

Rt. Hon. Speaker

Recommended for approval  
for tabling.

9<sup>01</sup>/07/2025



THIRTEENTH PARLIAMENT

THE SENATE

STANDING COMMITTEE ON HEALTH

PARLIAMENT  
OF KENYA  
LIBRARY

REPORT ON THE COMMUNITY HEALTH PROMOTERS BILL, 2022 (NATIONAL ASSEMBLY BILLS NO. 53 OF 2022)

PAPERS LAID	
DATE	9/7/2025
TABLED BY	S.M.L. On behalf of Chair Deputy Clerk. H26116
COMMITTEE	-
CLERK AT THE TABLE	Macharia

This is forwarded with recommendation for approval for tabling  
Sub 117/25.

CLERK'S CHAMBERS,  
PARLIAMENT BUILDINGS,  
NAIROBI.

JUNE, 2025



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## PRELIMINARIES

### Establishment and Mandate of the Committee

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

Pursuant to Standing Order 228(4), the Committee is specifically mandated to-

- 1) *investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration and operations of the Ministry of Health and its departments;*
- 2) *study the programme and policy objectives of the Ministry of Health and its departments, and the effectiveness of the implementation thereof;*
- 3) *study and review all legislation referred to it;*
- 4) *study, assess and analyse the success of the Ministry of Health and departments assigned to it as measured by the results obtained as compared with their stated objectives;*
- 5) *consider the Budget Policy Statement in line with the Committee's mandate;*
- 6) *report on all appointments where the Constitution or any law requires the Senate to approve;*
- 7) *make reports and recommendations to the Senate as often as possible, including recommendations for proposed legislation;*
- 8) *consider reports of Commissions and Independent Offices submitted to the Senate pursuant to the provisions of Article 254 of the Constitution;*
- 9) *examine any statements raised by Senators on a matter within its mandate; and*
- 10) *follow up and report on the status of implementation of resolution within its mandate; and*
- 11) *follow up and report on the status of commitments made by the Cabinet Secretaries in their response to questions under Standing Order 51C*

### Committee Membership

The Committee is comprised of the following members-

- |  |                           |
|--|---------------------------|
| 1. <b>Sen. Jackson K. Mandago, EGH, MP</b>             | - <b>Chairperson</b>      |
| 2. <b>Sen. Mariam Sheikh Omar, MP</b>                  | - <b>Vice-Chairperson</b> |
| 3. <b>Sen. Justice (Rtd.) Stewart Madzayo, EGH, MP</b> | - <b>Member</b>           |
| 4. <b>Sen. Ledama Olekina, MP</b>                      | - <b>Member</b>           |
| 5. <b>Sen. David Wafula Wakoli, MP</b>                 | - <b>Member</b>           |
| 6. <b>Sen. Maureen Tabitha Mutinda, MP</b>             | - <b>Member</b>           |
| 7. <b>Sen. Joseph Githuku Kamau, MP</b>                | - <b>Member</b>           |
| 8. <b>Sen. Richard Momoima Onyonka, MP</b>             | - <b>Member</b>           |
| 9. <b>Sen. Hamida Ali Kibwana, MP</b>                  | - <b>Member</b>           |



## CHAIRPERSON'S FOREWORD

The Community Health Promoters Bill, 2022 (National Assembly Bills No. 53 of 2022) sponsored by Hon. Martin Peters Owino, MP was introduced in the National Assembly on 14<sup>th</sup> June, 2023. The Bill was passed by the National Assembly, with amendments, on 2<sup>nd</sup> December, 2024 and was thereafter referred to the Senate for consideration in accordance with Article 110 (4) of the Constitution. The Bill was introduced in the Senate by way of First Reading on 4<sup>th</sup> December, 2024 and thereafter stood committed to the Committee on Health for consideration.

The principal object of the Bill is to regulate community health promoters by establishing the Community Health Promoters Council to regulate the profession and also by providing for registration, training and disciplining of community health promoters.

Pursuant to the provisions of Article 118 of the Constitution and standing order 145 (5) of the Senate Standing Orders, the Standing Committee on Health invited interested members of the public and stakeholders to submit any representations that they may have on the Bill by way of written memoranda. The invitations were made vide advertisements which appeared in the *Daily Nation* and the *Standard* on Friday, 31<sup>st</sup> January, 2025.

At the close of the public participation period, a total of five (5) written memoranda from members of the public had been received by the Committee. A comprehensive list of all submissions, views and proposed amendments were thereafter captured, compiled and presented in a matrix for the Committee's consideration.

During consideration of the Bill, the Committee observed the current law governing Community Health Promoters is the Primary Healthcare Act, 2023. The Act establishes a comprehensive regulatory framework for Community Health Promoters, vesting selection authority in community participation forums pursuant to section 9(1) with subsequent appointment by county governments. The Act also provides specific qualification criteria under section 9(2) with a major focus on residency and language literacy.

The Primary Healthcare Act, 2023 provides for the functions of Community Health Promoters under section 11(1), (2) and (3). These functions include health education provision, disease prevention, household monitoring, first aid services, referrals to health facilities, community-based surveillance, psycho-social support and management of community health data.

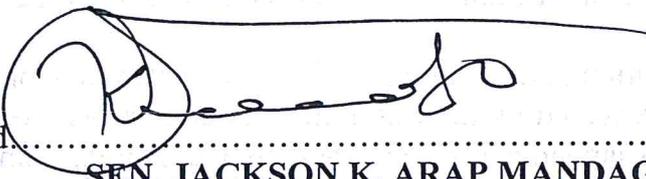
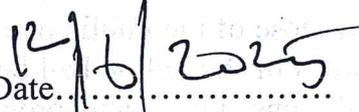
The Committee observed that the Bill therefore creates an unnecessary legislative duplication with existing statutory frameworks. Further, there are some counties like Tana River which have enacted Community Health Services Acts and developed attendant regulations. As such, creating a parallel legislation would undermine the existing legal framework and create regulatory confusion.

With the foregoing, the Committee recommends that the Bill should not be proceeded with.

As I conclude, I wish to sincerely thank the Office of the Speaker and the Office of the Clerk of the Senate for the support extended to the Committee in execution of its mandate. I also wish to extend my gratitude to the Committee members for their diligence, commitment and insightful contributions throughout consideration of this Bill.

It is now my pleasant duty, pursuant to standing order 148 (1) of the Senate Standing Orders, to present the Report of the Standing Committee on Health on its consideration of the Community Health Promoters Bill, 2022 (National Assembly Bills No. 53 of 2022).

I thank you

Signed.......... Date..........  
**SEN. JACKSON K. ARAP MANDAGO, EGH, MP,**  
**CHAIRPERSON, STANDING COMMITTEE ON HEALTH.**

## CHAPTER ONE

### 1. Introduction

- 1) The Community Health Promoters Bill, 2022 (National Assembly Bills No. 53 of 2022) was introduced in the Senate by way of First Reading on 4<sup>th</sup> December, 2024 and thereafter stood committed to the Standing Committee on Health for consideration.
- 2) The principal object of the Bill is to regulate community health promoters by establishing the Community Health Promoters Council to regulate the profession and also by providing for registration, training and disciplining of community health promoters.

#### 1.1 Overview of the Bill

- 3) The Community Health Promoters Bill proposes establishment of the Community Health Promoters Council whose functions would be-
  - a) assess the qualifications of community health promoters;
  - b) ensure the maintenance and improvement of the standards of practice by community health promoters;
  - c) establish a professional code and supervise the conduct and practice of community health promoters;
  - d) take the necessary disciplinary measures in cases of violations of professional conduct and discipline;
  - e) maintain the register and keep a record of all community health promoters registered under this Act;
  - f) collaborate with other bodies such as the Kenya Medical Practitioners and Dentists Council, the Central Board of Health and the Clinical Officers, Council of Kenya;
  - g) the Nursing Council of Kenya and the Pharmacy and Poisons Board, in furtherance of the functions of the Council and these bodies;
  - h) advise the Cabinet Secretary and county governments on community health matters; and
  - i) consider and deal with any other matter pertaining to community health promoters including prescribing badges, insignia or uniforms to be worn by community health promoters.
- 4) The Council would consist of the following-
  - 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 Organisations Coordination Board;
  - c) one person nominated by the Public Health Officers and Technicians Council;
  - d) two persons with knowledge and experience in matters of community health appointed 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; and
  - f) the Registrar who shall be the secretary and an ex-officio member of the Council.
- 5) The Chairperson of the Council is to be appointed by the Cabinet Secretary from among the persons in paragraphs (4) and (5) above.
  - 6) The registrar is to be appointed by the Council, and he or she qualifies for appointment if the person-
    - a) is a citizen of Kenya;
    - b) has a minimum of a degree from a university recognised in Kenya; and
    - c) is a registered community health promoter with at least ten years' experience in community health
  - 7) The functions of the registrar are to-
    - a) receive applications for registration;
    - b) advise the Council on matters relating to the profession;
    - c) keep and maintain a register of community health promoters;
    - d) publish on its website a list of the names, addresses and qualifications of the registered
    - e) community health promoters not later than 31st March in every year; and
    - f) subject to the directions of the Council, make any necessary alterations or corrections in the register in relation to an entry including the deletion of names of community health promoters who have died and entries which have been fraudulently or incorrectly made.
  - 8) A person qualifies for registration as a community health promoter if he or she-
    - a) has successfully undergone a prescribed course of training at an approved training institution;
    - b) has applied for registration in the prescribed form;
    - c) has paid the prescribed fees for registration;
    - d) has engaged in training under the supervision of a registered community health promoter for such period, being not less than one year or such period as the Council may prescribe; and
    - e) is a fit and proper person to be registered.
  - 9) 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.

10) The Community Health Promoters Disciplinary Committee is responsible for receiving and investigating disputes against community health promoters. Members of the Committee include-

- a) the Chairperson of the Council;
- b) one representative of the Cabinet Secretary who shall not be a member of the Council;
- c) a representative of the Attorney-General with at least ten years' experience as an advocate of the High Court;
- d) a representative of the Public Health Officers and Technicians Council; and
- e) one community health promoter nominated by the Council of County Governors.

11) The Council shall ensure that community health promoters who have not undertaken the prescribed courses do so within twenty-four months upon the commencement of this Act so that they can qualify for registration.

12) The Bill will provide for registration and disciplining of persons working as community health promoters, so as to ensure that the public are served by duly qualified and registered professionals.



## CHAPTER TWO

### 2. Overview of Public Participation on the Bill

- 13) Pursuant to the provisions of Article 118 of the Constitution and standing order 145 (5) of the Senate Standing Orders, the Standing Committee on Health invited interested members of the public and stakeholders to submit any representations that they may have on the Bill by way of written memoranda. The invitations were made vide advertisements which appeared in the *Daily Nation* and the *Standard* on Friday, 31<sup>st</sup> January, 2025 (*Annex 3*).
- 14) At the close of the public participation period, a total of five (5) written memoranda were received from the following stakeholders-
  - a) Community Health Services and Development Officers Association (CHESOA);
  - b) Society of Community Health Caregivers (SOCHE);
  - c) The Community Health Promoters of Kenya;
  - d) Community Health Services and Development Officers Association;
  - e) Advocates for Community Health Volunteers of Kenya
- 15) A comprehensive list of all submissions, views and proposed amendments were thereafter captured, compiled and presented in a matrix (*Annex 4*) for the Committee's consideration. The stakeholder submissions were considered by the Committee during its meeting held on 3<sup>rd</sup> April, 2025.
- 16) The Committee further sought views from the Cabinet Secretary, Ministry of Health and the Chairperson, Council of Governors on the implementation status of the sections 8-13 of the Primary Health Care Act, 2023 and the challenges, if any, faced by the county governments in the management of the Community Health Promoters program.



## CHAPTER THREE

### 3. COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

#### 3.1 Committee Observations

- 17) Following extensive deliberations and analysis of the submissions and representations on the Bill, the Committee makes the following observations -
- a) The Community Health Promoters Bill, 2022 (National Assembly Bills No. 53 of 2022) creates an unnecessary legislative duplication with existing statutory frameworks. The Primary Health Care Act, 2023 (Act No. 13 of 2023) already comprehensively addresses community health workforce regulation, including registration, recruitment, training, remuneration and supervision of community health promoters. County governments are currently implementing the Act, with some counties like Garissa and Tana River having enacted Community Health Services Acts and developed regulations. Creating a parallel legislation would therefore undermine the existing legal framework and create regulatory confusion.
  - b) There is no justification for establishing a separate Community Health Promoters Council as proposed in the Bill as there exists no clearly defined profession of Community Health Promoters that warrants a standalone regulatory body. The community health promoters currently earn the title by dint of their employment and not professional qualifications and therefore lack autonomy of practice necessary for the establishment of any profession. The proposed council would therefore create unnecessary bureaucratic layers in the oversight of community health workers. The Committee further notes that the establishment of the Council as proposed in the Bill contradicts the government's policy requiring professional regulatory bodies to be financially self-sustaining as opposed to being funded through budgetary allocations.
  - c) Under the Primary Healthcare Act, the Community Health Promoters are fully under the mandate of the County Governments. The enactment of the Community Health Promoters Bill in its current form proposes the transfer of this function to a Community Health Promoters Council consisting largely of persons representing the national government. This would undermine the role of counties in the provision of healthcare services whereas the health function is a devolved function under Part 2 of the Fourth Schedule to the Constitution.
  - d) The Council of County Governors who are the primary implementers of the Primary Healthcare Act indicate that there is no legislative gap regarding the regulation of Community health promoters to be addressed through a legislation. They propose that any proposal for introduction of formal education requirements for CHPs is better addressed through subsidiary legislation which the ministry is currently working on.

### **3.2 Committee Recommendations**

- 18) Having considered the Community Health Promoters Bill, 2022 (National Assembly Bills No. 53 of 2022) and the submissions received thereon, the Standing Committee on Health recommends to the Senate **that the Bill not be proceeded with.**

## LIST OF ANNEXES

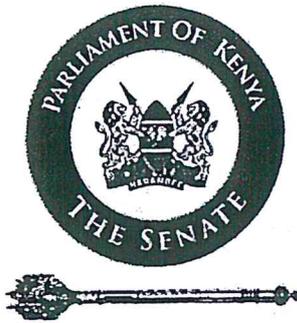
- Annex 1:** Minutes of the Committee Sitings
- Annex 2:** Copy of the Community Health Promoters Bill, 2022
- Annex 3:** Advertisement as published in the Dailies
- Annex 4:** The Bill Digest
- Annex 5:** The Legal Brief
- Annex 6:** Matrix of stakeholder submissions to the Bill



# **ANNEX 1 -**

## **Minutes of Committee Sitings**





**13<sup>TH</sup> PARLIAMENT | 4<sup>TH</sup> SESSION**

**MINUTES OF THE TWENTY THIRD (23<sup>RD</sup>) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON THURSDAY, 8<sup>TH</sup> MAY, 2025 AT 11.00 PM IN BUNGE TOWERS, FIRST FLOOR COMMITTEE ROOM 7**

**MEMBERS PRESENT**

- |                                  |                    |
|----------------------------------|--------------------|
| 1. Sen. Mariam Sheikh Omar, MP   | - Vice-Chairperson |
| 2. Sen. Tabitha Mutinda, MP      | - Member           |
| 3. Sen. Joseph Githuku Kamau, MP | - Member           |
| 4. Sen. Hamida Kibwana, MP       | - Member           |
| 5. Sen. Richard Onyonka, MP      | - Member           |

**ABSENT WITH APOLOGY**

- |   |               |
|---|---------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP        | - Chairperson |
| 2. Sen. Ledama Olekina, MP                      | - Member      |
| 3. Sen. Justice (Rtd.) Stewart Madzayo, EGH, MP | - Member      |
| 4. Sen. David Wakoli, MP                        | - Member      |

**SENATE SECRETARIAT**

- |                         |                           |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. David Ngamate    | - Clerk Assistant         |
| 3. Mr. Gilbert Juma     | - Legal Counsel           |
| 4. Mr. Ian Otieno       | - Audio Assistant         |
| 5. Mr. Ibrahim Odindo   | - Serjeant-At-Arms        |
| 6. Ms. Purity Nginyi    | - Attaché                 |

**MIN/SEN/SCH/119/2025**

**PRELIMINARIES**

The Chairperson called the meeting to order at twenty-five minutes past eleven and the proceedings commenced with a word of prayer said by the Chairperson. This was followed by a round of introductions by the Members.

**MIN/SEN/SCH/120/2025**

**ADOPTION OF THE AGENDA**

The agenda of the meeting was adopted after being proposed by Sen. Tabitha Mutinda, MP, and seconded by Sen. Richard Onyonka, MP, as listed below-

- 1) Prayers;
- 2) Adoption of the Agenda;
- 3) Confirmation of Minutes of previous meetings-

- (1) Minutes of the 11<sup>th</sup> meeting held on 20<sup>th</sup> March, 2025;
  - (2) Minutes of the 12<sup>th</sup> meeting held on 3<sup>rd</sup> April, 2025;
  - (3) Minutes of the 13<sup>th</sup> meeting held on 8<sup>th</sup> April, 2025;
  - (4) Minutes of the 14<sup>th</sup> meeting held on 10<sup>th</sup> April, 2025; and
  - (5) Minutes of the 16<sup>th</sup> meeting held on 17<sup>th</sup> April, 2025
- 4) Consideration of the Committee Report on the Community Health Promoters Bill (National Assembly Bills No. 53 of 2022) (*Committee Paper No.124*);
  - 5) Any other business; and
  - 6) Adjournment/Date of the Next Meeting.

