

SPECIAL ISSUE

Kenya Gazette Supplement No. 4 (Migori County Acts No. 2)



REPUBLIC OF KENYA

KENYA GAZETTE SUPPLEMENT

MIGORI COUNTY ACTS, 2022

NAIROBI, 30th May, 2022

CONTENT

Act—

PAGE

The Migori County Community Health Services Act, 2022.....1

**THE MIGORI COUNTY COMMUNITY HEALTH SERVICES
ACT, 2022**

No. 2 of 2022

Date of Assent: 22nd May, 2022

Date of Commencement: 30th May, 2022

ARRANGEMENT OF SECTIONS

Section

PART I—PRELIMINARY

- 1—Short title.
- 2—Interpretation.
- 3—Object of the Act.
- 4—General principles.
- 5—Principles and functions of devolution relevant to community health services.

PART II— ADMINISTRATION AND COORDINATION

- 6—Role of the county department responsible for health.
- 7—Cooperation and coordination.
- 8—Powers and functions of the county executive committee member.
- 9—Functions of the Chief Officer.
- 10—Function of the Director.
- 11—The county community health services advisory committee.
- 12—Functions of the county community health services advisory committee.
- 13—Role of the county and sub-county health management teams.
- 14—Establishment of community health units.
- 15—Delineation and alteration of community health unit boundary.
- 16—Establishment of a community health committee.
- 17—Functions of the community health committee.

PART III —COMMUNITY HEALTH SERVICES

- 18—Community health service function.
- 19—Principles of social inclusion and affirmative action.

- 20—Duty of County Government to provide community health care services.
- 21—Duties and responsibilities of residents, households and community.
- 22—Provision of community health services.
- 23—Provision of community health services in disaster and emergencies.
- 24—Community health unit and health facility linkages.
- 25—Community health referral system.
- 26—Duty of service users.
- 27—Community health infrastructure and transport services.
- 28—Establishment of community health supply chain management system.
- 29—Management of community health commodities and supplies.
- 30—Quality assurance and management
- 31—Limitations on the provision of community health services.

PART IV—COMMUNITY HEALTH WORKFORCE

- 32—Establishment and management of community health workforce.
- 33—Community health officers.
- 34—Community health assistants.
- 35—Community health workers/volunteers.
- 36—Scheme of service for community health workers/volunteers
- 37—Eligibility for appointment as a community health worker/volunteer
- 38—Functions of community health workers/volunteers.
- 39—Rights and responsibilities of community health workers/volunteers.
- 40—Training and certification of community health workers/volunteers.
- 41—Terms and conditions of service for community health workers/volunteers.
- 42—Register of community health workers/volunteers.
- 43—Inspection of the register.
- 44—Vacation of service by a community health worker/volunteer.

PART V—COMMUNITY HEALTH PLANNING AND FINANCING

- 45—County community health services policy.

- 46—County community health strategic plan
- 47—Community health unit plans and budgets.
- 48—Financing of community health services and programs.
- 49—Community health services grant.
- 50—Financial management by community health units.

**PART VI—COMMUNITY HEALTH INFORMATION SYSTEM
AND PERFORMANCE MANAGEMENT FRAMEWORK**

- 51—Establishment of community health information system.
- 52—Purpose of the community health information system.
- 53—Publication of information on community health services.
- 54—Performance management framework for community health services.

PART VII— MISCELLANEOUS PROVISIONS

- 55—Reports.
- 56—Procedures, standards, ethics and guidelines.
- 57—Right and power of entry.
- 58—Power to obtain information.
- 59—Offenses and general penalty.
- 60—Transitional provisions.
- 61—Regulations.

**FIRST SCHEDULE —PROCEDURE FOR ESTABLISHMENT OF
A COMMUNITY HEALTH UNIT.**

**SECOND SCHEDULE—MEMBERSHIP AND PROCEDURES OF
A COMMUNITY HEALTH
COMMITTEE.**

**THIRD SCHEDULE—GOVERNANCE, OPERATIONS AND
MANAGEMENT STANDARDS FOR THE
COMMUNITY HEALTH UNITS.**

FOURTH SCHEDULE—COMMUNITY HEALTH SERVICES.

**THE MIGORI COUNTY COMMUNITY HEALTH SERVICES
ACT, 2022**

AN ACT of the Migori County Assembly to provide for the performance of the powers and functions of the County Government in respect of the promotion of community-based primary health care, to establish the community health system for effective delivery of community health services at the full level of the county health system, and for connected purposes

ENACTED by the County Assembly of Migori, as follows—

PART I—PRELIMINARY

Short title

1. This Act may be cited as the Migori County Community Health Services Act, 2022.

Interpretation

2. In this Act Unless the context otherwise requires—

“advisory committee” means the County Community Health Services Advisory Committee established under section 11 of this Act;

“authorised officer” means a person duly appointed or designated in writing as such under this Act, or any other applicable law;

“Authorized Person” means an individual duly appointed or designated under this Act, or any other applicable law;

“chief officer” means a County Chief Officer responsible for matters relating to community health services;

“community” means the area within an administrative unit of the county government comprising of such number of households for which a community health unit has been established under this Act; “community health referral system” means an interlinked network of health service providers and facilities that provide a continuum of care for acute and chronic health conditions as well as other related issues;

“community health services” means a broad range of primary health services delivered through a community health unit that include but are not limited to the services listed under the Fourth Schedule of this Act;

“community health unit” means the primary health structure within the county health system for effective delivery of community health services to household and community members;

“community health worker/volunteer” means a trained member of the community who works either for free, stipend or some other incentive within the county health care system to provide community health services and support community initiatives to improve their health status; “Community health committee member” means a trained member of a community who has a close understanding of the community and is chosen by community members to provide leadership and governance to the Community Health Unit;

“committee” means the Community Health Committee established under section 16 of this Act; “County” means Migori County government as established by Article 6 (1) and First Schedule of the Constitution of Kenya, 2010;

“county executive committee member” means the County Executive Committee member responsible for matters relating to Community Health Services;

“community health workforce” means —

- (a) a certified medical practitioner carrying out functions related to healthcare delivery at the community level;
- (b) community health officers and community health assistants who are public officers within the county public service who are responsible for the delivery of community health services within a county and/or community health unit;
- (c) any other public officers within the county public service who are responsible for the delivery of community health services within a county and community health unit; and
- (d) a community health worker or volunteer elected by the community and involved in the provision of community health services within the community health unit;

“director” County Director of Health responsible for matters relating to community health services;

“health services” include services provided through hospitals and other health-care institutions, public-health services, addiction services, emergency health services, mental health services, primary health care services, community health services, home-care services, long-term care and such other health services as the executive committee member may from time to time prescribe; “household” means a family or group of people living together in one house or under one roof;

“link facility” means the nearest health facility linked to the community health unit and acts as the community health unit’s referral centre;

“referral” means the act of sending a person to a link health facility for further management and receiving feedback for community-based follow up, care and support using standard form and guidelines;

“village” means the decentralized unit of the County Government delimited under the County Government Act, 2012 and County Legislation.

Object of the Act

3. The objects of this Act are to —
- (a) provide the framework for the performance of the powers and functions of the County Government in respect of the promotion of community-based primary health care;
 - (b) provide a framework for the effective coordination, governance, regulation and delivery of integrated, comprehensive and quality primary health services at the community and household level;
 - (c) provide for the establishment of community health units within the county health system for the effective, efficient and sustainable delivery of community health services;
 - (d) establish community health workers/volunteers as a recognized cadre of the community health workforce;
 - (e) provide a framework for the coordinated implementation of national and county policies and standards for the realization of the right to health at the community level;
 - (f) provide for the role of community health workers and/or volunteers as frontline workforce in the provision of basic health care at the community and household levels through a range of health, social action and community empowerment activities;
 - (g) provide a framework for planning and sustainable financing of community health services;
 - (h) provide a mechanism for the monitoring and tracking of national and county health indicators and progressive realization of the right to health at the community level; and
 - (i) provide an institutional framework for strengthening the community health system and community participation in the implementation of community health actions, programmes and services.

PART II— ADMINISTRATION AND CO-ORDINATION**Role of the county department responsible for health**

6. (1) The County Department responsible for health shall be responsible for the administration of this Act, and for that purpose shall—

- (a) develop county policies, regulations, plans, guidelines and standards or codes of practice necessary for the administration of this Act;
- (b) implement the national policies, legislation and standards on community health services in so far as it is appropriate to do so;
- (c) mobilise resources and allocate adequate funds necessary for the effective administration of this Act;
- (d) develop the necessary infrastructure and procure commodities, products, equipment and technologies required for effective delivery of community health services;
- (e) ensure access to quality community health services by all households and residents within the county;
- (f) develop mechanisms and criteria for recognition, certification and accreditation of community health workers or volunteers;
- (g) facilitate access to information regarding appropriate healthy behaviours including basic information on sanitation, hygiene and the prevention and treatment of communicable and non-communicable diseases; and
- (h) facilitate, support and coordinate training and capacity building of the community health workforce and avail resources required for the participation of the community health workforce in the training, educational and capacity building programmes.

Cooperation and coordination

7. (1) The county department shall as far as possible coordinate and cooperate with relevant national and county government departments and agencies, development partners, private sector, community based organizations, non-governmental, faith-based and civil society organizations, to ensure a coordinated approach to resource mobilization for effective delivery of community health services for that purpose it may set up inter-agency coordination committees and technical working groups.

(2) Notwithstanding the generality of subsection (1), the county department shall coordinate, collaborate and cooperate with the relevant national government ministries, departments and agencies in—

- (a) formulating and reviewing enabling policies and standards of service for community health services;
- (b) developing and reviewing the curricula and training modules for the training of the community health workforce including, where appropriate, competency-based formal certification;
- (c) developing and reviewing monitoring, tracking and reporting tools;
- (d) undertaking research, innovation and sharing information on community health services;
- (e) resource mobilization to support county efforts and investment towards universal health care and realization of the right to health at the community level;
- (f) responding and managing public health emergencies and events at the community level; and
- (g) forging technical cooperation in areas of mutual interest in sustainable provision of community health services.

