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THIRTEENTH PARLIAMENT | SECOND SESSION

THE SENATE

STANDING COMMITTEE ON HEALTH

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

Clerk's Chambers,
The Senate,
Parliament Buildings,
NAIROBI.

September, 2023

ABBREVIATIONS AND ACRONYMS

AMREF	-	African Medical and Research Foundation
APHOK	-	Association of Public Health Officers Kenya
CoG	-	Council of Governors
ESCR	-	Economic and Social Rights Centre- Haki jamii
HENNET	-	Health NGOs Network
KHF	-	Kenya Healthcare Federation
KMPDU	-	Kenya Medical Practitioners and Dentists Council
MOH	-	Ministry of Health
NHIF	-	National Hospital Insurance Fund
UNICEF	-	United Nations International Children's Emergency Fund

PRELIMINARIES

A. Establishment and Mandate of the Standing Committee on Health

The Standing Committee on Health is established pursuant to standing order 228 (3) and the Fourth Schedule of the Senate Standing Orders and is mandated to *consider all matters relating to medical services, public health and sanitation.*

B. Membership of the Committee

The Committee is comprised of the following Members:

- | | | | |
|----|---|---|-------------------------|
| 1. | Sen. Jackson Kiplagat Mandago, EGH, MP | - | Chairperson |
| 2. | Sen. Mariam Sheikh Omar, MP | - | Vice Chairperson |
| 3. | Sen. Erick Okong'o Mogeni, SC, M | | |
| 4. | Sen. Ledama Olekina, MP | | |
| 5. | Sen. Abdul Mohammed Haji, MP | | |
| 6. | Sen. Hamida Kibwana, MP | | |
| 7. | Sen. Joseph Nyutu Ngugi, MP | | |
| 8. | Sen. Raphael Chimera Mwinzagu, MP | | |
| 9. | Sen. Esther Anyieni Okenyuri, MP | | |

C. Functions of the Committee

Pursuant to Standing Order 228(3), the Committee functions to –

1. Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration and operations of its assigned ministries and departments;
2. Study the programme and policy objectives of its assigned ministries and departments, and the effectiveness of the implementation thereof;
3. Study and review all legislation referred to it;
4. Study, assess and analyze the success of the ministries and departments assigned to it as measured by the results obtained as compared with their stated objectives;
5. Consider the Budget Policy Statement in line with Committee's mandate;
6. Report on all appointments where the Constitution or any law requires the Senate to approve;
7. Make reports and recommendations to the Senate as often as possible, including recommendations of proposed legislation;
8. Consider reports of Commissions and Independent Offices submitted to the Senate pursuant to the provisions of Article 254 of the Constitution;

9. Examine any statements raised by Senators on a matter within its mandate; and
10. Follow up and report on the status of implementation of resolution within their mandate.

D. Government Agencies and Departments

In exercising its mandate, the Committee oversees the County Governments, the Ministry of Health and its various Semi-Autonomous Government Agencies (SAGAs).

FOREWORD BY THE CHAIRPERSON

Hon. Speaker,

The Primary Health Care Bill, 2023 (Senate Bills No. 44 of 2023) was read a First Time in the Senate on 19th September, 2023, whereupon it was referred to the Standing Committee on Health for public participation and consideration.

The principal object of this Bill is to establish a framework for the delivery of, access to and management of primary health care. The framework creates an elaborate primary healthcare network at each county and sub-county level to ensure equitable distribution of resources and health services. The Bill proposes the establishment of a Primary Healthcare Advisory Council that advises the national government and county governments on implementation of primary health care services. The Bill further establishes the County Primary Health Care Advisory Committees at the county level that are tasked to ensure the effective implementation of primary healthcare through resource mobilization, advocacy and the planning and development of primary healthcare service delivery.

Hon. Speaker,

Pursuant to the provisions of Article 118 of the Constitution and Standing Order 145 (5) of the Senate Standing Orders, the Committee proceeded to undertake public participation on the Bill. In this regard, the Committee published an advertisement in the *Daily Nation* and *Standard* newspapers on Thursday, 21st September, 2023 inviting members of the public to submit written memoranda on the Bill. The advertisement was also posted on the Parliament website and social media platforms.

In response to the advertisement and invitations, the Committee received written submissions from various stakeholders. The Committee also held a public hearing on 26th September, 2023, at the Lodwar Vocational and Training Centre, in Turkana County, at which it received oral and written submissions from stakeholders both in person and virtually.

Hon. Speaker,

Having considered the Bill and the submissions received thereon, the Committee made various observations which are set out at Chapter 3 of this Report. The Committee has also proposed several amendments with a view to addressing gaps, enriching and improving on the text, and clarifying on some of the provisions of the

Bill. These are detailed at Chapter Four of the Report, while the text of the amendments is attached as an annexure to the Report.

The Committee therefore recommends that the Senate passes the Bill, with amendments, as proposed by the Committee and contained in this Report.

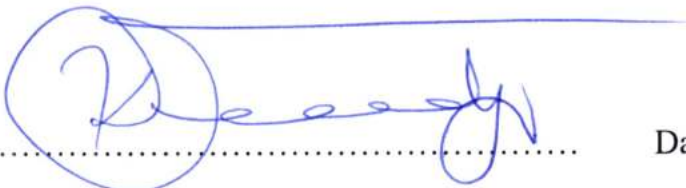
Hon. Speaker,

May I take this opportunity to commend the Members of the Committee for their devotion and commitment to duty, which made the consideration of the Bill successful.

I also wish to thank the Offices of the Speaker and the Clerk of the Senate for the support extended to the Committee in undertaking this important assignment. Lastly, I wish to thank the stakeholders who submitted written and oral memoranda which greatly aided the Committee in considering the Bill.

Hon. Speaker,

It is now my pleasant duty, pursuant to standing order 148(1) of the Senate Standing Orders, to present the Report of the Standing Committee on Health on the Primary Health Care Bill, 2023 (Senate Bills No. 44 of 2023)

Signed  Date..... 26/9/2022

**SEN. JACKSON KIPLAGAT MANDAGO, EGH, MP
CHAIRPERSON, STANDING COMMITTEE ON HEALTH**

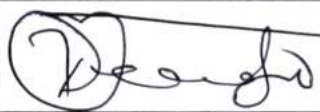






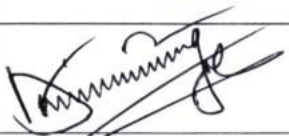

ADOPTION OF THE REPORT OF THE STANDING COMMITTEE ON HEALTH ON THE PRIMARY HEALTH CARE BILL, 2023 (SENATE BILLS NO. 44 OF 2023)

