COUNTY GOVERNMENT OF BUNGOMA
DEPARTMENT OF HEALTH AND SANITATION

REPORT OF THE HEALTH AND SANITATION TASKFORCE ON REVIEW AND AMMENDMENT OF BUNGOMA COUNTY HEALTH SERVICES ACT NO. 5 OF 2019.

FEBRUARY 2024

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ACRONYMS

AMR	-	Anti-Microbial Resistance
BCHSA	-	Bungoma County Health Services Act, 2019
BETA	-	Bottom-Up Economic Transformation Agenda
CECM	-	County Executive Committee Member (CECM)
CHSMT	-	County Health and Sanitation Management Teams
CIDP	-	County Integrated Development Plan
CORPs	-	Community Own Resource Persons
COVID-19	-	Coronavirus Disease 2019
EHBP	-	Essential Health Benefit Package
FIF	-	Facility Improvement Financing
HOH	-	Health Officer in Charge
HSIS	-	Health and Sanitation Information System
HSPT	-	Health and Sanitation Products and Technologies
HSTA	-	Health and Sanitation Technology Assessment
HRHS	-	Human Resources for Health and Sanitation
ICT	-	Information Communication Technology
IHR	-	International Health Regulations
KEPH	-	Kenya Essential Package for Health
KHIS	-	Kenya Health Information System
KHHEUS	-	Kenya Household Health Expenditure and Utilization Survey
KIPPRA	-	Kenya Institute of Public Policy Research and Analysis
KEMRI	-	Kenya Medical Research Institute
KMPDU	-	Kenya Medical Practitioners and Dentist Union
KEMSA	-	Kenya Medical Supplies Authority
KNUMLO	-	Kenya National Union of Medical Laboratory Officers

KNUN	-	Kenya National Union of Nurses
MOH	-	Ministry of Health
MEDS	-	Mission for Essential Drugs and Supplies
MDT	-	Multidisciplinary Teams
MOU	-	Memorandum of Understanding
NACOSTI	-	National Commission for Science, Technology and Innovation
NHIF	-	National Hospital Insurance Fund
NSHIF	-	National Social Health Insurance Fund
O&M	-	Operations and Maintenance
OOP	-	Out -of -Pocket Payments
OSR	-	Own Source Revenue
POC	-	Point of Care
PBB	-	Program Based Budget
PCNs	-	Primary Care Networks
PHC	-	Primary Health Care
PFP	-	Private for Profit
PNFP	-	Private not for Profit
PPP	-	Public-Private Partnership
SPA	-	Special Purpose Account
SCHSMT	-	Sub-County Health and Management Teams
SDGs	-	Sustainable Development Goals
The	-	Total Health Expenditure
UHC	-	Universal Health Coverage
WHO	-	World Health Organization

ACKNOWLEDGEMENT

The Chairperson and Members of the Health and Sanitation Taskforce take this excellent opportunity to express their sincere gratitude to Rt. H.E. Hon. Kenneth Makelo Lusaka (EGH), for appointing them to carry out the noble and historic assignment of reviewing and making recommendations for the Amendment of the Bungoma County Health Services Act, 2019. We do not take this for granted of their appointments and we believe it is sheer luck because we are part of the community's resource persons (CORPs) with some knowledge, skills, competency, and diverse experience in matters of legal and policy drafting, health, and sanitation we were selected among many qualified citizens to undertake the aforementioned Assignment in line with the Terms of Reference.

The task force also expresses its gratitude to the Top Duty Bearers of the Department of Health & Sanitation for their facilitation and logistical support. These are Dr. Andrew Wamalwa, the County Executive Committee Member (CECM) in charge of Health and Sanitation, Chief Officer, Dr. Magrina Mayama and Dr. Caleb W. Watta, Acting County Director of Medical Services, Section/Unit Coordinators, the Medical Superintendent of Bungoma County Referral Hospital, Medical Officers of Health (MOHs thereafter HOHs) for all the Level 4 and the In-Charges of level 3 and 2 health facilities across Bungoma County and all individual health and sanitation workers who gave invaluable support and input. The Taskforce also expresses our gratitude to the leaders and members of the Health & Sanitation Trade Unions including KMPDU, KNUN, KNUMLO, KUCO, Public Health Officers, Rehabilitative Health Services, various cadres of the Health and Sanitation Workforce, Representatives of Civil Society Organizations, Faith Based Organizations, Representatives of *Boda Boda*, Representatives of Persons with Disability, Delegation from Elgeyo Marakwet County Assembly and County Executive, and Development Partners and Stakeholders like OPTIONS Kenya, RAMCAH and AMPATH for their invaluable input, comments and recommendations that have informed and shaped the content of this Report and the Bungoma County Health and Sanitation Amendment Bill 2024.

The Taskforce wishes to express their sincere thanks to Hon. George Magari and Hon. Metrine Wilson, Co-Chairpersons and Members of the Joint Committee on Justice, Cohesion, Legal Affairs, Health, and Sanitation for giving us their audience.

Barasa Kundu Nyukuri

Chairperson, Bungoma County Health & Sanitation Taskforce, 2023

EXECUTIVE SUMMARY

The Constitution of Kenya, 2010 and Vision 2030, the Big Four Agenda, the Bottom Up Economic Transformation Agenda (BETA), and the Health Act, 2017 require the National Government and 47 County Governments to provide the highest attainable standards of healthcare and reasonable standard of sanitation. There is a need to develop and operationalize appropriate legislation and regulations that clearly outline the strategic direction for the health and sanitation sector. Sanitation as a right under Article 43 of the Constitution has not been adequately recognized, planned for, and resourced within the Department of Health and Sanitation in the County. The Bottom Economic Transformation Agenda (BETA) of the Kenya Kwanza Government, means reforming the National Health Insurance Fund (NHIF) and National Social Security Fund (NSSF) to level the playing field among all Kenyans in terms of health and old age security. The NHIF has been replaced by the National Social Health Insurance Fund (NSHIF) under the Social Health Insurance Act, of 2023. The other BETA initiatives and strategies in the Country's Health and Sanitation Sector are contained in the recently enacted legislations and policies, highlighted elsewhere in this Report.

The task force calls upon the County Government of Bungoma to formulate and implement appropriate policies, legislations, and regulations that are compliant with the relevant provisions and directive principles of the Constitution of Kenya, 2010. The County Department of Health and Sanitation should be committed to investing and implementing the following Eight (8) Strategic Pillars in the health and sanitation sector*: improving Health & Sanitation Leadership and Governance, Organization of Service Delivery, Quantity and Quality of Health & Sanitation Workforce, Health & Sanitation Financing, Health & Sanitation Products and Technologies, Health & Sanitation Information, Health and Sanitation Infrastructure, Research and Development in Health and Sanitation*, together with other strategies for attaining Universal Health Care (UHC). The Bungoma County Government Department of Health and Sanitation must address the high burden of communicable conditions, and a rising burden of non-communicable conditions, and cushion the health system from emerging and re-emerging disease outbreaks. The Taskforce observed with great concern that the Out-of-Pocket Payments (OOP) for health and sanitation services remains a major financial bottleneck to accessing adequate and quality healthcare and sanitation-related services in the County.

On the 21st of July 2023, H.E. Governor of Bungoma County, Hon. Kenneth Makelo Lusaka gazetted the Name of the Chairman and Names of Members of the Health and Sanitation Taskforce. The mandate of the task force was to conduct a comprehensive review of the Bungoma County Health Services Act, 2019, identify gaps in its implementation, and make appropriate recommendations for its reform and/or amendment.

i. The ***Terms of Reference for the Health and Sanitation Taskforce*** were as follows:

a) Carry out a comprehensive review of the Bungoma County Health Services Act, 2019 in terms of its operationalization, achievements in attaining the Health & Sanitation Sector Goals and Departmental Objectives, especially in guaranteeing adequate and highest attainable standards of health care services to the residents of Bungoma, its environs and the Country at large;

b) Convene public participation and stakeholder consultative sessions with various stakeholders with the view of harnessing information, contribution, and input to the review and amendment of the Bungoma County Health Services Act 2019.

c) Review the petitions and memorandums submitted by the Unions and other Stakeholders to the County Assembly of Bungoma together with reports of the departmental committee(s) on the said Act.

d) Identify gaps and challenges affecting the implementation and operationalization of the Bungoma County Health Services Act 2019;

e) Identify existing knowledge, skills, and capacity gaps among the departmental staff, health management, and health workers in terms of health corporate governance and management of health systems and units within the framework of the Bungoma County Health Services Act 2019;

f) Review the organogram of the Department to make proposals for amending and/or strengthening the existing management and implementation structures under the Bungoma County Health Services Act 2019;

g) Review and evaluate the effectiveness or otherwise of the current health management structure and systems in terms of public and stakeholders' participation, involvement, and consultation in decision-making and implementation of program and project activities in the County Department of Health & Sanitation;

h) Identify and review the effectiveness or otherwise of the existing mechanisms, systems, and procedures for prudent resource/financial management, transparency, accountability, and disclosure to the stakeholders in the health and sanitation sector;

i) Identify and review the role, relationship, and effectiveness of the collaboration national government and the County Government of Bungoma in the promotion and provision of adequate and quality healthcare services, including the attainment of Universal Health Care as stipulated in the Bungoma County Health Services Act 2019.

j) Identify major constraints/barriers hindering effective career development and optimum performance of health workers in the County.

k) Make appropriate legal, policy, and administrative proposals/amendments to improve the content and quality of the Bungoma County Health Services Act and its effective operation in the Health & Sanitation Sector.

l) Make overall and specific recommendations for effectiveness and efficiency in the Bungoma County Health Services Act.

m) Develop an appropriate implementation plan in a matrix format geared towards effective and efficient operationalization and implementation of the amended Bungoma County Services Act and Regulations.

n) Prepare and submit the final Report in hard and soft copy to the appointing authority through the CECM- Health and Sanitation ***(See Annex 1- Gazette Notice with Terms of Reference for***

Bungoma County Health and Sanitation Taskforce, 2023).

This Report by the Health and Sanitation Taskforce is a culmination of a detailed review of the Bungoma County Health Services Act, 2019, and an analysis of relevant policies and legislations related to the health and sanitation sector. The task force executed its assignment through a multi-faceted approach and methodology, which included designing a Matrix checklist/template for the review exercise, carrying out an extensive literature search and desktop study of key policy and legal instruments governing the health and sanitation sector as well as reviewed sampled legislations enacted by fourteen county governments to make comparisons, lessons, and best practices. The other approach involved convening public stakeholder engagement forums with leaders and representatives of unions in the sector, representatives of different cadres in the health and sanitation workforce, County Health Management Team (CHMT), representatives of faith-based organizations, civil society organizations, *boda boda*, persons with disability, development partners and other non-state actors.

The Taskforce also conducted public participation forums and stakeholder engagements in all the Sub Counties in Bungoma County for the management, leaders, and representatives of different levels of health facilities, community opinion leaders, local county government and national government administrators, and representatives of the general public. The Taskforce after the collection of data and information from the aforementioned stakeholders, collated, analyzed, and synthesized into this Report. The Report is due for peer review and validation and onward submission to the Appointing Authority through the CECM Department of Health and Sanitation.

Salient Taskforce Observations and Recommendations

Observations

- The Bungoma County Health Services Act, 2019 was not compliant with the Constitution of Kenya, 2010, and other policy and legal instruments at global, regional, and national levels. It does not incorporate some of the devolved functions under Part 2 Clause 2 of the Fourth Schedule, particularly the aspects of Veterinary Services, Refuse Removal, Refuse Dumps, and Solid Waste Disposal.

- The force observed that the petitions by some unions at the High Court of Kenya and the County Assembly of Bungoma were driven by factors such as discrimination and non-representation of some cadres in leadership and governance structure of the health and sanitation, especially the County Health Management Team (CHMT). The CHMT was bloated and characterized by leadership wrangles, suspicion, and mistrust, which negatively impacted departmental management and service delivery.
- The current health management structure and systems were not effective in terms of public and stakeholders' participation, involvement, and consultation in decision-making and implementation of program and project activities in the County Department of Health & Sanitation
- The force observed that emergency medical services were not adequately covered in the Bungoma County Health Services, despite it being one of the socio-economic rights in Article 43 of the Constitution of Kenya, 2010. Indeed, emergency medical treatment and healthcare were not guaranteed in most health facilities across the County due to financial constraints, inadequate specialized workforce, lack of appropriate infrastructure, equipment, and health and sanitation products.
- The Bungoma County Health Services Act, 2019 did not have significant provisions for modern health technology services except for Laboratory Tests. Indeed, such as **E**-Health and Sanitation Service Delivery and **E**-Health Governance, **E**- Monitoring and Evaluation were not addressed by the Act.
- The task force identified and analyzed the constitutional, policy, legal, and administrative gaps in the Bungoma County Health Services Act, 2019 that hampered its effective operationalization and implementation.
- Whereas the Human Resources / Workforce in the Department has steadily increased, the number of doctors nurses, and specialized personnel was still below the minimum of its targets, threshold, and standards required by the World Health Organization (WHO).
- The Health and Sanitation Taskforce observed that most of the health facilities are poorly equipped thus jeopardizing the delivery of quality health services.
- The Taskforce observed that the current County Referral System is inefficient and the ambulance services lack central command, which undermines effectiveness in achieving the intended health outcomes.
- The task force found that there was a large number of casual workers and some on fixed contracts providing services in various health facilities across the County. However, their recruitment process may not have been regular and/or sanctioned by the County Public Service

Board as required under Sections 59 and 60 of the County Governments Act, 2012, and the Human Resource Manual of the County Public Service.

- The task force established that the Department of Health and Sanitation did not have an approved Organizational Structure (Organogram) that clearly illustrates entry, progression, career growth, and development of staff across the cadres based on their respective schemes of service. That there was a draft functional organogram that was yet to be approved by the County Public Service Board. The County Public Service Board did not also have an Organogram for all the 10 departments approved by the County Assembly of Bungoma.
- The task force found that the Department of Health and Sanitation had a draft functional organogram as opposed to an approved staff establishment organogram. The aforementioned draft organogram lacked clear indicators for *career entry, progression, and growth in each cadre*. The County Public Service Board (CBSB) of Bungoma does not have an approved integrated staff establishment/ organization structure (Organogram) for the entire county public service. The CPSB did not honor the invitation to meet the Taskforce despite receiving and acknowledging an official communication from the Taskforce.
- The CPSB does not have specific approved organization structures/staff establishments for each of the Ten (10) Departments in the county Government of Bungoma. The Taskforce recommends `that the CPSB should formulate urgently an integrated county public service organization structure for all county government departments. The Board should formulate a specific one for the Department of Health and Sanitation, guided by the scheme of services for different cadres in the health and sanitation sector, in line with its mandate and functions stipulated in ***Sections 59 and 60*** of the County Governments Act, 2012.
- The task force established that the Department of Health and Sanitation had great potential as a revenue stream through appropriation in aid but there were no proper mechanisms and revenue infrastructure to tap it. Some of the specialized healthcare services such as City Scan, and Intensive Care Unit inadequate at level 5 and level 4 facilities in the County.
- The Taskforce established that the role, relationship, and effectiveness of the collaboration national government and the County Government of Bungoma in the promotion and provision of adequate and quality healthcare services, including the attainment of Universal Health Care is generally good. However, there was a lack of clarity on the role and responsibility of the County Government in the administration and management of some functions such as recruitment and payment of stipends for Community Health Promoters and the operation of the Social Health Insurance Fund (SHIF) and implementation of the Facility Improvement Financing and other recently enacted policies and legislations.

- The review found that the Bungoma County Health Services Act, 2019 did not have any provision for alternative medicine, including Herbal Medicine and indigenous Health Knowledge.
- The task force observed that despite the huge annual budgetary allocations for the Department of Health and Sanitation, compared to other departments, that amount was still inadequate to recruit adequate qualified personnel and commodities like medicine.

Recommendations

- The Taskforce strongly recommends that the Bungoma County Health and Sanitation Services Amendment Bill, 2024 should be compliant with various articles and provisions of the Constitution of Kenya, 2010. It should incorporate some of the devolved functions under Part 2 Clause 2 of the Fourth Schedule, particularly the aspects of Veterinary Services, Refuse Removal, Refuse Dumps, and Solid Waste Disposal. The Bill should also be formulated within the framework of Sustainable Development Goal (SDG3) Number Three, Vision 2030, Health Sector Policy 2014-2030, and Universal Health Coverage Policy 2020-2030, among other national, regional, and global policy and legislative instruments governing the health and sanitation sector.
- The task force recommends that the top leadership and management teams in the Department and health facilities should embrace dialogue, negotiation, and alternative dispute resolution mechanisms before petitioning the County Assembly and/or the courts of law.
- The Department of Health and Sanitation should establish an Internal Dispute Resolution and Grievance Handling Mechanism to manage disputes and foster collective responsibility and unity of purpose in diversity. The Department should review, adopt, and implement the orders resulting from the various petitions and recommendations of the departmental committee reports and findings of this task force.
- The composition of the new County Health and Sanitation Management Team (CHSMT) and the Sub County Health and Sanitation Management Teams (SCHSMTs) should be competitive, gender-responsive, and representative of all cadres in the Sector. The composition of the hospital boards and management committees of all health facilities and levels should also be competitive, gender-responsive, and representative of community diverse interests.
- The task force recommends the reduction of the number of members of the CHSMT from **22 to 15** while considering the issue contentious and delicate issue inclusion and representation of all essential service units/sections in the management. The re-constitution of CHSMT and SCHSMTs should be driven by the merit and significance of the services offered and not be based on programs and projects in the department, which are sometimes short-lived or temporal depending on interest and availability of funds from development partners. The term limit for

the CHSMT and SCHSMT members should be 3 years renewable once based on satisfactory performance.

- The Taskforce recommends that the health management structure and systems should be reviewed and restructured to make them effective in terms of public and stakeholders' participation, involvement, and consultation in the decision-making and implementation of program and project activities in the County Department of Health & Sanitation.
- The Taskforce recommends that the County Government of Bungoma should invest more human, material, and financial resources in emergency medical services in line with the new national legislation on Emergency Critical and Chronic Illness Act, 2023.
- The envisaged Bungoma County Health and Sanitation Amendment Bill, 2024 should provide for modern health technology services except for Laboratory Tests. Indeed, such as **E**-Health and Sanitation Service Delivery and **E**-Health Governance, **E**- Monitoring and Evaluation were not addressed by the Act.
- The Taskforce recommends the County Public Service in consultation with the Department of Health and Sanitation should recruit an adequate and competent workforce for effective delivery of service.
- The Taskforce recommends that there is a need for the County Public Service Board in consultation with the Department of Health and Sanitation to review the issue of casual workers and some on fixed contracted staff with a view of rationalizing and regularizing their continued employment across the health facilities across the County. The recruitment process should be guided by a county policy on casual workers formulated by the County Public Service Board and approved by the County Assembly of Bungoma.
- The Taskforce recommends that the Department of Health and Sanitation should in consultation with the County Public Service Board, formulate a comprehensive Organizational Structure (Organogram), with clear guidelines for entry, progression, career growth, and development of staff across the cadres based on their respective schemes of service. The County Public Service Board should also urgently finalize the Master Organogram for all 10 departments and submit it for approval by the County Assembly of Bungoma.
- The task force established that the Department of Health and Sanitation had great potential as a revenue stream through appropriation in aid but there were no proper mechanisms and revenue infrastructure to tap it. Some of the specialized healthcare services such as City Scan, and Intensive Care Unit inadequate at level 5 and level 4 level facilities in the County.
- The Taskforce established that the role, relationship, and effectiveness of the collaboration national government and the County Government of Bungoma in the promotion and provision of adequate and quality health care services, including the attainment of Universal Health Care

as generally good. However, there was a lack of clarity on the role and responsibility of the County Government in the administration and management of some functions such as recruitment and payment of stipends for Community Health Promoters and the operation of the Social Health Insurance Fund (SHIF) and implementation of the Facility Improvement Financing and other recently enacted policies and legislations.

- The proposed Bungoma County Health and Sanitation Services Amendment Bill 2024 should have provision for alternative medicine, including Herbal Medicine and indigenous Health Knowledge by domesticating what is provided for in Sections 75 to 78 of the National Health Services Act, 2017.
- The Taskforce observed that there is a need to provide adequate budgetary allocations for the recruitment of human resources and the purchase of health products and technologies for all the health facilities in the County.
- The Health and Sanitation Taskforce recommends that the envisaged Bungoma County Health and Sanitation Amendment Bill, 2024 should be structured around the Eight (8) Pillars of the World Health Organization (WHO) that have been domesticated in the Kenya Health Sector Policy 2014-2030 and Universal Health Coverage (UHC) 2020-2030.
- The Taskforce observed that most of the programs in the department were donor-funded and not sustainable at all in the long run. There is a need for a sustainable own-source revenue (OSR) framework for financing health and sanitation services to reduce over-dependency on the national exchequer and donor funding for most programs.
- There is a need for the Department to formulate Public Private Partnership (PPP) Policy Framework to enhance partnerships and linkages in the Sector through Memorandums of Understandings (MOUs) with strategic partners and development partners as a strategy for attaining Universal Health Coverage (UHC).
- The County Public Service Board should take charge and full responsibility for the recruitment of all cadres of staff in consultation with the CECM and Chief Officer of the Department of Health and Sanitation. The contracted technical staff should be considered for absorption on permanent and pensionable terms whenever vacancies occur in the Department based on the budgetary allocation for the recruitment of more health and sanitation personnel by the CPSB.
- The Health and Sanitation Department should review and amend the BCHSA, 2019 to incorporate adequate and appropriate support measures geared towards the provision of equitable, affordable, and high-quality healthcare and sanitation-related services. The amendment should be in line with the recently enacted national legislations, such as the Facility Improvement Financing (FIF) Act, 2023, the Social Health Insurance Act, 2023, Digital Health Act, 2023, and Primary Healthcare Act, 2023.

- The task force observed that some of the health and sanitation workers (frontline staff in the sector) were facing mental challenges, including severe mental illness, which required urgent intervention by relevant professionals and specialized mental health service providers. The Department of Health and Sanitation should invest in separate but equipped and staffed mental health care facilities, one specifically for the health & sanitation workers and another for clients /mental patients from the general public;
- There is need to establish the Bungoma County Health and Sanitation Research and Development Committee that will be charged with the responsibility of approving all research proposals, projects and granting consent for data collection and sharing of information and reports. The said Committee should report directly to the Chief Officer of Health and Sanitation who will in turn update the CECM in charge on the Research Findings.
- The Taskforce recommends the restructuring of the Health and Sanitation Services Bill, 2024 alongside the following Eight (8) Pillars: *Health & Sanitation Leadership and Governance, Organization of Service Delivery, Health & Sanitation Workforce, Health & Sanitation Financing, Health & Sanitation Products and Technologies, Health & Sanitation Information, Health and Sanitation Infrastructure, Research and Development in Health and Sanitation***.**

This Report has the following Eleven (11) Chapters and Eleven (11) Annexes, which have been arranged for the sake of convenience and logical flow, while taking into consideration the various Terms of Reference for the Health and Sanitation Taskforce.

Chapter One: *Titled Approach, Methodology and Limitations of the Taskforce*
The Chapter explains the chronology of events, approach and methods adopted and used by the Taskforce during the execution of its Assignment.

Chapter Two: *Background Information for the Review of BCHS Act, 2019*

Chapter Three: *Context for the Review of BCHS Act, 2019*

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Annex 2- *Letter of Invitation for Induction and Training for the Taskforce*

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Annex 4- *Work plan for the Health and Sanitation Taskforce*

Annex 5- *A Matrix Checklist for the Review of BCHS Act, 2019*

Annex 6- *Lists of Stakeholders and Participants for the various Public Participation Forums*

Annex 7- *Taskforce Programme for Public Participation and Stakeholders Engagement Forums*

Annex 8- *Section 2 of Part 2 of the Fourth Schedule of the Constitution of Kenya County Health Services*

Annex 9- *Extracts of the Orders of the High Court of Kenya in the Judgment regarding Consolidated Petition No. 85 of 2018*

Annex10- *Extracts of the Observations and Recommendations of the Report of the Joint Committee of the County Assembly of Bungoma Regarding the Petition by three Health Unions*

Annex11- *Draft Functional Staff Organogram in the Department of Health and Sanitation*

Annex12- *Letter of Invitation of the County Public Service Board for a Consultative Meeting*

CHAPTER ONE:

1.0. APPROACH, METHODOLOGY AND LIMITATIONS OF THE TASKFORCE:

1.1. Induction Workshop:

The Health and Sanitation Taskforce Members were inducted and received official letters of appointment on 11 August 2023 from the Appointing Authority throughout the County Executive Committee Member (CECM) for Health and Sanitation, Dr. Andrew Wamalwa. The other departmental officials presided over the induction were the Chief Officer, Dr. Magrina Mayama and the Ag. County Director for Health and Sanitation, Dr. Caleb W. Watta ***(See Annex 2- Letter of Invitation for Induction & Training Programme for the Taskforce).***

1.2. Approach:

The Health and Sanitation Taskforce adopted a multi-faceted approach and methodology in executing its mandate. The first method was conducting desktop review of relevant legal instruments, reports, and other sources of secondary information relevant to the health and sanitation sector.

1.1. The Taskforce begun its sittings at Mabanga Agricultural Training Centre (ATC) on 28 August 2023, with the first agenda being to discuss and adopt the ***Draft Ground Rules and Procedures*** for its operation ***(See Annex 3)***.

1.2. The Health and Sanitation Taskforce formulated a Work Plan for executing its mandate that is attached on this Report ***(See Annex 4- Work Plan).***

1.3. A **Matrix Checklist as a Tool for Review:** The Taskforce designed a Matrix Checklist/Tool for the review of the Bungoma County Health Services Act, (BCHSA) 2019. The second method consisted of stakeholder engagement and consultation with the various stakeholders and county/branch leaders and representatives of unions in the health and sanitation including the Kenya National Union of Nurses (KNUN), Kenya Union of Clinical Officers (KUCO), Kenya Medical Practitioners and Dentist Union (KMPDU), Kenya National Union of Medical Laboratory Officers (KNUMLO), Social Medical Workers, Health Records and Information, Environmental Health and Public Health Officers Union, among others ***(See Annex 5 - Matrix Checklist for the Review of BCHSA, 2019) .***

1.4. The Third method adopted by the Taskforce was field visits, public participation, and stakeholders' engagement in Nine (9) plus one sub counties forums ***(See Annex 6-Lists of Stakeholders and Participants for various forums arranged from the most recent to the beginning)***.

1.5. The Taskforce held its plenary sittings and hearing sessions at Mabanga ATC before dividing itself into two groups for visiting the Nine (9) Sub Counties plus Cheptais Hospital. The ultimate aim was to engage with different stakeholders and collect views on issues pertaining to the health and sanitation sector. The Taskforce listened to submissions by a wide range of stakeholders and received written submissions from some stakeholders and experts, which submissions constitute its ***Volume 2 of the Report.***

1.6. The issues for consideration were framed by the Taskforce in line with the relevant provisions of the Constitution of Kenya, 2010, particularly Articles 43, 186 as read together with the Fourth Schedule, Health Act, 2017, Kenya Vision 2030 and the Eight (8) Pillars of the Kenya Health Sector Policy 2014-2030. The other foundational legal instruments that informed the work of the Taskforce were: Sustainable Development Goal Number Three **(SDG3)**, Universal Health Coverage (UHC) Policy, 2020-2030, recently enacted Legislations such as the Health Financing Act, 2023, the Social Health Insurance Act, 2023, Digital Health Act, 2023, the Report of the Joint Committee of the County Assembly of Bungoma ***(See Annex 7: Programme for Engagement with Stakeholders).***

Literature Review of various County Government Legislations and Regulations:

The first undertaking of the Health and Sanitation Taskforce after the induction was literature Review and Desktop Study of existing documents from Fourteen (14) sampled counties regarding health and sanitation sector ***(See the Annexes in Volume Two of the Taskforce Report).***

The Health and Sanitation Taskforce reviewed the following legislations from Fourteen (14) County Governments:

- The Kakamega County Health Services Act, 2022 & Kakamega County Health Services Fund (KCHSF) 2023
- Kilifi County Health Services Improvement Fund Act, 2026
- The Nakuru County Public Health and Sanitation Act, 2017
- West Pokot Health Services Act, 2017
- Elgeyo Marakwet County Public Health Act, 2017
- Makueni Health Services Act. No 5 of 2017
- The Turkana Community Health Services Act No. 5 of 2018
- The Nyeri County Health Services Act, 2015
- The Kisumu County Health Services Act, 2019

- Homa Bay County Health Services Act, 2020
- Lamu County Maternal, newborn and Child Health Bill, 2016
- The City County Community Health Services Act, 2019

1.7. Global and National Policy and Legal Instruments Reviewed by the Taskforce:

- Sustainable Development Goal Number Three (SDG 3)
- World Health Organization Standards and Norms in Health Care and Sanitation
- Kenya's Vision 2030
- The Constitution of Kenya, 2010 with particular focus on Articles 10, 21, 26, 27, 42, 43, 46, 53, 54, 55, 56, 57, 174, 186, 187 and 189 and Section 2 of Part 2 of the Fourth Schedule of the same Constitution.
- The Health Act, 2017
- County Governments Act, 2012
- Public Finance Management Act, 2012
- Inter-governmental Relations Act, 2012
- Kenya Health Sector Policy, 2020-2030
- Universal Health Coverage Policy, 2020-2030
- The Big Four Agenda
- Bungoma County Integrated Development Plan (CIDP 2023-2030)
- High Court of Kenya Judgment in the consolidated Petition No. 85 of 2018 delivered on 22nd September 2021
- The Report of the County Assembly of Bungoma Joint Committee on Justice, Cohesion, Legal affairs, Health and Sanitation on the Petitions by Kenya National Union of Nurses (KNUN), Kenya National Union of Medical Laboratory Officers (KNUMLO) and Kenya Union of Clinical Officers (KUCO)
- Memorandums submitted by different stakeholders in health and sanitation sector
- Food, Drugs and Chemicals Act, Cap 254 of the Laws of Kenya
- Public Health Act, Cap 242 of the Laws of Kenya, Revised Edition 2012
- The County Integrated Development Plan for the period of 2023-2027

1.20. Limitations and Challenges of the Health and Sanitation Taskforce:

The Taskforce faced several logistical facilitation and financial challenges that slowed down the pace of working and completion of the Assignment in record time. The working space allocated to it at Mabanga ATC was not conducive for the Team. The venue was by then characterized by staff strike for non-payment of their salaries and unpredictable catering services. The Department did not make arrangements for an alternative working space for the Taskforce. This posed a serious challenge of associated with lack of office space and venue for subsequent meetings to deliberate on how to collate, synthesize, and analyze data and information for compiling the Report and Draft Bill within the stipulated timeframe. In the absence of financial and logistical facilitation and lack of a designated office space and venue, it increasingly became difficult for the Chairman to convene or make arrangements for physical meetings for the Taskforce. The virtual meetings as an alternative space for the Taskforce were hampered by lack of bundles and internet network connectivity challenges for some members. The Circular from the Salaries and Remuneration Commission further brought confusion and unjustified delay in the disbursement of allowances to members of the Taskforce. The Taskforce was not able to convene forums in all the level 2, 3 and 4 health facilities across the County.

Despite the aforementioned limitation and challenges, the Members of the Health and Sanitation Taskforce did not give up on the Assignment. The Team remains committed and under the leadership of the able and dedicated Chairman managed to compile the Report of the Review of the Bungoma County Health Services Act, 2019 and the Draft Bungoma County Health and Sanitation Services Bill 2024 for submission to the Appointing Authority through the County Executive Committee Member (CECM) for the Department of Health and Sanitation in compliance with the last Term of Reference (TOR).

The Health and Sanitation Taskforce upon submission and adoption of this Report of the Review of the BCHS Act, 2019, humbly appeals to the Appointing Authority to extent the timeframe for the Health and Sanitation Taskforce with a period of Ten (10) Working Days to enable it compile and submit a comprehensive Bungoma County Health and Sanitation Amendment Bill, 2024. This could not be achieved within the initial Twenty (20) Days allocated to the Taskforce for both assignments (i.e., the Report of the Review of the BCHS Act, 2019 and the Draft Amendment Bill, 2024), given its financial constraints and logistical challenges.

1.21. List of the Members of the Bungoma County Health and Sanitation Taskforce 2023:

Name	Designation	ID NO	Telephone	Signature
Barasa Kundu Nyukuri	Chairperson	9996356	0720369518	
Stephen Yambi	Member			
Amos Makokha	Member			
Ezekiel Odeo	Member			
Mukenya John	Member			
Albert Simiyu Wamalwa	Member			
Phelgona K. Odipo	Member			
Leonard Momos Juma	Member			
Erick Nakhurenya	Member			
Dr. Sylvester Simiyu Mutoro	Member			
Sella Mutsotso	Member			
Everlyne Namalwa Wambulwa	Member			
Purity Kafuna Masinde	Members			
Abisai N. Kiboi	Secretariat			
Everlyn Efumbi	Secretariat			
Lucila Wakoli	Secretariat			

CHAPTER TWO:

2.0. BACKGROUND INFORMATION FOR THE REVIEW OF THE BCHS ACT, 2019:

2.1. The need to have a comprehensive Bungoma County Health and Sanitation Services legislation for the provision of the highest attainable standard of healthcare and reasonable standard of sanitation services to the County Citizens and its environs cannot be over-emphasized in this context. The Judgment by Justice Korir of the High Court of Kenya in a consolidated Petition No. 85 of 2018 and the Recommendations contained in a Report of the Joint Committee of the County Assembly of Bungoma dated 17th April,2023, with regard to the Petition by the Kenya National Union of Nurses (KNUN), Kenya National Union of Medical Laboratory Officers (KNUMLO) and Kenya Union of Clinical Officers (KUCO), constitute the background information that prompted the Department of Health & Sanitation to constitute a Health & Sanitation Taskforce to carry out a comprehensive review of the Bungoma County Health Services Act, 2019. The said Taskforce vide Gazette Notice Dated 21 July 2023 by H.E. Hon. Kenneth Makelo Lusaka, Governor of Bungoma. The Inception Meeting for the Health and Sanitation Taskforce was held on 11 August 2013 at Glamour Apollo Hotel in Webuye Town. It was the ultimate goal and desire of the Appointing Authority and the Taskforce will assist the Department to formulate an Amendment Act that will be compliant with several provisions of Constitution of Kenya, 2010, including Articles 26, 27, 43,46, 53,54, 55, 56, 57, 186 and the Fourth Schedule as read together with provisions of the National Health and Sanitation Act 2017, New National Policies and Legislations, Vision 2030, Sustainable Development Goal Number Three (SDG 3), Cairo Declaration, Maputo Declaration, World Health Organization (WHO) Principles and Standards and Norms and other global and regional instruments.

2.2. The Review, Findings and Recommendations for Amendment of the Bungoma County Health Services Act, 2019 by the Taskforce should result into a Report that will inform the formulation of a comprehensive Bungoma County Healthcare and Sanitation Services Bill 2024 and eventual an Act of the County Assembly of Bungoma.

2.3. This Report and Amendment envisaged Bungoma County Health and Sanitation Amendment Bill, 2024 are crucial for the establishment of modern and efficient health units/facilities, primary health care strategy, health financing as well as effective management and governance of the Health and Sanitation Department in the County. The Taskforce Report together with the envisaged Amendment Bill 2024 if adopted and enacted into law and regulations will have far-reaching positive effects on the quest for the Highest Attainable Standards of Health and Sanitation Services in compliance with provisions of Article 43 of the Constitution of Kenya as well as guarantee Universal Health Coverage (UHC).

2.4. Needless to point out that Health & Sanitation are the cardinal tenets of well-being of individuals and communities as well as a critical ingredient to productivity in all other sectors and wealth creation if we are to echo the common adage and clarion call that our *Health is our Wealth as a County and Country*. Indeed, a sick individual or human population can never be productive, and the resources generated and income saved by individuals, households, communities, and county government from other sectors is often used on preventative and curative related healthcare services.

2.5. The Review, Proposals, and Recommendations for Amendment of the Bungoma Health Services Act, 2019 are long overdue given the concerns and implementation challenges raised by various stakeholders including the Duty Bearers in the Department, County Assembly, Trade Unions, Civil Society, and Development Partners in the Health and Sanitation Sector.

2.6. The Taskforce notes that although the Review of the Bungoma County Health Services Act, 2019 is the first critical step towards provision of comprehensive healthcare and sanitation services in the County, it is not the only ingredient and requirement. There is a need for the Department to formulate a comprehensive a policy framework and "Omnibus" (*One Stop Shop*) Regulations for the implementation of the Amended Bungoma County Health and Sanitation Services Act.

2.7. The Taskforce acknowledges the fact that the provision for adequate and highest attainable standard of health care and reasonable sanitation is complex and demanding undertaking in terms of massive and extensive technical, financial, human and material resources required.

2.8. The Taskforce proposes the formulation of a comprehensive Public Private Partnership (PPP) Policy Framework to enhance partnerships and linkages in the Sector. The Department should formulate and sign viable Memorandum of Understandings (MOUs) with strategic non-state actors and development partners in order to finance and resource for the establishment adequate health and sanitation infrastructure, commodities and technologies and services that will guarantee the highest attainable standards of healthcare services and reasonable standards of sanitation in line with the directive principle in Article 43 of the Constitution of Kenya, 2010.

2.9. The Recommendations contained in this Taskforce Report will go a long way to shape the formulation of the Bungoma County Health and Sanitation Legislation and Regulations.

CHAPTER THREE:

3.0. CONTEXT FOR THE REVIEW OF THE BUNGOMA COUNTY HEALTH SERVICES ACT, 2019:

3.1. The Taskforce observes that the main purpose of the Review and Amendment is to provide a comprehensive policy and legal framework for planning, programming, and budgeting for County Health and Sanitation services and interventions in line with the global, regional, and national health instruments and commitments. These among others include; Sustainable Development Goal Number (SDG3), Constitution of Kenya, 2010, Vision 2030, National Health Policy and Health Act 2017, Bottom Up Economic Transformation Agenda (BETA), Public Health and Sanitation Act and other enabling health and sanitation legal instruments.

3.2. The main purpose for the Review and Amendment of the Bungoma County Health Services Act, 2019 is to provide a comprehensive legal pathway and guidelines for the County health and sanitation services in terms of design, planning, programming, budgeting, and implementation, while at the same time incorporating the role of community health promoters (PHPs) as key drivers and ambassadors of Primary Health Care (PHC) and Universal Health Coverage (UHC) in Bungoma County.

3.3. The envisaged Bungoma County Health Services and Sanitation Amendment Bill, 2024 will establish a concrete framework for adequate and highest attainable quality health and sanitation services for all county residents, households, vulnerable groups, minorities, and marginalized groups. The Bill if enacted into law and implemented will go a long way in providing the much-needed legal pathway and strategic direction and guidance for investment and intervention in the health care and sanitation sector in line with the global, continental, regional, and national instruments and commitment.

3.4. The strategic goal for the County health and sanitation sector legal framework should be to create, nurture, and sustain the health and well-being of all citizens regardless of their gender, age, culture, religious background, socio-economic status, political affiliation, and other societal divides.

3.5. The envisaged Health and Sanitation Legislation should include scaled-up and additional healthcare and sanitation services at all levels for all county residents and public. This will in turn provide a more comprehensive and broad-based health care and sanitation delivery system in the County.

3.6. The envisaged legislation should be consistent with the Global Instruments such as the Sustainable Development Goals (SDGs), World Health Organization Standards, and Guidelines, Constitution of Kenya, Vision 2030, Kenya National Health Sector Policy 2014-2030, Amended Health Act, 2017, Kenya's Universal Health Coverage Policy 2020-2030 and other instruments governing the Health and Sanitation Sector.

3.7. The envisaged Health and Sanitation Amendment Legislation will enable the said Department to establish and strengthen partnership with relevant and appropriate stakeholders in the health & sanitation sector. This will in turn promote access to the highest attainable standard of healthcare and sanitation services at *Levels 1, 2 3, 4 and* 5 and if possible, scale some of its health facilities to *Level 6.*

3.8. Through the envisaged County Health and Sanitation Amendment legislation, the Department should be re-organized and transformed to promote and facilitate access to basic healthcare and sanitation services at the community level through a structured and coordinated approach with proper leadership and governance. The Department should collaborate and partner with other actors and stakeholders to provide adequate and high-quality community healthcare and sanitation services as part of the strategy for attaining Universal Health Coverage (UHC).

3.9. The Department of Health and Sanitation in partnership with other stakeholders should develop several key instruments, including the County Community Health and Sanitation Strategic Plan and health and sanitation regulations and operational guidelines, Community Health and Sanitation Public Private Partnership Framework, County Health and Sanitation Resource Mobilization Plan and County Health Monitoring and Evaluation Framework.

3.10. Under the envisaged Bungoma County Heath and Sanitation Amendment Legislation, the Department will be able to formulate appropriate Community Health and Sanitation Volunteer Training Module(s) for Child Immunization, Diarrhea, Malaria, Essential Nutrition Actions and other relevant aspects of health and sanitation needs that require rapid interventions.

3.11. The Taskforce observes that there is a need for an evidence-based, standardized approach to County health and sanitation services in order to contribute to the global and Country's goal of *"Health and Proper Sanitation for All."* In this context the research component of the County Health and Sanitation Sector should be well captured and integrated in the envisaged Amendment Bill, 2024.

3.12. The Taskforce observes that child and maternal mortality in Bungoma County are still unacceptably high and newborn deaths forming such a high proportion of under-five mortality, there is need to integrate and strengthen the role of Community Health Promoters (CHPs) as a strategy of eliminating premature deaths amongst its population. The far in reduction of child and maternal mortality rates can be achieved if there is a sound legal and policy framework for the recruitment, deployment, and remuneration of the Community Health Promoters (CHPs).

3.13. The Taskforce acknowledges that the Community Health Promoters (CHPs) as essential building blocks and bridges of promptly delivering adequate and affordable health care services, especially at the household level in remote and hardly accessible parts of the County.

3.14. In this context, the Taskforce envisions that the Community Health Promoters (CHPs) will catalyze effective implementation of the devolved system of health dubbed here as Bungoma County community healthcare and sanitation. The community health and sanitation model if properly designed, implemented, and well managed is a critical step towards the attainment of Universal Health Care and Coverage in Bungoma and other counties.

3.15. The Taskforce observes that the County Government of Bungoma is duty bound to also implement Secondary Health Care (SHC) and Primary Health Care (PHC) within the obtaining policy and legal framework of the Country as part of its commitment to Universal Health Coverage (UHC). However, there are litigation matters pending determination by various courts in the Republic of Kenya that affects implementation of the new policy and legal framework.

3.16. The Taskforce observes that the current practice of coordinating ambulance services in the County lacks central command, which undermines effectiveness in achieving the intended health outcomes. This critical component is not well captured in the current Bungoma County Services Act, 2019 and hence the need for review.

3.17. The Health and Sanitation Department should support measures geared towards the provision of equitable, affordable, and high-quality healthcare and sanitation related services. The Sector should guide by the secondary and primary approach, which remains the most efficient and cost-effective way to organize a health and sanitation system.

CHAPTER FOUR:

4.0. GUIDING PRINCIPLES FOR THE REVIEW OF BUNGOMA COUNTY HEALTH SERVICES ACT, 2019:

The Taskforce its review process of the Bungoma County Health Services Act, 2029 was guided by universal values and principles anchored in the global instruments, Constitution of Kenya 2010, Vision 2030, Section 4 of the Health Act 2017, Sustainable Development Goals, Kenya Health Policy 2014-2030, UHC Policy 2020-2030 and other enabling legislations taking into consideration the importance of primary health care as well as the role of community health promoters (CHPs).

Articles 10, 21, and **232,** together with Chapters 6 and 11 of the Constitution of Kenya, 2010 provide guidance on the values and principles that all State organs and officers are expected to uphold in the delivery of services. In the implementation of this policy, the health and sanitation sector should embrace the following principles: equity in distribution of health services and interventions; public participation, in which a people-centered approach and social accountability in planning and implementation should be encouraged. In addition to the multi-sectorial approach in the overall development planning; efficiency in application of health technologies; and mutual consultation and cooperation between the national and county governments and among county governments. The cardinal principles guiding the review and amendment of BCHS Act, 2019 are as follows:

4.1. Health and Sanitation as human rights: The Taskforce observes that the County Government of Bungoma like the other Forty`-Six county governments and the National Government should put in place measures to progressively realize the right to health and sanitation as outlined in ***Articles 21, 26, 43, 53, 54, 55, 56 and 57*** of the Constitution of Kenya, 2010, as read together with **Section 4** of the National Health Act, 2017. The County Department of Health and Sanitation should employ a human rights-based approach in healthcare and sanitation service delivery and should integrate human rights norms and principles in the design, implementation, monitoring, and evaluation of health and sanitation interventions and programmes. These includes human dignity; attention to the needs and rights of all, with special emphasis on children, persons with disabilities, youth, minorities and marginalized groups, and older members of the society; and ensuring that health and sanitation services are made accessible to all. In this regard, the County Government of Bungoma should encourage and empower its county citizens to take personal responsibility in improving their own health as well as lobbying and advocating for their family members, neighbors, relatives, friends, persons with disabilities, children, women, youths, elderly persons, minorities, and marginalized groups in the and communities.

4.2. Transparency and accountability as a principle support processes and outcomes of decision making at all levels that are inclusive, open, explainable and responsible in all matters pertaining to healthcare and sanitation service delivery.

4.3. Gender Responsive Planning, Financing, implementation, and monitoring of programmes and projects for Secondary Health Care (SHC) and Primary Health Care (PHC) Services offered by the Department of Health and Sanitation and other development partners. This principle should guide the review, formulation, implementation of the envisaged Bungoma County Healthcare and Sanitation Services Legislation and Regulations.

4.4. Equity in the distribution of Health and Sanitation Services and Interventions

This principle is to ensure utilization relative to need, with financial contributions based on the ability to pay without imposing a barrier to access at the point of care and additionally be effective in sharing of risks from healthy to sick, rich to poor and young too old for the benefit of everyone. This principle is premised on leaving no one behind. There should be no exclusion or social disparities in the provision of healthcare services. Services should be provided equitably to all individuals in a community, irrespective of their gender, age, caste, color, geographical location, tribe/ethnicity, and socioeconomic status. The focus should be on inclusiveness, non-discrimination, social accountability, and gender equality.

4.5. Community Centered Approach for identity and ownership through pro-active civic engagements and participation in health and sanitation service delivery by offering checks and balances through community score cards and other social accountability tools such as social audits of health services and sanitation programmes and projects at community, village, ward, sub- county and county levels.

4.6. The Taskforce recognizes the need for **Mutual Collaboration, Cooperation, Devolution of Healthcare,** and Sanitation Service Delivery as part of the core principles under ***Schedule 4,*** **Articles 6, 174** and **187** of the Constitution of Kenya, 2010. The said collaboration and cooperation should be well structured and coordinated within an intergovernmental framework constituted by the National Government and County Governments in the health and sanitation sector.

4.7. Multi-Sectorial approaches critical to addressing the determinants of health and sanitation. The Taskforce recognizes that achieving the highest attainable standard of healthcare and reasonable sanitation is the result of many other factors. As such, education, water & sanitation, housing, environment, climate change, agriculture, livestock, veterinary, energy, industrialization, cooperative and infrastructure are some of the sectors that directly and indirectly affect healthcare and sanitation service delivery. There is need for coordinated and sustained action across multiple sectors is crucial in ensuring that the gains made through expansion of health and sanitation services, are sustained by the other factors that have an impact on health and sanitation sector. The private sector should be seen as a complementary to the public sector in terms of increasing geographical access to health and sanitation

services and the scope and scale of services provided. The Taskforce also recognize the need for cooperation and consultation between the County Government of Bungoma and the National Government of Kenya in the implementation of high-quality healthcare services and proper sanitation as part of the strategy for attaining universal health coverage. There is need for partnership and collaboration between the County Government of Bungoma and other healthcare and sanitation providers.

4.8. Principle of Integration of Community Health Promoters: This will enhance access to health and sanitation services at the lowest level as well as help in maintaining a sound information management system for referral and institutional memory. The useful networks and contacts established by the CHPs in the community are crucial in monitoring progress in provision of inclusive health and sanitation services. This will also enhance sharing of information and experiences between beneficiaries and their health and sanitation service providers as a strategy of demystifying certain illness and stigma among individual households and communities.

4.9. *People-Centered Approach to Health and Sanitation Service Delivery:* Health and sanitation services and interventions in the County should be based on people's legitimate needs and expectations from the duty bearers and service providers. This necessitates community involvement and participation in deciding, implementing, and monitoring interventions in the health and sanitation sector. A participatory approach should be applied when potential for improved outcomes exists.

4.10. Effectiveness and Efficiency in the Application of Health and Sanitation technologies: This principle is geared towards ensuring the services residents of Bungoma County access meet the acceptable standards to deliver desired health outcomes. This aims to maximize the use of existing resources to attain highest standard of residents' health and wellness. The Health and Sanitation Department should choose and apply technologies that are appropriate (accessible, affordable, feasible, and culturally acceptable to the community) in addressing health and sanitation challenges.

4.12. Sensitivity and Responsiveness: The Taskforce observes that the all the duty bearers and service providers in the health and sanitation should be sensitive and responsive to the needs, conscience, age, gender and faith of clients/patients.

4.13. Social Accountability: The Taskforce observes that the County health and sanitation service delivery system should be re-oriented towards the application of the principle and practice of social accountability, including reporting on performance, creation of public awareness, fostering transparency, and public participation in decision making on health & sanitation-related matters.

CHAPTER FIVE:

5.0. IDENTIFIED GAPS IN THE COUNTY HEALTH SERVICES ACT, 2019 AND JUSTIFICATION FOR ITS REVIEW AND AMENDMENT:

The Taskforce through literature review, comparative desktop studies, and consultation with various stakeholders in the Health and Sanitation Sector have established critical structural and content gaps in the Bungoma County Government Health Services Act, 2019 that should be addressed by the envisaged Amendment Bill 2024. These gaps include the following:

5.1. Identified Gaps in the Bungoma County Health Services Act, 2019:

5.1.1. That whereas the review and amendment of the County Health Services Act 2019 is long overdue there are some inconsistent and not in sync with the Article 43 and Part 2 of the Fourth Schedule of the Constitution of Kenya and some Sections of the National Government Health Act 2017, which were declared unconstitutional in High Court of Kenya Judgment delivered by Justice Weldon Korir, which has not been appealed against by any person and/or organization at the Court of Appeal or reviewed by the Court of similar jurisdiction. The Act requires restructuring and arrangement of clauses as well as addition of the critical sections pertaining to County Sanitation and Public Health Services, which are missing.

