

GOVERNMENT OF NAIROBI CITY COUNTY



THE NAIROBI CITY COUNTY ASSEMBLY

OFFICE OF THE CLERK

SECOND ASSEMBLY-THIRD SESSION

NBI CA. PLC. 2019 / (061)

10th September, 2019

PAPER LAID

Pursuant to Standing Order 191 (6) and 131 (4), I beg to lay the following Paper on the Table of the Assembly, today Tuesday 10th September, 2019.

REPORT OF THE SECTORAL COMMITTEE ON HEALTH SERVICES ON THE CONSIDERATION OF THE NAIROBI CITY COUNTY COMMUNITY HEALTH SERVICES BILL, 2019.

(Chairperson, Sectoral Committee on Health Services)

Copies to:
The Speaker
The Clerk
Hansard Editor
Hansard Reporters
The Press

Approved for tableting.
Frederick Mwangi
10 Sep 2019

Paper laid on
10/9/19 @
2.30pm.
[Signature]
PLC (CA)
10/9/19



**NAIROBI CITY COUNTY ASSEMBLY
SECOND ASSEMBLY – THIRD SESSION**

**REPORT OF THE SECTORAL
COMMITTEE ON HEALTH SERVICES ON THE CONSIDERATION OF THE
NAIROBI CITY COUNTY COMMUNITY HEALTH SERVICES BILL, 2019**

**Clerks Chambers
Nairobi City County Assembly
City Hall Buildings
NAIROBI**

AUGUST, 2019

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1.0. PREFACE

1.1. Committee Mandate

Mr. Speaker Sir,

01. The Sectoral Committee on Health Services is established under Standing Order No. 203. Its mandate pursuant to Standing Order 203(6) among others is to:-

*“g). Make reports and recommendations to the County Assembly as often as possible, including **recommendation on proposed legislation**”.*

Mr. Speaker Sir,

0.2 In accordance with the third Schedule to the Standing Orders, the Sectoral Committee is mandated to consider all matters related to county health services, including, in particular county health facilities and pharmacies, ambulance services, promotion of primary health care, licensing and control of undertakings that sell food to the public, cemeteries, funeral parlours and crematoria

1.2. Committee Membership

0.3 The Committee comprises of the following Members:-

1. Hon. Peter Warutere, MCA
2. Hon. Stephen Gikonyo, MCA
3. Hon. James Kiriba, MCA
4. Hon. Julius Maina, MCA
5. Hon. Naftaly Mathenge, MCA
6. Hon. Juliet June Ndegwa, MCA
7. Hon. Asli Mohamed Mohamud, MCA
8. Hon. Pius Mbono, MCA
9. Hon. Maurice Ochieng Onyango, MCA
10. Hon. Elijah Stazo Omung'ala, MCA
11. Hon. Moses Ogeto Nyangaresi, MCA
12. Hon. Ann Thumbi, MCA

13. Hon. John Nganga, MCA
14. Hon. David Mbithi, MCA
15. Hon. John Kyalo Mulyungi, MCA
16. Hon. Carolyn Mayunzu, MCA
17. Hon. Emily Oduor Ondeje, MCA
18. Hon. Hasfa Khalif Mohamud, MCA
19. Hon. Mark Mugambi, MCA

1.3. Committee Consideration of the Bill

Mr. Speaker Sir,

The Nairobi City County Community Health Services Bill, 2019 was committed to the Sectoral Committee on Health Services for consideration and reporting Pursuant to Standing Order 131.

Mr. Speaker Sir,

The Committee held six (6) meetings to consider the proposed law. The meetings included a meeting with the sponsor of the Bill **Hon. Pius Mwaura Mbono, MCA**. The Committee also held a three day retreat from 20th to 24th May, 2019 with the Health Services Sector Executive Officials to further deliberate on the Bill. The Committee also held a **public participation and stakeholder engagement exercise on 1st August 2019**. Some of the stakeholders who presented their views include Amref, Kenya and Community Health Volunteers. Both were in agreement with the Bill as published.

Mr. Speaker Sir,

It should be noted that the Committee had extensively considered this Bill during pre-publication scrutiny stage and it is instructive to note that all Committee concerns raised together of those of key stakeholders have been incorporated in the published Bill. In this regard, the Committee will not be proposing any amendments.

