

**SPECIAL ISSUE**

*Kenya Gazette Supplement No. 4 (Marsabit County Bills No. 2)*



REPUBLIC OF KENYA

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***KENYA GAZETTE SUPPLEMENT***

**MARSABIT COUNTY BILLS, 2024**

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**NAIROBI, 26th July, 2024**

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**THE MARSABIT COUNTY COMMUNITY HEALTH SERVICES  
BILL, 2024**

**A Bill for**

**AN ACT of the County Assembly of Marsabit to provide for the establishment and delineation of Community Health Units within the County for the effective, efficient and sustainable delivery of community-based health services and to establish the necessary institutional and regulatory mechanisms to ensure functionality of community units in empowering households in health service delivery and for connected purposes**

**ENACTED** by the County Assembly of Marsabit, as follows—

**PART I—PRELIMINARY**

**Short title and Commencement**

**1.** This Act may be cited as the Marsabit County Community Health Services Act, 2024 and shall come into effect upon publication in the *Gazette*.

**Interpretation**

**2.** (1) In these Act, unless the context otherwise requires –

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

“community health services personnel” includes the Community Health Services Coordinator, Community Health Officers, Community Health Assistants, Community Health Committees and Community Health Promoters;

“Community Health Unit” comprises approximately 500 households in the same geographical area, sharing resources and challenges;

“Community Health Promoter” means a person chosen by the community based on set criteria defined by this Act and trained to address health issues of individuals and communities in their respective localities, working in close relationship with health facilities;

“Community Health Committee” This comprise of governance structure, identified and selected by the respective community members, whose mandate is to oversee operations of the Community Health Units;

“Community Health Assistants” refers to Community Health Services Personnel employed by the county government to offer technical support and supervision to the community health Promoters;

"community health plan" means a plan for community-based health services and the improvement of the health care of the community;

"community-based health services" means basic health-care services that can be provided to people in their communities and includes health education, health promotion, disease prevention, mental-health services, emergency health services, immunization services, nutrition services, addiction services, public-health services, reproductive health services, home care, long-term care, rehabilitation services, palliative-care services and treatment for illness and injury in relation to primary care, referral services and any other health services as may be defined by national or adopted by County Community Health Services Policy from time to time;

“County Executive Committee Member” means the County Executive Committee Member responsible for Health Services;

“health” means a state of complete physical, spiritual, mental, and social well-being and not merely the absence of disease or infirmity;

“link facility” means the health facility located within the area where the community health work force offers services and acts as the community health unit referral centre;

“stipend” means a monthly predefined amount of money paid to Community Health Promoters after having satisfactorily met the set performance targets; and

“village” means people with same social economic characteristics living together and moving together within the County and is in a cluster of households.

### **Guiding Principles**

**3.** This Act shall be guided by the following principles—

- (a) people centred approaches to health and health intervention;
- (b) equity and inclusivity in the provision of community health services;
- (c) community ownership and social accountability in the implementation of community health programs;
- (d) access to information; and
- (e) multi-sectoral approach to realizing health goals through partnership and collaboration.

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**Object of the Act**

**4.** The object of this Act is—

- (a) to provide for effective leadership and governance in the formation, maintenance and management of community health structures and public participation mechanisms;
- (b) to ensure the recruitment and retention of community health human resources;
- (c) to ensure provision of high-quality community health services at the household and community level;
- (d) to support and strengthen Community-based Health Information System;
- (e) to promote and strengthen supply chain systems for Health products and technologies for community health services; and
- (f) to provide a framework for financing of community health services.

**PART II— DUTIES AND RESPONSIBILITIES**

**Duties and responsibilities of County Government**

**5.** The duties and responsibilities of County Government shall include—

- (a) to develop community health policies, legislation and guidelines;
- (b) implementation of the set standards and quality control for Community Health Services;
- (c) to allocate adequate funds and mobilize resources necessary for effective delivery of community health services;
- (d) partnership, coordination and networking;
- (e) support supervision to all levels of health care service delivery;
- (f) provide technical advice and support on community health services;
- (g) conduct research to generate evidence for action;
- (h) capacity building and developments to all levels of health care services; and
- (i) advocacy for Community Health Services.

**Duties and responsibilities of County Executive Committee Member**

**6.** The duties and responsibilities of County Executive Committee Member includes—

- (a) advise the Governor on all matters relating to the delivery of community health service in the County;
- (b) develop and implement County specific programs and strategies that promote access to community health services;
- (c) monitor and evaluate the effectiveness of community health programs delivered within the County;
- (d) oversee the implementation and adherence to national standards and guidelines on the delivery of quality community health services;
- (e) approve the community health unit annual work plan and integrate into the county health department budget ; and
- (f) perform such other function as may be necessary for the implementation of this Act.

