CAPACITY BUILDING WORKSHOP ON THE COMMUNITY HEALTH WORKERS SERVICES BILL 2023 AND THE COMMUNITY HEALTH WORKERS BILL 2022

WORKSHOP REPORT

DATE: 23rd and 24th August, 2023

VENUE: Gelian Hotel, Machakos

PREPARED BY:

Bryan Tumwa

&

Michael Owor

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1. INTRODUCTION

The capacity building workshop was held on the 23rd and 24th of August in 2023 in Machakos county. The workshop brought together members of People's Health Movement (PHM) network alongside other stakeholders within health sector. The objectives of the workshop analyze, unpack and disseminate the regulations and laws that underpin the Senate Community Heath Services Bill, 2023 and the National Assembly Community Health Workers Bill identifying gaps for advocacy. The consultant was also expected to carry out capacity-building session for the PHM members on framing of petitions, in relation to issues arising from the two bills.

1.1. About PHM

PHM is an international network that brings together grassroots health activists, civil society organizations, and academic institutions from various parts of the world, with a particular focus on low and middle-income countries (L&MICs). The organization currently operates in approximately 70 countries and is guided by the principles outlined in the People's Charter for Health (PCH). PHM is involved in a range of initiatives and endeavors, with its core commitment being Comprehensive Primary Health Care and addressing the social, environmental, and economic determinants of health.

2. INTRODUCTION OF PARTICIPANTS, WELCOMING AND OPENING REMARKS

2.1. Commencement of the workshop and introduction of participants

Moderator: Grace Oloo – People Health Movement

The workshop was called to order at 9:20 a.m. by Ms. Grace Oloo from People Health Movement. She invited a volunteer to offer a word of prayer before commencement of the session. Following the prayer, the participants were given the opportunity to introduce themselves.

2.2. Welcoming remarks

Grace Oloo- People Health Movement

Ms. Oloo began her opening remark by explaining that PHM is a global network of grassroots health organizations, associations and individuals who worked on different health issues. She thanked HERAF for sponsoring the project and making it possible for the workshop to take place. Ms Oloo reminded the participants that the reason for convening the workshop was for them to look at the two bills on community health and provide their view on what would work best going

forward. She also urged the participants to make the best of use of the two workshop days in order to come out with meaningful proposals and recommendations

2.3. Opening remarks

Bryan Tumwa – Consultant, International Development Institute- Africa

Mr. Tumwa began by stating that the two bills that were to be reviewed in the workshop had unique relationship with NHIF bill which had been looked at by PHM at previous workshop. He noted that there had been a lot issues and concerns surrounding the two bills. Therefore the purpose of the workshop was to critically analyze the two bills in terms of how they complement each other, whether they contradict each other and how they align to the provisions made within the Constitution of Kenya. Mr. Tumwa explained that it would also be important to look at how the health system had been structured within the country given that it was a function carried out by both the national and county government. He also noted that health was one of the biggest spenders when it comes to county expenditure and as such the issue of financing would also be a key discussion point within the workshop.

Mr. Tumwa informed participants that a memorandum had already been issued to national assembly with regards to community health workers bill with PHM being one of the organizations who submitted their views.

3. UNPACKING REGULATIONS AND LAWS THAT UNDERPIN THE SENATE COMMUNITY HEALTH SERVICE BILL 2023 AND COMMUNITY HEALTH WORKER BILL

3.1. Presentation on Community Health Strategy

Presented by: Bryan Tumwa – Consultant, International Development Institute –Africa

The presentation provided an overview of the state of community health services within the country. It covered the following key areas including role of community health, legal and policy frameworks and challenges. According to the consultant, the purpose of the presentation was to enable the participants to first picture what community health strategy was intended to achieve and secondly ask whether key challenges faced within community health were being adequately addressed by the proposed bills.