Mr. Speaker Sir;

On behalf of the Committee, I forward this report of the Committee on its consideration of the Nairobi City County Community Health Bill, 2019.

Thank You.

SIGNED  DATE 10/9/19

Hon. Peter M. Warutere, MCA (CHAIRMAN)

2.0. COMMITTEE CONSIDERATION OF THE BILL

Mr. Speaker Sir,

While examining the Bill, the Committee noted the following;

1. The principal object of the Bill is to provide for the establishment and delineation of Community Health Units within the County for effective, efficient and sustainable delivery of community-based health services and establish the necessary institutional and regulatory mechanisms to ensure functionality of community units in empowering households in health
2. **Part I (clauses 1–3)** of the Bill provides for **the preliminary matters** with respect to the Bill. Clause 1 states the title of the Bill while clause 2 deals with interpretation of terms as used in the Bill. Clause 3 provides the purpose and objects of the Act.

Committee Recommendation:

The Committee was in agreement with the provisions of the Clauses as provided for in the Bill.

Justification

The clauses are essential as a requirement by law and specifically clause 2 on clarification of terms used.

3. **Part II (clauses 4–5)** of the Bill provides for **Community Health Services**, Clause 4 being on the Basic Health Care Services. **In Clause 5**, on Principles of Community Health Services, provides that;
Health services shall be available, accessible, acceptable, affordable and of good quality and standards;
 - a) Health rights of an individual shall be upheld, observed, promoted and protected; and
 - b) Provision of community health care services shall focus on strengthening health systems to improve health outcomes.

Committee Recommendation:

The Committee agreed with the provisions of the Clauses as provided for in the Bill.

Justification

The part clearly elaborates on the principles of Community Health Services and the Basic Health Care Services which are elaborate, essential and clearly defined. *The provisions of the clauses are in order as it will assist in delivery of healthcare services as well as improve on the quality of services provided.*

4. **PART III (clauses 6- 21) of the Bill provides for Establishment of Community Health Units and Community Health Services Personnel.** In clause 6, the establishment of Community health units, clause 7 provides for alteration of areas by the Executive Committee Member in consultation with the County Community Health Services taskforce established pursuant to this Act, clause 8 provides for community health volunteers depending on the number of households in a community health unit as determined by members of the community in a public meeting convened by the Chief and selected by the Community Health Committee, clause 9 provides for eligibility for selection of community health volunteers, clause 10 provides for the training and certification of community Health Volunteers using an approved curriculum, clause 11 provides for community health volunteer obligations.

This part also makes provision of community health volunteers together with their functions in clause 12, qualifications and tenure of office in clause 15. Remuneration of the Volunteers which the Executive Committee member will determine in consultation with the Executive Committee member for Finance in clause 14, and clause 16 provides for the functions of the community health services personnel.

Clause 18 and 19 provides for the establishment of the Community Health Committees and its role in the management of community health services respectively. Clause 20 provides for the establishment of the County Community Health Services technical advisory committee and its functions/responsibilities are provided in clause 21.

The Community Health Volunteers Network proposed as follows:-

- i) *The CHVs capacity should be prioritized as part of the training to be approved,*
- ii) *The CHV KIT in clause 12 (d) content be specified,*
- iii) *The stipend review on clause 14 (2) has not be clarified on whether it is to be reviewed upwards or downwards and hence need a specified review,*
- iv) *The punishment in clause 17 was harsh and imprudent an hence suggested that the punishment be replaced with a dismissal instead,*
- v) *Inclusion of stipends of the Community Health Assistants and Community Health Officers who do extra duties in the health system, and*
- vi) *The CHVs not fully represented as they had been given one slot only as stipulated in clause 20 (2)(c), and proposed the slots in the Technical Advisory Committee be increased to five (5) covering the Youths, Women, People With Disability and a religious or a Faith Based representative.*

Committee Recommendation:

The Committee noted that the matter was addressed by clause 10 where the CECM is required to make necessary arrangements for the training and certification of the approved curriculum.

