

SPECIAL ISSUE

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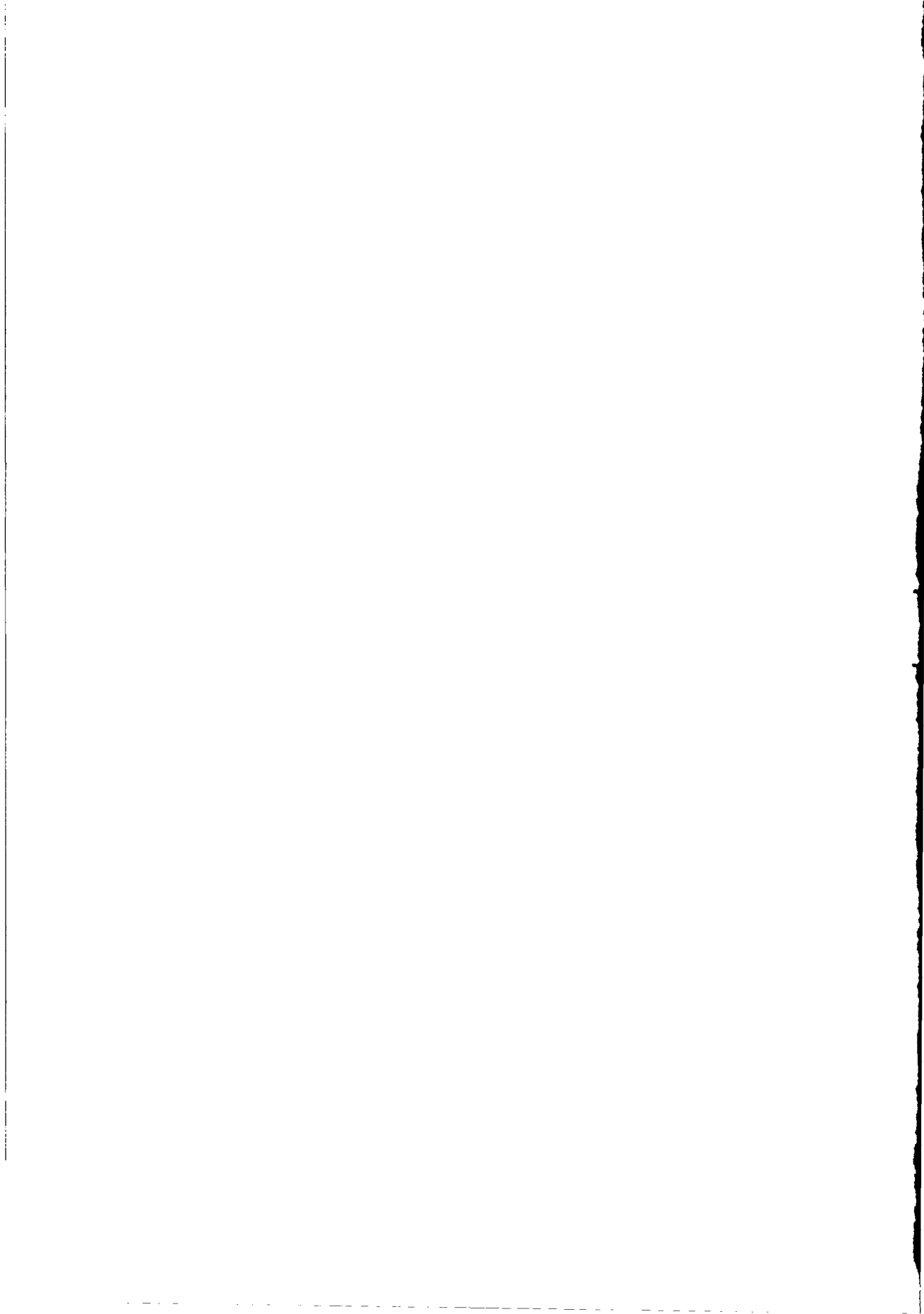
**MARSABIT COUNTY GAZETTE
SUPPLEMENT**

ACTS, 2016

NAIROBI, 9th June, 2016

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2016

Marsabit County Health Services

No. 20

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

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

ENACTED by the County assembly of Marsabit as follows—

PART I—PRELIMINARY**Short title**

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

Interpretation

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

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

“County health facility” means the whole or part of a county owned health institution, building or place, whether for profit or not, that is operated or designed to provide in-patient or out-patient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative or other health services excluding private health facilities;

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

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

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

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

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

“rural health facility” means the whole or part of a county health institution, building or place, whether for profit or not, that is operated or designed to provide in-patient or out-patient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative or other health service situated in the rural area.

Object of the Act

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

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

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

Functions of the department

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

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

Establishment and Composition of the County Referral Hospital Management Boards

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Establishment and Composition of the Rural Health Facility Committees

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

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

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

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

(4) The Rural Health Facility Committee shall—

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

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

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

Tenure of office for members

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

Terms and conditions of services

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

Conduct of Business

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

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

Appointment of the County Directors of Health and Other Staff

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

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

Functions of the County Directors of Health Services

13. The County Directors of Health Services shall—

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

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

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

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

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

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

Classification of health facilities

15. (1) The County Department of health shall provide and gazette classification of county health facilities and prescribe the category applicable to each county health facility from time to time in accordance with National policy standards.

(2) Each health facility will organize and manage the delivery of expected services based on its level of care according to prescribed standards and guidelines.

Funding of County Facilities

16. (1) County health facilities and institutions shall be funded by —

- (a) Monies appropriated by the County Assembly for that purpose;
- (b) Grants or donations received;
- (c) Monies received as user charges collectable under this Act or any other law.

(2) Any monies generated under subsection (1) (c) shall be retained and used in the county health facility.

Private health facilities

17. Subject to the relevant laws, the department responsible for health shall ensure compliance by private health facilities of the rules and regulation and conditions stipulated in the license.

Public Private Partnership in health facilities

18. Subject to the law regulating public – private partnerships and any other relevant law, the county government may enter into public – private partnerships for the purposes of establishing and enhancing quality health services provisions in the county.

Health Service in case of epidemic or other emergencies

19. (1) The Department may, in case of epidemic or other emergencies —

- (a) provide any temporary area, building, hospital or other shelter for the reception and treatment of the sick;
- (b) enter into an agreement with any health service provider having a health care facility to provide emergency treatment to the sick;
- (c) enter into an agreement with any person owning any property for the reception and treatment of the sick; and

- (d) The department may, in case of any epidemic or other emergency, provide, contract any person or enter into any agreement to provide temporary supply of medical and medical assistance for the sick and vulnerable.

Isolation of persons exposed to infection

20. (1) The department may, in order to adequately guard against the spread of a disease until it is ascertained that a person is free from infection or may be discharged without causing danger to the public health, by order issued by a magistrate, remove a person to a place of isolation, if a qualified medical officer for health, by a certificate signed by that officer is in the opinion that the person has recently been exposed to any notable infectious disease and may be in the incubating stage of the disease.

(2) A person removed to a place of isolation under subsection (1) shall not be kept in isolation for more than seven days unless it is proved that the disease remains infectious.

Sanitary Services

21. (1) The department in consultation with other relevant authorities shall—

- (a) Established and maintain sanitary services for the removal of destruction or otherwise dispose of all kinds of refuse and effluent and, where established, to compel the use of the service by persons to whom the service is available;
- (b) ensure that public lavatories, closets and urinals are in accessible areas to the public, maintain them in good condition and must be user friendly to cater for persons with disabilities;
- (c) Establish and maintain public crematoriums and cemeteries;
- (d) Establish and maintain mortuaries in the public county hospitals;
- (e) Proper disposal of waste in the public and health institutions.

PART IV—PROMOTION AND ADVANCEMENT OF HEALTH SERVICES

Promotion of Public Health

22. (1) The Department, in collaboration with health stakeholders and other county government agencies, shall develop and implement measures to promote public health including—

- (a) Reduction of communicable and non-communicable diseases in the county;

- (b) Dissemination of information on nutrition to all levels of the community and promotion of the supply of sufficient quality foodstuffs; and
- (c) provisions of general health education to the public;
- (d) reduction of disease burden arising from poor environmental hygiene, sanitation, occupational exposure and environmental pollution;
- (e) reduction of morbidity and mortality of waterborne and vector transmitted diseases;
- (f) mitigation of health effects resulting from climate change;
- (g) control of prolonged hospitalization, disabilities resulting from neglected health care infection;
- (h) strengthening of capacity to address or forestall transmission of disease of international concern; and
- (i) generally improving the capacity of communities in providing solutions to public health challenges.

Reproductive Health

23. (1) in the promotion and advancement of reproductive health care, the Department shall promote dissemination of information on reproductive health and ensure—

- (a) the right of every person to have access to reproductive health services including safe, effective and affordable family planning services; and
- (b) the right of access to appropriate health care services that will enable parents to go safely through pregnancy, childbirth, and the postpartum period and provide parents with the best chance of having a healthy infant.

Emergency Treatment

24. (1) The department shall ensure that emergency medical treatment is provided to all persons in need and that no person is denied emergency treatment by any health service provider of first contact.

(2) Emergency medical treatment referred to under subsection include—

- (a) pre-hospital care; or
- (b) stabilizing the health status of the individual; or

- (c) Arranging for transfer in cases where the health provider of first call does not have facilities or capability to stabilize the health status of the victim.

(3) Any Health care provider who fails to provide emergency medical treatment or response while having ability to do so commits an offence and is liable upon conviction to a fine not exceeding Kenya Shillings One Million or imprisonment for twelve months or both.

(4) Any medical institution that fails to provide emergency medical treatment while having ability to do so commits an offence and is liable upon conviction to a fine not exceeding Kenya Shillings Three Million without prejudice to any other punishment prescribed by law.

Health Information

25. (1) Every health care provider must inform a user or, if the user is a minor or incapacitated then, the guardian or caretaker of;

- (a) The user's health status, except in circumstances where there is substantial evidence that the disclosure of the user's health status would be contrary to the best interests of the user;
- (b) The range of promotive, preventative, and diagnostic procedures and treatment options generally available to the user;
- (c) The benefits, risks, costs and consequences generally associated with each option; and
- (d) The user's right to refuse recommended medical options and explain the implications, risks, and legal consequences of such refusal.

(2) The health care provider must, where possible, inform the user as contemplated in subsection (1) in a language that the user, parents, guardian or caretaker understands and in a manner, that takes into account the user's level of literacy.

(3) Where the user exercises the right to refuse a treatment option, the health provider may at his discretion require the user to confirm such refusal in writing or recorded form.

(4) In this section, the word "user" includes any person who is seeking or intends to seek medical service from a health care provider.

Patient's informed Consent

26. (1) No health service may be provided to a patient without the patient's informed consent and every healthcare provider must take all reasonable steps to obtain the user's informed consent where —

- (a) The consent is given by a person given mandate in writing by the patient to grant the consent on his or her behalf;
- (b) The consent is given by a person authorized to give the consent under any written law or court order;
- (c) The consent is given by next of kin of the patient, where the patient is in critical condition and is unable to give the informed consent;
- (d) The patient is being treated in an emergency situation; or
- (e) Failure to treat the patient, or a group of people which includes the patient, will result in a serious risk to public health; or
- (f) Any delay in the provision of the health service to the patient might result in his or her death or irreversible damage to the patient and the patient has not expressly, or by implication or by conduct refused that service.

(3) For the purposes of this section "informed consent" means consent given by a patient to a health care provider to provide a specified health service to that patient after he or she has been informed of the service.

Information on health functions

27. (1) The Department shall ensure that appropriate and comprehensive information is disseminated on health services offered by any health facility within the County.

- (2) The information under subsection (1) shall include—
 - (a) The types, availability of health services and their cost if any;
 - (b) The organization of health services;
 - (c) Operating schedules and timetables of visits;
 - (d) Procedures for access to the health services;
 - (e) Procedures for laying complaints if any;
 - (f) The rights and duties of users and health care providers; and
 - (g) Management of environmental risk factors to safeguard public health.

Confidentiality of information concerning a user

28. (1) All information concerning a user, including information relating to his or her health status, treatment or stay in a health facility is confidential.

(2) A service provider may disclose any information referred to under subsection (1) where—

- (a) The user consents to prescribed form; or
- (b) A court order or relevant law requires such disclosure; or
- (c) Non-disclosure of the information represents a serious threat to public health.

Duties of users

29. (1) A user of any health service has a duty, insofar as it is within his or her capacity to—

- (a) Adhere to the rules of a health provider when receiving treatment or using the health service provider;
- (b) Subject to section 21 (a) adhere to the medical advice and treatment provided by the health provider;
- (c) Supply the health care provider with accurate information pertaining to his or her health status;
- (d) Generally cooperate with the health care provider;
- (e) Treat health care providers and health workers with dignity and respect;
- (f) If so requested, to sign a discharge certificate or release of liability if he or she refuses to accept the recommended treatment.

Rights and Duties of Health Care Worker

30. (1) A healthcare provider has the right—

- (a) Not to be unfairly discriminated because of the worker's health status;
- (b) To a safe working environment that minimizes the risk of being infected by disease or getting injury or damage, individually or his or her family;
- (c) To refuse giving treatment to a user who is physically or verbally abusive or who sexually harasses the worker;
- (d) To challenge a decision of his or her immediate superior by a way of appeal to the next higher level of authority.

(2) A health provider, whether in the public or private sector has the duty—

- (a) Subject to Subsection 1(c), to provide health care to every person entrusted to the worker's care or seeking support, to the best of the worker's knowledge and ability within the scope of practice;
- (b) to provide emergency medical treatment;
- (c) to inform a user of health facility, in a manner commensurate with the user's understanding of—
 - (i) the available diagnostics procedure and treatment options;
 - (ii) the benefits, risks, cost and consequences associated with each option;
 - (iii) the user's right to refuse any treatment or procedure but where it is contrary to the best interest of the user the information should be communicated to the next of kin or guardian as the case may be.

(3) Notwithstanding the provisions of paragraph (1) (a) the management of a health facility or institution may impose conditions on the service that may be provided by a health care worker taking into account the worker's health status.

Complaints

31. (1) any person has a right to file a complaint about the manner in which he or she was treated at a health facility and have the complaint investigated by the appropriate regulatory body.

(2) The Executive Committee Member shall prescribe the procedure for instituting complaints against health care facilities.

(3) The procedure for laying complaints must be displayed at all health facilities and communicated to users in a manner that is accessible to the user.

Recovery of Facility cost

32. (1) Any expense incurred by a health facility or institution on a user who is a Pauper shall be borne by the Department.

(2) Any expense incurred by a health facility or institution on a user who is not a pauper shall be deemed to be a debt from that user to the facility and may be recovered from that user or his or her estate in the event of death, unless the expense was incurred when giving first aid.

(3) For purposes of this section “a pauper” means a person who is not possessed of sufficient means to enable him to pay the fee prescribed in law.

PART V—GENERAL PROVISIONS

Regulations

33. (1) The County executive committee member shall with the approval of the county assembly make Regulations for the better carrying out of this Act.

(2) Without prejudice to the generality of the foregoing, the county executive committee member may make Regulations prescribing—

- (a) for the classification of the health facilities under the provided levels service delivery;
- (b) the user fees to be paid to access services in a county health facility by residents and non-residents of the county;
- (c) for the acquisition, use and maintenance of Ambulances and other medical equipments;
- (d) for maternal, newborn and child care health services;
- (e) for the establishment and management of County health sector stakeholders’ forum;
- (f) the operational policies and guidelines of health facility and norms and standards for health service delivery within the County;
- (g) specified types of protective clothing and the use, cleaning and disposal of such clothing; and
- (h) the documentation of traditional medicines and a database of herbalists;

Protection from personal liability

34. No action or omission by a member of the Boards or Committees shall, if the matter or thing is done bona fide for executing the functions, powers or duties of the Boards or Committees under this Act, render the member any person acting on their directions personally liable to any action, claim or demand whatsoever.

General Penalty

35. A person who commits an offence under this Act for which no penalty is provided shall be liable, on conviction, to a fine not exceeding one hundred thousand shillings or to imprisonment for a term not exceeding one year or both.

Financing of health services

36. The County Government shall ensure that there is sufficient allocation of funds for health services in the County.

Inter-county relations

37. (1) The County Executive Committee Member shall facilitate inter-county relations agreements in the use of county health facilities and services.

(2) The County Executive Committee Member may make regulations to govern such inter-county relations.

PART VI—TRANSITIONAL PROVISIONS**Subsisting rights and obligations**

38. (1) Except to the extent that this Act expressly provides to the contrary all legal rights and obligations of the Government however arising and subsisting immediately before the commencement of this Act shall continue as rights and obligations of the County governments.

(2) All law in force immediately before the commencement of this Act shall continue in force and shall be construed with the necessary modifications bringing it in conformity with this Act.

(3) Any public officer appointed by the Public Service Commission before the commencement of this Act who is serving in the county shall be deemed to have been seconded in the service of the county government on terms and conditions of service at that date.

(4) Notwithstanding the provisions of this Act, any boards or committees existing at the commencement of the Act shall be deemed to have been constituted under this Act and shall continue to serve until a new board or committee is appointed.

FIRST SCHEDULE**(S.5)****PROCEDURE FOR APPOINTMENT OF MEMBERS OF THE
COUNTY REFERRAL HOSPITAL BOARDS AND SUB-COUNTY
REFERRAL HOSPITAL COMMITTEE****1. Procedure for appointment of chairperson and members.**

(1) Whenever there is a vacancy in a County Referral Hospital Board or Sub County Referral Hospital Committee, the County Public Service Board shall, within fourteen days of the occurrence of the vacancy, advertise for the vacancy in a local daily.

(2) The County Public Service Board shall, subject to this section, determine its own procedure.

(3) The County Public Service Board shall, within thirty days, invite applications from qualified persons and publish the names and qualifications of all applicants in a local daily.

(4) The County Public Service Board shall within seven days of receipt of applications under subsection (3) consider the applications, interview and shortlist at least three persons qualified for appointment as chairperson and six persons qualified for appointment as members of the hospital boards and committees and shall forward the names of the selected candidates to the County Executive Committee Member for nomination.

(5) The County Executive Committee Member shall nominate one person for appointment as chairperson and three persons for appointment as members of the hospital boards and committees, whichever is applicable, and shall forward the names of the persons nominated to the County Assembly.

(6) The County Assembly shall, within twenty-one days of the day it next sits after receipt of the names of the nominees under subsection (5), consider all the nominations received and may approve or reject any nomination.

(7) Here the County Assembly approves the nominees, the Speaker shall, forward the names of the approved persons to the County Executive Committee Member for appointment.

(8) The County Executive Committee Member shall, within seven days of the receipt of the approved nominees from the County Assembly, by notice in the County Gazette, appoint the chairperson and members approved by the County Assembly.

(9) Where the County Assembly rejects any nomination, the Speaker shall, within three days, communicate the decision of the County Assembly to the County Executive Committee Member to submit fresh nominations.

(10) Where a nominee is rejected by the County Assembly under subsection (9), the County Executive Committee Member shall, within seven days, submit to the County Assembly a fresh nomination from amongst the persons shortlisted and forwarded by the selection of the County Public Service Board under subsection (4).

(11) If the County Assembly rejects all or any subsequent nominee submitted by the County Executive Committee Member for approval under subsection (10), the provisions of subsections (4) and (5) shall apply.

(12) In short listing, nominating or appointing persons as chairperson and members of the Boards or committees, the County Public Service Board, the County Assembly and the County Executive Committee Member shall ensure that not more than two-thirds of the members are the same gender equity, regional and ethnic balance and shall have due regard to the principle of equal opportunities for persons with disabilities.

(13) Despite the foregoing provisions of this section, the County Executive Committee Member, may extend the period specified in respect of any matter under this section by a period not exceeding twenty-one days.

SECOND SCHEDULE**(S.11)****PROVISIONS RELATING TO THE CONDUCT OF BUSINESS
AND AFFAIRS OF THE BOARD OR COMMITTEES**

1. (1) The Board or committee shall have at least four and a maximum of six meetings in every financial year and not more than four months shall elapse between the date of one meeting and the date of the next meeting.

(2) Meetings shall be convened by the Secretary of the Board or committee in consultation with the Chairperson and shall be held at such times and such places as the Chairperson shall determine.

(3) The Chairperson shall preside over all meetings and in the absence of the Chairperson, a member elected by the Board or Committee member shall preside over the meeting for that purpose.

(4) The Chairperson may at any time convene a special meeting of the Board or committee, and shall do so within seven days of the receipt by the Chairperson of a written request signed by at least four other members.

(5) Unless five members otherwise agree, at least seven days' notice of a meeting shall be given to every trustee.

2. (1) The quorum of a meeting of the Board or committee is five members present and voting.

(2) For special meetings, the quorum is six members present and voting.

3. A decision of the Board or committee shall be by a majority of the members present and voting and, in the case of an equality of votes; the person presiding at the meeting shall have a second or casting vote.

4. Minutes of all meetings shall be kept and entered in records kept for that purpose.

5. (1) If a person is present at a meeting of the Board or committee at which any matter is the subject of consideration and in which matter that person is directly or indirectly interested in a private capacity, that person shall as soon as is practicable after the commencement of the meeting, declare such interest.

(2) The person making the disclosure of interest under subsection (1) above must not, unless the Board or committee otherwise directs, take part in any consideration or discussion of, or vote on any question touching on the matter.

(3) A disclosure of interest made under subsection (1) shall be recorded in the minutes of the meeting at which it is made.

(4) A person who contravenes subsection (1) commits an offence and is liable on conviction, to a fine not exceeding one hundred thousand shillings or to imprisonment for a term not exceeding one year or to both such fine and imprisonment.

(5) A member or employee of the Department shall not transact any business or trade with a county health facility.