Powers and functions of the County Executive Committee Member

8. (1) The powers and functions of the County Executive Committee Member in connection with the administration of this Act shall be—

- (a) to further the objects of this Act by taking action to promote access to community health services within the county;
- (b) to oversee the implementation of national policies, standards and guidelines on community health services;
- (c) to develop county policies, standards or codes of practice that are relevant for the delivery of quality community health services and the operation or administration of this Act, for matters that may be subject to regulations under this Act, or for such other matters as the County Executive Committee deems fit;
- (d) to develop and implement countywide strategies and programs that promote access to community health services;
- (e) to the extent necessary, practicable or desirable, to cooperate and coordinate with such entities including national and other county governments to promote and strengthen community health services, interventions or programmes;
- (f) to make recommendations for the development and review of the standard monitoring, tracking and reporting tools for community health services; and

(g) to perform such other function as may be necessary for the implementation of this Act.

(2) The County Executive Committee member may establish such county inter-agency coordination committee and/or technical working groups for purposes of ensuring proper coordination of the implementation of community health policies, strategies, plans and programmes.

(3) The county executive committee member may, for the effective performance of the functions under subsection (1), delegate the performance of such functions under prescribed terms and conditions of delegation, as may be necessary to a public officer within the county public service or to a committee or task force appointed under this Act.

Functions of the Chief Officer

9. (1) The functions of the Chief Officer responsible for community health services matters in connection with the administration of this Act shall be—

- (a) to oversee development and implementation of strategies and plans for the provision of community health services throughout the county;
- (b) to advise the County Executive Committee member about proposed legislative or administrative changes related to community health services;
- (c) to promote and coordinate community health workforce management and development to effectively implement community health services, strategies, plans and programmes;
- (d) to mobilize resources towards the operation and administration of this Act;
- (e) provide the necessary administrative and financial support to enable community health units and committees efficiently and effectively perform their functions under this Act.

(2) The Chief Officer may from time to time consult and cooperate with other persons or entities involved in the administration of this Act.

(3) The Chief Officer shall be required to prepare and submit to the County Executive Committee member such reports as may be required about—

- (a) community health trends, activities and indicators in the county and
- (b) the implementation of community health services strategies, plans and budgets; and
- (c) the administration of this Act.

(4) The Chief Officer may delegate a function or power conferred on him or her under this Act or any other applicable Act to a specified person or body, or to a person occupying or acting in a specified office or position under prescribed terms and conditions.

Function of the Director

10. (1) The County Director of public health services shall be designated in charge of county community health services.

(2) The functions of the county director of public health services in connection with the administration of this Act shall be to —

- (a) advise the County Executive Committee member and Chief Officer on all matters relating to the delivery of community health services in the county;
- (b) facilitate the formulation, implementation, interpretation and review of community health policies, strategies, programmes, guidelines, quality assurance strategies and standards;
- (c) map out potential partners, stakeholders and forge strategic collaboration and linkages with partners and stakeholders to support community health;
- (d) promote the integration of community health in the county integrated development plan and the annual development plan;
- (e) facilitate planning and budgeting and ensure compliance with set budgetary guidelines;
- (f) institute operational accountability, discipline, capacity building and performance management in the function including overseeing target setting and performance contracting for community health workforce;
- (g) develop strategies for resource mobilization for the implementation of community health services;
- (h) advise county executive committee member and chief officer on the number of community health units required to effectively provide community health services, and for that purpose recommend—
 - (i) the administrative and financial resources required to establish, operate, maintain and sustain a community health unit;
 - (ii) level of funding required for effective implementation of community health units work plans; and

- (iii) framework for performance management, monitoring and evaluation of community health units;
- (i) oversee the implementation of quarterly programmes for—
 - (i) community health dialogue days; and
 - (ii) health action days for community health units;
- (k) facilitate and enable community health units to access to information necessary for their effective operations and decision making;
- (l) promote integration and use of modern information technology in community health, develop and review county community health communication strategy;
- (m) develop review and facilitate the county community health monitoring and evaluation framework for implementation of the county community health function, policies, plans, programmes and activities;
- (n) promote public participation, public awareness, education and stakeholder engagement in the planning, budgeting and implementation of community health strategies, plans and programmes;
- (o) maintain a database and provide support supervision for all community health workforce;
- (p) manage and co-ordinate community health workforce development including training and capacity building programs;
- (q) develop and carry out countywide sensitisation programmes on community health services including the role of community health workforce within the county health system;
- (r) formulate, implement and review county research agenda for community health;
- (s) collate, analyse and disseminate information on delivery gaps and needs, best practices, recommendations for improved delivery of community health services and other information relating to community health services delivered in the county;
- (t) prepare and submit to the Chief Officer such reports as may be required about—
 - (i) community health trends, activities and indicators including the progressive realization of the right to health and health care in the county; and
 - (ii) the implementation of community health services strategies, plans and budgets; and

- (u) perform such other function as may be necessary for the implementation of this Act and as may be assigned by the County Executive Committee member.

The County Community Health Services Advisory Committee

11. (1) The County Executive Committee member shall establish unincorporated County Community Health Services Advisory Committee.

(2) The Committee shall comprise of not more than 17 members chaired by the Chief Officer responsible for community health services and shall comprise of the following members—

- (a) County director responsible for community health services;
 - (b) County director medical services;
 - (c) County community health coordinator;
 - (d) “County Public Health Officer”
 - (e) County Nursing Officer;
 - (f) County Nutritionist;
 - (g) County Health Records and Information Officer;
 - (h) a representative of civil society organizations;
 - (i) a representative of the private sector;
 - (j) a representative of community health workers/volunteers;
 - (k) a representative from development partners;
 - (l) a representative from Education, Social Services, Culture and Youth department;
 - (m) a representative from the water and environment department;
 - (n) a representative from the agriculture department;
 - (o) a representative from County Planning and Finance/Treasury;
 - (p) two representatives from faith-based organizations; and
 - (q) any other person as the County Executive Committee member may determine.
- (3) The county executive committee member shall appoint and publish the members in the *Kenya Gazette*.
- (4) The Committee shall convene at least once every quarter.
- (5) Subject to this Act and regulations thereto, the Committee may regulate its procedure.

Functions of the County Community Health Services Advisory Committee

12. (1) The functions of the Committee shall be to—

- (a) ensure coordinated, efficient, effective and participatory delivery of community health services;
- (b) facilitate the development of county community health policies and plans;
- (c) oversee the implementation, monitoring, evaluation and review of county community health strategies, plans and programmes;
- (d) mobilize resources for purposes of achieving the objects of this Act;
- (e) advise the Executive Committee Member on matters of general community health policy, governance and development;
- (f) promote good working relationship, partnerships and linkage with the County executive committee and County Assembly and (g) perform any other functions assigned to it under this Act.

(2) The Chief Officer shall provide the necessary administrative support to enable the advisory committee efficiently and effectively perform its functions under this Act.

Role of the county and sub-county health management teams

13. (1) The County and Sub-County Health Management Teams shall coordinate all health matters including community health services and provide an enabling environment for the delivery of community health services.

(2) The role of the County and Sub-County Health Management Teams shall include—

- (a) facilitate planning and operationalization of community health policy and plans;
- (b) support procurement and distribution of supplies;
- (c) in line with national government guidelines, facilitate training and capacity building of community health workforce;
- (d) provide support supervision, coaching, mentoring and quality control;
- (e) Support resource mobilization and allocation;
- (f) monitoring and evaluation; and

- (g) conduct human resource and performance management; rewards, motivations, welfare, leaves, promotions, human resource data base management, disciplinary and stipends.

Establishment of community health units

14. (1) The County Executive Committee member shall establish, in so far as practicable and efficient to do so, such number of community health units as the first level of the county health system under the procedure outlined in the First Schedule of this Act.

(2) The community health unit shall cover a defined geographical area with a defined number of households and population as the county executive committee member shall determine.

(3) The community health units shall be governed by the community health committees, administered by a community health assistant, and served by such number of community health workers or volunteers as the county executive committee member, in consultation with County Public Service Board, shall determine.

(4) The community health units shall so far as practicable, promote access to basic health services and ensure effective, efficient, equitable and sustainable delivery of integrated, comprehensive and quality community health services at the household and community level by—

- (a) ensuring access to and provision of basic health care services at the household and community level;
- (b) facilitating and coordinating the provision of community-based health services and programmes including community mobilization, empowerment and social;
- (c) fostering community empowerment and development initiatives and promoting community ownership of community-based health services and programmes;
- (d) facilitating and conducting quarterly community dialogue and feedback on community health and outreach activities according to guidelines;
- (e) facilitating regular community and household health assessments or diagnosis and surveillance of disease outbreaks, environmental hazards, and other health threats at the community level;
- (f) leading community-based health campaigns including promoting good sanitation and hygiene behaviours, adoption of improved sanitation technologies and household water safety;

- (g) preparing, maintaining and regularly updating community health profiles, household health registers and inventory of community based health services delivered in the community;
- (h) ensuring effective functional linkages and referrals between the community health units and link facilities according to service guidelines and standards;
- (i) facilitating multi-sectoral coordination at the community level to address social determinants of health;
- (j) generating local solutions to local health problems;
- (k) creating public awareness and advocacy about the essentials of better personal and community health including environmental health, sanitation and hygiene;
- (l) facilitating the development of community health unit work plans and budgets as per prescribed guidelines;
- (m) sensitization of communities on their health and related rights and responsibilities;
- (n) promoting public participation in county planning, budgeting and other decision-making processes at the community level;
- (o) promoting local resource mobilization initiatives for community health promotion and delivery of community health services;
- (p) distribution of information, education and communication materials, standard formats and tools for data collection and reporting and other resource materials according to guidelines;
- (q) community-based procurement and distribution of community health commodities and supplies according to guidelines;
- (r) monitoring all community health activities conducted at the household and community level;
- (s) preparing and submitting monthly, quarterly and annual community health unit reports per prescribed guidelines;
- (t) managing community-based health information system including the collection of vital statistics from the households according to guidelines;
- (u) discussing any material consequences resulting from poor health situation and suggesting necessary action to prevent such; and
- (v) performing such other functions as the County Executive Committee Member may deem necessary.