MIN/SEN/SCH/121/2025

CONFIRMATION OF THE MINUTES OF  
THE PREVIOUS SITTINGS

- 1) The Minutes of the 12<sup>th</sup> meeting held on Thursday 3<sup>rd</sup> April, 2025 at 11:00 a.m. were confirmed as a true record of the proceedings of the Committee having been proposed by Sen. Tabitha Mutinda, MP, and seconded by Sen. Richard Onyonka, MP;
- 2) The Minutes of the 13<sup>th</sup> meeting held on Tuesday, 8<sup>th</sup> April, 2025 at 11:00 a.m. were confirmed as a true record of the proceedings of the Committee having been proposed by Sen. Richard Onyonka, MP, and seconded by Sen. Tabitha Mutinda, MP; and
- 3) The Minutes of the 16<sup>th</sup> meeting held on Tuesday, 17<sup>th</sup> April, 2025 at 11:00 a.m. were confirmed as a true record of the proceedings of the Committee having been proposed by Sen. Hamida Kibwana, MP, and seconded by Sen. Tabitha Mutinda, MP.

MIN/SEN/SCH/122/2025

CONSIDERATION OF THE  
COMMUNITY HEALTH PROMOTERS  
BILL (NATIONAL ASSEMBLY BILLS NO.  
53 OF 2022) (COMMITTEE PAPER NO.124)

- 1) The Secretariat presented a brief on the Community Health Promoters Bill, 2022 (Bill No. 53 of 2022) as contained in Committee Paper No. 124;
- 2) The Committee was informed that the Bill was passed by the National Assembly, with amendments, on 2<sup>nd</sup> December, 2024 and was thereafter referred to the Senate for consideration in accordance with Article 110 (4) of the Constitution. The Bill was introduced in the Senate by way of First Reading on 4<sup>th</sup> December 2024 and thereafter stood committed to the Committee on Health for consideration.
- 3) Pursuant to the provisions of Article 118 of the Constitution and standing order 145 (5) of the Senate Standing Orders, the Standing Committee on Health invited

interested members of the public and stakeholders to submit any representations that they may have on the Bill by way of written memoranda. The invitations were made vide advertisements which appeared in the *Daily Nation* and the *Standard* on Friday, 31<sup>st</sup> January, 2025;

- 4) At the close of the public participation period, a total of five (5) written memoranda had been received by the Committee. A comprehensive list of all submissions, views and proposed amendments were thereafter captured, compiled and presented in a matrix for Committee's consideration. Consequently, these stakeholder submissions were considered by the Committee during its meeting held on 3<sup>rd</sup> April, 2025;
- 5) The Committee was further informed that the Directorate of Legal Services (DLS) had prepared a legal brief which analyzed the Community Health Promoters Bill, 2022 (Bill No. 53 of 2022) for Committee consideration.

#### **Advisory from the Directorate of Legal Services**

- 6) The Committee was informed that the analysis identified potential legal conflicts between the proposed Community Health Promoters Bill and Primary Healthcare Act. It also highlighted the effect on the Bill of the policy directive contained in the presidential directive on state corporations reform contained in the Executive Office of the President Press Release (Issue No. 1 of 2025);
- 7) The Committee was informed that the current law governing the Community Health Promoters is the Primary Healthcare Act, 2023. The Act establishes a comprehensive regulatory framework for community health promoters, vesting selection authority in community participation forums pursuant to section 9(1) with subsequent appointment by county governments. The Act also provides specific qualification criteria under section 9(2) with a major focus on residency and language literacy;
- 8) The Community Health Promoters Bill, 2022, on the other hand, proposes a regulatory framework for the Community Health Promoters which substantially conflicts with the provisions of the Primary Healthcare Act. Two legislative instruments dealing with same subject matter but containing varied provisions have the potential to cause confusion in the implementation and interpretation of the law;
- 9) The Community Health Promoters Bill, 2022 seeks to establish a centralized Community Health Promoters Council as a body corporate with the primary responsibility of regulating the Community Health Promoters profession. However, the Primary Health Care Act, 2023 clearly mandates the County Governments to be in charge of the community health promoters including their selection, designation of functions, registration and overseeing the ethical standards.

- 10) The Bill seeks to enforce ethical standards through the establishment of a professional code of conduct for community health promoters. The Primary Health Care Act on the other hand codifies specific ethical obligations directly in section 11(3)(a) to (e) of the Act;
- 11) The Committee was further informed that the Presidential directive (Issue No. 1 of 2025, dated 21<sup>st</sup> January 2025) seeks to reorganize state corporations by merging entities with duplicating functions and also declassifying professional bodies categorized as state corporations. The Directive provides that the thirteen professional bodies currently categorized as state corporations should be declassified and should not be financed through budgetary allocations;
- 12) The Committee was informed that the entities affected by this directive are largely professional bodies in the Health Sector including –
  - a) The Clinical Officers Authority
  - b) Council of the Institute of Nutritionists and Dieticians
  - c) Kenya Health Professionals Oversight Authority
  - d) Kenya Medical Laboratory Technicians and Technologists Board
  - e) Kenya Medical Practitioners and Dentists Council
  - f) Public Health Officers and Technicians Council and
  - g) Nursing Council of Kenya
- 13) The Community Health Promoters Bill establishes the Community Health Promoters Council under clause 3 with a budgetary funding model similar to the professional bodies listed above. While the directive is not binding to Parliament, it shapes the policy direction when dealing with government agencies. The proposal therefore goes against the spirit of the presidential directive issued on 21<sup>st</sup> of January, 2025.
- 14) During deliberations the Committee Observed that-
  - (1) Currently, the Community Health Promoters are fully under the mandate of the County Governments. The enactment of the Community Health Promoters Bill in its current form proposes the transfer of this function to a Council consisting largely of persons representing the national government. This would undermine the role of counties in the provision of healthcare service whereas the health function is a devolved function under Part 2 of the Fourth Schedule to the Constitution; and
  - (2) The Primary Healthcare Act deliberately classifies community health promoters outside professional designation. Their appointment through employment rather than advanced educational qualifications represents a clear legislative intent to establish them as community facilitators rather than professionals with regulatory oversight and autonomous practice authority.

**Committee Resolution**

15) with the foregoing, the Committee resolved to seek views from the Cabinet Secretary, Ministry of Health and the Chairperson, Council of Governors on the Bill with specific emphasis on the following issues-

- (1) The implementation status of sections 8-13 of the Primary Health Care Act, 2023 in the counties;
- (2) The number of Community Health Promoters hired and registered across the 47 counties since the enactment of the Primary Healthcare Act, 2023;
- (3) The challenges, if any, faced by the county governments in the management of the Community Health Promoters;
- (4) The Ministry's position on setting out formal education qualifications for Community Health Promoters beyond the current requirements as set out in the Primary Healthcare Act, 2023;
- (5) The Ministry's views on establishment of a regulatory body such as the proposed Community Health Promoters Council; and
- (6) Any legislative and/or policy interventions that can be instituted to strengthen the existing Community Health Promoters Program.

MIN/SEN/SCH/123/2025

ANY OTHER BUSINESS

Members raised concerns over lack of publicity and media coverage in mainstream and social media including Senate Weekly Journal. They further raised concerns over the inordinate time taken to update the Committee activities on the social media.

MIN/SEN/SCH/124/2025

ADJOURNMENT

The meeting was adjourned at fifty minutes past twelve noon. The next meeting would be held on Tuesday 13<sup>th</sup> May, 2025 at 11.00 am.

SIGNED: .....

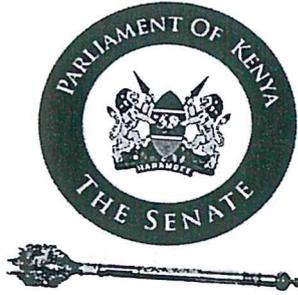


DATE.....

29/05/2025

SEN. JACKSON K. ARAP MANDAGO, EGH, MP  
(CHAIRPERSON, COMMITTEE ON HEALTH)





**13<sup>TH</sup> PARLIAMENT | 4<sup>TH</sup> SESSION**

**MINUTES OF THE TWELFTH SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON THURSDAY, 3<sup>RD</sup> APRIL 2025 AT 10.00 AM IN BUNGE TOWERS, COMMITTEE ROOM 3.**

**MEMBERS PRESENT**

- |  |                    |
|--|--------------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson      |
| 2. Sen. Mariam Sheikh Omar, MP           | - Vice-Chairperson |
| 3. Sen. Richard Onyonka, MP              | - Member           |
| 4. Sen. Tabitha Mutinda, MP              | - Member           |
| 5. Sen. Joseph Githuku Kamau, MP         | - Member           |
| 6. Sen. Hamida Kibwana, MP               | - Member           |

**ABSENT WITH APOLOGY**

- |  |          |
|--|----------|
| 1. Sen. Justice (Rtd.) Stewart Madzayo, EGH MP | - Member |
| 2. Sen. Ledama Olekina, MP                     | - Member |
| 3. Sen. David Wakoli, MP                       | - Member |

**SENATE SECRETARIAT**

- |                         |                           |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. David Ngamate    | - Clerk Assistant         |
| 3. Mr. Gilbert Juma     | - Legal Counsel           |
| 4. Mr. Ryan Injendi     | - Research Officer        |
| 5. Mr. Dennis Amunavi   | - Research Officer        |
| 6. Ms. Lilian Onyari    | - Fiscal Analyst          |
| 7. Mr. Ian Otieno       | - Audio Assistant         |
| 8. Purity Nginyi        | - Attaché (DSEC)          |

**MIN/SEN/SCH/063/2025**

**PRELIMINARIES**

The Chairperson called the meeting to order at twenty minutes past ten o'clock and the proceedings commenced with a word of prayer said by the Chairperson.

**MIN/SEN/SCH/064/2025**

**ADOPTION OF THE AGENDA**

The agenda of the meeting was adopted after being proposed by Sen. Joseph Githuku Kamau, MP, and seconded by Sen. Hamida Kibwana, MP, as listed below-

- 1) Prayers;
- 2) Adoption of the Agenda;
- 3) Confirmation of Minutes of the previous meetings;
  - (1) Minutes of the 2<sup>nd</sup> meeting held on 27<sup>th</sup> February, 2025;
  - (2) Minutes of the 9<sup>th</sup> meeting held on 13<sup>th</sup> March 2025; and
  - (3) Minutes of the 10<sup>th</sup> meeting held on 18<sup>th</sup> March 2025.
- 4) Matters arising from Minutes of the previous meeting
- 5) Consideration of the Community Health Promoters Bill, 2024 (National Assembly Bill No. 53 of 2022 (Committee Paper No. 114);
- 6) Consideration of the Tobacco Control (Amendment) Bill (Senate Bills No.35 of 2024) (Committee Paper No.113);
- 7) Any other business; and
- 8) Adjournment/Date of the Next Meeting.

**MIN/SEN/SCH/065/2025**

**CONFIRMATION OF THE MINUTES OF THE PREVIOUS SITTINGS**

Confirmation of the Minutes of the previous meeting was deferred following re-organisation of the agenda

**MIN/SEN/SCH/066/2025**

**MATTERS ARISING FROM MINUTES OF THE PREVIOUS MEETINGS**

There were no matters arising from the Minutes of the previous meeting following reorganisation of the agenda

**MIN/SEN/SCH/067/2025**

**CONSIDERATION OF COMMUNITY HEALTH PROMOTERS BILL, 2024 (NATIONAL ASSEMBLY BILL NO. 53 OF 2022;**

- 1) The Secretariat presented the Community Health Promoters Bill, 2024 (National Assembly Bill No. 53 of 2022) as contained in Committee Paper No. 114 for consideration.
- 2) The Committee was informed that the Community Health Promoters Bill, 2024 (National Assembly Bill No.53 of 2022) was introduced in the Senate by way of First Reading on 4<sup>th</sup> December, 2024 and thereafter stood committed to the Standing Committee on Health for consideration. Pursuant to standing order 145 of the Senate Standing Orders, the Committee is required to facilitate public participation and to consider the views and recommendations of the public when it submits its report to the Senate;
- 3) The principal object of the Bill is to regulate community health promoters by establishing the Community Health Promoters Council to regulate the profession and also by providing for registration, training and disciplining of community health promoters;

- 4) The Committee was informed that while the Country had made significant strides in its efforts to achieve universal health care by implementing various strategies such as Kenya Primary Healthcare Strategic Framework 2019-2024, the Kenya Community Health Policy 2020-2030 and the Primary Healthcare Act. No. 13 of 2023, there have been gaps in legislation particularly on training and registration of community health promoters;
- 5) The Committee was further informed that in accordance with the provisions of Article 118 of the Constitution and standing order 145 (5) of the Senate Standing Orders, the Committee subsequently through public advertisements had invited interested members of the public to submit any representations that they may have on the Bill by way of written memorandum. The received submissions had been tabulated in a matrix for Committee consideration; and
- 6) Following consideration of the Matrix on stakeholder submissions, the Committee resolved to prepare its report for consideration during the next meeting.

**MIN/SEN/SCH/068/2025**

**CONSIDERATION OF THE TOBACCO CONTROL (AMENDMENT) BILL (SENATE BILLS NO. 35 OF 2024) (COMMITTEE PAPER NO.113);**

The Consideration of the Tobacco Control (Amendment) Bill (Senate Bills No 35 of 2024) was pended to the next meeting due to time constraints.

**MIN/SEN/SCH/069/2025**

**ANY OTHER BUSINESS**

1. The Committee resolved to be holding meetings at 11:00 a.m. to provide Members sufficient time to attend to other competing responsibilities and meetings that commence earlier; and
2. Members raised concerns over the incessant lack of teas and refreshments and audio recording equipment during Committee meetings.

**MIN/SEN/SCH/070/2025**

**ADJOURNMENT**

The meeting was adjourned at half past one o'clock. The next meeting was scheduled to be held on Monday 7<sup>th</sup> April 2025 at 10.00 a.m.

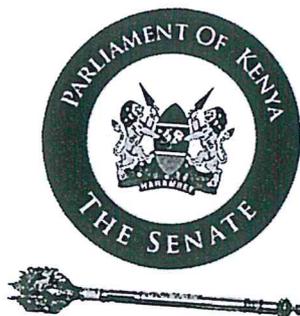
**SIGNED:**

**DATE 08/05/2025**



**SEN. JACKSON K. ARAP MANDAGO, EGH, MP  
(CHAIRPERSON, COMMITTEE ON HEALTH)**





**13<sup>TH</sup> PARLIAMENT | 4<sup>TH</sup> SESSION**

**MINUTES OF THE TWENTY SEVENTH (27<sup>TH</sup>) SITTING OF THE STANDING  
COMMITTEE ON HEALTH HELD ON THURSDAY, 29<sup>TH</sup> MAY, 2025 AT 10.00  
PM IN BUNGE TOWERS, FIRST FLOOR COMMITTEE ROOM 4**

**MEMBERS PRESENT**

- |  |                    |
|--|--------------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson      |
| 2. Sen. Mariam Omar, MP                  | - Vice Chairperson |
| 3. Sen. Ledama Olekina, MP               | - Member           |
| 4. Sen. David Wakoli, MP                 | - Member           |
| 5. Sen. Richard Onyonka, MP              | - Member           |
| 6. Sen. Tabitha Mutinda, MP              | - Member           |

**ABSENT WITH APOLOGY**

- |  |          |
|--|----------|
| 1. Sen. Justice (Rtd.) Stewart Madzayo, EGH MP | - Member |
| 2. Sen. Joseph Githuku Kamau, MP               | - Member |
| 3. Sen. Hamida Kibwana, MP                     | - Member |

**SENATE SECRETARIAT**

- |                         |                           |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. David Ngamate    | - Clerk Assistant         |
| 3. Mr. Gilbert Juma     | - Legal Counsel           |
| 4. Mr. Ryan Injendi     | - Research Officer        |
| 5. Ms. Lilian Onyari    | - Fiscal Analyst          |
| 6. Mr. Ian Otieno       | - Audio Assistant         |
| 7. Mr. Jamie Otieno     | - Attache' (DSEC)         |

**MIN/SEN/SCH/141/2025**

**PRELIMINARIES**

The Chairperson called the meeting to order at fifteen minutes past ten o'clock and the proceedings commenced with a word of prayer said by the Chairperson and a round of introductions.

MIN/SEN/SCH/142/2025

ADOPTION OF THE AGENDA

The agenda of the meeting was adopted after being proposed by Sen. David Wakoli, MP, and seconded by Sen. Mariam Omar, MP, as listed below -

- 1) Prayers;
- 2) Adoption of the Agenda;
- 3) Confirmation of the Minutes of the 23<sup>rd</sup> Sitting held on Thursday 8<sup>th</sup> May, 2025;
- 4) Matters arising from the Minutes of the Previous Committee Meeting;
- 5) Consideration and Adoption of the Committee Report Community Health Promoters Bill, 2024 (National Assembly Bill No. 53 of 2022 (Committee Paper No.128));
- 6) Any other business; and
- 7) Adjournment/Date of the Next Meeting.

MIN/SEN/SCH/143/2025

CONFIRMATION OF MINUTES

The Minutes of the 23<sup>rd</sup> meeting held on Thursday 8<sup>th</sup> May, 2025 were confirmed as a true record of the proceedings having been proposed by Sen. Richard Onyonka, MP and seconded by Sen. Tabitha Mutinda, MP.