**PART III—ESTABLISHMENT OF COUNTY COMMUNITY  
HEALTH SERVICES COMMITTEE, COMMUNITY HEALTH  
COMMITTEES AND COMMUNITY HEALTH UNITS**

**Establishment of the Marsabit County Community Health Services Committee**

**7.** (1) There is established the Marsabit County Community Health Services Committee.

(2) The County Community Health Services Committee shall comprise of—

- (a) the Chief Officer responsible for Health, or a representative appointed by the Chief Officer in writing, who shall be the Chairperson;
- (b) the Community Health Services Co-ordinator, who shall be the Secretary;
- (c) one person to represent the civil societies involved in the health sector;
- (d) one person, nominated by and representing religious organizations;
- (e) one person nominating by and representing persons living with disabilities;
- (f) one person representing the youth;
- (g) the Chairperson of the County Public Service Board, or a representative of the Board, appointed by the chairperson in writing;

- (h) the County public health officer;
- (i) one person nominated by and representing health research institutions.

### **Qualifications for appointment**

**8.** Save for the *ex officio* members, a person is qualified to be nominated and appointed as a member of the Committee if the person—

- (a) satisfies the requirements of Chapter Six of the Constitution, and the Leadership and Integrity Act; and
- (b) is not disqualified under any other national or county written law.

### **Term of Office**

**9.** Save for the *ex-officio* members, a member of the Committee shall hold office for a term of three years and may be re-appointment for one further term.

### **Functions of the County Community Health Services Committee**

**10.** (1) The Committee shall be responsible for the co-ordination of Community health services in the County.

(2) Without prejudice to the generality of sub-section (1), the Committee shall—

- (a) develop policies to ensure that in place are adequate measures to cater for the provision of community health services in all parts of the County;
- (b) oversee and monitor the implementation of community health services within the county and report to the Executive Committee Member in a manner prescribed by regulations;
- (c) develop strategies for effective and efficient delivery of community health services;
- (d) recommend to the County Public Service Board persons to be employed to provide of community health services;
- (e) be responsible for the administration of the County Community Health Fund established under this Act;
- (f) give general or special directions to community health unit committees or a member of the Community Service Committee on any matter falling within their jurisdiction;
- (g) advise the Executive Committee Member responsible for Health on matters of community health;



- (h) approve transfer of monies from the Fund to the community health unit committee accounts;
- (i) make recommendations to the Public Service Board on terms of employment of community health service workers;
- (j) perform any other function as may be assigned under any law or by the Executive Committee Member;
- (k) source for funding for community health services delivery; and
- (l) co-ordinate the activities of donors and development partners keen to partner with community health units in the delivery of community health services.

### **Meetings of the County Community Health Services Committee**

**11.** (1) The Committee shall meet at least once every three months.

(2) Notwithstanding the provisions of sub-section (1), the Chairperson may, and upon requisition in writing by at least five members convene a special meeting of the committee at any time for the transaction of the business of the Committee.

(3) The quorum for the Committee sittings shall be five members.

(4) The Committee shall cause proper records to be kept of all proceedings of the Committee.

(5) Except as provided under this part, the committee shall regulate its own proceedings.

### **Establishment and registration of Community Health Units**

**12.** (1) There is established a Community Health Unit which comprises of households organized in villages.

(2) Each Community Health Unit shall serve a prescribed size of the population and will be supported by a prescribed number of Community Health Promoters and Community Health Assistants based on such determinants including population density.

(3) The County Executive Committee Member shall establish Community Health Units as set out in the Second Schedule.

(4) A Community Health Unit shall be governed by a Community Health Committee which shall be linked to a primary health care facility to support the Unit's implementation of its activities as provided in the Second Schedule.

(5) Each Community Health Unit shall meet the criteria as outlined in the set National Community Health Strategy.

(6) The County Executive Committee Member shall establish mechanisms to provide for the health services needs of mobile and underprivileged populations.

(7) The County Executive Committee Member may by Regulations provide for the alteration of the boundaries of a Community Health Unit, if need arises, and for the registration of new Community Health Units for the purposes of this Act.

### **Community Health Committees**

**13.** (1) There is established a Community Health Committee in each Community Health Unit.

(2) The Community Health Committee shall comprise of not less than five and not more than seven members of which not more than two thirds shall be from the same gender.

(3) The committee members in sub-section (2) shall be nominated by community members under supervision of the Community Health Assistant and the Ward Administrator or Village Administrator as follows—

- (a) a Community Health Assistant who shall be in-charge of the specific Community Health Unit and Secretary to the Community Health Committee;
- (b) a Community Health Promoter who shall be nominated by community health Promoters and act as treasurer of the Community Health Committee;
- (c) a ward public health officer;
- (d) a representative from the youth;
- (e) a representative of persons with disability;
- (f) a representative of Civil Society Organizations with operation within the respective community; and
- (g) one person representing inter-religious organizations in the respective community.

(4) The members of the Committee shall elect the chairperson of the Committee from amongst the persons appointed under sub-section (2).

