

GOVERNMENT OF NAIROBI CITY COUNTY



Paper laid by
Hon. Paul Kados
Deputy Speaker
Chair of chairs
On Thursday
23/7/26
[Signature]

THE NAIROBI CITY COUNTY ASSEMBLY

OFFICE OF THE CLERK

THIRD ASSEMBLY

(FIFTH SESSION)

NCCA/TJ/PL/2026(82)

23RD JULY 2026

PAPER LAID

SUBJECT: REPORT OF COMMITTEE

Pursuant to Standing Order 135 (5) and 210 (3), I beg to lay the following Paper on the Table of the Assembly, today, Thursday, 23rd July, 2026

— THE REPORT OF THE SELECT COMMITTEE ON LIAISON ON CONSIDERATION OF THE NAIROBI CITY COUNTY HEALTH SERVICES BILL, 2025.

(Chairperson, Select Committee on Liaison)

Copies to:
The Speaker
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NAIROBI CITY COUNTY



NAIROBI CITY COUNTY ASSEMBLY
THIRD ASSEMBLY – FIFTH SESSION

THE REPORT OF THE SECTORAL COMMITTEE ON LIAISON
ON THE CONSIDERATION OF THE NAIROBI CITY COUNTY HEALTH SERVICES BILL,
2025

Clerks Chambers
Nairobi City County Assembly
City Hall Buildings
Nairobi

2026

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1.0. PREFACE

1.1. Mandate

Hon. Speaker,

The Sectoral Committee on Health Services was established pursuant to the Standing Order 209. The Committee's mandate amongst others, as outlined under Standing Orders 209 (6) is to:

- a. investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned departments;
- b. study the programme and policy objectives of departments and the effectiveness of the implementation;
- c. study and review all county legislation referred to it;
- d. study, assess and analyze the relative success of the departments as measured by the results obtained as compared with their stated objectives;
- e. investigate and inquire into all matters relating to the assigned departments as they may deem necessary, and as may be referred to them by the County Assembly;
- f. to vet and report on all appointments where the Constitution or any law requires the County Assembly to approve, except those under Standing Order 196 (Committee on Appointments); and
- g. make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.

Hon Speaker,

The Sectoral Committee on Health Services is further mandated in the Third Schedule of the Standing Orders to deal with matters related to "*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, veterinary services (excluding regulation of the profession), cemeteries, funeral parlours and crematoria.*"

1.2 Committee Membership

During the period under review, the Committee comprised of the following members:-

1. Hon. Maurice Ochieng', MCA - Chairperson
2. Hon. Lily Kidenda, MCA – V. Chair
3. Hon. Lydia Akoth ,MCA
4. Hon. Chris Mtumishi, MCA
5. Hon. Doreen Mugambi, MCA
6. Hon. Hellen awuor, MCA
7. Hon. Emily Oduor, MCA
8. Hon. Benter Obiero, MCA
9. Hon. Ami Ambala, MCA
10. Hon. Fatuma Abey, MCA
11. Hon. Naomi Bosire, MCA
12. Hon. Evans Nyangicha, MCA
13. Hon. Anthony maragu, MCA
14. Hon. Martin Mbugua, MCA
15. Hon. Cyrus mugo, MCA
16. Hon. Dabar Ahmedqadar, MCA
17. Hon. Kame Adano, MCA
18. Hon. Patrick Karani, MCA
19. Hon. Patrick macharia, MCA
20. Hon. Grace Kaheti, MCA
21. Hon. Stephen Mugo, MCA
22. Hon. Davidson DNG, MCA
23. Hon. Chege Mwaura, MCA

Hon. Speaker,

The County Assembly Committees are extensions of the Assembly established under the County Assembly Standing Orders and in accordance with Section 14 of the County Governments Act, 2012. The Committees are supposed to perform functions that the Assembly is not well fitted to consider in plenary.

The Committee exercises its oversight role on the work and administration of the Education and Children Sub-Sectors.

Pursuant to the provisions of Standing Order 209 (6) (b), (d) and (e), the Sectoral Committee on Health Services is supposed to study the programmes of the Health Wellness and Nutrition Sub-Sector; and the effectiveness of the implementation; study, assess, and analyze the success

of the Sub-Sector as measured by the results obtained; and inquire into all matters relating to the Sector.

In accordance with the Third Schedule of the Standing Orders, the Sectoral Committee on Health Services is mandated to consider all matters relating to: - *“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, veterinary services (excluding regulation of the profession), cemeteries, funeral parlours and crematoria.”*

Mr. Speaker Sir,

The Committee is further mandated to make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.

1.3 Executive Summary

Hon. Speaker,

Pursuant to Section 23 of the County Governments Act, 2012, the Nairobi City County Health Services Bill, 2025 was published in the special issue of the Kenya Gazette Supplement No. 4 on 5th May, 2025. The Bill was introduced in the County Assembly as First Reading on Tuesday, 3rd June, 2025. The Bill was thereafter committed to the Sectoral Committee Health Services for scrutiny, public participation and reporting to the Assembly pursuant to Standing Order 135.

Article 196(b) of the Constitution of Kenya, 2010 requires the County Assemblies to facilitate public participation and involvement in the legislative and other business of the Assembly and its Committees.

Hon. Speaker,

Upon committal of the said Bill, the Committee placed a notice in the local dailies on Friday, 8th May, 2025 calling for representations and proposals for amendments from the public and inviting them for a public participation forum on 22nd May, 2025 pursuant to Article 196(b) of the Constitution of Kenya, 2010 and the Nairobi City County Standing Orders 135 (3) which require public participation in the legislative and other business of the County Assembly and its Committees. The Committee held a public participation forum on 22nd May, 2025 to receive

proposals from the members of the public. The Committee also identified the following key stakeholders to the Bill and invited them to submit commends, reviews and propose amendments to the Bill;

- a) The Nairobi City County Sector of Health, Wellness and Nutrition; and
- b) Sub County Medical Officer of Health

Hon. Speaker,

The Committee held a total of six meetings to consider the Bill and all presentations received from stakeholders. All stakeholders while supporting the Bill in principle, proposed amendments on some of the provisions of the proposed law.

