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**THE MANDERA COUNTY COMMUNITY HEALTH SERVICES
BILL, 2023**

A Bill for

AN ACT of the County Assembly of Mandera to provide for the establishment of structures and functions for efficient, effective and sustainable delivery of health services and for connected purposes

ENACTED by the Mandera County Assembly as follows —

PART I — PRELIMINARY PROVISIONS

Short title

1. This Act may be cited as the Mandera County Community Health Services Act, 2023.

Interpretation

2. In this Act, unless the context otherwise requires —

“County” means the Mandera County;

“Community” means a specific group of people, usually living in a defined geographical area, who share common values, norms, culture and customs, and are arranged in a social structure according to relationships which the community has collectively developed over a period of time.

“Link-health facility” Means a primary health care facility at either level two, three or four serving a designated community health unit;

“County Community Health Services Technical Working Group” means a committee established under section 9 of this Act;

“Community health committee” means a committee established under section 16 of this Act; to play the overall governance and leadership role within the community unit;

“Community health service personnel” Includes community health officer and community health assistant, or public health officer and public health technician appointed by the County Public Service Board and deployed to provide preventive and promotive health and basic health care services to the community and does not include a health facility-based health worker;

“Community health plan” means a plan for community-based health services prepared by the community health unit committee for the improvement of the health care of the community units or households;

“Health care services” means the prevention, promotion, management or alleviation of disease, illness, injury, and other physical and mental impairments in individuals, delivered by health care

professionals through the health care system's routine health services, or its emergency health services;

“Community based health services” means the package of basic health care services provided to people in their communities and households and includes, health education; health promotion; disease prevention and control; mental health and psychosocial support services; emergency health and referral or linkage services; sensitization on addictions; home based care, and minor treatment for illness and injury in relation to primary care;

“Community health unit” means the frontline community health service delivery structure located within the county health system comprising of a cluster of households which make up a settled or nomadic village in a sub-location as defined under the National Government Coordination Act or as may from time to time be designated by the County Executive Committee Member;

“Community Health Promoter” means a person selected by the community based on set criteria defined by this Act and has undertaken relevant training as defined in the community health services Policy; to offer health services at the community level;

“Executive Committee Member” means the County Executive committee member for the time being responsible for matters relating to health services;

“Health facility management committee” means the committee managing link primary health care facility;

“Household” means a group of people living together in one house and eating from the same pot and is the smallest entity of service delivery in a community health unit;

“Village” means persons with same socio-economic characteristics living together and/or moving together within the County and shall be in clusters of households to be determined from time to time;

“Sub-County Health Management team” means the management established at the sub-county level to oversee delivery of health services including community health services;

“Nomadic” Means a way of life where all members of the household move with their livestock along migratory routes within or outside county during dry or wet seasons;

“Semi-Nomadic” means a way of life where members of the household practice seasonal or temporary migration;

“Stipend” Means a monthly predefined amount of money paid to community health promoters after having satisfactorily met the set performance targets;

“Performance targets” means a minimum monthly activity to be achieved under the community health structures.

Guiding Principles

3. The application of this Act shall be guided by the following principles—

- (a) equity in distribution of health services and interventions;
- (b) people centered approach to health and health interventions;
- (c) participatory approach to delivery of interventions;
- (d) multi – Sectoral approach to realizing health goals;
- (e) efficiency in application of health technologies;
- (f) cost effectiveness in service deliver;
- (g) social accountability;
- (h) affirmative action to ensure reasonable access to health services by minorities and the marginalized; and
- (i) non-discrimination.

Objects and Purpose

4. The objects and purpose of this Act is to—

- (i) give effect to the provisions of Article 176 of the Constitution and Section 48 of the County Governments Act;
- (ii) provide for the establishment of community health units within the County for the effective delivery of community health services;
- (iii) provide for delineation and establishment of community health units within Mandera County so as to provide for effective delivery of community health services;
- (iv) create the necessary institutional and coordination framework to encourage and facilitate provision of community health care services, protect the health and safety of community health promoters;
- (v) provide for rights, duties and responsibilities of relevant actors within the community health sub-sector;
- (vi) gather evidence or information on community health to inform decision-making;
- (vii) establish a county community health service financing for the purposes of funding activities and projects implemented pursuant to this Act;
- (viii) ring-fence funds for community health services;
- (ix) co-ordinate and streamline support from partners and well-wishers for community health services;

- (x) To provide for the management of the Community Health Services Fund; and
- (xi) Develop capacity of Community Health Service providers definition.