Justification

The provisions of the clauses are in order as it will assist in delivery of healthcare services as well as improve on the quality of services provided.

5. **PART IV** makes provision for Funds that will finance the activities of Community health services. It provides for an annual allocation by the County as well as funds from donors and other development partners. It also provides for management and accounting of the funds by the donor recipients.

The Community Health Volunteers Network proposed that in Clause 22 (1) (b) (c) and (d) on other funds to be used as top up to the stipends and any other activity like the polio and measles campaigns to be paid as extra roles.

Committee Recommendation:

The Committee however was in agreement with the provisions of Part IV as provided for in the Bill.

Justification

The annual allocation by the County and from the donor funding are well catered for since there is the provision on reporting on all money allocated to the fund.

6. **PART V** provides for the miscellaneous matters including provisions on the powers of the CEC Member to make Regulations for the better carrying out of the provisions of the Bill as well as a provision on Savings and Transition. The enactment of this Bill shall occasion expenditure of public funds to be provided for through the estimates.

Committee Recommendation:

The Committee was in agreement with the provisions of Part V as provided for in the Bill since the regulations may be made to address unpredicted situations.


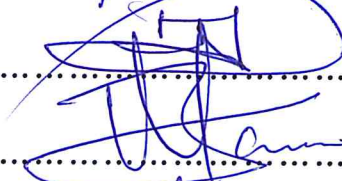





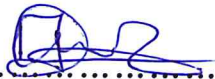
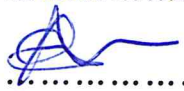
Justification

The provisions of Part V as well are meant to make the systems work since in times of rigidity regulations may be made to ease the unseen or unpredicted situations. The part provides for the CECM to make necessary regulations if need be

XXXXXXXXXXXXXXXXXXXXX END XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Member

Signature

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|--------------------------------------|--|
| 1. Hon. Peter Warutere, MCA |
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SPECIAL ISSUE


Kenya Gazette Supplement No. 8 (Nairobi City County Bills No. 5)



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NAIROBI CITY COUNTY ASSEMBLY
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KENYA GAZETTE SUPPLEMENT

NAIROBI CITY COUNTY BILLS, 2019

NAIROBI, 27th June, 2019

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REPUBLIC OF KENYA

KENYA GAZETTE SUPPLEMENT

NAIROBI CITY COUNTY BILLS, 2019

NAIROBI, 27th June, 2019

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**THE NAIROBI CITY COUNTY COMMUNITY HEALTH
SERVICES BILL, 2019**

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- 3—Object and purpose of the Act.

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- 5—Principles of Community Health Service Delivery.

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- 6—Establishment of Community Health Units.
- 7—Alteration of areas.
- 8—Community health volunteers.
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- 10—Training of community health volunteers.
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PART IV—FINANCIAL PROVISIONS

22—Funds.

PART V—MISCELLANEOUS PROVISIONS

23—Regulations.

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**THE NAIROBI CITY COUNTY COMMUNITY
HEALTH SERVICES BILL, 2019**

A Bill for

AN ACT of the County Assembly of Nairobi to give effect to the provisions of Article 43(1) (a) of the Constitution of Kenya and to provide for the establishment and delineation of Community Health Units within the county for effective and efficient delivery of community based health services and for connected purposes.

ENACTED by the Nairobi City County Assembly as follows:—

PART 1—PRELIMINARY

1. This Act may be cited as the Nairobi City County Community Health Services Act, 2019.

Short title and
commencement.

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

Interpretation

“appointment” includes an acting appointment, reappointment, promotion and re-designation;

“authorised officer” means a health officer within the department of health appointed by the County Public Service Board.

“basic health-care” means the minimum degree of health care considered to be necessary to maintain adequate health and protection from disease;

“client” any household member receiving health services from community health services personnel.

“County” means Nairobi City County;

“common ailments” includes, diarrhoea, pneumonia and malaria;

“community” means the area for which a community health unit has been established pursuant to this Act;

“Community Health Unit” means the frontline community health service delivery structure located within the county health system comprising of a thousand (1000) households;

“Community Health committee” means a community health committee established pursuant to this Act, to play the overall governance and leadership role within the Community Unit.