Hon. Speaker,

The Committee finds this Bill to be a right step towards providing a framework for regulation, facilitation and enhancement of health service delivery in the County by structuring the management of health facilities. The Bill seeks to provide for a framework for health leadership and governance and health financing. Essentially the bill gives a framework to implement Section 2 of Part 2 of the fourth schedule to the Constitution of Kenya.

Hon. Speaker,

The Committee considered the submissions by stakeholders as provided for in the Standing Order and had proposed amendment to the Bill in the Short Title, Long Title, Clauses 2, 3(b), 3(c), 4, 5, 5 (b), 6, 7(2), 8, 9(1), 9(2), 11(1), 11(2), 13, 14, 15(1), 15(2), 17, 22, 23, 24(C)i, 28(1)a, 37, 42, 43, 46, 54(2), 54(3), 54, 55, 59, 60 and first schedule. Some of the amendments are editorial while others are aimed at ensuring that the Bill is consistent with the Constitution, the National Laws and also cater for the concerns of the stakeholders.

1.4. Consideration by the Select Committee on Liaison

Hon. Speaker,

Upon conclusion of the consideration of the Bill by the Health Services Committee, there was inordinate delay in the tabling of the Committee report which saw the Bill proceed to Second Reading without the input of the Committee findings. However, pursuant to Standing Order 210 (3), the final report of the Committee was taken over by the Liaison Committee to facilitate tabling of the report and moving of the proposed amendments at the Committee stage.

1.5. Acknowledgement

Hon. Speaker, I wish to acknowledge with gratitude the offices of the Speaker and the Clerk of the County Assembly for the logistical and technical support accorded to the members of the Committee to enable them consider the Nairobi City County Health Services Bill, 2025. Appreciation is also extended to the stakeholders for their immense contribution.

I am grateful for the Members of the Committee whose support and commitment enabled the Committee to accomplish this task. Special thanks to the Secretariat for their support at all times.

On behalf of both the Health Services and Liaison Committees and pursuant to Standing Order 135 (3), I now have the honour and pleasure to present this Report on the consideration of the Nairobi City County Health Services Bill, 2025.

Thank You.

SIGNED 

HON. PAUL K. KADOS, MCA
(CHAIRPERSON, LIAISON COMMITTEE)

DATE.....


2.0 INTRODUCTION

Pursuant to Article 185 of the Constitution of Kenya, 2010, the legislative authority of a County is vested and exercised and the County Assembly. The County Assembly is to make laws that are necessary for effective performance of the functions of the County Government as provided for in Part Two of the Fourth Schedule to the Constitution.

Pursuant to the provisions of Section 23 of the County Governments Act, 2012, the Nairobi City County Health Services Bill, 2025 was published in the special issue of the Kenya Gazette Supplement No. 4 on 5th May, 2025. On 3rd June, 2025, the Bill was read a First Time and thereafter committed to the Sectoral Committee on Health Services for scrutiny, public participation and reporting to the Assembly pursuant to Standing Order 135.

Section 185(2) of the Constitution mandates the County Assembly to make any laws that are necessary for or incidental to the effective performance of the functions of the County Government under the fourth Schedule.

County Health Facilities including health facilities is one of the functions of County Governments as clearly defined under Part 2 of the 4th schedule to the Constitution of Kenya.

Article 196(b) of the Constitution requires the County Assemblies to facilitate public participation and involvement in the legislative and other business of the Assembly and its Committees.



3.0 CONSIDERATION OF THE NAIROBI CITY COUNTY HEALTH SERVICES BILL, 2025

While examining the Bill, the Committee noted the following:

3.1 Objective of the Bill

The principle objective of the Bill is to provide a framework for regulation, facilitation and enhancement of health service delivery in the County by structuring the management of health facilities. The Bill seeks to provide for a framework for health leadership and governance and health financing. Essentially the bill gives a framework to implement Section 2 of Part 2 of the fourth schedule to the Constitution of Kenya.

The Committee is therefore in agreement with the Bill since it provides a framework for regulation, facilitation and enhancement of health service delivery in the County by structuring the management of health facilities. The Bill seeks to provide for a framework for health leadership and governance and health financing. Essentially the bill gives a framework to implement Section 2 of Part 2 of the fourth schedule to the Constitution of Kenya.

Part I: Preliminary Provisions

Part I of the Bill sets out the preliminary matters with respect to the Bill. Clause 1 sets out the short title of the Bill. Clause 2 provides for definition and interpretation of terms as used in the Bill while Clause 3 gives objects of the Act.

Clause 1 provides for the short title and commencement where the Committee agreed to the proposal by the County Executive to substitute 'health services' with 'Health administration and management' to read 'The Nairobi City County Health Administration and Management bill 2025.'

The Committee agreed to the proposal by the County Executive to replace the word 'section' with the word 'paragraph' in the long title.

On Commencement, the Committee agreed to the proposal by the County Executive to include the commencement date to be the date of publication.

On Clause 2, the Committee agreed to the proposal by the County Executive to;

- Include the definition of the word 'County Assembly' as the County Assembly of Nairobi;

- Define the word 'county' to mean Nairobi City County;
- Define the term 'department' for clarity purposes;
- Amend the definition of the word 'County Health Facility' to "County Health Facility has the same meaning assigned to it under Section 2 of the Facilities Improvement Financing Act CAP 277;
- Add the words "including telemedicine" in the definition of e-health to align with the Health Act and the Digital Health Act;
- Delete the definition of the word 'reproductive age' as there is no definition of it in the National Reproductive Health Policy 2022-2032 and any other Legislations;
- Define the word 'Medical Superintendent' as "A medical practitioner who is in charge of a County health facility" for detail and context;
- Specify the definition of Quality Assurance Unit to be the one established under 5.41 of the Act for clarity;

On Clause 3b, the Committee agreed to the proposal by the County Executive to delete the words 'facilitating realization' and substitute with the word 'promoting'.

On Clause 3c, the Committee agreed to the proposal by the County Executive to delete the clause in its entirety as Health rights can be addressed by County legislations.

On Clause 4, the Committee agreed to the proposal by the County Executive to

- Add the following principles of health Service Delivery
- (e) equity in distribution of health services and interventions
- (f) Public participation with a people centered approach and social accountability planning and implementation.
- (g) efficiency in the application of health technologies
- (h) mutual consultation and cooperation between the National Government and County Governments and among County Governments.