PART II—DUTIES AND RESPONSIBILITIES

Duties and Responsibilities of County Government

5. The county government shall provide health care to every person who is a resident of the County, and shall—

- (a) ensure that the County residents' rights to basic health as provided for under Article 43 of the Constitution are progressively realized;
- (b) establish policies and mechanisms to ensure that residents of the county households are educated and informed on matters of healthy living and practices;
- (c) ensure that every household has access to a community health service provider; and
- (d) provide advisory services and guidance, through Community Health Service providers, to persons in need of healthcare information.

Duties and responsibilities of individuals

6. Every person within a household or a community health unit is responsible for ensuring that the most appropriate health practices are effected and shall—

- (a) participate in community-organized health activities;
- (b) attend and participate in meetings that are aimed at educating the people on best health practices and for disseminating information or feedback to the people;
- (c) make efforts to implement behavioral changes that are aimed at improving individual, households and community health;
- (d) collaborate and cooperate with community health promoters in promoting health within the community and eliminating health risks through strategies set and implemented by the County Community Health Services Committee; and
- (e) when required, provide relevant data and information that would enable the Community Health Service providers to collect data and information for the purpose of informing policy decisions at different levels of governance.

PART III – ESTABLISHMENT OF COMMUNITY HEALTH UNITS

Establishment and Registration of Community Health Units

7. (1) There is established, Community Health Units for ease of delivery of Community Health Service in Mandera County—

- (a) the Executive Committee Member shall use existing total population, number of villages, number of households and areas in square kilometers as provided for in the Mandera County Community Health Strategy Projections in the First Schedule as a basis for the determination of the initial number of community health units per Sub County as well as the number of community health promoters per community health unit;
- (b) there shall be an initial registered 26 Community Health Units as set out in the Second Schedule;
- (c) for the purposes of this Act, a community health unit shall comprise a minimum of 500 households in the urban area, 300 households in settled rural areas, 100 households in semi-nomadic settlements and 50 households for nomadic settlements within a catchment of the community health unit;
- (d) each Community Health Unit shall be under the management of a Community Health Personnel and there shall be a minimum of 10 Community Health Promoters in each Community Health Unit or as may from time to time be prescribed by the County Community Health Services Committee;
- (e) the Executive committee member shall establish mechanisms to provide for the health service needs of nomadic and under privileged populations; and
- (f) the Executive committee member may by regulations provide for the alteration of the boundaries of a Community Health Unit, if need arises, and for the registration of new Community Health Units.

Link health facilities

8. Each Community Health Unit shall be linked to a health facility as provided for in the second schedule, provided that this may be amended by the Executive committee member from time to time as need arises.

PART IV – COMMUNITY HEALTH SERVICES TECHNICAL WORKING GROUP**Establishment and management of County Community Health Services Technical working group**

9. (1) There is established the County Community Health Services Technical Working Group comprising not more than nine (9) members as determined by the County Executive Member for Health.

(2) The membership of the County Community Health Services Technical Working Group shall comprise of representatives from different Community Health partners and representatives from County Health Department appointed by CECM Health as follows; County Director of Public Health, County Community Health Services Co-ordinator, Reproductive Health Co-ordinator, County Nutrition Officer, County Nursing Officer, County Public Health Officer, County Health Record and Information Officer, County Health Promotion Officer and County Pharmacist.

(3) The County Executive Member for Health may co-opt other relevant members into the County Community Health Services Technical Working Group; and the group shall consult with additional experts as needed.

(4) The Chairperson shall be the County Director of Public Health and the secretary shall be the County Community Health Services Coordinator or county public health officer in the absence of County Community Health Services Co-ordinator.