"Community Health Services personnel" includes the County community health services coordinator (CCHSC), the sub County community health services coordinator (SC-CSC), the Community Health Officer (CHO) Community Health Assistant (CHA)/ Community Health Committee (CHC) and the Community Health Volunteers (CHVs).

"Community Health Unit Annual work plan" means a cost plan with set indicators and targets that are aligned to the County health mission and vision, to guide the implementation, monitoring and evaluation of community-based health activities.

"Community Health annual work plan" means the priorities for delivery of community based health services for the succeeding year.

"development partners" means and includes Non-Governmental Organizations, civil society groups, donors and any other well-wishers;

"Health services" include services provided through hospitals and other health-care institutions, public-health services, addiction services, emergency health services, mental-health services, home-care services, long-term care and such other health services as the executive committee member may from time to time prescribe.

"Community-based health services" means health-care services that can be provided to people in their communities and includes health education, health promotion, disease prevention, mental-health services, emergency health services, addiction services, public-health services, home care, long-term care, rehabilitation services, palliative-care services and treatment for illness and injury in relation to primary care,

"Community Health Volunteer" means a person selected by the community, based on set criteria defined by this Act and has undertaken relevant basic training as per training curriculum to offer health services at the community level and has continuously been appraised by the Community Health Assistant /Community Health Officer;

“Chief Officer” means a county chief officer responsible for county health services appointed under section 45 of the County Governments Act, 2012

“Executive Committee Member” means the County Executive Committee Member responsible for matters relating to health;

“grant” includes donations, gifts from lawful sources

“grant recipients” means the community health unit in receipt of donor funds or funds from any lawful source.

“health care professional” means a physician or other qualified health care professional who is qualified by education, training, licensure/regulation who performs a professional service within his/her scope of practice and independently reports that professional service;

“household” is the smallest entity of service delivery in a community health unit;

“out of pocket expenses” are incidental expenses incurred in course of duty but shall not include any loss of remuneration;

“performance target” means a minimum monthly achievement of 80% according to county community performance appraisal tool to be achieved by the Community Health Volunteer;

“stipend” means a monthly pre-determined amount of money paid to Community Health Volunteers having satisfactorily met the minimum set performance targets

3. The objects of this Act are to—

Objects of the Act

- (a) provide for delineation and establishment of community health units within the County so as to provide for effective delivery of community health services;
- (b) create the necessary institutional and coordination framework to encourage and facilitate voluntary provision of community health care services;
- (c) provide sustainable essential health services for the community and with full participation by the community;

- (d) protect the health and safety of all community health volunteers and community health services personnel in the county.

PART II—COMMUNITY HEALTH SERVICES

4. (1) Each person residing within the jurisdiction of the County has a right to access basic health care services to be provided by the County Government.

Basic Health Care
Services

(2) Establishment of a strong community health service provides a basis for the county health system's implementation of a number of the objects and principles of devolution under Article 174 of the Constitution which include—

- (a) giving the people the powers of self-governance and enhancing the participation of the people in the exercise of the powers of the State and in making decisions affecting them;
- (b) recognizing the right of communities to manage their own affairs and to further their development;
- (c) protecting and promoting the rights and interests of minorities and marginalized communities;
- (d) promoting social and economic development and the provision of proximate, easily accessible services; and
- (e) ensuring equitable sharing of local resources

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

Principles of
Community
Health Services.

- (a) health services shall be available, accessible, acceptable, affordable and of good quality and standards;
- (b) health rights of an individual shall be upheld, observed, promoted and protected; and
- (c) provision of community health care services shall focus on strengthening health systems to improve health outcomes.

**PART III—ESTABLISHMENT OF COMMUNITY
HEALTH UNITS AND COMMUNITY HEALTH
SERVICES PERSONNEL**

6. (1) There is established a Community Health Unit which shall comprise of not more than one thousand households with ten community health volunteers under the supervision of a minimum of two Community Health Assistants or officers.

Establishment of
community health
units

(2) The community health unit under sub section (1) shall be established by the Community Health Services Personnel

7. (1) The Executive Committee Member in consultation with the County Community Health Services Advisory Committee established pursuant to this Act, shall alter the boundaries of a community health unit if need arises.