MIN/SEN/SCH/144/2025

CONSIDERATION AND ADOPTION OF  
THE COMMITTEE REPORT ON THE  
COMMUNITY HEALTH PROMOTERS  
BILL, 2022 (NATIONAL ASSEMBLY BILL  
NO. 53 OF 2022

1. The Secretariat presented the Committee Report on the Community Health Promoters Bill, 2022 (National Assembly Bill No. 53 of 2022) for consideration as contained in Committee Paper No. 128;
2. The Committee was informed that the Ministry of Health (MoH) had submitted that the provisions of the Bill are similar to the provisions in the Primary Health Care (PHC) Act, 2023 which could lead to conflict in application of the law relating to Community Health Promoters. The Ministry had consequently proposed that efforts should be made towards developing regulations to strengthen the implementation of the PHC Act, 2023;
3. The Committee was further informed that the Council of Governors (CoG) had submitted that county governments are in the process of implementing sections 3-13 of the PHC Act, 2023 and that some counties had even enacted their own Community Health Services Acts and developed attendant regulations to implement these laws.
4. The Committee was further informed the CoG had instead recommended that the CHP program should be strengthened and as such the MoH should hasten the development of regulations under the Primary Health Care Act. It was further recommended that the county governments should, where necessary, enact their own community health services laws that take into account their specific unique circumstances in the implementation of community health services.

**Committee Observations**

5. The Committee observed that the submissions by the Ministry of Health and the Council of Governors were consistent with its observation that the Bill would create an unnecessary legislative duplication with existing statutory frameworks.

**Committee Resolution**

6. The Committee unanimously adopted its report on the Community Health Promoters Bill, 2022 (National Assembly Bill No. 53 of 2022).
7. The adoption of the report was proposed by Sen, Mariam Sheikh Omar, MP and seconded by Sen. Ledama Olekina, MP.

**MIN/SEN/SCH/145/2025**

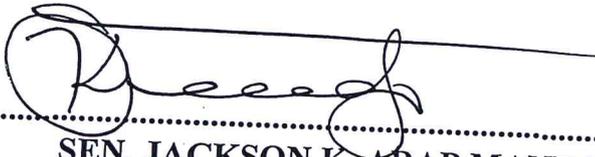
**ANY OTHER BUSINESS**

The Committee resolved to undertake County Oversight and Networking Engagement in Kirinyaga, Laikipia, Isiolo, Meru and Garissa counties during the recess scheduled to take place between 12<sup>th</sup> June and 7<sup>th</sup> July, 2025

**MIN/SEN/SCH/146/2025**

**ADJOURNMENT**

The meeting was adjourned at eighteen minutes past eleven o'clock. The next meeting would be held on notice

SIGNED:  DATE: 12/6/2025  
SEN. JACKSON K. ARAP MANDAGO, EGH, MP  
(CHAIRPERSON, COMMITTEE ON HEALTH)



## **ANNEX 2 -**

**The Community Health Promoters  
Bill, 2022  
(National Assembly Bills)  
(Bill No. 53 Of 2022)**





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**REPUBLIC OF KENYA**

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**PARLIAMENT**

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**NATIONAL ASSEMBLY BILLS**  
*(Bill No. 53 of 2022)*

**THE COMMUNITY HEALTH PROMOTERS BILL, 2022**

(A Bill published in the Kenya Gazette Supplement No. 183 of 2022 and passed by the National Assembly, with amendments, on Wednesday, 20<sup>th</sup> November, 2024)

**N.A. /B/No. 53/2022**

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**THE COMMUNITY HEALTH PROMOTERS BILL,  
2022**

**ARRANGEMENT OF CLAUSES**

*Clause*

**PART I—PRELIMINARY**

1—Short title.

2—Interpretation.

**PART II—ESTABLISHMENT, FUNCTIONS AND  
POWERS OF THE COMMUNITY HEALTH  
PROMOTERS COUNCIL**

3—Establishment of the Council.

4—Headquarters of the Council.

5—Functions of the Council.

6—Membership of the Council.

7—Term of office.

8—Vacation of office.

9—Powers of the Council.

10—Conduct of business and affairs of the Council.

11—Remuneration.

12—Staff.

13—Experts.

14—Common seal.

15—Protection from personal liability.

16—Liability for damages.

**PART III—REGISTRATION AND TRAINING OF  
COMMUNITY HEALTH PROMOTERS**

17—Appointment of Registrar.

18—Qualification of the Registrar.

19—Functions of the Registrar.

20—Particulars of the register.

21—Inspection of the register.

22—Registration and effect of registration.

23—Prescribed courses for registration.

24—Surrender of certificates.

25—Use of titles.

#### **PART IV—DISCIPLINE**

26—Establishment of a Disciplinary Committee.

27—Disciplinary powers of the Committee.

28—Proceedings of the Disciplinary Committee.

#### **PART V—FINANCIAL PROVISIONS**

29—Funds of the Council.

30—Financial year.

31— Annual estimates.

32— Accounts and audit.

33—Annual report.

#### **PART VI—PROVISIONS ON DELEGATED LEGISLATION**

34—Regulations.

#### **PART VII—TRANSITIONAL PROVISIONS**

35—Transitional provisions.

#### **FIRST SCHEDULE**

#### **CONDUCT OF BUSINESS AND AFFAIRS OF THE BOARD**

#### **SECOND SCHEDULE**

#### **PRESCRIBED COURSES**

**THE COMMUNITY HEALTH PROMOTERS BILL, 2022**

**A Bill for**

**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**

**ENACTED** by the Parliament of Kenya, as follows—

**PART I—PRELIMINARY**

1. This Act may be cited as the Community Health Promoters Act, 2022. Short title.

2. In this Act, unless the context otherwise requires— Interpretation.

“Cabinet Secretary” means the Cabinet Secretary for the time being responsible for matters relating to health;

“certificate” means a certificate of registration issued by the Council to a person entitled to be registered under this Act;

“community health unit” has the meaning assigned to it under section 2 of the Primary Health Care Act, 2023; No. 13 of 2023.

“Council” means the Community Health Promoters Council established under section 3;

“County Chief Officer of Health” means a county chief officer of health appointed under section 45 of the County Governments Act; Cap. 265.

“community health promoter” has the meaning assigned to it under section 2 of the Primary Health Care Act, 2023; No. 13 of 2023.

“register” means the register of community health promoters which the Registrar is required to maintain under section 19; and

“Registrar” means the person appointed as a Registrar under section 17 of this Act.

**PART II—ESTABLISHMENT, FUNCTIONS AND  
POWERS OF THE COMMUNITY HEALTH  
PROMOTERS COUNCIL**

3. (1) There is established a Council to be known as the Community Health Promoters Council. Establishment of  
the Council.

(2) The Council shall be a body corporate with perpetual succession and a common seal and shall, in its corporate name, be capable of—

- (a) suing and being sued;
- (b) taking, purchasing or otherwise acquiring, holding, charging and disposing of movable and immovable property;
- (c) borrowing money or making investments;
- (d) entering into contracts; and
- (e) doing or performing all other things or acts necessary for the proper performance of its functions under this Act, which may lawfully be done or performed by a body corporate.

4. The headquarters of the Council shall be in Nairobi. Headquarters of  
the Council.

5. The Council shall perform the following functions— Functions of the  
Council.

- (a) assess the qualifications of community health promoters;
- (b) ensure the maintenance and improvement of the standards of practice by community health promoters;
- (c) establish a professional code and supervise the professional conduct and practice of community health promoters;
- (d) take the necessary disciplinary measures in cases of violations of professional conduct and discipline;
- (e) maintain the register and keep a record of all community health promoters registered under this Act;
- (f) collaborate with other bodies such as the Kenya Medical Practitioners and Dentists Council, the Central Board of Health, the Clinical Officers

Council of Kenya, the Nursing Council of Kenya and the Pharmacy and Poisons Board, in furtherance of the functions of the Council and these bodies;

- (g) advise the Cabinet Secretary and county governments on community health matters; and
- (h) consider and deal with any other matter pertaining to community health promoters including prescribing badges, insignia or uniforms to be worn by community health promoters.

6. (1) The Council shall consist of—

Membership of  
the Council.

- (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 Organisations Coordination Board;
- (c) one person nominated by the Public Health Officers and Technicians Council;
- (d) two persons with knowledge and experience in matters of community health appointed 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; and
- (f) the Registrar who shall be the secretary and an *ex officio* member of the Council.

(2) The Chairperson shall be appointed by the Cabinet Secretary from amongst the members under subsection (1) (d) and (e).

(3) A person shall not be qualified for appointment as a member of the Council under subsection (1)(d) and (e) if the person—

- (a) has been and remains removed from the register or his or her registration, enrolment or licence has been suspended under section 27(a) and (b);

(b) has been removed from public office for contravening the Constitution or any other law; or

(c) is an undischarged bankrupt.

(4) All appointments shall be notified in the *Gazette*.

7. The members appointed under section 6 (1)(b), (c), (d) and (e) shall hold office for a term of three years and shall be eligible for reappointment for one further term.

Term of office.

8. (1) A member of the Council, other than an *ex-officio* member, shall cease to be a member of the Council if such person—

Vacation of office.

(a) is unable to perform the functions of the office by reason of mental or physical infirmity;

(b) is adjudged bankrupt;

(c) is convicted of a criminal offence and sentenced to a term of imprisonment of more than six months;

(d) is absent from three consecutive meetings of the Council without good cause;

(e) resigns in writing by a notice addressed to the Cabinet Secretary;

(f) dies; or

(g) is removed in accordance with the provisions of the Constitution.

(2) The Council shall be properly constituted notwithstanding a vacancy in its membership.

9. The Council shall have all the powers necessary for the proper performance of its functions under this Act and in particular, but without prejudice to the generality of the foregoing, the Council shall have the power to—

Powers of the Council.

(a) manage, control and administer its assets in such a manner and for such purposes as best promotes the purpose for which the Council is established;

(b) open such bank accounts for its funds as may be necessary;

(c) determine the provisions to be made for capital and recurrent expenditure and for the reserves of

the Council;

- (d) subject to approval of the Cabinet Secretary for the time being responsible for matters relating to finance, invest any of the Council's funds not immediately required for the purposes of this Act, as it may determine;
- (e) receive gifts, grants, donations or endowments made to the Council and make disbursements therefrom;
- (f) enter into association with such other bodies or organisations within or outside Kenya as it may consider desirable or appropriate and in furtherance of the purposes for which the Council is established; and
- (g) undertake any activity necessary for the fulfilment of any of its functions.

**10.** The Council shall conduct its affairs in accordance with the provisions of the First Schedule, but subject thereto, the Council may regulate its own procedure.

Conduct of business and affairs of the Council.

**11.** The members of the Council shall be paid such remuneration, allowances and disbursements for expenses as may be approved by the Cabinet Secretary in consultation with the Salaries and Remuneration Commission.

Remuneration.

**12.** The Council may appoint such officers, agents and staff as are necessary for the proper and efficient discharge of the functions of the Council under this Act, upon such terms and conditions of service as the Council may determine in consultation with the Salaries and Remuneration Commission.

Staff.

**13.** (1) The Council may engage the services of such experts in respect of any of its functions in which the experts have special competence.

Experts.

(2) A person attending a meeting as an expert under this section may participate in any discussion at the meeting but shall not vote.

**14.** (1) The common seal of the Council shall be kept in the custody of the Registrar or of such other person as

Common seal.

the Council may direct, and shall not be used except on the order of the Council.

(2) The affixing of the common seal of the Council shall be authenticated by the signature of the Chairperson and the Registrar.

(3) The Council shall in the absence of either the Chairperson or the Registrar, in any particular matter, nominate one member of the Council to authenticate the seal of the Council on behalf of either the Chairperson or the Registrar.

(4) The common seal of the Council when affixed to a document and duly authenticated, shall be judicially and officially noticed, and unless the contrary is proved, any necessary order or authorization by the Council under this section shall be presumed to have been duly given.

15. (1) No matter done by a member of the Council or by any officer, member of staff or agent of the Council shall, if the matter or thing is done *bona fide* for the purpose of executing the functions, powers or duties of the Council under this Act, render the member, officer, employee or agent or any person acting on their directions personally liable in an action, claim or demand whatsoever.

Protection from  
personal liability.

(2) Any expenses incurred by any person in any suit or prosecution brought against him or her in any court, in respect of any act which is done or purported to be done by him or her under the direction of the Council, shall, if the court holds that such act was done *bona fide*, be paid out of the funds of the Council, unless such expenses are recovered by him or her in such suit or prosecution.

16. The provisions of section 15 shall not relieve the Council of the liability to pay compensation or damages to any person for any injury to him or her, his or her property or any of his or her interests caused by the exercise of any power conferred by this Act or any other written law or by the failure, wholly or partially, of any works.

Liability for  
damages.

### PART III — REGISTRATION AND TRAINING OF COMMUNITY HEALTH PROMOTERS

17. (1) There shall be a Registrar of the Council recruited and appointed by the Council through a

Appointment of  
Registrar.

competitive process.

(2) The Registrar shall hold office on such terms and conditions of employment as the Council may determine.

18. A person shall qualify for appointment as the Registrar if that person —

Qualification of the Registrar.

- (a) is a citizen of Kenya;
- (b) has a minimum of a degree from a university recognised in Kenya; and
- (c) is a registered community health promoter with at least ten years' experience in community health.

19. The Registrar shall—

Functions of the Registrar.

- (a) receive applications for registration;
- (b) advise the Council on matters relating to the profession;
- (c) keep and maintain a register of community health promoters;
- (d) publish on its website a list of the names, addresses and qualifications of the registered community health promoters not later than 31st March in every year; and
- (e) subject to the directions of the Council, make any necessary alterations or corrections in the register in relation to an entry including the deletion of names of community health promoters who have died and entries which have been fraudulently or incorrectly made.

20. (1) The register shall contain the following particulars of community health promoters—

Particulars of the register.

- (a) name and address;
- (b) qualifications of the community health promoter; and
- (c) place of business or employment of the community health promoter.

(2) A community health promoter shall notify the Registrar of any change of particulars.

21. Any person may inspect the register and any documents relating to any entry, and may obtain from the Registrar, a copy of, or an extract from the register on payment of the prescribed fee.

Inspection of the register.

22. (1) A person shall be qualified for registration, if he or she—

Registration and effect of registration.

(a) has successfully undergone a prescribed course of training at an approved training institution;

(b) has applied for registration in the prescribed form;

(c) has paid the prescribed fees for registration;

(d) has engaged in training under the supervision of a registered community health promoter for such period, being not less than one year or such period as the Council may prescribe; and

(e) is a fit and proper person to be registered.

(2) Any person who is aggrieved by the decision of the Council not to register him or her may appeal to the High Court within sixty days of such refusal and the High Court may confirm, annul or vary the Council's decision.

(3) The Registrar shall, with the approval of the Council, issue to every person registered under this Act a certificate of registration in the prescribed form.

23. The prescribed courses for a person to qualify to be registered as a community health promoter shall be as set out in the Second Schedule.

Prescribed courses for registration.

24. A person whose name is removed from the register for any reason shall within thirty days of publication of the removal in the *Gazette*, surrender his or her certificate of registration to the Council for cancellation.

Surrender of certificates.

25. The Council shall prescribe such title or titles as may be used to denote that a person is registered under this Act.

Use of titles.

#### PART IV — DISCIPLINE

26. (1) There is established the Community Health Promoters Disciplinary Committee.

Establishment of a Disciplinary Committee.

(2) The Committee shall consist of—

- (a) the Chairperson of the Council;
- (b) one representative of the Cabinet Secretary who shall not be a member of the Council;
- (c) a representative of the Attorney-General with at least ten years' experience as an advocate of the High Court;
- (d) a representative of the Public Health Officers and Technicians Council; and
- (e) one community health promoter nominated by the Council of County Governors.

(3) The Registrar of the Council shall be the Secretary to the Disciplinary Committee but shall have no voting power.

(4) The quorum of the Committee shall be three members.

(5) The Disciplinary Committee shall receive and investigate complaints against community health promoters in accordance with the rules and regulations under this Act.

(6) Subject to this Act, the Disciplinary Committee shall regulate its own procedures.

27. The Disciplinary Committee may make the following orders against a community health promoter —

Disciplinary powers of the Committee.

- (a) removal from the register;
- (b) suspension of registration; or
- (c) imposition of a fine.

28. (1) Upon an inquiry held by the Committee, the person whose conduct is being inquired into shall be afforded an opportunity of being heard either in person or through an advocate.

Proceedings of the Disciplinary Committee.

(2) For the purposes of proceedings at any inquiry held by the Disciplinary Committee, the Committee may administer an oath, and may subject to any regulation made under this Act, enforce attendance of persons as witnesses and the production of books and documents.

(3) Any person whose name has been removed from the register shall forthwith surrender to the Council his or

her certificate of registration.

(4) A community health promoter who contravenes subsection (3) commits an offence and upon conviction, shall be liable to a fine not exceeding twenty thousand shillings.

(5) A community health promoter who is aggrieved by the decision of the Council in the exercise of its powers under this section may, within sixty days from the date of the decision of the Council, appeal to the High Court.

#### **PART V—FINANCIAL PROVISIONS**

**29.** The Funds of the Council shall consist of—

Funds of the  
Council.

- (a) such monies as may be appropriated by the National Assembly for the purposes of the Council;
- (b) such monies as may be payable to the Council pursuant to this Act or any other written law;
- (c) gifts, grants, donations or endowments as may be given to the Council;
- (d) any funds provided by bilateral or multilateral donors, for the purpose of the Council;
- (e) fees for services rendered by the Council; and
- (f) monies from any other lawful source provided for the Council.

**30.** The financial year of the Council shall be the period of twelve months ending on the thirtieth of June in each year.

Financial year.

**31.** At least three months before the commencement of each financial year, the Council shall cause to be prepared estimates of revenue and expenditure of the Council for that year.

Annual estimates.

**32.** (1) The Council shall cause to be kept proper books and records of accounts of the income, expenditure, assets and liabilities of the Council.

Accounts and  
audit.