(5) The Chairperson appointed under sub-section 4 shall be co-opted as a member of the link Health Facility Management Committee.

### **Qualifications for appointment as a member of a Community Health Committee**

**14.** A person is eligible for appointment as a member of a Community Health Committee if that person—

- (a) is an adult of sound mind with good standing in the community;
- (b) is resident of that area for a period of not less than 2 years;
- (c) is literate and can read and write in at least one of the national languages or the local language;
- (d) is a role model in positive health practices; and
- (e) be a person of good standing in the community.

**Term of Office**

**15.** A Community Health Committee member shall be appointed for a term of three years and may be eligible for reappointment for one last term.

**Functions of the Community Health Committee**

**16.** The Community Health Committee shall be responsible for—

- (a) providing leadership and oversight in the implementation of health and other related community health services;
- (b) preparation and presentation of the Community Health Unit annual work-plans and operational plans to the link Health facility Management Committee;
- (c) planning, coordinating and conducting community dialogue and health action days;
- (d) holding quarterly consultative meetings with the link facility to promote accountability to the community;
- (e) creating an enabling environment for implementation of community health services and resource mobilization for sustainability;
- (f) network with other sectors and stakeholders towards improving the health status of the people in the Community Health Units;
- (g) lead in advocacy, communication and social mobilization;
- (h) facilitate negotiations and conflict resolution among stakeholders at tier one; and
- (i) prepare quarterly reports on events in the Community Health Unit led by Community Health Assistant.

**Meetings of the Community Health Committee**

**17.** (1) Community Health Committee shall hold quarterly consultative meetings with the link health facility.

(2) A Community Health Committee shall hold quarterly meetings with minutes taken and filed.

(3) The quorum of a Community Health Committee meeting shall be two thirds of all Committee members.

#### **PART IV— COMMUNITY HEALTH PROMOTERS**

##### **Nomination of Community Health Promoters**

**18.** (1) Community Health Promoters shall be nominated by the community in a public meeting.

(2) Each Community Health Committee with the assistance of the Village Administrator shall organize for the public meeting.

(3) Despite sub-section (2), where a Village Administrator has not been appointed, the Community Health Committee in consultation with the Ward Administrator shall liaise with the area Chief to convene the public meeting.

(4) The public meeting shall be open to all residents of the respective Community Health Unit.

(5) The County Executive Committee member shall prescribe guidelines for the conduct of a public meeting under sub-section (1).

##### **Qualifications for appointment as a Community Health Promoter**

**19.** (1) A person is eligible for nomination and appointment as a Community Health Promoter if such person —

- (a) is a citizen of Kenya;
- (b) is an adult, responsible and respected member of the community;
- (c) is of sound mind;
- (d) is a resident of the respective Community Health Unit for a continuous period of not less than two years prior to the selection date;
- (e) is self-driven and willing to offer voluntary services;
- (f) is able to read and write in Kiswahili or English and understands the language of the predominant community; and
- (g) is not disqualified for appointment to office by the provisions of this Act or any other written law.

##### **Appointment of Community Health Promoter**

**20.** Upon nomination, the Community Health Promoter shall be appointed in writing by the Secretary to the Community Health Committee.

**Responsibilities of Community Health Promoters**

**21.** (1) The responsibilities of the Community Health Promoters are to—

- (a) carryout home visits to initiate dialogue and provide appropriate key messages to assigned households as outlined in the Kenya Essential Package of Health;
- (b) keep, maintain, and update registers and reporting tools as per prescribed guidelines;
- (c) submit reports at such intervals as shall be determined by set Kenya Community Health Strategy;
- (d) promote appropriate home-based care for the sick in liaison with the community health assistants and level 2 and 3 facilities;
- (e) nurture healthcare-seeking behaviour and compliance with treatment and advice;
- (f) carryout clinical diagnosis, treat minor illnesses and injuries, or refer accordingly with the support and guidance of the community health assistant;
- (g) conduct defaulter tracing and follow-up of clients;
- (h) participate in monthly feedback meetings, community dialogue, and action days organized by community health assistants and community health committees;
- (i) be a role model of good health practices;
- (j) with the support of Community Health Assistants, stock the Community Health Promoter kit with supplies provided through the respective link facilities; and
- (k) perform such functions as may be assigned to them by the County Executive Committee Member or under any other law.

(2) To facilitate the carrying out the responsibilities in sub-section (1), the County Government shall provide the Community Health Promoter with the necessary tools and apparatus including but not limited to hand gloves, sanitizers, thermo guns first aid kits identification jackets and badges.

(3) In carrying out the responsibilities specified under sub-section (1), a Community Health Promoter shall adhere to the set ethical standards—

- (a) inform the household of the use to which their information shall be put;
- (b) ensure confidentiality;

- (c) ensure accuracy of the information captured;
- (d) transmit the information within the timelines specified by the set guidelines;
- (e) ensure access to personal data by persons to which that data relates;
- (f) provide health services to the community without charging; and
- (g) foster informed decision making on health matters.

