

THE MURANG'A COUNTY HEALTH SERVICES ACT, 2020

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THE MURANGA COUNTY HEALTH SERVICES ACT, 2020

AN ACT of the County Assembly of Murang'a to 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 Murang'a as follows-

PART I- PRELIMINARY

Short title.

1. This Act may be cited as the Murang'a County Health Services Act, 2020.

Interpretation.

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

“board” means the Board of hospital established under Section 9;

“centre 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;

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

“committee” means the Committee of a health centre, dispensary or community health unit established under section 11;

"community health strategy" means a community-based approach through which households and communities strengthen their role in health and health related development by increasing their knowledge, skills and participation;

“county health facility” for the purposes of this Act means a county public health facility;

“county health management team” means the county health management team established under section 33;

“department” means the department responsible for county health services as assigned by the County Executive Committee;

“executive member” means the member of the County Executive Committee responsible for county health services;

“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 clients, their relatives and employees in the improvement of health-related physical, mental and social well-being;

"informed consent" means consent for the provision of a specified health service given by a person with legal capacity to do so and who has been informed;

"medical supplies" refers to and includes products or materials used in the delivery of health care **services to namely pharmaceuticals, non-pharmaceuticals, nutraceuticals, vaccines and therapeutic antisera, medical** equipment and devices, 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;

"primary health care" means essential health care that is based on scientifically sound and socially acceptable methods and technology which makes universal health care accessible to individuals and families in the community;

"research, quality and compliance assurance unit" means the Research, Quality and Compliance Assurance Unit established under section 37;

"resident" means any person who is born, lives, works or is well acquainted with the day to day activities of the county or sub county;

"sub county health management team" means the sub county health management team established under section 34;

"universal health coverage" means provision of health services to individuals and communities that they need, without suffering financial hardship. It includes the whole spectrum of essential quality services, from health promotion to prevention, treatment, rehabilitation and palliative care;

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 to the Constitution and to provide a legal framework for —

- (1) promoting access to health services;
- (2) facilitating realization of the right to health care as provided under Article 43 of the Constitution; and
- (3) 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 health services in the county shall —

- (a) coordinate the provision of preventive, promotive, curative and rehabilitative health services;
- (b) develop health policies, laws and 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 facilitate 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 initiate 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) establish a research unit, carry out research and disseminate research findings;

- (n) act as the repository of data, statistics and information related to health in the county;
- (o) manage public cemeteries, funeral homes, crematoria and supervise similar private facilities;
- (p) implement the provisions of the Murang'a County Alcoholic and Drinks Control Act;
- (q) monitor and evaluate implementation of this Act; and
- (r) 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.

Human Resources for Health

6. (1) The County Public Service Board shall, in consultation with the Executive Member, strengthen the existing norms and standards as envisaged in the national health policies.
- (2) The County Public Service Board shall, establish offices and appoint such staff under the Department, in accordance with Section 59 of the County Governments Act.
- (3) The county department shall implement a needs-based approach in the training and development of the health workforce.
- (4) The County may engage volunteers in the delivery of health services from time to time as guided by regulations developed by the Executive Member and approved by the County Assembly.
- (5) A county health facility may, with the approval of the Executive Member in consultation with 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.

Classification of county health facilities.

7. (1) County health facilities shall be classified as follows—
- (a) county hospital;
 - (b) sub-county hospital;
 - (c) health centre;
 - (d) dispensary; and
 - (e) community health unit.
- (2) The County Executive Committee, may recommend a county hospital to the Ministry of Health to be a county referral hospital or county referral and teaching hospital.

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

Board of Hospital.

9. (1) A county referral hospital, a county teaching and referral hospital and a sub-county hospital shall be governed by a Board appointed by the Executive Member and approved by the County Assembly consisting —

- (a) a non-executive chairperson;
- (b) the Medical Superintendent of the hospital who shall be an ex- official member and the secretary;
- (c) one officer of the department designated by the Executive Member from among members of the county health management team or sub county health management team;
- (d) one person representing faith-based organizations nominated by a joint forum of the organizations in the county or sub county;
- (e) 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;
- (f) one person representing persons with disabilities nominated by the joint forum of organizations of persons with disabilities 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;
- (h) one person who has the knowledge or experience in finance or accounting; and
- (i) one person nominated by women organizations involved in provision of health services in the county or sub county.