(2) Within the period of three months after the end of each financial year, the Council shall submit to the Auditor-General, the accounts of the Council in respect of that year together with—

- (a) a statement of income and expenditure during the year; and
  - (b) a balance sheet of the Council on the last day of that year.
- (3) The accounts of the Council shall be audited and reported upon in accordance with the provisions of the Public Audit Act. Cap.412B.

33. The Council shall, before the end of June in each year, cause a report on the work carried out by the Council during that financial year to be supplied to the Cabinet Secretary, and shall cause such further information as may be required by the Cabinet Secretary from time to time to be supplied. Annual report.

#### PART VI—PROVISIONS ON DELEGATED LEGISLATION

34. (1) The Cabinet Secretary may in consultation with the Council, make regulations for the better carrying into effect the functions of the Act. Regulations.

(2) Without prejudice to the generality of subsection (1), the regulations made under this section may provide for—

- (a) the attendance of witnesses and the production of books and documents at an inquiry held by the Disciplinary Committee;
  - (b) the forms to be used in connection with this Act;
  - (c) the fees to be charged under this Act; and
  - (d) the standards and conditions of professional practice of a person registered or licensed under this Act.
- (3) For the purpose of Article 94(6) of the Constitution—
- (a) the purpose and objective of the delegation under this section is to enable the Cabinet Secretary to make rules to provide for the better carrying into effect the provisions of this Act;
  - (b) the authority of the Cabinet Secretary to make regulations under this Act will be limited to

bringing into effect the provisions of this Act and fulfilment of the objectives specified under this section; and

- (c) the principles and standards applicable to the rules made under this section are those set out in the Interpretation and General Provisions Act and the Statutory Instruments Act.

Cap. 2.  
Cap. 2A.

#### **PART VII—TRANSITIONAL PROVISIONS**

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.

Transitional  
provisions.

**FIRST SCHEDULE (s. 10)**

**CONDUCT OF BUSINESS AND AFFAIRS OF THE COUNCIL**

1. (1) The Council shall meet not less than four times in every financial year and not more than two months shall lapse between the date of one meeting and the date of the next meeting. Meetings.

(2) A meeting of the Council shall be held on such date and at such time as the Chairperson shall appoint.

(3) Unless the majority of the membership of the Council otherwise agree, at least fourteen days' notice of every meeting shall be given to every member.

(4) The Chairperson shall on the written application of at least one-third of the members, convene a special meeting of the Council.

(5) The quorum for the conduct of the business of the Council shall be four members at least two of whom shall be members appointed under section 6 (1)(d).

(6) The Chairperson shall, when present, preside at every meeting of the Council but the members present shall elect one member to preside whenever the Chairperson is absent, and the person so elected shall have all the powers of the Chairperson with respect to that meeting and the business transacted thereat.

(7) Unless an unanimous decision is reached, a decision on any matter before the Council shall be by a majority of the votes of the members present and voting, and in case of an equality of votes, the Chairperson or the person presiding shall have a casting vote.

(8) Subject to subparagraph (5), no proceedings of the Council shall be invalid by reason only of a vacancy among the members thereof.

2. (1) A member who has an interest in any contract, or other matter present at a meeting shall at the meeting and as soon as reasonably practicable after the commencement, disclose the fact thereof and shall not take part in the consideration or discussion of, or vote on, any questions with respect to the contract or other matter, or be counted in Disclosure of interest by Council members.

the quorum of the meeting during consideration of the matter.

(2) A disclosure of interest made under subparagraph (1) shall be recorded in the minutes of the meeting at which it is made.

(3) A member of the Council who contravenes subparagraph (1) commits an offence and is liable on conviction to imprisonment for a term not exceeding six months, or to a fine not exceeding one hundred thousand shillings, or to both.

3. Any contract or instrument which, if entered into or executed by a person not being a body corporate, would not require to be under seal, may be entered into or executed on behalf of the Council by any person generally or specially authorized by the Council.

Execution of  
instruments.

4. The Council shall cause minutes of all resolutions and proceedings of meetings of the Council to be entered in books kept for that purpose.

Minutes.

**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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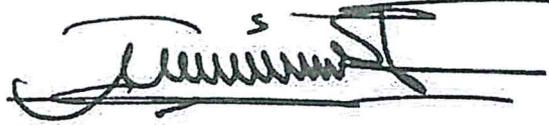
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*The Community Health Promoters Bill, 2022*

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I certify that this printed impression is a true copy of the Bill passed by the National Assembly on the 20<sup>th</sup> November, 2024.



*Clerk of the National Assembly*

Endorsed for presentation to the Senate in accordance with the provisions of Standing Order 142 of the National Assembly Standing Orders.



*Speaker of the National Assembly*

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## **ANNEX 3 –**

# **Advertisements as Published in The Media**



REPUBLIC OF KENYA



THIRTEENTH PARLIAMENT | THIRD SESSION  
THE SENATE

INVITATION FOR SUBMISSION OF MEMORANDA

**THE KENYA HEALTH PRODUCTS AND TECHNOLOGIES REGULATORY AUTHORITY BILL,  
2024 (NATIONAL ASSEMBLY BILL NO.54 OF 2022)**

The Kenya Health Products and Technologies Regulatory Authority Bill, 2024 (National Assembly Bill No.54 of 2022) was read a First Time in the Senate on Wednesday, 4<sup>th</sup> December, 2024 and thereafter stood committed to the Standing Committee on Health for consideration. The Committee is required, under standing order 145(5) of the Senate Standing Orders, to facilitate public participation on the Bill and to take into account the views and recommendations of the public when the Committee makes its report to the Senate.

The principal object of the Bill is to establish a comprehensive legal framework for the regulation of health products and technologies, to safeguard public health through development of a regulatory system to ensure safety, quality, efficacy, effectiveness and performance of health products and to establish the Kenya Health Products and Technologies Regulatory Authority.

In accordance with the provisions of Article 118 of the Constitution and standing order 145 (5) of the Senate Standing Orders, the Standing Committee on Health now invites interested members of the public to submit any representations that they may have on the Bill by way of written memoranda.

The memoranda may be submitted to the Clerk of the Senate, P.O. Box 41842-00100, Nairobi, hand-delivered to the Office of the Clerk of the Senate, Main Parliament Buildings, Nairobi or emailed to [clerk.senate@parliament.go.ke](mailto:clerk.senate@parliament.go.ke) and copied to [healthcommittee.senate@parliament.go.ke](mailto:healthcommittee.senate@parliament.go.ke) to be received on or before **Friday, 14<sup>th</sup> February, 2025 at 5.00 p.m.**

The Bill and a digest that summarizes the contents and context of the Bill may be accessed on the Parliament website at <http://www.parliament.go.ke/the-senate/house-business/bills>.

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

REPUBLIC OF KENYA



THIRTEENTH PARLIAMENT | THIRD SESSION  
THE SENATE

INVITATION FOR SUBMISSION OF MEMORANDA

**THE COMMUNITY HEALTH PROMOTERS BILL, 2024 (NATIONAL ASSEMBLY BILL  
NO.53 OF 2022)**

The Community Health Promoters Bill, 2024 (National Assembly Bill No. 53 of 2022) was read a First Time in the Senate on Wednesday, 4<sup>th</sup> December, 2024 and thereafter stood committed to the Standing Committee on Health for consideration. The Committee is required, under standing order 145(5) of the Senate Standing Orders, to facilitate public participation on the Bill and to take into account the views and recommendations of the public when the Committee makes its report to the Senate.

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



**JOB ADVERTISEMENT – ESAMI/VAC/2025/001/DFHRA**

The Eastern and Southern African Management Institute (ESAMI) is an intergovernmental regional management development centre. The Institute was established with the primary objective of providing the region with trained personnel in a number of critical areas including policy management, transportation management, financial management, information technology management, health management, human resources management, project management, energy and environment management and gender management among others.

**The Opportunity**

In its pursuit of excellence in leadership and management capacity building across Africa, ESAMI seeks a suitably qualified and experienced person to fill the vacancy of the Director Finance, Human Resource and Administration at its Headquarters in Arusha, Tanzania.

The job holder is responsible for the Institute's long-term financial health and growth. This includes planning, organizing, coordinating, leading, directing, and managing the functions and operations of the Finance, Human Resource and Administration directorate. The Director provides strategic leadership and oversight in the effective management of financial resources, human capital, and administrative operations of the institute. This role is instrumental in ensuring the organization's financial sustainability, optimal human resource performance, and efficient administrative processes to support the achievement of the Institute's overall objectives. The position reports to the Director General and supervises the Chief Accountant, Manager Human Resources, Manager ICT and Digital and Procurement Officer.

**Duties and Responsibilities**

- Responsibilities of all accounting and financial matters of the Institute and ensuring that accurate accounting and Finance records are maintained and kept up to date.
- Developing and operating sound accounting, financial control and budgeting systems and evaluate their effectiveness.
- Developing cash flow requirements of the Institute for short and long-term providing advance information on the cost effectiveness of the various Institute activities.
- Providing financial planning and analysis of services involving long term forecast of revenue, expenditure and investments and recommending remedial measures for any adverse trends on the financial position of the Institute.
- Ensuring prompt production of accurate reports (weekly, quarterly, semiannually, and annually) for auditing and publication in accordance with the requirement of the Agreement Establishing the Institute's Accounting Manual.
- Oversee the administration of grants, subventions and loans and advising on the financing of major projects.
- Oversee the building of a workforce for the institute through attracting, developing, and retaining high caliber employees and developing a high-performance culture to improve the competitiveness of the institute.
- Oversee the provision of appropriate and adequate facilities and property to cater for staff, the number of Programmes on offer and students' enrollment.
- Oversee the procurement of goods and services to support the Institute's delivery of services to both its external and internal customers.
- Establish and direct the implementation of the Digital and Technology Division's strategic plan in alignment with the Institute's Strategic Plan.
- Provision of financial planning and analysis services, including long-term revenue and expenditure forecasts, with recommendations for mitigating adverse financial trends.
- Timely production of accurate reports, ranging from weekly to annual, compliant with the Institute's Accounting Manual.
- Oversight of grants, subventions, loans administration, and advising on major project financing.
- Ensuring the development and operation of effective budgeting, financial control methods, and accounting procedures.

**Entry Qualifications**

Master's degree in finance, accounting or business administration or in any other relevant field with relevant professional qualification and member of a relevant professional body such as CPA, ACCA, CIA, etc. At least ten (10) years' experience of which eight (8) years must be in senior managerial position in a similar organization.

**In Service Structure**

Master's degree in finance, accounting or business administration or in any other relevant field. Relevant professional qualification and member of a relevant professional body such as CPA, ACCA, CIA, etc. with five (5) years' experience.

**Competences**

- Strategic thinker
- Interpersonal skills
- Team player and collaborator
- Conflict resolution and Negotiation skills
- Adaptability
- Strong ethics and morals
- Problem solving and decision-making.
- Analytical skills

**Mode of Application**

Applications with CV, copies of certificates and testimonials, and three (3) referees should be addressed and emailed to:

The Director General  
ESAMI  
P.O. BOX 3030  
Arusha, Tanzania

Email: [jobs@esami-africa.org](mailto:jobs@esami-africa.org)

Only applications sent by email will be considered. Closing Date - 14th February 2025



REPUBLIC OF KENYA



THIRTEENTH PARLIAMENT | THIRD SESSION  
THE SENATE

INVITATION FOR SUBMISSION OF MEMORANDA  
THE KENYA HEALTH PRODUCTS AND TECHNOLOGIES REGULATORY AUTHORITY  
BILL, 2024 (NATIONAL ASSEMBLY BILL NO.54 OF 2022)

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

REPUBLIC OF KENYA



THIRTEENTH PARLIAMENT | THIRD SESSION  
THE SENATE

INVITATION FOR SUBMISSION OF MEMORANDA  
THE COMMUNITY HEALTH PROMOTERS BILL, 2024  
(NATIONAL ASSEMBLY BILL NO.53 OF 2022)

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



COUNTY GOVERNMENT OF MOMBASA



PUBLIC PARTICIPATION ON THE PREPARATION OF THE COUNTY FISCAL STRATEGY  
PAPER (CFSP) 2025, PROGRAMME BASED BUDGET (PBB) AND THE MEDIUM-TERM  
EXPENDITURE FRAMEWORK (MTEF) 2025/2026 - 2027/2028

The County Government of Mombasa is in the process of preparing the County Fiscal Strategy Paper 2025, Programme Based Budget and the Medium-Term Expenditure Framework 2025/2026 - 2027/2028 and seeks to take into account the views of the public and all stakeholders. In compliance with Section 117 (1) and Section 125(2) of the Public Finance Management Act 2012, the County Government Act 2012 and Article 201 of the Constitution of Kenya which calls for Transparency, Inclusivity, Accountability and public participation in all financial matters.

In line with the above provisions the County Government has organized for public participation fora at the sub County level. All members of the public, County Development Partners, Professionals, civil society representatives and other interested groups are therefore invited to attend the fora on the venues and dates scheduled below:

S/N	DATE	SUB COUNTY	VENUE	TIME
1	Wednesday,	Changamwe	Changamwe Social Hall	9.00 Am - 12.00 Pm
2	12 <sup>th</sup> February, 2025	Jomvu	Mikindani Social Hall	9.00 Am - 12.00 Pm
3		Kisauini	Mtopanga Catholic Church	9.00 Am - 12.00 Pm
4		Nyali	Kongowea Social Hall	9.00 Am - 12.00 Pm
5		Likoni	Likoni Social Hall	9.00 Am - 12.00 Pm
6		Mvita	Tononoka Social Hall	9.00 Am - 12.00 Pm

Publicly submit your views or proposals by 21<sup>st</sup> February 2025 on priority sectors, programmes and projects to be factored in the County Fiscal Strategy Paper 2025, for the MTEF 2025/2026 - 2027/2028 period to the County Finance through the County Secretary, Sub County Administrators or Ward Administrators. For more information contact the undersigned through:

CECM, Finance and Economic Planning  
P.O. Box 90440-80100 Mombasa  
Website: [www.mombasa.go.ke](http://www.mombasa.go.ke)  
Email: [cecm.finance@mombasa.go.ke](mailto:cecm.finance@mombasa.go.ke)

Copies of the draft CFSP 2025 and the Budget Sector Ceilings 2025/26 can be obtained from the County website [www.mombasa.go.ke](http://www.mombasa.go.ke) for review by the public.

AN FARUK  
COUNTY SECRETARY  
COUNTY GOVERNMENT OF MOMBASA



REPUBLIC OF KENYA  
COUNTY ASSEMBLY OF TRANS NZOIA  
COUNTY ASSEMBLY HALL  
TEL No: 054-31380/31617  
Email: [transnzoiaassembly@gmail.com](mailto:transnzoiaassembly@gmail.com)



PUBLIC PARTICIPATION/SUBMISSION OF MEMORANDA

Pursuant to article 118(1)(b) of the constitution of Kenya 2010 and the public finance management Act 2012 sec 132(c) and the standing order 185(3) of the county assembly of Trans Nzoia, the chairpersons public participation, lands, Finance and Economic planning committees invite members of the public, Civil Society organizations, special interests groups and professionals to participate and or submit representations to the public hearings in the matters of consideration.

- I. The County Finance Bill 2024.
- II. VALUATION AND RATING BILL 2024.

Scheduled as below.

DATE	TIME	SUB COUNTY	VENUE
Friday 7 <sup>th</sup> February 2025	9.00 AM	Town wards	Kitale Museum
		Kwanza	Kwanza Polytechnic
		Kiminini/Saboti	Kiminini Catholic Church Hall
		Cherang'any	Kachibora Catholic Church
		Endebess	KAG Church Endebess

Written Memoranda and submissions may be deposited at the office of the Clerk addressed to;

The Clerk of the County Assembly  
PO Box 4221-30200, KITALE.

On or before 7<sup>th</sup> February 2025.

Copies of the above documents may be downloaded from the County Assembly website: [www.transnzoiaassembly.go.ke](http://www.transnzoiaassembly.go.ke).

CLERK OF COUNTY ASSEMBLY



**ANNEX 4 -**

**THE BILL DIGEST**



PARLIAMENT OF KENYA  
THE SENATE  
SENATE BILLS DIGEST  
THE COMMUNITY HEALTH PROMOTERS BILL, 2022  
(NATIONAL ASSEMBLY BILLS NO. 53 OF 2022)

---

**Sponsor:** Senate Majority Leader  
**Date of First Reading:** 4<sup>th</sup> December, 2024  
**Committee referred to:** Standing Committee on Health  
**Type of Bill:** Ordinary Bill

**1. PURPOSE OF THE BILL**

The principal object of the Bill is to regulate community health promoters by establishing the Community Health Promoters Council to regulate the profession and also by providing for registration, training and disciplining of community health promoters.

**2. BACKGROUND OF THE BILL**

Kenya has made significant strides in its efforts to achieve universal health care by implementing various strategies. The *Kenya Primary Healthcare Strategic Framework 2019–2024* places a strong emphasis on primary health care as the key driver for achieving health equity. Additionally, the *Kenya Community Health Policy 2020–2030* recognizes community health as a crucial entry point into the overall health system. The *Primary Health Care Act, No. 13 of 2023*, aims to strengthen primary healthcare as part of a comprehensive health legislation package to advance universal healthcare. The Act formalises community health delivery through community health promoters organised in community health units.

There have however been gaps in legislation particularly on training and registration of community health promoters.

**Current Law**

The Primary Health Care Act provides that for a person to be appointed as a community health promoter, the person needs to be—

- (a) a citizen of Kenya;
- (b) above the age of 18 and of sound mind; and
- (c) a responsible and respected member of the community;
- (d) a resident of the respective community for a continuous period of not less than five years prior to the appointment date;
- (e) literate and can read and write in at least one of the national languages and the local language

The person to be appointed also needs to understand the role of a community health promoter, and should not be disqualified for appointment to office by the above criteria of by any other law.