### **Scope of Community Health Promoter Operations**

**22.** A Community Health Assistant shall assign to a Community Health Promoter such number of households within the Community Health Unit as shall be prescribed by Regulations.

### **Right of entry to households**

**23.** (1) A Community Health Promoter may, in the performance of their responsibilities under this Act enter assigned households with the consent of the household owner.

(2) A Community Health Promoter shall produce a service identity document when carrying out responsibilities under this Act.

(3) A Community Health Promoter denied consent to enter or whose visit to a household is terminated before accomplishing the visitation purpose will inform their immediate supervisor.

### **Prohibited Acts**

**24.** (1) A Community Health Promoter shall not —

- (a) conduct deliveries;
- (b) disclose patient’s confidential health issues;
- (c) solicit for pay for community health services rendered;
- (d) be under the influence of abusive substances or disorderly during their working hours;
- (e) withdraw their services without giving sufficient notice;
- (f) falsify any records or data collected; or
- (g) discriminate any of the households in whatever manner.

(2) A community health Promoter who contravenes the provisions of this section shall be subjected to disciplinary action which may include termination by the respective Community Health Committee.

**Training of Community Health Promoters**

25. (1) Every Community Health Promoter is required upon appointment to undergo such trainings as may be prescribed for the purposes of enabling them to discharge their responsibilities under this Act.

(2) The County Government shall ensure the continuous training and certification of the Community Health Promoters as per the prescribed curriculum.

**Remuneration of Community Health Promoters**

26. (1) The position of a Community Health Promoter is not remunerative.

(2) Despite sub-section (1), the County Executive Committee Member shall, with the concurrence of the County Executive Committee Member for Finance, provide a stipend of two thousand five hundred shillings and five hundred shillings for annual National Health Insurance.

(3) The County Executive Committee Member may review the stipend provided under sub-section (2) as need arises.

(4) The stipend is intended to incentivize the Community Health Promoter and defray any expenses reasonably incurred by them in the discharge of the functions under this Act.

(5) The payment of stipend to a Community Health Promoter shall be subject to attainment of agreed performance targets.

(6) The Community Health Assistants shall conduct performance appraisal of the Community Health Promoters.

(7) Despite sub-section 1, a Community Health Promoter may receive such allowances as may be paid by development partners in facilitating the provision of community health services under this Act.

**Term of Office**

27. A Community Health Promoter shall be nominated on such terms and conditions as the County Executive Committee Member may determine taking into account the views of the respective Community Health Committees.

**Removal from service**

28. (1) A Community Health Promoter may —

- (a) at any time, resign from the position, by one month's notice in writing to the Secretary of the relevant Community Health Committee; or

- (b) be removed from service on the grounds that he or she —
  - (i) has relocated to a different locality;
  - (ii) has been convicted of a criminal offence;
  - (iii) is unable or unfit to discharge his or her functions as a Community Health Promoter;
  - (iv) has physical or mental incapacity to perform the functions of the office; or
  - (v) is dead.

(2) A vacancy arising in the position of Community Health Promoter shall be filled within a period of thirty days.

## **PART V — COMMUNITY HEALTH ASSISTANTS**

### **Appointment of Community Health Assistant**

**29.** The County Public Service Board shall, in consultation with the County Executive Committee Member, competitively recruit and appoint a Community Health Assistant for each Community Health Unit.

### **Qualification for appointment as a Community Health Assistant**

**30.** A person is eligible for appointment as a Community Health Assistant if such person —

- (a) is a Kenyan citizen;
- (b) is a holder of a certificate, diploma or degree in the related field from a recognized institution;
- (c) has knowledge and experience of not less than one year in community engagement; and
- (d) meets any other requirements that may be prescribed by the County Public Service Board.

### **Role of a Community Health Assistant**

**31.** The Community Health Assistant shall perform the following responsibilities —

- (a) participate in the selection, training, and support of Community Health Promoters and Community Health Committees;
- (b) support and supervise Community Health Promoters in assigned tasks and mentor them to ensure the achievement of desired outputs and outcomes;



- (c) compile reports generated by Community Health Promoters and forward them to the link facility for timely entry into the Kenya Health Information System;
- (d) manage the Community-Based Health Information System and use it to influence continuous improvement in health status in collaboration with the health records and information management department;
- (e) be the secretary to the Community Health Committee and the custodian of the records of the Committee;
- (f) convene and co-ordinate community health activities including Community Health Promoters' meetings, community dialogue days and action days;
- (g) follow up and monitor actions emerging from dialogue and planning sessions to ensure implementation in collaboration with other sectors;
- (h) monitor the use and management of Community Health Promoters' kits ensuring that the Community Health Promoters have adequate commodities and supplies as well as reporting tools;
- (i) act as a link between the community and the link facilities to ensure the smooth referral;
- (j) develop a work plan for their respective community health unit; and
- (k) any other duties as assigned by the County Executive Committee Member or under any other written law.