(2) The Board may invite any expert necessary in the exercise of its mandate to attend its meeting as the Board may deem appropriate.

(3) A person shall not be eligible for appointment as a chairperson of a hospital board unless the person —

(a) possesses a degree from a recognized university; and

(b) has at least five years' experience in management, leadership or administration.

(4) A person shall not be eligible for appointment as a member under subsection (1) (d), (e), (f), (g), (h) and (i) unless the person—

(a) possesses at least a diploma from a recognized institution;

(b) has at least five years' experience in community health development, administration or management or accounting and finance in the case of a person appointed under subsection (1) (h); and

(c) is a resident of the county or sub county in the case of a person appointed under subsection (1) (f) (g) and (i).

(5) The term of office of a member appointed under sub section (1) (a), (d), (e) (f), (g), (h) and (i) shall be three years which may be renewed for one further and final term after which the person shall retire from the Board for at least three years before being eligible for appointment to the Board.

(6) The Secretary shall provide secretariat services to the Board.

Functions of the Board.

10. The Board shall be responsible for —

(a) providing oversight over 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 budget estimates before submission to the Executive Member; and

(e) carrying out any other function assigned by the Executive Member.

Committee of a health centre or dispensary.

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

- (a) a non-executive 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; and
- (d) two persons nominated by local community members in accordance with the prescribed procedure.

(2) A person shall not be eligible for appointment as a chairperson unless the person -

- (a) possesses at least a diploma from a recognized institution;
- (b) has at least three years' experience in management, leadership or administration; and
- (c) is a resident.

(3) A person shall not be eligible for appointment as a member under subsection (1) (c) and (d) unless the person—

- (a) possesses at least a certificate from a recognized institution;
- (b) has at least three years' experience in community health development, administration or leadership; and
- (c) is a resident.

(4) The term of office of a member appointed under sub section (1) (a), (c) and (d) shall be three years which may be renewed 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.

Health Centre or Dispensary Committee

12. The Committee shall be responsible for –

- (a) providing oversight over the administration of the facility;
- (b) promoting the development of the facility;
- (c) approving plans and programs for implementing county health strategies in the facility;
- (d) approving budget estimates before submission to the Executive Member; and
- (e) carrying out any other function as assigned by the Executive Member.

Community Health Unit Committee

13. (1) A community health unit shall be governed by a committee appointed by the Executive Member in accordance with prescribed regulations and shall consist of –

- (a) a person representing the youth;
- (b) a person representing persons with disability;
- (c) the officer in charge of a facility serving the community health unit;
- (d) the community health extension worker;
- (e) one person representing faith-based organizations or non-governmental organizations providing health services in the ward, nominated by the joint forum of the organizations; and
- (f) four members equitably elected by the community, while ensuring compliance with the one third gender rule.

(2) The members shall elect a chairperson in accordance with prescribed regulations.

(3) A person shall be eligible for appointment as a member if he –

- (a) is an adult of sound mind;
- (b) is literate in a local or national language;
- (c) demonstrates leadership qualities; and
- (d) is a resident.

(4) The term of office of a member shall be three years which may be renewed for one further and final term.

Functions of a Community Health Unit Committee

14. The Committee shall be responsible for –

- (a) providing leadership and governance;
- (b) implementing health services delivery at the community level;
- (c) preparing annual community health plans;
- (d) resource mobilization; and
- (e) carrying out any other function as assigned by the Executive Member.

Conduct of business.

15. (1) The conduct and regulation of the business and affairs of the Board or a committee established under section 9, 11 and 13 shall be as set out in the First Schedule.

(2) Except as provided in the First Schedule, the Board or committees established under section 9, 11 and 13 may regulate its own procedure.

Removal from office.

16. (1) A person appointed under section 9, 11 and 13 may —

(a) at any time resign by issuing notice in writing to the Executive Member;

(b) be removed from office by the Executive Member for —

(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 office;

(iv) being absent for three consecutive meetings of the Board or committees without the permission of the chairperson;

(v) incompetence; or

(vi) bankruptcy.

