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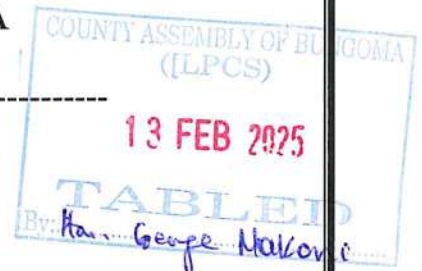
**COUNTY GOVERNMENT OF BUNGOMA**



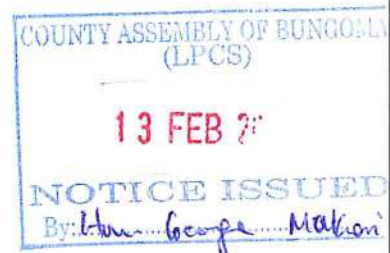
**COUNTY ASSEMBLY OF BUNGOMA  
OFFICE OF THE CLERK**

THIRD ASSEMBLY

THIRD SESSION



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



Clerks Chambers  
County Assembly Buildings  
P.O BOX 1886 - 50200

**JANUARY, 2025**

## TABLE OF CONTENTS

CHAPTER ONE .....	3
1.1 Introduction .....	3
1.2 The Health and Sanitation Taskforce .....	3
CHAPTER TWO .....	6
2.1 Committee engagement with the department of Health and Sanitation .....	8
2.2 Bungoma County Health and Sanitation Taskforce report, 2023 .....	8
2.3 A review of the recently enacted national laws in Health & Sanitation and implication for counties: .....	9
2.4 Implications of the Facility Improvement Financing Act, 2023 on the Review of BCHSA, 2019: .....	10
CHAPTER THREE .....	12
3.1 Salient observations and Recommendations of the taskforce .....	12
CHAPTER FOUR .....	21
4.1 Committee observations and recommendations .....	21

## **CHAPTER ONE**

### **1.1 Introduction**

The need for review of the Bungoma County Health services Act, 2019 is traced to the Judgement of the Hon. Justice Weldon Korir (pharmaceutical society of Kenya & another Vs the Hon. Attorney General & 3 others in the consolidated petition No.85 of 2018(2021 Elkr) In which some sections of the Health Act, 2017 were declared unconstitutional and the recommendations contained in the joint committees of Health Services and Justice, cohesion and Legal affairs with regard to the petition presented to the County Assembly by the Kenya National union of Nurses(KNUN), Kenya National union of medical Laboratory officers(KNUMLO) and the Kenya union of clinical officers(KUCO). It is worth noting that prior to enactment of the Bungoma County Health services Act 2019, some sections of the same were heavily borrowed from the national law.

### **1.2 The Health and Sanitation Taskforce**

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 general 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.

Pursuant to the provisions of the law, and vide a Gazette Notice dated 6<sup>th</sup> July, 2023, HE Hon. Kenneth Lusaka, the Governor of Bungoma County appointed a thirteen (13) member Taskforce basically to undertake a comprehensive review and amendment of the Bungoma County Health Services Act, 2019 and more specifically under the following Terms of Reference;

1. 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;

2. 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.
3. 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.
4. Identify gaps and challenges affecting the implementation and operationalization of the Bungoma County Health Services Act 2019;
5. 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;
6. 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;
7. 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;
8. 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;
9. 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.

10. Identify major constraints/barriers hindering effective career development and optimum performance of health workers in the County.
11. 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.
12. Make overall and specific recommendations for effectiveness and efficiency in the Bungoma County Health Services Act.
13. 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.
14. Prepare and submit the final Report in hard and soft copy to the appointing authority through the CECM- Health and Sanitation.

It is on this basis that the committee on Health Services interrogated the Health and Sanitation Taskforce report and hereby presents its report and recommendations on the recommendations of the Health and Sanitation Taskforce report.

### **1.3 Committee Mandate**

**Hon. Speaker Sir,**

The Sectoral Committee on Health was constituted pursuant to the provisions of Standing Order No.217 of the County Assembly of Bungoma and executes its mandate in accordance with Standing Order 217(5) which provides as follows:

- a) Investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations, coordination, control and monitoring of budget;
- b) Consider quarterly reports of the assigned departments and report to the House within twenty-one (21) sitting days upon being laid;
- c) Study the programme and policy objectives of departments and the effectiveness of the implementation;
- d) Study and review all county legislation referred to it;
- e) Study, access and analyze the relative success of the departments as measured by the results obtained as compared with their stated objectives;
- f) 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;
- g) To vet and report on all appointments where the constitution or any law requires the House to approve, except those under *Standing Order 204* (Committee on Appointments); and
- h) Make reports and recommendations to the House as often as possible, including recommendation of proposed legislation.