Alteration of areas

(2) The Executive Committee Member may, by regulations annex the whole or any part of a community health unit to another community health unit.

8. There shall be ten Community Health Volunteers in a Community Health Unit to be selected in a public meeting convened by the Chief and the Ward Administrator and overseen by the Community Health Committee established pursuant to this Act.

Community
Health Volunteers

9. (1) A person shall be eligible for selection as a community health volunteer if the person:

Qualifications for
selection

- (a) is a citizen of Kenya,
- (b) has been a resident of the respective community health unit for a continuous period of not less than one year prior to the selection date,
- (c) is not disqualified for appointment to office by the provisions of this Act or any other law,
- (d) is above the age of 18, responsible and is a respected member of the community,
- (e) is passionate about volunteer services to the community,
- (f) is literate and fluent in English or Kiswahili languages or able to communicate with the local community.

10. The Executive Committee Member shall make necessary arrangements for the training and certification of Community Health Volunteers using an approved curriculum.

Training of community health volunteers

11. (1) A Community Health Volunteer shall perform the following obligations—

Obligations of community health volunteers

- (a) exercise diligent care of their Clients and their own health and safety;
- (b) ensure that their conduct does not adversely affect the health and safety of others;
- (c) comply with any reasonable instructions that are issued to them by their community health assistant or community health officer;
- (d) ensure compliance with all the health policies and regulations relating to the performance of their duties.

(2) A Community Health Volunteer who fails to perform their obligations under this Act shall be subjected to disciplinary action which may lead to dismissal

12. A community health volunteer shall be responsible to the Community Health Assistant and Community Health Officer and shall have the following responsibilities—

Functions of community health volunteers

- (a) enrolling households towards achieving universal health coverage;
- (b) educating the community on how to improve their health and prevent illness by adopting good health practices;
- (c) manage common ailments and minor injuries with the supervision and guidance of the community health assistant or officer;
- (d) tending the community health volunteer kit with supplies provided by the County Government;
- (e) educate clients on the benefits of consistent compliance and adherence to treatment;
- (f) tracing defaulters to ensure compliance with health interventions including immunization, tuberculosis treatment, malaria control, antiretroviral, malnutrition, antenatal care among others;

- (g) tracing and referral of health-related cases to the nearest health facilities;
- (h) conducting home visits to determine the health situation and dialogue with household members to undertake the necessary action for health improvement;
- (i) promoting appropriate home care for the sick with the support of the health partners;
- (j) responding to questions on health and providing advice;
- (k) being a model of good health behaviour;
- (l) mobilizing community members to adopt health promotion practices;
- (m) organizing, mobilizing and leading community health activities;
- (n) maintaining household registers and keeping records of community health related events;
- (o) reporting to the community health assistants or officers on the activities they have been involved in and any specific health problem they have encountered that needs to be brought to the attention of higher levels;
- (p) willing to visit all unallocated community households at least once in every quarter with preference to households with children under five years and pregnant women;
- (q) conducting community disease surveillance and response; and
- (r) participate in quarterly community dialogues days and monthly action days.

13. (1) A community health volunteer may enter any household with the consent of the home owner. Entry to Households

(2) A community health volunteer shall notify the owner of the household immediately upon arrival and shall present appropriate identification.

(3) A community health volunteer denied consent /entry or whose visit to a household is terminated before accomplishing the visitation purpose, will guide an

authorized officer to the household to help fulfil the purpose.

14. (1) The Executive Committee Member shall, with the consent of the Executive Committee Member for finance, provide a stipend inclusive of National Health Insurance Cover to every community health volunteer subject to attainment of 80% performance target to be conducted by the Community Health Assistant.

Remuneration of
community health
volunteers

(2) The Executive Committee Member may review the stipend provided under sub section (1) as need arises.

15. (1) A community health volunteer perform the duties of the office for a period of time as shall be determined by the Community Health Committee taking into consideration the views of the community members within a community health unit.