3.2 Part II: ADMINISTRATION AND MANAGEMENT OF HEALTH SERVICES

Part II of the Bill contains the provisions relating to the administration and management of health services. Clause 5 provides the functions of the Department of Health, Wellness and Nutrition. On Clause 5, the Committee agreed to the proposal by the County Executive to delete the term 'Functions of the Department' and replace with 'The role of the County Executive Committee Member' as Health Services are directly assigned to the CECM under the County Government Act. Clause 6 provides for the County Public Service Board which in consultation with the Executive Member, establish offices and appoint such staff under the

Department, including county health facilities, in accordance with the County Governments Act for implementation of this Act. Clause 7 provides for classification of County Health Facilities. On Clause 7(2), the Committee agreed to the proposal by the County Executive to amend to read “The CECM may designate a county referral hospital according to the criteria agreed upon by the Intergovernmental Health Coordination mechanism. Clause 8 provides for Establishment of health facilities. Clause 8 provides for establishment of health facilities. Clause 9 provides for Establishment and composition of County Health Management Team.

On Clause 9 (1), the Committee agreed to the proposal by the County Executive to delete in its entirety as the County Health Management Team was established under Section 10(1) of the FIF Act. On Clause 9 (2), the Committee agreed to the proposal by the County Executive to the Composition of the County Health Management Team to be amended to align with section 10(2) of the FIF Act. Clause 10 provides for Functions of the County Health Management Team. Clause 11 provides for establishment and composition of the sub-county Health Management.

On Clause 11(1), the Committee agreed to the proposal by the County Executive to delete it in its entirety as its already established under Section 12(1) of the FIF Act. Clause 12 provides for the functions of the Sub county Health Management Team. Clause 13 provides for the Hospital Management Board. On Clause 13(1), the Committee agreed to the proposal by the County Executive to reword sub-clause 5 and 6 by deleting the words “shall not be eligible” and replace with ‘shall be eligible if the person...’ so as to encourage positive construction and clarity. Clause 14 provides for functions of the Hospital Management Board.

On Clause 15(1), the Committee agreed to the proposal by the County Executive to Delete it in its entirety as its already established under S. 16 of the FIF Act. On Clause 15(1), the Committee agreed to the proposal by the County Executive to delete the words “The Health Facility Management Committee shall be comprised of” and substitute with “The Health Facility Management Committee shall be appointed by the CECM” as its in accordance with the FIF Act. Clause 16 provides for Functions of Health Facility Management Committee. Clause 17 provides for conduct of business of the board & committee. Clause 18 provides for Removal from office of the Hospital Management Board. Clause 19 provides for operational guidelines and standards for administration of health facilities.

3.3 Part III: HEALTH SERVICE DELIVERY

Part III of the Bill contains provisions on the HEALTH SERVICE Delivery. Clause 20 provides for requirements for health service delivery system. Clause 21 provides for Cooperation and collaboration of the County Health System. On Clause 22(1), the Committee agreed to the proposal by the County Executive to Reword the section to read “The County Government shall ensure the progressive equitable distribution of County Health Facilities throughout the County as are deemed necessary for the promote preventive and rehabilitative health service to maintain the use of the term ‘county health facilities’ as opposed to public owned facilities.

On Clause 23, the Committee agreed to the proposal by the County Executive to amend Sub-clause (a) by adding the words “or their clients, families or property.” On Clause 24 (C)(1), the Committee agreed to the proposal by the County Executive to delete the word ‘that’ appearing immediately after the word “provided” because the word is repeated. Clause 25 provides for the rights of a patient whereas Clause 26 provides for duties of a patient. Clause 27 provides for the Emergency treatment. On Clause 28 (1)(a), the Committee agreed to the proposal by the County Executive to delete the words ‘reproductive age’ and the word ‘elective abortion’ as the usage of these words is possibly contentious.

Clause 29 provides for consent. Clause 30 provides for confidentiality while Clause 31 provides for complaints. Clause 32 provides for duties of County Government while Clause 33 provides for Health outcomes. Clause 34 provides for Health promotion policies while Clause 35 provides for Primary Health care. Clause 36 provides for disease control while On Clause 37, the Committee agreed to the proposal by the County Executive to replace the ‘ten-year plan’ with a ‘five-year plan’. Clause 38 provides for Planning units while Clause 39 provides for Specialized units while Clause 40 provides for Certification of quality.

Clause 41 provides for quality and compliance assurance unit. On Clause 42 and 43, the Committee disagreed to the proposal by the County Executive to delete both clauses entirely as they address medical supplies and quality and compliance inspections audit. Clause 44 provides for Quarterly reports while Clause 45 provides for Health status report. On Clause 46, the Committee agreed to the proposal by the County Executive to add another sub-clause to read as ‘The Executive Committee may coopt not more than four County Health officers with specialized knowledge or expertise to assist in discharge of specific functions of the Stakeholders Executive Committee.

3.4 Part IV: PRIVATE SECTOR HEALTH CARE

“The County shall implement policies that will ensure direct complementary funding for all County health facilities

Part IV of the Bill contains provisions for Private Health Services. Clause 47 provides for Private Health Services while Clause 48 provides for licensing of private entities to operate hospitals. Clause 49 provides for licensing of private entities to operate hospitals while Clause 50 provides for Private health workers. Clause 51 provides for supervision of private health facilities while Public private partnership while clause 52 provides for public private partnership.

3.5 Part V: E- HEALTH FINANCING

Part V of the Bill contains provisions for Health Financing. On Clause 55, the Committee agreed to the proposal by the County Executive to add a new sub-clause 8 to read as follows to emphasize as is provided for by S. 9(c) of the FIF Act. Clause 56 provides for Procurement.

