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**THE KERICHO COUNTY HEALTH SERVICES ACT,
2021**

AN ACT of County Assembly of Kericho to provide for implementation of section 2 of Part 2 of the Fourth Schedule of the Constitution of Kenya, 2010 on County health services and for connected purposes

ENACTED by the County Assembly of Kericho, as follows—

PART I—PRELIMINARY**Short title and commencement**

1. This Act may be cited as the Kericho County Health Services Act, 2021 and shall come into operation upon publication in the *Kenya Gazette*.

Interpretation

2. In this Act—

“Committee” means the Committee of health center or dispensary/clinic established under Section 11;

“Chief officer” means the Chief Officer responsible for County health services;

“County health facility” for the purposes of this Act means an entity providing health services within the Department of Health Services;

“County health management team” means the County health management team established under Section 30;

“County Health Sector Stakeholders Forum” means the County Health Sector Stakeholders Forum established under Section 41;

“Department” means the entity responsible for County health services as assigned by the County Executive Committee;

“health promotion” means the process of enabling people to increase control over, and to improve their health and includes health education, disease prevention, rehabilitation services and health enhancement through empowerment of patients, their relatives and employees in the improvement of health-related physical, mental and social well-being;

“Hospital committee” means the Committee of hospital established under Section 9;

“Quality and Standards Assurance Unit” means the Quality and Standards Assurance Unit established under section 35;

“Sub County health management team” means the sub County health management team established under section 30.

Purpose of the Act

3. The purpose of the Act is to provide for the implementation of Section 2 of Part 2 of the Fourth Schedule of the Constitution of Kenya, 2010 and to provide for a legal framework for—

- (a) promoting access to health services;
- (b) facilitating realization of right to health care as provided under Article 43 of the Constitution of Kenya 2010; and
- (c) facilitating realization of consumer health rights in accordance with article 46 of the Constitution.

Principles of health service delivery

4. The following principles shall guide the implementation of this Act—

- (a) management of health services shall adopt a health systems approach as prescribed by World Health Organization;
- (b) health services shall be available, accessible, acceptable, affordable and of good quality and standard;
- (c) health rights of individuals shall be upheld, observed, promoted and protected; and
- (d) provision of health services shall focus on health outcomes.

PART II—HEALTH SERVICES MANAGEMENT**Functions of the Department**

5. The Department responsible for County Health Services shall—

- (a) coordinate the provision of preventive, promotive, curative, palliative and rehabilitative health services;
- (b) develop health policies, regulations, programs and coordinate their implementation;
- (c) coordinate implementation of national health policies and laws at the County level
- (d) coordinate public and private sector health programs and systems at the County level;
- (e) ensure compliance with standards for health facilities and health services;
- (f) manage day to day human resources under the Department;

- (g) facilitate capacity building and professional development for health service personnel;
- (h) oversee the management and governance of County health facilities and facilitating their development;
- (i) provide liaison with National Government in implementation of health policies, laws and programs;
- (j) develop policies and laws for control of health risk factors and initiating relevant mitigating measures and programs in collaboration with other agencies;
- (k) promote realization of health rights;
- (l) ensure that the purpose of this Act and the principles of health services provided under Section 4 are realized;
- (m) carry out, approve health related research and dissemination of research findings;
- (n) act as the repository of data, statistics and information related to health in the County;
- (o) monitor and evaluate the implementation of this Act; and
- (p) carry out any other function for realization of the purpose of the Act and as may from time to time be assigned by the Executive member.

Staff

6. (1) The County Public Service Board upon the request of the County Executive Committee Member may establish offices and recruit such officers under the Department, in accordance with the County Governments Act for implementation of this Act.

(2) A County health facility may, in consultation with County Executive Committee Member and subject to written delegated authority by County Public Service Board, recruit such staff as are necessary on short term or part-time basis for the purposes of providing essential services.

(3) The County Executive Committee Member shall prescribe the regulations to be used while recruiting staff under sub section (2).

Classification of County health facilities

7. County health facilities shall be classified as follows—

- (a) County hospital;
- (b) sub-County hospital;
- (c) health centre;

- (d) dispensary/clinic; and
- (e) community health unit.

Establishment of health facilities

8. (1) There shall be—

- (a) at least one County hospital;
- (b) in each sub-County, at least one sub-County hospital;
- (c) in each ward, at least one health centre; and
- (d) such number of dispensaries and community health units in each ward as may be prescribed.

(2) The County Executive Committee Member shall, in consultation with the County Executive Committee recommend the category applicable to each County health facility described under subsection (1).

Committee of Hospital

9. (1) The Hospital Committee shall consist of nine members appointed by the County Executive Committee Member with the approval of the County Assembly.

(2) The members of the hospital committee appointed under subsection (1) shall be constituted as follows—

- (a) a Chairperson;
- (b) the Medical Superintendent or Chief Executive Officer of the hospital who shall be the secretary;
- (c) the Sub-County Medical Officer of Health where the hospital is situated;
- (d) two officers of the department designated by the County Executive Committee Member from among members of the County health department;
- (e) one person representing faith based organizations nominated by a joint forum of the organizations in the County or sub-County;
- (f) one person representing non-governmental organizations providing health services in the County or sub County nominated by a joint forum of non-governmental organizations in the County or sub-county;
- (g) one person nominated by the joint forum of health professional bodies in the County or sub County, from amongst their members who are not public officers; and
- (h) one person who has the knowledge or experience in finance or accounting;

(3) The hospital committee may co-opt three members with skills and experience whom their presence can improve the efficiency of the committee in discharge of its functions.

(4) The County Executive Committee Member shall, while appointing the members of the committee, ensure gender equity, representation of persons living with disability, youth and marginalized groups.

Functions of the Hospital Committee

10. The committee shall be responsible for—

- (a) overseeing the administration of the hospital;
- (b) promoting the development of the hospital;
- (c) approving plans and programs for implementing County health strategies in the hospital;
- (d) approving estimates before submission to the County Executive Committee Member; and
- (e) carrying out any other function assigned by the County Executive Committee Member.

Committee of a health centre or dispensary

11. (1) A health centre or dispensary shall be governed by a Health Facility Committee appointed by the County Executive Committee Member, consisting of—

- (a) Chairperson;
- (b) the officer in-charge of the facility, who shall be the secretary;
- (c) one person representing faith based organizations or non-governmental organizations providing health services in the ward nominated by the joint forum of the organizations;
- (d) two persons elected by local community members in accordance with the prescribed procedure;
- (e) the Ward Administrator;
- (f) one person who shall have knowledge and experience in finance and administration matters; and
- (g) the Sub-County Medical Officer of Health or his representative

(2) The county Executive committee member shall, while appointing the members of the committee, ensure gender equity representation of persons living with disability, youth and marginalized groups.

Functions of the Committee

12. The committee shall—

- (a) oversee and manage the funds allocated to a health unit;
- (b) operate a bank account at a bank to be approved by the County treasury;
- (c) cause to be kept basic book of accounts and records of accounts of the income, expenditure, assets and liabilities of the health center/dispensary as prescribed by the officer administering the fund;
- (d) prepare and submit certified periodic financial and performance reports as prescribed; and
- (e) cause to be kept a permanent record of all its deliberations.

Conduct of business

13. (1) The conduct and regulation of the business and affairs of the committees established under Sections 9 and 11 shall be as set out in the regulations.

(2) Except as provided for in the regulations, the committees established under Sections 9 and 11 may regulate its own procedure.

Removal from office

14. A person appointed under Sections 9 and 11, may—

- (a) at any time resign by issuing notice in writing to the County Executive Committee Member;
- (b) be removed from office by the County Executive Committee Member on the advice of the County Health Management Team and in case of a person appointed under section 9—
 - (i) serious violation of the Constitution or any other written law;
 - (ii) gross misconduct, whether in the performance of the functions of the office or otherwise;
 - (iii) physical or mental incapacity to perform the functions of the office;
 - (iv) has been absent from three consecutive meetings of the committee without the notice of the chairperson;
 - (v) incompetence;
 - (vi) bankruptcy; or
 - (vii) death.

Management of County health facilities

15. Subject to Sections 9 and 11—

- (a) the Medical Superintendent shall be responsible for the day to day management of a hospital; and
- (b) the officer in charge of the health center or a dispensary shall be responsible for the day to day management of the health centre or dispensary.

(2) The County Executive Committee Member shall make regulations on management of community health services as per existing health policy.

Operational guidelines and standards for administration of health facility

16. (1) Subject to the national policy, standards and norms, and in consultation with the National Government, the County Executive Committee Member shall prescribe for operational policies and guidelines for management and administration of a County health facility.

(2) Each County health facility shall, with the approval of the County Health Management Team, establish such professional and management teams as may be necessary for the purposes of effectively carrying out their functions.

PART III—HEALTH SERVICE DELIVERY

Requirements for health service delivery system

17. The Department and each County health facility adopts health service delivery system that is—

- (a) effective;
- (b) safe;
- (c) of good quality;
- (d) cost effective;
- (e) accessible;
- (f) based on continuity of care across health conditions, across different locations and over time;
- (g) demand driven;
- (h) integrated;
- (i) personal or non-personal to the targeted users when they are needed;
- (j) adequately resourced; and
- (k) responsive to emergencies.

Co-operation and collaboration

18. The Department shall ensure that there is effective co-operation and collaboration with national government, other County departments, health stakeholders and other County governments in delivery of health services.

Rights of health care personnel

19. A healthcare personnel shall have the right to a safe working environment that minimizes the risk of disease transmission and injury or damage to the health care personnel.

Duties of health care personnel

20. A health care personnel shall have a duty to—

- (a) provide health care, conscientiously and to the best of the personnel's knowledge, within the scope of practice and ability, to every person entrusted to his or her care;
- (b) inform a patient, in a manner commensurate with his or her understanding, of his or her health status and—
 - (i) the range of available diagnostic procedures and treatment options and their availability and costs thereof;
 - (ii) the benefits, risks, costs and consequences which may be associated with each option; and
 - (iii) the right of the person to refuse any treatment or procedure.

Rights and duties of a patient

21. (1) Every person has the right to—

- (a) the highest attainable standard of health including access to promotive, preventive, curative, palliative and rehabilitative health services;
- (b) to be treated with a professional standard of care, by appropriately qualified and experienced staff in a properly approved or registered organization that meets required levels of safety and quality; and
- (c) be treated with dignity, respect and have their privacy respected in accordance with the Constitution and this Act.

(2) A patient shall have a duty to—

- (a) adhere to the rules of a health establishment when receiving treatment or using the health services provided by the establishment;

- (b) adhere to the medical or health advice and treatment provided by the establishment;
- (c) supply the health care provider with accurate information pertaining to his or her health status;
- (d) cooperate with the health care provider;
- (e) treat health care providers and health workers with dignity and respect; and
- (f) adhere to any other laws that may be prescribed over time
- (g) if so requested, to sign a discharge certificate or release of liability if he or she refuses to accept or implement recommended treatment.

Consent

22. (1) No health service may be provided to a patient without the patient's informed consent unless—

- (a) the patient is unable to give informed consent and such consent is given by a person—
 - (i) mandated by the patient in writing to grant consent on his or her behalf; or
 - (ii) authorised to give such consent in terms of any law or court order;
- (b) the patient is unable to give informed consent and no person is mandated or authorised to give such consent, but the consent is given by the next of kin;
- (c) the provision of a health service without informed consent is authorised by an applicable law or court order;
- (d) the patient is being treated in an emergency situation;
- (e) failure to treat the patient, or a group of people which includes the patient, will result in a serious risk to public health; and
- (f) any delay in the provision of the health service to the patient might result in his or her death or irreversible damage to his or her health and the patient has not expressly, or by implication or by conduct refused that service.

(2) A health care provider must take all reasonable steps to obtain the patient's informed consent.

(3) For the purposes of this section “informed consent” means verbal or written consent for the provision of a specified health service given by a person with legal capacity to do so and who has been informed.

Confidentiality

23. (1) Information concerning a patient, including information relating to his or her health status, treatment or stay in a health facility is confidential except where such information is disclosed under order of court or informed consent for health research purposes.

(2) Subject to the Constitution and this Act no person may disclose any information contemplated in subsection (1) unless—

- (a) the patient consents to such disclosure in writing in the prescribed form;
- (b) a court order or any applicable law requires such disclosure; or
- (c) non-disclosure of the information represents a threat to public health.

(3) Proposed disclosure of any information under subsection 2 (c) shall be subject to regulations prescribed by the County Executive Committee Member.

Health outcomes

24. (1) The Department shall ensure that—

- (a) the provision of health services under this Act shall be aimed at achieving the prescribed health outcomes; and
- (b) the health policies, plans, budget and implementation of the policies are developed and implemented with the aim of achieving the prescribed health outcomes.

(2) The health outcomes described under subsection (1) shall conform to the national policy, standards, norms and the guidelines prescribed by the World Health Organization.

Health promotion and preventive policies

25. (1) The Department shall, in collaboration with public or private sector agencies, develop or strengthen and implement cross-sector health promotion and preventive policies and programs that—

- (a) promote health and well-being;
- (b) create supportive environment to enable people to live healthy lives;

- (c) address inequality and wider determinants of health that are oriented towards reduction of communicable and non-communicable diseases;
 - (d) promote and enhance capacity of local communities and individuals for health promotion and preventive activities; and
 - (e) support partnerships for health promotion and preventive activities.
- (2) The Department shall, in each year conduct an assessment of the extent to which other County policies integrate and support health promotion and prevention activities;
- (3) The County Executive Committee shall establish an Inter-governmental Committee for coordinating development and implementation of cross-sector health promotion and prevention policies stipulated under this section.
- (4) The Committee established under subsection (3) shall consist of all relevant County government departments or agencies and any relevant National Government department or agency.

Primary health care

26. (1) The community unit, dispensary and health centre shall be the basic units of primary health care.
- (2) The Department shall develop and coordinate implementation of primary health care national policies and programs as prescribed by World Health Organization.
- (3) The County Executive Committee Member shall ensure that each community unit, dispensary and health centre is resourced sufficiently in order to enable it provide primary health care.

Health planning and management

Health plan

27. (1) In accordance with the County Governments Act, 2012, the Department shall prepare a five year health plan which shall provide among others for—
- (a) investment in physical infrastructure in the County health facilities;
 - (b) human resource strategy and development;
 - (c) strategies for controlling key risk factors including tobacco use and alcohol abuse;

- (d) specific and targeted strategies for controlling and mitigating the impact of communicable and non-communicable diseases and conditions as well as injuries prevention;
- (e) implementation of national policies at the County level;
- (f) strategies for health promotion and prevention as stipulated under Section 25;
- (g) strategies for community engagement and action; and
- (h) any other matter that the County Executive Committee Member may require.

(2) The health plan may provide for specific targeted interventions based on the sub-County, ward or zones as may be appropriate.

(3) The health plan shall, for the purposes of section 107 of the County Governments Act, be the health sector plan and may be reviewed annually.

(4) The health plan shall be adopted by the County Executive Committee.

Planning units

28. (1) Each County health facility established under section 7 shall be a planning unit. The Sub County and County teams will also be planning units

(2) Each planning unit shall—

- (a) develop five year strategic plan which shall be approved by the respective Committees and by the County executive committee;
- (b) prepare annual estimates of income and expenditure; and
- (c) implement County health policies and programs at the respective level.

(3) A strategic plan prepared under subsection (1) shall be in accordance with the health plan prepared under section 27.

Specialized units

29. (1) The County Executive Committee Member shall in consultation with the County Executive Committee designate and facilitate establishment of specialized healthcare units in specified County health facilities.

(2) The specialized units shall be established on the basis of disease, health condition or age.

(3) The County Executive Committee Member shall ensure that the specialized units—

- (a) established under this section are equitably distributed within the County;
- (b) are established and managed as model specialized units and centres of excellence in their respective areas of specialization.

(4) For the purposes of this section, “center of excellence” means a facility that adopts and maintains quality service delivery, modern management practices, efficient and effective practices and a model for learning to other health related specialized units.

County Health Management Team.

30. (1) There is established the County Health Management Team.

(2) The County health management team shall consist of—

- (a) the County Director of Health who shall be the chairperson; and
- (b) all the heads of units and programs in the Department at the County;

(3) The County health management team shall be responsible for-

- (a) coordinating implementation of this Act and other health policies in the County;
- (b) providing supervision and support to the management of the County health facilities and the sub County health management teams;
- (c) exercising disciplinary measures over health personnel working in the County as may be prescribed under subsection (6);
- (d) reviewing and monitoring the implementation of this Act and advising the Department on appropriate measures to be adopted for effective implementation of this Act
- (e) facilitating County health facilities in the sub County to comply with the established standards in accordance with Section 34; and
- (f) carrying out any other function as may be assigned by the County Executive Committee Member.

(4) The County Health Management Team shall convene at least one quarterly meeting with the sub County health management teams.

(5) The County Health Management Team shall prepare and submit quarterly report of its operations to the Department, which shall inform the preparation of the reports under Section 38.

(6) The County Executive Committee Member shall, in consultation with the County Health Management Team prescribe guidelines for governing operations of the County Health Management Team.

Sub County Health Management Team

31. (1) There is established in each sub-County, the Sub County Health Management Team.

(2) The sub County health management team shall consist of—

- (a) the medical officer in-Charge of the sub County who shall be the chairperson;
- (b) the heads of units and programs in the department at the sub County;
- (c) the medical superintendents of the sub County hospitals; and
- (d) any other officer as the County Executive Committee Member may designate in consultation with the County Health Management Team.

(3) The sub County health management team shall be responsible for—

- (a) coordinating implementation of this Act and other health policies in the sub County;
- (b) providing supervision and support to the management of the County health facilities in the sub County;
- (c) reviewing and monitoring the implementation of this Act; advising the Department on appropriate measures to be adopted for effective implementation of this Act;
- (d) exercising disciplinary measures over health personnel working in the sub County as may be prescribed under subsection (5);
- (e) carrying out needs and capacity assessment for County health facilities;
- (f) in consultation with the County health management team, facilitate capacity building of health personnel at the sub County;
- (g) facilitating County health facilities in the sub County to comply with the established standards in accordance with section 34; and
- (h) carrying out any other function as may be assigned by the County Executive Committee Member.

(4) The Sub County health management team shall prepare and submit quarterly reports of its operations to the County Health Management Team.

(5) The County Executive Committee Member shall in consultation with the County Health Management Team and the Sub County Health Management Team prescribe guidelines for governing operations of the Sub County Health Management Team.

(6) The Sub-County Health Management Team shall meet at least once every quarter.

Hospital Management Team

32. (1) There is established in each hospital, the Hospital Management Team.

(2) The hospital management team shall consist of—

- (a) the medical superintendent or chief executive officer of the hospital who shall be the chairperson;
- (b) the hospital administrator or designee who shall be the secretary;
- (c) the heads of units and programs in the hospital; and
- (d) the Sub County Medical Officer of Health for that sub County
- (e) any other officer as the County Executive Committee Member may designate in consultation with the County Health Management Team.

(3) The hospital management team shall be responsible for—

- (i) ensure day to day running of the hospital.
- (j) coordinating implementation of this Act and other health policies in the hospital;
- (k) providing supervision and support to the management of the hospital;
- (l) reviewing and monitoring the implementation of this Act;
- (m) advising the Department on appropriate measures to be adopted for effective implementation of this Act;
- (n) exercising disciplinary measures over health personnel working in the hospital as may be prescribed under subsection (5);
- (o) carrying out needs and capacity assessment for hospital staff;
- (p) in consultation with the County health management team, facilitate capacity building of health personnel at the hospital;
- (q) ensure mobilization and effective, efficient and equitable use of hospital resources; and

- (r) ensure the hospital complies with the established standards in accordance with section 34;
 - (s) carrying out any other function as may be assigned by the County Executive Committee Member.
- (4) The hospital management team shall prepare and submit quarterly reports of its operations to the County Health Management Team.
- (5) The County Executive Committee Member shall in consultation with the County Health Management Team prescribe guidelines for governing operations of the Hospital Management Team.
- (6) The Hospital Management Team shall meet at least once every quarter.

Health Information System

33. (1) The Department shall establish a County health information system that shall apply to all County health facilities and units in the Department.

- (2) The Department shall—
- (a) be the repository for County health information, data and statistics;
 - (b) collate the prescribed data and information from private health service providers; and
 - (c) ensure that data and statistics held by the Department are accessible to any member of the public or to any government agency.

Certification of Quality Management System

34. (1) Each health facility shall have a Quality Management System, which shall be certified under the recognized International Quality Standards and any other certification applicable to health services.

(2) The County Executive Committee Member shall ensure all health facilities are certified under this section.

Quality and Standards Assurance Unit

35. (1) There is established in the Department the Quality and Standards Assurance Unit.

(2) The Quality and Standards Assurance Unit shall be responsible for carrying out inspections and health systems audit in County health facilities in order to ensure compliance with established standards and quality management systems established under Section 34.

Conduct of quality and compliance inspections and audit

36. (1) The County Executive Committee Member shall prescribe the standards and procedures for conducting inspections and health systems audit under section 35.

(2) The Quality and Standards Assurance Unit shall—

- (a) conduct continuous scheduled or non-scheduled inspections and health systems audit in County health facilities;
- (b) conduct once every two years, a comprehensive health systems audit and assessment of each County health facility; and
- (c) collaborate with the County and sub County Health Management Teams.

(3) A person in charge of a County health facility shall provide the necessary support and information to the Quality and Standards Assurance Unit in order to enable it carry out its functions.

(4) A person who fails to comply with subsection (3) shall be deemed to have breached the code of conduct for County public service and shall be subject to the prescribed disciplinary measures therein.

(5) Subject to Section 41, the Quality and Standards Assurance Unit may conduct inspections and health systems audit in private health facilities.

Health Products and Technologies

37. The County Executive Committee Member shall—

- (a) in consultation with the County Executive Committee, establish a system which ensures that essential health products and technologies are available and accessible in each County health facility;
- (b) ensure that the health products and technologies are of good quality and meet the standards prescribed under any written law; and
- (c) adopt appropriate measures for ensuring cost effectiveness in procurement, supply, storage and distribution systems for health products and technologies.

Complaints and redress mechanisms

38. (1) A person who is dissatisfied with a service provided by the Department or unit of the Department or a County health facility may lodge a complaint with the officer in charge of the Department or facility.

(2) The Department or a health facility shall establish a system of receiving and addressing complaints raised under this section.

Quarterly reports

39. The Department shall prepare quarterly reports on the implementation of this Act which shall be transmitted to the County executive committee and the County Assembly for consideration.

Health status report

40. (1) The Department shall, not later than three months after the end of each financial year, prepare a health status report which shall consist of—

- (a) the status of implementation of the Act during the year;
- (b) the extent of consultation, co-operation and collaboration with National Government and other County governments as stipulated under Section 18;
- (c) the progress towards the implementation of the health plan prepared under Section 27.
- (d) the measures taken to control and mitigate the impact of the health risk factors;
- (e) the level of disease burden disaggregated in terms of age, gender, social status, and ward, communicable and non-communicable diseases and injuries prevention among others;
- (f) challenges faced in the implementation of the Act and proposed mitigation measures;
- (g) measures taken and progress made towards health promotion and implementing the respective policies;
- (h) emerging patterns or trends in lifestyle within the County or at national level which may negatively impact on health in the County;
- (i) the level and status of compliance with quality standards established under Section 33;
- (j) progress and status of supervision over private health facilities as stipulated under Section 41;
- (k) generally any matter related to the implementation of this Act; and
- (l) any other matter as the County Executive Committee Member may require.

(2) The County Executive Committee Member shall, within fourteen days of receiving the annual report submit it to the County Executive Committee and thereafter within twenty one days submit it to the Clerk of

the County Assembly for tabling before the County Assembly for consideration.

(3) The Department shall—

- (a) publish the report prepared under subsection (1);
- (b) publicize the report to County residents; and
- (c) facilitate the collation of views and feedback from County residents in relation to the report.

County Health Sector Stakeholders Forum.

41. (1) There is established the County Health Sector Stakeholders Forum, which shall consist of government, faith based organizations, non-governmental organizations, private sector and County residents who are stakeholders in the health sector.

(2) The County Health Sector Stakeholders Forum shall be responsible for—

- (a) advising the County Executive Committee Member on the appropriate policies to be adopted for better implementation of the Act;
- (b) reviewing, monitoring and evaluation of the implementation of this Act and County health policies and programs and advising the County Executive Committee Member on appropriate measures to be adopted;
- (c) providing an avenue for joint planning and implementation of health policies and programs under this Act;
- (d) facilitating a framework and structure for joint and part funding of County health services by the health stakeholders; and
- (e) carrying out any other function as may be assigned by the County Executive Committee Member.

(3) There shall be an Executive Committee of the County Health Sector Stakeholders Forum consisting of—

- (a) a Chairperson who shall be the County Director of Health;
- (b) A secretary appointed by the chairperson from among the County Health Management Team;
- (c) County public health officer;
- (d) one person representing development partners in health services in the County;

- (e) one person nominated by the faith based organizations providing health services in the County;
- (f) one person nominated by the non-governmental organization providing health services in the County;
- (g) one person representing private healthcare providers in the County;
- (h) one person nominated by health professional associations in the County;
- (i) one person nominated by organization of persons living with disabilities.

(4) The Committee shall be responsible for coordinating the activities of the forum and providing liaison between the stakeholders and the Department.

(5) The County Executive Committee Member shall prescribe the conduct of the affairs and business of the forum and the executive committee established under subsection (3).

(6) The County Executive Committee Member shall publish a list of all government and non-governmental or private sector stakeholders stipulated under subsection (1).

(7) The Forum shall meet at least three times in a year, provided that not more than four months shall expire before holding a meeting.

Supervision of private health facilities in the County

42. (1) Subject to the national health policies and standards, and in consultation with the national government, the County Executive Committee Member shall provide and facilitate supervision over private health facilities or programs operating in the County to ensure compliance with the established standards.

(2) A private health facility described under subsection (1) may either be—

- (a) faith based health facility;
- (b) for profit private health facility; or
- (c) not for profit private health facility.

(3) Notwithstanding subsection (1), a private health facility—

- (a) that is not licensed to operate under the relevant written law shall not be granted a business permit or such prescribed County licences; or
- (d) shall not be granted the annual business permit or relevant County licences unless it complies with the prescribed policy and standards related to health facilities.

PART IV—ESTABLISHMENT OF THE FUND AND PROCUREMENT

Fund

43. (1) There is established a Kericho County Health Management Services Fund.

(2) The fund shall consist of—

- (a) such grants or transfers as may be received from the National Government;
- (b) such monies as may be appropriated by the County Assembly;
- (c) grants and donations received from any lawful source;
- (d) such other monies received from National Government as conditional or non-conditional grants, for services rendered to patients in accordance with the established system;
- (e) such monies received as user charges, fees payable or insurance payments collectable under this Act including public health fees; or
- (f) any income generated by a health facility from any project initiated by the health facility.

(3) The funds collected by a health facility under subsection (1) (c), (d), (e) and (f) —

- (a) shall be paid into a bank account operated by the health facility for that purpose; and
- (g) shall be utilized solely for provision of health services and development in the health facility where the funds are received or generated in and in accordance with the annual estimates of the health facility as approved by the County Executive Committee Member.

(3) Subject to subsection (4), a County or sub County Hospital may charge such user charges or fees for the services rendered. At least 7% of the fees under subsection 1 (e) shall be allocated for primary health care activities.

(4) The County Executive Committee Member shall prescribe the user charges and fees payable under each County health facility as approved by the County Executive Committee and the County Assembly.

(5) The Sub County Health Management Team shall operate a bank account into which monies received for Primary Health Care shall be paid solely for the purposes of managing and administering the funds received.

(6) The County Executive Committee Member for Finance and Economic Planning, subject to request by the Department of Health Services, may open a bank account for the purposes of managing any monies received by the Department as grants, primary health care funds or donations where appropriate.

Administration of the Fund

44. (1) The Chief Officer in charge of Health Services shall administer the fund.

(2) The officer administering the Fund shall prepare appropriation accounts for the Fund for each financial year showing—

- (a) the services for which the money was spent;
- (b) the amount actually spent on each service;
- (c) a statement of the entity's debts that is outstanding at the end of the financial year; and
- (d) a statement of the entity's assets and liabilities as at the close of financial year in respect of—
 - (i) Funds and deposits; and
 - (ii) each vote clearly identifying between recurrent and development.
- (e) not later than three months after the end of each financial year, submit financial statements relating to those accounts to the Auditor-General in a form that complies with relevant accounting standards prescribed and published by the Accounting Standards Board from time to time and deliver a copy to the County Treasury.
- (f) present the financial statements to the County Assembly and the County Treasury
- (g) ensure that at no time is the health facility accounts overdrawn
- (h) furnish such additional information as he/she may be required that is proper and sufficient for the purpose of examination and audit

by the Controller and Auditor-General in accordance with the provisions of the Public Audit Act;

- (i) consider for approval in consultation with the Chief Officer Finance the developed criteria for the allocation of funds by the County Health Management Team ;
- (j) approve annual distribution of resources to health facilities;
- (k) institute prudent measures for the proper utilization for monies deposited in the Fund using suitable internal controls and appropriate mechanism for accountability including audit of accounts by internal auditors of the department responsible for matters relating to finance;
- (l) cause to be kept proper books of accounts and records relating to all receipts, payments, assets and liabilities of the Fund and to any other activities and undertakings financed by the Fund;
- (m) provide quarterly statements in relation to expenditure against approved budgets to County Treasury.

Receipt of revenue

45. The officer administering the Fund in relation to receipt of revenue shall—

- (a) provide quarterly statements in relation to revenue collected, received and recovered to County Treasury
- (b) at the end of the each financial year, a receiver of revenue shall prepare an account of the revenue collected, received and recovered by the receiver during that financial year.

Procurement

46. (1) The Department shall be a procuring entity for the purposes of procuring medical supplies and goods and services utilized for the purposes of implementing this Act as per Public Procurement and Disposal Act, 2015 and its regulations.

PART V—GENERAL PROVISIONS

Regulations.

47. (1) The County Executive Committee Member may make Regulations generally and specifically for the better carrying out of the objects of this Act.

(2) Without prejudice to the generality of subsection (1), the Regulations may—

- (a) prescribe for the health facilities under the provided categories;
- (b) prescribe the number of dispensaries and community units in a ward;
- (c) prescribe the manner of electing members to the health centres and dispensaries' committees;
- (d) prescribe for operational policies and guidelines for management and administration of a County health facility;
- (e) prescribe the health outcomes;
- (f) prescribe the operational guidelines for management and administration of health facilities;
- (g) prescribe the standards and procedures for conducting inspections and health systems audit;
- (h) prescribe data and information to be collated from private health service providers; and
- (i) prescribe the procedure of conduct of the business of the County health sector forum and its executive committee.

SCHEDULE**(s.13)****PROVISIONS AS TO THE CONDUCT OF BUSINESS AND
AFFAIRS OF THE COMMITTEES****Appointment to Hospital Management Committee****Chairperson**

- (a) it's a non-executive position;
- (b) posses a degree from a recognized university; and
- (c) has at least five years' experience in management, leadership or administration;
- (d) should meet the requirements of Chapter 6 of the Constitution.

Members

- (a) posses at least a diploma from a recognized institution;
- (b) has at least five years' experience in health related field, administration, management, accountancy or finance;
- (c) must be a resident of the county or sub county as the case may be;
- (d) should meet the requirements of Chapter 6 of the Constitution.

Appointment of Health Facility Committee**Chairperson**

- (a) posses at least a diploma from a recognized institution;
- (b) has at least three years' experience in management, leadership or administration; and
- (c) must be a resident in the ward;
- (d) should meet the requirements of Chapter 6 of the Constitution.

Members

- (a) posses at least a certificate from a recognized institution;
- (b) has at least three years' experience in health related field, administration or leadership; and
- (c) must be a resident in the ward;
- (d) should meet the requirements of Chapter 6 of the Constitution.

Terms of office

Three years which may be renewed or one be eligible for re-election for one further and final term after which the person shall retire from the

Committee for at least three years before being eligible for appointment to the Committee.

Meetings

(1) The Committees shall meet not less than four times in every financial year and not more than four months shall elapse between the date of one meeting and the date of the next meeting.

(2) Notwithstanding the provisions of subparagraph (1), the chairperson may, and upon requisition in writing by at least half of the members shall, convene a special meeting of the Committee at any time for the transaction of the business of the Committee or work through sub committees.

(3) The secretary shall notify all members in writing fourteen days prior to the meeting

(4) The quorum for the conduct of the business of the committees shall be three quarters of the members including the chairperson or the person presiding.

(5) The chairperson shall preside at every meeting of the Committee at which he is present but, in his absence, the members present shall elect one of their members to preside, who shall, with respect to that meeting and the business transacted thereat, have all the powers of the chairperson.

(6) Unless a unanimous decision is reached, a decision on any matter before the Committee shall be by a majority of votes of the members present and voting and, in the case of an equality of votes, the chairperson or the person presiding shall have a casting vote.

Conflict of interest

1. (1) If a member is directly or indirectly interested in an outcome of any decision of the Committee or other matter before the Committee and is present at a meeting of the Committee at which the matter is the subject of consideration, that member shall, at the meeting and as soon as practicable after the commencement thereof, disclose the fact and shall not take part in the consideration or discussion of, or vote on, any questions with respect to the contract or other matter, or be counted in the quorum of the meeting during consideration of the matter:

Provided that, if the majority of the members present are of the opinion that the experience or expertise of such member is vital to the deliberations of the meeting, the Committee may permit the member to participate in the deliberations subject to such restrictions as it may impose but such member shall not have the right to vote on the matter in question.

(2) A member of the Committee shall be considered to have a conflict of interest for the purposes of this Act if he acquires any pecuniary or other interest that could conflict with the proper performance of his duties as a member or employee of the Committee.

(3) Where the Committee becomes aware that a member has a conflict of interest in relation to any matter before the Committee, the Committee shall direct the member to refrain from taking part, or taking any further part, in the consideration or determination of the matter.

(4) Upon the Committee becoming aware of any conflict of interest, it shall make a determination as to whether in future the conflict is likely to interfere significantly with the proper and effective performance of the functions and duties of the member or the Committee and the member with the conflict of interest shall not vote on this determination.

Code of conduct

The Committee shall comply with Chapter 6 of the Constitution of Kenya 2010 and other existing laws.

Minutes

The Committee shall cause minutes of all resolutions and proceedings of meetings of the Committee to be entered in books kept for that purpose.

The secretary is the custodian of the meeting documents.

Administration of the Fund

The Chief Officer in-charge of Health Services shall administer the fund.

Signatories to the fund accounts will be:

Hospitals

- (a) Medical Superintendent/ Chief Executive Officer;
- (b) Chief Officer Health Services;
- (c) Chief Officer Finance and Economic Planning.

Primary Health Care Funds

- (a) County Director of Health or designee;
- (b) Sub County Medical Officer of Health;
- (c) Chief Officer Health Services.

Health Centres and Dispensaries

- (a) Facility in charge
- (b) Committee Chairman;
- (c) Sub County Medical Officer of Health.