The role of the Community Health Promoters is to facilitate access to and ensure the effective delivery of community health services at the community.

Although the Act provides that each county director of health shall keep and maintain a register of all community health promoters working in the county, there are no requirements for community health promoters to be part of any professional organization.

### *The rationale for the Bill*

The Bill therefore, seeks to put in place mechanisms for registration and disciplining of community health promoters.

## **3. OVERVIEW OF THE BILL**

### *What is the role of the Community Health Promoters Council?*

The Bill establishes the Community Health Promoters Council whose functions are to—

- (a) assess the qualifications of community health promoters;
- (b) ensure the maintenance and improvement of the standards of practice by community health promoters;

- (c) establish a professional code and supervise the conduct and practice of community health promoters;
- (d) take the necessary disciplinary measures in cases of violations of professional conduct and
- (e) discipline;
- (f) maintain the register and keep a record of all community health promoters registered under this Act;
- (g) collaborate with other bodies such as the Kenya Medical Practitioners and Dentists Council, the Central Board of Health, the Clinical Officers, Council - of - Kenya; the Nursing Council of Kenya and the Pharmacy and Poisons Board, in furtherance of the functions of the Council and these bodies;
- (h) advise the Cabinet Secretary and county governments on community health matters; and
- (i) consider and deal with any other matter pertaining to community health promoters including prescribing badges, insignia or uniforms to be worn by community health promoters.

***Who are the members of the Council?***

The Council consists of the following—

- (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 Organisations Coordination Board;
- (c) one person nominated by the Public Health Officers and Technicians Council;
- (d) two persons with knowledge and experience in matters of community health appointed 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; and
- (f) the Registrar who shall be the secretary and an ex officio member of the Council.

***Who chairs the council?***

The Chairperson is to be appointed by the Cabinet Secretary from among the persons in paragraphs (d) and (e) above.

***What are the qualifications for appointment as the Registrar of the Council?***

The registrar is to be appointed by the council, and he or she qualifies for appointment if the person—

- (a) is a citizen of Kenya;
- (b) has a minimum of a degree from a university recognised in Kenya; and
- (c) is a registered community health promoter with at least ten years' experience in community health.

***What are the functions of the Registrar?***

The functions of the registrar are to—

- (a) receive applications for registration;
- (b) advise the Council on matters relating to the profession;
- (c) keep and maintain a register of community health promoters;
- (d) publish on its website a list of the names, addresses and qualifications of the registered
- (e) community health promoters not later than 31<sup>st</sup> March in every year; and
- (f) subject to the directions of the Council, make any necessary alterations or corrections in the register in relation to an entry including the deletion of names of community health promoters who have died and entries which have been fraudulently or incorrectly made.

***Who qualifies for registration as a community health promoter?***

A person qualifies for registration as a community health promoter if he or she—

- (a) has successfully undergone a prescribed course of training at an approved training institution;
- (b) has applied for registration in the prescribed form;
- (c) has paid the prescribed fees for registration;

- (d) has engaged in training under the supervision of a registered community health promoter for such period, being not less than one year or such period as the Council may prescribe; and
- (e) is a fit and proper person to be registered.

***What courses does a person need to undertake to qualify for registration as a Community Health Promoter?***

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.

***Who is responsible for disciplining community health promoters?***

The Community Health Promoters Disciplinary Committee is responsible for receiving and investigating disputes against community health promoters. Members of the Committee include—

- (a) the Chairperson of the Council; ---
- (b) one representative of the Cabinet Secretary who shall not be a member of the Council;
- (c) a representative of the Attorney-General with at least ten years' experience as an advocate of the High Court;
- (d) a representative of the Public Health Officers and Technicians Council; and
- (e) one community health promoter nominated by the Council of County Governors.

*What shall happen to community health promoters who have not yet undertaken the prescribed courses at the time the Act comes into force?*

The Council shall ensure that community health promoters who have not undertaken the prescribed courses do so within twenty four months upon the commencement of this Act so that they can qualify for registration.

#### **4. CONSEQUENCES OF THE BILL**

The Bill will provide for registration and disciplining of persons working as community health promoters, so as to ensure that the public are served by duly qualified and registered professionals.

#### **5. WAY FORWARD**

*What next?*

Pursuant to standing order 145 of the Senate Standing Orders, the Standing Committee on Health shall facilitate public participation and shall take into account the views and recommendations of the public when the committee submits its report to the Senate.

*What is expected of the members of public?*

The members of the public are expected to present their views to the Standing Committee on Health for its consideration.

*Next step*

The Bill was Read a First Time in the Senate on ..... Pursuant to standing order 148 of the Senate Standing Orders, the Committee is required to submit its report to the Senate within thirty (30) calendar days of the committal of the Bill to the Committee, therefore, by .....

**Note:**

**ANNEX 5 -**

**LEGAL BRIEF ON THE BILL**

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REPUBLIC OF KENYA



13<sup>TH</sup> PARLIAMENT | FOURTH

SESSION THE SENATE

DIRECTORATE OF SOCIO-ECONOMIC COMMITTEES

STANDING COMMITTEE ON HEALTH

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LEGAL BRIEF ON THE COMMUNITY HEALTH PROMOTERS BILL, 2022

---

Clerk's  
Chambers,  
The Senate,  
First Floor, Parliament Buildings,  
**NAIROBI**

MAY, 2025

## **1. Background**

- 1.1. The brief analyses the Community Health Promoters Bill, 2022 (Bill No. 53 of 2022) in light of the existing Primary Health Care Act (No. 13 of 2023), and the Presidential directive on state corporation's reform.
- 1.2. The analysis identifies potential legal conflicts between the proposed Community Health Promoters Bill and Primary Healthcare Act. Additionally, the brief highlights the effect on the Bill of the policy directive contained in the Presidential directive on state corporations reform contained in the Executive Office of the President Press Release (Issue No. 1 of 2025).

## **2. Potential Conflicts between the Community Health Promoters Bill, 2022 and the Primary Healthcare Act, 2023.**

- 2.1. The current law governing the Community Health Promoters is the Primary Healthcare Act, 2023. The Act establishes a comprehensive regulatory framework for community health promoters, vesting selection authority in community participation forums pursuant to section 9(1) with subsequent appointment by county governments. The Act also provides specific qualification criteria under section 9(2) with a major focus on residency and language literacy.
- 2.2. The Act provides for the functions of Community Health Promoters under section 11(1), (2) and (3). These functions include health education provision, disease prevention, household monitoring, first aid services, referrals to health facilities, community-based surveillance, psychosocial support, and management of community health data. In undertaking the functions, section 11(3) mandates the community health promoters to observe ethical conduct, confidentiality, and accurate record keeping. Section 26 on the other hand deals with the disciplinary measures to be undertaken against community health promoters.
- 2.3. Section 12 explicitly mandates county directors of health to keep and maintain a register of all community health promoters, thereby instituting a county-based registration system.
- 2.4. The Community Health Promoters Bill, 2022 proposes a regulatory framework for the Community Health Promoters which substantially conflicts with the provisions of the Primary Healthcare Act. Two legislative instruments dealing with same subject matter but containing varied provisions have the potential to cause confusion in the implementation and interpretation of the law.

- 2.5. The Community Health Promoters Bill, 2022 seeks to establish a centralized Community Health Promoters Council as a body corporate with the primary responsibility of regulating the Community Health Promoters profession. The Primary Health Care Act (enacted in 2023) on the other hand clearly mandates the County Governments to be in charge of the community health promoters including their selection, designation of functions, registration and overseeing the ethical standards. The proposals in the Bill would mark a shift from a county-based system to a national government-based system of registration and regulation of Community Health Promoters.
  - 2.6. Under sections 12 (1) and (2) of the Primary Healthcare Act particularly, the responsibility to register the Community Health Promoters is vested in the County Governments (exercised by county health directors). On the contrary, the Bill places the responsibility to register Community Health Promoters on the Community Health Promoters Council (exercised by the Registrar).
  - 2.7. The qualification requirements in clause 22(1) of the Bill differ substantially from those provided under section 9 (2)(a) to (g) of the Primary Healthcare Act, proposing the creation of two inconsistent standards for the same professional category. The Primary Healthcare Act places emphasis on Community Health Promoters being literate and knowing how to read and write in at least one national language as well as being a resident of the community as qualifications for appointment as a community health promoter. On the other hand, the Community Health Promoters Bill places emphasis on training from a recognized institution.
  - 2.8. The Bill seeks to enforce ethical standards through the establishment of a professional code of conduct for community health promoters. The Primary Health Care Act on the other hand codifies specific ethical obligations directly in section 11(3)(a) to (e) of the Act.
  - 2.9. The Community Health Promoters Bill, 2022 establishes a formalized institutional disciplinary structure under sections 26 to 28, creating a Disciplinary Committee with quasi-judicial powers to conduct inquiries, administer oaths, compel document production, and issue removal orders. On the contrary, the Primary Health Care Act employs a statutory approach under section 23, directly specifying prohibited conduct and corresponding penalties.
3. **The Community Health Promoters Bill vis the Presidential directive on state corporations reform contained in the Executive Office of the President Press Release (Issue No. 1 of 2025).**

- 3.1. The Presidential directive (Issue No. 1 of 2025, dated 21<sup>st</sup> January 2025) seeks to reorganize state corporations by merging entities with duplicating functions and also declassifying professional bodies categorized as state corporations.
- 3.2. The Directive provides that the thirteen professional bodies currently categorized as state corporations should be declassified and should not be financed through budgetary allocations. The directive further places a moratorium on the affected entities prohibiting them from further hiring of additional staff or altering existing staff structures or salary scales, or undertaking major capital projects.
- 3.3. It must be noted that the entities affected by this directive are largely professional bodies in the Health Sector including –
  - a) The Clinical Officers Authority
  - b) Council of the Institute of Nutritionists and Dieticians
  - c) Kenya Health Professionals Oversight Authority
  - d) Kenya Medical Laboratory Technicians and Technologists Board
  - e) Kenya Medical Practitioners and Dentists Council
  - f) Public Health Officers and Technicians Council and
  - g) Nursing Council of Kenya
- 3.4. The Community Health Promoters Bill establishes the Community Health Promoters Council under clause 3 with a budgetary funding model similar to the professional bodies listed above. While the directive is not binding to Parliament, it shapes the policy direction when dealing with government agencies. The proposal therefore goes against the spirit of the presidential directive issued on 21<sup>st</sup> of January, 2025.

#### **4. Whether Community Health Promoters Are Professionals**

- 4.1. The Oxford English Dictionary defines a profession as “a type of job that needs special training or skill, especially one that needs a high level of education.” The Cambridge dictionary also defines a profession to mean “any type of work that needs special training or a particular skill, often one that is respected because it involves a high level of education.”
- 4.2. A profession therefore constitutes a specialized occupation requiring advanced education, formal qualification, and adherence to established ethical standards. Essential elements of a profession include — specialized knowledge, regulatory oversight, professional autonomy, fiduciary responsibilities to clients, continuing competency requirements, and membership in professional organizations that enforce disciplinary frameworks and practice standards.

- 4.3. The Primary Healthcare Act excludes professional designation for community health promoters through absence of advanced education and recognizing them as community health facilitators rather than autonomous practitioners with independent authority. In fact, based on the Primary Healthcare Act, one earns the title of a community health promoter by dint of employment. As such, the community health promoters do not meet the requisite elements of a profession.

## 5. Observations

- 5.1. The Primary Healthcare Act, 2023 is the primary law governing the Community Health promoters in Kenya. The law provides for the registration, selection, appointment, ethical standards, discipline and remuneration of Community Health Promoters. The enactment of the Community Health Promoters Bill, 2022 therefore superfluous and may create confusion in the regulations of Community Health promoters.
- 5.2. Currently, the Community Health Promoters are fully under the mandate of the County Governments. The enactment of the Community Health Promoters Bill in its current form proposes the transfer of this function to a Council consisting largely of persons representing the national government. This would undermine the role of counties in the provision of healthcare service whereas the health function is a devolved function under Part 2 of the Fourth Schedule to the Constitution.
- 5.3. The Bill's proposal to establish the Community Health Promoters Council funded by the government goes against the spirit of the presidential directive issued on 21<sup>st</sup> of January 2025 mandating the declassification of professional regulatory bodies and prohibiting their continued finance through budgetary allocations. It must be noted however that this directive is not binding to Parliament.
- 5.4. The Primary Healthcare Act deliberately classifies community health promoters outside professional designation. Their appointment through employment rather than advanced educational qualifications represents a clear legislative intent to establish them as community facilitators rather than professionals with regulatory oversight and autonomous practice authority.

## 6. Way Forward

From the above, the committee may consider–

- a) recommending that the Senate reject the Bill in the current form to avoid creating two parallel legislations touching on professional regulation of

Community Health Promoters that could lead to ambiguity and confusion in the implementation of the law;

- b) amending the Primary Health Care Act to specifically strength sections 8 to 13 which deal with the primary healthcare workers to enhance professional standards as opposed to setting up a new regulatory authority;
- c) retaining the registration of Community Health Promoters with the County Governments to save on costs and also adhere to the spirit of the Presidential directive issued on January 21<sup>st</sup> 2025 on the restructuring of State Corporations; or
- d) seeking the views of the Cabinet Secretary for Health and the Council of County Governors on the viability of the legislative proposal to avoid disrupting the effective functioning of the health sector.

**DIRECTORATE OF LEGAL SERVICES, SENATE**

# ANNEX 6 –

## MATRIX OF STAKEHOLDER SUBMISSION



**THE SENATE STANDING COMMITTEE ON HEALTH**  
**STAKEHOLDER VIEWS ON THE COMMUNITY HEALTH PROMOTERS BILL, 2022**  
**(NATIONAL ASSEMBLY BILL NO. 53 OF 2022)**

Following the public participation conducted by the Committee, the following stakeholders submitted their views for consideration —

1. Community Health Services & Development Officers Association (CHESOA)
2. Society of Community Health Caregivers (SOCHE)
3. Advocates for Community Health Volunteers of Kenya (ACHVO-K)
4. The Community Health Promoters of Kenya
5. Mrs. Grace Akinyi on behalf of Community Health Promoters

The views of the stakeholders are captured in the Matrix below.

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
<b>Title</b>	Community Health Services Development Officers Association (CHESOA)	Delete the title “Community Health Promoters Bill, 2025” and replace with “Community Health Officers Bill, 2025”	According to the Primary Health Care Act No. 13 of 2023, CHPs are supervised by Community Health Officers. The bill’s academic requirements match those for officers, not promoters. Most CHPs don’t meet these	The Committee rejects the proposal for change of the title, noting that the Primary Healthcare Act defines Community Health Officers as “ <i>trained health professionals</i> ” who supervise community health promoters. Since these officers belong to

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
			standards and would be rendered redundant without amendment.	already recognized health professions, maintaining “Community Health Promoters Bill, 2022” ensures proper legislative alignment and preserves special focus on Community Health Promoters.
<b>2. Interpretation</b>	Community Health Services & Development Officers Association (CHESOA)	Amend the definitions to provide as follows – “ <i>Council</i> ” means the Community Health Officers Council established under section 3; Delete community health promoter and replace with— “ <i>Community health officer</i> ” means a health professional trained in community health who is assigned to supervise community health promoters		The Committee rejects the incorporation of Community Health Officers within this Bill’s scope, as such practitioners are already recognized health professionals under existing regulatory frameworks. The Committee determines that regulation of these officers falls outside the Bill’s intended purview, which specifically addresses Community Health Promoters.

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
		<p>under their community health units.</p> <p>“<i>Register</i>” means the register of community Health officers which the registrar is required to maintain under section 19</p> <p>“<i>Association</i>” means Community Health Services and Development Officers Association.</p>		
<p><b>2. Interpretation</b></p>	<p>Society of Community Health Caregivers (SOCHE)</p>	<p>Amend the definition of the “<i>Council</i>” to: means the Community Health Council established under section 3;</p> <p>Introduce a definition of a Community Health officer immediately after the definition of a County Chief Officer of Health has as follows –</p>	<p>The Council should govern all community health practice. Community Health Officers, though established in Primary Health Act No. 13 of 2023, are not included in this bill, creating a regulatory gap.</p>	<p>The Committee rejects the incorporation of Community Health Officers within this Bill’s scope, as such practitioners are already recognized health professionals under existing regulatory frameworks. The Committee determines that regulation of these officers falls outside the Bill’s intended purview, which specifically</p>

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
		<p><i>“Community Health Officer” has the meaning assigned to it under section 2 of the Primary Healthcare Act No. 13 of 2023 and is licensed under this Act.</i></p>		<p>addresses Community Health Promoters.</p>
<p><b>2. Interpretation</b></p>	<p>Society of Community Health Caregivers (SOCHE)</p>	<p>Amend the definition of the “register” to—  means the register of community health officers and promoters which the Registrar is required to maintain under section 19, and</p>	<p>Community health officers deliver services alongside promoters but remain unregulated, contradicting the Health Act of 2017 that mandates regulation of all healthcare professionals.</p>	<p>The Committee rejects the incorporation of Community Health Officers within this Bill’s scope, as such practitioners are already recognized health professionals under existing regulatory frameworks. The Committee determines that regulation of these officers falls outside the Bill’s intended purview, which specifically addresses Community Health Promoters.</p>
<p><b>PART II- ESTABLISHMENT, FUNCTIONS AND POWERS OF THE</b></p>	<p>Community Health Services &amp; Development</p>	<p>Replace “Community Health Promoters Council?”</p>	<p>To align the bill with the suggested title as well as the</p>	<p>The Committee rejects the incorporation of Community Health Officers within this Bill’s scope, as such practitioners are</p>

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
<p><b>COMMUNITY HEALTH PROMOTERS' COUNCIL</b></p>	<p>Officers Association (CHESOA)</p>	<p>with "Community Health Officers Council"</p>	<p>Primary Health Care Act no. 13 of 2023.</p>	<p>already recognized health professionals under existing regulatory frameworks. The Committee determines that regulation of these officers falls outside the Bill's intended purview, which specifically addresses Community Health Promoters.</p>
<p><b>3(1) Establishment of the council</b></p>	<p>Community Health Services Development Officers Association (CHESOA)</p>	<p>Replace "Community Health Promoters Council" with the Community Health Officers Council</p>	<p>To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.</p>	<p>The Committee rejects the incorporation of Community Health Officers within this Bill's scope, as such practitioners are already recognized health professionals under existing regulatory frameworks. The Committee determines that regulation of these officers falls outside the Bill's intended purview, which specifically addresses Community Health Promoters.</p>

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
<b>3(1) Establishment of the council</b>	Society of Community Health Caregivers (SOCHE)	Delete and replace with: There is established a Council to be known as the Community Health Council	Community health should be regulated as a unified practice. Creating separate regulatory bodies for different cadre's fragments oversight and creates unnecessary complexity.	The Committee rejects the renaming of the council to Community Health Council. There is need to specify that the council is a Community Health Promoters Council to avoid ambiguity.
<b>5(a, b, c, e, h) Functions of the Council</b>	Community Health Services & Development Officers Association (CHESOA)	Delete "Community Health Promoter" and insert "Community Health Officers"	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.	The Committee rejects the incorporation of Community Health Officers within this Bill's scope, as such practitioners are already recognized health professionals under existing regulatory frameworks. The Committee determines that regulation of these officers falls outside the Bill's intended purview, which specifically addresses Community Health Promoters.