Figure 1: Presentation on Community Health Strategy[1]

The key highlights of the presentation were as follows:

- Health services are anchored within the article 43 of Constitution of Kenya which guarantees the rights to health of every citizen in Kenya.
- The history of community health goes back to 2006 with the adoption of the Community Health Strategy which was aligned with Kenya Essential Package for Health (KEPH). However, this was soon overtaken by events with the promulgation of the Constitution in 2010
- Community Health shifts focus from curative services to preventive services in order to enhance access to health by community members
- The health Act of 2017 introduced the different cadres within the community health services including the community health assistants (CHAs)
- There is also the scheme of service for community health services personnel which forms the basis for remuneration of community health workers
- In terms of the legal framework, community health is anchored under articles 43, 10 (principles of leadership and governance), 17 (devolution) and the fourth schedule of the constitution Kenya. The Kenya Health Bill 2022, has also been introduced in parliament as the key successor to the Health Act of 2017
- Other key documents include the Vision 2030, Kenya Health Policy 2014-2030, UHC policy, Kenya Health Sector Strategic Plan 2017-2030 and the Kenya Primary Healthcare Strategic Framework

[1] Click the figure to access the full presentation

- Since health is a concurrent function between national and county government, there is need for cooperation between this two levels. There also has to be goodwill from both of them especially on the political front

Plenary discussion

The following issues were raised by the participants during the plenary discussion

- The consultant asked for the plenary's opinion on the use of the name "community health promoter" (CHP) to refer to community health workers.
    - A response was provided, stating that the primary reason for this change was mostly political.
    - It was also suggested that the name change was driven by the government's plans to replace a majority of current community health workers with trained workers.
    - Policies guiding this change would be necessary, and the selected name should accurately reflect the roles of community health workers within the healthcare system, given that they constitute the first line of response.
- There was vested interest when it came to recruitment of community health workers mainly stemming from the government directive with regards to payment of CHVs
- On the same issue of remuneration , a concern was raised as to why the government had considered this at the national level , instead of allocating funds to counties given that community health services are county government functions
- While the government enacted the CHS, they did not allocate any funds towards the training of community health workers. Therefore, a majority of them often align themselves with organization that trained them
- A participant added that instead of the focusing on CHPs and their roles, the government should first strengthen the primary health care facilities where community health workers will be linked.

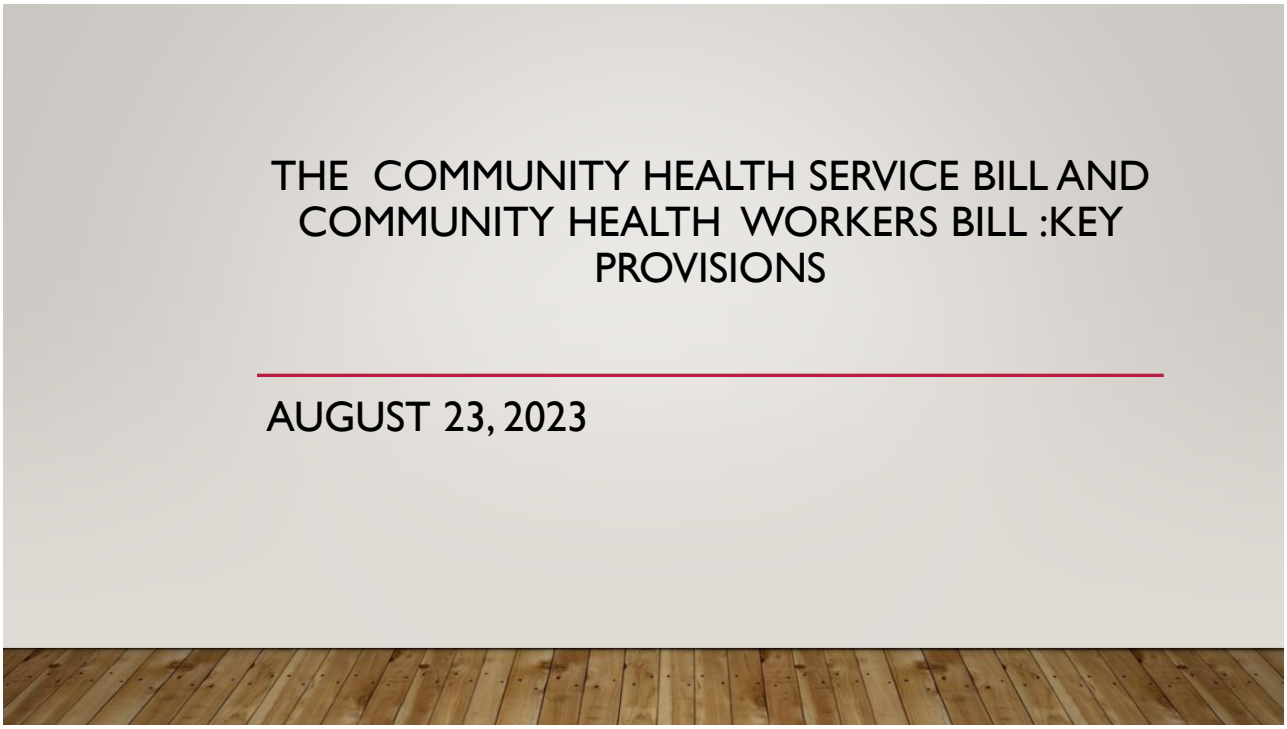
3.2.Presentation on the findings on Community Health Services Bill 2023 and Community Health Workers Bill 2022

