S7 (3) alludes to the development of a framework for community health fund but does not obligate any person to provide for this fund</p>	<p>The republished Bill does not contain a clause 7 (3).</p> <p>However, the concern is adequately addressed in clause 6 (1) (b) and (c) which provides the county should —</p> <p><i>(b) mobilise resources necessary for the delivery of community health services in the respective county; (c) allocate adequate funds and resources necessary for the effective delivery of community health services within the respective county</i></p> <p>The Bill under clause 6 (2) (k) provides that the counties should provide the community health workforce <i>the job aids required by community health workers in the delivery of community health services at the household level;</i></p> <p>Under the PFM counties can establish a public fund for community health services for CHS if they consider it necessary.</p>	Rejected

21.		<p>KNCHR CSOs</p>	<p>Proposal</p> <p>Add the following as additional roles for county governments:</p> <p><i>‘formulate and implement county specific programmes to deal with stigma associated with certain illnesses’.</i></p> <p><i>provide community-based care and treatment for persons with mental health conditions including initiating and organizing community or family-based programmes for the care of such persons’</i></p> <p>provide appropriate resources, facilities, services and personnel capable of dealing with mental health conditions at the community level, including re-integrating the person into the community and providing specialized and personalized after-care services’</p> <p>Rationale</p> <p>There are many health conditions that are stigmatized in the community, including mental health conditions and HIV. The formulation and implementation of policies to address stigma should be a key role of county governments, given that stigma prevents people from accessing health services.</p> <p>In the provision of mental health care, priority should be given to community health and outpatient primary mental health care and treatment as opposed to institutionalization of persons with mental health conditions. This is in line with WHO Quality Rights and articles 19 and 25 of the UN</p>	<p>The Community Health Services Bill is focused on provision of community health services.</p> <p>The Mental health care Bill deals more precisely with mental health matters. In this regard the proposal may best be considered under the Mental Health Bill, 2020.</p> <p>The Committee resolved above to incorporate community based care treatment for persons with mental health conditions.</p>	<p>Adopted</p>
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			<p>Convention on the Rights of Persons with Disabilities.</p> <p>WHO's Mental Health Action Plan 2013-2020, endorses the essential role of mental health in achieving health for <i>all people</i> including the provision of comprehensive, integrated mental health and social care services in community-based settings.</p> <p>The UN Committee on the Rights of Persons with Disabilities in its Concluding observations to Kenya urged the Kenyan State to: 'Develop a wide range of community-based services that respond to the needs of persons with disabilities and respect the person's autonomy, choices, dignity and privacy, including peer support and other alternatives to the medical model of mental health</p>		
22.	6(1)(b)	KNCHR	<p>Proposal</p> <p>The Clause provides that the County governments shall mobilise resources necessary for the delivery of community health services in the respective county.</p> <p>This Clause needs clarification especially on the anticipated mobilization of funds.</p> <p>Rationale</p> <p>Health being a devolved function and funds centrally controlled by the national Government, there is a need to provide clarity on how the Counties are to mobilize funds especially since in most facilities/health care providers, the funds collected are not spent at source.</p>	<p>County revenue is composed of the following funds--</p> <p>Article 202 of the Constitution provides for the equitable sharing of revenue and conditional grants to county governments from National government. Article 209 provides for sources of county own source revenue</p> <p>Section 138 of the Public Finance Act allows counties to receive grants or donations from development partners.</p> <p>The PFM has sufficient safeguards to ensure funds raised are budgeted</p>	Rejected

				for and the procurement act further provides for procurement planning.	
23.	6 (2)	KNCHR CSOs	<p>Proposal</p> <p>We propose the following as an additional obligation for the county executive committee member:</p> <p><i>‘co-ordinate the activities of all institutions, private sector institutions, non-governmental organisations and community - based organisation involved in the delivery of health services in the county’.</i></p> <p>Rationale</p> <p>For better service delivery.</p>	The Committee observed that Health is a right to be provided by the National government and county governments. There is no need to impose a further obligation on the CECM.	Rejected
24.	6 (2) (f)	KNCHR	<p>Proposal</p> <p>Clause 6 (2) (f) requires the County Executive Committee Member to collate, analyse and disseminate information on delivery gaps and needs and to make recommendations for improved delivery of community health services on a <i>quarterly</i> basis. We propose that this be amended to provide for collection of information on a monthly basis.</p> <p>Rationale</p> <p>The current practice is that all health institutions whether public or private provide data on a monthly basis.</p> <p>The analysis should provide critical feedback to facilitate improvement and health being so critical a component of human life this data/feedback should not wait for 3</p>	<p>The report envisaged under clause 6 (2) (f) is meant for internal planning purposes and to inform the report that is to be tabled in the county assembly under clause 15.</p> <p>However, under Clause 7 (1) (f) the community health officer is required to <i>compile and analyse data from the community health unit and submit the information to the link facility for incorporation into the health information system;</i></p> <p>Reporting in to the DHIS guided by guidelines.</p>	Rejected

			months but be provided in a very timely manner.		
25.	6 (3)	KNCHR	<p>Proposal</p> <p>Under sub-clause (3) delete county director of health and substitute with County Community Health Committee</p> <p>Insert subsection (4) to read as follows; The County Executive Committee Member shall make regulations providing for the establishment, function and powers of the County Community Health Services Committee</p> <p>Rationale</p> <p>To ensure diversity, the County Community Health Services Committee membership could include: chief officer responsible for health, county director of health; representatives from development partners and faith- based organizations; the county community health services focal person; a person nominated by and representing persons with disabilities; a person representing the youth; religious leaders; a person representing persons living with HIV/AIDS; and a person nominated by and representing health research institutions.</p> <p>Of note, this will be a County level Committee different from the committee established under Clause 9. The County level Committee will not only oversight the sub- county community health committees envisaged in Clause 9 but will also serve to provide technical advice to</p>	<p>The structure of county health bureaucracy is already covered under the Health Act and at its apex the CDH is the technical advisor.</p> <p>The County Director of Health is the technical advisor to the county government on all matters to do with health including community health services. In order to maintain the proper reporting structure in the health sector, the county executive committee member is required to delegate to the CDH.</p> <p>The Bill doesn't provide for a county community health committee but rather a community health committee. The CHC is based at the community level and its feedback is received by the CEC through the channels that lead to the CDH.</p>	Rejected

			the County Executive Committee Member.		
26.	6	AWSC	<p>Proposal</p> <p>6(2) CEC should develop county specific gender responsive programs on creation of awareness to the community members on the services available under community health services. This advocacy should take care of the disadvantaged groups and ensure they are included in the awareness creation and enjoyment of the services.</p>	The Committee may make a policy decision on this matter.	Rejected
27.	7	APHOK	<p>Proposal</p> <p>The director of Community health services should be drawn from a promotive and preventive health cadre</p> <p>We thus suggest the following amendment.</p> <p>7. (1) There is established the office of the Director of Community Health Services, which shall be an office within the county public service.</p> <p>(2) The Director of Community Health Services shall be competitively recruited and appointed by the respective county public service board, and must meet the chapter six requirements as per the constitution with A bachelor of science in Relevant field i.e. community Health, Public Health, environmental Health and masters in Community Health, Public Health, environmental Health and any other relevant field and must be</p>	The provision being referred to is not in the republished Bill.	Rejected

			<p>registered by the relevant professional body.</p> <p>Rationale</p> <p>This is due to the fact that health services are decimated as curative health that is comprised of medical officers, nurses and clinical officers on one hand and preventive and Promotive aspect of health that is comprised of Public Health Officers, Community Health Workers and Public Health Technicians.</p> <p>The head of the curative aspect of Health as envisaged under Section 19 of the Health Act 2017 is the County Director of Health and among other qualifications is that the County Director of Health must be a medical practitioner registered by the Medical Practitioners and Dentists Board.</p> <p>It is our recommendation that since the Director of Health at the County level is leaning towards curative health then the Director of Community Health Services should be a person who is leaning towards preventive and promotive Health.</p>		
2.	7	CHW Coalition	<p>Proposal</p> <p>Improvement to this can only be Deputy Director of Community Health Services which should be a job group position in the scheme of service. Please apply to all areas substituting Director for Deputy Director</p> <p>Insert as an additional duty: the framework for establishing and maintaining a community health information system (CHIS)</p> <p>Rationale</p> <p>In line with the structure of the County health workforce, the head of Community Health Services at the</p>	The provision being referred to is not in the republished Bill.	Rejected

			county level is currently titled as County Community Health Officer.		
29.			<p>Proposal Add to functions of a community health officer responsibility for ... leadership in quality Improvement activities in the community health unit that promote quality service provision</p>	The structure of leadership in a community health unit lies with the community health unit and the CHO is its secretary.	Rejected
30.	7 (2) (f)	KNCHR	<p>Proposal</p> <p>The Clause requires a community health officer to: compile and analyse data from the community health unit and submit the information to the link facility for incorporation into the health information system.</p> <p>There is a need to provide for timelines within this should be done or at least the intervals. It should be clear whether weekly, monthly, quarterly, or annually.</p> <p>Rationale</p> <p>This would avoid unnecessary ambiguity in implementation.</p>	It may not be possible to provide a timeframe, since different community health units report at different times to the link facilities. However, the DHIS policy provides a timeline for reporting by the facilities once they receive the information.	Rejected
31.	8	CHW Coalition	<p>Proposal Remove grassroot level and replace with <i>community level</i></p>	The Committee resolved to amend the provision as proposed.	Adopted
32.			<p>Proposal Under clause 8 (2) Delete the word "or" and replace with "and" to remove discretion of CECM on establishment of CHC</p> <p>Rationale The import is that making the existence of the committee optional denies the community the right to participate in their health. It also reduces the value of community participation which has been the basis of success of community health services. This aligns the Bill with the CHP 2020 which recognizes</p>	The republished Bill already addresses the concern.	Rejected

			the CHC as an important structure in governance of CHS		
33.	8(1) (e) and (h)	KNCHR	<p>Proposal</p> <p>We propose that these roles should be deleted/reassigned.</p> <p>The sub-clauses provide that the County Director for Health shall plan, co-ordinate and mobilize the community to participate in community dialogue and health action days; and prepare quarterly reports on activities carried out by a community health unit.</p> <p>Rationale</p> <p>These duties are not ideal to be performed at the County Director of Health (they are ‘low level’). Ideally, the County Director of Health should do the overall coordination and oversight to ensure the reports are compiled in good time.</p>	The functions are vested in the office of the county director of health who will be responsible for ensuring that the functions are carried out. This however does not mean that the CDH will be expected to carry out the tasks themselves since the office may delegate to the bureaucracy under it. In practice the CDH takes charge and delegates using the circulars etc	Rejected
34.	9	NGEC	<p>Proposal</p> <p>Amend clause 9 (c) (i), (ii) and (iii) to have the specific sector or special interest group select its own representative and not the community baraza.</p> <p>A community health committee established under Section 9 (2), the committee shall consist of —</p> <p>(c) the following persons selected by the community in a baraza convened by the County Executive Committee member in accordance with the respective county legislation —</p> <p>(i) a woman representing women groups in that community nominated by the registered women group operating in the community with the largest membership;</p> <p>(ii) a person with disability representing persons with</p>	<p>The Community health model requires that the community have ownership of its governance structure at the community level. The Community may not be best suited to nominate the representative of the community health volunteers, the chief or an interreligious representative.</p> <p>The barazas are the custodians of information of the community, the community should be allowed to nominate people to serve as its community health committee.</p>	Rejected