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

No	Name	Signature
1.	Sen. Jackson Kiplagat Mandago, EGH, MP (<i>Chairperson</i>)	
2.	Sen. Mariam Sheikh Omar, MP (<i>Vice Chairperson</i>)	
3.	Sen. Erick Okongo Mogeni SC, MP	
4.	Sen. Ledama Olekina, MP	
5.	Sen. Raphael Chimera Mwinzagu, MP	
6.	Sen. Joe Nyutu, MP	
7.	Sen. Abdul Mohammed Haji, MP	
8.	Sen. Hamida Ali Kibwana, MP	
9.	Sen. Esther Anyieni Okenyuri, MP	

**ADOPTION OF THE REPORT OF THE STANDING COMMITTEE ON
HEALTH ON THE PRIMARY HEALTH CARE BILL,2023 (SENATE BILLS
NO.44 OF 2023)**

We, the undersigned Members of the Senate Standing Committee on Health, do hereby
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	Name	Designation	Signature
1.	Sen. Jackson Kiplagat Mandago, EGH, MP	Chairperson	
2.	Sen. Mariam Sheikh Omar, MP	Vice- Chairperson	
3.	Sen. Erick Okong'o Mogeni, SC, MP	Member	
4.	Sen. Ledama Olekina, MP	Member	
5.	Sen. Abdul Mohammed Haji, MP	Member	
6.	Sen. Hamida Kibwana, MP	Member	
7.	Sen. Joseph Nyutu Ngugi, MP	Member	
8.	Sen. Raphael Chimera Mwinzagu, MP	Member	
9.	Sen. Esther Anyieni Okenyuri, MP	Member	

CHAPTER ONE

INTRODUCTION

Introduction

1. The Primary Healthcare Bill, 2023 (Senate Bills No. 44 of 2023) was published *vide* Kenya Gazette Supplement No. 169 of 15th September, 2023. A copy of the Bill as published has been attached to this report as *Appendix 2*.
2. It was introduced in the Senate by way of First Reading on Tuesday, 19th September, 2023, and thereafter stood committed to the Standing Committee on Health pursuant to standing order 145.
3. In compliance with the provisions of Article 118 of the Constitution and Standing Order 145 (5) of the Senate Standing Orders, the Committee proceeded to undertake public participation on the Bill. In this regard, the Committee published an advertisement in the Daily Nation and Standard newspapers on Thursday, 21st September, 2023, inviting members of the public to submit written memoranda to the Committee on the Bill.

Objects of the Bill

4. The principal object of this Bill is to establish a framework for the delivery of, access to and management of primary health care. The framework creates an elaborate primary healthcare network at each county and sub-county level to ensure equitable distribution of resources and health services.
5. The Bill proposes the establishment of a Primary Healthcare Advisory Council that advises the national government and county governments on implementation of primary health care services.
6. The Bill also establishes the County Primary Health Care Advisory Committees at the county level that are tasked to ensure the effective implementation of primary healthcare through resource mobilization, advocacy and the planning and development of primary healthcare service delivery.

Overview of the Bill

7. Part I (*Clauses 1-3*) of the Bill contains preliminary provisions.
8. Part II (*Clauses 4-7*) of the Bill contains provisions on primary health care services that are accessible at the community level and at health facilities. The

provisions mandate the county governments to facilitate the delivery of these services.

9. Part III (*Clauses 8-12*) of the Bill contains provisions establishing the primary healthcare workforce. The workforce includes community health promoters and health care providers. The provisions set out the recruitment process of community health promoters by the county government public service board and their functions and obligations.
10. Part IV (*Clause 13-20*) of the Bill contains provisions on the management of primary health care services. They provide for the roles of the National Government through the Ministry of Health, county governments and the various administrative committees and advisory councils that are established.
11. Part V (*Clause 21-23*) of the Bill contains miscellaneous provisions. They include transitional provisions, provisions on offences and penalties and on delegated powers granting the Cabinet Secretary for Health powers to make subsidiary legislation.

CHAPTER TWO

PUBLIC PARTICIPATION ON THE BILL

12. Pursuant to the provisions of Article 118 of the Constitution and Standing Order 145 (5) of the Senate Standing Orders, the Standing Committee on Health invited interested members of the public to submit submissions on the Bills.
13. An advertisement requesting for submission of memoranda from members of the public was made in the Daily Nation and Standard Newspapers on Thursday 21st September 2023. Receipt of memoranda on the Bill was closed on Sunday, 24th September, 2023.
14. Further to the above, correspondence was dispatched to targeted stakeholders requesting for submission of memoranda and inviting them to appear before the Committee as indicated below -
 - a) Government Departments/Agencies
 - Ministry of Health
 - County Government of Turkana
 - Council of Governors
 - National Health Insurance Fund
 - b) Private Sector
 - Kenya Healthcare Federation
 - Rural Private Health Association (RUPHA)
 - c) Non-Governmental Organisations
 - United Nations International Children's Emergency Fund (UNICEF)
 - African Medical and Research Foundation (AMREF)
 - Health NGOs Network (HENNET)
 - d) Faith-Based Organisations
 - Christian Health Association of Kenya (CHAK)
 - National Council of Churches of Kenya (NCCK)
15. Further to the above, in response to the call for submissions, the Committee received written memoranda from various stakeholders, namely: International Budget Partnership - Kenya (IBP-Kenya), Kenya Dental Association (KDA), Kenya Faith-Based Health Services Consortium, Kenya Environmental Health and Public Health Practitioners Union (KEH&PHPU), Kenya Association of Family Physicians (KAFFP), Association of Kenya Medical Laboratory Assessors (AKMLA), Kenya Medical Practitioners and Dentists Council (KMPDC), Think

Well Association, Haki Yetu, Haki Jamii and the Association of Public Health Officers of Kenya (APHOK).

16. A matrix with a summary of the submissions from the various stakeholders has been attached to this report as *Appendix 4*.
17. Further to the above, on 26th September, 2023, at a public hearing held at the Lodwar Vocational and Training Centre, in Turkana County, the Committee received oral submissions on the Bill from various government departments and agencies, private sector groups, development partners and faith-based organisations as indicated below:
 - a. Government Departments/Agencies
 - Ministry of Health
 - County Government of Turkana
 - Council of Governors
 - National Health Insurance Fund
 - b. Private Sector
 - Kenya Healthcare Federation
 - Rural Private Health Association (RUPHA)
 - c. Development Partners
 - United Nations International Children's Emergency Fund (UNICEF)
 - African Medical and Research Foundation (AMREF)
 - International Budget Partnership - Kenya (IBP-Kenya)
 - d. Faith-Based Organisations
 - Christian Health Association of Kenya (CHAK)
 - National Council of Churches of Kenya (NCCCK)
18. The minutes of the above meetings have been attached to this report as *Appendix 5*. In addition, a schedule of the meetings held with the aforementioned stakeholders has been attached to this report as *Appendix 6*.
19. The Committee proceeded to consider the Bill and the submissions received thereon as set out in the matrix attached to this report as *Appendix 7*.