Presented by: Bryan Tumwa – Consultant, International Development Institute –Africa

Mr. Tumwa stated that the focus of the presentation would mainly be on the Senate's Community Health Services Bill, 2023 given submissions had already been made for the Community Health Workers Bill. This would entail deep dive into the key sections of the bill including its objectives, guiding principles, roles and responsibilities, establishment of community health committees, appointment of community health volunteers, registration and oversight and miscellaneous

provisions. He reiterated that the main aim of this workshop was not critic either of the bills but look at areas of complimentary, contradiction and duplication not just between the two but also with the existing legislations

Figure 2: Presentation on Community Health Services Bill and Community Health Worker Bill



The key highlights of the presentation were as follows:

- The key drivers of the two bills is that national and county government are still grappling with issue of how to actualize Article 43 of the CoK
- Towards this the government is implementing the universal healthcare policy which is being delivered through two approaches. The first approach is through increasing insurance coverage while the second approach is by enhancing primary health care services
- All the six building blocks of health have to be financed for all levels including primary health care level. How the counties are going to finance for this will be dependent on what happens at the community level
- The two bills use different terms: The senate bill talked about 'Community Health Volunteer' while the national assembly bill used the term 'community health workers'. Part of the sitting responsibility would be advice on what term to be used by this group of the community health workforce.

- The Community Health Services Bill by is not a money bill and therefore does not require to be presented in the National Assembly for discussions

Plenary Discussion

The following issues were raised by the participants during the plenary discussion:

- The consultant asked whether there was a national public participation act.
    - Response from the plenary was that the transitional authority did develop a national public participation bill that had yet to be enacted by the national government
    - The consultant added that any issue that is concerned with the people's welfare would require a consensus from the people themselves before any initiative is implemented. Thus while national government might have delayed in enacting the public participation bill, some counties have taken a proactive approach and developed their own public participation legislations.
    - The plenary agreed that public participation had to start at the grassroots level for it to be effective
- A concern was raised why there were two bills developed by the different houses
    - There was suggestions from the plenary that this might have been deliberate to have the two bills fighting for supremacy
    - There was need to identify the drivers/sponsors of these bills and identify their interest
    - A participant suggested that once the bill have been analyzed, if they are found to overlap , then a memorandum could be written to the have the two merged . This was because having overlapping bills could lead to challenges during implementation
    - It was also mentioned in the plenary that the law did allow for joint committee in the cases where there are there are two conflicting bills

- On the recognition and remuneration of community health workers
    - It was suggested that the community health workers themselves should be asked to come up with term that fitted them best
    - However it was noted that most of the CHWs did not speak with the same voice given that they were attached to different organizations and therefore attract different remuneration package
    - It was suggested by the plenary that all the different stakeholders should come together and harmonize how pay community health workers

4. GROUP WORK

Facilitator: Bryan Tumwa, International Development Institute-Africa

This session of the workshop entailed participants breaking into three groups of about 8 persons. The first two groups were to discuss and provide their inputs on the Community Health Services Bill, 2023. The third group would look at sample county community health act/bill. In this case it was the Migori County Community Health Services Bill 2020. Specifically the groups were tasked with the following:

- Identifying gaps or issues within the clauses/provisions
- Proposing remedies to the identified gaps
- Providing justification for the proposals

The following table provides a summary of the group members and their respective areas of focus:

Table 1: Group members and assigned areas of focus

Group Name	Group members	Areas of focus
Group 1	• Paul Gatitu • Nelson Maina • Valentine Nyaguthii • Dan Owala • Dorice Moseti • Hamisi Saidi • Purity Otieno • Sharon Ranga	Community Health Services Bill Clause 1 - 8
Group 2	• Peninah Khisa • Mary Ger • Kristine Yakhama • William Omenyo • Elizabeth Siema • Daniel Mala	Community Health Services Bill Clause 9- 19
Group 3	• Daisy Ochola • Dr. Judy Makira • Christine Nyokabi • Bernice Kiragu • David • Jack • Judy • Grace • Collins	Migori County Community Health Services Bill 2020

5. GROUP PRESENTATION

Session Moderator: Grace Oloo– People Health Movement

The following section covers the presentations made by the various groups and the discussions arising. The submissions from the group work discussions are attached on appendix 1

5.1. Group 1

Presenter: Sharon Ranga

Key highlight from the presentation by the group:

- The senate bill should change the term ' community health volunteer' to 'community health worker' in order to align the definition with the community health workers bill (2 (b))
- The senate bill should clearly define what community health structure and primary health (2)
- There bill should specify of whether the link facilities are public or private (3)
- The government should provide legislation that is expressly framed for protecting and safeguarding their well-being while performing their assigned duties (5(a) 1)
- The government should create a framework to train and credit community health workers through institutions that offer mid-level courses (5(d))
- CHO should provide mentorship before assigning duties and supervising.

Plenary discussion on group 1 presentation

- On clause 5(d) the consultant asked the group to clarify what they meant by the creation of framework for training community health workers.
    - The group response was that the currently the most of the community health workers were being trained by different organization. Thus there was a need for the government to come with one institution that can train and provide accreditation
    - A suggestion was made that the existing training manual should first be reviewed
    - A question was asked as to whether being a community health worker was considered a profession that required accreditation. The concern was that if this happened then many of the community health workers would not be qualified
    - Another concern raised was that if focus is put on accreditation, then experience would also disappear given that many CHVs are experienced but lack the necessary qualifications to be accredited
    - The plenary suggested that there should be a mechanism in place to recognize prior learning so that community health workers with experience are not left out

    - It was also suggested there was need to critically assess the kind of training that should be provided community health workers given that what they provide is support services
    - A member of the plenary proposed that the word 'training ' be replaced by term 'capacity development' as there is so much more that needs to be done
- The plenary also noted that senate bill had not covered the whole community health workforce
- On the issue of link facility, it was clarified within the plenary that referral works in both ways in that even the clients can decide on which facility they would want to be referred to whether public or private
- In relation to data collection tool 6(2)(k), the group suggested that a provision to be added within the bill to compel counties to also provide tools to community health workers

5.2. Group 2

Presenter: Kristine Yakhama

Group 2 identified a gap on clause 9 sub clause (1) on the establishment of community health committee. Under this, the bill states that:

'The committee shall consist of ... (d) one person representing the inter-religious organizations in the community nominated by an inter-religious organization with the largest membership'

The group thought that having this person selected from inter-religious organization with largest membership was discriminatory and suggested that the part 'largest membership' of the be deleted

Plenary discussion on group 2 presentation:

- A question was raised by the plenary in relation to clause 9 (1) (g) 'one person representing a health nongovernmental organisation nominated by health non-governmental organisations that is involved in the provision of community health services within the respective community.' The plenary wanted to know what the clause meant in terms of provision of health services and what that would also mean for organization who do not provide health services but are within the health sector. For example would a group carrying out health advocacy be eligible to be selected.
- The plenary agreed that services can be both direct and indirect. Therefore advocacy groups lie within the health service delivery system but not as direct service providers

