

NATIONAL ASSEMBLY

OFFICIAL REPORT

Thursday, 27th June 2019

The House met at 2.30 p.m.

[The Speaker (Hon. Justin Muturi) in the Chair]

PRAYERS

PETITIONS

EVICITION OF FORMER WORKERS OF LATE MAYER JACOB SAMUELS IN ROYSAMBU

Hon. Speaker: Hon. Members, I wish to report to the House that my office has received a petition from former employees of the Late Mayer Jacob Samuels and their families, who are residents of Roysambu Constituency. The petitioners aver that they used to work for the late Mayer Jacob Samuels, who owned a sisal processing and workshop industry at his premises on LR No.5875/2 measuring approximately 17.6 acres in Roysambu. They state that, in 1974, Mayer Jacob Samuels passed on and they continued occupying the said premises and working under the deceased's sons Raphael and Meshumal, who endeavoured to sustain operations at the factory. In the mid-1980s, visits to Kenya by the late Mayer Jacob's sons became rare, thereby paralyzing the operations at the factory.

Consequently, the idle nature of the farm and premises made it vulnerable to land grabbers, as the petitioners could sight strangers visiting the premises. The petitioners allege that, to safeguard the property from being grabbed they, with the help of the then Nairobi County Council, the local administration and the village elders, registered it with the Roysa Community Development Society.

Later, with the help of human rights lobby groups and local leadership, the Nairobi City County Government in concurrence with the National Land Commission, approved survey and sub-division of the said land and issued allotment letters to the petitioners. The petitioners state that on Friday, 5th April 2019, a platoon of soldiers from the Kenya Defence Forces, Kahawa Barracks, invaded the land, evicted them, and demolished their homes, business premises and the older structures that housed the workshop and sisal factory, effectively rendering them homeless.

The petitioners are, therefore, praying that the National Assembly inquires into the circumstances under which officers from the Kenya Defence Forces evicted the petitioners from LR No.5875/2, which was duly allotted to them with a view to upholding their rights to occupy, reside and do business on the said land.

Further, the petitioners are seeking the intervention of this House to ensure that they are compensated for the demolition of their premises, destruction of their property and the suffering they underwent due to the eviction.

Pursuant to the provisions of Standing Order No.227, this Petition stands committed to the Departmental Committee on Lands. The Committee is requested to consider the Petition and report its findings to the House and the petitioners in accordance with Standing Order No.227 (2).

There being no interventions or comments to make, I order that we proceed to the next Order. There is another Petition by Member No.001, Hon. Sankok.

MANAGEMENT OF HEMOPHILIA AND OTHER BLEEDING
DISORDERS AMONG PATIENTS IN KENYA

Hon. David ole Sankok (Nominated, JP): Thank you very much, Hon. Speaker.

I, the undersigned, on behalf of Hemophilia Patients of Kenya, draw the attention of the House to the following:

THAT, the right to health is a fundamental human right guaranteed in the Constitution of Kenya, with Article 43(1)(a) stipulating that every person has the right to the highest attainable standard of health, including the right to health care services;

THAT, patients with hemophilia suffer substantially reduced quality of life on account of frequent bleeding episodes and disorders, most of which are life-threatening or lead to disabling joint disease (arthropathy) and shortened life expectancy;

THAT, methods of treatment and management of hemophilia are costly and typically time-consuming, and thus end up placing a considerable burden on patients' physical, financial and psychological well-being;

THAT, currently, the only treatment product recognised by the Ministry of Health in its Essential Drugs List is blood components, which means that the Kenya Medical Services Authority (KEMSA) cannot purchase the appropriate drugs to be used locally and even pharmaceuticals dealing in clotting factor concentrates cannot conveniently import the medicine into the country;

THAT, the prevalence of hemophilia is one in every 10,000 individuals and, out of the approximately 4,500 hemophilia patients in Kenya, only 740 patients (or 16 per cent of the total) have been identified, hence the need for sustained awareness of the condition;

THAT, the clotting factor concentrate donations received at present are insufficient and inconsistent, giving 30 per cent factor level for the 740 (16 per cent) patients that have so far been identified and diagnosed and thus, at times, forcing patients to revert to blood related products that require hospital admissions for transfusion;

THEREFORE, your humble petitioners pray that the National Assembly, through the Departmental Committee on Health;

- (i) Recommends the recognition of clotting factor concentrates as part of hemophilia's treatment and facilitates their availability in the Kenyan market;
- (ii) Recommends to the Ministry of Health the establishment of more treatment centres, the improvement of diagnostic capacity, the facilitation of training of health care service providers, the review of medical-training curriculum to include hemophilia and other bleeding disorders'

- management and care in all medical training institutions, and funding support to aid in creation and facilitation of hemophilia disease awareness;
- (iii) Recommends the recognition of hemophilia as a disabling condition to enable the registration of hemophilia patients with the National Council of Persons with Disability and support the coverage of the condition by the National Hospital Insurance Fund (NHIF); and,
 - (iv) Makes any other recommendations that it deems fit in the circumstances of this matter.

And your petitioners will ever pray.

Hon. Speaker: Let us have Hon. Pukose.

Hon. (Dr.) Robert Pukose (Endebess, JP): Thank you, Hon. Speaker. I stand to support the Petition by Hon. ole Sankok. Hemophilia is not treatable. It is an inherited disease. When somebody gets a cut, there are proteins and platelets that are normally involved in forming clots. This factor is missing in hemophiliacs. It is passed from one family member to another. The most affected are normally boys. Therefore, this is a very timely Petition. In this country, as Hon. Sankok has stated, there are only three treatment centres; namely, the Hematology Department of Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH) and the Coast General Hospital.

You can imagine a young man being circumcised in the village in Endebess, Baringo or Shamakhokho and bleeds to death without people knowing that he is hemophiliac. This is a very timely intervention. There are even people who bleed into joints and other parts of the body. They are easily bruised. They bleed for a long time. You will find that people are stuck and wonder what could happen. These are treated through factor concentrates that are injected intravenously into those affected individuals. Therefore, that will assist to create a clotting factor. Other methods that have been tried include gene therapy and liver transplants, which have had some elements of success.

It is important that we encourage the Committee to look into this very important Petition by Hon. Sankok and come up with recommendations as requested by Hon. Sankok and as the Committee may deem possible.

Hon. Speaker: Very well. Let us have another comment from Hon. Nyikal.

Hon. (Dr.) James Nyikal (Seme, ODM): Thank you, Hon. Speaker. Let me congratulate Hon. Sankok for bringing this Petition. This is an extremely important illness. All illnesses are significant.

The main point, and we will discuss this more in the Committee, is the availability of treatment. These being considered as blood products and are, therefore, not used as pharmaceuticals means that they are unavailable for purchase from KEMSA. That is the main thing that we will prosecute when we go into the Committee so that these are made more easily available even in hospitals in the counties, so that the patients can be helped.

More importantly, Hon. Sankok, is genetic counselling. This is so that people may know when they are getting married. Love is blind but if you are told that such an illness is likely to occur, you then make a decision of love with the information available to you.

(Laughter)

Hon. Speaker: I hope the Member for Suba North has heard the comments made by Dr. Nyikal. Is it the Member for Suba North or Suba South? She is engaged.

Maybe, it is what Hon. Nyikal just referred to earlier on. The Petition is referred to the Departmental Committee on Health to deal with it as appropriate and make appropriate recommendations.

Recalling some issues that have been raised by some of you in the recent past, any Member is at liberty to propose recommendations for updating of the Standing Orders. I say this because it would be appropriate if the Standing Orders are made in such a way as to require a resolution of the House in appropriate cases with regard to some of these petitions. As the Standing Orders are now, the Committee will report to the petitioner and to the House. The House may only make some comments for a maximum of 30 minutes. I have been listening to a number of the petitions that have been presented and there is need, if Members are so minded, to rethink the current position of the Standing Orders. A senior Member like Hon. Olago Aluoch, this is a matter that requires some consideration.

Before we move to the next Order, allow me to recognise, in the Speaker's Gallery and the Public Gallery, the presence of students and pupils from the following institutions:

- (i) The Arch Angels Kanyueri from Mbeere North Constituency, Embu County;
- (ii) Mount Kenya Academy from Nyeri Town Constituency, Nyeri County;
- (iii) Kithyoko Secondary School from Masinga Constituency, Machakos County;
- (iv) Leaders Academy from Mavoko Constituency, Machakos County;
- (v) Sabunley Secondary School from Wajir East Constituency, Wajir County;
- (vi) Yumbisye Secondary School from Kitui Central Constituency, Kitui County;
- (vii) Mbathi Secondary School from Lari Constituency, Kiambu County.

(Applause)

They are all welcome to observe the proceedings in the National Assembly this afternoon.

Next Order.

PAPERS LAID

Hon. Speaker: I do not see the Leader of the Majority Party. Is the Majority Whip available? Very well. Let us have Hon. Washiali.

Hon. Benjamin Washiali (Mumias East, JP): Hon. Speaker, on behalf of the Leader of the Majority Party, I beg to lay the following Papers on the Table of the House:

Report to Parliament on all new loans contracted by Government from 1st January 2019 to 30th April 2019.

The Reports of the Auditor-General and the Financial Statements in respect of the following institutions for the year ended 30th June 2018, and the certificates therein:

1. Kenya Institute of Curriculum Development;

2. Co-operative University of Kenya;
3. Financial Reporting Centre;
4. Commission on Revenue Allocation;
5. Provident Fund;
6. National Exchequer Account;
7. Privatization Commission;
8. Government Investment and Public Enterprises (Statement of Outstanding Loans from the National Treasury);
9. Kenya Ordinance Factories Corporation;
10. Office of the Controller of Budget Staff Retirement Scheme;
11. Consolidated Bank of Kenya Limited;
12. State Department for Energy;
13. Jomo Kenyatta University of Agriculture and Technology;
14. Garissa University; and,
15. The National Treasury.

Thank you, Hon. Speaker.

Hon. Speaker: Very well. Next is a Report by the Committee on Transport, Public Works and Housing. The Member to lay the Report is Hon. Peris Tobiko.

Hon. (Ms.) Peris Tobiko (Kajiado East, JP): Hon. Speaker, I beg to lay the following Paper on the Table of the House:

Report of the Departmental Committee on Transport, Public Works and Housing on its consideration of His Excellency the President's Reservations to the Statute Law (Miscellaneous Amendments) Bill (National Assembly Bill No.21 of 2019).

Hon. Speaker: The Report to Parliament on New Loans contracted by Government from 1st January 2019 to 30th April 2019 is referred to the Budget and Appropriations Committee.

Next Order!

ORDINARY QUESTIONS

Question No.290/2019

REINSTATEMENT OF INTERDICTED TEACHERS AT MASHUURU SUB-COUNTY

Hon. Speaker: The first Question is by the Member for Kajiado East, Hon. Peris Tobiko.

