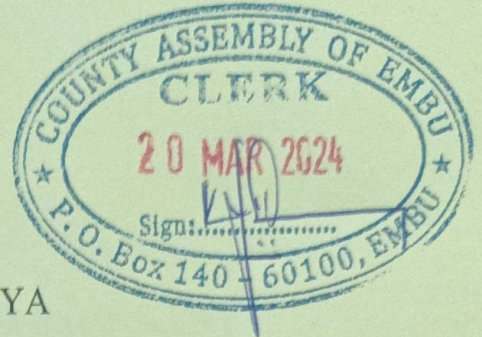


SPECIAL ISSUE

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KENYA GAZETTE SUPPLEMENT

EMBU COUNTY BILLS, 2024

NAIROBI, 1st March, 2024

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THE EMBU COUNTY HEALTH SERVICES BILL, 2024**A Bill for**

AN ACT of the County Assembly of Embu to provide for the implementation of Section 2 of Part 2 of the Fourth Schedule to the Constitution 2010 on county health services and for connected purposes

ENACTED by the County Assembly of Embu, as follows—

PART I—PRELIMINARY**Short title**

1. This Act may be cited as the Embu County Health Services Act, 2024.

Interpretation

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

“Authorized Officer” means any officer duly authorized by the Chief Officer in writing, or a Police Officer above the rank of inspector as per the Public Health Act Cap. 242;

“Chief Officer” means the Chief Officer responsible for county medical services;

“Committee” means the Committee of a health center or dispensary established under section 11;

“County” means Embu County;

“County health facility” means a public health facility within the County;

“County Health Management Team” means county health management team under section 29;

“County Health Sector Stakeholders Forum” means the County Health Sector Forum established under section 38;

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

“Entity” means a gazetted hospital, health center, dispensary, public health office, and any other gazetted facility that provides health services;

“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 awareness control over, and improve their health and includes health

education, disease prevention, rehabilitation services, and health enhancement through the empowerment of patients, their relatives, and employees in the improvement of health-related physical, mental and social well-being;

“Health System” means organization of people, institutions, and resources that deliver healthcare services to meet the health needs of target populations;

“Health Products and Technologies” refers to and includes products or materials used in the delivery of health care services 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;

“Hospital Board” means the Board of Hospital which is an oversight body established under Section 9;

“Quality and Compliance Assurance Unit” means the Quality and Compliance Assurance Unit established under section 34; and

“Sub-County Health Management Team” means the sub-county health management team established under section 31.

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 provide for a legal framework for—

- (a) promoting access to health services;
- (b) facilitating the realization of the right to health care as provided under Article 43 of the Constitution;
- (c) facilitating the realization of consumer health rights in accordance with Article 46 of the Constitution; and
- (d) establishment and administration of the Facilities Improvement Fund.

Principles of health service Delivery

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

- (a) in the management of health services, the County Department of Health shall adopt a health system approach as prescribed by the 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 strengthening health systems to improve health outcomes.

PART II—HEALTH SERVICES MANAGEMENT

Functions of the Department

5. The Department responsible for county health services shall—

- (a) co-ordinate the provision of preventive, curative, and rehabilitative health services;
- (b) develop health policies, regulations, and programs, and coordinate their implementation;
- (c) coordinate the 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) liaise with regulatory bodies in the enforcement of norms, standards, and best health practices;
- (f) ensure research conducted and implemented in the County meets and conforms to international scientific standards of quality in its design, implementation, analysis, and dissemination;
- (g) ensure compliance with standards for health facilities and health services,
- (h) manage day-to-day human resources under the Department;
- (i) promote public-private partnership to ensure efficient and harmonious development in the common interest to work towards the progressive achievement of the right to health;
- (j) ensure the implementation of rights to health specified in the Bill of Rights, and more particularly the progressive realization of the right of all to the highest attainable standard of health including reproductive health care and the right to emergency treatment;
- (k) facilitate capacity building and professional development for health service personnel;
- (l) develop and implement measures to promote equitable access to health services to the entire population, with special emphasis on

eliminating the disparity in realization of the objects of this Act for the minority, special groups, marginalized and disadvantaged populations;

- (m) License and control undertakings that sell food to the public;
- (n) control the management of cemeteries, funeral homes and crematoria;
- (o) oversee the management and governance of county health facilities and facilitate their development;
- (p) provide liaison with the national government in the implementation of health policies, and programs;
- (q) develop policies and Regulations for the control of health risk factors and initiating relevant mitigating measures and programs in collaboration with other agencies;
- (r) promote the realization of health rights;
- (s) develop a policy framework for implementation and enhancement of the health facilities improvement financing;
- (t) develop and manage the county health referral system including ambulance services;
- (u) ensure that the purpose of this Act and the principles of health services provided under section 4 are realized;
- (v) facilitate registration, licensing, and accreditation of health service providers and health facilities respectively according to standards set by the national ministry responsible for health and relevant regulatory bodies;
- (w) co-ordinate and conduct high-quality research and ensure dissemination of research findings;
- (x) manage solid waste and guarantee environmental sanitation;
- (y) co-ordinate health activities to ensure complementary inputs, avoid duplication, and provide for cross-referral, where necessary to and from institutions within the county and between counties;
- (z) provide for the development, strengthening, and expansion of a county health information management system;
- (aa) mobilize resources for the implementation of this Act;
- (bb) act as the repository of data, statistics, and information related to health in the county;

- (cc) monitor and evaluate the implementation of this Act; and
- (dd) carry out any other function for the realization of the purpose of the Act and as may from time to time be assigned by the County Executive Committee.

Staff

6. (1) The County Public Service Board shall, in consultation with the Executive Member and with the approval of the County Executive Committee establish positions, structure, and appoint such staff under the Department, including county health facilities in accordance with provisions of the County Governments Act, 2012, for implementation of this Act.

(2) Notwithstanding subsection (1), a health facility management shall, in consultation with the County Public Service Board and the relevant Chief Officer recruit such staff as are necessary on a short-term or part-time basis to provide essential services.

Classification of county health facilities

7. (1) County health facilities shall be classified as follows—
- (a) County Hospital or Level 5;
 - (b) Sub-County Hospital or level 4;
 - (c) Health Centre or level 3;
 - (d) Dispensary or level 2; and
 - (e) Community health unit or level 1.

(2) The Executive Member may with the approval of the County Executive Committee designate a sub-county hospital to be a county hospital in consultation with the County Health Management Team and the relevant national regulatory bodies.

(3) Each health facility shall organize and manage the delivery of the expected services based on its level of care and classification.

Establishment of county 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 center; and
 - (d) such number of dispensaries and community health units in each ward as may be prescribed.

(2) The Executive Member shall, with the approval of the County Executive Committee prescribe the category applicable to each county health facility described under subsection (1) upon meeting specified criteria for a facility.

(3) The Executive Member shall with the approval of the county executive committee and other relevant national bodies gazette new and existing health facilities as prescribed in subsection (1).

Board of Hospital

9. (1) A county and a sub-county hospital shall be governed by a Board.

(2) A County Hospital Board shall comprise of—

- (a) a non-executive chairperson appointed by the Governor with the approval of the County Assembly;
- (b) the Medical Superintendent who shall be the secretary,
- (c) the sub-county administrator of the sub-county in which the facility is domiciled,
- (d) two persons representing faith-based organisations in the county;
- (e) one person representing non-governmental organizations providing health services in the county;
- (f) one certified accountant: and
- (g) three county residents with relevant knowledge and experience.

(3) The Members of the Board under subsection (2) (d), (e) (f), and (g) shall be appointed by the Governor subject to the approval of the County Assembly.

(4) A sub-county hospital board shall comprise of—

- (a) a non-executive chairperson appointed by the Executive Member with the approval of the County Assembly;
- (b) the Medical Superintendent who shall be the secretary,
- (c) the sub-county administrator of the sub-county in which the facility is domiciled,
- (d) two persons representing faith-based organisations in the sub-county;
- (e) one person representing non-governmental organizations providing health services in the sub-county;

(f) one certified accountant: and

(g) three sub-county residents with relevant knowledge and experience.

(5) The members of the Board under subsection (4) (d), (e) (f), and (g) shall be appointed by the Executive Member subject to the approval of the County Assembly.

(6) 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.

(7) A Person shall not be eligible for appointment as a member under subsection (2) (d), (e), and (g), and subsection (4) (d), (e), and (g) unless the person—

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

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

(8) The term of office of a member appointed under subsection (2) (d), (e), and (g), and subsection (4) (d), (e), and (g) shall be three years which may be renewed for one further and final term.

(9) The Board may invite any other officer from the facility as the Board may deem appropriate.

(10) The meetings of the Board shall be convened by the Chairperson.

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

(12) In appointing the members of the Board, the appointing authority shall ensure youth and persons with disabilities representation and compliance with the two-third gender rule.

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 the hospital budget estimates before submission to the Department's accounting officer; and
- (e) carrying out any other function as assigned by the Executive Member.

Committee of a health centre or dispensary

11. (1) A health center, dispensary and community health unit shall be governed by a seven (7) member committee appointed by the Executive Member consisting of—

- (a) non-executive chairperson;
- (b) the officer in-charge of the facility, who shall be the secretary;
- (c) one man and one woman representing faith-based organizations;
- (d) one man and one woman nominated by the local community members; and
- (e) the ward administrator of the ward where the facility is domiciled.

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

- (a) possesses at least a post-secondary school certificate from a recognized institution;
- (b) has at least three years' experience in management, leadership, or administration; and
- (c) is a resident in the ward where the facility is situate.

(3) The term of office of a chairperson or member appointed under sub section (1) (c) and (d) shall be three years renewable for one further and final term.

Functions of the Committee

12. (1) The Committee shall be responsible for—

- (a) providing oversight over the administration of the health center or dispensary;
- (b) promoting the development of the health center or dispensary;
- (c) representing community interests;
- (d) approving plans and programs for implementing county health strategies in the facility;
- (e) advocate for innovative ways of community-based health financing; and

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

Conduct of business

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

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

Removal from office

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

- (a) at any time resign by issuing notice in writing to the appointing authority,
- (b) be removed from office by the appointing authority and in case of a person appointed under section 9 and 11 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; or
 - (iii) physical or mental incapacity to perform the functions of office.

Operational guidelines and standards

15. The Executive Member shall prescribe county operational policies and guidelines for the management and administration of a county health facility in accordance with the national health policy and the existing norms and standards.

PART III—HEALTH SERVICE DELIVERY

Requirements for health service delivery

16. (1) The Department and each county health facility shall adopt a health service delivery system as guided by the County health Policy framework, County Health Strategic and investment plans, and the annual work plans.

(2) Without prejudice to the generality of subsection (1), the Department and each county health facility shall adopt health service delivery system that is effective and efficient, safe, of high quality, cost-

effective, accessible, demand-driven and based on continuity of care across health conditions and across different locations.

Cooperation and collaboration

17. The Executive Member shall ensure that there is effective cooperation and collaboration with other county departments and agencies, national government and other county governments, faith-based, community-based, and local and international partners in the delivery of health services.

Rights of health personnel

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

Duties of healthcare personnel

19. A healthcare 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 including—
 - (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.
- (c) adhere and comply with the prescribed code of conduct.

Rights and Duties of a patient

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

- (a) the highest attainable standard of health including access to preventive, curative and rehabilitative health services.
- (b) to be treated with a professional standard of care, by appropriately qualified and experienced staff in an approved or registered organization that meets the 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—
- (a) to adhere to the rules of a health establishment when receiving treatment or using the health services provided by the establishment,
 - (b) to adhere to the medical or health advice and treatment provided by the establishment,
 - (c) to supply the health care provider with accurate information pertaining to his or her health status;
 - (d) to cooperate with the health care provider,
 - (e) to 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

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

- (a) the patient is unable to give informed consent and such consent is given by a person—
 - (i) mandated by the patient in writing to grant consent on his or her behalf; or
 - (ii) authorized 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 authorized 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 authorized by an applicable law or court order;
- (d) the patient is being treated in an emergency setting;
- (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 healthcare provider must take all reasonable steps to obtain the user's informed consent.

(3) For the purposes of this section “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.

Confidentiality

22. (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 provisions of the National Health Policy and the regulations prescribed by the Executive Member.

Health outcomes

23. (1) The Department shall ensure that—

- (a) the provision of health services under this Act shall be aimed at achieving the health outcomes prescribed in the National Health Policy or County health Policy or regulations; and
- (b) development and implementation of health policies, plans, and budgets aimed at achieving the prescribed health outcomes.

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

Health promotion services and programs

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

- (a) promote health and wellbeing;
- (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 both communicable and non-communicable diseases;

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

(e) support partnerships for health promotion and prevention activities.

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

(3) The County Executive Committee may establish an inter-departmental Committee for coordinating the development and implementation of cross-sector health promotion policies stipulated under this section.

(4) The Committee established under subsection (3) shall consist of all relevant county government departments or agencies and any relevant national government department or agency.

(5) 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

25. (1) The community health unit, dispensary, and health center shall be the basic units of primary health care.

(2) The Department shall develop and coordinate the implementation of primary health care, national policies, and programs as prescribed by the World Health Organization.

(3) The Executive Member shall ensure that each community health unit, dispensary, and health center is resourced sufficiently to enable it to provide primary health care, and where necessary, referral to higher levels.

Public and environmental health

26. (1) The County health system shall devise and implement measures to promote health and to counter influences harming the health of the people including—

(a) interventions to reduce the burden imposed by communicable and non-communicable diseases, notifiable diseases and neglected diseases, especially among marginalized and indigent population;

(b) interventions to promote healthy lifestyle including physical activity, counter the excessive use of alcoholic products and the adulteration of such products, reduce the use of tobacco and

- other addictive substances and to counter exposure of children and others to tobacco smoke;
- (c) the promotion of supply of safe foodstuffs of sufficient quality in adequate quantities and the promotion of nutritional knowledge at all population levels;
 - (d) adopting one health approach in public health cross-cutting issues
 - (e) putting in place measures to safeguard school and other institutions' health standards.
 - (f) general health education and promotion of the public health; and
 - (g) comprehensive interventions to advance public health by:-
 - (i) promoting family planning services at community level;
 - (ii) Means to reduce unsafe sexual practices to the community;
 - (iii) promotion of safe sexual practices for adolescence and youth;
 - (iv) promote maternal, neo- natal and child health at the community level;
 - (v) elimination of female genital mutilation; and
 - (vi) maternal nutrition and micro nutrient supplementation at the community level.

(2) The county health system shall ensure that measures for managing environmental risk factors to curtail occurrence and spread of diseases are put in place and implemented. In particular such measures shall target—

- (a) the reduction of disease burden arising from poor environmental hygiene, sanitation, occupational exposure and environmental pollution;
- (b) the reduction of morbidity and mortality of waterborne, foodborne and vector transmitted diseases, and mitigate the health effects of climate change;
- (c) the reduction of morbidity, mortality, prolonged hospital stays, long-term disabilities, antibiotic resistance that emanate from hospital acquired infections;
- (d) the strengthening of county capacity to address or forestall transmission of diseases of international concern;
- (e) building community capacity in providing solutions to public health challenges;

- (f) ensuring compliance to solid waste management and liquid waste interventions; and
- (g) ensuring compliance with cemetery, mortuaries and crematoriums guidelines as per the set standards.

Decease Control

27. (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 to reduce disease burden or risk factors and to mitigate their impact.

(2) The health statement shall inform the process of preparing the health plan under section 28 as well as policy, design, and implementation.

(3) The Department or a county health facility may collaborate and partner with the National Government, other County Governments, and institutions of higher learning to control diseases, health conditions or health risk factors and to conduct research, public health awareness initiatives, and capacity building on various diseases.

(4) The Department shall within three (3) months after the preparation of the health statement described under sub-section (1) prepare the necessary policies, regulations, 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 epidemic and pandemic mitigation and management, tobacco consumption, alcohol and drug use, unsafe sex, and cardiovascular diseases, among others.

Health plan

28. (1) The Department shall in accordance with provisions of the County Governments Act, 2012, prepare a ten-year health plan which shall provide among others—

- (a) investment in physical infrastructure in the county health facilities;
- (b) human resource strategy, performance management, and development, including recruitment of contracted health personnel in case of a deficit in the staff establishment;

- (c) strategies for controlling key risk factors including tobacco use and alcohol and drug substance abuse, and gender-based violence;
- (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 Primary Health care as under section 25;
- (g) strategies for community engagement and action; and
- (h) any other matter that may be deemed necessary.

(2) The health plan may provide for specific targeted interventions based on the County, 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, 2012 be the health sector plan and may be reviewed annually.

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

Planning Unit

29. (1) Each county health facility as established under section 8, shall be a planning unit.

(2) Each planning unit 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 which shall be approved by the respective Board or Committee; and
- (c) implement county health policies and programs at the respective level.

(3) A strategic plan prepared under subsection (2)(a) shall be in accordance with the health plan prepared under section 28.

Specialized units

30. (1) The Executive Member shall designate and facilitate the establishment of specialized healthcare units in specified county health facilities.

(2) The specialized units shall be established based on disease, health condition or age and shall include but not be limited to—

- (a) maternal health;
- (b) child health; or
- (c) mental health.

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

- (a) equitably distributed within the county;
- (b) established within one year and, as when appropriate, upon the commencement of this Act; and
- (c) established and managed as model specialized units and centers of excellence in their respective areas of specialization.

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

County Health Management Team

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

(2) The County Health Management Team shall consist of—

- (a) the Chief Officer responsible for Medical services who shall be the chairperson;
- (b) the Director in charge of Health Administration who shall be the secretary;
- (c) all the county directors in the health Department; and
- (d) the medical superintendent of the county hospital.

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

- (a) coordinating implementation of this Act and development and coordination of implementation of all health policies in the County;
- (b) providing supervision and support to the management of all the health facilities in the county and the sub-county health management teams;
- (c) providing leadership and stewardship for overall health management in the county;

- (d) providing strategic and operational planning, monitoring and evaluation of health service delivery in the county
- (e) providing a linkage with the national ministry responsible for health;
- (f) collaborating with state and non-state stakeholders at the county and between counties in health services;
- (g) resource mobilization for county health services;
- (h) establishing functional referral systems within and between the counties, and between the different levels of the health care system in line with the sector referral strategy;
- (i) quality and Compliance Assurance;
- (j) coordinating and collaborating through county health stakeholders forum; that is Faith-Based Organisations, Non-Governmental Organisations, Civil Society Organisations, and development partners;
- (k) reviewing and monitoring the implementation of this Act and advising the Department on appropriate measures to be adopted for effective implementation of this Act;
- (l) facilitating county health facilities in the sub-county to comply with the established standards in accordance with section 35;
- (m) consolidation of sub-county quarterly performance reports which shall form the county report, which shall feed into the county annual performance report under section 40;
- (n) exercising disciplinary measures over health personnel working in the county as may be prescribed;
- (o) coordinating, supporting and supervising the planning, implementation, monitoring and evaluation of technical and managerial activities for health services in the County; and
- (p) carrying out any other function as may be assigned by the Executive Member.

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

(5) The County Health Management Team shall prepare and submit quarterly report of its operations to the Executive Member, which shall inform the preparation of the Health status reports under section 40.

(6) The Executive Member shall prescribe guidelines for governing the County Health Management Team's operations.

Sub-County Health Management Team

32. (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 of Health 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 sections in the department at the sub-county as approved by the, Chief Officer;
- (d) the medical superintendents of the sub-county hospitals; and
- (e) the Sub-county Public Health Officer.

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

- (a) coordinating the implementation of this Act and other health policies in the sub-county,
- (b) providing supervision, inspection, 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 Department on appropriate measures to be adopted for the effective implementation of this Act,
- (e) exercising disciplinary measures over health personnel working in the sub-county as may be prescribed.
- (f) carrying out needs and capacity assessments for county health facilities in the sub-county,
- (g) in consultation with the county health management Team, facilitating capacity building of health personnel at the sub-county,
- (h) facilitating county health facilities in the sub-county to comply with the established standards in accordance with section 33; and
- (i) carrying out any other function as may be assigned by the Executive Member.

(4) The Sub-County Health Management Team shall prepare and submit quarterly report of its operations to the County Health Management Team.

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

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

Health Information System

33. (1) The Department shall recognize and utilize the National health information system that shall apply to all county health facilities and sections 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;
- (c) ensure that data and statistics held by the Department are accessible to any member of the public or to any government or non-governmental agency;
- (d) conduct monitoring and evaluation of all health services and programs.

Certification of Quality Management System

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

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

Quality and Standards Assurance Unit

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

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

Conduct of quality and compliance inspections and audit

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

(2) The Quality and Compliance Assurance Unit shall—

- (a) conduct continuous scheduled or nonscheduled inspections and health systems audits in public and private health facilities;
- (b) conduct once every three years, a comprehensive health system audit and assessment of public and private health facilities; and
- (c) collaborate with the County and sub-county Health Management Teams.

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

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

(5) Subject to section 41, the Quality and Compliance Assurance Unit may conduct inspections and health systems audit in faith-based, community-based, and private health facilities.

(6) The 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.

Health products and Technologies

37. The Executive Member shall—

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

Public Relation and Customer care Management

38. (1) A person who is dissatisfied with a service provided by the Department or unit of the Department or a county health facility may

lodge a complaint with the officer in charge of the Department or facility.

(2) The Department or a health facility shall establish a system of customer care, public relations and communication to receive and address complaints raised under this section which shall include, but not be limited to, suggestion/complaints boxes situated at each health facility, operated and reviewed on a weekly basis by the Facility's management.

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

Quarterly reports

39. The Department shall prepare quarterly reports on the implementation of this Act, which shall be transmitted within fifteen days after the end of each quarter, to the county executive committee and County Assembly for consideration.

Health status report

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

- (a) the status of implementation of the Act during the year;
- (b) the extent of consultation, cooperation and collaboration with national government and other county governments as stipulated under section 17;
- (c) the progress towards the implementation of the health plan prepared under section 28;
- (d) the measures taken to control and mitigate the impact of the health risk factors;
- (e) the level of disease burden disaggregated in terms of age, gender, social status, and ward, communicable and non-communicable diseases, and injuries prevention among others;
- (f) the 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 34;
- (j) progress and status of supervision and oversight over private health facilities as stipulated under section 42;
- (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 Clerk of the County Assembly for tabling before the County Assembly for consideration.

(3) The Department shall—

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

County Health Sector Stakeholders Forum

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

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

- (a) advising the Executive Member on the appropriate policies to be adopted for better implementation of the Act;
- (b) reviewing, monitoring and evaluation of the implementation of this Act and county health policies and programs and advising the Executive Member on appropriate measures to be adopted;
- (c) providing an avenue for joint planning and implementation of health policies and programs under this Act;
- (d) facilitating a framework for joint and part funding of county health services by the health stakeholders; and

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

Supervision of Private health facilities in the county

42. (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) faith-based health facility,
- (b) community-based health facility,
- (c) for profit private health facility, or
- (d) not for profit private health facility.

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

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

PART IV— FINANCIAL PROVISIONS

Establishment of a Fund

43. (1) There is established a Fund to be known as Embu Health Facility Improvement Fund for purposes of improving the health facility and service delivery within the County health facilities.

(2) The Fund shall consist of—

- (a) monies appropriated to the Fund by the County Assembly;
- (b) all revenue collected from health facilities and public health offices;
- (c) money received from the National government or a national entity by way of reimbursements and capitations including but not limited to money received from a Health Insurance Fund pursuant to provisions of a national legislation on health Fund, or any other institution;

- (d) monies received as user charges;
- (e) monies earned or realized from any investment of the Fund;
- (f) monies received from insurance companies or agencies with contractual arrangements with health facilities;
- (g) any , gifts, donations, or other endowments given to the Fund;
- (h) income received through licensing or user fee in relation to any function or activity under public or environmental health department;
- (i) income received on account of a project or service undertaken by a health facility or any service associated with health and sanitation;
- (j) money received from manufacturing processes undertaken by the Department of health and sanitation; and
- (k) any other income as may be prescribed.

(3) The charges and levies referred to in section 43(2) (b) and (d) shall be as set out in the First Schedule. These charges may be reviewed from time to time through the County's annual Finance legislation.

(4) A County health facility shall ensure that funds collected under section 42(2) shall be deposited in the facility's bank account.

(5) The revenue received or receivable into this Fund or entity bank account opened according to this Act, is, in accordance with Section 109(2)b of the Public Finance Management Act 2012, exempt from being paid into the County Revenue Fund.

(6) The revenue generated and collected from the health facilities shall subject to sub-section (6) be considered to be additional to the budgets appropriated to the health facilities.

(7) The County Assembly in appropriating additional funds to a health facility shall take into account the health facility's generated and collected revenue.

Purpose of the Fund

44. The purpose of the Fund is to —

- (a) ensure facilities have better access to financial resources;
- (b) to facilitate the efficient and timely purchase of necessary and essential equipment, health products and technologies and other consumables by an eligible county entity;

- (c) to support preventive, curative health care programs as may be prescribed;
- (d) support programs for achieving the goals of universal health coverage;
- (e) ensure health facilities are more responsive to medical and public health emergencies;
- (f) provide resources for the improvement of county entities including the upgrade of physical and other facilities; and
- (g) meet the operational and administrative expenses of county entities.

Establishment and Membership of the Fund Board

45. (1) There is established a Board to be known as the Embu County Health Facilities Improvement Fund Board.

- (2) The Fund Board shall comprise of eleven members as follows—
 - (a) a Chairperson, who shall not be a public Officer, appointed by the Governor with the approval of the County Assembly;
 - (b) the Chief officer responsible for medical Services who shall be the Secretary to the Fund Board;
 - (c) the Chief Officer responsible for finance or his or her representative;
 - (d) the County Director responsible for medical services;
 - (e) the chairperson of the County Level 5 Hospital;
 - (f) one chairperson of the Sub-county Hospital appointed by the Executive Member;
 - (g) two medical superintendents representing county and sub-county medical hospital;
 - (h) one chairperson of the level III Health Facilities, appointed by the Executive Member;
 - (i) two chairpersons of the Level II and Level I Health Facilities, appointed by the Executive Member.

(3) The qualification for appointment of the chairperson under subsection (2) (a) and term office shall be similar to those of the Chairperson of a hospital Board.

(4) The representatives of Chairpersons under sub-section (2)(f),(g), (h) and (i) shall hold office on a rotational basis for a term of three years as determined by the Executive Member.

(5) The appointment of the representative under subsection (2) (c) shall be done in writing and communicated to the Executive Member.

Functions of the Fund Board

46. The Fund Board shall—

- (a) provide oversight of the administration of the monies drawn from the Fund;
- (b) mobilize resources for the Fund;
- (c) provide guidance to the Hospital management boards and health facilities Committees on—
 - (i) proposals on user fees where the Hospital Board or health facilities Committee seeks to propose new user fees or changes to the old fees structure;
 - (ii) approval of primary health services expenditure plans
- (d) receive reports from the Hospital management boards and health facilities Committees for its consideration and adoption.

Administration of the Fund

47. (1) The Chief Officer responsible for medical services shall be the Administrator of the Fund.

(2) The hospital medical superintendent and facility in-charge shall receive authority to incur expenditure from the Administrator of the Fund.

(3) The Administrator of the Fund shall—

- (a) supervise and control the administration of the Fund;
- (b) cause to be kept books of accounts and other books and records in relation to the Fund and for all loans financed from the Fund;
- (c) prepare, sign and transmit to the Board and Auditor-General in respect of each financial year and within three (3) months after the end thereof, a statement of accounts relating to the Fund, prepared and signed by him or her specifying the income of the Fund and showing the expenditure incurred from the Fund, in such details as the Committee may from time to time direct in accordance with the Public Finance Management Act; and
- (d) furnish such additional information as may be required for the purpose of examination and audit by the Auditor-General.

(4) The administrator of the Fund shall prepare quarterly financial statements for the Fund in a form prescribed by the Accounting Standards Board.

(5) In preparing a quarterly financial statement for the Fund, the administrator shall ensure that the report contains information on the financial and non-financial performance of the Fund.

(6) Not later than fifteen days after the end of each quarter, the administrator shall submit the quarterly report to the County Treasury and a copy to the Controller of Budget.

(7) The administration costs of the Fund shall be a maximum of three (3%) percent of the approved budgets of the Fund.

(8) The administrator of the Fund shall ensure that the Fund accounts are not overdrawn.

Expenditure of the Fund

48. (1) Upon issuance of authority to incur expenditure to the medical superintendent or facility in charge, the user department shall raise vouchers for payment for services or procurement of commodities.

(2) The vouchers shall be verified by the respective hospital accountant, or the accountant responsible for the health center, whichever is applicable.

(3) The vouchers shall be presented to the County Department for Health Accountant for confirmation that the items requested are in the vote book and thereafter approved.

(4) The voucher shall revert to the medical superintendent or facility in charge for initiation of payment.

(5) An integrated financial management system shall be used as the primary accounting platform for the healthy facilities.

(6) All healthy facilities shall not expend any finances without express authority to incur expenditures.

(7) The chief officer for the county treasury in consultation with the Administrator of the Fund may appoint accountants for health centers and dispensaries for purposes of proper financial accounting and recordkeeping.

(8) The expenditure incurred by the health facilities shall be on the basis of, and limited to, the available finances in the respective bank accounts and the authority to incur expenditure.

(9) Health facilities shall be expected to file returns and financial accounts in the prescribed format for the preceding quarter to the Administrator of the Fund before a new authority to incur expenditure is issued.

Annual reporting

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49. Within three months after the end of each financial year, the Administrator of the Fund shall—

- (a) submit the Fund's financial statements to the Auditor-General in accordance with the Public Audit Act; and
- (b) submit a copy of the Fund's financial statements to the Controller of Budget and the Commission on Revenue Allocation.

Wind Up the Fund

50. (1) The County Executive Committee member for finance may wind up the Fund with the approval of the County Assembly.

- (2) On the winding up of the Fund—
 - (a) the Administrator of the Fund shall pay any amount remaining in the Fund into the County Exchequer Account; and
 - (b) the County Executive Committee member for finance shall, with the approval of the County Assembly, pay any deficit in the Fund from the County Exchequer Account.

Procurement

51. (1) The Department shall be a procuring entity for the purposes of procuring Health products and technologies and goods and services utilized for the purposes of implementing this Act.

(2) Notwithstanding subsection (1), any health facility shall be a procuring entity.

(3) The Executive Member shall in consultation with the County Health Management Team and the County Executive Committee to ensure that the procurement system for Health products and technologies in the county is harmonized and efficient.

(4) All procurements under this Act shall be governed by the Act of Parliament contemplated for under Article 227 of the Constitution of Kenya, and the regulations therefrom.

PART V—GENERAL PROVISIONS

Health policies

52. 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 approval and adoption of policies stipulated under the Third Schedule.

Power to make Regulations

53. (1) The Executive Member may make Regulations generally for the achievement of the objectives of this Act.

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

- (a) prescribe for the classification of health facilities under the provided levels of service delivery;
- (b) prescribe for the registration of Private entities permitted to operate hospitals, clinics, laboratories and other institutions in the health sector within the county,
- (c) prescribe the number of dispensaries and community units in a ward,
- (d) prescribe the manner of electing members to the health centers and dispensaries' committees,
- (e) prescribe for operational policies and guidelines for management and administration of a county health facility,
- (f) prescribe the operational guidelines for management and administration of health facilities,
- (g) prescribe the standards and procedures for conducting inspections and health systems audit,
- (h) prescribed data and information to be collated from private health service providers;
- (i) Prescribe procedures and guidelines on medical waivers in county health facilities;
- (j) Prescribe the code of conduct for healthcare personnel;
- (k) Prescribe anything required to be prescribed under this Act; and
- (l) prescribe the procedure of conduct of the business of the county health sector forum and its executive committee.

FIRST SCHEDULE**Health Charges and Levies (Section 43(3))**

1000	PUBLIC HEALTH, EXHAUSTER SERVICES, SLAUGHTER HOUSE CHARGES, CEMETERIES AND BURIAL GROUNDS, INSPECTION FOR REGISTRATION, SANITARY INSPECTION OF FOOD PREMISES PUBLIC HEALTH, MEDICAL SERVICES, ATTACHMENT, GYNECOLOGICAL/PAPSMEAR, CLINIC LABORATORY, MAIN THEATRE, MEDICAL EXAMINATION, MEDICAL LEGAL, MORTUARY, NUTRITION, OCCUPATIONAL THERAPY ASSESSMENT, OUTPATIENT, PEDIATRIC FACILITY, PHARMACY, COMMUNITY REVOLVING PHARMACY, PHYSIOTHERAPY PLASTER TENDER ,THEATRE, AMENITY, ICU, ONCOLOGY, CT SCAN, MRI AND DIALYSIS FEES				
1101	PUBLIC HEALTH	A	B	C	D
	CHEMICAL ,FOOD AND HYGIENE LICENSE-(PER YEAR)				
	FOOD AND HYGIENE APPLICATION FORM	200	200	200	200
	MARKET STALLS, POSH MILLS BUTCHERY, FISH SHOP AND RETAIL SHOPS	2,300	2,100	1,300	800
	FISH SHOPS AND BUTCHERIES WITH KITCHEN,	4,600	2,300	2,100	1,600
	CANTEENS, RURAL DAIRIES, MILK BARS, SLAUGHTERS SLABS AND EATING-HOUSE	2,500	2,300	2,100	1,300
	MEMBERS 'CLUBS	5,000	5,000	5,000	5,000
	WAREHOUSES	5,000	3,500	2,500	2,500
	RESTAURANTS, GUESTHOUSES, LODGINGS, HOTELS, NIGHTCLUBS	5,300	4,300	2,300	1,500
	WHOLESALERS	3,000	2,500	2,500	1,500
	SUPERMARKETS AND MINI-MATTS	10,000	10,000	10,000	10,000
	BAKERIES,BOTTLING PLANTS,CANNING,PLANTS,CREAMERIES ,ABATTOIRS,FLOURMILLS,SUGAR FACTORIES, AND OTHER FOOD PROCESSING PLANTS	3,000	3,000	3,000	3,000
	TEA PROCESSING PLANTS	5,000	5,000	5,000	5,000
	WATER QUALITY CONTROL ANALYSIS(CHEMICAL/MICRO-BIOLOGICAL ANALYSIS)				
	(i)SHALLOW WELLS AND PIPED SCHEME	3,000	3,000	3,000	
	(ii) PRIVATE BOREHOLES (PER ANALYSIS)	5,000 (to be confirmed)	5,000	5,000	
	(iii) WATER BOTTLING COMPANY	5,000	5,000	5,000	
	FOOD CONDEMNATION CERTIFICATE- (FOOD EXAMINATION)	2,000	2,000	2,000	2,000
	FRESH PRODUCE PACKAGING PLANTS(EXPORT) NON FOOD HYGIENE LICENSE	3,000	3,000	3,000	3,000
	NON-FOOD HYGIENE LICENSE PER PREMISE				
	MOTORCYCLE DEALERS PER ANNUM	1,000	1,000	1,000	1,000
	BEAUTY SHOPS PER ANNUM	1,000	500	500	250
	BOUTIQUE PER ANNUM	1,000	500	500	250
	BOOKSHOPS PER ANNUM	1,000	500	500	250
	HARDWARE PER ANNUM	1,000	500	500	500

	TRANSPORTERS (BOOKING OFFICES), PETROL STATIONS, GARAGE, BANKS AND SACCOS PER ANNUM	3,000	1,000	1,000	1,000
	STUDIO SHOP, MUSIC SHOP, VIDEO GAMES, INDOORGAMES, TIMBERYARD, TAILORING SHOP M-PESA	1,000	1,000	1,000	1,000
	SALOON/BARBER SHOPS PER ANNUM	1,000	500	250	250
1102	FOOD HANDLER EXAMINATION FEE (CERTIFICATE)				
	VISIT (VALID FOR 6 MONTHS)	600	600	600	600
	TYPHOID VACCINATION (VALID 3 YEARS)	1,200	1,200	1,200	1,200
	LIQUOR LICENSING INSPECTION FOR ISSUANCE OF HEALTH CLEARANCE				
	APPLICATION	1,000	1,000	1,000	1,000
	ON BAR	3,500	3,500	3,500	3,500
	WINES AND SPIRITS-DISTRIBUTOR/DEPORT	5,000	5,000	5,000	5,000
	NIGHT CLUB	5,000	5,000	5,000	5,000
	WINES AND SPIRITS-WHOLESALE	5,000	5,000	5,000	5,000
	WINES AND SPIRITS-RETAIL	3,500	3,500	3,500	3,500
	SUPERMARKET	5,000	5,000	5,000	5,000
	DISTILLATION	20,000	20,000	20,000	20,000
1103	EXHAUSTER SERVICES				
	PRIVATE PREMISE/PUBLIC INSTITUTIONS WITHIN 5KM FROM CBD	5,000	5,000	5,000	5,000
	(I) PRIVATE PREMISE/PUBLIC INSTITUTIONS BEYOND 5KM FROM CBD	8,000	8,000	8,000	8,000
	EXHAUSTER REGISTRATION FEE	3,000	3,000	3,000	3,000
1105	SLAUGHTER HOUSE CHARGES				
	COLD STORAGE CHARGES PER CARCASS				
	I)UPTO 10KGS PER DAY	500	500	500	500
	II)BETWEEN 11KGS TO 50KGS PER DAY	1,000	1,000	1,000	1,000
	III)OVER50KGS PER DAY	1,500	1,500	1,500	1,500
	(E)SALE OF MANURE(PER TON)	1,000	1,000	1,000	1,000
	(F)HIDES STORAGE PER PIECE	200	200	200	200
	(G)SKINS STORAGE PER PIECE	200	200	200	200
	SKINCESS PER TOWITHIN5KMFROMCBD	500	500	500	500
1106	CEMETRIES AND BURIAL GROUNDS – ALL CATE				
	BURIAL SITE FEES FOR ADULTS	1,000			
	BURIAL SITE FEES FOR CHILDREN	500			
	BURIAL CLEARANCE	200			
	BURIAL OF DESTITUTE/UNCLAIMED BODIES	2,000			
	BURIAL OF NON-RESIDENTS	2,000			
	EXHUMATION	10,000	10,000	10,000	10,000
	HEALTH INSPECTION CERTIFICATE FOR EXPORT	5,000	5,000	5,000	5,000
1107	INSPECTION –ANNUAL				
	PRIVATE HOSPITALS	15,000	10,000	8,000	5,000

	NURSING HOMES	15,000	10,000	8,000	5,000
	PRIVATE CLINICS	10,000	8,000	6,000	3,000
	PHARMACIES/CHEMISTS/LABORATORY	8,000	5,000	5,000	3,000
	GYMNASIUM	6,000	5,000	4,000	3,000
	PRIVATE SCHOOLS, COLLEGES AND PUBLIC SECONDARY'S	8,000	5,000	4,000	3,000
	PREMISES PRE-USE INSPECTION FEE	2,000	2,000	2,000	2,000
	ILLEGAL DISCHARGE OF SEWAGE PENALTY-(PER OCCURRENCE)	50,000	50,000	50,000	50,000
	DRAINAGE INSPECTION REPORT	1,000	1,000	1,000	1,000
	CHILDREN HOMES	-	-	-	-
	SWIMMING POOLS AND BATHS				
	PUBLIC/PRIVATE SWIMMING POOLS AND BATHS	1,000	1,000	1,000	1,000
	FEEES PER VISIT				
	ANIMAL BITE VACCINATION				
	SNAKE BITE	-	-	-	-
	DOG BITE	-	-	-	-
	SPRAYING RESIDENTIAL HOUSES PRIVATE				
	SERVICES {FUMIGATION}				
	CHARGE PER SACHET	2,500	2,500	2,500	2,500
	SCHOOL SANITARY INSPECTION FOR REGISTRATION (PER YEAR)	3,000	3,000	3,000	3,000
	APPROVAL OF BUILDINGS PLANS(PER APPROVAL)				
	RESIDENTIAL SINGLE STOREY	2,000	2,000	2,000	2,000
	RESIDENTIAL MULTI STOREY	4,000	4,000	4,000	4,000
	III)COMMERCIAL SINGLE STOREY	20,000	15,000	10,000	5,000
	IV)COMMERCIAL MULTI STOREY	25,000	20,000	15,000	10,000
	V)INDUSTRIAL	35,000	35,000	35,000	35,000
	INSPECTION OF BUILDING FOR OCCUPATION CERTIFICATE				
	HEALTH CLEARANCE FOR OCCUPATION OF PREMISE FOR HABITATION OR BUSINESS	10,000	10,000	8,000	5,000
	HEALTH CLEARANCE FOR RE-OPENING TRADE PREMISES AFTER CLOSURE DUE TO IN SANITARY CONDITIONS.	10,000	10,000	8,000	5,000
	VETTING CHANGE OF USE PER DEVELOPMENT PLAN APPROVAL	15,000	15,000	15,000	10,000
1108	SANITARY INSPECTION OF FOOD PREMISES FOR HYGIENE LICENSING	A	B	C	D
	I)FOOD WHOLESALERS	1,000	1,000	1,000	1,000
	II)RESTAURANT/EATING HOUSE	1,000	1,000	1,000	1,000
	III)FOOD SHOP RETAILING	500	500	500	500
	IV)LODGING ROOMS	3,000	3,000	1,000	1,000
	V)COTTAGE	3,000	3,000	2,000	1,000
	VI)BEER DEPOT	1,000	1,000	1,000	1,000
	VII)SODA DEPOT/CONTAINER	1,000	1,000	1,000	1,000
	VIII)DAIRY/MILK BAR	1,000	1,000	1,000	1,000
	IX)SUPERMARKET	1,000	1,000	1,000	1,000
	X)FOOD WAREHOUSE	1,000	1,000	1,000	1,000

	XI) BUTCHERY	500	500	500	500
	XII) FOOD FACTORY	1,000	1,000	1,000	1,000
	XIII) BAKERY	1,000	1,000	1,000	1,000
	XIV) HOTELS	1,000	1,000	1,000	1,000
	XV) PROPRIETARY/MEMBER CLUB	1,000	1,000	1,000	1,000
	XVI) BAR	1,000	1,000	1,000	1,000
	XVII) CANTEEN	1,000	1,000	1,000	1,000
	XVIII) SLAUGHTERHOUSE	1,000	1,000	1,000	1,000
	XIX) SLAUGHTERS LAB	500	500	500	500
	ROUTINE FOOD AND WATER SAMPLING				
	I) FOOD SAMPLING	1,000	1,000	1,000	1,000
	II) WATER SAMPLING	1,000	1,000	1,000	1,000
1109	PUBLIC HEALTH				
	TYPES OF BUSINESS	RATES PER LOCATION PER ANNUM (ALL CATEGORIES)			
	AGROVETS				3,000
	AUTO MOBILE SHOPS				3,000
	ELECTRICAL/ELECTRONIC SHOPS				1,000
	BANKS				5,000
	MOBILE PHONE SHOPS				1,000
	COURIER SERVICE SHOPS				1,000
	CAR WASH				1,000
	FURNITURE SHOPS				1,000
	GAS SHOPS				1,000
	PRIVATE SCHOOLS				3,000
	PRIVATE OFFICES				1,000
	GODOWNS				3,000
	CASINOS				1,000
	CYBER CAFES				1,000
	HOSTELS				1,000
	PRIVATE MORTUARIES				3,000
	NON-FOOD FACTORIES				3,000
	DRIVING SCHOOLS				3,000
	YELLOW FEVER VACCINE (VALID FOR 10 YEARS)				3,500
1110	MEDICAL SERVICES	LEVEL 5	LEVEL 4	LEVEL 3	LEVEL 2
	AMBULANCE HIRE				
	WITHIN EMBU COUNTY	3,500	3,500	3,500	
	TO KARATINA HOSPITAL	4,000	4,000	4,000	
	TO CHOGORIA HOSPITAL	4,000	4,000	4,000	
	TO KIJABE	14,000	14,000	14,000	
	TO KIKUYU	10,000	10,000	10,000	
	TO MWEA/KERUGOYA HOSPITAL	3,500	3,500	3,500	
	TO NYERI HOSPITAL	6,500	6,500	6,500	
	TO NAIROBI	9,500	9,500	9,500	
	TO THIKA	6,500	6,500	6,500	
	TO MERU HOSPITAL	6,500	6,500	6,500	
	TO K. U HOSPITAL	8,000	8,000	8,000	
	PRIVATE HIRE FROM, - TO OUTSIDE EMBU COUNTY TO PAY 30% OVER AND ABOVE THE NORMAL CHARGES TO THE				

	RESPECTIVE DESTINATION.				
	PRIVATE HIRE WITHIN EMBU COUNTY	5,000	5,000	5,000	
1113	DENTAL SERVICES				
	PULPECTOMY	1,500	1,500		-
	PULPOTOMY	1,000	1,000		-
	PROPHYLAXIS	300	300		-
	POSTERIOR	4,000	4,000		-
	PARTIAL DENTURE REPAIRS	300	300		-
	PARTIAL DENTURE SINGLE TOOTH	900	900		-
	DENTAL LAB CONSULTATION	200	200		-
	FINE NEEDLE ASPIRATION	300	300		-
	MARSUPULISATION	1,000	1,000		-
	DENTAL FILLING (MALGAM)	1,500	1,500		-
	DENTAL FILLING (COMPOSITE)	2,000	2,000		-
	ROOT CANAL (ANTERIOR)	3,000	3,000		-
	ROOT CANAL (POSTERIOR)	4,000	4,000		-
	DENTAL SCALING	1,000	1,000		-
	DENTAL EXTRACTION (SIMPLE)	150	150		-
	DENTAL EXTRACTION (DIFFICULT)	500	500		-
	DENTAL STITCHING	300	300		-
	BIO MECHANICAL PREPARATION	-	-		-
	OBTURATION	-	-		-
	PATIENTS REVIEW	-	-		-
	REFERRAL TO MAXILLOFACIAL SURGERY	-	-		-
	DIRECT PULP CAP STAGE I	-	-		-
	DIRECT PULP CAP STAGE II	-	-		-
1114	E.N.T				
	SYRINGING ENT	300	300		-
	SUBMANDIBULAR GLAND EXCISSION	3,000	3,000		-
	TONSILLECTOMY	3,000	3,000		-
	TRIMMING OF THE INFERIOR TUBINATES	3,000	3,000		-
	TRANCHEOSTOMY	3,000	3,000		-
	TRANCHEOSTOMY TUBE PRICE	2,500	2,500		-
	NASAL PACK	500	500		-
	NASAL SINUS SURGERY	3,000	3,000		-
	REMOVAL OF PACK	50	50		-
	POLYPECTOMY	3,000	3,000		-
	PARATIDECTOMY	3,000	3,000		-
	POSTERIOR NASAL PACK	1,500	1,500		-
	REMOVAL OF FB	300	300		-
	DIRECT LARYNGOSCOPY	3,000	3,000		-
	DESOPHAGOSCOPY	3,000	3,000		-
	ENDOCOPY	2,000	2,000		-
	EUA/BIOPSY FOR PNS	3,000	3,000		-
	ENT PAEDIATRIC SURGERY	2,000	2,000		-
	EXCISSIONS	3,000	3,000		-
	INCISION AND DRAINAGE ENT	300	300		-
	LATERAL RHINITOMY	3,000	3,000		-
	HYPOPHARYSCOPY	3,000	3,000		-
	I AND D GA	1,500	1,500		-
	CONSULTATION ENT	100	100		-

	CMD SUBMUCOSALDIATHEMY	3,000	3,000		-
	CHEMICAL CAUTERY	500	500		-
	BIOPSY LN/PUNCH	500	500		-
	BIOPSY UNDER LA	500	500		-
	ADENOTONSILLECTOMY	3,000	3,000		-
	ADENODETOMY	3,000	3,000		-
1115	EYE				
	REMOVAL OF FOREIGN BODY FROM THE EYE	300	300		-
	TEOPAD	30	30		-
	EYE SURGERY	1,000	1,000		-
	STITCHING LID	300	300		-
	GT ARTHROPINE 4%	50	50		-
	GULT GENTAPREDINISONE	50	50		-
	GULPILOCUPINE 4%	50	50		-
	EPILATION	30	30		-
	EYE DROPS	50	50		-
	EYE IRRIGATION	50	50		-
	CONSULTATION EYE	100	100		-
	SURGERY	1,000	1,000		-
1116	GYNAECOLOGICAL/PAP SMEAR CLINIC				
	BREAST EXAMINATION	50	50		-
	CONE BIOPSY	2,500	2,500		-
	COLPOSCOPY	1,000	1,000		-
	INJECTION	100	50		-
	INJECTION SERVICE CHARGE	50	15		-
	TETANUS TOXOID INJ	50	50		-
	DICLOFENAC INJECTION 75MG	50	50		-
1117	LABORATORY				
	SERUM ALBUMIN	250	250	250	250
	ALKALINE PHOSPHATES	250	250	250	250
	ALT- SGPT	250	250	250	250
	AMNIOTIC FLUID SURFACTANT TEST	600	600	600	600
	ASOT TEST	250	250	250	250
	AST- SGOT	250	250	250	250
	BLOOD GROUPING	100	100	100	100
	BILIRUBIN LEVELS (TOTAL/DIRECT)	400	400	400	400
	BLEEDING TIME TEST	250	250	250	250
	BLOOD SUGAR	150	150	150	150
	BLOOD TRANSFUSION PER UNIT	300	300	300	300
	BLOOD CULTURE	1,800	1,800	1,800	1,800
	HEPATITIS A TEST	300	300	300	300
	HEPATITIS B SURFACE ANTIGEN TEST	250	250	250	250
	HEPATITIS C SURFACE ANTIGEN TEST	250	250	250	250
	BLOOD FOR VDRL KHAN	300	300	300	300
	BRUCELLA ANTIGEN TEST	200	200	200	200
	ALL CULTURE AND SENSITIVITY	2,000	2,000	2,000	2,000
	CREATININE	250	250	250	250
	CREATININE CLEARANCE TEST	600	600	600	600
	CSF GLUCOSE	300	300	300	300
	CYTOLOGY FINE NEEDLE ASPIRATE	1,000	1,000	1,000	1,000
	DIRECT COOMBS TEST	250	250	250	250

DU TEST	250	250	250	250
ERYTHROCYTE SEDIMENTATION RATE (ESR)	250	250	250	250
ELECTROLYTES	600	600	600	600
FAECAL OCCULT BLOOD	300	300	300	300
FINE NEEDLE ASPIRATE (FNA)	1,500	1,500	1,500	1,500
GAMMA GT	250	250	250	250
H PYLORI	700	700	700	700
HB TEST	300	300	300	300
HVS FOR MICROSCOPY	300	300	300	300
LFTS	2,000	2,000	2,000	2,000
LIPID PROFILE	1,500	1,500	1,500	1,500
MICRO PROTEN	250	250	250	250
ORAL GLUCOSE TOLERANCE TEST	500	500	500	500
PAP SMEAR FOR CYTOLOGY	1,500	1,500	1,500	1,500
PERIPHERAL BLOOD FILM	400	400	400	400
PREGNANCY TEST	100	100	100	100
PSA	1,500	1,500	1,500	1,500
WET PREP PUS SWAB EAR/EYE/WOUND	200	200	200	200
RHEUMATOID FACTOR	300	300	300	300
SALMONELLA ANTIGEN TEST	600	600	600	600
SEMEN ANALYSIS	1,000	1,000	1,000	1,000
SERUM CALCIUM	300	300	300	300
SKIN SNIPS FOR KOH	400	400	400	400
SICKLING TEST	200	200	200	200
STOOL FOR CHILDREN	100	100	100	100
STOOL FOR OVA AND CYST	150	150	150	150
SYNOVIAL FLUID FOR CULTURE	1,500	1,500	1,500	1,500
TOTAL CHOLESTEROL	300	300	300	300
TOTAL PROTEIN	250	250	250	250
UREA/ELECTROLYTES BELOW 5YEARS	400	400	400	400
UREA/ELECTROLYTES U/E/C	800	800	800	800
UREA CLEARANCE TEST	400	400	400	400
URINALYSIS	150	150	150	150
CHOLERA ANTIGEN TEST	300	300	300	300
INDIRECT COOMBS TEST	250	250	250	250
HBAIC ANALYSIS	1,500	1,500	1,500	1,500
FULL HAEMOGRAM	600	600	600	600
VDRL	400	400	400	400
CRAG TEST	1,500	1,500	1,500	1,500
BONE MARROW ASPIRATE	1,000	1,000	1,000	1,000
BLOOD SLIDE - BS FOR MPS	50	50	50	50
URIC ACID	300	300	300	300
C REACTIVE PROTEIN	1,000	1,000	1,000	1,000
HIGH SENSITIVE C REACTIVE PROTEIN	1,200	1,200	1,200	1,200
D-DIMER TEST	1,200	1,200	1,200	1,200
COVID 19 ANTIGEN TEST	1,500	1,500	1,500	1,500
THYROID FUNCTION TEST	2,000	2,000	2,000	2,000
GENE XPRT TEST	FREE	FREE	FREE	FREE
AFB MICROSCOPY	FREE	FREE	FREE	FREE
TB LAM ANTIGEN TEST	FREE	FREE	FREE	FREE
TB LAMP TEST	FREE	FREE	FREE	FREE
PITC	FREE	FREE	FREE	FREE

	BLOOD SLIDE CHILDREN	FREE	FREE	FREE	FREE
1118	MAIN THEATRE				
	IUCD REMOVAL UNDER GA	1,500	1,500		-
	INTERLOCKING NAIL.	4,000	4,000		-
	I AND D UNDER GA	1,500	1,500		-
	I AND D UNDER LA	600	600		-
	HYPOSPADIAN REPAIR.	300	300		-
	HYDROCELE UNDER GA	3,000	3,000		-
	HERNIOTOMY CHILDREN UNDER GA	3,000	3,000		-
	HERNIORRAPHY UNDER GA	3,000	3,000		-
	HERNIORRAPHY UNDER LA	3,000	3,000		-
	HAEMORPHOIDECTOMY GA	3,000	3,000		-
	GLOVES THATRE	50	50		-
	GIVING SET.	50	50		-
	GIVING SET (BLOOD)	70	70		-
	GAUZE PAD OF 10.	100	100		-
	EXTERNAL FIXATION UNDER GA	3,000	3,000		-
	EXCISION BIOPSY OF SALIVARY	3,000	3,000		-
	EUA GA	1,500	1,500		-
	DILATION AND CURATIVAGE GA	1,500	1,500		-
	DESTRUCTIVE DELIVERY	1,500	1,500		-
	DAY CASE MINOR SURGERY	1,000	1,000		-
	CYCOSCOPY	3,000	3,000		-
	CUTGUT SINGLE	100	100		-
	CUT DOWN UNDER LA	200	200		-
	CRANIOTOGMY ELEVATION OF SKULL	4,000	4,000		-
	COLOSTOMY	3,000	3,000		-
	CLEFT LPI/PALATE CLIENTS	8,000	8,000		-
	CLEFT LIP OPERATION AND PILATE	3,000	3,000		-
	CIRCUMCISION UNDER GA	1,500	1,500		-
	CIRCUMCISION	1,000	1,000		-
	CHORDCE REPAIR.	3,000	3,000		-
	CHEST TUBE UNDER LA	1,000	1,000		-
	CERVICAL REPAIR UNDER GA	1,500	1,500		-
	CATHETERIZATION LA	100	100		-
	CATHETER	100	100		-
	HME FILTER	300	300		-
	BURST ABDOMINAL REPAIR LA	600	600		-
	BURST ABDOMEN GA.	1,500	1,500		-
	B.T.L BILATERAL TUBALYCTIA	1,500	1,500		-
	BRANULA.	50	50		-
	BONE MARROW LA PROCEDURE	200	200		-
	BIOPSY UNDER LA.	600	600		-
	BIOPSIES GA	1,500	1,500		-
	BIOPSIES AND STITCHING GA.	1,500	1,500		-
	APPENDICECTOMY UNDER GA	3,000	3,000		-
	AMPUTATION UNDER GA.	3,000	3,000		-
	ANAESTHESIA.	1,000	1,000		-
	AGICIES OF TENDER UNDER LA	1,000	1,000		-
	AGICIES OF TENDER UNDER GA	2,500	2,500		-
	I.V FLUID PER BOTTLE	100	100		-
	K KNAIL OWN NAIL	3,000	3,000		-
	K NAIL UNDER GA	6,500	6,500		-

K WIRE UNDER GA	3,000	3,000		-
LAPARATOMES UNDER GA	3,000	3,000		-
LUMBER PUNCTURE LA.	100	100		-
MAJOR OPERATION.	3,000	3,000		-
MAJOR SKIN GRAFTING.	3,000	3,000		-
MANIPULATION REDUCTION	500	500		-
MANUAL ANNUAL DILATION MAD	1,000	1,000		-
MANIPULATION ANDREDUCTION GA	1,000	1,000		-
MASTECTOMY GA	3,000	3,000		-
MC DONALD STITCH GA	1,500	1,500		-
MINOR OPERATION GA.	1,500	1,500		-
MINOR OPERATION LA	600	600		-
MINOR OPERATION UNDER LA	1,000	1,000		-
MURSIPIALIZATION GA	1,500	1,500		-
MYOMECTOMY GA	3,000	3,000		-
NEOCYSTOSTOMY.	3,000	3,000		-
NEPHRECTOMY.	3,000	3,000		-
NG TUBE DRAIN	100	100		-
NG TUBE FIXATION LA	100	100		-
NYLON PER PIECE	50	50		-
OPEN REDUCTION OWN PLATES/WIRE	3,000	3,000		-
OPERATION UNDER 5YEARS	1,500	1,500		-
ORCHIDOPLEXY/CHILDECTOMY	3,000	3,000		-
ORHIDOPHXY.	3,000	3,000		-
PAEDIATRIC SURGERY G WARD	2,000	2,000		-
PLAING UNDER GA OWN PLATE	3,000	3,000		-
POLYPECTOMY GA.	1,500	1,500		-
PYELOPLASTY	3,000	3,000		-
REMOVAL OF EXTERNAL FIXATION	1,500	1,500		-
REMOVAL OF EXTERNAL FIXATOR	1,500	1,500		-
REMOVAL OF FOREIGN BODY	1,500	1,500		-
REMOVAL OF K. WIREUNDER GA	1,500	1,500		-
REMOVAL OF PLACENTA GA.	1,500	1,500		-
REMOVAL OF TYROGLOID CYST	2,500	2,500		-
SALPHINGOTOMY UNDER GA	3,000	3,000		-
SEQUESTRECTOMY GA	3,000	3,000		-
SILK SINGLE	150	150		-
SKIN GRAFT GA MINOR	1,500	1,500		-
SPINAL BLOCK ANAETHESIA	1,000	1,000		-
SPINAL NEEDLE.	200	200		-
SPLENECTOMIES GA.	3,000	3,000		-
STERILE GLOVES PER PAIR	50	50		-
SUBTOTAL HYSTERECTOMY GA	3,000	3,000		-
WIRING OF PATELLAS GA.	1,500	1,500		-
WIDE EXCISION GA	1,500	1,500		-
VICRYL SINGLE	200	200	200	
MAJOR OPERATION.	4,000	4,000		-
VAGOTOMY/DRAINAGE/A,ASTP,PSOS	4,000	4,000		-
VACUUM EXTRATION LA	500	500		-
URINE BAG.	100	100		-
URINARY DIVERSION.	3,000	3,000		-
URETHROPLASTY.	3,000	3,000		-
UNDER WATER SEAL DRAINAGE	1,500	1,500		-

	TORSION OF TESTES EXPLORATION.	3,000	3,000		-
	THYROIDECTOMY GA.	3,000	3,000		-
	THREE WAY CATHETER.	100	100		-
	TARSAL PLATE NOTATION LA.	500	500		-
	TOTAL ABDOMINAL HYSTERECTOMY	4,000	4,000		-
	SYRINGES MAIN THEATRE	30	30		-
	SURGICAL TOILET MAJOR UNDER LA	3,000	3,000		-
	SURGICAL TOILET MINOR UNDER GA	1,500	1,500		-
	SURGICAL CELL.	900	900		-
	SURGICAL BLADE EACH	20	20		-
	SUPRAPUBLIC CYSTOMY LA	600	600		-
	BILATERAL TUBE LIGATION (THEATRE)	1,500	1,500		-
	POS PASSAGE OF SOUNDS GA	1,500	1,500		-
	PROSTATECTOMY UNDER GA.	4,000	4,000		-
	SPINAL BLOCK ANAESTHESIA MAT	1,000	1,000		-
	SPINAL NEEDLE MAT	200	200		-
	CORD CLAMP	40	40		-
	CUTGUT	100	100		-
	GAUZES 10 PIECES	100	100		-
	VICRYL	200	200		-
	ANAESTHESIA	1,000	1,000		-
	SURGICAL BLADE	20	20		-
	BRANULA MAT	50	50		-
	URINE BAG	100	100		-
	NYLON	100	100		-
	CEASERIAN SECTION	3,000	3,000		-
1119	MEDICAL EXAMINATION				
	AGE/MENTAL ASSESSMENT	500	500	500	
	INSURANCE FORMS FILLING	1,500	1,500	1,500	
	NSSF ENVALIDITY CLAIM FORM	1,500	1,500	1,500	
	MEDICAL BOARD	1,500	1,500	1,500	
	MEDICAL EXAMINATIONS PHYSICAL	500	500	500	
	WORKMANS COMPENSATION	1,500	1,500	1,500	
1120	MEDICAL LEGAL				
	VERIFICATION OF MEDICAL RECORDS	1,000	1,000	-	
	MEDICAL REPORT	1,000	1,000	-	
	MEDICAL CERTIFICATES	500	500	-	
	MARRIAGE MED EXAM	1,000	1,000	-	
	P3 FILLING			-	
	ATTACHMENT	2,000	2,000	-	
	BIRTH AND DEATHS VERIFICATION	200	200	200	
1121	MISCELANEOUS STORE				
	CONDEMNED FOODSTUFF SALE	400	400	400	
	DAMAGES OF ITEMS	1,000	1,000	1,000	
	DEPOSIT TENDER PAYMENT	1,000	1,000	1,000	
	CARTON ONE	20	20	20	
	BUCKET/JERICAN 20L	100	100	100	
	KITCHEN PEELING (PER MONTH)	500	500	-	
	HIRE LECTURE HALL PER DAY	3,000	3,000	-	
	HIRING OF LAPTOP COMPUTER PER DAY	1,000	1,000	-	
	GUNNY BAGS	15	15	-	
	PHOTOCOPY	3	3	3	
	PERSONAL PACK FOR AMENITY	1,000	1,000	1,000	

	RENT FOR HOSP. KIOSK (PER MONTH)	3,000	2,500	2,000
	STAFF WELFARE	1,000	1,000	1,000
	MISCELLANEOUS CLEANSING	100	100	100
	UNDER SEAL KIT	4,000	4,000	4,000
	JERICAN 5 LITRES	20	20	20
1122	MORTUARY			
	BROUGHT IN DEAD B.I.D (PER DAY)	300	300	300
	BODIES FROM OTHER HOSPITALS (PER DAY)	500	500	500
	BODY - PER DAY FROM WARD	200	200	200
	LAST OFFICE - HOME/POLICE CASES	300	300	300
	LAST OFFICE FOR OUTSIDE CASES	200	200	200
	INFECTION CONTROL	50	50	50
	EMBALMENT 7 DAYS PERIOD	3,100	3,100	3,100
	EMBALMENT UNDER 5YRS	2,100	2,100	2,100
	POSTMORTEM	3,000	3,000	3,000
1123	NUTRITION			
	REPLACE DIABETIC NUTRITION POWDER	1,800	1,800	1,800
	SHAKE			
	REPLACE NUTRITIONAL POWDER SHAKE	1,500	1,500	1,500
	NUTRITION CONSULTATION	50	50	50
	FORMULA FEEDS PER TIN	1,000	1,000	-
	LIFEGAIN DIETARY SUPPLEMENT 300G	2,000	2,000	2,000
1124	OCCUPATIONAL THERAPY			
	DEVELOPMENTAL EVALUATIONS	-	-	-
	HEALTH EDUCATION	-	-	-
	DIABETIC FOOT CARE TRAINING	-	-	-
	DEVELOPMENTAL SKILLS TRAINING	-	-	-
	ADLS TRAINING	-	-	-
	SOCIAL SKILLS TRAINING	-	-	-
	SPLINTING	-	-	-
	PRESSURE GARMENTS	-	-	-
	SENSORY INTEGRATION	-	-	-
	THERAPEUTIC EXERCISES AND ACTIVITIES	-	-	-
	BEHAVIOR MODIFICATION TRAINING	-	-	-
	VOCATIONAL ASSESSMENT AND TRAINING	-	-	-
	PATIENT TRANSFERS TRAINING	-	-	-
	ENVIRONMENTAL ADAPTATION AND MODIFICATIONS	-	-	-
	COMMUNITY INTEGRATION	-	-	-
	ASSESSMENT AND FITTING OF SPECIAL AIDS	-	-	-
	COMPENSATORY SKILLS TRAINING	-	-	-
	SPEECH ASSESSMENT AND TRAINING	-	-	-
	PAEDIATRIC OT	100	100	100
	INITIAL ASSESSMENT O.T	300	300	300
	PHYSICAL DYSFUNCTION OT OPD	100	100	100
	SPECIAL AIDS (OT ADULT UPPER EXTRIMITY)	1,500	1,500	1,500
	PHYSICAL DYSFUNCTION OT INPATIENT	100	100	100

	SPECIAL AID(OT)PHILADEPHIA	3,000	3,000	3,000
	CERVICAL COLLAR			
	DEVELOPMENTAL STIMULATION	-	-	-
	AMENITY OT SERVICES	200	200	200
	O.T PRIVATE SERVICES	400	400	400
	CASTING PEADIATRICS	300	300	300
	SPECIAL AIDS O.T CHILDREN	1,000	1,000	1,000
	SPECIAL AIDS (O.T ADULT LOWER EXTRIMITY)	2,000	2,000	2,000
	MASSAGE	-	-	-
	ELECTRICAL STIMULATION	-	-	-
	THERAPEUTIC ACTIVITY	-	-	-
	SPECIAL SCHOOL/EDUCATION	300	300	300
1125	ASSEMENT			
	PEDIATRIC OT INPATIENT	100	100	100
	HAND THERAPY	-	-	-
	PSYCHIATRY OT	100	100	100
	DRIVERS ASSESSMENT	-	-	-
1126	ORTHOPAEDIC			
	APDK	1,000	1,000	1,000
	CONSULTATION ORTHOPAEDIC	200	200	100
	CERVICAL COLAR CHILDREN	500	500	500
	EVAFOAM SHEET	500	500	500
	KNEE CAPS	250	250	250
	INSOLES PAIR ADULT	400	400	400
	INSOLES PAIR CHILDREN	200	200	200
	WALKING CANE METALLIC	300	300	300
	WALKING CANE WOODEN	150	150	150
	WALKING FRAME ADULT	2,000	2,000	2,000
	WALKING FRAME CHILD	1,000	1,000	1,000
	TRIPOD STAND	700	700	700
	SURGICAL BOOT PAIR	2,000	2,000	2,000
	SURGICAL BOOT SINGLE	1,500	1,500	1,500
	STEEN BEEK ABDUCTION BRACE	1,000	1,000	1,000
	T-STRAPS	100	100	100
	THORACO-LUMBER CORSET	3,500	3,500	3,500
	RAISING PER IN CH	100	100	100
	PROSTHETIC FOOT	4,000	4,000	4,000
	POLYPROPYLENE SHEET	2,000	2,000	2,000
	MAJOR REPAIR	400	400	400
	MCR SHEET	300	300	300
	MINOR REPAIR CHILD	200	200	200
	METALIC AXILLARY CRUTCHES	1,200	1,200	1,200
	POP PER ROLL	300	300	300
	POP POWDER 50KG	1,500	1,500	1,500
	CRUTCHES CHILDREN	250	250	250
	CERVICAL COLLAR ADULT	1,000	1,000	1,000
	TLSO ADULT	2,500	2,500	2,500
	TLSO CHILDREN	1,800	1,800	1,800
	SERVICE CHARGE	150	150	150
	CRUTCHES ADULT	400	400	400
	ALLUMINIUM CRUTCHES	1,500	1,500	1,500
	BELOW KNEE PROSTHESIS	10,000	10,000	10,000

	ELBOW CRUTCHES PAIR	1,000	1,000	1,000	
	ELBOW CRUTCHES SINGLE	500	500	500	
	SPLINT-MARMAID CHILD	1,000	1,000	1,000	
	SPLINT-WRIST DROP	300	300	300	
	BILATERAL A/K BRACE/KAFOS	3,000	3,000	3,000	
	UNILATERAL A/K BRACE/KAFOS	1,500	1,500	1,500	
	KNEE BRACE	1,500	1,500	1,500	
	BILATERAL BK BRACE ADULT/AFOS	2,500	2,500	2,500	
	UNILATERAL BK BRACE ADULT / AFO	1,000	1,000	1,000	
	UNILATERAL BK BRACE CHILDREN / AFOS	500	500	500	
	BILATERAL BK BRACE CHILDREN / AFOS	1,000	1,000	1,000	
	EXEMPTIONS ORTHOPEADICS	-	-	-	
1127	OUTPATIENT				
	REGISTRATION	200	150	100	50
	REGISTRATION FOR CHILDREN (5YEARS AND BELOW)	FREE	FREE	FREE	FREE
	NEBULIZATION	100	100	100	
	NORMAL SALINE	150	150	150	
	OXYGEN THERAPY	200	200	200	
	SEARCH FOR SERIAL NUMBER	100	100	100	
	POST RAPE CARE	FREE	FREE	FREE	FREE
	VAGINAL EXAMINATION	100	100	100	
	SURGICAL TOILET OPD	500	500	500	
	STITCHING EMERGENCY	300	300	300	
	STITCHING REMOVAL	50	50	50	
	EXCISION OPERATION LA	500	500	500	
	GASTRIC LAVAGE	500	500	500	
	5% DEXTROSE	80	80	80	
	50% DEXTROSE	120	120	120	
	ANTIRABIES VACCINE	500	500	500	
	DRESSING GENERAL	100	100	100	
	INCISION AND DRAINAGE OPD	500	500	500	
	DRESSING	50	50	50	
	REMOVAL OF STITCHES OPD	50	50	50	
	CIRCUMCISION OPD	1,000	1,000	1,000	
	CATHETERIZATION OPD	200	200	200	
	SYRINGE	30	30	30	
	BRANULAR	50	50	50	
	INJECTION OWN DRUG	50	50	50	
	CLEANSING / DISINFECTION - DOPC	-	-	-	
1128	PAEDIATRIC				
	BED CHARGES - PAEDIATRIC WARD	200	200	200	
1129	FACILITY PHARMACY				
	DESCRIPTION	AMOUNT	AMOUNT	AMOUNT	AMOUNT
		KSH.	T KSH.	T KSH.	T KSH.
	ACYCLOVIR 400MG TABS (PER TAB)	10	10	10	10
	ACYCLOVIR OINTMENT	130	130	130	130
	ADRENALINE INJ (AMP)	30	30	30	30
	ALBENDAZOLE 400MG PER TAB	15	15	15	15

AMIKACIN 250MG/ML	130	130	130	130
AMINOPHYLLINE INJECTION	30	30	30	30
AMITRIPTYLINE 25 MG TABS (LAROXYL) PER DOSE	40	40	40	40
AMOXYCLAV 375MG PER DOSE	260	260	260	260
AMOXICILLIN 250MG CAPS PER DOSE	100	100	100	100
AMOXICILLIN 125MG/5ML SYRUP	60	60	60	60
AMOXYCLAV 228MG/5ML SUSP	240	240	240	240
AMOXYCLAV 625 MG PER TAB	25	25	25	25
AMPICILLIN/CLOXACILLIN 250MG/5ML SYRUP	70	70	70	70
ANTACID TABS	10	10	10	10
ANTI D 150 UG /ML EACH 2ML VIAL	7,400	7,400	7,400	7,400
ANTI SNAKE VENOM	6,800	6,800	6,800	6,800
ASPIRIN 300MG TABS	10	10	10	10
ATENOLOL 50MG TAB EACH	2	2	2	2
ATROPINE EYE DROPS 1%	200	200	200	200
ATROPINE INJ PER AMP	50	50	50	50
ATROVENT INHALATION	1,800	1,800	1,800	1800
BACTACEF 1GM INJ	370	370	370	370
BECLOMETHASONE INHALER	270	270	270	270
CHLORPHENIRAMINE 4MG TABS DOSE	10	10	10	10
CHLORPHENIRAMINE INJ	30	30	30	30
CHLORPROMAZINE 100MG TABS (LARGACTIL) PER DOSE	30	30	30	30
CIPROFLOXACIN 250MG 30S	100	100	100	100
CIPROFLOXACIN 500MG 14S	100	100	100	100
CIPROFLOXACIN INJ. PER BOTTLE	150	150	150	150
CLOTRIMAZOLE CREAM	50	50	50	50
CLOTRIMAZOLE PESSARIES	40	40	40	40
COMBIVENT INHALATION	150	150	150	150
COTRIMOXAZOLE 480MG (SEPTRIN) TABs	40	40	40	40
COTRIMOXAZOLE (SEPTRIN) SYRUP	40	40	40	40
DAPSONE TABS EACH	2	2	2	2
DARROWS HALF STRENGTH I.V FLUID - BOTTLE	100	100	100	100
DEXAMETHASONE 0.5MG PER TAB	2	2	2	2
DEXAMETHASONE INJECTION	50	50	50	50
DEXTRAN I.V PER BOTTLE	700	700	700	700
DEXTROSE 5% I.V PER BOTTLE	80	80	80	80
DIAZEPAM 5MG TABS	30	30	30	30
DIAZEPAM INJ	50	50	50	50
DICLOFENAC 50MG TABS - PER 15S	30	30	30	30
DICLOFENAC 75MG INJ (AMPL)	10	10	10	10
DICLOFENAC INJ IN WARD	30	30	30	30
DICLOFENAC SUPPOSITORIES EACH	50	50	50	50
DIGOXIN TABS - PER 30S	90	90	90	90
DIHYDROCODEINE 30MG TABS EACH	15	15	15	15
DOXYCYCLINE 100MG CAPS PER DOSE	65	65	65	65
ENALAPRIL 5MG PER TAB	4	4	4	4
ERYTHROMYCIN 125MG/ML SUSPENSION	100	100	100	100
IMIPRAMINE TABS PER DOSE	30	30	30	30

INSULIN (MIXTARD) 30/70	400	400	400	400
INSULIN PER JAB	40	40	40	40
INSULIN SOLUBLE PER VIAL	200	400	400	400
INSULIN SYRINGE EACH	15	15	15	15
KETACONAZOLE 200MG TAB EACH	7	7	7	7
KETAMINE INJ. 50MG/ML(VIAL)	180	180	180	180
KY JELLY(PER TUBE)	205	205	205	205
LEVOTHYROXINE TABS 100MG	80	80	80	80
LIGNOCAINE INJ PER JAB	20	20	20	20
LIGNOCAINE INJ PER VIAL	50	50	50	50
LIGNOCAINE/ADRENALINE (D.CART)	30	30	30	30
LOPERAMIDE2MG (IMODIUM) CAPS DOSE	65	65	65	65
MAGNESIUM SULPHATE INJ. 50%	380	380	380	380
MANNITOL BOTTLE	380	380	380	380
MEBENDAZOLE TABS	30	30	30	30
METFORMIN 500MG TAB EACH	3	3	3	3
METHYLDOPA 250MG TABS EACH	5	5	5	5
METOCHLOPROPAMIDE (PLASIL)INJ	50	50	50	50
METOCHLOPROPAMIDE10MG TABS PER DOSE	40	40	40	40
METRONIDAZOLE 200MG TABS PER 30S	30	30	30	30
METRONIDAZOLE I.V PER BOTTLE	70	70	70	70
METRONIDAZOLE SYRUP	50	50	50	50
MICROFENTANYL INJ (AMP)	210	210	210	210
MORPHINE 10MG/ML SYRUP 100ML	600	600	600	600
MORPHINE INJ PER AMP	100	100	100	100
MULTIVIT TABS PER 30S	30	30	30	30
NALIDIXIC ACID TABS PER DOSE	65	65	65	65
QUININE 300MG TABS DOSE	95	95	95	95
QUININE DROPS	130	130	130	130
QUININE INJ	40	40	40	40
RANITIDINE 150MG TAB EACH	7	7	7	7
RANITININE 25MG/ML INJ EACH	20	20	20	20
SALBUTAMOL 4MG TAB DOSE	30	30	30	30
SALBUTAMOL INHALER PER PUFF	65	65	65	65
SALBUTAMOL NEBULIZER SOLUTION	600	600	600	600
SALBUTAMOL SYRUP	30	30	30	30
SENNA TABS	55	55	55	55
SILVERSULPHADIAZINE CREAM TIN 100G	130	130	130	130
SODIUM BICARBONATE AMP	140	140	140	140
SUXAMETHONIUM (SCOLINE) CL.INJ	45	45	45	45
TETRACYCLINE EYE OINTMENT (T.E.O).	30	30	30	30
TETRACYCLINE SKIN OINTMENT	40	40	40	40
THIOPENTONE INJ 500MG VIAL	300	300	300	300
TINIDAZOLE 500MG TABS DOSE	50	50	50	50
TRANEXAMIC ACID 500MG AMP	200	200	200	200
VITAMIN B COMPLEX TABS	30	30	30	30
VITAMIN B12 INJ VIAL	40	40	40	40
VITAMIN K 10MG/ML INJ (ADULT)	150	150	150	150
VITAMIN K 2MG/ML INJ (PAEDS)	190	190	190	190
WHITEFIELD OINTMENT	30	30	30	30

XYLOCAINE PUMP SPRAY (50MLS)	1,920	1,920	1,920	1,920
ZINC SULPHATE 20MG PER TAB	3	3	3	3
ZINC SULPHATE EYE DROP	110	110	110	110
BENZATHINE PENICILINE 2.4M.U. INJ	65	65	65	65
BENZHEXOL 5MG TABS (ARTANE) PER DOSE	30	30	30	30
BENZYL BENZOATE 25% LOTION	70	70	70	70
BENZYL PENICILLIN 1M.U. (CR.ADULT)	30	30	30	30
BENZYL PENICILLIN 5M.U. (CR.ADULT)	50	50	50	50
BETAMETHASONE CREAM	50	50	50	50
BRUFEN 200MG TABS	30	30	30	30
BUPIVACAINE HEAVY SPINAL 5MG	80	80	80	80
BUPIVACAINE PLAIN PER AMPOULE	500	500	500	500
BUSCOPAN 10MG TABS	4	4	4	4
CALAMINE LOTION	80	80	80	80
CALCIUM GLUCONATE INJ	130	130	130	130
CAPTOPRIL 25MG TABLET	5	5	5	5
CARBAMAZEPINE 200MG PER TAB	4	4	4	4
CARBIMAZOLE 5MG TABS EACH	5	5	5	5
CEFTRIAZONE 1G INJ	100	100	100	100
CERTRIAZONE 250MG INJ	100	100	100	100
CHLOPROMAZINE INJ 50MG/ML (AMP)	50	50	50	50
CHLORAMPHENICOL 1GM INJ PER VIAL	50	50	50	50
CHLORAMPHENICOL CAPS 250MG EACH	5	5	5	5
CHLORAMPHENICOL SYRUP	50	50	50	50
CHLORPHENIRAMINE 2MG/5ML SYRUP	30	30	30	30
ERYTHROMYCIN 250MG PER DOSE	130	130	130	130
FANSIDAR (3TABS)	40	40	40	40
FERROUS SULFATE 200MG TABS PER 30S	30	30	30	30
FLUCLOXACILLIN 250MG CAPS DOSE	150	150	150	150
FLUCLOXACILLIN 250MG INJ PER VIAL	65	65	65	65
FLUCONAZOLE (DIFLUCAN) INJ 2MG/ML/100ML I.V	200	200	200	200
FLUCONAZOLE 200MG EACH	20	20	20	20
FLUPETHIXOL DECANOATE 20MG/ML	1,200	1,200	1,200	1200
FLUPHENAZINE 25MG/ML (MODECATE) INJ	130	130	130	130
FOLIC 5MG TABS	30	30	30	30
FRUSEMIDE /LASIX TAB EACH	1	1	1	1
FRUSEMIDE INJ (AMP)	50	50	50	50
GENTAMYCIN 20MG/2ML AMP	50	50	50	50
GENTAMYCIN 80MG/2ML AMP	30	30	30	30
GENTAMYCIN EYE DROPS	30	30	30	30
GLIBENCLAMIDE 5MG PER TAB	2	2	2	2
HALOPERIDOL 50MG/ML INJ (AMP)	400	400	400	400
HALOPERIDOL 5MG (SERENACE) PER TAB	2	2	2	2
HARTMANN'S PER BOTTLE	80	80	80	80
HEPARIN INJ 5000IU/ML	600	600	600	600
HYDRALAZINE 25MG TABLETS EACH	4	4	4	4
HYDRALLAZINE 20MG INJ	640	640	640	640
HYDROCHLOTHIAZIDE 50MG TABS PER 30S	30	30	30	30
HYDROCORTISONE 1% CREAM	50	50	50	50

	HYDROCORTISONE EYE DROPS	1,140	140	140	140
	HYDROROCORTISONE INJ	40	40	40	40
	HYOSCINE BUTYLBROMIDE (BUSCOPAN) INJ	50	50	50	50
	NALOXONE INJ 0.4/ML	400	400	400	400
	NEOSTIGMINE 2.5MG/ML	50	50	50	50
	NIFEDIPINE 20MG TABS EACH	2	2	2	2
	NITROFURANTOIN 100MG TAB DOSE	40	40	40	40
	NORFLOXACIN 400MG PER TAB	5	5	5	5
	NORMAL SALINE PER BOTTLE	80	80	80	80
	NYSTATIN ORAL DROPS (BOTTLE)	80	80	80	80
	OMEPRAZOLE 20MG EACH	3	3	3	3
	ORS PER SATCHET	15	15	15	15
	OXYTOCIN INJ (AMP)	26	26	26	26
	PANCURONIUM BROMIDE 2MG/ML INJ	100	100	100	100
	PARACETAMOL 500MG TABS DOSE	30	30	30	30
	PARACETAMOL INJ PER VIAL	100	100	100	100
	PARACETAMOL SUPPOSITORIES 125MG EACH	15	15	15	15
	PARACETAMOL SYRUP	30	30	30	30
	PETHIDINE PER AMP	100	100	100	100
	PHARMACY RESEACH AND ATTACHMENT	1,000	1,000	1,000	1,000
	PHENOBARBITONE 30MG TAB EACH	1	1	1	1
	PHENOBARBITONE INJ	530	530	530	530
	PHENYTOIN (EPANUTIN) INJ 250MG/5ML	310	310	310	310
	PHENYTOIN INJ	300	300	300	300
	PHENYTOIN SODIUM 50MG TABS EACH	2	2	2	2
	POTASSIUM CHLORIDE INJ	100	100	100	100
	PRALIDOXINE MESYLATE INJ (AMP)	1,830	1,830	1,830	1830
	PREDNISOLONE 5MG TABS EACH	1	1	1	1
	PROMETHAZINE TABS DOSE	30	30	30	30
	PROPOFOL 1% INJ	350	350	350	350
	PROPRANOLOL TABS 40MG DOSE	40	40	40	40
1130	COMMUNITY REVOLVING PHARMACY				
	DESCRIPTION	SELLING PRICE PER UNIT (KES) ALL CATEGORIES OF HEALTH FACILITIES			
	AMITRIPTYLINE HYDROCHLORIDE TABLETS 25MG, 100 PACK	1			
	AMLODIPINE BESYLATE TABLETS 5 MG 28 PACK	2			
	ASPIRIN (ACETYL SALICYLIC ACID) CARDIAC TABLETS 75MG, 30 PACK	2			
	ATENOLOL TABLETS 50MG, 100 PACK	2			
	ATORVASTATIN TABLETS 20MG, 28/30 PACK	3			
	BECLOMETHASONE INHALER, 100MCG, 200DOSES CANISTER	265			
	BENZHEXOL HYDROCHLORIDE TABLETS 5MG, 100 PACK	2			
	BISOPROLOL TABLETS 5MG 100PACK	13			
	CARBAMAZEPINE SYRUP 100MG/5ML, 150ML BOTTLE	467			

CARBAMAZEPINE(NEUROTROL)TABS 200MG ,100PCK	4			
CHLORPROMAZINE HYDROCHLORIDE TABLETS 100MG, 100 PACK	4			
DIAZEPAM SCORED TABLETS 5MG, 100 PACK	1			
ENALAPRIL TABLETS 10MG, 28 PACK	2			
FLUOXETINE HCL CAPSULES 20MG 100 PACK	4			
FUROSEMIDE 40MG TABLETS B/P 100 PACK	1			
GLIBENCLAMIDE TABLETS 5MG, 28 PACK	3			
GLICLAZIDE TABLETS 80MG, 28 PACK	8			
HALOPERIDOL TABLETS 5MG, 100 PACK	3			
HYDROCHLORTHIAZIDE TABLETS 25MG, 100 PACK	2			
INSULIN (MIXTARD) INJECTION 30/70 100I.U/ML, 10ML VIAL	475			
LABETALOL TABLETS 200MG 56/PK	63			
LOSARTAN TABLETS 50MG, 30 PACK	3			
METFORMIN TABLETS 500MG, 28 PACK	3			
METHYLDOPA TABLETS 250MG, 100 PACK	7			
OLANZAPINE TABLETS 5MG 100 PACK	6			
PHENOBARBITONE TABLETS 30MG, 100 PACK	1			
PHENYTOIN SODIUM CAPSULES 100MG, 84 PACK	11			
PREDNISOLONE TABLETS 5MG, 100 PACK	1			
RISPERIDONE TABLETS 2MG 50 PACK	20			
SALBUTAMOL INHALLER 100MCG 200 DOSE	220			
SHARPS CONTAINER, SAFETY BOX, PAPER, 5 LITRES, PER PIECE	115			
SODIUM VALPROATE (VALPROIC ACID) 500MG TABLETS 100 PACK	55			
SODIUM VALPROATE TABLETS 200MG, 100 PACK	13			
SPIRONOLACTONE TABLETS 25MG, 1,000 PACK BLISTER	6			
SWAB, PRE-INJECTION ALCOHOL BASED 100 PACK	1			
SYRINGES DISP-INSULIN W/NEEDLE G30.100 I.U 100/PCK	15			
OLANZAPINE TABLETS 10MG 100 PACK	8			
CARVEDILOL TABLETS 6.25MG 28PACK	5			
GLUCOPHAGE 500MG(METFORMIN)	4			
PIOGLITAZONE 30MG	4			
CARVEDILOL TABLETS 25MG 28PACK	10			
MELOXICAM 15MG 50PACK	3			
VILDAGLIPTIN 50MG 56PACK	7			
VITAMIN B COMPLEX (VIT-B1,B6,B12)	9			

	LOS005 LOSARTAN H(CARIDTAN H) 50/12.5MG 28PACK	3			
1131	PHYSIOTHERAPY				
	THORACO DORSAL COSSET	10,000	10,000	-	-
	T.L.S.O NOVA	7,500	7,500	-	-
	LUMBAR SUPPORT SUPER	3,500	3,500	-	-
	LUMBER COSSET	2,000	2,000	-	-
	PHYSIO EXCERCISES P/SESSION	100	100	-	-
	PHYSIOTHERAPY AMENITY	400	400	-	-
	PHYSIOTHERAPY ON DEMAND	200	200	-	-
	PRIVATE PHYSIOTHERAPY	1,000	1,000	-	-
	ROUTINE PHYSIOTHERAPY	200	150	100	-
	ELBOW STRAP	400	400	-	-
	INTERMITTENT TRACTION	200	200	-	-
	IPD PAEDIATRIC PHYSIOTHERAPY	100	100	-	-
	IPD PHYSIOTHERAPY-GENERAL WARDS	200	200	-	-
	KNEE SUPPORT	800	800	-	-
	KNEE SUPPORT HIGDED	3,500	3,500	-	-
	CERVICAL COLLAR RIGID	2,000	2,000	-	-
	CERVICAL COLLAR SOFT	800	800	-	-
	CASTING AND SPLINTING	150	150	-	-
	ANKLE SUPPORT	500	500	-	-
	A/K STOCKING MEDIX	3,500	3,500	-	-
	B/K STOCKINGS	3,000	3,000	-	-
	GROUP THERAPY	50	50	-	-
	POP	300	300	-	-
	CREPE BANDAGE	80	80	-	-
	LUMBAR SUPPORT STANDARD	2,500	2,500	-	-
	BRACE (OPEN PATELLA)	2,400	2,400	-	-
	SPINAL BRACE (MEDEX)	4,000	4,000	-	-
	ARM SLING	600	600	-	-
	V. VEINS STOCKINGS	2,500	2,500	-	-
1132	PLASTER				
	COTTON WOOL PRR SESSION ADULT	100	100	-	-
	COTTON WOOL PRR SESSION CHILD	50	50	-	-
	BELOW ELBOW POP	500	500	-	-
	BELOW ELBOW POP E.G FRACTURE	600	600	-	-
	COLLES				
	BELOW KNEE POP	600	600	-	-
	APPLICATION OF SKELETAL ADULT	500	500	-	-
	SERVICE CHARGE				
	APPLICATION OF TRACTION CHILD	500	500	-	-
	SERVICE CHARGE				
	APPLICATION OF TRACTION SKIN	500	500	-	-
	ADULT				
	SERVICE CHARGE				
	ARMSLING ADULT	70	70	-	-
	ARMSLING CHILD	50	50	-	-
	BANDAGE/ ARMSLING SERVICES	15	15	-	-
	BANDAGING ARMSLING ADULT	50	50	-	-
	BANDAGING ARMSLING CHILD	50	50	-	-
	ABOVE ELBOW	600	600	-	-
	ABOVE ELBOW FRACTURE MIDSHFT	700	700	-	-

	POP				
	ABOVE KNEE POP	500	500	-	-
	ABOVE KNEE POP FRACTURE MIDSHFT	1,000	1,000	-	-
	TIBIA				
	FEMUR SKIN TRACTION ADULT SIZE	1,500	1,500	-	-
	FULL LENGTH POP	700	700	-	-
	FULL LENGTH POP E.G FRACTURE	50	50	-	-
	FEMUR DISTAL				
	HIP SPICA	700	700	-	-
	STAMINA PIN INSERTION	1,500	1,500	-	-
	STEINNANNS PIN LA	300	300	-	-
	SKIN TRACTION SMALL SIZE	500	500	-	-
	POP BOOT E.G FRACTURE TARSAL BONE	700	700	-	-
	POP SERVICES CHARGE	100	100	-	-
	POP UPLAP E.G HUMERUS+CREPE	700	700	-	-
	BANDAGE				
	REDUCTION OF DISLOCATION ADULT	500	500	-	-
	REDUCTION OF DISLOCATION CHILD	500	500	-	-
	TRACTION SERVICE CHARGE	500	500	-	-
	UPPR SLAB	500	500	-	-
	THOMAS SPLINT DEPOSIT	1,500	1,500	-	-
	REMOVAL OF POP	300	300	-	-
	POP SERVICE CHARGE CHILD	80	80	-	-
	POP APPLICATION PER ROLL ADULT	100	100	-	-
	POP APPLICATION PER ROLL CHILD	80	80	-	-
	THOMAS SPLINT	500	500	-	-
	THOMAS SPLINT SERVICE CHARGE	1,000	1,000	-	-
	POP SERVICE CHARGE ADULT	300	300	-	-
1133	RECORDS				
	REGISTRATION FEE	200	200	-	-
	REGISTRATION FEE UNDER 5YRS	FREE	FREE	-	-
	REVISIT	100	100	-	-
	REVISIT REGISTRATION FEE UNDER 5YRS	FREE	FREE	-	-
	REVISIT REGISTRATION UNDER 5YRS	FREE	FREE	-	-
	SPECIAL CLINIC CONSULTATION	100	100	-	-
	MISC/STAT	100	100	-	-
	OPD CARDS UNDER 5YRS	FREE	FREE	-	-
	VERIFICATION OF DOCUMENTS	3,000	3,000	-	-
	INPATIENT FILE	200	200	-	-
	ADMISSION FILE	200	200	-	-
1135	THEATRE				
	ORCHIDOPHY	3,000	3,000	-	-
	REMOVAL OF KELOID	500	500	-	-
	MINOR SURGERY	1,000	1,000	-	-
	MARSUPIALIZATION	1,500	1,500	-	-
	TORSION OF TESTIS EXPLORATION	3,000	3,000	-	-
	THREE WAY CATHETER	150	150	-	-
	TOTAL ABDOMINAL HYSTERECTOMY	4,000	4,000	-	-
	SYRINGES	10	10	-	-
	GIVING SET	50	50	-	-
	GLOVES THEATRE	30	30	-	-
	GAUZE PAD OF 10	100	100	-	-

	LIP SURGERY	2,000	2,000	-	-
	BRANULA	40	40	-	-
	BILATERAL TUBE LIGATION UNDER LA	500	500	-	-
	BILATERAL TUBELIGATION UNDER GA	1,000	1,000	-	-
	CRYOTHERAPY	1,000	1,000	-	-
	MALE CIRCUMCISION UNDER LA	1,000	1,000	-	-
	PAEDIATRIC SURGERY GENERAL WARD	2,000	2,000	-	-
	PROSTATE BIOPSY	500	500	-	-
1136	THEATRE AMENITY				
	ORCHIDOPEXY	6,000	6,000	-	-
	OPERATION UNDER 5 GA	3,000	3,000	-	-
	MURSUPIALIZATION GA	3,000	3,000	-	-
	MYOMECTOMY GA	6,000	6,000	-	-
	NG- TUBE FIXATION LA	200	200	-	-
	NEOCYSTOSTOMY	6,000	6,000	-	-
	NEPHRECTOMY	6,000	6,000	-	-
	LUMBER PUNCTURE LA	200	200	-	-
	MANUAL VACUUM ASPIRATION LA	1,000	1,000	-	-
	MINOR OPERATION	1,200	1,200	-	-
	MINOR OPERATION GA	3,000	3,000	-	-
	MASTERCTOMY GA	6,000	6,000	-	-
	MC. DONALD STITCH GA	3,000	3,000	-	-
	MANIPULATION AND REDUCTION GA	3,000	3,000	-	-
	MANIPULATION AND REDUCTION SED	3,000	3,000	-	-
	MANUAL ANAL DILITIAN GA	3,000	3,000	-	-
	MAJOR OPERATION	6,000	6,000	-	-
	MAJOR SKIN GRAFTING	6,000	6,000	-	-
	PAEDIATRIC SURGERY AMENITY	4,000	4,000	-	-
	PLATTING UNDER GA	14,000	14,000	-	-
	POLYPECTOMY GA	3,000	3,000	-	-
	PYCLOPLASTY	6,000	6,000	-	-
	REMOVAL OF EXTER. FIXATION	3,000	3,000	-	-
	REMOVAL OF ANY THYROGLOSAL CYST	5,000	5,000	-	-
	SKIN GRAFTING	3,000	3,000	-	-
	STEINMAS PIN GA	1,200	1,200	-	-
	SPLENECTOMIES GA	6,000	6,000	-	-
	SAPHINGOTOMY ECTOPIC PREGNANCE	6,000	6,000	-	-
	SEQUES/RECTOMY	4,000	4,000	-	-
	REMOVAL OF FOREIGN BODY GA	3,000	3,000	-	-
	REMOVAL OF K- WIRE GA	3,000	3,000	-	-
	REMOVAL OF PLACENTA GA	3,000	3,000	-	-
	T.A.H TOTAL NOTATION LA	8,000	8,000	-	-
	TARSAL PLATE NOTATION LA	1,200	1,200	-	-
	SURGICAL CELL	1,800	1,800	-	-
	SUBTOTAL HYSTERETOMY GA	6,000	6,000	-	-
	SURGICAL TOILET MAJOR GA	6,000	6,000	-	-
	SURGICAL TOILET MINOR GA	3,000	3,000	-	-
	UNDER WATER SEA DRAINAGE	3,000	3,000	-	-
	URETHROPLASTY	6,000	6,000	-	-
	URINARY DIVERSION	6,000	6,000	-	-
	THYROIDECTOMY GA	6,000	6,000	-	-
	WIDE EXCISION 9GA	3,000	3,000	-	-

WIRING OF PATELLAS GA	6,000	6,000	-	-
VAGOTOMY/DRAINAGE	3,000	3,000	-	-
VERY MAJOR OPERATION	8,000	8,000	-	-
VACUUM EXTRACTION LA	1,000	1,000	-	-
HAEMORRHOIDECTOMY GA	6,000	6,000	-	-
HERNIOGRAPHY GA	6,000	6,000	-	-
HERNIOGRAPHY LA	6,000	6,000	-	-
INCISION AND DRAINAGE	3,000	3,000	-	-
HYPOSPADIAS REPAIR	6,000	6,000	-	-
HYDROCELECTOMY GA	6,000	6,000	-	-
I&D LA	1,200	1,200	-	-
I.U.C.D REMOVAL GA	3,000	3,000	-	-
K-KNAIL OWN KNAIL	6,000	6,000	-	-
K-NAIL UNDER GA	13,000	13,000	-	-
K-WIRE GA	6,000	6,000	-	-
LAPARATOMY UNDER GA	6,000	6,000	-	-
DILATION AND CURRETAGE GA	3,000	3,000	-	-
DESTRUCTIVE DELIVERY GA	3,000	3,000	-	-
E.U.A GA	3,000	3,000	-	-
EXTERNAL FIXATION GA	6,000	6,000	-	-
EXCISION BIOPSY OF SALIVARY	6,000	6,000	-	-
C.T.E.V CORRECTION GA	6,000	6,000	-	-
BURST ABDOMEN GA	3,000	3,000	-	-
BILATERAL TUBALIGATION GA	4,000	4,000	-	-
CERVICAL REPAIR	6,000	6,000	-	-
CEASERIAN SECTION GA	6,000	6,000	-	-
CATHETARIZATION GA.	600	600	-	-
CHEST TUBE INSERTION LA	2,000	2,000	-	-
CHORDCE REPAIR	6,000	6,000	-	-
CRANIOTOMY/ELEVETION	8,000	8,000	-	-
CLEFT LIP OPERATION AND PALATE	6,000	6,000	-	-
COLOSTOMY GA	6,000	6,000	-	-
CYSTOSCOPY	6,000	6,000	-	-
DEPOSIT AMENITY ADMISSION	7,000	7,000	-	-
CUT - DOWN LA	600	600	-	-
AMPUTATION UNDER GA	6,000	6,000	-	-
ANY MANUPLICATION UNDER GA	3,000	3,000	-	-
ARTHROTOMY	4,000	4,000	-	-
APPEDICETOMY UNDER GA	6,000	6,000	-	-
BIOPSIES AND STITCHING GA	3,000	3,000	-	-
BIOPSY GA	3,000	3,000	-	-
BIOPSY LA	1,200	1,200	-	-
BONE MARROW LA	200	200	-	-
FF96	1,000	1,000	-	-
TAH	8,000	8,000	-	-
POS PASSAGE OF SOUND	3,000	3,000	-	-
PROSTATECTOMY UNDER GA	8,000	8,000	-	-
1137 THEATRE				
VIA VILLI VSC	100	100	-	-
ASCITIC TAP	200	200	-	-
BABIES WITH MOTHER	200	200	-	-
BED CHARGES - AMENITY WARD	700	700	-	-
BED CHARGES - GENERAL WARD	200	200	-	-

BIOPSY	500	500	-	-
BLADDER IRRIGATION /AFTER	1,500	1,500	-	-
PROSTATECTOMY AMENITY				
BLOOD BAG	100	100	-	-
BLOOD GIVING SET	50	50	-	-
BRANULA	40	40	-	-
BTL	500	500	-	-
BURST ABDOMEN REPAIR	500	500	-	-
CATERING - WARD	100	100	-	-
CATHETER ALONE	100	100	-	-
CATHETER INSERTION	100	100	-	-
CEASERIAN SECTION PATIENT	16,000	16,000	-	-
CHEST TUBE	200	200	-	-
CLEANSING / DISINFECTION	100	100	-	-
COMPLETE ABORTION	500	500	-	-
CORD CLAMP	40	40	-	-
CUBICLE PER DAY	800	800	-	-
CUT DOWN	500	500	-	-
DELIVERY GYNAE WARD	800	800	-	-
DRESSING	50	50	-	-
ENEMA HOSPITAL SUPPLIED EQUIPMENT	500	500	-	-
ENEMA SERVICE CHARGE MATERNITY	500	500	-	-
ENEMA SERVICE CHARGE AMENITY	200	200	-	-
GASTRIC LAVAGE	500	500	-	-
GIVING SET	50	50	-	-
EXAMINATION GLOVES	50	50	-	-
INFECTION CONTROL	100	100	-	-
IRRIGATION/ AFTER PROSTATECTOMY	1,500	1,500	-	-
LAST OFFICE	200	200	-	-
INSULIN SYRINGE	50	50	50	
LAUNDRY SERVICES	100	100	-	-
LUMBAR PUNCTURE	200	200	-	-
M.V.A.	1,500	1,500	-	-
MANUAL REMOVAAL OF PLACENTA	600	600	-	-
N.G TUBE INSERTION	100	100	-	-
NEBULIZATION	100	100	-	-
NG TUBE INSERTION	100	100	-	-
NORMAL DELIVERY (FREE MATERNITY)	5,500	5,500	-	-
OXYGEN THERAPY	200	200	-	-
OXYGEN NON REBREATHER MASK	120	120	120	
PAE TRACTION	2,000	2,000	-	-
POP	800	800	-	-
REDUCTION OF DISLOCATION	1,000	1,000	-	-
REMOVAL OF STITCHES	50	50	-	-
RIGID ADJUST CERVICAL COLLAR	1,200	1,200	-	-
SANITARY PADS	100	100	-	-
SKIN TRACTION	2,500	2,500	-	-
SOFRA TULLE PER PIECE	50	50	-	100-
SOLUSET	100	100		
SPECULUM EXAMINATION WD4	150	150	-	-
STERILE GLOVES PER PAIR	30	30	-	-
STITCHING UNDER LOCAL	500	500	-	-

ANAESTHESIAA				
SUPRAPUBLIC CYSTOMY LOCAL	500	500	-	-
ANAESTHESIA				
SURGICAL TOILET LA	500	500	-	-
SURGICAL TOILET	500	500	-	-
SYRINGES	30	30	-	-
SUNCTION TUBE	50	50	50	
THOMAS SPLINT COST	500	500	-	-
TRACTION KIT	500	500	-	-
TRACTION	500	500	-	-
TREATMENT	150	150	-	-
CHEST TUBE INSERTION	200	200	-	-
UNDERSEAL WATER DRAINAGE BOTTLE	2,500	2,500	-	-
URINE BAG	100	100	-	-
V.E OWN GLOVES	50	50	-	-
VAGINAL EXAMINATION	100	100	-	
ANC VISIT	50	20	20	
ANC BOOK	50	50	50	
ANC MOTHERS CONSULTATION	100	100	100	
CWC	20	20	20	
IUCD CHECK UP	100	100	100	
IUCD INSERTION	100	100	100	
IUCD REMOVAL	100	100	100	
JADELLE CHECK UP	50	20	20	
JADELLE INSERTION	200	200	200	
JADELLE REMOVAL	200	200	200	
FP CONSULTATION	100	100	100	
DEPO PROVERA INJECTION	50	50	50	
PILLS COCS /POPS	50	20	20	
PNC	20	20	20	
VIA VILLI	100	100	100	
THERMAL ABLATION	500	500	500	
1138 ICU				
ADMISSION FEE	200			
ASSISTED BATH	100			
ASSISTED BED BATH	100			
CALORIC TEST	2,000			
MECHANICAL VENTILATION	1,500			
HME (HEAT MOIST EXCHANGE)	750			
CARDIAC MONITORING	200			
COLOSTOMY CARE	200			
COUNSELLING ICU	200			
DRESSING LARGE WOUNDS ICU	300			
DRESSING TRACHEOSTOMY/ETT/CVC	150			
DRUG DO/IV/TOPICAL/PR/IM ICU	300			
ENEMA/FLATUS TUBE ICU	100			
EYE SWABBING ICU	100			
LASTOFFICE ICU	500			
LUMBAR PUNCTURE ICU	200			
NGT FEEDING ICU	50			
NGT INSERTION ICU	200			
ORAL TOILETICU	100			

	OXYGEN ADMINISTRATION ICU	500		
	PAC+TURNING ICU	100		
	SHAVING ICU	50		
	SUCTION ETT/TRACHEOSTOMY/ORAL (PER PROCEDURE)	100		
	TAKING BLOOD SAMPLE	50		
	TAKING PUS SWABS	150		
	TRACHEOSTOMY CARE	100		
	TRACHEOSTOMY TUBE CHANGING	200		
	TRACHEOSTOMY UNDER LA	2,400		
	URINARY CATHETERIZATION	100		
	CHEST TUBE INSERTION (ICU)	3,000		
	INSERTION (CENTRAL VENUS CATHETER)	3,000		
	CENTRAL VENUS CATHETER INTUBATION	5,000		
		700		
	CATHETER MOUNT	1,000		
	ARTERIAL BLOOD GAS ANALYSIS	1,200		
	BACTERIAL FILTER	500		
	ICU UNDER WATER SEAL BOTTLE	4,200		
	DEFIBRILLATION	100		
1139	RENAL UNIT			
	BLOOD LINE PAEDS/ADULT	1,000		
	FISTULA NEEDLES	100		
	ACID CONCENTRATE	800		
	DIALYSER (HIGH FLUX)	2,000		
	DIALYSER (LOW FLUX)	1,800		
	BI CART POWDER	800		
	SUBCLAVIAN CATHETER	9,000		
	PERMANENT CATHETERS	17,000		
	CATHETER INSERTION (HAEMODIALYSIS)	5,000		
	CATHETER REMOVAL (HAEMODIALYSIS)	10,000		
	RENAL COUNSELLING	500		
	RENAL DIALYSIS	450		
	RENAL DIALYSIS PACKAGE	9,400		
1140	ONCOLOGY			
	CHEMOPACK	3,000		
	CHEMOPORT INSERTION	20,000		
	METHOTREXATE TABS 2.5MG	25		
	FILGASTAIN 3MG/0.5ML INJECTION	1,700		
	X-RAY			
	UPPER LIMB ARTERIAL DOPPER XRAY	800	800	
	UPPER LIMB VENOUS DOPPER XRAY	800	800	
	WRIST JOINT LEFT XRAY	250	250	
	WRIST JOINT RIGHT XRAY	250	250	
	URETHROGRAM/CHOLECYTOGRAM	3,000	3,000	
	XRAY			
	THYROID ULTRASOUND XRAY	800	800	
	TIB/FIB XRAY	250	250	
	TMJ XRAY	350	350	
	TOE XRAY	250	250	

U/S	800	800		
ULTRASONOGRAPHY	800	800		
THORACO LUMBER SPINE XRAY	350	350		
SKULL XRAY	350	350		
SHOULDER JOINT XRAY	250	250		
SCROTAL ULTRASOUND	800	800		
SCALPULAR XRAY	250	250		
SACRUM SPINE XRAY	350	350		
RADIUS ULNA	250	250		
PELVIC ULTRASOUND	800	800		
PELVIS XRAY	250	250		
PLAIN ABDOMEN SUPINE/ERECT OR DECUBITUS	250	250		
PLAIN ABDOMEN XRAY	250	250		
PNS XRAY	350	350		
ORBITS XRAY	350	350		
OPG XRAY	550	550		
OBSTERIC ULTRASOUND 2ND AND 3RD XRAY	800	800		
OBSTETRIC ULTRASOUND 1ST TRIMESTER	800	800		
OCCULUSSAL XRAY	150	150		
NASAL BONE XRAY	250	250		
MANDIBAL XRAY	350	350		
MASTOIDS XRAY	350	350		
MCU XRAY	3,000	3,000		
LUMBER SPINE XRAY	350	350		
LUMBO SACRAL SPINE XRAY	350	350		
LOWER LIMB ARTERIAL DOPPER XRAY	800	800		
LOWER LIMB VENOUS DOPPER XRAY	800	800		
HSG XRAY	1,050	1,050		
HUMERUS XRAY	300	300		
HEEL XRAY	250	250		
HAND XRAY	250	250		
HIP JOINT XRAY	250	250		
INGUINAL SCROTAL ULTRASOUND	800	800		
INGUINAL ULTRASOUND	800	800		
INTERNAL AUDITORY MEATUS	350	350		
IOPA XRAY	100	100		
IVU XRAY	1,250	1,250		
KNEE XRAY	250	250		
L/SPINE/T.SPINE/C.SPINE XRAY	350	350		
FOOT XRAY	250	250		
FOREARM XRAY	250	250		
FINGER XRAY	250	250		
ELBOW XRAY	250	250		
EXTRIMITIES XRAY	250	250		
ECG XRAY	1,200	1,200		
ECHO XRAY	2,000	2,000		
DENTAL XRAY	100	100		
CRANIAL ULTRASOUND	800	800		
COCCYX XRAY	350	350		
CODED VIEW OF SELLA TASCA XRAY	350	350		

	CERVICAL SPINE	350	350		
	CERVICAL THORACIC SPINE	350	350		
	CHEST AP AND LATERAL	250	250		
	CHEST XRAY	250	250		
	CLAVICLE XRAY	250	250		
	BREAST ULTRASOUND	800	800		
	CALCANIUM XRAY	300	300		
	CAROTID DOPPLER XRAY	800	800		
	ANKLE XRAY	250	250		
	BARIUM MEAL XRAY	1,000	1,000		
	BARIUM SWALLOW XRAY	300	300		
	ABDOMEN PELVIC XRAY	250	250		
	ABDOMEN SUPINE/ERECT OR D XRAY	250	250		
	ABDOMEN/PELVIC ULTRASOUND	800	800		
	ABDOMINAL ULTRASOUND	800	800		
	CHEST XRAY2	500	500		
	SHOULDER XRAY2	500	500		
	EXTRIMITIES XRAY.	500	500		
	FEMUR XRAY	250	250		
	EXTRIMITES	250	250		
	U/S PRIVATE	1,300	1,300		
1141	CT SCAN, MRI AND DIALYSIS FEES	Public	Public (With Contrast)		Private
	CT SCAN	5,000	6,500		0
	DIALYSIS				
	DIALYSIS PER SESSION	6,500	-		-
	MRI				PUBLIC
	EMBU LEVEL 5 MRI SERVICES	15,000		20,000	
	EXEMPTIONS AND WAIVERS				
	WAIVERS FOR THE NEEDY	-		0	-
	PRISONERS	-		0	-
	EMERGENCIES	-		0	-
	DESTITUTES	-		0	-
	UNDER 5 YRS	-		0	-
	HIV/ AIDS PATIENTS	-		0	-
	MALARIA	-		0	-
	SNAKE BITE	-		0	-
	MATERNITY	-		0	-
	TUBERCULOSIS AND LEPROSY	-		0	-
	THERAPEUTIC FEEDS	-		0	-
	POLICE CASES	-		0	-
	DISPOSAL OF UNCLAIMED BODIES	-		0	-
	COURT ORDERS	-		0	-
1142	OCCUPATIONAL THERAPY.	LEVEL 5	LEVEL 5 PRIVATE	LEVEL 4	LEVEL 3
Q1	PAEDIATRIC OT	100	100	100	100
Q7	PHYSICAL DYSFUNCTION OT OPD	100	100	100	100
Q5	SPECIAL AIDS (OT ADULT UPPER EXTRIMITY)	1,500	1,500	1,500	1,500
Q4	PHYSICAL DYSFUNCTION OT INPATIENT	100	100	100	100
Q2	PEDIATRIC OT INPATIENT	100	100	100	100
Q9	AMENITY OT SERVICES	200	200	200	200

Q10	O.T PRIVATE SERVICES	400	400	400	400
Q8	SPECIAL SCHOOL/EDUCATION ASSESMENT	300	300	300	300
Q3	INITIAL ASSESMENT O.T	300	300	300	300
Q6	PSYCHIATRY OT	100	100	100	100
Q15	SPECIAL AIDS (OT ADULT LOWER EXTRIMITY)	2,000	2,000	2,000	2,000
Q14	SPECIAL AIDS O.T CHILDREN	1,000	1,000	1,000	1,000
Q13	ROUTINE OCCUPATIONAL THERAPY	200	200	100	50
	SCHOOL PLACEMENT ASSESMENT O.T	300	300	300	300
	SPECIAL SCHOOL ASSESMENT	300	300	300	300
Q16	SPECIAL AID(OT)PHILADEPHIA CERVICAL COLLAR	3,000	3,000	3,000	3,000
Q17	PRESSURE GARMENT (ALDULT BELOW ELBOW)	2,500	2,500	2,500	2,500
Q18	PRESSURE GARMENT(ADULT FULL UPPER EXTRIMITY)	5,000	5,000	5,000	5,000
Q19	PRESSURE GARMENT(ADULT BELOW KNEE)	5,000	5,000	5,000	5,000
Q20	PRESSURE GARMENT(ADULT ABOVE KNEE)	5,000	5,000	5,000	5,000
Q21	PRESSURE GARMENT(CHILD BELOW ELBOW/KNEE)	1,500	1,500	1,500	1,500
Q22	PRESSURE GARMENT(CHILD ABOVE ELBOW /KNEE)	1,500	1,500	1,500	1,500
Q23	PRESSURE GARMENT(CHILD FULL UPPER/LOWER	3,000	3,000	3,000	3,000
	EXTREMITY)				
Q24	PRESSURE GARMENT(FULL ADULT LOWER EXTREMITY)	10,000	10,000	10,000	10,000
Q25	DYNAMIC SPLINT ONE OUTRIGGER	5,000	5,000	5,000	5,000
Q26	DYNAMIC SPLINT TWO OUTRIGGERS	6,000	6,000	6,000	6,000
Q26	DYNAMIC SPLINT TWO OUTRIGGER	6,000	6,000	6,000	6,000
Q27	DYNAMIC SPLINT THREE OUTRIGGERS	7,000	7,000	7,000	7,000
Q28	DYNAMIC SPLINT FOUR OUTRIGGERS	8,000	8,000	8,000	8,000
Q29	OT ICU SESSION	500	500	500	500
Q30	OCCUPATIONAL THERAPY. INPATIENT	200	200	200	200

SECOND SCHEDULE (s.13)**PROVISIONS AS TO THE CONDUCT OF BUSINESS AND AFFAIRS OF THE HOSPITAL BOARDS AND COMMITTEES****Meetings**

1. (1) The Board or Committee shall meet not less than six times and not more than twelve 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 or she is present but, in their absence, the members present shall elect one of the present members to preside, who shall, with respect to that meeting and the business transacted thereat, have all the powers of the chairperson.

(6) Unless a unanimous decision is reached, a decision on any matter before the 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) The meetings of the Board or Committee shall be convened by the Chairperson.

(8) 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.

(2) A member of the Board or Committee shall be considered to have a conflict of interest for the purposes of this Act if they acquire any pecuniary or other interest that could conflict with the proper performance of their 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 they 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.

THIRD SCHEDULE (Section. 52)**Policies to be adopted**

1. Environmental health and Sanitation policy.
2. Facility Improvement Fund Policy.
3. Health Facility Management Boards and Committees Policy.
4. Occupational health and safety policy.
5. Tobacco control policy.
6. Treatment and rehabilitation for alcohol and drug dependency Policy
7. Mental health Policy
8. Health Products and Technologies Policy
9. Food and Water safety Policy.
10. Emergency Operations and Disease surveillance Policy.
11. Community Health Services Policy.
12. Monitoring, Evaluation, Research and Development Policy.
13. School Health Policy.
14. Adolescent, Sexual Reproductive Health Policy.

MEMORANDUM OF OBJECTS AND REASONS

This Bill seeks to provide for a legal framework for implementing section 2 of Part 2 of the Fourth Schedule to the Constitution, which assigns health services as a county function. The Bill also aims at facilitating health service delivery in the county including establishing a Facilities Improvement Fund.

PART I of the Bill provides for preliminary provisions. The Part provides for the purpose of the Bill as promoting access to health services, facilitation of realization of the rights to health care as provided for under Article 43 of the Constitution as well as realization of consumer health rights. The Part also provides for principles of health service delivery which includes management of health services that adopt the health systems approach as prescribed by the World Health Organization, observance and protection of health rights of individuals and delivery of health services.

PART II of the Bill provides for health services management. The Part provides for the functions of the department responsible for health services, which include coordination of provision of preventive, curative and rehabilitative health services, development of health policies, and programs and coordinate their implementation, coordination of implementation of national health policies and laws at the county level, coordination of public and private sector health programs and systems at the county level, ensuring compliance with standards for health facilities and health services, developing of policies for dealing with health risk factors and acting as repository of data and statistics related to health in the county among others.

The Part also provides for classification of health facilities as county hospitals, sub-county hospitals, health centers, dispensaries and community health units. It also provides for the establishment of respective management and administration which includes the Board of hospitals and committees for health centers and dispensaries.

PART III of the Bill provides for health service delivery. The Part provides for parameters of health service delivery by obligating the Department and each county health facility to adopt a health service delivery system that is effective, safe, of good quality, cost effective, accessible, based on continuity of care across health conditions, across different locations and over time, demand driven and integrated among others.

The Part provides for the rights and duties of patients and health service personnel, the requirements that health services focus on health outcomes, the preparation of health promotion policies as well as primary health

services, disease control, preparation of a ten-year health plan which will guide development in the health services sector. The Part also establishes each health facility as a planning unit for the purposes of budgeting and provision of health services and obligates the Executive Member to establish specialized units such as maternal health, child health and mental health. It provides for the establishment of health management teams at the county and sub county level, certification of quality management system, establishment of quality and compliance assurance unit, the conduct of inspections and audit, handling of complaints, reporting mechanisms and establishment of county health sector stakeholder's forum among others. The provisions on establishment and membership of County Health Management Team, Sub-County Health Management Team are also under this Part. The Executive Member is also given powers subject to consultations with the national government to supervise private health facilities.

PART IV of the Bill provides for Health care financing provisions by establishing a health Facility Improvement Fund to ring fence generated resources and administration, it further provides for the sources of funds, purpose of the Fund, establishment of Fund Board and administration of the Fund. The Part also provides for the expenditure of the Fund, annual reporting and procurement of health products and technologies.

PART V of the Bill provides for general provisions which include the powers of the Executive Member to make Regulations and obligatory health policies that facilitate delivery of health services in the County.

Dated the 5th February, 2024.

JOB ITUMO MUNYAMBU,
Chairperson, Committee on Health Services.