5.3. Group 3

Presenter: Daisy Ochola

Key highlights from the presentation:

- The Migori Community Health Services Act has been passed before a national act has been enacted. This means that the county bill did not have a wider national framework to borrow from. The act should therefore not be operationalized until it reviewed and aligned to national bill or act
- The act also uses the terms CHV and CHW interchangeably. The Bill should define the workforce as CHW. The term CHW allows the particular workforce to enjoy labor benefits.
- The Migori Act has not clearly defined the roles of the medical practitioners. Instead the entire workforce has been lumped together, that is certified medical practitioner, community health officer's county public health officers.
- All persons involved in health service delivery should be part of the health workforce

Plenary discussion on group 3 presentation:

- The consultant clarified that counties have the responsibility and mandate to develop their own legislations and policies to respond to address their own issues
- There is a need to come up with a clear definition for community health worker which reflects what they duties they are supposed to perform. For instance, the current CHWs only provide support and cannot carry out other roles such as testing and sample collection which other professional health workers could do.
- In relation to naming, it was mentioned that change in name should also reflect the fact that CHWs deserve to be remunerated. The is the reason why there has been a shifts in relation to naming from community health volunteers to community health workers or community health promoters
- A question was asked as whether the county bills that have been developed were government driven or donor driven.
    - It was mentioned that the current challenges within the healthcare space could be attributed the donor driven approach which had created segmentation instead of strengthening the health system
    - The donors and non-state actors within the healthcare system have also contributed to the confusion when comes to naming and the roles of community health workers.
    - However, it was noted that counties struggle to get funds to develop policies and could not avoid partnership with donors. Therefore, there is need to ensure efficient and adequate public participation and in order to incorporate public inputs
- Within the plenary it was suggested there should be harmonization of training for community health workers. The government should introduce within the TVET institutions a middle level accreditation and training framework for all the existing community health workers. This would give them the platform to confidently argue their case about being workers

- In relation registration, community health workers would need an external body to regulate them. They may also need to create a union if they become civil servants

5.4. Plenary Discussion on emerging issues

Facilitator: Bryan Tumwa – Consultant, International Development Institute-Africa

The following section presents the key highlights from plenary discussion emerging issues from review of the community health services bill and the community health workers bill.

- The consultant made the following remarks in relation to the group presentation:
    - When defining the concepts and terms within the law, it usually based on existing policies and guidelines for example, the community health strategy .There are terms such as community health promoters that are not based on any policies or guidelines.
    - There are issues within the bills that could be addressed through regulations. Regulations are usually developed to help with implementation of enacted legislations
    - Apart from regulation, there will also be need to for counties to develop their own schemes of services for community health workers. This should be guided by the respective county public service boards.
- One of the concerns by the plenary was on the age limits that had been set by Migori county bill. The issues raised were:
    - Whether having community health workers as old 70 years would be able to effectively carry out their duties
    - How would the Salaries and Remuneration Commission (SRC) approve salaries for the above community health workers given that the current retirement age is 60 years
    - If one is appointed as a community health worker after retiring from public service would they still be able to enjoy their previous retirement benefits and at the same time receive salary?
- It was suggested there was need to come up with alternative ways of remunerating community health workers. For example the Facility Improvement Fund (FIF) could be used if both the county and national government are not able to pay the workers
- Under article 5(b) of the senate's community health services bill, 2023, there should be an added clause on the protection and safeguarding of community health workers including liability transfer given that they are usually the first line responders. The bill needs to be aligned with employment act and the act on occupational health and safety

- It was also suggested within the plenary that function of community health should remain within the counties, however the terms of service should be defined at the national level
- Given that both national and county government were both expressing interest in the payment of community health workers a question was asked on what funding model this would take.
- It was also mentioned that Commission for Revenue Allocation was in the process of preparing the fourth generation formula that would guide revenue allocation to the counties. Health being one of the parameters that is to be considered, then PHM should look into how community health workers can factored into this
- It was also noted within the plenary that a primary health care bill prepared by the Ministry of Health had been taken to the national assembly even though adequate public participation was not done

6. WORKSHOP RESOLUTION AND CONCLUSION

Facilitator: Bryan Tumwa – Consultant, International Development Institute-Africa

Mr. Bryan Tumwa stated that at the following the group work presentation and plenary discussion, the workshop needed to establish PHMs position regarding the two bills. This would be guided by the following three key questions:

- What is the overall position of PHM with regards to the senate Community Health Services Bill, 2023 and National Assembly's Community Health Worker Bill?
- What would be the implications of the bills once enacted? Specifically how would they affect the already existing county acts and address challenges in relation to community health financing, access to essential medicine, training and capacity building, and scheme of service for community health workforce?
- Is there need for the two bills?

