#### REPUBLIC OF KENYA



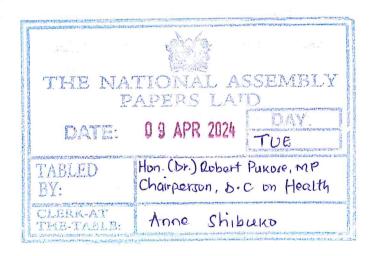


# NATIONAL ASSEMBLY

# THIRTEENTH PARLIAMENT – THIRD SESSION – 2024 DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON:

CONSIDERATION OF THE COMMUNITY HEALTH WORKERS BILL, 2022 (NATIONAL ASSEMBLY BILL NO. 53 OF 2022)



CLERK'S CHAMBERS DIRECTORATE OF COMMITTEE SERVICES PARLIAMENT BUILDINGS NAIROBI

**MARCH**, 2024

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#### LIST OF ABBREVIATIONS AND ACRONYMS

ACHVO-K - Advocates for Community Health Volunteers of Kenya
- Association of Kenya Medical Laboratory Scientific Officers

APHRC - African Population Health Research Center

AWSRC -The University of Nairobi, African Women Studies Research Centre
CHESOA - The Community Health Services and Development Officers Association

CHV - Community Health Volunteers
CHP - Community Health Promoters
CHW - Community Health Workers

**COG** - Council of Governors

**CWR** - County Women Representative

**EAC** - East Africa Community

**HQ** - Head Quarter

KANU - Kenya African National Union
 KLRC - Kenya Law Reform Commission
 KMTC - Kenya Medical Training College
 LSK - The Law Society of Kenya

MOH - Ministry of Health

MP - Member of Parliament

NGO - Non- Governmental Organization
NNAK - National Nurses Association of Kenya

ODM - Orange Democratic Movement

OAG and DOJ - Office of the Attorney General and Department of Justice

PhD - Doctor of philosophy

PHOTC - Public Health Officers and Technicians Council

**SOCHE** - Society of Community Health Caregivers

UDA - United Democratic Alliance

#### CHAIRPERSON'S FOREWORD

This report contains proceedings of the Departmental Committee on Health on its consideration of the Community Health Workers Bill, 2022 (National Assembly Bill No. 53 of 2022) by Hon. Martin Peters Owino, MP which was published on 26th October 2022. The Bill was read the First Time in the House on Wednesday, 14th June, 2023 and thereafter committed to the Departmental Committee on Health for consideration and reporting to the House pursuant to the provisions of Standing Order 127.

The principal objective of the Bill is to provide a framework for the regulation of community health workers. The First Schedule of the Health Act, Cap. 241 recognizes community health services at level 1 managed by community health extension workers, most of the community health workers are volunteers who are sometimes paid allowances. The proposed legal framework will therefore redress this as their recognition and regulation will allow them to be entrenched in the government just like other professionals.

Following the placement of an advertisement in the print media on Thursday, 22nd June, 2023 seeking public and stakeholder views on the Bill pursuant to Article 118(1) (b) of the Constitution and Standing Order 127(3), the Committee received submissions from fourteen (14) stakeholders including; The Ministry of Health (MOH) State Department for Medical Services, the Council of Governors (COG), the National Nurses Association of Kenya (NNAK), the Public Health Officers and Technicians Council (PHOTC), the Association of Kenya Medical Laboratory Scientific Officers (AKMLSO), the Advocates for Community Health Volunteers of Kenya (ACHVO-K) vide memorandum dated 4th July 2023, the Society of Community Health Caregivers (SOCHE) and Ms. Gloria Chepngeno Langat (PhD), a Research Scientist based at the Africa Population and Health Research Center (APHRC), the Office of the Attorney General and Department of Justice (OAG and DOJ), the Kenya Law Reform Commission (KLRC), the Law Society of Kenya (LSK), the University of Nairobi, African Women Studies Research Centre (AWSRC), the Community Health Services and Development Officers Association (CHESOA) and the Coalition of Community Health Partners vide a joint memorandum submitted by AMREF Health Africa, Lwala Community Alliance, Living Goods, Financing Alliance for Health and LVCT Health

The Committee also engaged various stakeholders including the Office of the Attorney-General and the Ministry of Health to make submissions on the Bill. The meeting was held on Tuesday, 18th July, 2023 at the 2nd Floor Boardroom, Continental House, Parliament Buildings.

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

On behalf of the Departmental Committee on Health and pursuant to the provisions of Standing Order 199 (6), it is my pleasant privilege and honour to present to this House the Report of the Committee on its consideration of the Community Health Workers Bill, 2022, National Assembly Bill No. 53 of 2022.

It is my pleasure to report that the Committee has considered the Community Health Workers Bill, 2022, National Assembly Bill No. 53 of 2022 and has the honour to report back to the National Assembly with the recommendation that the Bill be approved with amendments as reported by the Committee.

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

#### CHAPTER ONE

#### 1.0 PREFACE

#### 1.1 ESTABLISHMENT AND MANDATE OF THE COMMITTEE

- 1. The Departmental Committee on Health is established pursuant to the provisions of Standing Order 216 of the National Assembly Standing Orders and in line with Article 124 of the Constitution which provides for the establishment of the Committees by Parliament. The mandate and functions of the Committee include:
  - a) To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned ministries and departments;
  - b) To study the programme and policy objectives of ministries and departments and the effectiveness of the implementation;
  - ba) on a quarterly basis, monitor and report on the implementation of the national budget in respect of its mandate;
  - c) To study and review all legislation referred to it;
  - d) To study, assess and analyse the relative success of the ministries and departments as measured by the results obtained as compared with their stated objectives;
  - e) To investigate and inquire into all matters relating to the assigned ministries and departments as they may deem necessary, and as may be referred to them by the House;
  - f) Vet and report on all appointments where the constitution or any other law requires the national Assembly to approve, except those understanding Order 204 (Committee on appointments);
  - g) To examine treaties, agreements and conventions;
  - h) To make reports and recommendations to the House as often as possible, including recommendation of proposed legislation;
  - i) To consider reports of Commissions and Independent Offices submitted to the House pursuant to the provisions of Article 254 of the Constitution; and
  - i) To examine any questions raised by Members on a matter within its mandate.
- 2. In accordance with the Second Schedule of the Standing Orders, the Committee is mandated to consider matters related to health, medical care and health insurance including universal health coverage.
- 3. In executing its mandate, the Committee oversights the Ministry of Health with its two State Departments namely the State Department for Medical Services and the State Department for Public Health and Professional Standards.

#### 1.2 COMMITTEE MEMBERSHIP

2. The Departmental Committee on Health was constituted by the House on 27<sup>th</sup> October 2022 and comprises of the following Members:

Chairperson

**UDA Party** 

Hon. (Dr.) Robert Pukose, MP

**Endebes Constituency** 

Vice-Chairperson

Hon. Ntwiga, Patrick Munene MP

Chuka/Igambang'ombe Constituency

**UDA Party** 

Hon. Owino Martin Peters, MP

Ndhiwa Constituency

**ODM Party** 

Hon. Muge Cynthia Jepkosgei, MP

Nandi (CWR)

**UDA Party** 

Hon. Wanyonyi Martin Pepela, MP

Webuye East Constituency

Ford Kenya Party

Hon. Kipngok Reuben Kiborek, MP

Mogotio Constituency

**UDA Party** 

Hon. (Dr.) Nyikal James Wambura, MP

Seme Constituency

**ODM Party** 

Hon. Kibagendi Antoney, MP

Kitutu Chache South Constituency

**ODM Party** 

Hon. Julius Ole Sunkuli Lekakeny, MP

Kilgoris Constituency

KANU

Hon. Maingi Mary, MP Mwea Constituency

**UDA Party** 

Hon. Mathenge Duncan Maina, MP

Nyeri Town Constituency

**UDA Party** 

Hon. Lenguris Pauline, MP

Samburu (CWR)