CHAPTER THREE

COMMITTEE OBSERVATIONS

Committee Observations

20. Having considered the Bill and the submissions received thereon, the Committee made the following observations –

- a) ***Scope of services to be provided by the CHPs*** - the Committee took note of the submission that clause 5(2)(e) of the Bill appeared to provide for the mandate of CHPs to include provision of first aid and treatment of minor illnesses, as opposed to provision of first aid for treatment of minor illnesses. There was therefore a need to amend the clause by replacing the word ‘and’ with the word ‘for’, so as to clearly demarcate the scope of services that CHPs may provide.
- b) ***Responsibility for maintaining a register of CHPs*** - the Committee noted that clause 11(1) of the Bill provided for a register of CHPs in a county to be maintained by the County Director of Health, without clarifying whether the records would be maintained by the Director as an individual or by the office. The Committee therefore observed that an office was best suited to keep and maintain a register of all CHPs as opposed to an individual. Consequently, an amendment would be necessary to clarify that this responsibility was vested on the office of the County Director of Health.
- c) ***Membership of the Health Care Advisory Council*** - the Committee noted that the Bill, at clause 14(f), provided for the chairperson of the vice-chancellor’s caucus or their representatives to sit as member of the Health Care Advisory Council. At the same time, there was no provision for representation of the Kenya Medical Training College in the Council, despite its penetration across the country and key role in training for implementation of primary health care. In this regard, the Committee observed that it would be necessary to amend the Bill to have the Director, KMTC as a member of the Health Care Advisory Council in place of the chairperson of the vice-chancellor’s caucus or their representatives. This would ensure the representation of academia in the Council.

The Committee further observed that there was no representation of the health care providers or professionals in the Health Care Advisory Council, as mandated at section 48 of the Health Act of 2017. In this regard, the

Committee noted that the Bill would need to be amended to include, as a member of the Council, the Chief Executive Officer of Kenya Health Professional Oversight Authority or his representative.

On the proposal to amend clause 14(1) of the Bill to insert the words 'for Health' immediately after the words 'Cabinet Secretary', the Committee observed that clause 2 of the Bill already defined Cabinet Secretary to mean Cabinet Secretary for Health. Consequently, the proposed amendment would be unnecessary.

- d) ***Facilitation of Community Health Promoters*** - the Committee observed that clause 15(c) of the Bill provided for the allocation of adequate funds and resources necessary for the facilitation and remuneration of CHPs. The aspect of remuneration would render CHPs employees of the county governments in which case they could demand declare entitlement to become employees of the county governments. The Committee therefore noted that there was a need to amend the Bill to delete the word 'remuneration' and only provide for the facilitation of CHPs.
- e) ***Establishment and Operationalization of Community Health Units*** - the Committee noted that clause 19(1) of the Bill provided for the establishment and operationalization of community health units 'in accordance with the Community Health Policy'. This proviso was unnecessary since clause 2 of the Bill already defines what a community health unit is and, further, clause 19 (2) and (3) provide that the catchment area and number of households to be served shall be in accordance with national guidelines. Consequently, the Committee observes the need to amend clause 19(1) of the Bill to delete the said proviso.
- f) ***Membership of Community Health Committee*** - the Committee observed that clause 20(1)(c) provided for inclusion of a representative of 'special interest groups' in the membership of the Community Health Committee. This did not align with clause 2 of the Bill which contained a definition of 'vulnerable groups', to mean vulnerable groups as defined under Article 21 of the Constitution. Consequently, the Committee observed that clause 20(1)(c) ought to be amended by deleting the phrase 'special interest groups' and inserting in place thereof the phrase 'vulnerable groups'. This would promote social inclusion and ensure the provision is aligned with the definitions contained at clause 2.

The Committee further observed that the Bill provided for the members of the Committee to serve for a single term of three years. This may not be sufficient time for the committee members to implement, track, and achieve the set targets. It was also important to have some form of continuity and institutional memory during transitions from one committee to the other. The Committee therefore observed the need to amend the provision to allow for renewal of the term of committee members for a further term of three years.

- g) ***Transitional arrangements*** - the Committee observed that clause 21 of the Bill provided for transitional arrangements with regard to rights and obligations of the national and county governments, and for personnel appointed by the county public service boards under the county governments in respect of community health services to be deemed to be in the service of the county governments on the effective date. However, there was a need for the Bill to be amended to clearly provide for the absorption of existing CHVs as CHPs. This would ensure that the existing CHVs were not rendered redundant and, instead, allow seamless transition to CHPs.
- h) ***Involvement of the county governments in making of regulations*** - the Committee That clause 23 of the Bill be amended by inserting the words 'in collaboration with county governments' to read as; The Cabinet Secretary shall make regulations generally for the better carrying out of the provisions of this Act in collaboration with county governments. This is to ensure that both levels of government are involved in coming up with regulations under the Act.

CHAPTER FOUR
COMMITTEE RECOMMENDATIONS

Committee Recommendations

21. Having considered the Primary Health Care Bill, 2023 (Senate Bills No. 44 of 2023) and the submissions received thereon, the Standing Committee on Health recommends that the Senate **passes the Bill with amendments** as set out below -
- a) That clause 5(2)(e) of the Bill be amended by deleting the word ‘and’ appearing between the phrases ‘provide first aid’ and ‘treatment of minor illnesses’ and substituting in place thereof the word ‘for’.
 - b) That clause 11(1) of the Bill be amended to add ‘Office of the’ immediately before the words ‘County Director of health’.
 - c) That clause 14(f) of the Bill be amended by deleting the phrase ‘chairperson of the vice-chancellor’s caucus or their representatives’ and inserting in place thereof the phrase ‘the Director of Kenya Medical Training College or their representative’.
 - d) That clause 14 be amended by the insertion of a new paragraph (J), to read: “the Chief Executive Officer of Kenya Health Professional Oversight Authority or his representative”.
 - e) That clause 15(c) be amended to delete the word ‘remuneration’ appearing between the phrases ‘allocate adequate funds and resources necessary for the facilitation’ and ‘of Community Health Promoters’.
 - f) That clause 19(1) of the Bill be amended by deleting the words ‘in accordance with the Community Health Policy’.
 - g) That clause 20(1)(c) be amended by deleting the phrase ‘special interest groups’ and inserting in place thereof the phrase ‘vulnerable groups’.
 - h) That clause 20(3) be amended by inserting, at the end of the sentence, the words ‘and renewable once’.