## **PART VI— ESTABLISHMENT OF THE MARSABIT COUNTY COMMUNITY HEALTH SERVICES FUND**

### **Establishment of the Fund**

**32.** (1) There is established the Marsabit County Community Health Services Fund.

- (2) There shall be paid into the Fund—
  - (a) monies received by the Fund in the form of donations, endowments, grants and gifts;
  - (b) amounts appropriated by the County Assembly for that purpose;
  - (c) amounts payable to the Marsabit County Community Health Services Committee out of the Devolution Fund; or

- (d) any other amounts paid to or received by the Marsabit County Community Health Services Committee.

#### **Administration of the Fund**

**33.** (1) The Fund shall vest in and be administered by the Marsabit County Community Health Services Committee.

(2) In administering the Fund, the Committee shall, with the approval of the Executive Committee Member—

- (a) set policies and strategies for the application of the Fund;
- (b) define eligibility for the Fund to finance county community health services;
- (c) set out procedures to ensure gender and intergenerational equity in access to monies from the Fund;
- (d) issue to community health communities other procedures and requirements for effective and transparent administration of the Fund; and
- (e) require community health committees to make periodic and other reports concerning the use of the funds allocated to them.

#### **Estimates of Committee's Income and Expenditure.**

**34.** (1) At least three months before the commencement of each financial year, the Committee shall cause to be prepared estimates of the revenue and expenditure of the Fund for that financial year.

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

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

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

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

#### **Disbursement out of the Fund**

**35.** (1) The Committee shall cause to be kept records of any disbursements out of the Fund.

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

(3) Disbursements shall be made through the Community Health Committee bank account maintained for every Community Health Unit.

(4) The record of the amounts received by each community health committee and the record of expenditure of amounts so received shall be submitted to the County Committee within thirty days after the close of the relevant financial year together with a copy of the relevant bank statements; and no disbursements for the succeeding financial year shall be made into the accounts until the said records are duly received.

#### **Committee's financial records and reports**

**36.** (1) The Committee shall cause to be kept proper books of accounts of the income, expenditure, assets, liabilities and all other financial transactions of the Committee.

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

#### **No. 34 of 2015**

(3) Within 30 days after the end of each financial year, the Committee shall prepare financial statements and submit the financial statements to the County Auditor's Office for audit in accordance with the provisions of the Public Audit Act, 2015.

### **PART VII — MISCELLANEOUS PROVISIONS**

#### **Regulations**

**37.** This Act shall be executed through Regulations developed by the County Executive Committee member for Health, with the approval of the County Assembly, and shall come to effect on the effective date there from.

#### **Identification documents**

**38.** The County Executive Committee Member shall prescribe and afford the Community Health Assistants and Community Health Promoters proper means of identification.

#### **Offences and penalty**

**39.** A person who contravenes any provisions of this Act commits an offence and shall be liable upon conviction to imprisonment for a term not exceeding one year or to a fine not exceeding one hundred thousand Kenya shillings or to both.

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**Savings and transition**

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

(2) A person who served as Community Health Promoter or Community Health Committee member before the coming into force of this Act, and whose contract or services expires under this Act may be reselected in accordance with the provision of this Act.

**FIRST SCHEDULE****THE MARSABIT COUNTY COMMUNITY HEALTH STRATEGY  
PROJECTIONS**

<b>Sub-County</b>	<b>No. of Wards</b>	<b>No. of Units</b>	<b>No. of Chps</b>	<b>Pop. Male</b>	<b>Pop. Female</b>	<b>Projected Total Population(Khis 2023)</b>	<b>Households</b>	<b>Area In Sq Km</b>
<b>Moyale</b>	7	30	664	89527	82640	172168	38,107	9370.7
<b>Saku</b>	3	27	395	45489	45224	90713	18,143	2052
<b>North Horr</b>	5	32	510	71898	71610	153508	22078	39,248
<b>Laisamis</b>	5	25	414	58113	57881	115,994	23,199	20,290.5
<b>Totals</b>	20	114	1983	265,027	257,355	532,383	101,527	70,961.2