**UDA Party** 

Hon. Oron Joshua Odongo, MP

Kisumu Central Constituency

**ODM Party** 

Hon. (Prof.) Jaldesa GuyoWaqo, MP

Moyale Constituency

**UPIA Party** 

Hon. Mukhwana Titus Khamala, MP

Lurambi Constituency

**ODM Party** 

# 1.3 COMMITTEE SECRETARIAT

5. The Committee is supported by the following secretariat:

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

Ms. Gladys Jepkoech Kiprotich Clerk Assistant III

Ms. Marlene Ayiro Principal Legal Counsel II

Ms. Faith Chepkemoi Legal Counsel II

Ms. Rahab Chepkilim **Audio Recording Officer II** 

Mr. Hiram Kimuhu Fiscal Analyst III

Angela Cheror **Public Communication Officer III** 

Mr. Hillary Mageka Media Relations Officer

Ms. Abigael Muinde Research Officer III

Ms. Sheila Chebotibin Senior Serjeant-At-Arms

Mr. Eric Lungai Hansard Officer III

#### **CHAPTER TWO**

# 2.0 COMMUNITY HEALTH WORKERS BILL, 2022 (NATIONAL ASSEMBLY BILL NO. 53 OF 2022)

- 6. The Community Health Workers Bill, 2022, National Assembly Bill No. 53 of 2022 (hereinafter referred to as "the Bill") seeks to provide a framework for the regulation of community health workers. Community health workers are important as they are the health personnel who deal directly with the community as they are familiar with the homesteads in their areas of residence as well as the language of the people. Community health workers will assist in preventive care as, through going door to door, they will know the people in need of various health care services.
- 7. Despite the fact that the First Schedule of the Health Act, Cap. 241 recognizes community health services at level 1 managed by community health extension workers, most of the community health workers are volunteers who are sometimes paid allowances. The proposed legal framework will therefore redress this as their recognition and regulation will allow them to be entrenched in the government just like other professionals.
- 8. The Bill contains seven parts (7).
- 9. PART I (Clause 1-2) of the Bill contains the preliminary provisions on the short title and interpretation. Clause 2 defines a "community health worker" to mean a person who—
  - (a) resides in a particular community health unit;
  - (b) is selected by the members of that community health unit;
  - (c) undergoes a prescribed course of training in a training institution, is a holder of a certificate issued by that institution and is registered under the Act; and
  - (d) after the prescribed training, continues to reside in that community health unit while offering services to that community health unit.

A community health unit on the other hand is defined to mean "a health service delivery structure within a defined geographical area covering a population of approximately five thousand people".

- 10. PART II (Clause 3-16) of the Bill establishes the Community Health Workers Council with its headquarters in Nairobi. The Part also provides for the Council's:
  - (a) composition and qualifications for appointment as a Council member-the Board shall comprise of nine (9) members including the Director General of Health, the Head of Primary Health care in the Ministry of Health, the Director of Education, a person from an non-governmental Organization (NGO) in the health sector nominated by the NGO Coordination Board, a registered community health nurse nominated by the Nursing Council of Kenya, a lecturer in community health from the community health department nominated by the Kenya Medical Training College (KMTC), two community health workers nominated by the Council of Governors (COG) and the Cabinet secretary for the Ministry of Health (MOH) and a Registrar.

- (b) functions (clause 5)-the main function of the Council is the regulation of community health workers through setting of qualifications and professional standards and providing advice to the Cabinet Secretary and county governments on community health matters.
- (c) powers (clause 9).
- 11. PART III (Clause 17-25) of the Bill provides for the registration and training of community health workers.

The Bill provides for the:

- (a) appointment of a Registrar by the Council on such terms and conditions of employment as the Council may determine, the qualifications for appointment as Registrar and the functions of the Registrar; and
- (b) establishment and management of a register of community health workers and the procedure for the registration of community health workers.
- 12. PART IV (Clause 26-28) of the Bill establishes the Community Health Workers Disciplinary Committee to handle disciplinary matters involving community health workers. The Committee comprises of a chairperson, a representative of the Cabinet Secretary, an advocate of ten years' experience and two community health workers nominated by the Public Service Commission and Council of Governor (COG). The Registrar shall be the Secretary of this Committee.
- 13. PART V (Clause 29-33) of the Bill provides for financial provisions. It sets out the sources of funds of the Council, the preparation of annual estimates, preparation of annual reports, accounts and audit. The sources of funding of the Council includes appropriations by the National Assembly, monies accruing in the course of the performance of its functions, gifts, grants or donations given to the Council among others.
- 14. PART VI (Clause 34) of the Bill provides for delegated legislation. The Council may make Regulations under the proposed law on various matters including fees payable and prescribed forms under the Act, attendance of witnesses and production of documents to the Council and standards among others.
- 15. PART VII (Clause 35) of the Bill provides for transitional provisions. Twelve (12) months after the enactment of the Bill, all persons performing the functions of a community health worker and who have not undertaken the prescribed courses, shall undertake the prescribed courses.
- 16. First Schedule-contains provisions on the conduct of business and affairs of the Board in terms of meetings, quorum, voting, minutes and disclosure of interest among others.
- 17. **Second Schedule**-sets out the prescribed courses for community health workers namely Certificates in Community Health, Psychology, Counselling, Social Work, Community HIV Counselling and Testing, Immunization, Community Development, Health Education or its equivalent from a recognized institution.

#### **CHAPTER THREE**

#### 3.0 CONSIDERATION OF THE BILL BY THE COMMITTEE

#### 3.1 LEGAL PROVISION ON PUBLIC PARTICIPATION

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

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

19. Standing Order 127(3) provides that—

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

- (a) inviting submission of memoranda;
- (b) holding public hearings;
- (c) consulting relevant stakeholders in a sector; and
- (d) consulting experts on technical subjects.
- 20. Standing Order127(3A) further provides that—

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

# 3.2 PUBLIC PARTICIPATION IN THE REVIEW OF THE BILL

- 21. The Community Health Workers Bill, 2022 sponsored by Hon. Martin Peters Owino, a member of the Health Committee was published on 26<sup>th</sup> October 2022. Pursuant to Standing Order 127(1), the Bill was referred to the Departmental Committee on Health having been read the First Time in the House on 14<sup>th</sup> June 2023.
- 22. Pursuant to the aforementioned provisions of the Constitution and Standing Orders on public participation, the Committee, through local daily newspapers (Nation and Standard) of Thursday, 22<sup>nd</sup> June 2023, published an advertisement inviting the public to submit memoranda on the Bill.
- 23. The Committee also sought comments on the Bill from relevant stakeholders namely the Ministry of Health, the Office of the Attorney General and the Kenya Law Reform Commission vide letter dated 11<sup>th</sup> July 2023.
- 24. Further, vide a letter dated 11<sup>th</sup> July 2023 the Committee invited various stakeholders including the Office of the Attorney-General and the Ministry of Health to make submissions on the Bill. The meeting was held on Tuesday, 18<sup>th</sup> July, 2023 at the 2<sup>nd</sup> Floor Boardroom, Continental House, Parliament Buildings.

#### 3.2.1 SUBMISSIONS ON THE BILL

- 25. The Committee received submissions through oral presentations and written memoranda from the following institutions:
  - 1. The Ministry of Health (MOH) State Department for Medical Services vide letter dated 31st July 2023;
  - 2. The Council of Governors (COG) vide letter dated 17th February 2023;
  - 3. The National Nurses Association of Kenya (NNAK) vide letter dated 4th July 2023;
  - 4. The Public Health Officers and Technicians Council (PHOTC) vide letter dated 4<sup>th</sup> July 2023;
  - 5. The Association of Kenya Medical Laboratory Scientific Officers (AKMLSO) vide letter dated 4<sup>th</sup> July 2023;
  - 6. The Advocates for Community Health Volunteers of Kenya (ACHVO-K) vide memorandum dated 4<sup>th</sup> July 2023;
  - 7. The Society of Community Health Caregivers (SOCHE) vide memorandum received on 3<sup>rd</sup> July 2023; and
  - 8. Ms. Gloria Chepngeno Langat (PhD), a Research Scientist based at the Africa Population and Health Research Center (APHRC) vide letter received on 5<sup>th</sup> July 2023;
  - 9. The Office of the Attorney General and Department of Justice (OAG and DOJ) vide memorandum dated 17<sup>th</sup> July 2023;
  - 10. The Kenya Law Reform Commission (KLRC);
  - 11. The Law Society of Kenya (LSK)
  - 12. The University of Nairobi, African Women Studies Research Centre (AWSRC) vide memorandum dated 5<sup>th</sup> July 2023;
  - 13. The Community Health Services and Development Officers Association (CHESOA) vide memorandum dated 5<sup>th</sup> July 2023; and
  - 14. The Coalition of Community Health Partners vide a joint memorandum submitted by AMREF Health Africa, Lwala Community Alliance, Living Goods, Financing Alliance for Health and LVCT Health

- 26. The Ministry of Health (MOH) State Department for Medical Services submitted as follows:
  - a) Regarding the definition of community health workers, in clause 2, MOH noted that CHWs are members of the community where they work. They should be answerable to and be selected by the communities. The Ministry indicated that CHWs are known by different names worldwide. In Kenya, they are known as CHPs and that the umbrella term CHW embraces a variety of community health aides selected, trained and working in the communities from which they come from.