5.1.2. The Taskforce observes that the Bungoma County Health Services Act, 2019 was not anchored on any County Specific Policy Framework for Health and Sanitation. The Act should have been preceded with a comprehensive Health and Sanitation policy framework, that outlines the strategic direction, standards, and quality assurance mechanisms for the County Health and Sanitation Sector. This will assist in minimizing mushrooming of health facilities in the County that does not have adequate equipment, facilities, commodities and trained health and sanitation personnel.

5.1.3. The Bungoma County Health Services Act, 2019 does not cover and/or adequate address the Sanitation and Public Health Component of the Department of Health and Sanitation. The Taskforce recommends the inclusion of the components of Sanitation and Public Health in all the Parts of the Amendment Bill, 2024, right from the Preliminary Part I to the General Provisions in Part V.

5.1.4. The Reproductive Health component has been given inadequate attention and coverage in the current County Health Services Bill, contrary to the directive principle in Article 43 of the Constitution of Kenya 2010. This notwithstanding the fact that Bungoma County has the highest number of cases of teenage pregnancy and child mothers in the Republic of Kenya estimated at **8,656** between January and

August 2023 (*See the breakdown of Teenage Pregnancy per each sub county in the Bungoma Women Manifesto, 2023 at Page 15)*.

5.1.5. The County Health Services Act, 2019 has not adequately addressed the issue of Maternal-Child Health Care Services and Family Planning.

5.1.6. The County Health Services Act, 2019 has inadequate provisions for Community Health Care Strategy, which is one of the fundamental approaches and strategies of Primary Health Care (PHC) as well as a critical step in attaining Universal Health Coverage (UHC).

5.1.7. The County Health Services Act, 2019 has inadequate provisions for the Referral System and Strategy.

5.1.8. The Act does not adequately provide a financing framework for treatment of emergency, chronic, and critical illnesses.

5.1.9. The Bungoma County Health Services Act, 2019 does not adequately address the issue of ***emergency treatment***, which is one of the fundamental rights of a patient under **Article 43 (2)** of the Constitution of Kenya 2010 as read together with **Section 7** of the Health Act 2017.

5.1.10. The Taskforce found out that the aspect of Mental Health has not been adequately covered and/or addressed in the current County Health Services Act, 2019. There are increasing cases of mental sickness in Bungoma County, even among health care workers, which requires appropriate and special mental healthcare unit under the coordination and management of the Department of Health and Sanitation.

5.1.11. The Taskforce has established that the Bungoma County Health Services Act, 2019 does not have any provision that addresses the special and varied healthcare and sanitation needs of persons with disability.

5.1.12. The Taskforce observes that issues pertaining to Patient's consent on special treatment and medication, information dissemination and confidentiality of medical information were inadequately addressed in the County Health Services Act, 2019.

5.1.13. The Taskforce found out that the Issue of Blood Bank has been scantly mentioned in the Bungoma County Health Services Act, 2019 and yet it one of the essential health care commodities that is needed to save lives, especially after accidents that requires emergency treatment.

5.1.14. The Bungoma County Health Services Act, 2019 has not adequately captured and addressed the role of non-state actors in the provision of health and sanitation services as well as financing of the Sector.

5.1.15. The Bungoma County Health Services Act, 2019 has not made any significant provisions for modern health technology services except for Laboratory Tests. Indeed, such as **E**-Health and Sanitation Service Delivery and **E**-Health Governance, **E**- Monitoring and Evaluation have not been provided for in the Act.

5.1.16. The Bungoma County Health Services Act, 2019 has no provision for alternative medicine, including Herbal Medicine and indigenous Health Knowledge, which should be recognized, documented, codified, legislated and streamlined as is the case of Sections 75, 76 & 77 of the Health Services Act, 2017.

5.1.17. The Taskforce observes that Health and Sanitation rights of patients and duty bearers/service providers were not appropriately articulated under Part III of the Bungoma County Health Act, 2019 on Health Service Delivery.

5.1.18. The Taskforce observed that the Bungoma County Health and Sanitation Department was allocated substantial amount of the total annual budgetary compared to other departments (see annual budgets for 2021/22,202/23 and 2022/23 that money was still inadequate. That much of this fund goes to personnel emoluments and recurrent expenditure. There was little money that left for development expenditure in the Health and Sanitation Department after payment of personnel emoluments, which constitute a large percent of the recurrent expenditure. Ironically, despite the huge allocations, we still do not have adequate personnel and commodities like medicine.

The BCHS Act, 2019 did not have a sustainable framework for financing health and sanitation services. For instance, most of the funding for programmes came from the development partners. This was no sustainable as development partners could terminate their funding at any given time.

5.1.19. The Bungoma County Health Services Act, 2019 has not adequately interpreted, harmonized and synergized its content with the provisions contained in various statutes on the Checklist captured on its ***Page 33 of the same Act.***

5.1.20. The Bungoma County Health Services Act, 2019 does not incorporate some of the devolved functions under Part 2 Clause 2 of Fourth Schedule, particularly the aspects of veterinary services, Veterinary services (excluding regulation of the health profession), Refuse removal, refuse dumps, and solid waste disposal.

The Taskforce designed a Matrix Template for the Review of the Bungoma County Health Services Act, 2019, whose details are attached to this Report ***(See Annex 4 above).***

5.2. Justification for Review of the Bungoma County Health Services Act, 2019:

5.2.1. Non-Compliance with the Constitution of Kenya, 2010 and other Policy and Legal Instruments: The Health and Sanitation Taskforce in line with its Terms of Reference found that the Bungoma County Health Services Act, 2019 was not compliant to several Articles of the Constitution of Kenya, 2010 , including **Articles 26, 27, 43, 53,54, 55, 56, 57** and ***Part 2 of the Fourth Schedule the Constitution, 2010 (See Annex 8- Section 2 of Part 2 of Fourth Schedule on County Health Functions)***

The Bungoma County Health Services Act, 2019 is not complaint to several other international and national policy and legal instruments such as : *Sustainable Development Goal Number Three (SDG3), Kenya's Vision 2030, County Governments Act, 2012, the Kenya Health Sector Policy 2014-2030, The Universal Health Coverage Policy 2020-2030, World Health Organization (WHO) standards and norms* and other instruments governing health and sanitation sector and hence the need for its review and amendment.

5.2.2. ***The Judgment of the High Court of Kenya delivered on 22 September 2021.*** Justice Weldon Korir, J of the High Court of Kenya (Constitutional and Human Rights) in his Judgment Delivered on September 22, 2021 in the consolidated ***Petition 85 of 2018*** filed by the *Pharmaceutical Society of Kenya & Petition No.123 of 2018 filed by the Kenya National Union of Nurses vs the Attorney General & 3 others, declared some Sections of the Health Act, 2017 as unconstitutional.* The Learned Judge while making reference to the Constitutional Law enshrined in Article 27 of the Constitution on f*undamental rights and freedoms - right to equality and freedom from discrimination* stated that the administrative posts in the health care system under the Health Act, 2017, were not only discriminative and but limited to members of the Medical Practitioners and Dentists Board to the exclusion of other health care professionals who were previously able to hold the posts - whether the provisions of the Health Act, which created those limitations were discriminatory - Constitution of Kenya, 2010.

The aforementioned Petitioners submitted that there was lack of public participation in the enactment of the Health Act, 2017, and that the time given for public participation was inadequate and therefore violated ***Article 10(2) (a) of the Constitution of Kenya, 2010. The Judge declared that Sections 16(3)(a), 19(4)(a), 33(2)(a) of the Health Act and the notes in the First Schedule of the Health Act, 2017*** were discriminatory of the members of the petitioners and were thus unconstitutional and null and void ab initio. For avoidance of doubt, the notes in the First Schedule were unconstitutional only to the extent that they excluded members of the petitioners with the necessary qualifications from being in charge of any of the six levels of the healthcare delivery hierarchy specified therein. The High Court of Kenya Judgment had far reaching implications on the Bungoma County Health Services Act, 2019, particularly its Section 5(4) and hence the need for review and amendment to be compliant with the Judgment and the Constitution of Kenya, 2010 ***(See Annex 9 on the Extracts of the Orders of the High Court in the said Petition No. 85 of 2018).***

5.2.3. The Report of the County Assembly of Bungoma Joint Committee the Justice, Cohesion, Legal Affairs, Health and Sanitation dated 17th April, 2023, regarding the Petition filed by three (3) Unions namely; The ***Kenya National Nurses Association (KNUN), the Kenya Medical Laboratories Officers (KNUMLO) and the Kenya Union of Registered Clinical Officers (KUCO)*** gave the Department of Health and Sanitation 30 Days to initiate amendment of **Section 5(4)** and the Third Schedule of the Bungoma County Health Services Act, 2019, in order to comply with the aforementioned High Court Judgment in Petition No. 85 of 2018. The Joint Committee of the County Assembly of Bungoma in its Report made several important recommendations with regard to the implementation, review and amendment of the Bungoma County Health Services Act, 2019 ***(See Annex 10 on the Extracts of the Observations and Recommendations of the Joint Committee of the County Assembly)***

The recommendations of the Joint Committee Report were as follow:

- That the implementation of the New Organogram and the status quo on the implementation of the old organogram by the Department of Health and Sanitation be maintained.
- The Joint Committee of the County Assembly of Bungoma recommended that the Department should expedite the formulation of Regulations pursuant to **Section 48** of the Bungoma County Health Services Act, 2019 and submits to the County Assembly within a period of 60 days after the adoption of its Report.
- The Joint Committee recommended that the Department **MUST** engage stakeholders and public participation in the formulation of its organogram, policies, laws, and regulations in line with provisions of Article 10 of the Constitution of Kenya, 2010 as read together with **Sections 87, 88, 89, 91, 94, 95** and **96** of the County Governments Act, 2012 and other relevant legislations.

- That henceforth the Department of Health, Sanitation, and health Sector Unions should embrace dialogue and make use of internal dispute resolution mechanisms to resolve any emerging issues.

- That since the Divisions created are new offices; the Department after adoption of the Regulations must follow the right procedure in creation and abolition of offices. Consultation should be done with the County Board Service Board (CPSB), to have the offices created before being filled competitively pursuant to provisions of ***Section 59(1) and 60*** of the County Governments Act, 2012.

5.2.4. Compliance with the New National Legislations and Policy Framework in Health and Sanitation Sector: The recently enacted legislations and policy framework also gave impetus to the Taskforce to comprehensively review the Bungoma County Health Services Act, 2019 and propose appropriate amendments in line with the national transformative agenda that contains a wide range of reforms in the Sector geared towards attaining Universal Health Coverage (UHC). The recently enacted laws are; Facility Improvement Financing Act, 2023, Social Insurance Act, 2023 that created three funds namely; Social Insurance Fund (SHIF), Primary Healthcare Fund and Emergency, and the Chronic and Critical Diseases Fund. The other new law is the Digital Health Act, 2023 and the Revised Universal Health Policy of Kenya 2020-2030.

5.2.5. Lack of Sanitation Component in the Bungoma County Health Services Act, 2019:

The Taskforce observes that the current legislation does not recognize Sanitation as an economic and social rights issue under ***Articles 42, 43 (1) (b) and 46*** of the Constitution of Kenya, 2010. In this context, **Article 42** guarantees every person a clean and healthy environment. **Article 43** provides that *"every person has the right to accessible and adequate housing and to* ***reasonable standards of sanitation."*** **Article 46 (1) (c)** provides consumers with the right to the protection of their health and safety. The Bungoma County Health Services Act, 2029 is also not compliant with the ***Kenya Environmental Sanitation and Hygiene Policy 2016-2030.*** In this regard, the need to review, amend, and mainstream the sanitation component as a right of every resident of Bungoma County is long overdue and cannot be over-emphasized.

The Taskforce observes that it is against the foregoing background, context and reasons that it was formed to assist the Department of Health and Sanitation to interpret and address the aforementioned Judgment of the High Court of Kenya, Recommendations of the Joint Committee of the County Assembly of Bungoma, together with gaps in the Act under review as well as its missing links in the policy and legal framework and the recently enacted legislations.

CHAPTER SIX:

6.0. CONSTITUTIONAL AND LEGAL FRAMEWORK FOR THE REVIEW OF BUNGOMA COUNTY HEALTH SERVICES ACT, 2019:

The Taskforce observes that the Bungoma County Health Services Act 2019 was inadequate, inconsistent, shallow in content, and not compliant with the international instruments, constitutional and legal instruments governing the health and sanitation sector. There was therefore urgent need to draft, structure and align the County Health and Sanitation legislation with Sustainable Development Goals Number Three (SDG 3), World Health Organization (WHO) Standard Guidelines, Article 43 and Fourth Schedule of the Constitution of Kenya, 2010, Kenya Vision 2030, The Health Act 2017, Bottom Up Economic Transformation Agenda, County Governments Act, 2012, Kenya Health Sector Policy 2014-2030, Kenya Environmental Sanitation and Hygiene Policy 2016-2030, Universal Health Coverage Policy (UHC) 2020- 2030, The Primary Health Care Act 2023, The Digital Health Act 2023, The Social Health Insurance Act, 2023.

6.1. Sustainable Goal Number 3 and its Implication on the Review of BCHS Act, 2019:

Sustainable Goal Number Three (SDG 3) aims to ensure ***healthy lives and promote well-being for all, at all ages.*** Health and well-being are important at every stage of one's life, starting from the beginning. This goal addresses all major health priorities: reproductive, maternal, newborn, child and adolescent health; communicable and non-communicable diseases; universal health coverage; and access for all to safe, effective, quality and affordable medicines and vaccines. It aims to prevent needless suffering from preventable diseases and premature death by focusing on key targets that boost the health of a country's overall population. **Goal 3** also calls for deeper investments in research and development, health financing and health risk reduction and management. This Goal seeks to achieve Universal Health Coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

6.2. Constitution of Kenya, 2010 and its Implications on the Review of the BCHS Act, 2019:

The Constitution of Kenya, 2010 provides the overarching legal framework to ensure a comprehensive rights-based approach to health services delivery. It provides that every person has a right to the highest attainable standard of health, which includes reproductive health rights. It further states that a person shall not be denied emergency medical treatment and that the State shall provide appropriate social security to persons who are unable to support themselves and their dependents.

The Constitution further obligates the State and every State organ to observe, respect, protect, promote, and fulfil the rights in the Constitution and to take *"legislative, policy and other measures, including*

setting of standards to achieve the realization of the rights guaranteed in ***Article 43****."* State organs and public officers also have a constitutional obligation to address the needs of the vulnerable groups in society and to domesticate the provisions of any relevant international treaty and convention that ratified and signed by the Republic of Kenya.

The State has a further constitutional obligation under **Article 46** of the Constitution to protect consumer rights, including the protection of health, safety, and economic interests. The Constitution outlines the values and principles which all State organs and officers are expected to employ in the delivery of services. The County Government of Bungoma as one of the State Organs is therefore obligated to implement the values and principles of governance and public service and integrity provisions stipulated in Articles 10 & 232 and Chapter 6 of the Constitution, among other provisions. The State (County Government) has the obligation to provide nutrition and healthcare to all children under Article 53 of the Constitution.

The Constitution of Kenya, 2010 guarantees all citizens the right to adequate and quality healthcare. This includes reproductive health of the highest attainable standards and access to emergency medical treatment amongst other rights.

Article 26 Right to life begins at conception; abortion is not permitted unless, in the opinion of a trained health professional, t*here is need for emergency treatment,* or the life or *health of the mother* is in danger.

Article 27 (4) The State shall not discriminate directly or indirectly against any person on any ground, including health status.

Article 43 (1) Every person has the right to: (a) the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare and (b) *to reasonable standards of sanitation*

Article 43(2) A person shall not be denied emergency medical treatment. Article 43(3), the state shall provide social security to persons who are unable to support themselves and their dependents.

Article 53(1) (c) Every child has a right to basic nutrition and healthcare.

Article 54 (e) - People with disabilities have right to reasonable access to health facilities and materials and devices.

Article 55- Youth have the right to relevant education and protection from harmful cultural practices and exploitation.

Article 56 (e) - Minority and marginalized groups have the right to reasonable health services.

Article 57- The State shall take measures to ensure the rights of older persons-(d) to receive reasonable care and assistance from their family and the State.

6.3. Fourth Schedule of the Constitution and its Implication on the Review:

6.3.1. *National Government Health Services:*

- Formulation of health policy
- National referral health facilities.

6***.3.2.*** *County Health and Sanitation Services*

- County health facilities and pharmacies
- Ambulance services
- Promotion of primary healthcare
- Licensing and control of undertakings that sell food to the public.
- Veterinary services (excluding regulation of the health profession)
- -Cemeteries, funeral parlors and crematoria
- -Refuse removal, refuse dumps and solid waste disposal

6.3.3. *County Referral Health Services*

It comprises of all level 4 (primary) and level 5 (secondary) hospitals and services in the count: forms the County Health System together with those managed by non-state actors. It should provide:

- Comprehensive in-patient diagnostic, medical, surgical and rehabilitative care, including reproductive health services;
- Specialized outpatient services; and
- Facilitate, and manage referrals from lower levels, and other referral.
- Management of cemeteries, funeral parlors and crematoria

6.3.4. *Primary Care Services*

It comprises all dispensaries (level 2) and health centres (level 3), including those managed by non-state actors. Are those constitutionally defined, including:

- Disease prevention and health promotion services;
- Basic outpatient diagnostic, medical surgical & rehabilitative services;
- Ambulatory services

- Inpatient services for emergency clients awaiting referral, clients for observation, and normal delivery services;
- Facilitate referral of clients from communities and to referral facilities.

6.3.5. *Community Health Services*

It comprises of community units (level 1) in the County. Those that are constitutionally defined, and in community heath strategy, including;

- Facilitate individuals, households and communities to embrace appropriate healthy behaviors;
- Provide agreed health service;
- Recognize signs and symptoms of conditions requiring referral;
- Facilitate community diagnosis, management, and referral.

6.3.6. Staffing of County Governments: It shall be undertaken by the County Governments within the framework of norms and standards set by the National Government in accordance with the relevant legislation and policies.

The National Government, in consultation with the county governments, are expected to develop policy, legislative and administrative frameworks that will guide the classification and operations of each level of the health service delivery system.

6.4. Health Act, 2017 and its Implication on the Review of the BCHS Act, 2019:

In echoing provisions of **Article 43** of the Constitution of Kenya, 2010, **Section 4 of the Health Act, 2017** stipulates that it is the fundamental duty of the state to observe, respect, protect, promote and fulfill the right of the citizens to the highest attainable standards of health, including reproductive health care and emergency medical treatment by *inter alia*: -

(a) *Developing policies, laws and other measures necessary to* ***protect, promote, improve and maintain the health and well beings of every person***

(b) *…….*

(c) *Ensuring the realization of the* ***health-related rights*** *and interests of vulnerable groups within society, including women, older members of society, persons with disabilities, marginalized communities, and members of particular ethnic, religious, or cultural communities.*

(d) *Ensuring the provision of* ***a health service package at all levels of the health care system****, which shall include services addressing* ***promotion, prevention, curative, palliative and rehabilitation as well as physical and financial access to health care.***

6.5. Kenya Health Sector Policy 2014-2030 and Implication on the Review:

The Kenya Health Sector Policy 2014-2030 is designed to be comprehensive and focuses on the two key obligations of health: realization of fundamental human rights including the right to health as enshrined in the Constitution of Kenya 2010 and; contribution to economic development as envisioned in Vision 2030; and. It focuses on ensuring equity, people centeredness and a participatory approach, efficiency, a multi-sectorial approach, and social accountability in the delivery of healthcare services. The policy embraces the principles of protection of the rights and fundamental freedoms of specific groups of persons, including the right to health of children, persons with disabilities, youth, and minorities, the marginalized and older members of the society, in accordance with the Constitution. The policy focuses on six objectives and eight orientations to attain the government's goals in health. It considers the functional responsibilities between the two levels of government (county and national) with their respective accountability, reporting, and management lines. It proposes a comprehensive and innovative approach to harness and synergize health services delivery at all levels and engaging all actors, signaling a radical departure from past approaches in addressing the health and sanitation agenda.

The Kenya Health Sector Policy 2014-2030 is a national policy whose goal is to attain the highest possible standard of health in a responsive manner. This goal will be achieved by supporting equitable, affordable, and highest attainable standards of healthcare and reasonable standards of sanitation for all Kenyans. The sector will be guided by the primary healthcare approach, which remains the most efficient and cost-effective way to organize a health system. The policy will seek to ensure a significant reduction in the general ill health in the Kenyan population by achieving reductions in deaths due to communicable diseases by at least 48 per cent and reducing deaths due to non-communicable conditions and injuries to below levels of public health importance without losing focus on emerging conditions.

The Kenya Health Policy identifies six policy objectives, namely: eliminating communicable disease, halting and reversing the rising burden of communicable diseases and mental disorders, reducing of burden of violence and injuries, providing essential health care, minimizing exposure to health risk factors and strengthening collaboration with other sectors that have an impact on health and sanitation. The envisaged Bungoma County Health and Sanitation Bill 2024 should properly capture and domesticate the aforementioned national policy objectives.

The Kenya Health Policy 2014-2030 defines the four tiers of the health system as community, primary care, primary referral, and tertiary referral services. The County Government of Bungoma, in domesticating parts of this national policy framework should focus more on creating appropriate demand for public health services, while our primary health care and referral health services should

focus on responding to this demand. To work towards sustainable development through the prism of human health, the key areas of intervention will be access to care, quality of care, and demand for care. The investments in these areas will focus on health financing, health leadership, health products & technologies, health information, health workforce, service delivery systems, health infrastructure, and research & development.

To this end, there are eight pillars, where investments will need to be made to facilitate the attainment of the policy objectives as follows: *Organization of Service Delivery; Health Leadership and Governance; Health Workforce; Health Financing; Health Products and Technologies; Health Information; Health Infrastructure; and Research and Development.*

6.6. Universal Health Coverage Policy 2020-2030 and its Implication for Review:

The Universal Health Coverage (UHC) is an important pillar with the aim of transforming the country's health sector for enhanced service delivery. A productive population is an impetus for greater economic development and explains why the Country and County is investing in UHC to ensure its people remain healthy. Besides health financing, UHC implies putting in place efficient health service delivery systems, adequate health facilities and human resources, information systems, good governance and enabling legislation.

The UHC policy embraces the principles of equity, people centeredness, efficiency, social solidarity, and a multi-sectorial approach. It focuses on four objectives and their related strategies to support attainment of the Government's goal in health. It is cognizant of the functional responsibilities between the National and County levels of Government with their respective accountability mechanisms and frameworks. It is envisaged that the national and county Governments will benefit from this policy as a guide for planning and budgeting for healthcare services at all levels of care. The detailed strategies and programme packages will be elaborated in specific strategic and investment implementation plans.

The UHC is significant to the Country’s socio-economic development, key enabler investments in the necessary infrastructure, skilled work force, conducive legislative regimes, transport, electricity and information communication technology will be necessary to achieve the objectives that will lead to a robust and resilient health system. The Ministry plans to continue efforts aimed at reaching the next frontier through expansion of access to care for all and it is in the wake of increased disease burden globally that call upon all healthcare stakeholders, individuals and organizations to play an active role in improving the quality of life in Kenya.

The UHC initiative offers a paradigm shift for the Country and County's health and sanitation system to improve the quality of services in all public and private healthcare facilities while ensuring these services are accessible, affordable, and efficient with a focus on preventive and promotive health at the household level through revitalization of primary healthcare. Achieving UHC pillar will of necessity, require strong collaboration between the public and our private sector providers

The envisaged Bungoma County Health and Sanitation legislation should also be anchored in the Universal Health Coverage Policy 2020-2030.

6.7. Kenya Vision 2030 and its Implication on the Review:

Kenya's Vision 2030 is the long-term development blueprint for the country, aiming to transform Kenya into a *"globally competitive and prosperous and newly industrialized middle-income Country by providing a high quality of life to all its citizens in a clean and secure environment by 2030"*. Health is one of the components of delivering the Vision's Social Pillar, given the key role it plays maintaining the healthy and skilled workforce necessary to drive the economy. To realize this ambitious goal, the health sector defined priority reforms as well as flagship projects and programmes, including the restructuring of the sector's leadership and governance mechanisms, and improving the procurement and availability of essential health products and technologies. Other projects include digitization of records and health information system; accelerating the process of equipping of health facilities including infrastructure development; human resources for health development; and initiating mechanisms towards universal health coverage.

The envisaged Bungoma County Health and Sanitation Bill 2024 should be also anchored in Kenya's Vision 2030. In order to improve the overall livelihood of residents, the County seeks to provide an efficient integrated and high-quality affordable health care system with the highest standards.

In this context, adequate and quality health care holds the key to the well-being of the country and county citizens in achieving the health goal under Vision 2030. Indeed, a health population is a vital human resource and critical yardstick of a wealthy and developed nation and/ or county. The first flagship project under Health in Vision 2030 is to *"Revitalize Community Health Centres"* to promote preventative health care (as opposed to curative) and by promoting healthy individual lifestyles. This implies that Community Health Care Services is at the nerve centre of Vision 2030's health sector priorities and the community health extension workers and community health volunteers are the principal drivers. Furthermore, Vision 2030 identifies two models as key in propelling the health agenda of an efficient and high-quality health care system are:

- Devolution of funds and management to the communities and counties

- Shifting the bias of national health from curative to preventative.

6.8. Linkage to the Big Four Agenda:

Provide Universal Health Coverage thereby guaranteeing quality and affordable healthcare to all Kenyans. Improve key determinants of health through prioritizing other sectors that have an impact on health, and addressing policy, legal and governance challenges (across the Big 4 sectors) to ensure that the country attains its full potential. The Big Four Agenda was promulgated by the National Government in December 2017, it prioritizes four main areas: Investments in ***Universal Health Coverage (UHC) to ensure access to quality and affordable healthcare for all Kenyans***; Quality and affordable housing; Food security to ensure all Kenyans are well fed and Industrialization.

6.9. Health under the Devolved System of Government:

The most significant feature of the Constitution of Kenya 2010 is the introduction of a devolved system of government, which is unique for Kenya and provides for one (1) national government and forty-seven (47) county governments. The governments at the national and county levels are "distinct and interdependent," and are expected to undertake their relations through "consultation and cooperation. The distinctiveness of the governments under the devolved system is determined by the Fourth Schedule of the Constitution, which has assigned different functions to the two levels of government.

- In observance of this provision, the Taskforce Report considers the objectives of devolution, which include the following:
- The promotion of democracy and accountability in delivery of healthcare; Fostering of seamless service delivery during and after the transition period;
- Facilitating powers of self-governance to the people and enhancing their participation in making decisions on matters of health affecting them;
- Recognizing the right of communities to manage their own health affairs and to further their development;
- Protection and promotion of the health interests and rights of minorities and marginalized communities, including informal settlements such as slum dwellers and under-served populations;
- Promotion of social and economic development and the provision of proximate, easily accessible health services throughout Kenya;
- Ensuring equitable sharing of national and local resources targeting health delivery throughout Kenya; Enhancing capacities of the two levels of governments to effectively deliver health services in accordance with their respective mandates;
- Facilitating the decentralization of state organs responsible for health, their functions and services from the Capital of Kenya;

- Enhancing checks, balances, and the separation of powers between the two levels of government in delivery of health care.

6.10. Relationship between the County Government and National Government:

The Taskforce recognizes the specific health and sanitation functions and services assigned to the two levels of governments, which are as follows: National Government: leadership of health policy development; management of national referral health facilities; capacity building and technical assistance to counties; and consumer protection, including the development of norms, standards and guidelines. County governments: responsible for county health services, including county health facilities and pharmacies; ambulance services; promotion of primary healthcare; licensing and control of undertakings that sell food to the public; cemeteries, funeral parlors and crematoria; and refuse removal, refuse dumps, and solid waste disposal. The details of the activities under the national and county governments' respective functions are further defined through the unbundling of functions pursuant to the provisions of the Transition to Devolved Government Act and *Article 186 and Fourth Schedule* of the Constitution of Kenya, 2010.

The National and County Governments shall mutually consult and determine the services that require intergovernmental relations to deliver. The National Government Department of Health Services and the County Departments of Health and Sanitation should the strengthen the Intergovernmental Health Forum which was established in accordance with Intergovernmental Relations Act, 2012. This Forum is charged with responsibility of discussing and resolving any crosscutting issues of the two tiers of government. The cabinet secretary responsible for health will chair the Forum, who will be deputized an executive committee member for health from one of the counties. The national government and the county governments should establish inter-sectorial collaboration and partnership frameworks.

The National Government should define and ensure, through the county governments, that a defined level of quality of care is provided to the population. The national government to ensure strategic reserves for public health commodities (Tuberculosis, Vaccines, Anti-retroviral, Family Planning) and any other commodities for emerging global conditions of public health concerns.

The health products and technologies are categorized as; strategic –vaccines and drugs for TB, HIV/AIDS, epidemics, Special and expensive –Cancer drugs, immuno-suppressive agents, essential/basic products.

The National Government will acquire and maintain adequate stocks of the Strategic and Special/Expensive categories of products whereas county governments will focus on ensuring the availability of Essential/Basic products at county health facilities and in line with Kenya Essential Medicines List (KEML).

The National Government should provide the necessary capacity building and provide technical assistance to the counties. The national and county governments with the Public Service Commission and county public service boards shall put in place the necessary policies to guide the training programmes for professional development and progression of staff. The National Training Policy will guide the training of health workers.

The County Government in consultation with the National Government should maintain a database for all registered health workers providing services in the entire country and in every county. The national government, in consultation with the county governments, will develop a comprehensive training policy for all health workers. The National Government, in consultation with county governments, will implement schemes of service for all health workers. The county governments will manage health and Sanitation workers providing services in corrective facilities and other institutions where such institutions are located:

- The National Government in collaboration with the County Government should reviewing and apply evidence-based health workforce norms and standards for the different tiers of services delivery;
- Facilitating rational capacity development of the health workforce through alignment of curricula and training to needs. This will ensure that health personnel interact in a professional, accountable, and culturally sensitive way with clients.
- Improving management of the existing health workforce by putting in place attraction, retention, and motivational mechanisms, especially in marginalized areas; and
- Putting in place systems to measure the performance and competencies of the health workforce, informed by clients/consumers of the services.

The National and County Governments should put in place systems to measure the performance and competencies of health workers, which would also be informed by the clients/consumers of the services. The National Government should provide, in conjunction with Public Service Commission, and review from time to time, the norms and standards as far as human resources for health are concerned.

The National Government should ensure the review of the health sector legal and regulatory frameworks and align them to the Health Sector Policy and the Constitution of Kenya, 2010. The county governments shall, where necessary, develop the county policies, laws to implement their functions in line with the Constitution and this policy. The ministry responsible for health will also put in place measures to regulate traditional and complementary medicines.

6.11. Linkage to the Intergovernmental Relations Act, 2012:

The Constitution of Kenya 2010 requires that the national and county governments, though distinct, shall conduct their mutual relations based on consultation and cooperation. This requirement formed the basis for the establishment of the Health Sector Intergovernmental Consultative Forum (HSICF) established in August 2013.

This Consultative Forum provides a platform for dialogue on health system issues of mutual interest to the National and County Governments. Overall, the Forum seek to ensure that health services remain uninterrupted during the transition period and beyond, while maintaining the focus on delivering the constitutional guarantee to the highest attainable standard of health for all Kenyans. ***More specifically, the Forum is expected to do the following:***

- Identify issues for discussion during the intergovernmental consultative mechanisms and establish systems to address these issues;
- Facilitate and coordinate the transfer of functions, power, or competencies from and to either level of government;
- Coordinate and harmonize development of health policies and laws;
- Evaluate the performance of the national or county governments in realizing health goals and recommending appropriate action;
- Monitor the implementation of national and counties' sectoral plans for health;
- Produce annual reports on national health statistics pertaining to the health status of the nation, health services coverage, and utilization;
- Promote good governance and partnership principles across the health system;
- Implement and follow up on actions and recommendations from the National and County Government Coordinating Summit; and
- Consider issues on health that may be referred to the forum by members of the public and other stakeholders, and recommend measures to be undertaken.

The consultation process between the National and county governments at both levels will also observe the principles of intergovernmental relations in line with Article 189 of the Constitution and Article 4 of the Inter-governmental Relations Act 2012. These include recognition of the sovereignty of the people as provided for under Article 1 of the Constitution—inclusive and participatory, and respect for the function and constitutional integrity of the two levels of the government. Regarding governance, the policy implementation process will adopt a multisectoral approach involving different stakeholders-state actors (government ministries and agencies) at the national and county levels; clients/consumers (individuals, households, communities); regulatory bodies; professional associations; health workers unions; non-state actors (civil society organizations [CSOs], FBOs/nongovernmental organizations

[NGOs], the private sector); and development partners. The implementation of the said policy will be tracked using a set of financial and non-financial targets and indicators.

The envisaged Bungoma Health Services and Sanitation Bill 2024 should domesticate the Eight Pillars of Kenya's Health Policy, 2014-2030. This is geared towards making the right to the highest attainable standard of healthcare and proper sanitation in Bungoma County a reality. The primary goal of the national Health Policy just like this of the County Government of Bungoma is attainment of universal health coverage in terms of critical and essential services that positively affects the health and well-being of the citizens.

6.12. Linkage and Partnership with Non-State Actors:

The Taskforce proposes an amendment of the Bungoma County Health Services Act, 2019 in order to provide an effective legal framework for improved prevention, protection, promotion, and curative services. The proposed amendment should also take cognizance of the need for strong linkages, partnership, and collaboration by various public and private sector actors and development partners in order to achieve the ultimate goal of health and universal health coverage (UHC).

The Department of Health and Sanitation should strengthen the organization, leadership, governance, and management of health and sanitation facilities, allocate more resources, and deploy of the adequate and qualified health personnel as a prerequisite for achieving the highest attainable standard of healthcare and reasonable standards of sanitation. This could be executed through proper planning, programming, budgeting, implementation, and evaluation of its health and sanitation strategies.

The Taskforce recommends that the County Government of Bungoma should properly structure and strengthen its partnership and engagement with the National Government's State Department of Health, Agencies, Professional Health Organizations, Inter-Governmental Organizations (IGOs), Civil Society Organizations (CSOs) such as HENNET, RAMCAH, AMREF, AFYA Plus, Line Clubs, Non-Governmental Organizations (NGOs), Voluntary Health Agencies (VHAs) and Faith Based Organizations (FBOs) specializing in health care and sanitation services, Health Care Foundations and development partners providing technical and financial support to health and sanitation services in counties.

6.13. Bungoma County Integrated Development Plan (CIDP) 2023-2027 and its Implication for Review of the BCHS Act, 2019:

Healthcare and Sanitation Challenges:

The County Integrated Development Plan (CIDP) identified the following challenges in the County Health and Sanitation Sector:

- That many people in the county still endure poor health outcomes. Access to sexual and reproductive health (SRH) information and services is inadequate.
- Inadequate health infrastructure in health facilities
- Inadequate funding for health and sanitation
- Poor referral system
- Inadequate financial resource.
- Inadequate equipment
- Poor health seeking behavior
- Inadequate skilled health personnel
- High cost of health care
- Poor nutrition
- Poor healthcare and sanitation service
- Inadequate enforcement of health standards
- Inadequate health products and technologies
- Low public awareness of sanitation standards
- Low investment in sanitation programmes and projects
- Early childbearing undermines girls' human capital development, which leads to lower labor force and productivity participation rates.

Strategies for Healthcare and Wellbeing:

- Development partners should support the county government in the formulation and implementation of policies that ensure fertility and child mortality continues to decline to enable the county to achieve a favorable support ratio.
- Ensure youth access reproductive health information and services especially in the rural areas.
- Enhance campaigns on public awareness on disease prevention (malaria, STIs HIV and AIDS)
- Conduct awareness on the benefits of family planning
- Provide childcare and maternal services, preventive measures for malaria and diseases that are endemic to the county, adequate health facilities and sustained reproductive and sexual health programmes.

CHAPTER SEVEN:

7.0. A REVIEW OF THE RECENTLY ENACTED NATIONAL LAWS IN HEALTH & SANITATION AND IMPLICATION FOR COUNTIES:

On 19 October 2023, the president officially signed into law four legislative acts (Acts) that aim to broaden the scope of public healthcare, provide healthcare and financial protection to all Kenyan citizens and long-term residents, and bring about significant changes in healthcare financing and administration. Three of the Acts became effective in November 2023. Prior to these reforms, public healthcare coverage was mandatory for formal employees, with funding derived from their contributions to the National Health Insurance Fund.

Three healthcare related national legislative acts (Acts) signed into law in Kenya became operational this month (November 2023). The new laws aim to broaden the scope of public healthcare, provide healthcare and financial protection to all Kenyan citizens and long-term residents, while also bringing about significant changes in healthcare financing and administration.

Kenya has made notable progress in its pursuit of universal health coverage (UHC) through enactment of four acts (one of which is not yet effective). These Acts, namely the Primary Health Care Act, Digital Health Act, Facility Improvement Financing Act and Social Health Insurance Act, are aimed at revolutionizing the healthcare sector in the country. The Primary Health Care Act and the Digital Health Act became operational on 2 November 2023, and the Social Health Insurance Act came into operation on 22 November 2023.

The Social Health Insurance Act established the Social Health Authority under which three funds have been created: The Primary Healthcare Fund, the Social Health Insurance Fund and the Emergency, Chronic, and Critical Illness Fund. All the funds, assets and other property held by National Health Insurance Fund (NHIF) Board vested in the Social Health Authority effective 22 November 2023. The NHIF Board is required to wind up the National Hospital Insurance Fund within one year from the stated effective date but the National Health Insurance Fund Act, 1998 is repealed.

7.1. The Primary Health Care Act, 2023:

Kenya has made significant strides in its efforts to achieve UHC by implementing various strategies. The Kenya Primary Healthcare Strategic Framework 2019–2024 places a strong emphasis on primary health care (PHC) as the key driver for achieving UHC. Additionally, the Community Health Policy 2020–2030 recognizes community health as a crucial entry point into the overall health system. However, it highlights the need for a legal framework to ensure proper remuneration for community health workers, who have historically relied on donor funding. To address these challenges, the

government has enacted the Primary Health Care Act, which aims to strengthen PHC as part of a comprehensive health legislation package to advance UHC. One of the key provisions of the Act establishes primary care networks (PCNs) and formalizes community health delivery through community health promoters organized in community health units.

7.2. The Digital Health Act, 2023:

Digital health in this context refers to the use of digital technologies and data in healthcare. This could include various activities such as digital record keeping and information storage, Online booking systems, Online and virtual check-in, Virtual appointments, Cloud based internal systems, Room booking systems, Digitizing and automating appointment reminders, Outpatient care, digital referral system, among others.

This Act introduces several crucial aspects and structures for the advancement and governance of digital health, with significant implications for the citizens of Kenya. The main objective of the Digital Health Act, 2023 is to provide a solid legal foundation for healthcare financing, service provision, and Universal Health Care (UHC), while also enhancing the legal framework surrounding these areas. One key provision of the Act establishes the Digital Health Agency, which is tasked with creating a Comprehensive Integrated Health Information System. The Agency is tasked with the developing, operationalizing, and maintaining a Comprehensive Integrated Health Information System. It is also responsible for registries of health facilities, healthcare providers, health products, and technologies, promoting best practices for digital health, and ensuring data portability and integration with existing health information systems.

The Digital Health Act, 2023 is particularly impressive from a digital or data governance perspective and is perhaps the first law in the Country that gives us a glimpse of what is needed to get us to think of data as an asset as opposed to data being simply a by-product of our transactions. Data governance seeks to provide policies, rules, and structures around data collection, collation, and sharing so that a group of actors can collaboratively create value out of their data interactions. The health sector presents one of the most diverse groups of actors, each with its own local and complex challenges that could be resolved through synergies that arise from better data governance systems. The Act covers provision of e-health services and sets out principles for their delivery. It also introduces regulations for e-waste management, reflecting a commitment to environmental sustainability. The E-health and sanitation services can make healthcare more accessible, especially in remote areas in the Country and County.

The actors include but are not limited to the patient, the health facility (hospital, clinics, etc.) they visit, the medics attending to him, the pharmacy, the health insurer, and medicine distributors like KEMSA

amongst others. Each of these actors has its information systems, which in most cases do not talk to each other – in technical terms, they lack interoperability.

Some of the challenges that patients go through because of this lack of system interoperability. They are well documented and range from lack of medics, lack of drugs, lack of health equipment, and fraud between hospital facilities and the medical insurers amongst others.

The Digital Health Act, 2023 establishes an Integrated Health Information System whose role is stated as:

> *'a health ecosystem designed to manage health and health-related system data that provides the foundations for decision-making and includes system that collect, collate, store, manage, analyze, synthesize, transmit patient's or client's electronic health record and use health and health-related data for operational management or a system supporting healthcare policy decisions."*

In other words, there shall be a pre-defined core information system upon which all the other actors or stakeholders would be expected to plug in – even as they continue to act autonomously in their respective roles as patients, medical doctors, nurses, pharmacies, insurers, hospital facility operators or whatever. The overall objective is to ensure that all the actors – including the Ministry of Health – have a single source of truth regarding health activities across the country. There will be a Digital Health Agency to oversee this Health Information System and the associated data governance concerns. A few of the critical functions the Digital Health Agency would oversee are listed in the Digital Act as:

- to develop, operationalize and maintain the Comprehensive Integrated Management Information System, to manage the core digital systems and the infrastructure required for its seamless health information exchange;
- to establish registries, in consultation with other statutory authorities, at appropriate levels to create a single source of truth in respect of clients, health facilities, healthcare providers, health products and technologies;
- to promote the adoption of best practices and standards for digital health that facilitate data exchange; amongst others.

7.2.1. Merits of Digital Health Care and Sanitation:

- Improved Access to Healthcare and sanitation Service: Digital health and sanitation technologies can bridge the gap between patients and healthcare providers, particularly in underserved areas or remote locations. Telemedicine, for example, allows patients to consult with doctors remotely, reducing travel time, and increasing access to healthcare services.

- Enhanced Convenience and Efficiency: Digital health and sanitation solutions offer convenience and efficiency for both patients and healthcare providers. Patients can access their medical records, schedule appointments, and receive personalized reminders through mobile apps or online platforms. Healthcare and sanitation providers can streamline administrative tasks, access patient data more easily, and communicate with colleagues for collaborative care.
- Better Patient Engagement and Empowerment: Digital health and sanitation tools enable patients to take an active role in managing their health. Wearable devices, mobile apps, and online platforms provide individuals with real-time health data, educational resources, and personalized feedback, empowering them to make informed decisions about their well-being.
- Improved Accuracy and Decision-Making: Digital health and sanitation technologies facilitate the collection and analysis of large amounts of health data. This data can be leveraged to improve diagnoses, monitor patient progress, and identify trends or patterns for population health management. Artificial intelligence (AI) algorithms can assist healthcare providers in making more accurate and timely decisions.
- Cost Savings: Digital health and sanitation solutions have the potential to reduce healthcare costs in various ways. By enabling remote consultations, digital health can reduce hospital admissions and readmissions, lowering healthcare expenses. Additionally, preventive and proactive healthcare through digital tools can identify health issues at an earlier stage, leading to more cost-effective treatments.

7.2.2. Demerits of Digital Health Care and Sanitation:

- ***Privacy and Security Concerns:*** The collection, storage, and transmission of personal health data raise privacy and security concerns. Healthcare systems need robust safeguards to protect patient information from unauthorized access, breaches, or misuse. The potential for data breaches and identity theft can erode trust in digital health technologies.
- ***Technical Challenges and Reliability:*** Digital health relies heavily on technological infrastructure and connectivity. Technical issues, such as network disruptions or software glitches, can hinder the availability and reliability of digital health services. This may affect patient care, especially in critical situations.
- ***Inequalities in Access:*** While digital health has the potential to improve access to healthcare, it can also exacerbate existing inequalities. Not everyone has equal access to digital devices, internet connectivity, or technological literacy. This digital divide can leave certain populations, such as low-income individuals or older adults, at a disadvantage.
- ***Potential for Information Overload:*** The abundance of health information available through digital platforms can be overwhelming for patients. Misinterpretation of information or

reliance on inaccurate sources can lead to confusion and potentially harmful decisions. Healthcare providers need to ensure proper guidance and education to help patients navigate the digital health landscape.

- ***Ethical and Legal Issues:*** The use of digital health technologies raises ethical and legal concerns. Issues such as data ownership, consent, and liability need to be carefully addressed. Additionally, the application of AI and machine learning algorithms in healthcare decision-making raises questions about transparency, bias, and accountability.

Caution: The Health and Sanitation Taskforce notes that while digital health offers significant benefits, to the Sector, it is not a panacea to all the challenges facing information management. Its successful implementation requires careful consideration of the potential drawbacks and initiative-taking measures to address them.

7.2.3. Taskforce observations and recommendations:

The Health and Sanitation Taskforce observes that with secure and well-governed health and sanitation data, Bungoma County can advance in health and sanitation research and evidence-based planning and interventions geared towards achieving the highest attainable standards of healthcare and reasonable standards of sanitation.

That the establishment of a comprehensive health and sanitation information system can revolutionize how health and sanitation related services are delivered, with potential benefits like reduced waiting times, improving accessibility, efficiency, better resource allocation, utilization, monitoring, and reporting.

The major problem areas of digital health are design, data, cost, and operations. Problems with an information system's design, data, cost, or operations can be evidence of a system failure to operate or serve its intended purpose.

Privacy and security concerns: There is a possibility of health and sanitation data being misused for purposes not intended by the patient, especially in the absence of stringent and enforceable data protection measures at Country and County levels. The collection, storage, and transmission of personal health data raise privacy and security concerns.

Whereas the functions listed are critical and necessary, it is not too clear why we would need a completely new agency to execute data-related issues, particularly when we already have the Office of the Data Protection Commission (ODPC) established by the Data protection Act, 2019. There is likely to be some confusion and implementation challenges of the Digital Act, 2023. Perhaps it may be due to

the complexities of health issues, including the fact that it is a shared responsibility between the two layers of government – National and County.

The risk of this precedent is that other ministries may assume that they too, need a whole agency and its pertaining board of directors to oversee data governance issues. In the end, we may end up with over twenty 'agencies' focusing on the various line ministry data governance agendas, when we could have just set up one, or extended the mandate of the existing ODPC to oversee these issues at a national level. The same challenge could be at the County Government level where each of the 47 County Governments, particularly their Department of Health and Sanitation will strive to establish their own information agencies instead of a centralized information management system at the County Head Office that is linked to each department, directorate and/ or unit.

The Taskforce is concerned of the operationalization of the health information system at the County Government level. The emerging issue of concern is whether the health information system would be deployed as a decentralized, high-integrity block chain system or it would be deployed as a regular, centralized client-server system. The centralized systems in the Country have over the years not managed to sort out our low-integrity issues that continue to haunt the various other ministries such as in Lands where the validity of the title deeds sometimes depends on which technician was last to access the system.

Infrastructure Limitations: Inadequate technological infrastructure, especially in remote or under-resourced areas within Bungoma County, could hinder the effective domestication and implementation of the Digital Health Act. Indeed, there could be technical challenges and reliability since digital health relies heavily on technological infrastructure and connectivity.

Shortage of Skilled Personnel Shortage: There may be a shortage of skilled personnel required to manage and operate advanced digital health and sanitation systems in the County Department of Health and Sanitation.

There is also the challenges of design and compatibility of information systems and processes at the Department and health facilities.

The current health information the system's inability to respond to changing patient demographics and related requirements.

The Health and Sanitation Information system may fail to assimilate the rapidly growing and increasingly complex science and technology base.

There is generally slow adoption of information technology innovations in the County Department of Health and Sanitation. There is also the concern of data privacy and security.

The National and County Governments should put in place strict guidelines and controls on health and sanitation data in order to protect individual privacy and prevent data breaches.

There is need for the Digital Health Agency to establish a framework of coordination with the Office of the Data Protection Commissioner and other relevant State Agencies, including County Governments to minimize duplication and related implementation challenges.

7.3. The Social Health Insurance Act, 2023*:*

The Social Health Insurance Act, 2023 (SHI Act) introduces a comprehensive scheme for social health insurance, aiming to provide financial protection and equal access to healthcare services.

7.3.1. The Social Health Authority:

The SHI Act establishes the Social Health Authority (SHA) to, in part:

- Register the beneficiaries.
- Manage certain funds established under the SHI Act
- Receive all contributions and other payments required by the Act to be made to the funds
- Enroll and contract healthcare providers and healthcare facilities upon inspection, licensing and certification of the healthcare providers and healthcare facilities by the relevant body
- Consider and make payments to contracted healthcare providers and healthcare facilities out of the funds.

The SHI Act establishes three new funds as highlighted below:

7.3.2. Primary Healthcare Fund:

This fund will focus on procuring primary services from healthcare facilities. The fund shall receive contributions from:

- Monies appropriated by the National Assembly
- Any grants, gifts, donations or bequests
- Monies allocated for those purposes from fees or levies administered
- Monies accruing to or received by the Fund from any other source

7.3.3. Emergency, Chronic, and Critical Illness Fund:

This fund will address emergency and chronic illness costs once the social health insurance benefits are exhausted. It serves as a safety net for individuals facing significant healthcare expenses due to unforeseen emergencies or long-term chronic conditions. The fund shall receive contributions from:

- Monies appropriated by the National Assembly
- Any grants, gifts, donations or endowments
- Monies from any other lawful source

7.3.3. Social Health Insurance Fund:

The Social Health Insurance Fund will cover services provided by healthcare facilities. The following monies shall be paid into the Fund:

- Contributions under the Act
- Monies appropriated by the National Assembly for indigent and vulnerable persons
- Gifts, grants, innovative financing mechanisms or donations

Persons liable to register as members of the Fund:

- Every Kenyan
- A non-Kenyan who is ordinarily resident in Kenya
- A child born after commencement of the SHI Act

Registration shall be conducted continuously at various points in such manner as shall be prescribed by the Cabinet Secretary (CS).

That any non-Kenyan who intends to enter and remain in the territory of Kenya for a period of less than 12 months must be in possession of travel health insurance coverage as may be designated by the Cabinet Secretary.

Persons liable to contribute to the Fund:

- Every Kenyan household
- A non-Kenyan resident, ordinarily residing in Kenya for a period exceeding 12 months
- The national government
- County governments
- Any other employer

How contributions are paid to the Fund:

- For salaried employment, through a monthly statutory deduction from the wages or salary by the employer at a rate prescribed by the SHI Act
- For a household whose income is not derived from salaried employment, by an annual contribution of a proportion of household income as determined by the means-testing instrument in the manner prescribed by the Act

- For households that need financial assistance as determined by the means-testing instrument, by the government
- For persons under lawful custody, by the government from funds appropriated by Parliament for that purpose at a rate prescribed under the Act
- For a permanent resident in Kenya, by that person at a rate as may be prescribed under the Act
- For any other person, by the person himself out of his own funds in the manner prescribed under the Act

That the above-stated contributions must be paid at the time of registration.