			<p>disabilities in that community nominated by registered group of persons with disabilities operating in the community with the largest membership;</p> <p>(iii)a representative of the youth in the community nominated by registered youth group operating in the community with the largest membership;</p>		
35.		AWSC	<p>Proposal</p> <p>9 (C) The County CEC should develop the strategies that ensure the plight of women and other disadvantaged groups</p>	The programs suggested would be cross cutting in nature and not only in respect to community health services. They may therefore be better placed under the Health Act.	Rejected
36.	9(1)(b)	KNCHR	<p>Proposal</p> <p>We propose that the National Government Administration Officers (NGAO) should be involved in the delimitation of what villages would form a community.</p> <p>Rationale</p> <p>To ensure that all community dynamics are well addressed, it is important to have the inclusion of such administrators in the delimitation of the area to form a “community” for purposes of the Act.</p>	<p>The Bill provides-</p> <p>“community” means such number of villages as the county executive committee member in a county may demarcate as falling within a cluster for the effective delivery of community health services on the basis of population, topography and geography;</p> <p>It is therefore the intention of the sponsor to leave determination of communities to the county as the implementing authority.</p>	Rejected
37.	9 (1) (e)	CHESOA	<p>Proposal</p> <p>Delete Ward PHO and replace with Link Facility In charge</p> <p>Rationale</p> <ul style="list-style-type: none"> This will harmonize the operations of Community Health Committee with the Facility Health Committee 	There is in place a structure of reporting in the health system. Therefore, the Bill seeks to ensure that reporting of community health services is connected to the continuum of community health services.	Rejected

			<ul style="list-style-type: none"> • PHOs are involved with enforcement and having them in the committee will bring conflict of interest given the nature of their work. • The Community Health Services Strategic Plan 2020-2025 proposes to reduce the number of CHCs from 9-13 to 5-7 members and does not recognize the role of PHOs in the CHS. 		
38.	10	NGEC	<p>Proposal The "Community health volunteer" should be renamed "community health extension worker" In addition, the worker should be competitively recruited and then be engaged on appropriate terms which are motivating</p> <p>Rationale This will ensure lower turnover especially after investing in them in terms of training. In addition, the functions as enumerated are quite extensive and sensitive and so they need to be well trained and rewarded commensurate to the services offered.</p>	<p>The Community health model is dependant on buy in from the community. It is therefore the policy recommendation that the volunteers be nominated by the community itself. In addition, the position is issued on voluntary terms and they are expected to have other jobs.</p> <p>By virtue of a scheme of service that is already in place, the CHEW is given the name CHO or CHA.</p>	Rejected
39.		CHW Coalition	<p>Proposal Insert a category of persons; a county administrator responsible for the area under which a particular CHC falls under.</p> <p>Rationale This is meant to promote Health in All Policies approach- the inclusion of the administrator will provide opportunity for integration of CHS in other policy domains within a county.</p>	<p>The Clause being referred to is now clause 9. It provides</p> <p>A community health committee established under section 8 (2), the committee shall consist of</p> <p>(a) a community health volunteer selected by community health volunteers within that community health unit;</p>	Rejected

				<p>(b) the Chief;</p>	
				<p>(c) the following persons selected by the community in a <i>baraza</i> convened by the county executive committee member in accordance with the respective county legislation —</p> <p>(i) a woman representing women groups in that community;</p> <p>(ii) a person with disability representing persons with disabilities in that community;</p> <p>(iii) a representative of the youth in the community;</p> <p>(d) one person representing the inter-religious organizations in the community nominated by an inter-religious organization with the largest membership;</p> <p>(e) a ward public health officer;</p> <p>(f) a community health officer who shall be an <i>ex-officio</i> member of the committee and the secretary to the committee; and</p> <p>g) one person representing a health non-governmental organisation nominated by health non-governmental organisations that is involved in the provision of community health</p>	

services within the respective community.

The Committee may make a policy decision on this matter.

Section 50 (3) of the County Governments Act *provides the sub-county administrator shall be responsible for the coordination, management and supervision of the general administrative functions in the sub- county unit, including—*

- (a) the development of policies and plans;*
- (b) service delivery;*
- (c) developmental activities to empower the community;*
- (d) the provision and maintenance of infrastructure and facilities of public services;*
- (e) the county public service;*
- (f) exercise any functions and powers delegated by the County Public Service Board under section 86; and*
- (g) facilitation and coordination of citizen participation in the development of policies and plans and delivery of services.*

Section 51 (3) of the County Governments Act *provides The Ward administrator shall coordinate, manage and supervise the general*

				<p><i>administrative functions in the Ward unit, including—</i></p> <ul style="list-style-type: none"> <i>(a) the development of policies and plans;</i> <i>(b) service delivery;</i> <i>(c) developmental activities to empower the community;</i> <i>(d) the provision and maintenance of infrastructure and facilities of public services;</i> <i>(e) the county public service;</i> <i>(f) exercise any functions and powers delegated by the County Public Service Board under section 86; and</i> <i>(g) coordination and facilitation of citizen participation in the development of policies and plans and delivery of services.</i> 	
40.	10	CHW Coalition	<p>Proposal We recommend expunging the literacy requirement. Replace with by expanding 10 (2) (b) to read.... A member of the community with known record of commitment and role model to community service.</p> <p>Rationale The literacy requirement for the committee members even though being a good thing may be impractical for certain parts of the country. We also know that some of</p>	<p>The Clause 10 (2) (b) being referred to is not in the republished Bill.</p> <p>Clause 10 (6) (d) being referred to is not in the republished Bill. The republished Bill does not address renumeration of committee members.</p> <p>Clause 10 (3) of the republished Bill provides—</p>	Rejected

			<p>the next community servants are not literate yet give the most.</p> <p>Proposal We hold the view that the community should serve voluntarily just like other community committees e.g health facility management committees and school boards of management. The team providing services is the CHVs who should be compensated.</p> <p>Rationale Should the committee be remunerated? No. This will make delivery of community health services too expensive and unsustainable</p> <p>Proposal Add a particular clause relating to the remuneration and terms and conditions for appointment of Community Health Volunteers that is ... The CHVs should be remunerated a regular stipend based on County legal framework and regulations in place.</p>	<p><i>(3) A community health volunteer shall be appointed on such terms and conditions and shall be paid such a stipend as the county executive committee member, in consultation with the respective County Public Service Board and the Salaries and Remuneration Commission, shall determine.</i></p>	
41.	10	AWSC	<p>Proposal</p> <p>10(b)(1) The woman representative should be drawn from the local women's groups/organizations to ensure they articulate women's concerns and welfare of the community on issues related to Community health services</p>	<p>Clause 10 relates to the selection of a community health volunteer. The appointment is done through a public baraza.</p>	Rejected
42.	11	CHW Coalition	<p>Proposal Inclusion of criteria to ensure gender considerations, youth and PLWD are selected as CHVs.</p> <p>Insert as an additional eligibility requirement: willingness to provide community health services voluntarily without charging for the service.</p> <p>Rationale This is meant to reinforce the voluntary nature of the CHV position</p>	<p>The CHVs are nominated by the community in public baraza.</p> <p>Clause 10 (2) provides—</p> <p>(2) A person shall be eligible for selection and appointment as a community health volunteer under</p>	Rejected

			<p>Proposal Insert the word “successfully” immediately before “undergone</p> <p>Rationale This is to align the eligibility provisions with those under s22 of the CHS Bill 2020- to ensure that only those who have completed successfully the prescribed course are eligible for appointment</p> <p>Proposal Not County. The county is too diverse and Community Health Volunteers should be serving the communities they reside in. The CHVs are elected by their community members and should serve at the defined geographical area</p> <p>Rationale The CHV should reside within the Community they serve</p> <p>Proposal</p> <p>3) (a) A community health volunteer shall be appointed on such terms and conditions and shall be paid a regular monthly stipend and such allowances reflecting fair compensation for their time commitment and responsibilities outlined in this Act</p> <p>3 (b) the county executive committee shall, in consultation with the respective County Public Service Board and the Salaries and Remuneration Commission, determine and review such remuneration from time to time</p>	<p>subsection (1) if such person —</p> <p>(a) is able to communicate in a language that can be understood by the community;</p> <p>(b) is a fit and proper person to be registered under this Act;</p> <p>(c) resides within the community; and</p> <p>(d) meets such other criteria as the county executive committee member may, in county legislation, prescribe.</p> <p>The republished Bill does not have clause 22.</p> <p>In this regard therefore the Committee may make a policy decision on whether to insert the additional criteria.</p> <p>The CHVs are supposed to serve the community they reside in (clause 19 (2)).</p> <p>The CHVs are to be paid a stipend (clause 10(3)).</p>	
43.	11 (2)	KNCHR CSOs	<p>Proposal</p> <p>KNCHR proposes the following as an additional role for CHVs:</p> <p><i>‘enhance rehabilitation and integration of person with mental health conditions into the</i></p>	<p>The Committee resolved to include the additional responsibility.</p>	Adopted