#### 1.4 Committee Membership

**Hon. Speaker Sir**, the Committee as currently constituted comprises the following Members,

1. Hon. George	Makari	Chairperson
2. Hon. Jerusa	Aleu	Vice – Chairperson
3. Hon. Meshack	Simiyu	Member
4. Hon. Tony	Barasa	Member
5. Hon. Jack	Wambulwa	Member
6. Hon. Orize	Kundu	Member
7. Hon. George	Makari	Member
8. Hon. Wafula	Waiti	Member
9. Hon. Joan	Kirong'	Member
10. Hon. Vitalis	Wangila	Member
11. Hon. Jacob	Psero	Member
12. Hon. Anthony	Lusenaka	Member
13. Hon. Job	Mukoyandali	Member
14. Hon. Milliah	Masungu	Member
15. Hon. Grace	Sundukwa	Member

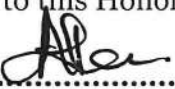
#### 1.5 Acknowledgement

**Hon. Speaker, Sir,**

On behalf of this Committee I wish to express gratitude to the Offices of the Speaker and the Clerk of the County Assembly for the support provided to the Committee.

May I take this opportunity to thank all Members of the Committee for their effort and commitment during the developing and writing of this report.

**Hon. Speaker Sir**, it is now my pleasant duty on behalf of the Committee to present this report to this Honorable House for adoption.

Sign .....  ..... Date: 13/12/24

**HON. GEORGE MAKARI, MCA**  
**CHAIRPERSON, COMMITTEE ON HEALTH SERVICES**



## CHAPTER TWO

### **2.1 Committee engagement with the department of Health and Sanitation**

The taskforce report was forwarded to the County Assembly and tabled in the House on 15th April, 2024. On 5<sup>th</sup> Dec, 2024, the committee held a consultative meeting with department in the company of the chairperson of the Health and Sanitation taskforce team to get an overview and understanding of the contents of the report and the recommendations therein.

### **2.2 Bungoma County Health and Sanitation Taskforce report, 2023**

The report 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 taskforce committee executed its assignment through a multifaceted 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. After the collection of data and information from the aforementioned stakeholders, collated, analyzed, and synthesized into a report.



### **2.3 A review of the recently enacted national laws in Health & Sanitation and implication for counties:**

**Mr. Speaker Sir**, the taskforce reviewed the recently enacted National Laws in health and Sanitation and their implication the the Health Act, 2019 and reported as follows:

There are three healthcare related national legislative acts (Acts) signed into law in Kenya and which became operational in the month of November, 2023).

These Acts, namely the Primary Health Care Act, Digital Health Act, Facility Improvement Financing Act and Social Health Insurance Act, are aimed at revolutionizing the healthcare sector in the country. The Primary Health Care Act and the Digital Health Act became operational on 2 November 2023, and the Social Health Insurance Act came into operation on 22 November 2023. The Social Health Insurance Act established the Social Health Authority has three funds created under it being: The Primary Healthcare Fund, the Social Health Insurance Fund and the Emergency, Chronic, and Critical Illness Fund.

All the funds, assets and other property held by National Health Insurance Fund (NHIF) Board will be vested in the Social Health Authority effective 22 November 2023. The NHIF Board is required to wind up the National Hospital Insurance Fund within one year from the stated effective date but the National Health Insurance Fund Act, 1998 is repealed.

- i. **The Primary Health Care Act, 2023:** The Kenya Primary Healthcare Strategic Framework 2019–2024 places a strong emphasis on primary health care (PHC) as the key driver for achieving UHC. Additionally, the Community Health Policy 2020–2030 recognizes community health as a crucial entry point into the overall health system. However, it highlights the need for a legal framework to ensure proper remuneration for community health workers, who have historically relied on donor funding. To address these challenges, the government has enacted the Primary Health Care Act, which aims to strengthen PHC as part of a comprehensive health legislation package to advance UHC. One of the key provisions of the Act establishes primary care networks (PCNs) and formalizes community health delivery through community health promoters organized in community health units.