7.3.4. Offences and penalties:

- Failure to make timely contribution payments will result in a penalty equivalent to 2% of the unpaid contribution for the period in question and the total annual contribution.
- Any employer who fails to pay any contributions to the fund as a contributing employer or who makes unauthorized deductions from employees shall be liable for a fine not exceeding two million Kenya Shillings (KES 2,000,000) or to imprisonment for a term not exceeding three years. Any person who, for obtaining a benefit, makes any false statements or representation shall also be liable to a similar fine or imprisonment.

7.3.5. Rates of contributions to the Social Health Insurance Fund:

The Cabinet Secretary (CS) in consultation with the Board will draft regulations to prescribe the amount and rates of contributions payable to the Fund. As at the date of compiling and submitting this Health and Sanitation Taskforce Report, the Cabinet Secretary in Charge of Health Services in the National Government has submitted to Parliament for enactment of the Regulations regarding the specific amount and rates of contributions by different categories of the population.

The Taskforce urges all residents of Bungoma County, all foreigners who are ordinarily resident in the County and Country and all persons including employers who are liable to contribute to the Social Health Insurance Fund to look out for notices and/or regulations prescribing the registration process, rates of contributions, the due dates for the contributions and all matters incidental to the contributions.

Following enactment of the new laws, on 27 November 2023 the High Court of Kenya issued a conservatory order restraining the government and its agents from implementing and or enforcing the relevant Acts of Parliament until 7 February 2024, effectively postponing implementation of these new healthcare laws. However, the Court of Appeal lifted the High Court Orders to allow the operation of

the Social Insurance Fund (SHIF) after successful appeal by the National Government through the Cabinet Secretary for Health Services.

The Comparative Deductions of NHIF VS SHIF (KSH/MONTH) calculated at 2.75% of the gross salary will be as follows:

GROSS PAY SALARIED GOVERNMENT WORKERS	OLD DEDUCTION (NHIF)	NEW DEDUCTION (SHIF)
Sh20,000	Sh 750	Sh 550
Sh50,000	Sh 1,200	Sh 1,375
Sh100,000	Sh 1,700	Sh 2,750
Sh200,000	Sh 1,700	Sh 5,500
Sh500,000	Sh 1,700	Sh 13,750
Sh1,000,000	Sh 1,700	Sh 27,500

Note: *The ordinary citizens who are not in the formal employment are expected to pay **Sh300 per month** under SHIF **from** the previous **Sh 500** monthly payment under NHIF.*

7.4. Implications of the New Laws and Transition from National Hospital Insurance to Social Health Insurance Fund (SHIF):

- According to the 2022, Kenya National Demographic Health Survey, out of the 26% insurance holders, at least 24% of them uses NHIF. The Ministry of Health claims that KES 20 billion was lost through fraudulent medical insurance payments by NHIF. There is a plan to transition from NHIF to the Social Health Authority (SHA). There is a dispute over the amount of money lost through NHIF based on a Report by the State Department of Health Services.
- The Kenya Medical Practitioners and Dentist Union (KMPDU) went to the High Court of Kenya and temporally court to stop the implementation of the Social Health Insurance Act, 2023, which is meant to oversee the operationalization of SHA to replace NHIF. However, the Court of Appeal set aside the orders of the High Court and allowed the State department to implement the legislations with a few reservations. There is a discrepancy over the number of NHIF accredited health facilities in the Country. According to the facility census commissioned by the Health Cabinet Secretary in December 2023 the NHIF, accredited hospitals in the Country are 5,574. However, according to the Cabinet Secretary Report, Kenya has 8,884 NHIF accredited health facilities. There is inconsistency in reporting, and one wonders how the NHIF liabilities will be written off as fraudulent debts before transitioning to SHIF under SHA. The private health facilities are now demanding NHIF to settle all its liabilities before the transition. At the time of drafting this Report, about Sh15 billion had not been paid for surgical cases,

medical admissions, dialysis, cancer, and Edu Afya and Linda Mama services having the biggest junk. The National Government was yet to release Sh4.4 billion capitations owned to the public hospitals across the Country.

- The Taskforce is of the considered opinion that repealing NHIF to SHA may not stop corruption and mismanagement of funds for healthcare and sanitation. This is because corruption is in our society is more of a moral rather than legal vice and monster. In this regard, SHA shall contract another insurance company to manage its claims. This presents an opportunity for corruption and mismanagement of public resources for health care services, unless stringent regulations and monitoring systems are put in place. Under the SHIF Act, 2023, claims management will be spread to newly formed bodies. The question is who will audit the liabilities when the majority of NHIF employees may be sent parking under SHA.

- The Taskforce is of the considered view that if the intention of the Government is to begin at a clean slate, let NHIF settle all its liabilities before transition to SHIF under SHA. It should settle and sign off everything at public, private and mission hospitals, otherwise we may have many litigations that will further derail the implementation of the SHIF Act, 2023, despite its noble goal and objective of promoting Universal Health Coverage. Under the new Act, all funds, assets and other properties, movable and immovable held for and on behalf of NHIF will be under the new health insurance agency (SHA).

- The Taskforce notes that although the intention of the new laws is noble there is need for a clear transition roadmap with all risk factors considered. For now, it remains unclear on how SHA will take over all NHIF liabilities and operationalization. The National and County Governments should put in place proper systems of control to minimize fraud and misappropriation of funds under whichever insurance scheme that will be put in place and operationalized. If the process of transition is not properly throughout through, the problems and challenges associated with NHIF will follow SHIF under SHA. The National and County Governments must focus and ensure that we have a cost-effective financing framework and system, where the clients/patients get value for their money. In the past, some people have been paying for NHIF but they cannot get adequate and quality healthcare services in the health facilities, where they are registered.

- To reduce and eliminate fraud and runaway corruption in the health insurance, the new Agency should adopt and fully automate its services to minimize human interface.

- The Taskforces observes that despite damming reports on fraud and other malpractices, coupled with leadership and governance wrangles at NHIF, the fund remains the most popular insurance among the staff and residents of Bungoma County.

7.5. Facility Improvement Act, 2023 and its implication for the Review of BCHS Act, 2019:

The Facility Improvement Financing (FIF) Act, 2023, came into force on 2 November 2023, upon its publication in the Kenya Gazette Supplement No. 191 of the same year. This Act of Parliament provides for public health facility improvement financing, the management, and administration of the facility improvement financing and connected purposes. The Facility Improvement Fund is revenue collected t public health facilities as user fees paid to defray the costs of running these facilities. This fund is usually important in enabling facilities to manage their day-to-day expenses and manage situations where emergency supplies have to be acquired.

The FIF Act, consisting of 29 articles divided into six parts, provides for:

- An efficient, secure and accountable mechanism for revenue derived from health services rendered at public health facilities;
- Facilitating effective planning, coordination, mobilization and access of public health facilities improvement financing;
- Promoting equitable health facilities improvement financing, including benefit sharing;
- A unified system to guide financial management in public health facilities.

Part II concerns:

- Sources of public health facilities improvement financing;
- Uses of the finances retained by public health facilities.

Part III concerns:

- Roles and responsibilities of National Government including: formulation of Policies on revenue management;
- Development of guidelines to promote transparency;
- Analyzing data for facility improvement financing policy formulation and support.

Part IV concerns:

- The role of county governments;
- Management and administration of the facility improvement financing revenue.

Part V concerns financial provisions.

Part VI concerns miscellaneous provisions.

Overall Implications for Public Health Facilities:

The Facility Improvement Financing (FIF) Act, 2023 aims at enhancing financial autonomy, where facilities can retain and manage their revenues for improved service delivery. It spells out clear roles for the national and county governments and establishment of management teams for oversight.

7.6. Implications of the Facility Improvement Financing Act, 2023 on the Review of BCHSA, 2019:

- The Facility Improvement Financing Act, 2023 has far reaching implications on the review of the BCHS Act, 2019 in terms of retention of public facilities improvement financing, sources of financing and use of the finances retained by public health facilities;
- The FIF Act, 2023 provides a framework for enhancing continuity and sustainability in healthcare financing. It will ensure that health facilities are adequately funded and can maintain high-quality service delivery and better health outcomes.
- It seeks to ring fence money generated by health facilities, preventing absorption into general county funds, and thereby enhancing the operational autonomy of health facilities. In this regard, health facilities can now retain and manage their revenues for improved service delivery. However, this necessitates robust mechanisms to ensure accountability and prevent financial mismanagement;
- The FIF Act, 2023 defines the role of National Government in terms of policy formulation, research, and development to improvement financing. It has also provided for clear roles for national and county governments and the establishment of management teams for oversight. This may lead to good governance and greater accountability of public health facilities;
- It also establishes the management and administration framework of the improvement financing in county governments;
- It provides guidelines on the establishment and functions of County Health Management Team, Sub County Health Management Team. It also provides guidelines for establishment and functions of the Hospital management Team and Health Facility Management Committee and terms and conditions of appointment. It provides for continuation of current management boards/committees until expiry of their terms;
- The FIF Act also spells out on the procedure of opening and operating a Bank Account for the Facility Improvement Financing and Authority to Incur Expenditure.

- The Act also provides for Annual Reporting and Audit of Facility Improvement Financing.
- The implementation and success of the FIF Act, 2023 will depend on the ability of the county health facility staff and management teams to effectively handle financial management responsibilities;
- The Act proposes application of penalties as stipulated in the Public Finance Management Act and Public Procurement and Asset Disposal Act and other relevant financial management and procurement laws.
- The FIF seeks to ensure equity in resource allocation among the different health facilities in the Country and County, especially in underserved areas (hard to reach areas). This is crucial for achieving balanced healthcare and sanitation development and can go a long way in guaranteeing universal health coverage (UHC) in the County;

CHAPTER EIGHT:

8.0. SUMMARY OF VIEWS FROM THE PUBLIC PARTICIPATION AND STAKEHOLDERS' ENGAGEMENT:

8.1. Hearing Session with the Bungoma County Chairperson of Imams:

On 6 September 2023, the Taskforce held a hearing Session at Mabanga ATC with the Bungoma County Chairman of Imams on behalf of Muslim Leaders. He raised the following issues:

- Poor drainage and sewerage system especially in *Mujini* Estate in Bungoma Town whose majority of its residents are of Islamic faith.
- That there should be no post-mortem on Muslims who die in hospitals.
- That the management of the health facilities should provide prompt communication to the family and/or relative of the patient (s).
- The dead body of a Muslim person should not be taken to the mortuary except in exceptional circumstances
- That the health and sanitation workers should be sensitive to clients/patients of Islamic faith on admission.

8.2. Hearing Forum with Health Union Representatives:

The Taskforce held a hearing session with Unions on 7 September 2023 at Mabanga ATC. The Union were Kenya National Union of Nurses, Kenya Registered Clinical Officers, and the Medical Laboratory Officers. The Participants were also taken through the National Government's Transformative Agenda in the Health and Sanitation Sector, the Eight Pillars of the Kenya Health Sector Policy 2014-2030, Report of the Joint Committee of the County Assembly of Bungoma, Judgment by Justice Weldon Korir. The facilitators' referred to the Constitution of Kenya 2010, particularly Articles 43, and the Fourth Schedule regarding the key county health and sanitation related functions and services. During the Hearing Forum, the Participants raised the followings issues and recommendations.

8.2.1. Kenya Nation Union of Nurses (KNUN):

The above Union presented its Memorandum on the Review and Amendment of the Bungoma County Health Services Act, 2019 to the Chairman of Health and Sanitation Taskforce on 7 September 2023 at Mabanga ATC Hall. The memorandum has been summarized as follows:

- That the Bungoma County Health Services (BCHS) Act, 2019 is discriminative against the nurses and other cadres in the health and sanitation sector.
- The Nurses proposed the amendment of clauses in the BCHS Act, 2019, particularly Section 5(4) a & b. Thus, by deletion of the word "Medical "and substituting it with the word "Health"

plus deletion of the words "Medical Practitioners and Dentist Board" substituting them with Representative Regulatory Body" so as to read;

Be a Health Practitioners registered by representative regulatory body as stipulated in National Health Act No. 21 of 2017 Article 60 subsection 2

By deletion of the words "Public health and Medicine" and substituting them with "Health related field" so as to read

Be at least a holder of Master's degree in any health-related field.

- The Nurses do propose amendment of clauses in **Part III** the Bungoma Health Act, 2019-Health Services Delivery, No. 20 (2) b On Emergency medical treatment by inserting time limit of within two (2) hours.
- That the County Public Service Board (CPSB) should competitively source the heads of department under Part IV, Section 32.
- That the county director of health services should be sourced competitively by any health practitioner registered by the relevant legal profession body/board and be at least a holder of master's degree in health-related discipline.
- That there should be a department of county clinical services, which should be headed by the county clinical officer.
- That there is need to amend ***Section 33(2) (b)*** to remove head of division and replace with all departmental heads in relationship with provisions of ***section 15 a, b, c*** of the Facility Improvement Financing Act, 2023.
- The KNUN proposed the deletion of ***(b) of Section 32(2)*** the position of one deputy director
- There is need to create of a centrally coordinated County Referral System.
- That the Department of Health should remain one for better administration and not split into health and sanitation units.
- Demoralized workforce i.e. nurses are side lined in leadership, governance and management of health facilities in the County,
- That the CBA the nurses signed with the County Government of Bungoma in 2019 has not been implemented. It should be reviewed, negotiated afresh, signed and implemented.
- The nurses cited some instances of political interference in the management of some health facilities
- That the security of nurses not guaranteed.
- Staff shortage-nurses working for more than 12 hours against the stipulated eight hours.
- Delayed salaries for nurses on contract-casuals have not been paid for 5months.
- Career stagnation-some nurses have stagnated in one job group for over 10years.

8.2.2. Kenya Registered Clinical Officers (KUCO):

- Abolish contractual employment by hospital boards and committees and leave it to the county public service board.
- Staff shortage in the clinical office department
- That the current comprehensive medical cover (BRITAM) was not effective
- One cadre of health workers thus medical officers dominated the top leadership and management of the Department
- There is need for psychosocial support programme including guiding and counseling under for health workers two clinical officers died of alcohol addiction.
- Career progression very slow I.e. no promotion or resignation even after advancing in profession
- No equity in career development i.e. trainings and capacity building.
- Unnecessary staff transfers have led to underperformance and depression of the affected staff
- Clinical officers should also be considered for appointed as in charges of various sub county hospitals.

8.2.4. Kenya National Union of Medical Laboratory Officers (KNUMLO):

The above Union presented its Memorandum on the Review and Amendment of the Bungoma County Health Services Act, 2019 to the Chairman of Health and Sanitation Taskforce on 11 September 2023 at Mabanga ATC Hall. The memorandum has been summarized as follows:

- KNUMLO cited the High Court Ruling in a Case of the Pharmaceutical Society & Another Vs Attorney General & 3 Others (*Petition No. 85 of 2018 that declared some Sections of the Health Act, 2017 unconstitutional.* That the said Ruling affects ***Section 5(4) (i)*** of the Bungoma County Health Services Act, 2019 on matters pertaining to the appointment of County Director of Health. The proposed the substitution of Medical Practitioner with a Health Professional with a master's degree in any health-related discipline for the position of County Director of Health and Sanitation Services.
- KUMNLO proposed the substitution of the word Division with the word Unit
- They proposed the amendment od ***Section 9(2)*** to substitute with the Board to invite the head of section whose matter is to be discussed and an amendment of ***Section 33 (2) c and 33 (2) (b)*** with Head of Unit, ***Section 38(1)*** to substitute with Quality assurance and standards compliance unit.
- The Union proposed the position of One Chief Officer and One Director of Health with a fixed term limit of five years.

- That the Medical Laboratory Officer to be a member of the procurement team at all levels from the county down to the facility level.
- KNUMLO decried the Half hazard transfers of laboratory staff in the County for example a PHD or Master's Degree holders transferred from County Hospitals to lower facilities like dispensaries and sometimes the transfer is executed in the mid of the year without consideration of family matters like schooling of children.
- KNUMLO said that they were discriminated against as there was no single medical laboratory officer in the executive arm of the County Government of Bungoma and none of them is heading any health facility.
- The laboratory technologists were discriminated against in terms of award of risk, uniform and call allowances.
- The medical laboratory officers were excluded in the design and construction plans, leading to conversion of corridors, kitchens, or even toilets into laboratories.
- No representation at County Health Management Team (CHMT). That CHMT should be composed of heads of departments. They proposed the inclusion of a KNUMLO representative on the CHMT at the position of Deputy Director Medical Laboratory Services and Assistant Deputy Director of Medical Laboratory Services at the Sub County Management Team
- No uniform and call allowance for lab technologists
- No conducive working environment for medical laboratory officers
- Frustration of lab staff working in facilities.
- Understaffing as all dispensaries are headed by staff on contract not permanent and pensionable
- Non-remittance of statutory deductions to relevant bodies such as the Lap Fund and NHIF.
- There are double deductions for retirement benefits by both National and County Governments.
- Staff burnout in facilities i.e. one person serving as the in charge, clinical officer, nurse, lab technologist, and the like.
- There was shortage of drugs and other commodities/supplies in most health facilities in the County.
- That the comprehensive cover by BRITAM is wanting.
- There is understaffing of medical officers due to uninformed recruitment exercises

(A Copy of the Detailed Memorandum of KNUMLO is Annexed to Volume 2 of the Taskforce Report).

8.2.5. Submission by the Kenya Environmental Health and Public Health Practitioners Union (KEHPHPU):

- That Part II at Page 6 on Health Services Management should be amended to establish two county directors of health and sanitation (Director Medical Services and Director Public Health and Sanitation who shall be technical advisors on all health matters in the Department.
- A person appointed as a county director of public health and sanitation shall be a public health officer registered by public officers and technician council of Kenya (PHOTC) and be a holder of BSc in public health/environmental health science and working experience of not less than 10 years in the same field.
- That there is need to amend ***Part IV Section 46 (2) at page 27*** of the Bungoma County Health Services Act, 2019 in order to provide funds for public health and sanitation supplies, equipment and facilitate operations of public health services within the County.
- That public health directorate should be a revenue collection unit, procuring and spending entity/directorate with all financial collection and expenditure systems (be made an AIC Holder)
- Food and hygiene license incorporated into single business permit (under revenue) which is central to the Food, Drugs, and Chemicals Act Cap 254 of the Laws of Kenya.
- There is need to activate multi-sectorial Liquor / Alcohol Committee
- Enact a County Environmental Health and Sanitation Act
- That waste management be transferred to public health unit
- PHC activities including community health to be supervised by public health unit.
- There is need to change the current organogram to accommodate the Division of Public Health and Sanitation.
- The proposed organogram by PHOs in order of ranking include the following: CECHS, two Chief Officers one for Medical Services and the other for Public Health and Sanitation, County director for medical Services and County Director for Public Health and Sanitation.
- They further proposed the creation of 16 divisions namely; Division of General Administration, Div. Clinical and Curative Services, Div. Health Product and Technology, Div. Health Records and Information, Div. Mental Health and Corrective Service, Div. Nursing and Emergency, Div. Medical Diagnostic Services, Div. Rehabilitative Service, Div. Policy Planning and Finance, Div. Public Health and Sanitation, Div. Primary HealthCare, Div. Vaccine and Immunization Services, Div. M& E and Research, Div. Maternal and Reproductive Service, Div. of Communicable and Non-Communicable Diseases, and Division of Health Promotion and Education.

(A copy of the detailed Memorandum submitted by the KEHPHPU is annexed on Volume 2 of the Health and Sanitation Taskforce Report)

8.2.6. Submission by the Kenya Medical Practitioners and Dentist Union (KMPDU):

KMPDU (Kenya medical practitioners, Pharmacists and Dentists Union) represents doctors in Kenya who are registered and regulated by the KMPDU (Kenya Medical Practitioners, and Dentists Board).

On the 25/05/2023 KMPDU**,** KNUN, KUCO, and other unions met at the county secretary's boardroom to discuss deficits in the pillars of health in Bungoma County. It emerged that the major issue was leadership and governance. The cause of disagreement was lack of inclusivity of other cadres in the CHMT.

Following deliberations, we agreed on 15 divisions in the CHMT headed by one director and his/her deputy. We also agreed among other things that UHC (Universal Health Care) workers contracts were to be renewed, stalled promotions were to be fast tracked, 234 new appointees were to be employed before end of August 2023, and all workers without confirmation letters were to be confirmed. Unfortunately, several members still had reservations and there was a demand to overhaul the entire Health Services 2019.

The KMPDU proposed the following changes:

- That there should be one director of medical services and one deputy director of medical services.
- That the Director of health must be a holder of a **basic degree** in medicine and surgery (MBChB), pharmacy (Pharm) or dentistry (BDS) with a **master's** degree in any other field.
- That the deputy director of medical services should have a basic degree in medicine and surgery (MBChB), pharmacy (BPharm) or dentistry (BDS).
- That the CHMT should not have more than 20 members and must be representative of all cadres that run programmes.
- That all SCMOH (sub county medical officers of health) should be basic degree holders in medicine and surgery (MBChB), pharmacy (BPharm) or dentistry (BDS) and should be given 3-year renewable contracts based on performance.
- That all medical superintendents should be basic degree holders in medicine and surgery (MBChB), pharmacy (BPharm) or dentistry (BDS) and should be given 3-year renewable contracts based on performance.

- That there was no representation of the dentists on the County Health Management Team (CHMT).
- There was inadequate provision for health products and technologies
- There is inadequate pharmaceutical staff at levels 3 and 4 to coordinate services
- That the community health strategy is not well structured, coordinated, and is therefore not effective in the County.
- The majority of the KMPDU did not support the amendment of the CHMT and proposed that it should be retained as it is in the Bungoma County Health Services Act, 2019 (***A copy of the detailed Memorandum submitted by the KMPDU is annexed on Volume 2 of the Health and Sanitation Taskforce Report***

8.2.7. Summary of the Submission by the Medical Social Workers (MSW):

- The Medical Social Workers submitted that they need recognition as a Division or Unit of the Department of Health and Sanitation.
- That they need recognition and representation at the CHMT.
- Their roles involve working with patients in respect to their social, economic, and environmental factors at facility, household, and community levels.
- Have submitted a proposal for amendments to some Sections of the Bungoma County Health Services Act, 2019.
- They submitted an organogram that indicate that CHAs, CHEWs and CHPs should work under them (***A copy of the detailed Memorandum submitted by the MSW is annexed on Volume 2 of the Health and Sanitation Taskforce Report)***

8.2.7.1. Taskforce Observations and recommendations:

- That the medical social workers are domiciled in level 4 & 5 facilities.
- The Medical Social Workers linked their proposal in the organogram to other PHC cadres and indication of their belonging.
- That the role of medical social workers are basically within the community environment and can be re-designated and represented under the Service Unit of Sanitation and Public Health.

The other formal submission was made by the Head of Rehabilitative Services in the County. The details of his representation are found in a Memorandum in Volume 2 of the Health and Sanitation Taskforce Report.

8.3.1. Sub County Views from the Public Participation Forum at Cheptais:

The Health and Sanitation Taskforce conducted convened a public participation and Stakeholder's engagement and hearing Forum at Cheptais level 4 Hospital on 10 October 2023. The Forum was attended by representatives of different cadres of health workers, including representatives of eye services, nursing, social workers, clinical officers, public health officer, among others. The Eight (8) pillars of the Kenya Health Sector Policy 2014-2030 and the National Government's Transformative Agenda in the Health and Sanitation Sector took through the Participants. The facilitators referred to the Constitution of Kenya 2010, particularly Articles 43, and the Fourth Schedule regarding the key county health and sanitation related functions and services. During this Hearing Forum, the Participants made the following recommendations:

8.3.2. Emerging Issues of Concern:

- High staff turnover in the Cheptais and other health facilities
- Inadequate funding of health care services
- Reliance on out of pocket to finance health services
- High cases of waivers, which were affecting operations and causing financial constraints to health facilities
- Cheptais had a budget of 32 million for the financial year 2023/24, which was not adequate for provision of quality healthcare and sanitation services to the residents.
- The representatives of the Nurses submissions relating to ***Section 5, Subsection 3 of the BCHSA, 2019***, where they opined that there was discrimination of nurses during application for management positions, such as county director of health and sanitation services. That the provision in the current Act only favors medical doctors against other cadres of health workers.
- Un regulated health scholarships that was selective and discriminative
- There is shortage of health workers in the Hospital and other health facilities in the County
- That the current BCHS Act, 2019 does not address or capture the role of traditional healers
- Haphazard mushrooming of dispensaries
- Lack of proper referral system and strategy
- Long distance of one health facility to another
- That Cheptais Hospital and other health facilities in the County lack essential health products and technologies, including drugs and technologies such as city scan and other modern equipment
- In terms of leadership and governance, the selection of hospital boards and management committees of health facilities is highly politicized and biased
- Some essential services such as city scan and dialysis are not available not only in Cheptais Hospital and most other health facilities in the County.

8.3.3. Specific Recommendations from Cheptais Forum:

- The public service board should consider the geographical location among other parameters when hiring staff.
- The issue of waivers in health facilities should addressed.
- Health should be adequately funded.
- The County Public Service Board should hire staff on need basis and very specific and not blanket hiring.
- The health and sanitation sector should be adequately funded to help cater for health service to avoid out of pocket, inadequate commodity and non-pharms stock outs.
- The post of Director Health and Sanitation should be open to all health cadres and be competitively sourced.
- The Public service board should employ workers basing on qualifications, experience, and year of graduation. For those who graduated earlier should be the first priority.
- There should two Directors, one in charge of medical Services and the other to be in charge of Sanitation respectively.
- The review should look at health and sanitation financing and all health facilities should be adequately funded.
- That Level 2 &3 health facilities should be capacitated and be given full responsibility of having special purpose accounts, spending units and be procuring entities. Semi-autonomous poor should be guaranteed.
- That the Bungoma County Health and Sanitation Act should be domesticated and customized from the national one because of the new provisions in the National Health Act, 2017.
- That the envisaged Health and Sanitation Act should have provisions that allow departmental heads to be heads of divisions and positions should be competitive and avoid being appointed on political patronage.
- That the County Public Service Board should have a clear staff establishment that links community health assistants with community health promoters.
- There is need to enact and implement a County Health facility improvement and upgrade policy. This will ensure improvement and upgrading of health care facilities based on set criteria and parameters to guarantee for better health services.
- That procurement should be devolved and avoid using only one procurement entity/agency-KEMSA. There is a great need for the Country to have more than one procurement agency to improve supply of commodities.
- That there should be clear guidelines that support public health officers to conduct inspection and therefore, public health should be fully supported.

- That the referral system in Bungoma should be improved. Proper funding and implementation of clear guidelines to ensure effective and efficient referral services.
- The review and amendment of BCHSA, 2019 should address the issue of mental health in the County. The participants observed that there are some health workers in the County who are also incapacitated to offer quality medical services because of depression and mental health issues. That they should also be catered for apart from other mental health client/patients outside the health workers fraternity.
- That the hospital management boards and hospital committees should not be selected by politicians, but rather should be through public participation by residents and stakeholders from the surrounding community of the health facility.
- That transparency and accountability in the health and sanitation sector should be addressed by putting in place proper leadership, governance, and management systems at all levels and at each facility.
- That the electronic medical system or e-health should be customized as stipulated in the Digital Health Act 2023.
- That Cheptais Sub County Hospital in particular lacks several modern health and sanitation infrastructure and equipment to operate optimally. These among others include; a Mortuary, Theatre, X-ray, Incinerator. The Hospital had inadequate health workforce/human resource. It had only14 clinical officers, 13 nurses with most of them being on temporary terms and contracted by the hospital and not the County Public Service Board (CPSB). The Hospital has only 2 social workers and 2 nutritionists. It lacks other essential human resource for health personnel such as radiologist, family physician, gynecologist, and psychiatrist.

8.3.4. Summary of the Submission by the Coordinator of Rehabilitative Health Services:

- That the Section or Unit of Rehabilitative Services should consist of physiotherapy, occupational therapy, and orthopedic technology.
- That the rehabilitative services should be represented at the CHSMT and SCHSMT levels.
- The rehabilitative health services staff should also be considered during the recruitment of heads of health facilities alongside other cadres of workers in the health and sanitation sector.
- That the rehabilitative services staffs are currently domiciled at level 5 county referral hospital and only four health facilities at level 4.
- There should be adequate staffing and funding of rehabilitative services at all levels.

- The County Government in collaboration with development partners should fund CBR, Clubfoot Posset Management, and Disability Mainstreaming Assessment.

8.3.5. A Summary of the Submission by the CECM Health and Sanitation Department:

The County Executive Committee Member for Health and Sanitation (CECM) submitted a memorandum to the Taskforce on behalf of the Chief Officer and Ag. Director of Health and Sanitation regarding the review and amendment of the BCHSA, 2019:

- That the Taskforce should consider amending the format, structure, and content of the BCHSA, 2019 to mirror the pillars of health as stipulated in the in the Kenya Health Policy 2014-2030. These pillars are as follows. Health leadership and organizational structure, Health care financing, Health Information Management System, Health infrastructure, Health workforce, Health products and technologies, Service delivery and performance management and Research & development.

- On health leadership and organizational structure, the CECM proposed a restructuring of the Department to have two levels of care: primary healthcare and secondary health care (hospital services). That the primary health care (PHC) services will encompass community health services, dispensaries, health centres, and the envisaged regulations will guide on the staffing at this level.

- That the Secondary Healthcare (SHC) services will encompass all services offered at the hospital level i.e. level 4 and 5 hospitals. As much as mortuaries will be under hospitals, the Act should give them a life in that they will be managed independently and report to the respective director and chief officer.

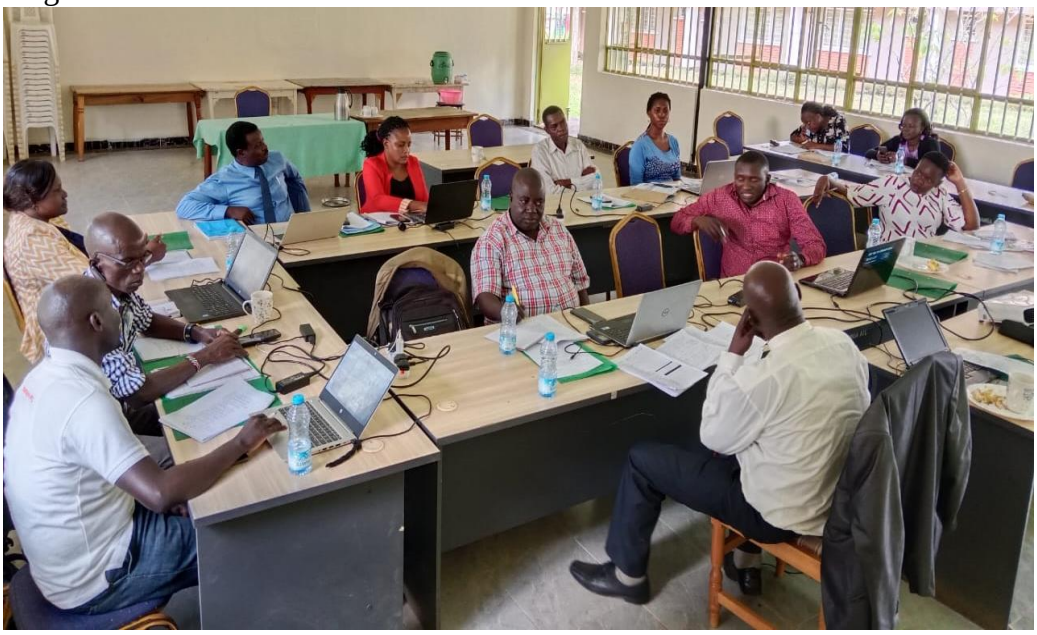
- Define an organogram for the department of health to provide for 1 CECM, 2 chief officers and 2 directors.

- That the proposed amendment Bill should provide guidance for the establishment of a County Health Board (CHB) that will oversee the implementation of the Act and advise the County Executive Committee Member in charge of the Department of Health and Sanitation. The said Board will oversee the establishment and operationalization of health facilities including public, faith based and private. The Board will also oversight the departmental operations, provide strategic direction and eliminate solitary decisions by the CECM which might at times be whimsical. That all private hospitals will apply through the CHB for their registration and licensure.

- That the CHB will work closely with other national regulatory bodies such as KMPDC, KNUN, KUNMLO, KUCO, PHO and other regulatory bodies nursing to ensure that professional standards are maintained by each cadre of the health workforce. The amended Act should also provide for the establishment of the County Health Management Team (CHMT), various Hospital Management Boards, and Health Facility Management Committees.
- That the Taskforce under the envisaged Amendment Bill should specify the number of divisions and name the proposed divisions. The regulations shall guide on how the positions will be filled and the term limit. The membership will be drawn from the two arms of the department i.e. primary and secondary health care.
- That the amendment Bill should give guidance on the coordination structures from the County level to the sub county and ultimately to the community units taking a pyramid formation. The CECM in his submission observed that currently Section 33 of the BCHSA, 2019 assigns Sub County teams the same formation as the CHMT. This is not supposed to be the case since at the sub county level there exists program officers and not high-level managers like at the CHMT.
- That the new legislation (Amendment Bill) should establish the Facility Improvement Fund under Section 109 (2) (b) of the PFMA, 2012 that will allow all hospitals to retain 100% of their collections and designate the collections as Appropriations-In-Aid. Each hospital will operate a Special Purpose Account (SPA) of its own.
- That the amended legislation should establish Bungoma Primary Health Care Fund that will be managed centrally (one Special Purpose Account regulations). Monies to go to this fund will include those from collections at the health centers, NHIF (now NSHIF) reimbursements, Donor funds in support of Primary Health Care, among other sources. The health entities will include the public health services, dispensaries, health centres, mortuaries, crematoria, and pharmacies.
- That there should be appropriate regulations will guide on the operationalization of the funds and stipulate on the use of the monies appropriated in the funds.
- That the amended Legislation and/ or regulations will create a window for waivers and exemptions to enable the poor also access health care services and the regulations will guide on how this offer will be awarded.
- That services offered at all levels of care will be chargeable and regulations will guide on how much to pay at each level.

- That all sub county hospitals will be procurement entities to cater for the hospital needs.
- The CECM recommended automation of services at all service delivery points and Integration of e County Health Information Management System. There is need to develop and share the dashboards for decision-making.
- On health infrastructure, the envisaged legislation, and/or regulations, the CECM submitted that the new legislation should establish procedures and guidelines for establishing new health facilities including public and private health facilities and chemists.
- In terms of the health workforce, the County Executive Committee Member proposed the establishment of the requisite cadres in the Department of Health and Sanitation by the new legislation and/or regulations. That should also include establishing the terms of service for the cadres in health, staffing, and deployment criteria at all levels of care. That there is need to develop a policy on human resource for health in line with the departmental circular number 3. There is need anchor in the envisaged legislation a clause for continuous health (including medical) education
- On Health products and technologies, he proposed that **t**he county department of health and sanitation should have a central commodity store, which will be decentralized to all sub county headquarters. That commodities procured centrally will be warehoused at the central stores and distributed on needs basis to the sub counties and ultimately to the health centers and dispensaries.
- That the County Department of health and sanitation should develop a drug formulary that will guide in the procurement of essential drugs. In this respect, all hospitals through their Medicines and Therapeutics Committees will establish their drug formularies depending on their levels of care and the conditions dealt with.
- There is need to formulate a regulation on the establishment of pharmacies and chemists in the County.
- On Service delivery and performance management, the County Executive Committee Member proposed the establishment of the roles and responsibilities of the previously cadre of health workers known as the Community Health Volunteers (CHVs), now referred to in this context as community Health Promoters (CHPs).
- That there is need to establish the roles and responsibilities of the Basic Health Team (BHTs) at the dispensary and Ward Health Team. This is geared towards decentralization of management for non-communicable diseases to various health centres in the County.

- There is need to establish an effective mechanism for the supervision for service delivery at all levels of care.
- Establish ambulance and referral services with a central command centre
- There is need to come up with practical strategies for mobilization for blood donation and support the Blood Transfusion Centre in the County.
- That there is need to streamline and mainstream sanitation services in the amended legislation and regulation



Chairperson and Members of the Taskforce in a Working Session at Mabanga ATC

8.4.1. Mt. Elgon Sub County Hearing Forum at Kapsokwany:

The Taskforce held a Stakeholders engagement/hearing forum at Mt. Elgon Sub County Hospital in Kapsokwany Town on 13 October 2023. During the Forum Taskforce Team took participants through by the Eight (8) Pillars of the Kenya Health Sector Policy 2014-2030 and the National Government's Transformative Agenda in the Health and Sanitation Sector. The Participants were also taken through the National Government's Transformative Agenda in the Health and Sanitation Sector. The Taskforce Team referred to the Constitution of Kenya 2010, particularly Articles 43, and the Fourth Schedule regarding the key county health and sanitation related functions and services. During the Hearing Forum, the Participants raised the followings issues and recommendations:

8.4.2. Emerging Issues of Concern:

- There were insufficient drug supplies
- That most health facilities still operate the manual way hence loss of revenue. There is need for adoption and implementation of the Health Integrated Management System (HMIS)

- That County funding stopped for Mt. Elgon Hospital stopped and it is currently relying on own source revenue, which is inadequate.
- There is understaffing in the following units; dental, x-ray, orthopedic trauma, orthopedic technicians, physiotherapy, health records and there is no ENT specialist.
- There is no staff motivation and promotions are selective and sometimes not forth coming.
- The hospital has several pending bills for supplies of goods and services due to insufficient revenue collection.
- The hospital lack of some essential services like mortuary and CT scan.
- The new ward has not been furnished and lacks equipment, partitioning, beds, water bath and pathways,
- The male and female wards have no beds
- There is understaffing-six health facilities in the Sub County are managed by one staff in each i.e. chemuremo dispensary, chemuses dispensary, kongit dispensary, chepkitale dispensary, Tobo and Mwai Mwai dispensaries.
- The Medical Health Officer in charge of the Sub County lack of funds for facilities supervision, no stationery, and airtime for communication with satellite health facilities.
- Some facilities like kaborom, kaboyo, and kamenjo have no laboratory personnel.
- There are stalled projects such as the maternity wing in chemuses, incomplete staff house for kaboyo dispensary.
- There is inadequate infrastructure-equipment like fridges.
- There is no water source for peripheral facilities.

8.4.3. Specific Recommendations:

- There is need for standardized remuneration for health staff
- There is need for specialized counselling facility for health workers
- There is need for segregated and standardized way of waste disposal
- Need to activate the multiphase liquor and alcohol; committees because of increased addiction to alcohol and drugs.
- Need at least two ambulances needed for referral cases in the expansive sub county
- There should be at least two clinical officers in each of the periphery facilities.
- The community health assistants to be attached to dispensaries,
- The Department should avail tools of work like registers for Health Records Officers (HROs), heavy-duty printers and EMRS in all departments.
- That the NHIF Office should employ a records officer.

- That the working space is limited at the health facilities and no filing, no patients file thus difficulty in retrieval of documents,
- There is need to employ more psychologists at the sub county hospitals across the County
- There should be study leaves-replacement of officers before releasing them for study leave.

8.5.1. Sub County-Kimilili Hearing Forum at Bahai Health Dispensary:

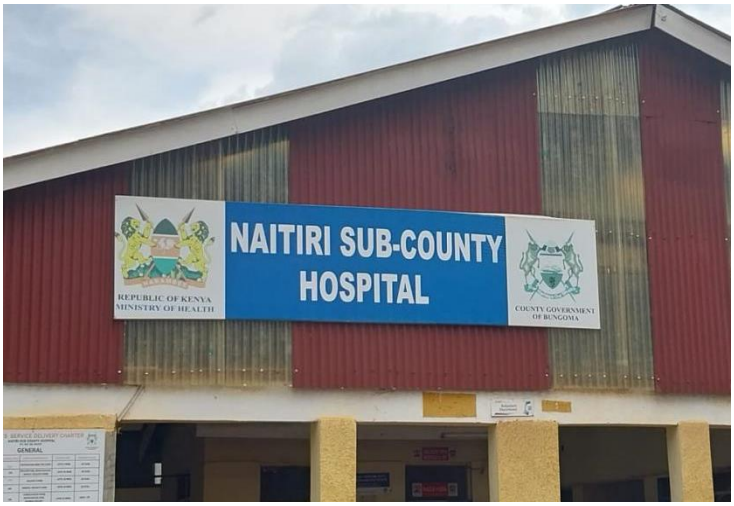
The Taskforce held a Public Participation and Stakeholders' Engagement Forum for Kimilili Sub County at Bahai Health Centre on 16 October 2023. Health workers attended the Forum from different cadres, including a medical officer, pharmacists, public health, clinicians, community health strategists, nursing, malaria coordinator, nutritionist, health, and sanitation unionists. The Forum was also attended by local administration, including representative of the Ward Administrator and a representative of the Office of the Member of the County Assembly (MCA) for Kimilili Ward. The Eight (8) Pillars of the Kenya Health Sector Policy 2014-20230 and the National Government's Transformative Agenda in the Health and Sanitation Sector, took through the Participants. The facilitators referred to the Constitution of Kenya 2010, particularly Articles 43, and the Fourth Schedule regarding the key county health and sanitation related functions and services. During this Hearing Forum, the Participants made the following recommendations:

8.5.2. Emerging Issues of Concern and Recommendations:

- That the County Health and Sanitation Management Team (CHSMT) should have a maximum of 3 years limit and renewable once for a similar period based on individual's performance. That the membership to the CHSMT should be competitively sourced and vetted by a panel established by the CECM to determine their qualification, competence, suitability, and integrity.
- That the CHSMT should have a lean membership of between 8 to 15 in alignment with each and every directorate to promote effectiveness management of the health and sanitation sector and to avoid duplication of work.
- That the management structure should be representative of all cadres in the health and sanitation sector.
- That there is need for regular promotion of health workers after every 3 years based on their career advancement and skills upgrade, performance appraisals and suitability tests.
- That the transfer of health workers should be considerate procedurally executed and not serve as a punishment by the superiors or appointing authority to junior staff.
- That the County Government should focus more on levels 1, 2 & 3 of the health and sanitation sector infrastructure.

- The health and sanitation sector be adequately financed and the health facilities across the sub counties, wards and communities should be fairly and equitably resourced and supported by the County Government and National Government.
- That the Department should formulate and put in place proper policy, regulations and administrative guidelines on waivers, exemptions, and fines. Currently, the trend cannot be sustained because it is draining the department's own source revenue and hampering improvement of services. There is need for proper direction on how refunds for such waivers, exemptions will be refunded.
- That all health services are emergency in nature and is crucial that this term be adopted and implemented in the health and sanitation sector for better health services delivery.
- Consider that community healthcare and sanitation services as important component of primary health care and general health of the county.
- That the department to fast-track enactment of other policy and legal frameworks, including; the environmental health sanitation and hygiene policy, occupational therapy and mental health among others.
- That the funding and procurement of goods and services for the health and sanitation sector should be devolved to from the County level to sub counties and other lower level of service delivery.
- That the treatment of the under-five should remain free of charge at all healthcare facilities across the County.
- That the County Government should set up a health and sanitation research fund to conduct research for better health outcomes.
- The issue of risk allowance for health and sanitation workers should be addressed by the Department of Health and Sanitation.
- The forum was informed that the field of medical lab technologists is grossly under-staffed and hence the need to recruit more and deploy them to all level 2, 3, 4 and 5 facilities across the County.
- There is need for a specific office/unit for the procurement of health products and technologies unit.
- That the County Government of Bungoma should formulate/establish clear regulations for land ownership of facilities from purchase to acquisition of tittle deeds to avoid facility from being grabbed its land.

8.5.1. Tongaren Sub County Public Participation & Stakeholders Engagement Forum:



The Health and Sanitation Taskforce held the Tongaren Sub County Public Participation and Hearing Forum at Naitiri Sub County Hospital on 17 October 2023. The majority of the cadres attended the Forum that including Nurses, MOH, clinical officers, nutritionists, Lab technologists, Pharmacists, Medical doctors, clinical laboratory. Other participants were; the Board chair and office of the ward administrator. The Participants were also taken through the National Government's Transformative Agenda in the Health and Sanitation Sector, the Eight Pillars of the Kenya Health Sector Policy 2014-2030, Report of the Joint Committee of the County Assembly of Bungoma, Judgment by Justice Weldon Korir. The facilitators referred to the Constitution of Kenya 2010, particularly Articles 43, and the Fourth Schedule regarding the key county health and sanitation related functions and services. During the Hearing Forum, the Participants raised the followings issues and recommendations:

8.5.2. Emerging Issues of Concern at Tongaren Public Participation Forum:

- There was the issue of discrimination to some cadres in the leadership and governance in the health and sanitation sector
- That the regulations to implement Section 48 of the Bungoma County Health Services Act, 2019 had not been formulated.
- That the hospital board and management committees have not been inducted on their roles and responsibilities.
- That the component of sanitation had not been mainstreamed in the Department
- Public health officers were not involved in decision-making and were not facilitated to conduct their functions.
- In adequate human resource
- Shortage of drugs and other essential commodities

- That ***Section 8 of Part 5*** of the Bungoma County Health Services Act, 2019 does not mention or recognize health assistants and community health extension workers.

8.5.3. Specific Recommendations:

- Health care procurement should be devolved to sub county health facilities
- Ring fence revenue collected at the facilities from looting by the executive
- Health Facility Board & Committees and facility in charges should be inducted
- Need to operationalize section 48 as required by law
- Director public health should be included in the health and sanitation organogram and as a co-director.
- That the CHEWS should be in charge of health units
- There is need to domesticate community health policies
- Research and training should be strengthened.
- That CHPs should be included in the hospital management board
- That the mandate of hospital board members and committees should be made clear
- That a member of the Board or Committee should be made a signatory to the bank accounts

8.6.1. Kabuchai Sub County Hearing Forum at Chwele Hospital:

The Taskforce held a Stakeholders engagement/hearing forum at Chwele Sub County Hospital on 14 September 2023. During the Forum Taskforce Team took participants through by the Eight (8) Pillars of the Kenya Health Sector Policy 2014-2030 and the National Government's Transformative Agenda in the Health and Sanitation Sector. The Participants were also taken through the National Government's Transformative Agenda in the Health and Sanitation Sector. The Taskforce Team referred to the Constitution of Kenya 2010, particularly Articles 43, and the Fourth Schedule regarding the key county health and sanitation related functions and services. During the Hearing Forum, the Participants raised the followings issues and recommendations:

8.6.2. Emerging Issues of Concern and Recommendations:

- There was understaffing of health facilities, particularly levels 2 and 3, which contributed to ineffective service delivery.
- That the Public Health Officers (PHOs) are not represented at CHMT and have never received any funding since devolution.
- That casual employment should remain at facility level rather than the County Public Service Board
- There was political interference in the management of some health facilities in the County

- That priority of employment be given to those who qualified/graduated earlier when employing technical staff
- That most health facilities had inadequate supply of drugs and other commodities.
- That the Department of Health and Sanitation should fast track formulation of the health organogram in consultation with the County Public Service Board and the County Assembly.
- There are delays in promotions and resignation of health workers across cadres.
- There is inadequate training and capacity building for the healthcare workers.
- That the welfare of health workers not catered for and most staffs were demoralized.
- That the salaries of staff across cadres should be harmonized in line with their specific schemes of service.
- Budget cuts on by the County Assembly of Bungoma especially on promotion, drugs, supplies; trainings are affecting operations and service delivery in the Department of Health and Sanitation.

8.7.1. Bumula Sub County Hearing Forum at Bumula Hospital:

The Taskforce held a Stakeholders engagement/hearing forum at Bumula Sub County Hospital on 14 September 2023. During the Forum Taskforce Team took participants through by the Eight (8) Pillars of the Kenya Health Sector Policy 2014-2030 and the National Government's Transformative Agenda in the Health and Sanitation Sector. The Participants were also taken through the National Government's Transformative Agenda in the Health and Sanitation Sector. The Taskforce Team referred to the Constitution of Kenya 2010, particularly Articles 43, and the Fourth Schedule regarding the key county health and sanitation related functions and services. During the Hearing Forum, the Participants raised the followings issues and recommendations:

8.7.2. Emerging Issues of Concern:

- There was inadequate staffing and insufficient drug supplies at Bumula County Hospital and other health facilities in the Sub County.
- That most health facilities still operate the manual way hence loss of revenue. There is need for adoption and implementation of the Health Integrated Management System (HMIS).
- There is no staff motivation and promotions are selective and sometimes not forth coming.
- The sub county hospital has several pending bills for supplies of goods and services due to insufficient revenue collection.
- The sub county hospital has a condemned building due to poor workmanship.
- The health facilities in Bumula sub County lacks essential health products and technologies such as City Scan.

- There is no water source for some health facilities in the Sub County and other peripheral health facilities.

Specific Recommendations:

- The health and sanitation sector should be adequately funded to help cater for health service to avoid out of pocket, inadequate commodity and non-pharms stock outs.
- The post of Director Health and Sanitation should be open to all health cadres and be competitively sourced.
- The Public service board should employ workers basing on qualifications, experience, and year of graduation. For those who graduated earlier should be the first priority.
- There should two Directors, one in charge of medical Services and the other should be in charge of Sanitation respectively.
- The review should look at health and sanitation financing and all health facilities should be adequately funded.
- That Level 2 &3 health facilities should be capacitated and be given full responsibility of having special purpose accounts, spending units and be procuring entities. Semi-autonomous poor should be guaranteed.

8.8. Webuye Sub County Public Participation and Stakeholders Forum:

8.8.1. The Taskforce held a Stakeholders engagement/hearing forum at Chwele Sub County Hospital on 20 September 2023. During the Forum Taskforce Team took participants through by the Eight (8) Pillars of the Kenya Health Sector Policy 2014-2030 and the National Government's Transformative Agenda in the Health and Sanitation Sector. The Participants were also taken through the National Government's Transformative Agenda in the Health and Sanitation Sector. The Taskforce Team referred to the Constitution of Kenya 2010, particularly Articles 43, and the Fourth Schedule regarding the key county health and sanitation related functions and services. During the Hearing Forum, the Participants raised the followings issues and recommendations:

8.8.2. Emerging Issues of Concern:

- Waiver policy should be formulated
- There is need posting of qualified medical social workers to improve service delivery.
- There was no budget for staff training and development,
- There should be sponsorship of staff for Senior Management Courses such as Supervisory Skills courses for promotion purposes.