The committee noted the proposal and adopted the term "Community Health Promoters"

Justification: In line with the Primary Health Care Act, No. 13 of 2023.

b) CHWs should be supported by the health system but not be a part of its organization. Their training should be shorter than that of professional workers.

The committee adopted the term "Community Health Promoters" Justification: In line with the Primary Health Care Act, No. 13 of 2023.

c) The Council defined in clause 2 is ill placed to advise the Cabinet Secretary on matters of community health. Delivery of community health is the responsibility of counties. The Ministry indicated that it is better for the Cabinet Secretary to receive advice from the technical department in charge of Community Health Services at the Ministry.

The committee rejected the proposal.

Justification: The Bill proposes that the Council will regulate both the profession and the practice of community health promoters.

d) The Ministry indicated in Part II that the functions of CHWs are clearly outlined in the Kenya Community Health Policy and the issues raised in the Bill can be addressed through schemes of service/ career progression framework and other subsidiary regulations and do not require an Act of Parliament.

The committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/promoters.

e) The Ministry in clause 5, submitted that the Council is ill placed to advise the Cabinet Secretary on matters of community health as proposed. It indicated that the delivery of community health is the responsibility of counties and that the technical department in charge of Community Health Services at the Ministry is best placed to advise the Cabinet Secretary.

The committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. The Council further amended to provide for representation of the county governments through the addition of a

Chief Officers of Health who shall be nominated by the Council of Governors to represent the interest of counties.

f) The Ministry submitted that clause 29 on funds of the Council will be costly for CHPs who are only paid a stipend as they will be required to pay an annual fee and additional exchequer financing is required to legislate workers who do not require this law.

The committee noted the proposal and submitted that the Bill seeks to establish a Council to regulate the practice and the profession of community health workers/promoters. Fees for services rendered and monies from the exchequer are necessary to ensure that the effectiveness of the Council.

g) The Ministry submitted that in Part IV of the Bill there is no need to establish a disciplinary committee as CHPs are supervised by healthcare providers who are regulated under the Health Act, Cap. 241. CHWs/ CHPs are not a formal cadre as they are selected by the community and work on the basis of volunteerism for the good of their community (ubuntu).

The Committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Community health promoters are an important part of the health personnel who deal directly with the communities.

h) The Ministry stated that in Part vii the courses prescribed are already regulated and that the courses alluded to in the Second Schedule are already regulated by other bodies such as the Public Health Officers Council, the Nursing Council among others

The Committee noted the proposal and indicated that the prescribed courses in the Second Schedule are necessary for purposes of uniformity in the quality of care provided by community health promoters.

i) The MOH further indicated that it does not support the Bill and recommended its withdrawal. The Bill impedes the implementation of community health services as it focuses on establishing a Council for a few professionals in community health and yet the field of community health involves a variety of players from lay health workers, diverse health professionals and multi-sectoral actors. Establishing the Council will further be costly for CHPs as they will have to contribute annual subscriptions for renewal of licenses even though they are not formal employees and are paid a stipend and not a salary.

The Committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/promoters.

27. The Council of Governors (COG) submitted as follows:

That clause 2 the Bill to clearly delineate and define the category of Community Health Workers that it refers to. The current definition of "community health workers" causes confusion as there are several categories of workers namely community health promoters/volunteers (who are not recognized), community health assistants (who are recognized but unregulated and are trained in community health for two years at KMTC and supervise community health promoters) and community health extension workers (who are recognized and regulated by various regulators, undertake four months training in community health and supervise community health volunteers). The COG indicated that recognition of community health promoters/volunteers will bring about industrial expectations.

# The committee adopted the proposal.

b) That there is no need to establish the Community Health Workers Council as community health workers can be regulated without creation of new institutions. Cadre-based regulators should be discouraged as it leads to fragmentation and disharmony in the health sector. It indicated that there are several other unregulated cadres in heath and enactment of the Bill will lead to the undesirable cadre-based regulation. The Bill is also burdensome to Kenyans as the regulations proposed in the Bill will be financed using public money.

# The committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Community health promoters are an important part of the health personnel who deal directly with the communities)

c) The Council of Governors (COG) proposed that the entire part III be deleted and the Ministry of Health to provide a framework for regulation of CHWs as envisaged under the Health Act, Cap. 241 which will discourage cadre-based registration and regulation

#### The committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters.

d) The COG recommended that the Bill be withdrawn as it will create more confusion, fragmentation and disharmony in the health sector. The MOH to provide a framework for a unified health system and coordinate the inter-relationship between the national and county government health systems as envisioned under the Health Act, Cap. 241 so as to prevent cadre-based regulators

The Committee noted the proposal and indicated that the Bill seeks to establish a Council to regulate the practice and the profession of community health workers/promoters. Community health promoters are an important part of the health personnel who deal directly with the communities.

e) The COG further proposed that the Council will result in double registration and regulation of community health extension workers who already identify with specific regulators. There are other players in the community health space such as public health technicians, pharmaceutical technologists, nurses, laboratory workers and public health technicians who all work in the community.

The Committee noted the proposal and indicated that the Bill seeks to establish a Council to regulate the practice and the profession of community health workers/promoters. Community health promoters are an important part of the health personnel who deal directly with the communities)

# 28. The National Nurses Association of Kenya (NNAK) submitted as follows:

a) The National Nurses Association of Kenya proposed the deletion of part I and indicated that the CEC is a political position that may lead to hiring of cheap labour at the expense of professionals.

The committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters)

- b) The Association proposed the deletion of the entire Part II and indicated that;
  - i. There is no need for a statute as the issues in the Bill can be addressed through schemes of service and other subsidiary legislation.
  - ii. There is no need for a CHWs Council. The Senate Bill provides that the County Health Committee shall regulate CHWs.
  - iii. The establishment of the Council causes an unnecessary burden in relation to human resource and duplication of roles.
  - iv. The Community Health Unit should be linked to a healthcare facility or public health officer.

The Committee rejected the proposal on deletion of the entire Part II.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters. Community health promoters are an important part of the health personnel who deal directly with the communities.

c) The Association proposed the deletion of the words "Cabinet Secretary and" in regulation 5(g) and indicated the Community health is the responsibility of counties and the county community health structure coordinated by the Division of Community Health to advise the Cabinet Secretary.

The Committee rejected the proposal.

Justification: The Council being a regulator will advise the national government on matters of the practice of community health promoters.

d) The Association proposed the deletion of the reference to community health worker in clause 6 as it makes reference to a non-existent cadre.

The committee rejected the proposal.

Justification: It adopts the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

e) The Association proposed the deletion of the entire part V as establishing a Council introduces an unnecessary functional crisis and additional financial burden to the government as the Council's functions can be performed by other regulatory bodies and the Public Service Commission.

The Committee noted the proposal and stated that the Council will handle public money including fees for services rendered and monies from the exchequer, the Council has to adhere to the provisions of the Public Finance Management Act, Cap. 412A.

f) The Association proposed deletion of the Second Schedule as the listed qualifications limit community health practice to a few people with limited and specialized training

The Committee rejected the proposal.

Justification: Restricting the training to community health would limit the scope of training and expertise at the primary health care level and exclude CHPs who are trained in other primary health care matters. The Committee further adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

g) The Association indicated that the memorandum of objects and reasons of the Bill contradicts the Second Schedule as the Bill takes CHWs as lay people which negates the requirement for specialized training in the prescribed courses.

The Committee noted the proposal and stated that in accordance with the National Assembly Standing Orders, the memorandum of reasons and objects is not reported back to the House by Departmental Committees.

- h) The Bill seeks to introduce a non-existent cadre of healthcare workers, CHWs. The Bill does not advance community health services in Kenya as the name CHW disenfranchises the over 100,00 CHVs in the country. The CHVs were further not consulted in the development of the Bill.
  - i) The Association submitted the following general comments, that;

- v. The Bill should be withdrawn and its contents addressed within the existing legislation and Public Service Commission mechanisms that have an existing CHW scheme of service. The Bill may also be redrafted with input from the existing professionals.
- vi. The Bill may be merged with the Senate Bill No. 34 of 2020 that exhaustively covers delivery of community health services including the workforce.
- vii. The Bill does not provide for an indemnity clause even though CHWs are not trained professionals and cannot offer technical services at the community level.
- viii. The Bill does not provide for confidentiality of patient data and legal redress to patients in the event of malpractice.
- ix. The Bill does not set out how CHWs will be hired, their level of training, scope of practice and regulation.