- i) That clause 21 of the Bill be amended by the insertion of a new paragraph (3), to read 'all the identified existing CHVs to be absorbed as CHPs'.
- j) That clause 23 of the Bill be amended by deleting the full stop at the end and inserting in place thereof the words 'in collaboration with county governments.'

LIST OF ANNEXES

- Annex 1:* Minutes of the sittings of the Committee in considering the Bill
- Annex 2:* The Primary Health Care Bill, 2023 (Senate Bills No. 44 of 2023)
- Annex 3:* Advertisement published in the *Daily Nation* and *Standard* newspapers on Thursday, 21st September, 2023
- Annex 4:* Schedule for Consideration of the Bill
- Annex 5:* Matrix of submissions and Committee comments/ determination
- Annex 6:* Text of amendments proposed by the Committee to the Bill
- Annex 7:* Copies of submissions received on the Bill

CLAUSE 19

THAT clause 19 of the Bill be amended in subclause (1) by deleting the words “in accordance with the Kenya Community Health Policy” appearing at the end of the subclause.

CLAUSE 20

THAT clause 20 of the Bill be amended—

- (a) in subclause (1) by deleting the words “special interest” appearing immediately after the words “a representative of” in paragraph (c) and substituting therefor the word “vulnerable”; and
- (b) in subclause (3) by inserting the words “renewable once” at the end of the subclause.

CLAUSE 21

THAT clause 21 of the Bill be amended by inserting the following new subclause immediately after subclause (2)—

- (3) Despite section 9, a person appointed as a community health volunteer at the commencement of this Act shall be deemed to be appointed as a community health promoter under this Act.

CLAUSE 23

THAT clause 23 of the Bill be amended by inserting the words “in consultation with county governments” immediately after the words “Cabinet Secretary shall”.

Dated 26/09/2023, 2023.



Sen. Jackson Kiplagat Mandago,
Chairperson,
Standing Committee on Health.

26th September, 2023.

The Clerk of the Senate
Parliament Buildings
NAIROBI

RE: COMMITTEE STAGE AMENDMENTS TO THE PRIMARY HEALTH CARE BILL, 2023 (SENATE BILLS NO. 44 OF 2023)

NOTICE is given that Sen. Jackson Kiplagat Mandago, MP, the Chairperson to the Standing Committee on Health, intends to move the following amendments to the Primary Health Care Bill, 2023, Senate Bills No. 44 of 2023, at the Committee Stage—

CLAUSE 5

THAT clause 5 of the Bill be amended in subclause (2) by deleting the word “and” appearing immediately after the words “of first aid” in paragraph (e) and substituting therefor the word “for”.

CLAUSE 13

THAT clause 13 of the Bill be amended by deleting the introductory clause and substituting therefor the following new introductory clause—

The Cabinet Secretary Shall—

CLAUSE 14

THAT clause 14 of the Bill be amended in subclause (2) by-

(a) deleting paragraph (f) and substituting therefor the following paragraph—

(f) the Director of the Kenya Medical College or their representative;

(b) inserting the following new paragraph immediately after paragraph (g)—

(ga) the chief executive officer of the Kenya Health Professional Oversight Authority or their representative;

CLAUSE 15

THAT clause 15 of the Bill be amended in paragraph (c) by deleting the words “and remuneration” appearing immediately after the words “for the facilitation”.



MINUTES OF THE EIGHTY-FIRST SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON TUESDAY 19TH SEPTEMBER 2023, AT 11.00 A.M. AT ANNEX 1, KICC BUILDING

PRESENT

- | | | |
|---|---|-------------------------|
| 1. Sen. Jackson Kiplagat Mandago, EGH, MP | - | Chairperson |
| 2. Sen. Mariam Sheikh Omar, MP | - | Vice-Chairperson |
| 3. Sen. Raphael Chimera, MP | - | Member |
| 4. Sen. Hamida Kibwana, MP | - | Member |

ABSENT WITH APOLOGY

- | | | |
|--------------------------------------|---|--------|
| 1. Sen. Erick Okong'o Mogeni, SC, MP | - | Member |
| 2. Sen. Ledama Olekina, MP | - | Member |
| 3. Sen. Joseph Nyutu Ngugi, MP | - | Member |
| 4. Sen. Abdul Mohamed Haji, MP | - | Member |
| 5. Sen. Esther Anyieni Okenyuri, MP | - | Member |

SECRETARIAT

- | | | |
|-------------------------|---|-------------------|
| 1. Dr. Christine Sagini | - | Clerk Assistant |
| 2. Ms. Florence Waweru | - | Clerk Assistant |
| 3. Mr. Mitch Otoro | - | Legal Counsel |
| 4. Ms. Njeri Manga | - | Media Relations |
| 5. Ms. Annette Khayale | - | Researcher |
| 6. Ms. Brendah Wekesa | - | Researcher |
| 7. Ms. Lilian Onyari | - | Fiscal Analyst |
| 8. Mr. Ibrahim Mohammed | - | Sergeant –at-arms |

MIN/SEN/SCH/445/2023

PRELIMINARIES

The meeting was called to order at 11.20 a.m. with a word of prayer from Sen. Raphael Chimera, MP.

MIN/SEN/SCH/446/2023

ADOPTION OF THE AGENDA

The Agenda was adopted as proposed by Sen. Raphael Chimera, MP and seconded by Sen. Mariam Sheikh Omar, MP as follows;

1. Prayer;
2. Adoption of the Agenda;
3. Consideration of submissions on the Maternal, Newborn and Child Health Bill, 2023 (Senate Bills No. 17 of 2023) (*Committee Paper No. 44*);
4. Any other business;
5. Adjournment/Date of the Next Meeting.

MIN/SEN/SCH/447/2023

**CONSIDERATION OF SUBMISSIONS ON
THE MATERNAL, NEWBORN AND CHILD
HEALTH BILL, 2023 (SENATE BILLS NO.
17 OF 2023)**

That the Bill was sponsored by Sen. Beatrice Ogola, MP and was published on 5th May, 2023 which seeks to provide a framework for a coordinated system for the provision of quality maternal, newborn and child health services; provide a response to maternal and child morbidity and mortality in the country; and, to provide for a healthcare system that facilitates the attainment of health rights for mother and child.

Further that on facilitation of public participation, an advertisement requesting for submission of memoranda from members of the public was made in the Daily Nation and Standard Newspapers on Thursday 10th August, 2023 and correspondence dispatched to targeted stakeholders requesting for submission of memoranda with a deadline on Friday, 24th August, 2023.