Hon. (Ms.) Peris Tobiko (Kajiado East, JP): Thank you, Hon. Speaker. I beg to ask Question No.290/2019 to the Cabinet Secretary for Education.

- (i) Is the Cabinet Secretary aware that fifty-eight (58) TSC teachers in Mashuuru Sub-County in Kajiado East Constituency were interdicted by the Government on allegations of insubordination, consequently leaving pupils under the unregulated care of PTA teachers?
- (ii) Could the Cabinet Secretary state the timelines within which the said teachers shall be reinstated and duly paid their salaries and other dues in order to address the current teaching crisis in Kajiado East Constituency?

Hon. Speaker: The Question to be responded to before the Departmental Committee on Education and Research. The next Question is by the Member for Tetu, Hon. Gichuhi Mwangi. Hon. Member, your card is not showing. Do you have your card? Do you know how to operate the gadget? Yes, now your name has appeared.

Question No. 301/2019

DELAYED CONSTRUCTION OF KIGOGOINI-WANDUMBI-GATUMBIRO ROAD

Hon. James Gichuhi (Tetu, JP): Thank you, Hon. Speaker. My Question goes to the Cabinet Secretary for Transport, Infrastructure, Housing...

Hon. Speaker: Sorry we cannot hear you, Hon. Gichuhi.

Hon. James Gichuhi (Tetu, JP): My Question goes to the Cabinet Secretary for Transport, Infrastructure, Housing and Urban Development.

- (i) Is the Cabinet Secretary aware that construction of the Kigogoini-Wandumbi-Gatumbiro Road in Tetu Constituency has been abandoned by the contractor - Intex Construction - despite the Government having allocated funds for the road?
- (ii) What is the specific timeline within which construction of the said road should be completed?

Hon. Speaker: The Question is to be replied before the Departmental Committee on Transport, Public Works and Housing. The next Question is by the Member for Lamu County, Hon. Ruweida Obo.

Question No. 302/2019

GOVERNMENT PLAN ON ACCESS TO EDUCATION FOR CHILDREN IN BASUBA WARD

Hon. (Ms.) Ruweida Obo (Lamu CWR, JP): Thank you, Hon. Speaker for giving me this opportunity to ask Question No.302/2019 to the Cabinet Secretary for Education.

- (i) Is the Cabinet Secretary aware that Mangai, Milimani, Basuba, Kiangwi, and Mararani primary schools in Basuba Ward of Lamu County have been closed for the last four years due to insecurity and, as a result, most of the former pupils have flocked to Kiunga Ward leading to overcrowded classrooms that are now straining under scarce resources?
- (ii) What measures is the Ministry putting in place to facilitate primary schools in Kiunga Ward with requisite facilities such as additional classrooms, learning resources, school supplies and more teachers so as to standardise the teacher-pupil ratio?
- (iii) What short and long-term plan is the Government pursuing with regard to access to education for all children in Basuba Ward

Hon. Speaker: Question referred to the Departmental Committee on Education and Research to prioritise appearance of the Cabinet Secretary. The next Question by the Member for Kisauni, Hon. Menza Mbogo. Do you have a problem logging in?

Question No. 303/2019

FAILURE TO PAY FOR GOODS SUPPLIED TO PRISONS IN MOMBASA

Hon. Mbogo Ali (Kisauni, WDM-K): Thank you, Hon. Speaker for giving me this opportunity to ask Question No. 303/2019 to the Cabinet Secretary for Interior and Coordination of National Government.

- (i) Is the Cabinet Secretary aware that since 2009, Shimo La Tewa Maximum Prison, Shimo Borstal Prison, Mombasa Remand and Shimo La Tewa Medium Prison have not paid their suppliers for goods procured?
- (ii) When will the said suppliers be paid?

Hon. Speaker: Since 2009?

Hon. Mbogo Ali (Kisauni, WDM-K): Yes, since 2009. In fact, the bill amounts to Kshs1.3 billion.

Hon. Speaker: If it was contractual obligation, then the Law of Contract would come into place. Hon. Kemosi will tell you there would be some problems. But anyhow Hon. Mbogo, the Question will be responded to before the Departmental Committee on Administration and National Security. But this is a serious issue which should not be allowed to exist.

The next Question is by the Member for Keiyo North Hon. (Dr.) James Kipkosgei Murgor.

Question No. 304/2019

DELAYED COMPLETION OF ITEN-NYARU ROAD

Hon. James Murgor (Keiyo North, JP): Thank you, Hon. Speaker for giving me this chance to ask Question No.304/2019 to the Cabinet Secretary for Transport, Infrastructure, Housing and Urban Development.

- (i) Is the Cabinet Secretary aware that construction of Iten-Nyaru Road that commenced in 2017 and was scheduled to be undertaken within 30 months is yet to be completed?
- (ii) Could he provide reasons that are occasioning the slow construction pace of the road and further specify the timelines within which the construction shall be completed?

Thank you, Hon. Speaker.

Hon. Speaker: The Question is referred to the Departmental Committee on Transport, Public Works and Housing to prioritise appearance by the Cabinet Secretary to respond. The next Question is by the Member for Molo, Hon. Kuria Kimani.

Question No. 305/2019

MEASURES TO ADDRESS FAILURES ATTRIBUTED TO IFMIS

Hon. Kuria Kimani (Molo, JP): Hon. Speaker, I rise to ask the Cabinet Secretary for the National Treasury and Planning the following Question:

- a) Could the Cabinet Secretary assure Kenyans of the integrity and reliability of the Integrated Financial Management Information System (IFMIS) in light of recent mishaps in county budgeting whereby some county governments have taken on board budget items meant for the national Government?
- b) Could he confirm whether the IFMIS has ever been hacked into and, if so, what safeguards have been put in place to secure the system from cyber-attacks?
- c) What measures is the Ministry taking to solve the perennial delays in payments that have been attributed to failures of the IFMIS?

Hon. Speaker: The Question is referred to the Departmental Committee on Finance and National Planning so that the Cabinet Secretary for the National Treasury and Planning can appear and respond to those very important issues raised by Hon. Kuria.

That concludes the process of Questions. We go to statements. First statement is by the Member for West Mugirango, Hon. Kemosi

STATEMENTS

RECRUITMENT OF PERSONNEL FOR THE KENYA POPULATION AND HOUSING CENSUS EXERCISE

Hon. Vincent Kemosi (West Mugirango, FORD-K): Thank you, Hon. Speaker. I wish to request for a statement regarding the ongoing recruitment of personnel for 2019 Kenya Population and Housing Census exercise.

Pursuant to Standing Order No. 44(2)(c), I wish to request for a statement from the Chairperson of the Departmental Committee on Finance and National Planning regarding the ongoing recruitment of personnel for 2019 Kenya Population and Housing Census exercise. The Treasury and National Planning, through the Kenya National Bureau of Statistics (KNBS), has called for applications countrywide for the positions of supervisors and enumerators for the upcoming Kenya Population and Housing Census. It is now Kenyans with jobs who are pushing to apply for those vacancies to the disadvantage of a large population of unemployed youths who possess requisite qualifications. It is, therefore, against this background that I seek a statement from the Chairperson of the Departmental Committee on Finance and National Planning on the measures that have been put in place to ensure qualified unemployed youths are prioritised to fill those vacancies, rather than Kenyans already in employment. Thank you, Hon. Speaker.

Hon. Speaker: Let us have Hon. Limo or the Vice Chair, Hon. Ndirangu Waihenya. This is very strange. Anyway, the request for the statement will be forwarded to the Committee through the clerk of the committee to be responded to latest by Thursday next week. The next statement to be made is by the Chair of the Departmental Committee on Agriculture and Livestock, Hon. Hassan Haji.

PROGRAMMES TO SUPPORT FISHERMEN FROM COASTAL KENYA

Hon. Ali Adan (Mandera South, JP): Thank you, Hon. Speaker. Pursuant to Standing Order No. 44(2)(c) of the National Assembly, Hon. Owen Baya, MP, Kilifi North Constituency, had requested for a statement from the Chairperson of the Departmental Committee on Agriculture and Livestock on the following issues:

1. What measures are there to cushion coastal fishermen from hunger in the face of the current fishing ban?
2. What specific relief programmes has the Government earmarked for both current and future fishing bans?

First of all, I thank and appreciate the meteorological department for the early warning to the fishing community in our coastal waters. The number and size of storms in the recent past has increased as a result of the vagaries of climate change. The information is important and real time information is more important in terms of reducing casualties of both the fishermen, their boats and lives. What the Ministry issued was simply an advisory and not a fishing ban.

Hon. Speaker, 90 per cent of the artisanal fishermen use very small rudimentary fishing boats and canoes for their operations, which cannot resist huge waves. The Ministry has piloted fishing equipment which would be appropriate for the fishermen. Equally, the Ministry is in the process of organising fishermen into strong associations which are capable of venturing into small fishing using modern and safer fishing gears as well as training fishermen on climate change mitigation. It is for this reason that the Ministry is working with the National Disaster Management Authority to develop mitigation measures for the fishermen in the country in order to reduce the casualties and loss of life.

Finally, in terms of what specific relief programmes the Government has earmarked for both current and future fishing bans, first of all, as I earlier enumerated, there was no such ban. It was only cautionary information that was given out to the fishermen. However, the Ministry is in the process of finalising a project which will work with the fishermen in the marine fishing area – the Kenya Marine Fisheries Socio-Economic Development Project – which will support alternative livelihoods for fishing communities in our coastal waters so that over-dependence on fishing is drastically reduced and diversification to other forms is encouraged.

Thank you, Hon. Speaker.

Hon. Speaker: That Statement was sought by the Member for Kilifi North, Hon. Owen Yaa Baya, who was in the House a while ago but has chosen to disappear. The Member for Suba North, you wish to make some comments.

Hon. (Ms.) Odhiambo-Mabona (Suba North, ODM): I thank the Chairman of the Departmental Committee on Agriculture and Livestock for that Statement. However, I am just wondering. I have heard him talking about the initiatives that they want to do for socio-economic development of fishermen and the issue of diversification. I am just wondering whether they have considered, under the blue economy programme, to put more effort in building fisheries instead of diversifying. This is because we are doing aquaculture in areas that are not traditionally fishing areas, instead of putting those energies in areas like the coast or in Suba North, where I come from, where then you restock. You can do fingerlings, which is *ex-situ* fishing. I have actually brought an amendment to the Fisheries Act so that you can do *ex-situ* fishing where you do the fingerlings and bring back to the lake so that the lake is restocked. This

is because we have also faced that challenge. So, is it something that they could consider doing? Thank you.

Hon. Speaker: You know a Statement is not a Motion. It is just a comment but now I can see you want to begin asking the Chairman whether this is being done and he has just read a Statement from somewhere else. I do not know. Is he in a position to speak on behalf of the Government? Is it part of what you think you can respond to, Hon. Haji?