The Committee noted the above comments and adopts the term "community health promoter" for alignment with the Primary Health Care Act, No. 13 of 2023.

- 29. The Public Health Officers and Technicians Council (PHOTC) whilst supporting the Bill, submitted as follows:
  - a) The Council proposed the insertion of the words "Public Health Officers and Technicians' Council" immediately after the phrase "Pharmacy and Poisons Board" in clause 5 (f) for inclusion of public health officers and technicians in community health service. The national policy direction on community health recognizes the role of public health officers and technicians in coordination of community health functions. Other community health services are implemented by public health officers and technicians under other statutes such as the Public Health Act, Cap. 242, Meat Control Act Cap. 356, Malaria Prevention Act Cap. 246, Tobacco Control Act, Cap. 245A and Food Drugs and Chemical Substances Act, Cap. 254.

# The Committee rejected the proposal.

Justification: The list is broad enough to cover all the relevant regulatory bodies in the health sector. Further, the Committee has proposed to include a representative of the Public Health Officer and Technicians Council in the Council being established in the Bill. Public health officers are the main providers of primary health care and are the ones supervising community health promoters.

b) Proposed the insertion of a new paragraph after paragraph (f) in Clause 6 as follows—

"One public health officer and one public health technician nominated by the Public Health Officers and Technicians Council". This is for the inclusion of public health officers and technicians. The addition of the two members is in line with *Mwongozo* which provides for membership of up to eleven members.

The Committee adopted the proposal with amendments.

30. The Association of Kenya Medical Laboratory Scientific Officers (AKMLSO) submitted as follows;

a) The AKMLSO proposed the insertion of the words "and/or served by a specific public health facility within the locality" immediately after the word "people" in the definition of the term "community health unit" in clause 2. A public health facility is necessary for the referral of residents who require medical attention

The Committee rejected the proposal. Justification: The Primary Health Care Act, No. 13 of 2023 already makes provision for facility based primary healthcare services.

- b) The AKMLSO proposed the deletion of paragraph (f) in clause 5 and substitution with a new paragraph (f) for alignment with the Health Act, Cap. 241 and to prevent conflict with existing health professions as CHWs may be engaged in cross-cutting activities for instance CHWs will be involved in the use of any diagnostic gadgets such as glucose meters and other self-testing instruments. This will require quality assurance by medical laboratory professionals regulated by the Kenya Medical Laboratory Technicians and Technologists Board. The new paragraph (f) to provide as follows:
  - "(f) Collaborate with other health regulatory authorities such as:
    - (a) the Clinical Officers Authority established under the Clinical Officers Act;
    - (b) the Nursing Council of Kenya established under the Nurses Act;
    - (c) the Kenya Medical Laboratory Technicians and Technologists Board established under the Medical Laboratory Technicians and Technologists Act
    - (d) the Medical Practitioners and Dentists Board established under the Medical Practitioners and Dentists Act;
    - (e) the Radiation Protection Board established under the Radiation Protection Act;
    - (f) the Pharmacy and Poisons Board established under the Pharmacy and Poison Act;
    - (g) the Council of Institute of Nutritionists and Dieticians established under the Nutritionists and Dieticians Act;
    - (h) the Public Health Officers and Technicians Council established under the Public Health Officers (Training. Registration and Licensing) Act; and
    - (i) any other body as may be prescribed by the Health Act, 2017 (No. 21 of 2017)".

# The Committee rejected the proposal.

Justification: The list is broad enough to cover all the relevant regulatory bodies in the health sector. Further, the Committee has proposed to include a representative of the Public Health Officer and Technicians Council in the Council being established in the Bill. Public health officers are the main providers of primary health care and are the ones supervising community health promoters)

- c) Insert the following new paragraphs—
  - "(i) prescribe, in consultation with other health regulatory authorities and such approved training institutions as the Council may deem appropriate, the courses of instruction for community health workers;
  - (j) consider and approve the qualifications of community health workers for the purposes of registration under this Act;
  - (k) approve in consultation with Technical and Vocational Education and Training Authority (TVETA) and Commission of University Education (CUE) institutions for the training of community health workers."

The insertion of the paragraphs was not Adopted.

Justification: One of the proposed functions of the Council is to ensure the maintenance and improvement of standards of practice by community health workers. In maintenance of the standards of practice, the Council will ensure that the training institutions that offer the prescribed courses are compliant with its standards of practice)

d) The AKMLSO proposed the deletion of the term "Head of Primary Healthcare" and substitution with "the Director of Community Health" in clause 6(1)(b) as community health is distinct from primary health care.

The Committee Adopted the proposal with amendment.

- e) The AKMLSO proposed the deletion of word "Council" and substitution with the term "Attorney General" in clause 26(2)(c) so as to ensure impartiality by the advocate.
- f) The AKMLSO proposed the deletion of words "The Cabinet Secretary may, in consultation with the Council" and substitution with the words "The Council may, in consultation with the Cabinet Secretary" in clause 34(1). The Cabinet Secretary may not give due attention to the matters affecting the Council's operations.

The Committee rejected the proposal. Justification: Under the Statutory Instruments Act, Cap. 2A, the Cabinet Secretary is the regulation-making authority)

- g) The AKMLSO proposed deletion of the word "Cabinet Secretary" and substitution with the word "Council" in clause34(3)(a) and (b). The Cabinet Secretary may not give due attention to the matters affecting the Council's operations.
- h) In the Second Schedule, the AKMLSO indicated that some of the listed courses are mere topics in all health professions which makes community health work a narrow and mediocre profession. It therefore proposed deletion of the provision and substitution with the following new provision—

"(1) A person who—

- (a) has successfully attended a community health training course approved by the Council; or
- (b) has attended a course of instruction for community health work recognized by the council as equivalent to the course prescribed and approved by the Council; or
- (c) holds such other qualifications as the Council may prescribe; and
- (d) has completed such approved period of probation as may be prescribed by the Council, may apply to the Council for registration under this Act."

# The Committee rejected the proposal.

Justification: Restricting the training to community health would limit the scope of training and expertise at the primary health care level and exclude CHPs who are trained in other primary health care matters. The Committee further adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023)

i) On the Memorandum of Reasons and Objects, the AKMLSO proposed the amendment of the memorandum to state that the Bill concerns county governments. It submitted that health is a devolved function. The Bill seeks to provide a framework for regulation of CHWs whose services are required at level 1, falling under the functional domain of county governments, in the Kenyan health structure.

The Committee noted the proposal and stated that restricting the training to community health would limit the scope of training and expertise at the primary health care level and exclude CHPs who are trained in other primary health care matters. The Committee further adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023)

- 31. The Advocates for Community Health Volunteers of Kenya (ACHVO-K) made the following submissions:
  - a) proposed adoption of the name "community health promoter" instead of "community health volunteer" in clause 2.

# The committee adopted the proposal

b) There is need to clearly define the term "community health promoter" such that institutions such as counties adopt sustainable classification of the work of community health promoters into job groups.

# The committee adopted the proposal

c) That CHPs should be appointed based on merit by a county institution, the County Public Service Board which will bring clear identification and fair remuneration.

# The committee adopted the proposal

d) there is need for provision for the roles and functions of community health committee members in clause 9 as the same is not included in the Bill.

The committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters

e) provision of a transition clause that acknowledges existing CHPs/ Volunteers in clause 35 so as not to subject existing CHPs to new entry rules as may be set by any county or policy.

The committee noted the proposal. The Primary Health Care Act, No. 13 of 2023 already provides for the transition of the existing community health promoters. This notwithstanding community health promoters have to undertake the prescribed courses so as to qualify for registration.

f) substitution of the term "stipend" with the words "fair remuneration of work done". The Bill to provide for an advisory body to regulate the work done by CHPs and champion their unique issues such as social statutory coverage such as NSSF, risk allowance, fair remuneration and facilitation. CHPs should be represented in the advisory body.

The committee rejected the proposal.

Justification: It is a global best practice that community health workers generally serve their communities on the basis of volunteerism.

g) The Bill to provide for an inclusive and equitable framework on the enhancement of education of CHPs and the setting of their training curriculum.

The committee rejected the proposal.

