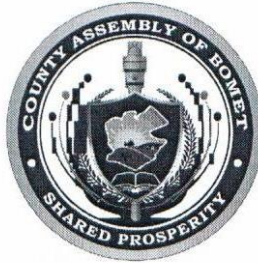


**THE COUNTY GOVERNMENT OF BOMET**



**THE COUNTY ASSEMBLY  
THIRD ASSEMBLY –  
(SECOND SESSION)**

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**COMMITTEE ON HEALTH AND SANITATION**

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**REPORT ON THE BOMET COUNTY COMMUNITY HEALTH SERVICE  
POLICY**

**2023-2027**

**SESSIONAL PAPER NO. 1 OF 2023**

***Towards Achievement of Universal Health Coverage***

OCTOBER, 2023

*Approved for  
Tabling  
[Signature]*

*Hon speaker  
you may approve  
in tabling  
28/11/23*

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*28/11/2023*

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## **Acronyms**

CBOs	Community Based Organisations
CCHSFP	County Community Health Strategy Focal Person
CHA	Community Health Assistant
CHMT	County Health Management Team
CHP	Community Health Promoter
CHS	Community Health Strategy
CHU	Community Health Unit
CIDP	County Integrated Development Plan
CoG	Council of Governors
CSOs	Civil Society Organisations
GAVI	Global Alliance for Vaccines Initiative
KDHS	Kenya Demographic Health Survey
KHSSP	Kenya Health Sector Strategic and Investment Plan
KRCS	Kenya Red Cross society
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NHSSP	National Health Sector Strategic Plan
NRF	National Research Fund
WRP	Walter Reed Project

## **1.0 Preface**

**Mr. Speaker Sir,**

The Committee on Health and Sanitation reviewed the Bomet County Community Health Service Policy and came up with this report. The policy is critical and of much importance since the County Government of Bomet puts priority on community health as entrenched in Bomet Integrated Development plan 2023-2027 which emphasizes and put focus on the development of a strong health system that enhances disease surveillance, strengthening of health promotion and disease prevention

Kenya is a signatory to Astana Declaration (2018) which highlighted the importance of community health services in advancing Universal Health Coverage. Kenya has also adopted primary health care as the approach to deliver universal health coverage and this is well articulated in the Kenya Primary Care Strategic Framework 2019-2024 which gives prominence to community based primary health.

### **1.1 Committee's Mandate**

**Mr. Speaker Sir,**

The Sectoral Committee on Health and Sanitation is constituted pursuant to the provisions of Standing Order No. 201(5) of the County Assembly of Bomet and executes its mandate in accordance with the provisions of the said Standing Order; which mandates the Committee to inter alia;

- i. Investigate, inquire into and report on all matters relating to the mandate, management, activities, administration, operation and estimates of the assigned department;
- ii. **Study programs and policy objectives of departments and the effectiveness of the implementation;**

- iii. Study and review all County legislation referred to it;
- iv. Study, assess and analyse the relative success of departments as measured by the results obtained as compared with their stated objectives;
- v. Investigate and inquire into all matters relating to the assigned departments as they may deem necessary, and as may be referred to them by the County Assembly;
- vi. To vet and report on all appointments where the constitution or any law requires the County Assembly to approve, except those under Standing Order 185(Committee Appointments); and
- vii. Make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.

**Mr. Speaker Sir,** in the context of legislation, a policy is a document which outlines what a government aims to achieve for the society as a whole. All policies start off as an idea. It may be the idea of a member of the executive wing of the Government, a bureaucrat, legislator, a stakeholder group or an individual citizen. The provisions of Article 185 of the Constitution of Kenya 2010 on legislative authority of county assemblies are very clear and the same state that;

- 1. The Legislative Authority of a county Assembly is vested in, and exercised by, it's County Assembly.
- 2. A County Assembly may make any Laws that are necessary for or incidental to, the effective performance of the functions and exercise of the powers of the County Government under the fourth schedule.
- 3. A County Assembly, while respecting the principles of separation of powers, may exercise oversight over the County Executive Committee and any other County Executive Organs.
- 4. A County Assembly may receive and approve plans and policies for:
  - a. The management and exploitation of the county resources; and

b. The development and management of its infrastructure and institutions.

## 1.2 Committee Membership and Ownership

As currently constituted, Health and Sanitation Committee comprises of the following honourable members whose signatures appear to affirm ownership and authenticity of this report.