Hon. Ali Adan (Mandera South, JP): Thank you, Hon. Speaker. I am not an expert but I can reason intelligently and be able to respond owing to the experience I have during the budget-making process. I think the Ministry, especially under the blue economy, has earmarked huge resources to work around the whole issue of diversification. Whether we are going to move far in the inland lakes, like I had already explained to Hon. Members earlier during the budget-making process, all the landing sites and beach management units along the lakes and the fish landing sites have all been considered and factored in the programme for 2019/2020. Along with other diversification measures that the Ministry has put in place, we will slowly get to where our fishermen will be happy at the end of the year. This is a progressive system. More resources will be committed and a lot of capacity building issues need to be done.

Thank you.

(Hon. Members spoke off-record)

Hon. Speaker: No, Hon. Members. You know that you cannot sway me that way. This is not a Motion but a Statement. He can make the Statement and the matter rests there. There are several other requests. That shall not be the business. I can see the Member for Funyula and the Member for Ugenya are really itching to say something. Sit next to the Chairman and sort out those issues about fishermen and fisherwomen so that the matter can be resolved quietly. Is Hon. Millie Odhiambo explaining the difference or the latter does not exist? Member for Suna East has said that they are there. Hon. Oundo wants to say no. You can see that it will be another debate which is unnecessary.

(Laughter)

Let us give a chance to Hon. Gideon Ochanda to make his short Statement.

Hon. Gideon Ochanda (Bondo, ODM): Hon. Speaker, the issue of fish is getting very emotive in certain areas just like is the case with land. So, bear with some of us who are fishermen.

SUSTAINABLE DEVELOPMENT GOALS CAUCUS OPEN DAY

Hon. Speaker, pursuant to Standing Order No. 44, I rise to make a Statement regarding the recent hosting of the Sustainable Development Goals (SDG) Caucus open day by Parliament. I, as the current Chair, take this opportunity on behalf of the Caucus to convey our very kind regards to the leadership of Parliament for accepting to host the SDG Caucus open day within the precincts of Parliament on Thursday, 20th June 2019. The Caucus extends our special appreciation to the Speaker of the National Assembly, the Speaker of the Senate, our Clerks, the

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staff, and particularly the Catering Unit of Parliament which did a good job in hosting a very large group of people within Parliament.

Many agents and organisations, including United Nations (UN) agencies and missions, national and international state actors and business communities graced the event. The UN Resident Coordinator in Kenya, Mr. Siddharth Chatterjee, presided over as a guest. As a world commitment, SDGs are world voluntary goals that world players, nations and non-state actors, including business communities mirror on the future. The key concept is sustainability. What is it that we are doing now that can be recognised as contributing to the future of the planet? In this regard, therefore, Parliament has a role of securing the future through its critical mandates. As a Caucus, we are reminding all actors that the clarion call of not leaving anybody behind needs to be applicable all through within Parliament. It is a recognition that many times many players do many other things, but in the tail end of it that is when they recognise that parliaments exist and they want to involve them. We were taking this opportunity to remind actors that parliaments need to be involved from the very beginning. We recognised that our involvement as a nation was very critical. Ambassador Macharia was very critical in the initial stages of the formation of these SDGs as a world agenda.

Hon. Speaker, I want to thank you very much for that. I also want to appreciate the many Members of Parliament who attended. Many sought to know how to join and what really happens. I want to tell Members that we are open. We have agreed that we will be open the membership to a much bigger number than what we have now which is 26 Members. We may target to get up to 50 Members.

Thank you, Hon. Members.

Hon. Speaker: I encourage as many Members as possible to endeavour to join the Caucus because of the critical role that parliamentarians are supposed to play in the attainment of the SDGs.

Hon. Washiali on behalf of the House Business Committee.

BUSINESS FOR THE WEEK COMMENCING 2ND TO 4TH JULY 2019

Hon. Benjamin Washiali (Mumias East, JP): Hon. Speaker, pursuant to the provisions of Standing Order No. 44(2)(a), I rise on behalf of the Leader of the Majority Party to give a Statement on behalf of HBC which met on Tuesday, 25th June 2019 at the rise of the House.

Next week, the House is scheduled to consider the following Bills at the Committee of the whole House:

- (i) Consideration of the President's Reservations to the Statute Law (Miscellaneous Amendments) Bill (National Assembly Bill No. 21 of 2019);
- (ii) The Kenya Accreditation Service Bill (National Assembly Bill No. 17 of 2018);
- (ii) The Parliamentary Service Bill (National Assembly Bill No. 6 of 2018)

We will also prioritise debate on the Motion regarding the mandate of the National Assembly within the bicameral set up of Parliament next week. Should we conclude this business, we have also scheduled the following Committee Reports for debate if we do not conclude all of them today:

- (i) Report of the Departmental Committee on Lands on the Inquiry into Allocation of Land in Kamiti Anmer Forest;

(ii) Report of the Departmental Committee on Defence and Foreign Relations on a Meeting to Promote and Popularise the Ratification of the Protocol on the Free Movement of Persons and its Implementation Roadmap;

(iii) Report of the Departmental Committee on Defence and Foreign Relations on Inquiry into Land Acquisition by the Kenya Defence Forces for Establishment of a Forward Operating Base (FOB) in Narok County;

(iv) Report of the Departmental Committee on Transport, Public Works and Housing on the Inquiry into the Proposed Kenya Airways privately Initiated Investment Proposal to Kenya Airports Authority;

(iv) Report of the Departmental Committee on Justice and Legal Affairs on the Annual Reports on the State of the Judiciary for the Financial Years 2016/2017 and 2017/2018.

I wish to remind Members that we only have four sitting days before we proceed on a short recess next week, in accordance with the calendar of the House. We will therefore try to conclude any urgent business before then.

Hon. Speaker, in accordance with the provisions of Standing Order No. 42(A)(5) and (6), I wish to convey that the Cabinet Secretary for the National Treasury and Planning will appear before the Departmental Committee on Finance and National Planning on Wednesday, 3rd July 2019 to answer the following Questions:

(i) Question No. 079/2019 from Hon. Michael Muchira;

(ii) Question No. 225/2019 from Hon. Robert Mbui; and

(ii) Question No. 276/2019 and Question No. 284/2019 from Hon. Paul Abuor.

Finally, the HBC will reconvene on Tuesday, 2nd July 2019 at the rise of the House to consider the business for the coming week.

Thank you.

Hon. Speaker: Hon. Members, if you followed keenly what the Whip of the Majority Party has presented, you may have heard that there is a Report by the Departmental Committee on Justice and Legal Affairs to debate the state of the Judiciary Report. I want to commend the Departmental Committee on Justice and Legal Affairs and draw the attention of other Committees who oversee various State organs, all of which present their reports to Parliament through the Office of the Speaker that, there are not many Committees that have brought reports on the various State organs. It is important that when those reports come to before the Committees, you also go through them because I have been petitioned by many constitutional commissions saying that they have presented reports to the House year in, year out and some quarterly, but have not heard the Committees that oversee them report on what they think of those reports. They are keen to know what Parliament has made of the reports that they present. It is not enough that the Constitution requires all those bodies to submit their reports. The major idea behind it is for the House, through Committees, to go through them and report to the House and make some resolutions on what the reports are all about. So, this is an appeal to other Committees to go through the reports that have been submitted from various State organs. I have not received reports from county organs and so, I am unlikely to speak on them. But on national State organs, most of which report to this House, I believe over 97 per cent report to this House. Please, if you have any of the reports, go through them and let the House know what you think of them. That is why the reports are referred to the respective Committees.

COMMUNICATION FROM THE CHAIR**REDIRECTION OF QUESTION ON DEMOLITIONS OF BUILDINGS BY HON. MANJE**

Hon. Members, on 25th June 2019, Hon. Joseph Manje raised a Question on some demolitions of buildings and some houses within his constituency. The Question was by Private Notice and it was directed to the Ministry of Lands. The Ministry of Lands has since written to suggest that they do not deal with issues of demolitions and compensation. They have requested that the Question be re-directed to the Departmental Committee on Transport, Public Works and Housing and that further, a written reply be required from the National Land Commission on the same matters. The request from the Ministry appears valid. Therefore, although I do not see Hon. Manje here, I have acceded to the request and I redirect the Question to the Departmental Committee on Transport, Public Works and Housing. I observe that the Question was by Private Notice and, therefore, the Committee should write to the Ministry and the National Land Commission to bring a response as soon as possible and, certainly, before the end of next week.

Thank you, Hon. Members.

Hon. Junet Nuh (Suna East, ODM): On a point of order, Hon. Speaker.

Hon. Speaker: Hon. Junet, what is your point of order?

POINTS OF ORDER**DISPARAGING REMARKS MADE BY HON. MEMBER**

Hon. Junet Nuh (Suna East, ODM): Hon. Speaker, first, I want to thank the House Business Committee, which I am a Member of, for prioritizing the Parliament Service Bill. It is long overdue.

Hon. Speaker, I want to draw your attention to the fact that when we came to the House, we all took oath of office which said that we must defend and protect the Constitution as State officers. Defending the Constitution and protecting it is also by respecting the institutions that have been created by that Constitution, which include this House.

Recently, three days ago, there was an opinion poll on the Members who are active and those who are not, which I do not believe was done scientifically. But a Member of this House went out of his way to disparage this House in a very awkward manner by saying that he does not waste his time in the House because he has other serious businesses to do. I felt, as a Member of the House, that I have a duty and obligation to defend the House when it is under attack and, more so, from a Member of the House. Despite his limitations, Hon. Sudi said that he has other businesses to do and to quote him he said: “*Kingereza mingi amewachia watu kutoka Nyanza na upande huo mwingine ambao wanajua kuongea ndani ya Bunge Kingereza mingi*”. That is a very offensive attitude towards the House. I know that Nyanza people speak very good English - the Queen’s English for that matter. That is the only thing they inherited from the Europeans who left. They never got land, but they were left with English and up to now, they are the custodians of that language. It is very unfortunate that a Member can speak in that manner and impute improper motive on the House.

A Member of Parliament has three roles according to the Constitution. That is legislation, oversight and representation. You can represent your people in funerals and you can oversee even in your house or other oversights like Hon. Millie Odhiambo alluded to at one time. But legislation can only happen in this House. Ninety per cent of the work we do here is legislation, including the money the Member is using outside there like the National Government Constituencies Development Fund (NG-CDF). It must be legislated and voted for here in the form of the Budget and the vote heads in the Committees. If we do not stop evil, it is going to be the norm. Everybody will think that they can attack Parliament at any time as they wish. How can a Member of this House speak so badly about it claiming that he has other serious business to do and that even if he does not attend House business, he will be re-elected? Who are these people who do not judge a Member whether he attends Parliament or not? That must be a constituency in Uganda or Tanzania or somewhere else, but not in Kenya. I am not saying that Members of those countries do not attend parliamentary business, but I am alluding to the fact that the House is so important that a Member cannot speak the way Hon. Sudi did.