Justification: It is a global best practice that community health workers generally serve their communities on the basis of volunteerism.

- 32. The Society of Community Health Caregivers (SOCHE) submitted as follows:
  - a) Deletion and substitution of the long title with the following new long title—

"AN ACT of Parliament to make provision for the training, registration, and licensing of Community Health Officers, Assistants and Promoters in Kenya". This to provide for the establishment, powers and functions of the Community Health Officers, Assistants and Promoters Council of Kenya and for connected purposes.

The Committee adopted the proposal with Amendments.

b) The community health workforce comprises of community health promoters referred to as community health workers or community health volunteers and community health officers and assistants. Community health officers and assistants are recognized under the MOH Community Health Policy, 2020-2030 and the Community Health Strategy, 2020-2025.

# The Committee Adopted the proposal with Amendments.

c) Incorporation of the entire community health cadres through deletion and substitution of clause 1 with a new clause—"(1) This Act may be cited as the Community Health Officers, Assistants and Promoters Regulatory Act,2022".

# The Committee adopted the proposal with Amendments.

d) Deletion of the definition of "community health unit" and substitution with a new definition to mean a geographical area covering a population of approximately 5,000 people, assigned one Community Health Assistant/Officer and 10 community health promoters who offer promotive preventive and basic curative services". The new definition will align with the definition of community health unit in the MOH Community Health Policy, 2020-2030 and the Community Health Strategy, 2020-2025.

# The Committee rejected the proposal.

Justification: The Committee adopted the definition of the term "community health unit" provided in the Primary Health Care Act, No. 13 of 2023)

- e) Replace the term "community health worker" with "community health promoter".
  - The Committee adopted the term "Community Health Promoter" for alignment with the Primary Health Care Act, No. 13 of 2023)
- f) Delete paragraph (b) and (c) in the definition of the term "community health worker" and substitute with the following new paragraphs—
  - "(b) must be selected at a community meeting or baraza called by the area leader or the community health committee
  - (c)must possess basic literacy skills such as how to read and write subsequently, fulfill all the Community Health Promoter module training and assessment, and be certified by the council as Community Health Promoter"

CHPs are drawn from the community where they live. A majority of CHPS have not pursued higher education. The minimum qualification should be the ability to read and write and successful completion of the required training modules

#### The Committee rejected the proposal.

Justification: The Committee adopted the term "community health promoter" as provided in the Primary Health Care Act, No. 13 of 2023.

g) Insert the following new definitions—

"Community health committee" means a committee that is charged with the coordination and management of a community health unit and whose membership shall be prescribed by the Ministry of Health as the community health committee will be responsible for leadership in creation of the community health unit and selection of CHPs.

# The Committee did not adopt the proposal.

Justification: The Committee adopted the term "community health promoter" as provided in the Primary Health Care Act, No. 13 of 2023.

"Community Health Officer" means a holder of bachelor's degree in Community Health from a government approved institution of higher learning as a community health officer runs the CHU and supports the supervision of CHU and Community Health Committees.

# The Committee did not adopt the proposal.

Justification: The Committee adopted the term "community health promoter" as provided in the Primary Health Care Act, No. 13 of 2023.

"Assistant Community Health Officer" means a holder of Diploma or Higher National Diploma in Community Health from a government approved institution of higher learning as Assistant Community Health Officers runs a CHU and offers support supervision.

# The Committee rejected the proposal.

Justification: The Committee adopted the term "community health promoter" as provided in the Primary Health Care Act, No. 13 of 2023.

"Community Health Assistant" means a holder of Certificate in Community Health from a government approved institution of higher learning" as Community Health Assistants runs a CHU and offers support supervision to CHPs.

# The Committee rejected the proposal

h) Insert the following new definition— "Society/Association" to mean the Society/Association of Community Health Officers, Assistants and Promoters registered by the registrar of societies for incorporation of the Societies/Associations of Community Health Officers, Assistants and Promoters in the Council.

# The Committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters who are represented in the Council.

i) Delete definition of the word "Council" and substitute with the following new definition—
"Council means the Community Health Officers, Assistants and Promoters Council of
Kenya established under section 3" For incorporation of the entire community health
cadres.

The committee adopted the proposal with amendments.

j) Delete definition of the word "register" and substitute with the following new definition—
"register means the register of Community Health Officers, Assistants and Promoters
which the Registrar is required to maintain under section 3" for incorporation of the entire
community health cadres.

1.54

The committee adopted the proposal with amendments.

k) Delete the term "Community Health Workers Council" and substitute with the term "Community Health Officers, Assistants and Promoters Council of Kenya" in the title of Part II in clause for incorporation of the entire community health cadres

The Committee rejected the proposal. Justification: The Committee adopted the term "Community Health Promoter" for alignment with the Primary Health Care Act, No. 13 of 2023.

33. Gloria Chepngeno Langat (PhD), a Research Scientist based at the Africa Population and Health Research Centre (APHRC) whilst expressing her support for the Bill indicated that APHRC's research has shown that CHWs can save lives and improve the health and wellbeing of populations at the community level.

Better remuneration and training of CHWs and harmonized standards of practice will therefore enhance the quality of health services at the community level ultimately improving population health and reducing the cost of healthcare.

The Committee noted the proposal and indicated that Community health promoters are an important part of the health personnel who deal directly with the communities.

- 34. The Office of the Attorney-General and Department of Justice (OAG and DOJ) made the following submissions:
  - a) The Bill does not create an offence for practising without registration, making the law unenforceable

The Committee noted the proposal and stated that the offences in the Bill are sufficient encompasses offences related to practice without registration by the Council.

b) That the Bill ought to specify the validity period for the certificate of registration in clause 22 to provide clarity on whether the certificate of registration is granted only at the point of entry into the profession or periodically.

The Committee noted the proposal and stated that the registration is one off and will not lapse hence there is no need to set a validity period.

c) That there is need to provide for training in community health work in the Second Schedule since members of a profession usually possess some specialized training so as to provide skilled services. At the point of entry into the profession, the members should possess uniform training and qualifications. In the Bill as currently drafted, the prospective members of the profession are not uniformly trained as they are trained on different subjects. This means that they cannot be subjected to uniform standards because they have diverse training backgrounds.

The Committee rejected the proposal.

Justification: Restricting the training to community health would limit the scope of training and expertise at the primary health care level and exclude CHPs who are trained in other primary health care matters. The Committee further adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023)

35. The Kenya Law Reform Commission (KLRC) submitted that it had no objection to the Bill. The Bill is expected to contribute significantly to the government's agenda of *Afya Bora mashinan*i with respect to UHC.

The Committee noted the proposal and stated that Community health promoters are an important part of the health personnel who deal directly with the communities.

- 36. The Law Society of Kenya (LSK) whilst supporting the enactment of the Bill submitted as follows:
  - a) That the Bill's recognition of CHWs, provisions on the training and certification of CHWs, integration of CHWs into the country's health system, accountability provisions, community engagement of CHWs and provisions on fair and adequate remuneration of CHWs align with the LSK's commitment to social justice, equality and the constitutional guarantee of the right to health

The committee noted the proposal and stated that the Community health promoters are an important part of the health personnel who deal directly with the communities.

b) The LSK emphasized the significance of CHWs in improving healthcare access and outcomes and advocates for the protection and empowerment of these essential healthcare providers.

The Committee noted the proposal. Community health promoters are an important part of the health personnel who deal directly with the communities.

- 37. The University of Nairobi, African Women Studies Research Centre (AWSRC) made the following submissions:
  - a) Inclusion of an additional object of the Act "to integrate health workers formally into the system" in the Long Title of the Bill. This is the main goal of recognising CHWs by

integrating them formally considering that previously they had mostly been untrained volunteers who have had a positive impact in the community.

# The Committee rejected the proposal.

Justification: Primary healthcare and community health promoters are already integrated in the health ecosystem under the Health Act, Cap. 241 and the Primary Health Care Act, No. 13 of 2023.

- b) Insertion of a clause on objects of the Act in Part I to provide that the Act seeks to ensure:
  - i. Improved access to health services;
  - ii. Increased health and screening;
  - iii. Better understanding between community members and the health and social service system;
  - iv. Enhanced communication between community members and the social service system;
  - v. Increased use of health care services;
  - vi. Improved adherence to health recommendations;
  - vii. Reduced need for emergency and specialty services; and
  - viii. Enhanced preventive and promotive health care.