No.	Name	Position	Signature
1.	Hon. Stephen Changmorik	Chairperson	
2.	Hon. Catherine Chepngetich	Vice/chairperson	
3.	Hon. Leonard Rotich	Member	
4.	Hon. Kibet Ngetich	Member	
5.	Hon. Roseline Cheptoo	Member	
6.	Hon. Peter Mutai	Member	
7.	Hon. Richard Ruto	Member	

## 1.3 Acknowledgement

Mr. Speaker Sir,

The Committee is thankful to the Offices of the Speaker and the Clerk of the County Assembly for the logistical support accorded to it during the report writing as it executed its mandate.

The Committee further thanks the Council of Governors (CoG) and AMREF for facilitation and



technical support during its engagement with experts and scrutiny of the policy.

I wish to express my appreciation to the Honorable Members of the Committee for their resourceful input that informed the content of this report. My sincere gratitude also goes to the Secretariat for his dedication towards compiling this report.

It is therefore my pleasant duty and privilege, on behalf of the Sectoral Committee on Health and Sanitation to table this report on The **Bomet County Community Health Service Policy** and its recommendations to the Assembly for deliberation and adoption.

Signed  Date \_\_\_\_\_

**Hon. Stephen Changmorik,**

**Chairperson, Health and Sanitation**



## 1.4 Methodology

**Mr. Speaker Sir,**

The Committee received the policy from the County Executive Committee Member for Health Services on 28<sup>th</sup> August, 2023 through the office of the Clerk. Subsequently it was tabled and committed to the Committee on 6<sup>th</sup> September 2023.

**Mr. Speaker Sir,**

## 1.5 Stakeholder engagement

The Committee had several consultative meetings with key stakeholders. The first consultative meeting was conducted on February 2023 in Nakuru County which was sponsored by AMREF, also the executive department of Health and Medical Services was present. The second consultative meeting was held on 26<sup>th</sup> and 27<sup>th</sup> June 2023 at Nakuru Summit Hotel, Nakuru County and also present were the Executive department of Health and Medical Services personnel.

The third and final one was held on 2<sup>nd</sup> to 5<sup>th</sup> October, 2023 in Nakuru County and the participants were the Assembly Health Committee, AMREF and CoG which culminated towards fine tuning the policy on Community Health Services policy as well other health related policies.

After the consultations, Public participation on the policy, as an integral part of the objectives of devolution as provided for in Article further 174(1) (c) of the constitution of Kenya, 2010. An advert was placed on the print media on 26<sup>th</sup> September 2023 inviting the public to forward any views, comments or memoranda they may have. However, there were no comments, views nor memoranda submitted.

## **2.0 Background of The Bomet County Community Health Service Policy**

**Mr. Speaker sir,**

It is noteworthy that a policy framework should amongst others reflect the following features.

- ✓ Be forward looking that is, it must have a long-term view of the problem and offer along-term solution
- ✓ Benefit from the experience of others who have resolved similar situations.
- ✓ Seek new solutions to old problems by being clear on objectives and outcomes.
- ✓ Be based on a study or current analysis of the problem at hand.
- ✓ Offer an inclusive solution to all the segments of the community in which it would be implemented.
- ✓ Fit into the current policies being implemented by other agencies.
- ✓ Borrow from best practices and learn from implementation mistakes and successes elsewhere.
- ✓ Must have an inbuilt communication strategy for dissemination to the public and all stakeholders.
- ✓ Should have evaluation and review mechanisms as one of its features.
- ✓ Provide a pre-legislation impact assessment statement.

Therefore, **Mr. Speaker Sir**, the committee scrutinized ***The Bomet County Community Health Service Policy*** based on the framework stated here under:

- Introduction

- Situation analysis
- Challenges or problem/issues to be addressed
- An analysis of the existing legal framework
- Strategies for its implementation
- Actors/stakeholders including the roles and responsibilities
- Targeted audience and their role and obligations
- Monitoring and evaluation mechanism
- Review measures
- Provision of legal instrument for its operationalization

### **3.0 Challenges/Issues to Be Addressed by The Policy**

**Mr. Speaker Sir,**

This policy seeks to address several challenges and gaps listed below.