3.6 Part VI: TRANSITIONAL AND MISCELLANEOUS PROVISIONS

This part provides for Health Laws and policies. Clause 57 provides for health laws and policies while Clause 58 provides for existing laws. Clause 59 provides for transitional provision. On Clause 60, the Committee agreed to the proposal by the County Executive to add the following 2 sub-clauses to read: “(i) Prescribe the manner of lodging and resolving complaints on the manner of treatment in a county health facility. On the first schedule, the Committee agreed to the proposal by the County Executive to Amend the frequency of hospital boards and committee Paragraph (1) should therefore read as:

“The Board and Committee meetings will be held at least once in every quarter but not more than three times in a quarter of a financial year. “

4.0 SUMMARY OF THE CONSIDERATION OF THE NAIROBI CITY COUNTY HEALTH SERVICES BILL, 2025

The Committee deliberated on the Bill as follows: -

Short title	– proposed amendments
Long Title	– proposed amendments
Clause 2	– proposed amendments
Clause 3	– proposed amendments
Clause 4	– proposed amendments
Clause 5	– proposed amendments
Clause 6	– proposed amendments
Clause 7	– proposed amendments
Clause 8	– Proposed Amendments
Clause 9	– proposed amendments
Clause 10	– Agreed to
Clause 11	– proposed amendments
Clause 12	– Agreed to
Clause 13	– proposed amendments
Clause 14	– Proposed Amendments
Clause 15	– proposed amendments
Clause 16	– Agreed to
Clause 17	– proposed amendments

Clause 18-21	– Agreed to
Clause 22	– proposed amendments
Clause 23	– proposed amendments
Clause 24	– proposed amendments
Clause 25-27	– Agreed to
Clause 28	– proposed amendments
Clause 29-23	– Agreed to
Clause 37	– proposed amendments
Clause 38-41	– Agreed to
Clause 42	– proposed amendments
Clause 43	– proposed amendments
Clause 44-45	– proposed amendments
Clause 46	– proposed amendments
Clause 47-53	– Agreed to
Clause 54 -55	– proposed amendments
Clause 56-58	– Agreed
Clause 59	- Proposed amendments
Clause 60	– proposed amendments
First Schedule	– proposed amendments

5.0 ANNEXES

1. Committee Stage Amendments
2. Amendments Matrix
3. Adoption List
4. Minutes

The Clerk
Nairobi City County Assembly
NAIROBI.

RE: COMMITTEE STAGE AMENDMENTS TO THE NAIROBI CITY COUNTY HEALTH SERVICES BILL 2026

NOTICE is given that the Chairperson of the Sectorial Committee on Health intends to move the following amendments to the Nairobi City County Health Services Bill 2026, at the Committee Stage.

SHORT TITLE

THAT the Short Title of the Bill be amended as follows: -

- (i) By renaming it to read "The Nairobi City County Health Services and Management Bill 2026"

LONG TITLE

THAT the Long Title of the Bill be amended as follows: -

- (i) By deleting the word **section** and replacing it with the word 'paragraph'
- (ii) By inserting the word "to give effect to the Facilities Improvement Financing Act Cap.277 after the word "Constitution".

CLAUSE 2

THAT, Clause 2 of the Bill be amended by inserting the following new definitions in their proper alphabetical sequence; -

- i) 'County' to mean 'The Nairobi City County'
- ii) "County Assembly" to mean 'The Nairobi City County'
- iii) "Chief Executive Officer" means the officer responsible for the overall management and administration of a County Hospital (Level 5) appointed under this Act.
- iv) "County entity" has the meaning assigned to it under Section 2 of the Public Finance Management Act, 2012 and, for the purposes of this Act, includes a County Hospital

(Level 5) established under Section 8 (1) of this Act with such functions, powers and responsibilities as are conferred under this Act and the applicable provisions of the Constitution and other written laws relating to public finance management, public procurement, audit and governance.

v) 'department' as 'the department responsible for health services'

THAT, Clause 2 of the Bill be amended; -

- (i) By deleting the meaning of the word 'County Health Facility' and replacing it with a new to meaning to read "County Health Facility has the same meaning assigned to it under Section 2 of the Facilities Improvement Financing Act Cap 277
- (ii) In the definition of the word e-health, by adding the words "including telemedicine" immediately after the word technology.
- (iii) By deleting the definition of the word 'reproductive age' in its entirety.

CLAUSE 3

THAT Clause 3 (b) of the Bill be amended as follows; -

- (i) By deleting the words 'facilitating and realization of' and replacing them with the word 'promoting'

CLAUSE 4

THAT Clause 4 of the Bill be amended as follows; -

- (i) By inserting the following sub-clauses immediately after sub-clause (d):
 - (e) equity in distribution of health services and interventions
 - (f) Public participation with a people centered approach and social accountability planning and implementation.
 - (g) efficiency in the application of health technologies
 - (h) mutual consultation and cooperation between the National Government and County Governments and among County Governments.

CLAUSE 5

THAT Clause 5 of the Bill be amended as follows; -

- (i) In the heading by deleting the words ‘Functions of the Department’ and it thereof with a new heading to read “The role of the County Executive Committee Member”

THAT Clause 5(b) of the Bill be amended as follows; -

- (i) By deleting the word ‘policies’ appearing immediately after the word health.

CLAUSE 6

THAT Clause 6 of the Bill be amended as follows; -

- (i) By deleting it in its entirety and replacing it with a new clause 6 to read;

6.(1) ‘The County Public Service Board shall in consultation with the County Executive Committee establish offices for effective implementation of this Act in accordance with the County Governments Act.

6(2) The staff of the department shall be competitively appointed by the County Public Service Board in accordance with the County Government Act

CLAUSE 7

THAT Clause 7(2) of the Bill be amended as follows; -

- (i) By deleting it in its entirety and replacing it with a new clause 7(2) to read;

“The CECM may designate a county referral hospital according to the criteria agreed upon by the Intergovernmental Health Coordination mechanisms”

CLAUSE 8

THAT, Clause 8 be amended by inserting the following new sub-clause immediately after sub-clause (2); -

(3) Every County Hospital (Level 5) established under subsection (1) shall be a County entity for the purposes of this Act and shall—

- (a) have perpetual succession and, subject to this Act, perform its functions in accordance with the Constitution and all applicable written laws;
- (b) be managed in accordance with this Act by the respective Hospital Management Board established under Section 13 of the Act and the Chief Executive Officer;
- (c) be responsible for the efficient, effective and economical management of its financial, human and physical resources;

- (d) prepare and implement strategic plans, annual work plans, budgets and performance reports in accordance with this Act and the Public Finance Management Act, 2012;
- (e) maintain proper books of account and records and prepare financial statements in accordance with the Public Finance Management Act, 2012 and such other applicable written laws;
- (f) be subject to audit by the Auditor-General in accordance with Article 229 of the Constitution and the Public Audit Act, 2015;
- (g) undertake procurement and asset disposal in accordance with the Public Procurement and Asset Disposal Act, 2015 and any other applicable written law;
- (h) receive, administer and account for funds allocated or accruing to the hospital in accordance with this Act and the Public Finance Management Act, 2012;
- (i) exercise such powers and perform such other functions as may be necessary for the proper discharge of its mandate under this Act and any other written law.