- Risk and extraneous allowance for staff serving in administration
- There is staff shortage in health facilities and hence over-reliance on casual health workers.
- Delayed salaries for casual employees in the health and sanitation sector.
- There are no proper inspection and acceptance team to ensure prompt procurement and delivery of goods.

8.8.3. Specific Recommendations:

- Harmonization of transfers from county to national government.
- That there should be skills assessment before advertisement of health staff positions
- There is need to reduce the workload of staff in order to improve service delivery.
- That staff upgrading takes long before re-designation and promotion.
- There is need for specialized training to staff who provides specialized services.
- The Department should formulate or develop appropriate reporting tools for health records officers.
- There is need to strengthen the County referral System and Strategy, including having an ambulance call centre, purchase of modern ambulances, fueling and equipping them for prompt quality emergency services.
- There should adequately budget for referral system, improper fueling process for emergencies, and shortage of staff to accompany patients during referral.

8.9. Views from Webuye East Sub County Public Participation and Stakeholders Engagement

8.9.1. The Taskforce held a public participation and stakeholders engagement forum at Sinoko Health Centre in Webuye East Sub County on the 20 October 2023. During the Forum Taskforce Team took participants through by the Eight (8) Pillars of the Kenya Health Sector Policy 2014-2030 and the National Government's Transformative Agenda in the Health and Sanitation Sector. The Participants were also taken through the National Government's Transformative Agenda in the Health and Sanitation Sector. The Taskforce Team referred to the Constitution of Kenya 2010, particularly Articles 43, and the Fourth Schedule regarding the key county health and sanitation related functions and services. During the Hearing Forum, the Participants raised the followings issues and recommendations:

8.9.2. Emerging Issues of Concern and Recommendations:

- That Webuye East Sub County did not have a level 4 health facility.
- That Sinoko Health Centre was a level 3 facility, but lacks space, infrastructure, and staff.
- That one of the building at Sinoko is still in use but was condemned and ought to be demolished.

- Facilities management boards and committees have no appointment letters & never been inducted on their roles.
- Implementation of programmes including construction is undertaken in the facilities without involvement of the surrounding community.
- There is very poor implementation of construction projects in the facilities.
- Casual workers had not been paid for 4 months thus demoralizing them and complained about harassment from facility heads.
- The Community Health Volunteers now Community Health Promoters (CHPs) decried the difficult conditions they are working in and lack proper chain of command and tools of work.
- There is need to urgently resolve the issue surrounding Webuye Health Centre which had no management committee at the time of visit by the Taskforce.

8.10. Views from Sirisia Sub County Public Participation Forum:

8.10.1. The Taskforce held a public participation and stakeholders engagement forum at Malakisi Health Centre in Sirisia Sub County on 16 October 2023. During the Forum Taskforce Team took participants through by the Eight (8) Pillars of the Kenya Health Sector Policy 2014-2030 and the National Government's Transformative Agenda in the Health and Sanitation Sector. The Participants were also taken through the National Government's Transformative Agenda in the Health and Sanitation Sector.

Taskforce Members and Stakeholders during the Public Participation Forum at Malakisi Health Centre on 16 October 2023

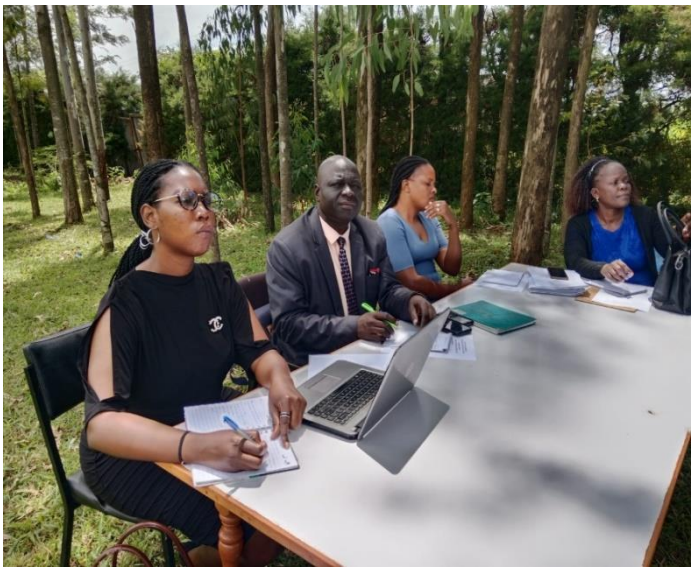
The Taskforce Team referred to the Constitution of Kenya 2010, particularly Articles 43, and the Fourth Schedule regarding the key county health and sanitation related functions and services. During the Hearing Forum, the Participants raised the followings issues and recommendations:

8.10.2. Emerging Issues of Concern and Recommendations:

- There is shortage of vaccines
- There is inadequate staffing in most health facilities
- That ambulances needed for referral cases
- There are inadequate supplies
- There should be consideration of age during selection of candidates
- That there were projects identified by some Members of the County Assembly without adequate involvement of the residents and general public.
- There is need to decentralize recruitment of health and sanitation to sub county to minimize disparity,
- That health facilities should be equipped to minimize referrals
- There is no proper licensing on liquor
- There is need to minimize political interference
- There is need to recognize the role of ward administrators in community mobilization and sensitization.
- There is no means of transport for facilities supervision
- That there has been career stagnation and lack of promotions for staff over 10 years
- There is need to introduce feeding programs to level 3 facilities
- The national government should devolve all functions and finances.

8.11.1. Views from the Kanduyi Sub County Public Participation Forum:

The Taskforce held a Stakeholders engagement/hearing forum at Mechimeru Health Centre in Kanduyi Sub County on 17 October 2023. During the Forum Taskforce Team took participants through by the Eight (8) pillars of the Kenya Health Sector Policy 2014-2030 and the National Government's Transformative Agenda in the Health and Sanitation Sector. The Participants were also taken through the National Government's Transformative Agenda in the Health and Sanitation Sector. The Taskforce Team referred to the Constitution of Kenya 2010, particularly Articles 43, and the Fourth Schedule.



The Taskforce Members listening to the views of stakeholders at Mechimeru Health Centre on 17 October 2023

8.11.2. Emerging Issues of Concern and Recommendations:

- That the Mechimeru Health Centre has a bed capacity of 18 patients, which are inadequate given the large population of clients/patients it serves.
- No staff motivation and career progression
- No supplies of consumables and non-pharms
- Political interference leading to unnecessary transfers
- No motivation (responsibility allowance) for the facility in charge
- Need for an additional insurance scheme because the current one is not comprehensive and not based on job groups.
- Staff stagnation in one job group for more than 5 years.
- Non-equitable allocation of funds in dispensaries.
- Minority controls the majority.
- Training of sign language interpreters for ease of communication
- Assessment of units before staff recruitment.
- Inadequate ambulances-nearby facilities depend on the Mechimeru one.
- Stipends for CHPs delay
- Inadequate and untimely disbursement of funds for development.
- License renewal to be done after 3 years not yearly
- Current CHMT structure is confusing.
- Use posting orders and not letters for transfers.

- No burning chambers
- No running water for facilities
- No board inductions and trainings
- Stalled projects e.g. maternity wing at Ekitale and West Sang'alo dispensary
- That Misanga dispensary is awaiting commissioning but has no water and electricity.
- Health committee to be involved in budgeting.

8.12. Views from the Non-State Actors Engagement:

The Taskforce convened a forum for the non -state actors at the Bungoma County Reference Hospital Board Room. These stakeholders were; RAMCAH, HENNET, Civil Society Organizations, Faith Based Organizations, Disability Empowerment Network (DEN), Bungoma Disability Association, Boda Boda and AMPATH.

Members of the Taskforce in an Engagement Forum with Non-State Actors at BCRH Boardroom on 19 October 2023. The stakeholders included CSOs, PWDs, Youths, HENNET and development partners.

8.12.1. Emerging Issues of Concern:

- Poor health and sanitation services
- In adequate drugs
- Un implemented health policies
- In adequate staff health and sanitation workforce
- Lack of emergency healthcare services

- Disability un friendly health and sanitation services
- Paying health insurance without compensation
- Current CHMT structure is confusing.
- Non-equitable allocation of funds in dispensaries.

8.12.2. Specific Recommendations:

- The Taskforce should propose for full devolution of procurement
- Health facilities should be disability friendly
- Improvement of the referral system
- Human resource should be strengthened and recommendation for effective management of the health and sanitation workforce.
- There is need to formulate a comprehensive Human Resource Plan and Management policy
- Promotion for intergovernmental relations
- Technology should be embraced
- Recommendation for provision of morgues in all the 9 sub counties
- Waste management should be brought back to Health and sanitation department
- Issues of waste disposal should be addressed
- Planning for youth friendly services
- There should be existence of value for money in all public health facilities.
- Human resource in most public facilities in Bungoma County.
- Infrastructure should be friendly in all facilities and be considerate of persons living with disability this should be inline even with persons providing this services.ie sign interpreters.
- Reduce issue of out of pockets in facilities.
- Strengthen referral systems at all levels of health care across the county.
- Address conflict of interest on the issue of health personnel running both public and private facilities.
- Improve accountability mechanism in public facilities to capture number of patients addressed and drugs dispense for effective planning.
- The county to be effective in ensuring effective UHC and PHC models.
- Need to operationalize referral strategy.
- Effective waste management should be ensured to disable any type of pollution.
- GBV to have a specific regulation in the act that enhances child protection.
- Streamline youth friendly policy in the health act and have clear guidelines and regulations.

8.13. Views from the County Health Management Team (BCHMT):

This was the second last meeting targeting the high-level office under the health and sanitation sector. It was held on 23 October 2023 at the Bungoma County Referral Hospital (BCRH) Board Room. The forum was attended by Director Health and Sanitation, head of clinical services, head of lab and diagnostics, primary healthcare, health records, head of TB, head of public health, nursing services, among others:

8.13.1. Specific Recommendations:

- That Facility Improvement Fund (FIF) should be ploughed back for the purpose of sustainability.
- The number of CHMT members should be curbed at between 10 and 15 for effective and meaningful decision-making.
- The health management committees to be shielded from political interference for effective oversight.
- The members of the Hospital Boards and Health Facility Management Committees should be issued with appointment letters immediately after appointment.
- That the CHMT should be created based on scheme of work and service units or sections in the Department.
- Set an elaborate criterion for selecting members of CHMT in terms of academic qualifications and years of experience and be given a minimum of at least five years to serve.
- Proper allocation for all departmental heads.
- All monies and sources of funds in health should be stated in the Act.
- Monies collected in facilities should be prioritized accordingly to need based.
- Mechanisms on how to support level 2 &3 to ensure they are in line with provisions of the FIF Act, 2023.
- The FIF Act to give each facility same autonomous power to deal with the own source revenue that have been collected at the facility.
- Have a specific budget line for quality management systems.
- Health department to prioritize engaging all members and steps in county budget and economic planning at the sector and technical working group.

- Set standards of salaries for contractual workers should be addressed.
- We should have 4 deputy directors: Administration, Curative, Primary health care and Human resource.
- Need for adequate HIV funding.
- Study leaves should be regulated.
- Reverse referral system should be embraced.

CHAPTER NINE:
9.0. ANALYSIS OF EMERGING ISSUES, KEY AREAS, AND RECOMMENDATIONS:

This Chapter is an analysis of emerging issues, key pillars and challenges that the County Health and Sanitation Amendment Bill 2024 should address in order to again the sector strategic goals and objectives. The effects and impact of investments by the County Department of Health and Sanitation in the aforementioned Eight (8) pillars of the National Health Sector Policies will be measured through attainment of desired health outputs; these are improved access, quality of care and demand for services:

9.1. **Health & Sanitation Leadership and Governance**: Oversight required for delivery

9.2. Organization of Service Delivery in Health & Sanitation Sector

9.3. Health & Sanitation Workforce: Human resources required for provision of services;

9.4. **Health & Sanitation Financing**: Financial arrangements required for provision of services;

9.5. Health & Sanitation Products and Technologies: Essential medicines, medical supplies, vaccines, health technologies, and public health commodities required for provision of services;

9.6. Health & Sanitation Information: Systems for generation, collation, analysis, dissemination, and utilization of health-related information required for provision of services;

9.7. Health and Sanitation Infrastructure: Physical infrastructure, equipment, transport, and information communication technology (ICT) needed for provision of services; and

9.8. Research and Development in Health and Sanitation: Creation of a culture in which research plays a significant role in guiding policy formulation and action to improve the health and development of the people of Bungoma,

9.1. Health & Sanitation Leadership and Governance:

The devolution of health and sanitation services has had a varied impact and considerable influence on health governance across the County. In some instances, it has been characterized by loss of managerial autonomy and the application of excessive financial controls on key service delivery units of the health system such as the County Health and Sanitation Management Team (CHMT) and Sub-County Health and Sanitation Management Teams (SCHSMTs) and health facilities. This has particularly affected service delivery at primary health care level (Level 2 and 3) that depended greatly on decentralized authority to incur expenditure on areas such as operations and maintenance (O&M). Optimizing health facility leadership and governance in the context of devolution should be prioritized.

9.1.1. *Organization of community services:*

A comprehensive approach should be defined, which outlines how health and related services are organized and managed at the community level. The community services shall consist of the following:

- Promotion of healthy lifestyles;
- Personal and domestic hygiene;
- Treatment of minor ailments; and
- Interventions focusing on building demand for existing health and related services, by improving community awareness and health-seeking behaviors and taking defined interventions and services closer to the clients/households.

9.1.2. *Organization of the health facility services:*

Each health facility will organize and manage the delivery of expected services based on its level. A health management team with an approved organizational structure and oversight governance team will manage each facility. The services will include, but not be limited to:

- Provision of essential medical services;
- Provision of preventive and promotive health services to the communities within facility catchment areas;
- Disease surveillance and epidemic response;
- Emergency preparedness including disaster management;

9.1.3. The Taskforce recognizes the critical role of leadership and governance in the attainment of health and sanitation sector goal and objectives**.** Sustained political goodwill is necessary to support the investment in the Health and Sanitation Sector. In this regard, good management systems usually support health and sanitation functionality, efficiency, and accountability. Leadership and governance should ensure that a strategic policy, legal and regulatory framework exists in the Department and that is combined with effective oversight, consensus building, regulation, attention to system-design and accountability. It requires overseeing and guiding the health system to protect the public interest - broader than simply improving one's health and sanitation status. Effective Leadership and Oversight required for quality delivery of health and sanitation services;

9.1.4. The Taskforce emphasizes the need to **strengthen the leadership and governance of the health and sanitation department for effective delivery of services to the clients.** However, here are some challenges in the current leadership and governance of the health and sanitation system in the County. There is need to strengthen the use of evidence in decision-making processes such as priority setting. The implementation process should be strengthened through approaches that monitor and effectively

reward or sanction performance. These weaknesses in the accountability mechanisms for health system performance e.g., in terms of service delivery, have negatively impacted the ability of the health system to offer equitable, efficient, and quality health services. The County Department of Health and Sanitation should put in place proper mechanisms for coordination across levels of the health and sanitation government and among the various actors in the health and sanitation sector should also be improved and prioritized at county, sub county, ward and community levels.

9.1.5. There is urgent need to **enhance facility leadership and governance to enhance health and sanitation system performance:** Devolution of health and sanitation services has had a varied impact and considerable influence on health and sanitation leadership and governance across the Country. In some instances, it has been characterized by loss of managerial autonomy and the application of excessive financial controls on key service delivery units of the health and sanitation system such as the County Health and Sanitation Management Team (CHSMT) and Sub-County Health and Sanitation Management Teams (SCHSMTs) and individual facility management. This has particularly affected service delivery at primary health care levels (Level 1, 2 and 3) that depended greatly on decentralized authority to incur expenditure on areas such as operations and maintenance (O&M). In this regard, optimizing health and sanitation facility governance in the context of devolution should be prioritized. The Taskforce suggests that specific measures were put in place by the Department to decentralize and devolve the governance and management decision making to level 3, level 2 and level 1 and leave the County and Sub County levels to focus on policy and standardization functions.

9.2. Proposed County Health and Sanitation Management Team (CHSMT):

The Taskforce recommends the following composition and membership of the Bungoma County Health and Sanitation Management Team based on the representation of essential service units in the health and sanitation sector.

9.2.1. County Director for Health and Sanitation (Chairperson of CHSMT)

9.2.2. County Health and Sanitation Administrative and Supportive Services (Secretary of CHSMT)

9.2.3. Deputy Director Medical & Specialized Services

9.2.4. Deputy Director Pharmaceutical and Emerging Health and Sanitation Services

9.2.5. Deputy Director Clinical Services

9.2.6. Deputy Director Medical Laboratory Services

9.2.7. Deputy Director Nursing Services

9.2.8. Deputy Director Public Health and Sanitation Services

9.2.9. Deputy Director Rehabilitative Services

9.2.10. Deputy Director Primary Health Care

9.2.11. Deputy Director Health Information Services, Research and Development

9.2.12. Deputy Director Policy, Planning and Health & Sanitation Financing

9.2.13. Deputy Director Health and Sanitation Product and Technologies

9.2.14. Deputy Director Nutrition Services

9.2.15. Deputy Director Human Resource for Health and Sanitation.

9.3. The Taskforce recommends that the recruitment of the aforementioned members of Sub County Health and Sanitation Management Team (SCHSMT) should be recruited by a special panel constituted by the County Executive Committee Member for Health and Sanitation through a competitive recruitment process within a period of not more than Six (6) months after the adoption of the Taskforce Report and enactment of the Bungoma County Health and Sanitation Amendment Bill 2024 by the County Assembly of Bungoma. The person recruited to represent each service unit should be having academic qualification of a Master's Degree in any health and sanitation related field and with at least Team (10) years of experience in management. The term of office for the SCHSMT should be 3 years, renewable once based on individual member's satisfactory performance.

9.3.1. Proposed Sub County Health and Sanitation Management Team (SCHSMT):

The Taskforce proposes a sub county health and sanitation management team in each of the sub counties in Bungoma under the devolved structure of government provided for in Chapter 11 of the Constitution of Kenya, 2020 as read together with relevant provisions of the County Governments Act, 2012. The recruitment of the aforementioned members of SCHSMT should be recruited by a special panel constituted by the County Executive Committee Member for Health and Sanitation through a competitive recruitment process within a period of not more than Nine (9) months after the adoption of the Taskforce Report and enactment of the Bungoma County Health and Sanitation Amendment Bill 2024 by the County Assembly of Bungoma. The person recruited to represent each service unit should be having academic qualification of a bachelor's degree in any health and sanitation related field and with experience of at least five (5) years in management. The term of office for the SCHSMT should be 3 years, renewable once based on individual member's satisfactory performance.

Taskforce Observations and Specific Recommendations: The County Health and Sanitation Department should make focus on the following aspects of leadership and governance:

- Invest in effective management systems and functions for each level and facility;
- Strengthen partnership and coordination of healthcare and sanitation service delivery;
- Promote good governance with particular attention to transparency, accountability, rule of law and meaningful public participation;

- Promote and sustain constructive engagement with health and sanitation related actors and stakeholders. This aims to ensure that the health-related sectors are prioritizing investments in outcomes that have an impact on health and sanitation in the County;
- Delivery of efficient, cost-effective, and equitable health and sanitation services;
- Putting in place effective planning and implementation systems and services in the health and sanitation sector;
- Devolution of health service delivery, administration, and management form levels 5, 4, 3, 2 to 1 at community;
- Strengthen stakeholder engagement, participation and accountability in health services delivery, administration, and management;
- Establish some operational and procurement autonomy for the different health facilities, especially at level 4 and level 5;
- Establishing a functional health and sanitation regulatory framework.
- Efficient and cost-effective monitoring, evaluation, reviewing, and reporting systems;
- There is need to enhancing facility leadership and governance to enhance health and sanitation system performance**.**

9.4. **Health & Sanitation Organization of Service Delivery**:

There is need for proper organizational arrangements for efficient delivery of services to the clients. The emerging trends point to the fact that non-communicable diseases, injuries, and violence-related conditions will increasingly, in the near future, be the leading contributors to the high burden of disease in the county, even though communicable diseases will remain significant. This implies that future County policy and legal frameworks should address the high disease burden arising from all three of these conditions.

Current efforts to tackle malaria, TB, and HIV are expected to bear fruit in the short and medium term. Their contributions to the overall disease burden should be reduced significantly. However, other dormant or emerging conditions, such as dietary-related diseases, will continue to contribute immensely to the overall disease burden, and thus erode out any gains made through existing interventions on communicable diseases. To ensure significant reductions in the overall ill health and mortality in Bungoma County, continuous availability of resources and minimum population growth should be guaranteed.

9.4.1. Primary health care-oriented service delivery for greater quality, efficiency, and equity. This is the point of first contact of care and provides a platform for the continuum care at sub- county, secondary, and tertiary levels. The primary care health and sanitation system has to be optimized to the lowest level of the community in order to improve the indicators for the County residents. The recent

policy and legal reforms in the Country and County Health Sector have targeted providing universal free access to public primary care services. However, the Taskforce found out that the levels of coverage remain low with County residents continuing to experience the negative impact of unaffordable household expenditure on health services. The case study in the selected county and sub county hospitals in Bungoma indicates that they experience significant increases in outpatient services and in-patient admissions because of inadequate primary health care and sanitation system to manage referrals.

The Taskforce found out that access to emergency medical care could also be enhanced since Primary Health Care (PHC) is the point of first contact of care and provides an entry point to the continuum care. Primary Health Care is critical if higher levels of care are to be efficiently utilized. The Department should prioritize PHC, which also provide a platform for empowering residents to participate in the design and delivery of health and sanitation services.

9.4.2. Enhancing the quality of care and services provided: The Taskforce found out that since the inception of devolution, the County Government of Bungoma has been implementing a variety of reforms in its progress towards universal health coverage including free access to primary care services. For key population groups such as pregnant women and vulnerable populations, changes have been made to the benefits offered by the NHIF and capital investments to improve access to specialized diagnostics and medical services. The experience has demonstrated the need and value of investing in a primary health care-oriented approach, strengthening referral systems, improving availability of health products and technologies (HPTs), improving information management systems, and addressing bottlenecks in financial resource flows and utilization in health facilities.

The quality of care and services provided in the health sector has gained increased public focus and medical litigation over the years. The information obtained by the Taskforce from health care workers and other stakeholders has also demonstrated that the area of quality of health care and sanitation services requires reforms and improvement.

The Taskforce notes that the quality of care and services provided in the health and sanitation sector in Bungoma County has gained increased public focus, petitions to the County Assembly and medical litigation over the years. Our consultation with stakeholders has also demonstrated that this is an area that requires great improvement.

9.4.3. Taskforce Observations and Specific Recommendations: In order to enhance the quality of care and services provided in the County's public and private health facilities, the National Quality of Care Certification Framework (NQCCF) for the Kenyan Health Sector 2020 should be implemented to ensure a harmonized registration, licensing, and certification process that facilitate continuous quality

improvement. This will also enhance ease of doing business, medical tourism, and strategic purchasing of health services.

- The County Department of Health and Sanitation should create an enabling environment for increased private sector and community involvement in health and sanitation services provision and financing.
- The Department should establish a comprehensive framework for sector coordination and partnership. The necessary instruments should be defined, based on Memoranda of Understanding (MOU) and a code of conduct to guide this dialogue and collaboration between the Department, private sector, non-state actors, and development partners. In addition, the county government should support health service delivery by non-state actors by providing access to public health commodities and medical supplies, and giving tax exemptions for donations in some of the facilities.
- The Department of Health and Sanitation should engage in health and sanitation education and specially to raise awareness of sexual and reproductive health among youth and a strategy put in place to roll out youth-friendly services in health facilities aimed at reducing unwanted teenage pregnancies.

9.5. Strengthening capacity of health workers to prevent and respond to health security threats.

An essential part of progress towards meeting the highest attainable standards of health car and reasonable standards of sanitation in the County. The County has in the recent past experienced major disease outbreaks in order of prevalence namely, *Malaria, Upper Respiratory Tract Infection, Pneumonia, Urinary Tract Infection (UTI), and Disease of the skin.* That although the County Government of Bungoma has made efforts over the past decade to improve its capacity to prevent, detects and adequately responds to public health emergencies. However, as magnified by the COVID-19 pandemic, the County still faces several challenges in achieving the core capacities required to effectively prevent, detect, and respond to public health emergencies. The Covid 19 pandemic also exposed the adverse consequences that these disasters can have on essential health service delivery and utilization. In this regard, investment in health security, especially, disease surveillance systems through consolidation of public health institutional arrangements, organizations and activities is therefore critical to guarantee the highest attainable standard of health care and reasonable sanitation in the County.

9.5.1. Organization of Healthcare Service Delivery System in Bungoma County

Bungoma County's healthcare system should be structured in a hierarchical manner that begins with primary healthcare, with the lowest unit being the community, and then graduates, with complicated cases being referred to higher levels of healthcare. Primary care units consist of dispensaries and health centres. The current structure consists of the following six levels: Level 1: Community, Level 2: Dispensaries, Level 3: Health centres, Level 4: Primary referral facilities, Level 5: Secondary referral facilities and Level 6 Tertiary referral facilities.

According to information received from some respondents in the study sites, reproductive health services have been strengthened in Bungoma County and that improvements were achieved in the availability and range of modern contraceptives for users, resulting in a gradual increase in contraceptive prevalence rates, there is no accurate data and information to ascertain the total number of women and men using contraceptives in the County.

9.5.2. Taskforce Observations and Specific Recommendations:

- The Taskforce found that the current collaboration with private for-profit actors and alternative medicine practitioners in the County is still weak.
- All persons shall have adequate physical access to health and related services, defined as living at least 5km from a health service provider where feasible, and having the ability to access the health service;
- Financial barriers hindering access to services should be minimized or removed for all persons requiring health and related services; guided by the concepts of Universal Health Coverage and Social Health Protection; and
- Socio-cultural barriers hindering access to services should be identified and directly addressed to ensure all persons requiring health and sanitation related services are able to access them.
- That clients/patients should have positive experiences during utilization of health and sanitation related services.
- Implement essential quality assurance and improvement measures
- The County Departments of Health should establish management and governance to deliver services in accordance with the set policies, legislation, norms, and standards, and, with the values and principles of the Constitution of Kenya, 2010.

9.6. Health and Sanitation Financing:

In this context, Health and Sanitation Financing relates to the process of mobilizing and managing required finances to ensure provision of health and sanitation related services. The Taskforce observes that the level of County Government resources allocated to health and sanitation sector has not resulted in significant changes in indicators of progress to universal health coverage such as the reduction in

out-of-pocket payments. There is need for greater funding from the County Government's Own Source Revenue (OSR) to fill the financing gap in the health and sanitation sector.

The County Government should commit itself to progressively facilitate access to services by all by ensuring social and financial risk protection through adequate mobilization, allocation, and efficient utilization of financial resources for healthcare and sanitation service delivery. The primary responsibility of providing the financing required to meet the right to health lies with the national and county governments. This should be attained through ensuring equity, efficiency, transparency, accountability in resource mobilization, allocation and use in line with the National Health Sector Policy 2014-2030. The Taskforce observes that greater efforts should be made by the County Government towards achieving and maintaining universal health coverage through increased and diversified domestic financing options, including own source revenue and appropriation in aid (A&A).

9**.6.1. Greater role for the public sector in revenue generation:** The Taskforce observes that the level of County Government resources allocated to health and sanitation services in Bungoma has not resulted in significant changes in indicators of progress towards universal health coverage such as the reduction in out-of-pocket payments. Greater funding from the County Government of Bungoma revenues is required to fill this gap. The current fiscal arrangement in the County implies that the resources for health and sanitation sector are mainly sourced from the National Government. There is need to consolidate the funding mechanisms to facilitate effective cross-subsidization and address administrative inefficiencies in order to optimize use of scarce funds.

9.6.2. Strengthening the strategic health purchasing activities of the health system: The Taskforce observes that the Department of Health and Sanitation has a challenge with linking resources to the services delivered to optimize equity, quality, and efficiency in service delivery. We further observe that the available resources could have been better utilized to meet the health needs of the Bungoma population and accelerate improvements in health. This may be through aligning payments to providers with health system goals and making better use of information to determine resource allocation decisions and monitoring of health and sanitation system performance. There is need for value of service users and providers understanding their entitlements and requirements respectively. This should be done through implementation of a progressively expanded benefit package of health and sanitation services available to all residents.

9.6.3. Conditional grants to transform health and sanitation systems in the context of devolution: Assessments of conditional grants have demonstrated underperformance particularly those resourced and implemented by the national government. For example, none of the grants requires recipients to contribute (matching), there is no clear link to health system outputs, and there are challenges in

ensuring funding flows to service delivery units. The framework through which conditional grants are designed and implemented in the health and sanitation sector should be strengthened e.g., through harmonization of grant design, clarification of eligibility criteria, clarity of conditions for use of resources, greater autonomy for health and sanitation facilities and better use of incentives and sanctions.

9.6.4. The County health and sanitation financing could be achieved by through the following measures:

- Advocacy for greater allocations by both national and the county government of Bungoma to health and sanitation in order to attain universal health coverage;
- Advocating for increased financing for health and related sectors to meet agreed national and international benchmarks and to ensure that required interventions are implemented;
- Establishing a social health protection mechanism to progressively facilitate attainment of universal health and sanitation coverage in the County;
- The National and County Government of Bungoma should put in place resource mobilization strategies targeting all sources of funds, including specific levies and taxes, domestic and international, to progressively move towards increasing per capita expenditures in health and sanitation;
- Developing and strengthening innovative healthcare and sanitation financing for communities by periodically reviewing the criteria for resource allocation and purchasing mechanisms to improve efficiency and utilization of resources;
- Progressively working towards the elimination of payment at the point of use for health and sanitation services, especially by the marginalized and indigent populations, through social health insurance and government subsidies;
- The County Government should establish a mandatory pre-payment revenue generation mechanism from the population thereby reducing out-of-pocket payments and catastrophic health expenditures guided by fairness and affordability for different income levels.
- Putting in place comprehensive mechanisms for financing of emergency health services;
- Promoting private and non-state sector participation in financing of healthcare and sanitation through public private partnerships and other mechanisms;
- Pooling of resources to increase efficiency in utilization of health and sanitation resources;
- Developing and implementing a healthcare and sanitation financing policy;
- Formulating a comprehensive resource mobilization strategy for the Department of Health and Sanitation.
- The Department should formulate an investment plan for the health and sanitation sector that will provide information and guidance on the annual targets and budgeting processes. The

budgeting process and framework therefore will be based on the priority investments in the respective investment plans.

9.6.5. Analysis of Key Indicators of Health Financing in Bungoma County in the Last 3 Financial Years:

SUMMARY OF THE COUNTY BUDGETARY FINANCIAL YEAR 2023/2024			
	RECURRENT	**DEVELOPMENT**	**TOTALS**
MINISTRY/DEPARTMENT			
Agriculture, livestock, fisheries and co-op development	402,632,492	699,916,342	1,102,548,834
Tourism, Forestry, environment Water and natural resource	304,738,987	205,000,000	509,738,987
Water	65,732,119	236,907,891	302,640,010
Roads and Public works	130,714,030	1,265,912,320	1,396,626,350
Education and Vocational Training	1,220,439,340	408,333,000	1,628,772,340
Health	3,496,371,065	431,786,440	3,928,157,505
Sanitation	2,017,430	14,226,438	16,243,868
Trade, energy and industrialization	52,998,866	512,742,433	565,741,299
Lands, Urban and Physical Planning	52,265,191	31,203,900	83,469,091
Bungoma Municipal	28,745,800	187,512,000	216,257,800
Kimilili Municipal	39,439,632	112,000,000	151,439,632
Housing	17,329,600	130,000,000	147,329,600
Gender, Culture, Youth and Sports	95,452,530	156,211,277	251,663,807
County Assembly	1,071,362,230	82,901,448	1,154,263,678
Finance and Planning	1,059,567,879	204,155,528	1,263,723,407
County Public Service	44,641,488	30,000,000	74,641,488
Governors	404,242,799	0	404,242,799
D/Governor's office	27,336,583	0	27,336,583
Public Administration	722,572,422	50,000,000	772,572,422
Sub County Administration	9,000,000	0	9,000,000
County Secretary	25,800,000	0	25,800,000
TOTALS	**9,273,400,483**	**4,758,809,017**	**14,032,209,500**
PERCENTAGES	66	34	100

Executive Summary of the Budgetary Allocation for the Financial Year 2022/2023

SUMMARY OF TOTAL FY2022/ 2023 COUNTY BUDGETARY ALLOCATIONS BY DEPARTMENT/ ENTITY S/NO	MINISTRY/ DEPARTMENT	RECURRENT	DEVELOPMENT	TOTALS
1	Agriculture, livestock, fisheries and co-op development	428,707,330	570,468,670	999,176,000
2	Tourism, Forestry, environment Water and natural resource	203,673,966	30,592,446	234,266,413
3	Water	65,797,534	235,662,500	301,460,034
4	Roads and Public works	153,349,030	1,331,733,055	1,485,082,085
5	Education	1,569,377,650	277,597,262	1,846,974,912
6	Health	3,142,396,656	314,840,450	3,457,237,106
7	Sanitation	2,017,430	11,561,438	13,578,868
8	Trade, energy and industrialization	48,654,365	83,098,997	131,753,362
9	Lands, Urban and Physical Planning	48,220,786	37,947,500	86,168,286
Bungoma Municipal	26,952,363	111,887,700	138,840,063	
Kimilili Municipal	28,929,833	191,089,400	220,019,233	
10	Housing	29,685,070	83,806,704	113,491,774
11	Gender, Culture,	132,112,656	148,822,253	280,934,909
12	County Assembly	1,083,842,235	41,359,406	1,125,201,641
13	Finance and Planning	1,040,934,946	150,000,000	1,190,934,946
14	County Public Service	30,911,146	30,000,000	60,911,146
15	Governors	487,058,318	-	487,058,318
16	D/Governor's Office	12,836,583	-	12,836,583

SUMMARY OF TOTAL FY2022/ 2023 COUNTY BUDGETARY ALLOCATIONS BY DEPARTMENT/ ENTITY S/NO	MINISTRY/ DEPARTMENT	RECURRENT	DEVELOPMENT	TOTALS
17	Public Administration	310,123,746	12,422,620	322,546,366
18	Sub County Administration	10,971,617	-	10,971,617
19	County Secretary	246,173,767	148,662,949	394,836,716

Executive Summary of Budgetary Allocation for the Financial Year -2021/2022

This Annual Programme Based Budget is the ninth to be formulated by the County Government of Bungoma. The budget summary by County departments is as follows. DEPARTMENT	RECURRENT	DEVELOPMENT	TOTALS
Agriculture, livestock, fisheries and co-op development	442,665,969	675,511,056	1,118,177,025
Tourism and Environment	216,660,805	30,592,446	247,253,252
Water and Natural Resource	102,763,609	287,571,082	390,334,691
Roads and Public works	180,736,077	1,414,132,446	1,594,868,523
Education	1,425,182,219	229,830,358	1,655,012,577
Health	3,227,340,129	245,037,589	3,472,377,718
Sanitation	2,017,430	17,672,438	19,689,869
Trade, energy and industrialization	58,486,816	82,403,997	140,890,813
Lands, Urban and Physical Planning	58,689,763	21,700,000	80,389,763
Bungoma Municipal	16,538,256	109,887,700	126,425,956
Kimilili Municipal	15,156,053	191,089,400	206,245,453
Housing	26,443,443	60,175,650	86,619,093
Gender, Culture,	127,831,343	225,400,253	353,231,596
County Assembly	921,179,505	20,000,000	941,179,505
Finance and Planning	1,117,976,284	-	1,117,976,284

This Annual Programme Based Budget is the ninth to be formulated by the County Government of Bungoma. The budget summary by County departments is as follows. DEPARTMENT	**RECURRENT**	**DEVELOPMENT**	**TOTALS**
County Public Service	33,714,920	-	33,714,920
Governors	499,095,561	-	499,095,561
D/Governor's office	14,619,266	-	14,619,266
Public Administration	289,359,199	17,000,000	306,359,199
Sub County Administration	6,531,013	6,531,013	
County Secretary	206,923,222	142,662,949	349,586,171
Totals	**8,989,910,882**	**3,770,667,366**	**12,760,578,248**
Percentage	70 Percent	30 Percent	100

9.6.6. Taskforce Observations and Recommendations:

The financing of key programme in the Health and Sanitation Sector is from development partners, which is not sustainable in the long run.

- The County Government of Bungoma should ensure that its residents are protected from the financial risks of ill health. This means ensuring that the mechanisms for raising revenues for the health system are fair and sustainable. This may include mandatory pre-paid sources. Efficiency in resources utilization should be improved to obtain the maximum possible level of health outputs or outcomes given the available quantity and mix of health system inputs.
- There was also a relative increase in financing for preventive and promotive healthcare as a proportion of recurrent versus development expenditures, implying less investment in real terms for medical care. The result of this weak financing was that the opportunity cost of new programmes was high—with common programmes having less financing. Nevertheless, the financing of health services has increasingly become progressive, unlike the sanitation component, which had not been properly mainstreamed and budgeted for.
- The Taskforce observes that although the National Hospital Insurance Fund (NHIF) has been operating in counties since devolution, the enactment of SHIF is yet to be fully operationalized. That although the County Government has engaged BRITAM Insurance Scheme for its employees. However, the Scheme is facing some implementation challenges and resistance from some staff, who are questioning its appropriateness and effectiveness. Some are of the

opinion that the Scheme was hurriedly implemented without adequate and meaningful public participation and civic education to the beneficiaries.

- Officers seconded from the other departments including finance and economic planning seconded to work in the department of health should be maintained and tailored to learn and understand the critical products and processes in the Department of Health and Sanitation to offer their services effectively and meaningfully in health and sanitation department. Communication and reporting of the said officers should also be streamlined to be in harmony with the existing structures within the department of health.
- Standardization of user fee – Follow the SHIF way. All charges at all facilities should be uniform at facilities within the same level and the information should be published and publicized in form of regulations, schedules and service charters.

9.7. **Human Resource for Health and Sanitation:**

The Human Resource for health and sanitation (HRHS) constitutes those persons recruited primarily for health and sanitation related service provision and management who have undergone a defined, formally recognized training programme. In this context, human resource for health and sanitation are defined as the stock of all people engaged in actions whose primary intent is to enhance health. An adequate, productive, and equitably distributed pool of health workers who are accessible is necessary for the effective delivery of healthcare.

9.7.1. Due to the lack of the application of appropriate health personnel deployment norms and standards, the distribution of workforce has tended to favour regions perceived to have high socioeconomic development, leaving marginalized and hard-to-reach areas a disadvantage. Poor areas have fewer health facilities and were not preferred by health workers, while other regions report surpluses in staff. There is also a skewed urban-rural distribution of staff, with the urban areas having the highest proportions of staff at the expense of rural and remote areas where 70% of the population lives.

9.7.2. The advanced medical care in Bungoma County is mostly available in towns and urban areas. There is generally the lack of essential tools and medical and non-medical supplies in health facilities and a poor and unsafe working environment contribute to low morale and productivity of staff. Other challenges that affect performance and motivation include uneven remuneration and disparities in terms of reference among the same cadres, poor working conditions, unequal distribution of staff, and diminishing productivity among the health workforce.

9.7.3. There has been a general increase in the number of healthcare personnel over the years, since the inception of the devolved system of government in Bungoma County in 2013. The human resource component has been strengthened through staff transfers, re-distribution, an increase in numbers, and a review of management structure. However, the increase is still far below the WHO-recommended average of 21.7 doctors and 228 nurses per 100,000 people, which is the required standard for optimal delivery of services. Further, for County Government of Bungoma to deliver on the constitutional right to the highest attainable standards of healthcare and reasonable standards of sanitation stipulated in Article 43, more personnel will be needed by the Department of Health and Sanitation. A Human Resource for Health and Sanitation Development Programme is therefore essential to ensure a continuous supply of health workers to the Sector.

The current Staff Establishment in the Health and Sanitation Department shows deficit in several cadres in the Sector. For instance, the current number of **general surgeons** was **3** while the requirement was **10** and therefore a **deficit of 7 general surgeons**, there were 2 Gyn/Obstetricians while the requirement is **10** thus a **deficit of 8 staff** in that cadre, there were **3 Pediatricians**, while the requirement is **6 Physicians** and therefore **a deficit of 3** staff in that cadre, there were **3 Physicians** and yet the requirement is **6** thus a deficit of **3** Physicians, there were **7** Family Physicians out of **12** and thus a **deficit of 5** staff.

There were 4 Dental Technologists out of **12** expected thus a deficit of **8** and there were only **809** Nursing Officers out of an expected number of **2200 of** nursing officers, thus there was a **deficit of 1315** nurses for the County of Bungoma to operate optimally and offer the highest attainable standard of healthcare and reasonable standard of sanitation to its residents. The details of the current number of staffs per cadre are found in the annexed functional staff establishment ***(See Annex 11 - Functional Staff Establishment for the Department of Health and Sanitation in Bungoma County).***

9.7.4. The Taskforce noted that due to the lack of the application of appropriate health personnel deployment norms and standards, the distribution of workforce has tended to favour regions perceived to have high socio-economic development, leaving marginalized and hard-to-reach areas at a disadvantage. The remote areas in some parts of Mt. Elgon Sub County have fewer health and sanitation facilities and were not preferred by health workers, while other sub counties like Kanduyi report surpluses in health workers.

There was also a skewed urban-rural distribution of health workers, with the urban areas in the County having the highest proportions of staff at the expense of rural and remote areas where the majority of the population resides.

9.4.5. There was general information, knowledge and consensus that advanced and/or high-quality health care is mostly available in towns and urban areas in Bungoma County. Lack of essential tools and medical and non-medical supplies in health facilities, and a poor and unsafe working environment contribute to low morale and productivity of health workers. Other challenges that affect performance and motivation include uneven remuneration and disparities in terms of reference among the same cadres, poor working conditions, unequal distribution of staff, and diminishing productivity among the health workforce.

9.7.6. The Taskforce notes that although County Government of Bungoma has made significant strides in the human resources for health and sanitation (HRHS), there is no approved staff establishment organogram at the departmental level, except a functional one. The County Public Service Board did not confirm the existence or submit to the Taskforce the approved Staff Establishment (Organogram) for all the departments in the County. However, challenges remain in ensuring that the training and production of adequate HRHS meets the needs of the health and sanitation system and maintains quality of care and efficiency of service delivery in the Sector. The taskforce observes that Staff rationalization should ensure fair and equitable distribution of Staff across all the levels and facilities in the County.

9.7.7. The management of Human Resource for Health and Sanitation (HRHS) in the County should be strengthened so that health workers are motivated and responsive through better job descriptions/schemes of service, professional development activities, work environments, and supervision and administration. This shall include recognition of the central role that Family Medicine Physicians and their associated multi-disciplinary teams (MDTs) play in institutionalization and operationalization of Primary Care Networks (PCNs) that are composed of Community Health Promoters (CHPs). The County should adopt, domesticate, and implement the Human Resource for Health Strategy 2019 – 2023, which describes strategies for the expansion and integration of HRHS information systems, mechanisms for coordinating movement of HRH among Counties, private and public sectors, and across national boundaries. The proposed Human Resource for Health and Sanitation (HRHS) management and leadership capacity should also be strengthened. The HRHS in the health and sanitation sector should be rationalized with focus geared towards both secondary and primary healthcare and sanitation services across the County.

9.8. Proposed Staff Establishment in the Health and Sanitation Department (Organogram):

9.8.1 Departmental Leadership and Management:

i. County Executive Committee Member for Health and Sanitation – 1 Post
ii. Chief Officer of Health and Sanitation Services- 1 Post
iii. County Director of Health and Sanitation Services- 1 Post

9.8.2. County Health Administrative and Support Services

i. County Health and sanitation administrators
ii. Medical social workers
iii. Health Facility administrators
iv. Support Staff
v. Medical Engineers
vi. Monitoring and Evaluation Specialist

9.8.3. Medical and Specialists Services

i. Pediatricians
ii. Opticians
iii. Ophthalmologists
iv. Radiologists
v. Surgeons
vi. Gynecologists
vii. ENT specialists
viii. Physicians
ix. Dentists
x. Psychiatrics
xi. Veterinary Services and Emerging Health Threats
xii. Medical Officers

9.8.4. Pharmaceutical Services

i. Pharmacists
ii. Pharmacy specialists
iii. Pharmaceutical Technologist

9.8.5. Nursing Services

i. Theatre
ii. Renal
iii. Newborn
iv. Anesthetics
v. Ophthalmologists
vi. Patricians
vii. Palliative care
viii. Accident and Emergency

ix. Reproductive Health
x. Psychiatrics and mental Health

9.8.6. Clinical Services

i. General clinical Officers
ii. Clinical Officer specialists - Anesthetists, Reproductive Health, ENT, Ophthalmologists, Pediatrists, Epidemiology, Mental Health, RCO oncology, Dermatologists, Family Health, Orthopedics, Chest medicine, critical Care, Emergency Medicine.
iii. Medical Laboratory Services
iv. Medical Laboratory Officers
v. Laboratory Technologist
vi. Laboratory Specialists – Parasitologists, Hematologists, Microbiologists, Clinical biochemistry

9.8.7. Public Health and Sanitation Services

i. Public Health Officers
ii. Public Health Assistants
iii. Public Health Technicians
iv. Disease Surveillance
v. Health Promotion
vi. Water and Sanitation (WASH)
vii. Vector control
viii. Waste Management
ix. Food Safety and Control
x. Public Sanitation
xi. Cemeteries, crematorium and funeral parlors
xii. Building plan approval.
xiii. Neglected tropical diseases.
xiv. School Health

9.8.8. Rehabilitative Services

i. Orthopedics and Trauma Technicians
ii. Physiotherapist
iii. Occupational Therapists
iv. Orthopedics Technicians and Technologists.
v. Plaster Technicians

vi. Counselling Psychologists

9.8.9. Primary Health Care

i. Community Health Officers
ii. Community Health Assistants
iii. Health Promotion Officers
iv. Community Health promoters
v. Home Based Care
vi. Community Health Strategy
vii. Palliative Care
viii. Non-Communicable Diseases
ix. Malaria Programme Coordinator
x. HIV/AIDS Programme Coordinator
xi. TB Programme Coordinator
xii. Neglected Tropical Diseases Coordinator (Deworming)
xiii. Programme Coordinator- Health and Sanitation Outreaches

9.8.10. Health Records and Information, Research, and Development

i. Health Records and Information officers
ii. Health Records and Information Assistants
iii. ICT
iv. Research officers.
v. Research Assistants
vi. Research and Development Committees
vii. Health &Sanitation Data Analysts

9.8.11. Policy Planning and Health Financing Unit

i. Health Economists
ii. Legal Officers
iii. Partner Liaison Officer
iv. Finance Officers
v. Accountants
vi. Procurement Officers
vii. Monitoring and Evaluation

9.8.12. Health Products and Technologies (HPTs) Unit

i. Pharmacists
ii. Medical Lab
iii. Radiologists
iv. Radiographers
v. Medical Engineers
vi. Nurses
vii. Public Health
viii. Rehabilitative Officers
ix. Procurement
x. All Head of Units

9.8.13. Human Resource for Health and Sanitation

- Across all cadres of human resource for health and sanitation

9.8.14. Nutritional and Dietary Services Unit

i. Nutritionists and Dietetic Officers
ii. Nutritional and Dietetics officers
iii. Nutritional and Dietetics technologists
iv. Nutritional Oncologists
v. Critical Care Nutritionists

9.**8.15. Observations and Specific Recommendations:** There is need for the Department of Health and Sanitation to work closely with the County Public Service Board (CPSB) to formulate and implement a staff establishment organizational structure (Organogram) with Career Growth/ Progression indicators as opposed to the current functional organogram. The County Government of Bungoma should endeavor to progressively adhere to the required set norms and standards for human resources at all times in all health facilities. The norms and standards for the health workforce required to deliver on the health goals shall include adequate numbers, skills mix, competence, and attitudes of the health workforce required to deliver on the health goals.

The Department of Health and Sanitation in consultation with the County Public Service Board and the National Government should facilitate the training of health and sanitation workers through the following:

- Identify training needs and provide opportunities for training;

- Provide scholarships for health workers as needed;
- Ensure that the salaries and remunerations of officers on training continue to be paid by their stations during the training period;
- Ensure appropriate redeployment of health workers on completion of their training;
- Ensure appropriate human resource training and continuous professional development and career progression;
- Ensure placement on attachment or internship; and
- Increase and equitably distribute health worker specialists through an intergovernmental relations mechanism with the goal of ensuring equitable access to health specialist services.
- Training of health workers in the County should be guided by a national health workforce training policy.
- Health workers seeking further training must fulfil the requirements of the public service policy and regulations.
- Professional bodies responsible for various cadres should continuously ensure that all health workers undertake continuous professional development and provide the required accreditation.
- Post-graduate training and internship programmes are part of capacity building and should remain national functions. The placement of interns and their bonding after training should be guided by the health workforce policy.
- To improve retention of health workers in hard-to-reach areas of Mt. Elgon Sub County (such as Chepkitale) and Nasala in Sirisia Sub County, the Department of health and sanitation should apply affirmative action programme.
- Ensuring that health personnel interact in a professional, accountable, and culturally sensitive way with clients; and
- Improving management of the existing health workforce by putting in place attraction, retention, and motivational mechanisms for the workforce.
- Promoting multiskilling, multitasking, and incentive the health workforce in such hard- to-reach areas.

9.9. Health & Sanitation Information Systems:

9.9.1. Health and Sanitation relates to the process of generating and managing information to guide evidence-based decision making in the provision of health and related services at the national and county levels. The policy's aspiration is for adequate health information for evidence-based decision-making.

All healthcare providers shall therefore be obligated to report on information emanating from their activities through established channels in a manner that meets safety and confidentiality requirements,

and according to the health research and information policies, regulations, and standards that should be developed in consultation between the national government and stakeholders.

9.9.2. In this context, Data from Health and Sanitation Information System (HSIS) is not optimally utilized for priority setting, allocation of resources and informed decision making at all levels. The Kenya Health Information System (KHIS) has made significant gains in its ability to provide data collected routinely.

9.9.3. The Taskforce found that the County's Health Information Management System (HMIS) architecture has slightly improved information completeness. However, the information collected is still limited to a few conditions, and there are weaknesses in its completeness and quality. Additionally, information analysis, dissemination, and use are not well entrenched in the sector. The use of information sources beyond routine health management information remains weak.

