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CONTENT

Act—

PAGE

The Nyamira County Health Facilities Improvement Financing Act, 2025 1

**THE NYAMIRA COUNTY HEALTH FACILITIES
IMPROVEMENT FINANCING ACT, 2025**

No. 3 of 2025

Date of Assent: 7th August, 2025

Date of Commencement: See Section 1

ARRANGEMENT OF SECTIONS

Section

PART I—PRELIMINARY

- 1—Short Title
- 2—Interpretation
- 3—Objects
- 4—Application
- 5—Conflict with other laws

**PART II—COUNTY HEALTH FACILITY IMPROVEMENT
FINANCING**

- 6—Financing and retention of resources
- 7—User fees
- 8—Uses of resources and the finances retained at county health facilities
- 9—Accountability in collection, retention and utilization
- 10—Planning and budgeting
- 11—Public participation

PART III—IMPLIMENTATION AND ADMINISTRATION

- 12—Role of the County Executive Committee Member
- 13—Management Teams, Boards and Committees
- 14—Establishment of County Health Management Team
- 15—Functions of the County Health Management Team
- 16—Establishment of the Sub-County Health Management Team
- 17—Functions of the Sub-County Health Management Team
- 18—Integrated Community Health Preventive Team
- 19—Functions of the Integrated Community Health Preventive Team
- 20—Hospital Management Board

- 21—Role of the Hospital Management Board
- 22—The Hospital Management Team
- 23—Functions of the Hospital Management Team
- 24—Health Facility Management Committee
- 25—Role of the Health Facility Management Committee
- 26—The Health Facility Management Team
- 27—Appointment and term of office
- 28—Inclusivity
- 29—Remuneration
- 30—Vacancy in membership

PART IV—FINANCIAL PROVISIONS

- 31—Bank accounts
- 32—Authority to Incur Expenditure
- 33—Expenditures
- 34—Overdraft and continuity
- 35—Procuring Entity
- 36—Waivers
- 37—Annual reports
- 38—Audit
- 39—Winding up

PART V—MISCELLANEOUS PROVISIONS

- 40—Repeal
- 41—Transitional provisions
- 42—Penalties
- 43—Regulations

2025 *Nyamira County Health Facilities Improvement Financing* **No. 3**

**THE NYAMIRA COUNTY HEALTH FACILITIES
IMPROVEMENT FINANCING ACT, 2025**

AN ACT of the Nyamira County Assembly to provide for the retention, management and use of revenue derived from health and other services rendered at county health facilities; administration of health facilities for enhanced quality of healthcare and for connected purposes

ENACTED by the County Assembly of Nyamira as follows—

PART I—PRELIMINARY

Short Title

1. This Act may be cited as the Nyamira County Health Facilities Improvement Financing Act, 2025 and shall come into operation on such date as the County Executive Member for Health shall designate by notice in the *Kenya Gazette*.

Interpretation

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

“AIE” means authority to incur expenditure;

“Chief Officer” means the chief officer responsible for health matters in the County;

“County” means Nyamira County;

“Director of Medical Services” means the County Director of Medical Services appointed by the County Public Service Board;

“County Executive Member” means a member of the County Executive Committee responsible for health matters in the County;

“county health facilities” means the whole or part of a public institution, building or place, that is operated or designed to provide healthcare services and includes: county referral hospitals, county and sub county hospitals, health centers, dispensaries and any other registered health entity;

“dispensary” means health facility at level 2;

“entity” means a county health facility declared to be a County Government entity under section 5(1) of the Public Finance Management Act, 2012;

“health center” means a health facility at level 3;

“Health Facility Committee” means the constituted administrative arm that manages a health facility;

No. 3 *Nyamira County Health Facilities Improvement Financing* **2025**

“Health Facility Management Team” means the team appointed to support management of facility improvement financing of a county health facility other than a hospital;

“hospital” includes sub-county and county health facilities at levels 4 and 5 respectively;

“Hospital Management Board” means the administrative arm that is appointed to manage a hospital;

“Hospital Management Team” means the team appointed to support management of facility improvement financing in a county hospital;

“facilities improvement financing” means revenue and other resources collected, retained, planned for and used by county health facilities and units;

“user fees” means charges imposed by a county health facility for the provision of healthcare and other services as provided in this Act or any other county law;

“waiver” means a discretionary release from payment at the point of service delivery and at a particular point in time upon fulfilling specific criteria prescribed in the Regulations by the County Executive Member for health.