Terms of service

(2) A community health volunteer shall be released from employment on the following grounds—

- (a) inefficiency or if in breach of the terms of his/her selection;
- (b) upon relocation to a different community
- (c) upon conviction of a criminal offence
- (d) resigns from office in writing to the chairperson of the Community Health committee
- (e) upon death or if unable to discharge his or her duties due to physical or mental impairment.

(3) A vacancy arising in the community health unit shall be filled within a period of 30 days in accordance with the provisions of Section 8.

16. The Community health services personnel shall have the following responsibilities—

Functions of the
community health
services personnel

- (a) co-ordinating the enrolment of households towards achieving universal health coverage;
- (b) mentorship and support supervision to the Community Health Volunteers;
- (c) coordination of community dialogues and action days;
- (d) sensitizing communities for uptake of quality health services;

- (e) coordinating community health activities for the workforce and the committees;
- (f) establishing community health units;
- (g) monitoring, evaluating, preparing and disseminating community health reports;
- (h) ensuring monthly community health data is submitted for uploading on the Kenya health information system on time;
- (i) facilitating planning activities at community level;
- (j) advocating and mobilizing resources for community health activities;
- (k) facilitating training and developing community health volunteers and members of community health committees;
- (l) performance appraisal for community health volunteers
- (m) maintaining of community health volunteers kit
- (n) any other duties as assigned by the Executive Committee Member.

17. (1) A community health volunteer who—

Offences

- (a) falsifies records;
- (b) solicits money for services offered; or
- (c) impersonates a health care professional

(2) commits an offence and is liable to a fine not exceeding one hundred thousand Kenya shilling or to imprisonment to a term not exceeding six months or to both and the said offender shall be permanently discontinued from service as a community health volunteer.

18. (1) There is established, a community health committee which shall be in charge of more than one community health unit, within the same community comprised of the following—

Establishment of the Community Health committee

- (a) seven to thirteen members democratically elected by the community members under the supervision of the Chief and the Ward Administrator representing the youth, persons with disability and other marginalized groups in the community

- (b) the community health assistants or community health officers who shall act as the technical adviser and secretary to the committee;
 - (c) the chairperson who shall be elected from amongst the members of the committee;
 - (d) a representative selected from the community health volunteers and shall be the treasurer;
- (2) The committee shall not have more than two thirds of one gender represented.
- (3) The term of membership in a community health committee shall be three years' renewable once for a maximum of two terms unless the community specifically decides otherwise.
- (4) The community health committee shall conduct at least two public forums in the community health unit in each year for the purpose of providing information on the operations and activities of the community health committee and seeking input from the public.

19. A community health committee shall be responsible for—

Functions of the
Community
Health committee

- (a) fostering community development that encourages the public to actively participate in health planning and service delivery;
- (b) constructing a community health profile that identifies the deficiencies and strengths of the community with respect to factors that affect health, including income and social status, social support networks, education, employment, physical environments, inherited factors, personal health practices and coping skills, child development and health services in the community;
- (c) preparing and maintaining an inventory of community-based health services delivered in the community;
- (d) assessing community health needs and community-based health services in relation to those needs;
- (e) providing such other advice and assistance that the community health assistants' requests;

(f) managing, or assisting in the management of, community health grants on behalf of the executive committee member, or with the approval of the executive committee member;

(g) performing such other functions as the executive committee member may authorize pursuant to this Act;

(h) develop a community health work Plan for each fiscal year.

20. (1) The Executive Committee member shall establish the County Community Health services technical advisory committee

The community Health Services technical advisory committee

(2) The Community Health services technical advisory committee shall be composed of fifteen members as follows—

(a) one member who shall be a representative of the community colleges, universities, and educational institutions that may provide community health services training;

(b) one members shall be representatives from development partners;

(c) ten members shall be representatives appointed as follows; seven from county health services and one from social services – one community health volunteers and one member of the public;

(d) *ex-officio* members from any county government department shall be incorporated as need arises;

(3) The Executive Committee Member shall appoint a chairperson from amongst the members of the Committee;

(4) Members of the Committee shall serve without compensation, but may be reimbursed for reasonable expenses incurred as a result of their duties as members of the Committee from funds appropriated by the Executive Committee Member for that purpose;

(5) The Executive Committee Member shall provide administrative and staff support to the Committee.