			<p><i>community and promote their recovery'</i></p> <p>Rationale</p> <p>Often, people with mental health conditions face difficulties in re-integrating into community after spending time as in-patients in mental health facilities.</p>		
44.	12(2), 12 (4) and 19 (2)	CHESOA	<p>Proposal</p> <p>Define who a public officer is in the preliminary part of the Bill</p> <p>Rationale</p> <p>To avoid confusion, mischief or transference</p>	Good governance practices will see the county director of health delegate to only the public officers under their direct control.	Rejected
45.	12 (1)	CHW Coalition	<p>Proposal</p> <p>Correct paragraph to ... household level (delete grassroots)</p>	The republished Bill corrected the provision which is now contained in clause 11 (1)	Rejected
46.	12 (2)	CHW Coalition	<p>Proposal</p> <p>(2)(f) provide appropriate health services delete advice (f) (iii) maternal and child health (delete postnatal care)</p> <p>(2)(i) Amend to detect and treat common health ailments and minor injuries and recommend suitable interventions to the assigned household;</p> <p>Add a provision for a community health volunteer toparticipate in quality improvement activities in the community unit that promote quality service provision.</p> <p>Rationale</p>	<p>The republished Bill reworded the provision. It is now contained under clause 11 (2) (e). The Committee sought the amendment of the role of treating to ensure that task shifting does not occur. Instead the CHVs are to render only first aid and refer patients to the link facilities.</p> <p>The issue of child health is covered under subclause (2) (g) .</p>	Rejected
47.	13	CHW Coalition	<p>Proposal</p> <p>Amend this section by replacing reference to CHW with CHV as appropriate and replace "register: with "registry".</p>	The Bill was republished and the community health worker was replaced with community health volunteer.	Rejected
48.	15	CHW Coalition	<p>Proposal</p> <p>Amend the subtitle of the section to read 'Community health information systems' and provide for provisions on establishment, maintenance,</p>	The CHIS should be integrated into the DHIS..	Rejected

			access and disclosure of information thereunder. Rationale This will operationalize the object of the same		
49.		AWSC	Proposal 15 (2) The information published and publicized should also give a gender inclined data dimension to ensure no gender is left out in the access to the services. NB. There should be confidentiality of information on individual's health status	The report envisaged is a statistical report and does not highlight the individual's health status. The structure of the report is not disclosed but clause 14 provides the information that the CEC should include in publications relating to community health services.	Rejected
50.	18	KNCHR	Proposal Under clause 18 substitute 'may' with 'shall' and delete the word 'generally'. The Section should read; <i>A county government shall enact county specific legislation for the better carrying out of the provisions of this Act</i> Rationale To ensure implementation of the Provisions of the Act.	The Committee resolved to maintain the language in the Bill.	Rejected
51.		AWSC	Proposal 18(2) The Cabinet Secretary may prescribe minimum standards on partnership and coordination to ensure gender equality in reaping the benefits of community health services	Clause 18 relates to county legislation.	Rejected
52.	Part III	KNCHR	Proposal Add PART III – Financial Provisions as follows; PART III – Financial Provisions 16 (1) The funds for financing the	Community health services are part of health services which are generally budgeted for by the Counties. The Bill does not create a fund and therefore the financial provisions are not necessary.	Rejected

			<p>implementation of this Act shall consist of-</p> <p>(a) such monies appropriated by Parliament or County Assembly in each financial year for this purpose;</p> <p>(b) monies received in the form of donations, endowments, grants and gifts from development partners;</p> <p>(c) Monies received from National government as conditional or non-conditional grants</p> <p>(2) The County Executive Committee Member shall make regulations for the proper management of funds under subsection (1)</p> <p>Rationale</p> <p>To ensure implementation of the Provisions of the Act.</p>		
53.		Mohamed Noormohamed	<p>Proposal</p> <p>This bill, and the government health service as a whole should be abolished. We, the public have seen the incompetence of the government in managing healthcare and the inefficiency rampant in the current system. Therefore, completely abolishing government healthcare and allowing private hospitals to cater to the public would reduce the otherwise exorbitant price of current private healthcare.</p>	Health services should be provided by both government and private entities.	Rejected
54.		CHW Coalition	<p>Proposal</p> <p>Provide for offences relating to provision of CHS- e.g. denial of access to households or obstruction of CHV and Community Health Officers (CHOs); failure to provide health information as requested by CHV and CHOs; providing false information to CHV and CHOs</p>	Community health services should not be criminalised. The good will of the community is necessary to ensure effective provision of community health services. In addition, other laws cover the access to persons and information and that if need be, the	Rejected


				CHVS and CHOs should request assistance from the police and other enforcement authorities.	
55.	22- 28	Machakos CSOs	<p>Proposal</p> <p>The listed academic requirements are very high when focusing on CHW.</p> <p>The discipline can be handled by county government based disciplinary committees.</p> <p>Rationale</p> <p>The highest qualification for a community health worker should be a diploma in the relevant fields. This would be aligned with the current training package for Community Health Workers.</p> <p>The proposition of CHWs to be disciplined by the Public Service Commission is not valid because they are not employed by this body but by the county government. If they have their own association, and the Community Health Workers health Union, then this can apply.</p>	<p>The participants make reference to provisions that are not in the Bill.</p> <p>Volunteerism should be encouraged and obstacles should be avoided. In addition, counties such as Turkana have expressed their request to ensure that the academic requirements not be the basis upon which CHVs are recruited.</p> <p>On the other CHOs are employees of the county public service and are required to have academic qualifications prescribed by the county public service at the time of recruitment.</p>	Rejected
56.	13	APHOK	<p>Proposal</p> <p>The bill through Section 13 establishes that each county executive committee member shall keep and maintain a register of all community health workers working in the County. Since the CECs in most of the counties are not skilled health workers we therefore suggest that public Health Officer who are mandated to oversee preventive and Promotive health service at ward level and sub location be the one to keep the register of health workers.</p>	<p>The republished Bill provides for a register under clause 12. The custodian of the register is the county director of health.</p> <p>The CDH is the highest ranking technical officer in health and can delegate to their subordinates.</p>	Rejected

57.	New proposals	Machakos CSOs	<p>Proposal</p> <p>The CHWs should start with a stipend of Ksh 10,000 which should increase annually.</p>	<p>The Bill refers to the community health workforce. In respect to community health volunteers the Bill proposes the payment of a stipend. On the other hand CHOs are to be employees of the county public service and therefore subject to the terms prescribed by the Boards.</p>	Rejected
58.			<p>Proposal</p> <p>There should be a fund set aside at the county government department of health for equipment and facilitating the Community Health Workers in the health interventions at the primary level.</p>	<p>County governments are required to mobilise resources necessary for the delivery of community health services in the respective county; (see clause 6(1) (b) The PFM has provisions on the budgeting for money.</p>	Rejected
59.			<p>Proposal</p> <p>The Community Health Workers Bill 2020 which is National Assembly and the community health service bill which is Senate bill should be harmonized because they conflict on who is a community health worker</p>	<p>Community Health Workers Bill 2020 (National Assembly Bill No. 30 of 2020) was read a first time on 22nd December, 2020. It will eventually be referred to the Senate for concurrence.</p> <p>The Committee will consider the CHW Bill from the National Assembly with keen interest when before it and seek to harmonise the provisions with the CHS Bill.</p> <p>The Bill before the Committee at the material time is the republished Community Health Services Bill.</p>	Rejected

60.		APHOK	<p>Proposal</p> <p>There is need for the Act to categorically stipulate that all community health workers should be registered by their relevant professional bodies and they should only carry out the roles as mandated by their respective schemes of service which should not in any case overlap.</p> <p>Rationale</p> <p>Failure to do this will erode all the confidence and shall also act as a recipe of chaos in the provision of community health services.</p>	<p>The Bill reviewed the category of staff who make up the community health workforce. The community health workforce in the Bill consists of community health officers and community health volunteers. Neither the CHOs nor CHVs are organized under professional bodies.</p>	Rejected
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MIN. NO. 5/139/2021: ANY OTHER BUSINESS & ADJOURNMENT

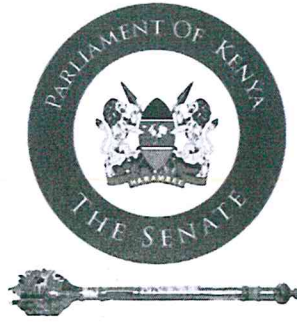
There being no other business, the meeting adjourned at 12.15 p.m.

Signed..... 

Date.....28/05/2021.....

SEN. MBITO MICHAEL MALING'A, MP

CHAIRPERSON, STANDING COMMITTEE ON HEALTH



MINUTES OF THE SITTING OF THE SENATE STANDING COMMITTEE ON HEALTH, HELD ON FRIDAY, 28TH MAY, 2021, AT 9:00 A.M. ON THE ZOOM ONLINE CONSIDERATION OF PROPOSED AMENDMENTS TO THE COMMUNITY HEALTH (AMENDMENT) BILL, 2020

PRESENT

- 1) Sen. (Dr.) Michael Mbito, MP - Chairperson
- 2) Sen. Mary Seneta, MP
- 3) Sen. Millicent Omanga, MP
- 4) Sen. (Prof) Samson Ongeru, EGH, MP
- 5) Sen. Beatrice Kwamboka, MP
- 6) Sen. Ledama Olekina, MP
- 7) Sen. Beth Mugo, EGH, MP
- 8) Sen. (Dr) Abdullahi Ali Ibrahim, CBS, MP
- 9) Sen. Fred Outa, MP

SECRETARIAT

- 1) Ms. Emmy Chepkwony - Principal Clerk Assistant 1
- 2) Ms. Sombe Toona - Legal Counsel
- 3) Mr. Robert Rop - Audio Officer
- 4) Ms. Fahriya Ibrahim - SAA
- 5) Ms. Lynn Aseka - Parliamentary Intern, Committees

MIN. NO. SCH5/165/2021: PRELIMINARIES

The Chairperson called the meeting to order at 9.10 a.m and the meeting commenced with a word of prayer.

MIN. NO. SCH5/166/2021: ADOPTION OF THE AGENDA

The committee adopted the agenda of the sitting, as set out below, having been proposed by **Sen. Mary Seneta, MP** and seconded by **Sen. Fred Outa, MP**: -

1. Preliminaries
 - a) Prayer
 - b) Adoption of the Agenda
2. Confirmation of Minutes of the previous sittings

3. *Consideration and Adoption of proposed Amendments to the Community Health (Amendment) Bill, 2020.*
4. Any other business.
5. Date of the Next Meeting.
6. Adjournment

MIN. NO. SCH5/167/2021: CONFIRMATION OF MINUTES OF THE PREVIOUS SITTING.

Minutes of the sitting held 24th May, 2021 at 9.00am were confirmed as a true record of the proceedings after being proposed by Sen. Mary Senena, MP and Seconded by Sen. (Prof.) Sam Ogeri, MP. The Minutes were then signed by the Chairman.

MIN. NO. SCH5/168/2021: CONSIDERATION AND ADOPTION OF PROPOSED AMENDMENTS TO THE COMMUNITY HEALTH (AMENDMENT) BILL, 2020

The Committee considered adopted the following recommendations and proposed amendments to the Community Health Bill, 2020-

1. Observations and Recommendations

The Committee made the following observations-

- (a) That the Constitution delineates the functions of the National Government and the county governments in respect to provision of health care.
- (b) That Community Health Services are the first tier of provision of health care and form a critical part of primary health care which the Constitution obligates county governments to provide.
- (c) That when republishing the Bill, the Sponsor adopted the version of the Bill that had been proposed by the Committee.
- (d) That the republished Bill took in to account the leadership structures in the Health subsector and recognised that the provision of health is a continuum of which community health is a part of. In addition, the Bill recognises that the County Director of Health is the technical advisor to the county on all matters health and therefore the senior most county public service officer in respect to health.
- (e) That community health services are organised at the community level and that it is prudent to ensure that the county governments take in to account topography, geography and population as parameters to determine the size of the community for effective Community Health Services.
- (f) That the people in public baraza are the custodians of information in regard to that community and that they are the best placed to nominate the community members to represent them in the community health committee as well as the persons to be their community health volunteers.
- (g) That resource mobilisation by any government and the budgeting of those resources is already covered by the Constitution and the Public Finance Management Act.