Management of county health facilities.

17. (1) Subject to section 9, 11 and 13 —

(a) the Medical Superintendent shall be responsible for the day to day management of a hospital; and

(b) the officer in charge of a health center, dispensary or community health unit shall be responsible for the day to day management of the health centre, dispensary or community health unit.

(2) The Executive Member shall prescribe through regulations the manner in which community health units shall be managed.

Operational guidelines and standards for administration of health facility.

18. (1) Subject to the national policy, standards and norms, and in consultation with the national government, the Executive Member shall prescribe operational policies and guidelines for management and administration of a county health facility.

(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.

PART III - HEALTH SERVICE DELIVERY

Requirements for health service delivery system.

19. The Department and each county health facility shall adopt health service delivery systems that are —

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

Cooperation and collaboration.

20. The Department shall ensure that there is effective cooperation and collaboration with national government, other county governments and other sectors and learning institutions in delivery of health services.

Rights of health care personnel.

21. (1) A healthcare personnel shall have the right to a safe working environment that minimizes the risk of disease transmission and injury.

(2) The Executive Member shall enact regulations to align this Act with other laws that stipulate health care personnel rights.

Duties of health care personnel.

22. 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 the 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

23. (1) Every person has the right to -

- (a) the highest attainable standard of health including access to promotive, preventive, curative and rehabilitative health services;
- (b) be treated with a professional standard of care, by appropriately qualified and experienced staff in a properly approved or registered health facility 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) provide 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 if so requested, to sign a discharge certificate or release of liability if he or she refuses to accept or implement recommended treatment.

Consent.

24. No health service shall be provided to a patient without the patient's informed consent unless

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(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 user, or a group of people which includes the user, 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 user's informed consent.

Confidentiality.

25. (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 serious threat to public health.

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

Health policies and measures

Health outcomes.

26. (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 policies.

27. (1) The Department shall, in collaboration with public or private sector agencies, develop or strengthen and implement cross-sector health promotion 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 non-communicable diseases and elimination of communicable diseases;

(d) promote and enhance capacity of local communities and individuals for health promotion; and

(e) support partnerships for health promotion.

(2) The Department shall, in each year conduct an assessment of the extent to which other county policies integrate and support health promotion.

(3) In each year, the Department shall prepare a report of the assessment conducted under subsection (2) and shall submit the report to the Executive Member for transmission to the county executive committee for consideration.

Primary health care.

28. (1) The community health 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 policies and programs as prescribed by World Health Organization and the national policy.

(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.

Disease control.

29. (1) The Executive Member shall within six months after the commencement of this Act, prepare and submit to the county executive committee, a health statement providing for magnitude of —

- (a) the disease burden and health conditions;
- (b) the leading health risk factors in the county and impact on various population groups; and
- (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.

(2) The health statement shall inform the process of preparing the health plan under section 30 as well as policy, design and implementation.

(3) The Department or a county health facility may collaborate and partner with institutions of higher learning, other counties and national government in order to control diseases, health conditions or health risk factors.

(4) The Department shall within twelve months after the preparation of the health statement described under sub section (1) prepare the necessary policies, laws and programs for controlling, reducing or mitigating the impact of the health risk factors.

(5) The health risk factors described under this section shall include tobacco consumption, alcohol and drug use, unsafe sex among others.

(6) The Executive Member shall within twelve months upon the commencement of this Act, cause to be prepared the health - related policies stipulated under the Second Schedule.

Health planning and management

Health plan. No. 17 of 2012.

30. (1) In accordance with the County Governments Act, 2012, the Department shall prepare a ten-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 as stipulated under section 27;
- (g) strategies for community engagement and action; and
- (h) any other matter that the Executive 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.

31. (1) Each county health facility established under section 7 shall —

- (a) develop a five-year strategic plan which shall be approved by the respective Board or Committee and by the county executive committee;
- (b) prepare annual estimates of income and expenditure; and
- (c) implement county health policies and programs at their respective levels.

(2) A strategic plan prepared under subsection (1) shall be in accordance with the health plan prepared under section 30.

Specialized units.

32. (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.

(2) The specialized units shall be established on the basis of disease pattern, special needs, health condition, or age and shall include:

- (a) maternal health;
- (b) child health; and
- (c) mental health among others.