21. (1) The County Community Health Services technical advisory committee shall be responsible to the Executive Committee member and shall have the following responsibilities—

Functions of the county community health services advisory committee

- (a) to ensure a coordinated, efficient, effective and consultative approach in delivery of community health services.
- (b) to achieve the objectives set out under subsection (1), the technical advisory committee shall —
 - (i) adopt and formulate policies relating to the management of Community Health services;
 - (ii) monitor, evaluate and review implementation of Community Health Work Plans;
 - (iii) mobilize resources for purposes of efficient management of Community Health services;
 - (iv) advise the Executive Committee Member on matters of general policy; and
 - (v) perform any other functions assigned to it under this Act.

PART IV— FINANCIAL PROVISIONS

22. (1) The funds for financing the implementation of this Act shall consist of—

Funds

- (a) such monies as shall be appropriated by the County Assembly in each financial year;
- (b) such grants or transfers as may be received from any lawful source;
- (c) grants and donations received from development partners; or
- (d) such other monies received from national government as conditional or non-conditional grants, for services rendered to clients in accordance with the established system;

PART V— MISCELLANEOUS PROVISIONS

22. The Executive Committee Member may make regulations for the better carrying out of the provisions of this Act.

Regulations

Savings and
Transition

23. (1) A person who immediately before the coming into force of this Act was a Community health Volunteer or community health committee member shall continue to act as such until the expiry of the duration for which the person is engaged.

(2) A person who served as a Community Health Volunteer or community health committee member before the coming into force of this Act and whose contract or service expires under this Act may be re-selected in accordance with the provisions of this Act.

MEMORANDUM OF OBJECTS AND REASONS

Article 43(1) (a) of the Constitution of Kenya 2010 entitles every person to the highest attainable standard of health, which include the right to health care services, including reproductive health care.

The principle object of the Bill is to provide for the establishment and delineation of Community Health Units within the County for effective, efficient and sustainable delivery of community-based health services and establish the necessary institutional and regulatory mechanisms to ensure functionality of community units in empowering households in health and for connected purposes.

The Bill further purposes to give effect to the provisions of Article 43(1) (a) of the Constitution.

PART I contains the preliminary matters including the definition of terms used in the Bill.

PART II provides for community health services by expanding the meaning thereof and providing for Basic Health Care for all county residents and the principles of Community Health Service Delivery.

PART III provides for the establishment of Community health units and community health services personnel. This part also makes provision of community health volunteers together with their functions, qualifications and tenure of office. Remuneration of the Volunteers which the Executive Committee member will determine in consultation with the Executive Committee member for Finance. It further provides for the establishment of the Community Health Committees and its role is governance and leadership of community health units.

PART IV makes provision for Funds that will finance the activities of Community health services. It provides for an annual allocation by the County as well as funds from donors and other development partners. It also provides for management and accounting of the funds by the donor recipients.

PART V provides for the miscellaneous matters including provisions on the powers of the CEC Member to make Regulations for the better carrying out of the provisions of the Bill as well as a provision on Savings and Transition.

The enactment of this Bill shall occasion expenditure of public funds to be provided for through the estimates.

Dated the 17th June, 2019.

PIUS M. MBONO,
Member of the County Assembly.

MINUTES OF THE 88TH SITTING OF THE NAIROBI CITY COUNTY ASSEMBLY SECTORAL COMMITTEE ON HEALTH SERVICES HELD ON 10TH SEPTEMBER, 2019 IN THE ASSEMBLY COMMITTEE ROOM 1 AT 11:30 A.M

MEMBERS PRESENT

1. Hon. Peter Warutere, MCA- Chairperson
2. Hon. Stephen Gikonyo, MCA
3. Hon. Pius Mbono, MCA
4. Hon. Caroline Mayunzu, MCA
5. Hon. Juliet Ndegwa, MCA
6. Hon. David Mbithi, MCA
7. Hon. John Kyalo, MCA
8. Hon. James Kiriba, MCA
9. Hon. Naftaly Mathenge, MCA
10. Hon. Julius Maina, MCA
11. Hon. John Nganga, MCA