- ii. **The Digital Health Act, 2023:** Digital health in this context refers to the use of digital technologies and data in healthcare. This could include various activities such as digital record keeping and information storage, Online booking systems, Online and virtual check-in, Virtual appointments, Cloud based internal systems, Room booking systems, Digitizing and automating appointment reminders, Outpatient care, digital referral system, among others.
- iii. **The Social Health Insurance Act, 2023:** The Social Health Insurance Act, 2023 (SHI Act) introduces a comprehensive scheme for social health insurance, aiming to provide financial protection and equal access to healthcare services.
- iv. **Facility Improvement Act, 2023 and its implication for the Review of BCHS Act, 2019:** The Facility Improvement Financing (FIF) Act, 2023, came into force on 2 November 2023. It provides for public health facility improvement financing, the management, and administration of the facility improvement financing and connected purposes. The Facility Improvement Fund is revenue collected at public health facilities as user fees paid to provide for the costs of running these facilities. This fund will enable facilities to manage their day-to-day expenses and manage situations where emergency supplies have to be acquired.

#### **2.4 Implications of the Facility Improvement Financing Act, 2023 on the Review of BCHSA, 2019:**

1. The Facility Improvement Financing Act, 2023 has far reaching implications on the review of the BCHS Act, 2019 in terms of retention of public facilities improvement financing, sources of financing and use of the finances retained by public health facilities;
2. The FIF Act, 2023 provides a framework for enhancing continuity and sustainability in healthcare financing. It will ensure that health facilities are adequately funded and can maintain high-quality service delivery and better health outcomes.
3. It seeks to ring fence money generated by health facilities, preventing absorption into general county funds, and thereby enhancing the operational autonomy of health facilities. In this regard, health facilities can now retain and manage their

revenues for improved service delivery. However, this necessitates robust mechanisms to ensure accountability and prevent financial mismanagement;

4. The FIF Act, 2023 defines the role of National Government in terms of policy formulation, research, and development to improvement financing. It has also provided for clear roles for national and county governments and the establishment of management teams for oversight. This may lead to good governance and greater accountability of public health facilities;
5. It also establishes the management and administration framework of the improvement financing in county governments;
6. It provides guidelines on the establishment and functions of County Health Management Team, Sub County Health Management Team. It also provides guidelines for establishment and functions of the Hospital management Team and Health Facility Management Committee and terms and conditions of appointment. It provides for continuation of current management boards/committees until expiry of their terms;
7. The FIF Act also spells out on the procedure of opening and operating a Bank Account for the Facility Improvement Financing and Authority to Incur Expenditure.
8. The Act also provides for Annual Reporting and Audit of Facility Improvement Financing.
9. The implementation and success of the FIF Act, 2023 will depend on the ability of the county health facility staff and management teams to effectively handle financial management responsibilities;
- 10.** The Act proposes application of penalties as stipulated in the Public Finance Management Act and Public Procurement and Asset Disposal Act and other relevant financial management and procurement laws.
11. The FIF seeks to ensure equity in resource allocation among the different health facilities in the Country and County, especially in underserved areas (hard to reach areas). This is crucial for achieving balanced healthcare and sanitation development and can go a long way in guaranteeing universal health coverage (UHC) in the County;

## **CHAPTER THREE**

### **3.1 Salient observations and Recommendations of the taskforce**

#### **3.1.1 The Taskforce Observations and Findings**

**Mr. Speaker Sir,** the following are the Salient Taskforce Observations made by the taskforce;

1. 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.
2. The force observed that the petitions by some unions at the High Court of Kenya and the County Assembly of Bungoma were driven by factors such as discrimination and nonrepresentation 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.
3. 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 .
4. 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.

5. The Bungoma County Health Services Act, 2019 did not have significant provisions for modern health technology services except for Laboratory Tests. Indeed, such as EHealth and Sanitation Service Delivery and E-Health Governance, E- Monitoring and Evaluation were not addressed by the Act.
6. 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.
7. 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.
8. The Health and Sanitation Taskforce observed that most of the health facilities are poorly equipped thus jeopardizing the delivery of quality health services.
9. 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.
10. 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.
11. 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.

12. 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 (CPSB) 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.
13. 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.
14. 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.
15. 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.

16. 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.
17. 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.

### **3.1. 2 The Taskforce Recommendations**

- 1) 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.
- 2) 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.
- 3) 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.

- 4) 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.
- 5) 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.
- 6) 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 reconstitution 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.
- 7) 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.
- 8) 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.

- 9) 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, EMonitoring and Evaluation were not addressed by the Act.
- 10) 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.
- 11) 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.
- 12) 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.
- 13) 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.

- 14) 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.
- 15) 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.
- 16) 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.
- 17) 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.
- 18) 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 overdependency on the national exchequer and donor funding for most programs.
- 19) 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).

- 20) 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.
- 21) 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.
- 22) 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;
- 23) 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.