The legal counsel took the committee through the received memoranda from;

- i. The Nairobi, Eastern and Central Budget Hub;
- ii. The Maternal and new-born Health association;
- iii. The Kiambu Working Group; and
- iv. The National Gender and Equality Commission (NGEC)

The Committee then gave its views and recommendations as illustrated below;

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
1	Maternal and Newborn Health Association	Amend the title to the bill to include "adolescents" in the name of the bill to be "Maternal, newborn child and adolescent health Bill".	There is a need to have adolescent health be prioritized in the Bill to integrate youth-friendly services and increase access to reproductive, maternal, neonatal, adolescent and child health services and commodities e.g. family planning commodities. As a result, this will help in the reduction of teenage pregnancies and maternal mortalities.	REJECTED
2	National Gender and Equality Commission	Amend the clause by inserting the definition of the term 'children' as follows— "children" for the purpose of this Act means persons of upto twelve years.	For purposes of clarification because there are a number of other relevant terms in the proposed Bill including "child", "minors" and "adolescents".	REJECTED

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
		<p>Amend the clause by inserting the definition of the term 'birth attendant' as follows— "birth attendant" includes both traditional birth attendants and professional midwives.</p>	<p>Clause 14(h) states as follows concerning functions of county governments— (h) develop and implement training programmes for skilled birth attendants in the county; The Government generally recognizes the role of traditional birth attendants and so the need to include them in the training programs.</p>	<p>ACCEPTED</p>

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
		<p>Amend the clause by inserting the definition of the term ‘intersex child’ as follows—</p> <p>“‘intersex child’ means a child with a congenital condition in which the biological sex characteristics cannot be exclusively categorised in the common binary of female or male due to inherent and mixed anatomical, hormonal, gonadal or chromosomal patterns, which could be apparent prior to, at birth, in childhood, puberty or adulthood.</p> <p>Amend the clause by inserting the definition of the term ‘vulnerable groups’ as follows—</p> <p>“‘vulnerable groups’ include members of minority or marginalised communities and members of particular ethnic, religious or cultural communities and families on the streets.</p>	<p>Interpretation lifted from the Children’s Act, 2022. The need to protect them from harmful practices by either parents or health workers.</p> <p>The proposal makes a clarification on what the term means and street families are specifically mentioned because they are a neglected group that are always omitted in panning.</p>	<p>REJECTED</p> <p>RATIONALE: the committee proposed an amendment to the definition of ‘intersex child’ in the Children’s Act. 2022. to be based only on autonomic features.</p> <p>ACCEPTED</p>

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
		<p>Amend the definition of the term 'unborn child' to state as follows—</p> <p>“foetus” means the developing young of a human being in the uterus from conception to before birth irrespective of the method of conception.</p> <p>Amend the definition of the term 'National Social Assistance Authority' by substituting it with “body responsible for social assistance”.</p>	<p>The term 'unborn child' is not applied in the Bill while reference is made to 'foetus' in clause 7.</p> <p>The National Social Assistance Authority has never been established because the Social Assistance Act has never been operationalized.</p>	<p>ACCEPTED</p> <p>REJECTED</p>

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
3	Maternal and Newborn Health Association	Amend clause 3(a) to read as follows— (a) to meet the health needs of mothers, new-borns, <u>adolescents</u> , and children.	There is a need to have adolescent health be prioritized in the Bill to integrate youth-friendly services and increase access to reproductive, maternal, neonatal, adolescent and child health services and commodities e.g. family planning commodities. As a result, this will help in the reduction of teenage pregnancies and maternal mortalities.	REJECTED
	Nairobi, Eastern and Central Budget Hub	Amend clause 3(b) to read as follows— (b) establish a coordinated and <u>well-structured</u> system for the provision of quality maternal, newborn and child health care services.	The bill is not clear on the type of structure it intends to establish. We recommend insertion of the word “well” to stress on the kind of system under proposal. We need a structured system that's not over swamped with duties.	REJECTED

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
4	Nairobi, Eastern and Central Budget Hub and Kiambu Working Group	Amend the clause to provide clarification on paragraph (c).	<p>The clause is not clear. What does sensitivity towards various cultures mean given the several socio-cultural factors leading to maternal mortality?</p> <p>Some cultures advocate for traditional birth attendants yet several studies have linked this to maternal deaths. How will the government reconcile cultural sensitivity and health?</p>	REJECTED
6	Nairobi, Eastern and Central Budget Hub and Kiambu Working Group	Amend the clause to include 'services for women in sexual & gender-based violence (SGBV) incidences'.	<p>The right to emergency care and treatment for women experiencing SGBV includes access to critical interventions to prevent HIV infection through post exposure prophylaxis (PEP), collection of evidence (rape kit), support to initiate police reporting procedures and post abortion care.</p>	REJECTED

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
7	National Gender and Equality Commission	Amend the clause by deleting paragraph 2(d).	Adoption services do not generally fit under the enumerated health services because they are premised under a different docket with its own regulatory framework.	REJECTED RATIONALE: There should be reference to the Children's Act, 2022.
	Nairobi, Eastern and Central Budget Hub and Kiambu Working Group	Amend subclause (2) to include 'provision for post-abortoral care (PAC)'. Amend subclause (2) to read as follows— (2) Where the child under subsection (1) has a <u>malformation, a disability or congenital condition</u> , the health care provider shall refer the child to a relevant medical practitioner for comprehensive assessment, diagnosis and treatment.	This ought to be part of emergency care & treatment in maternal health. The amendments will ensure that any form of malformation, and not only severe ones, shall be referred for further intervention. The proposal also introduces children born with disabilities and congenital conditions who need immediate intervention. Congenital refers to a condition or trait that exists at birth.	REJECTED
8	National Gender and Equality Commission			REJECTED

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
		<p>Amend the clause by inserting the following new subclause after subclause (2)—</p> <p>(2A) Every child born with a disability shall be registered with the National Council of Persons with Disability.</p>	<p>Registration is crucial to enable the child access necessary and essential services offered by the Council and also for purposes of data.</p>	<p>REJECTED</p>

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
		<p>Amend the clause by inserting the following new subclauses after subclause (3)—</p> <p>(3A) An intersex child shall have the right to be treated with dignity and to be accorded appropriate medical treatment, special care, education, training and consideration as a special need category in social protection services.</p> <p>(3B) A parent, caregiver, guardian or next of kin shall not conceal the identity and information regarding any intersex child.</p> <p>(3C) No person shall subject an intersex child to change or removal of an organ or subject them to intrusive and involuntary medical testing, treatment or procedure that may have negative long-term consequences.</p>	<p>The Bill has not included the rights of intersex children. The proposal will protect this category of children from discrimination, abuse and harmful cultural practice from the time of birth and to allow them to make their own decisions on the attainment of majority age.</p>	