(5) The members of the Technical Working group shall serve without compensation, but may be reimbursed for reasonable expenses incurred as a result of their duties as members of the group from funds appropriated for that purpose.

(6) The Executive Committee Member shall provide administrative and staff support to the Technical Working Group.

(7) The Executive committee member shall make regulations to govern the affairs of the technical working Group.

Functions of the County Community Health Services Technical Working Group

10. It shall be the duty of the County Technical working group to develop strategies and framework for effective and efficient delivery of community health services in the County through a coordinated and consultative approach—

- (a) adopt and implement policies relating to the management of Community Health Services;
- (b) prepare and maintain an inventory of community-based health services delivered at community level;
- (c) oversee and monitor the implementation of community health services within the county and report to the Executive Committee Member in a manner prescribed by regulations;
- (d) oversee the development of the Community Health Plans by respective community health units;
- (e) monitor, evaluate and review implementation of Community Health Plans;
- (f) mobilize resources for purposes of efficient delivery and management of Community Health services;
- (g) advise the Executive Committee Member on matters of general Community Health Services policy and service delivery;
- (h) identify gaps existing in community health workforce and recommend to the Executive committee member on recruitment in line with the existing scheme of service for Community Health workforce;
- (i) co-ordinate the activities of donors and development partners working with the Department of health in the delivery of community health services;
- (j) give general or special directions to community health unit committees or a member of the sub county community health service technical working group on any matter falling within their jurisdiction; and
- (k) perform such other functions as the Executive Committee Member may authorize pursuant to this Act.

Powers of the county technical working group

11. The Committee shall have all the necessary powers for the execution of its functions under this Act.

Meetings of the County Technical Working group

12. (1) The County community health services technical working group shall meet at least once every three months (every quarter).

(2) The quorum for the group meeting shall be five (5) members.

(3) Notwithstanding the provisions of subsection (1), the chairperson may, and upon requisition in writing by at least five members convene a special meeting of the group at any time for the transaction of the business of the group.

(4) The meetings of the county community health services technical working group shall be chaired by the chairperson and in his or her absence, the vice chair. Upon the absence of the chair and the vice chair, the chair shall appoint a member of the committee present at the meeting to chair the meeting.

(5) The decisions of the County community health service technical working group shall be by consensus and where a vote becomes necessary, by a simple majority. The chair may vote in case of a tie in any matter.

(6) The group shall cause proper records to be kept of all proceedings of the group meetings.

(7) Subject to the provision of this section, the County technical working group may regulate its own procedures and proceedings.

Supervision and Management

13. (1) The executive committee member in consultation with the County Community Health services technical working group is responsible for the general supervision and management of this Act.

(2) The executive committee member may make regulations for the effective implementation of the provisions of this Act in consultation with the County Community Health Services Technical Working Group.

Establishment and management of Sub-County Community Health Services Technical Working group

14. (1) There is established the Sub-County Community Health Services Technical Working Group comprising —

- (a) not more than seven (7) members as determined by the County Executive Member for health are as follows;
- (b) Sub-County Health Officer, Sub County Community Health Services Co-ordinator, Sub-County Public Health Officer, Sub County Public Health Nurse, Sub-County Health Record Officer, Sub-County Nutrition Officer and one representatives of partners supporting Community Health services at Sub-County level;
- (c) the Chairperson shall be the Sub-County Health Officer and the secretary shall be the Sub-County Community Health Service Co-ordinator or Sub-County Public Health Officer; and
- (d) the Executive committee member shall make regulations to govern the affairs of the Sub-County Technical Working group.

Functions of the Sub-County Community Health Services Technical Working Group

15. (1) The functions of the Sub-County Technical Working group shall be as may be prescribed by the County Community Health Services Technical working group and shall include providing technical guidance for purposes of preparing the community health plan and have the mandate of implementing the policies of the County Technical working group at Sub-County Level and community health service units.

Community Health Committees

16. (1) There is established for every Community Health Unit a Community Health Committee.