9.9.4. The information system remains fragmented with gaps resulting from inadequate utilization of existing data platforms such as poor linkage of information on clinical episodes with financial systems, parallel systems for vertical programs, poor linkage with other data systems (e.g., civil registration) and poor private sector participation. Existing platforms continue to display gaps in the completeness, quality, and timeliness of data. There remain gaps in the capacity to analyze and utilize data for decision-making, more so at the point of care. While a policy framework has been developed for health information systems and related technologies, its implementation remains inadequate with challenges in uniformity, interoperability, and security. There is need for digitization of the County Health and Sanitation Information System to (HSIS) obtains real time data for informed decisions at all levels. Finally, there is a need to address the patient's role in information systems, particularly as concerns ownership of data and its portability particularly to enhance patient rights, safety, and care.

9.9.5. The Department of Health and Sanitation can enhance the appropriate use of information by adopting and implementing the following:

- Collaborating, harmonizing, and integrating data collection, analysis, storage, and dissemination mechanisms of state and non-state actors to ensure availability of adequate and complete information for decision making;
- Continued strengthening of accuracy, timeliness, and completeness of health and sanitation information from the population and health facilities;
- Strengthening mechanisms for health and sanitation information dissemination to ensure information is available where and when needed;

- Establishing mechanisms to promote, coordinate, regulate, and ensure sustainability of health and sanitation research and development;
- Putting in place health and sanitation surveillance and response mechanisms;
- The County Government in collaboration with the National Government, should develop reporting guidelines;
- Progressive utilization of information and communication technologies to aid service delivery;
- Developing and implementing a health and sanitation information systems (HIS) policy;
- Developing and implementing a health and sanitation research and development policy; and
- Facilitating access to information to the public while protecting privacy and confidentiality as stipulated in the Data Protection Act, 2019.

9.9.6. Taskforce Observations and Recommendations: There is need for the Department of Health and Sanitation to optimize the use of information to improve health and sanitation systems performance.

The Taskforce further recommends that data from the health management information system (HMIS) should be used to determine the disease burden, and should be taken into consideration in setting priorities for Health and Sanitation Programmes and projects.

The systems for generation, collation, analysis, dissemination, and utilization of health and sanitation related information required for provision of services.

9.10. Health and Sanitation Products and Technologies:

9.10.1. The Taskforce observes that this is a critical pillar in health and sanitation sector and it consists of; essential medicines, medical supplies, vaccines, health technologies, and public health commodities required for provision of highest attainable standard of healthcare and reasonable standards of sanitation services in the County.

9.10.2. The availability, accessibility, quality and pricing of medicines, vaccines and other health and sanitation products and technologies (HSPTs) is a key component and challenge to the success of universal health and sanitation coverage in Bungoma County. Accurate forecasting and quantification at community (level1), level 2, level 3, level 4 and level 5 facilities are important to enhancing accessibility and availability. There is need for the Department of Health and Sanitation to strengthen capacity to ensure forecasting and quantification should be done every two years as guided by national guidelines. The capacity of the Kenya Medical Supplies Agency and other registered pooled purchasers of HSPTs should be strengthened to ensure optimal pricing and improved quality and availability of

HPTs and efficiency of operations. Medical supplies and diagnostics, including laboratory consumables, should transition to open systems that allow for economies of scale and efficiency. In addition, there is need to strengthen the local manufacturing of HSPTs.

9.10.3. The institutionalization of Health Technology Assessments (HTA) will assist in other critical interventions such as guiding investment in point of care (POC) diagnostics, basic equipment for primary care services, and implants for essential surgeries. HTA will also guide the cost-effectiveness and appropriate use of medicines in the era of growing antimicrobial resistance (AMR).

9.10.4. The health products and technologies are categorized as; Strategic –vaccines and drugs for TB, HIV/AIDS, epidemics Special and expensive –Cancer drugs, immunosuppressive agents Essential/Basic products. The County Investments in HSPTs should be guided by the national treatment guidelines and policies. Rational investment in and efficient management of health products and technologies. The rationale is to ensure the most effective management of patients in line with established standards. This will incorporate cost-effective prescribing and other interventions to improve the rational use of drugs and other health and sanitation products.

9.10.5. The framework for ensuring security of critical Health and Sanitation Products and Technologies (HSPTs), such as anti-retroviral drugs, vaccines, and blood products, should be put in place at all levels. The progress on integration of alternative medicines into the health system through standardization, protection of intellectual property rights and alignment of governance structures is required.

9.10.6. The Taskforce found that although the Essential Medicines List is available, adherence to its use has been poor and the supplies from **KEMSA** has been unpredictable and unreliable. Attempts to introduce a demand-driven procurement system were instituted, and there is evidence that it led to better availability of the required commodities in public health facilities.

9.10.7. Taskforce Observations and Recommendations: There is need to improve access to priority health and sanitation products and technologies in the County Department of Health and Sanitation. This could be attained through the development and implementation of a County Health and Products Technologies Policy and relevant regulatory frameworks that include the following:

- Defining and applying an evidence-based essential package of health products and technologies. This should be applied in the acquisition, financing, and other access-enhancing interventions. It will incorporate national lists of essential medicines, health products and diagnostics, treatment protocols, and standardized equipment;

- Establishing a County appraisal mechanism for health products and technologies. This will provide guidance on the clinical and cost-effectiveness of new health products, technologies, clinical practices, and interventional procedures;
- Putting in place a harmonized a County regulatory framework for health products and technologies. This shall advance quality, safety, and efficacy/effectiveness based on sound science and evidence. The regulatory framework shall be autonomous in its operations and shall encompass human drugs; vaccines, blood and its products; diagnostics, medical devices and sanitation materials, technologies; animal and veterinary drugs; food products, tobacco products, and cosmetics; and emerging health technologies.
- There is need for the County Government to put in place effective and reliable procurement and supply systems. These will leverage public and private investments to advance patient access to essential health and sanitation products and technologies and deliver value for money across the system at different levels and facilities.
- Promoting local production, research, and innovations of essential health products and technologies. This should be done in a manner that advances universal access and promotes national competitiveness.
- Ensuring availability of affordable, good quality health products and technologies. This should be done through full application of all options (e.g., promoting use of generics and exploiting all provisions in the trade-related aspects of intellectual property rights) and public health safeguards relating to health products and technologies, through multi-sectorial interventions on trade, agriculture, food, and related sectors.
- The County Government in collaboration with the National Government should put in place strategic reserves for public health commodities (Tuberculosis, Vaccines, Anti-retroviral, Family Planning) and any other commodities for emerging global conditions of public health concerns.
- The County Government should focus on ensuring the availability of Essential/Basic products at all the health facilities line with Kenya Essential Medicines List (KEML).

9.11. Health and Sanitation Infrastructure:

9.11.1. The health and sanitation infrastructure relate to all the physical infrastructure, non-medical equipment, transport, and technology infrastructure (including ICT) required for effective delivery of services by the national and county governments and other health and sanitation service providers. The

County Government of Bungoma should strive to have adequate and appropriate health and sanitation infrastructure across the levels and facilities in the County.

9.11.2. In this regard, physical infrastructure, equipment, transport, and information communication technology (ICT) needed for provision of services. The Taskforce observes that although there has been an increase in health infrastructure through both public and private investments in Bungoma County. Currently, physical access to health and sanitation services, especially for persons with disability is inadequate and the standards not optimal as prescribed in the Infrastructure Norms and Standards by the World Health Organization (WHO). The distribution of health facilities remains skewed geographically, with concentration of health service providers in urban areas. As such, residents in remote rural areas like Chepkitale continue to experience challenges in geographic access, which also exposes them to financial burden. The Taskforce noted that there are significant wards and sub county disparities in terms of distribution of health facilities. However, the number of facilities does not imply that basic equipment and supplies are available. The ward and sub county disparities should be addressed by equalization and affirmative measures.

9.11.3. The Taskforce established that there is inadequate information on resources available in the surveyed health facilities, which makes it difficult to link the institutional and human resource capacity of each facility. A criterion was not established for geographic allocation of resources. Nevertheless, a standard resource allocation criterion for district hospitals and rural health facilities (health centres and dispensaries) was in use, but only for operations and maintenance.

9.11.4. The Taskforce appeals to the leadership in the County Department of Health and Sanitation to formulate and operationalize the norms and standards for health and sanitation service delivery, which include human resources, equipment and infrastructure at all levels in all facilities.

9.11.5. There is need for the Department of Health and Sanitation to address disparities, persistent gaps in and optimize use of existing health infrastructure at all levels across the County. Existing health infrastructure should be optimized for use through ensuring adherence to norms and standards, investments in access to electricity, Information Communication Technology (ICT), waste disposal and water, sanitation, and hygiene. There is need for the County Assembly of Bungoma to ensure equitable allocation of government resources to reduce disparities in health status across sub counties and wards.

9.11.6. Observations and Specific Recommendations: The Taskforce further recommends that the allocation for essential medicines and supplies, based on facility type for lower-level facilities, be in place for most of the policy period. Some surveyed facilities in the County had experienced delays and suffered negative consequences with the pull system, which was based on special drawing rights for pharmaceuticals and medical supplies from the centralized Kenya Medical Supplies Agency (KEMSA).

9.11.7. The Taskforce established from the ten hearing sessions across the Nine (9) sub counties plus Cheptais that most of the physical health facility infrastructure is not up to the standards prescribed in the norms and standards. Indeed, access to basic medical equipment is inadequate, with some obsolete or out of date and inadequate use of Information Technologies in service provision as well as weak data collection.

9.11.9. The County Government of Bungoma should progressively establish a network of functional, efficient, safe, and sustainable health and infrastructure based on the needs of the clients across the 9 sub counties, 45 wards and 236 village units. This could be attained through focusing on the following strategies:

- Adopting evidence-based health infrastructure investments, maintenance, and replacement through utilization of norms and standards in line with national policies;
- Facilitating development of infrastructure that progressively moves towards the prevailing norms and standards;
- Developing norms and standards to guide the planning, development, and maintenance of health infrastructure;
- The County Government of Bungoma should invest in health and sanitation infrastructure to ensure a progressive increase in access to health services;
- Providing the necessary logistical support for an efficiently functioning referral system;
- Promoting and increasing private sector investments in the provision of health and sanitation services through infrastructure development;
- Developing guidelines for donations and purchases of vehicles, medical equipment, and the disposal of the same;
- Strengthening the regulatory framework to enforce health and sanitation infrastructure standards; and
- Developing and implementing the County health and sanitation infrastructure policy and regulations.

9.12. Research and Development:

9.12.1. The Taskforce observes that although the National Government State Department of Health Services has made strides in enhancing its generation and utilization of research by publishing its National Health Research Priorities, establishing the National Research Committee and establishing the Kenya Health and Research Observatory, the County level Research and Development in the Sector is still rudimentary and insufficient due to inadequate funding and limited human resource capacity, yet health is a devolved function according to Article 186 and Fourth Schedule of the Constitution of Kenya, 2010.

9.12.2. The Department should establish a Bungoma County Health and Sanitation Research Committee to oversight and regulate all research proposals, projects, and related undertakings in the Sector. The envisaged Committee should work closely with local universities like Kibabii University, Alupe University and Medical training Colleges and Research Institutions to strengthen its research and development unit to enhance evidence -informed policy decisions and informed interventions. It should also work with National Commission for Science, Technology and Innovation (NACOSTI), the Kenya Institute of Public Policy Research and Analysis (KIPPRA), the Kenya Medical Research Institute (KEMRI), universities and other research and learning institutions to enhance evidence - informed policy formulation.

9.12.3. The information generated from research Departmental research and development unit is scanty, inadequate, and fragmented. There remain gaps in the capacity to analyze and utilize data for decision-making, more so at the point of care. There has been an increase in the amount and scope of systems; clinical and biomedical research and a number of operational decisions have been affected because of some of these studies. However, there is little collaboration among different research institutions, and poor linkage between research and policy.

9.12.4. There has been an increase in the amount and scope of systems; clinical and biomedical research and a number of operational decisions have been affected because of some of these studies. However, there is little collaboration among different research institutions, and poor linkage between research and policy. The Department is yet to develop an appropriate policy framework for health and sanitation research and development unit. Indeed, the creation of a culture in which research plays a significant role in guiding policy formulation and action to improve the health and sanitation of the people.

9.12.5. The County Department of Health and Sanitation should prioritize research, innovation, and development in order to support evidence-based policy and intervention formulation, identifying gaps and critical factors for special needs for vulnerable groups especially the women, children and the elderly. Particular attention should be given to how research could be used to guide the development and implementation of health systems, health promotion, environmental health, sanitation, disease prevention and early diagnosis and treatment. The Department should take lead in formulation of the agenda for operations research while other institutions such as the universities should be more involved in the execution of research. This could be achieved through the following strategies:

- Development of a prioritized County health and sanitation research agenda;
- Effective publication and dissemination of research findings;
- Harnessing development partners' and national government funds to implement the county Health and Sanitation research agenda;

- Promotion of research to policy dialogue in order to ensure that research is relevant to the needs of the County population;
- Strengthening of health and sanitation research capacity in health facilities institutions at all levels and develop quality human resource and infrastructure;
- Ensuring an ethical code of conduct for health research in the County in accordance with the Science, Technology, and Innovation Act of 2013.

CHAPTER TEN:

10.0. CRITICAL AREAS FOR INVESTMENT IN THE COUNTY HEALTH AND SANITATION:

10.1. Importance of Primary Care Networks (PCNs) in the County Health & Sanitation Sector:

10.1.1. The Taskforce recognizes the key role of Primary Care Networks (PCNs) in the promotion and attainment of the highest attainable standards of healthcare and reasonable standards of sanitation in the line with provisions of Article 43, where access to quality health and sanitation is a right to every citizen. The establishment of Primary Care Networks, (PCNs) by the National and County Governments is central to the attainment of Universal Health Care in Kenya and Bungoma County in particular. The PCNs represent a collaborative, inclusive, integrated, and transformative approach to preventive and promotive healthcare in the society.

10.1.2. The PCNs if well-structured and effectively managed have the potential of promoting accessible, affordable, and efficient healthcare delivery, including an emergency referral system, which is a lifeline in moments of crises. The PCNs are capable of facilitating the sharing of financial, human, technical and material resources among different levels of care, enabling a more fair and equitable distribution of critical resources. The PCNs are evidence–driven and result into just and informed planning, programming, policy formulation, decision-making, interventions, monitoring, and evaluation. The PCNs are aligned to the four pillars of universal health coverage namely; human resource for health, digital health, commodity security and health care financing. It aims at lightening the burden of disease and enhancing the overall well-being of every citizen. The Country launched the Smart Primary Care Networks at Kericho Town on 20 October 2023 as part of the strategy of achieving Universal Health Coverage dubbed *"Afya Bora Mashinani"*

10.1.3. The National and County Governments in partnership with development Partners for Health Kenya, significant strides were being made to operationalize all 315 Primary Care networks across the Country. The state department of Health Services has nurtured a team of trainers of trainers (ToTs), to steer and cascade the digital development of model PCNs in all 47 counties. Their mission is to strengthen the healthcare system and expand primary care, creating a more resilient healthcare infrastructure. National Government in collaboration with the County Governments are expanding efforts are also Community Health Units (CHUs), which are the frontline healthcare and sanitation agencies for service delivery.

10.2. Importance of a Referral System in County Health and Sanitation Sector

10.2.1. An effective referral system ensures a close relationship between all levels of the health system for continuity in care and helps to ensure people receive the best possible care closest to home at the lowest cost without compromising quality. It also assists in making cost-effective use of hospitals and primary health care services. An effective referral chain provides the linkages needed across the four levels of service: community, primary care, county referral services, and national referral services. It is comparable to well-greased cogs and wheels that keep the system running. Referral system also include support to lower-level facilities including community units during outreaches by experienced staff from the hospital or county health department. These outreaches also help build capacity while enhancing access to better quality care.

Without a proper referral system in place, patients tend to over crowd tertiary and secondary level facilities owing to self-referrals. Consequently, there results a vicious cycle of longer waiting time, staff overworking, sub optimal care with poor health outcomes and client dissatisfaction. On the other hand, primary care facility staff skills remain untapped, and equipment underutilized.

10.2.2. Observations by the Taskforce

10.2.3. Client Movement:

10.2.3.1. Ownership of ambulances: The Taskforce observed that Bungoma County maintains a system where ambulances are posted and fully owned by facilities and the communities. This means fuel and servicing costs are transferred to facilities and when facilities cannot raise the fuel for client transfer, the amounts are transferred to the patient.

10.2.3.2. Coordination of ambulances: The taskforce observed that there is lack of proper mechanisms to coordinate the limited number of ambulances to serve all the facilities at all levels of care including the community. Evidence of hesitance in release of ambulances from facilities privileged to have the ambulances was reported whenever there was a referral from the peripheral facilities (dispensaries) to the main facilities. This significantly cause delays and contributes to more out-of-pocket expenditure from clients to facilitate the movements. Ambulances lack paramedics and are poorly equipped to manage emergencies.

The Department of Health lacks central command for the ambulatory services, which undermines effectiveness of Health service delivery. This is also not anchored in the current legislation, Bungoma County Health Services Act, 2019.

The Taskforce also noted that other components of an effective referral System as stipulated in the Kenya Health Sector Referral Strategy are either not practiced or receive little attention by the county health system. They include:

10.2.2.3. Expertise movement where specialized service providers are expected to move to lower levels of care rather than moving the client. The services can be in the form of out-reach; screening in a medical camp; surgical camps, specialist clinics or general outpatient consultation. The movement of expert professionals is from higher levels to lower levels and can be scheduled periodically.

10.2.2.4. Specimen movement where laboratory specimens are moved to specialized facilities for diagnostic purposes which avoids the need to move the client in the health services system.

10.2.2.5. Client parameter movement where client information could be sent to appropriate levels of the health system for supportive diagnosis or management guidance. This is dependent on information and communication technology (ICT) in the health service i.e. e-health.

The Taskforce notes that in 2016, the Department of Health in Bungoma County attempted to develop a County Referral Strategy to streamline referral challenges. The strategy has since remained in draft until the time this taskforce was concluding its mandated responsibility.

The Taskforce also noted that the Department of Health allocated funds over time during this period to implement the referral strategy, which was in draft form. The budgetary allocations are as shown below:

Programme Name	Approved Budget Allocation	Actual Expenditure	Baseline Estimates	Estimate	Projected	
	2019/20	2019/20	2020/21	2021/22	2022/23	2023/24
Referral Strategy	0	0	0	987,751	1,037,138.55	1,088,995.48

Source: Approved Programme Based Budget (PBB) 2020/21

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Referral Strategy	0	0	0	987,751	1,037,138.55	1,088,995.48

Source: Approved Programme Based Budget (PBB) 2021/22

Sub-Programmes	Printed Estimates 2021/22	Requirements	Allocation	Projected Estimates	
		2022/23	2022/23	2023/24	2024/25
Referral Strategy	10,987,751	12,113,995	11,537,139	12,113,996	12,719,696

Source: Approved - County Fiscal Strategy Paper (CFSP) 2022

The Taskforce observes that there is likelihood of such allocations as shown above not being well utilized in the absence of an approved referral strategy. Indeed, without a proper referral system in place, patients tend to over crowd tertiary and secondary level facilities owing to self-referrals. Consequently, there results a vicious cycle of longer waiting time, staff overworking, sub optimal care with poor health outcomes and client dissatisfaction. On the other hand, primary care facility staff skills remain untapped, and equipment underutilized.

10.2.2.6. Specific Recommendations:

- There is need for implementation of a Referral Strategy for Health and Sanitation that provides a comprehensive approach to referrals through a framework that addresses the movement of clients, specimens, client parameters and expertise movement.
- The Referral Strategy for Health and Sanitation should guide the establishment of an efficient referral system; improve the service provider's capacity to offer services and transfer clients; improve performance monitoring of the referral system to ensure efficient management; and to provide evidence-based quality emergency health services regardless of the ability to pay.
- There is need to anchor the Referral Strategy for Health and Sanitation in law to ascertain operationalization.

10.3. Mental Health as an Emerging Challenge to Health Workers and County Residents:

10.3.1. Mental Health encompasses our emotional, psychological, and social well-being. It affects how we think, feel and act and plays a crucial role in our well-being. Mental illness manifests in forms such anxiety disorders, depression, bipolar disorder, schizophrenia, eating and sleeping disorders. These are not personal weaknesses but medical conditions that require care and treatment.

10.3.2. The Taskforce observes that there increasing un- reported cases of mental illness among its staff. However, there is insufficient data or documentation of such cases. That one of the major barriers to seeking help for mental illness is lack of statistical data and stigma around it, which often leads to

discrimination, prejudice, and social exclusion. The health and sanitation research and education, inclusivity and challenging misconceptions are crucial in addressing mental illness in the County. The Department should encourage health workers and county residents to seek help from professional such as therapists, counsellors, and psychiatrists. Pyscho-social support from relevant public and private organizations.

10.3.3. There is need for the Department of Health and Sanitation and other stakeholders to foster supportive communities through initiatives such as support groups, awareness campaigns and other programmes that help victims of mental health feel understood and accepted.

10.3.4. The Taskforce observes that the County Department of Health and Sanitation should create awareness about mental health among its health workers and general public in order to eradicate stigma in the society.

10.3.5. The Department of Health and Sanitation should set up at least two specialized mental health units or facilities for the health workers and the other for county residents with mental illness and related health challenges. The mental health unit or facility for the health workers should have functional helplines and crisis support like hotlines and online chat services for its staff. The Department of Health and Sanitation should collaborate with other specialized mental health service stakeholders to initiate online communities and forums for non-judgmental and empathetic listening in order to prevent instances of mental health among its workforce.

10.3.6. The other Mental Health Facility should be exclusively for the County Residents. It should employ subject area specialists, practicing counseling psychologists, psychiatrists, trauma-counseling experts, among other relevant cadres.

10.4. Emergency Medical Treatment as an Economic and Social Right:

10.4.1. According to the World Health Organization **(WHO) Resolution 72.16** Emergency Care Systems (ECS) for Universal Health Coverage: ensuring timely care for the Acutely Ill and injured spells out that all member states, regardless of available resources, can take steps towards strengthening their emergency care systems. It recommends that member states could develop policies to ensure universal access to emergency care for all, conduct assessments to identify gaps and priorities for action, develop clinical protocols as specified in WHO emergency care systems framework, and provide emergency care training for all relevant workers.

10.4.2. Article 43 of the Constitution of Kenya, 2010 guarantees every citizen access to highest attainable standards of health and reasonable sanitation as well as emergency medical treatment. **Section 7** of the Kenya Health Services Act, 2017 states that every person has a right to **emergency**

medical treatment (EMC). The Kenya Health Policy 2014 – 2030 outlines that a person shall not be denied emergency medical treatment and that the state shall provide appropriate social security to persons who are unable to support themselves and their dependents.

10.4.3. The Bungoma County Department of Health and Sanitation has developed an Emergency Medical Care (EMC) Plan through an evidence- based consultative process involving various stakeholders. The Plan spells out interventions that are broad and cutting across other sectors. This calls for a multi -disciplinary and inter – sectorial approach in its implementation. It seeks to establish a working EMC System as a key component of the healthcare system that could enable achieve Universal Health Care (UHC).

10.4.4. Taskforce Observations:

In the course of its interactions and public engagements with health stakeholders, the task force observed that:

- Emergency response is slow and poor due to financial constraints on the patient as well as the service providers.
- The referral system is not fully supported by the national and county governments.
- There is a generally poor ambulance coordination and unreliable emergency medical services across the health facilities in the County.
- The County Health and Sanitation Department lacks adequate funding and infrastructure to manage emergency cases when they occur.

10.4. 5. Specific Recommendations:

- The Department of Health and Sanitation should prioritize and roll out the implementation of the County Emergency Medical Plan (CEMP) with proper linkage, adequate personnel, equipment, and infrastructure across all the levels and health facilities.
- The County Government of Bungoma in partnership with the National Government and other development partners should allocate adequate budget to facilitate implementation of the plan.
- There is need to train all staff on disaster preparedness and emergency medical care.
- There is need to create awareness among health and sanitation stakeholders on emergency medical care and rapid response measures.
- Provide relevant infrastructure such as the ambulances, set up ambulance control systems and control center and set up emergency units within the health facilities.
- The Department should collaborate with non-state actors and development partners for effective and efficient emergency medical care.

CHAPTER ELEVEN:

11.0. GENERAL AND SPECIFIC RECOMMENDATIONS FOR IMPROVEMENT OF THE HEALTH AND SANITATION SECTOR:

The Taskforce through field interviews and hearing sessions in selected health facilities across the ten sub counties has formulated the following recommendations for improvement of the County Health and Sanitation Sector:

11.1. Department of Health and Sanitation should define and formulate a basic and expandable package—Essential Package for the Sector consisting of the most cost-effective priority healthcare interventions and services, addressing the high disease burden, which are acceptable and affordable within the total resource envelop of the sector. ***The package should consist of the following clusters:***

11.1.2. Health and Sanitation promotion, environmental health, disease prevention, and community health initiatives, including epidemic and disaster preparedness and response.

11.12. Maternal and Child Health; Support Optimal Health and Survival of Children by improving technical guidance, regulation, and protection of children's rights.

11.1.3. Prevention, management and control of communicable diseases.

11.1.4. Prevention, management and control of non-communicable diseases

11.1.5. There is need to strengthen the integrated surveillance system to monitor trends in non-communicable diseases and mental disorders, including risk factors, to inform policy and planning.

11.2. There is need for the Department of Health and Sanitation to reduce the burden of violence and injuries in the County. This will be achieved by putting in place strategies to address the causes of injuries and violence, with special consideration for gender, age, geographical distribution, and other factors. The priority policy strategies include the following:

11.2.1. Promote corrective and inter-sectorial preventive interventions to address causes of injuries and violence.

11.2.2. Facilitate greater universal access to timely and high-quality emergency care (curative and rehabilitative) that mitigates the effects of injuries and violence.

11.2.3. Put in place interventions directly addressing marginalized and indigent populations affected by injuries and violence.

11.2.4. Scale up physical and psychosocial rehabilitation services to address long-term effects of violence and injuries.

11.2.5. Address the health effects of emergencies, disasters, crises, and conflicts, and minimize their social and economic impacts.

11.2.6. Promote public health aspects of road safety.

11.2.7. Enhance disaster risk management through disaster forecasting and emergency response; and

11.2.8. Mainstreaming gender in planning and implementation of all health and sanitation programs.

11.3. There is need for the Department of Health and Sanitation to ***enhance the provision of essential health services will be geared towards providing affordable, equitable, accessible, and quality healthcare and reasonable sanitation that is responsive to clients' needs.*** This will be achieved by strengthening the county planning and monitoring processes relating to healthcare and sanitation provision to ensure that demand-driven priorities are efficiently and effectively implemented. ***These strategies include the following:***

11.3.1. Ensure quality of care in provision of preventive and promotive services addressing major causes of the burden of disease due to communicable conditions.

11.3.2. Integrate Non-Communicable Disease prevention and control in the established communicable diseases infrastructure to leverage the existing infectious diseases programmatic capacity.

11.3.3. Integrate nutritional interventions in all disease management.

11.3.4. Ensure access to quality diagnostic services.

11.3.5. Ensure provision of safe and adequate blood and blood components in the County in a coordinated blood transfusion service.

11.3.6. Promote establishment of institutes and centers of excellence to ensure availability of highly specialized quality care in the country and in addition promote health tourism.

11.3.7. Ensure that complete, reliable, timely, efficient, and effective health management information for healthcare is provided and shared among all stakeholders in the sector.

11.3.8. Plan, design, and install Information, Communication and Technology (ICT) infrastructure and software for the management and delivery of care.

11.3.9. The Department should facilitate all hospitals to become semi- autonomous procurement entities and strengthen management capacity at all levels within hospitals including community health centres.

11.3.10. The Taskforce recommends that the composition of the package should be re-visited periodically depending on changes in disease burden, availability of new interventions based on evidence and changes in the cost-effectiveness of the interventions.

11.4. In order to minimize health risks, the Department should ***strengthen health and sanitation promotion interventions and facilitate the use of products and services that lead to healthy lifestyles in the population***. ***The key policy strategies that to be employed include the following:***

11.4.1. Promote healthy lifestyles across all lifecycles;

11.4.2. Promote a healthier environment and intensify primary prevention of environmental threats to health;

11.4.3. Ensure that Health Impact Assessment (HIA) is conducted for any major infrastructural development;

11.4.4. Advocate for reduction of unsafe sexual practices, particularly among key populations (children, adolescents and youth and persons with disability);

11.4.5. Mitigate the negative health, social, and economic impacts resulting from the excessive consumption and adulteration of alcoholic products;

11.4.6. Reduce the prevalence of drug, alcoholism and other addictive substances;

11.4.7. Strengthen mechanisms for the screening and management of conditions arising from health-risk factors at all levels;

11.4.8. Develop and facilitate the implementation of a prioritized County health and sanitation research agenda in collaboration with research-based organizations, universities and institutions; and

11.4.9. Promote control of micronutrient deficiency diseases and disorders through inter-sectorial collaboration;

11.5. ***The Health and Sanitation Taskforce strongly recommends that the Department of Health and Sanitation should strengthen its partnerships, linkages, and collaboration with private and other sectors that have an impact on health and sanitation.*** Public - private partnerships shall be enhanced at all levels of service delivery for improved health and sanitation outcomes. Many sectors have an

impact on health and should include health and sanitation in their programmes. These include **e**conomic growth and employment, security and justice, education and early life, agriculture and food, nutrition, infrastructure, planning and transport, environments and sustainability, housing, land and culture, and population growth. The development of a Public Private Partnership in Health and Sanitation Framework through ***the following strategies and interventions;***

11.5.1. Establishment of appropriate policy and legislative frameworks and guidelines to facilitate and regulate the private sector in line with existing laws and regulations;

11.5.2. Work with the private sector to reform incentive mechanisms (e.g. Fiscal) that would attract registered private health practitioners to the under-served and difficult to reach areas.

11.5.3. Promote awareness creation and health and sanitation education across the County. This will empower county residents and non-state actors to actively participate in the design and delivery of health and sanitation services.

11.5.4. The Department of Health and Sanitation should strengthen the primary healthcare networks as a gate keeping mechanism for the health system supported by a revitalized and effective referral system.

11.5.5. The Department should focus more on household and community health services should be enhanced supported by well-organized and motivated community health workforce.

11.5.6. The Department should ensure that the health systems resiliency to detect, prevent, and respond to public health security threats such as pandemics and disease outbreaks amongst others.

11.5.7. The County Government should adopt and implement an all-inclusive (leave no one behind approach) to address the social determinants of health such as age, gender, disability, literacy levels/education, socio-economic status/employment, environment, race, culture amongst others to address equity in health service delivery.

11.5.8. The Department should establish strong multi-sectorial approaches to ensure that the health and sanitation sector interacts with and influences design, implementation, and monitoring of interventions in all sectors and departments that have an impact on health and sanitation.

11.5.9. There is need to align health financing risk sharing mechanisms by creation of a single County pool or consolidated financing mechanism, thereby improving administrative efficiency.

This shall entail progressive consolidation of existing public schemes and curtail the proliferation of schemes.

11.5.10. These should include mandatory insurance, tax, government subsidies, and external partner support, amongst others.

11.5.11. There is need to strengthen strategic purchasing to enhance the linkage between available financial resources and the health services to which Kenyans are entitled. It should involve actively identifying the sets of health and sanitation services to which the population is entitled; choosing the health and sanitation providers from whom services would be purchased; deciding how these services should be purchased, including contractual arrangements and mechanism of paying providers.

11.5.12. There is need to ensure continuous quality improvement and better health outcomes through a harmonized quality framework for the registration, licensing, gazettement, inspection and certification health services.

11.5.13. Improve the efficiency of use and equity in the availability of health system resources especially the management of human resources for health, HPTs, and e-health.

11.5.14. Strengthen leadership to improve stewardship, partnership, coordination, and governance of the health system. In addition, strengthening the governance of health facilities to provide sufficient autonomy balanced with accountability measures.

11.6. The Department should accelerate the ***formulation of the one stop type of (omnibus) regulations to implement the Bungoma County Health and Sanitation Amendment Bill, 2024, immediately after adoption of this Taskforce Report.*** The envisaged legislation can only be implemented through a multi-sectorial and sector wide approach with the involvement of all health and sanitation stakeholders, including the National Government, development partners, implementing partners, private sector, civil society, faith-based organizations, health and sanitation stakeholders, interest groups and the general public.

11.6.1. To ensure adequacy, efficiency and fairness in financing of health services in a manner that guarantees all County residents access to the essential health services that they need, an all-inclusive well-designed financing model shall be developed through a comprehensive health financing strategy should be designed and implemented by the Department of health and sanitation.

11.6.2. There is need for the expansion of the network of health care facilities contracted to provide services to its members and empanelment of healthcare facilities in poor, rural, and/or

marginalized areas to remedy the pro-urban and pro-rich geographical distribution and provision of services to the community and household levels.

11.6.3. The Department of Health and Sanitation should establish an autonomous certification body should be set up to accredit healthcare and sanitation facilities in the County.

11.7. Taskforce Observations and Specific Recommendations: There is need for the Department of Health and Sanitation to ***strengthen the link between research, policy, legislation, implementation and monitoring and evaluation:***

11.7.1. The capacity of the Department in terms of monitoring, disease surveillance, research and development should be strengthened;

11.7.2. There is need to define the essential package of health and sanitation as a component of the Departmental Strategic Plan to guide service delivery. The provision of healthcare and sanitation services should be in line with the approved essential benefit package, clinical guidelines, and the Kenya essential medicines/ supplies/laboratory lists.

11.7.3. Innovative service delivery strategies should be scaled up, such as mobile clinics, outreach programmes or community-based health and sanitation hearing days across the sub counties, wards and villages in the County;

11.7.4. The Department should formulate a comprehensive strategy to guide its resource mobilization and rationalization for research and development;

11.7.5. The Department should formulate a comprehensive investment plan to guide the distribution and improvement of health infrastructure, leading to low investments for both new and existing infrastructure based on research findings;

11.7.6. The Department through research and innovation should identify factors/barriers and build on its successes and best practices to enable the County residents to attain the right to the highest standard of healthcare, including reproductive health and the right to emergency treatment and reasonable standards of sanitation in line with provisions of Article 43 as read together with the Fourth Schedule of the Constitution of Kenya, 2010;

11.7.7. The Department should establish effective integrated healthcare contracting approaches to strengthen referrals, and implement a gate keeping strategy, which should stipulate out-of-pocket expenses when a user bypasses lower-level healthcare facility to the next level.

11.7.8. There is need for the Department to review the regulatory framework to facilitate flow of funds, system strengthening, and reforms in delivery of health and sanitation services by amending the relevant health and sanitation laws to ensure independence in regulation, strategic purchasing, sustainability, and access to essential benefit package entitlement.

11.7.9. There is need for the Department of Health and Sanitation to strengthen its monitoring and supervision role of public and private service providers, including imposition of sanctions and rewards for quality of care provided; this will ensure that there is a County social health insurer able to responsively meet the needs of residents for their health and wellbeing.

11.7.10. The Department of Health and Sanitation should strengthen its public communication and public relations unit in line with provisions of Article 35 of Constitution of Kenya, 2010, as read together with Access to Information Act, 2016 and Part IX of the County Governments Act, 2012 on Communication. This particular provision requires the county government to establish mechanisms to facilitate public communication and access to information in the form of media with the widest public outreach.

11.8. Commitment to the Highest Attainable Standards of Healthcare and Sanitation:

The County Government of Bungoma ***should commit itself to improve access to quality and affordable services by adopting and implementing the following policy and administrative measures:***

11.8.1. Ensure that all residents of the County should have adequate physical access to health and sanitation related services, defined as *"living at least 5km* from a health service provider where feasible, and having the ability to access the health and sanitation services;

Minimize and eliminate economic and financial obstacles hindering access to adequate and good quality health and sanitation services for all persons requiring health and sanitation related services, guided by the concepts of Universal Health Coverage and Social Health Protection;

11.8.2. Identify and effectively address the socio-cultural barriers hindering access to services should be identified and directly addressed to ensure all persons requiring health and sanitation related services are able to access them promptly.

11.8.3. The Department of Health and Sanitation should ensure that its clients/patients are safe and have positive experiences during utilization of health and sanitation related services in the facilities across the County;

11.8.4. The Department should establish a quality management system and standards that will act as a guide for quality assurance and management and coordination across the County;

11.8.5. The Department should establish a County Health and Sanitation Board as an accreditation framework for regulations of public and private health and sanitation service providers in line with international. Regional and National standards;

11.8.6. Establish mechanisms for regular review of standards of healthcare and sanitation services in the County. The Department should formulate and implement an extensive health

and sanitation education and adequate awareness for its county residents to maximize their health and sanitation needs and health-seeking behaviors and healthy lifestyles;

11.8.1. The Department should formulate, publish, and publicize health and sanitation service charters. The clients/patients should be well informed of available services at the different levels and facilities within the County;

11.8.2. The Department should organize its services delivery system in a manner that is effective and efficient in order to that maximize health and sanitation outcomes;

11.8.3. The Department of Health and Sanitation should establish and operationalize a comprehensive referral system and strategy at all levels (Community, Dispensaries and Clinics, Health Centres, Primary Care Hospitals, Secondary Care Hospital/ County Referral Hospitals);

11.8.4. The focus is on ensuring holistic delivery of services including physical client movement (physical referral), Patient parameters movement (e-health), Specimen movement (reverse cold chain and reference laboratory system) and Expertise movement (reverse referral);

11.8.5. There is need for proper organization of the County health and sanitation facilities in order to adequately provide and efficiently manage health care and sanitation services. This can be achieved through the following: micro planning for service delivery to reach under-served communities, epidemic preparedness and planning, therapeutics management and monitoring, Patient safety initiatives and developing long-term facility master plans for long-term development;

11.8.6. The Department should have a proper organization of health and sanitation outreach programmes for preventive, protective, promotive, and curative services as per the needs of the communities across the County. The outreach programmes by the different facilities to under-served communities and mobile clinic in remote/hard to reach areas in the County;

11.8.7. The Department should put in place a career development and mentored programme to continually improve skills and expertise of health workers in providing high-quality health and sanitation services through integrated facilitative supervision, emergency supervision, technical supervision and coaching;

11.8.8. The County Department of Health and Sanitation should facilitate implementation of programmes and projects towards universal health coverage by progressively facilitating access to services by all, by ensuring social and financial risk protection through adequate mobilization, allocation, and efficient utilization of financial resources for health service delivery and ensuring equity, efficiency, transparency, and accountability in resource mobilization, allocation, and use;

11.8.9. Efforts should be made to progressively build a sustainable political, national, and community commitment with a view towards achieving and maintaining universal health

coverage through increased and diversified domestic financing options and guaranteeing quality and affordable healthcare to all residents of Bungoma County. Improve key determinants of health through prioritizing other sectors that have an impact on health, and addressing policy, legal and governance challenges to ensure that the County attains its full potential;

11.8.10. The County Government should guarantee financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all;

11.8.11. The expansion of population covered by health services should focus on underserved, marginalized, and vulnerable populations. The expansion of the existing prepaid mechanisms (insurance, direct funding, subsidies) for ensuring financial protection for the residents should remain the key priority of the health system. The spirit and letter should be "leaving no one behind" as a commitment to equity in access to services, that will be made readily available to the primary and household level and that will be non-discriminatory and based on a human rights approach;

GLOSSARY OF WORDS:

Universal Health Coverage (UHC) in this context means all people resident in Bungoma County have access to health and sanitation services that are of highest attainable standard of health care and reasonable standard of sanitation. UHC comprises a set of health system goals: equity in service use, quality, and financial risk protection.

Health Benefits Package: A health benefits package refers to a set of health services, including medicines, procedures, diagnostics, and health technologies, which are guaranteed to those who are entitled to receive them.

Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

Health Systems Resilience: capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganize if conditions require it.

Public Health Security: activities and measures across the County that mitigates public health incidents to ensure the health and wellbeing of individuals and communities.

Financial Risk Protection: safeguarding people against the financial hardship associated with paying for health and sanitation services.

Extreme Poverty: a condition characterized by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information.

Leaving no one behind: Eliminating discrimination and exclusion and reducing the inequalities and vulnerabilities that leave people behind and undermine the potential of individuals and of humanity as a whole in matters health and sanitation.

Multi-disciplinary teams: involves a range of health professionals with different sets of skills and expertise, from one or more organizations, working together to deliver comprehensive patient care at the Primary Health Care Networks (PHCNs).

Relevance: The extent to which the objectives of the health and sanitation legislation correspond to population needs. It also includes an assessment of the responsiveness in light of changes and shifts caused by external factors.

Efficiency: The extent to which the objectives of the health and sanitation legislation have been achieved with the appropriate amount of resources.

Effectiveness: The extent to which the objectives of the legislation have been achieved and the extent to which these objectives have contributed to the achievement of the intended results. Assessing the effectiveness will require a comparison of the intended goals, outcomes, and outputs with the actual achievements in terms of results.

Sustainability: The continuation of benefits after termination of a programme or project intervention.

Strategic Purchasing: It involves actively identifying the sets of health services to which the population is entitled; choosing the providers from whom services would be purchased; deciding how these services should be purchased, including contractual arrangements and mechanism of paying providers.

REFERENCES:

Republic of Kenya. The Constitution of Kenya. Kenya; 2010.

The Health Services Act, 2017.

The National Economic and Social Council of Kenya. Kenya Vision 2030. Nairobi, Kenya: Government of Kenya; 2007.

United Nations General Assembly. Transforming our world: The 2030 agenda for sustainable development. https://sustainabledevelopment.un.org/content/documents/7891Transforming%20Our%20World. pdf. 2015.

Barasa E, Nguhiu P, McIntyre D. Measuring progress towards Sustainable Development Goal 3.8 on universal health coverage in Kenya. BMJ Glob Heal [Internet]. 2018 Jun 1;3(3): e000904. Available from: http://gh.bmj.com/content/3/3/e000904.abstract

Ministry of Health [Kenya]. Kenya Health Policy 2014-2030: Towards attaining the highest standard of health. Nairobi, Kenya: Ministry of Health [Kenya]; 2014.

Ministry of Health Kenya, Kenya M of H. Kenya Health Sector Strategic and Investment Plan: Transforming Health: Accelerating Attainment of Universal Health Coverage. Nairobi, Kenya: Ministry of Health, Kenya; 2014.

Ministry of Health Kenya, Ministry of Health Kenya. Health Sector Human Resources Strategy 2014-2018. Nairobi, Kenya: Ministry of Health Kenya, 2014.

Ministry of Health [Kenya]. Mini-Service Availability and Readiness Assessment: 2016 Survey Report. Nairobi, Kenya: Ministry of Health, Republic of Kenya; 2017.

Ministry of Health [Kenya]. Kenya Service Availability and Readiness Assessment Mapping (SARAM) Report. Nairobi, Kenya; 2013.

Ministry of Health Kenya. Kenya Health Workforce Report: The Status of Healthcare Professionals in Kenya. Nairobi, Kenya; 2015.

Mulaki A, Muchiri S. Kenya Health System Assessment. Washington DC; 2019.Ministry of Health Kenya. Kenya National Health Accounts FY 2015/16. Nairobi, Kenya; 2017.

Kenya National Bureau of Statistics, Ministry of Health [Kenya], National AIDS Control Council [Kenya], Kenya Medical Research Institute, National Council for Population and Development [Kenya], ICF International. Kenya Demographic and Health Survey 2021 & 2022. Nairobi, Kenya.

The Bungoma County Integrated Development Plan (CIDP 2023-2027).

The Universal Health Coverage (UHC) Policy 2020-2030

References from Selected County Government Legislation on Health Services:

The Kakamega County Health Services Act, 2022 & Kakamega County Health Services Fund (KCHSF) 2023

Kilifi County Health Services Improvement Fund Act, 2026

The Nakuru County Public Health and Sanitation Act, 2017

West Pokot Health Services Act, 2017

Elgeyo Marakwet County Public Health Act, 2017

Makueni Health Services Act. No 5 of 2017

The Turkana Community Health Services Act No. 5 of 2018

The Nyeri County Health Services Act, 2015

The Kisumu County Health Services Act, 2019

Homa Bay County Health Services Act, 2020

Lamu County Maternal, newborn and Child Health Bill, 2016

The City County Community Health Services Act, 2019

Global and National Policy and Legal Instruments Reviewed by the Taskforce:

Sustainable Development Goal Number Three (SDG 3)

World Health Organization Standards and Norms in Health Care and Sanitation

Kenya's Vision 2030

County Governments Act, 2012

Public Finance Management Act, 2012

Inter-governmental Relations Act, 2012

Kenya Health Sector Policy, 2020-2030

Universal Health Coverage Policy, 2020-2030

The Big Four Agenda

Bottom Up Economic Transformational Agenda (BETA)

High Court of Kenya Judgment in the consolidated Petition No. 85 of 2018 delivered on 22 September 2021

The Report of the County Assembly of Bungoma Joint Committee on Justice, Cohesion, Legal affairs, Health and Sanitation on the Petitions by Kenya National Union of Nurses (KNUN), Kenya National Union of Medical Laboratory Officers (KNUMLO) and Kenya Union of Clinical Officers (KUCO)

Food, Drugs and Chemicals Act, Cap 254 of the Laws of Kenya

Public Health Act, Cap 242 of the Laws of Kenya, Revised Edition 2012

The County Integrated Development Plan for the period of 2023-2027

Memorandums submitted by unions and different stakeholders in health and sanitation sector.

GAZETTE NOTICE NO……..

The Constitution of Kenya

The County Governments Act (No. 17 of 2012)

County Government of Bungoma

Task Force on Review and Amendment of Bungoma County Health Services Act 2019

APPOINTMENT

NOTICE is given to the general public that in exercise of powers conferred by Article 179 of the Constitution of Kenya, 2010 and sections 30 and 31 of the County Government Act, **H.E Hon Kenneth Makelo Lusaka, Governor of Bungoma County**, hereby appoints a task force to undertake a comprehensive review and amendment of the Bungoma County Health Services Act 2019. The task force shall be composed as follows;

MEMBERS

1. Barasa Kundu Nyukuri	-	Chairperson
2. Stephen Yambi	-	Member
3. Amos Makokha	-	Member
4. Ezekiel Odeo	-	Member
5. Mukenya John	-	Member
6. Albert Simiyu Wamalwa	-	Member
7. Phelgona K. Odipo	-	Member
8. Leonard Momos Juma	-	Member
9. Erick Nakhurenya	-	Member
10. Dr. Sylvester Simiyu Mutoro	-	Member
11. Sella Mutsotso	-	Member
12. Ecerlyne Namalwa Wambulwa	-	Member
13. Purity Kafuna Masinde	-	Member

TERMS OF REFERENCE

a. Carry out a comprehensive review of the Bungoma County Health Services Act, 2019 in terms of its operationalization, achievements in attaining the Health & Sanitation Sector Goals and Departmental Objectives, especially with guaranteeing adequate and highest attainable standards of health care services to the residents of Bungoma, its environs and the Country at large;

b. Convene public participation and stakeholder consultative sessions with various stakeholders with the view of harnessing information, contribution and input to the review and amendment of the Bungoma County Health Services Act 2019;

c. Review & Standardize user fees chargeable in County Health Facilities

d. Review the petitions and memorandums submitted by the Unions and other Stakeholders to the County Assembly of Bungoma together with reports of the departmental committee(s) on the said Act;

e. Identify gaps and challenges affecting the implementation and operationalization of the Bungoma County Health Services Act 2019.

f. Identify existing knowledge, skills and capacity gaps among the departmental staff, health management and health workers in terms of health corporate governance and management of health systems and units within the framework of the Bungoma County Health Services Act 2019;

g. Review the organogram of the Department with a view of making proposals for amending and/or strengthening the existing management and implementation structures under the Bungoma County Health Services Act 2019;

h. Identify and evaluate the effectiveness or otherwise of the current health management structure and systems in terms of public and stakeholders' participation, involvement and consultation in decision making and implementation of programme and project activities in the County Department of Health & Sanitation;

i. Identify and review the effectiveness or otherwise of the existing mechanisms, systems and procedures for prudent resource/financial management, transparency, accountability and disclosure to the stakeholders in the health and sanitation sector;

j. Identify and review the role, relationship and effectiveness of the collaboration national government and the County Government of Bungoma in the promotion and provisional of adequate and quality health care services, including attainment of Universal Health Care as stipulated in the Bungoma County Health Services Act 2019

k. Identify major constraints/barriers hindering effective career development and optimum performance of health workers in the County;

l. Make appropriate legal, policy and administrative proposals/amendments to improve the content and quality of the Bungoma County Health Services Act and its effective operation in the Health & Sanitation Sector;

m. Make overall and specific recommendations for effectiveness and efficiency in the Bungoma County Health Services Act;

n. Develop an appropriate implementation plan in a matrix format geared towards effective and efficient operationalization and implementation of the amended Bungoma County Services Act and Regulations.

o. Prepare and submit the final Report in hard and softy copy to the appointing authority through the CECM- Health and Sanitation within a period of Twenty (20) days from the date of Gazettement of the Task force.

In performance of its functions, the Taskforce:

a.) Shall hold such number of meetings at such places and such times and review all documents that are required as the Taskforce may consider necessary for the proper discharge of its mandate;

(b) Shall have access to any documents and reports of relevance to its mandate;

(c) Subject to the foregoing, the Taskforce shall have all the independence necessary for carrying out its function or expedient for the proper execution of its mandate.

(e) The Taskforce may summon any current or former member of staff of the County or any person to provide any given information that would help the Taskforce in its work.

(f) The Taskforce may co-opt any person whose knowledge, skills or competencies may be necessary to facilitate its work.

The Secretariate

The Taskforce shall be assisted by a Secretariate which will be based at the office of the CECM Health & Sanitation, County Government Headquarters and shall be responsible to the Taskforce for:

(a) Preparing the Task Force's report's and disseminating any information deemed relevant to the Taskforce;

(b) Co-ordinating the provision of all documents required to facilitate the work of the Taskforce from the relevant departments;

(c) Liaising with the relevant National and County Government Departments and any other institution in order to gather relevant information necessary for the Taskforce.

(d) Providing logistical support including vehicles and meeting venues.

Tenure

The assignment shall take twenty(20) days commencing the date of this gazette notice but the same may be with justifiable reason be extended for such other period as it may be considered necessary.

Remuneration

The remuneration of members of the Taskforce, Secretariat and support staff shall be as per the applicable Salaries and Remuneration Commission's guidelines contained in the relevant Circulars.