CLAUSE 9

THAT the heading of clause 9 of the Bill be amended as follows:-

- (i) By deleting the word 'establishment' and replacing it with the word 'Appointment'

THAT Clause 9(1) of the Bill be amended as follows; -

- (i) By deleting it in its entirety and replacing it with a new clause 9(1) to read;-
 - '(1)The County Health Management Team established under the Facilities Improvement Financing Act Cap 277 shall be appointed by the County Executive Committee Member for health 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) the Chief Executive Officers of all County Hospitals and the medical superintendents of other health facilities referred to in Section 7; and
 - d) all section or unit heads within the health department.

THAT Clause 9(2) of the Bill be amended as follows; -

- (i) By deleting it in its entirety.

CLAUSE 11

THAT the heading of clause 11 of the Bill be amended as follows;-

- (i) By deleting the word 'establishment' and replacing it with the word 'Appointment'

THAT Clause 11(1) of the Bill be amended as follows; -

- (i) By deleting it in its entirety and replacing it with a new Clause 11(1) to read;-

"The "The Sub-county Health Management Team established under the Facilities Improvement Financing Act Cap 277 shall be appointed by the County Executive Committee Member for health 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 Chief Executive Officers of all County Hospitals and the medical superintendents of other health facilities referred to in Section 7; and
- e) any other officer as the county executive committee member may, in consultation with the County Health Management Team designate.

THAT Clause 11(2) of the Bill be amended as follows; -

- (i) By deleting it in its entirety

CLAUSE 13

THAT, Clause 13(1) of the Bill be amended by inserting the word "non-executive" immediately before the words "Hospital Management Board".

THAT Clause 13(2) of the Bill be amended as follows; -

- (i) By deleting clause 13(2)(b) in its entirety and substituting it therefor with the following new paragraph; - "(b) in the case of a County Hospital (Level 5), the Chief Executive Officer of the Hospital and, in the case of any other County hospital or health facility, the Medical Superintendent or the officer in charge of the hospital, who shall be the Secretary to the Board and an ex officio member."
- (ii) By deleting paragraph (e) in its entirety

(iii) By deleting paragraph (f) sub-paragraph (iii) and replacing it thereof with a new subparagraph (iii) as follows;

“ (iii) One person with experience in Human Resource and/or administration

THAT Clause 13(5) of the Bill be amended as follows; -

(i) By deleting the words ‘not be eligible’ appearing immediately after the word ‘shall’ and replacing thereof with the words “shall be eligible”

(ii) By deleting the word ‘unless’ and replacing it with the word ‘if’

THAT Clause 13(6) of the Bill be amended as follows; -

(i) By deleting the word ‘not’ appearing immediately after the word ‘shall’

(ii) By deleting the word ‘unless’ appearing immediately after the word ‘board’ and replacing thereof with the word ‘if’

NEW CLAUSE 14 A

THAT, the Bill be amended by inserting the following new clause immediately after Clause 14:-

14 A - Chief Executive Officer of a County Hospital

Appointment of the Chief Executive Officer

- (1) There shall be for every County Hospital (Level 5) a Chief Executive Officer who shall be the chief administrative officer of the hospital.
- (2) The Chief Executive Officer shall—
 - (a) be an officer in the County Public Service;
 - (b) be appointed by the County Public Service Board through a competitive recruitment process; and
 - (c) hold office for a term of three years and shall be eligible for re-appointment for one further and final term of three years, subject to satisfactory performance and such terms and conditions as may be determined by the County Public Service Board.

Qualifications

- (3) A person qualifies for appointment as a Chief Executive Officer if the person—
 - (a) holds a degree from a university recognized in Kenya in health sciences, health systems management, hospital administration, business administration, public administration or any other relevant field;

- (b) has at least ten years' relevant experience in health services management or public administration;
- (c) meets the requirements of Chapter Six of the Constitution; and
- (d) satisfies any other requirements prescribed under this Act or any other written law.

Functions

(4) The Chief Executive Officer shall—

- (a) be the accounting officer of the County Hospital for purposes of financial and administrative management in accordance with the Public Finance Management Act, 2015 and any other applicable law;
- (b) be responsible for the day-to-day management and administration of the County Hospital under the direction of the Hospital Management Board established under Section 13 of the Act;
- (c) implement the decisions of the Hospital Management Board;
- (d) supervise the staff of the County Hospital;
- (e) ensure prudent utilization of the hospital's financial, human and physical resources;
- (f) prepare and submit strategic plans, annual work plans, budgets and performance reports to the Hospital Management Board; and
- (g) perform such other functions as may be assigned under this Act or any other written law.