Objects

3. The objects of this Act are to—

- (a) provide for an efficient, secure and accountable mechanism for the collection, retention and management of revenue derived from healthcare and other services rendered at county health facilities;
- (b) establish a governance framework for effective planning, coordination, mobilization and utilization of county health facilities improvement financing;
- (c) provide for the appropriation, management and use of retained revenue from healthcare and other services to supplement operations, compliment medical supplies and support provision of primary healthcare services at the county health facilities;
- (d) promote equitable distribution and benefit sharing of facilities improvement financing including in accordance with this Act and other relevant laws and policies; and
- (e) provide for decision making autonomy, community participation and a sustainable financing framework for county health facilities to improve efficiency, effectiveness and ultimately delivery of quality healthcare services.

Application

4. This Act shall apply all county health facilities.

Conflict with other laws

5. If there is a conflict between the provisions of this Act and the provisions of any other Act in matters county health facilities improvement financing, the provisions of this Act shall prevail.

**PART II –COUNTY HEALTH FACILITIES IMPROVEMENT
FINANCING**

Financing and retention of resources

6. (1) County health facilities shall receive monies appropriated by the County Assembly of Nyamira.

(2) In addition to the monies appropriated by the County Assembly in subsection (1), other sources of revenue and receivables for county health facilities shall include—

- (a) own source revenues that include monies received as user fees, charges and monies paid as reimbursement for healthcare services;
- (b) revenue generated from proceeds of services as may be prescribed;
- (c) conditional grants;
- (d) donations and gifts; and
- (e) monies from other lawful sources.

(3) A county health facility shall retain all monies raised or received under sub-section (2) for purposes of advancing the objects of this Act.

(4) The revenue and other receivables retained by a county health facility shall be, considered as a supplement, to the budgets and resources appropriated to the county health facilities in subsection (1) and not a substitute; and

(5) Other, non-financial receivables and donations may be retained in whole or in part and may be re-donated to another county health facility upon full disclosure as provided for in the relevant national or county laws and policies.

User fees

7. (1) A county health facility shall charge such fees on services as may be applicable.

No. 3 *Nyamira County Health Facilities Improvement Financing* **2025**

(2) Charges and fees payable for healthcare services at a county health facility shall be based on the gazetted tariffs derived from the relevant national or county law.

(3) Other fees and charges derived from other sources other than healthcare services may be charged at applicable rates by a county health facility including —

- (a) parking;
- (b) leasing of equipment and machinery;
- (c) accommodation; and
- (d) catering.

(4) Waivers and exemptions may be applicable on fees and charges for non-healthcare related services under sub-section (3) as shall be provided for in the county finance Act or as may be prescribed in the Regulations.

(5) The County Executive Committee member shall develop guidelines for the better discharge of the provisions of this section.

Uses of resources and monies retained at the county health facilities

8. The resources and monies retained at the county health facility shall be used for the following purposes —

- (a) ensure readily available financial resources for purchase and acquisition of urgent goods and services at the respective health facility;
- (b) enhance, where applicable, the accessibility and predictability of finances for procurement of essential products, commodities and technologies;
- (c) guarantee that health facilities are optimally resourced to offer quality healthcare to all patients;
- (d) facilitate, primary healthcare and preventive services at the community level;
- (e) Support capacity building in the management and provision of healthcare services; and
- (f) sustain daily operations, maintenance, offset costs, and for connected healthcare services.

Accountability in collection, retention and utilization

9. A county health facility shall ensure accountability in the collection, retention and prudent utilization of facility improvement financing resources by undertaking the following—

2025*Nyamira County Health Facilities Improvement Financing***No. 3**

- (a) implementation of approved expenditure plans;
- (b) keeping proper books of accounts;
- (c) digitalization of collection and use ;
- (d) monitoring and reporting; and
- (e) adherence to other fiscal management policies and laws.

Planning and budgeting

10. (1) A county health facility shall utilize facility improvement financing resources and monies subject to approved annual, bi-annual, quarterly work plans and budgets.

(2) Preparation of work plans and budgets, shall take into consideration other administrative and community health promotive and support services at a proportion as shall be prescribed in the Regulations.

(3) Development, review and approval of work plans and budgets shall take into consideration feedback from public participation and other set parameters as may be provided for in this Act or any other county or national law.

Public participation

11. (1) The management of facility improvement financing resources shall consider public participation principles including—

- (a) public sensitization;
- (b) sufficient notice;
- (c) timely access to information;
- (d) meaningful engagement; and
- (e) sharing of feedback.

(2) A county health facility shall submit public participation reports in the prescribed format together with budgets and workplans for review and approval.

(3) The County Executive Committee member shall develop Regulations for the better discharge of the provisions of this section.

PART III—GOVERNANCE AND ADMINISTRATION**Role of the County Executive Committee Member**

12. The County Executive Committee member responsible for health shall support the implementation of the facility improvement financing by undertaking the following roles—

No. 3 *Nyamira County Health Facilities Improvement Financing* **2025**

- (a) facilitate effective collection and retention of facility improvement financing revenue by the county health facilities in accordance with this Act;
- (b) collate and report on all facility improvement financing revenue collected by county health facilities and ensure their reflection in the County Budget Implementation Review Report as Appropriation in Aid;
- (c) implement policies that will ensure direct complementary funding for all county health facilities;
- (d) review and approve expenditure plans and supervise issuance of timely AIEs to health facilities;
- (e) subject to the relevant financial laws, oversee county health facilities to ensure optimal management of revenues;
- (f) provide support in the planning and budgeting at county health facilities to ensure integration of facility improvement financing into the county planning and budgeting processes;
- (g) evaluate the provision of quality of healthcare services and its linkage to health resource allocation decisions on facility improvement financing;
- (h) ensure that community members are represented in the facility improvement financing governance structures of county health facilities;
- (i) appointing health facility management teams, health facility committees and hospital Boards in accordance with this Act or other county legislation and where applicable, publish in the official gazette; and
- (j) perform any other role that the county or national legislation may prescribe on facility improvement financing.

Management Teams, Boards and Committees

13. (1) Implementation of facility improvement financing at county health facilities shall be undertaken by management teams which include—

- (a) County Health Management Team;
- (b) Sub-County Health Management Team;
- (c) Integrated Community Health Preventive Team;
- (d) Hospital Management Team; and
- (e) Health Facility Management Team.

2025 *Nyamira County Health Facilities Improvement Financing* **No. 3**

(2) The health management teams, shall in the discharge of their functions under this Act, regularly consult and work with respective hospital Boards and Health Facility Committees.

(3) Management Teams, Boards and Committees may, where necessary, engage experts and or professionals on *ad-hoc* basis for better discharge of their functions under this Act.

Establishment of County Health Management Team

14. (1) There is established a County Health Management Team in the County.

(2) The County Health Management Team shall be appointed by the County Executive Committee Member for health whose composition is as follows—

- (a) the County Director of Health, who shall be the Chairperson;
- (b) the administrative officer of the department, who shall be the secretary to the team;
- (c) all section or unit heads within the health department; and
- (d) the medical superintendents of all county hospitals.

Functions of the County Health Management Team

15. The County Health Management Team shall, in relation to facility improvement financing, perform the following functions—

- (a) co-ordinate and oversee the implementation of county health laws and national health policies with respect to facility improvement financing;
- (b) co-ordinate and ensure maintenance of standards on quality, performance and effective delivery of healthcare services at the county health facilities;
- (c) review, monitor the implementation, and prepare advise on appropriate measures to be adopted for effective implementation of this Act;
- (d) co-ordinate the planning, implementation, monitoring, and evaluation of technical and managerial activities for healthcare services in the County;
- (e) support sub-county health management teams and facility management teams in preparing annual and quarterly operational plans, including their respective budgets and procurement plans;
- (f) review and recommend for approval the consolidated facility plans submitted by sub-county health facilities;

No. 3 *Nyamira County Health Facilities Improvement Financing* **2025**

- (g) co-ordinate resource mobilization and the preparation of supplementary sources of revenue for county health facilities;
- (h) review and develop criteria for the equitable redistribution and or compensation of healthcare facilities for debts arising through failure to secure payment for bills;
- (i) check the accuracy and timeliness of all financial reports submitted by the sub-county health facility management team to facilitate prompt approval of spending by facilities;
- (j) review and recommend for approval of annual financial statements and reports before submission to the Chief Officer for health; and
- (k) facilitate adequate resourcing of health facilities in terms of budgetary provisions, health products and technologies, equipment and human resources.

Establishment of the Sub-County Health Management Team

16. (1) There is established a Sub-County Health Management Team for each sub-county in the County.

(2) The Sub-County Health Management Team shall be appointed by the County Executive Committee Member for health whose composition is as follows—

- (a) the health officer in charge of the sub-county;
- (b) the sub-county Administrative Officer;
- (c) all Unit heads within the sub-county department;
- (d) the Medical Superintendent of the sub-county hospital; and
- (e) any other officer as the County Executive Committee Member for health may, in consultation with the County Health Management Team, designate.

Functions of the Sub-County Health Management Team

17. The Sub-County Health Management Team shall, in relation to facility improvement financing—

- (a) co-ordinate implementation of county health policies in the sub-county;
- (b) supervise and support the management of sub-county health facilities;
- (c) support health facility management teams in preparing annual and quarterly operational plans, including their respective budgets and procurement plans;

2025 *Nyamira County Health Facilities Improvement Financing* **No. 3**

- (d) review and consolidate plans submitted by health facility management teams;
- (e) prepare annual and quarterly facility budgets to the County Health Management Team for approval by the Department of Health;
- (f) enforce disciplinary measures against health personnel working in the sub-county as may be prescribed;
- (g) carryout needs and capacity assessment for sub-county health facilities;
- (h) facilitate capacity building of health personnel in the sub-county, in consultation with the County Health Management Team; and
- (i) check the accuracy and timeliness of all financial reports submitted by the Hospital Management Team in order to facilitate prompt release of quarterly funds.

Integrated Community Health Preventive Team.

18. (1) There is established an Integrated Community Health Preventive Team.

(2) The Team shall be appointed by the County Executive Committee member for health and shall consist of—

- (a) two representatives from the Sub-County Health Management Team;
- (b) one person nominated by a joint forum of development partners;
- (c) one person nominated by a joint forum of private health facilities;
- (d) one person who is a resident of the area representing the interest of the community; and
- (e) one representative from the civil society.

Functions of the Integrated Community Health Preventive Team

19. The Integrated Community Health Preventive Team shall perform the following functions—

- (a) co-ordinate preventive and promotive health initiatives in the community;
- (b) promote the equitable, provision and sustainable purchasing of preventive healthcare services rendered at county health facilities;

No. 3 *Nyamira County Health Facilities Improvement Financing* **2025**

- (c) provide periodical reports to the County and Sub-County Health Management Teams with regards to community-based prevention and healthcare services;
- (d) report on a quarterly basis to the County Executive Committee Member on its performance; and
- (e) any other duty as may be prescribed by national or other county legislation.

Hospital Management Board

20. (1) There shall be established a Hospital Management Board for every county hospital.

(2) The Hospital Management Board shall consist of at least seven and not more than nine members appointed by the Governor on the recommendation of the County Executive Committee Member for health and vetted and approved by the County Assembly and shall consist of—

- (a) A non- executive chairperson;
- (b) the in-charge (for level 4 or 5 hospital) or their representative duly nominated in writing;
- (c) the County Director for Medical Services or their representative duly nominated in writing;
- (d) the hospital in-charge (medical superintendent), who shall be the secretary;
- (e) the person in charge of a sub county hospital or its equivalent; and
- (f) the following persons who shall be residents of the area of jurisdiction—
 - (i) one person who shall have knowledge and experience in finance and administration matters;
 - (ii) one person nominated by women groups;
 - (iii) one person nominated by faith-based organizations;
 - (iv) two persons, each from the opposite gender, nominated by recognized community-based development organizations.

(3) In the case of a county referral hospital, the Board membership contemplated in subsection (2) may apply with necessary modifications.

Role of Hospital Management Board

21. The Hospital Management Board shall, in relation to the facility improvement financing—

2025 *Nyamira County Health Facilities Improvement Financing* **No. 3**

- (a) consider and submit for approval to the Chief Officer the annual work plan and budgets;
- (b) consider and submit for approval to the Chief Officer the hospital quarterly budgets;
- (c) ensure the quarterly implementation plans and budgets are based on available resources;
- (d) formulate strategies on resource mobilization for the hospital;
- (e) monitor the utilization of facility improvement financing;
- (f) approve the facility performance reports and forward to the Chief Officer responsible for health;
- (g) take corrective action in relation to implementation challenges identified that hinder efficient collection and absorption of funds;
- (h) ensure all financial procedures and reporting requirements are met by the Hospital Management Team and conform to the Public Finance Management Act, 2012;
- (i) ensure strict adherence to procurement rules as prescribed in the Public Procurement and Asset Disposal Act, 2015;
- (j) make policy recommendations on the use of the improvement financing;
- (k) guide the hospital fees, charges, unit costs, exemptions and waivers as prescribed by the County Executive Member;
- (l) receive the audit report and respond to management queries;
- (m) ensure public awareness on administration of the facility improvement financing through public participation during annual planning and budgeting; and
- (n) act as liaison between the Hospital Management Team and the community to strengthen the delivery of quality healthcare services.

The Hospital Management Team

22. (1) Every hospital in the County shall have a Hospital Management Team which shall consist of—

- (a) the medical superintendent;
- (b) the hospital administrator;
- (c) and the hospital accountant;
- (d) the hospital procurement officer; and
- (e) all departmental heads.

Functions of the Hospital Management Team

23. The Hospital Management Team shall, in relation to facilities improvement financing—

- (a) prepare and present the annual hospital work plan and budget;
- (b) prepare monthly, quarterly and annual financial reports;
- (c) monitor the performance target of the Improvement Financing and other sources of funds to the facility;
- (d) monitor the achievement of the health service delivery indicators;
- (e) prepare and present a performance report for (d) and (e) above as per the prescribed format;
- (f) undertake resource mobilization for the hospital;
- (g) ensure internal audits are periodically undertaken to mitigate financial risks;
- (h) ensure external audits are undertaken on a timely basis;
- (i) ensure efficient and effective utilization of facility improvement financing resources; and
- (j) receive reports and monitor collection, waivers, exemptions, expenditure and use of funds.

Health Facility Management Committee

24. (1) There shall be established a Health Facility Management Committee for every health centre or dispensary.

(2) The Health Facility Management Committee shall consist of not less than seven and not more than nine members appointed by the County Executive Committee Member for health as follows—

- (a) The Chairperson of the Committee, elected from amongst the members of the Committee;
- (b) the in-charge of the health facility, who shall be *ex officio* and the Secretary to the Committee;
- (c) the subcounty Medical Officer of health or their representative duly nominated in writing;
- (d) a community representative;
- (e) one person, who is a resident of the area, nominated by a joint forum of women's organizations in the area;

2025 *Nyamira County Health Facilities Improvement Financing* **No. 3**

- (f) one person, who is a resident of the area, nominated by a joint forum of youth organizations in the area;
- (g) one person, who is a resident of the area, nominated by a joint forum of faith-based organizations; and
- (h) two persons, from the opposite gender, representing the interest of the vulnerable and marginalized communities.

Role of Health Facility Management Committee

25. (1) The Health Facility Management Committee shall, in relation to facility improvement financing, with respect to a health center or dispensary, perform the functions of a Board under *section 21*;

(2) In addition to functions stipulated in subsection (1), the Health Facility Committee shall also act as liaison between the health center or dispensary and the community to strengthen delivery of quality healthcare services.

The Health Facility Management Team

26. (1) There shall be established a Health Facility Management Team which shall comprise of the health facility in-charge and all the section or unit heads.

(2) The Health Facility Management Team shall oversee the overall management of the health facility in collaboration with the Health Facility Management Committee.

Appointment and term of office

27. (1) The appointments of the members to the Hospital Boards and Health Facility Management Teams and Health Facility Committees shall, where applicable, be in such a manner that the respective expiry of their terms shall fall at different dates.

(2) The members referred to in subsection (1) shall be appointed for a term of three years and shall be eligible for reappointment for one final term of three years.

(3) Members to the management teams, committees and boards appointed under this Act shall possess relevant qualifications and experience as may be prescribed in the Regulations or other legislation.

Inclusivity

28. In constituting the Hospital Boards, Health Management Teams, Health Facility Committees—

- (a) at least one third of the total membership shall be from the opposite gender; and

No. 3 *Nyamira County Health Facilities Improvement Financing* **2025**

- (b) the interests of diverse groups in the catchment area such as women, persons with disability, youth, and marginalized communities are represented.

Remuneration

29. (1) County Health Facility Management Teams, Hospital Boards, and Health Facility Committees may, in the performance of their duties under this Act be entitled to stipend and such other allowances as the Salaries and Remuneration Commission may advise.

(2) Allowances payable for sittings shall be for a maximum of four meetings annually.

Vacancy in membership

30. (1) A member of a Hospital Board or Health Management Team or a Health Facility Committee shall cease to hold office if they —

- (a) are found guilty of violating the constitution or any other written law;
- (b) are convicted of a criminal offence;
- (c) are appointed or elected to a state office;
- (d) are elected to serve in any political position;
- (e) resign in writing; and
- (f) are absent from three consecutive meetings without permission.

(2) Whenever a vacancy arises under sub-section (1), the County Executive Committee member shall cause a notice to be issued to the public.

(3) A member shall be deemed replaced to the respective management Team, Committee or Board upon a new appointment.

PART IV—FINANCIAL PROVISIONS**Bank accounts**

31. (1) There shall be opened and operated a revenue account into which all monies received by and on behalf of the entities for the facility improvement financing shall be paid into and the mandatory signatories shall be —

- (a) Chief Officer for health;
- (b) Officer designated by the County Executive for finance; and
- (c) Facility in-charge or the person to whom the facility AIE is issued to.

2025 *Nyamira County Health Facilities Improvement Financing* **No. 3**

(2) In addition to the bank account under subsection (1), a county health facility shall open and operate an expenditure account, where money transfers shall be made into, before or upon issuance of an AIE and where all expenditures on facility improvement financing are drawn and incurred and the mandatory signatories shall be —

- (a) With respect to a hospital, the Medical Superintendent and the hospital Administrator; and
- (b) With respect to a health center and dispensary, the facility-in-charge and sub-county accountant.

(3) Other signatories to the bank accounts may be designated in accordance the national and county financial laws.

Authority to Incur Expenditure

32. (1) The Chief officer for Health shall be the accounting officer.

(2) The hospital medical superintendent and facility in-charge shall receive AIEs from the Chief Officer for health.

Expenditures

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

(4) Where applicable, an integrated financial management system shall be used as the accounting platform for the county entities.

(5) All county entities shall not expend any finances without express authority to incur expenditures.

(6) The Chief Officer for County Treasury in consultation with the Chief Officer for Health may appoint accountants for health centers, and dispensaries for purposes of proper financial accounting and record keeping.

(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.

No. 3 *Nyamira County Health Facilities Improvement Financing* **2025**

(9) Health facilities shall be expected to file returns/account in the prescribed format for the preceding quarter to the Chief Officer before a new AIE is issued.

Overdraft and continuity

34. (1) The accounting officer shall ensure that the facility improvement financing accounts are not overdrawn.

(2) The facility improvement financing finances shall not lapse with the turn of a new financial year; but any residue of finances shall be captured in the following financial year budget and annual plans and rolled over.

Procuring entity

35. County health facilities shall be procurement entities as defined and regulated under the Public Procurement and Asset Disposal Act, 2015.

Waivers

36. A County health facility may apply such waivers as may be applicable as prescribed in the Regulations.

Annual reports

37. (1) Within three months after the end of each financial year, the accounting officer for a county health facility shall—

- (a) prepare and submit the county health facilities financial statements in accordance with the Public Audit Act (No. 34 of 2015); and
- (b) submit a copy of the facility's financial statements to the County Executive Committee Member for adoption and onward transmission to the County Assembly and other relevant agencies.

(2) The annual report shall also contain such other relevant information with respect to the achievements, challenges and recommendations in furtherance of the objectives and purposes of this Act.

Audit

38. The facility improvement financing shall be subjected to audits in accordance with the Public Audit Act, 2015.

Winding up

39. In circumstances when a county health facility is closed and the facilities improvement financing is to be wound up, the balances shall be paid to the County Revenue Fund and a certificate sent to the Accounting officer for the Department of Health.

PART V—MISCELLANEOUS PROVISIONS**Repeal**

40. The Nyamira County Health Facility Improvement Fund Act, (No. 3 of 2022) is repealed.

Transitional provisions

41. (1) All members of the current Hospital Management Board or Committees and Health Facility Management Committees shall continue to operate as if appointed under this Act, until the expiry of their respective term.

(2) Bank balances and other finances under the existing facility improvement financing accounts shall be deemed to be the respective county health facility improvement financing balances under this Act.

(3) Notwithstanding provisions of subsection 2, such balances shall be subject to declaration and audit in accordance with the existing laws and regulations.

Penalties

42. The Penalties stipulated in the Public Finance Management Act, 2012 and the Public Procurement and Asset Disposal Act, 2015 and other written laws on misuse, misappropriation and other deviations shall apply.

Regulations

43. The County Executive Member for Health shall make regulations for the better carrying out of the provisions of this Act.