# The Committee rejected the proposal.

Justification: The Bill as drafted is in order as the main purpose of the Bill which is to regulate community health workers is well provided for throughout the Bill)

- c) That there is need to align the definition of "Community Health Worker" with the definition in the Kenya Community Health Policy, 2020-2030 or the EAC Health Policy for consistency.
- d) That the Bill ought to provide for additional functions in clause 5 namely to protect the welfare of CHWs and liaison between County and National Governments on matters pertaining CHWs. The Council to define the roles and scope of the functions that can be performed by the CHWs since the main purpose of the Bill and the formation of the Council is for purposes of Community Health Workers thus their welfare should not be left out.

# The committee adopted the proposal with amendments.

- e) The Council functions and powers should be more inclined to addressing the common interest of the workers and the community so as to prevent CHWs from exceeding their mandate and professional qualifications.
- f) That there is a need to provide for the power to protect the welfare of CHWs in clause 9 since the main purpose of the Bill and the formation of the Council is for the purposes of CHWs including their welfare.

#### The Committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters)

g) That there is need for the Registrar to keep gender disintegrated data in clause 19 since this would help track the male and female CHWs, their turnover, needs and concerns.

The Committee Noted that, this is a good proposal which is an accepted standard in data management and which the Registrar has to adhere to.

h) Deletion of clause 22(1) as the requirement of being "fit and proper' is vague and may raise issues in the event of denial of registration.

The Committee rejected the proposal.

Justification: The provision is necessary so as to ensure that persons beyond approach are registered as community health promoters by the Council especially because CHPs interact one on one with communities)

That training of CHWs should use the KMTC Curriculum as envisaged in the Kenya Community Health Strategy, 2020-2025 in clause 23 as areas of training should not be limited under a binding law.

The Committee rejected the proposal.

Justification: aspects of training of CHPs are provided in clause 5. The proposals are too specific and are policy issues that will be handled by the Council)

i) That training be harmonized with the EAC Region requirements in clause 23 to make the CHWs competent to serve across the region and should be initial and continue to facilitate refresher courses and training on emerging issues.

The Committee rejected the proposal

Justification: Aspects of training of CHPs are provided in clause 5. The proposals are too specific and are policy issues that will be handled by the Council.

j) That there is no provision for gender balance in the formulation of the committee membership in clause 26.

The Committee noted the proposal and stated that, gender issues are to be taken into account at the point of appointing the members of the Disciplinary Committee.

k) Insertion of a provision that creates a Community Health Committee and sets out its membership, representations and functions as CHWs work at the community health level and hence they need to work with the community. Further, the Committee should be formed as envisaged in the Kenya Community Health Policy, 2020-2030.

The Committee noted the proposal.

- l) Introduction of a Part on the welfare of Community Health Workers. The Part to address the following:
  - i. Recruitment and Selection-CHPs should be chosen from the community they will serve. Communities should have a say in the selection of their CHWs. CHWs should be directly chosen by the households that they will work with. Traditional service providers who may have the skills but lacking modern technology should be embraced and given the necessary facilitation.
  - ii. Remuneration-This should also come with other benefits enjoyed by other workers such as NHIF and paid annual and maternity leave.
  - iii. Support and Supervision-Regular and reliable support and supervision, support in logistics and infrastructure and reliable provision of transport, drugs and equipment.
  - iv. Incentives.
  - v. Relationship with formal health services.
  - vi. Welfare during outbreaks and pandemics.

The Committee noted on the above and indicated that the matters proposed are best addressed in policy.

- 38. The Community Health Services and Development Officers Association (CHESOA) made the following submissions:
  - a) Deletion and substitution of the term "Community Health Workers" with the term "Community Health Officers" wherever it appears as the CHPs and Community Health Committees do not meet the academic and regulatory requirements advanced in the Bill whereas Community Health Officers do.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023)

b) Rename the Bill to the Community Health Officers Act, 2022 in clause 1 as CHWs is a broad term currently not justified in any policy document. The term is sometimes used to refer to Community Health Officers, CHPs and Community Health Committees (CHCs). CHPs and CHCs do not meet the academic and regulatory requirements advanced in the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023)

c) Deletion of the term "community health worker" and substitution with the term "community health officer" to mean a person who, having successfully undergone a prescribed course of training in a training institution, is a holder of a certificate issued by that institution and is registered under this Act. CHPs who are part of community health workers are members of a given community and it will be very difficult for them to

undergo training in institutions of higher learning so as to be registered as proposed in the Bill. Community Health Officers meet the criteria set out for training and regulation.

The committee adopted the proposal with amendments.

d) Redefine the terms "Council" to mean Community Health Officers Council established under section 3; "register" to mean the register of community health officers which the Registrar is required to maintain under section 19 and "Registrar" to mean the registrar of community health officers as provided under section 17.

The committee adopted the proposal with amendments.

e) Insertion of a new definition of the term "Association" in clause 2 to mean the Community Health Services and Development Officers Association. The Association will help in members' professional regulation and is a key stakeholder since it represents the interests of all practicing Community Health Officers. This is in line with the formation of other Councils such as the Medical Practitioners and Dentist Council, Nursing Council.

The Committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters who are represented in the Council.

f) Deletion of the words "Community Health Workers Council" and substitution with the words "Community Health Officers Council" in the title of Part II for alignment with the proposed new name of the Bill.

The Committee rejected the proposal. Justification: The Committee adopted the term "Community Health Promoter" for alignment with the Primary Health Care Act, No. 13 of 2023.

g) Deletion of the words "community health workers" and substitution with the words "community health officers" wherever it appears in clause 5 for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoter" for alignment with the Primary Health Care Act, No. 13 of 2023.

h) Replace the Director of education or his designate with a lecturer nominated by universities training community health in clause 6(1)(c) to bring the input of institutions of higher learning in Community Health into the profession and the Council.

The Committee rejected the proposal.

Justification: The Director of Education removed from the composition of the Board as the academic qualifications of community health promoters are best handled experts with a medical background.

i) Replace one registered community health nurse with registered community health officer nominated by the Association in clause 6(1)(e) to advance the profession and bring the insights of the Association in the Council. No Council presently constituted has a different cadre sitting in the Council or the Board.

The Committee rejected the proposal.

Justification: The Director-General for Health appointed by virtue of the Health Act, Cap. 241to represent the Ministry of Health including its SAGAs. The Committee further adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

j) Delete the words "community health workers" and substitute with the words "community health officers" in clause 6 (1) (g) and (h) for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

k) Add the Head, Division of Community Health Services at the Ministry of Health in clause 6(1)(j) as Community Health Policies are led by this officer who will bring a wealth of experience in the Council.

The Committee rejected the proposal.

Justification: The Director-General for Health appointed by virtue of the Health Act, Cap. 241 to represent the Ministry of Health including its SAGAs.

1) Add the General Secretary of the Association in clause 6(1)(k) to bring the perspective of the professional's Association to the Council.

The Committee rejected the proposal.

Justification: The Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters who are represented in the Council.

m) Add one Lecturer in community health from the department dealing with community health nominated by the Association to represent Technical and Vocational Training colleges in clause 6(1)(1) to bring on board the technical expertise of middle level trainers to the council.

The Committee rejected the proposal.

Justification: The academic qualifications of community health promoters are best handled experts with a medical background. The Bill further seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters who are represented in the Council)

n) Delete the words "community health workers" and substitute with "community health officers" in the Title of Part III for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

o) Delete the words "community health worker" and substitute with "community health officer" in clause 18(c) for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023)

p) Delete the words "community health workers" and substitute with "community health officers" in clause 19 wherever it appears for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023)

q) Delete the words "community health workers" and substitute with "community health officers" in clause 20 (1) (b, c) and 20(2) for alignment with the proposed new name of the Bill.

The Committee rejected the proposal

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

r) Delete the words "community health workers" and substitute with "community health officers" in clause 22 (1)(d) for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

s) Delete the words "community health workers" and substitute with "community health officers" in clause 23 for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

t) Delete the words "community health workers" and substitute with "community health officers" in clause 26 (1), 26 (2) (d) and (e) and 26(5) for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

u) Delete the words "community health workers" and substitute with "community health officers" in clause 27 for alignment with the proposed new name of the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

v) The Second Schedule stipulates that someone has to undergo prescribed courses in recognized training institutions. Community Health workers do not have such qualifications and as such the Bill may not be relevant or applicable.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

w) Delete the words "community health worker" and substitute with "community health officer" in clause 28 (4) and (5) as these are the personnel to be regulated by the Council under the Bill.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

x) Provide that all serving officers employed under the Scheme of Service for Community Health Services Personnel of November, 2013 shall be deemed to have qualified for registration as Community Health Officers even though they may not have the prescribed qualification under the Act in clause 35 as Officers who have served for over five years have gained knowledge through experiential learning which is recognized by the Kenya National Qualifications Authority. This will take cognizance of the fact there are existing Community Health Officers already in service and are under permanent and pensionable terms.