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

- (a) established under this section are equitably distributed within the county; and

(b) are established and managed as model specialized units and centres of excellence in their respective areas of specialization.

County Health Management Team

33. (1) There is established a County Health Management Team.

(2) The county health management team shall consist of –

(a) the directors of the directorates of health, one of whom shall be the chairperson;

(b) the administrative officer of the department who shall be the secretary;

(c) unit heads in the department at the county;

(d) the officer in charge of the county referral hospital and any two officers in charge of sub county hospitals: and

(e) any other member co-opted by the county health management team on a need basis.

(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 leadership and stewardship for overall health management in the County;

(c) providing supervision and support to the management of the county health facilities and the sub county health management teams;

(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 36;

(f) providing a linkage with the National Ministry responsible for health;

(g) quality and compliance assurance of health services in the county;

(h) collaborating with state and non-state stakeholders at the county and between counties in health services; and

(i) carrying out any other function as may be assigned by the Executive Member.

(4) The county health management team shall convene one quarterly meeting with the sub county health management team.

(5) The County health management team shall prepare and submit quarterly reports of its operations to the executive member, which shall inform the preparation of the reports under section 41.

(6) The Executive Member shall prescribe guidelines for governing operations of the county health management team.

Sub County Health Management Team

34. (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 sub county health administrative officer who shall be the secretary;
- (c) the heads of units in the department at the sub county;
- (d) the officer in charge of the sub county hospitals; and
- (e) any other officer as the Executive 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 other than 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;
- (d) advising the Executive Member on appropriate measures to be adopted for effective implementation of this Act;
- (e) recommend taking of disciplinary measures over health personnel working in the sub county as may be prescribed under subsection (5);
- (f) carrying out needs and capacity assessment for county health facilities;
- (g) in consultation with the county health management team, plan capacity building of healthcare personnel at the sub county;
- (h) facilitating county health facilities in the sub county to comply with the established standards in accordance with section 36; and
- (i) any other function as may be assigned by the Executive 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 Executive Member shall prescribe guidelines for governing operations of the sub county health management team

(6) The sub county health management team shall meet once every month.

Health Information System.

35. (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 health data and statistics by the Department is accessible to any authorized member of the public or to any government agency.

Certification of Quality Management System.

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

(2) The Executive Member shall ensure that within five years after the commencement of this Act, all health facilities are certified under this section.

Research, Quality and Compliance Assurance Unit.

37.(1) There is established in the Department a Research, Quality and Compliance Assurance Unit.

(2) The Research 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 36.

Conduct of quality and compliance inspections and audit.

38.(1) The Executive Member shall prescribe the standards and procedures for conducting inspections and health systems audit under section 37.

(2) The Research, Quality and Compliance Assurance Unit shall —

(a) conduct continuous scheduled or non-scheduled inspections and health systems audit in county health facilities;

(b) conduct once every three 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 Research, Quality and Compliance 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 officers and shall be subject to the prescribed disciplinary measures therein.

(5) Subject to section 47, the Research, Quality and Compliance Assurance Unit may conduct inspections and health systems audit in private health facilities.

(6) The Research, Quality and Compliance Assurance Unit shall prepare and submit —

(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

(b) a report of its operations to the Executive Member every six months.

Medical Supplies.

39. The Executive Member shall —

(a) in consultation with the County Executive Committee, establish a system which ensures that essential medical supplies are available and accessible in each county health facility;

(b) ensure that the medical supplies 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, disposal and distribution systems for medical supplies.

Complaints Management.

40. (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.

(3) An officer described under subsection (1) shall, within forty-eight hours respond to the complaint lodged and take the appropriate action.

(4) A person who is not satisfied with the response provided under subsection (3) may lodge the complaint with the Department and where the complaint relates to the Department, the complaint shall be lodged with the Chief Officer.

(5) The Department or the Chief Officer shall respond to the complaint within forty-eight hours and take the appropriate action.

(6) The Department shall prepare and submit a monthly report to the Executive Committee Member on matters related to the complaints lodged under subsection (4) and the actions taken.

Quarterly reports.