(2) The Community Health Committee shall comprise of—

- (a) the Community health personnel, who shall be the secretary;
- (b) the Assistant Chief/Ward administrator, with jurisdiction over the relevant community health unit as *ex-official*;
- (c) The village administrator appointed under the County Government Act, with jurisdiction over the relevant community health unit;
- (d) one persons nominated by religious organizations;
- (e) two community health promoters, one from either gender, elected by fellow community health promoters;
- (f) one member nominated by health facility management committee of the link health facility;
- (g) one person representing women support groups within the community health unit;
- (h) One community member representing persons with disabilities; and
- (i) (i)The chairman of the committee shall be elected in the first meeting of the committee from among members indicated in paragraphs, (d), (e) or (f), (g), (h) of sub-section 2.

Qualifications for appointment

17. (1) A person is eligible to serve in the Committee —

- (a) must be a Kenyan citizen;
- (b) adult of sound mind and of good standing in the community;
- (c) ability to read and write at least in one language, local or national;
- (d) demonstrated role model in positive health practices and committed to voluntary community service;

- (e) has been resident in the village unit for a period of at least 5 years and has shown provable intention to reside in the unit throughout the period of service; and
- (f) meets the requirements of Chapter Six of the Constitution of Kenya 2010 as read with the Leadership and Integrity Act; and has not been convicted of an offence relating to integrity for at least five years immediately preceding the date when the person's eligibility is considered.

Term of office

18. (1) the members of the Community Health committee appointed under section 18 (2) (d), (e), (f), (g) and (h) shall serve for a term of three years renewable only once subject to performance.

(2) The office of member of community health committee shall fall vacant when a member—

- (a) dies;
- (b) resigns from office in writing addressed to the chairperson;
- (c) is convicted of a criminal offence;
- (d) is removed from office on the recommendation of the community;
- (e) is absent without permission for three consecutive committee meetings or has migrated out of the geographical areas of the community unit; and
- (f) a vacancy in the office of community health committee member shall be filled within a period of one month.

Functions of community Health committees

19. The functions of the community health committee is to—

- (a) identify community health priorities through regular dialogue with the community and stakeholders;
- (b) plan and participate in community health actions;
- (c) mobilize resources for community health actions;
- (d) organize and implement community health days;
- (e) make periodic or other reports to the Sub-County Community Health Services Technical Working Group in such manner and on such matters as may be prescribed by regulations;
- (f) make project proposals to the Sub-County Community Health Services Technical Working Group;
- (g) oversee implementation of community health projects and programmes;
- (h) manage funds allocated to the community health unit;

- (i) keep proper books of accounts with respect to the funds remitted to the community health unit from the Fund;
- (j) lead community health outreach and campaign initiatives;
- (k) Actively participate in the selection of community health promoters;
- (l) promote practices and activities that enhance good health in the community;
- (m) In the performance of its functions, the Community Health Committee shall hold quarterly consultative meetings with Link Health Facility Management Committee (HFMC); and
- (n) do such other things as may be prescribed or required by the Executive Committee Member.

Meetings of the committee

20. (1) The committee shall meet at least once every three months and at any other such time as the committee may deem necessary for the performance of its functions.

(2) The meetings of the community health committee shall be chaired by the chairperson and in his or her absence, the vice chair. Upon the absence of the chair and the vice chair, the chair shall appoint a member of the committee present at the meeting to chair the meeting.

(3) The quorum at the sittings of the community health committee shall not be less than five (5) members.

(4) The decisions of a community health committee shall be by consensus and where a vote becomes necessary, by a simple majority. The chair may vote in case of a tie in any matter.

(5) The proceedings of the community health committee shall be recorded in writing and the minutes of the same kept.

Remuneration of Community health Unit Committee Members

21. (1) The position of a community health committee member is not a remunerative position but the person so nominated and appointed shall be paid such allowance as is sufficient to defray expenses reasonably incurred in the discharge of his or her functions under this Act, the allowance shall not be less than such sum as the Executive committee member may with the advice of the County Community Health Services Technical working group prescribe.