1. Lack of a robust management and coordination framework on community health governance at the county and across partners.
2. Lack of motivated, skilled and equitably distributed community health workforce
3. Lack of integrated, comprehensive and high-quality community health services.
4. Inadequate use of the available and utilization of data
5. Poor and skewed distribution of safe and high-quality commodities and Supplies.
6. Unsustainable financing of community health.
7. Lack of a platform for strategic partnership and accountability among stakeholders and sectors at all levels within community health.

### **3.1 Goal of The Bomet County Community Health Service Policy**

**Mr. Speaker Sir,** the formulation of the **Bomet County Community Health Service Policy**

marks an important milestone in Bomet County as it strives to put emphasize on Community health service as articulated in the second National Health Sector Strategic Plan (NHSSP II: 2005-2010), which defined a new approach for health care service delivery to Kenyans and in 2006 Kenya adopted a community-based approach (Community Health Strategy).

This approach emphasized a more proactive system of promoting individual's and community's health to prevent the occurrence of diseases.

**Mr. Speaker,** the policy emphasizes on;

- Institutionalizing community health services is a long journey that involves developing relevant policy documents that align with national and global priorities and have the support of political stakeholders.
- A legal framework and continuous engagement with leaders of subnational units is important to ensure standardization, institutionalization, and financing of policies.
- Policy should be informed by evidence generated from within the country to understand what is working well and address challenges that may limit implementation.
- Engage multiple stakeholders to use a multisectoral approach and to harness their various strengths to support policy development.

**Mr. Speaker,** the formulation of this policy by the Department of Health Services in consultation with key stakeholders is a testimony to the desire and resolve of the County Government of Bomet to provide quality health care service that are accessible, equitable and affordable for all residents of Bomet and beyond.

### **3.2 Objectives of the Policy**

**Mr. Speaker Sir,** this policy seeks to address the following objectives;

- (a) To strengthen management and coordination of community health governance structures

at the county and across partners.

- (b) To build a motivated, skilled and equitably distributed community health workforce
- (c) To strengthen the delivery of integrated comprehensive and high-quality community health services
- (d) To enhance availability, quality, demand and utilization of data
- (e) To ensure the availability and rational distribution of safe and high-quality commodities and Supplies.
- (f) To increase sustainable financing for community health.
- (g) To create a platform for strategic partnership and accountability among stakeholders and sectors at all levels within community health.

### **3.3 Policy Measures and Strategies**

**Mr. Speaker Sir**, the policy has 7 (seven) main objectives which are to be implemented in the following strategic measures;

#### **Strategic Interventions**

##### **3.3.1 Policy Objective one: Leadership and Governance of Community Health Services**

The objective of this section is to guide the formation, maintenance and governance of the community health structures and inform participation mechanisms. Community health services delivery shall be guided by a well-functioning community health governance system described below:

##### **The Community Health Unit (CHU)**

The Community Health Unit (CHU) comprises households organised in functional villages or sub-locations and formally recognised as the first tier in Kenya's health system. A CHU shall serve a prescribed size of the population, and will be supported by a prescribed number of Community

Health Promoters (CHPs) and Community Health Assistants (CHAs) based on determinants such as population density. The CHU shall be governed by a Community Health Committee (CHC), which shall be linked to a primary health care facility to support the CHU's implementation of its activities.

### **3.3.2: Policy Objective Two: Community Health Workforce**

**Mr. Speaker Sir,** this is to ensure the recruitment and retention of community health human resources for health, including obtaining appropriate numbers and strengthening mechanisms for capacity building and supportive supervision of community health personnel.

### **3.3.3 Policy Objective three: Service Delivery Packages**

**Mr. Speaker Sir,** as per the community health services, this ensure provision of high-quality community health services at the household and community level, including referral and follow up services. Community Health Service Delivery Service packages include:

- Environmental Health
- Nutrition Services
- Home based care for terminally ill residents
- Reproductive Health
- New-born care
- Immunization
- Basic curative
- Communicable Diseases and Non-Communicable Diseases
- Orphans and Other Vulnerable Groups
- People with Disabilities
- Behaviour Change Communication
- Referral Services to provide mechanisms for operations of ambulance services and referral services

### **3.3.4 Policy Objective Four: Community-based Health Information System**

**Mr. Speaker Sir,** this supports the development and strengthening of Community-Based Health

Information System (CBHIS) and the monitoring and evaluation of systems to sufficiently inform the implementation of community services at all levels.