**SECOND SCHEDULE***(Section 7)***COMMUNITY HEALTH UNITS AND CORRESPONDING LINK FACILITY**

Sub-County	Name of the Ward	Community Health Unit	Link Health Facility	Status of the Community Health Unit
<b>MOYALE</b>	<b>TOWNSHIP</b>			
	<b>HEILLU/ MANYATTA</b>	Heillu	Heillu Health Centre	Established
		Mansille	Mansille dispensary	Established
		kinisa	Kinisa Dispensary	Established
	<b>BUTIYE</b>	Butiye	Butiye Dispensary	Established
		Bori	Bori dispensary	Established
		kate	Kate dispensary	Established
		Dadacha lakole	Bori Dispensary	Established
		Somare	Somare Dispensary	Established
	<b>GOLBO</b>	Yaballo	Yaballo Dispensary	Established
		Nana	Nana health centre	Established
		Qonqom	Nana health centre	Established
		Watiti	Watiti dispensary	Established
		Godoma	Godoma Health centre	Established
		Dirdima	Dirdima dispensary	Established
		Dabel	Dabel health centre	established
		Odda	Odda dispensary	Established
		Funan nyatta	Funan nyatta dispensary	Proposed not established
		Qoloba	Funan nyatta Dispensary	Established
	<b>SOLOLO</b>	Anona Community Health Unit	Anona Dispensary	Established
		Waye Godha	Waye Godha Dispensary	Established
		Mado Adhi Community Health Unit	Mado Adi Dispensary	Established
		Ramata Community Health Unit	Ramata Health Centre	Established

	<b>URAN</b>	Walda Community Health Unit	Walda Health Centre	Established
		Uran Community Health Unit	Uran Health Centre	Established
		Golole Community Health Unit	Golole Dispensary	Established
		Funan Qumbi Community Health Unit	Rawana Dispensary	Proposed
		Elebor Community Health Unit	Elebor Dispensary	Established
	<b>OBBU</b>	Dambala Fachana Community Health Unit	Dambalafachana Health Centre	Established
		Badan Rero Community Health Unit	Badan Rero Dispensary	Established
		Sololo Makutano Community Health Unit	Sololo Makutano Dispensary	Established
		Amballo	Amballo dispensary	Established
	<b>Butiye ward</b>	Heillu 2	Butiye Dispensary	Proposed
	<b>Heillu/manyatta ward</b>	Manyatta	Manyatta Dispensary	Proposed
	<b>Heillu/manyatta ward</b>	Arosa	Arosa Dispensary	Proposed
	<b>Butiye ward</b>	Goromudha	Arosa Dispensary	Proposed
	<b>Township ward</b>	Gurumesa	Gurumesa Dispensary	Proposed
	<b>Township ward</b>	Township	Moyale Sub-county Referral Hospital	Proposed
	<b>Township ward</b>	Biashara	Moyale Sub-county Referral Hospital	Proposed
	<b>Township ward</b>	Sessi	Moyale Sub-county Referral Hospital	Proposed
	<b>Golbo ward</b>	Iladu	Oda Dispensary	Proposed
	<b>Golbo</b>	Godoma Didiqo	Godoma Didiqo Dispensary	Proposed
	<b>Golbo</b>	Funan Nyatta	Funan Nyatta Dispensary	Proposed
	<b>Sololo ward</b>	Ramole	Ramatta Health Centre	
		Garbi	Ramatta Health Centre	Proposed

	<b>Obbu ward</b>	Dadach Elele	Sololo Makutano Dispensary	Proposed
	<b>Uran ward</b>	Funanqumbi	Rawana Dispensary	Proposed
	<b>Uran ward</b>	Karbururi	Karbururi Dispensary	Proposed
	<b>Obbu ward</b>	Kukub	DF Dispensary	Proposed
	<b>Uran ward</b>	Elle Dimtu	Elle Dimtu Dispensary	Proposed
<b>NORTH HERR</b>	<b>DUKANA</b>	Dukana CHU 2	Dukana Health Centre	Established
		Balesa Community Health Unit	Balesa Dispensary	Established
		Dukana Community Health Unit	Dukana Health Centre	Established
		Balesa saru community Health Unit	Balesa Saru Dispensary	Established
		El had community Health Unit	El Hadi Dispensary	Established
	<b>ILLERET</b>	Telesgaye cu	Telesgaye Dispensary	Established
		Illeret 1 Community Health Unit	Illeret Health Centre	Established
	<b>MAIKONA</b>	Maikona 1 Community Health Unit	Maikona Health Centre	Established
		Maikona 2 Community Health Unit	Maikona Health Centre	Established
		Kalacha 1 Community Health Unit	Kalacha Sub County Referral Hospital	Established
		Rage/Kutur Community Health Unit	Kalacha Sub County Referral Hospital	Established
		El-gade Community Health Unit	Elgade Dispensary	Established
		Kalacha Community Health Unit	Kalacha Sub County Referral Hospital (Chalbi)	Established
		Hurri Hills Community Health Unit	Hurri-Hills Dispensary	established
		Forole Community Health Unit	Forolle Dispensary	established
		Toricha Community Health Unit	Toricha Dispensary	Established