The Standing Orders are clear: You can use three languages - English, Kiswahili or the Kenyan Sign Language. Hon. Sudi can use the Kenyan Sign Language if he has limitation in the other two or I can amend the Standing Orders on his behalf to get interpretations from mother tongue here. He can come here, and if the Standing Order allows us, he can speak in his Kalenjin Language, then another Member who is learned like Prof. Tuitoek, Hon. Kamket or Hon. Sossion, who is nominated and has no much work to do, can interpret for the House what the Member would be saying.

(Laughter)

I felt really bad as a Member of this House. I felt that demeaning of the House may be done by other people, but not a Member of this House who enjoys privileges as a Member of the House. If we demean the National Assembly, it will be our own problem.

Hon. Speaker, I would like you to look into that matter and if possible, if the Standing Orders allow me, to name him! Hon. Speaker, as the Chairman of the Power and Privileges Committee, I beseech you to summon the Member and take disciplinary action against him the way Okiki Amayo used to when he was the chairman of the disciplinary committee of KANU.

That is very bad, Hon. Speaker. He must apologise to the people I represent, and whom he claimed they talk too much English. You know, children there speak English immediately they are born. They say: "I am Michael Onyango". He is born with an English name. It is Michael.

With those few remarks, this is a very serious matter. We cannot wish it away like that.

(Hon. (Ms.) Odhiambo-Mabona raised her hands)

Hon. Speaker: Now, when I see Members raising their hands, I wonder whether they are using sign language.

(Laughter)

I am sure the gadget that we use here does not have space for that language. Then, there would be a specific compartment for those who are using sign language for me to give them an opportunity to speak.

Hon. Members, this may not be a real opportunity, unless you want to contribute for one or two minutes. Remember, your own Standing Orders have made the provision. I do not know what important things people attend to out there. I am usually unable to stop that. I know there are a few Members who have a habit of going to the back seats and sit somewhere, where they appear as if the Chair cannot see them. However, they are still in the Chamber and they are doing their work. I am not able to see them. I just want to remind ourselves that Article 103 of the Constitution requires that if you desire to be absent, you notify the Speaker. Otherwise, other people out there can write to the Speaker to require that we declare, after missing sittings for the stated number of times, your seat vacant. Anyway, it is up to you, Hon. Members, to deal with this.

Hon. (Ms.) Millie Odhiambo, what is your issue?

Hon. (Ms.) Odhiambo-Mabona (Suba North, ODM): Thank you, Hon. Speaker.

I think what Hon. Junet Mohamed has raised is a very serious issue. Even though I would not be calling for the punishment of the Hon. Member, I think it is good that the House be informed. I see this as a case of reverse psychology; a case of misinformation; and, another case which I will explain later.

On the issue of reverse psychology, it always happens that you want to make others feel bad when you feel inadequate. That is when you, yourself, are inadequate. I speak very good English and I have no apology. I speak very good Luo, and I have no apology. The only apology I have is that I do not speak as good Suba as I speak the two languages – as I would wish. So, I will practise speaking very good Suba. But I have no apologies. I might also have apologies that I do not speak very good Kiswahili. The more languages we speak, the better. I also speak Spanish, but do I say? I will only apologise for not speaking other languages well. We are in a global society and the more languages you can speak, the better for you.

I want to say that it is serious, looking at the report that Hon. Junet referred to. I was also named. Even though the process may not have been scientific, I was named the best performing woman Member of Parliament (MP) and the third best performing MP. Even though it is not scientific, I have already, in this House before, declared myself as one of the best performing Members. It is because I know how to judge myself. I want to say that among the people who have been mentioned as performers include Hon. Kimani Ichung'wah, Hon. Joseph Limo of Kipkelion East, Hon. (Dr.) Robert Pukose, Hon. David Gikaria of Nakuru Town East, Hon. William Cheptumo of Baringo North, Hon. (Sen.) Cherargei of Nandi, Hon. Katoo ole Metito and Hon. (Sen.) Aaron Cheruiyot.

Hon. Speaker, those people speak very good English. So, it is not a regional issue. It is a disability of that Member.

(Laughter)

We are willing to teach him English. If he cannot speak English, we can also teach him Kiswahili. Though my Kiswahili is bad, we can teach him.

So, I encourage that Member to feel free and come to the House. You do not have to be comfortable speaking English. You can speak Kiswahili. That is why we have two languages that you can speak on the Floor of this House. As Hon. Junet says, our core role is legislative. If you do not come to this House, how sure would you be that matters concerning your constituency have been addressed by the Budget, for instance? I sit hawk-eyed in this House during the budget-making process to make sure that part of the national Budget goes to Suba North. So, it is him who is representing his people when he is here.

Finally, in mother tongue, there is a language we say “*ng’at matek onyono kwesi meru*”.

(Laughter)

It means when a strong man steps on your mother’s smoking pipe, you turn to your mother and say, “Mum, why are you putting your pipe in the wrong place?” There is a strong man stepping on his mother’s pipe. Let him face the strong man. He should not look at the mother and ask why her smoking pipe is in the wrong place. It is not us who are stepping on his mother’s smoking pipe. Let him deal with the matter.

Thank you, Hon. Speaker.

(Laughter)

Hon. Speaker: Well, Hon. Members, I can see many of you with interventions. Let there be no debate on the conduct of a Member because there is no substantive Motion. That is why I said that Article 103 of the Constitution is very clear. It is on attendance in the House. It is because I do not want to encourage debate or discussion on the conduct of a Member without a substantive Motion. You know, the Standing Orders allow you to even bring a substantive Motion and discuss or even name a Member, but let us not go ahead to discuss any. Let us not use the excuse of there being a point of order raised by Hon. Junet to discuss a Member. People know how to represent their constituents. It may well be that; actually, a Member is busy negotiating in various State organs about his constituency when he is not present in the Chamber. Therefore, the Member can be absent. Like you can see, there are not many of you who are present today. Some could be busy in Government Ministry offices, and some in State corporation offices. They are still representing their constituents. It is because you represent your constituents and their special interests. Article 95(1) is very important for us to bear in mind. That is why the Constitution allows that, as long as you are not less than 50, you can transact any business and make any resolutions. This is to acknowledge that the other 319 could be elsewhere doing other things which could be either oversight or representation, so that you leave the others doing legislative work. That is left purely to the choice of Members and their consciences. Therefore, even as you make your comments, I would rather you do not direct them at the conduct of a Member.

Hon. Katoo ole Metito.

Hon. Katoo ole Metito (Kajiado South, JP): Thank you, Hon. Speaker. You have actually given direction on what I wanted to bring to your attention. It is because I think we are, in a way, violating our Standing Orders by discussing, even if not so much in detail, a Member of this House without bringing a substantive Motion. Again, to my good friend, Hon. Junet, who

raised this issue, I wanted to intervene at that point. It is not good to impute improper motive on a colleague. From the way he brought out this matter, he seemed to suggest that the Member does not understand “A”, “B”, “C” and “D”. That was really imputing improper motive on a colleague of this House.

Hon. Speaker, you have, on so many occasions, ruled that you have no control over what we say outside this House. Therefore, I wanted to request that we bring this matter to a closure because whatever was being alleged to have been said was not said on the Floor of this House. Even last night, some Members of this House – whose names I do not want to mention – were on national television discussing the same matter. They said that they have much better work to do outside this House than being in this House. Therefore, this was not said on the Floor of this House, because we say this in our funerals and *barazas*.

Hon. Speaker, I want to call upon you to bring this to a close. This is because the more we debate, the more we digress and violate our own Standing Orders by imputing improper motive on our colleagues and this is not honourable.

Thank you

Hon. Speaker: Well, that is just restating what I have just said. Hon. Members, this is nothing and you never know. I have always said first and foremost respect every member who has made their way through the door of this Chamber. We never ask how they came in. How a Member finds their way through that door to become a member of this House is usually something that we do not ask. So, the best we can do is to respect because somebody made a decision to send that member to this Chamber through whatever means. That is why every Member is Honourable. They could have walked on their two feet from wherever but as long as they have made their way through that door, they are Members of this House. So, you must respect them because that is what our rules require.

You never know maybe a member has been sent to this House to come and see who speaks English, Kiswahili or Sign Language and report. So, if that is what a member has been sent by the electorates to do, then we must respect. He or she will report what they found to those who sent him or her here. That is why I do not like going into what has been said out there because you could be appealing to your constituents. Maybe that is what your constituents enjoy most, but that does not mean that the House stops doing its core functions of oversight, legislating and representing. Whatever anybody says out there, others will criticise or praise and maybe not in equal measure.

I have not found any parliament in the world that is popular. Immediately after an election the next day there will be comments that this one should be taken back home, but you just took them in! Now, you want to take them home after the first week? So, you just have to take it in your stride that there will be people who never wanted you to be here. So, do not expect them to praise you. There are others whom you defeated even if you came in through the special election method. Remember, you were not alone in the list and there were others who were below you who were not quite happy that you made the cut-off.

I am sure all of you know that Hon. Millie Odhiambo has always spoken very strongly about Article 90 on the Party List as provided for in Section 38 of the Elections Act. There are people who were with you in those lists for those who were nominated and they never made it. They are not happy and there are others who have always looked at you as not good enough. You just have to develop some interesting skin. I do not want to explicitly say the thick one but some

skin that allows you to read criticism, take it for whatever it is but still proceed on with your core mandates, vision and mission as you set for yourselves.

So, Hon. Members, I want to put this to a close. Hon. Pukose, I just want to plead with you that let us just leave it there. I am sure we can say a lot of things. I did not know until now that there are people who are the custodians of the English language. I suppose it was said in jest, but Hon. Millie Odhiambo has made a good correction. Hon. Junet, she has named other people who also speak good English among her colleagues, but that is not the issue.

This House allows people to address it either in English or Kiswahili. Nobody would be in this House because the Independent Electoral and Boundaries Commission (IEBC) is required to ensure... I am sure you provided for it even in Section 22 of the Elections Act, on some educational standards that is required. At least minimum is to be able to speak English or Kiswahili. Hon. Junet has suggested that we may need to amend our Standing Orders to provide for Sign Language. I think that is food for thought. For now, let us just proceed with the core business of the House. I appeal to all of you that what you say about the House to which you belong has some implications on how you are perceived by others. This is because if you think the House is what you say out there then others will think that way.

So, I just appeal to all of us that people will not always agree but we must give it to the majority. That is our system. If you are legislating or making a decision of whatever nature in the House there will be those who will vote “yes” and others “no” but after that dear colleagues business continues. We cannot go back to the days of the 7th Parliament when people never used to shake hands if they did not belong to the same political formations. You know it gave this country some difficult times between 1993 and 1995.

Hon. Members, I just want to appeal that we leave it there. We can criticise one other out there even over a cup of tea. I am sure soon many of you will be going for tea, you can go and discuss it there. But, for now, for purposes of our records we will be violating our own Standing Orders, if we allow debate on what a Member is alleged to have said without a substantive Motion.

