



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, Chairman Health and Sanitation Taskforce

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 submission to the Appointing Authority through the CECM Department of Health and Sanitation.

Salient Taskforce Observations, Findings and Recommendations

Observations and Findings

- The Taskforce established that 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 Taskforce 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 key 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, discrimination, suspicion, and mistrust, which negatively impacted departmental management and service delivery.

- The current structure of the County Health Management Team and system 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 courtesy of the current regime, 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 workforce in all cadres across the County health facilities was not adequate for optimal performance and effective delivery of health and sanitation services to the ever growing population.
- 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 or 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 appointment of the County Director of Health and Sanitation should be open for competition by the County Public Service Board to all qualified and competent health workers with at a masters degree and at least ten years of experience in management.
- 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 recruitment 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 (AIA) 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 envisaged 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, Chief Officer and Director 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 in order to reach optimal levels of the workforce across the facilities.

- 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 found 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

Chapter Four: Guiding Principles for the Review and Amendment of BCHS Act, 2019

Chapter Five: Identified Gaps in the BCHS Act, 2019 and Justification for its Review and Amendment

Chapter Six: Constitutional and legal Framework for the Review of BCHS Act, 2019

Chapter Seven: A Review of the Recently Enacted National Laws and their Implications for County Governments

Chapter Eight: Summary of Views from Public Participation and Stakeholders' Engagement Forums

Chapter Nine: Analysis of Emerging Issues, Key Pillars, and Recommendations

Chapter Ten: Critical Areas for Investment in the County Health and Sanitation Sector

Chapter Eleven: General Observations and Recommendations of the Taskforce:

Annex 1- Terms of Reference for the Health and Sanitation Taskforce

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

Annex 3- Draft Ground Rules and Procedures for Taskforce Operations

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

IMPLEMENTATION PLAN FOR THE FINDINGS AND RECOMMENDATIONS OF THE TASKFORCE REPORT (ROAD MAP):

S/NO	PRIORITY ACTIVITY	RESPONSIBILITY LINE	TIMEFRAME	EXPECTED RESULTS
1.	Submission & Launch of the Health & Sanitation Taskforce Report to the Appointing Authority (H.E. The County Governor of Bungoma)	H.E. Rt.Hon. Kenneth Makelo Lusaka, EGH CECM & Chief Officer and Director Department of Health & Sanitation Chairman and Members of the Health and Sanitation Taskforce	By 26 th March 2024 at Mabanga ATC.	Feedback the from the Governor County Executive Committee
2.	Submission of the Report to the County Executive Committee vide a Cabinet Memo	Hon. Andrew Wamalwa, CECM- Department of Health and Sanitation	By 5 th April, 2024	Feedback and Adoption by the County Executive Committee
3.	Submission of the Report to the County Assembly of Bungoma & Relevant Departmental Committee through the Clerk	H.E. Rt.Hon. Kenneth Makelo Lusaka, EGH-The County Governor of Bungoma, CECM-Department of Health & Sanitation County Secretary & Head of Public Service	On or before 10th April 2024	Feedback from the Relevant County Assembly Committees (Justice and Legal Affairs & Health and Sanitation)