(5) The functions of a community health unit in this section are inclusive and shall in no manner be construed to limit any other function lawfully vested in it by the County Executive Committee member.

(6) The governance, operations and management of the community health units shall be per acceptable governance standards outlined in the Third Schedule of this Act.

(7) Every community health unit shall compile and submit monthly and quarterly activity and financial reports to the Director.

(8) The County Executive Committee member shall promulgate regulations, guidelines and procedures in respect of the establishment, delineation, duties, functions and operations of community health units, reporting and the terms of service of community health workers or volunteers as the case may be taking into account the county health system, county administrative structure and county public service.

Delineation and alteration of community health unit boundary

15. The County Executive Committee member in consultation with the County Executive Committee member responsible for governance and administration may—

- (a) delineate and alter the boundaries of a community health unit as deemed necessary; and
- (b) by regulations, amalgamate two or more community health units into one.

Establishment of the community health committee

16. (1) The Executive Committee Member shall by notice in the *Kenya Gazette*, establish, for each community health unit, a community health committee which shall be a voluntary body.

(2) The membership and procedures of a community health committee shall be in accordance with the Second Schedule of this Act.

(3) The County Executive Member shall promulgate regulations in respect to the establishment, duties, functions, and operations of the community health committees, and in particular setting out—

- (a) the procedure for the nomination and election of members of the committee;
- (b) the term of appointment of the members of a committee;
- (c) such other criteria for nomination or election as the county executive committee member shall consider appropriate;

- (d) terms and conditions for appointment of the members of the committee;
- (e) grounds and procedure for the removal and replacement of a member of the committee;
- (f) the procedure for the conduct of the business and affairs of the committee and the convening of public forums by the committee;
- (g) procedure for dissolution of a community health committee; and
- (h) such other matters as the county executive committee member may consider necessary for the effective functioning of the community health committees.

Functions of the community health committee

17. (1) The Community Health Committee through mutual assistance and cooperation shall—

- (a) provide local leadership, oversight and representation of community interests in the affairs of the community health unit;
- (b) provide such advice and assistance that the community health assistant and team of community health workers or volunteers may need;
- (c) coordinate and work with the local administration to mobilize the community, households and residents to participate in planning, budgeting and decision-making;
- (d) strengthen inter-sector collaboration and linkages between the community and the county health system;
- (e) support and facilitate regular dialogue between the community and the health service providers, public forums, community dialogue and action days;
- (f) support outreach and referral activities of the community health unit;
- (g) participate in planning, implementation, monitoring and evaluation activities of the community health unit;
- (h) facilitate mobilization of community-based resources to support community health unit plans and activities;
- (i) oversee the management of community health unit funds including community health grant on behalf of the Chief Officer;
- (j) receive and approve community health unit plans, budgets, quarterly activity and financial reports;

- (k) report to and advise the director on all matters affecting the health and wellbeing of the population and community; and
 - (l) perform such other functions as the County Executive Committee Member may deem necessary.
- (2) The functions of community health committee shall be inclusive and shall not in no manner be construed to limit any other function lawfully vested in it in respect of community health services by the county government.
- (3) The community health committee shall organize annual public forums to review the activities of the community health unit and seek community input on the next financial year's plans and priorities.
- (4) The Chief Officer shall provide the necessary administrative and financial support to enable community health committees efficiently and effectively perform their functions under this Act.

PART III —COMMUNITY HEALTH SERVICES

Community health service function

18. In this Act, the community health service function entails, but not limited to the following—

- (a) sensitizing communities for the uptake of quality health services;
- (b) managing common ailments and minor injuries at the community level;
- (c) tracing defaulters to ensure compliance with health interventions such as immunization, tuberculosis treatment, malaria control, antiretroviral therapy, nutritional therapy, antenatal care;
- (d) conducting community health diagnosis and recommending suitable interventions;
- (e) referring health cases to appropriate health facilities;
- (f) coordinating community health activities including community health workers/volunteers and committees;
- (g) monitoring and evaluating community health interventions and preparing community health reports;
- (h) facilitating planning activities at the community level;
- (i) mobilizing the community and other stakeholders;
- (j) advocating and mobilizing resources for community health activities; and

- (k) facilitating, training and developing community health volunteers/workers and members of community health committees.

Principles of social inclusion and affirmative action

19. (1) Nothing in this Act shall deny or deprive any person household or community access to community health services on any ground, including race, sex, pregnancy, marital status, health status, socio-economic status, ethnic or social origin, colour, age, disability, religious conscience, belief, culture, dress, language or birth.

(2) The provision of community health services shall be undertaken in a manner that promotes equity, gender and social inclusion.

(3) The County Government shall take reasonable measures including affirmative action programmes to extend community health services to the vulnerable and marginalized populations and economically disadvantaged areas.

Duty of county government to provide community health care services

20. (1) It shall be the duty of the county government to, among other things—

- (a) ensure that every county resident enjoys to the greatest extent possible his or her right to highest attainable standards of health including health care services, reproductive health care and emergency medical care as guaranteed under Article 43 of the Constitution;
- (b) ensure efficient, affordable, economical and sustainable provision of and access to quality community health care services throughout the county;
- (c) establish policies and mechanisms to ensure that residents and households of the county are educated and informed on matters of healthy living and practices;
- (d) ensure that every household is assigned a community health worker/volunteer;
- (e) provide essential community-based primary health care services to every person within the county; and
- (f) provide advisory services and guidance, through the community health workforce, to persons in need of healthcare and information.

- (2) The duty to provide community health services shall be subject to—
- (a) the need for an equitable allocation of resources for the delivery of services;
 - (b) the duty of service users to comply with reasonable conditions in respect of provision of primary and community health services;
 - (c) the obligation not to discriminate directly or indirectly against any person or group of persons; and
 - (d) the right to limit or discontinue the provision of services if there is a failure to comply with reasonable conditions set for the provision of such services.

Duties and responsibilities of residents, households and community

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

- (a) participate in community-organized health activities;
- (b) attend and participate in meetings that are aimed at educating people on best health practices and for disseminating information or feedback;
- (c) make efforts to implement behavioural changes that are aimed at improving individual, households and community health;
- (d) collaborate and cooperate with community health workers or volunteers in promoting health within the community and eliminating health risks through strategies set and implemented through the County community health service; and
- (e) when required by relevant authorities, provide relevant data and information to inform decisions at different levels of the county health system.

Provision of community health services

22. (1) The County health department shall perform the function of providing community health services or may delegate the performance of such function to other permitted health service providers or implementing partners as the department may deem necessary or appropriate for a specified period of time.

(2) A health service provider or implementing partner contemplated under sub section (1) shall be responsible for the provision and

implementation of community health services and programmes with specified community health units according to prescribed service norms, standards, terms and conditions.

(3) Community health services for which a service provider implementing partner may be authorized to deliver include but not limited to the services listed under the Fourth Schedule of this Act.

Provision of community health services in disaster and emergencies

23. (1) Where an emergency or disaster has been declared by the county government or national government as the case may be, it shall be the duty of the county department responsible for health to —

- (a) take reasonable steps and measures to provide coordinated, timely and prompt community health services to the affected persons through the community health system; and
- (b) ensure that adequate resources are readily made available for use in the event of any disaster and emergency.

(2) Provision of community health services during emergency or disaster situations shall, as far as is practicable, comply with prescribed standards for the delivery of quality health services.

Community Health Unit and Linkages

24. (1) The County Executive Committee member shall establish and strengthen the linkage between the community health units and public health, clinical care and social service systems to optimize access to a comprehensive and quality continuum of care and support at the community level.

- (2) The county community health service shall—
 - (a) strengthen community the linkage between the community health units and other levels of care within the county referral system.
 - (b) promote innovative partnerships and linkages between the community health units and nongovernmental organizations, faithbased organizations and private health service providers;
 - (c) assist households to enroll members in a public, community-based and/or private health insurance scheme;
 - (d) regularly elicit clients' feedback on services rendered including their satisfaction with such services; and
 - (e) regularly evaluate the accessibility, quality and effectiveness of the community health care services and functionality of the community health system.

Community health referral system

25. (1) There shall be established a community health referral system in every community health unit.

(2) A community health referral system contemplated under sub section (1), shall provide linkages between the community health unit and the next level of care.

(3) Community health personnel including community health assistants, officers and community health workers/volunteers shall be equipped with the necessary knowledge, skills and tools required to identify cases requiring referral and to make such referrals and to—

- (a) offer basic health care at the community level according to guidelines;
- (b) recognize and assist a person in need of emergency medical assistance at the community level as per prescribed guidelines;
- (c) recognize illness, screen and gauge its severity to promptly refer to the next level of care as per prescribed guidelines;
- (d) receive facility feedback and referral for effective follow-up, home-based care and support;
- (e) ensure the complete documentation and referral through follow up of cases handled at referral facilities;
- (f) conduct disease surveillance of emergencies, existing threats and emerging/reemerging conditions;
- (g) monitor the functionality and performance of the referral system monthly using a set of output indicators in the performance matrix; and
- (h) recognize sexual and gender-based violence cases and refer as per the prescribed guidelines.

(4) For the avoidance of doubt, all community health personnel shall refer all cases that require procedures outside their approved scope of work to the next level of care or service.

Duty of service users

26. A user of community health services has the duty to—

- (a) cooperate with the service provider in the provision of services;
- (b) protect and safeguard individual, family and community health and wellbeing;
- (c) follow and adhere to the treatment and care plan recommended;

- (d) treat service providers and workers with dignity and respect;
- (e) protect and safeguard the assets of the service provider;
- (f) make accessible his or her house or dwelling for the performance of any duty by a service provider or any authorized officer under this Act; and
- (g) provide the information required for purposes of planning and providing services.

Community health infrastructure and transport services

27. (1) The County Executive Committee member shall ensure availability of adequate and appropriate physical infrastructure and transport services to support effective and efficient delivery of quality community health services throughout the county.