With that I want to call for the next Order!

PAINTING ON WALLS OF PARLIAMENT POSE A HEALTH RISK

Hon. Simba Arati (Dagoretti North, ODM): On a point of order, Hon. Speaker.

Hon. Speaker: What is your point of order, Hon. Simba?

Hon. Simba Arati (Dagoretti North, ODM): On a point of order, Hon. Speaker. This is a different point of order. As you have put it, English was born in Britain, practised in America and died in Africa. Indeed, we understand those dynamics. But, this morning...

Hon. Speaker: Sorry, Hon. Simba you are unusually low today.

Hon. Simba Arati (Dagoretti North, ODM): This morning the corridor walls of Parliament were being painted. The chemicals which those paints emit when they are fresh, even though they dry within two or eight hours, are very hazardous. Therefore, as a House which legislates we cannot practise with those hazardous poisonous chemicals on the walls of Parliament. I have quickly done a small research. If you allow me, I will share my findings in 30 seconds. The main hazards of paint on humans are: One, benzene is poisonous. It has stimulated effect on the skin, eye and the upper respiratory track; two, long term inhalation of benzene can

cause anemia, leukemia and other blood diseases; three, women are more sensitive to benzene than men. It has a certain impact on reproductive organs; four, benzene can cause congenital fetal defect.

(Laughter)

When I came into the Parliament buildings, I got that smell.

Hon. Speaker: Where was this, Hon. Simba Arati?

Hon. Simba Arati (Dagoretti North, ODM): Hon. Speaker, it was in the Senate Wing as you walk in. As you know, we use the same corridors.

Hon. Speaker: Hon. Simba Arati, as you may appreciate, I may not know what the arrangement is. It may be that a decision was taken to do repainting because the Senate is on a short recess. That could be the reason. I do not expect painting to be done when the House is sitting.

(Hon. Robert Pukose spoke off-record)

Hon. Simba Arati, Hon. Pukose is whispering that you may not have the congenital fetal problem.

(Laughter)

Your point is noted. The administration, that is, the Clerk or the Director General of Joint Services, should take note of that so that whenever painting is done, they enclose the areas that are being painted so that nobody is exposed to that kind of risk. The risks you read out are too many. They went beyond three.

(Hon. Milemba spoke off-record)

Hon. Milemba suggests that you should have read only the last one.

Hon. Members, I hope that is not the reason. My attention has been drawn to it. It is good Hon. Simba Arati has raised this issue. It reminds me that there was a Committee; I am not sure which one, which shut out the media today. They forced the media to cover its proceedings while seated on the floor. I do not know where that happened. Certainly, the pictures that were sent to me were not from this Chamber. I do not know which Committee it was. It is only fair that when we invite the media to come and cover whatever proceedings we have we also provide them reasonable accommodation. Let everybody be treated with the respect and honour that they deserve. Let us proceed with business.

Next Order!

MOTIONS

REPORT ON STATUS OF NATIONAL REFERRAL HOSPITALS

THAT, this House adopts the Report of the Departmental Committee on Health on the Status of National Referral Hospitals, laid on the Table of the House on Thursday, 9th May 2019.

(Hon. Swarup Mishra on 26.6. 2019)

(Resumption of Debate interrupted on 26.6.2019 – Afternoon Sitting)

Hon. Speaker: This is resumption of debate. Who was on the Floor? The record shows that Hon. Nyikal, Member for Seme Constituency, was on the Floor when time ran out. He has a balance of four minutes.

Hon. (Dr.) James Nyikal (Seme, ODM): Thank you, Hon. Speaker. Maybe I should try to speak in Kiswahili.

(Laughter)

It is tragic that there are people in this House who believe that the work we do here is useless. That is a tragedy.

I stand to support the Report of the Departmental Committee on Health, which I am a member of. As I said yesterday, the Report outlines a lot of problems that we noticed in the referral hospitals. Most of them are understaffed and overcrowded with debilitated equipment. All those arise from low funding. Members brought that out quite well. I want to focus on one or two things that I did not raise.

One of the roles of those referral hospitals is training. There is a big problem of training at Moi Teaching and Referral Hospital and Kenyatta National Hospital. Most of the doctors and other health workers who work there as registrars in training work fulltime. On that note, some of them are not paid under the pretext that they are students. Those who are sponsored, particularly from the counties, are paid by the counties as they work in Kenyatta National Hospital (KNH). It is not a fair arrangement to have doctors who are working at KNH being paid by county governments. We have recommended in the Report that we create training institutions that will be financed by the national Government whose function will be training, so that when students come for the post-graduate training, their pay is financed by the national Government and not the county governments. Very soon, we are going to have a problem. The counties will feel the financial burden of the trainees in Moi Teaching and Referral Hospital and KNH who they are financing. That has to be stopped. We have given that recommendation.

The other issue that I want to bring out is that the problems of referral hospitals should be taken seriously. Although most of the work is done by counties, a lot of work filters into KNH and the Moi Teaching and Referral Hospital. Is it the work of a county hospital below Level 5? If there is no good coordination and the county systems are not working, KNH and Moi Teaching and Referral Hospital will never perform. It is important that there is coordination between the

counties for their hospitals to work so that KNH and Moi Teaching and Referral Hospital can do their work. It is important that the Judiciary, Prisons and the Ministry of Health work together for the good of Mathari National Teaching and Referral Hospital, in particular. We have patients there who were admitted through court orders. They are criminals and unwell. They cannot be discharged by the medical staff. So, Mathari National Teaching and Referral Hospital is also serving as a prison. That is the main cause of congestion and it should be taken care of.

[The Speaker (Hon. Justin Muturi) left the Chair]

*[The Temporary Deputy Speaker
(Hon. Patrick Mariru) took the Chair]*

There is something that we should try out in this country. We have recommended it in our Committee Report. Moi Teaching and Referral Hospital and KNH have dual management. They are parastatals that are under the Ministry of Health, that is the hospital and they have the university which is doing most of the work. It is time, as we have recommended, that we have true university hospitals managed and run by universities. World over, they are the best hospitals. We tried that with Kenyatta University Teaching and Referral Hospital, but it was decided through a legal notice that it be a parastatal.

There is also a problem of how we will transit hospitals from Level 5 to 6 and other levels. We have given that recommendation. It is important that it is done. We have noticed that one hospital in Othaya has been moved from Level 5 to Level 6...

The Temporary Deputy Speaker (Hon. Patrick Mariru): Shall we have Hon. Mwirigi Paul, Member for Igembe South.

Hon. John Paul Mwirigi (Igembe South, Independent): Thank you, Hon. Temporary Deputy Speaker for giving me a chance to support the Committee's Report. According to their findings, all the five referral hospitals suffer similar problems. There is shortage of staff, they are underfunded by the Government and have old and obsolete equipment.

Those referral hospitals are meant to serve Kenyans. Usually, Kenyans travel from far to seek treatment in those referral hospitals. Our constituencies lack facilities where critical cases can be attended. So, it would be good for the Government to ensure those facilities are well funded. Also, they should employ well trained and skilled personnel in those hospitals, so that they can give good service to the patients.

According to the Report, some of the hospitals have been encroached by roads and yet, they are not compensated by Kenya Urban Roads Authority (KURA). This is something which needs to be looked into so that they can be compensated to enable them to run their activities well. The five referral hospitals we have in this country cannot offer good services to patients. Therefore, the Government should take initiative and increase their number. We have Level 5 and Level 4 hospitals in our constituencies. So, the Government should find ways of elevating them to referral hospitals so as to serve Kenyans. Most referral hospitals are overcrowded due to lack of enough buildings. So, the Government should fund them adequately so that they can expand and attend to more patients.

Thank you, Hon. Temporary Deputy Speaker. I support this Report.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Next is Hon. Milemba Omboko.

Hon. Omboko Milemba (Emuhaya, ANC): Thank you, Hon. Temporary Deputy Speaker. With a lot of respect, my name is Omboko Milemba and not Milema.

The Temporary Deputy Speaker (Hon. Patrick Mariru): I also got it right.

Hon. Omboko Milemba (Emuhaya, ANC): I want to thank the Committee for the good Report which has highlighted the state of our referral hospitals. After reading the Report, I saw there are five referral hospitals. I want the Committee to move ahead and realise that the distribution of the five is not very fair. The coming up of Moi Teaching and Referral Hospital (MTRH) especially in the western region has been very important.

Moving forward, we should look at a situation whereby those referral hospitals should be spread not only fully, but evenly in such a way that those at the Coast and Western Kenya can access them. The fifth one being Kenyatta University Teaching and Referral Hospital which is very good but, unfortunately, it is coming up in Nairobi, where we have the grand Kenyatta National Hospital which is the biggest referral hospital. So, the spread is important.

Also acknowledging that basically the health sector has been devolved and therefore the national Government has mainly remained with policy and referral hospitals. Those referral hospitals are the ones which ultimately deal with the highest level of diseases, which need specialist doctors. Going through the Report, it is true and I noticed that the Government needs to quickly ensure that those hospitals are well equipped. This is because most of their patients are from counties and they are unable to tackle many referral cases.

More so, this Report highlights the number of doctors, nurses and other health practitioners in those hospitals, and suggests that the number should be increased, especially the doctors. We have not realised the required international ratio of doctor to citizenry in this country. The Report has highlighted this and it is very good. So, we need more doctors to be trained and employed. We also have a shortage of doctors whenever some of them go on study leave and other related leaves. The Report has highlighted this and recommended that we have more doctors and other health practitioners being employed.

Another thing the Report has highlighted, and which I want to speak to, is the health coverage which is mainly conducted by either private insurance companies but, more so, the one that is handled by the National Hospital Insurance Fund (NHIF). This coverage should be amended in such a way that it covers all treatments and sessions. For instance, for cancer, it should cover the complete treatment of this disease until the patient is healed. We are having situations in referral hospitals where NHIF covers few sessions or stops treatment along the way. Then the poor masses of Kenyans have to start paying from their pockets and this is difficult for them.

The Report also highlights the issue which most Kenyans and teachers are affected by, and that is how technology can work effectively in ensuring that a patient is allowed treatment and proof of health cover is provided. Some patients are losing their lives because of the time that is taken between when for example NHIF acknowledges treatment for a patient and the time the doctors begin treatment. Usually, hospitals have to wait for acknowledgement that a patient is covered. The Report emphasises the use of technology and Information and Communication Technology (ICT) in ensuring this is realised quickly enough so that patients can get services. Therefore, I found this Report very enriching. It is welcome. It touches on the issues that affect

Kenyans given that the Government wants to realise UHC by the year 2022. Further, it is one of the pillars of the Big Four Agenda. This Report is most welcome. Without taking too much time, I support it.

The Temporary Deputy Speaker (Hon. Patrick Mariru): It is your chance Hon. Pukose.