CLAUSE 15

THAT Clause 15 of the Bill be amended as follows; -

- (i) In the **Heading**, by deleting the word 'establishment' and replacing it with the word 'Appointment'
- (ii) In sub-clause (1), by deleting it in its entirety and replacing it with a new Clause 15(1) to read:-
 - (1) '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 as follows;-
 - a) the in-charge of the health facility, who shall be ex officio and the Secretary to the Committee;
 - b) the Sub-county Medical Officer of Health or their representative;

- c) a village representative;
 - d) one person, who is a resident of the area, nominated by a joint forum of women's organizations in the area;
 - e) one person, who is a resident of the area, nominated by a joint forum of youth organizations in the area;
 - f) one person, who is a resident of the area, nominated by a joint forum of faith-based organizations; and
 - g) two people representing the interest of the vulnerable and marginalized communities, one of whom shall be person with disability
- (iii) In sub-clause (2) by deleting it in its entirety and replacing it with a new **Clause 15 (2)** to read-;
- (2) The Chairperson of the Committee shall be elected from amongst the members of the Committee.
- (iv) In sub-clause (3) by deleting it in its entirety and replacing it with a new **Clause 15 (3)** to read-;
- (3) In constituting the Committee, the County Executive Committee member shall ensure that;-
- a) at least one third of the total membership of the Committee shall be from the opposite gender;
 - b) the membership includes persons marginalized communities;
 - c) the interests of diverse groups in the catchment area are represented
- THAT Clause 15 of the Bill be further be amended as follows; -**

- (i) By inserting a new clause **15A** immediately after Clause 15 as follows-

"The Health Facility Management Team

"15A(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 with collaboration from the Health Facility Management Committee.

CLAUSE 17

THAT Clause 17 of the Bill be amended as follows; -

- (i) By inserting a new Clause 17A immediately after Clause 17 as follows;-

Terms and Conditions of Appointment

17A(1) The appointments of the Members to the Board and Committees in this part shall be in such a manner that the respective expiry of their terms shall fall at different dates.

CLAUSE 22

THAT Clause 22 of the Bill be amended as follows; -

- (i) By deleting it in its entirety and replacing thereof with a new clause 22 as follows:-
“The County Government shall ensure the progressive equitable distribution of County Health Facilities throughout the County as are deemed necessary for promotive, preventive and rehabilitative health services.”

CLAUSE 23

THAT Clause 23 of the Bill be amended as follows; -

- (i) In Sub- clause (a) by inserting the words ‘their clients, families and property’ immediately after the word ‘personnel’
- (ii) In Sub- clause (b) by deleting it in its entirety and replacing it with the following new sub-clause (b);-
(b) “ The right to refuse to treat a user who is physically or verbally abusive or who sexually harasses him or her except in an emergency situation where no alternative health care personnel is available.”

CLAUSE 24

THAT Clause 24 of the Bill be amended as follows; -

- (i) In Sub-clause (c)(i) by deleting the repeated word ‘that’ appearing immediately after the word ‘provided’

CLAUSE 28

THAT Clause 28 of the Bill be amended as follows; -

- (i) In sub-clause (1)(a) by deleting the words ‘of a person reproductive age’

- (ii) In sub-clause (1)(a) by deleting the words ‘except elective abortions’

CLAUSE 37

THAT Clause 37 of the Bill be amended as follows; -

- (i) In sub-clause (1) by deleting the word ‘ten’ and replacing it with the word ‘five’

CLAUSE 46

THAT Clause 46 of the Bill be amended as follows; -

- (i) By inserting a new sub-clause (8) immediately after sub-clause (7) as follows;-
“(8) The Executive Committee may copt not more than four County Health officers with specialized knowledge or expertise to assist in discharge of specific functions of the Stakeholders Executive Committee”

CLAUSE 54

THAT Clause 54 of the Bill be amended as follows; -

- (i) In Sub-clause (2) by inserting the words ‘an integrated comprehensive’ immediately after the word ‘establish’
- (ii) In Sub- clause (3) by deleting it in its entirety and replacing it with a new sub-clause (3) as follows;-
“(3) The department shall;-
 - a) Facilitate a people centered quality health service delivery
 - b) Facilitate data collection processing and reporting at all levels
 - c) Enable secure health data sharing to ensure timely and informed interfacility health service delivery
 - d) Facilitate data processing and use for Informed decision-making at all levels, including individual patient level; public health purposes and resource allocation and management in the health sector
 - e) Safeguard the privacy, confidentiality and security of health data for information sharing and use
 - f) Facilitate the tracking and tracing of health products and technologies in the County.
- (iii) By inserting a new sub-clause 4 immediately after sub- clause (3) as follows;-
“(4) The integrated comprehensive health information system shall operate as a point of collection, collation, analysis, reporting, storage, usage, sharing, retrieval and/or archival of heath data.”

(iv) By inserting a new sub-clause (5) immediately after the new sub-clause (4) as follows;-

“(5) The County Executive Committee Member shall:

- a) Establish County Health data banks
- b) Store the health data submitted to the system in the county health data bank.
- c) Establish seamless integration of the county health data bank with other relevant databases and data banks

CLAUSE 55

THAT Clause 55 of the Bill be amended as follows; -

(i) By inserting a new sub-clause (8) immediately after sub-clause (7) as follows;-

“(8) The County shall implement policies that will ensure direct complementary funding for all County health facilities.”

NEW CLAUSE 59A

THAT, the Bill be amended by inserting the following new clause immediately after Clause 59—

59A.

- (1) A person serving as the Chief Executive Officer of a County Hospital immediately before the commencement of this Act shall continue to serve in that office under the existing terms and conditions of service.
- (2) For the purposes of section 14B, the term of office of a Chief Executive Officer serving immediately before the commencement of this Act shall be computed from the date of commencement of this Act.
- (3) Where, at the commencement of this Act, a Chief Executive Officer has already served a period of three years or more in office, that period shall be deemed to constitute the first term for the purposes of section 14A, and the officer shall, subject to satisfactory performance, be eligible for re-appointment for one further and final term of three years.
- (4) Where, at the commencement of this Act, a Chief Executive Officer has served less than three years in office, the officer shall continue to serve until the expiry of a period of three years computed from the date of commencement of this Act and shall thereafter be eligible for re-appointment for one further and final term of three years, subject to satisfactory performance.
- (5) Any re-appointment under this section shall be made in accordance with section 14A.

CLAUSE 60

THAT Clause 60 of the Bill be amended as follows; -

- (i) In sub-clause (2) by inserting two new sub-clauses (i) and (j) as follows;-
 - (i)Prescribe the manner of lodging and resolving complaints on the manner of treatment in a county health facility.
 - (j) prescribe the implementation of the Digital Health Management System in promotion of e-health

FISRT SCHEDULE

THAT the First Schedule of the Bill be amended as follows; -

- (i) In Paragraph 1(1) by deleting it in its entirety and replacing it with a new paragraph 1(1) as follows;-
 - “1(1)The Board and Committee meetings will be held atleast once in every quarter but not more than three times in a quarter of a financial year. “

**MATRIX OF STAKEHOLDER COMMENTS AND COMMITTEE PROPOSED AMENDMENTS TO THE NAIROBI CITY
COUNTY HEALTH SERVICES BILL 2026**

STAKEHOLDER	CLAUSE	PROPOSED AMENDMENT	RATIONALE	COMMITTEE CONCLUSION
1. Executive	Title of the bill	Substitute 'health services' with 'Health administration and management' to read 'The Nairobi City County Health Administration and Management bill 2025'	The full spectrum of the health services function as contained in the fourth schedule to the COK is not captured in the bill hence this is a suitable caption	Rename to Health services and management bill.
	Long title	Replace the word 'section with the word ; paragraph'	Refereeing to the constitution	Agreed
		Add to the long title "to give effect to the facilities improvement Act Cap. 277	The bill provides for FIF in part IV.	Agreed
	Commencement	Include the commencement date to be the date of publication	For clarity and certainty	Agreed

Clause 2		Include the definition of the word 'County Assembly' as the County Assembly of Nairobi	For clarity	Agreed
		Define the word 'county' to mean Nairobi City County	For clarity	Agreed
		Define the term 'department' As the 'department responsible for health services'	For clarity	Agreed
		Amend the definition of the word 'County Health Facility' to "County Health Facility has the same meaning assigned to it under Section 2 of the Facilities Improvement Financing Act CAP 277	To ensure conformity and alignment.	Agreed
		Add the words "including telemedicine" in the definition of e-health	To align with the Health Act and the Digital Health Act	Agreed

		Delete the definition of the word 'reproductive age'	There is no definition of it in the National Reproductive Health Policy 2022-2032 and any other Legislations. (to avoid interpretational conflict)	Agreed
		Define the word 'Medical Superintendent' as "A medical practitioner who is in charge of a County health facility"	For detail and context	Agreed
		Specify the definition of Quality Assurance Unit to be the one established under 5.41 of the Act.	For clarity	Agreed
	Clause 3(b)	Delete the words 'facilitating realization' and substitute with the word 'promoting'		Agreed
	Clause 3(c)	Delete the clause in its entirety	Consumer protection is governed/legislated by National Government	Health rights can be addressed by County legislations

Clause 4	Add the following principles of health Service Delivery (e) equity in distribution of health services and interventions (f) Public participation with a people centered approach and social accountability planning and implementation. (g) efficiency in the application of health technologies (h) mutual consultation and cooperation between the National Government and County Governments and among County Governments.		Agreed
Clause 5	Delete the term 'Functions of the Department' and replace with 'The role of the County Executive Committee Member'	Health Services are directly assigned to the CECM under the County Government Act.	Agreed
Clause 5(b)	Delete the word 'policies'	Health policies is a National Government function	Agreed

	Clause 6	Delete it in its entirety and replace with 6.(1) 'The County Public Service Board shall in consultation with the County Executive Committee establish offices for effective implementation of this Act in accordance with the County Governments Act. 6(2) The staff of the department shall be competitively appointed by the County Public Service Board in accordance with the County Government Act.		Agreed
	Clause 7(2)	Amend to read "The CECM may designate a county referral hospital according to the criteria agreed upon by the Intergovernmental Health Coordination mechanism	To align with Section 20 of the Health Act CAP 241	Agreed
	Clause 9(1)	Delete in its entirety	The County Health Management Team was established under Section 10(1) of the FIF Act	Agreed

	Clause 9(2)	Amend by deleting the words "The County Health Management Team shall comprise of" and substitute with "The County Health Management Team shall be appointed by the County Executive Committee Member for health as follow:-"		Agreed
		Composition of the County Health Management Team be amended to align with section 10(2) of the FIF Act.	The FIF Act already established the CHMT	Agreed
	Clause 11(1)	Delete it in its entirety	Already established under Section 12(1) of the FIF Act.	Agreed
	Clause 11(2)	Delete the words " The Sub-county Health Management Team shall be comprised of" and substitute it with " The Sub-county Health Management Team shall be appointed by the County Executive Committee Member for health as follows:-"	As provided for under S. 12(2) of the FIF Act.	Agreed

		Align the Composition of the Team to the FIF Act		
	Clause 13	Reword sub-clause 5 and 6 by deleting the words “ shall not be eligible’ and replace with ‘shall be eligible if the person....”	To encourage positive construction and clarity	Agreed
	Clause 15(1)	Delete it in its entirety	Already established under S. 16 of the FIF Act	Agreed
	Clause 15(2)	Delete the words “The Health Facility Management Committee shall be comprised of’ and substitute with “ The Health Facility Management Committee shall be appointed by the CECM”	In accordance with the FIF Act	Agreed
		Align the composition with S. 17 of the FIF Act		Agreed

	Terms and Conditions	A new clause be added immediately after clause 17 on the term of appointments of the Team members and Board members as follows: “Terms and Conditions of appointment (1) The appointments of the Members to the Board and Committees in this part shall 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(3) years			
	Clause 22	Reword the section to read “ The County Government shall ensure the progressive equitable distribution of County Health Facilities throughout the County as are deemed necessary for the promote preventive and rehabilitative health services.	To maintain the use of the term ‘ county health facilities’ as opposed to public owned facilities.	Agreed	

	Clause 23	Amend Sub-clause (a) by adding the words “ or their clients, families or property”		Agreed
		Reword sub-clause (b) to read “ The right to refuse to treat a user who is physically or verbally abusive or who sexually harasses him or her except in an emergency situation where no alternative health care personnel is available.	To align with the National Act which includes verbal abuse and sexual harrasemnt.	Agreed
		Add the following rights as part of the rights of healthcare personnel (c) not be unfairly discriminated against on account of any grounds set out in Article 27(4) of the Constitution of Kenya.		Agreed