Development of Community Health Plan

22. (1) A community health committee shall develop a community health plan for each financial year and shall share it with the link health facility management and the Sub-County health management team.

(2) The community health work plan shall include—

- (a) recommended priorities for the delivery of community health services;
- (b) a demonstration that the recommended priorities have been established through community consultation;
- (c) strategies and recommendations for elimination of duplicity in the delivery of community health services.

(3) For the purpose of assisting the community health committees to make recommendations, Sub-County health management team shall make available to the community health committee such information as may assist the community health committees in assessing the financial feasibility of implementing the recommendations.

(4) Sub-County health management teams shall ensure that community health plans are developed by the relevant community health committees and considered in the preparation of the Sub County health services annual work plan.

(5) The Executive Committee Member shall ensure that Community Health Plans are developed by community health committees and considered in the preparation of the County Health Services annual work plan.

PART V—COMMUNITY HEALTH PERSONNEL**Appointment of Community Health Personnel**

23. (1) The County Public Service Board in consultation with the Executive committee member will recruit a Community Health Personnel for each community health unit.

(2) The County Public Service Board shall, in consultation with the Executive committee member, determine the terms and conditions of employment for community health Personnel.

Qualifications for Appointment as a Community Health Personnel

24. (1). A person shall be appointed as a community health Personnel if the person—

- (a) is a Kenyan citizen and is ordinarily resident in the County;
- (b) has good communication skills;
- (c) is able to work with people of diverse backgrounds;
- (d) is willing to teach and mentor others;

- (e) is trained health personnel with certification in Community Health or public health from recognized institution; and
- (f) meets such other requirements as may be determined by the County Public Service Board.

Roles of Community Health personnel

- 25.** The roles of a Community Health Personnel shall include—
- (a) providing technical support to community health promoters and the Technical Committee;
 - (b) facilitating the provision of quality services by community health promoters and ensuring smooth referral mechanisms linking the community to referral facilities;
 - (c) coordination of community health services within the community health unit;
 - (d) overseeing the selection of community health promoters;
 - (e) organizing and facilitating community health promoters training;
 - (f) monitoring the management of community health promoters' kits;
 - (g) supporting community health promoters in assigning tasks and coaching them to ensure achievement of desired outputs and outcomes;
 - (h) Compiling reports generated by community health promoters and forwarding them to the appropriate levels for utilization.
 - (i) organizing community dialogue and planning with Community Health promoters to take actions to improve identified issues;
 - (j) organize and facilitate monthly community health promoters meetings to plan and review the performance of community health unit activities; and
 - (k) following up on and monitoring actions emerging from dialogue and planning sessions, to ensure their implementation.

PART VI — COMMUNITY HEALTH PROMOTERS

Nomination and Appointment of Community health promoters

26. (1) There shall be nominated by members of the community, with the supervision of the sub-county health management team, a community health promoter for every community unit in a public meeting convened by the community health committee with the assistance of the area chief or village administrator who has jurisdiction over the relevant area.

(2) All residents of the respective unit are entitled to the opportunity to attend and participate in the proceedings leading to such nomination and selection.

(3) Upon nomination, the community health promoter shall begin discharging their duties in accordance with this Act after receiving written authority from the secretary to the community health committee.

(4) For every community health unit, there shall be a number of community health promoters per village in the Sub Location.

Qualifications for appointment as a Community Health Promoters

27. A person qualifies to be recruited as a community health promoter if the person—

- (a) is a Kenyan citizen who is between eighteen and fifty years old;
- (b) has been a resident of relevant community health unit (village) for a period of not less than three years immediately preceding the date the person seeks to be recruited as a community health Promoters;
- (c) is generally accepted by the local community as honest and upright citizen;
- (d) conversant with the language of the predominant local community;
- (e) Ability to read and write;
- (f) agrees to undergo relevant training for the purpose of equipping the person with the relevant knowledge and skills necessary for undertaking community health work; and
- (g) has not been convicted in the immediately preceding five years of any offence by court of law.