(2) Notwithstanding the generality of subsection (1), the county executive committee member shall—

- (a) facilitate, develop and establish appropriate physical infrastructure for each community health unit including office, client-friendly counselling rooms, consultation rooms, training, education and meeting facilities, registry, commodities store, resource centre, public address system, ICT, and energy saving equipment among others;
- (b) ensure availability of adequate and appropriate transport services for support supervision and conducting outreach services; and
- (c) maintain and regularly update inventory for all structures and equipment for community health service at county, sub-county and community health unit levels.

Establishment of community health supply chain management system

28. (1) The County Executive Committee Member shall establish an efficient community health supply chain management system to ensure efficient acquisition and distribution of quality community health commodities and supplies to the community health units.

(2) The county executive committee member shall—

- (a) establish an efficient and integrated county community health services supply chain and commodities management system;
- (b) develop and review community health commodities and supply policies, guidelines, standard operating procedures and job descriptions for community health services;

- (c) train and build the capacity of the county community health workforce on community health commodities management including commodities planning, forecasting, quantification and costing of commodities;
- (d) develop appropriate community health kits for community health workers/volunteers according to guidelines;
- (e) ensure timely, efficient and transparent procurement and distribution of the commodities, goods and services to different levels of the community health system;
- (f) ensure all necessary supplies are available with no substantial stock-out periods;
- (g) develops appropriate warehousing facilities; and
- (h) automate community health commodities forecasting, quantification and as many ordering and distribution functions as possible to strategic distribution units.

Management of community health commodities and supplies

29. (1) The community health assistants and officers shall be responsible for efficient, effective and prudent management and use of all government assets and resources under their care or trust for the effective and efficient provision of services under this Act and any other applicable law.

(2) Notwithstanding the generality of subsection (1), community health assistants and officers within their areas of responsibility shall, under this Act and in line with the values and principles of public service under Article 232 (1) (b) and any other applicable law—

- (a) make available a balanced flow of supplies, commodities, tools, equipment and other materials required for operation;
- (b) ensure appropriate management of supplies and commodities by adhering to commodity management policy and standards;
- (c) ensure supplies are ordered and available for re-supply regularly and buffer stock is maintained;
- (d) make timely requisitions for supplies, commodities materials, spare parts and other materials required for operation and maintenance;
- (e) ensure timely replenishment of community health workers/volunteers supplies;

- (f) regularly monitor and update supplies to verify expiration date, quality, and inventory; and
- (g) receive and issue supplies, commodities and materials after physical inspection and proper identification;

(3) The community health workers/volunteers shall be provided with essential supplies and commodities to be used at the household level, and shall be authorized to conveniently store the said commodities and supplies at home.

Quality assurance and management

30. The County Executive Committee member shall establish a community health services quality management system in line with the national quality model for health and applicable international standards.

Limitations on the provision of community health services

31. (1) A community health assistant, officer and worker/volunteer shall not—

- (a) conduct any procedure that is beyond his/her proficiency outlined by his/her training and approved scope of work;
- (b) administer to a person medication that is not authorized by clinical standards and guidelines under this Act and any other applicable law;
- (c) conduct deliveries for pregnant women;
- (d) negligently handle property entrusted to him or her;
- (e) use tools, gadgets or properties under their custody for purposes other than the delivery of community health services authorized under this Act and any other applicable law;
- (f) solicit financial or other rewards for personal gain whether or not in recognition of effort in delivering services to the community;
- (g) withdraw services as community health workers or volunteers without giving notice of intention to do so, except in a case of emergency;
- (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 his or her duty and

- (j) disclose the client's health information to an unauthorized person.

(2) Any community health assistant, officer or worker/volunteer who contravenes the provisions of this section shall be subject to disciplinary actions as per prescribed regulations under this Act or any other applicable law.

PART IV— COMMUNITY HEALTH WORKFORCE

Establishment and management of community health workforce

32. (1) The county department responsible for health shall in cooperation with the county public service board ensure establishment of adequate and appropriate community health workforce for the efficient delivery of services and proper implementation of this Act.

(2) The County Executive Committee Member in consultation with County Public Service Board shall—

- (a) establish and maintain an effective and efficient human resource management system for community health workforce;
- (b) undertake workforce assessment to determine human resource needs and gaps to aid human resource planning and development necessary for effective delivery of quality community health services
- (c) develop terms and conditions of service for community health workers/volunteers;
- (d) periodically review and update the job descriptions and job aids for all community health personnel;
- (e) develop, implement and regularly review standard guidelines for supervision, training, upgrading and development of the community health personnel;
- (f) conduct annual performance evaluations of the community health workforce;
- (g) develop guidelines for engagement of retired professionals' such as nurse midwives, public health officers, nutritionists and social workers among others in communities to support community health units from time to time in service delivery; and
- (h) undertake any other measures to improve the productivity of the community health workforce and for the proper and efficient implementation of this Act.

(3) Community Health volunteer shall be deployed within their areas of residence.

Community health officers

33. A community health officer shall while taking into account the Scheme of Service for Community Health Services Personnel —

- (a) oversee community health services at the county, sub-county and ward levels and provide technical assistance to community health units;
- (b) provide technical support, training, coaching and mentorship to community health assistants and community health workers/volunteers under their supervision;
- (c) receive, analyze and validate data and information from community units and submit reports to the Director;
- (d) Facilitate community health diagnosis, research and functionality assessment of community health units using standard tools;
- (e) carry out advocacy and resource mobilization activities for community health services;
- (f) monitor and evaluate the implementation of community plans, programmes and activities;
- (g) coordinate the implementation of community health activities between the community health units, stakeholders and implementing partners;
- (h) facilitate and oversee the selection and training of community health workers/volunteers;
- (i) monitor the use and management of community health commodities including community health workers'/volunteer kits; and
- (j) perform such other function as the county executive committee member may assign.

Community health assistants

34. A community health assistant shall while taking into account the Scheme of Service for Community Health Services Personnel, perform the following tasks —

- (a) oversee and supervise the activities of the community health units including the community health workers/volunteers at community health committees;

- (b) supervise, mentor and coach community health workers/volunteers in the delivery of their services including accompaniment
- (c) accompany community health workers/volunteers during household visits, spot checks and one to one feedback sessions and recommend appropriate action for identified defaulters of health interventions;
- (d) collate, analyse and transmit health data from households and community health unit and ensure timely uploading into county or national health information systems as the case may be;
- (e) maintain and update community unit health profiles and registers and maintain records of community health in the community health unit resource centre;
- (f) plan and coordinate community health unit meetings in collaboration with other stakeholders;
- (g) facilitate the selection, training and support of community health workers/volunteers and community health committees;
- (h) ensure community health workers/volunteers data collection tools, commodities and supplies are up to date;
- (i) convene and coordinate quarterly dialogue and health action days and follow up actions;
- (j) coordinate and collaborate with stakeholders and partners for effective provision and implementation of community health services and programmes; and
- (k) perform such function as the County Executive Committee member may assign.

Community health workers/volunteers

35. (1) A community health worker/volunteer shall be selected by the community in a public *baraza* and appointed by the Chief Officer with delegation of the County Public Service Board

(2) A community health worker/volunteer shall serve under the general direction, supervision and guidance of a community health assistant.

(3) The County Executive Committee in consultation with County Public Service Board shall prescribe the tenure of service of community health workers/volunteers in regulations made under this Act and any other applicable law.

Scheme of service for community health workers/volunteers

36. (1) The County public service Board shall establish a scheme of service for community health workers/volunteers appointed under this Act.

(2) The aims and objectives of the scheme of service shall be to—

- (a) provide for a clearly defined for recruitment, attraction, motivation and retention of suitably qualified community health workers or volunteers within the county public service.
- (b) provide for clearly defined job descriptions and specifications with clear delineation of duties and responsibilities and to enable them to understand the requirements and demands of their service within the county community health and public service;
- (c) ensure proper deployment and utilization of community health workers or volunteers;
- (d) establish standards for recruitment, training and advancement based on qualifications, competence, merit and ability as reflected in-service performance and results; and (e) to ensure appropriate planning and succession management.

(3) The scheme of service shall be administered by the Chief Officer responsible for the community health services function in conjunction with the County Public Service Board.

(4) In administering the scheme, the Chief Officer shall—

- (a) ensure that the provisions of the scheme are strictly observed for fair and equitable treatment of community health workers or volunteers;
- (b) ensure that all community health workers/volunteers acquire the necessary knowledge, skills and competencies prescribed in the Scheme;
- (c) ensure that all new entrants into the Scheme undergo appropriate training, induction, coaching and mentoring; and
- (d) provide training opportunities and facilities to assist serving community health workers/volunteers acquire the necessary additional skills and experience required for both efficient and effective performance of their duties and advancement within the career structure.

Eligibility for appointment as a community health worker/volunteer

37. A person shall be eligible for nomination and appointment as a community health worker/volunteer under section 35 (1) if such person —

- (a) a citizen of Kenya;
- (b) an adult of sound mind;
- (c) must meet the requirements of Chapter Six of the Constitution and is not disqualified for appointment to office by the above criteria or by any law;
- (d) has been a resident of the community health unit for a continuous period of not less than two years before the appointment date;
- (e) mature, responsible and a respected member of the community;
- (f) willing to volunteer services to the community;
- (g) able to read and write in any or both of the national languages and local language;
- (h) can communicate in a language that can be understood by the community;
- (i) able to undergo a prescribed course or training as per guidelines; and
- (j) meets such other criteria as the County Executive Committee member may prescribe by regulations made under this Act and any other applicable law..

Functions of community health workers/volunteers

38. (1) The County Executive Committee member shall assign to each community health worker/volunteer such households in such localities in such manner as shall be prescribed in regulations made under this Act to facilitate access to and ensure the effective delivery of quality community health services at the household and community level.