Dated this…6th day of…JULY .. 2023

H. E. Rt. Hon. KENNETH MAKELO LUSAKA, EGH

GOVERNOR - BUNGOMA COUNTY

REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BUNGOMA
MINISTRY OF HEALTH
OFFICE OF THE COUNTY EXECUTIVE
COMMITTEE MEMBER

Telephone: 055-30343
Cell Phone: 0725393939
E-mail: health@bungoma.go.ke
Our Ref: CG/BGM/MOH/CEC/MEETING/VOL.2(42)

County Executive Offices
Fifth Floor
P.O. BOX 437, BUNGOMA
8th August, 2023

TO:
BARASA NYUKURI
THE CHAIRPERSON
HEALTH & SANITATION TASKFORCE

RE: INVITATION TO INCEPTION MEETING

The above subject matter refers.

This is to invite you to an inception meeting of the Task Force for the Review and Amendment of Bungoma County Health Services Act 2019 on Friday 11th August, 2023 at Glamour Hotel in Webuye starting at 9:00 a.m.

The event will be presided over by H.E Rt. Hon Kenneth Makelo Lusaka, Governor Bungoma County.

Kindly keep time.

COUNTY EXECUTIVE MEMBER
FOR HEALTH
BUNGOMA COUNTY
P. O. Box 437-50200, BUNGOMA

DR. ANDREW WAMALWA
CECM – HEALTH AND SANITATION

GROUND RULES AND RESPONSIBILITIES FOR THE HEALTH AND SANITATION TASKFORCE:

GROUND RULES:

The Health and Sanitation Task Force will be governed based on a set of ground rules that form the basis for the respectful interaction of all stakeholders involved in this process.

1. All of the Task Force meetings and sessions will occur during regular business Hours between 8.30 AM and 4PM. Any unwarranted absentism and/or lateness will not be tolerated.

2. All members must respect the authority and direction of the Chairperson.

3. All input from all members in the process is valued and considered.

4. All members must come to the process with an open mind and participate openly and honestly.

5. All members in the process must treat each other with respect and dignity.

6. All decisions made by by the Taskforce must be arrived at in a clear and transparent manner and solely by consensus.

7. The communication for and on behalf of the Taskforce shall be by the Chairperson in consultation with the members.

8. Each member should be given audience and his or her input duly considered by the plenary of the Taskforce under the direction of the Chairperson.

9. All members should maintain confidentiality of the information accessed by the Taskforce.

10. Minutes of the Task Force meetings will be maintained by the Joint Secretariat and will be posted on the Health and Sanitation Wall for deliberation before adoption and signing during the next physical meeting.

11. Progress made at Task Force meetings will not be revisited for absent members at subsequent meetings, unless this is required based on new and relevant information as determined by the simple majority of the members or direction from the Chairperson.

12. A member of the Taskforce may be replaced by the appointing authority on the recommendations of the majority of the members through the Chairperson, if s/he is deemed unable to fulfill the duties as a member.

13. All members should exercise restraint in discussing matters pertaining the Taskforce with persons that have no part to its work until the final report is adopted by the Taskforce and duly made public by the appointing authority.

The responsibilities of the Health and Sanitation Task Force members include:

- ✓ Committing to attending all scheduled physical and virtual meetings to the extent possible, and participating in discussions and activities. Any member who fail to attend three (3) consecutive sessions of the Taskforce shall be deemed to have absconded his or her duties.

- ✓ The agenda of the Taskforce shall be proposed by any member and subjected to deliberation by all other members, where adoption is by consensus under the guidance of the Chairperson or in his absence the Vice Chairperson or any member selected and endorsed by the majority of the members.

- ✓ Participating openly and honestly, respecting the opinions of all Taskforce members.

- ✓ Working with other members to implement the Terms of Reference of the Taskforce.

- ✓ Maintaining discipline and integrity in public and private engagements and not to put the Taskforce to disrepute.

- ✓ All members should work collaboratively and cooperatively to internalize and fulfill the Terms of Reference for the Health and Sanitation Taskforce.

- ✓ All materials and documents generated by the Taskforce shall after completion be handed to the Bungoma County Department of Health and Sanitation for safe custody for a period of at least six years.

Name of the Proposer for adoption .....Leonard Momos Juma.....

Name of the Seconder for Adoption.....Everlyne Namalwa Wambulwa...Inamalwa.....

August
Dated .....21... Day of.....August..... Month 2023 at Bungoma

SIGNED BY:

Barasa K. Nyukuri

Chairperson of the Health & Sanitation Taskforce

TASK FORCE PROPOSED WORKPLAN ON 21ST AUGUST 2023

The **taskforce deliberated on the ground rules and responsibilities** that were duly adopted.

The **taskforce reviewed the work plan** as discussed in the inception meeting as follows:

The Taskforce agreed on the following health facilities:

Sub-counties	Level 5	Level 4	Level 3	Level 2	Level 1
Bumula		Bumula	Kabula	Miluki	
Cheptais		Cheptsais			
Kabuchai		Chwele	Nalondo	Lukhome	
Kanduyi	BCRH		Mechimeru	Musikoma	Mechimeru
Kimilili				Bahai	
Mt. Elgon				Kaborom	
Sirisia			Malakisi	Kikai	
Tongaren		Naitiri	Tongaren		
Webuye East			Siniko	Miu	
Webuye West				-Miendo -Kakimanyi	

N/B The Taskforce agreed to cover all level ones within the facilities that will be visited.

STAKEHOLDER ENGAGEMENT

The CECM, County Director Health, Chief officer, Public health, Director sanitation, County Director of veterinary services, person incharge of sanitation, cemetery ..Refer directly to the forth schedule and the CPSB.

MEMBERS OF THE UNIONS - Focus on the five unions: KMPDU, GUCO, Laboratory technicians, KNUN, health professional society and KUCO.

CIVIL SOCIETY, OTHER NON-STATE ACTORS and opinion leaders like teachers

RMNCAH, HENNET, ADS,CJPD, NCCK, BCCRN, Disability empowerment network, AOET

PRIVATE SECTOR PLAYERS- Private health facilities, pharmacies, financial institutions, Safaricom, supermarkets etc

LEADERSHIP- LOCAL ADMINISTRATION. This level should be infused during field visits. Involve the area MCA.

N/S	ACTIVITY	WEEK 1(11th August)	WEEK 1 13th August-18th August, 2023)	WEEK 2 (21st - 25th August, 2023)	WEEK 3 (28th -1st September, 2023)	WEEK 4 (4th September- 8th September, 2023
1	Inception	✓				
2	Formulation of tools and Literature review		✓			
3	Stakeholder and public engagement			✓	✓	
4	Collection, collation and data analysis				✓	
5	Report Writing					✓
6	Peer review and submission					✓

REVIEW AND AMENDMENT TOOL FOR THE BUNGOMA COUNTY HEALTH SERVICES ACT, 2019

BY HEALTH AND SANITATION TASKFORCE

Introduction

This Tool was designed and adopted by the Plenary of the Taskforce on **11th August 2023** for the purpose of reviewing and making proposals for amendment of the Bungoma County Health Services Act No. 5 of 2019

A Matrix Format of the Tool

PART	PAGE NO.	SECTION	SHORT TITLE/ CITATION	CURRENT PROVISION IN THE BCHS ACT, NO. 5 OF 2019	IDENTIFIED GAP(S) IN THE SAID ACT	SPECIFIC PROPOSED AMENDMENT(S)	JUSTIFICATION FOR THE SAID AMENDMENT(S)
	0	Cover Page	**BUNGOMA COUNTY HEALTH SERVICES ACT, 2019**	Bungoma County Health Services Act, 2019	The tittle does not cover the sanitation component	Bungoma County Health and Sanitation Amendment Bill, 2023.	This is in compliance with Article 43.1(b) and Part 2-2 of the Fourth Schedule of the Constitution of Kenya, 2010.
	3			THE BUNGOMA COUNTY HEALTH SERVICES ACT, 2019 AN ACT of County Assembly of Bungoma to provide for implementation of Section 2 of Part 2 of the Fourth Schedule to the Constitution on County health services and for connected purposes	i. The description of the Act does not cover the Sanitation component ii. The description of the Act does not provide for the implementation of Article 43.1(b) as read together with Clause 2 of Part 2 of the Fourth Schedule to the Constitution of Kenya 2010.	i. An Amendment Bill of the County Assembly of Bungoma to provide for the implementation of Article 43.1(b) and Clause 2 of Part 2 of the Fourth Schedule to the Constitution of Kenya 2010 on County Health and Sanitation and for connected purposes. To be ENACTED by the County Assembly of Bungoma as follows :-	This is in compliance with Article 43.1(b) and Part 2-2 of the Fourth Schedule of the Constitution of Kenya, 2010.

I	3	2	PRELIMINARY	"Chief Officer" means the Chief Officer responsible for County Health Services;	Inadequate definition of a Chief Officer	**Amend to read as** **"means ~~the Chief Officer responsible for County Health and Sanitation as defined in Section 45 of the County Government Act No. 17 of 2012~~"** We propose to have 2 chief officers 1. Chief officer responsible for Secondary health care (Hospital services) 2. Chief officer responsible for Primary health care	This is to comply with Section 45 of the County Government Act No. 17 of 2012
					The interpretation in the Act doesn't have "County Director of Health and Sanitation"	**Insert** **~~"County Director of Health and Sanitation" means the person who shall be the technical advisor on all matters of health and Sanitation in the County~~** We propose ton have 2 directors 1. Director responsible for Hospital services 2. Director responsible for Primary health care	This is in compliance with the National Health Act, 2017
					The interpretation in the Act doesn't have "Community Health Strategy"	Insert "Community Health Strategy" means ……	

				(b) health services shall be available, accessible, acceptable, affordable and of good quality and standard; (c) health rights of individuals shall be upheld, observed, promoted and protected; and (d) provision of health services shall focus on health outcomes. (e) gender and disability responsive health services. (f) The department shall adopt and operationalize a Public Private Partnership (PPP) approach.	iii) delete 'and' at the end of Section 4 (c) iv) principle of intergovernmental relations is not expressly provided for.	(b) health and sanitation services shall be available, accessible, acceptable, affordable and of good quality and of the highest attainable standards; (c) health and sanitation rights of individuals shall be upheld, observed, promoted and protected; (d) provision of health and sanitation services shall focus on health outcomes. (d) provision of health services shall focus on health and sanitation key result areas and outcomes. (e) gender and disability responsive health and sanitation services. (f) The department shall adopt and operationalize Inter-governmental and Public Private Partnership (PPP) approach.	Health Act, 2017 and the Public Health Act, Cap 242 of the Laws of Kenya. This is in sync with the Intergovernmental Relations Act, No. 2 of 2012. In compliance with Public Private Partnership Act, 2022.
II	5	Title	HEALTH SERVICES MANAGEMENT	Health Services Management	Missing Sanitation component	Rephrase the title to read as "Management of Health and Sanitation Services"	This is in compliance with Article 43.1(b) and Part 2-2 of the Fourth Schedule of the Constitution of Kenya, 2010.
	5	5 (i)		There shall be established a County Executive Department responsible for health and Sanitation, which shall be in line with the health policy guidelines for setting up a County Health	The Sanitation Policy guidelines have not been provided for.	There shall be established a County Executive Department responsible for Health and Sanitation, which shall be in line with the National Health and Sanitation Policy guidelines for setting up a County Health	The judgment by Justice Korir in the case of Pharmaceutical Society of Kenya and another V the Attorney General and 3 Others delivered on

					The interpretation in the Act doesn't have Community Health Promoters	Insert "Community Health Promoter" means a member of the community selected to serve in a community health unit.	This is in compliance with Community Health Strategy which is a key component of Primary Health Care (PHC) and Universal Health Coverage (UHC).
					The interpretation in the Act doesn't have Primary Health Care	Insert "Primary Health Care" Means the first level of contact with health system to prevent, promote, manage, monitor, report and refer common and ongoing health problems.	This is in compliance with Community Health Strategy which is a key component of Primary Health Care (PHC) and Universal Health Coverage (UHC)
						Insert ~~"Facility Improvement Fund" means~~..... We will leverage on section 109(2)(b) of the PFMA,2012. We want the CECM finance to declare monies collected from USER FEES as Appropriation-in-Aid and allow hospitals to retain their AIA at 100%	
						Insert ~~"County Health and Sanitation System" means.....~~ Overlook this	
		4		The following principles shall guide the service delivery implementation of this Act— (a) management of health services shall adopt a health systems approach as prescribed by World Health Organization;	i. The directive principle of the Constitution of Kenya, 2010 is missing. ii) The principle of Sanitation Service delivery is missing.	The following principles shall guide the service delivery enactment of this Bill – (a) management of health and sanitation services shall adopt a health and sanitation systems approach as prescribed by World Health Organization;	This is in compliance with Article 42, 43 and 46 as read together with Clause 2 of Part 2 of the Fourth Schedule of the Constitution of Kenya, 2010; as read together with Section 4 of the

				Medical Practitioners and Dentists Board; c) have at least five years' experience in management of health services.		CCOs are changed after every election. Fix a term limit for the directors (4) A person appointed as a County Director of Health and Sanitation shall— (a) be a qualified and Competent Health Practitioner registered by the relevant regulatory body; (b) have at least five years' experience in management of Health and/or Sanitation services.	
18	26			(1) The Department shall, in cooperation and collaboration with public or private sector agencies, develop and or strengthen and implement cross-sector health promotion policies and programs that—	Missing "Sanitation" component	(1) The Department shall, in cooperation and collaboration with public or private sector agencies, develop and or strengthen and implement cross-sector health ***Insert and sanitation*** promotion policies and programs that—	In compliance with the constitution and applicable laws
				(a) promote health and well-being;	Missing " Sanitation" component	(a) promote health insert "and sanitation" Delete "and well-being;"	
				(c) address inequality and wider determinants of health that are oriented towards reduction of communicable and non-communicable diseases;	Missing "sanitation" component	(c) address inequality and wider determinants of health insert "and sanitation" that are oriented towards reduction of communicable and non-communicable diseases;	
				(d) promote and enhance capacity of local communities and individuals for health promotion; and	Missing "sanitation" component	(d) promote and enhance capacity of local communities and individuals for health insert "and sanitation" promotion; and	

				System and shall in all matters be answerable to the Governor and the County Assembly subject to the provisions of the Constitution and any other applicable written law		System and shall in all matters be answerable to the Governor and the County Assembly subject to the provisions of the Constitution and any other applicable written law	22nd September 2021 declared Section 19 of the Health Act, 2017 as not compliant with the Constitution of Kenya, 2010 and was declared unconstitutional and discriminative. Section 5 (4) (a) of Bungoma County Health Services Act, No. 5 of 2019 has referenced the provisions of the Health Act, 2017.
				There shall be established the office of the County Director of Health who shall be a technical advisor on all matters of Health in the County.	Sanitation component is missing	Rephrase as "There shall be established the office of the County Director of Health and Sanitation who shall be the Principal Technical Advisor on all matters of Health in the County." Establish the office of 2 chief officers as stated above and also create offices for the 2 directors	This serves to lay emphasis on the substantive role of the office of the County Director of Health and Sanitation for effective and efficient coordination.
				The County Director of Health shall be recruited through a competitive process in conformity with the rules and regulations set from time to time by the County Public Service Board. (4) A person appointed as a County Director of Health shall— (a) be a medical practitioner registered by the	i) Sanitation component is missing	Rephrase as "The County Director of Health and Sanitation shall be recruited through a competitive process in conformity with the rules and regulations set from time to time by the County Public Service Board." Directors are sought internally from the existing staff establishment for the purposes of continuity and institutional memory. Remember that CECMS and	

				27. (1) Community units, Dispensaries and Health Centres shall be the basic units of primary health care.		27. (1) Community insert "Health" units. Dispensaries and Health Centres shall be the basic units of primary health care.	
19	27			27. (1) (a) The Department shall develop and coordinate implementation of primary health care policies and programs as prescribed by the national policy.	Missing the input of the "county in the formulation of relevant policies"	27. (1) (a) The Department shall develop and coordinate implementation of primary health care policies and programs as prescribed by the national insert "and county governments Delete "policy."	In order to reduce over reliance on national Health policies There is need to domesticate, customize and implement national Health and Sanitation policies
19	28			(1) The Executive Member shall within six months after the commencement of this Act, prepare and submit to the County Executive Committee, a health statement providing for the magnitude of—		(1) The Executive Member insert "in charge of Health and Sanitation" shall within six months after the commencement of this Act, prepare and submit to the County Executive Committee, a health statement providing for the magnitude of—of what benefit!! I suggest that the CECM health and sanitation will cause the preparation and submission of the annual situation analysis for health in the department. This will inform the priority areas in the subsequent budget and Annual Development Plan.	

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				(e) Support and enhance partnerships	Missing "Health and sanitation" component	(e) Support and enhance insert "Health and sanitation" partnerships	In compliance with the constitution and applicable laws
				2 (a) conduct an assessment of the extent to which other county policies integrate and support health promotion; and	Missing ""Sanitation component	(a) conduct an assessment of the extent to which other county policies integrate and support health insert "and sanitation" promotion; and	In compliance with the constitution and applicable laws
				(b) prepare a report of the assessment conducted under paragraph (a) and shall submit the report to the Executive Member for transmission to the County Executive Committee for consideration.	Missing "sanitation" component	(b) prepare a report of the assessment conducted under paragraph (a) and shall submit the report to the Executive Member Delete "for" insert "in charge of Health and sanitation" transmission to the County Executive Committee for consideration.	In compliance with the constitution and applicable laws
				(3) The County Executive Committee shall establish an Inter-governmental and inter- departmental Committee(s) for coordinating development and implementation of cross-sector health promotion policies stipulated under this section.	Missing the "sanitation" component	(3) The County Executive Committee shall establish Delete "an" Inter-governmental and inter- departmental Committee(s) for coordinating development and implementation of cross-sector health insert "sanitation" promotion policies stipulated under this section.	In compliance with the constitution and applicable laws
				(5) In each year, the Department shall prepare a report of the assessment conducted under subsection (2) and shall submit the report to the Executive Member for transmission to the County Executive Committee for consideration.	Missing "Health and sanitation" component	(5) In each year, the Department shall prepare a report of the assessment conducted under subsection (2) and shall submit the report to the Executive Member insert "in charge of Health and sanitation" for transmission to the County Executive Committee for consideration.	For compliance with the constitution and applicable laws

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19	28				Health and sanitation Referral System and Strategy not provided for	Insert New Section 29 Health and Sanitation Referral System (1) The Department shall establish an effective and efficient health and sanitation referral system with four main dimensions namely;Client-Movement, Expert-Movement, Specimen-Movement and Client-Parameters Movement. (2) The objectives of the health and sanitation referral system include to: (a) increase access to and utilization of referral services in Kenya; (b)improve service provider's capacity to offer services and appropriately refer at each level of the health care system; (b)enhance the system's ability to transfer clients, specimens, services, and client parameters between the different levels of the health care system; (c)improve performance monitoring of the referral system to ensure efficient management of the referral system across the country; (b) provide evidence-based quality emergency health services regardless of the ability to pay. (3) The Executive Committee Member shall formulate regulations to operationalize the four dimensions of the Referral	In compliance with the constitution, County Governments Act and the Public Finance Management Act
			Community Health Volunteers (CHVs)		Community Health and Sanitation Promoters not provided for		

						System across all the Health and Sanitation facilities and levels. Insert New Section 30 Community Health and Sanitation Providers (CHPs) (1) There shall be established the cadre of Community Health and Sanitation Promoters attached to each community Health and Sanitation facility. (2) The roles and responsibilities of the Community Health and Sanitation Promoters shall include ; (a) Co-ordination of all health and sanitation interventions in the community within their areas of operation (b) Mobilization, sensitization and promotion of health and sanitation services in the community in consultation with the Community Health and Sanitation Management Team (c) Carry out simple and preliminary tests on illness as pressure and diabetes (d) Work with the health and sanitation workers in level two, three, four and five in promoting primary health care and	

						expanding the universal health coverage in their respective communities; (e) Engaging in health and sanitation advocacy for immunization and vaccination of vulnerable persons in their communities; (f)The Executive Committee Member shall formulate Regulations to govern the operation , functions , performance and management of Community Health and Sanitation Providers	
PART 1V HEALTH PLANNING AND MANAGEMENT **PROPOSED TITLE " HEALTH AND SANITATION PLANNING AND MANAGEMENT"**							
20	29			(1) In accordance with the County Governments Act, 2012, the Department shall prepare a ten-year health plan which shall provide among others for—	Missing "Sanitation" component	(1) In accordance with the County Governments Act, 2012, the Department shall prepare a ten-year Health insert "Sanitation" Plan which shall provide among others for—	
				(a) investment in physical infrastructure in the county health units;	Missing "sanitation" component	(a) investment in physical infrastructure in the county health insert "Sanitation" units;	In compliance with the constitution and applicable laws
				(b) human resource strategy and development;	Missing "Management" as a health component	(b) human resource strategy, insert "Management" and development;	
				(c) strategies for controlling key risk factors including tobacco use and alcohol abuse;		(c) strategies for controlling key risk factors including insert "drug and substance abuse"	

						Delete "tobacco use and alcohol abuse;	
				(d) specific and targeted strategies for controlling and mitigating the impact of communicable and non-communicable diseases and conditions as well as injuries prevention;		(d) Rephrase "specific and targeted strategies for preventing, controlling and mitigating the impact of communicable and non-communicable diseases and conditions including injuries.'	
				(e) implementation of national policies at the county level;		(e) implementation of national insert "and county" policies. Delete "at the county level;"	
				(f) strategies for health promotion as stipulated under Section 26;	Missing "Sanitation" component	(f) strategies for health insert " and sanitation" promotion as stipulated under Section 26;	In compliance with the constitution and applicable laws
				(g) strategies for community engagement and action; and		(g) strategies for community engagement and action. Delete ; and	
				(2) The Health Plan may provide for specific targeted interventions based on the Sub-County, Ward or Villages as may be appropriate.	Missing the "Sanitation" component Providing express obligation for specific and targeted interventions	(2) The Health insert "and sanitation" Plan insert "shall" Delete "may" provide for specific targeted interventions based on the Sub-County, Ward or Villages as may be appropriate.	
				(4) The Health Plan shall upon adoption by the County Executive Committee be approved by the County Assembly.	Missing the "Sanitation" component	(4) The Health insert "and sanitation" Plan shall upon adoption by the County Executive Committee be approved by the County Assembly.	

				(a) The County Director of Health who shall be the Chairperson; (b) One Deputy Director (c) Heads of Divisions (d) The Administrative Officer of the Department who shall be the secretary		(3) The organogram of the Health and Sanitation department and its staff establishment shall be formulated by the leadership of the department subject to approval by the County Public service Board (4) The top leadership of the department shall be composed of; County Executive committee member; 2 chief officer(s); 2 County Director of Health and Sanitation; two deputy county Directors in charge of primary and secondary healthcare and County coordinators of health and Sanitation programmes (5) The cemeteries, funeral parlors and crematoria shall operate as semi-autonomous facilities under the Chief officer(s) (6) The County Executive Committee Member shall formulate regulations to operationalize 32.(5)	
IV	21	32	COUNTY HEALTH MANAGEMENT TEAM	(1) There is established the County Health Management Team.	Missing "Sanitation"	Insert Section 33 (1) There insert "shall be" Delete "is" established a County Health insert "and Sanitation" Management Team.	

20	30			(1) Each county health unit established under Section 8 shall be a planning unit.	Missing the "Sanitation" component	(1) Each county health insert "and sanitation" unit established under Section 8 shall be a planning unit.	
				(2) Each planning unit shall— (2) Each planning unit shall— (c) implement county health policies and programs at the respective level		(2) Each planning unit shall— (c) implement county health insert "sanitation" policies and programs at the respective level	
21	31			31. (1) The Executive Member shall upon approval by the County Executive Committee, establish specialized health units.		31. (1) The Executive Member shall upon approval by the County Executive Committee, establish specialized health insert "and sanitation" units.	
						Insert 31 (3). To read "The Executive Member shall formulate regulations for the implementation of this section.	For enforcement and compliance
21	32		Title	County Health Management Team		LEADERSHIP AND ORGANIZATION STRUCTURE	This is a new re-organization of the departmental leadership and governance structure in order to enhance efficiency in service delivery
				(1) There is established the County Health Management Team.	Missing "leadership and organization"	(1)There shall be established a Health and Sanitation leadership and organization	To enhance effective coordination, operation and management
				(2) The health management team shall consist of—		(2) The health insert "and sanitation" management team shall have two levels of service delivery; primary healthcare and secondary healthcare	

				(3) The County Health Management team shall be responsible for— (a) coordinating implementation of this Act and other health policies in the County; (b) providing supervision and support to the management of the county health units and the sub county health management teams; (c) exercising disciplinary measures over health personnel working in the county as may be prescribed under Sub-Section (7); (d) reviewing and monitoring the implementation of this Act and advising the Department on appropriate measures to be adopted for effective implementation of this Act (e) facilitating county health units in the Sub County to comply with the established standards in accordance with Section 17; and (f) carrying out any other function as may be assigned by the Executive Member.		(3) The County Health insert "and sanitation" Management team shall be responsible for— (a) coordinating implementation of this Act and other health insert "and sanitation" policies in the County; (b) providing supervision and support to the management of the county health insert "and sanitation facilities" Delete "units" and the sub county health insert "and sanitation" management teams; (c) exercising disciplinary measures over health insert "sanitation" Personnel working in the county. Delete "as may be prescribed under Sub-Section (7):" (d) reviewing and monitoring the implementation of this Act and advising the Department on appropriate measures to be adopted for effective implementation. Delete" of this Act" (e) insert "supporting" Delete "facilitating" county health insert "and sanitation facilities" Delete "units" in the Sub County to comply with the established standards insert a coma. Delete" in accordance with Section 17; and"	

				(2) The health management team shall consist of— (a) The County Director of Health who shall be the Chairperson; (b) One Deputy Director (c) Heads of Divisions (d) The Administrative Officer of the Department who shall be the secretary		(2) The health insert "Sanitation" management team shall consist of— (a) The County Director of Health insert "Sanitation" who shall be the Chairperson; (b) Insert "Two" Delete "one" Deputy insert "County" Director insert "s" (c) Delete "Heads of Divisions" insert "County Health and Sanitation programme coordinators" (d) The County Health and Sanitation Administrative Officer of the Department who shall be the Secretary. (e)In constituting the County Health and Sanitation Management Team, the Executive Committee Member shall adhere to the Directive Principle in Article 27(8) of the Constitution, which stipulates not more two third of the same gender in any elective and/or appointive positions of any state organ, agency, institution or structure. (f) Insert The CECM in charge of Health and Sanitation shall formulate regulations to guide the creation of programmes, the process of filing the positions and term limits for the office bearers.	

						Sub County Health and sanitation Management Team.	
				(2) The sub county health management team shall consist of— (a) the Sub-County Medical Officer of Health who shall be the Chairperson (MOH); (b) Heads of divisions (c) the Sub County Health Administrative Officer who shall be the secretary;		(2) The sub county health and Sanitation management team shall consist of— (a) the Sub-County Health and Sanitation Officer who shall be the Chairperson (HSO); (b) Sub county programme officers (c) the Sub County Health and Sanitation Administrative Officer who shall be the Secretary;	
				(3) The Sub County Health Management Team shall perform the delegated functions and be responsible for— (a) coordinating implementation of this Act other health policies in the Sub County; (b) providing supervision and support to the management of the County health units in the Sub County; (c) reviewing and monitoring the implementation of this Act; (d) advising the Department on appropriate measures to be adopted for effective implementation of this		(3) The Sub County Health and Sanitation Management Team shall perform the delegated functions and be responsible for— (a) coordinating implementation of this Act and other health and Sanitation policies in the Sub County; (b) providing supervision and support to the management of the County health and Sanitation facilities in the Sub County; (c) reviewing and monitoring the implementation of this Act at the Sub County; (d) advising the County Health and Sanitation and Management Team on appropriate measures	

						(f) carrying out any other function as may be assigned by the Executive Member.	
				(4) The County Health Management Team shall convene at least one quarterly meeting with the sub county health management team		(4) The County Health insert "and sanitation" Management Team shall convene at least one quarterly meeting with the sub county health insert "and sanitation" management team insert "s"	
				(5) The County Health Management Team shall prepare and submit quarterly report of its operations to the Department, which shall inform the preparation of the reports under Section 42.		(5) The County Health insert "and Sanitation" Management Team shall prepare and submit quarterly report insert "s" of its operations to the insert "Chief Officer(s) Delete "Department" , which shall inform the preparation of the reports insert "to the County Executive Committee and the County assembly for consideration." Delete " under Section 42."	
				(6)The Executive Member shall, in consultation with the County Health Management Team prescribe guidelines for governing operations of the County Health Management Team		(6)The Executive Member shall, in consultation with the County Health insert "and sanitation" Management Team prescribe guidelines for insert "its" Delete "governing" operations insert a full stop. Delete "of the County Health" Management Team"	
	22/23	33	Sub County Health Management Team	(1) There is established in each Sub County, the Sub County Health Management Team.	Sub county Health and Sanitation Management Team is not clearly stipulated in the current Act	Insert section 34 Sub County Health and Sanitation Management Team (1) There is established in each Sub County, the	In order to enhance effectiveness and efficiency inn the management of health and sanitation at the sub county

				Act; (e) Exercising disciplinary measures over health personnel working in the sub county as may be prescribed under Subsection (7); (f) carrying out needs and capacity assessment for County Health Units in consultation with the County Health Management Team, facilitating capacity building of health personnel at the Sub County level; (g) facilitating County Health Units in the Sub County to comply with the established standards in accordance with Section 17; and (h) carrying out any other function as may be assigned by the Executive Committee Member.		to be adopted for effective implementation of this Act; (e) Exercising disciplinary measures over health and Sanitation personnel working in the sub county as may be prescribed by regulations; (f) carrying out needs and capacity assessment for County Health and Sanitation facilities in consultation with the County Health and Sanitation Management Team. (g) facilitating capacity building and training of health and Sanitation personnel at the Sub County level; (h) Supporting Sub County Health and Sanitation facilities to comply with the established national and County standards. (i) carrying out any other function as may be assigned by the Executive Committee Member.	

				(4) The Sub County Health Management Team shall prepare and submit quarterly reports of its operations to the County Health Management Team.	Sanitation component is not provided for in the current Act	(4) The Sub County Health and Sanitation Management Team shall prepare and submit quarterly reports of its operations to the County Health and Sanitation Management Team. (5)In constituting the Sub County Health and Sanitation Management Team, the Executive Committee Member shall adhere to the Directive Principle in Article 27(8) of the Constitution, which stipulates not more two third of the same gender in any elective and/or appointive positions of any state organ, agency, institution or structure.	In order to enhance effectiveness and efficiency inn the management of health and sanitation at the sub county
				(5) The Executive Member shall in consultation with the County Health Management Team and the Sub County Health Management Team prescribe guidelines for governing operations of the Sub County Health Management Team.		(6) The Executive Committee Member in consultation with the County Health and Sanitation Management Team and the Sub County Health and Sanitation Management Team prescribe guidelines for its operations.	To provide for effective management of health and sanitation at the sub county
				(6) The Sub County Health Management Team shall meet at least once every month		(7) The Sub County Health and Sanitation Management Team shall meet at least once every month and as need may arise.	
					There is no provision for the Ward Health and Sanitation Management Team in the current Act	Insert Section 35 Ward Health and Sanitation Management Team (1) There is established in each Ward, the	To provide for effective management of health and sanitation at the Ward

						Ward Health and sanitation Management Team.	
						(2) The Ward health and Sanitation management team shall consist of— (a) the Ward Health and Sanitation Officer who shall be the Chairperson (WHSO); (b) Ward Health and Sanitation programme In-charge (WHSPI) (c) the Ward Health and Sanitation Administrative Officer who shall be the Secretary;	
						(3) The Ward Health and Sanitation Management Team shall perform the delegated functions and be responsible for— (a) coordinating implementation of this Act and other health and Sanitation policies in the Ward; (b) providing supervision and support to the management of the health and Sanitation facilities in the Ward; (c) reviewing and monitoring the implementation of this Act at the Ward; (d) advising the Sub County Health and Sanitation and Management Team on appropriate measures	

REPUBLIC OF KENYA
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ATTENDANCE LIST

DATE: 13/10/23 VENUE: KAPSOKWONYI SUB COUNTY HOSPITAL

ACTIVITY: HEALTH & SANITATION TASKFORCE HEARING SESSION

NO.	NAME	DESIGNATION	ID/NO	AGE (YEARS)	GENDER	STATION	PHONE NUMBER	SIGN
1.	MARTIN SIMIYU	Clerical HB	10531926	53	Male	Kapsokwony	0722866783	
2.	Dr. Brian Imiina.	Medsupt	27268764	35.	Male.	Kapsokwony	0713168055	
3.	Zadock MWongo	SCA	5614792	57	M	Kapsokwony	0727448384	
4.	Cheshari Kimtai	Member BGM	6082590	60	Male	Kapsokwony	0712590697	
5.	Geoffrey Masuki	Board Member	8017721	57	Male	Kapsokwony	0720479578	
6.	Teresa Naibei	HAO	11787165	50	Female	Kapsokwony	0721746290	
7.	LUCY T. NDIEMA	SENIOR CHIEF	8319940	55	Female	Kapsokwony	0701078362	
8.	Robert Rodenyo	Program Officer	21791988	45	Male	Mt Elgon	0720473032	
9.	Miriam Wegesa	SCPHN	2225806	58	Female	Mt. Elgon	0728975574	
10.	RUTH CHEROP	SCHN	22268061	42	female	mt Elgon	0704761659	
11	HILARY S. KAKAI	SCCO	21797793	43	MALE	MT. ELGON	0703641665	

NO.	NAME	DESIGNATION	ID/NO	AGE (YEARS)	GENDER	STATION	PHONE NUMBER	SIGN
10.	SIKUKU KWENY.	RCO I	25867823	38	Male	MT ELGON SCH	0701174807	
11.	RWANGELWINE BARASA	KRPON	13717560	48	F	MT ELGON SCH	0710807754	
12.	JOHN KHAMATMILI MUKUTU	RCO CCC I/C	22776268	43	M	MT. ELGON SCH	0723939869	
13.	NDUCATI HUSSA	SCPHO	20688891	43	F	MT. ELGON SC	0701692351	
14.	JACKLYNE NASIBAI	SCRHC	13644364	51	F	MT. ELGON SC	0714923055	
15.	DORCAS KINJO	NO I/C	11018901	52	F	MT. ELGON SCH	0711354954	
16.	MALINGA DANIEL	HRM	22391679	41	M	MT. ELGON SCH	0722537661	
17.	NOEL NDALILA	HRIO	29947667	32	F	MT. ELGON S/C	0710554338	
18.	RAEL KURUI	SCHRIO	8779104	55	F	MT ELGON	0721461120	
19.	SELLY MUSANG	BOARD MEMBER	13650458	46	F	MT. ELGON	0716054951	
20.	JUDITH CHEBET	NO	13650672	47	F	MT ELGON	0720129574	
21.	SYLVIA CHEPKURUI	MLT	13668102	47	F	MT ELGON	0721316708	
22.	ELINILE NAIBEI	NO	13650599	49	F	MT ELGON	0723330746	
23.	LILIAN MUSASIA	SCMLC	22011609	43	F	MT. ELGON	0726484257	
24.	KWEMOI ISAAC	MET	31984129	29	M	MT. ELGON	0725795740	
25.	NELLY CHEPKWEMOI	SCCHSFP	22699294	41	F	MT. ELGON	0723549759	
26.	NJUGUNA W. MARY	PHYSIOTHERAPIST	28876003	32	F	MT. ELGON	0711441558	
27.	JANE IGIMKUNG	DRIVER	3806323	58	F	MT ELGON	0759248098	
28.	Naomi cherelemi	PHO	34918128	27	F	MT ELGON	0759819341	
29.	ANDREW BOIYO	PHARMTECH	22997240	39	M	MT. ELGON	0729882682	
30.	RICHARD KIPLOO	RADIOGRAPHER	24010382	26	M	MT. ELGON	0791944824	
31.	Pamela Talian	Nutritionist	25355663	34	F	MT Elgon	0702871575	
32.	Dennis Makayo	COTO (Dental	28293203	33	M	Mt Elgon	0719538465	

NO.	NAME	DESIGNATION	ID/NO	AGE (YEARS)	GENDER	STATION	PHONE NUMBER	SIGN
32.	MARION RUTTO	HTS MENTOR	29140537	42	F	MT ELGON	0792774315	
33.	MARION WHADIA	ORTHOP/TRAUMA	1AS1[illegible]	46	F	MT ELGON	0721747481	
34.	EVANS KIBET	RCO	26884892	30	M	MT. ELGON	0707119444	
35.	Mildred Chesang	Board member	20596015	43	F	MT. ELGON	0701178948	
36.	Jaquelie Sakang'	Board Member	13259518	47	F	MT. ELGON	0711396752	
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REPUBLIC OF KENYA

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ATTENDANCE LIST

DATE: 16/10/23 VENUE: MALAKISI HEALTH CENTRE

ACTIVITY: HEALTH & SANITATION TASK FORCE HEARING SESSION

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
1.	SULEIMAN SISUNGE	STAKEHOLDER	22399923	MALE	MALAKISI	0728594811	
2.	AGGREY CHELEKISI	BUSSINESS COMM	11022832	MALE	MALAKISI	0710142220	
3.	SARAH AWINJA	STAKE HOLDER	23405O5	FEMALE	MALAKISI	0798005395	
4.	Emmanuel wegu	Nurse	29560833	Male	Nangolayi	0758364886	
5.	Aggrey Marasa	Nurse	32250369	Male	Namansi PHO	0796346027	
6.	JOHNSTONE WANOKA	NURSE	30529959	MALE	KONOSINDET	0707799242	
7.	GEOFFREY C. PEPELA	Clinical officer	28184254	MALE	KAPTAMA	0717647916	
8.	ISAAC WANJALA	C.H.O	22169040	MALE	TAMLEGA	0711936698	
9.	KAMANDE KABUTEI	LAB OFFICER	27689261	FEMALE	MALAKISI	0725657137	

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
10.	JOB WABOMBA	WADMN	23311813	MALE	NAMWELA	0726296417	
11.	JOSPHAT MUKENYA	CHIEF	8406317	MALE	LWANDANYI	0727571223	
12.	PROTUS K. KUTORE	SNR. CHIEF	7016205	MALE	MALAKISI	0716391543	
13.	HELIDA CHEBET	ACC - MALAKISI	32800227	FEMALE	MALAKISI	0701152551	
14.	Clementinax ndungo	S CA	11668[illegible]	Female	Sirisia	0722905731	
15.	Kiboi Alixon	Wamuni	20534065	Male.	Luandanyi	0735241633	
16.	DOUGLAS L. MUHANDO	NURSE	11831058	MALE	MALAKISI	0723577906	
17.	JOHN W. KHESA	CLINICAL OFFICER	22409510	MALE	MALAKISI HC	0712883129	
18.	ALFRED KUYI KARANJA	CLINICAL OFFICER	27623406	MALE	MALAKISI HC	0714306511	
19.	AGGREY SIRENGO	SCASC/Female	22119665	MALE	SIRISIA SCH	0723496941	
20.	Mumo Sheriff	WHO - Consultant	26034746	Female	Bungoma County	sheriffm@who.int	
21.	SIKUKU THOMAS	SCHPO	25558925	MALE	SIRISIA SCH	0710466508	
22.	BARBARA ANDISI	SCCHSFP	9733695	FEMALE	SIRISIA	0722485881	
23.	ROSEMARY WASWA	SCRH C	9299503	FEMALE	SIRISIA	0718410780	
24.	LYDIAH INDAKWA	NO	20149092	FEMALE	SIRISIA	0714191691	
25.	DAVID CHONGE	NURSING OFFICER	25108138	MALE	SIRISIA	0725026535	
26.	RICHARD WAKOLI	CHAIRMAN MHC	5133417	MALE	MALAKISI	0724065024	
27.	MARY WANJALA	M. M	20149092	FEMALE	SIRISIA	0713269935	
28.	DEBORA LUKORITO	CLERK	23405005	FEMALE	MALAKISI	072644823	
29.	PHIBELIS NANGILA	STUDENT	32800227	FEMALE	MALAKISI	0745334650	
30.	RUTH NASHAI	STUDENT	23407088	FEMALE	SIRISIA	0746929119	
31.							

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ATTENDANCE LIST

DATE: 16/10/2023 VENUE: BAHAI DISPENSARY

ACTIVITY: HEALTH & SANITATION TASKFORCE MEETING SESSION

NO.	NAME	DEPARTMENT	ID NO.	SIGN
1	Albert S. Wanalwa	Member	2078172	
2	Sylvesta Mutoro	Member	9232889	
3	Ezekiel odeoh	member	11658967	
4	Mukenya John	Member	13246024	
5	PHELGONA K ODIPO	Member	28952772	
6	MAKHUKENYA ERIC	Member	25423283	
7	Sella Mutsotso	Member V/chair	11330315	
8	Abisai Igoli	Secretariat	29128160	
9	Moses Masinde	medic	46894781	
10	Simon Juma	HEALTH	10907994	
11	Lucia Lyachol	Secretariat	23941847	
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ATTENDANCE LIST

DATE: 16/10/2023 VENUE: BAHAI DISPENSARY

ACTIVITY: TASK FORCE

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
1.	GEORGE SHIVEKA	NURSE	11180015	MALE	BAHAI DISP	0721334064	
2.	WILLIAM OSONDWA	NURSE	7348365	MALE	MAENI DISP	0712402264	
3.	CHRISTINE MUTENYO	SCPHN	20483361	FEMALE	KIMILILI	0725488552	
4.	ISABELLAH KASSILLY	SCRHC	11018249	FEMALE	KIMILILI	0712998364	
5.	EUNICE KIRONJE	SCNC	13650569	FEMALE	KIMILILI	0726835198	
6.	MAUREEN WAFUCA	SCACC	26819022	FEMALE	KIMILILI	0722691640	
7.	PAMELLA BARASA	SCMCC	11037828	FEMALE	KIMILILI	0715558030	
8.	ELIZABETH OBWANA	WARD ADMIN	23660506	FEMALE	KAMUKUYWA	0714026615	
9.	NAOMI WANJEKACHA	W/ADMIN	13560104	FEMALE	KIMILI/MAENI	0723504798	

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
10.	AUSTIN AMBOKO	SCA	9762931	M	KIMILILI	0726843468	
11.	EVANS SASAKA	WARD ADMIN	29990426	M	Kibingei	0725353903	
12.	SIMON MASOMBO	Nursing officer	23318799	M	KAMUKUYWA DISP	0729881769	
13.	EVANS KILONGI	NURSE	25069440	M	MAENI DISP	0797166747	
14.	Betty Sifuka	SCASCO	13348445	F	Kimilili	0722206987	
15.	DANIEL MAKOKHA	PHO/SCDSC	29150806	M	KIMILILI	0710542637	
16.	EUGENE MUSAMIA.	NO'C	34391120	M	Kimilili/Hosp	0790197104	
17.	MAKOKHA CHRISOSTOM	NURSE	27597409	M	KIBINGEI DISP	0715375612	
18.	ESTHER JUMA	NURSE	8646756	F	KAMASIELO DISP.	0769334417	
19.	EVERLYNE FERNANDO	NURSE	11020114	F	BITUYU DSP	0710893382	
20.	MERCELINE MUNGERESA	NURSE	22946539	F	MAKHONGO	0712931163	
21.	GETPHINE LUKAMISA	NURSE	25307797	F	MASUSI DISP	0728479362	
22.	ISABELLA BARASA	NURSE	21233506	F	DARAJA MOJA	0728668550	
23.	JOICE TOROROA	NURSE	13866430	F	Chebukwabi Dispensary	0726146952	
24.	GLADYS WANGARE	NURSE	21784438	F	Kamusinde	0720971337	
25.	MILLY CHEMOI	SCCHSIP	11787743	F	KIMILILI	0720872689	
26.	EVERLYNE WAFULA	SCCO/SCTLC	20044429	F	KIMILILI	0728146664	
27.	GODFREY WAYOMO	SCHPO	10853979	m	Kimilili	0719239998	
28.	DR. William Onchoka	PHARMACIST	22410693	M	KIMILILI	0716786114	
29.	Gabriel. N. Wamalwa	SCMLC	13698643	M	KIMILILI	0720576273	
30.	DR. SHIVACHI D. IKUYA	SCMOH	22078806	M	Kimilili	0721473978	
31.							

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
32.	LILLIANE NYABUNDE	M.O	26259806	FEMALE	KISII	0741801845	
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REPUBLIC OF KENYA
COUNTY GOVERNMENT OF BUNGOMA
DEPARTMENT OF HEALTH AND SANITATION
OFFICE OF THE COUNTY EXECUTIVE COMMITTEE MEMBER

Telephone: 055-30343
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County Executive Offices
Fifth Floor
P.O. BOX 437 – 50200
BUNGOMA

ATTENDANCE LIST

DATE: 20/9/2023 VENUE: SIMOLO SUB COUNTY HOSPITAL

ACTIVITY: TASK FORCE HEARING SESSION

NO.	NAME	DESIGNATION	ID/NO	AGE (YEARS)	GENDER	STATION	PHONE NUMBER	SIGN
1.	Camillaus Ayiako	Ag Ndivisi	29921164	35	M	Ndivisi	0746622166	
2.	PHILIP MUSILA S–	W/ADMIN	11329571	52	M	NDIVISI	0701283322	
3.	GEORGE BARASA	F/ Y/C W.H.C	25375357	33	M	MARAKA	0725857828	
4.	AMOS KISAKA WAFULA	V/ADMIN	28036516	33	M	MARAKA	0716907276	
5.	WINSTON S SARA	OPTOMETRIST	0917758	69	M	WDMSH	0713772259	
6.	Bwonke M. Geoffrey	BOM. Mihuu D.	4383380	63	M	Mihuu	0718938692	
7.	Austine Wamalwa	Med. Lab. Officer	10718675	52	M	Ndivisi	0713422624	
8.	GEORGE OBAYE WANYAMA	BOM MIHUU	22924009	43	M	MIHUU	0796 151938	
9.	ROMBOSIA WILLIAM	W/Manager	31978375	30	M	NDIVISI	0701258026	
10.	PATRICK IKISAKA	STOREMAN NAY H.Centre	698386	83	M	MARAKA	0728664251	

NO.	NAME	DESIGNATION	ID/NO	AGE (YEARS)	GENDER	STATION	PHONE NUMBER	SIGN
11.	NDANYO W. LUMBWAN	CHAIR MITHU H.C.	7594358	76	M	MITHU WARD	0721852335	
12.	VIOLET N. LIMI	Religious Leader	27965419	49	F	SINOKO	0704942943	
13.	Grace N Wakhisi	Lukhoba.M	6673675	59	F	Maraka	0706723912	
14.	GODFREY JUMA	PHO	29919176	30	M	MARAKA	0707822824	
15.	Brivian M. Boni	Wby H/C	21740778	42	F	MARAKA	0725956356	
16.	Ethina M. Munialo	Wby H/C.	19447240	73	F	Maraka	0705567586	
17.	JESSE M-NAMUNYU	LUKHOVA	5792579	58	M	Maraka	0721424113	
18.	MICHAEL C. KHAEMBA	MITHU DISP.	24218862	39	M	MITHU	0726 982173	
19.	Benard MULongo	Accountant	11329557	53	M	SINOKO	0716903127	
20.	JOYBRENDA MUKWETI	MITHU DISP.	20027774	44	F	MITHU	0714730477	
21.	ANDREW SIMIYU	HAO	9907535	52	M	SINOKO	0784927817	
22.	Maboya Abraham	NUTRITIONIST SINOKO-SCH	33149945	28	M	SINOKO	0718708817	
23.	FAITH CHANGO KHAYAKI	HRIO SINOKO-SCH	32963692	27	F	SINOKO	0705833713	
24.	GAUDENCIA N. KIHOTRIE	SCHE-SRCO	25069721	36	F	SINOKO	0729613606	
25.	FRED N. WABWILE	C H V	10719103	53	M	SINOKO	0719520532	
26.	MAURICE W. KIBERENGE	SECURITY	5641525	62	M	SINOKO	0757418166	
27.	HELLEN ANDAYI	COMMITTEE MEMBER S. MARKA	14465182	48	F	SINOKO	0700904534	
28.	PHYLLIS NABAHEA	SCMLC SINOKO-SCH	22555878	40	F	SINOKO	0728900688	
29.	WAFULO WANJALA	V/ADMIN	2230388	43	M	MAKUSELWA	0791388928	
30.	JOTHAM MAYO	CHIEF	11563401	49	M	SINOKO	0721407839	
31.	PETER MAKASI	R Rep.	4383833	65	M	LUKHOBA	0723048472	
32.	Ben Masika	W/Admin	9686359	53	M	Mihuu	0716057956	
NO.	NAME	DESIGNATION	ID/NO	AGE (YEARS)	GENDER	STATION	PHONE NUMBER	SIGN

33.	WASIKE W. MARTIN	VILLAGE ADMIN	26642653	36YRS	MALE	NDIVISI	0797738042	[signature]
34.	STEPHEN WANGILA	PHARM. TECH	23964452	40YRS	Male	SINOKO	0769191537	[signature]
35.	HARUN NAMISI	SCDPHN/SCRHC	22565400	37YRS	MALE	SINOKO	0701270967	[signature]
36.	METRINE MUHOLO	SCCHSFP	22092326	40YRS	FEMALE	SINOKO	0713042935	[signature]
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REPUBLIC OF KENYA

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County Executive Offices
Fifth Floor
P.O. BOX 437 - 50200
BUNGOMA

ATTENDANCE LIST

DATE: 17/10/2023 VENUE: Nalitivi Sub County Hall

ACTIVITY: TASK FORCE HEARING

NO.	NAME	DEPARTMENT	ID NO.	SIGN
1	EZEKIEL ODEDA	TASK FORCE	11658967	
2	Mukenya John	Task force	13246024	
3	Phelgonah Odipo	Task force	28452722	
4	Nekhwevha Pius	Task force	28423293	
5	Sella Mutsotso	Task force	11330315	
6	Lucia Kiplagat	Task force	23941845	
7	FESTUS NYONGESA		14541181	
8	Stephen Yambi	Task force Member	26388290	
9	Dr Sylvester Mutoro	Task force	9232884	
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REPUBLIC OF KENYA

28 NOV 2023

COUNTY GOVERNMENT OF BUNGOMA
DEPARTMENT OF HEALTH AND SANITATION

OUR REF: CG/BGM/TASKFORCE/(12)

28TH NOVEMBER, 2023

The Secretary,
County Public Service Board
Bungoma County

Dear Sir,

RE: PUBLIC PARTICIPATION FOR REVIEW AND AMENDMENT OF THE BUNGOMA COUNTY HEALTH SERVICES ACT 2017

The Health and Sanitation Taskforce was appointed by H.E. the County Governor of Bungoma Hon. Kenneth Makelo Lusaka vide a Kenya Gazette Notice dated 21st July 2023

The Taskforce requests for a two-hour Hearing Session with the County Public Service Board (CPSB) of Bungoma on Friday 1st December 2023 at the Board Room of the County Secretary or in your Board Room, whichever is convenient.