Responsibilities of Community Health Promoters

28. A community health promoter shall—

- (a) advise individuals or members of households within the community health unit on healthy living practices;
- (b) provide first aid with the support and guidance of a community health assistant;
- (c) where appropriate, refer a case of sickness to the link health facility where it appears there is need for medical attention;
- (d) visit households, in a planned and systematic manner, to provide guidance to individuals on community health issues;
- (e) maintain a community health unit register and keep records of all health-related events;

- (f) promote good reproductive health practices within households or in the community;
- (g) keep relevant records and submit reports to the community health assistant;
- (h) Tracking of defaulter cases of TB, immunization, malnutrition, HIV/AIDS, ANC among others and link clients with upline health facilities;
- (i) Promote health care seeking behavior and compliance with treatment and advice;
- (j) Promote appropriate home -based care for the sick
- (k) Participate in monthly community health unit dialogue and action days; and
- (l) perform any other role that may be assigned from time to time as per community health service policy.

PART VII—COMMUNITY HEALTH UNIT COMMODITIES AND SUPPLIES

Commodities and supplies

29. (1) The County commodity supply chain management shall on quarterly basis replenish the community health units with commodity and supplies through the link health facility orders.

(2) The link health facilities shall be as provided in the second schedule.

Scope of Community Health Promoter operations

30. (1) A Community Health Promoter shall serve under the general direction and guidance of the relevant Community Health Personnel.

(2) A Community Health Personnel shall assign to a Community Health Promoter such number of households within the community health unit as shall be prescribed by regulations.

Prohibited acts

31. A community health Promoter may not—

- (a) administer to a member of a community medication that is not authorized by legislation;
- (b) conduct deliveries;
- (c) negligently handle property entrusted to them for the purpose of delivering services to the community;
- (d) use tools, gadgets or properties under their custody for purposes other than delivery of community health services;

- (e) solicit financial or other reward for personal gain whether or not in recognition of effort in delivering services to the community;
- (f) withdraw their services without giving notice of not less than a month intention to do so;
- (g) except in a case of emergency, enter a home or premises occupied by a person earlier than 8 o'clock in the morning or later than 6 o'clock in the afternoon;
- (h) falsify any records or data collected by him or her in the course of duty;
- (i) engage in other activities that may conflict with the provision of community health services.
- (j) disclose the client health issues; and
- (k) any community health promoter who contravenes the provisions of this section shall be subject to disciplinary sanctions which may include termination by respective community health committees.

Training of Community Health Promoters

32. (1) Every community health promoter is required, upon selection, to undergo such training as may be prescribed, for the purpose of enabling them to discharge their functions more effectively.

(2) The County Government shall in consultation with the National Government and other stakeholders prepare a curriculum for the purpose of training community health promoters.

(3) The County Community Health Services Coordinator in liaison with Community Health personnel shall co-ordinate and facilitates the training of Community Health promoters.

(4) The Executive committee member may prescribe additional requirements relating to training of community health promoters.

Remuneration of Community Health Promoters

33. (1) The position of a Community Health promoters is not a remunerative position but the person so nominated and appointed shall be paid such stipend as is sufficient to defray expenses reasonably incurred in the discharge of his or her functions under this Act, and shall not be less than such sum as the Executive committee member may with the advice of the County Community Health Services Technical Working Group prescribe.

(2) The executive committee member shall in consultation with the executive committee member for finance provide such stipend inclusive of national health insurance cover to every community health promoter

subject to attaining agreed performance target to be conducted by community health unit personnel.

(3) The executive committee member may review the stipend provided under sub section (2) as need arises.

Removal from service

34. (1) The services of a Community Health Promoter may be terminated on any of the following grounds—

- (a) Persistent failure to perform their core assignments.
- (b) Breach of terms of service or code of conduct established under this Act.
- (c) Inability to render services due to physical or mental incapacity.
- (d) A Community Health Promoter may resign from service by one month written notice addressed to the secretary of the relevant community health committee.

**PART VII—ESTABLISHMENT OF MANDERA COUNTY
COMMUNITY HEALTH SERVICES FINANCING**

Establishment of Community Health Service Financing

35. (1) There is established the Mandera County Community Health Services Financing.