Hon. (Dr.) Robert Pukose (Endebess, JP): Thank you, Hon. Temporary Deputy Speaker. First, I thank the Departmental Committee on Health led by Hon. Sabina Chege for having visited the four hospitals namely, KNH, MTRH, the National Spinal Injury Referral Hospital (NSIRH) and the Mathari National Teaching and Referral Hospital. As put in the Report, a few months ago, they presented a Report on the Kenyatta University Teaching and Referral Hospital.

In their Report, in as far as the NSIRH is concerned, they have only indicated that they have a small piece of land, but they have not indicated the acreage of the land. The Committee should have gone further to establish whether the acreage of land for NSIRH is what the hospital is occupying or people have grabbed it. If people have encroached into the land owned by the NSIRH, then, we should have the NLC repossessing that land.

It is the same case with Mathari National Teaching and Referral Hospital, which is in a bad state both in terms of infrastructure and housing. Apart from the Maximum Security Unit, if you go to the other wards where patients are held, during the rainy season, some of the houses are leaking. Unfortunately, they visited the place when there were no rains. Mental patients held in that hospital might not complain and talk about the irritating conditions within the hospital. However, it is our responsibility, more so the Committee, to have gone even further to get the physical outlook of it. The Committee should have looked at how the infrastructure at the hospital could be developed. If you go to Mathari National Teaching and Referral Hospital, you will realise that it is a shame. Our mental patients are in a very bad situation. The land for Mathari National Teaching and Referral Hospital has been encroached by the neighbouring community, and that needs a quick solution by the NLC and the various ministries.

Some patients are held for long periods at Mathari National Teaching and Referral Hospital from prisons and the police. These patients do not pay any bills. I think the Ministry of Interior and Coordination of National Government should have a budgetary allocation that should take care of the Mathari National Teaching and Referral Hospital, so that as they keep the patients there for a very long time, they are catered for in terms of the basics and essentials like drugs, food and accommodation. They require to be treated well.

There is also a problem in our courts with regard to discharging patients who have healed, but overstayed in the hospital. They need to be discharged so that they can go back to the society. You know mental patients undergo many processes. As you heard recently, one of my constituents, who is now being treated at KNH, is a case of schizophrenia. Even KNH does not have a proper ward for holding mental patients. All the mental patients at KNH are held with other patients within the ward. I spoke to the Deputy Director about this matter.

The way KNH is structured, it has no place for holding mental patients. We have a patient who has schizophrenia, a student at the Jomo Kenyatta University of Agriculture and Technology (JKUAT) who attempted to climb the State House wall. I want to condemn the police. How does somebody who has a kitchen knife approaching a trained security officer get shot? Why did they have to shoot him in order to disarm him? If, indeed, you are a properly trained officer, you should arrest and disarm a young man with a knife. With a kitchen knife, he

would not harm anybody. He is a mental case. I think our police officers need better training in terms of how to disarm mental patients. It is very unfortunate that that young man was shot at. He is admitted at KNH.

When I visited Bera in the hospital, I found that he is chained and guarded by police officers. How do you chain and guard a mental case? This is a very unfortunate circumstance, especially with our mental patients. Fortunately, MTRH has a holding hall for mental cases. That is very commendable.

However, one of the biggest challenges for all our referral facilities is that we do not have a proper referral service. If you go to KNH or MTRH, you will find them attending to patients who should be treated in dispensaries, health centres and sub-county hospitals. It is high time our ministry came up with proper structures for referral and how the national referral facilities should operate, so that we decongest KNH and MTRH, which need to concentrate on specialised services.

We take patients to India, Europe and other places because our specialised doctors in the referral hospitals such as KNH and MTRH are not able to do the work for which they have been trained. They are made to attend to cases which should be treated at the dispensaries, health centres, district hospitals or county hospitals.

This is a good Report. I really commend the Committee. They should not stop at that level. They need to go further and see how the hospitals can adopt best practices and get back to the status in which they were some years back.

I support.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Odhiambo Akoth, you have the Floor.

Hon. (Ms.) Odhiambo-Mabona (Suba North, ODM): Thank you, Hon. Temporary Deputy Speaker. I thank you for giving me the opportunity. I thank the Departmental Committee on Health for this Report. I also do support the recommendations of the Committee.

I wish to indicate that Article 43 of our Constitution affirms the right to the highest attainable standard of health which is also provided in conventions that we have ratified. Kenya is also a signatory to the Abuja Declaration that calls on member States to commit 15 per cent of their respective budgets to health. We have not yet attained that, which is one of the reasons we are facing the challenges that Members are referring to.

I wish to indicate that my constituency has one of the highest mortality rates in the country and one of the lowest life expectancy rates at 37 years. As we speak, just to give you an example, this weekend alone, we are burying more than 23 persons in my constituency. That is something that should be considered a national crisis. It is not occasional; it is frequent. It is not even frequent, it is actually the norm.

Hon. Temporary Deputy Speaker, I am considering bringing a special legislation speaking to that. My constituency needs very special consideration because of the high mortality rate and the low life expectancy. If you have a life expectancy at 37 years, it means that most people in my constituency expect to die by 37 years. Out of the more than 23 people who will be buried this weekend, majority are very young people.

Hon. Pukose has said that referral hospitals are overstretched, in poor state and with very little funding. They are still overstretched because people from dispensaries and other lower level hospitals go there. Most of these hospitals are not stocked and managed well. We are, therefore,

calling upon our governors to hasten and ensure that we reduce distances to healthcare services. Ideally, we should reduce it to almost one kilometre, so that nobody walks more than that distance. Perhaps one of the mistakes we did when we were devolving was to devolve the health function 100 per cent. We should have left some facilities to the National Government-Constituencies Development Fund (NG-CDF). Within the short time that we were given during the transition period, I was able to construct a few health facilities. Some of them are not complete because we handed them over to the counties. Because of the challenges that our counties are facing, they are not able to deal with all of them.

Some of the challenges facing referral hospitals are governance issues, funding issues and corruption, which we must talk about. Even in some of the referral hospitals which are being run well, there are issues of corruption and governance that are affecting the way the places are operating. Unless we are serious as a country and address them urgently, we will not move far.

For lack of time, I want to speak very briefly about some of the things that Members have talked about. If you see the reports in our newspapers, you will find that there is always a young person who has committed suicide or killed another young person because of hopelessness, helplessness and frustration that many young people face. Sometimes we find misplaced reactions like the one we saw very recently with another Member of Parliament. The issues that he was raising were very valid, but he raised them wrongly. Sometimes there is misplaced aggression when we do not know how to address the challenges that we are facing.

People are told to study hard, go to university and when they finish, they think there is a promise of jobs. They finish and there are no jobs. Their parents probably sold all they had and they cannot even start a business. What do they do? Some of them become mentally sick and others commit suicide. We, as a nation, must address this. We have not taken mental health seriously, but it is something that we need to do and stock our hospitals, so that they can deal with those issues.

I had very personal experience at KNH and MTRH very recently. I want to give the example of KNH. I had a cousin who had come to stay with me who had leukaemia. The KNH dealt with her very well. Most of us know that treatment for leukaemia is very expensive. I walked that journey with her and I saw the challenges the hospital faces. They sat me down and told me to please address those challenges when I come to Parliament. They are not careless or disinterested. They do not have the support structures that they need, especially for patients with leukaemia. Unfortunately, she passed on and I promised that whenever any issue comes relating to that, I would speak to it to make sure that we allocate more funds for that.

I had a very good experience with the MTRH. My younger brother underwent a very successful transplant. He had already started treatment abroad. However, we were told that instead of taking him abroad and spend a lot of money, there are public facilities in Kenya that can do exactly that. So, he went to MTRH and they did a very successful kidney transplant. The challenge again is that you can see that very good doctors like Dr. Koech and others are very keen on ensuring there is the support service that they need, but they lack the support facilities. In situations like those, after the surgery you need the support structure because there will be opportunistic infections because they have to lower the immune system in order to receive the kidney. We do not have the facilities that they need.

There was a day we were scared that he would almost die. We were worried because you see limitations in the support structure that you need for a person who requires quick action. You

see willingness, but there is limitation. We are the ones in this House who can allocate money to support our referral hospitals so that they can provide services. I was very happy with what MTRH did. As much as possible, this country needs to allocate funds to ensure that each county has a referral hospital so that people do not have to travel all the way from Suba North to Kisumu and MTRH to get assistance.

With those few remarks, Hon. Temporary Deputy Speaker, I beg to support the Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Yes Hon. Kimani.

Hon. Kuria Kimani (Molo, JP): I thank you, Hon. Temporary Deputy Speaker, for giving me a chance to contribute to the Report by the Departmental Committee on Health. From the outset, I would like to continue from where Hon. Millie Odhiambo has left. I thought cases of mental health, especially those of suicide were only in my constituency. However, I have heard that this is an issue in every constituency across the country. We have Mathari National Teaching and Referral Hospital that is mandated to deal with matters of mental health. This referral hospital needs to do much more. Because they are mandated to train people, we hope that this training will continue not only in that hospital, but also cascade down to Level 5, Level 4 and Level 3 hospitals, and other hospitals in my constituency like the Nyayo Hospital, the hospital in Turi and Molo Hospital.

Issues of mental health are best dealt with at the prevention stage. The reason for this is usually frustration among our young people. Are people frustrated because they are looking for jobs, but do not get them? On that note, there are jobs that have been advertised and are coming up soon by the Kenya National Bureau of Statistics (KNBS) on the census. The young people are saying that we should give the jobs, especially the enumerators and graduate jobs to young people who do not have jobs. We have a lot of respect for our civil servants and teachers. However, these jobs need to go to the graduates and Form Four leavers who are jobless, and not to civil servants who have jobs and are able to put food on the table for their children.

We expect Mathari National Teaching and Referral Hospital to do more research and make sure that the Ministry of Health and our county governments allocate money to hire mental health professionals in the small hospitals. One of our Big Four Agenda is UHC. It is said that you put your food where your mouth is. The KNH has a deficit of Kshs3.6 billion as shown in this Report. If you are talking about UHC, it is quite unfortunate. The procurement of Magnetic Resonance Imaging (MRI) equipment for KNH has taken too long despite money having been allocated for it. It is quite unfortunate.

I want to talk about the incomplete projects in some of the referral hospitals where a building - an outpatient unit or maternity wing - started but has not been completed. It is quite unfortunate. I have taken initiative in my constituency through the NG-CDF and have told the NG-CDF Committee not to start any project unless we have enough funds to complete it. This will help us to end ghost projects where projects start and stall for years. That becomes a sunk cost. Money is used in a project which does not benefit the people.

The KNH is reported to have a personnel gap of 1,456. These are jobs that should be given to young people. We have nurses, doctors and accountants who should fill these vacant positions. After the adoption of this Report, KNH should be funded with the money it requires so that people can be hired and young people can get jobs.