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
	Nairobi, Eastern and Central Budget Hub and Kiambu Working Group	Review subclause (3).	The clause is not clear. How will a fair balance be struck if there's competing interests at stake i.e. those of parents/guardian who don't trust the public health, and interest of the public order?	REJECTED
9	Nairobi, Eastern and Central Budget Hub and Kiambu Working Group	Amend the clause to expand definition of a woman with special needs to include women in sexual & gender-based violence (SGBV) incidences. Amend the clause to expand definition of a woman with special needs to include women with chronic illnesses.	Timely interventions and responsiveness to reproductive health needs for women in SGBV cases. Timely interventions and responsiveness to reproductive health needs of HIV positive women. The bill has excluded HIV Positive mothers despite them having special needs.	REJECTED
13	Nairobi, Eastern and Central Budget Hub and Kiambu Working Group	Amend the clause to include, among the recipients of the report, members of the public.	For publishing and publicizing the reports.	REJECTED

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
14	National Gender and Equality Commission	Amend paragraph (e) by substituting the phrase 'National Social Assistance Authority established under the Social Assistance Act' with the phrase "body responsible for social assistance".	These reports should be published and publicized (shared with the public). The Social Assistance Act has not been operationalized.	REJECTED

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
	Nairobi, Eastern and Central Budget Hub and Kiambu Working Group	<p>Amend the clause to include the following among the roles of the CEC—</p> <p>a) develop and implement programmes for effective response to needs of mother and/or child in SGBV cases; and</p> <p>b) facilitate psycho-social support to mitigate mental health issues related to maternal, newborn and child health e.g. post-partum depression.</p> <p>Amend paragraph (1) to provide cross-departmental collaboration between health department and the agricultural department.</p>	<p>Responsiveness to factors impacting MNCH.</p>	<p>ACCEPTED</p> <p>RATIONALE: To be included under Clause 7.</p>
			-	<p>REJECTED</p>

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
		<p>Amend paragraph (l) by inserting the word “enough” to quantify ‘number’ of skilled healthcare providers, to read as follows— (m) facilitate the training of enough skilled health care providers in the county</p>	<p>The clause is commendable save that it neglects an important factor - health worker to population ratio. The ideal ratio should be 23 health workers to 10,000 Kenyans or 40 clinical officers per 100,000 Kenyans and 32 doctors per 100,000 Kenyans. The ratio should be factored in. Competent workforce calls for sufficient skilled health care providers to meet the needs and demands of the surging population.</p>	<p>REJECTED</p>
15	<p>Nairobi, Eastern and Central Budget Hub and Kiambu Working Group</p>	<p>Amend the clause to include, among the collaborations between the county executive committee member for health, the Cabinet Secretary for health and relevant stakeholder, professional associations e.g. of psychologists.</p>	<p>Bridging human resource gaps to address related issues for women with special needs that highly impact MNCH.</p>	

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
		Amend the clause to include, among the collaborations between the county executive committee member for health, the Cabinet Secretary for health and relevant stakeholder, women of reproductive age.	Harnessing views and opinions of target beneficiaries to shape implementation of MNCH	REJECTED
17	National Gender and Equality Commission	Amend the paragraph (3)(a) by substituting the phrase 'easily accessible' with the phrase "in accessible formats". Amend the paragraph (3)(b) by inserting the words "and simple" after the word 'clear'.	Accessible formats include braille or big prints for persons with print disability. A print disability is a difficulty or inability to read printed material due to a perceptual, physical or visual disability. The language may be clear but it also needs to be simple to be understood by the residents to achieve the desired purpose.	ACCEPTED REJECTED

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
		Amend the paragraph (3)(c) by substituting the phrase 'distinguishing between minors from adults' with the phrase "on age, gender, disability status, ethnicity among others".	The Bill requires disaggregated data on age but there is value for other disaggregation to help the state understand intersectionality.	REJECTED
18	Nairobi, Eastern and Central Budget Hub and Kiambu Working Group	Amend the clause to set penalties for misuse of funds/resources allocated towards provision of maternal, newborn and child health services.	It's evident that huge budgetary allocations never translate to development. What measures do we have in place to ensure this is not the case? The bill should be clear on the penalties set for misuse of funds/resources allocated towards provision of maternal, newborn and child health services.	REJECTED
21	National Gender and Equality Commission	Amend subclause (3) by substituting the phrase 'distinguish between minors from adults' with the phrase "on age, gender, disability status, ethnicity among others".	The Bill requires disaggregated data on age but there is value for other disaggregation to help the state understand intersectionality.	REJECTED

General	Maternal and Newborn Health Association	Amend the entire Bill to include adolescents in all the clauses with ‘maternal, newborn and child health’ to be “maternal, newborn, child and adolescent health”.	<p>The 2022 Kenya Demographic Health Survey (KDHS) states that Fifteen percent of women aged 15–19 have ever been pregnant; 12% have had a live birth, 1% have had a pregnancy loss, and 3% are currently pregnant. The percentage of women aged 15–19 who have ever been pregnant is highest in Samburu (50%), West Pokot (36%), Marsabit (29%), Narok (28%), Meru (24%), Homa Bay (23%), Migori (23%), Kajiado (22%), Siaya (21%), and Baringo (20%) and lowest in Nyeri and Nyandarua (5% each). KHDS 2022 further states that seventy-six percent of currently married women and 89% of sexually active unmarried women have a demand for family planning. Fourteen percent of currently married women and 19% of sexually active unmarried women have an unmet need for family planning. If all women who said they want to space or</p>
REJECTED			

			<p>limit their children were to use family planning methods, the contraceptive prevalence rate would increase from 62% to 76% among currently married women and from 70% to 89% among sexually active unmarried women. The countries with the highest unmet need for family planning are Marsabit (38%), Tana River (34%), West Pokot (30%), Samburu (29%), Siaya (27%), and Isiolo (27%). The percentage of women with four or more Antenatal care visits for their last live birth is higher in urban areas (74%) than in rural areas (62%). At the county level, the proportion of women who had four or more ANC visits for their last live birth is lowest in Garissa (31%) and highest in Nyeri (82%).</p>	
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CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
			<p>There is therefore a need to have adolescent health be prioritized in the Bill to integrate youth-friendly services and increase access to reproductive, maternal, neonatal, adolescent and child health services and commodities e.g. family and planning commodities. As a result, this will help in the reduction of teenage pregnancies and maternal mortalities.</p>	

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE DETERMINATION
	Nairobi, Eastern and Central Budget Hub and Kiambu Working Group	In support of the Bill.	<p>The Bill is progressive and timely as it seeks to create a framework for realization of the well-being of pregnant women, newborn babies and children.</p> <p>It obligates counties to put in place structures and systems that'll guarantee stakeholder involvement and collaborative approach for the improvement of maternal health services.</p>	REJECTED

		<p>Amend the Bill to take into account—</p> <ul style="list-style-type: none"> a) how the huge intra-urban differences will be addressed; b) population growth; and c) inclusion of primary beneficiaries. 	<p>The Bill is silent on—</p> <ul style="list-style-type: none"> a) how the huge intra-urban differences will be addressed as much as we appreciate the rural-urban divide that exists for most health indicators; b) population growth: by 2025 our population will be 25% more meaning the scale of solutions being proposed in the Bill should factor in population growth as it's key to acquire and use new models of data and evidence to better predict future population growth and maternal needs and to ensure the measure of expansion of services required do align with the needs of a growing population, an area the Bill hasn't comprehensively covered; and c) inclusivity of primary beneficiaries: Engagement of the target beneficiaries and whether they'll be 	
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MIN/SEN/SCH/448/2023

ANY OTHER BUSINESS


The Committee was apprised that plans were underway with regards to the committee inspection visits to Trans-nzoia and West-pokot Counties on Friday, 22nd September, 2023.