(2) There shall be paid into the Financing—

- (a) monies received by the Fund in the form of donations, endowments, grants and gifts from individuals and development partners
- (b) amounts appropriated by the County Assembly for that purpose;
- (c) amounts payable to the County Community Health Services Fund as grants from national government for services rendered to clients in accordance with the established system and
- (d) any other amounts paid to or received by the County Health Service Committee.

(3) The funds appropriated or allocated for the implementation of community health services shall be ring-fenced for the said purposes only.

Administration of the Financing

36. (1) The Fund shall vest in and be administered by the County Community Health Services Technical Working Group shall, with the approval of the Executive Committee Member—

- (a) set policies and strategies for the applications of the Finance;

- (b) define eligibility criteria for the Finance to finance county community health services;
- (c) Set out procedures to ensure gender and intergenerational equity in access to monies from the financing.
- (d) issue to community health committee's other procedures and requirements for effective and transparent administration of the Financing; and
- (e) require community health committees to make periodic and other reports concerning the use of the funds allocated to them.

Estimates of Technical Working Group

37. (1) At least three months before the commencement of each financial year, the technical working group shall cause to be prepared budget estimates and expenditure of the Financing for that financial year.

(2) The annual estimates shall make provisions for all the estimated expenditure of the Fund for the financial year and in particular, the estimates shall provide for —

- (a) the amount set aside for new projects or programmes;
- (b) the amount expected to be raised through donor support and other sources.

(3) The annual estimates shall be submitted to the Executive Committee member within 14 days for approval and the technical working group shall not alter the approved annual estimates without the consent of the Executive Committee member.

Income and Expenditure

38. No expenditure shall be incurred out of the Fund except in accordance with the annual estimates approved under section 39 (3), or with prior written approval of the Executive Committee member.

Disbursement out of the financing

39. (1) The technical working group shall cause to be kept records of any disbursements out of the Financing.

(2) Disbursements out of the Financing shall be for specific programmes or projects submitted by the respective community health committees by way of proposals or as may be prescribed.

(3) Disbursements shall be made through the community health unit bank account maintained for every community health unit.

(4) The record of the amounts received by each community health committee and the record of expenditure of amounts so received shall be submitted to the County technical working group within thirty days after

the close of the relevant financial year together with a copy of the relevant bank statements; and no disbursements for the succeeding financial year shall be made into the accounts until the said records are duly received.

Technical Working Group financial records and reports

40. (1) The technical working group shall cause to be kept proper books of accounts of the income, expenditure, assets, liabilities and all other financial transactions of the group.

(2) The technical working group shall submit quarterly reports to the Executive Committee member.

(3) Within 30 days after the end of each financial year, the Committee shall prepare financial statements and submit the financial statements to the chief officer for health for audit in accordance with the provisions of the Public Audit Act, No. 34 of 2015.

PART VIII—MISCELLANEOUS PROVISIONS

Regulations

41. The Executive Committee Member may make regulations generally for the better carrying out of the objects of this Act.

Identification documents

42. The Executive Committee Member shall prescribe and afford the Community Health Personnel and Community Health Promoters proper means of identification.

Savings and transitions

43. (1) A person who immediately before the coming into force of this Act was a Community Health Promoter shall continue to act as such until the expiry of the duration for which the person was engaged.

(2) A person who served as a Community Health Promoter before the coming into force of this Act and whose contract or service expires under this Act may be re-appointed in accordance with the provisions of this Act.