### **3.3.5 Policy Objective Five: Health Products and Technologies**

**Mr. Speaker Sir,** this policy objective seeks to promote and strengthen supply chain systems for community health that are integrated into the government-led reporting systems and link-facilities including the use of available technology.

#### **3.4.1 Community Health Supplies and Commodities**

**Mr. Speaker Sir,** the policy provides as follows:

- Community Health Promoters should be provided with the necessary commodities, supplies and tools to carry out their duties through link facilities.
- All Community Health Promoters will account for usage of supplies and commodities using the appropriate reporting forms and mechanisms.

### **3.3.6 Policy Objective Six: Financing for Community Health Services**

**Mr. Speaker Sir,** this section provides various mechanisms for mobilising, managing, and appropriately allocating resources for sustainable financing and delivery of community health services at all levels. The Community health approach is the foundation of the health system and in the devolved system proper investment for this level is crucial. The following is therefore envisaged:

- The County government shall commit financial resources through budgeting processes to meet the objectives of the community health policy.
- The County government shall adopt programme-based budgeting and commit 25% of health budget to meet the objectives of the community health policy and provide a stipend for the CHPs.



- Effective implementation of the community health policy will require community participation in the form of resource allocation (human resources, supplies and finances for planned community activities).
- The county government will seek support and mobilise resources from partners interested in supporting community health Service.
- Civil society organisations (CSOs), community-based organisations (CBOs), faith-based organisations (FBOs) and private sector will be required to support the priorities of the community health by working with the community health units through the existing county health structures.
- The county government and partners shall apply appropriate disbursement mechanisms to ensure efficient flow of finances to support CHUs such as allocations from government for community health services and performance-based financing.
- The county government will explore various health insurance options to optimise finances available for community health.
- The county government will work in close partnership with development partners, community-based organizations (CBOs), the National Hospital Insurance Fund and other stakeholders to mobilize funds for community health services and put in place structures for a prudent utilisation of community health resources, including those raised by community members within CUs.
- The county government will work with all partners, CBOs and FBOs to ensure a coordinated approach in supporting community health and put in place mechanisms to ensure partners declare their resource envelope and extent of support

### **3.3.7 Policy Objective Seven: Monitoring, Evaluation, Research and Community-Based Surveillance**

**Mr. Speaker Sir,** this section provides for community health services and human resources data, and knowledge management which will inform evidence-driven decision making. The section further envisages the following:

#### **3.3.7.1 Research**

- a) Research should be integrated into community health implementation to get evidence to support decision making, planning, implementation, monitoring and evaluation and for policy review.
- b) The county health leadership shall play an advisory role and will coordinate research implementation. They shall also ensure engagement with community organizations, agencies and diverse population groups to identify research questions critical to the community and to improve methods to reflect community preferences.
- c) Community health personnel shall be required to collect quality data while the National/County level should ensure that community health research priorities are reflected in national/County surveys
- d) The county government shall allocate finances for research and policy review including but not limited to tapping resources from the national research fund (NRF).
- e) Research findings should be disseminated to all concerned stakeholders.
- f) All research involving human subjects shall also adhere to national and international research ethical standards and be guided by the Kenya health research priorities guidelines.

### **3.4 Monitoring, Learning and Evaluation (ML&E)**

- a) The M&E framework seeks to monitor the process and outcomes of policy implementation in order to report on the progress of the policy implementation process.
- b) Implementation of the policy will take place through five-year strategy documents including revision of the current strategy to reflect the policy's needs.

## 4.0 Situation Analysis

### 4.1 Bomet County Health Indicators

**Mr. Speaker Sir,**

The County faces numerous public health problems, mainly relating to maternal health and child mortality, communicable diseases, and increasingly non-communicable diseases. Health indicators vary considerably across sub counties as summarized below:

#### Bomet County Health Indicators

Key indicators	KDHS 2014	CENSUS 2019	KDHS 2022	National 2022
Maternal Mortality Ratio	554 per 100,000 live births	554 per 100,000 live births	234per 100,000 live births	342per 100,000 live births
Infant Mortality Rate	20 per 1000 live births	33.2 per 1000 live births	26per 1000 live births	32per 1000 live births
Under 5 Mortality Rate	42 per 1000 live births	50.5 per 1000 live births	28per 1000 live births	41per 1000 live births
Prevalence of stunting	36%		22%	18%
Fully Immunized	81%		83.9%	
Women of reproductive age using modern	50.4%		57.8%	

contraceptive					
HIV/AIDS prevalence		5.8%	2.7%	2.4%	
Malaria			2.3%(KHIS)		
TB prevalence (CNR)		165/100000(Tibu system)		179/100000(source, Tibu system)	
Latrine coverage			64%	68%	
Life expectancy	Male		58.1		
	Female		63.6		

**Source: Department of Health and Medical Services**

The community health approach can be an effective means for improving health to promote development and achieving universal health coverage. At the household level, improved knowledge and increased access to quality child health services, especially among the poor, could have far-reaching implications beyond improved child and maternal health. Improved chances of child survival release households’ resources for investment in other areas, thereby reducing poverty and enhancing the quality of life. Thus, public health, human rights, and poverty alleviation concerns all point to a need to better meet the child health needs of the poor in the county.

**4.1.1 Community Health Units in the County**

**Mr. Speaker Sir,** in the year 2006, when CHS was launched in Kenya, the then Bomet District (currently Bomet Central, Bomet East and Chepalungu constituencies), was supported by (Global Alliance for Vaccines Initiative (GAVI) to establish six community Health Units. Since then, to date, the County Government with support from her health partners including Tenwek Community Health and Development, WRP (Walter Reed Project) and Kenya Red Cross society (KRCS), has established a total of 240 Community Health Units making a total of 246 spread in the five sub counties as in the table below.

<b>S/No</b>	<b>Sub County</b>	<b>No. of CHUs</b>
1	Bomet Central	39
2	Bomet East	45
3	Chepalungu	55
4	Konoin	45
5	Sotik	62
	<b>Total</b>	<b>246</b>

## **5.0 An Analysis of the Existing Legal and Policy Framework**

**Mr. Speaker Sir,** the following are the legal and policy frameworks that guides the operations of the proposed policy;

### **5.1 The Constitution of Kenya 2010**

In 2010, the Constitution of Kenya included economic, social, and cultural rights for the citizens. This includes the right to health care services including reproductive health care” is guaranteed for all Kenyans and the right to emergency medical treatment.

The Fourth Schedule of the Constitution distributes functions between the National Government and the County Governments and particularly sets out the pertinent role played in the County providing Health services whereas the National Government develops various Health Sector Policies.

### **5.2 Kenya Vision 2030**

Kenya 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 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 in maintaining the healthy and skilled workforce necessary to drive the economy.

### **5.3 Health Act 2017**

The Health Act 2017 establishes a unified health system to coordinate the interrelationship between the National government and County government health systems, to provide for regulation of health care service and health care service providers, health products and health technologies. It establishes a national health system which encompasses public and private institutions and providers of health services at the national and county levels.

Section 7 of the act defines emergency medical treatment including prehospital care stabilizing

the health status of the individual; or arranging for referral in cases where the health provider of the first call does not have facilities or capabilities to stabilize the health status of the victim. It also penalizes any medical institution that fails to provide emergency medical treatment while having the ability to do so.

The Act recognizes the role of health regulatory bodies established under any written law and to distinguish their regulatory role from the policy making function of the National Government and Section 15 vests the National Government Ministry for Health with the mandate of developing health policies, laws and administrative procedures and programs in consultation with County Governments and health sector stakeholders and the public for the progressive realization of the highest attainable standards of health.

#### **5.4 National Health Policy 2014-2030**

The goal of the Kenya Health Policy 2014–2030 is attainment of the highest standard of health in a manner responsive to the needs of the Kenya population (Ministry of Health, 2014). Kenya’s health policy framework future direction 2012 -2030 introduces new ways of managing the health sector as it seeks to provide health services to all. It also creates opportunities to upscale support to the health sector’s requirements for the provision of adequate services and facilities for the attainment of the highest standard of health in a manner responsive to the needs of the Kenya population. The rights and freedoms granted to each citizen of Kenya shall be upheld in this context.