- (h) That the Bill presents an opportunity to ensure that community health services are used to facilitate the provision of community and family-based care and support systems for persons with mental health illnesses.
- (i) That statistical information is important to ensure better planning for both the National and county governments. It is therefore important for the Ministry of Health to ensure that it integrates the different health information systems as envisaged under section 105 of the Health Act.
- (j) Community health services should not be criminalised. The good will of the community is necessary to ensure effective provision of community health services. In addition, other laws cover the access to persons and information and that if need be, the CHVs and CHOs should request assistance from the police and other enforcement authorities

Based on the foregoing, the Committee resolved that the Bill be amended to ensure that :

- (a) The Bill should reflect that community health services be centred around a community by amending clause 8 (1)(c) to replace the word “grassroot” with “community”.
- (b) The Ministry of health should fast track the implementation of section 105 of the Health Act and prescribe the data that is to be contains in the integrated health information system. In particular the Ministry of Health should ensure that gender, disability and age are provided for in the parameters set out in the system;
- (c) Include subcounty administrator in the membership of the community health committee.

2. Proposed Amendments

CLAUSE 4

THAT clause 4 of the Bill be amended in paragraph (e) by inserting the words “in a format and using technology that enables access by persons with disabilities” immediately after the words “to information”.

CLAUSE 5

THAT clause 5 of the Bill be amended in a paragraph (a) by inserting the following sub-paragraph immediately after paragraph (iii) —

- (iiia) implementation of community and family-based care and support systems for persons with mental health illness;

CLAUSE 6

THAT clause 6 of the Bill be amended—

- (a) in sub-clause (1) by inserting the words “including community and family-based care and support for persons with mental illness” immediately after the words “community health services” appearing in paragraph (e); and

(b) in sub-clause (2) by inserting the words “including community and family-based care and support for persons with mental illness” immediately after the words “community health services” appearing in paragraph (b).

CLAUSE 8

THAT clause 8 of the Bill be amended in sub-clause (1) by deleting paragraph (c) and substituting therefor the following new paragraph —

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

CLAUSE 11

THAT clause 11 of the Bill be amended in sub-clause (2) by inserting the following new paragraph immediately after paragraph (d) —

(da) monitor the rehabilitation and integration of persons with a mental illness into the community.

MIN. NO. SCH5/169/2021: ANY OTHER BUSINESS & ADJOURNMENT

There being no other business, the meeting adjourned at 11.45 a.m.

Signed..... 

Date.....28/05/2021.....

SEN. MBITO MICHAEL MALING'A, MP

CHAIRPERSON, STANDING COMMITTEE ON HEALTH



TWELFTH PARLIAMENT | FIFTH SESSION THE SENATE

INVITATION FOR PUBLIC PARTICIPATION AND SUBMISSION OF MEMORANDA

At the sitting of the Senate held on Thursday, 4th March, 2021, the Bills listed at the second column below were introduced in the Senate by way of First Reading and thereafter stood committed to the respective Standing Committees indicated at the third column.

Pursuant to the provisions of Article 118 of the Constitution and Standing Order 140 (5) of the Standing Orders of the Senate, the Committees now invite interested members of the public to submit any representations that they may have on the Bills by way of written memoranda.

The Memoranda may be sent **by email** on the address: csenate@parliament.go.ke and copied to the respective Committee mail addresses indicated at the fourth column below, to be received on or before **Wednesday, 31st March, 2021 at 5.00pm**.

	Bill	Committee Referred To	Email Address
a)	The Mental Health (Amendment) Bill (Senate Bills No. 28 of 2020)	Standing Committee on Health	senatekehealth@gmail.com
b)	The Persons with Disabilities (Amendment) Bill (Senate Bill No. 29 of 2020)	Standing Committee on Labour and Social Welfare	senatecommittee.labour@parliament.go.ke
c)	The Wildlife Conservation and Management (Amendment) Bill (Senate Bills No. 30 of 2020)	Standing Committee on Land, Environment and Natural Resources	senlandenviron@gmail.com
d)	The Salaries and Remuneration Commission (Amendment) Bill (Senate Bills No. 31 of 2020)	Standing Committee on Finance and Budget	scfinanceandbudget@gmail.com
e)	The County Licensing (Uniform Procedures) Bill (Senate Bills No. 32 of 2020)	Standing Committee on Tourism, Trade and Industrialization	senatetourismandtrade@gmail.com
f)	The Parliamentary Powers and Privileges (Amendment) Bill (Senate Bills No. 33 of 2020)	Standing Committee on Justice, Legal Affairs and Human Rights	senatejlahrc@gmail.com
g)	The Community Health Services Bill (Senate Bills No. 34 of 2020)	Standing Committee on Health	senatekehealth@gmail.com
h)	The Political Parties Primaries Bill (Senate Bills No. 35 of 2020)	Standing Committee on Justice, Legal Affairs and Human Rights	senatejlahrc@gmail.com

The Bills may be found on the Parliament website at <http://www.parliament.go.ke/the-senate/senate-bills>.

**J.M. NYEGENYE, CBS,
CLERK OF THE SENATE.**

STANDING COMMITTEE ON HEALTH

STAKEHOLDER VIEWS ON THE COMMUNITY HEALTH SERVICES (SENATE BILLS NO. 34 OF 2020)

No.	Clause	Stakeholder	Submission	Observation	Committee Resolution
PART 1- PRELIMINARY					
1.	2	NGEC	<p>Proposal Rename “Community Health Volunteer”(CHV) “Community health extension worker”(CHEW)</p> <p>Rationale A Volunteer in the strict sense of the word means a person who freely offers to take part in an enterprise or undertake a task and does not receive any reward for their services. In this case the Community health volunteers earn an allowance from the exchequer and maybe it could be desirable to change the title to “extension worker”.</p>	<p>Various countries refer to the volunteers in various ways eg Ethiopia uses the term community health agent, Uganda uses the term community resource person; Swaziland uses the term rural health motivator and at some point Kenya used the term village health helper. Various other countries use the term community health promoter.</p> <p>The Policy prescribes that the persons should be volunteers. Despite being called volunteers, they are currently working in the counties and they are paid a monthly stipend.</p> <p>CHVs are different from CHOs. In respect to Community health volunteers (CHVs), the Bill proposes that they be selected through a public</p>	Rejected

STANDING COMMITTEE ON HEALTH

STAKEHOLDER VIEWS ON THE COMMUNITY HEALTH SERVICES (SENATE BILLS NO. 34 OF 2020)

			<p>baraza and they are not 'employees' of the county government per se. They are however paid a stipend for their service.</p> <p>The correct equivalent of the CHEW is the CHO. The Health Act uses the term Community health extension worker to refer to the officers employed by the county public service as the persons in charge of service delivery under tier one of health care. However the schemes of service that were later developed rename the CHEWs as community health officer or community health assistant(CHO/CHA). Further the Kenya Mental Health policy also uses CHO/CHA.</p> <p>For constituency of language the Bill adopts the term Community Health Officer.</p>	
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STANDING COMMITTEE ON HEALTH

STAKEHOLDER VIEWS ON THE COMMUNITY HEALTH SERVICES (SENATE BILLS NO. 34 OF 2020)

2.	<p>KNCHR CSOs</p>	<p>Proposal</p> <p>In the definition of ‘community health workforce’, recognize/include ‘community health extension workers’ and ‘Community health assistants’.</p> <p>Rationale</p> <p>According to the First Schedule of the Health Act, the In-charge of Level 1 (Community Health Services) is the community health extension worker. This worker is defined under section 2 of the Health Act as:</p> <p>‘a health care professional working in health centres in rural and medically underserved areas, where they provide emergency treatments and a range of other health services to patients’.</p> <p>Community health extension workers are also recognized in the Kenya Community Health Policy 2020 – 2030, which notes</p>	<p>The Community health extension worker is referred to either as the community health assistant or community health officer in the Kenya Community Health Policy 2020 – 2030 and the scheme of service that has been used. They are therefore represented in the definition. For consistency of language the uses Community health officer instead of community health assistant.</p>	<p>Rejected</p>
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STANDING COMMITTEE ON HEALTH

STAKEHOLDER VIEWS ON THE COMMUNITY HEALTH SERVICES (SENATE BILLS NO. 34 OF 2020)

		<p>that 'during the third Global Human Resource for Health (HRH) forum in Brazil in 2013, Kenya committed to recruit 40,000 Community Health Extension Workers by 2017.</p> <p>Inclusion of community health extension workers' and 'Community health assistants' will align the Bill to terms used by the Kenya Community Health Strategy 2020- 2025. Moreover, some counties eg Turkana that have a Community Health Acts have made reference to the proposed terms.</p>		
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STANDING COMMITTEE ON HEALTH

STAKEHOLDER VIEWS ON THE COMMUNITY HEALTH SERVICES (SENATE BILLS NO. 34 OF 2020)

3.			<p>Proposal</p> <p>Include definition of community health services after definition of community health workforce as follows;</p> <p>"community health services" means health care services provided to people in their communities and households and includes health education; health promotion; disease prevention and control; mental health and psychosocial support services; public health services; emergency health and referral services; sensitization on addictions; home care; long term care; rehabilitation services; palliative care and minor treatment for illness; and injury in relation to primary care;</p> <p>Rationale</p>	<p>Rejected</p> <p>The Bill outlines the function that can be carried out by both the community health workforce and the community health committee. Since the matter is covered comprehensively under the body of the Bill the definition may not serve the intended purpose.</p>
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STANDING COMMITTEE ON HEALTH

STAKEHOLDER VIEWS ON THE COMMUNITY HEALTH SERVICES (SENATE BILLS NO. 34 OF 2020)

4.		<p>This will help avoid ambiguity on the scope of community health services envisioned by this legislation.</p>	<p>CHW Coalition</p>	
		<p>Proposal</p> <p>Provide a definition of Community Health Volunteer (CHV) as per the Community Health Policy (CHP) 2020-2030 within the meaning of Community Health Workforce as: a person elected by members of a community health unit to serve as a health worker without expectation of remuneration or charging a fee for the same</p> <p>Rationale</p> <p>Community health worker is a generic definition for which other categories of community health workforce could fit in</p>	<p>The Kenya Community Health Policy 2020-2030 provides <i>A community health volunteer will be selected at a community meeting or baraza called by the area leader or the community health committee.</i> (Page 15)</p> <p>The Bill defines the community health volunteer by taking in to account the selection process. Clause 10 provides A community health volunteer shall be selected by the community in a public baraza and appointed by the respective county executive committee member.</p>	<p>Rejected</p>