- (2) A community health worker/volunteer shall —
 - (a) sensitize the community on the importance of quality health services and healthy lifestyles;
 - (b) serve as a liaison between the community and the county health system;
 - (c) conduct community disease surveillance by reporting early signs of imminent health disasters or emergencies;
 - (d) enroll and monitor the health status of members of the households assigned to the community health worker;
 - (e) keep and maintain a register of members in all households assigned to him or her;

- (f) provide appropriate health advice and recommend suitable intervention to the assigned household in a language that the member of the household understands, including advice on—
- (i) appropriate sanitation and hygiene techniques including household water safety and treatment;
 - (ii) good nutrition;
 - (iii) maternal care including breastfeeding, family planning and immunization;
 - (iv) the prevention, transmission and management of communicable diseases; and
 - (v) the prevention and management of non-communicable diseases;
- (g) render basic treatment and first aid services to an assigned household and where necessary, make referrals without delay to the next level of care;
- (h) monitor the growth of children under the age of five years in an assigned household;
- (i) detect and treat common ailments and minor injuries as defined in the service package for level or tier one of the health systems;
- (j) participate in quality improvement activities in the community health unit to promote quality service provision;
- (k) provide lay counsellor services and support the assigned household on quality family-based care and support for a patient;
- (l) collate and analyze information on the health status of the assigned households and submit a report, at such intervals as shall be determined by the county executive committee member;
- (m) assist in coordinating quarterly community dialogue and health action days; and
- (n) perform such function as may be assigned by the County Executive Committee member in regulations made under this Act and any other applicable law.
- (3) A community health worker/volunteer shall in the conduct of the functions specified under subsection (1)—
- (a) be ethical;

- (b) ensure confidentiality of all information gained from the assigned households;
- (c) ensure the accuracy of the information captured;
- (d) transmit the information within the timelines specified by county health information management guidelines or regulations; and
- (e) ensure access to personal data by persons to which that data relates if need be.

Rights and responsibilities of community health workers/volunteers

39. (1) Every community health volunteer has the right to—

- (a) be recognized as a frontline health care provider ;
- (b) serve under favorable and fair terms and conditions of service and to receive such remuneration as may be determined under applicable law;
- (c) be equipped with relevant skills, capacities, tools, commodities and equipment;
- (d) serve under a safe and secure environment; and
- (e) be protected against exposure to occupational risk and injury while delivering services.

(2) Every community health worker/volunteer shall exercise responsibility in the performance of his or her duties including but not limited to—

- (a) taking reasonable care for his or her health and safety;
- (b) taking reasonable care to ensure that his or her conduct does not adversely affect the health and safety of others especially the vulnerable including children, persons with a disability, adolescents and young people, women and the elderly;
- (c) complying with lawful instructions given by supervisors;
- (d) adhering to prescribed health policies, procedures and standards of service;
- (e) delivering quality services to all households as per prescribed guidelines and standards for level or tier one devoid of discrimination on any ground under this Act or any other applicable law;
- (f) be responsive to the needs of households under his/her care;

- (g) ensuring that decisions are not influenced by nepotism favoritism, or other improper motives / corrupt practices;
- (h) exercising prudence and fiscal responsibility in management and reporting on the use of public resources
- (i) demonstrate respect for the people being served;
- (j) respecting privacy and confidentiality of client information;
- (k) providing accurate, timely, complete, valid and reliable information as prescribed by guidelines; and
- (l) ensuring timely submission of individual work plans and reports

Training and certification of community health workers/volunteers

40. (1) The executive committee member shall, in cooperation with national government, make necessary arrangements for the training and certification of community health workers/volunteers using an approved curriculum as per national guidelines.

(2) No additional license or certificate otherwise required under the provisions of this Act shall be necessary for community health workers/volunteers to provide community health care services by a person.

(3) Community health workers/volunteers shall be encouraged to undertake training privately for self-development.

Terms and conditions of service for community health workers/volunteers

41. A Community Health Volunteer/ Worker shall be paid a monthly stipend of KSh. 3000 or on such terms and Conditions in line with section 39 (b) of this Act.

Register of community health workers/volunteers

42. (1) The County Executive Committee member shall keep and maintain a register of all community health workers/volunteers working in the county.

(2) The Director shall act as the registrar and shall keep and maintain the register under subsection (1).

(3) The register under subsection (1) shall include —

- (a) biographical information on community health workers/volunteers including their name, identification and contact details;
- (b) information on the link facility to which the community health worker reports;

- (c) the households assigned to each community health worker/volunteer;
 - (d) all community health workers/volunteers who have been deregistered; and
 - (e) such other information as the County Executive Committee member shall determine.
- (4) There shall be kept and maintained, by the community health officer or authorized officer in each ward, a register containing the information specified under subsection (3) for community health workers/volunteers deployed to community health units in the respective ward.
- (5) A community health worker/volunteer shall notify the responsible community health assistant of any changes to their particulars within twenty-eight days of such changes.
- (6) The community health assistant or authorized officer shall, within fourteen days of receipt of the change in particulars under subsection (3)—
- (a) verify the information;
 - (b) enter the change of particulars in the register; and
 - (c) submit the information to the registrar to update the register kept under subsection (1).

Inspection of the register

43. Any person may inspect the register or any document relating to any entry in the register and may, upon payment of such fee as may be prescribed by the County Executive Committee member, obtain a copy or extract from the register.

Vacation of service by a community health worker/volunteer

44. (1) A community health worker/volunteers may vacate service on the following grounds—

- (a) gross misconduct
- (b) non-performance or breach of the terms of appointment and service;
- (c) resignation from service in writing to the chairperson of the community health committee;
- (d) death; or
- (e) inability to discharge his or her duties due to physical or mental impairment.
- (f) attainment of 70 years;
- (g) if a CHV absconds duty without reasonable grounds for 3months.

(2) A vacancy arising in the office of the community health worker/volunteer shall be filled within 30 days from the date of the vacancy.

PART V—COMMUNITY HEALTH PLANNING AND FINANCING

County community health services policy

45. The County Executive Committee shall formulate a county community health services policy, which shall identify the actions necessary for effective, efficient, equitable and sustainable delivery of integrated, comprehensive and quality community health services throughout the county.

County community health services strategic plan.

46. (1) The County Executive Committee member shall develop a county community health services strategic plan for such period as prescribed under the County Governments Act, 2012 or any other law.

(2) The plan under subsection (1) shall form the basis for the formulation of county health services and community health units annual plans, budgets and spending priorities.

Community health unit plans and budgets

47. (1) Every community health unit shall develop and implement a medium term community health action plan for at least three years and an annual community health plan and budget for each fiscal year.

(2) The community health unit plan and budget shall include priorities, programs and activities for improvement of community population health and wellbeing identified and recommended by the community through community consultations and public participation forums.

(3) The county executive committee member shall ensure that community health plans and budgets are considered and factored in the preparation of the county departmental annual plan and budgets.

Financing of community health services and programs

48. (1) The County Executive Committee member shall mobilize and allocate adequate funds necessary for the effective delivery of community health services.

(2) Notwithstanding the generality of subsection (1), the community health services and programs may be funded through—

(a) appropriation by the county assembly for that purpose;

- (b) allocation and disbursement from the Migori County Health Services Fund established under Section 48 the Migori County Health Services Act No. 3 of 2019 for that purpose;
- (c) ward development fund for that purpose;
- (d) national government conditional or unconditional grants for that purpose;
- (e) donor funding;
- (f) grants, gifts or donations or any other contribution for the purpose; and
- (g) any other lawful source of funding.

(3) For purposes of subsection (2)(a), the County Health Department shall allocate for community health services, at least five percent of the total approved annual departmental budget, exclusive of any conditional grants, in every financial year.

(4) Monies allocated and disbursed under subsection (2) (b) shall be utilized solely for the provision of community health services contained in the proposal approved by the County Health Services Fund Board.

(5) The County Executive Committee member responsible for finance shall establish a designated bank account for community health services to which all funds or revenue received for community health services shall be paid according to section 109(2)(a)(b) of the Public Finance Management Act No. 18 of 2012.

(6) Disbursements out of the designated account shall be for specific county and community health unit programmes or projects which shall be based on the approved annual work plans and budgets.

(7) The County Executive Committee member in consultation with county treasury shall prescribe guidelines for the management and operation of the designated account established under subsection 5 of this section.

Community health services grant

49. (1) The County Executive Committee member, in consultation with the county treasury, shall establish community health services grant to support and enable community health units to efficiently and effectively perform their functions under this Act.

(2) The Chief Officer shall make grants to community health units subject to appropriations for that purpose.

(3) A recipient of the grant under this Act shall use the grant money for designated purposes including but not limited to the following—

- (a) establishing new community health units;
- (b) providing support to existing community health units to expand the provision of community health services;
- (c) procuring commodities and equipment and establishing physical facilities or infrastructure for the operations of the community health units and provision of community health services;
- (d) providing incentives to community health workers or volunteers as per regulations; and
- (e) supporting community health events including recognition and awards to the best performing community health units, community health committees, assistants, officers and community health workers/volunteers in each ward or -sub county.

(4) The community health units may receive additional grants from partners to support the provision and implementation of community health services and programmes under this Act. (5) In administering the community health service grant, the Chief Officer shall ensure—

- (a) that each grant recipient meets the goals and objectives stated in the original grant proposal submitted by the recipient to the chief officer,
- (b) that grant money are used for the designated or intended purpose only;
- (c) that grant recipients submit timely financial and progress reports to the Chief Officer as per the prescribed guidelines; and
- (d) that the households and community get value for money for the services provided by the community health units through the grant programme.

(6) The County Executive Committee member shall promulgate the necessary guidelines, rules and criteria for the establishment, operation and accountable management of the grant programme established under this section in line with the Public Finance Management Act, 2012 and other applicable laws.

Financial management by community health units

50. (1) Each community health unit established under this Act shall open and manage an account with a credible bank or financial institution.

- (2) Each community health unit shall—
- (a) keep accurate financial and accounting records of all funds received and expenditures;
 - (b) make financial and accounting records available to the chief officer, community members and other stakeholders upon request;
 - (c) have the treasurer, chairperson and secretary as signatories to the bank accounts;
 - (d) maintain receipts, labour registers where community members make contributions in terms of labour, and other supporting documents for all expenses;
 - (e) provide quarterly reports to the community on the current financial and physical status of the projects/activities being implemented through community forums/meetings or other agreed means;
 - (f) maintain a register of all cash, labour, and material contributions from the community, valued at local market rates; and
 - (g) timeously submit quarterly activity and financial reports to the chief officer through the Director.