ABSENT

1. Hon. Emily Oduor, MCA
2. Hon. Anne Thumbi, MCA
3. Hon. Asli Mohamud, MCA
4. Hon. Maurice Ochieng, MCA
5. Hon. Stazo Omungala, MCA
6. Hon. Hafsa Khalif Mohamud, MCA
7. Hon. Mark Mugambi, MCA
8. Hon. Moses Ogeto, MCA

SECRETARIAT

1. Mr. Joseph Njuguna - Clerk Assistant

AGENDA

1. Preliminaries (prayers & adoption of the Agenda),
2. Deliberations and adoption of the Committee's draft report on the Nairobi City County Community Health Services Bill, 2019.
3. Deliberations in preparations for the Joint Sitting with Labour Committee on Wednesday 11th September with the Council of Clinical Officers.
4. Any Other Business
5. Adjournment.

MIN 461/SEP/2019:

PRELIMINARIES

The Chairperson called the meeting to order at 11.35 am. He welcomed members to the meeting and led members in a word of prayer.

The agenda of the meeting was then adopted as proposed by Hon. Naftaly Mathenge, MCA and seconded by Hon. David Mbithi, MCA.

MIN 462/SEP/2019: DELIBERATION AND ADOPTION OF COMMITTEE'S REPORT ON THE NAIROBI CITY COUNTY COMMUNITY HEALTH SERVICES BILL, 2019

The Chairman read through the Committee's draft report on the consideration of the Nairobi City County Community Health Services Bill, 2019. Members deliberated on the provisions of the bill and agreed as follows;

- a) The Committee was in agreement with the provisions of Part I as provided for in the Bill,
- b) The Committee was in agreement with the provisions of Part II of the Bill as it would assist on healthcare services delivery and as well improve on the quality of services to be provided,
- c) The Committee observed that the provisions of the clauses in Part III are in order as it would assist in delivery of healthcare services,
- d) The committee was in agreement with the provisions as the CECM was required to make necessary arrangements for the training and certification of the approved curriculum, and
- e) The Committee was in agreement with the provisions of Part IV as provided for in the Bill due to the fact that the annual allocation by the County and from the donor funding are well catered for since there is the provision on reporting on all money allocated to the fund.

The Committee was in full support of the Bill content and agreed that on the issue requested by the Health Services Sector concerning adding a new clause to cater for a sustainable annual funding of 3% OF THE Sector's budget, the committee agreed that the issue be discarded as the allocations will be catered for during the annual budgets as need arises but not pegged on a particular percentage of the sector's budget.

The adoption of the report was proposed by Hon. Pius Mbono and seconded by Hon. Carolyn Mayunzu.

MIN 463/SEP/2019: DELIBERATIONS IN PREPARATIONS TO THE JOINT SITTING WITH LABOUR COMMITTEE AND THE ASSOCIATION OF CLINICAL OFFICERS.

The Committee was informed that the Union of Clinical Officers had written to the Committee requesting for a meeting with Members to deliberate on highlighted issues. The Chairperson read the letter Ref: KUCO/Nrb/52/19 dated 17th August 2019 to the Committee.

The Committee deliberated on the requested and resolved to grant the Association a hearing so that they could elaborate on the issues they had raised concerning:

- a) The return to work agreement signed on 4th March, 2019
- b) Contracted clinical officers,

- c) Promotions of clinical officers,
- d) Transfer of clinical officers,
- e) Commuter and house allowance for clinical officers,
- f) NHIF cover for level 2 and 3 facilities,
- g) Pension of devolved clinical officers, and Locum contracts at County Referral Hospitals.

The Chairperson urged the members to ensure attendance of the scheduled meeting on time to enable the join sitting deliberate conclusively on the issues raised and get a way forward.

Additionally, the Committee was informed that the meeting will be held jointly with the Sectoral Committee on Labour and Social Welfare since the objectives touch on key issues of welfare of the said officers

MIN 464/SEP/2019: ADJOURNMENT

There being no other business and the time being fifteen minutes past Noon, the Chairperson adjourned the meeting.

CONFIRMED AS A TRUE RECORD OF THE PROCEEDINGS

CHAIRPERSON

SIGN


DATE
10/9/19

SECRETARY



10/09/2019