Further the meeting was informed that the Primary Health Services Bill, 2023 (Senate Bills No. 44 of 2023) and the Facility Improvement Financing Bill, 2023 (Senate Bills No. 43 of 2023) were to be introduced in the Senate by way of First Reading during the afternoon sitting therefore the Committee should ready itself to facilitate public participation and stakeholder engagements in Turkana County during the *Senate Mashinani* week running from Monday 25th Sept.-Friday 29th Sept. 2023 and further table the respective Bill reports.

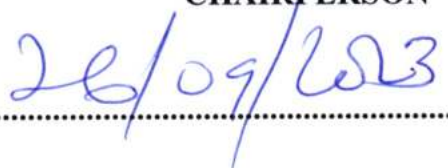
MIN/SEN/SCH/449/2023

ADJOURNMENT

There being no other business, the meeting was adjourned at 1.00 p.m. The next meeting will be on notice.

SIGNED: 

CHAIRPERSON

DATE: 

				considered as key stakeholders at the county level.	
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MINUTES OF THE EIGHTY-FIFTH SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON TUESDAY 26TH SEPTEMBER 2023, AT 2.15 P.M. AT CRADEL HOTEL CONFERENCE ROOM, TURKANA COUNTY.

PRESENT

1. Sen. Jackson Kiplagat Mandago, EGH, MP	-	Chairperson
2. Sen. Mariam Sheikh Omar, MP	-	Vice-Chairperson
3. Sen. Raphael Chimera, MP	-	Member
4. Sen. Hamida Kibwana, MP	-	Member
5. Sen. Esther Anyieni Okenyuri, MP	-	Member

ABSENT WITH APOLOGY

1. Sen. Erick Okong'o Mogeni, SC, MP	-	Member
2. Sen. Ledama Olekina, MP	-	Member
3. Sen. Joseph Nyutu Ngugi, MP	-	Member
4. Sen. Abdul Mohamed Haji, MP	-	Member

SECRETARIAT

1. Ms. Mary Chesire	-	Ag. Director, DSEC
2. Mr. Charles Munyua	-	Senior Clerk Assistant
3. Dr. Christine Sagini	-	Clerk Assistant I
4. Ms. Florence Waweru	-	Clerk Assistant
5. Mr. Mitch Otoro	-	Legal Counsel
6. Ms. Angela Kagunyi	-	Legal Counsel
7. Ms. Jirma Zainab	-	Legal Counsel
8. Ms. Brendah Wekesa	-	Researcher
9. Mr. Victor Kimani	-	Audio Officer
10. Mr. Ibrahim Mohammed	-	Sergeant –at-arms

MIN/SEN/SCH/462/2023

PRELIMINARIES

The meeting was called to order at 2.16 p.m. with a word of prayer from Sen. Raphael Chimera, MP.

MIN/SEN/SCH/463/2023

ADOPTION OF THE AGENDA

The Agenda was adopted as proposed by Sen. Esther Anyieni Okenyuri, MP and seconded by Sen. Hamida Kibwana, MP as follows;

1. Prayer;
2. Adoption of the agenda;
3. Confirmation of minutes of the sittings held on;
 - Tuesday, 19th September, 2023; and
 - Monday, 26th September, 2023 at 10.00 a.m.
4. Matters arising from previous minutes;
5. Consideration and adoption of Committee reports on-
 - a) The Primary Health Care Bill, 2023 (Senate Bills No. 44 of 2023); and
 - b) The Facility Improvement Financing Bill, 2023 (Senate Bills No. 43 of 2023)
6. Any other business
7. Adjournment/Date of the Next Meeting.

MIN/SEN/SCH/464/2023

CONFIRMATION OF MINUTES

Minutes of the following meetings were confirmed -

- a) Minutes of the 81st sitting held on Tuesday, 19th September, 2023 were confirmed to be a true record of the deliberations having been proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen. Esther Anyieni Okenyuri, MP
- b) Minutes of the 84th sitting held on Tuesday, 26th September, 2023 at 10.00 a.m. were confirmed to be a true record of the deliberations having been proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen. Raphael Chimera, MP

MIN/SEN/SCH/465/2023

MATTERS ARISING

There were no matters arising.

MIN/SEN/SCH/466/2023

**CONSIDERATION AND ADOPTION OF
COMMITTEE REPORTS**

Members having gone through the Bills' matrix highlighting the committee observations, recommendations and committee amendments the following reports were proposed and seconded as below;

- a) Committee report on the Facility Improvement Financing Bill, 2023(Senate Bills No. 43 of 2023) proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen. Hamida Kibwana, MP.
- b) Committee report on the Primary Health Care Bill, 2023 (Senate Bills No. 44 of 2023)- proposed by Sen. Raphael Chimera, MP and seconded by Sen. Esther Anyieni Okenyuri, MP

MIN/SEN/SCH/467/2023

ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCH/468/2023

ADJOURNMENT

There being no other business, the meeting was adjourned at 2.30 p.m. The next meeting will be held on notice.

SIGNED:

CHAIRPERSON

DATE:



MINUTES OF THE EIGHTY-FOURTH SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON TUESDAY 26TH SEPTEMBER 2023, AT 10.00 A.M. AT LODWAR TECHNICAL INSTITUTE, HALL 2, TURKANA COUNTY.