The NHIF has assisted very many families to settle their medical bills, but reimbursement to the hospitals is not timely. Sometimes it is said to be biased where for some

hospitals, once your swipe your card, they receive their re-imbursement much faster than other hospitals. This is something that needs to be looked into.

All medical insurance schemes now have smart cards like ours that make sure that you cannot be treated under another person's name unless you take that person's fingerprint as you go to hospital. However, the NHIF has remained with the analogue cards such that some people have gone to hospital only to be told they have exhausted their allocations. They then realise that someone else took advantage and used their account to pay for someone else.

We have many patients who despite being admitted to hospitals are not able to clear their bills. I have mediated on several cases where my constituents came to KNH, incurred huge medical bills and tried to get a waiver, but were not able. I am surprised why that is not possible. The Report shows that referral hospitals do not have enough social workers. The responsibility of social workers in hospitals should be to ascertain the social economic welfare of patients so that in the event that some patients are not able to pay their bills, the social workers can recommend whose bills should be waived and whose should not. Otherwise, we have people who get sick and recover, but end up spending months in hospital for non-payment of bills. Consequently, their bills accumulate and sometimes they even get re-infected with diseases. This needs to be looked into.

Cancer is a pandemic in the country. It is quite unfortunate that despite having referral hospitals, and great investment made in healthcare, treatment of cancer is said to be cheaper in India than in Kenya. I have a friend who fundraised and found that it was easier for him and his wife to travel to India and stay there for two weeks for treatment than to be treated in our local hospitals. What is it that our hospitals do not do that it becomes cheaper to pay for air tickets for two people from Kenya to India, pay for accommodation and meals for two weeks and be treated for cancer yet it ends up becoming cheaper than in this country? We need to re-look at how we are fighting cancer and how best to manage it in a cost-effective way so that we do not lose all the money to Indian hospitals for things we can handle locally.

I am sure we have personnel who can treat cancer in Kenya. In any case, we are known to export medical professionals to other countries. Let us have facilities for use here to make sure that our people get treatment locally, especially cancer treatment.

The Kenyatta University Teaching and Referral Hospital speaks to my heart as an alumni of Kenyatta University. We were very excited when the project was started. I am very happy with the recommendation of the Departmental Committee on Health on financing the hospital so that it can be operational. Millions of shilling have been invested in it and it is a state-of-the-art hospital. To think that a year has passed without it being utilised to serve Kenyans is unfortunate. I am excited because my former Vice-Chancellor, Prof. Olive Mugenda, was appointed the Chair of the Management Board of the hospital. I am very confident that it will change our referral hospitals especially service delivery at the Kenyatta University Teaching and Referral Hospital.

Why are patients referred to referral hospitals in the first place? Our hospital referral system is wanting. We have ailments which do not need be treated at KNH. They find themselves there because our sub-county hospitals are not properly funded, not properly utilised and not properly staffed to take care of such ailments. I am excited because Nyayo Hospital in Elburgon has received funding and we are going to construct a state-of-the-art outpatient unit and a maternity unit. If this could be duplicated in other hospitals, ailments that can be treated at a

Level 3, 4 or 5 hospital do not need to find themselves in a referral hospital. If this is done we would be sure of tackling universal healthcare cost-effectively.

With those remarks, I support the Report.

The Temporary Deputy Speaker (Hon. Patrick Mariru): We shall now have Hon. Maanzo Kitonga, the Member for Makueni.

Hon. Daniel Maanzo (Makueni, WDM-K): Thank you, Hon. Temporary Deputy Speaker for giving me a chance to speak on this very important Motion.

The five hospitals that have been identified namely, KNH, MTRH, Nairobi Spinal Injury Hospital, Mathari National Teaching and Referral Hospital and Kenyatta University Teaching and Referral Hospital geographically, other than MTRH are within Nairobi. Kenya has a devolved system of governance.

We know the good work that has been done by Governor Oparanya in Kakamega County. He has constructed a good hospital. Therefore, we should be thinking of what to do other than what has been recommended here in terms of increasing the allocation to take medical care closer to the people because health is devolved. This is the time we should be thinking about making Wote District Hospital in Makueni Constituency a referral hospital. During my first parliamentary term, before we transited to devolution, I made sure that the national Government refurbished that facility, and it was in a very good state. Recently, the Makueni Governor had a mother and baby hospital wing coming up next to it. There are sufficient facilities in Makueni County to convert the hospital into a referral facility.

Although health is a devolved function, the big hospitals in every county, starting from Garissa to Mombasa and Kwale, should be upgraded to referral facility status while they still offer services to local communities. We should make sure that they are funded by the national Government because we gave sufficient funds to the Ministry of Health as was requested by the Ministry. I am very happy to say that the Cabinet Secretary, Ms. Kariuki, is doing a very good job. When I was in the Government, I had opportunity to work with her in one sector, where she was doing the big job of marketing all the tea in the country abroad. Later on, she became a Principal Secretary and now she is a Cabinet Secretary. Therefore, she knows her job very well. She has a very good Principal Secretary who has performed very well.

I have had opportunity to deal with KNH. Most of the people of Makueni who are referred there get me on phone and I am able to make arrangements for their stay here. Most people who get sick, are involved in accidents or get burns come from very poor families. Sometimes there is a huge hospital bill. The Cabinet Secretary at some point, after some consultations, released many bodies from the mortuary, which helped many people. She also helped many people who were stuck in the hospital and decongested it. Still many Kenyans trust the experience of KNH doctors because they have dealt with many cases. Whenever there is a new matter, they are able to handle it very well out of experience.

We have had unfortunate cases, as reported in the newspapers, where ICUs are full and you cannot transfer some patients to another hospital because some of them have been collected on the roads after accidents and their relatives have not yet even identified them and it is good Samaritans who have taken them there. We had an unfortunate circumstance in one or two cases where a law student who was going to celebrate his being admitted to the Bar perished on a road accident along Lang'ata Road.

Therefore, we need to make sure that hospitals are properly facilitated, so that they can handle large volumes. Another good way of doing it, as I have just said, is to devolve health further and make sure that these services are either given to the counties or the national Government takes back any other hospital which becomes a referral one in every county. The four hospitals that we have here are sufficient to serve Nairobi and its environs. It would be better if we devolved this. I know Hassan Joho, the Governor of Mombasa, has done very well with his hospital there. He has improved it. He has assisted many leaders whose people are in Mombasa and get issues there. You can see that from the standards he has put for that hospital in Mombasa, he can easily graduate it to a referral hospital and that can serve Kenyans better.

Looking at the Mathari National Teaching and Referral Hospital, it is a very sad case for the mental cases which are coming up today. Sad to say, most of them involve young people. Some of them even come from well-to-do families. They are put under pressure at home. They are put under pressure by several things. When their minds go berserk, they are banished to the MNTRH. Others have originated from court orders in the Judiciary or have been referred there from the prisons. The place is congested. Their land has even been taken away. I wish the NLC had done something before it came to an end.

I hope a new one will be formed quickly so that the Kenya Rural Roads Authority (KURA) who took their land and did a road could easily return that land or compensate them with another piece of land, so that this hospital can be expanded and its facilities developed. People there have mental cases. Any family which may have had a case of that nature has gone through a very difficult time. Managing people with mental problems is not easy. They can easily injure somebody. They can easily injure a neighbor, stray and get bitten by dogs. They can be attacked by people who do not understand them, probably thinking they are thieves. They are exposed to all manner of danger and it is not their making. Anybody, even a Member of Parliament like me for one reason or another, can have a mental issue.

Therefore, it is good to have a better structure on how to manage mental issues in the country. Probably, other hospitals could develop departments in this area. We do not even have enough personnel in this field. Not many people are willing to go and work in this field because of the dangers it involves. Sometimes, even the patients can attack the doctor when he is treating them. For that matter, we have to reconsider the matter of the MNTRH.

It has a history. It has lasted in this country for even over a century. So, you can imagine how old this hospital is. Very little improvement has been done since Independence. It is only fair that we take care of mental health cases properly. That is why we have many suicide cases. Many suicide cases eventually turn out that the persons were mentally unwell. People do not understand them or they do not understand what is happening to their world. They are unable to conduct business properly. This is because something is going wrong with their brains and the way they handle themselves. They find themselves committing suicide. If we had proper facilities and people can detect those problems early enough, we would save many lives, especially of young people who find themselves in this situation.

Many spinal injuries at the National Spinal Injury Referral Hospital (NSIRH) are from motorbikes and road accidents, especially where somebody was not wearing a safety belt. This has also grown extensively. I believe we will come up with a proper insurance system for motorbikes so that it is affordable to them and the people they carry. Therefore, in case people have injuries of whatever nature or fatality, they can be compensated.

As I close, we would really like to increase referral hospitals and improve KNH, and particularly, its administration to make sure that the CEO is fully in charge. They have had some changes in CEOs. I believe, with proper training, even some of the CEOs will change their attitudes and understand that they are in a field which should be receptive and should handle patients and the rest of Kenyans better. It is a very important hospital.

Finally, I thank the Cabinet Secretary for a job well-done.

The Temporary Deputy Speaker (Hon. Patrick Mariru): We will now have Hon. Mbarire Cecily.

Hon. (Ms.) Cecily Mbarire (Nominated, JP): Thank you Hon. Temporary Deputy Speaker for giving me an opportunity to also add my voice to this particular Motion.

Let me begin by congratulating the Departmental Committee on Health for a job well-done, but allow me to focus mainly on the MNTRH. The reason I want to do this is that the issue of mental health in Kenya has been ignored. It has not been taken seriously. We are now facing serious tragedies across the country. We have people committing suicide, especially young people. We are having cases where spouses are killing each other. It is not so much because times have changed or individuals have changed. We have a higher rate of mental health problems in this country. As per the Kenya Mental Health Policy (KMHP) of 2015-2030, they say that one in every four Kenyans will come across some form of mental disorder in their lifetime. This is very high.

If you read the Report about the MNTRH, we see a very sad state in terms of the way our Government is responding to matters mental health. The biggest concern is the fact that we are told that only 29 hospitals in the entire country, between Level 4 and only one referral hospital, have mental health services. They are not properly taken care of or equipped. What has shocked me is that that the only public institution in the country that is offering specialised psychiatrist services has no enough facilities. It has been almost in the same state since the 1970s yet it has an average bed occupancy of 119 per cent. That means it has more patients to take care of than it can manage.

The bigger challenge is that they are saying they do not have enough staff. They say that the only positive development they have had in the last years is a 200KVA transformer, one staff van, three water tanks and an outpatient clinic that was built. In terms of human resource, they say that only 10 nurses have been employed over the last many years and one psychologist. The sad thing is that this country has only 92 well trained or fully trained psychiatrists. So, one of the biggest challenges the hospital is facing is that it does not have its own budget. They do not have autonomy. They work under a department in the Ministry of Health. For example, they had a development Vote of Kshs75 million which was reduced to Kshs18 million in the 2017-2018 Financial Year. They had money for buying medication which was dropped from Kshs17million to Kshs2.6million.