FIRST SCHEDULE

Summary of Community Health Strategy Matrix									
Sub County	No of Sub Locations	Villages	No. of Units	No of CHPs	Pop. Male	Pop. Female	Total Pop.	HHs	Area in Sq. Km
Mandera West/Dandu		63	10	100	54011	47569	101580	20249	4018.2
Mandera South		58	1	10	89541	78862	168403	33396	4031.6
Banisa/Kiliweheri		74	5	50	83577	73611	157189	31173	3943.8
Kutulo		30	1	10	39941	35178	75119	14897	2509.3
Mandera North/Ashabito		72	1	10	78369	69024	147393	29230	5138.2
Lafey		25	1	10	45728	40274	86002	17055	3795.7
Mandera East/Arabia/Khalalio		68	1	10	87336	76921	164257	32574	2505.7
Total		390	20	200	478503	421439	899943	178574	25,942

SECOND SCHEDULE**CUs Active in Mandera County**

No.	Name of the CU	Ward	Sub-County	Link facility
1.	Shimbirfatuma	Shimbirfatuma	Mandera South	Shimbirfatuma HC
2.	Kutulo	Kutulo	Kutulo	Kutulo SCH
3.	Dandu	Dandu	Dandu	Dandu HC
4.	El-Danaba	Dandu	Dandu	El-Danaba Disp.
5.	El-Danaba Semi Nomadic	Dandu	Dandu	El-Danaba Disp.
6.	Gither	Gither	Dandu	Gither Disp.
7.	Gither Nomadic	Gither	Dandu	Gither Disp.
8.	Sake	Gither	Dandu	Sake Disp.
9.	Burduras	Gither	Dandu	Burduras Hc
10.	Gagaba	Gither	Dandu	Gagaba Disp.
11.	Takaba	Takaba town	Mandera west	Takaba Referral Hospital

No.	Name of the CU	Ward	Sub-County	Link facility
12.	Didkuro	Takaba South	Mandera west	Didkuro Disp.
13.	Lagsure	Lagsure	Mandera west	Lagsure Disp.
14.	Darwed	Lagsure	Mandera west	Darwed Disp.
15.	Warankara	Warankara	Lafey	Warankara HC
16.	Girisa	Rhamu	Mandera North	Girisa Disp.
17.	Guticha Nomadic	Guticha	Ashabito	Guticha Disp.
18.	Guticha Semi Nomadic	Guticha	Ashabito	Guticha Disp.
19.	Khalalio	Khalalio	Mandera East	Khalalio HC
20.	Guba	Guba	Banissa	Guba Disp.
21.	Banisa	Banisa	Banissa	Banisa SCH
22.	Derkale	Derkale	Banissa	Derkale Disp.
23.	Kiliwehiri	Kiliwehiri	Kiliweheri	Kiliwehiri HC
24.	Eymole	Kiliwehiri	Kiliweheri	Eymole HC
25.	Kiliwehiri Nomadic	Kiliwehiri	Kiliweheri	Kiliwehiri HC
26.	Kiliwehiri Semi Nomadic	Kiliwehiri	Kiliweheri	Kiliwehiri HC

MEMORANDUM OF OBJECTS AND REASONS**Statement of the Objects and Reasons for the Bill**

The object and purpose of this Bill is to enhance the constitutional right of access to health by strengthening primary health care in the county. This is done through establishment of an equitable distribution of primary health care services.

The Bill establishes community health units and community health services technical working group as one of the frameworks to enhance primary health care.

The Bill consists of eight (8) parts as follows-

PART I of the Bill is on preliminary provisions including short title; interpretation; guiding principles and object and purpose of the Act.

PART II of the Bill outlines the duties and responsibilities of the county government and individuals.

PART III of the Bill establishes community health units and link health facilities.

PART IV of the Bill establishes county and sub-county community health services technical working groups, composition, functions, meeting and remuneration of the technical working groups members, among other things.

PART V and **VI** provides for community health personnel and community health promoters in terms of their appointment, qualification and functions, among others.

PART VII of the Bill provides for community health services financing including administration of the finances, income and expenditure, disbursements out of the finances, among others.

PART VIII provides for miscellaneous provisions including regulations, identification documents, and savings and transition clauses.

Statement on the delegation of legislative powers and limitation of fundamental rights and freedoms

This Bill does not delegate legislative powers nor does it limit fundamental rights and freedoms.

Statement as to whether the Bill is a money Bill within the meaning of Article 114 of the Constitution

The enactment of this Bill may occasion additional expenditure of public funds.

Dated the 6th October, 2023.

MAHAT IBRAHIM HASSAN.
Chairperson, Health Services Committee.