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
5(a) Functions of the council	Society of Community Health Caregivers (SOCHE)	Amend 5(a) to read— assess the qualifications of community health officers and promoters	Kenya needs a dedicated regulatory body for health practitioners. Excluding experienced, trained officers while only recognizing promoters undermines the profession's integrity and ignores valuable expertise.	The Committee rejects the incorporation of Community Health Officers within this Bill's scope, as such practitioners are already recognized health professionals under existing regulatory frameworks. The Committee determines that regulation of these officers falls outside the Bill's intended purview, which specifically addresses Community Health Promoters.
5(b) Functions of the council	Society of Community Health Caregivers (SOCHE)	Amend 5(b) to read— ensure the maintenance and improvement of the standards of practice by community health officers and promoters		The Committee rejects the incorporation of Community Health Officers within this Bill's scope, as such practitioners are already recognized health professionals under existing regulatory frameworks. The Committee determines that regulation of these officers falls outside the Bill's intended purview, which specifically

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
				addresses Community Health Promoters.
<b>5(c) Functions of the council</b>	Society of Community Health Caregivers (SOCHE)	Amend 5(c) to read— establish a professional code and supervise the professional conduct and practice of community health officers and promoters		The Committee rejects the incorporation of Community Health Officers within this Bill's scope, as such practitioners are already recognized health professionals under existing regulatory frameworks. The Committee determines that regulation of these officers falls outside the Bill's intended purview, which specifically addresses Community Health Promoters.
<b>5(e) Functions of the council</b>	Society of Community Health Caregivers (SOCHE)	Amend 5(e) to read— maintain the register and keep a record of all community health officers and promoters registered under this Act		The Committee rejects the incorporation of Community Health Officers within this Bill's scope, as such practitioners are already recognized health professionals under existing regulatory frameworks. The Committee determines that

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
				regulation of these officers falls outside the Bill's intended purview, which specifically addresses Community Health Promoters.
<b>5(h) Functions of the council</b>	Society of Community Health Caregivers (SOCHE)	Amend 5(h) to read – consider and deal with any other matter pertaining to community health officers and promoters including prescribing badges, insignia or uniforms to be worn by community health officers and promoters		The Committee rejects the incorporation of Community Health Officers within this Bill's scope, as such practitioners are already recognized health professionals under existing regulatory frameworks. The Committee determines that regulation of these officers falls outside the Bill's intended purview, which specifically addresses Community Health Promoters.
<b>6(1)(c) Membership of the council</b>	Community Health Services & Development	Delete one person nominated by the Public Health Officers and Technicians Council and	Public Health Officers already have their own regulatory council; their participation creates conflict of interest. The Association's	The committee rejects the proposal taking into account that The Association represents

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
	Officers Association (CHESOA)	insert the General Secretary of the Association	perspective should be represented directly.	Community Health Officers who are not the concern of this Bill.
6(1)(c) Membership of the council	The Community Health Promoters of Kenya	On matters CHO's - outline the functions and also consider their salary to be higher compared to the CHPs		The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.
6(1)(d) Membership of the council	Community Health Services & Development Officers Association (CHESOA)	One person with knowledge and experience in matters community health appointed by the Cabinet Secretary	To donate the extra slot to one lecturer qualified in Community Health and representing institutions training in community health.	Agree. Although there is need for representation from both genders and also the experience should be at least 5 years.
6(1)(g) Membership of the council	Community Health Services & Development Officers Association (CHESOA)	Add "One Lecturer in community health from the department dealing with community health nominated by training institutions"	To represent Community Health Training Institutions by bringing technical expertise and academic excellence to the council.	Agree. There is need for representation from the Academic Staff to the Council.

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
6(1)(e) Membership of the council	Society of Community Health Caregivers (SOCHE)	Delete and replace 6 (1)(e) with— one person nominated by either of the Association or Society of the Community Health Officers or Promoters at interchangeable sequence that the council shall prescribe.	Ensures representation from professional associations that advocate for community health practitioners. Like other health professions, community health practitioners need independence and representation by those who understand their specific challenges.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.
6(1)(d) Membership of the council	Society of Community Health Caregivers (SOCHE)	Delete and replace with 6 (1)(d) With Two Community health officers with training and over five years of experience in Community Health appointed by the cabinet secretary	Only professionals with formal training and substantial field experience can provide informed guidance on community health matters.	Agree. There is need for community health experts to be part of the Council.
6(1)(e) Membership of the council	Society of Community Health Caregivers (SOCHE)	Delete and replace with 6 (1)(e) With two persons, with training qualification in Community health, knowledge and experience	Expertise in Community Health requires comprehensive training in the field. As a Society, we advocate for the appointment	This is already captured in the Bill.

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
		in matters of community health nominated by the Council of County Governors to represent the interests of counties; and	of only qualified and properly trained professionals to be selected by the Council of Governors to serve on the council. Additionally, they must be licensed under this Act.	
Part III - Registration and training of community health promoters	Community Health Services & Development Officers Association (CHESOA)	Replace “Community Health Promoters” with “Community Health Officers”	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.
17(2) Appointment of Registrar	Community Health Services & Development Officers Association (CHESOA)	The Registrar shall hold office for 3 years, (renewable once) on such terms and conditions of employment as the council may determine.	Mwongozo guidelines. To foster professionalism, competitiveness, and ensure international best practices.	Agree.
18(b) Qualification of the Registrar	Community Health Services & Development	Insert “in Community Health” after the word “Degree”	To foster professionalism, the registrar should be well-	Agree

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
	Officers Association (CHESOA)		grounded in community health discipline.	
<b>18(b) Qualification of the Registrar</b>	Society of Community Health Caregivers (SOCHE)	Amend 18(b) to read— has a minimum of a Bachelors Degree in Community Health from a university recognised in Kenya; and	The Registrar of the Council must be a qualified professional with a background in Community Health. It would be inappropriate for an individual without the relevant academic training to oversee the registration of community health practitioners, as this would undermine the integrity and credibility of the profession. This is happening to any other previously regulated cadres.	Agree
<b>18(c) Qualification of the Registrar</b>	Community Health Services Development Officers Association (CHESOA)	Replace “community health promoter” with “Community Health Officer”	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. Community Health Officers are the	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
			personnel to be regulated by the council under this bill.	not the Community Health officers.
<b>18(c) Qualification of the Registrar</b>	Society of Community Health Caregivers (SOCHE)	Amend 18(c) to read—  is registered under this Act as a Community Health Officer with at least six years' experience in Community Health.	The Bachelor's degree in Community Health is relatively new; requiring ten years of experience would exclude qualified professionals. Six years provides sufficient experience while creating a realistic pathway for qualified candidates.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.
<b>19(b) Functions of the Registrar</b>	Society of Community Health Caregivers (SOCHE)	Amend 19 (b) to read—  advise the Council on matters relating to the Community Health profession	Considering that the Registrar is mandated under subsection 19(b) to advise the Council on matters related to the community health profession, it would be impractical for them to effectively fulfill this role without proper training in Community Health. This justifies that that this bill should comprise Community	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
			health officers who can undertake such roles.	
<b>19(c, d, e) Functions of the Registrar</b>	Community Health & Services Development Officers Association (CHESOA)	Replace "community health promoters" with "Community Health Officers"	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.
<b>20(1)(b)(c)(2) Particulars of the register</b>	Community Health & Services Development Officers Association (CHESOA)	Replace "community health promoters" with "Community Health Officers"	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.
<b>22(1)(a) Registration and effect of registration</b>	Community Health & Services Development Officers Association (CHESOA)	Delete "community health promoter" and insert "a Senior Community Health Officer"	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. To ensure that the trainee is adequately trained before they are given responsibilities. To complete the training practice period	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
22(1)(a)	Society of Community Health Caregivers (SOCHE)	Amend 22(1a) to read—  has successfully undergone a training in Community Health approved training institution	<p>(Internship) as required in the medical field.</p> <p>Just like any other health cadres, community health professionals are trained to be either community health promoters or community health officers as established under Primary healthcare Act.</p> <p>The is no need to list several courses that are not related to community health practice as part of qualification. E.g. A Social worker trains in School to earn the title worker, a psychologist trains in school to be a psychologist and perform titles related in their course, Community health HIV testing and counselling is a two weeks course under NASCOP.</p>	<p>Reject. The second schedule already provides for the recognized courses. Reference should just be made to prescribed courses</p>

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
23 Prescribed courses for registration	Community Health & Services Development Officers Association (CHESOA)	Delete "community health promoters" and insert "Community Health Officer"	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.
<b>PART IV - DISCIPLINE</b>	Community Health & Services Development Officers Association (CHESOA)	Delete "Community Health Promoters and Committee" and insert "Community Health Disciplinary Officers Committee"	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.
26(1) Establishment of a Disciplinary Committee	Community Health & Services Development Officers Association (CHESOA)	Delete "Community Health Promoters and Committee" and insert "Community Health Disciplinary Officers Committee"	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. Community Health Officers are the personnel to be regulated by the council under this bill.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.
26(2)(d) Disciplinary Committee membership	Community Health & Services Development	Delete "Public Health Officer" and insert "a"	Public Health Officers are regulated by the Public Health Officers and	The committee rejects the proposal on the grounds that the Bill concerns itself with the

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
	Officers Association (CHESOA)	representative of the Association "	Technicians Council. Their involvement in a different council will bring conflict of interest. Community Health Officers are the personnel to be regulated by the council under this bill. To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.	Community Health Promoters and not the Community Health officers. The Association mentioned is an Association of community health officers.
<b>26(2)(e) Disciplinary Committee membership</b>	Community Health Services & Development Officers Association (CHESOA)	Delete "community health promoter" and insert "Community Officer"	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. Community Health Officers are the personnel to be regulated by the council under this bill.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.
<b>26(5) Disciplinary Committee powers</b>	Community Health Services & Development Officers Association (CHESOA)	Delete "community health promoters" and insert "Community Officers"	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. Community Health Officers are the	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
			personnel to be regulated by the council under this bill.	not the Community Health officers.
27 Disciplinary powers of the Committee	Community Health & Services Development Officers Association (CHESOA)	Delete "community health promoter" and insert "Community Health Officer"	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.
28(4)(5) Proceedings of the Disciplinary Committee	Community Health & Services Development Officers Association (CHESOA)	Replace "community health promoter" with "Community Health Officer"	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.
PART VII TRANSITIONAL PROVISIONS	Community Health & Services Development Officers Association (CHESOA)	All serving officers who are employed under the Scheme of Service for Community Health Services Personnel as of November 2013 shall be considered qualified for registration as Community Health Officers, even if they	Long-serving officers have gained expertise through experiential learning, recognized by the Kenya National Qualifications Authority. This protects the employment status of existing permanent staff.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
		do not possess the prescribed qualifications outlined in this Act.		
<b>35</b> <b>Transitional provisions</b>	Advocates for Community Health Volunteers of Kenya (ACHVO-K)	Grandfather Clause for Experienced CHPs: A grandfather clause should be introduced to automatically register CHPs with at least five years of active service, regardless of formal qualifications.	Current eligibility criteria exclude experienced CHPs who lack formal qualifications but possess valuable practical skills gained through years of service.	The committee rejects the proposal. For uniformity, all community health promoters must be subjected to similar qualifications despite the experience.
<b>35</b> <b>Transitional provisions</b>	Society of Community Health Caregivers (SOCHC)	Amend 35 to read: Upon the commencement of this Act, the Council shall ensure that Community Health Officers and Promoters who have not previously undergone formal training in Community Health enrol in the required approved institution for a community Health course	To uphold professional standards in Community Health service provision, all individuals practicing in the field should possess a minimum qualification in Community Health training.	The Committee Accepts the proposal only to the extent that it affects the community health promoters and not community health officers.

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
		for the purposes of the registration under this Act.		
<b>Second Schedule (s. 23) Prescribed Courses</b>	Advocates for Community Health Volunteers of Kenya (ACHVO-K)	The Bill should explicitly recognize short health-related courses and advocacy training as part of CHP registration eligibility. Training in areas such as primary healthcare, maternal and child health, infectious disease control, emergency response, and health advocacy should be considered valid.	Current restrictions ignore valuable skills gained through on-the-job training, mentorship, and fieldwork. Excluding experienced CHPs without formal credentials would disenfranchise thousands and compromise community health service delivery.	Accept partly. The committee recommends the addition of maternal and child health to the courses listed in the second schedule.
<b>Second Schedule (s. 23) Prescribed Courses</b>	Community Health Services Development Officers Association (CHESOA)	A person is eligible for registration as a Community Health Officer if he or she has completed one of the following courses: 1. Certificate in Community Health	To professionalize Community Health Practice and avoid the confusion brought about by introducing other professions already in existence and with different mandates.	The committee rejects the proposal on the grounds that the Bill concerns itself with the Community Health Promoters and not the Community Health officers.

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
		2. Diploma in Community Health 3. Degree in Community Health		
<b>Second Schedule (s. 23) Prescribed Courses</b>	Society of Community Health Caregivers (SOCHE)	Delete The Entire Second Schedule for The Prescribed Courses.	Several listed professions already have their own regulatory frameworks: counsellors and psychologists (Act No. 14 of 2014), HIV/AIDS training (NASCOP), and social workers (pending legislation). Creating multiple licensing requirements unnecessary bureaucracy. Meanwhile, trained Community Health Officers remain unrecognized despite their relevant expertise. Each profession should maintain a distinct scope of practice.	Reject. There is need for defined courses for community health promoters.

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
<p><b>New Clause: Compensation and Scope of Work</b></p>	<p>Grace Akinyi (Community Health Stakeholder)</p>	<p>Introduce a clause specifying compensation rates, scope of work, and mechanisms for compensating CHPs.</p>	<p>CHPs currently work with minimal or no compensation, which is unsustainable. Fair payment is essential for motivation, retention, and professional standards. The bill should define work scope, hours, and compensation, especially for government program support. Unpaid work undermines fair labor practices.</p>	<p>Reject. The Bill is concerned about the professional regulation of community health promoters and not setting of compensation rates or scope of work. The compensation and scope of work are better addressed by the employer.</p>
<p><b>New Clause: Welfare of CHPs</b></p>	<p>Grace Akinyi (Community Health Stakeholder)</p>		<p>CHPs work in challenging conditions with no clear welfare provisions, which can negatively impact their well-being and effectiveness.</p>	<p>Agree: There is need for county governments to take care of the welfare of the Community Health Promoters</p>
<p><b>What will happen to those not trained yet they have been serving?</b></p>	<p>The Community Health Promoters of Kenya</p>	<p>To include train those already on site and be fully certified from a recognized institution.</p>		

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
6(1)g and h: The CHP/W representation	The Community Health Promoters of Kenya	The CHP/W representation should be elected by CHP and not the cabinet secretary and COG and the person should not have less than 10 years in this field. The chairperson should be elected by council members and he/she should be a CHP/W because this is a CHW bill no appointment.		Reject: Reject. There must be a recognized office in law capable of undertaking the nomination to avoid leaving the issue to CHP's who may find it chaotic nominating one of their own.
Qualification of a registrar - minimum of a degree	The Community Health Promoters of Kenya	Qualification of a registrar - minimum of a degree is too high this begs for the concern to break down the CHW bill/act.		Reject: Part of the work of the Registrar is to advise the council. This will require someone with higher levels of education and therefore the need for a degree as a minimum qualification.
18 section b and c contradict each other	The Community Health Promoters of Kenya			

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
Part v discipline 22 (a)	The Community Health Promoters of Kenya	Amend to provide that for a person to be appointed as a community health promoter, they must have successfully undergone a prescribed course of training at an approved training institution		Agree: This is already captured in the Bill.
26. On d, and e	The Community Health Promoters of Kenya	Let any representative from CHP be made by CHP or be applied for rather than being handled by PSC or COCG who don't know us well.		Reject. There must be a recognized office in law capable of undertaking the nomination to avoid leaving the issue to CHP's who may find it chaotic nominating one of their own.
Under part (v) we should also consider conflict and resolution committee	The Community Health Promoters of Kenya		Under part (v) we should also consider conflict and resolution committee which after its deliberation can now refer to the disciplinary committee for action.	Accept: This is already captured in the Bill.
Under financial provision	The Community Health Promoters of Kenya	To also include CHW salary not stipends there is nowhere in the ACT where CHP/W		Reject. This Bill is only concerned about the professional regulation of community health promoters

CLAUSE	STAKEHOLDER	PROPOSAL	RATIONALE	COMMITTEE OBSERVATIONS/ COMMENTS AND DETERMINATION
		salary and remunerations is outlined but we can see fine for misconduct has been set as not more than 20,000kshs.		and therefore issues touching on salary of the community health promoters can be better addressed by the employer.