PRESENT

- | | | |
|---|---|-------------------------|
| 1. Sen. Jackson Kiplagat Mandago, EGH, MP | - | Chairperson |
| 2. Sen. Mariam Sheikh Omar, MP | - | Vice-Chairperson |
| 3. Sen. Raphael Chimera, MP | - | Member |
| 4. Sen. Joseph Nyutu Ngugi, MP | - | Member |
| 5. Sen. Hamida Kibwana, MP | - | Member |
| 6. Sen. Esther Anyieni Okenyuri, MP | - | Member |

ABSENT WITH APOLOGY

- | | | |
|--------------------------------------|---|--------|
| 1. Sen. Erick Okong'o Mogeni, SC, MP | - | Member |
| 2. Sen. Ledama Olekina, MP | - | Member |
| 3. Sen. Abdul Mohamed Haji, MP | - | Member |

SECRETARIAT

- | | | |
|-------------------------|---|-------------------|
| 1. Ms. Florence Waweru | - | Clerk Assistant |
| 2. Mr. Andrew Nyairo | - | Legal Counsel |
| 3. Ms. Njeri Manga | - | Media Relations |
| 4. Ms. Brendah Wekesa | - | Researcher |
| 5. Ms. Gladys Chombo | - | Protocol Officer |
| 6. Mr. Victor Kimani | - | Audio Officer |
| 7. Mr. Ibrahim Mohammed | - | Sergeant –at-arms |

INATTENDANCE

- | | | |
|----------------------|---|-----------------------------------|
| 1. Mr. Patrick Chege | - | Social Policy Specialist |
| 2. Dr. Brenda Obondo | - | CEO, Kenya Healthcare Federation. |
| 3. Dr. Mutakha Kangu | - | ICR, Expert |

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| 4. Mr. Issac Ndwiga | - | Amref Official |
| 5. Mr. Francis Kidaka | - | UNICEF, Official |
| 6. Ms. Jane Malala | - | UNICEF, Official |
| 7. Mr. Apalia Anthony | - | CECM, Health, Turkana County |

Online participants (Ministry of Health, NHIF, Council of Governors, International Budget Partnership Group and Rural Private Hospitals Association.

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|---------------------------|-------------------------|
| 8. Mr. Rose Njirian | 18. Ms. Eva Khamisi |
| 9. Mr. Ruth Makallah | 19. Mr. Abdi Mohammed |
| 10. Ms. Terry Rotich | 20. Mr. Daniel Mwai |
| 11. Ms. Halima | 21. Dr. Salim Hussein |
| 12. Dr. Thurania Kaugiria | 22. Dr. Rachel monyocho |
| 13. Dr. Patrick Amoth | 23. Mr. Gerald Bitok |
| 14. Ms. Edith Nanini | 24. Ms. Joy Kuisa |
| 15. Dr. Kuhora | 25. Mr. David Igecha |
| 16. Ms. Moraa | 26. Mr. Brian Lishenga |
| 17. Ms. Halima | |

MIN/SEN/SCH/456/2023

PRELIMINARIES

The meeting was called to order at 10.30 a.m. with a word of prayer from Sen. Joseph Nyutu Ngugi, MP

MIN/SEN/SCH/457/2023

ADOPTION OF THE AGENDA

The Agenda was adopted as proposed by Sen. Hamida Kibwana, MP and seconded by Sen. Esther Anyieni Okenyuri, MP as follows;

1. Prayer;
2. Adoption of the Agenda;
3. Consideration of memoranda of Facility Improvement Fund Bill, 2023, and the Primary Healthcare Bill, 2023 (Committee Paper No. 45);
4. Submission of memoranda on the Primary Healthcare Bill, 2023 and the Facilities Improvement Fund Bill, 2023 by-

- a) Ministry of Health;
 - b) Council of Governors;
 - c) National Hospital Insurance Fund;
 - d) Kenya Healthcare Federation;
 - e) Rural Private Hospitals Association (RUPHA);
 - f) UNICEF;
 - g) AMREF Kenya;
 - h) IBP – Kenya;
 - i) CHAK; and
 - J) NCKK
5. Any other business;
6. Adjournment/Date of the Next Meeting.

MIN/SEN/SCH/458/2023

CONSIDERATION OF MEMORANDA OF FACILITY IMPROVEMENT FUND BILL, 2023, AND THE PRIMARY HEALTHCARE BILL, 2023 (COMMITTEE PAPER NO. 45)

The Chairperson opened the meeting with a note of appreciation and highlighting the importance of the Bills before the committee in the achievement of the National Government legislative agenda on Universal Health coverage. This was followed a round of introductions for all present. Notably present was the Committee on Health, of the County Assembly of Turkana.

The Chairperson noted that correspondence had been dispatched to targeted stakeholders requesting for submission of memoranda and inviting them to appear before the Committee as indicated below -

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| <ul style="list-style-type: none"> a) Government Departments/Agencies <ul style="list-style-type: none"> - Ministry of Health - Council of Governors - National Health Insurance Fund b) Private Sector <ul style="list-style-type: none"> - Kenya Healthcare Federation - Rural Private Health Association (RUPHA) | <ul style="list-style-type: none"> c) Non-Governmental Organisations <ul style="list-style-type: none"> - UNICEF - AMREF - HENNET - IBP-Kenya d) Faith-Based Organisations <ul style="list-style-type: none"> - CHAK - NCKK |
|--|---|

And further that the Committee had received submissions from the below indicated stakeholders-

- | | |
|---|---|
| <ul style="list-style-type: none"> a) CHAK b) RUPHA c) IBP - Kenya d) Kenya Dental Association e) Kenya Faith-Based Health Services Consortium (KCCB, CHAK, MEDS & SUPKEM) | <ul style="list-style-type: none"> f) Kenya Environmental Health and Public Health Practitioners Union (KEH&PHPU) g) Kenya Association of Family Physicians h) Association of Kenya Medical Laboratory Assessors |
|---|---|

- i) NGOs' Network (HENNET)
- j) The Kenya Medical Practitioners and Dentists Council (KMPDC);
- k) Think Well Association;
- l) Kenya Healthcare Federation;
- m) UNICEF Kenya;
- n) AMREF Health Africa in Kenya;
- o) Haki Yetu;
- p) Haki Jamii; and
- q) Association of Public Health Officers Kenya (APHOK);
- r) Ministry of Health
- s) Kenya Union of Clinical Officers

MIN/SEN/SCH/459/2023

SUBMISSION OF MEMORANDA ON THE PRIMARY HEALTHCARE BILL, 2023 AND THE FACILITIES IMPROVEMENT FUND BILL, 2023 (submissions attached)

The Chairperson opened the session for submission of memoranda. The Committee received memoranda from the stakeholders present on both the Bills, and deliberated on the submissions made as per the attached matrix.

MIN/SEN/SCH/460/2023

ANY OTHER BUSINESS

The Chairperson thanked all stakeholders present, noting time constraints due to the Plenary sitting that was to be held at 2.30 pm. Some submissions were not presented orally. Nonetheless the written submissions were noted and matrixed.

MIN/SEN/SCH/461/2023

ADJOURNMENT

There being no other business, the meeting was adjourned at 2.00 p.m. The next meeting will be held on Tuesday, 26th Sept. 2023 at 2.15pm.

SIGNED:

CHAIRPERSON

DATE: