

**SPECIAL ISSUE**

*Kenya Gazette Supplement No. .... (Vihiga County Bills No. )*



REPUBLIC OF KENYA

**KENYA GAZETTE SUPPLEMENT**

*VIHIGA COUNTY BILLS, 2019*

CONTENT

Bill for Introduction into the County Assembly of Vihiga—

	PAGE
The Vihiga County Health Services Bill, 2019.....	1

# **THE VIHIGA COUNTY HEALTH SERVICES BILL, 2019**

## **ARRANGEMENT OF SECTIONS**

### **PART I- PRELIMINARY**

#### *Sections*

1. Short title.
2. Interpretation.
3. Purpose of the Act.
4. Principles of health service delivery.

### **PART II- HEALTH SERVICES MANAGEMENT**

5. Functions of the Department.
6. Staff.
7. Classification of county health facilities.
8. Establishment of health facilities.
9. Management Board of County or Sub-County Hospital.
10. Functions of the Board.
11. Committee of a health centre or dispensary
12. Functions of Committee of a health centre or dispensary
13. Establishment of Community Health Committees
14. Functions of Community Health Committees
15. Conduct of Business of Boards or Committees.
16. Management of county health facility
17. Removal from office.
18. Dissolution of Community Health Committee.
19. Operational guidelines and standards for administration of health facility.

### **PART III- HEALTH SERVICES DELIVERY**

#### *Health policies and measures*

20. Health promotion policies.
21. Primary health care.
22. Disease control.

#### *Health planning and management*

23. Health plan.
24. Specialized units.
25. County health management team.
26. Sub county health management team.

27. Secretariat Services for Management Teams
28. Health Information System.
29. Certification of quality management system.
30. Quality and compliance assurance unit.
31. Conduct of quality and compliance inspections and audit.
32. Medical supplies.
33. Complaints management.
34. Quarterly Health status reports.
35. County health sector stakeholders' forum.
36. Supervision of private health facilities in the county.

#### **PART V- FINANCIAL PROVISIONS**

37. Funds.
38. Procurement

#### **PART VI- MISCELLANEOUS PROVISIONS**

39. General Penalty
40. Emoluments
41. Regulations.
42. Transition Provisions

#### **First Schedule- Classification Of County Health Facilities**

**Second Schedule - Provisions as to the conduct of business and affairs of the board and committee.**

# THE VIHIGA COUNTY HEALTH SERVICES BILL, 2019

A Bill for

**An Act of the County Assembly of Vihiga to give effect to Article 43 (1) (a) of the Constitution and provide for implementation of section 2 of Part 2 of the Fourth Schedule to the Constitution on county health services and for connected purposes.**

ENACTED by the County Assembly of Vihiga as follows-

## PART I- PRELIMINARY

<b>Short title</b>	<b>1.</b> This Act may be cited as the The Vihiga County Health Services Act, 2019 .
<b>Interpretation of Terms</b>	<b>2.</b> In this Act, unless the context otherwise requires-  “ <b>Board</b> ” means the Hospital Management Board of a County or Sub-County health facility as established under Section 9;  “ <b>Chief Officer</b> ” means the Chief Officer for Public Health Services or Medical Services responsible for County Public Health Services or County Medical Services  “ <b>Committee</b> ” means the Committee of health center or dispensary established under section 10 of this Act;  “ <b>Community Health Unit</b> ” means the frontline community health service delivery structure located within the County health system comprising of a cluster of villages within a Sub Location.  “ <b>community health committee</b> ” means a committee established under section 13 this Act to coordinate activities of a Community Health Unit;  “ <b>County Assembly</b> ” means the County Assembly of Vihiga  “ <b>County health facility</b> ” for the purposes of this Act means a county public health facility;  “ <b>County health management team</b> ” means the county health management team established under section 25;  “ <b>County Health Sector Stakeholders Forum</b> ” means the County Health Sector Stakeholders Forum established under section 35;

	<p><b>“Department”</b> means the department responsible for county health services as assigned by the County Executive Committee;</p> <p><b>“Executive Member”</b> means the member of the County Executive Committee responsible for county health services;</p> <p><b>“Fund”</b> means the Health Facilities Improvement Fund as provided for in the The Public Finance Management (Vihiga County Health Facilities Improvement Fund) regulations 2019.</p> <p><b>“Health facility”</b> for the purposes of this Act means a health facility as the whole or part of a public, faith-based or private institution, building or place, whether for profit or not, that is operated or designed to provide in-patient or out-patient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative or other health service</p> <p><b>“Health promotion”</b> 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;</p>
--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Interpretation</p>	<p><b>“Medical supplies”</b> refers to and includes products or materials used in the delivery of health care services to namely pharmaceuticals, non-pharmaceuticals, vaccines and therapeutic antisera, medical equipment and devises, medical appliances and materials, health technologies, laboratory supplies and reagents, dental materials, hospital consumables, and any other material or equipment as may be necessary for the delivery of health care services in the county;</p> <p><b>“Quality and Compliance Assurance Unit”</b> means the Quality and Compliance Assurance Unit established under section 30;</p> <p><b>“Sub county health management team”</b> means the county health management team established under section 26.</p>
<p><b>Purpose of the Act.</b></p>	<p><b>3.</b> The purpose of the Act is to provide for the implementation of section 2 of Part 2 of the Fourth Schedule to the Constitution of Kenya 2010 on the functions and powers of County Governments and to provide for a legal framework for –</p> <ul style="list-style-type: none"> <li>a) promoting access to health services; and</li> <li>b) facilitating realization of right to health care as provided under Article 46 of the Constitution.</li> </ul>

<p><b>Principles of service delivery</b></p>	<p><b>4.</b>The following principles shall guide the implementation of the ACT-</p> <ul style="list-style-type: none"> <li>a) management of health services shall adopt a health systems approach as prescribed by World Health Organization;</li> <li>b) health services shall be available, accessible, acceptable, affordable and of good quality and standard;</li> <li>c) health rights of individuals shall be upheld, observed, promoted and protected; and</li> <li>d) provision of health services shall focus on health outcomes</li> </ul>
----------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**PART II –HEALTH SERVICES MANAGEMENT**

<p><b>Functions of the Department</b></p>	<p><b>5.</b>The Department responsible for county health services shall -</p> <ul style="list-style-type: none"> <li>a) coordinate the provision of preventive, promotive, curative and rehabilitative health services;</li> <li>b) develop health policies, laws and programs and coordinate their implementation;</li> <li>c) coordinate implementation of national health policies and laws at the county level;</li> <li>d) coordinate public and private sector health programs and systems at the county level;</li> <li>e) ensure compliance with standards for health facilities and health services</li> <li>f) manage day to day human resources under the Department;</li> <li>g) facilitate capacity building and professional development for health service personnel;</li> <li>h) oversee the management and governance of county health facilities and facilitating their development;</li> <li>i) carry out research and dissemination of research findings;</li> <li>j) act as the repository of data, statistics and information related to health in the county;</li> <li>k) Liaise with regulatory bodies in the enforcement of norms, standards and best health practice</li> <li>l) License and control undertakings that sell food to the public</li> <li>m) Control the management of cemeteries, funeral homes and crematoria</li> <li>n) Procure and manage medical supplies and commodities</li> <li>o) carry out any other function for realization of the purpose of the Act and as may from time to time be assigned by the County Executive Committee.</li> </ul>
<p><b>Staff.</b></p>	<p><b>6. (1)</b> The County Public Service Board shall, in consultation with the Executive Member, establish offices and appoint such staff under the Department, including county health facilities, in accordance with the County Governments Act for implementation of this Act.</p>

	<p>(2) Notwithstanding subsection (1), a county health facility may, in consultation with the Executive Member and on approval in writing by the County Public Service Board, recruit such staff as are necessary on short term or part-time basis for the purposes of providing essential services.</p>
<b>Classification of county health facilities</b>	<p><b>7.</b>(1) ) The classification of county health facilities shall be as set out in the first Schedule</p> <p>(2) The County Executive Committee may designate a county hospital to be a county referral hospital or county referral and teaching hospital as prescribed in the Health Act 2017.</p> <p>(3) Each health facility will organize and manage the delivery of expected services based on its level of care as per the Kenya Essential Package for Health (KEPH)</p>
<b>Establishment of health facilities</b>	<p><b>8.</b> (1) There shall be –</p> <ol style="list-style-type: none"> <li>a) at least one county hospital;</li> <li>b) at least one sub-county hospital in each sub-county;</li> <li>c) at least one health centre in each ward; and</li> <li>d) such number of dispensaries and community health units in each ward as may be prescribed.</li> </ol> <p>(2) The Executive Member shall, in consultation with the County Executive Committee prescribe the classification applicable to each county health facility described under subsection (1).</p>
<b>Establishment of Hospital Management Board.</b>	<p><b>9.</b> (1) There is established for each county or sub county hospital a Board appointed by the Executive Member</p> <p>(2) The membership of the board shall consist of ;</p> <ol style="list-style-type: none"> <li>a) A non-executive chairperson competitively recruited who shall have experience in financial management matters</li> <li>b) The medical superintendent or the medical officer In-Charge of the hospital who shall be an ex officio member and the secretary of the board;</li> <li>c) The County Director of Health or his/her representative at the hospital/county/Sub-county levels</li> <li>d) The County Commissioner or his/her representative</li> <li>e) The Sub- county Administrator or his/her representative nominated in writing</li> <li>f) One person with health services management experience.</li> <li>g) The following persons of whom one third must be of either gender who shall be residents of the county health facility catchment area. <ol style="list-style-type: none"> <li>i) One person representing faith based organizations nominated by a joint forum of the organizations in the County or Sub County;</li> <li>ii) One person representing people with disability</li> <li>iii) Not more than two persons of opposite gender nominated by recognized community based organizations,</li> </ol> </li> </ol>

(3) The Board may invite the hospital administrative officer and hospital nursing officer to attend its meetings as the Board may unanimously deem appropriate.

(4)(a) A person shall not be eligible for appointment as a chairperson of a hospital Board unless the person;

- i) Has a degree from a recognized university ;
- ii) Has at least five years' experience in management, leadership or administration.
- iii) Is not serving state officer
- iv) Satisfies the provisions of chapter six of the constitution of Kenya.
- v) Is a resident of the County or Sub County as the case may be.

(b) The responsibility of the chairperson shall be

- i) Setting schedules of meetings in consultation with the board members
- ii) Presiding over the board meetings
- iii) Overseeing all sub-committees of the board.
- iv) Any other duty as may be assigned by the executive member or by the board

(5) The responsibilities of the secretary to the board shall be:-

- a) Keep records of the deliberations of the board
- b) Communicate decisions of the board to all the staff and relevant bodies and offices.
- c) Issue notices of board meetings.

(6) A person shall not be appointed as member of the board unless the person-

- a) possess at least a diploma from a recognized institution;
- b) has at least five years' experience in either community health, development, social work, administration or management or accountancy and finance ; and
- c) is a resident of the county or sub county as the case may be.
- d) satisfies the requirements of Chapter Six of the Constitution of Kenya.

(7) The term of office of a member appointed shall be three years which may be renewed for one further and final term after which the person shall not be eligible for further appointment in the same capacity.

(8)The board shall meet at least four times and not more than six times in a year and shall maintain records of deliberations.

(9) Copies of deliberations and records of deliberations shall be forwarded to the county executive committee member not more than one month after the hospital board meeting.

(10) The quorum of the meeting of the board shall be two thirds of all the members.



<p><b>Functions of the board.</b></p>	<p><b>10.</b> The Board shall be responsible for-</p> <ul style="list-style-type: none"> <li>a) providing oversight over the administration of the hospital;</li> <li>b) promoting the development of the hospital;</li> <li>c) approving plans and programs for implementing county health strategies in the hospital;</li> <li>d) Supervise and control the administration of the funds allocated to the Hospital.</li> <li>e) Open and operate a bank account with the approval of the county executive member for finance in the county</li> <li>f) Prepare work plan based on the county health sector strategic plan.</li> <li>g) Mobilize financial resources</li> <li>h) Cause to be kept books and records of accounts of the income, expenditure, assets of the hospital as prescribed by the officer administering the fund.</li> <li>i) Cause to be prepared and submitted to the administrator of the fund monthly, Quarterly and annual financial reports as prescribed</li> <li>j) Cause to be kept permanent record of all its deliberations.</li> <li>k) approving estimates before submission to the Executive Member; and</li> <li>l) carrying out any other function assigned by the Executive Member.</li> </ul>
<p><b>Management Committee of health center or dispensary</b></p>	<p><b>11.</b> (1) A health center or dispensary shall be governed by a management committee appointed by the Executive Member, consisting of –</p> <ul style="list-style-type: none"> <li>a) a non-executive chairperson who shall be competitively recruited;</li> <li>b) the officer in-charge of the facility, who shall be the secretary;</li> <li>c) The ward administrator in the area of jurisdiction(ex-officio) or his/her representative nominated in writing</li> <li>d) The Provincial Administration representative</li> <li>e) one person representing faith based organizations nominated by the joint forum of the organizations;</li> <li>f) one person representing non-governmental organizations providing health services in the ward</li> <li>g) one person who shall have knowledge in finance or accounting</li> <li>h) and two persons nominated by local community members in accordance with the prescribed procedure where one of them shall be a youth representative</li> </ul> <p>(2) A person shall not be eligible for appointment as a chairperson of a health center or a dispensary management committee unless the person-</p>

<p><b>Functions of the health centre/dispensary committee</b></p>	<ul style="list-style-type: none"> <li>a) possess at least a diploma from a recognized institution;</li> <li>b) has at least three years’ experience in management, leadership or administration; and</li> <li>c) is a resident of the health facility catchment area.</li> </ul> <p>(3) A person shall not be eligible for appointment as a member under subsection (1) (e) and (f) unless the person-</p> <ul style="list-style-type: none"> <li>a) possess at least 0 level certificate;</li> <li>b) has at least three years’ experience in community health, social work, development administration or leadership; and</li> <li>c) is a resident in the ward.</li> </ul> <p>(4) The term of office of a member appointed under sub section (1) (a), (e) and (f) shall be three years which may be renewed for one further and final term after which the person shall not be eligible for further appointment in the same capacity.</p> <p><b>12.</b> Each committee shall—</p> <ul style="list-style-type: none"> <li>(a) supervise and control the administering of the funds allocated to the facilities;</li> <li>(b) open and operate a bank account upon approval by the Executive Committee Member for Finance.</li> <li>(c) prepare work plans based on estimated expenditure;</li> <li>(d) cause to be kept basic books of accounts and records of accounts of the income, expenditure, assets and liabilities of the facility as prescribed by the officer administering the Fund;</li> <li>(e) prepare and submit certified periodic financial and performance reports as prescribed; and</li> <li>(f) cause to be kept a permanent record of all its deliberations.</li> </ul>
<p><b>Establishment of the Community Health Committee</b></p>	<p><b>13.</b> (1) There is established for each community health unit a community health committee comprising 9 to 13 members elected by the community members as prescribed in the county community health policy.</p> <p>(2) The community health committee will comprise of;</p> <ul style="list-style-type: none"> <li>a) The chairperson who will be elected from amongst the committee members at its first sitting;</li> <li>b) The community health extension worker who will act as the technical adviser and secretary</li> <li>c) Two community health volunteers. One will be the treasurer</li> <li>d) A representative from the department of social services.</li> <li>e) Not more than nine (8) community members elected by community inorder to ensure adherence to the third gender rule in the total composition of the community health committee.</li> </ul> <p>(2) The total membership shall not have more than two thirds of one gender represented</p>

<p><b>Functions of the community health committee</b></p>	<p>(3) The term of members in a Community health committee is 3 years' renewable once for a maximum of two terms unless the community specifically decides otherwise.</p> <p>(4) It must be ensured that at any one time at least one third of the community health committee members are continuing members unless the committee health unit decides otherwise</p> <p>(5) The executive committee member may, where the County community health services taskforce considers there is cause or incapacity, remove or suspend any member of a community health committee and may re-appoint, reinstate or replace that member, whether the member's term has expired or not.</p> <p><b>14.</b> A community health committee shall be responsible for-</p> <ul style="list-style-type: none"> <li>a) fostering community development that encourages the public to actively participate in health planning and service delivery;</li> <li>b) constructing a community health profile that identifies the deficiencies and strengths of the community with respect to factors that affect health, including income and social status, social support networks, education, employment, physical environments, inherited factors, personal health practices and coping skills, child development and health services in the community;</li> <li>c) preparing and maintaining an inventory of community-based health services delivered in the community;</li> <li>d) assessing community health needs and community-based health services in relation to those needs;</li> <li>e) providing such other advice and assistance that the community health providers request;</li> <li>f) managing, or assisting in the management of community health grants on behalf of the executive committee member, or with the approval of the executive committee member; and</li> <li>g) Performing such other functions as the executive committee member may authorize pursuant to this Act.</li> </ul>
<p><b>Conduct of business.</b></p>	<p><b>15.</b> (1) The conduct and regulation of the business and affairs of the Board or a committee established under section 9 and 11 shall be as set out in the second Schedule.</p> <p>(2) Except as provided in the Second Schedule, the Board or the committee established under section 9 and 11 may regulate its own procedure.</p> <p><b>16.</b> (1) Subject to section 9 and 11–</p> <ul style="list-style-type: none"> <li>a) the Medical Superintendent shall be responsible for the day to day management of the county referral and the sub county hospitals; and</li> <li>b) the officer in charge shall be responsible for the day to day management of the health center or dispensary.</li> </ul>

	(2) The Executive member shall prescribe guidelines for the conduct and regulation of business of the Community Health Units.
<b>Removal from office.</b>	<p><b>17.</b> (1) A person appointed under section 9 and 11, may –</p> <ul style="list-style-type: none"> <li>a) at any time resign by issuing notice in writing to the Executive Member;</li> <li>b) be removed from office by the Executive Member on the advice of the County Health Management Team and in case of a person appointed under section 9, in consultation with the Executive Member, for reasons of- <ul style="list-style-type: none"> <li>i) conviction by a competent court of law arising from serious violation of the Constitution or any other written law</li> <li>ii) gross misconduct, whether in the performance of the functions of the office or otherwise;</li> <li>iii) physical or mental incapacity to perform the functions of office;</li> <li>iv) has been absent from three consecutive meetings of the Board without the permission of the chairperson;</li> <li>v) incompetence; or</li> <li>vi) bankruptcy</li> </ul> </li> </ul> <p>(2) In the event of a member feeling dissatisfied or aggrieved with 1(b) above they may appeal to the Executive Member where a decision made shall be final.</p>
<b>Dissolution of a Community Health committee</b>	<b>18.</b> Subject to the approval of the executive committee member, the Sub-County Medical Officer of Health may dissolve a community health committee if the community health extension worker considers it appropriate and two thirds of members who are present and voting at a special meeting held for the purpose of dissolving the community health committee vote in favour of the dissolution.
<b>Operational guidelines and standards for administration of health facility.</b>	<p><b>19.</b> (1) Subject to the national policy, standards and norms, and in consultation with the national government, the Executive Member shall prescribe for operational policies and guidelines for management and administration of a county health facility.</p> <p>(2) Each county health facility shall, with the approval of the Executive Member, establish such professional and management teams as may be necessary for the purposes of effectively carrying out their functions.</p>

**PART III- HEALTH SERVICES DELIVERY**

<b>Health promotion policies.</b>	<p><b>20.</b> The Department shall, in collaboration with public or private sector agencies, develop or strengthen and implement cross-sector health promotion policies and programs that-</p> <ul style="list-style-type: none"> <li>a) promote health and wellbeing;</li> <li>b) create supportive environment to enable people to live healthy lives;</li> </ul>
-----------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<ul style="list-style-type: none"> <li>c) address inequality and wider determinants of health that are oriented towards reduction of non-communicable diseases;</li> <li>d) promote and enhance capacity of local communities and individuals for health promotion; and</li> <li>e) support partnerships for health promotion.</li> </ul>
<b>Primary health care.</b>	<p><b>21.</b> (1) The community health unit, dispensary and health centre shall be the basic units of primary health care.</p> <p>(2) The Department shall develop and coordinate implementation of primary health care policies and programs as prescribed by World Health Organization and the national policy.</p> <p>(3) The Executive Member shall ensure that each community health unit, dispensary and health centre is resourced sufficiently in order to enable it provide primary health care.</p>
<b>Disease control.</b>	<p><b>22.</b> (1) The Executive Member shall prepare and submit to the county executive committee, an annual health report on the-</p> <ul style="list-style-type: none"> <li>a) magnitude of the disease burden and health conditions;</li> <li>b) magnitude of the leading health risk factors in the county and impact on various population groups; and</li> <li>c) measures or interventions being undertaken or that should be undertaken by the county government in order to reduce disease burden or risk factors or mitigate their impact.</li> </ul> <p>(2) The annual health report shall inform the process of preparing the health plan under section 23 as well as policy, design and implementation.</p> <p>3) The Department or a county health facility may collaborate and partner with other counties and national government in order to control diseases, health conditions or health risk factors.</p> <p>(4) The Department shall prepare the necessary policies, laws and programs for controlling, reducing or mitigating the impact of the health risk factors.</p> <p>(5) The health risk factors described under this section shall include tobacco consumption, alcohol and drug use, unsafe sex and cardiovascular diseases among others.</p> <p>(6) The Executive Member shall cause to be prepared the health related laws and policies to ensure that effective health care service is provided in the county.</p>

***Health planning and management***

<b>Health plan</b>	<p><b>23.</b> (1) In accordance with the County Governments Act, 2012, the Department shall prepare a ten-year health plan which shall provide among others for-</p> <ul style="list-style-type: none"> <li>a) the status of investment in physical infrastructure in the county health facilities;</li> <li>b) human resource strategy and development;</li> </ul>
--------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>c) strategies for controlling key risk factors including tobacco use and alcohol abuse;</p> <p>d) specific and targeted strategies for controlling and mitigating the impact communicable and non-communicable diseases and conditions as well as injuries prevention;</p> <p>e) implementation of national policies at the county level;</p> <p>f) strategies for health promotion as stipulated under section 24;</p> <p>g) strategies for community engagement and action; and</p> <p>h) any other matter that the Executive Member may require.</p> <p>(2)The health plan may provide for specific targeted interventions based on the sub-county, ward or zones as may be appropriate.</p> <p>(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.</p> <p>(4)The health plan shall be submitted to the county executive committee for adoption.</p>
<b>Specialized units</b>	<p><b>24.</b> (1) The Executive Member shall in consultation with the County Executive Committee designate and facilitate establishment of specialized healthcare units in specified county health facilities.</p> <p>(2) The specialized units shall be established on the basis of disease, health condition or age and shall include among others-</p> <ul style="list-style-type: none"> <li>a) maternal health;</li> <li>b) child health; and</li> <li>c) mental health.</li> </ul> <p>(3) The Executive Member shall ensure that the specialized units –</p> <ul style="list-style-type: none"> <li>a) established under this section are equitably distributed within the county;</li> <li>b) described under section (2) (a), (b) and (c) are established within one year upon the commencement of this Act; and</li> <li>c) are established and managed as model specialized units and centres of excellence in their respective areas of specialization.</li> </ul> <p>(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.</p> <p>(5) The Department may, with the approval of the county executive committee, collaborate with public or private sector agencies in order to develop or strengthen and implement the establishment of specialized units in specified county health facilities</p>
<b>County Health Management Team</b>	<p><b>25.</b> (1) There is established the County Health Management Team which shall consist of-</p> <ul style="list-style-type: none"> <li>a) Director of public health who shall be the chairperson;</li> <li>b) Director of Medical services</li> <li>c) Director of Administration &amp; Human resources for Health who shall be the secretary;</li> </ul>

	<ul style="list-style-type: none"> <li>d) all the heads of units in the department of health at the county; and</li> <li>e) the Medical superintendent(s) of the county hospital(s).</li> </ul> <p>(2) The county health management team shall be responsible for-</p> <ul style="list-style-type: none"> <li>a) coordinating implementation of this Act and other health policies in the County;</li> <li>b) providing supervision and support to the management of the county health facilities and the sub county health management teams;</li> <li>c) exercising disciplinary measures over health personnel working in the county as may be prescribed;</li> <li>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</li> <li>e) facilitating county health facilities in the sub county to comply with the established standards in accordance with section 29; and</li> <li>f) carrying out any other function as may be assigned by the Executive Member.</li> </ul> <p>(3)The County Health Management Team shall convene at least one quarterly meeting with each sub county health management teams.</p> <p>(4)The County Health Management Team shall prepare and submit quarterly reports of its operations to the Executive Member</p> <p>(5)The Executive Member shall prescribe guidelines governing operations of the County Health Management Team.</p>
<p><b>Sub county Health Management Team.</b></p>	<p><b>26.</b> (1) There is established in each sub county, the Sub County Health Management Team.</p> <p>(2) The sub county health management team shall consist of-</p> <ul style="list-style-type: none"> <li>a) the medical officer in Charge of the sub county who shall be the chairperson;</li> <li>b) the sub county health administrative officer who shall be the secretary;</li> <li>c) the heads of units in the department at the sub county;</li> <li>d) the medical superintendents of the sub county hospitals; and</li> <li>e) any other officer as the Executive Member may designate in consultation with the County Health Management Team.</li> </ul> <p>(3) The sub county health management team shall be responsible for-</p> <ul style="list-style-type: none"> <li>a) coordinating implementation of this Act and other health policies in the sub county;</li> <li>b) providing supervision and support to the management of the county health facilities in the sub county;</li> <li>c) reviewing and monitoring the implementation of this Act; advising the Department on appropriate measures to be adopted for effective implementation of this Act;</li> <li>d) exercising disciplinary measures over health personnel working in the sub county as may be prescribed under subsection (6);</li> </ul>

	<ul style="list-style-type: none"> <li>e) carrying out needs and capacity assessment for county health facilities;</li> <li>f) in consultation with the county health management team, facilitating capacity building of health personnel at the sub county;</li> <li>g) facilitating county health facilities in the sub county to comply with the established standards in accordance with section 33; and</li> <li>h) carrying out any other function as may be assigned by the Executive Member.</li> </ul> <p>(4)The Sub County Health Management Team shall meet at least once every month.</p> <p>(5)The Sub county health management team shall prepare and submit quarterly reports of its operations to the county health management team.</p> <p>(6)The Executive Member shall prescribe guidelines governing operations of the Sub County Health Management Team.</p> <p><b>27.</b> The Department shall provide secretariat services to the county and sub county health management teams.</p>
<b>Health Information System.</b>	<p><b>28.</b> (1) The Department shall establish a county health information system that shall apply to all county health facilities and units in the Department.</p> <p>(2) The county health information system shall –</p> <ul style="list-style-type: none"> <li>a) be the repository for county health information, data and statistics;</li> <li>b) be used to collate prescribed data and information from both public and private health service providers; and</li> </ul> <p>(3) The Executive Member shall ensure that data and statistics health by the Department are accessible to any member of the public or to any government agency.</p>
<b>Certification of Quality Management System.</b>	<p><b>29.</b> (1) Each county 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.</p> <p>(2) The Executive Member shall ensure that within five years after the commencement of this Act, each county health facilities are certified under this section.</p>
<b>Quality and Compliance Assurance Unit.</b>	<p><b>30.</b> (1) There is established in the Department the Quality and compliance Assurance Unit.</p> <p>(2) The Quality and Compliance 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 29.</p>
<b>Conduct of quality and compliance inspections and audit.</b>	<p><b>31.</b> (1) The Executive Member shall prescribe the standards and procedures for conducting inspections and health systems audit under section 30.</p> <p>(2) The Quality and Compliance Assurance Unit shall-</p> <ul style="list-style-type: none"> <li>a) undertake continuous scheduled or non-scheduled inspections and health systems audit in county public health facilities;</li> </ul>



	<p>b) conduct once every three years, a comprehensive health systems audit and assessment of each county health facility.</p> <p>(3) A person in charge of a county health facility shall provide the necessary support and information to the Quality and Compliance Assurance Unit in order to enable it carry out its functions.</p> <p>(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.</p> <p>(5) Subject to section 36, the Quality and Compliance Assurance Unit may conduct inspections and health systems audit in private health facilities.</p> <p>(6) The Quality and Compliance Assurance Unit shall prepare and submit-</p> <ul style="list-style-type: none"> <li>a) a report for each facility inspected or audited and submit it to the management of the facility, the county or sub county health management team; and</li> <li>b) a report of its operations to the Executive member every six months.</li> </ul>
<b>Medical Supplies.</b>	<p><b>32.</b> The Executive Member shall in consultation with the County Executive Committee,</p> <ul style="list-style-type: none"> <li>a) establish a system which ensures that essential medical supplies are available and accessible in each county health facility;</li> <li>b) ensure that the medical supplies are of good quality and meet the prescribed standards; and</li> <li>c) adopt appropriate measures for ensuring cost effectiveness in procurement, supply, storage and distribution systems for medical supplies.</li> </ul>
<b>Complaints Management.</b>	<p><b>33.</b> The Executive member shall establish a system of receiving and addressing complaints raised under this section.</p>
<b>Quarterly Health status report.</b>	<p><b>34.</b> (1) The Executive member shall prepare and transmit to the county executive committee quarterly reports on the implementation of this Act</p> <p>(2) The report shall consist of;</p> <ul style="list-style-type: none"> <li>a) the status of implementation of the Act during the year;</li> <li>b) the extent of consultation, cooperation and collaboration with national government and other county governments</li> <li>c) the progress towards the implementation of the health plan prepared under section 23 of this Act.</li> <li>d) the measures taken to control and mitigate the impact of the health risk factors;</li> <li>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;</li> <li>f) challenges faced in the implementation of the Act and proposed mitigation measures;</li> </ul>

	<ul style="list-style-type: none"> <li>g) measures taken and progress made towards health promotion and implementing the respective policies;</li> <li>h) emerging patterns or trends in lifestyle within the county or at national level which may negatively impact on health in the county;</li> <li>i) the level and status of compliance with quality standards established under section 29;</li> <li>j) progress and status of supervision and oversight over private health facilities as stipulated under section 36;</li> <li>k) generally any matter related to the implementation of this Act; and</li> <li>l) views and feedback from the County Health Stakeholders Forum</li> <li>m) any other matter as the Executive Member may require.</li> </ul> <p>(3) The County Executive Committee shall transmit the report to the County Assembly within fourteen days of receipt.</p> <p>(4) The Executive member shall publish the report prepared under subsection (1);</p>
<p><b>County Health Stakeholders Forum</b></p>	<p><b>35.</b> (1) There is established the County Health Stakeholders Forum, which shall consist of all government, faith based organizations, non-governmental organizations, private sector, county residents who are stakeholders in the health sector.</p> <p>(2) The County Health Stakeholders Forum shall be responsible for –</p> <ul style="list-style-type: none"> <li>a. advising the Executive Member on the appropriate policies to be adopted for better implementation of the Act;</li> <li>b. reviewing, monitoring and evaluation of the implementation of this Act and county health policies and programs and advising the Executive Member on appropriate measures to be adopted;</li> <li>c. providing an avenue for joint planning and implementation of health policies and programs under this Act;</li> <li>d. facilitating a framework and structure for joint and part funding of county health services by the health stakeholders; and</li> <li>e. carrying out any other function as may be assigned by the Executive Member.</li> </ul> <p>(3) There shall be an Executive Committee of the County Health Sector Stakeholders Forum consisting of-</p> <ul style="list-style-type: none"> <li>a. a Chairperson who shall be appointed by the Executive Member in consultation with the County Health Management Team;</li> <li>b. the Chief Officer responsible for health services who shall be the secretary to the Executive Committee of the Forum;</li> <li>c. the County Health Director;</li> <li>d. County public health officer;</li> <li>e. one person representing development partners in health services in the county;</li> <li>f. one person nominated by the faith based organizations providing health services in the county;</li> <li>g. one person nominated by the women-led organizations;</li> </ul>

	<p>h. one person nominated by the non-governmental organization providing health services in the county;</p> <p>i. one person representing private healthcare providers in the county;</p> <p>j. one person nominated by health professional associations in the county; and</p> <p>k. one person nominated by organization of persons living with disabilities.</p> <p>(4) The Committee shall be responsible for coordinating the activities of the forum and providing liaison between the stakeholders and the Department.</p> <p>(5) The Executive Member shall prescribe the conduct of the affairs and business of the forum and the executive committee established under subsection (3).</p> <p>(6) The Executive Member shall publish a list of all government and non-governmental or private sector stakeholders stipulated under subsection (1).</p> <p>(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.</p>
<p><b>Supervision of private health facilities in the county</b></p>	<p><b>36.</b> (1) Subject to the national policy and standards, and in consultation with the national government, the Executive Member shall provide and facilitate oversight and supervision over private health facilities and programs operating in the county to ensure compliance with the established standards.</p> <p>(2) A private health facility described under subsection (1) may either be-</p> <p>a. faith-based health facility;</p> <p>b. for profit private health facility; or</p> <p>c. not for profit private health facility.</p> <p>(3) Notwithstanding subsection (1), a private health facility -</p> <p>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</p> <p>b. 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.</p>

**PART IV- FINANCIAL PROVISIONS**

<p><b>Funds.</b></p>	<p><b>37.</b> (1) The funds for financing the implementation of this Act shall consist of-</p> <p>a. such grants or transfers as may be received from the national government;</p> <p>b. such monies as may be appropriated by the County Assembly;</p> <p>c. grants and donations received from any lawful source;</p> <p>d. such monies received as user charges, fees payable or insurance payments as prescribed under the Finance Act; or</p> <p>e. any income generated by a health facility from any project initiated by the health facility.</p>
----------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>f. funds incidental to the operations of the fund.</p> <p>(2)The funds collected by a county health facility under subsection (1) (c), (d), (e) and (f) –</p> <p>a. shall not be paid into the county revenue fund but shall be paid into a bank account opened and operated by the Vihiga County Health Facilities Improvement Fund Board with approval of the County Executive Member for Finance solely for the purposes of managing and administering the funds received; and</p> <p>b. shall be utilized solely for provision of health services and development of county health facilities in accordance with the annual estimates as approved by the Executive Member.</p> <p>(3) The Executive Member for Finance shall prescribe regulations for management and administration of the health facilities improvement fund.</p>
<b>Procurement</b>	<p><b>38.</b> (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.</p> <p>(2)Notwithstanding subsection (1), a hospital classified as a county hospital under section 7 shall be a procuring entity.</p> <p>(3)The Department or a hospital stipulated under subsection 2 shall establish a tender committee in accordance with the Public Procurement and Disposal Act, 2005 and with the approval by the County Executive Member for finance.</p> <p>(4) The Executive Member shall in consultation with the County Executive Committee for Finance ensure that the procurement system for medical supplies in the county is harmonized and efficient.</p> <p>(5) The Department or a county hospital described under subsection (1) shall not procure any medical supply that does not conform to the standards prescribed under any written law.</p> <p>(6)A manufacturer or supplier who supplies any medical supply which does not meet the prescribed standards, shall be barred from supplying any medical supplies to the county government</p>

**PART V- MISCELLANEOUS PROVISIONS**

<b>General Penalty</b>	<p><b>39.</b> (1) A person convicted of an offence under this Act for which no penalty is provided under any other written law shall, on conviction, be liable to a fine not exceeding two million shillings or to imprisonment for a term of three months, or both,</p> <p>(2) An act or commission which is an offence under this Act or any regulations made hereunder shall, if done by a body corporate, be deemed to be an offence committed by every director, secretary or manager of the body corporate unless proved that the offence was committed without consent or connivance of the director, secretary or manager and that he or she exercised all such diligence to prevent the commission of the offence</p>
------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>Emoulements</b></p> <p><b>Regulations.</b></p>	<p>as he ought to have exercised having regard to the nature of his functions and circumstances of the case.</p> <p><b>40.</b> The members of boards and committees shall be remunerated as prescribed by the Salaries and Remuneration Commission .</p> <p><b>41.</b> (1) The Executive Member may make Regulations generally for the better carrying out of the objects of this Act.  (2) Without prejudice to the generality of subsection (1), the Regulations may-</p> <ul style="list-style-type: none"> <li>a. prescribe for the classification of health facilities under the provided categories;</li> <li>b. prescribe the number of dispensaries and community health units in a ward;</li> <li>c. prescribe the manner of electing members to the health centres and dispensaries’ committees;</li> <li>d. prescribe for operational policies and guidelines for management and administration of a county health facility;</li> <li>e. prescribe for operational policies and guidelines for management and administration of community health units</li> <li>f. prescribe the health outcomes;</li> <li>g. prescribe the operational guidelines for management and administration of health facilities;</li> <li>h. prescribe the standards and procedures for conducting inspections and health systems audit;</li> <li>i. prescribed data and information to be collated from all health service providers; and</li> <li>j. prescribe the procedure of conduct of the business of the county health sector forum and its executive committee.</li> </ul>
<p><b>Transition Provisions</b></p>	<p><b>42.</b> All members of the Hospital management boards and committees serving before the enactment of this Act shall continue to serve until the appointment of new Hospital Management Boards and Committees as prescribed by the Executive Member.</p>

## The First Schedule

### CLASSIFICATION OF COUNTY HEALTH FACILITIES

#### **Level I: Community Health Unit**

Functions-

- a) Facilitates individuals, households and communities to carry out appropriate healthy behaviours;
- b) Provides agreed health services;
- c) Recognizes signs and symptoms of conditions requiring referral;
- d) Facilitates community diagnosis, management and referral.

**Note:** The In-charge is the community health extension worker.

#### **Level II: Dispensary/Clinic**

Functions-

- a) This is a health facility with no in-patient services and provides consultation, treatment for minor ailments;
- b) Provides rehabilitative services;
- c) Provision of preventive and promotive services.

**Note:** The In-charge is a nurse or clinical officer.

#### **Level III: Health Centre**

Functions-

- a) It provides out-patient care;
- b) Provision of limited emergency care;
- c) Maternity for normal deliveries;
- d) Laboratories, oral health and referral services;
- e) Provision of preventive and promotive services;
- f) In-patient observations.

**Note:** The In-charge is the clinical officer or medical officer with at least two years managerial experience.

#### **Level IV: Sub County Hospital**

Functions-

- a) Clinical supportive supervision to lower level facilities;
- b) Referral level out-patient care;
- c) In-patient services;
- d) Emergency obstetric care and oral health services;
- e) Surgery on in-patient basis;
- f) Client health education;
- g) Provision of specialized laboratory tests;
- h) Radiology service;
- i) Proper case management of referral cases through the provision of four main clinical specialties (i.e internal medicine, general surgery, gynaecobstetrics and paediatrics) by general practitioners backed by appropriate technical devices;
- j) Proper counter referral;
- k) Provision of logistical support to the lower facilities in the catchment area;
- l) Coordination of information flow from facilities in the catchment area.

**Note:** The In-charge is a registered medical practitioner with a Master's degree in a health related field.

**Level V: County Referral Hospital**

Functions—

- a) Provision of specialized services;
- b) Training facilities for cadres of health workers who function at the primary care level (paramedical staff);
- c) Serves as an internship centre for all staff, up to medical officers;
- d) Serves as a research centre, that provides research services for issues of county importance;

**Note:** The In-charge is a registered medical practitioner with a Masters degree in a health related field

## The Second Schedule

### PROVISIONS AS TO THE CONDUCT OF BUSINESS AND AFFAIRS OF THE BOARD AND COMMITTEE.

<b>Meetings.</b>	<p>1. (1) The Board or Committee 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.</p> <p>(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 Board or Committee at any time for the transaction of the business of the Board or Committee.</p> <p>(3) Unless three quarters of the total members of the Board or Committee otherwise agree, at least fourteen days' written notice of every meeting of the Board or Committee shall be given to every member of the Board or Committee.</p> <p>(4) The quorum for the conduct of the business of the Board shall be five members and for the Committee three members including the chairperson or the person presiding.</p> <p>(5) The chairperson shall preside at every meeting of the Board or Committee at which he is present but, in his absence, the members present shall elect one of their numbers to preside, who shall, with respect to that meeting and the business transacted thereat, have all the powers of the chairperson.</p> <p>(6) Unless a unanimous decision is reached, a decision on any matter before the Board or 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.</p> <p>(7) Subject to subparagraph (4), no proceedings of the Board or Committee shall be invalid by reason only of a vacancy among the members thereof.</p>
------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



	<p>(8) The Board or Committee may constitute sub-committees comprising of not more than five members with two of these being members on the board or committee and the rest drawn from the health facility.</p>
<b>Conflict of interest.</b>	<p>2. (1) If a member is directly or indirectly interested in an outcome of any decision of the Board or Committee or other matter before the Board or Committee and is present at a meeting of the Board or 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:</p> <p>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 Board or 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.</p> <p>(2)A member of the Board or 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 Board or Committee.</p> <p>(3)Where the Board or Committee becomes aware that a member has a conflict of interest in relation to any matter before the Board or Committee, the Board or Committee shall direct the member to refrain from taking part, or taking any further part, in the consideration or determination of the matter.</p> <p>(4)If the chairperson has a conflict of interest he shall, in addition to complying with the other provisions of this section, disclose the conflict that exists to the executive Member in writing.</p> <p>(5)Upon the Board or 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 Board or Committee and the member with the conflict of interest shall not vote on this determination.</p>
<b>Code of conduct.</b>	<p>3. The Board or Committee shall comply with the code of conduct governing public officers.</p>
<b>Minutes.</b>	<p>4. The Board or Committee shall cause minutes of all resolutions and proceedings of meetings of the Board or Committee to be entered in books kept for that purpose.</p>

## **MEMORANDUM OF OBJECTS AND REASONS**

The principal purpose of this Bill is to provide for a legislative framework for the efficient improvement of health care service delivery in all county health facilities; to provide for use of user fees at source and for connected purposes.

Part I of the Bill provides for preliminary matters including the short title to the Bill, the interpretation of words and expressions used in the bill, and the objects and purposes of the bill.

Part II of the Bill provides for the institutional establishment and administration of the County Health Services and the roles, responsibilities and functions with respect to the efficient delivery of health care services in the county.

Part III of the Bill provides For the Establishment and Functions of the technical teams at the County and Sub-county levels and the planning tools that will inform strategies for efficient service delivery.

Part IV sets out the financial provisions including the application for levying of users fees and exempts the depositing of the same in the County Revenue Fund and application of financial and procurement Regulations.

Part V contains miscellaneous provisions which include general penalties, remuneration of board or committee members, and making of Regulations.

The enactment of this Bill shall occasion additional expenditures of public funds which shall be provided for through the budget estimates.

This Bill is not a money Bill within the meaning of Article 114 of the Constitution of Kenya 2010.

*Hon. ....  
County Executive Committee Member  
Department Health Services  
Vihiga County Government.*