

SPECIAL ISSUE

Marsabit County Gazette Supplement No. 11 (Acts No. 7)



REPUBLIC OF KENYA

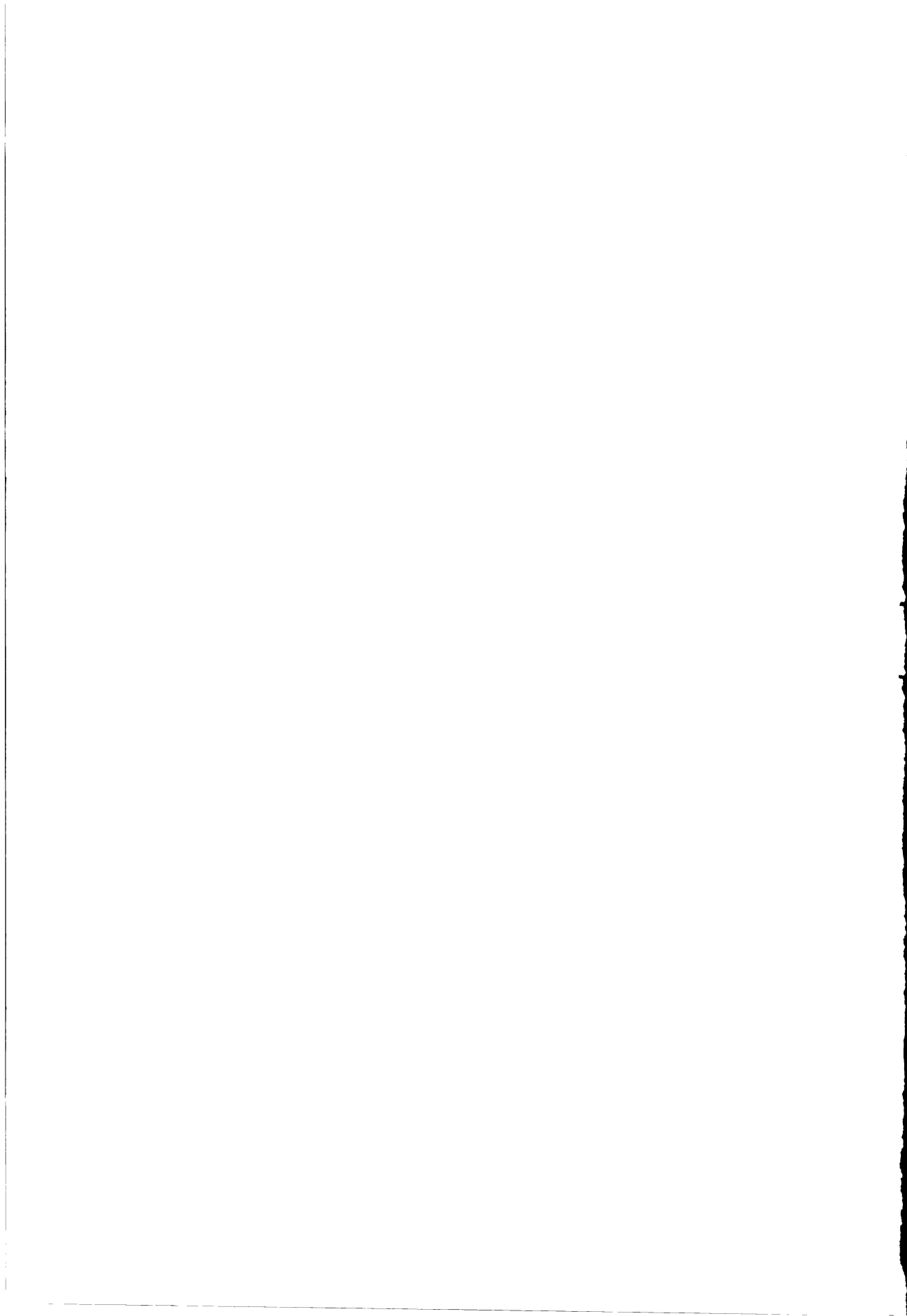
**MARSABIT COUNTY GAZETTE
SUPPLEMENT**

ACTS, 2016

NAIROBI, 9th June, 2016

CONTENT

Act—	PAGE
The Marsabit County Health Services Act, 2016	1



THE MARSABIT COUNTY HEALTH SERVICES ACT, 2016
ARRANGEMENT OF SECTIONS

Section

PART I—PRELIMINARY

- 1—Short title.
- 2—Interpretation.
- 3—Object of the Act.