The Committee noted that, the Primary Health Care Act, No. 13 of 2023 already provides for the transition of the existing community health promoters. This

notwithstanding community health promoters have to undertake the prescribed courses so as to qualify for registration.

y) Provide that a person shall be eligible for registration as a Community Health Officer if he/she has undertaken any of the following prescribed courses: Certificate in Community Health, Diploma in Community Health and Degree in Community Health in the Second Schedule to professionalize Community Health Practice and avoid the confusion brought about by introducing other professions already in existence and with different mandate.

# The Committee rejected the proposal.

z) Delete paragraph two and three in Memorandum of Reasons and Objects as the Bill seeks to address competency of community health personnel. In the second schedule, it stipulates that someone has to undergo prescribed courses in recognized training institutions. Community Health workers do not have such qualifications and as such the bill may not be relevant or applicable

The Committee noted that, in accordance with the National Assembly Standing Orders, the memorandum of reasons and objects is not reported back to the House by Departmental Committees.

- aa) Opposed the Bill and requested that the Bill be withdrawn based on the following reasons:
  - i. The Community Health Policy and the Community Health Services Acts in some counties indicate that the requirements for selection of CHPs include being able to read and write. Some of those having O level qualifications do not meet the criteria for admission into institutions of higher learning. The enactment of the Bill will send home many CHPs who are already engaged by the counties.
  - ii. CHPs who meet requirements for admission to study prescribed courses may not have money to go back to school so as to meet the requirements of registration by the proposed Council. The Bill will therefore disadvantage them.
  - iii. There are already qualified Kenyans who have studied the prescribed courses and meet the requirements for registration by the proposed Council.
  - iv. There are 3250 Community Health Officers in the country who supervise CHPs. Community Health Officers are central to the roll out of Community Health Services in the country, which is key to achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). It is important to regulate Community Health Officers given their role as supervisors of CHPs.

The committee noted the above proposal and stated that the Bill seeks to establish a Council to regulate the practice and the profession of community health workers/promoters in the manner set out in the Bill.

- 39. The Coalition of Community Health Partners through a joint memorandum of AMREF Health Africa, Lwala Community Alliance, Living Goods, Financing Alliance for Health and LVCT Health made the following submissions:
  - a) Rename the Bill to the "Community Health Officers Act, 2022" in clause 1 as CHWs known as community health promoters are lay people with approximately 40% of the 41,017 CHPs having not completed secondary school education.

The Committee rejected the proposal. Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

b) Deletion of the term "community health worker" and substitution with the term "Community Health Officer" wherever it appears in the Bill. The latter to be defined to mean a person who has undergone a community health course in a recognized training institution. This ensures that the Bill is regulating the practice by ensuring supervision and capacity building for the CHPs.

The Committee rejected the proposal. Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

c) Deletion of the term "Head of Primary Health care" and substitution with the term "Head of Community Health Services Division" in clause 6(1)(b) as community health services has its own Division and is not under PHC department.

The proposal was not Adopted.

Justification: The Director-General for Health appointed by virtue of the Health Act, Cap. 241 to represent the Ministry of Health including its SAGAs)

d) Replace worker with officer in clause 18 (c) as Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal. Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

e) Replace worker with officer in clause 19 (c). Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

f) Replace worker with officer in clause 20 (1) and (2). Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

g) Replace worker with officer in clause 20 (1) and (2) as Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

h) Replace worker with officer in clause 22 (1)(c). This can only apply to persons with certificate and can't be enforced on Community Health Promoters since they have no remuneration.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

i) Replace worker with officer in clause 23 (1)(c) as Changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

j) Replace worker with officer in clause 26 (1), (1) d, (1) e and (5) as changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

k) Inclusion of the role of the county governments in clause 27 as community health officers are mostly employed by the county governments.

The committee noted the proposal and stated that the county governments are already included as the Council of Governors is to nominate some members in both the Council and the Disciplinary Committee.

I) Replace worker with officer in clause 28(5) as changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

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Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

m) Replace worker with officer in clause 35 as changing to Community Health officer ensures that we are regulating the practice. The team forms the supervision and capacity building team for the CHPs.

The Committee rejected the proposal.

Justification: The Committee adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

n) Replace worker with Officer as Changing the courses from (community Health, psychology, counselling, social work, community HIV counselling and testing, Immunizations, Community Development, Health Education) to Community health. The community health officer has a qualification in Community Health which in most colleges incorporates the other courses in the community health curriculum.

The Committee rejected the proposal.

Justification: Restricting the training to community health would limit the scope of training and expertise at the primary health care level and exclude CHPs who are trained in other primary health care matters. The Committee further adopted the term "Community Health Promoters" in line with the Primary Health Care Act, No. 13 of 2023.

- o) Disapproved of the Bill and requested that the Bill be withdrawn or amended for the following reasons
  - i. The Bill as currently drafted does not advance community health services in the country due to conflicts with the current national and county policies on community health.
  - ii. The Bill advances the interests of community health workers who are not currently a cadre in the service but are named as CHPs, Community Health Officers and Community Health Assistants as per the career progression guidelines and the Community Health Policy.

- iii. The Bill could be amended especially in the Title to support supervision and advance the welfare of CHPs and Community Health Officers.
- iv. Community health officers often referred to as community health workers have neither been engaged nor their opinions sought in coming up with the Bill.
- v. CHPs cannot be bound by the law as they are lay people most of whom do not have the requisite qualifications to be registered or even undergo the proposed formal training in a college.

The Committee noted the above proposal and indicated that the Bill seeks to establish a Council to regulate the practice and the profession of community health workers/ promoters in the manner set out in the Bill.

#### **CHAPTER FOUR**

#### 4.0 COMMITTEE OBSERVATIONS

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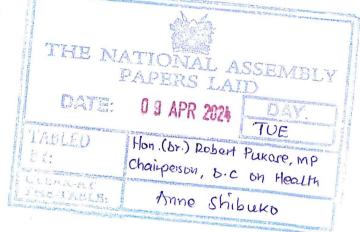
- 40. The Committee, having considered the Community Health Workers Bill, 2022, National Assembly Bill No. 53 of 2022 and submissions from stakeholders, made the following observations:
  - (a) The Bill provides a framework for the regulation of community health promoters who provide community healthcare services at level 1. The Primary Health Care Act, No. 13 of 2023 makes provision for the use and appointment of community health promoters. The regulation of community health promoters as proposed by the Bill will therefore strengthen level 1 healthcare services which are critical in reducing the health burden in the country.
  - (b) Community health promoters are critical in ensuring early detection of diseases. Early detection prevents the escalation of diseases which will ultimately reduce the cost of healthcare paid not only by the government health insurer but also the out of pocket expenditure spent by Kenyans on healthcare.
- (c) Investment in community healthcare services provided by community health promoters is also crucial to the success of the entire health eco-system as it ensures effective and targeted management of diseases. This kind of one-on-one management of diseases will improve the administration of medication leading to better health outcomes and reduction in the spread of contagious diseases.

# **CHAPTER FIVE**

# 5.0 COMMITTEE RECOMMENDATION

The Committee recommends that the House considers and passes the Community Health Workers Bill, 2022 (National Assembly Bill No. 53 of 2022) with amendments. The amendments

are set out in Chapter Six of this report.



#### **CHAPTER SIX**

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#### 6.0 SCHEDULE OF AMENDMENTS

Upon considering the Community Health Workers Bill, 2022, National Assembly Bill No. 53 of 2022 and submissions from stakeholders, the Committee proposes the following amendments:

#### LONG TITLE

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THAT, the Bill be amended by deleting the Long Title and substituting therefor the following new Long Title—

"AN ACT of Parliament to regulate the practice of community health promoters; to make provision for the training and registration of community health promoters; to establish the Community Health Promoters Council and for connected purposes".

Justification: The amendment is necessary for purposes of alignment with the amendments proposed within the text of the Bill and which have adopted the use of the term "community health promoters" used in the Primary Health Care Act, No. 13 of 2023 instead of the term "community health workers".