24) 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.*



## CHAPTER FOUR

### 4.1 Committee observations and recommendations

**Mr. Speaker Sir**, the committee having gone through the report of the Taskforce and held consultative meeting with the department of Health and Sanitation on the Taskforce report hereby makes the following observations and recommendations for this honorable house to consider and adopt;

#### 4.1.1 Committee observations

- 1) The Health and Sanitation on the Taskforce report is long overdue and will inform the formulation of a comprehensive Bungoma County Healthcare and Sanitation Services Bill, 2024 and eventual Act as recommended by the County Assembly Joint committees on Lands, Urban, Physical Planning and Housing and Committee on Justice, Cohesion and legal affairs.
- 2) The taskforce report together with the envisaged Amendment Bill if adopted and enacted into law and regulations will have far-reaching positive effects on the quest for the Highest attainable standards of health and sanitation in compliance with the provisions of Article 43 of the constitution of Kenya as well as guarantee Universal Health Coverage (UHC).
- 3) The recently enacted national laws including Social Health Insurance Act, 2023(SHI), Social Health Act, 2023(SHA), Facility Improvement Financing Act, 2023(FIFA) and Social Health Insurance Fund(SHIF) will have far-reaching implications to the envisaged County healthcare and Sanitation bill, 2024.
- 4) The County Executive Committee (Cabinet) meeting held on 21<sup>st</sup> August, 2024 at H.E the Governor's residence in Kamukuywa noted and approved Ksh. 4,913,000 being funds to cater for developing the Bill and Regulations and directed the CECM for health and Sanitation and Finance and Economic Planning to take necessary action.
- 5) The committee notes that the sole responsibility of policy formulation and direction is vested in the department and the County Executive committee Member for health in liaison with the the Executive Committee member for finance should fast-track the review of the Health Act, 2029.

#### **4.1.2 Committee recommendations**

1. The CECM, Health and Sanitation should move with speed to formulate a comprehensive Bungoma County Healthcare and Sanitation Services Bill, 2024 and eventual Act including all the peremitors identified and presented in the Taskforce report.
2. The CECM Health and Sanitation should take serious the recommendation by the County Assembly Joint committees on Lands, Urban, Physical Planning and Housing and Committee on Justice, Cohesion and legal affairs on deadlines for drafting and developing regulations in regard to the reviewed Bungoma County Healthcare and Sanitation Services Bill, 2024.
3. The County Executive Committee Member for Health and Sanitation together with her counterpart for Finance and Economic Planning should appropriate in the first supplimentary, the sum of Ksh. 4, 913,000 approved by the cabinet being funds to cater for developing the Bill and Regulations and report progress to the committee within 90 days from the adoption of this report.

#### **Conclusion:**

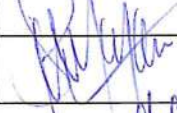

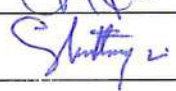
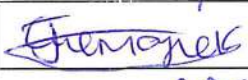
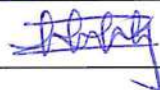

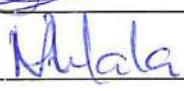

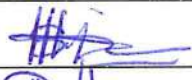

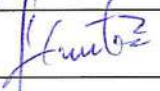
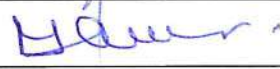
**Mr. Speaker Sir,** the committee on Health Service is in agreement with the recommendations of the health and Sanitation Taskforce report together with the departmental commitments made therein. The committee therefore, urges this honorable house to consider and adopt this report.

## **ATTACHMENTS**

1. Report of the Health and Sanitation Taskforce on Review and Amendment of Bungoma County Health Services Act No. 5 of 2019.

## ADOPTION SCHEDULE

The Members of the Sectoral Committee on health Services hereby adopt and append the signatures to this report with the contents herein.

No.	NAME		SIGNATURE
1.	Hon. George	Makari	
2.	Hon. Jerusa	Aleu	
3.	Hon. Meshack	Simiyu	
4.	Hon. Joan	Kirong	
5.	Hon. Anthony	Luseneka	
6.	Hon. Tony	Barasa	
7.	Hon. Jack	Wambulwa	
8.	Hon. Miliah	Masungu	
9.	Hon. Grace	Sundukwa	
10.	Hon. Vitalis	Wangila	
11.	Hon. Job	Mukoyandali	
12.	Hon. Wafula	Waiti	
13.	Hon. Jacob	Psero	
14.	Hon. Benard	Kikechi	
15.	Hon. Orize	Kundu	