Clause 24 (c)(i)	Delete the word 'that' appearing immediately after the word "provided"	The word is repeated	Agreed
Clause 28(1)(a)	Delete the words 'reproductive age' and the word 'elective abortion'	The usage of these words is possibly contentious	
Clause 37	Replace the 'ten year plan' with a 'five year plan'	To align with S.108 of the County Government Act that provides for a 5 year CIDP	Agreed
Clause 42 and 43	Delete both clauses entirely as they address medical supplies and quality and compliance inspections audit.	S.46 of the County County Governments Act assigns the CECM the role of determining the organization of the county and its various departments including their functions	These clauses are for emphasis. The CECM still retains this mandate
Clause 46	Add another sub-clause to read as 'The Executive Committee may coopt not more than four County Health officers with specialized knowledge or	To equip the stakeholders committee to make informed decisions, address complex health challenges, draw technical	Agreed

		expertise to assist in discharge of specific functions of the Stakeholders Executive Committee	expertise and discharge its functions more effectively.	
	Clause 54(2)	Immediately after the word 'establish' add the words "an integrated comprehensive"	To align with S. 15(3)(b) of the Health Act and S.15 of the Digital Health Act.	Agreed
	Clause 54(3)	substitute the functions of the departments with the following functions: a) Facilitate a people centered quality health service delivery b) Facilitate data collection processing and reporting at all levels c) Enable secure health data sharing to ensure timely and informed interfacility health service delivery d) Facilitate data processing and use for informed decision-making at all levels, including- (i) At individual patient level	The functions outlined are already captured in Section 4 of the bill therefore it is prudent to borrow from S. 17 of the Digital Health Act 2023.	Agreed

		(ii) For public health purposes and (iii) For resource allocation and management in the health sector e) Safeguard the privacy, confidentiality and security of health data for information sharing and use f) Facilitate the tracking and tracing of health products and technologies in the County.			
	Clause 54	Add sub-clause 4 to read as follows: “(4) The integrated health information system shall operate as a point of collection, collation, analysis, reporting, storage, usage, sharing, retrieval and/or archival of health data.	To align with S. 15 of the Digital Healthy Act	Agreed	

		Add a new subclause 5 to read as follows: “(5) The County Executive Committee Member shall: (a) Establish County Health data banks (b) Store the health data submitted to the system in the county health data bank. (c) Establish seamless integration of the county health data bank with other relevant databases and date banks		
	Clause 55	Add a new sub-clause 8 to read as follows: “The County shall implement policies that will ensure direct complementary funding for all County health facilities	To emphasize as is provided for by S. 9(c) of the FIF Act.	Agreed
	Clause 60	Add the following 2 sub-clauses to read: “(i) Prescribe the manner of lodging and resolving complaints on the manner of treatment in a county health facility.		Agreed

		(j) prescribe the implementation of the Digital Health Management System in promotion of e-health.			
	First Schedule	Amend the frequency of hospital boards and committee Paragraph (1) should therefore read as: “The Board and Committee meetings will be held atleast once in every quarter but not more than three times in a quarter of a financial year. “		Agreed	
2. Sub County Medical Officer of Health		The bill does has not complied with the national Health Act 2017 and the Facility Improvement Fund Act 2023		Agreed. To be amended accordingly as far as membership of committees and Teams	
		The bill fails to establish a legal framework for a coherent organogram for the County and Sub-county Health Management Teams to streamline the governance of health services in the county.		This established in the FIF Act	

	Section 9 CHMT	Contradicts Sec. 19(2) of the National Health Act which establishes the office of the Director of Health to be recruited competitively by the County Public Service Board having met prescribed minimum qualifications This Director serves as the technical advisor on all matters of health in the county. Therefore, the bill ought to outline the procedure for competitive recruitment of the Director, mandate, functions, roles/responsibilities and criteria and process of recruitment.		The FIF Act has addressed the CHMT membership and the National Health Act provides for qualifications and functions.
	Section 9 and 10	The FIF Act establishes the CHMT to be chaired by the Director Health The CECM and the Chief officers should not be members of the CHMT	The Director reports to the Chief Officer and as such cannot chair the meeting of Chief officers who appear to be part of the CHMT in the bill.	Agreed. The clause has been marked for deletion to reflect CHMT membership in the FIF Act

		The membership must be aligned to the FIF Act and the Primary Healthcare Act ➤ The bill should also define the transition process and timeline from the current system.		
	Section 10	The bill is vague on the following aspects of the CHMT structure: g) The functional structure of CHMT defining directorates, departments and units h) The prescribed number of CHMT members i) The process of recruitment (competitive application or nomination) j) Prerequisites for appointment to CHMT-roles, qualifications, experience		This is addressed in the FIF act 2023. The clause is to be deleted as the same is addressed in the FIF Act

		k) Basis for removal from office		
		The bill ought to establish a coherent organogram with defined offices assigned specific mandates		
	Section 11 SCHMT	The bill is vague on the following aspects of the SCHMT structure: a) The prescribed number of SCHMT members b) The process of recruitment (competitive application or nomination) c) Process of appointment in line with FIF which mandates the CECM a) Prerequisites for appointment to SCHMT-roles, qualifications, experience b) Basis for removal from office		This is addressed in the FIF act 2023. The clause is to be deleted as the same is addressed in the FIF Act

		The bill ought to establish a coherent organogram with defined offices assigned specific mandates Define the process of onboarding SCHMT members Define the lawful membership of SCHMT and a transition process and timeline from the current system	This is addressed in the FIF act 2023. The clause is to be deleted as the same is addressed in the FIF Act	
	Clause 13(e)	The area MCA should be excluded from hospital boards membership	County Assembly performs an oversight role to the boards, further the clause provides that the board shall be approved by the County Assembly thereby occasioning conflict of interest.	
	Generally	The recruitment and deployment of hospital CEOs is not set in any law or mentioned in the bill yet the County has CEOs heading hospitals. There is need to give a legal basis for the current practice of	Agreed. There is need of a clear and more specific policy and legal basis for recruitment of CEOs. However the current legal underpinning of CEOs is Section 46 and 50 of the County	

		recruiting and deploying hospital CEOs		Governments Act which mandates the CEC to determine the organization of the county and its various departments and the CPSB the role to establish and abolish offices.
	Generally	The current practice is that the hospital CEO is the signatory to the Hospital bank account (pursuant to directions from the CEC Finance) The bill needs to align to the FIF Act which mandates the signatories to the bank accounts to the medical superintendent		Agreed