		Boji Community Health Unit	Boji Dispensary	Established
<b>NORTH HERR</b>		Malabot Community Health Unit	Malabot Dispensary	Established
		Gus Community Health Unit	Gus Dispensary	Established
		North Horr Community Health Unit	North Horr Health Centre	Established
		Qorqa community Health Unit	Qorqa Dispensary	Established
		Elbeso community Health Unit	Elbeso Dispensary	Established
		Baranbate Community Health Unit	Gus Dispensary	Established
		North 2 Horr Community Health Unit	North Horr Health Centre	Established
<b>TURBI</b>		Tigo CHU	Tigo Dispensary	Established
		Bubisa CHU 1	Bubisa Health Centre	Established
		Burgabo CHU	Burgabo Dispensary	Established
		Turbi CHU	Turbi Dispensary	Established
		Bubisa CHU 2	Bubisa Health Centre	Established
		Shegel CHU	Shegel Dispensary	Established
		Shurr CHU	Shurr Dispensary	Established
		Telesgaye 2	Telesgaye Dispensary	Proposed
		Balesa 2	Balesa Dispensary	Proposed
		North Horr 3	North Horr H/C	Proposed
		Goricha/Isakomala	Malabot Dispensary	Proposed
		Bori/Kubi koti	Toricha Dispensary	Proposed
		Baqaqa	Hurii Hills Dispensary	Proposed
		Kurawa/Olom	Kalacha Referral Hospital	Proposed
		Elboji	Elgade Dispensary	Proposed
		Horonder	Segel Dispensary	Proposed
		Mudhe	Bubisa H/C	Proposed
		Kambi nyoka	Tigo Dispensary	Proposed

		Demo	Demo Dispensary	Proposed
<b>SAKU</b>	<b>KARARE</b>	Karare 1 CHU	karare Health centre	Established
		Kituruni CHU	Kituruni Dispensary	Established
		Hulahula CHU	Hulahula Dispensary	established
		Karare CHU	Karare Dispensary	established
		Parkishon CHU	parkishon Dispensary	Established
		Leyai CHU	Songa Health Centre	Established
	<b>MARSABIT CENTRAL</b>	Dakabaricha CHU 1	Dakabaricha Dispensary	Established
		Dakabaricha CHU 2	Dakabaricha Dispensary	Established
		MCRH East CHU	Marsabit County Referral Hospital	established
		MCRH West CHU	Marsabit County Referral Hospital	established
		MCRH Lower CHU	Marsabit County Referral Hospital	established
		Jirime CHU	Jirime Dispensary	established
		Tumaini CHU	Tumaini Dispensary	established
		AMA CHU	Ama Dispensary	established
	<b>SAGANTE /JALDESA</b>	Dirib Gombo CHU	Dirib Gombo Dispensary	established
		Boru Haro CHU	Boru Haro Model Health Centre	established
		Badassa CHU	Badassa Dispensary	established
		Badasa South CHU	Badasa Dispensary	proposed
		Gororukesa CHU	Goro Rukesa Dispensary	established
		Kubi Bagasa CHU	Kubi Bagasa Dispensary	established
Dadacha Kambi CHU		Dadacha Kambi Dispensary	established	
Manyatta Jillo CHU		Manyatta Jillo Health Centre	established	
Manyatta Jillo South CHU		Manyatta Jillo Health Centre	established	
Dirib Gombo 1 CHU		Dirib Dispensary	established	

		Jaldesa CHU	Jaldesa Dispensary	established
		Sagante CHU	Sagante Dispensary	established
		Manyatta Ginda	Manyatta Ginda Dispensary	proposed
		Ajaa Tisa	Ajaa Tisa Dispensary	proposed
		Ilpus	Ilpus Dispensary	proposed
		Shrine	Shrine Dispensary	proposed
		Majengo	Majengo Dispensary	proposed
		Dakabaricha West	Dakabaricha Dispensary	proposed
		Cereal Board	Cereal Board Dispensary	proposed
		Qachacha	Qachacha Dispensary	proposed
		Karra	Karra Dispensary	proposed
		Manyatta Willy	Manyatta Willy Dispensary	proposed
		Garqarsa	Garqarsa Dispensary	proposed
		Fullesa	Fullesa Dispensary	proposed
		Adhi Huqa	Adhi Huqa Dispensary	proposed
		Guyo Arero	Guyo Arero Dispensary	proposed
		Mincho Minyi	Mincho Minyi Dispensary	proposed
		Balozi	Balozi Dispensary	proposed
		Kukub Chiro	Kukub Chiro Dispensary	proposed
		Dololo Dokatu	Dololo Dokatu Dispensary	proposed
<b>LAISAMIS</b>	<b>KARGI/SOUTH H HERR</b>	Kargi Community Health Unit	Kargi Health Centre	established
		Arge Community Health Unit	Arge Dispensary	established
		Kurungu Community Health Unit	Kurungu Dispensary	established
		Kargi Catholic community Health Unit	Kargi Catholic Dispensary	established