(2) The record of the amounts received and spent by each community health unit shall be submitted to the director and chief officer for health within thirty days after the close of the financial year together with a copy of bank statements.

PART VI—COMMUNITY HEALTH INFORMATION SYSTEM AND PERFORMANCE MANAGEMENT FRAMEWORK

Establishment of community health information system

51. (1) There shall be established a community health information system.

(2) The community health information system shall be a constituent part of the county health information system established under Section 42 of the Migori County Health Services Act No. 3 of 2019 and shall be linked to the national Kenya Health Information System and other relevant national knowledge management platforms and reporting systems.

(3) The county executive committee member shall promulgate regulations specifying—

- (a) the nature of information required for the maintenance of the community health information systems;

- (b) data quality management including procedures and technologies for effectively integrating and validating data sources, securely handling lifecycle systems such as aggregation and duplication, and safely sharing the results while protecting sensitive client information; and
- (c) the requirements, terms and conditions for public access to the information contained in the community health information system.

Purpose of the community health information system

52. The purpose of the community health information system shall be to —

- (a) support efficient collection and interpretation of community health-related information, including routine data and vital statistics to inform planning, decision making and reporting;
- (b) provide data for the monitoring and evaluation of community health policies, strategies, plans and programmes;
- (c) provide information for tracking of the progress made in the realization of the right to health guaranteed under Article 43 of the Constitution at the community health unit level;
- (d) facilitate the exchange and dissemination of community health information; and
- (e) provide information to the public including institutions, consumers and the public—
 - (i) to enable them to monitor the performance of community health services provision; (ii) for research purposes; and
 - (ii) for any other lawful purpose.

Publication of information on community health services

53. (1) The County Executive Committee member shall publish and widely publicize information regarding the community health services through such media and platforms as he/she shall consider appropriate and lawful.

(2) The information published and publicized under subsection (1) shall include —

- (a) common community health challenges and the action required to prevent or mitigate the challenges;
- (b) the unique health issues affecting the communities in the county;

- (c) care, vaccines and other preventative measures available to protect the community from infectious diseases;
- (d) the proposed measures to handle or mitigate the social, economic and financial burdens and other challenges that households may face when dealing with communicable and non-communicable diseases;
- (e) provide information about community resources available to support the households within the county; and
- (f) share best practices and innovations

(3) The information under subsection (2) shall be accessible to the residents of the community and county and shall be published in a format that is easy to understand and, in the languages, spoken by residents of the community.

Performance management framework for community health services

54. (1) The County Executive Committee member shall establish a community health services performance management framework.

(2) The purpose of the community health services performance management framework shall be to—

- (a) support systematic monitoring, tracking and evaluation of the county community health services, programmes and activities;
- (b) promote the culture of social accountability in the governance and management of community health service delivery;
- (c) ensure administration of the community health service functions in a manner that is economical, cost-effective, efficient and accountable;
- (d) ensure meaningful public and community participation and involvement in the provision of community health services including in planning, priority setting, implementation, monitoring and evaluation of community health services, programs and activities;
- (e) set appropriate and measurable performance targets and indicators as a yardstick for measuring the performance and functionality of the community health system and services;
- (f) facilitate monitoring and review of performance at all levels of the community health system;

- (g) ensure early detection of under-performance to enable the taking of timely corrective measures and to improve performance where performance targets are not met; and
- (h) establish a performance-based reward system.

PART VII— MISCELLANEOUS PROVISIONS

Reports

55. At the end of each financial year, the county executive committee member shall submit a report to the county assembly on the implementation status of community health plans and programs Procedures, standards, ethics and guidelines.

56. Any person offering community health services shall adhere to such procedures, standards, code of ethics and guidelines as may be prescribed by regulations made under this Act or any other written law.

The right and power of entry

57. (1) An Authorized Person shall have the right and power at all reasonable hours and without a warrant—

- (a) to visit and enter any household, premises, building, institution or any other place within the jurisdiction of the appointing authority for the purpose of ascertaining compliance with the provisions of this Act or any other applicable law;
- (b) to carry out such tests and inspections and take photographs on any such household, or building and obtain and take away such samples as the authorized officer may consider necessary or expedient; and
- (c) to execute thereon any works authorized under or pursuant to this Act or any other law.

(2) A person who —

- (a) intentionally obstructs an authorized officer or other person in the exercise of any powers conferred by this section;
- (b) refuses or without reasonable excuse fails to provide facilities or assistance or any information or to permit entry or any inspection reasonably required by an authorized officer; or
- (c) gives, procures, offers or promises a bribe, recompense or reward to influence an authorized officer in the exercise of his or her powers or the discharge of his or her duties under this Act or any other applicable law, shall be guilty of an offence.

(3) An authorized officer exercising the power under subsection (1) shall produce his or her identity.

Power to obtain information

58. (1) An authorized officer may obtain, from any person such information as he or she deems necessary to enable him or her to carry out his or her functions under this Act.

(2) If so requested by an authorized officer, a person shall provide such information as the officer may require and the authorized officer may make copies of such information or take extracts therefrom.

(3) A person who gives information under this section shall not give information which is false or misleading.

(4) Any person who contravenes subsection (2) or (3) shall be guilty of an offence.

Offences and general penalty

59. (1) A person who—

- (a) violates restrictions under this Act or regulations made hereunder;
- (b) violates an order or notice issued under this Act or regulations made hereunder;
- (c) fails to meet the standards of service or other conditions established under this Act or regulations made hereunder;
- (d) fails to comply with the requirements established under this Act or regulations made hereunder;
- (e) violates the provisions of the Act or regulations made hereunder, shall be guilty of an offence; or
- (f) causes obstruction and gives false information.

(2) A person who commits an offence under this Act, or under any regulations made under this Act, shall, if no other penalty is prescribed in respect of the offence, be liable to a fine not exceeding fifty thousand shillings or to imprisonment for a term not less than four months, or to both such fine and imprisonment.

Transitional provisions

60. (1) A person who immediately before the coming into force of this Act was a community health worker/volunteer 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 worker/volunteer before the coming into force of this Act and whose contract or service

expires under this Act may be re-appointed following the provisions of this Act.

Regulations

61. (1) The County Executive Committee Member shall make regulations and prescribe standards and guidelines generally for the better carrying into effect of this Act within one year of the effective date.

(2) Without prejudice to the generality of subsection (1), the County Executive Committee Member may prescribe minimum standards relating to the following—

- (a) community health unit premises and facilities;
- (b) procurement management for community health units;
- (c) planning and budgeting by community health units;
- (d) training and registration requirements for community health workers/volunteers;
- (e) health and safety for the community health workforce; (f) communication and consultation with stakeholders; and (g) the records to be kept by community health units.

FIRST SCHEDULE (s.14)
PROCEDURE FOR ESTABLISHMENT OF COMMUNITY HEALTH UNITS

1. Subject to regulations made under this Act, the County Health Department shall follow the following procedure in establishing a Community Health Unit—

(a) Step 1: Participatory assessment of health situation

The establishment of a community health unit is preceded by a comprehensive participatory assessment conducted by the County Health Department in collaboration with partners to determine the community health situation and needs. The findings are shared with the community.

(b) Step 2: Preparation of the assessment report with recommendations

The Director prepares the assessment report and presents the recommendations for the establishment of community health units to the County Health Management Team (CHMT) based on the results of the assessment/situation analysis.

(c) Step 3: Presentation of the recommendations to the CEC Health for approval

The Director presents the recommendations of the CHMT on the establishment of the community health unit to the CEC for Health for approval.

(d) Step 4: Introductory (sensitization) meeting with community leaders and members

This is a half-day meeting where the Director and community leaders convene a public meeting in the community to introduce the idea of establishing a CHU in the community.

(e) Step 5: Recruitment and posting of community health workforce:

The Director upon CEC's approval of the recommendations for the establishment a CHU starts the process of establishing the CHUs by kick-starting the recruitment of the required community health workforce.

(f) Step 6: Community entry meeting

This is a half-day meeting where the Director meets with community leaders to give feedback on the proposal to establish a CHU.

(g) Step 7: Appointment and vetting of CHC members:

A public forum or Baraza (meeting) is held to elect or appoint interim Community Health Committee members. The interim CHC members go

through a vetting process to determine their suitability for public service after which the members are either confirmed or not.

(h) Step 8: Training of CHC members:

The CHC members elected or appointed undergo a 7-day training course. They are to be trained by the County Health Department using the approved CHC training manual.

(i) Step 9: Selection of community health workers/volunteers:

The Community Health Committee with the support of the Director convenes a public forum or Baraza (meeting) for members of the community to identify and recommend suitable community health workers/volunteer candidates according to CHS policy guidelines. The Director constitutes a panel of interviewers with the support of the County Public Service Board to interview the recommended candidates with a view of selecting the most suitable candidates to become the community health workers/volunteers for the newly established CHU.

(j) Step 10: Community health workers/volunteers training (basic training):

The selected community health workers/volunteers undergo a 10-day basic CHW/V training course facilitated by the County Health Department using the approved CHW/V training manual. The training for any of the technical modules shall adhere to the community health services policy.

(k) Step 11: Household mapping and registration

County health department will conduct Household registration through CHVs with the support of CHCs and CHAs using a standard registration logbook (MOH 513) which takes 2 weeks, and summarized in MOH 515.

(l) Step 12: Allocation of Master Community Health Unit List

Allocate Master Community Health Unit List to the established Community Health Unit.

(m) Step 13: Gazettement of CHU and CHC members

The County Executive Committee (CEC) gazettes the newly established community health unit and its Community Health Committee members under the legal notice.

SECOND SCHEDULE (s.16)**MEMBERSHIP AND PROCEDURES FOR SELECTION OF
COMMUNITY HEALTH COMMITTEE****Application of this schedule**

1. This Schedule applies to the community health committees within Migori county.

Membership

2. (1) In the constitution of a community health committee, appointments shall have regard to—

- (a) the guiding principles of this Act;
- (b) the relevant experience, character and integrity of persons proposed for appointment under Chapter 6 of the Constitution; and
- (c) gender and community diversity.