41. The Department shall prepare quarterly reports on the implementation of this Act which shall be transmitted to the county executive committee for consideration and within fourteen days transmitted to the County Assembly for consideration and approval.

Health status report.

42. (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, cooperation and collaboration with national government and other county governments as stipulated under section 20;

(c) the progress towards the implementation of the health plan prepared under section 30.

(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, 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 38;
- (j) progress and status of supervision and oversight over private health facilities as stipulated under section 47;
- (k) generally, any matter related to the implementation of this Act; and
- (l) any other matter as the Executive Member may require.

(2) The Executive Member shall, within fourteen days of receiving the annual report submit it to the County Executive Committee and thereafter within twenty-one days transmit it to the County Assembly for consideration and approval.

(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.

Supervision of private health facilities in the county.

43. (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 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) a faith-based health facility;
- (b) for profit private health facility;
- (c) not for profit private health facility;
- (d) chemists and pharmacies; and
- (e) alternative medicine providers.

(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; and

(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.

PART III- FINANCIAL PROVISIONS

Funds.

44. (1) The funds for financing the implementation of this Act 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; or
- (f) any income generated by a health facility from any project initiated by the health facility.

(2) The following shall be considered as user fee collection units -

- (a) county hospital;
- (b) sub county hospitals;
- (c) health centres;
- (d) specialized units;
- (e) dispensaries;
- (f) public health offices;
- (g) alcohol and drugs control unit; and
- (h) mortuaries.

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

- (a) shall be treated as Appropriation in Aid by the recipient health facility; and
- (b) shall be utilized to defray expenses incurred by the health facility as per the approved health budget estimates by the County Assembly.

(4) Subject to subsection (5), a county health facility may charge such user charges or fees for the services rendered.

(5) The Executive Member for Finance in consultation with the Executive 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.

(6) A health facility shall open a bank account into which monies received under subsection 1 (b), (e) and (f) shall be paid solely for the purposes of managing and administering the funds received.

Procurement

45. (1) A hospital classified as a county hospital or a sub county hospital under section 7 (1) shall be a procuring entity.

(2) The hospitals as stipulated under subsection (1) shall establish the stipulated committees in accordance with the Public Procurement and Asset Disposal Act, 2015

(3) The Executive Member shall in consultation with the County Executive Committee ensure that the procurement system for medical supplies in the county is harmonized and efficient.

(4) The county hospital or sub-county hospital described under subsection (1) shall not procure any medical supply that does not conform to the standards prescribed under any written law.

(5) A manufacturer or supplier who supplies any medical supply which does not meet the prescribed standards shall be barred from supplying any medical supply to the county government.

PART IV- GENERAL PROVISIONS

Health laws and policies

46. The Executive Member shall, within eighteen months upon the commencement of this Act, prepare and submit to the County Executive Committee and the County Assembly for enactment or adoption the policies stipulated under the Second Schedule.

Regulations.

47. (1) The Executive Member in consultation with relevant bodies 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 prescribe —

- (a) the classification of health facilities under the provided categories;
- (b) the number of dispensaries and community units in a ward;

- (c) the manner of electing members to hospitals boards, health centers and dispensaries' and community health unit committees;
- (d) the operational policies and guidelines for management and administration of county health facilities;
- (e) the health outcomes;
- (g) the standards and procedures for conducting inspections and health systems audit of all health facilities;
- (h) data and information to be collated from private health service providers;
- (i) procedure for procurement of emergency medical supplies;
- (j) procedure for recruitment, qualifications and monthly stipends for Community Health Volunteers;
- (k) health care personnel rights; and
- (l) procedure for disclosure of information that represents a serious threat to public health.

Meetings.

1. (1) The Boards or 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 Board or Committee at any time for the transaction of the business of the Board or Committee.

(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.

(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.

(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.

(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.

(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.

Conflict of interest.

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:

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.

(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.

(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.

(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.

(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.

Code of conduct.

3.The Board or Committee shall comply with the code of conduct governing public officers.

Minutes.

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.

Second Schedule (s.47)

LAWS AND POLICIES TO BE ENACTED

(1) The laws and policies to be enacted for effective implementation of the Act include but are not limited to:

- (a)** Community Health Strategy; and
- (b)** Human Resources for Health policies