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5.		KNCHR	<p>(paid or unpaid). It is therefore necessary to distinguish volunteers from other categories to avoid complications that may arise when applying the legal framework for regulation of Community Health Workers</p> <p>Proposal</p> <p>Include definition of 'County Community Health Services Committee' after definition of County Executive Committee Member (CECM) as follows;</p> <p>"County Community Health Services Committee" means a County Committee established by the County Executive Committee Member for effective discharge of functions under Clause 6 (2) of this Bill.</p> <p>Rationale</p>	<p>The leadership structure under community health services is community based as such the Bill establishes a community health committee under clause 9 and the county executive committee member is required to delegate specific functions to it under clause 8 (2).</p>	Rejected
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6.		<p>CHW Coalition</p>	<p>Functions stipulated under Clause 6 (2) are broad. Having a diversified Committee assist the County Executive Committee Member will ensure inclusivity of all facets encompassing community health and holistic approaches to discharging the functions.</p> <p>Proposal</p> <p>Provide for definition of community-based health information system (CHIS) as per CHP 2020-2030 as; a system that is designed to generate health related information through sources at the community level</p> <p>Rationale</p> <p>CHIS is a key component of Community health services</p>	<p>The Kenya Community Health Policy 2020-2030 provide <i>Community Based Health Information (CHIS) is a system that generates health related information through sources at the community level.</i></p> <p>However, the national health system operates the District Health Information System (DHIS) which according to the policy will be used by the CHOs to input data in to the National Health Information system. The DHIS is the overall information system for the integrated health structure. The CHIS should be part of the DHIS.</p>	<p>Rejected</p>
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7.			<p>APHOK</p> <p>Proposal</p> <p>We suggest the following amendment.</p> <p>We thus recommend that community health work force should have a limiting definition as opposed to a broad definition and should only include persons who offer preventive, promotive and rehabilitative aspect of health to the community.</p> <p>Rationale</p>	<p>As a result of the foregoing, it may be prudent to allow the mater of the CHIS to be elaborated under strategy.</p> <p>The Committee may make a policy decision on the matter.</p>	<p>Rejected</p>
				<p>The participants seem to be referring to the Bill before it was republished.</p> <p>In the republished Bill Public health officers are not defined as part of the community health workforce. The Community health workforce is comprised of the community health volunteer (CHV) and the community health officer (CHO)</p>	

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		<p>A broad definition of a community health force including a certified medical practitioner is problematic as it includes medical doctors, pharmacists, clinical officers and other health cadres into the community health force without clear roles and responsibilities.</p> <p>A clear reading of the schemes of service of health workers such as medical officers, pharmacists, dentists, nurses and clinical officers will establish that the aforementioned health cadres carry out the curative function in delivering health services and not the relevant community health service which is preventive and promotive.</p>		
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8.	Machakos CSOs	<p>Proposal</p> <p>Review the definition of community health workers in line with section 23 and schedule 2 of this proposed bill</p> <p>Rationale</p> <p>This definition should take cognizant the Kenya community health policy definition of community health work office that comprises of Community Health Officers, who are employees of community health government at level 1 and Community Health Volunteers who are selected by community members.</p>	<p>The Bill defines community health workforce to include both the community health officer and the community health volunteer. The concern by the stakeholder is therefore addressed.</p>	Rejected
9.	CHW Coalition	<p>Proposal</p> <p>Insert as an additional object: to provide for establishment of community-based information system.</p>	<p>The Committee may make a policy decision on this matter.</p> <p>The Committee has already resolved that the CHIS should be part and parcel of the DHIS.</p>	Rejected

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		<p style="text-align: center;">to provide a framework for mobilization and involvement of private sector in the provision of CHS</p> <p style="text-align: center;">Rationale</p> <p>This aligns the Bill to Astana Declaration of 2008 and Health Policy, 2020</p>		
10.	3	<p style="text-align: center;">Proposal</p> <p>1. Under subsection (h) identification of community needs should be done in a gender assessment sensitive manner. Putting into consideration, issues such as gender-based violence, orphans, and elderly especially those with chronic illnesses, the widowed who are also infected with HIV and other disadvantaged groups in specific communities.</p>	AWSC	<p style="text-align: center;">Rejected</p> <p>The Community health services seeks to provide the framework for community. Health services. Gender mainstreaming in health should be considered not only in respect to community health services but health as a whole. In addition, gender mainstreaming relates to implementation matters which should be handled by the strategy.</p>

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			<p>2. Provide a mechanisms for addressing the impact of COVID 19 and other pandemics/infectious/communicable diseases on the community and ways of addressing them at community level. This should target the caretakers of home based care, particularly women who play a great role in domestic care. This may include social and psychosocial support, addressing issues of homebased care..</p>	
<p>11.</p>	<p>4 (e)</p>	<p>KNCHR</p>	<p>Proposal Clause 4 (e) proposes access to information as an additional guiding principle. The Commission proposes the addition of the following words after the word ‘information’: ‘including in accessible formats and technologies appropriate to different kinds of disabilities’.</p>	<p>Article 7 of the Constitution provides that the state shall promote the use of braille and other communication formats and technologies accessible to persons with disabilities. The Committee may make a policy decision on this matter.</p>
				<p>Adopted</p>

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		<p>Rationale</p> <p>Persons with disabilities face specific challenges in accessing information generally, and especially in health contexts. Research done by KNCHR notes that:⁹</p> <p>‘The blind and deaf face serious challenges when it comes to access to information. Yet, health care providers and facilities have not designed methods to facilitate communication with them... the modes of communication in most health facilities are not in friendly formats that can be accessed by those who are blind, deaf or have intellectual or cognitive impairments’.</p> <p>Providing information in accessible formats is also in line with the WHO Quality Rights Initiative and article 21(a) of UNCPRD.</p>	
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12.	5	CHW- Coalition	<p>Proposal</p> <p>Insert as an additional role: provide monetary incentives to Counties including conditional and unconditional grants to promote uptake, acceleration and improved coverage of CHS.</p> <p>Rationale</p> <p>This aligns the Bill with the Health Policy, 2020, which calls for increased financing for health and related sectors to meet agreed national and international benchmarks (4.3.5.ii)</p>	The provision of conditional and unconditional grants to county governments is a prerogative of the National Government. Article 202 (2) of the Constitution.	Rejected
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13.	<p>KNCHR CSOs</p>	<p>Proposal</p> <p>We propose the following additional obligation of national government in collaboration with county government:</p> <p><i>‘expanding and strengthening community and family-based care and support systems for persons with mental health conditions’</i></p> <p>Rationale</p> <p>This is in line with WHO Quality Rights program adopting articles 19 and 25 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Article 25(c) of the CRPD requires States Parties to provide health services as close as possible to people’s own communities, including in rural areas. Article 19 further states that persons with disabilities have the right to live in the community, with choices equal to others.</p>	<p>The Mental health Bill, 2020 addresses the issue of mental health care provision more precisely.</p> <p>However, the Committee may consider this proposal to strengthen the delivery of community health services in respect to mental health care.</p> <p>The Committee may make a policy decision on this matter.</p>	<p>Adopted</p>
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14.	Machakos CSOs	<p>Proposal Amend the section to capture both national and county functions.</p> <p>Rationale Most of the functions mentioned are county government functions.</p>	The Bill already captures the functions of both county and national government. The functions set out under clause 5 conform to the delineation of duties between the national and county governments under the Constitution.	Rejected
15.	CHW Coalition	<p>Proposal We propose the following additional subclauses under 5 (a)— (iii a) protection and safeguarding the health and wellbeing of the community health workforce while performing any</p>	<p>The Bill already provides an obligation for safeguarding the community health workforce when performing its functions and provides for a supervision framework.</p> <p>The Community health volunteer is directly under the supervision of county governments. The CEC is obligated under clause 6 (2) (1) to</p>	Rejected

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			<p>assigned duties and responsibilities, including liability transfer to the government, insurer or employer.</p> <p>(iii b) Provide for a designated supervisor tasked with providing ongoing mentorship, performance reviews, and oversight of safety of Community Health Volunteers</p> <p>Rationale</p> <p>The bill talks a lot about the standards and expectations placed upon the community health volunteer. However, no obligation is provided for the protection and safeguarding of the Community Health Volunteers.</p>	<p><i>provide the necessary resources for capacity building of the community health workforce. In addition 6 (2) (j) provides the county should put in place measures to ensure the safety of community health workforce while delivering community health services in the respective county.</i></p> <p>Clause 7 (2) (e) of the Bill provides:</p> <p><i>(e) supervise and assign duties to community health volunteers;</i></p>	
16.	5(e)	NGEC	<p>The National Government, in collaboration with county governments, shall — (e) collate disaggregated data based on age, gender, disability among other relevant factors, analyse and disseminate information necessary for the</p>	<p>The Committee resolved—</p> <p>Statistical information is important for purposes of planning. The MOH should take steps to ensure the implementation of section 105 of the Health</p>	Rejected

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17.	6	<p>Machakos CSOs</p>	<p>effective delivery of community health services</p> <p>Rationale</p> <p>This is to ensure National and County governments not only collect disaggregated data and information but the disaggregation of data/information is used to make analysis and conclusions.</p> <p>This will ensure that informed decisions are taken to respond to different issues as identified by disaggregation of data/information.</p>	<p>Act in respect to setting up the integrated Health Information System.</p>	<p>Rejected</p>
<p>Proposal</p> <p>The national government does employ community health workers but they fall under the county government and therefore there is need to consult council of governors.</p>			<p>The Bill maintains the delineation of duties between the national and county governments as contained in the fourth schedule of the Constitution and therefore restricts itself to community health officers employed by county governments.</p>		

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			<p>As per the Health Act Section 16 we have director general but not director of medical services.</p> <p>The Council of Governors is not represented in the Council.</p> <p>Nominees to the council should include representatives of the community health workers association and their unions, the Health NGOS' Network (HENNET), private sector, and Health Faith Based Organizations.</p> <p>Rationale</p>	<p>The republished Bill does not refer to the director medical services or the director general of health.</p> <p>This Bill does not establish a council.</p> <p>It is possible that the stakeholder is referring to a Bill that is not before Committee.</p> <p>The Committee resolved that Chairs to the Health Committee should consult on Bills that relate to the same subject matter in order to consider the way forward in regard to possible conflict issues.</p>	
18.	6(1)(b)	<p>CHW Coalition</p>	<p>Proposal</p> <p>Insert the following additional provisions <i>including payment of community health workforce in the respective county</i></p>	<p>The proposed provisions are encompassed under 6 (1) (b) and (c) which provide—</p> <p><i>(b) mobilise resources necessary for the delivery of community health services in the respective county; (c) allocate adequate funds and resources necessary for the effective delivery of community health services within the respective county;</i></p>	<p>Rejected</p>