The following issues were raised during this session:

- It was mentioned that there was is need for substantive analysis of the two bills to the two bill before proposal is made as to whether they should be merged
- There was a debate as to whether PHM should submit a memorandum or a petition. This because a memorandum would imply support for the two bills while a petition would mean the they were questioning the bills
- The plenary agreed that the two bills had a lot of inconsistencies and much more robust legislation would be required

- The plenary acknowledge that there was a need to engage with people at the grassroots level to in order to create more traction. It was therefore recommended that given PHMs should use its unique position to mobilize communities in relation to the two bills
- Once a national legislation has been enacted. Counties should then be encouraged to develop their own bills

6.1. Workshop resolutions

It was agreed that the two bills should be merged into one bill. The workshop further resolved the following

- There was need to review the existing curricula and then create a framework for the accreditation of community health workers and align it with stipulations laid out in the community health strategy 2020-205
- There is a need for harmonization of remuneration especially with NGOs and donors. A clear structure should be developed that clearly defines the roles and responsibilities of different actors including who will be paying community health workers.

6.2. Conclusion and way forward

- A memorandum on the senate bill was to be developed which would incorporate the findings from the workshop. Within the memo, there would be a general proposal that the national assembly's Community Health Workers Bill 2020 and the senate's Community Health Services Bills to be merged through a bipartisan and consultative forum consisting a joint committee of both houses.
- The consultant urged the participants to review the two bills even after the workshop and share any additional inputs with PHM by Monday 28th September, 2023.
- The plenary resolved to also undertake the following actions:
    - PHM to seek clarification from the house clerks as to why the two bills were running almost concurrently;
    - A request to be made to the National Assembly to provide the Primary Health Care bill so that the PHM could review the provisions within it;
    - PHM to also request for a meeting with senate committee who could then engage the two houses on the way forward; and
    - PHM to also write to the chair of the health committee within the Council of Governors (C.O.G) in order to lobby for their support in relation to resolving the two- bills- problem.

7. CLOSING REMARKS

Dan Owala – National Coordinator, People's Health Movement Kenya

Mr. Owala thanked everyone for their active participation in the workshop. He emphasized the need for having these conversations at community level so that the community members could also meaningfully participate within these discussions. Mr. Owala he concluded by urging the participants to share the information garnered from the workshop with their respective communities

Bernice Kiragu - HERAF

Ms Kiragu stated that she was happy to have attended the workshop. She also stated that she had loved company, engagement and the conversations held during the workshop

APPENDICES

Appendix 1: Group work

Group 1

ANALYSIS FRAMEWORK FOR THE COMMUNITY HEALTH SERVICES BILL

SECTION	PROVISION	GAPS/ ISSUES	PROPOSED REMEDY	JUSTIFICATION
2(b)	A community health volunteer selected by the community in accordance with section 10	To align definition of community health volunteer as per the community health worker bill 2022	To be changed from community health volunteer to community health worker.	A clear definition and alignment of community health worker bill 2022
2	A community health officer.	No clear definition on community health structure and primary health.	Define what community health structure and primary health.	To create harmony in the definition with clear context and scope.
3	Community health workforce	The proposed workforce not sufficient to cover the current population	Harmonization of current structure with the proposed structure as per the bill	The current population increase and not able to cover the entire household.
3	“Link facility”	Not clear weather the link facilities are private or public.	Specification weather the link facilities is either public or private health.	To avoid confusion as to which the nearest link facility