The Taskforce would like to get information and direction from the Board regarding the Staff Establishment (Organogram) for the Department of Health and Sanitation.

The information solicited from the Board on the issue of Staff Establishment will assist the Taskforce to respond to one of its Terms of Reference as well as propose an appropriate Organogram that is in tandem with the constitutional and legal mandate and functions of the County Public Service Board.

Looking forward to cooperation for the success of the meeting.

Thank you in advance for your prompt response to our request.

Best regards,

Barasa Kundu Nyukuri
Chair Health and Sanitation Taskforce
Phone: 0720369518

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BUNGOMA

ATTENDANCE LIST

DATE: 17/10/2023 VENUE: NATIRI SUB COUNTY HOSPITAL

ACTIVITY: REVIEW & AMENDMENT OF THE BUNGOMA COUNTY HEALTH SERVICES ACT 2017 BY THE TASK FORCE

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
1.	RICHARD KWOBA	CHAIRMAN BM	4362010	MALE	NATIRI	0722444732	
2.	PHAUS Kilwake	SCHLC	24[illegible]68	M	NATIRI	722679 33	
3.	MWEA WANJALA	SCCHC	2446846	M	NAITIRI	0725736749	
4.	RONALD SIMIYU	N.O	26584182	M	TABANI	0711447495	
5.	DICKSON SAENYI	SCNC	8045832	M	NAITIRI	0711728532	
6.	Eileen Barasa	CRN	8295178	F	Tongaren	0721346915	
7.	Noella situma	Senior RCO	24459758	F	Makutano HC	0721366855	NR Letume
8.	JOYCE WAMALWA	RCO	24938698	F	KIBISI	0718138RSH	
9.	JANEPHER MUKHEBI	NURSE	29494088	F	ELUUYA	0715532855	
10.	EVERLYNE NASIMIYU	NURSE	30472973	F	KARIMA	0720228263	

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
11.	MARTHA ANYANGU	NURSE	11743307	F	LUKHOKHWE DISPENSARY	0724684536	[signature]
12.	DR. BRUCE OTUKO	SCMOH	22629173	M	NAITIRI TONGAREN	072-8737017	[signature]
13.	GABRIEL OLAKA	SCPHO	22916910	M	NAITIRI	0721118590	[signature]
14.	EVELYNE MUBICHAKANI	NURSE	14542929	F	SANGO NAITIRI	0710815287	[signature]
15.	BONVENTURE NATEMBEYA	MLT	22044994	M	NAITIRI SCH	0711331395	[signature]
16.	ESEME A. DAVID	NUTRITIONIST	26629700	M	N.S.C.H	0712324042	[signature]
17.	JANEPHER NANGOLE	HRIO	23556951	F	NSCH	0720402205	[signature]
18.	HARRISON MINJALA	PHO	36559378	M	N.S.C.H	0710131428	[signature]
19.	FELISTUS N. WANYONYI	S/STAFF	12418832	F	N.S.C.H	0702231918	[signature]
20.	Nokh Khaombe	NURSE	11562692	M	N.S.C.H.	0725602078	[signature]
21.	ANITA MAKHASU	SCHRIO	24280546	F	TONGAREN	0721583205	[signature]
22.	Billy Wekesa	HAO	29675264	M	NSCH	0722293739	[signature]
23.	David Makokha	PHO	10070313	M	TONGAREN	071229330	[signature]
24.	MACKSON BUTALI	Pharm Tech	23579963	M	NAITIRI	0705048038	[signature]
25.	Keya L. Rose	Nurse	28827048	F	SIRAKARU	0703486794	[signature]
26.	SCOLASTIC A. BARASA	NURSE	31216964	F	PWANI	0713191968	[signature]
27.	Rose Makokha	Adm Assistant	21113161	F	NSCH	0705672092	[signature]
28.	Valentine Barasa	Human Resource	32116419	F	MSCH	0791327186	[signature]
29.	Timothy Lumbole	Bio-med	11564231	M	MSCH	0735980911	[signature]
30.	Stephen Yambi	Taskforce	26388290	M	-	0728559921	[signature]
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32.							

REPUBLIC OF KENYA

MINISTRY OF AGRICULTURE, LIVESTOCK, IRRIGATION AND COOPERATIVE DEVELOPMENT

OFFICE OF THE PRINCIPAL MABANGA ATC

ATTENDANCE LIST

ORGANIZATION..DEPARTMENT OF HEALTH & SANITATION (Machinery)

ACTIVITY..HEALTH & SANITATION TASK FORCE..... **DATE**..17/10/23.....

No	NAME	PNO. / ID. NO	STATION	PHONE NO.	EMAIL ADRESS	SIGNATURE
1	BARASA K. NYUKURI	9996356	CHAIR TASKFORCE	0720369578	nyukuribarasa@yahoo.com	
2	KAFUNA MASINDE	28352947	MEMBER	0719481462	kafunamasinde@gmail	
3	Albert S. Wamalwa	2078172	Member	0725147179		
4	Sylvester Mutoro	9232884	Member	0727543926	Silvermutoro@gmail.com	
5	Evelyne Khumbi	20488715	Secretariat	0759886706		
6	Everlyne Namalwa	24380657	Member	0720889200		
7	Amos Makokha	9996356	Task Force Member	0721225838	amosmakokha@gmail.com	
8	TITUS OTEBA	24930834	TASK FORCE C. O	0726902390	titotab@gmail.com	
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REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BUNGOMA
DEPARTMENT OF HEALTH AND SANITATION
OFFICE OF THE COUNTY EXECUTIVE COMMITTEE MEMBER

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County Executive Offices
Fifth Floor
P.O. BOX 437 – 50200
BUNGOMA

ATTENDANCE LIST

DATE: 17/10/23 VENUE: MECHIMERU HEALTH CENTRE

ACTIVITY: HEALTH & SANITATION TASKFORCE HEARING SESSION

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
1.	JOHNSTONE WEREMBA	RIO	23151725	M	MECHIM ERU HC	0727120029	
2.	ROSE L. SIKOLIA	SCMOH	23511934	F	Kaudwyi	0724448208	
3.	DANIEL LUSAKA		0122237	M	MECHIMERU	0726495033	
4.	CHRISTOPHER SIYO	NURSE	10002022	M	ELITALE DISP	0728109302	
5.	RAZIA NZULA	NURSE	11278942	F	NAIROBI HW	0729146566	
6.	BEATRICE MUSITIA	NURSE	1021782	F	SIRITANYI DISP	0720695876	
7.	Jeanlinda Munonje	Nurse	23010705	F	GK PRISON DISP	0720261890	
8.	[illegible]	HRO	21671333	F	[illegible]	0713136652	
9.	AMOS MATENDE	SSS	27265975	M	MECHIMERU	0797097166	
10.	HEBRON OBED WOKESA	WARD ADMIN	25463791	M	E SANGALO	0724801632	

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
11.	PAULINE N. WEKESA	Representative of Ward Admin. NURSE	14640055	F	W/SANGALO	0729393966	
12.	IRENE WANYONYI		27891072	F	MECHIMERU	0794474760	
13.	DICKSON WANYONYI	BISHOP	6496443	M	E/SANGALO	07 29948734	
14.	LILY N. MAPANGO	MLT	13246891	F	MECHIMERU E/SANGALO	0718309106	
15.	CHARLES NAIWA MONDO	RCO	28828251	M	BULONDO DISP	0790022102	
16.	JOEL N. OYWAYA	SENIOR NURSE	9279164	M	MECHIMERU HC	0720387012	
17.	GENTRIX WASIKE	NURSE	9238717	F	SAMOYA	0725148548	
18.	ROSELINE MARANI	SRN	6504017	F	BUKEMBE	0720456351	
19.	PAUL WAMALWA	RCO	22733599	M	BUKEMBE	0705269227	
20.	ALEX SYMCORA	RCO	22086010	M	MAYANJA	0720170867	
21.	[illegible]	Nurse	11328614	F	[illegible] DISP	0714011713	
22.	STEPHEN WANJUBA	[illegible]	26772375	M	WEST SANGALO	0717750263	
23.	AMBROSE KETA	MIO	25459058	M	BEYOND ZERO	0728496003	
24.	LEONARD W. SIMIYU	V. ADMIN	23601356	M	TEMBELELA BK/E	0723164333	
25.	CONSTANT M MUYOMA	WARD ADMIN	6099730	M	W. SANGALO	0713276612	
26.	KEVIN WANJALA	V. ADMIN	26574231	M	WEST SANGALO	0729141399	
27.	PHARES BARASA	BEBS CHAIR	99955 12	M	E. SANGALO	0720333814	
28.	CENTRINE WAMALWA	MLT	26704136	F	E. SANGALO	0716558271	
29.	KHAJAWA H BARBRA	HRIO	20488740	F	E. SANGALO	0796120662	
30.	FAITH MUEHTE	BIOMED	24159489	F	E. SANGALO	0712459489	
31.	CHRISTINE IKADIKOR	Student HRIO	3310 5664	F	W. SANGALO	0791056648	
32.	Thomas Nyongesa	Grounds Man	29827449	M	MAYANJA	0799827449	

REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BUNGOMA
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P.O. BOX 437 - 50200
BUNGOMA

ATTENDANCE LIST

DATE: 19/10/23 VENUE: .....

ACTIVITY: HEALTH & SANITATION TRAINOR HEALING SESSION (CIDP - STAKEHOLDERS) - MEMBERS

NO.	NAME	DESIGNATION	P/NO	SIGN
1	BARASA IC. NYUKURI	CHAIRPERSON	9996356	
2	Sella Mutsotso	Member	11330315	
3	Nakhumicha Fe'C	Member	25023253	
4	Ezekiel Odeeh	Member	11658967	
5	Mulemya John	Member	13246024	
6	Evelyne Namalwa	Member	21388657	
7	BARASA K.			
8	TITUS OTEBA	COMM OFFICER	24933530	
9	Albert S. Wamalwa	Member	20758172	
10	Stephen Yamboi	Member	24388290	
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BUNGOMA

ATTENDANCE LIST

DATE: 19/10/23 VENUE: BUNGOMA COUNTY REFERRAL HOSPITAL

ACTIVITY: HEALTH & SANITATION TASK FORCE HEARING SESSION

Non-State Actors (CSO)

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
1.	Faith Rop	Admin-Assistant Population	24976018	F	AMPATH -POPULATION HEALTH	0725790271	
2.	Salome Sejenyi	Health financing	27033617	F	AMPATH	0724895637	
3.	TITUS KIDAKA	PWDS CHAIR	10575719	M	PWDS	0707964647	
4.	RONALD SIUNDU	PWD MEMBER	7993856	M	PWDS	0714687602	
5.	ISAAC JUMA	PWD MEMBER	23320744	M	PWDS	0714568999	
6.	BONFACE WEKESA	YOUTH LEADER	31797135	M	PWDS	0706096416	
7.	NANCY MUSUMBA	STAFF MEDIA AIDS	27029813	F	PWDS	0719116109	
8.	MICAH SAHI	Media		M	COUNTY SPEECH	0728785271	
9.	PST. PETER MALONGOBI	PASTOR	16128425	M	FAITH BUILDERS	0736547709	
10.	Philip W. Wekesa	MBM	24425736	M	MBM BUNGOMA	0728641006	

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
11.	Paul Odungamamba Odwor	Bungoma RMNCAH	39278968	Male	Stagemedia and offices	0706554266	
12.	ALEX WISUTA	BODA COUNTY CHAIR	27022654	M	BUNGOMA	0719817143	
13.	John Khiso Wanga	Boda in Charge	30980470	male	Chwele in charge	0706091641	
14.	MIRRIAM NAFULA MARANGO	Bungoma RMNCAH	36312792	Female	Bungoma	0704192144	
15.	KINTTAI KOMZO	BTC/RMNCAH	30298153	Male	BUNGOMA	0711599701	
16.	MICHAEL MUBHIA	NYC	24835657	Male	BUNGOMA	0710436018	
17.	Alice Wasike	NGAO-CHIEF	10430443	Female	MUSIKOMA	0707902181	
18.	Stephen Yambi	Taskforce	26388240	M	Bgm	0728509921	
19.	EZEKIEL ODEOT	TASKFORCE MEMBER	11656967	M	NALAKISI	0714856098	
20.	TITUS OFEBA	TASKFORCE C.O OFFICER	24930530	M	BUNGOMA	0726902290	
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ATTENDANCE LIST

DATE: 23/10/23 VENUE: BCRH - Board Room

ACTIVITY: TASK FORCE HEARING SESSION WITH CHMT

NO.	NAME	DESIGNATION	ID NO.	STATION	SIGN
1	Prof Barasa K. Nyukuri	Chairman H/S Sanitation Taskforce	9996356	Dept of H&S	
2	Dr. Sylvester Mutoro	Member H/S TSF	9232889	DOH H/S	
3	EZEKIEL OBEDI	Member H & Sanitation Task	11658967	Bungoma West	
4	PHELGONA OPIPO	Member	28952772	Task force	
5	Mukenya John	Member	13246024	Taskforce	
6	Albert Wamalwa	Member	2078172	Taskforce	
7	Evelyne Etumbi	secretariat	20488715	Health dept	
8	TITUS OTEBA	Comm OFFICER	24930530	HEALTH HQS	
9	Kafura masinde	member taskforce	28352947	Taskforce	
10	Abisai Kibor	Secretariate	29126760	taskforce	
11	Lucas Kiplagat	Secretariat	23941843	Taskforce	
12	Nakhumwa Jane	member Taskforce	25423253	Taskforce	
13	Sella Mutsotso	Member HSA	11330315	Taskforce	
14	Amos Makokha	Health & Sanitation Taskforce Member	11233488	Taskforce	
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REPUBLIC OF KENYA
COUNTY GOVERNMENT OF BUNGOMA
DEPARTMENT OF HEALTH AND SANITATION
OFFICE OF THE COUNTY EXECUTIVE COMMITTEE MEMBER

Telephone: 055-30343
Cell: 0725-393939
Email: bungoma@health.go.ke

County Executive Offices
Fifth Floor
P.O. BOX 437 – 50200
BUNGOMA

ATTENDANCE LIST

DATE: 23/10/23 VENUE: BUNGOMA COUNTY REFERRAL HOSPITAL (BCRH)

ACTIVITY: HEALTH & SANITATION TASKFORCE HEARING SESSION WITH CHMT

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
1.	Dr Caleb Wafula	CDH	24138450	M	BUNGOMA HQ	0720422834	
2.	Mfwa Eunice Nyongesa	CCPHA	31279736	M	Bungoma HQ	0736900735	
3.	RICHARD WANYONYI	CHRIO	10090501	M	Bungoma HQ	0722479053	
4.	PAUL LODI	CTLC	9020930	M	Bungoma	0723308515	
5.	PATRICK WAMBANI	CCO	9889565	M	TONGAREN	0722947535	
6.	DR. LYDIA ANYANZWA J.	CP	22642257	F	Bungoma HQ	0711753690	
7.	DR KUSTANGANI ISAAC BABU	CMHC	28497340	M	BUNGOMA HQ	0748901770	
8.	Juliet Walukana	CNE	21247194	F	Bungoma HQ	0718532782	
9.	JOAN WASIKE	CMLC	13314838	F	BUNGOMA HQ	0724542269	
10.	Dinah Nyasoro.	HPIU.	21870501	F	Bungoma HQ	0720923486	

NO.	NAME	DESIGNATION	ID/NO	GENDER	STATION	PHONE NUMBER	SIGN
11.	David Wangila	County M&E	13866769	M	Bungoma	0723319017	
12.	Milsane Kiplai	ASRH/ GTBV/ECD Co-ORD	10859654	F	Bungoma	0720073098	
13.	Doreen Kinanga	CPHCC	22485495	F	Bungoma	0723886644	
14.	Micah Nyaim	CSC	3937586	M	Bungoma	0722583449	
15.	DR. EMMAH NYABOKE	D. CDH	24193734	F	B-CHM-HQ's	0716496997	
16.	DR. DAN O WANYAMA	coordinator Medical-Specialist	4913359	M	BCRH	0721517631	
17.	Ben Amunga	CHSRMH	13459074	M	MOH	0728645086	
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ATTENDANCE LIST

DATE: 1/11/23 VENUE: SAWAM HOTEL

ACTIVITY: RAMNCAH

NO.	NAME	ORGANIZATION/ DEPARTMENT	ID NO.	PHONE NO.	SIGN
1	Micah Nyaim	MOH	39375 86	0722583449	
2	SIMON MASIKA	MOH	9996686	0721911400	
3	DR. EMMAH NYABOKE	MOH	24193734	0716496997	
4	Doreen Kiuaugg	MOH	22455194	0723986648	
5	DR. Jane Lydia Amoi Anyanzwa	MOH	22642257	0711753690	
6	Dr Nicholas Barasa	MOH	26041762	0725767259	
7	Juliet Walukana	MOH	21247194	0718533782	
8	Helen Koldi	MOH	10036412	0722462073	
9	PAUL LODI	MOH	9020930	0723308515	
10	Hedwick Wasike	MOH	11020424	0720443944	
11	Joan Wasike	MOH	13314838	0724542269	
12	Veronica Wanyonyi	MOH	10960195	0704817384	
13	Alfred Eric Nyongesa	MOH	11279136	0713670035	
14	DR. DAVID WAMICWA	MOH	21913259	0725176133	
15	Milsane Kipki	MOH	10859654	0720073098	
16	Kafuna masinde	MOH	28352947	0714481462	
17	DR. Dinah Nyusuro	MOH	21870558	0720928486	
18	Nelly Musengeri	RMNCAH Network	36473909	0758764221	
19	IGNATIUS ISHIBERENJE	RMNCAH Network	34530791	0796862971	
20	CONSTANCE WARLIAULA	RMNCAH N.	28722674	0716776379	
21	KIMM WEKESA	RMNCAH Network	10022917	0715156948	

22	DR. DAVID MAMLIGAN	MOH	24913359		
23	Kimtai Konzo	RMNCAH/BTC	30298183		
24	MIRRIAM M. NAFULA	RMNCAH	36312792		
25	IONY WAFULA	RMNCAH	35552028		
26	DISHON AMANYA	RMNCAH	33149923		
27	WANJI SESTINE	RMNCAH	32838768		
28	EZEKIEL OBEGH	LEDO	11658967		
29	Lucia Kiloi	MOH	23947847		
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BUNGOMA

ATTENDANCE LIST

DATE: 1/11/23 VENUE: SAWA HOTEL

ACTIVITY: Taskforce Hearing

NO.	NAME	ORGANIZATION/ DEPARTMENT	ID NO.	PHONE NO.	SIGN
1	Prof. Barasa Nyukuri	Chairman Taskforce	9996356	0720389518	
2	Sella Mutsotso	Taskforce	11330315	0704204945	
3	TITUS OTEBA	COMM OFFICER	24930530	0728902390	
4	Evelyne Namalwa	T/force	24380657	0720889200	
5	Mukonya John	Taskforce	13246020	0724234	
6	Phelgond Odipo	Taskforce	28452772	0702274164	
7	Kafuna masinde	taskforce	28352947	0719481462	
8	Stephen Yamb'	Taskforce	26388290	0728509924	
9	Nalikwanda Eric	Taskforce	25423283	0725919123	
10	Dr Sylvester Mukoo	Taskforce	9232889	0727543925	
11	Amos Makalla	Taskforce		11233488	
12	EZEKIEL ODERA	Taskforce	11658967	11658967	
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BUNGOMA

ATTENDANCE LIST

DATE: 15/01/2023 VENUE: CABINET BOARD ROOM

ACTIVITY: TASK FORCE MEETING

NO.	NAME	DEPARTMENT	DESIGNAT ON	ID NO.	SIGN
1	Stephen Yambi	Health & Sanitation Taskforce	Member	26388290	
2	EZEKIEL OBEH	Health & sanitation Taskforce	Member	11658967	
3	Mukenya John	Taskforce	Member	13246024	
4	Evelyne Namalwa	Taskforce	Member	24380657	
5	Albert S. Wamalwa	Taskforce	Member	20781172	
6	Dr. Sylvester Mutoro	Taskforce Member	Member	9232829	
7	TITUS OTEBA	TASKFORCE	COMM Officer	24930530	
8	Nafuna Mukenya Jane	Taskforce	member	25423253	
9	Sella Mutsotso	Taskforce	Defacto V/chair	11330315	
10	Prof. Barasa K. Nyukuri	Health & Sanitation Taskforce	Chairman	9996356	
11	Amos Makokha	Member Taskforce	Member	11233488	
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DEPARTMENT OF HEALTH AND SANITATION
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Fifth Floor
P.O. BOX 437 - 50200
BUNGOMA

ATTENDANCE LIST

DATE: 18/1/24 VENUE: HILL VIEW

ACTIVITY: TASK FORCE MEETING

NO.	NAME	DESIGNATION	ID NO.	SIGN
1	BARASA K. NYUKURI (PROF)	CHAIRMAN H&S TASKFORCE	9996356	
2	TITUS OTIEBA	H/S TASKFORCE	24930530	
3	ABIJA KIBOI	H/S TASKFORCE Secretariate	29128760	
4	Lucia Nandoi	H/S Taskforce Secretariate	23941843	
5	EVERLINE EFUMBI	H/S taskforce secretariate	20488715	
6	Everlyne Namalwa	Health Taskforce	24380657	
7	Reuben Kiplimo	AMPATH - Health Financing	31726509	
8	NAKHUMICHA EZEL	Health Taskforce	25223283	
9	Dr Nicholas Barasa	Health Financing Policy & Planning County Govt	26041762	
10	Mwenya J.	H/S Taskforce Member	13246024	
11	SELLA MUTSOTSO	Health Taskforce	11330315	
12	Albert S. Wamalwa	Taskforce	2078172	
13	Stephen Wanjala	Taskforce Member	26388290	
14	Dr. Mayama Magrina	Chief Officer	9995217	
15	Dr Nandwa A.	CECM	22925599	
16	Ben Aremo	CHAIRMAN	13159024	
17	Abdul Wanjala	FD	23875880	
18	Nafuli Gabriel	PA CECM	21665043	
19	Dr Sylvester Mutoro	Taskforce	9227859	

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BUNGOMA

ATTENDANCE LIST

DATE: 19/1/24 VENUE: HILLVIEW

ACTIVITY: TASKFORCE MEETING

NO.	NAME	DEPARTMENT	DESIGNATION	ID NO.	SIGN
1	Dr Nicholas Barasa	HEALTH	HFPRC	26041762	
2	Ben Khamisi	MOH	CHRMH	13159027	
3	Abwari Kibet	Health Taskforce	SECRETARIAT T/F HAO	24128160	
4	Evelyne Etwasi	HR	HRMO	20488115	
5	Lucia Nekesa	Health Taskforce	Secretariate	23941843	
6	Albert Wamalwa	Taskforce	Taskforce Member	2078122	
7	Sella Mutsotso	Taskforce	Member Taskforce	11330315	
8	Nakhumicha Beatrice	Taskforce	Member	25423253	
9	Everlyne Namalwa	Taskforce	Member	24380657	
10	Reuben Kiplimo	Health Financing (AMPATH)	Project Officer	31726509	
11	TITUS OTIEBA	TASKFORCE	C.O	24930530	
12	Nafuna Gabriel	MOH	P4	21665043	
13	Mwenya John	Taskforce	Member	13246024	
14	Stephen Yanda	Taskforce	Member	26382970	
15	Abdul Imalyn	fo	Health	23895880	
16	Magina Mayama	Health.	Chief Officer	9995217	
17	Dr Andrew Wamalwa	Health	CECM	22905845	

18	EZEKIEL ODEDH	HEALTH TASKFORCE	MEMBER	1165867	
19	Dr. Sylvester Mutur	Task force Member	Member	9232889	
20	Prof. Barasa K. Nyukuri	Chairman H&S Taskforce	Chairman	9996356	
21	Purity Katura Masinde	Task force	Member	28352947	
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BUNGOMA

ATTENDANCE LIST

DATE: 22/1/24 VENUE: BCRH BOARD ROOM

ACTIVITY: TASK FORCE - HEALTH & SANITATION

NO.	NAME	DESIGNATION	P/NO/ID	SIGN
1	Prof. Barasa K. Nyukuri	Chairman H&S Taskforce		
2	Sella Mutsotso	Member - Taskforce	11330315	
3	Dr. Sylvester Mutoro	Member - Taskforce	9232889	
4	TITUS OTEBA	C.O TASKFORCE	24930520	
5	Lucia Kiptoi	Secretariat - Taskforce	23944843	
6	Albert S. Wamalwa	Task force Member	20078172	
7	Stephen Yambi	Taskforce Member	26388292	
8	EZEKIEL ODEDH	Member Taskforce	11658967	
9	Mwenya John	Member	13206224	
10	Everlyne Namalwa	Member, Task Force	24388657	
11	Dr Moses Leonard	Member	25197260	
12	Purity Kafuna Masinde	Taskforce Member	28352947	
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HEALTH AND SANITATION TASKFORCE		
STAKEHOLDERS AND NON STATE ACTORS HEARING SESSIONS		
DATE	**VENUE**	**TARGET GROUP**
09/06/2023	MABANGA ATC	FBOS-IMMAM BUNGOMA COUNTY,MUSLIM WOMEN GROUP
09/07/2023	MABANGA ATC	UNIONS-KNUN,RCO,KNUMLO
09/09/2023	MABANGA ATC	PUBLIC HEALTH OFFICERS AND DOCTORS
14/9/2023	CHWELE SUBCOUNTY HOSPITAL	HOSPITAL BOARDS AND COMMITTTEES
	BUMULA SUBCOUNTY HOSPITAL	HOSPITAL BOARDS AND COMMITTTEES
20/9/2023	WEBUYE SUBCOUNTY HOSPITAL	HOSPITAL BOARDS AND COMMITTEES
	SINOKO HEALTH CENTRE	HOSPITAL BOARDS AND COMMITTEES
13/10/2023	KAPSOKWONYI HEALTH CENTRE	HOSPITAL BOARDS AND COMMITTEES
	CHEPTAIS SUBCOUNTY HOSPITAL	HOSPITAL BOARDS AND COMMITTEES
16/10/2023	MALAKISI HEALTH CENTRE	HOSPITAL BOARDS AND COMMITTEES
	BAHAI HEALTH CENTRE	HOSPITAL BOARDS AND COMMITTEES
17/10/2023	MECHIMERU HEALTH CENTRE	HOSPITAL BOARDS AND COMMITTEES
	NAITIRI HEALTH CENTRE	HOSPITAL BOARDS AND COMMITTEES
18/10/2023	SAWAN HOTEL BUNGOMA	AMPATH
19/10/2023	BUNGOMA COUNTY REFFERRAL HOSPITAL	ALL STAKEHOLDERS
23/10/2023	BUNGOMA COUNTY REFFERRAL HOSPITAL	CHMT
11/02/2023	SAWAN HOTEL BUNGOMA	RAMCAH NETWORK

Fourth Schedule of the Constitution of Kenya 2010 on Functions of the County Governments

The functions and powers of the county are--

1. Agriculture, including—

   (a) crop and animal husbandry;
   (b) livestock sale yards;
   (c) county abattoirs;
   (d) plant and animal disease control; and
   (e) fisheries.

2. County health services, including, in particular—

   (a) county health facilities and pharmacies;
   (b) ambulance services;
   (c) promotion of primary health care;
   (d) licensing and control of undertakings that sell food to the public;
   (e) veterinary services (excluding regulation of the profession);
   (f) cemeteries, funeral parlours and crematoria; and
   (g) refuse removal, refuse dumps and solid waste disposal.

3. Control of air pollution, noise pollution, other public nuisances and outdoor advertising.
4. Cultural activities, public entertainment and public amenities, including--

   (a) betting, casinos and other forms of gambling;
   (b) racing;
   (c) liquor licensing;
   (d) cinemas;
   (e) video shows and hiring;
   (f) libraries;
   (g) museums;
   (h) sports and cultural activities and facilities; and
   (i) county parks, beaches and recreation facilities.

5. County transport, including--

   (a) County roads;
   (b) street lighting;
   (c) traffic and parking;
   (d) public road transport; and
   (e) ferries and harbors, excluding the regulation of international and national shipping and matters related thereto.

6. Animal control and welfare, including--

(a) Licensing of dogs; and
(b) facilities for the accommodation, care and burial of animals.

7. Trade development and regulation, including--

(a) Markets;
(b) trade licenses (excluding regulation of professions);
(c) fair trading practices;
(d) local tourism; and
(e) cooperative societies.

8. County planning and development, including—

(a) Statistics;
(b) land survey and mapping;
(c) boundaries and fencing;
(d) housing; and
(e) electricity and gas reticulation and energy regulation.

9. Pre-primary education, village polytechnics, home craft centers and childcare facilities.
10. Implementation of specific national government policies on natural resources and environmental conservation, including--

(a) Soil and water conservation; and
(b) forestry.

11. County public works and services, including--

(a) Storm water management systems in built-up areas; and
(b) water and sanitation services.

12. Firefighting services and disaster management.
13. Control of drugs and pornography.
14. Ensuring and coordinating the participation of communities and locations in governance at the local level and assisting communities and locations to develop the administrative capacity for the effective exercise of the functions and powers and participation in governance at the local level.

Pharmaceutical Society of Kenya & another v Attorney General & 3 others (Petition 85 of 2018) [2021] KEHC 85 (KLR) (Constitutional and Human Rights) (22 September 2021) (Judgment)

Pharmaceutical Society of Kenya & another v Attorney General & 3 others [2021] eKLR

Neutral citation: [2021] KEHC 85 (KLR)

Republic of Kenya

In the High Court at Nairobi (Milimani Law Courts)

Constitutional and Human Rights

Petition 85 of 2018

WK Korir, J

September 22, 2021

Between

Pharmaceutical Society of Kenya

1st Petitioner

Kenya National Union of Nurses

2nd Petitioner

and

Attorney General

1st Respondent

Ministry of Health

2nd Respondent

National Assembly

3rd Respondent

Senate

4th Respondent

Sections 16, 17 and 33 and the First Schedule to the Health Act, 2017, are unconstitutional as they discriminated against certain health care professionals by barring them from holding administrative posts.

Reported by Beryl Ikamari

Constitutional Law - fundamental rights and freedoms - right to equality and freedom from discrimination - where administrative posts in the health care system under the Health Act, 2017, were limited to members of the Medical Practitioners and Dentists Board to the exclusion of other health care professionals who were previously able to hold the posts - whether the provisions of the Health Act, which created those limitations were discriminatory - Constitution of Kenya, 2010, article 27; Health Act, 2017, sections 16, 17, 33 and the First Schedule.**Jurisdiction** - jurisdiction of the High Court - jurisdiction to enforce the Bill of Rights and to determine the constitutionality of statutes - where certain provisions of the Health Act were alleged to be unconstitutional - whether the High Court had jurisdiction to entertain the matter - Constitution of Kenya, 2010, article 165(3). **Constitutional Law** - institution of a constitutional petition - exhaustion of alternative remedies - petition to Parliament under article 119 of the Constitution as a remedy for unconstitutional enactments - whether the provisions of article 119 of the Constitution ousted the jurisdiction of the court to hear and determine questions of unconstitutionality of a statute, in the first instance - Constitution of Kenya, 2010, article 119.**Constitutional Law** - national values and principles of governance - public participation - threshold to be met in fulfillment of public participation requirements - claim that there was lack of public participation in the enactment of the Health Act, 2017, and that the time given for public participation was inadequate - where claims of lack of public participation were not pleaded specifically and where claims of inadequate time given for public participation were not pleaded at all and were introduced through submissions - whether views collected through public participation had to be incorporated into the statute being enacted - whether there had been a failure to meet public participation requirements under the circumstances - Constitution of Kenya, 2010, article 10(2)(a).

Brief facts The 1st petitioner filed Petition No 85 of 2018 and the 2nd petitioner filed Petition No 123 of 2018. The two petitions were consolidated with the consent of the parties and Petition No 85 of 2018 was designated the lead file. The petitioners' main contention was about the constitutionality of sections 16, 19, 33, 45 and the First Schedule of the Health Act, 2017 which they alleged essentially placed health professionals with equal competence on unequal platforms. The effect of the provisions was to bar pharmacists and nurses from holding certain administrative posts which they had previously been able to hold. The introduction of the requirement that holders of such posts should be registered under the Kenya Medical and Dentists Board meant that professionals that were regulated under the Pharmacy and Poisons Board and the Nurses Council were not eligible for such posts. The petitioners stated that they had expressed concerns on several clauses of the Bill that came before the enactment of the Health Act. Their concerns were not incorporated into the statute in question. An additional contention from the petitioners was that the Health Act breached the provisions of article 234(2)(a)(i) of the Constitution as it purported to create offices in the public service without authorization of the Public Service Commission. The 1st and 2nd respondents responded to the 2nd petitioner's case by filing grounds of opposition.

They advanced arguments that included the assertion that the impugned provisions of the Health Act enjoyed a presumption of constitutionality and that the presumption had not been rebutted. They stated that the Health Act was enacted in accordance with constitutional dictates. They contended that for various reasons the objects of the Health Act would be defeated without a justification if the prayers sought were granted. Among the reasons advanced was that there would be poor coordination of health services between the national and county governments and that there would be a lack of coordinated leadership between the national and county governments. The 1st and 2nd respondents also stated that the court lacked jurisdiction to entertain the matter as the petitioner had not exhausted an alternative mode of seeking redress (petition to Parliament) and that the matter should have been filed at the Employment and Labour Relations Court.The Attorney General filed grounds of opposition in relation to both petitions. He also stated that the petitioner had not rebutted the presumption of constitutionality with respect to the impugned provisions of the Health Act. The Attorney General added that the petitioner had not exhausted alternative remedies (petition to Parliament) and that the court lacked jurisdiction to handle a matter about the employment of nurses either at the national or county level of government.

Issues

i. Whether the High Court had jurisdiction in relation to a claim where it was alleged that certain professionals in the health care system, including nurses and pharmacists, had been discriminated against by being barred from holding certain administrative posts.
ii. Whether the provisions of article 119 of the Constitution, which allowed any person to petition Parliament for any matter concerning an enactment, ousted the High Court's jurisdiction to entertain a matter about the alleged unconstitutionality of a statute, in the first instance.
iii. Whether there was adequate public participation in the enactment of the Health Act, 2017.
iv. Whether an issue that was not pleaded could be introduced for the court's consideration through submissions.
v. Whether the provisions of sections 16, 19 and 33 of the Health Act, 2017 and the first schedule to the Health Act, 2017, which limited the holding of certain administrative posts to members of the Medical Practitioners and Dentists Board, discriminated against other health care professionals, including nurses and pharmacists.

Held

1. The petitions before the court did not raise employment and labour relations issues but they raised issues that sought a determination relating to the constitutionality of statutory provisions, for which the court had jurisdiction under article 165(3) of the Constitution. Therefore, the court had jurisdiction to hear and determine the matter.
2. The Petition to Parliament (Procedures) Act, 2012, provided that every person had a right to petition Parliament to consider any matter within its authority, including questions as to whether Parliament ought to enact, amend or repeal any legislation. It was necessary to consider whether it was a viable remedy that the petitioner had outside the court.

3. The exhaustion doctrine served the purpose of ensuring that there was a postponement of judicial consideration of matters to ensure that a party was, first of all, diligent in the protection of his own interests within the mechanisms in place for resolution outside the courts.
4. Article 119 of the Constitution mandated every person to petition Parliament to consider any matter within its authority. That was one avenue for rectifying unconstitutional legislations that could have slipped through the keen eyes of parliamentarians. The remedy did not, however, oust the constitutional authority of the court to determine the constitutionality of any enactment by the legislature. Where there was a clear procedure for redress of any particular grievance prescribed by the Constitution or statute, that procedure should have been followed. However, the right to petition the court was a fundamental constitutional prescription that could not be deemed to be of a lesser effect than the right to petition Parliament. It was upon the parties to opt for what they deemed to be the most effective and efficient remedy. There was no merit in the assertion by the 1st and 2nd respondents that the petitioners failed to exhaust a statutory remedy.
5. Public participation was a constitutional dictate recognized in article 10(2)(a) of the Constitution. In the 1st petitioner's petition, the issue of lack of public participation in the enactment of the Health Act was mentioned in passing. The issue was mentioned casually and the manner in which it was violated was not specified. It was in the submissions where it was explained that the Legislature did not take into account the petitioner's views. The petitioners conceded that the Legislature called for the views of the public with respect to the impugned legislation and the petitioners expressed their views. The legal position with respect to public participation was that the Legislature had to facilitate public involvement in its enactments but that did not mean that any particular view that was expressed had to prevail.
6. The 2nd petitioner's submission included the assertion that the public was not given enough time to present its views as part of public participation but the argument had to fail. The issue was not pleaded but it was introduced through submissions and submissions could not replace pleadings. The petitioner did not give particulars as to how much time was actually given for purposes of public participation in order to assist the court to make a reasonable determination on that issue.
7. In determining the constitutionality of a given provision of a statute, the court had to consider its purpose and effect on constitutional provisions. If its purpose did not infringe a right guaranteed under the Constitution, the court had to examine the effect of its implementation. If either the purpose or effect of the statute infringed on a right guaranteed by the Constitution, the impugned statute or section had to be declared unconstitutional.
8. A statute should be construed according to the intention expressed in the statute itself. The intention of a statute could be identified through a number of factors. Reference could be made to the precise words used, their particular documentary and factual context and, where identifiable, their aim and purpose.
9. It was sometimes necessary to treat people differently in order to achieve equality. Different treatment would not amount to discrimination if the criterion for differentiation was reasonable and objective. Equality before the law required that persons should be treated

uniformly unless there was some valid reason to treat them differently. Therefore, it was necessary to determine whether there was a discernible justification in the Health Act 2017 for excluding members of the petitioners from occupying certain posts created under the Act. Lack of a justification would mean that the impugned provisions were discriminatory.

10. The Health Act, 2017 was purposely enacted to cater for the needs of the health care system in Kenya with the main goal of delivering quality health products and services to all persons in Kenya. The Act in its definitions revealed inclusivity of the health care professionals and at that point did not differentiate between one health care professional from another. A job qualification differentiation was introduced in the impugned provisions which specified that the said positions could only be filled by a medical practitioner registered by the Medical Practitioners and Dentists Board thereby excluding all other health care professionals.
11. There was no attempt by any of the respondents to explain and justify why certain posts in the health care system were preserved for medical practitioners registered by the Medical Practitioners and Dentists Board. It was not the case that the respondents were not aware that health care professionals were registered under various organisations. It had not been demonstrated that members of the Medical Practitioners and Dentists Board had unique administrative skills not available to the members of the petitioners hence justifying the reservation of the managerial positions to its members. The differentiation introduced in the impugned provisions was unreasonable as there was no valid reason to treat healthcare providers and healthcare professionals differently yet they all served in the same healthcare system with the aim of attaining the goals identified in the Health Act, 2017. Accordingly, the impugned provisions of sections 16, 19 and 33 of the Health Act, 2017 violated article 27 of the Constitution and were therefore unconstitutional.
12. The first schedule to the Health Act, 2017 provided a technical classification of levels of healthcare delivery. The problem with the schedule was that it limited the managers of certain facilities to registered clinical officers and medical officers. The affected offices were not defined in the Act and that could easily lead to the exclusion of the members of the petitioners from managing the health care facilities at the different levels. The first schedule to the Health Act was unconstitutional only to the extent that it locked up jobs for a specified group of health care providers or professionals.
13. Section 6 of the Health Act provided for reproductive health care and certain procedures to be done by a health professional with formal medical training at the proficiency level of a medical officer, a nurse, midwife, or a clinical officer who had been educated and trained to proficiency in the skills needed to manage pregnancy-related complications in women, and who had a valid license from the recognized regulatory authorities to carry out that procedure. The petitioners had not discharged the burden of proving that the provision was discriminatory.
14. Section 45 of the Health Act, 2017 established a statutory body known as the Kenya Health Professions Oversight Authority. Section 48 of the Act provided for the functions of the Authority. No reason was advanced as to why the provision should be found to be unconstitutional. Therefore, section 45 of the Health Act was constitutional.

Petition partly allowed.

Orders

i. Declaration issued that sections 16(3)(a), 19(4)(a), 33(2)(a) of the Health Act and the notes in the First Schedule of the Health Act, 2017 were discriminatory of the members of the petitioners and were thus unconstitutional and null and void ab initio. For avoidance of doubt, the notes in the First Schedule were unconstitutional only to the extent that they excluded members of the petitioners with the necessary qualifications from being in charge of any of the six levels of the healthcare delivery hierarchy specified therein.

ii. Parties were to meet their own costs.

Citations **Cases**

1. Council of Governors & 3 others v Senate & 53 others — Followed
2. County Government of Nyeri & another v Cecilia Wangechi Ndungu — Explained
3. Federation of Women Lawyers Kenya (FIDA-K) & 5 others v Attorney General & another — Explained
4. James Nyasora Nyarangi & others v Attorney General — Explained
5. Katiba Institute & another v Attorney General & another — Followed
6. Nubian Rights Forum & 2 others v Attorney General & 6 others; Child Welfare Society & 9 others (Interested Parties) — Explained
7. Robert N. Gakuru & others v The Governor Kiambu County & others — Followed
8. Robert N. Gakuru & others v The Governor Kiambu County & others — Explained
9. William Musembi v Moi Education Centre Co. Ltd & 3 others — Explained
10. William Odhiambo Ramogi & 3 others v Attorney General & 4 others; Muslims for Human Rights & 2 others (Interested Parties) — Followed
11. Ndyanabo v Attorney-General — Followed
12. Zachary Olum and Anor v Attorney General — Explained
13. Doctors for Life International v Speaker of the National Assembly & Others — Followed
14. Merafong Demarcation Forum and Others v President of the Republic of South Africa and Others — Followed
15. President of the Republic of South Africa & Another v John Phillip Hugo — Cited
16. State of Kerala & another v N. M. Thomas & others — Explained
17. Cusack –vs- Harrow London Borough Council — Explained
18. State of Kerala & another v N. M. Thomas & others — Explained
19. Matadeen and Another v Pointu and Others (1998) 3 LRC 542 — Explained
20. Regents of the University of California v Bakke — Explained

Statutes

1. Constitution of Kenya 2010 — article 1, 2, 3, 10, 19, 20, 21, 22, 23, 24, 43, 47, 10(2)(a) and (b), 27(1), (2), (4), (5), (6) & (7), 47(2),53, 93, 94, 109, 118, 234, 258, 93, 209(3), (4) and (5), 210(1) and 234(2)(a)(i) — Interpreted

2. Health Act — section 6, 16, 19, 33, 45, 16(3)(a), (b) and (c), 19(4)(a), 33(2)(a) and (b), 45
3. Labour Relations Act 2007
4. Nurses Act
5. Parliament (Procedures) Act ,2012 — Cited
6. Pharmacy and Poisons Act
7. Societies Act

Texts

1. Halsbury's Laws of England

International Instruments

1. African Charter on Human and Peoples' Rights
2. International Covenant on Civil and Political Rights
3. International Covenant on Economic, Social and Cultural Rights

AdvocatesNone mentioned

Judgment

1.The 1st petitioner, Pharmaceutical Society of Kenya, is a society registered under the Societies Act, Cap. 108.

2.The 2nd petitioner, the Kenya National Union of Nurses, is a trade union registered under the Labour Relations Act 2007, 2007.

3.The 1st respondent, the Attorney General, is the principal legal adviser of the national government and is constitutionally charged with representing the national government in court or in any other legal proceedings to which the national government is a party other than criminal proceedings.

4.The 2nd respondent, the Ministry of Health, is established under article 152 of the Constitution of Kenya 2010 and is mandated to provide health services, create an enabling environment, regulate, and set standards and policy for health service delivery in Kenya.

5.The 3rd respondent, the National Assembly and the 4th respondent the Senate, are the legislative arm of the government established under article 93 of the Constitution to carry out the legislative functions enumerated under article 94 of the Constitution.

6.The petitioners herein filed two separate petitions. The 1st Petitioner filed Petition No. 85 of 2018 on March 8, 2018 and the 2nd petitioner filed Petition No. 123 of 2018 on 4th April, 2018. The two petitions were consolidated with the consent of the parties on November 25, 2019 and Petition No. 85 of 2018 was designated the lead file.

7.The main contention of the petitioners is the constitutionality of sections 16, 19, 33, 45 and the First Schedule of the Health Act , 2017 which they allege essentially places health professionals with equal competence on unequal platforms.

8.It is important to state the cases of each of the petitioners as presented in their separate petitions. The 1st petitioner's case is premised on articles 1, 2, 3, 10, 19, 20, 21, 22, 23, 24, 43, 47, 93, 94, 109, 118, 234 and 258 of the Constitution, and the Health Act , 2017. It is alleged that the impugned provisions of the law violate the fundamental freedoms and constitutional rights spelt out under articles 19, 20, 21, 22, 23, 24, 26 and 47 of the Constitution. The petition is supported by an affidavit sworn on 7th March, 2018 by the President of the 1st Petitioner, Dr. Paul Mwaniki.

9.The 1st Petitioner seeks the following reliefs:iA declaration that the limitation of the right of qualified pharmacists to hold offices created in the Health Act 2017 stands in repugnance to the constitutionally entrenched standards in view of limitation of rights.ii.A declaration that sections 6, 16, 19, 33, 45 and the First Schedule of the Health Act as passed by the respondents is unconstitutional as it is a vio ation of articles 209(3), (4) and (5), 210(1) and 234(2)(a)(i) of the Constitution.iii.An order of certiorari to bring to this Court and quash the decision of the Respondents to pass sections 6, 16, 19, 33, 45 and the First Schedule which stands in inconsistence with the Constitution.iv.A prohibitory injunction to proscribe both levels of the governments from terminating or interfering with the tenure of pharmacists who hold office affected by these clauses.v.A mandatory injunction to indefinitely suspend the application of sections 6, 16, 19, 33, 45 and the First Schedule of the Health Act .vi.A mandatory injunction to compel the 2nd and 3rd respondents to amend Sections 6, 16, 19, 33, 45 and the First Schedule of the Health Act to include the qualifications of pharmacists as beneficiaries of offices created thereby.vii.Costs of the Petition.viii.Any other order that this Honourable Court deems fit and just in the circumstances.

10.The petition is grounded on the assertion that sections 6, 16, 19, 33, 45 and the First Schedule of the Health Act, 2017 which provide the qualifications for the named administrative posts are unconstitutional. It is averred that prior to the enactment of the Health Act, 2017 the respondents, as per the requirement for public participation, made a call for submission of memoranda which they honoured. In their memoranda, members of the 1st petitioner raised concerns on several clauses in the Bill which they deemed unconstitutional.

11.It is the 1st petitioner's contention that the law attempts to limit the rights of the professionals in the human health field from holding positions that they have held previously without a reasonable and justifiable cause. The 1st petitioner argue that administrative posts should be given competitively on an even playing field for all within the human health field. The 1st petitioner avers that its members have hitherto held and demonstrated competence in the positions from which they have been barred by the impugned provisions of the Act. It is deposed that the impugned Act has introduced a new condition for qualification to wit registration under the Kenya Medical and Dentists Board which as a result bars qualified pharmacists from the said positions since they are regulated by a different authority being the Pharmacy and Poisons Board established under the Pharmacy and Poisons Act, Cap. 244. The 1st petitioner contend that the said positions are merely administrative and as such the inequitable prerequisites are unreasonable and unjustifiable.

						to be adopted for effective implementation of this Act; (e) Exercising disciplinary measures over health and Sanitation personnel working in the Ward as may be prescribed by regulations; (f) carrying out needs and capacity assessment for Ward Health and Sanitation facilities in consultation with the Sub County Health and Sanitation Management Team. (g) facilitating capacity building and training of health and Sanitation personnel at the Ward; (h) Supporting Ward Health and Sanitation facilities to comply with the established national and County standards. (i) carrying out any other function as may be assigned by the Executive Committee Member.	
						(4) The Ward Health and Sanitation Management Team shall prepare and submit quarterly reports of its operations to the Sub County Health and Sanitation Management Team.	
						(5) The Executive Committee Member in consultation with the County Health and Sanitation Management Team and the Sub County	

						Health and Sanitation Management Team prescribe guidelines for its operations. (6)In constituting the Ward County Health and Sanitation Management Team, the Executive Committee Member shall adhere to the Directive Principle in Article 27(8) of the Constitution, which stipulates not more two third of the same gender in any elective and/or appointive positions of any state organ, agency, institution or structure.	
						(7) The Ward Health and Sanitation Management Team shall meet at least once every month and as need may arise.	
					Community Health and Sanitation Management Team is missing	Insert new Section 36 Community Health and Sanitation Management Team (1)There shall be established a Community Health and Sanitation Management Team at each facility (2) The Executive Committee Member shall formulate regulations to implement the provisions of Section 36 (1) (3) In constituting the Community Health and Sanitation Management Team, the Executive Committee Member shall adhere to the Directive Principle in Article 27(8) of the Constitution, which	To provide for effective management of health and sanitation at the community facility

						stipulates not more two third of the same gender in any elective and/or appointive positions of any state organ, agency, institution or structure.	
PART V					The current Act has not provided for the County Health and Sanitation Board	Insert New Section 37 **COUNTY HEALTH AND SANITATION BOAD** (1) The Executive Committee Member in consultation with and approval by the County Public Services Board establish the County Health and Sanitation Board (CHSB) (2) The Board shall in consultation with National regulatory bodies carry out regulatory functions and oversee the implementation of this Act and advice the Executive Committee member accordingly. (3) The CHSB shall in collaboration with national regulatory bodies to ensure quality control and adherence to professional standards by all health and sanitation service providers. (4) The CHSB shall supervise and regulate the establishment, licensing and operationalization o of	In order to eliminate unilateral decisions by the county Executive Committee Member, the Chief Officer or County Director of Health and Sanitation

						health facilities including public Private and Faith Based. (5) The chairperson and members of the CHSB shall be nominated by the CECM and appointed by the Governor. (6) The membership of the Board shall consist of:- (a) Health and Sanitation Professional who meets the requirements of Chapter 6 of the Constitution of Kenya, 2010 on Leadership and integrity as the chairperson. (b) The Chief Officer(s) in Charge of Health and Sanitation (c) County Director(S) of Health and Sanitation (d) County Attorney (e) Two representative of the Public Health and Sanitation facilities (f) Two representative of private health and Sanitation facilities (g) Two representatives from the Faith	

						Based Health and Sanitation Facilities (h) Two persons representing Persons Living with Disabilities (i) Two representative of Development Partners in Health Sanitation (j) Two representative of Civil Society Organization (CSOs). (k) The CHSB shall execute any other function as directed by this Act and the appointing Authority. (7) In constituting the County Health and Sanitation Board, the Executive Committee Member shall adhere to the Directive Principle in Article 27(8) of the Constitution, which stipulates not more two third of the same gender in any elective and/or appointive positions of any state organ, institution or structure. (8) The Executive Committee Member shall formulate regulations to operationalize the	

						provision of this Section	
	24	36	County Health Research Unit	(1) The Department shall establish a County Health research unit.	Sanitation Component Missing in the Title	Insert New Section 38 County Health and Sanitation Research and Development Unit 38(1) The Department in consultation and approval by the County Public Service Board shall establish a County Health and Sanitation Research and Development Unit	
				(2)The Department shall— (a) Develop and implement a prioritized county health research agenda in a consultative manner (b) Establish structures for health research coordination including county health research unit, facility research committees among others (c) Ensure there is adequate investment in health research to continually inform evidence –based decisions. (d) Ensure effective information sharing and		The Department shall— (a) Develop and implement a prioritized County Insert health and sanitation Research agenda in a consultative manner Insert (b) Establish structures for health and sanitation research coordination including county health and sanitation research unit, facility research committees, among others Insert (c) Ensure there is adequate investment in health and sanitation research to continually inform evidence –	There is need for the Department to re-vitalize and strengthen its Research and Development Unit in order to make informed and evidence based interventions in matters health and sanitation

				dissemination of research findings (e) Ensure research conducted and implemented in the County meets and conforms to international scientific standards of quality in its design, implementation, analysis and dissemination (f) Ensure an ethical code of conduct for health research in accordance with the Science, Technology and Innovation Act of 2013.		based decisions and interventions Insert (d) Ensure effective information sharing and dissemination of research findings with health and sanitation personnel, regulatory agencies and stakeholders. (e) Ensure research conducted and implemented in the County meets and conforms to international scientific standards of quality in its design, implementation, analysis and dissemination Insert (f) Ensure an ethical code of conduct for health and sanitation research in accordance with the Science,Technology and Innovation Act No. 28 of 2013.	
				(3) The provisions of subsection (2) (c) (d) (e) and (f) shall apply to all health facilities (Public and Private), units in the Department and any other organizations, partners and academic institutions or individuals conducting health research in the County		Insert (3)The provisions of subsection (2) (c) (d) (e) and (f) shall apply to all health and sanitation (Public, Private and Faith Based, CSO) facilities and any other organizations, partners and academic institutions or individuals conducting health research in the County, Lake Region and Country.	