**PART II—INSTITUTIONAL ARRANGEMENT FOR
MANAGEMENT OF HEALTH SERVICES**

- 4—Functions of the department.
- 5—Establishment and composition of the County Referral Hospital Management Boards.
- 6—Establishment and Composition of the Sub-county Referral Hospital Management Committees.
- 7—Functions of the Management Boards and Committees.
- 8—Establishment, Composition and functions of the Rural Health Facility Committees.
- 9—Tenure of Office for Members.
- 10—Terms and Conditions of Service.
- 11—Conduct of Business.
- 12—Appointment of the County Director of Health and other staff.
- 13—Functions of the County director of Health Services.

PART III—COUNTY HEALTH FACILITIES

- 14—County Health Facilities.
- 15—Classification of Health Facilities.
- 16—Funding of County Health Facilities.
- 17—Private Health Facilities.
- 18—Public-Private Partnership in health facilities.
- 19—Health Service in case of epidemic or other emergencies.
- 20—Isolation of persons exposed to infection.
- 21—Sanitary Services.

PART IV—PROMOTION AND ADVANCEMENT OF HEALTH SERVICES

- 22—Promotion of Public Health.
- 23—Reproductive Health.
- 24—Emergency Treatment.
- 25—Health Information.
- 26—Patient's informed Consent.
- 27—Information on health functions.
- 28—Confidentiality of information concerning a user.
- 29—Duties of users.
- 30—Rights and Duties of Health care worker.
- 31—Complaints.
- 32—Recovery of Facility cost.

PART V—GENERAL PROVISIONS

- 33—Regulations.
- 34—Protection from personal liability.
- 35—General penalty.
- 36—Financing of health services.
- 37—Inter-county relations.

PART VI—TRANSITIONAL PROVISIONS

- 38—Subsisting rights and obligations.

SCHEDULES

FIRST SCHEDULE : PROCEDURE FOR APPOINTMENT OF MEMBERS OF THE COUNTY REFERRAL HOSPITAL BOARDS AND SUB-COUNTY REFERRAL HOSPITAL COMMITTEE

SECOND SCHEDULE : PROVISIONS RELATING TO THE CONDUCT OF BUSINESS AND AFFAIRS OF THE BOARD OR COMMITTEES

THE MARSABIT COUNTY HEALTH SERVICES, ACT 2016**No. 7 of 2016***Date of Assent: 2nd June, 2016**Date of Commencement: 23rd June, 2016*

AN ACT of the County Assembly of Marsabit to provide for health care services in the county in accordance with Part 2 Section 2 of the Fourth Schedule of the Constitution and for connected purposes

ENACTED by the County assembly of Marsabit as follows—

PART I—PRELIMINARY**Short title**

1. This Act may be cited as The Marsabit County Health Services Act, 2016.

Interpretation

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

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

“County health facility” means the whole or part of a county owned health 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 services excluding private health facilities;

“department” means the department responsible for county health services in the County;

“disease” refers to any physical or mental condition that causes pain, dysfunction, distress, social problems, and/or death to the person afflicted and or similar problems for those in contact with the person;

“healthcare” means the prevention, management or alleviation of disease, illness, injury or other physical or mental impairment in an individual, delivered by a health care provider through the healthcare systems;

“private health facility” means the whole or part of a private owned health institution which provides health services and includes health care services provided by individuals, faith-based organizations and other private health institutions;

“referral” means the process by which a given health facility that has inadequate capacity to manage a given health condition or event affecting an individual, seeks the assistance of another health facility to assume responsibility for the case; and

“rural health facility” means the whole or part of a county health 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 situated in the rural area.

Object of the Act

3. The object of this Act is to ensure the realization of good health by every person in the county through—

- (a) The establishment of County Health Facilities in the County and promotion and provision of health services by private and public institutions and providers;
- (b) the promotion, fulfillment and protection of the highest attainable standards of health services by the county government, for all persons living in the county including the provisions of reproductive healthcare, general medical services and emergency medical care;
- (c) Protect, respect, promote and fulfill the highest rights of all county residents to the progressive realization of their right to the highest attainable standards of health including reproductive health care and the right to emergency medical treatment;
- (d) The promotion and overseeing of the attainment of basic nutrition and health care services for all children in the county;
- (e) Ensuring the provision of health services to vulnerable person and the disadvantaged within the county;
- (f) to protect, respect, promote and fulfill the rights of vulnerable groups as defined in Article 21 of the Constitution in all matters regarding health;
- (g) the supervision of public and private health facilities within the County; and
- (h) through the provision of a framework for effective coordination between the national and county government, development partners and other relevant health bodies and institutions operating within the Marsabit County.

**PART II—INSTITUTIONAL ARRANGEMENT FOR
MANAGEMENT OF HEALTH SERVICES**

Functions of the department

4. The County department responsible for health services shall—
- (a) Oversee the implementation of the county and national health policy and standards;
 - (b) enhance the prevention and guard against the introduction of infectious diseases into the County;
 - (c) Promote public health, limit, prevent and suppress infectious, communicable, or preventable diseases in the county;
 - (d) to enhance the prevention of non-communicable diseases, violence and injuries related deaths;
 - (e) Develop, after consultation with the Hospital Boards or Management Committees, interventions that may be necessary to guarantee public health services to vulnerable or disadvantaged persons in the county;
 - (f) provide emergency referral and treatment services including ambulance services;
 - (g) Promote and carry out research or investigations in connection with the prevention or treatment of human diseases;
 - (h) Oversee the procurement, management of health supplies and infrastructural development by the relevant county organs;
 - (i) prepare and publish reports and statistical or other information relating to health matters in the county;
 - (j) Generally carries out any health functions, in accordance with the provisions of this Act and other related laws;
 - (k) be responsible for the co-ordination in intergovernmental matters in the health sector;
 - (l) co-ordinate policy matters relating to maternal health, newborn and child care services in the County;
 - (m) ensure equitable access to health services in the county and improve responsiveness the health needs of the residents of the county; and
 - (n) co-ordinate activities and programmes by health stakeholders in the county.

- (2) To collect and periodically publish—
- (a) any information regarding infectious and other diseases in the county;
 - (b) Information on epidemic diseases in neighboring counties or countries; and
 - (c) any other health related matter in the county.

Establishment and Composition of the County Referral Hospital Management Boards

5. (1) There is established for each County Referral Hospital, a County Referral Hospital Management Board to be constituted and gazetted by the County executive committee member for health in consultation with the governor and other relevant stakeholders.

- (2) The Board shall comprise of—
- (a) a chairperson;
 - (b) a representative from the department;
 - (c) the Chief Officer of the facility who shall be the secretary to the Board;
 - (d) a trained health professional from the facility; and
 - (e) three other members one of whom must be from either gender.

(3) the County Executive Committee Member shall, with the approval of the County Assembly, appoint the members by approval of the County Assembly, appoint the members by notice in the County Gazette.

(4) the members shall be appointed in accordance with a the procedures stipulated in the First Schedule.

Establishment and Composition of the Sub-County Referral Hospital Management Committees

6. (1) There is established for each Sub-County Referral Hospital, a Sub-County Referral Hospital Management Committee to be constituted and gazetted by the County executive committee member for health in consultation with the governor and other relevant stakeholders.

- (2) The Committee shall comprise of—
- (a) a chairperson;
 - (b) the facility in charge who shall be the secretary to the committee;

- (c) the medical officer of health or his equivalent;
- (d) the Chief officer of the facility; and
- (e) three other members who are residents stakeholders of the Sub-county.

(3) The County Executive Committee Member shall, with the approval of the County Assembly, appoint the members by notice in the County Gazette.

(4) The procedure for appointment of members of the Sub-County Referral Hospital Management Committee shall, with the necessary modifications be as provided in the First Schedule.

The functions of the County Referral Management Boards and Sub-county referral Committees

7. The functions of the County Referral Management Boards and Sub-county referral Committees shall be to—

- (a) supervise hospital service delivery, including the maintenance, financing and the development of health services under its jurisdiction;
- (b) co-ordinate hospital activities and ensure complimentary inputs while avoiding duplication;
- (c) where necessary advice cross-referrals to and from institutions within and outside the County;
- (d) set hospital standard in accordance with the relevant regulatory bodies;
- (e) ensure the maintenance of standards of environmental health and sanitation as laid down the applicable laws;
- (f) establish community complains reporting mechanism to the executive committee member on any health matter of importance;
- (g) ensure the provision of emergency medical treatment at all aspect in the hospital systems;
- (h) in consultation with the Department, develop supplementary sources of income for the provision of services, insofar as these are compatible with the applicable law;
- (i) ensure proper planning, budgeting, approval and utilization of the resources envelop;

- (j) conduct regular audit, reporting and make recommendation to County Executive Committee Member for health;
- (k) develop and promote public participation, resources mobilization, planning and management of health facility;
- (l) promote ownership and participatory health care governance; and
- (m) inspect, investigate officers conducts, and make recommendation to the executive committee member as may be necessary for the efficient and effective carrying out of its functions.

Establishment and Composition of the Rural Health Facility Committees

8. (1) There is established for each Rural Health Facility a Rural Health Facility Committee.

(2) The Rural Health Facility Committee shall comprise of—

- (a) a chairperson elected in accordance with Sub-section 3;
- (b) the facility in charge who shall be the secretary to the committee;
- (c) a trained community health worker; and
- (d) five other members who are residents stakeholders of the area where the facility is situated.

(3) The Committee shall elect a chairperson from amongst the members appointed under sub-section 2 (d).

(4) The Rural Health Facility Committee shall—

- (a) supervise facility service delivery, including the maintenance, financing and the development of health services under its jurisdiction;
- (b) co-ordinate health facility activities and ensure complimentary inputs while avoiding duplication;
- (c) set facility standard in accordance with the relevant regulatory bodies;
- (d) ensure the provision of emergency medical treatment and ambulance services;

- (e) in consultation with the Department, develop supplementary sources of income for the provision of services, insofar as these are compatible with the applicable law;
- (f) ensure proper planning, budgeting, approval and utilization of the resources envelop;
- (g) develop and promote public participation, resources mobilization, planning and management of health facility;
- (h) supervise and control the administering of the funds allocated to the facilities;
- (i) open and operate a bank account at a bank to be approved by the Executive Committee Member for Finance;
- (j) prepare work plans based on estimated expenditure;
- (k) cause to be kept basic books of accounts and records of accounts of the income, expenditure, assets and liabilities of the facility;
- (l) prepare and submit certified periodic financial and performance reports as prescribed; and
- (m) Cause to be kept a permanent record of all its deliberations.

(5) For purposes of this section area means the geographical location where a facility is situated.

Tenure of office for members

9. A member of a management board or committee under sections 5, 6 and 8 shall hold office for a period of 3 years and shall be eligible for appointment for a further one term.

Terms and conditions of services

10. The Members shall hold office on a part time basis and may be entitled to allowances as determined by the County Executive Committee Member in consultation with the Salaries Remuneration Commission.

Conduct of Business

11. (1) The conduct of business of the management boards and committees shall be in accordance with the procedure provided for in the First Schedule.

(2) The Board and Committees of the health facilities may in consultation with the County Executive member for health and County Public Service Board, recruit casual staff for purposes of providing essential services.

Appointment of the County Directors of Health and Other Staff

12. The County Public Service Board shall competitively source and appoint a County Director of Health Services and other staffs as may be necessary for the promotion and maintenance of health services in the county.

(2) The Board and Committees of the health facilities may in consultation with the County Public Service Board, recruit casual staff for purposes of providing essential services.

Functions of the County Directors of Health Services

13. The County Directors of Health Services shall—

- (a) provide technical advice to the County Executive committee member responsible for health;
- (b) offer strategic and operational planning of matters relating to health services at the county;
- (c) monitor and review of health service delivery in the County;
- (d) provide leadership and stewardship for overall health management in the County;
- (e) co-ordinate the medical referral functions across all levels of county health facilities in the County; and
- (f) enforce standardization of health services in the County.

PART III—COUNTY HEALTH FACILITIES**County Health Facilities**

14. (1) The County government shall facilitate the establishment and ensure equitable distribution of county health facilities and institutions in the county.

(2) Pursuant to subsection 1 and in the promotion of health and prevention of epidemics in the county, the county government shall facilitate establishment of—

- (a) At least one County referral;
- (b) In each Sub-County, at least one Sub-County referral hospital;
- (c) In each ward, at least one Health Centre; and
- (d) Such number of dispensaries and community health units as may be necessary at the village unit level.

(3) The county government shall ensure that the facilities established and constructed under this section are equipped, managed and have sufficient medical supplies.