Filename: REVISED MATRIX ON COMMUNITY HEALTH PROMOTERS BILL (1)  
Directory: C:\Users\USER\OneDrive\Documents  
Template: Normal.dotm  
Title:  
Subject:  
Author: USER  
Keywords:  
Comments:  
Creation Date: 5/8/2025 6:21:00 AM  
Change Number: 2  
Last Saved On: 5/8/2025 6:21:00 AM  
Last Saved By: Gilbert Juma  
Total Editing Time: 0 Minutes  
Last Printed On: 6/23/2025 8:36:00 AM  
As of Last Complete Printing  
Number of Pages: 26  
Number of Words: 4,723 (approx.)  
Number of Characters: 26,923 (approx.)



## Introduction

The Community Health Promoters Bill, 2022, seeks to establish a framework for the regulation, registration, and training of Community Health Promoters in Kenya. While the Bill is a positive step towards formalizing the role of CHPs, it presents several gaps that require urgent attention to safeguard CHPs' interests, enhance their welfare, and align with existing legislation. This memorandum identifies key issues within the Bill and provides recommendations for amendments that will ensure a robust and comprehensive legal framework for CHPs.

Clause (Existing or New)	Recommendation	Justification
<b>Section 17-21: Registration Procedure</b>	Harmonize the registration procedure with the Primary Healthcare Act of 2023.	The Primary Healthcare Act of 2023 already provides a registration framework for CHPs. Introducing a separate registration process under this Bill creates unnecessary bureaucratic overlap, leading to confusion, inefficiency, and increased administrative burden. Moreover, multiple registration requirements may result in conflicting regulatory standards making it harder for CHPs to navigate the system. Harmonization will ensure consistency, reduce redundancy, and streamline the regulatory process while fostering better coordination between regulatory bodies.
<b>New Clause: Compensation and Scope of Work</b>	Introduce a clause specifying compensation rates, scope of work, and mechanisms for compensating CHPs.	CHPs play a vital role in healthcare but often work with little to no compensation which is unsustainable. The Bill should clearly outline payment rates, define the scope of work including working hours, and establish mechanisms for compensation, especially when CHPs support government programs such as immunization drives, maternal health initiatives, and disease surveillance which are not in the ordinary course of duties. Compensation is essential for sustaining motivation, professionalism, and retention in the CHP workforce. Additionally, failure to compensate CHPs undermines the principle of fair labor practices and discourages long-term commitment to community health services.
<b>New Clause: Welfare of CHPs</b>		CHPs work in challenging conditions with no clear welfare provisions, which can negatively impact their well-being and effectiveness. The

		<p>registration fees places an undue financial burden on them, discouraging participation and formal recognition. Scrapping this requirement ensures inclusivity, allowing all CHPs, regardless of economic status, to register and contribute effectively to community health services. Additionally, waiving fees aligns with the government's commitment to universal healthcare by ensuring that critical health workers are not excluded due to financial constraints.</p>
<p><b>Clause 35: Training Requirements</b></p>	<p>Amend Clause 35 to provide alternative pathways for CHPs with varying educational backgrounds.</p>	<p>The Bill currently mandates specific courses for registration, excluding CHPs with limited formal education. Recognizing prior experience, on-the-job training, and tailored mentorship programs will ensure inclusivity and wider participation. Many CHPs acquire valuable skills through field experience, making rigid academic requirements unnecessary barriers. Alternative pathways, such as competency-based assessments and structured mentorship, will provide a fair and practical approach to recognizing CHPs' contributions and capabilities.</p>

**Conclusion**

The Community Health Promoters Bill, 2022 is a critical step toward regulating and supporting CHPs in Kenya. However, several gaps must be addressed to ensure that CHPs receive fair treatment, adequate compensation, proper welfare provisions, and representation in decision-making bodies. This memorandum outlines necessary amendments to enhance the Bill's effectiveness and ensure it aligns with existing laws and best practices. We urge the Senate to consider these recommendations to create a more inclusive and effective framework for community health promotion in Kenya.

Submitted by;

NAME: Grace Akinyi

PHONE NUMBER: 0701008334

SIGNATURE: Cy

THE COMMUNITY HEALTH PROMOTERS OF KENYA

NAIROBI

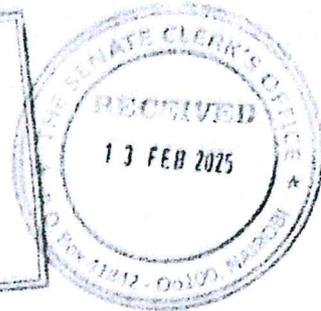
TO THE CLERK OF THE SENATE.

P.O. Box 41482-00100

NAIROBI.

Email: [clerk.senate@parliament.go.ke](mailto:clerk.senate@parliament.go.ke)

Date: 13<sup>th</sup> February 2025.



FROM: THE COMMUNITY HEALTH PROMOTERS OF KENYA

Dear sir/madam

**RE: SUBMISSION OF MEMORANDUM TO THE THE COMMUNITY HEALTH WORKERS AND SERVICE BILL OF THE NATIONAL ASSEMBLY AND SENATE OF 2022 AND 2023 RESPECTIVELY**

The community health promoters of Kenya here by referred to as CHPs / CHWs. On this matter we recognize effort made by both at national and county government in realizing the CHPs are pivotal human resources towards achieving universal health care .Today CHP fraternity stand at over 100,000 members all over Kenya and we are desirous to submit our written memoranda towards the two bills before the senate for and on behalf of the other CHPS.

**Part I under preliminary**

No.2 C. What will happen to those not trained yet they have been serving

To include train those already on site and be fully certified from a recognized institution.

NB: The term community health worker should be broken down coz we have different cadres under this e.g.

- Facility nurse
- Clinical officers
- CHAs/CHOs
- CHPs
- Sub county co-ordinators
- County co-ordinators etc.

DSFC

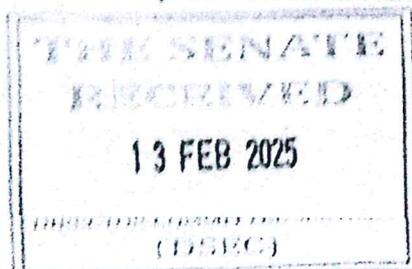
DKS

Kindly deal.

EP

13/02/2025

No.6 (1)g and h- the CHP/W representation should be elected by CHP and not the cabinet secretary and COG and the person should not have less than 10 years in this field



Mr. Rungera  
Kindly deal.  
13/02/2025

The chairperson should be elected by council members and he/she should be a CHP/W because this is a CHW bill no appointment

### **PART III.**

Qualification of a registrar- minimum of a degree is too high this begs for the concern to break down the CHW bill/act

No.18 section b and c contradicts each other

### **Party discipline**

No 22 (a) To include has successfully undergone a prescribed course of training at an approved training institution sponsored by the national government (MOH)

26. On d, and e – let any representative from CHP be made by CHP or be applied for rather than being handled by PSC or COCG who don't know us well.

Under part (v) we should also consider conflict and resolution committee which after its deliberation can now refer to the disciplinary committee for action

### **Under financial provision**

To also include CHW salary not stipends there is nowhere in the ACT where CHP/W salary and remunerations is outlined but we can see fine for misconduct has been set as not more than 20,000kshs.

### **Senate bill memo**

Edit areas where is community health volunteers to read community health promoters/workers

10(3) that CHP shall not be entitled to salary.

CHP should be under certain job group and salaried.

On matters CHC –outline the functions and also consider their salary to be higher compared to the CHPs

18. That we have Nairobi county community service ACT 2019, it will be desirous to align with senate / NA act or will there be a need for another act.

Under part ii – both the county and national government to take into account training of CHP/WS (fully sponsored) and also provide a package of mental health for CHPs/W through semi or annual debrief and self-care just like any other staff of the national and county government under memorandum of object ,

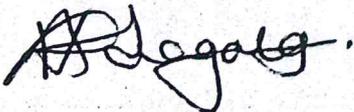
Both bill should be cited as money bill no other way round because it will have to attract resource to cater for services provided.

Presented by:

no	name	Phone	
1.	Adagala adagala	0724347411	NAIROBI
2.	Peter karanja	0722922987	NAIROBI
3.	Asha hamisi	072259639	NAIROBI
4.	Jane nafula	0721469303	BUNGOMA
5.	Patience .m.masale	0726528509	TAITA TAVETA
6.	Paul Njoroge	0724322560	MURANG'A
7.	Andrew lutuyies	0718376140	KAJIADO
8.	Khalifa mzazija	0790636579	MOMBASA
9.	Reginal james	0723532548	KITUI
10.	Musimbi abasi	14431497	BUSIA
11.	Bridgit mutisya	07077979749	KITUI
12.	Mary kimani	0724001697	MURANGA
13.	Stephen baraza wasike	0710262813	BUSIA
14.	Judith ogutu	0714221313	HOMA BAY
15.	Jane Waithera Maina	0725311239	NYANDARUA
16.	Peter mugo	0720303382	EMBU
17.	Peter njiru	0790576671	EMBU
18.	Abdullahi Ahmed	0792429985	NAIROBI
19.	Pius Wakhugu	0711313838	NAIROBI
20.	Teresia Njoki	0726359487	NYERI
21.	Andrew Kahiga	0712462246	MERU
22.	Onesmus Nthiga	0712222748	THARAKA NITHI
23.	Enock Okoya	0713412930	NAKURU
24.	Salim Ogom	0769607471	MARASABIT
25.	Robert Kirambo	0112027509	TAITA-TAVETA
26.	Stephen Koech	0721245273	UASIN GISHU
27.	Judy Muthoni	0724206965	KIRINYAGA
28.	Paul Barno	0725391094	LAIKIPIA

Prepared by:

Adagala Adagala



Nairobi CHP Chairperson,

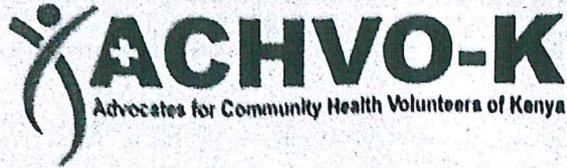
Tel: 0724347411/0732263694

Email: kenadabism82@gmail.com



THE SENATE  
RECEIVED  
17 FEB 2025  
DIRECTOR GENERAL SERVICES  
(DSECS)

THE SENATE CLERK'S OFFICE  
RECEIVED  
14 FEB 2025  
P.O. BOX 17185 - 00100, NAIROBI



P. O. Box 17185 - 00100, Nairobi  
Cell: +254 712 739 085  
Tel: +254 725 666 281  
Email: achvok@gmail.com

# MEMORANDUM ON THE COMMUNITY HEALTH PROMOTERS BILL, 2024 (NATIONAL ASSEMBLY BILL NO. 53 OF 2022)

**TO:**  
The Clerk of the Senate  
P.O. Box 41842-00100, Nairobi  
Email: [clerk.senate@parliament.go.ke](mailto:clerk.senate@parliament.go.ke)

THE SENATE  
RECEIVED  
17 FEB 2025  
DEPUTY CLERK

**FROM:**  
Advocates for Community Health Volunteers of Kenya (ACHVO-K)  
Address: 30108-00100, Nairobi  
Email: [sheervleli@gmail.com](mailto:sheervleli@gmail.com)  
Phone: +254725666281

**DATE:** 14th February 2025

Dear Sir/Madam

**RE:** Submission of Recommendations on the Community Health Promoters Bill, 2024

## 1. Introduction

Advocates for Community Health Volunteers of Kenya (ACHVO-K) is a national body representing **Community Health Promoters (CHPs)** across Kenya. We welcome the **Community Health Promoters Bill, 2024**, as it aims to formalize, professionalize, and strengthen community health services.

While we support the Bill's objectives, we submit this memorandum in response to the call for public participation to ensure that the voices, experiences, and contributions of CHPs are fully recognized in all decision-making processes.

① DSECS  
DHG  
Kindly deal

Ep  
17/02/2025

③ Mr. Ringera  
Kindly deal  
AP  
17/02/25

② DPSEC (BL)  
Kindly deal  
17/02/2025

Our primary concern lies in the **Second Schedule (Section 23)**, which outlines eligibility criteria for CHP registration. The prescribed training requirements may exclude long-serving CHPs who have dedicated years of service to their communities but may not hold formal academic qualifications in the specified fields.

As a national association, we uphold the principle: **"Nothing about CHPs without CHPs."** It is imperative that any law affecting CHPs is inclusive and ensures that all CHPs—both experienced and newly trained—are recognized and integrated into the formal health system.

## 2. Rationale for Supporting the Bill

We believe the **Community Health Promoters Bill, 2024** is crucial as it will:

1. **Recognize CHPs as Essential Healthcare Workers**
  - Legally acknowledge CHPs as an integral part of Kenya's healthcare system.
2. **Ensure Fair Remuneration and Working Conditions**
  - Establish a structured framework for salaries, benefits, and job security.
3. **Standardize Training and Professionalization**
  - Introduce structured training while ensuring that existing CHPs are not unfairly locked out.
4. **Provide Necessary Resources and Equipment**
  - Ensure CHPs have access to essential medical supplies, protective gear, and digital tools.
5. **Enhance Supervision, Support, and Integration**
  - Strengthen linkages between CHPs and formal health facilities.
6. **Establish a Clear Legal and Policy Framework**
  - Secure government accountability and sustained funding for community health programs.

## 3. Concerns on Eligibility Criteria for CHP Registration

**Second Schedule, Section 23** of the Bill outlines that only individuals who have completed training in the following fields will be eligible for registration:

- Community Health
- Psychology
- Counseling
- Social Work
- Community HIV Counseling and Testing
- Immunization
- Community Development
- Health Education or
- Any other relevant training as prescribed by the Cabinet Secretary

## Our Concern:

This restrictive list fails to recognize the skills, knowledge, and practical experience gained by CHPs through years of service. Many CHPs have undergone on-the-job training, mentorship, and fieldwork but lack formal academic certification. Excluding them from registration would disenfranchise thousands of experienced CHPs and weaken community health services.

## 4. Recommendations for Amendments

To ensure that the Bill is inclusive and reflective of the realities of CHPs, we propose the following amendments:

### A. Recognition of Advocacy and Health-Related Training

- The Bill should explicitly recognize short health-related courses and advocacy training as part of CHP registration eligibility.
- Training in areas such as primary healthcare, maternal and child health, infectious disease control, emergency response, and health advocacy should be considered valid.

### B. Grandfather Clause for Experienced CHPs

- A grandfather clause should be introduced to automatically register CHPs with at least five years of active service, regardless of formal qualifications.
- This ensures that those who have been serving communities for years are not unfairly excluded from formal recognition.

### C. Continuous Professional Development (CPD) Instead of Restrictive Entry Requirements

- Instead of imposing rigid academic requirements at entry, the Bill should introduce Continuous Professional Development (CPD) to allow CHPs to upgrade their skills over time.
- CHPs should be given opportunities to participate in training programs and competency-based assessments while continuing to serve their communities.

### D. Recognition of Prior Learning and Experience

- The Bill should incorporate a Recognition of Prior Learning (RPL) framework, allowing experienced CHPs to qualify for registration based on their field experience.

## E. Alternative Certification Pathways

- **CHPs with at least five years of active service should be allowed to undergo a competency-based assessment as an alternative route to certification.**

## F. Inclusion of CHP Representatives in Training Decisions

- **The exclusive authority granted to the Cabinet Secretary to prescribe training requirements should be revised to ensure that CHP representative bodies are consulted in curriculum development and certification processes.**

## 5. Conclusion

**ACHVO-K strongly supports the Community Health Promoters Bill, 2024, but we urge the Senate to amend Second Schedule, Section 23 to ensure that experienced CHPs are not excluded from formal registration. The Bill should balance professionalization with inclusivity, recognizing the invaluable contributions of CHPs who have served their communities for years.**

**We appreciate the opportunity to submit this memorandum and look forward to meaningful engagement with the Senate to protect, recognize, and uplift the role of CHPs in Kenya.**

**Our call to action: Let's ensure that no CHP is left behind.**

Sincerely,

**Sheringham Elisha**  
Secretary General – Advocacy & Policy  
Advocates for Community Health Volunteers of Kenya (ACHVO-K)  
Email: [sheeryleli@gmail.com](mailto:sheeryleli@gmail.com)  
Phone: +254725666281



Tel.0782903352/0722688528  
Email: [info@chesoa.org](mailto:info@chesoa.org)  
P.O.BOX 27892-00100, Nairobi

"Building and sustaining community health services"

## COMMUNITY HEALTH SERVICES & DEVELOPMENT OFFICERS ASSOCIATION

### MEMORANDUM TO THE SENATE

#### THIRTEENTH PARLIAMENT || THE COMMUNITY HEALTH PROMOTERS BILL, 2024.

##### Context

Article 43 of the Constitution of Kenya, 2010. 43. (a) to the highest attainable health standard, including the right to health care services, including reproductive health care. For us to achieve this, appropriate legislation will go a long way in putting in place the legal framework for the delivery of quality community health services in the country.