# CLAUSE 1

THAT, Clause 1 of the Bill be amended by deleting the phrase "Community Health Workers Act, 2022" and substituting therefor the phrase "Community Health Promoters Act, 2022".

**Justification:** The amendment is necessary for purposes of alignment with the amendments proposed within the text of the Bill and which have adopted the use of the term "community health promoters" used in the Primary Health Care Act, No. 13 of 2023 instead of the term "community health workers".

### CLAUSE 2

THAT, Clause 2 of the Bill be amended—

(a) by deleting the definition of "community health unit" and substituting therefor the following new definition—
"community health unit" has the meaning assigned to it under section 2 of the Primary Health Care Act, 2023;

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

- (b) by deleting the definition of "community health worker";
- (c) in the definition of the term "Council" by deleting the word "Workers" and substituting therefor the word "Promoters";

(d) in the definition of "register" by deleting the word "workers" and substituting therefor the word "promoters";

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

(e) by deleting the definition of "Registrar" and substituting therefor the following new definition—

"Registrar" means the person appointed under section 17;

Justification: For proper drafting in line with the House drafting style.

(f) by inserting the following new definitions in its proper alphabetical sequence—

"County Chief Officer of Health" means a county chief officer of health appointed under section 45 of the County Governments Act; and

"community health promoter" has the meaning assigned to it under section 2 of the Primary Health Care Act, 2023;

**Justification:** For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

#### PART II

**THAT**, Part II of the Bill be amended by deleting the word "workers" and substituting therefor the word "promoters".

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

# CLAUSE 3

**THAT**, Clause 3 of the Bill be amended in sub-clause (1) by deleting the word "Workers" and substituting therefor the word "Promoters".

**Justification:** For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

# **CLAUSE 5**

THAT, Clause 5 of the Bill be amended in—

- (a) paragraph (a) by deleting the word "workers" and substituting therefor the word "promoters";
- (b) paragraph (b) by deleting the word "workers" and substituting therefor the word "promoters";

(c) paragraph (c) by deleting the word "workers" and substituting therefor the word "promoters";

- (d) paragraph (e) by deleting the word "workers" and substituting therefor the word "promoters"; and
- (e) paragraph (h) by deleting the word "workers" wherever it appears and substituting therefor the word "promoters".

**Justification:** For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

### **CLAUSE 6**

THAT, Clause 6 of the Bill be amended—

- (a) by deleting sub-clause (1) and substituting therefor the following new sub-clause (1)—
  "(1) The Council shall consist of—
  - (a) the Director-General for Health or a representative designated in writing by the Director-General for Health;
  - (b) one person from a non-governmental organisation in the health sector nominated by the Non-Governmental Organisation Coordination Board;
  - (c) a representative of the Public Health Officers and Technicians Council;
  - (d) two persons with knowledge and experience in matters of community health nominated by the Cabinet Secretary;
  - (e) two persons, one of whom shall be a County Chief Officer of Health, with knowledge and experience in matters of community health nominated by the Council of County Governors to represent the interests of counties;
  - (f) the Registrar who shall be the secretary and an ex officio member of the Council.";

**Justification:** The composition of the Council should comply with the Mwongozo Code of Governance for State Corporations in terms of numbers, skill mix and professional expertise which should include all relevant players involved in the matters of community health.

- (b) in sub-clause (2) by deleting the words "paragraph (g)" and substituting therefor the words "subsection (1) (d) and (e)"; and
- (c) in sub-clause (3) by deleting the words "sub-section (1)(f) and (g)" and substituting therefor the words "sub-section (1)(d) and (e)".

Justification: For proper drafting and cross referencing in line with the House drafting style.

#### **CLAUSE 7**

THAT, Clause 7 of the Bill be amended by deleting the words "section 6(1)(e), (f) and (g)" appearing immediately after the words "appointed under" and substituting therefor the words "section 6 (1)(b), (c), (d) and (e)".

Justification: For proper drafting and cross referencing in line with the House Drafting Style.

### PART III

**THAT**, Part III of the Bill be amended by deleting the word "workers" and substituting therefor the word "promoters".

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

### CLAUSE 18

THAT, Clause 18 of the Bill be amended in paragraph (c) by deleting the word "worker" and substituting therefor the word "promoter".

**Justification:** For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

# **CLAUSE 19**

THAT, Clause 19 of the Bill be amended—

- (a) in paragraph (c) by deleting the word "workers" and substituting therefor the word "promoters";
- (b) by deleting paragraph (d) and substituting therefor the following new paragraph (d)—
  "(d)publish on its website a list of names, addresses and qualifications of the registered community health promoters not later than 31st March in every year;"; and
- (c) in paragraph (e) by deleting the word "workers" and substituting therefor the word "promoters".

**Justification:** For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter". To require publication of registered community health promoters on the website of the Community Health Promoters Council instead of the Kenya Gazette as the latter is very expensive and not economical.

### CLAUSE 20

THAT. Clause 20 of the Bill be amended in—

- (a) sub-clause (1) by-
  - (i) deleting the word "workers" and substituting therefor the word "promoters";
  - (ii) deleting the word "worker" appearing in paragraph (b) and substituting therefor the word "promoter";
  - (iii) deleting the word "worker" appearing in paragraph (c) and substituting therefor the word "promoter"; and
- (b) sub-clause (2) by deleting the word "worker" and substituting therefor the word "promoter".

Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

#### CLAUSE 22

THAT, Clause 22 of the Bill be amended in subsection (1) by deleting the word "worker" appearing in paragraph (d) and substituting therefor the word "promoter".

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**Justification:** For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

# CLAUSE 23

THAT, Clause 23 of the Bill be amended by deleting the word "worker" and substituting therefor the word "promoter".

**Justification:** For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

#### CLAUSE 26

THAT, Clause 26 of the Bill be amended in-

(a) sub-clause (1) by deleting the word "workers" and substituting therefor the word "promoters";

**Justification:** For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

- (b) sub-clause (2) by-
  - (i) deleting paragraph (c) and substituting therefor the following new paragraph (c)—
    - "(c) a representative of the Attorney-General with at least ten years' experience as an advocate of the High Court;".

**Justification:** For accountability purposes, the advocate that sits on the Disciplinary Committee ought to be appointed by the Attorney-General who by the Constitution is the principal legal adviser of the national government.

- (ii) deleting paragraph (d) and substituting therefor the following new paragraph (d)—
  - "(d) a representative of the Public Health Officers and Technicians Council;"
- (iii) deleting the word "worker" appearing in paragraph (e) and substituting therefor the word "promoter".
- (c) sub-clause (5) by deleting the word "workers" and substituting therefor the word "promoters".

**Justification:** For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

### CLAUSE 27

THAT, Clause 27 of the Bill be amended by deleting the word "worker" appearing in the opening sentence and substituting therefor the word "promoter".

**Justification:** For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

#### CLAUSE 28

THAT, Clause 28 of the Bill be amended in-

- (a) sub-clause (4) by deleting the word "worker" and substituting therefor the word "promoter"; and
- (b) sub-clause (5) by deleting the word "worker" and substituting therefor the word "promoter".

**Justification:** For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter".

# CLAUSE 35

THAT, the Bill be amended by deleting clause 35 and substituting therefor the following new clause—

"(35) Within twenty four months upon the commencement of this Act, the Council shall ensure that community health promoters who, immediately before the commencement of this Act, have not undertaken the courses prescribed shall undertake any of the courses prescribed in the Second Schedule for purposes of registration as a community health promoter under this Act."

**Justification:** For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter" and to increase the period from twelve to twenty four months for community health promoters to undertake the prescribed courses.

#### SECOND SCHEDULE

THAT, the Bill be amended by deleting the Second Schedule and substituting therefor the following new Schedule—

# SECOND SCHEDULE (s. 23) PRESCRIBED COURSES

A person is eligible for registration as a community health promoter where the person has undertaken training in—

- (a) community health;
- (b) psychology;
- (c) counselling;
- (d) social work;
- (e) community HIV counselling and testing;
- (f) immunization;
- (g) community development;
- (h) health education; or

(i) any other relevant training as prescribed by the Cabinet Secretary.

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Justification: For alignment with the Primary Health Care Act, No. 13 of 2023 which uses the term "community health promoter". To further allow the Cabinet Secretary for Health to prescribe additional training elements for community health promoters to be registered by the Community Health Promoters Council.

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HON. DR. ROBERT PUKOSE, CBS, M.P.

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CHAIRPERSON, DEPARTMENTAL COMMITTEE ON HEALTH