5 (a1)	Technical resources and structures required for the delivery of community health services.	Lack of protection and safe guarding the health and well-being of community health workers	The government should provide a legislation that is expressly framed for protecting and safe and safeguarding their well-being while performing there assigned duties.	They are the fast-line workers for disease prevention and promotion so its necessary to take care of their well-fair.
5 a(v)	Reporting tool	Lack of digitized data collection tool	Add provision of electronic data collection.	Efficiency, accuracy in data collection and to align to KHIS.
5 a (iv)	Implementation of community and family-based care.	Home based care should not be only on mental health care.	Remove the term “mental illness” from the provision.	There more ailments in the community other then mental illness.
5a(vi)	Monitoring and evaluation	The community health strategies are not being evaluated	Replace mechanism for monitoring the delivery of community health services and evaluate effectiveness of the community health strategy.	To offer guidance on areas for improvement and strategy change.
	(INCERT SEVEN)	No re-dress and feedback mechanism	Add a provision on a feedback and re-dress mechanism.	There is need to have a complaints re-dress and feedback mechanism in place.
5 (d)	Develop and review the curricular	No framework to train a credit to train a community health worker	Create a framework to train and credit the community health worker through institutions that offer mid-level courses.	Standardization of training and accreditation as stipulated in the community health strategy.

6 (1) e	Mechanisms for family-based care.	The provision is focused on mental health only	Input Home based care services including mental health	Home base care services are many and they are limited to mental health.
6 (2)k	Provision of job aids	No provision for data collection tools	Insert “data collection tools”	Improvement of service delivery at community level.
6 (2)b	Develop and implement county specific programs	The focus is on mental Health.	Remove mental illness from the provision and replace with other mental health conditions	The other health conditions that are in the same space with mental illness.
6 (2) e	Collaborate with partners	They have left other sectors out.	Replace with all cross-cutting sectors.	Determinants of health are broad and many.
6 (2) g	Implementation and adherence.	Policy is missing	Include national policies	County implement national policies beyond guidelines and standard.
7 e	Supervise and assign duties.	Lack of mentorship aspect	Insert mentorship in the provision	CHO should provide mentorship before assigning duties and supervising.

7 j	Referring defaulters	Referral is not easy	Insert “work with” CHVs to refer defaulters.	Duplication of referral roles.
8 (1) f	Work closely with link facilities.	Using community health units is limiting	Replace with” improve access to health services at link facility” at community level.	The community is the primary user of the health facility.

Group 2

ANALYSIS FRAMEWORK FOR THE COMMUNITY HEALTH SERVICES BILL

SECTION	PROVISION	GAPS/ ISSUES	PROPOSED REMEDY	JUSTIFICATION
9	one person representing the inter-religious organizations in the community nominated by an inter-religious organization with the largest membership;	Largest membership	Delete: let it be open	Discriminative;
10,11,12,13		No issues		
14,15,16,17		No issue		

Appendix 2: List of Participants

NAME	ORGANIZATION
Dan Owalla	*PHM- K*
Jack Oduor	*PHM- K*
Grace Oloo	*MCHANE MSA / PHM-K*
Bryan Tumwa	*IDIA Consultant*
Michael Owor	*IDIA Consutlant*
Mary Ger	*PHM- K Kisumu*
Sharon Ranga	*PHM- K Kisumu*
David Makori	*PHM- K Garissa*
William Omenyo	*PHM- K*
Hamisi Said	*PHM- K Nairobi*
Christine Nyokabi	*PHM- K Nairobi*
Judy Makira	*PHM- K Muranga*
Dorice Moseti	*PHM- K*
Daisy Ochola	*OAY*
Peninah Khisa	*PHM- East and Southern Africa*
Daniel Mala	*PHM- K*
Judy Mwaniki	*PHM- K Nyandarua*
Purity A. Onyango	*PHM- K*
Collins Liko	*PHM- K*
Nelson Maina	*PHM- K Nyeri*
Kristine Yakhama	*PHM- K Kakamega*
Paul Gatitu	*HERAF*
Bernice Kiragu	*HERAF*
Lucy V. Nyaguthi	*PHM- K Isiolo*
Jacob Ngumi	*PHM- K Machakos*