<b>KORR/NGUR NIT</b>	Namarei CHU	Namarei Dispensary	established
	Korr Community Health Unit	Korr Health centre	established
	Ngurunit CHU	Ngurunit Health centre	established
	Buriaramia CHU	Buriaramia Dispensary	established
	Ballah CHU	Ballah Dispensary	established
	Illaut CHU	Illaut Dispensary	established
<b>LAISAMIS</b>	Lontolio CHU	Lontolio Dispensary	established
	Koya Community Health Unit	Laisamis Sub county Referral Hospital	established
	Laisamis Catholic CHU	Catholic Hospital Laisamis	established
	Merile Community Health Unit	Merille Health centre	established
	Lontolio CHU	Lontolio Dispensary	established
	Nairibi CHU	Nairibi Dispensary	established
<b>LOGOLOGO</b>	Logologo Community Health Unit	Logologo AIC Dispensary	established
	Kamboe Community Health Unit	Kamboe Dispensary	established
	Loglogo Health Centre community Health Unit	Logologo Health centre	established
<b>LOIYANGAL ANI</b>	Gatab Community Health Unit	Gatab Health Centre	established
	Loiyangalani Community Health Unit	Loiyangalani Gok Health Centre	established
	Oltorot Community Health Unit	Oltorot Dispensary	established
	Arapal Community Health Unit	Arapal Dispensary	established
	Elmolo-Bay Community Health Unit	El-molo Bay Dispensary	established
	Moite Community Health Unit	Moite Dispensary	established
	Lbarok	Lbarok Dispensary	proposed

	Kamatonyi	Kamatonyi Dispensary	proposed
	Losidan	Losidan Dispensary	proposed
	Ndikir	Ndikir Dispensary	proposed
	Nkororoi	Nkororoi Dispensary	proposed
	Don Bosco	Don Bosco Dispensary	proposed
	Sarima	Sarima Dispensary	proposed
	Larachi	Larachi Dispensary	proposed
	Losikiriachi	Losikiriachi Dispensary	proposed
	Dakaye	Dakaye Dispensary	proposed
	Tirgamo	Laisamis Sub-county Referral Hospital	proposed
	Kiwanja	Loiyangalani H/C	proposed
	Civicon	Oltorot Dispensary	proposed
	Merille West	Merille H/C	proposed
	Mpagas	Mpagas Dispensary	proposed
	Farakoren	Farakoren Dispensary	proposed
	Kurkum	Kurkum Dispensary	proposed

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## **MEMORANDUM OF OBJECTS AND REASONS**

### **A. Statement of the Objects and Reasons of the Bill**

The primary objective of the Marsabit County Community Health Services Bill, 2024, is to establish a comprehensive framework for the provision of community-based health services within Marsabit County. The Bill seeks to create and delineate Community Health Units to ensure effective, efficient, and sustainable delivery of health services at the community level. It aims to institutionalize and regulate community health mechanisms to empower households in health service delivery. This is in line with the county's commitment to improving health outcomes through localized and accessible health interventions.

The Bill is divided into several parts:

**PART I** which provides for the Preliminary provisions: the short title and commencement, the interpretation, guiding principles and the objects of the Act.

**PART II** lays down the duties and responsibilities of County Government and the County Executive Committee Member

**PART III** establishes county community health services committee, community health committees and community health units, the qualifications for appointment, term of office, functions of the County Health Services Committee and the manner in which the committees will conduct its meetings.

**PART IV** provides for Community Health Promoters from their selection, qualifications, appointment, responsibilities, training, terms of service and removal from service. It further gives them the right of entry to households and prohibits certain acts.

**PART V** provides for the appointment of Community Health Assistant, their qualifications and roles.

**PART VI**-establishes the County Community Health Fund, administration of the Fund, the estimates of the Committee's Income and Expenditure, disbursement out of the Fund and the manner in which the Committees will manage their financial records and reports.

**PART VII** provides for the delegation of legislative powers to the county executive committee member, offences and penalties and the savings and transition clauses.

The Bill has two Schedules. The First Schedule provides for the the Marsabit County community health strategy projections and the Second Schedule provides for the community health units and corresponding link facilities.

**B. Statement of Delegation of Legislative Powers**

Clause 37 of this Bill delegates legislative powers to the County Executive Committee member in accordance with Article 94 (6) of the Constitution.

**C. Statement on the Limitation of Fundamental Rights and Freedoms**

This Bill does not limit any fundamental rights and freedoms as enshrined in the Constitution of Kenya. The Bill seeks to enhance the right to health by establishing mechanisms for community- level health service delivery.

**D. Statement of its Financial Implication**

The enactment of this Bill will involve the expenditure of public moneys. The financial implications include the establishment and operational costs of the County Community Health Services Committee, Community Health Committees, and Community Health Units. Additionally, there will be costs associated with the training, remuneration, and terms of service for Community Health Promoters and Community Health Assistants. The creation of the Marsabit County Community Health Fund will require initial capital as well as ongoing administrative costs. The exact estimates of these expenditures will be determined based on further budgetary allocations and assessments.

Dated the 25th July, 2024.

ADHI BINO,  
*Chairperson, Committee on Health Services.*