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		<p><i>County Governments to set thresholds for financing of community health services in their CIDP</i></p> <p>Consider adding a provision that ...</p> <p>provide Community Health Volunteers with necessary equipment and tools aligned with the health tasks they are asked to perform</p> <p>Rationale</p> <p>Need to allocate adequate funds and resources necessary for the effective delivery of community health services</p>	<p>In addition, clause 10 (3) provides</p> <p><i>(3) A community health volunteer shall be appointed on such terms and conditions and shall be paid such a stipend as the county executive committee member, in consultation with the respective County Public Service Board and the Salaries and Remuneration Commission, shall determine.</i></p> <p>Clause 7 also provides</p> <p><i>(1) The county public service board shall competitively recruit and appoint such community health officers it may consider necessary for the proper and efficient implementation of this Act.</i></p> <p>Clause 6 (2) (k) requires that the county provides the job aids required by community health workers in the delivery of</p>
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<p>19.</p>	<p>community health services at the household level;</p>	<p>community health services at the household level;</p>	<p>Rejected</p>
<p>Proposal</p> <p>Insert as an additional role: to promote the involvement and participation of private sector in the provision of CHS.</p> <p>Insert as an additional obligation of county executive committee member (CECM) in each county: develop and implement strategies for mobilizing and involving private sector in provision of CHS</p> <p>Rationale</p> <p>The private sector (particularly private health facilities, manufacturers of pharmaceuticals and medicines) could</p>	<p>The Bill already covers the participation of private sector and provides for the mobilisation of private sector support. Clause 6 (2) (c) mandates the county to –</p> <p><i>(c) collaborate with such entities as it may consider necessary—</i></p> <p><i>(i) for the conduct of capacity building and training programmes with respect to the community health workforce;</i></p> <p><i>(ii) in financing and resourcing the delivery of community health services in the county; and</i></p> <p><i>(iii) in the establishment of structures for the supervision of the community health workforce;</i></p>	<p>community health services at the household level;</p>	<p>Rejected</p>

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20.		CHW Coalition	<p>play a role in CHS for urban (upmarket) communities.</p> <p>The CECM will be expected to include private sector involvement strategies in County -specific laws and policies on CHS.</p> <p>Proposal</p> <p>Insert as an additional obligation of county executive committee member in each county: to establish, in consultation with the County executive committee member for finance, a community health fund to ensure adequate, predictable and sustainable financing for CHS.</p> <p>Provide for a section, detailing arrangements and thresholds for financing of CHS at the county level.</p>	<p>The republished Bill does not contain a clause 7 (3).</p> <p>However, the concern is adequately addressed in clause 6 (1) (b) and (c) which provides the county should —</p> <p><i>(b) mobilise resources necessary for the delivery of community health services in the respective county; (c) allocate adequate funds and resources necessary for the effective delivery of community health services within the respective county</i></p> <p>The Bill under clause 6 (2) (k) provides that the counties should provide the community health workforce <i>the job aids required by community</i></p>	Rejected
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			<p>Rationale</p> <p>S7 (3) alludes to the development of a framework for community health fund but does not obligate any person to provide for this fund</p>	<p><i>health workers in the delivery of community health services at the household level;</i></p> <p>Under the PFM counties can establish a public fund for community health services for CHS if they consider it necessary.</p>	
21.	KNCHR CSOs		<p>Proposal</p> <p>Add the following as additional roles for county governments:</p> <p><i>‘formulate and implement county specific programmes to deal with stigma associated with certain illnesses’.</i></p> <p><i>provide community-based care and treatment for persons with mental health conditions including initiating and organizing community or family-based programmes for the care of such persons’</i></p>	<p>The Community Health Services Bill is focused on provision of community health services.</p> <p>The Mental health care Bill deals more precisely with mental health matters. In this regard the proposal may best be considered under the Mental Health Bill, 2020.</p> <p>The Committee resolved above to incorporate community based care treatment for persons with mental health conditions.</p>	Adopted

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		<p>provide appropriate resources, facilities, services and personnel capable of dealing with mental health conditions at the community level, including re-integrating the person into the community and providing specialized and personalized after-care services?</p>	
		<p>Rationale</p> <p>There are many health conditions that are stigmatized in the community, including mental health conditions and HIV. The formulation and implementation of policies to address stigma should be a key role of county governments, given that stigma prevents people from accessing health services.</p> <p>In the provision of mental health care, priority should be given to community health and outpatient primary mental health care and treatment as opposed to</p>	

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			<p>institutionalization of persons with mental health conditions. This is in line with WHO Quality Rights and articles 19 and 25 of the UN Convention on the Rights of Persons with Disabilities.</p> <p>WHO's Mental Health Action Plan 2013-2020, endorses the essential role of mental health in achieving health for <i>all people</i> including the provision of comprehensive, integrated mental health and social care services in community-based settings.</p> <p>The UN Committee on the Rights of Persons with Disabilities in its Concluding observations to Kenya urged the Kenyan State to:</p> <p>'Develop a wide range of community-based services that respond to the needs of persons with disabilities and respect the person's autonomy, choices, dignity and privacy, including peer support and</p>		
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22.	6(1)(b)	KNCHR	<p>other alternatives to the medical model of mental health</p> <p>Proposal</p> <p>The Clause provides that the County governments shall mobilise resources necessary for the delivery of community health services in the respective county.</p> <p>This Clause needs clarification especially on the anticipated mobilization of funds.</p> <p>Rationale</p> <p>Health being a devolved function and funds centrally controlled by the national Government, there is a need to provide clarity on how the Counties are to mobilize funds especially since in most facilities/health care providers, the funds collected are not spent at source.</p>	<p>County revenue is composed of the following funds--</p> <p>Article 202 of the Constitution provides for the equitable sharing of revenue and conditional grants to county governments from National government. Article 209 provides for sources of county own source revenue</p> <p>Section 138 of the Public Finance Act allows counties to receive grants or donations from development partners.</p> <p>The PFM has sufficient safeguards to ensure funds raised are budgeted for and the procurement act further provides for procurement planning.</p>	Rejected
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23.	6 (2)	KNCHR CSOs	<p>Proposal</p> <p>We propose the following as an additional obligation for the county executive committee member:</p> <p><i>'co-ordinate the activities of all institutions, private sector institutions, non-governmental organisations and community - based organisation involved in the delivery of health services in the county'.</i></p> <p>Rationale</p> <p>For better service delivery.</p>	<p>The Committee observed that Health is a right to be provided by the National government and county governments. There is no need to impose a further obligation on the CECM.</p>	Rejected
24.	6 (2) (f)	KNCHR	<p>Proposal</p> <p>Clause 6 (2) (f) requires the County Executive Committee Member to collate, analyse and disseminate information on</p>	<p>The report envisaged under clause 6 (2) (f) is meant for internal planning purposes and to inform the report that is to be tabled in the county assembly under clause 15.</p>	Rejected

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			<p>delivery gaps and needs and to make recommendations for improved delivery of community health services on a <i>quarterly</i> basis. We propose that this be amended to provide for collection of information on a monthly basis.</p> <p>Rationale</p> <p>The current practice is that all health institutions whether public or private provide data on a monthly basis.</p> <p>The analysis should provide critical feedback to facilitate improvement and health being so critical a component of human life this data/feedback should not wait for 3 months but be provided in a very timely manner.</p>	<p>However, under Clause 7 (1) (f) the community health officer is required to <i>compile and analyse data from the community health unit and submit the information to the link facility for incorporation into the health information system;</i></p> <p>Reporting in to the DHIS guided by guidelines.</p>
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25.	6 (3)	KNCHR	<p>Proposal</p> <p>Under sub-clause (3) delete county director of health and substitute with County Community Health Committee</p> <p>Insert subsection (4) to read as follows; The County Executive Committee Member shall make regulations providing for the establishment, function and powers of the County Community Health Services Committee</p> <p>Rationale</p> <p>To ensure diversity, the County Community Health Services Committee membership could include: chief officer responsible for health, county director of health; representatives from development partners and faith-based organizations; the county community health services focal person; a person nominated by and</p>	<p>The structure of county health bureaucracy is already covered under the Health Act and at its apex the CDH is the technical advisor.</p> <p>The County Director of Health is the technical advisor to the county government on all matters to do with health including community health services. In order to maintain the proper reporting structure in the health sector, the county executive committee member is required to delegate to the CDH.</p> <p>The Bill doesn't provide for a county community health committee but rather a community health committee. The CHC is based at the community level and its feedback is received by the CEC through the channels that lead to the CDH.</p>	Rejected
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26.	6	AWSC	<p>representing persons with disabilities; a person representing the youth; religious leaders; a person representing persons living with HIV/AIDS; and a person nominated by and representing health research institutions.</p> <p>Of note, this will be a County level Committee different from the committee established under Clause 9. The County level Committee will not only oversight the sub- county community health committees envisaged in Clause 9 but will also serve to provide technical advice to the County Executive Committee Member.</p>	<p>The Committee may make a policy decision on this matter.</p>	Rejected
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27.	7	APHOK	<p>community health services. This advocacy should take care of the disadvantaged groups and ensure they are included in the awareness creation and enjoyment of the services.</p> <p>Proposal</p> <p>The director of Community health services should be drawn from a promotive and preventive health cadre</p> <p>We thus suggest the following amendment.</p> <p>7. (1) There is established the office of the Director of Community Health Services, which shall be an office within the county public service.</p> <p>(2) The Director of Community Health Services shall be competitively recruited and appointed by the respective county</p>	The provision being referred to is not in the republished Bill.	Rejected
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		<p>public service board, and must meet the chapter six requirements as per the constitution with A bachelor of science in Relevant field i.e. community Health, Public Health, environmental Health and masters in Community Health, Public Health, environmental Health and any other relevant field and must be registered by the relevant professional body.</p> <p>Rationale</p> <p>This is due to the fact that health services are decimated as curative health that is comprised of medical officers, nurses and clinical officers on one hand and preventive and Promotive aspect of health that is comprised of Public Health Officers, Community Health Workers and Public Health Technicians.</p> <p>The head of the curative aspect of Health as envisaged under Section 19 of the</p>		
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			<p>Health Act 2017 is the County Director of Health and among other qualifications is that the County Director of Health must be a medical practitioner registered by the Medical Practitioners and Dentists Board.</p> <p>It is our recommendation that since the Director of Health at the County level is leaning towards curative health then the Director of Community Health Services should be a person who is leaning towards preventive and promotive Health.</p>		
28.	7	CHW Coalition	<p>Proposal</p> <p>Improvement to this can only be Deputy Director of Community Health Services which should be a job group position in the scheme of service. Please apply to all areas substituting Director for Deputy Director</p>	The provision being referred to is not in the republished Bill.	Rejected

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			<p>Insert as an additional duty: the framework for establishing and maintaining a community health information system (CHIS)</p> <p>Rationale</p> <p>In line with the structure of the County health workforce, the head of Community Health Services at the county level is currently titled as County Community Health Officer.</p>		
29.			<p>Proposal</p> <p>Add to functions of a community health officer responsibility for ... leadership in quality Improvement activities in the community health unit that promote quality service provision</p>	<p>The structure of leadership in a community health unit lies with the community health unit and the CHO is its secretary.</p>	Rejected
30.	7 (2) (f)	KNCHR	<p>Proposal</p> <p>The Clause requires a community health officer to: compile and analyse data from</p>	<p>It may not be possible to provide a timeframe, since different community health units report at different times to the link facilities. However, the</p>	Rejected