#### **5.5 Legislation and Policy Documents**

Mr. Speaker Sir,

There are other pieces of enabling legislation that promotes various rights to health. These includes: the Public Health Act Cap 242 (revised 2012), the Environmental Management Coordination Act Cap 387 (revised 2012), Radiation Protection Act Cap 243, Pharmacy and Poison Act Cap 244, and the Standards Act Cap 496 and the following policy documents, National Action Plan for Health Security, Health Sector Disaster Risk Management Strategic



Plan, Public Health Emergency Operation Centre Framework, Kenya Public Health Emergency Supply Chain Framework, the National Disaster Response Plan (2014), and All Hazard Plan.

## **6.0 Committee Observations and Findings**

### **6.1 Targets related to Vision 2030**

Kenya Vision 2030 as a “globally competitive and prosperous and newly industrialized middle-income Country 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 in maintaining the healthy and skilled workforce necessary to drive the economy. The policy, in its objective under policy objective three, captures a wide range of health concerns via Service Delivery Packages, therefore the policy meets part of the vision 2030 targets as a social pillar.

### **6.2 Programs Highlighted in the County Integrated Development Plan**

The Community Health Unit (CHU) comprises households organised in functional villages or sub-locations and formally recognised as the first tier in Kenya’s health system. A number of programs in the CIDP seeks to ensure the healthcare services are easily accessed and distance covered in seeking medical care is minimal thereby saving lives. The committee therefore noted that the CHS Policy comprehensively addressed the issues the CIDP targets to solve.

### **6.3 Involvement of the Communities**

1. This policy seeks to involve the Communities at grassroots level on matters of health care. The policy intends to have a robust Community Health structure from the sub-location to County level. The process forming Community Health Unit shall be preceded by creation of awareness among county stakeholders, including the county/sub-county health management teams, health facility managers and local leaders. Communities will also play a role in reporting cases pertaining health concerns.

## **6.4 Bottom Up Model**

### **Coordination at Community level**

At community level, coordination will be done by the CHC (Community Health Center) with support from the link facility, and SCHMT. Coordination will ensure harmonized programming among partners, and provide a platform for standardized approaches in service delivery and accountability.

### **Sub-county level**

The SCHMT will be responsible for coordination through Sub County Community Health Focal Person (SCHFP) to ensure harmonized programming of the community health work and partners and provide a platform for standardized approaches in service delivery and accountability.

### **County level**

The CHMT will ensure coordination in delivery of services through Community Health Personnel (Community Health Promoters), including activities of partners at community level. The CCHSFP will be assigned responsibility for Community Health Services, and will ensure coordination within the county and among partners working on community health services. This position should have a full-time focus on Community Health Services. The Chair of the CHMT will link the County to the National MOH through the Executive Committee of the county government. The County technical team shall be chaired by county director in charge of health and work in close collaboration and partnership with partners.

## **7.0 Observations from the public hearing and the submitted statement of memoranda**

Mr. Speaker, The Committee resolved to invite members of the public to submit written memoranda. However, there was no memoranda as at the close of the submission period.

The committee also embarked on a benchmarking visit to Nakuru County on a fact finding mission to see how the implementation of the policy has impacted on delivery of healthcare services.

The committee then retreated from the 21st to 23rd October, 2023 at Zebu Hotel in Narok to deliberate on the policy and compile a report for submission to this Honourable House. During this period, the committee noted that the public participation was done through stakeholder's engagement on the policy and this being an integral part of the objectives of devolution as provided for in Article 174(1)(c) of the Constitution of Kenya, 2010.

## **8.0 Committee's Recommendations**

**Mr. Speaker Sir**, having thoroughly examined the County Health Services Policy, we as Health and Sanitation Committee approve the Policy as required under Article 185 of the Constitution, with the following recommendations.

- (i) The department of medical services and Public Health should allocate adequate funds and resources necessary for the effective delivery of community health services so that each Community Health Unit operates optimally for the broader benefit of the Society.
- (ii) The department should Collaborate with partners in the water, agriculture and education sectors to improve determinants of health at the community level;
- (iii) The department should provide and integrate into the county budget the community health unit annual work plan and the budget;
- (iv) There is need to streamline the remuneration rates for the health promoters in tandem with the National Health Community Policy guidelines. The department should also ensure timely and prompt payment of allowances.
- (v) The department of Health and Medical Services should ensure Community Health promoters should not engage in other Communal activities that may

conflict with their duty.

- (vi) The County Executive member for Health Services should develop regulations for the conduct of public participation forums in selecting the Community Health promoters in line with Section 9(4) of the primary Healthcare Act 2023.