(2) Except for members serving by virtue of their office, members of a Committee shall be identified for appointment through an open, democratic, consultative and competitive process.

Composition of a community health committee

3. (1) A community health committee shall comprise of 5-7 democratically elected members (2) The committee shall consist of—

- (a) lead community health worker or volunteer and a community health worker nominated by community health workers within that community health unit;
- (b) the following persons elected by the community in a public forum or *baraza* convened under the regulation under this Act —
 - (i) a woman representing women groups in the community;
 - (ii) a person with a disability representing persons with disabilities in the community;
 - (iii) a representative of the youth in the community;
- (c) one person representing the faith community in the community nominated by an inter-religious organization;
- (d) a public health assistant/officer;
- (e) a community health assistant/ officer who shall be an *Ex-Officio* member and the secretary to the committee;
- (f) area Assistant Chief;

- (g) village administrator;
- (h) a representative of community health service providers;
- (i) link facility in charge; and
- (j) such other persons, not exceeding two, as may be prescribed in the respective county legislation.:

(3) At any one time at least one-third of the community health committee members shall be continuing members unless the county executive committee member otherwise determines.

(4) The community health assistant, link facility in-charge, leader CHW/Vs and the Sub-county CH Coordinator shall be *ex-officio* members.

(5) Representatives of partner(s) working in the community may attend the CHC meetings.

(6) The county executive committee member shall appoint the persons elected and nominated under subsection (2) (b) (c) (j) by notice in the *Kenya Gazette*.

(7) In appointing the committee under subsection (b) (c) (j), the county executive committee member shall ensure that not more than two-thirds of the persons appointed represent one gender.

Eligibility

4. (1) A person is eligible for appointment as a member of the committee if that person is —

- (a) an adult of good standing with leadership qualities in the community;
- (b) a member of the community;
- (c) is literate and can read and write in at least one of the national languages or the local language;
- (d) is not disqualified under any written law in Kenya from being appointed into a public office; and
- (e) meets such other requirements the county executive committee member may, by regulation prescribe.

Chairperson and other office bearers

5. (1) The CHC members shall elect office bearers from among themselves taking into account the gender equity principle at the first meeting of the Committee.

(2) The office bearers shall include the Chairperson, Treasurer and Organizing Secretary.

(3) The members of the committee shall elect the chairperson of the committee from amongst the persons appointed under section 3(2) (b) (c).

(4) A member may be elected to act in the office of Chairperson during the illness or absence of the Chairperson, and a member so appointed shall have all the powers and be able to carry out all the functions of the

(5) The Community Health Assistant shall be the Secretary to the CHC and *ex-officio* member.

(6) The chairperson shall represent the Committee in the link health facility management committee or board.

Term of office

6. (1) A member other than one serving by virtue of their office shall hold office for such term, not exceeding three (3) years, as may be specified in the instrument of appointment.

(2) A member shall be eligible for re-appointment for one further term.

Vacancy in office of member

7. (1) The office of a member shall become vacant if—

(a) he or she dies, resigns or is removed from office;

(b) he or she absents himself or herself from four consecutive meetings of the committee of which reasonable notice has been given to the member, unless—

(i) the committee has granted the member leave to be absent from those meetings; or

(ii) within four weeks after the last of the four meetings, the member is excused by the committee for having been absent from the meetings;

(c) the member becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with his or her creditors or makes an assignment of his or her remuneration for their benefit;

(d) he or she is adjudged or declared by any competent court or tribunal to be of unsound mind; or

(e) he or she is convicted of an offence punishable by imprisonment for six months or more.

(2) If the office of a member becomes vacant, the appointing authority shall fill the vacancies as prescribed in this Act.

Terms and conditions of service

8. (1) Members of the community health committee shall not receive any honoraria or other remuneration for the performance of their duties except for reimbursement of reasonable expenses necessarily incurred in the performance of their duties as may be prescribed by regulations under this Act or any other applicable law.

(2) The terms and conditions of service of a member and chairperson of a Community Health Committee, including any remuneration, allowances and other expenses to which the member shall be entitled to, shall be prescribed by Regulations made under this Act.

Disclosure of pecuniary interest

9. (1) A member of a Community Health Committee who has a direct or indirect pecuniary interest—

(a) in a matter which is being considered, or is about to be considered, at a meeting of the Committee; or

(b) in a thing being done or about to be done by the Committee, shall, as soon as possible after the relevant facts have come to the member's knowledge, disclose the nature of the interest at a meeting of the Committee.

(2) A disclosure to the Committee that the member concerned—

(a) is a member, or is in the employment, of a specified company or any other body;

(b) is a partner, or is in the employment, of a specified person; or

(c) has some other specified interest relating to a specified company or other body or a specified person,

shall be deemed to be a sufficient disclosure of the nature of the interest in any matter or thing relating to that company or other body or to that person which may arise after the date of the disclosure.

(3) The Committee shall cause particulars of any disclosure made under sub-paragraph (1) or (2) to be recorded in a book kept for the purpose and that book shall be open at all reasonable hours to the inspection, free of charge, of any person.

(4) After a member has, or is deemed to have, disclosed the nature of an interest in any matter or thing under sub-paragraph (1) or (2), the member shall not unless it is otherwise determined—

(a) be present during any deliberation, or take part in any decision of the Committee concerning that matter; or

- (b) exercise or perform any powers or functions under this Act with respect to the subject matter of the disclosure.
- (5) A determination under sub-paragraph (4) may only be made by the director in charge of community health services.
- (6) Sub-paragraph (4) does not apply to a member whose interest consists merely of the fact that the member is the holder of a business permit or license.
- (7) A contravention of this paragraph does not invalidate any decision of the Committee or the exercise or performance of any power or function under this Act.
- (8) A reference in this paragraph to a meeting of the Committee includes a reference to a meeting of any sub-committees of the Committee.

General procedure

10. (1) Except as otherwise provided under this Act —
- (a) meetings of a community health committee shall be held as often as may be necessary for the dispatch of their business but they shall not be less than four (4) in any financial year;
 - (b) a meeting of a community health committee shall be held on such date time and place as the chairperson may decide;
 - (c) the chairperson shall, on the written application of one-third of the members convene a special meeting of the Committee;
 - (d) unless the majority of the total membership of the Committee otherwise agree, at least fourteen days written notice of every meeting of the Committee shall be given to every member of the Committee; and
 - (e) the procedure for the convening of meetings and the conduct of business at those meetings shall be as determined by the Chairperson.
- (2) A Community health committee shall, at the beginning of every financial year prepare schedules of their sittings.
- (3) Subject to the provisions of this Schedule, a community health committee shall regulate its procedures.

Quorum

11. A third of the members of a community health committee shall constitute a quorum at any meeting of the Committee.

Presiding members

12. The Chairperson or in the absence of the Chairperson, the acting Chairperson or his or her absence, a member appointed by the members present shall preside at a meeting of a community health committee.

Decisions

13. The decisions of a community health committee shall be by consensus and where a vote becomes necessary, by a simple majority.

Record of proceedings

14. (1) The chairperson, acting chairperson or any other presiding member at a meeting of a community health committee shall cause a record of the proceedings at the meeting to be made.

(2) Records made for this paragraph may be destroyed after the expiry of the period prescribed by Regulations made under this Act.

Convening of the first meeting

15. The first meeting of the Committee shall be called by the Community health assistant who shall be the secretary to the Committee or responsible authority.

Establishment of subcommittees

16. (1) A community health committee may perform its functions under this Act constitute any sub-committee, the chairperson of which shall be a member of the Committee, and may delegate to that sub-committee any of its functions.

(2) The Committee may appoint as members of a sub-committee established under sub-section (1), persons who are or are not members of the Committee and such persons shall hold office for such period as the Committee may determine, provided that at least half of the members of a committee shall be members of the community health committee.

(3) Subject to any specific or general directions of the Committee, any subcommittee established under subsection (1), may regulate its procedure.

Dissolution

17. Subject to regulations under this Act, the Director may recommend to the County Executive Committee Member for dissolution of a community health committee if the Director considers it necessary and if two-thirds of committee members present and voting at a special meeting held for that purpose vote in favour of the dissolution.

THIRD SCHEDULE

(s.14)

GOVERNANCE, OPERATIONS AND MANAGEMENT
STANDARDS FOR THE COMMUNITY HEALTH UNITS

<i>Activity</i>	<i>Minimum Standards</i>
Governance and Leadership	
Legality of CHU	<ul style="list-style-type: none"> • CHU legally-established via Legal/Gazette Notice by the County Executive Committee Member.
Governance	<ul style="list-style-type: none"> • CHU governance by a Community Health Committee consisting of 9-13 members democratically appointed or elected by the community members. • The membership of the CHC must not have more than two-thirds of one gender represented in the Committee. • The youth, persons with disability and other marginalized groups in the community are represented in the CHC. • Members of the CHC are Gazetted by the County Executive Committee Member. • Members of the CHC are guided by the values and principles of governance, leadership and integrity under Article 10 and Chapter Six of Constitution of Kenya. • CHU and CHC governance and operational guidelines. • CHCs hold regular meetings.
CHU management and administration	
Administrative and financial system	<ul style="list-style-type: none"> • CHU secretariat headed by a community health assistant. • 2 -3 administrative support staff. • Basic financial management and accounting system. • Basic commodities management and security system. • An inventory of assets. • A basic asset management system. • Maintenance plan. • Community-based procurement system .

	<ul style="list-style-type: none"> • Regular financial reporting according guidelines • The financial records of the CHU are open to public scrutiny.
CHU workforce	<ul style="list-style-type: none"> • The community health unit secretariat is headed by a community health assistant working under the supervision of the County Director of Community Health Services and sub-county community health coordinator/officer. • The CHU term is supported by Sub-County Health Management Team and link facility in-charge. • The CHU consists of at least ten community health workers/volunteers with a team leader (lead CHW/V). • The community health workers/volunteers household or geographic area ratio varies as per the population density and/or physical accessibility factors.