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	<p>the community health unit and submit the information to the link facility for incorporation into the health information system.</p> <p>There is a need to provide for timelines within this should be done or at least the intervals. It should be clear whether weekly, monthly, quarterly, or annually.</p> <p>Rationale</p> <p>This would avoid unnecessary ambiguity in implementation.</p>	<p>DHIS policy provides a timeline for reporting by the facilities once they receive the information.</p>	
31.	<p>8</p> <p>CHW Coalition</p>	<p>Proposal</p> <p>Remove grassroot level and replace with <i>community level</i></p>	<p>The Committee resolved to amend the provision as proposed.</p> <p style="text-align: right;">Adopted</p>
32.	<p>Proposal</p> <p>Under clause 8 (2)</p>	<p>The republished Bill already addresses the concern.</p>	<p style="text-align: right;">Rejected</p>

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			<p>Delete the word “or” and replace with “and” to remove discretion of CECM on establishment of CHC</p> <p>Rationale</p> <p>The import is that making the existence of the committee optional denies the community the right to participate in their health. It also reduces the value of community participation which has been the basis of success of community health services. This aligns the Bill with the CHP 2020 which recognizes the CHC as an important structure in governance of CHS</p>		
33.	8(1) (e) and (h)	KNCHR	<p>Proposal</p> <p>We propose that these roles should be deleted/reassigned.</p> <p>The sub-clauses provide that the County Director for Health shall plan, co-</p>	<p>The functions are vested in the office of the county director of health who will be responsible for ensuring that the functions are carried out. This however does not mean that the CDH will be expected to carry out the tasks themselves since the office may delegate to the bureaucracy under</p>	Rejected

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		<p>ordinate and mobilize the community to participate in community dialogue and health action days; and prepare quarterly reports on activities carried out by a community health unit.</p> <p>Rationale</p> <p>These duties are not ideal to be performed at the County Director of Health (they are 'low level'). Ideally, the County Director of Health should do the overall coordination and oversight to ensure the reports are compiled in good time.</p>	<p>it. In practice the CDH takes charge and delegates using the circulars etc</p>	
34.	9	<p>Proposal</p> <p>Amend clause 9 (c) (i), (ii) and (iii) to have the specific sector or special interest group select its own representative and not the community baraza.</p>	<p>The Community health model requires that the community have ownership of its governance structure at the community level. The Community may not be best suited to nominate the representative of the community health</p>	<p>Rejected</p>

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			<p>A community health committee established under Section 9 (2), the committee shall consist of —</p> <p>(c) the following persons selected by the community in a baraza convened by the County Executive Committee member in accordance with the respective county legislation —</p> <p>(i) a woman representing women groups in that community nominated by the registered women group operating in the community with the largest membership;</p> <p>(ii) a person with disability representing persons with disabilities in that community nominated by registered group of persons with disabilities operating in the community with the largest membership;</p> <p>(iii) a representative of the youth in the community nominated by registered youth group operating in the</p>	<p>volunteers, the chief or an interreligious representative.</p> <p>The barazas are the custodians of information of the community, the community should be allowed to nominate people to serve as its community health committee.</p>
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			community with the largest membership;		
35.		AWSC	<p>Proposal</p> <p>9 (C) The County CEC should develop the strategies that ensure the plight of women and other disadvantaged groups</p>	<p>The programs suggested would be cross cutting in nature and not only in respect to community health services. They may therefore be better placed under the Health Act.</p>	Rejected
36.	9(1)(b)	KNCHR	<p>Proposal</p> <p>We propose that the National Government Administration Officers (NGAO) should be involved in the delimitation of what villages would form a community.</p> <p>Rationale</p> <p>To ensure that all community dynamics are well addressed, it is important to have the inclusion of such administrators in</p>	<p>The Bill provides-</p> <p>“community” means such number of villages as the county executive committee member in a county may demarcate as falling within a cluster for the effective delivery of community health services on the basis of population, topography and geography;</p> <p>It is therefore the intention of the sponsor to leave determination of communities to the county as the implementing authority.</p>	Rejected

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37.	9 (1) (e)	CHESOA	<p>the delimitation of the area to form a “community” for purposes of the Act.</p> <p>Proposal Delete Ward PHO and replace with Link Facility In charge</p> <p>Rationale</p> <ul style="list-style-type: none"> • This will harmonize the operations of Community Health Committee with the Facility Health Committee • PHOs are involved with enforcement and having them in the committee will bring conflict of interest given the nature of their work. • The Community Health Services Strategic Plan 2020-2025 proposes to reduce the number of CHCs from 9-13 to 5-7 members 	There is in place a structure of reporting in the health system. Therefore, the Bill seeks to ensure that reporting of community health services is connected to the continuum of community health services.	Rejected
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	38.	10	NGEC	<p>and does not recognize the role of PHOs in the CHS.</p> <p>Proposal</p> <p>The “Community health volunteer” should be renamed “community health extension worker”</p> <p>In addition, the worker should be competitively recruited and then be engaged on appropriate terms which are motivating</p> <p>Rationale</p> <p>This will ensure lower turnover especially after investing in them in terms of training.</p> <p>In addition, the functions as enumerated are quite extensive and sensitive and so they need to be well trained and rewarded commensurate to the services offered.</p>	<p>The Community health model is dependant on buy in from the community. It is therefore the policy recommendation that the volunteers be nominated by the community itself. In addition, the position is issued on voluntary terms and they are expected to have other jobs.</p> <p>By virtue of a scheme of service that is already in place, the CHEW is given the name CHO or CHA.</p>	<p>Rejected</p>
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39.		<p>CHW Coalition</p>	<p>Proposal Insert a category of persons; a county administrator responsible for the area under which a particular CHC falls under.</p> <p>Rationale This is meant to promote Health in All Policies approach- the inclusion of the administrator will provide opportunity for integration of CHS in other policy domains within a county.</p>	<p>The Clause being referred to is now clause 9. It provides A community health committee established under section 8 (2), the committee shall consist of (a) a community health volunteer selected by community health volunteers within that community health unit; (b) the Chief; (c) the following persons selected by the community in a <i>baraza</i> convened by the county executive committee member in accordance with the respective county legislation — (i) a woman representing women groups in that community;</p>	Rejected
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				<p>(ii) a person with disability representing persons with disabilities in that community;</p> <p>(iii) a representative of the youth in the community;</p> <p>(d) one person representing the inter-religious organizations in the community nominated by an inter-religious organization with the largest membership;</p> <p>(e) a ward public health officer;</p> <p>(f) a community health officer who shall be an <i>ex-officio</i> member of the committee and the secretary to the committee; and</p> <p>g) one person representing a health non-governmental organisation nominated by health non-governmental organisations that is involved in the provision of community health services within the respective community.</p>	
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			<p>The Committee may make a policy decision on this matter.</p> <p>Section 50 (3) of the County Governments Act provides the sub-county administrator shall be responsible for the coordination, management and supervision of the general administrative functions in the sub-county unit, including—</p> <ul style="list-style-type: none">(a) the development of policies and plans;(b) service delivery;(c) developmental activities to empower the community;(d) the provision and maintenance of infrastructure and facilities of public services;(e) the county public service;(f) exercise any functions and powers delegated by the County Public Service Board under section 86; and(g) facilitation and coordination of citizen participation in the development of policies and plans and delivery of services.	
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				<p>Section 51 (3) of the County Governments Act provides <i>The Ward administrator shall coordinate, manage and supervise the general administrative functions in the Ward unit, including—</i></p> <ul style="list-style-type: none"><i>(a) the development of policies and plans;</i><i>(b) service delivery;</i><i>(c) developmental activities to empower the community;</i><i>(d) the provision and maintenance of infrastructure and facilities of public services;</i><i>(e) the county public service;</i><i>(f) exercise any functions and powers delegated by the County Public Service Board under section 86; and</i><i>(g) coordination and facilitation of citizen participation in the development of policies and plans and delivery of services.</i>
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40.	10	CHW Coalition	<p>Proposal</p> <p>We recommend expunging the literacy requirement. Replace with by expanding 10 (2) (b) to read.... A member of the community with known record of commitment and role model to community service.</p> <p>Rationale</p> <p>The literacy requirement for the committee members even though being a good thing may be impractical for certain parts of the country. We also know that some of the next community servants are not literate yet give the most.</p> <p>Proposal</p> <p>We hold the view that the community should serve voluntarily just like other community committees e.g health facility management committees and school boards of management. The team</p>	<p>The Clause 10 (2) (b) being referred to is not in the republished Bill.</p> <p>Clause 10 (6) (d) being referred to is not in the republished Bill. The republished Bill does not address remuneration of committee members.</p> <p>Clause 10 (3) of the republished Bill provides—</p> <p><i>(3) A community health volunteer shall be appointed on such terms and conditions and shall be paid such a stipend as the county executive committee member, in consultation with the respective County Public Service Board and the Salaries and Remuneration Commission, shall determine.</i></p>	Rejected
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			<p>providing services is the CHVs who should be compensated.</p> <p>Rationale</p> <p>Should the committee be remunerated? No. This will make delivery of community health services too expensive and unsustainable</p> <p>Proposal</p> <p>Add a particular clause relating to the remuneration and terms and conditions for appointment of Community Health Volunteers that is ... The CHVs should be remunerated a regular stipend based on County legal framework and regulations in place.</p>		
41. 10	AWSC	Proposal 10(b)(1) The woman representative should be drawn from the local women's		Clause 10 relates to the selection of a community health volunteer. The appointment is done through a public baraza.	Rejected

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42.	11	CHW Coalition	<p>groups/organizations to ensure they articulate women's concerns and welfare of the community on issues related to Community health services</p> <p>Proposal</p> <p>Inclusion of criteria to ensure gender considerations, youth and PLWD are selected as CHVs.</p> <p>Insert as an additional eligibility requirement: willingness to provide community health services voluntarily without charging for the service.</p> <p>Rationale</p> <p>This is meant to reinforce the voluntary nature of the CHV position</p>	<p>The CHVs are nominated by the community in public baraza.</p> <p>Clause 10 (2) provides—</p> <p>(2) A person shall be eligible for selection and appointment as a community health volunteer under subsection (1) if such person —</p> <p>(a) is able to communicate in a language that can be understood by the community;</p> <p>(b) is a fit and proper person to be registered under this Act;</p> <p>(c) resides within the community; and</p>	Rejected
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	<p>Proposal</p> <p>Insert the word “successfully” immediately before “undergone</p> <p>Rationale</p> <p>This is to align the eligibility provisions with those under s22 of the CHS Bill 2020- to ensure that only those who have completed successfully the prescribed course are eligible for appointment</p>	<p>(d) meets such other criteria as the county executive committee member may, in county legislation, prescribe.</p> <p>The republished Bill does not have clause 22.</p> <p>In this regard therefore the Committee may make a policy decision on whether to insert the additional criteria.</p>	
	<p>Proposal</p> <p>Not County. The county is too diverse and Community Health Volunteers should be serving the communities they reside in. The CHVs are elected by their community members and should serve at the defined geographical area</p> <p>Rationale</p>	<p>The CHVs are supposed to serve the community they reside in (clause 19 (2)).</p> <p>The CHVs are to be paid a stipend (clause 10(3)).</p>	