3	Drafting of the Health & Sanitation Amendment Bill, 2024 & Regulations	<p>Approval of the Request of the Health & Sanitation Taskforce for 10 Additional Days by H.E. Hon. Kenneth Makelo Lusaka.</p> <p>Chairman & Members of the Health & Sanitation Taskforce</p> <p>CECM- Department of Health & Sanitation Office of the County Attorney of Bungoma</p>	On or before 20 th April, 2024	Draft Health & Sanitation (Amendment) Bill, 2024 & Omnibus Health & Sanitation Regulations
4	Submission of Draft Health & Sanitation (Amendment) Bill, 2024 to the Appointing Authority	<p>Chairman & Members of the Health & Sanitation Taskforce</p> <p>CECM, Chief Officer & Director-Department of Health & Sanitation</p>	24 th April , 2024	Draft Health & Sanitation (Amendment) Bill, 2024 submitted to the County Executive Committee for Approval
5	Submission of the Draft Health & Sanitation (Amendment) Bill, 2024 to the County Assembly through the Clerk	<p>H.E. the County Governor</p> <p>CECM- Department of Health & Sanitation</p> <p>County Secretary & Head of Public Service</p> <p>Office of the County Attorney</p>	29 th April, 2024	Draft Health & Sanitation (Amendment) Bill , 2024 admitted by the County Assembly of Bungoma
6	Enactment of the Bungoma County Health & Sanitation Amendment Act, 2024	<p>Speaker of the County Assembly</p> <p>Departmental Committees (Justice & Legal Affairs & Health & Sanitation)</p>	By 25 th May, 2024	Bungoma County Health & Sanitation (Amendment) Act, 2024 & Omnibus Regulations enacted by the County Assembly
7	Formulation & Approval of the Staff Establishment /Organogram for the Department of Health & Sanitation	<p>County Directorate of Human Resource</p> <p>Deputy Director of Human Resource in Health & Sanitation</p> <p>CECM , Chief Officer & Director-Department of Health & Sanitation</p> <p>County Public Service Board</p>	By 5 th June, 2024	Staff Establishment /Organogram for the Health & Sanitation Department approved

		(CPSB) County Assembly of Bungoma		
8	Restructuring of the County & Sub County Health & Sanitation Management Teams	CECM & Chief Officer-Department of Health & Sanitation Special Panel/Committee established by the CECM-Health & Sanitation in consultation with the CPSB County Human Resource Directorate County Secretary & Head of Public Service	By 20 th July, 2024	New County & Sub County Health & Sanitation Management Teams established
9	Reforming the Health & Sanitation Sector alongside the 8 Pillars recommended by the Taskforce	CECM- Health & Sanitation Special Implementation Panel / Committee County Public Service Board County Secretary & Head of Public Service County Directorate of Human Resource	By 15 th November 2024	Restructured County Department of Health & Sanitation
10	Training and Capacity Building of Staff & Health & Sanitation Boards & Committees	CECM, Chief Officer & Director-Department of Health & Sanitation Departmental Human Resource Advisory Committee (DHRAC) County Public Service Board National Government-State Department for Health Services	Quarterly beginning in September 2024 & 26 th June 2027	Well trained Health & Sanitation Workforce, Health Boards & and Committees for all facilities in the County
11	Staff Recruitment, Designation & Deployment	Department of Health & Sanitation preparing annual intends for staff recruitment Department of Finance & Economic Planning providing budgets for staff recruitment in the Annual Budgets County Assembly approving budgets for staff recruitment	Mid-March to End of November 2024	Enhanced Human Resource Capacity (Workforce for the Department of Health & Sanitation Attained the optimal numbers of health & sanitation workforce
12	Automation & Digitalization of all	Department of Health & Sanitation	Within a period of 6	A fully automated/digitalize

	the services in the Health & Sanitation Department	County Directorate for ICT Department of Finance & Economic Planning Office of the County Secretary & Head of Public Service County Directorate of Human Resource County & Sub County Health & Sanitation Management Teams, Health Facility Boards & Committees	Months after the adoption of the Health & Sanitation Taskforce Report	County Health & Sanitation Management System
13	Investment in Special Services & Units such as County Referral Strategy, Emergency Treatment & Mental Health Services	Department of Health & Sanitation Department of Finance and Economic Planning County Assembly of Bungoma	Between 1 st July 2024 & 30 th 2027 (Annual Development Plans, MTEF & CIDP)	Special Units established in the County for Referral, Emergency Treatment & Mental Health Care Services
14	Public Health & Sanitation Education	Department of Health & Sanitation Department of Finance and Economic Planning Department of Public Service Management & Administration	Quarterly beginning 1 st July 2024 to 30 th June 2027	Informed Citizenry/ Public about County Health & Sanitation Services
12	Monitoring Evaluation Accountability, Research & Learning (MEARL)	Department of Health & Sanitation County & Sub County Health Management Teams, Facility Boards & Committees Research & Development Directorate/Unit	Continuous MEARL & Publication of Quarterly on Performance of Reports in the County Health & Sanitation Sector	Enhanced Health & Sanitation Services across the facilities in the County Universal Health Coverage attained in Bungoma County