The Community Health Promoters Bill, 2024 (National Assembly Bill No. 53 of 2022) was read in the Senate on Wednesday, 4<sup>th</sup> December, 2024 and stood committed to the Committee on Health for consideration and reporting. According to Article 118 (1) of the Constitution of Kenya 2010, which highlights the importance of citizen participation, we submit this memorandum.

We propose that the Community Health Promoters Bill 2022 be amended to regulate Community Health Officers and, as such, be renamed Community Health Officers Bill and the following article-specific changes be made:

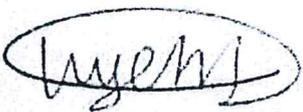
RULE	PROPOSED AMENDMENT	JUSTIFICATION
Title	The Community Health Officers Bill, 2024.	The proposed academic qualifications apply to community health officers as stipulated in the scheme of service for community health services personnel of November, 2013 as well as the career progression guidelines for community health personnel. According to the Primary Health Care Act no. 13 of 2023, Community Health Promoters (CHPs) are trained and supervised by Community Health Officers. There is no provision for regulation of Community Health Officers. The majority of Community Health Promoters (CHPs) do not meet the academic requirements and by extension do not meet the regulatory requirements advanced in the bill therefore will be rendered redundant.

A Bill for	AN ACT of Parliament to make provision for the training, registration, and licensing of community health officers to regulate their practice; to provide for the establishment, powers, and functions of the Community Health Officers Council of Kenya and connected purposes	The proposed academic qualifications apply to community health officers as stipulated in the scheme of service for community health services personnel of November 2013 as well as the career progression guidelines for community health personnel. According to the Primary Health Care Act no. 13 of 2023, Community Health Promoters (CHPs) are trained and supervised by Community Health Officers. There is no provision for regulation of Community Health Officers. The majority of Community Health Promoters (CHPs) do not meet the academic requirements and by extension do not meet the regulatory requirements advanced in the bill therefore will be rendered redundant.
Part I-Preliminary I In this act	Delete "Community Health Promoters Act of 2022" and insert "Community Health Officers Act, 2022".	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.
2. In this Act, otherwise the context requires—	<p>In this Act, unless the context otherwise requires-</p> <p>"Council" means the Community Health Officers Council established under section 3;</p> <p>Delete community health promoter and replace with;</p> <p>"Community health officer" means a health professional trained in community health who is assigned to supervise community health promoters under their community health units.</p> <p>"register" means the register of community health officers, which the Registrar is required to maintain under section 19</p> <p>Add "Association" means Community Health Services and Development Officers Association</p>	<p>To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.</p> <p>The proposed academic qualifications apply to community health officers as stipulated in the scheme of service for community health services personnel of November 2013 as well as the career progression guidelines for community health personnel. According to the Primary Health Care Act no. 13 of 2023, Community Health Promoters (CHPs) are trained and supervised by Community Health Officers. There is no provision for regulation of Community Health Officers.</p> <p>The majority of Community Health Promoters (CHPs) do not meet the academic requirements and by extension do not meet the regulatory requirements advanced in the bill therefore will be rendered redundant.</p> <p>The Association will help in members' professional development and is a key stakeholder since it represents the interests of all practicing Community Health Officers. This is a common practice with other regulatory bodies/councils for example the Medical Practitioners and Dentist Council, Nursing Council, etc.</p>

PART II— ESTABLISHMENT, FUNCTIONS AND POWERS OF THE COMMUNITY HEALTH PROMOTERS COUNCIL	Replace "Community Health Promoters Council" with "Community Health Officers Council."	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.
3. (1)	Replace "Community Health Promoters Council" with the Community Health Officers Council.	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.
5 (a, b, c, e, h)	Delete "Community Health Promoters" and insert "Community Health Officers."	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.
6 (1) (c)	Delete one person nominated by the Public Health Officers and Technicians Council and insert the General Secretary of the Association	Public Health Officers are regulated by the Public Health Officers and Technicians Council. Their involvement in a different council will bring conflict of interest. To consider the perspective of the professional association to the council
6 (1) (d)	One person with knowledge and experience in matters community health appointed by the Cabinet Secretary	To donate the extra slot to one lecturer qualified in Community Health and representing institutions training in community health
6 (1) (g)	Add "One Lecturer in community health from the department dealing with community health nominated by training institutions"	To represent Community Health Training Institutions by bringing technical expertise and academic excellence to the council
7	The members appointed under section 6 (1)(b), (d) and (e) shall hold office for a term of three years and shall be eligible for reappointment for one further term.	The General secretary of the Association represents the interest of all Community Health Officers and there is need for seamless institutional memory of the Council
PART III REGISTRATION AND TRAINING OF COMMUNITY HEALTH PROMOTERS	Replace "Community Health Promoters" with "Community Health Officers."	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.
17(2)	The Registrar shall hold office for 3 years. (renewable once) on such terms and conditions of employment as the council may determine.	Mwongozo guidelines. To foster professionalism, entrench competitiveness, and ensure international best practices.
18 (b)	Insert "in Community Health" after the word "Degree."	To foster professionalism, the registrar should be well-grounded in community health discipline.
18 (c)	Replace "community health promoter" with "Community Health Officer."	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. Community Health Officers are the personnel to be regulated by the council under this bill.

19 (c, d, e)	Replace "community health promoters" with "Community Health Officers."	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. Community Health Officers are the personnel to be regulated by the council under this bill.
20 (1) (b) (c) (2)	Replace "community health promoters" with "Community Health Officers."	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. Community Health Officers are the personnel to be regulated by the council under this bill.
22 (1d)	Delete "community health promoter" and insert " a Senior Community Health Officer."	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. To ensure that the trainee is adequately trained before they are given responsibilities. To complete the training practice period (Internship) as required in the medical field.
23	Delete "community health promoters" and insert "Community Health Officer."	To align the bill with the suggested title in line with Primary Health Care Act no. 13 of 2023. Community Health Officers are the personnel to be regulated by the council under this bill.
PART IV — DISCIPLINE 26 (1)	Delete "Community Health Promoters Disciplinary Committee" and insert "Community Health Officers Disciplinary Committee."	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. Community Health Officers are the personnel to be regulated by the council under this bill.
26 (2) (d)	Delete "Public Health Officer" and insert "a representative of the Association."	Public Health Officers are regulated by the Public Health Officers and Technicians Council. Their involvement in a different council will bring conflict of interest. Community Health Officers are the personnel to be regulated by the council under this bill. To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023.
26 (2)(e)	Delete "community health promoter" and insert "Community Health Officer."	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. Community Health Officers are the personnel to be regulated by the council under this bill.
26 (5)	Delete "community health promoters" and insert "Community Health Officers."	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. Community Health Officers are the personnel to be regulated by the council under this bill.
27	Delete "community health promoter" and insert "Community Health Officer."	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. Community Health Officers are the personnel to be regulated by the council under this bill.
28 (4), (5)	Replace "community health promoter" with "Community Health Officer."	To align the bill with the suggested title as well as the Primary Health Care Act no. 13 of 2023. Community Health Officers are the personnel to be regulated by the council under this bill.

<p>PART TRANSITIONAL PROVISIONS 35</p>	<p>VII- All serving officers who are employed under the Scheme of Service for Community Health Services Personnel as of November 2013 shall be considered qualified for registration as Community Health Officers, even if they do not possess the prescribed qualifications outlined in this Act.</p>	<p>Officers who have served for over 5 years have gained knowledge through experiential learning (recognition of prior learning), which is recognized by the Kenya National Qualifications Authority.</p> <p>To take cognizance of the fact there are existing Community Health Officers already in service and are under permanent and pensionable terms</p>
<p>SECOND SCHEDULE PRESCRIBED COURSES</p>	<p>A person is eligible for registration as a Community Health Officer if he or she has completed one of the following courses:</p> <ol style="list-style-type: none"> <li>1. Certificate in Community Health</li> <li>2. Diploma in Community Health</li> <li>3. Health</li> <li>4. Degree in Community Health</li> </ol>	<p>To professionalize Community Health Practice and avoid the confusion brought about by introducing other professions already in existence and with different mandates.</p>



Signed

Wycliffe Ogenya  
General Secretary

Dated this 13<sup>th</sup> Day of February, 2025.



## SOCIETY OF COMMUNITY HEALTH CAREGIVERS

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P.O BOX 550-00200

Nairobi, Kenya

14<sup>th</sup> February 2025

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OUR REF: SOCHE/14/02/25(1)Vol.1

Office of the Clerk of the Senate,  
P. O Box 41842-00100, Nairobi

Dear Sir/Madam,

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**RE: MEMORANDUM ON THE COMMUNITY HEALTH PROMOTERS BILL, 2022**

The above subject matter refers.

The Society of Community Health Caregivers (SOCHE) is a registered Professional Society established through the provisions of Cap 108 of the Societies Act Kenya. Our membership includes trained Community Health Officers (bachelor's degree), Assistant Community Health Officers (Diploma), and Community Health Assistants (Certificate). All referred as Community Health Officers under *Section 2 of the Primary Health Act No13 of 2023*. All Our objective is to safeguard the interest of Community Health Professionals and community health Service delivery at large. Annexed is a copy of our registration Certificate from the Registrar of Societies.

We humbly request the incorporation of our views on the proposed Community Health Promoters Bill, 2022. This legislation has a significant impact on both the training and practice of our members, making it essential to consider their perspectives to establish a regulatory framework that effectively supports their professional growth and service delivery. Both community Health officers and promoters are inseparable and their work interconnected.

By integrating our recommendations, the bill will foster a more comprehensive and inclusive regulatory system that strengthens community health services and enhances better provision of primary healthcare Services.

Regards,

Desmond Anderson Wafula

Secretary General Society of Community Health Caregivers (SOCHE)

Web: <https://societyofcommunityhealth.co.ke>



**PART I: PRELIMINARY**

Clause	Amendments	Justifications
<p><b>Long title</b></p>	<p><i>Amend the long title to read; AN ACT of Parliament to regulate the practice of community health, to make provision for the training and registration of community health promoters and Community health Officers; to establish the Community Health Council and for connected purposes</i></p>	<p>According to the Primary Health Care Act No. 13 of 2023, community health practice in Kenya encompasses both Community Health Promoters and Community Health Officers. Given their interconnected roles, it is essential to regulate both levels under a unified council. Establishing separate councils for each would be inefficient. A community health unit is headed by a community health officer, and ten community health promoters. A community health promoter cannot work without the Community Health Officer and the contrast is also true.</p>
<p><b>1 (Short title)</b></p>	<p><i>Amend the Short title to read; This Act may be cited as the Community Health Practice, Training and Regulation Act, 2022</i></p>	<p>To ensure comprehensive oversight of community health training and practice, it is essential that the Act regulates the entire spectrum of community health training and practice. Our society has identified 203 unregulated institutions offering community health programs in Kenya, including 45 branches of the Kenya Medical Training College. Since 2020, these institutions have collectively produced an average of over 3,000 graduates annually. Additionally, there are more than 107,000 community health promoters nationwide. The deployment of community health officers remains unregulated, as evidenced by a recent case where the Ethics and Anti-Corruption Commission (EACC) identified over 150</p>

**THE SOCIETY OF COMMUNITY HEALTH CAREGIVERS (SOCHE) MEMORANDUM ON COMMUNITY HEALTH PROMOTERS BILL, 2022**

<p><b>2 (Amend the definition of the council)</b></p>	<p><i>Amend the "Council" to; means the Community Health Council established under section 3</i></p>	<p>community health officers in Nandi County lacking the necessary qualifications. Implementing regulatory measures within the Act is crucial to uphold the standards and integrity of community health service in Kenya. The council Must regulate the entire practice and training of Community health.</p>
<p><b>Introduce a definition of a Community Health officer immediately after the definition of a County Chief Officer of Health</b></p>	<p><i>"Community Health Officer" has the meaning assigned to it under section 2 of the Primary Health Act No 13 of 2023 and is licensed under this Act;</i></p>	<p>It is highly concerning that a community Health Officer who is well established under <i>Section 2 of the Primary health Act No. 13 of 2023</i> has been overlooked and not incorporated into this Act. Failing to recognize Community Health Officers within this Community health legislative framework undermines their contributions to the community health service and creates a regulatory gap that needs to be addressed with urgency.</p>
<p><b>"Register"</b></p>	<p><i>Amend the definition of the "register" to means the register of community health officers and promoters which the Registrar is required to maintain under section 19; and</i></p>	<p>Community health officers should also be incorporated in the register. Despite the active role of Community health officers in delivering community health services together with the community health promoters, they remain unregulated, which contradicts the Health Act of 2017, mandating that all healthcare professionals must be regulated.</p>
<p><b>PART II: ESTABLISHMENT, FUNCTIONS AND POWERS OF THE COMMUNITY HEALTH PROMOTERS' COUNCIL</b></p>		

THE SOCIETY OF COMMUNITY HEALTH CAREGIVERS (SOCHE) MEMORANDUM ON COMMUNITY HEALTH PROMOTERS BILL, 2022

Clause	Amendments	Justification
5(1) Establishment of the council	<i>Delete and replace with; There is established a Council to be known as the Community Health Council</i>	Community health practice in the country should remain unified under a single regulatory body. There is no need for separate councils for different levels, as community health operates as one cohesive cadre.
5(a) functions of the council	<i>Amend 5(a) to read; assess the qualifications of community health officers and promoters;</i>	Currently, Kenya lacks a dedicated council or regulatory body to assess community health practitioners. It is imperative to establish such a council with the mandate to advise the Cabinet Secretary on community health matters. Overlooking individuals who have undergone extensive training and possess nearly a decade of experience in community health, in favour of assigning roles to community health promoters only, is not advisable.
5(b) functions of the council	<i>Amend 5(b) to read; ensure the maintenance and improvement of the standards of practice by community health officers and promoters;</i>	
5(c) functions of the council	<i>Amend 5(c) to read; establish a professional code and supervise the professional conduct and practice of community health officers and promoters;</i>	
5(d) functions of the council	<i>Amend 5(e) to read; maintain the register and keep a record of all community health officers and promoters registered under this Act;</i>	
5(f) functions of the council	<i>Amend 5(h) to read; consider and deal with any other matter pertaining to community health officers and promoters including prescribing badges, insignia or uniforms to be</i>	

**THE SOCIETY OF COMMUNITY HEALTH CAREGIVERS (SOCHIE) MEMORANDUM ON COMMUNITY HEALTH PROMOTERS BILL, 2022**

<p>6 (1c) Membership of the council</p>	<p>worn by community health officers and promoters. <i>Delete and replace 6 (1c) with one person nominated by either of the Association or Society of the Community Health Officers or Promoters at interchangeable sequence that the council shall prescribe.</i></p>	<p>In the spirit of inclusivity and recognition of the Community health Associations and Societies for both Community Health promoters and officers that have been fighting for betterment of the community health profession. It is imperative to be included in the council. Public Health Officers have distinct responsibilities within their council, and Community Health practitioners should be accorded the same recognition to operate independently without external interference. Notably, the Public Health Officers and Technicians Council does not include Community Health Promoters or Community Health Officers.</p>
<p>6 (1d) Membership of the council</p>	<p><i>Delete and replace with 6 (1d) With Two Community health officers with training and over five years of experience in Community Health appointed by the cabinet secretary</i></p>	<p>It is only through comprehensive training and practical experience in Community Health can a qualified professional effectively make informed decisions and provide valuable guidance to the Cabinet Secretary.</p>
<p>6 (1e) Membership of the council</p>	<p><i>Delete and replace with 6 (1e) With two persons, with training qualification in Community health, knowledge and experience in matters of community health nominated by the Council of County Governors to represent the interests of counties; and</i></p>	<p>Expertise in Community Health requires comprehensive training in the field. As a Society, we advocate for the appointment of only qualified and properly trained professionals to be selected by the Council of Governors to serve on the council. Additionally, they must be licensed under this Act.</p>
<p><b>PART III: PART III- REGISTRATION AND TRAINING OF COMMUNITY HEALTH PROMOTERS</b></p>		

**THE SOCIETY OF COMMUNITY HEALTH CAREGIVERS (SOCHE) MEMORANDUM ON COMMUNITY HEALTH PROMOTERS BILL, 2011**

<b>Clause</b>	<b>Amendments</b>	<b>Justification</b>
18(b) (Qualification of the Registrar)	<i>Amend 18(b) to read</i> has a minimum of a Bachelors Degree in Community Health from a university recognised in Kenya; and	The Registrar of the Council must be a qualified professional with a background in Community Health. It would be inappropriate for an individual without the relevant academic training to oversee the registration of community health practitioners, as this would undermine the integrity and credibility of the profession. This is happening to any other previously regulated cadres.
18(c) (Qualification of the Registrar)	<i>Amend 18(c) to read;</i> is a registered under this Act as a Community Health Officer with at least six years' experience in Community Health.	Considering that the Bachelor's degree in Community Health was introduced relatively not long ago, we propose reducing the required years of experience to at least six. This adjustment ensures that qualified community health professionals with relevant expertise are not excluded from opportunities of being the registrar of their own council simply due to an unrealistic experience threshold.
19(b) Functions of the Registrar.	<i>Amend 19 (b) to read</i> advise the Council on matters relating to the Community Health profession;	considering that the Registrar is mandated under subsection 19(b) to advise the Council on matters related to the community health profession, it would be impractical for them to effectively fulfill this role without proper training in Community Health. This justifies that that this bill should comprise Community health officers who can undertake such roles.
22(1a)	<i>Amend 22(1a) to read;</i> has successfully undergone a training in Community Health approved training institution;	Just like any other health cadres, community health professionals are trained to be either community health promoters or community health officers as established under Primary healthcare Act. The is no need to list several courses that are not related to community