Facilities, infrastructure and work environment

Physical access	<ul style="list-style-type: none"> • CHU located in an easily accessible place for the public and community members preferable within a link facility. • Access facilities for persons with disability available.
Physical facilities	<ul style="list-style-type: none"> • A building with adequate office facilities for the community health personnel including community health workers/ volunteers team leader. • The CHU building has a legally acquired title deed or a legally executed lease agreement. • At least 2 client friendly counselling facilities/rooms. • Adequate furniture. • A meeting hall. • Registry. • Commodities store. • Safe and reliable water supply. • Well maintained and clean toilet facilities. • Handwashing facilities .

	<ul style="list-style-type: none"> • Well kept, maintained and clean environment. • Proper ventilation and lighting. • Solid waste disposal facilities. • Security fence.
Information resource centre	<ul style="list-style-type: none"> • Adequately equipped and furnished resource centre. • Chalkboard . • IEC materials . • Community health-related reference materials e.g. books, magazines etc. • Programs reports. • Policies, guidelines, laws and bylaws. • E-health materials. • Computer facilities.. • Tele-communication facilities e.g. mobile or satellite phones. • Reliable internet connectivity. • Television and video/DVD for health education • Public address system .
Transport	<ul style="list-style-type: none"> • 186 Bicycle for outreach and supervision activities. • 3-5 Motorbikes for outreach and supervision activities.
Safety and emergency preparedness	<ul style="list-style-type: none"> • Occupational health and safety guidelines . • First aid kits. • Firefighting equipment.
Planning	
Monthly work plans	<ul style="list-style-type: none"> • CHU based teams and the CHVs develop and implement monthly work plans/schedules.
Quarterly work plans	<ul style="list-style-type: none"> • The CHU develops and implements quarterly work plans.
Annual work plans and budget	<ul style="list-style-type: none"> • The CHU develops and implements an annual work plan and budget.
Medium term (three year) Community Health Action and Resource Plan	<ul style="list-style-type: none"> • The CHU develops and implements a medium term (three-year) community health action and resource plan (CHARP).

(CHARP)	
Service delivery	
Household visits by CHW/Vs	<ul style="list-style-type: none"> • CHW/Vs conducts regular visits to each registered household based on an agreed schedule of activities (quarterly work plans) to undertake health education, nutrition assessments, referrals to link facility information gathering on households' health status; distribution of water purification tablets, provision of contraceptives (pill and condoms).
Community dialogue days	<ul style="list-style-type: none"> • Hold quarterly community dialogue meeting involving all stakeholders to discuss community health issues, action plans indicators and progress.
Community action days	<ul style="list-style-type: none"> • Hold monthly, one-day community activities planned during the community dialogue day to address specific health issues (e.g. clean water campaign, immunization outreach, latrine construction, medical examinations and referrals etc.)
Community outreach activities	<ul style="list-style-type: none"> • CHU based team conducts bi-monthly community outreach programme to undertake health education, health promotion, treatment of minor illness and other health-promoting activities, supervise and follow up on the CHVs activities.
Link facility	<ul style="list-style-type: none"> • Adequately staffed according to standard guidelines.
	<ul style="list-style-type: none"> • Reliable supply of essential medicines according to standard guidelines.
	<ul style="list-style-type: none"> • Adequately equipped diagnostic facilities including laboratory services e.g. microscopy and rapid testing kits, cold boxes with ice bags and/or a fridge for keeping the test kits reagents, samples and vaccines.
	<ul style="list-style-type: none"> • Adequately equipped MCH clinic.
	<ul style="list-style-type: none"> • Adequately equipped maternity unit with essential delivery kits.
	<ul style="list-style-type: none"> • A proper infection control system according to guidelines.

	<ul style="list-style-type: none"> Reliable energy sources e.g. national grid electricity supply, solar system and/or backup generator.
	<ul style="list-style-type: none"> Safe and reliable water supply.
	<ul style="list-style-type: none"> Well maintained and clean toilet and hand washing .
	<ul style="list-style-type: none"> Handwashing facilities.
	<ul style="list-style-type: none"> Well kept, maintained and clean environment.
	<ul style="list-style-type: none"> Proper ventilation and lighting.
	<ul style="list-style-type: none"> Medical waste disposal facilities i.e. incinerators.
	<ul style="list-style-type: none"> At least one vehicle depending on the terrain for outreach activities.
Stakeholder/partner coordination	<ul style="list-style-type: none"> Hold joint quarterly and annual CHU-partner program planning and review meetings.
	<ul style="list-style-type: none"> Hold monthly/quarterly partners program review meetings.
CHU-Link facility dialogue and review meetings	<ul style="list-style-type: none"> The CHU team and link facility management hold monthly meetings to review their relationship, referral activities and issues that affect the functionality of the referral systems as well as their solutions.
	<ul style="list-style-type: none"> CHC hold quarterly consultative meetings with Link Facility Management Committee.
	<ul style="list-style-type: none"> CHC represented at the link facility Management Board.
Supervision and monitoring	
Weekly CHU based team meetings	<ul style="list-style-type: none"> The CHU based team hold weekly management review meetings.
Bi-monthly CHW/V team meetings	<ul style="list-style-type: none"> The CHVs hold their bi-monthly meetings at the CHU to review and report on their monthly work plan activities including operational issues.
Monthly CHU based and CHW/Vs team meetings	<ul style="list-style-type: none"> CHW/Vs and CHU based teams hold a monthly meeting to collate information gathered by CHW/Vs the information, summarize the information in the CHEW summary logbook and review monthly work plan activities and progress.

Monthly supervision of CHUs	<ul style="list-style-type: none"> • The Sub County Community Health Coordinator conducts monthly support supervisory visits to the CHUs to review activities and progress based on agreed work plans .
County Community Health Service Team (CCHST) supervision of CHUs	<ul style="list-style-type: none"> • The County Community Health Service Team (CCHST) conducts quarterly technical and support supervision visits to CHUs to discuss performance and other related issues.
Quarterly sub-county stakeholders program review forums	<ul style="list-style-type: none"> • Hold quarterly stakeholders program review forums to review progress and share experiences.
Community annual stakeholder forum and community health day	<ul style="list-style-type: none"> • Hold one-day annual community stakeholder forum and community health day to review progress, share experiences, hold exhibitions and conduct medical camps.

FOURTH SCHEDULE (s.22)**COMMUNITY HEALTH SERVICES**

Kenya Essential Package for health	Community health services
Disease prevention and control to reduce morbidity, disability and mortality	<ul style="list-style-type: none"> • Practicing good personal hygiene in terms washing hands, using latrines, etc. • Using safe drinking water. • Ensuring adequate shelter, and protection against vectors of disease. • Preventing accidents and abuse, and taking appropriate action when they occur. • Ensuring appropriate sexual behaviour to prevent transmission of sexually transmitted diseases. • Communicable disease control: HIV/AIDS, STI, TB, malaria, epidemics • First aid and emergency preparedness/treatment of injuries/trauma • IEC for community health promotion and disease prevention.
Family health services to expand family planning, maternal, child and youth services	<ul style="list-style-type: none"> • MCH/FP, maternal care/obstetric care, immunization, nutrition, • Comprehensive Integrated management childhood illnesses (C-IMCI) . • Adolescent reproductive health. • Non-communicable disease control: Cardiovascular diseases, diabetes, neoplasms, anaemia, nutritional deficiencies, mental health. • Other common diseases of local priorities within the district, e.g., eye disease, oral health, etc. • Community-based day-care centres. • Community based referral system, particularly in emergencies. • Paying for first contact health services provided by.
Water, environmental sanitation and hygiene	<ul style="list-style-type: none"> • IEC for water, hygiene, sanitation and school health . • Excreta/solid waste disposal.
	<ul style="list-style-type: none"> • Water supply and safety, including protection of springs.

	<ul style="list-style-type: none"> • Food hygiene. • Control of insects and rodents. • Personal hygiene. • Healthy home environment: environmental sanitation, development of kitchen gardens. • Organizing community health days.
Health promotion	<ul style="list-style-type: none"> • Building healthy social capital to ensure mutual support in meeting daily needs as well as coping with shocks in life. • Demanding health and social entitlements as citizens. • Monitoring health status to promote early detection of problems for timely action. • Taking regular exercise. • Ensuring gender equity. • Using available services to monitor nutrition, chronic conditions and other causes of disability.
Community based nutrition	<ul style="list-style-type: none"> • Ensuring a healthy diet for people at all stages in life to meet nutritional needs. • Growth monitoring and promotion • Breastfeeding and complementary feeding • Supplementary feeding • Nutrition education or communications for behavior change or IEC • Micronutrient supplementation (vitamin A, iron, iodine, other)
Community based rehabilitation	<ul style="list-style-type: none"> • Enhance the lives of persons with disabilities (PWDs) and their families within their community • Access to health care needs • Recognition of people with disability and ensure their inclusion and participation
	<ul style="list-style-type: none"> • Prevention of secondary conditions [e.g., depression, deformities, pressure sores, respiratory infections etc. Sexually transmitted diseases and appropriate preventive education and provision of protection • Access to assistive devices – prosthetics, orthotics, mobility aids, hearing aids, accessible environment etc. Early detection and intervention <p>[especially children under 3 years' old]</p>

	<ul style="list-style-type: none"> • Referral to medical interventions/ specialized services and other social services • Daily living skills support and therapeutic intervention • Family and community support • Access to information and promotion of personal and public health • Promotion of appropriate sanitation and hygiene facilities for PWDs
Care seeking and compliance with treatment and advice	<ul style="list-style-type: none"> • Giving sick household members appropriate home care for illness. • Taking children as scheduled to complete a full course of immunizations. • Recognizing and acting on the need for a referral or seeking care outside the home. • Following recommendations given by health workers concerning treatment, follow up and referral. • Ensuring that every pregnant woman receives antenatal and maternity care services.
Governance and management of health services	<ul style="list-style-type: none"> • Attending and taking an active part in meetings to discuss trends in coverage, morbidity, resources and client satisfaction, • Giving feedback to the service system either directly or through representation.
Claiming rights	<ul style="list-style-type: none"> • Knowing what rights communities have in health • Building capacity to claim these rights progressively
	<ul style="list-style-type: none"> • Ensuring that health providers in the community are accountable for effective health service delivery and resource use, and above all are functioning in line with the Service Charter.