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43.	11 (2)	<p>KNCHR CSOs</p>	<p>Proposal KNCHR proposes the following as an additional role for CHVs: <i>'enhance rehabilitation and integration of person with mental health conditions into the community and promote their recovery'</i></p> <p>Rationale Often, people with mental health conditions face difficulties in re-integrating into community after spending time as in-patients in mental health facilities.</p>	<p>The Committee resolved to include the additional responsibility.</p>	Adopted
44.	12(2), 12 (4) and 19 (2)	<p>CHESOA</p>	<p>Proposal Define who a public officer is in the preliminary part of the Bill</p>	<p>Good governance practices will see the county director of health delegate to only the public officers under their direct control.</p>	Rejected

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			Rationale		
45.	12 (1)	CHW Coalition	<p>Rationale</p> <p>To avoid confusion, mischief or transference</p> <p>Proposal</p> <p>Correct paragraph to ... household level (delete grassroots)</p>	<p>The republished Bill corrected the provision which is now contained in clause 11 (1)</p>	Rejected
46.	12 (2)	CHW Coalition	<p>Proposal</p> <p>(2)(f) provide appropriate health services delete advice</p> <p>(f) (iii) maternal and child health (delete postnatal care)</p> <p>(2)(i) Amend to detect and treat common health ailments and minor injuries and recommend suitable interventions to the assigned household;</p> <p>Add a provision for a community health volunteer to ...participate in quality</p>	<p>The republished Bill reworded the provision. It is now contained under clause 11 (2) (e). The Committee sought the amendment of the role of treating to ensure that task shifting does not occur. Instead the CHVs are to render only first aid and refer patients to the link facilities.</p> <p>The issue of child health is covered under subclause (2) (g) .</p>	Rejected

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		improvement activities in the community unit that promote quality service provision. Rationale		
47.	13	<p>Proposal Amend this section by replacing reference to CHW with CHV as appropriate and replace “register: with “registry”.</p>	<p>CHW Coalition</p>	<p>Rejected</p> <p>The Bill was republished and the community health worker was replaced with community health volunteer.</p>
48.	15	<p>Proposal Amend the subtitle of the section to read ‘Community health information systems’ and provide for provisions on establishment, maintenance, access and disclosure of information thereunder. Rationale This will operationalize the object of the same</p>	<p>CHW Coalition</p>	<p>Rejected</p> <p>The CHIS should be integrated into the DHIS..</p>

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49.		AWSC	<p>Proposal</p> <p>15 (2) The information published and publicized should also give a gender inclined data dimension to ensure no gender is left out in the access to the services.</p> <p>NB. There should be confidentiality of information on individual's health status</p>	<p>The report envisaged is a statistical report and does not highlight the individual's health status.</p> <p>The structure of the report is not disclosed but clause 14 provides the information that the CEC should include in publications relating to community health services.</p>	Rejected
50.	18	KNCHR	<p>Proposal</p> <p>Under clause 18 substitute 'may' with 'shall' and delete the word 'generally'. The Section should read;</p> <p><i>A county government shall enact county specific legislation for the better carrying out of the provisions of this Act</i></p> <p>Rationale</p>	<p>The Committee resolved to maintain the language in the Bill.</p>	Rejected

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51.		<p style="text-align: center;">AWSC</p>	<p>To ensure implementation of the Provisions of the Act.</p> <p>Proposal</p> <p>18(2) The Cabinet Secretary may prescribe minimum standards on partnership and coordination to ensure gender equality in reaping the benefits of community health services</p>	<p>Clause 18 relates to county legislation.</p> <p style="text-align: right;">Rejected</p>
52.	Part III	<p style="text-align: center;">KNCHR</p>	<p>Proposal</p> <p>Add PART III – Financial Provisions as follows; PART III – Financial Provisions 16 (1) The funds for financing the implementation of this Act shall consist of-</p> <p>(a) such monies appropriated by Parliament or County Assembly in each financial year for this purpose;</p>	<p>Community health services are part of health services which are generally budgeted for by the Counties. The Bill does not create a fund and therefore the financial provisions are not necessary.</p> <p style="text-align: right;">Rejected</p>

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			<p>(b) monies received in the form of donations, endowments, grants and gifts from development partners; (c) Monies received from National government as conditional or non-conditional grants (2) The County Executive Committee Member shall make regulations for the proper management of funds under subsection (1)</p> <p style="text-align: center;">Rationale</p> <p>To ensure implementation of the Provisions of the Act.</p>		
53.		<p>Mohamed Noormohamed</p>	<p>Proposal</p> <p>This bill, and the government health service as a whole should be abolished. We, the public have seen the incompetence of the government in</p>	<p>Health services should be provided by both government and private entities.</p>	<p>Rejected</p>

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			<p>managing healthcare and the inefficiency rampant in the current system. Therefore, completely abolishing government healthcare and allowing private hospitals to cater to the public would reduce the otherwise exorbitant price of current private healthcare.</p>		
54.	CHW Coalition	Proposal	<p>Provide for offences relating to provision of CHS- e.g. denial of access to households or obstruction of CHV and Community Health Officers (CHOs); failure to provide health information as requested by CHV and CHOs; providing false information to CHV and CHOs</p>	<p>Community health services should not be criminalised. The good will of the community is necessary to ensure effective provision of community health services. In addition, other laws cover the access to persons and information and that if need be, the CHVS and CHOs should request assistance from the police and other enforcement authorities.</p>	Rejected
55.	22- 28 Machakos CSOs	Proposal		<p>The participants make reference to provisions that are not in the Bill.</p>	Rejected

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			<p>The listed academic requirements are very high when focusing on CHW.</p> <p>The discipline can be handled by county government based disciplinary committees.</p> <p>Rationale</p> <p>The highest qualification for a community health worker should be a diploma in the relevant fields. This would be aligned with the current training package for Community Health Workers.</p> <p>The proposition of CHWs to be disciplined by the Public Service Commission is not valid because they are not employed by this body but by the county government. If they have their own association, and the Community</p>	<p>Volunteerism should be encouraged and obstacles should be avoided. In addition, counties such as Turkana have expressed their request to ensure that the academic requirements not be the basis upon which CHVs are recruited.</p> <p>On the other CHOs are employees of the county public service and are required to have academic qualifications prescribed by the county public service at the time of recruitment.</p>
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		Health Workers health Union, then this can apply.		
56.	13	APHOK	<p>Proposal</p> <p>The bill through Section 13 establishes that each county executive committee member shall keep and maintain a register of all community health workers working in the County. Since the CECs in most of the counties are not skilled health workers we therefore suggest that public Health Officer who are mandated to oversee preventive and Promotive health service at ward level and sub location be the one to keep the register of health workers.</p>	<p>Rejected</p> <p>The republished Bill provides for a register under clause 12. The custodian of the register is the county director of health.</p> <p>The CDH is the highest ranking technical officer in health and can delegate to their subordinates.</p>
57.	New proposals	Machakos CSOs	<p>Proposal</p>	<p>Rejected</p> <p>The Bill refers to the community health workforce. In respect to community health volunteers the Bill proposes the payment of a stipend. On the other hand CHOs are to be</p>

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		<p>The CHWs should start with a stipend of Ksh 10,000 which should increase annually.</p>	<p>employees of the county public service and therefore subject to the terms prescribed by the Boards.</p>	
58.		<p>Proposal There should be a fund set aside at the county government department of health for equipment and facilitating the Community Health Workers in the health interventions at the primary level.</p>	<p>County governments are required to mobilise resources necessary for the delivery of community health services in the respective county; (see clause 6(1) (b) The PFM has provisions on the budgeting for money.</p>	Rejected
59.		<p>Proposal The Community Health Workers Bill 2020 which is National Assembly and the community health service bill which is Senate bill should be harmonized because they conflict on who is a community health worker</p>	<p>Community Health Workers Bill 2020 (National Assembly Bill No. 30 of 2020) was read a first time on 22nd December, 2020. It will eventually be referred to the Senate for concurrence. The Committee will consider the CHW Bill from the National Assembly with keen interest when</p>	Rejected

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60.	APHOK	<p>Proposal</p> <p>There is need for the Act to categorically stipulate that all community health workers should be registered by their relevant professional bodies and they should only carry out the roles as mandated by their respective schemes of service which should not in any case overlap.</p> <p>Rationale</p> <p>Failure to do this will erode all the confidence and shall also act as a recipe of chaos in the provision of community health services.</p>	<p>before it and seek to harmonise the provisions with the CHS Bill.</p> <p>The Bill before the Committee at the material time is the republished Community Health Services Bill.</p>	<p>The Bill reviewed the category of staff who make up the community health workforce. The community health workforce in the Bill consists of community health officers and community health volunteers. Neither the CHOs nor CHVs are organized under professional bodies.</p>	Rejected
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Stakeholders

1. National Gender and Equality Commission
2. Kenya National Commission on Human Rights (KNCHR)
3. African Women Studies Centre (AWSC)
4. BIDII, Machakos County Civil Society Network-Health Forum (Young Professionals for Development (YPD), BIDII, Deaf Empowerment Network (DEK), Exodus Development Communications, Neema Charity Foundation, Vukka Arts, Kenya Red Cross Society-Machakos Branch, Matungulu Youth, Professional Partnership Services (PPS), Health Rights Advocacy Forum, Violet Mbiti Foundation, Muthetheni Child Sponsorship Programme, World Vision Kenya-Machakos Office and HENNET (Machakos CSOs)
5. Association of Public Health Officers- Kenya (APHOK)
6. Mohamed Noormohamed
7. Community Health Services and Development Officers Association (CHESOA)
8. Amref, Lwala Community Alliance, Living Goods, Medic Mobile Inc, Enai Africa, Financing Alliance for Health, Carolina for Kibera, Village Hopecore International, VSO Kenya, LVCTHEALTH, PATH, Health System Advocacy Partnership (CHW Coalition)
9. Bipolar Heroes, Goinghome.com, HoymasKenya, InstituteofLegislativeAffairs, Kenya Association for the Intellectually Handicapped, Mental 360, Mental Health Alliance Kenya, Inuka, SGBV Alliance Kisumu, Lake Region Public Benefit Organizations Network (LPN), TINADA Youth Organisation Kenya, Access to Medicines Platform, Tunawiri CBO, Medicines Transparency Alliance, ADACTA

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Community Empowerment Organization 16. Kisumu SRHR_UHC Alliance, Women for Dementia – Africa, Action for Women Empowerment & Rights Initiative, Plus Kenya, Ikuze Africa, Mentally Unsilenced (CSOs)