PART IV	25	37	Certification of Quality Management System	(1) Each health unit shall have a Quality Management System which shall be certified under the recognized International Quality Standards and any other certification applicable to health services.		Insert New 39 Certification of Quality Management System (1) Each health unit shall have a Quality Management System which shall be certified under the recognized International Quality Standards and any other certification applicable to health and sanitation services.	In order to comply with the National Health and Sanitation Policies and Guidelines on Certification of Quality Management System
PART IV	25	38	Compliance and Quality Assurance Unit	(1) There is established in the Department the Quality and Compliance Assurance Unit. (2) The Quality and Compliance Assurance Unit shall be responsible for carrying out inspections and health systems audit in county health units in order to ensure compliance with established standards and quality management systems established under Section 37.	Sanitation Component Missing	Insert New Section 40 Compliance and Quality Assurance Unit 40 (1) The Department in consultation and approval by the County Public Service Board shall establish a County Health and Sanitation Quality and Compliance Assurance Unit Insert (2) The Quality and Compliance Assurance Unit shall be responsible for carrying out inspections and health and sanitation systems audit in county health and sanitation facilities in order to ensure compliance with established standards and quality management systems.	In compliance with Quality and Compliance Assurance established by the Constitution and the National Legislations on Health and Sanitation

PART IV	25	39	Compliance of Quality	(1) The Executive Member shall prescribe the standards and procedures for conducting inspections and health systems audit under Section 38. (2) The Quality and Compliance Assurance Unit shall- (a) continuously carry out scheduled or non scheduled inspections and health systems audit in county public health units; (b) conduct once every three years, a comprehensive health systems audit and assessment of each county health unit; and (c) collaborate with the county and sub county health management teams. (3) A person in charge of a county health unit shall provide the necessary support and information to the Quality and Compliance Assurance Unit in order to enable it carry out its functions. (4) A person who fails to comply with subsection (3) shall be deemed to have breached the code of conduct for county public	Sanitation Component not provided for **Sanitation Component not provided for**	Insert New Section 41 Quality and Compliance Unit (1) The Executive Member shall in consultation with national regulatory bodies prescribe standards and procedures for conducting inspections in the health and sanitation systems audit. delete under Section 38. (2) The Quality and Compliance Assurance Unit shall- Delete Units and Insert and sanitation facilities (a) continuously carry out scheduled and/or non-scheduled inspections and health systems audit in County public health and sanitation and private facilities. Insert (b) conduct once every three years, a comprehensive health and sanitation systems audit and assessment of all county public health and sanitation and private facilities; and Insert (c) collaborate with the county, sub county, ward and community health and sanitation to facilitate systems audit and assessment. management teams.	For compliance with the Article 227 Constitution and Applicable Laws For compliance with the Constitution and Applicable Laws

				service and shall be subject to the prescribed disciplinary measures therein. (5) Subject to Section 39, the Quality and Compliance Assurance Unit may conduct inspections and health systems audit in private health units. (6) The Quality and Compliance Assurance Unit shall prepare and submit— (a) a report for each unit inspected or audited and submit it to the management of the unit, the county or sub county health management team; and b) a report of its operations to the County Director every six months	Ward and community levels of the health and sanitation management teams have not been provided for. Health and Sanitation not provided for	Insert (3) A person in charge of a county health and sanitation facility shall provide the necessary support and information to the Quality and Compliance Assurance Unit in order to enable it carry out its functions. 4) A person who fails to comply with subsection (3) shall be deemed to have breached the code of conduct for quality and assurance and shall be subject to the prescribed disciplinary measures stipulated in the Regulations. Insert (5) Subject to Section 40, the Quality and Compliance Assurance Unit may conduct inspections and health and sanitation systems audit in private health units. (5) The Quality and Compliance Assurance Unit shall prepare and submit— Delete unit and insert (a) a report for each unit facility inspected or audited and submit it to the management of the unit, the county, sub county, ward and community health and sanitation management team; and Insert (b) a report of its operations to the County Health	

						and Sanitation Director(s) every six months	
PART IV	26	40	Medical Supplies	The County Chief Officer shall— (a) in consultation with the County Executive Committee Member, establish a system which ensures that essential medical supplies are available and accessible in each county health unit; (b) ensure that the medical supplies are of good quality and meet the standards prescribed under any written law; and (c) adopt appropriate measures for ensuring cost effectiveness in procurement, supply, storage and distribution systems for medical supplies.	Sanitation Supplies are not provided for in the current Section of the Act under review **Sanitation Supplies are not provided for in the current Section of the Act**	Insert New Section 42 Medical and Sanitation Supplies Insert 42(1)The County Chief Officer(s) shall— Insert (a) in consultation with the County Executive Committee Member, establish a system which ensures that essential medical and sanitary supplies are available and accessible in each county health and sanitation facility; Insert (b) ensure that the medical and sanitary supplies are of good quality and meet the standards prescribed under any applicable written law; and Insert (c) adopt appropriate measures for ensuring cost effectiveness in procurement, supply, storage and distribution systems for medical and sanitary supplies. Insert 42 (2) There shall be three levels of Procurement and	For the sake of Compliance with provisions of Article 43(1) b and Section 2 of Part 2 of the Fourth Schedule to the Constitution of Kenya, 2010

				visible for any person entering the establishment and the procedure must be communicated to clients on a regular basis; and (b) be primarily handled by the head of the relevant facility or any person designated by the facility as responsible for handling clients complaints. (4) Every complainant under subsection (1) has a right to be informed, in writing and within a period of three months from the date the complaint was lodged, of the action taken or decision made regarding the complaint. (5) Where a health facility fails to resolve a complaint to the satisfaction of the complainant, the Chief Officer shall take necessary action.		public and private health and sanitation facilities. (3)The procedures for laying of complaints shall— Insert (a) be displayed by all health and sanitation facilities in a manner that is visible for any person entering the establishment and the procedure must be communicated to clients on a regular basis; and Insert (b) be primarily handled by the head or incharge of the relevant health and sanitation facility or any person designated by the facility as responsible for handling clients complaints and grievances. Insert (4) Every complainant or grievant under subsection (1) has a right to be informed, in writing and within a period of 60 days delete three months from the date the complaint and/ or grievance was lodged of the action taken or decision made regarding the complaint and/or grievance. Insert (5) Where a health and sanitation facility fails to resolve a complaint and/or grievance to the satisfaction of the complainant, the Chief Officer shall take necessary action.	Health and Sanitation to minimize wangles and internal conflicts with Trade Unions in the Health and Sanitation Sector

						Asset Disposal in the Department which will operate as follows; (a) Departmental level procurement and asset disposal (b) Secondary Health care and Sanitation level. (c) Primary Health and Sanitation level (3)Every level of procurement and asset disposal shall adhere to the provisions of Article 227 of the Constitution and Public Procurement and Asset Disposal Act 2015 and its Regulations	
PART IV	26	41	Complaint Management	(1) Any person has a right to file a complaint about the manner in which he or she was treated at a health facility and have the complaint investigated appropriately. (2) The Department of Health shall establish and publish the procedure for the laying of complaints within public and private health care facilities. (3)The procedures for laying of complaints shall— (a) be displayed by all health facilities in a manner that is	Sanitation Component Missing	Insert New Section 43 Handling of Complaints & Grievances Insert (1) Any person has a right to file a complaint about the manner in which he or she was treated at a health and sanitation facility and have the complaint and/or grievance investigated appropriately. Insert (2) The County Executive Committee Member for Health and Sanitation shall formulate, publish and publicize the procedure for the laying of complaint(s) within	This is in compliance with the provisions of Article 159 of the Constitution on Alternative Dispute Resolution Mechanism as read together with Section 14 Health Act 2017 and any other applicable law There is need to clarify and provide for the manner in which complaints and grievances can be handled by the duty bearers and management teams in the Department of

—	26	43	Health Status Report	The Department shall, not later than three months after the end of each financial year, prepare a health status report and disseminate to relevant the public and relevant organs	Sanitation Component Missing	Insert New Section 44 Health and Sanitation Status Report Insert The Department shall, not later than three months after the end of each financial year, prepare a health and sanitation status report and submit to the County Executive Committee and County Assembly for consideration and where appropriate to the State Department in charge of Health and Sanitation. The said report shall be disseminated to relevant stakeholders and the public.	The Health and Sanitation Status reports is an important for institutional memory and are critical indicators of progress or otherwise at the end of each financial year. It is a tool that can determine the cost benefit analysis of the Department's initiatives, programmes and intervention strategies in primary and secondary health care services. The said reports will also be relied upon by the duty bearers in the County Government to make informed choices and decisions geared towards improving the health and sanitation to be in sync with the Universal Health Coverage
		44	County Health Stakeholders Forum	There is established the County Health Sector Stakeholders' Forum, which shall consist of relevant government departments, agencies and non-state actors	Sanitation Component Missing	Insert New Section 45 County Health and Sanitation Stakeholders Forum Insert There is established the County Health and Sanitation Delete Sector Stakeholders' Forum, which shall consist of relevant government	In compliance with the directive principle on public participation stipulated in Articles 1, 3, 10, 27 and 118 as read together with Part 8 and Part 10 of the County Governments Act, 2012 on Public Participation and Civic

	26	42	Quarterly Reports	The Department shall prepare quarterly reports on the implementation of this Act which shall be transmitted to the County Executive Committee and the County Assembly for consideration.		Insert The various levels of health and sanitation management teams shall prepare quarterly reports and submit to the County Director (s) of Health and Sanitation for onward submission to the Chief Officer (s) and Executive Committee Member . Insert The Executive Committee Member shall prepare quarterly reports on the implementation of this Act which shall be transmitted to the County Executive Committee and the County Assembly for consideration.	The quarterly reports are a management tool and form are for the strategies for measuring progress as well as enhancing fiscal discipline and social accountability by the duty bearers and Health and Sanitation Management Teams to the County Assembly and the general public. They can be used to identify capacity gaps in health and sanitation service delivery in order to design appropriate strategies of addressing them.

				(a) moneys allocated and appropriated to the Fund from the County Revenue Fund, from time to time, by the County Assembly; (b) any grants, gifts, donations, loans or other endowments given to the Fund; (c) monies received as user foregone fees; (d) income generated from the proceeds of services rendered; (e) monies that may accrue to the Fund in the course of the exercise or performance of its functions; and (f) monies from any other lawful source accruing to the Fund. (2) The fund shall provide financial resources for medical supplies and equipping of Health Facilities in the County for operations and maintenance; (3) The funds collected by a health unit under Section 8— (a) shall be paid into a bank account operated by the		established a Bungoma County Health and Sanitation Facility Improvement Fund. (a) The Facility Improvement Fund will allow all Health Facilities (Hospitals) to retain 100% of their collections and designate the collections as Appropriation -In - Aid . (b) The Facility Improvement Fund (FIF) shall enhance the capacity of Health and Sanitation facilities to generate and manage funds; (c) The implementation of the Facility Improvement Fund will ensure access to affordable, equitable and guarantee the highest attainable standards of Health and Sanitation. (2) The Facility Improvement Fund shall consist of- (a) moneys allocated and appropriated to the Fund from the County Revenue Fund, from time to time, by the County Assembly; (b) any grants, gifts, donations, loans or other (c) monies from non-state Health insurance providers (d) monies received as user foregone fees;	of the Public Finance Management Act, 2015 and its Regulations

						departments, agencies and non-state actors. The Executive Committee Member shall formulate regulations for stakeholders involvement	Education, respectively
		45	Supervision of private health units in the County	Subject to the national policy and quality standards, and in consultation with the National Government, the County Executive Committee Member of Health shall provide and facilitate oversight and supervision over private health units or programs operating in the county to ensure compliance with the established standards.	Sanitation Component Missing	Insert New Section 46 Regulation and Supervision of Private Health and Sanitation Facilities in the County Insert Subject to the national and county policy and quality standards, and in consultation with the relevant National Government state departments and regulatory bodies, the County Executive Committee Member of Health and Sanitation shall delete provide regulate, facilitate and supervise oversight and supervision over Public, Private and Faith Based health and sanitation facilities and/or programmes operating in the County to ensure compliance with the applicable policies and standards	To ensure that all health and sanitation facilities, including private, those operated by the Faith Based Organizations and Civil Society Organizations adhere to the National and County policies and established quality standards
PART V	27	46	FINANCIAL PROVISIONS AND PRCOUREMENT	(1) There shall be established a Bungoma County Health Services Management Fund. (2) The Fund shall consist of—	Sanitation Component Missing	Insert New Section 48 Health and Sanitation Financing Insert (1) Pursuant to Section 109(2) (b) of the Public Finance Finance and Management Act (PFMA 2012), there shall be	In compliance with the provisions of prudent management of public funds stipulated in Article 201 of the Constitution of Kenya, 2010 as read together with several sections

				health unit for that purpose; and (b) shall be utilized solely for provision of health services and development in the health unit where the funds are received or generated in accordance with the annual estimates of the health unit as approved by the County Assembly. (4) Subject to subsection (3), a County Health Unit may charge such user charges or fees for the services rendered. (5) The Funds under this section shall be managed in accordance with the Public Finance Management Act 2012		(e) income generated from the proceeds of services rendered; (f) monies that may accrue to the Fund in the course of the exercise or performance of its functions; and (g) monies from any other lawful source accruing to the Fund. (3) Each Health Facility will operate a Special Account of its own but report and disclose all their transactions to the Chief Officer for the sake of accountability. Insert The fund shall provide financial resources for medical and sanitation supplies, equipping of Health and Sanitation Facilities in the County for operations and maintenance; **Insert (4)The Executive Committee Member shall formulate Regulations to govern the operation , use and management of the The Bungoma County Health Facility Improvement Fund.;** **Insert (49) There shall be established the Bungoma County Primary Healthcare Fund (BCPHCF) by the County Executive Committee**	

						Member in charge of Health and Sanitation in consultation with the County Executive Committee Member for Finance and Economic Planning; Insert (6) The Sources of Monies for the Fund shall include: (a) those from collections at the health and sanitation facilities , Social Health Insurance Fund (SHIF) reimbursements, funds from donors and other development partners in support of primary health care(PHC), among others. Insert (b) The other sources of monies to the Primary Health Care Fund will include collections from dispensaries, pharmacies, cemeteries, mortuaries and crematoria. (c) The funds collected by a health facility shall be utilized solely for provision of health services and development in the health facility where the funds are received or generated in accordance with the annual estimates of the health facility as approved by the County Assembly.	

						Insert (7) The County Executive Committee Member will formulate Regulations for the operationalization and management of the monies in the special purpose account. **Insert (8) The Bungoma County Health Facility Improvement Fund (BCHFIF)and the Bungoma County Primary Heath Care Fund (BCPHCF) shall be managed in accordance with the Public Finance Management Act 2012 and Public Finance Management Regulations 2015 and the Public Procurement and Asset Disposal Act, 2015 and Regulations 2016.**	
PART VI		48	GENERAL PROVISIONS Health Laws and Policies	The County Executive Member shall upon, commencement of this Act, prepare and submit to the county executive committee and the county assembly for consideration and adoption the laws and policies stipulated under the Second Schedule.		**Insert New Section 49 GENERAL PROVISIONS** The County Executive Member in charge of Health and Sanitation shall upon, commencement of this Act, prepare appropriate policies and submit to the County Executive Committee and the County Assembly for consideration and adoption the Health and Sanitation in accordance with Second Schedule.	There is no approved County Health and Sanitation policy Framework hence the need to formulate one to govern the affairs of the Department and its clients and stakeholders.

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		49	Transition	The existing Members of the County Health and Sanitation Management Boards and Health Facility Committees shall serve for the remainder of their term.		**Insert New Section 50** The existing Members of the County Health and Sanitation Management Boards and Health Facility Committees shall serve for the remainder of their term.	There is need for a saving clause for smooth succession management in the County Health and Sanitation Boards and Committees
		50	Regulations	The County Executive Member may make Regulations generally for the better carrying out of the objects of this Act.	There are no approved regulations to implement the current Act.	Insert New 51 Section Regulations and Guidelines The County Executive Member shall make Regulations and Guidelines for the better carrying out of the objects of this Act. The Taskforce proposes an Omnibus(One Stop Shop) kind of Regulations to implement several Sections of the Act.	There are no Regulations that have been submitted to the County Assembly for consideration and approval to facilitate the implementation of the amended Act

REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BUNGOMA
DEPARTMENT OF HEALTH AND SANITATION
OFFICE OF THE COUNTY EXECUTIVE COMMITTEE MEMBER

Telephone: 055-30343
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County Executive Offices
Fifth Floor
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BUNGOMA

ATTENDANCE LIST

DATE: 7/9/23 VENUE: MABANGA ATC

ACTIVITY: HEARING SESSION WITH REPRESENTATIVES OF THE 3 UNIONS (KNUN, KCO, KNUMLO)

NO.	NAME	DESIGNATION	P/NO	SIGN
1	CHRISPINE WASILWA	V. Chair KNUN	2014009518[illegible]	
2	WILSON OSUNDWA	Org KNUN	20091146[illegible]	
3	DAVID WAMALWA	KNUN. B. SECRETARY	20170128506	
4	GEORGE SHIVEKA	NURSE MANAGER	1995029405	
5	NOEL KHAEMBA	NURSE MANAGER	1998095046	
6	Jacqnelyn Wanalwa	NURSE MANAGER	20140096673	
7	LILLIANE NABUNYE	NURSE MANAGER	20170068407	
8	Kennedy Swalukhu	NURSE MANAGER	20140097874	
9	PETER MUSTO	NURSE Manager	2003005635	
10	KHAKHA MUSUHU	V CHAIR KUCO	20140096582	
11	DOREEN MULONGO	Tresurer KCOA	2013022776	
12	ELISA AMBUCHI	SEC KUCO	2013022909	
13	Simon Omari	CHAIR-KUCO	1997071411	
14	Celestine Wasiwa	Gender rep KUCO	20140096902	
15	JOHN KHISA	CLINICAL OFFICER.	20140096653	
16	ROTICH ASCAR	TREASURER - KUCO	2010107286	
17	VICTOR SIONI	DEPUTY KUCO	20140104347	
18	David Kimengich	Chairman KCOA	2013022834	
19	Tom Namutenbi	KNUMLO-MEMBER	20150120120	
20	Nasimiyu Nguti	KNUMLO - V. SECRETARY	2011370911	
21	JANEPHER NJUKURI	KNUMLO-Treasurer	201371125	
22	Florian Mwangale	KNUML - Member	20170033100	
23	AUSTINE WAMALWA	KNUMLO - CHAIR	2012024921	
24	HENRY KHAEMBA	KNUMLO - ORG SEC	2011380035	
25	STEPHEN NABEKI	KNUMLO SEC	20170033262	

REPUBLIC OF KENYA

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ATTENDANCE LIST

DATE: 21-8-2023 VENUE: MABANGA ATC

ACTIVITY: HEALTH & SANITATION SESSION ON THE REVIEW & AMENDMENT OF THE BUNGOMA HEALTH SERVICES ACT 2019

NO.	NAME	DESIGNATION	P/NO / ID NO	SIGN
1	PROF. BARASA K. NYUKURI	CHAIRPERSON TASK FORCE	9996356	
2	MUKENYA JOHN	MEMBER	13246024	
3	Everlyne Namalwa	Member	24380657	
4	Albert S. Wamalwa	Member	2078172	
5	EZEKIEL OKECH	Member	11658967	
6	PHELGONA ODIPO	Member	28952772	
7	Nakhumicha Eric	Member	25423883	
8	Dr. Sylvester Mutoro	Member	9232889	
9	Leonard Mango	Member	25[illegible]74	
10	SELLA MUTSOTSO	MEMBER	11330315	
11	Stephen Yambi	Member	26388[illegible]7	
12	PURITY KAFUHA MASINDE	MEMBER	28352947	
13	TITUS MATEWISE	DRIVER	24219055	
14	LUCILA VIAVALI	SECRETARIATE	239-11843	
15	FESTUS NYONGESA	DRIVER	14541181	
16	TIMOTHY VUHEGHA	DRIVER	20112397[illegible]9	
17	TITUS OTEBA	COMMUNICATIONS	24930530	
18	Evelyne Mumbi	SECRETARIATE	20488415	
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REPUBLIC OF KENYA

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BUNGOMA

ATTENDANCE LIST

DATE: 22-8-2023 VENUE: MABANGA ATC

ACTIVITY: REVIEW & AMENDAMENT OF THE BUNGOMA COUNTY HEALTH SERVICES ACT 2019

NO.	NAME	DESIGNATION	P/NO	SIGN
1	BARASA KUNDU NYUKURI (Mr)	CHAIRPERSON TASK FORCE	9996356	
2	MULENYA JOHN	MEMBER	13246024	
3	PHELGONA KODIPO	Member	28452772	
4	Albert S. Wamalwa	Member	2078172	
5	EZEKIEL ODEOH	Member	11658967	
6	Stephen Yambi	Member	26388290	
7	SYLVESTER MUTORO	Member	9232889	
8	Nakhumicha Jenic	Member	25423253	
9	Sella Muksokso	member	11330315	
10	TITUS OTEBA	COMM OFFICER	24930530	
11	Lucia Yalwali	Secretariat	23941843	
12	Everlyne Efumbi	Secretariate	20488715	
13	Evelyne Namalwa	Member	24380657	
14	PURITY KAFUNA MASINDE	MEMBER	28352947	
15	FESTUS NYONGESA	DRIVER	14541181	
16	TIMOTHY KAFEERA	DRIVER	20112397739	
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REPUBLIC OF KENYA

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BUNGOMA

ATTENDANCE LIST

DATE: 23-8-2023 VENUE: MABANGA ATC

ACTIVITY: TASKFORCE MEETING FOR THE REVIEW AND AMENDMENT OF BUNGOMA COUNTY HEALTH SERVICES ACT 2019

NO.	NAME	DESIGNATION	P/NO	SIGN
1	Prof. Barasa K. Nyukuri	Chairperson Health & sanitation Committee	9996356	
2	MUKENYA JOHN	MEMBER	13246024	
3	Albert S. Wamalwa	Member	20785172	
4	Evelyne Namalwa	Member	24350657	
5	Salla Mutsotso	Member	11830315	
6	PHELGONA K ODIPO	Member	28952772	
7	Stephen Yambi	Member	26388290	
8	SYLVESTER MUTOKO	Member	9232889	
9	EZEKIEL OBEDH	Member	11658967	
10	LEONARD Mayos	Member	25705740	
11	Evelyne Nyumbi	Secretariate	20488715	
12	TITUS OTEBA	Comm OFFICER	24930530	
13	LUCIA NYAKO	Secretariat	23941893	
14	Nekhumenya Erik	Member	28223283	
15	TIMOTHY KAFUNA	DRIVER	20112397 39	
16	PURITY KAFUNA MASINDE	MEMBER	28352947	
17	FESTUS NYONGESIK	DRIVER	14541181	
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ATTENDANCE LIST

DATE: 24-8-2023 VENUE: MABANGA ATC

ACTIVITY: REVIEW AND AMENDMENT

NO.	NAME	DESIGNATION	P/NO	SIGN
1	TITUS OTEBA	COMM OFFICER	24930530	
2	PURITY KAFUHA MASINDE	TASKFORCE MEMBER	28352947	
3	Albert S. Wamalwa	Member	2878172	
4	PHELGONA ODIPO	MEMBER	28952772	
5	Nakhumenya Eric	Member	25423252	
6	Evelyne Namalwa	Member	24380657	
7	Sylvester Mutoro	Member	9232889	
8	MUKENYA JOHN	MEMBER	13246024	
9	Stephen Yambi	Member	26388290	
10	EZEKIEL ODEOH	Member	11658967	
11	BARASA K. NYUKURU	CHAIRPERSON	9996358	
12	EVERLINE EFUMBI	SECRETARIATE	20488715	
13	LUCIA WAKO	SECRETARIAT	23941843	
14	Sella Mutsotso	Member	11330315	
15	TIMOTHY KUAFUKA	DRIVER	20117397739	
16	FESTUS NYONGESA	DRIVER	20050299O2	
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BUNGOMA

ATTENDANCE LIST

DATE: 25-8-2023 VENUE: MABANGA ATC

ACTIVITY: REVIEW AND AMENDMENT OF THE BUNGOMA COUNTY HEALTH SERVICES ACT 2019

NO.	NAME	DESIGNATION	P/NO	SIGN
1	BARASA KUNDU NYUKURI	CHAIRPERSON TASK FORCE	9996358	
2	MUKENYA JOHN	MEMBER	13246024	
3	EZEKIEL ODEH	Member	11658967	
4	Albert S. Wamalwa	Member	2078172	
5	TIMOTHY KAFULA	DRIVER	20112397371	
6	Lucia Nyakoi	Secretariat	23941843	
7	TITUS OTEBA	COMM OFFICER	24930530	
8	PURITY KAFUNA MASINDE	MEMBER	28352947	
9	Sella Mutsotso	Member	11330315	
10	Stephen Yambi	Member	26388290	
11	Majimenya Eric	Member	25423283	
12	PHELGONA ODIPO	Member	28952772	
13	Everlyne Namanu	Member	24380657	
14	Everlyne Etumbi	Secretariat	20488715	
15	Dr. Sylvester Mubo	Member	9222889	
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REPUBLIC OF KENYA

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BUNGOMA

ATTENDANCE LIST

DATE: 31ST AUG. 2023 VENUE: MABANGA ATC

ACTIVITY: REVIEW OF THE BUNGOMA COUNTY HEALTH SERVICES ACT 2019 BY THE HEALTH & SANITATION TASKFORCE

NO.	NAME	DESIGNATION	P/NO	SIGN
1	BARASA K. NYUKURI	CHAIRPERSON TASK FORCE	9996356	
2	MUKENYA JOHN	MEMBER	13246024	
3	Albert S. Wamalwa	Member	2078172	
4	PHELGONA ODIPO	MEMBER	28952772	
5	PURITY KAFUNA MASINDE	MEMBER	28352947	
6	TITUS OTEBA	COMM OFFICER	24930330	
7	ABIJAH KIBOI	Secretariate	29128760	
8	[illegible]	secretariate	20488415	
9	EZEKIEL ODEDH	MEMBER	11658967	
10	Sylvester Mulop	Member	9232889	
11	Evelyne Namalwe	Member	24360657	
12	NAKHUMICHA ERIC	Member	25423253	
13	Stephen Wambi	member	24388790	
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REPUBLIC OF KENYA

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BUNGOMA

ATTENDANCE LIST

DATE: 5TH SEPT. 2023 VENUE: MABANGA ATC

ACTIVITY: REVIEW OF BUNGOMA COUNTY HEALTH SERVICES ACT 2019 BY THE HEALTH & SANITATION TASK FORCE

NO.	NAME	DESIGNATION	P/NO	SIGN
1	BARASA KUNDU NYUKURI	CHAIRPERSON TASK FORCE	9996356	
2	Stephen Yambi	member	26388290	
3	MUKENYA JOHN	MEMBER	23246024	
4	Sella Mutsotso	Member	11330315	
5	Everlyne Namalwa	Member	24380657	
6	Albert S. Wamalwa	Member	2078172	
7	Evelyne Khumbi	Secretariate	20488415	
8	PHELGONA K ODIPO	MEMBER	28952772	
9	Abisai Kiboi	Secretariate	29128760	
10	Leonard Mavus	Member	25105700	
11	Sylvester Mutoro	Member	9232859	
12	Ezekiel Odeoh	Member	11658967	
13	Nakhumicha Jemc	Member	25423253	
14	PURITY KAFUNA MASINDE	MEMBER	28352947	
15	LUCILA KHAKHI	MEMBER	23941843	
16	TITUS OTEBA	COMM	24930530	
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REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BUNGOMA
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BUNGOMA

ATTENDANCE LIST

DATE: 6TH SEPT. 2023 VENUE: MARANGA ATC

ACTIVITY: REVIEW & AMENDMENT OF THE BUNGOMA COUNTY HEALTH SERVICES ACT 2017 BY THE TASKFORCE

NO.	NAME	DESIGNATION	P/NO	SIGN
1	BARASA KUNAU NYUKURI (Dr)	CHAIR PERSON TASK FORCE	9996356	
2	EZEKIEL ODEDH	MEMBER	11658967	
3	Mukonya John	Member	13246021	
4	Sella Mutsotso	Member	11330315	
5	Albert S. Wamalwa	Member	2078172	
6	Everlyne Ejumbi	secretariat	20488715	
7	Evelyne Namalwa	Member	24380657	
8	Sylvester Mulomo	Member	9232889	
9	Nekhumenya Eric	Member	25423283	
10	Stephen Yamb	member	26388290	
11	Purity Kafuna Masinde	Taskforce Member	28352947	
12	TITUS OTIEBA	COMM	24930530	
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REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BUNGOMA
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BUNGOMA

ATTENDANCE LIST

DATE: 7/9/2023 VENUE: MABANGA ATC

ACTIVITY: HEALTH & SANITATION REVIEW OF THE 2019 ACT.

NO.	NAME	DESIGNATION	P/NO	SIGN
1	Prof. Barasa K. Nyukuri	Chairman TASKFORCE	9996356	
2	Mukanya John	Member	13256024	
3	Wakhungu Eric	Member	25423253	
4	EZEKIEL ODERA	Member	11658967	
5	Stephen Yamsi	member	20388290	
6	Titus Oteba	COMM Officer	24930530	
7	Evelyne Nyongesa	Secretariate	30428715	
8	Abisai Lalou	Secretariate	20895760	
9	Lucia Nyongesa	Secretariat	20120035263	
10	Dr Sylvester Mutoro	Member	9232889	
11	Purity Katuna Masinde	Taskforce Member	28352947	
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REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BUNGOMA
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BUNGOMA

ATTENDANCE LIST

DATE: 9/9/2023 VENUE: MABANGA AIC TASKFORCE

ACTIVITY: HEALTH & SANITATION, HEALTHS SESSION WITH MEDICAL DOCTORS & PUBLIC HEALTH OFFICERS

NO.	NAME	DESIGNATION	SUB COUNTY	ID/NO	SIGN
1	JOB NAIBEI KINGO	P-H-O	CHEPTAIS	32853424	
2	MICAH KHISA	PHO	MT. ELGON	20688891	
3	Ramid Kipruto	PHO	Chptais	27481443	
4	Perita Barasa	PHO	Kanduyi	0721582360	Barasa.
5	FRED BARAZA	PHO	Bumula	0727888396	
6	DORICE K. TEMBA	PHO	W/East	0714678757	Temba
7	RONALD CHEBUNGEI	PHO	SIRISIA	0710872911	
8	PHILIP SAGINI	PHO	KABUCHAI	8111774	
9	FREDRICK SIKALI	PHO	BUMULA	10412218	
10	MOSES WEFWAFWA	MSW	KANDUYI	20274334	
11	CHRISPINUS MWASINZIE	MSW	WEBUYE	24805257	
12	LAVENDER MUNYASIA	M S W	WEBUYE WEST	23645098	
13	DR. BRIAN INIMA	MEDSUPT/MOH.	MT. ELGON	27268964	
14	Dr. Wechuge	SCMO	Tongaren	27100214	
15	Dr Simon Kisaka	MEDICAL SUPERINTENDENT	WEBUYE	20041935	
16	Dr Lydia Anyonzwa	Pharmacist	BGM	22692257	

17	Dr Rono Kipротich	pharmacist 1 MOH west	Webuye West	27087300	[illegible]
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REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BUNGOMA
DEPARTMENT OF HEALTH AND SANITATION
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ATTENDANCE LIST

DATE: 14-9-2023 VENUE: CHWELE SUB COUNTY HOSPITAL

ACTIVITY: HEALTH & SANITATION TASKFORCE TRAINING SESSION AT CHWELE SUB COUNTY HOSPITAL

NO.	NAME	DESIGNATION	P/NO	SIGN
1	Sylvester Mutoro	Member	9232889	
2	Purity Kafuna Masinde	Member	28352947	
3	Albert S. Wanalwa	Member	2078172	
4	Everlyne Namalwa	Member	24380657	
5	Barasa K. Nyukuri	Chairperson	9996356	
6	Kevine Kwesi	Secretariate	20623715	
7	Sella Mutsotso	Member	11330315	
8	Leonard Jema Mosos	Member	25105740	
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REPUBLIC OF KENYA

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ATTENDANCE LIST

DATE: 14/9/2023 VENUE: Bumula Sub-County Hospital

ACTIVITY: TASK FORCE HEARING - Public Participation

NO.	NAME	DESIGNATION	ID NO.	STATION	SIGN
1					
2	Nakhumicha Erick	Taskforce member	25423283	Taskforce	
3	Albert Wanalwa	Member	2078172	Taskforce	
4	Sella Mutsotso	member	11330315	Taskforce	
5	Mukenya John	Member	13246024	Taskforce	
6	EZEKIEL OSEJH	Member	11658767	SIRISIA	
7	PHELGONA KODIPO	Member	28452772	Taskforce	
8	Kafura masinde	member	28352947	Taskforce	
9	Lumin Kenyi	Secretariat	23941843	Taskforce	
10	Stephen Yambi	Member Taskfor	26388290	Taskforce	
11	Dr Sylvester Mutoro	Member	9232889	Taskforce	
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REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BUNGOMA
MINISTRY OF HEALTH
OFFICE OF THE COUNTY EXECUTIVE COMMITTEE MEMBER

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ATTENDANCE LIST

SUBJECT: HEALTH & SANITATION TASKFORCE
HEARING SESSION

VENUE: CHIEFS C HOSPITAL DATE: 14/9/23

NO.	NAME	WARD	ID NUMBER	SIGN
1	Sylvester Mutoro	Member	9232889	
2	Evelyne Nomalwa	Member	21380657	
3	BARASA K-NYUKUM (Prof)	Chairperson	9996356	
4	Evelyne Ftumbi	Secretariate	20488715	
5	TITUS OTIENA	COMMUNICATION	24930330	
6	EZEKIEL CHEBOI	MEMBER	11658967	
7	PURITY KAFUHA MASINDE	MEMBER	28352947	
8	John Mukenya	Member		
9		Member	13246024	
10	Leonard Enma Mosos	Member	25705740	
11	Stephen Yambi	Member	23898290	
12	Amos Makokha	Taskforce Member	11233488	
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REPUBLIC OF KENYA

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ATTENDANCE LIST

SUBJECT: HEALTH & SANITATION TASKFORCE HEARING SESSION

VENUE: CHWELE HOSPITAL DATE: 14/9/2023

NO.	NAME	WARD	ID NUMBER	SIGN
1	VINCENT ODHIAMBO	CHWELE / KABUCHAI	25082123	
2	JOHN SIRENGO MAKOVHA	CHWELE / KABUCHAI	26235027	
3	KENNEDY MURUNGA	CHWELE / KABUCHAI	24699760	
4	LILIAN N BARASA	CHWELE / KABUCHAI	27502138	
5	KRAPHAN SIMIYU	CHWELE / KABUCHAI	25396894	
6	ROBAI H WABWILE	CHWELE KABUCHAI	22751169	RW
7	CAROLYNE CHEBET	CHWELE / KABUCHAI	27876089	
8	LIULET MASIBO	CHWELE / KABUCHAI	23669073	
9	Jane Mulahwana	Chwele / Kabuchai	25033694	
10	LUCAS W NABISWA	LUKHOME / MUKUYUNI	26920948	
11	IMMACULATE JUMA	CHWELE / KABUCHAI	33036989	
12	Kevin Wekesa Simiyu	CHWELE / KABUCHAI	33282350	
13	Tomko Consolata	CHWELE KABUCHAI	29367016	
14	George Nyongesa	Chwele / Kubuchai	32073453	
15	Emmanuel Wekesa Mauyo	Chwele / Kabuchai	23282025	
16	Christopher Shafi	Chwele / Kabuchai	33417048	
17	Valentine Nasambu	Chwele / Kabuchai	40831112	
18	Faith Ngera	Chwele / Kabuchai	32002249	
19	LAWRENCE M KHISA	Chwele / Kabuchai	11328023	
20	BRIGID NAFULA	KUYWA / KABUCHAI	26185712	
21	Maryleka Moraa hadis	Bonyamatuta	33064070	
22	Brenda Simiyu	Chwele / Kabuchai	30303149	
23	Henry Juma	Chwele / Kabuchai	8982062	
24	Simiyu Sylvia	Chwele / Kabuchai	38984679	
25	Wycliffe Emaint Omeri	Chwele / Kabuchai	30201276	
26	Martin S. Masinde	Chwele / Kabuchai	11161500	
27	Kiokera Oscar	Chwele / Kabuchai	10008321	
28	Nelly Nasito	Chwele / Kabuchai	9228804	
29	Ahmsidah Nekhisa	Chwele / Kabuchai	22504834	
30	THOMAS NYONGESA	Chwele / Kabuchai	11330254	

		WARD	ID	
31	KHASAWA BARBRA.	CHWELE/KABUCHAI	38541194	[signature]
32	JEPCHUMBA CHRONINO ✓	CHWELE/KABUCHAI	36947903	[signature]
33	KELVIN WAMAHE ✓	CHWELE/KABUCHAI	37432950	[signature]
34	VINCENT KIPTOO ✓	CHWELE	11731452	[signature]
35	OSCAR BARASA	CHWELE/KABUCHAI	24580312	[signature]
36	ERICK KITUI ✓	CHWELE	[illegible]9934	[signature]
37	PETER WOLAYO ✓	CHWELE	23902841	[signature]
38	Musamali Anne ✓	Chwele	31359559	[signature]
39	CHRISTINE IKADIKOR	CHWELE	40293007	[signature]
40	JUDY JEPCHUMBA	CHWELE	39826038	[signature]
41	Ruth Mchai	Chwele	38070812	[signature]
42	Pauline Philip	Chwele	39346236	[signature]
43	Beatrice Wanjala	Cleaner	24210907	[signature]
44	CALEB KWOMA WEBO	BIOMED CHWELE	11041104	[signature]
45	JUDITH A. OCHTY	Chwele/Kabuchai	24265654	[signature]
46	JANE MUNIALO	Chwele/Kabuchai	31809200	[signature]
47	Debra Lukorito	Chwele/Kabuchai	29989856	[signature]
48	Ngome Florence	Chwele/Kabuchai	11454145	[signature]
49	Doreen mulongo	chwele/Kabuch	24594611	[signature]
50	ARNOLD Simiyu	Chwele	22144493	[signature]

		WARD	ID	SIGN
31	Auma Stella	Chwele / Kabuchai	32489605	
32	Byline nasimiyu	chwele / Kabuchai	36315458	
33	Priscah Alungata	chwele / kabuchai	39100188	
34	Phidelis Nangila	Chwele/kabuchai	36929724	
35	CHRISPINE A. WASILWA	V. KHUTI	28117552	
36	FELIX W. WANYONYI	C. KNUN	28103776	
37	Nagula Mary	CHWELE / KABUCHAI	26438700	
38	Laundrick Barasa	Chwele/Kabuchai	25323997	
39	Emily Wamalwa	Chwele/Kabuchai	13661026	
40	Mary Nandwere	Chwele/Kabuchai	11021995	
41	Stephen Yanza	Task force	28288290	
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REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BUNGOMA
DEPARTMENT OF HEALTH AND SANITATION
OFFICE OF THE COUNTY EXECUTIVE COMMITTEE MEMBER

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P.O. BOX 437 - 50200
BUNGOMA

ATTENDANCE LIST

DATE: 20/9/23 VENUE: WEBUYE HOSPITAL

ACTIVITY: HEALTH & SANITATION TASKFORCE HEARING SESSION

NO.	NAME	DESIGNATION	ID/NO	SIGN
1				
2	Everlyne Namalwa	Member	24380657	Fwambuto
3	PHELGONA OPIYO	Member	28952772	
4	KAFUNA MASINDE	MEMBER	28352947	
5	Stephen Yambi	Member	26388290	
6	EZEKIEL ODEOH	MEMBER	11658967	
7	BARASA K. NYUKURI (Prof)	CHAIRMAN	9996356	
8	Everlyne Kumsi	Secretariate	20488715	
9	Edwin Sasaka	Media	26608707	
10	Leonard Juma Moses	Member	25105740	
11	Lucila Wakoli	Secretariate	23944843	
12	Dr. Sylvester Mutoro	Member	9232889	
13	Amos Makokha	Member	11233488	
14	TITUS OTIENO	Comm Officer	24930530	
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COUNTY GOVERNMENT OF BUNGOMA
MINISTRY OF HEALTH
OFFICE OF THE COUNTY EXECUTIVE COMMITTEE MEMBER

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ATTENDANCE LIST

SUBJECT: HEALTH & SANITATION TASK FORCE - HEARING SESSION

VENUE: WEBUYE SUBCOUNTY HOSPITAL DATE: 20/9/2023

NO.	NAME	WARD	ID NUMBER	SIGN
1	VICTOR SIONY WABWIRESA	MUSIKHU	22699738	
2	AMBROSE ARONDI	Shilywe	13286276	
3	ROSE MASOMBO	Matulo	13343032	
4	CATHERINE ASAYA	MATULO	8968620	
5	Tonny Kibet		26715273	
6	Mulongo S. Denis	Matulo	23038640	
7	CATHERINE LUSWETI	MATULO	23845352	
8	TIMOTHY CHAKAVA	MATULO	25161841	
9	CHRISPINUS MARINDE	KIMILILI	24805257	
10	MERCY TUNDULI	MATULO	26716395	
11	MARY WALUCHIO	MATULO	13584226	
12	JOHN OKELLO	MATULO	10216559	
13	BRIAN CHELA WALUMOLI	MIHUU	27851741	
14	EDWARD WAFULA	MATULO	25412772	
15	JOSELINE WATITWA	MATULO	14435680	
16	FRANCIS WASIKE	MATULO	5792785	
17	Dr Wakoli Phidelis	MATULO	29803016	
18	SIKUKU PAUL	MATULO	23384117	
19	VITALIS KIEMBA	MATULO	28499872	
20	Isaac S. Wasike	Matulo	22514352	
21	ROBERT SOIFA MUSALI	Matulo	8837776	
22	Jackline Obwayo	Matulo	11092569	
23	James Ruto	Matulo	28227880	
24	Selina Wafula	Matulo	22651273	
25	JOHN MASIMBE	Matulo	22274784	
26	Dr Simon KISAKA	MATULO	20041939	
27	Patricia Kawira	Matulo	24280360	
28	SASAKAL EDWIN	Matulo	26605093	
29				
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ATTENDANCE LIST

DATE: 20/9/2023 VENUE: SINOKO SUB COUNTY HOSPITAL

ACTIVITY: TASK FORCE HEADING SESSION

NO.	NAME	DESIGNATION	ID/NO	SIGN
1	Sella Mutsotso	member	11330315	
2	Mwenya John	Member	13246024	
3	Sylvester Mubo	Member	9232889	
4	Albert S. Wamalwa	Member	2078172	
5	Nakhumicha Emc	Member	25423283	
6	Abisai Kiloi	Secretariate	29125760	
7	Phelgona Odipo	Member	28952722	
8	Kennedy Khaemba	chief Driver	20862845	
9	Stephen Yambi	Task force Member	26388910	
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ATTENDANCE LIST

DATE: 13/10/023 VENUE: CHEPTAIS SUB COUNTY HOSPITAL

ACTIVITY: PUBLIC PARTICIPATION ON TASK FORCE

NO.	NAME	DEPARTMENT	ID NO.	SIGN
1	PHELGONA K ODIPO	MEMBER TASK FORCE	28452772	
2	EZEKIEL OBEDH	MEMBER TASKFORCE	11658967	
3	MAKHUMENYA ERIC	MEMBER TASK FORCE	25423253	
4	Albert S. Wamalwa	Member TF	20778172	
5	Mucenya John	Member - Taskforce	13246020	
6	Sella Mutsotso	Member/V/chair	11330315	
7	Lucian Kintoli	Specialized Task force	23941843	
8	Stephen Yambi	Member Taskforce	26388290	
9	Dr Sylvester Mutoro	Member	9232889	
10	AMOS MAKOLLA	Member Task Force	11233488	
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BUNGOMA

ATTENDANCE LIST

DATE: 13/10/2023 VENUE: CHEPTAIS SUB COUNTY HOSPITAL

ACTIVITY: HEALTH & SANITATION TASK FORCE HEARING SESSION

NO.	NAME	DESIGNATION	ID/NO	AGE (YEARS)	GENDER	STATION	PHONE NUMBER	SIGN
1.	Michael chebus	Member	1182686	49	Male	Cheptais	0722162965	
2.	Joshua Chebaner	member	34047649	20	male	cheptais	0799066612	
3.	Martin Masai	Member	20172346	46	Male	cheptais	0713133774	
4.	DAVID WABOMBA	Member	20343901	25	Male	Kapkatery	0707244380	
5.	Juma Simiyu	SCPHO	13435101	50	M	cheptais	0722423055	
6.	MICHAEL WEKESA	SCPHN	20527661	45	M	Cheptais	0723473084	
7.	DOROTHY ASANGIRA	NURSE	21472522	42	F	KAPGANGA	0728269801	
8.	LUKHOLA GODFREY	SCMET/EMT	35031662	26	M	CHEPTAIS	0745736421	
9.	BENDETA N. TIMBE	MEMBER	21882217	43	F	CHEPTAIS	0718424042	
10.	PHYLIS TENGAN	N.O	21810347	44	F	CHEPTAIS	0723385163	

NO.	NAME	DESIGNATION	ID/NO	AGE (YEARS)	GENDER	STATION	PHONE NUMBER	SIGN
10.	DAVID KOMUWAMBA	SRM	14640839	47	F	CHEPTAIS	0713361013	[signature]
11.	ABIGAEL AMOIT OMULE	SRN	11452754	49YRS	F	CHEPTAIS BEDIP	0725914857	[signature]
12.	AGNES CHEPTOO	MEMBER	27034892	34 yrs	F	CHEPTAIS	0728252795	[signature]
13.	CATHERINE OLUNGA	SRN	11233280	49yrs	F	CHEPTAIS	0725089357	[signature]
14.	JUSTICE KUWAKA	MEMBER	30778645	30yrs	m	CHESIKAKI	0707447996	[signature]
15.	CHRISTINE IMLIAH	SRN	13260575	47yrs	F.	CHEPTAIS	0728367007	[signature]
16.	CLAIRE. N. MUSAMALI	SEPIN	9299633	52yrs	F	CHEPTAIS	0729727954	[signature]
17.	STELLA JUMA	M.S.W.	33230562	26	f	CHEPTAIS	0743516373	[signature]
18.	SELLAH MILUKI	NUTRITIONIST	24422196	40yrs	F	CHEPTAIS	0703118089	[signature]
19.	FRED WACHIYE	CLERK	11564155	48years	M	CHEPTAIS	0705034468	[signature]
20.	DAN B KISONGOCH	HRIO	29837293	30 yrs	M	CHEPTAIS	0702884139	[signature]
21.	ANDREW SAITI	MSW	29084276	31	M	Cheptais	0702896747	[signature]
22.	HERBERT OGOTI	SCRHC	22363659	40	M	CHEPTAIS	0712552806	[signature]
23.	ANETTE SHIKANGA	MEMBER	40144703	21	f	CHEPTAIS	0701569871	[signature]
24.	ELIZABETH ARAMIS	member	26172433	35	F	KAPKATENY	0727789466	[signature]
25.	Benidata Tinbe	Community	21889217	41yr	F	Sasuri	0718424042	[signature]
26.	JOHN K KIPSOBOI	SNO	9902023	55yr	m	CHEPTAIS	0712540610	[signature]
27.	GODWIN P CHEPKURUI	VILLAGE ADMIN	28698739	36	M	SABUTA	0714162688	[signature]
28.	BENSON KIBO MASHA	CLERK	27502786	36	M	CHEPTAIS	0711830229	[signature]
29.	RICHARD ODIEMA	clerk	13343610	42	M	Cheptais	0700314603	[signature]
30.	Diana Onyiko	Cook	30627564	32	F	CHEPTAIS	0791213007	[signature]
31.	FESTUS NYONGESA	DRIVER	14541181	48 YRS	M	CHEPTAIS	0700783227	[signature]
32.	Stephen Yambi	Taskforce	2638829	33	M	Bgm	0728859[illegible]	[signature]