Hon. Temporary Deputy Speaker, it clear that issues of mental health are not taken seriously as we expect. The biggest challenge the Ministry for Health is facing is ensuring that we have the right amount of money for this hospital to offer state of the art mental health services. Part of the reason mental health is not taken seriously is that we have a serious stigma attached to it in this country. We do not refer to somebody as mentally ill but we say that he is mad. The truth of the matter is that mental health is here with us. It affects our children, grown-

ups and families. Therefore, there is need for us to begin to give it the real support and energy it deserves, so that we can take care of sick people in this country.

I would like to see a little more beyond the recommendations of the Committee. I would also like to see real efforts towards making this hospital a Semi-Autonomous Government Agency (SAGA) with a Chief Executive Officer (CEO) in charge, so that they can have their own clear budget that they can use to take care of the issues that they are facing right now. We need to have more human resources like nurses and doctors to take care of patients in this hospital. The sad thing is that in an effort to look for money outside mental health, they are trying to deal with ante-natal care and orthopaedics. They are mixing up issues but this hospital must stay strictly on matters of mental health. I am looking forward to the Ministry of Health to take up this matter by making this hospital semi- autonomous, not headed by a medical superintendent but by a CEO who is well trained with enough doctors and nurses to take care of patients from the entire country.

Beyond that, we should devolve those services to make sure that every Level 4 hospital and Level 5 hospital has a well-equipped and resourced department that takes care of mental health. Otherwise, we will continue to have these big headlines every single day and then we are left complaining by going on twitter to post pictures and talk about what is happening, how we have a sick society but we are not doing anything about it. It can only get worse as we move along. I look forward to see something happening in Mathari National Teaching and Referral Hospital. We should also create awareness amongst communities on how we respond to mental health and how to reduce the stigma attached to it, especially depression that is leading many of our teenagers and people to commit suicide, so that we can reduce the burden that is there today. We should also make sure that we get the right medication for our sick patients across the country.

I hope that going forward the Departmental Committee on Health can make it their responsibility to bring a special Bill to make this hospital a parastatal like it is the case with KNH. It is good to begin there. I also pray that in the next Budget, we shall see more money going to this important hospital, serious refurbishment taking place and the adoption of the latest technology for treating mental health patients, so that we can reduce the level of crime rates and death rates caused by mental health condition.

With those few remarks I beg to support.

Hon. Khatib Mwashetani (Lungalunga, JP): On a point of order, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Patrick Mariru): What is out of order, Hon. Mwashetani?

Hon. Khatib Mwashetani (Lungalunga, JP): Thank you, Hon. Temporary Deputy Speaker. I arise under Standing Order No.95. Looking at the mood of the House that all the Members who are rising up to support this Report are concurring with it, I beseech you to call upon the Mover to reply.

Hon. Members: No!

(Loud consultations)

Hon. Khatib Mwashetani (Lungalunga, JP): Hon. Temporary Deputy Speaker, we have a Report that we need to complete in the House. Every member who rises up concurs with the Report. As we move on, we are repeating the points.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Mwashetani, that is good. You deduced the mood of the House but the one to determine the mood of the House is the Chair. Hon. Members, when a Member rises on his feet and asks the Hon. Temporary Deputy Speaker to call upon the Mover to reply... I would like to establish the mood of the House.

(Question, that the Mover be now called upon to reply, put and negatived)

Hon. Mwashetani, you got the mood of the House wrongly. Let us go to my left side and the one on top of the list is Hon. David Ouma Ochieng, the Member for Ugenya.

Hon. David Ochieng (Ugenya, MDG): Thank you very much, Hon. Temporary Deputy Speaker. I am a new Member of the Departmental Committee on Health because I joined four weeks ago. I want to support the Committee's Report which is about a very unique circumstance on referral hospitals in this country. These are supposed to be specialised hospitals that take care of grave issues of health. That is why six hospitals were picked out of the many hospitals in the country. When dealing with this issue, we need to understand that referral hospitals are not the primary points of provision of health services.

If you read this Report, your heart sinks. Mathari National Teaching and Referral Hospital was established in 1904 but to date the land where it stands does not belong to them. It is a shame that from 1904 to date, Mathari National Teaching and Referral Hospital cannot own the land where it stands. How do you expect to have even better services and yet it has been neglected?

Like most Members have mentioned, from the time of independence all through, people have come to agree that mental health is not madness. It should not lead to some people being taken away from home. Mental health is treatable. That is why investing in Mathari National Teaching and Referral Hospital is very important.

As we speak, the hospital is associated with criminals. People think that if you are a criminal or you have a matter in court, the best place to throw you in is Mathari National Teaching and Referral Hospital. When it was established, it was supposed to cater for a very unique circumstance in the country which was people with mental health.

If you look at the Report, and I am happy with how Hon. Mbarire has talked about it, we are letting our people die of very treatable illness. We are sending people with very sound minds to Mathari National Teaching and Referral Hospital just because it deals with mental health. The hospital is still a mini department of the Ministry of Health in the 21st Century which is wrong. I would have wished to see more robust recommendations on how to fund the hospital to ensure that it is able to do what it is supposed to do, and to differentiate the mental health department from the department because the focus for Mathari National Teaching and Referral Hospital is to help people with mental health problems.

We are the budget-making house. We help the Executive kick the can down the road. As long as something is happening, it is okay. There are no ground breaking things and reforms

which are happening. They come to Parliament, get a Budget and then go back to do the same old things and hope that things will change.

The National Spinal Injury Referral Hospital in Nairobi was set up by the colonialists to treat those who were injured during the war. It sits on 1.4 acres of land and it serves the whole country from Kwale to north eastern Kenya and from Lake Victoria to Nyeri. It has 347 hospital beds only and we are saying that we have invested in health care. The Committee has thought about the things that need to be done there. The Committee is recommending what I may call “things that are out there in the public.” However, there are inner things that a properly trained manager can deal with.

The number of accidents that happen on our roads every day that lead to people suffering from spinal injuries are many, but we only have one hospital in the whole country. That is why, like I said, you hear people dying from very treatable diseases and injuries because we have refused to invest. Now that we have a devolved system, why can we not have one hospital per region? I am sure Kijabe Hospital does a better job than what our public hospitals do today. It is a small hospital in Kijabe. Everybody who has a spinal injury now goes there yet we have a national hospital that is given public money.

Our priorities are not right. You cannot provide UHC if you cannot support your very basic referral hospitals. The KNH is 30 to 40 years old. The kind of flake that it takes every day is too much. If you go to the hospital, you will find that the kind of services they provide are good. It is only that they are overstretched because they lack what Hon. Millie Odhiambo called “a proper support system.” We have made the hospital to be a business. We do not post people who know what is supposed to be done in terms of management.

The KNH has not had a CEO for the last more than three years. That speaks of how we think of it and where our priorities are. We manage things in a way that they do not reflect our values and principles. If you want to offer UHC, then we must see it in the seriousness that you treat KNH, the most important hospital in this country. What have we done with it? We have heard it said that if the Principal Secretary is a Kalenjin, then you have to post there a Kalenjin CEO. If the PS is a Kikuyu, then try to push for a Kikuyu CEO. That is not how you run hospitals. If you set up boards and you have one that is run by five or seven members from the same tribe, it means you do not want to provide healthcare. What you are doing is trying to control resources there. People do not look at KNH as a health provision centre. They are looking at it in terms of how much is there or how much medicine is there and how much they can procure. We will always get it wrong. If we stop looking at our health systems for what they are and look at the money that goes there, we will never get it right.

Look at how we have gone about classifying hospitals. The Jaramogi Oginga Odinga Hospital in Kisumu is the biggest hospital in that part of the country. It is not yet a referral hospital. It is a county hospital. Why can we not upgrade it to a referral hospital for the whole country? It has been there since the 1960s, but because of the politics of that part of the country, they have decided it will remain to be a county hospital. This is the case and yet it serves the whole of western Kenya. We must deal with this kind of issues. If you are going to provide UHC, then you must have the referral hospitals in almost every region, if possible, in each of the former provinces and the current counties. Why should people be travelling all the way from North Eastern or Nyanza to KNH when they can have these services provided near them?

The MTRH has done a good job. People come all the way from Rusinga and North Eastern to the hospital. It was built recently, but it has shown how best we can run our hospitals. If you go there, as a Member of Parliament, they will give you a waiver if you have a patient or a dead person there because they respect the leadership of the country. So, if we want to help our health system to grow, we must build the capacity of these institutions not just by word of mouth, but by the way we appoint their boards, their CEOs and the way we set up their systems.

The cost of medicine is an important issue in the provision of health services. Sometimes I wonder. The drugs we buy in this country for Kshs100 if you cross the border to Uganda or Tanzania, you will buy them at a lower price. The Kenya Medical Supplies Authority (KEMSA) and other institutions must have reforms to ensure that we do not overstretch referral hospitals. They should handle illnesses that are very serious so that we are able to build the capacity of small health centres to deal with these kinds of issues.

I want to agree with those who have proposed that we bring a Bill to this House and ensure that Mathari National Teaching and Referral Hospital, Jaramogi Oginga Odinga Hospital and the Moi Teaching and Referral Hospital be set up as independent institutions. I hope in the Committee where I sit, we will agree on far-reaching reforms on the issue of our referral hospitals so that we can stop going to India, Egypt, United Kingdom and other countries to be treated for illnesses that we can treat here at home.

I support and thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Let us have Hon. Lomenen, the Member for Turkana South.

Hon. James Lomenen (Turkana South, JP): Thank you, Hon. Temporary Deputy Speaker. I have been waiting for this opportunity since the inception of this session. I am here to represent the people of Turkana South. I used my vernacular language to look for votes, but now that I am here, I use the English language to represent my people. I am a student of Philosophy and I studied classical logic, which is the study of correct thinking. English is not a measure of intelligence. If you want to know the intelligence of someone, it has to be consistent with his or her mother tongue. We think in our mother tongues. That was a side show. We are here to represent our people by all means.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Indeed, you are bordering on what the Standing Orders refer to as irrelevance. However, you seem to have corrected yourself very quickly.

Hon. James Lomenen (Turkana South, JP): Hon. Temporary Deputy Speaker, it was a point of information which is also relevant according to our Standing Orders.

The Temporary Deputy Speaker (Hon. Patrick Mariru): A point of information to who? Were you informing the House?

Hon. James Lomenen (Turkana South, JP): Hon. Temporary Deputy Speaker, why is it becoming irrelevant to me when it was relevant to other Members who spoke earlier?

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Lomenen, what we are dealing with is the Report of the Departmental Committee on Health.

Proceed.

Hon. James Lomenen (Turkana South, JP): Hon. Temporary Deputy Speaker, I support the Report. I want to thank the Departmental Committee on Health. It is evident that Kenyans are suffering. I know you have travelled to many countries. In our neighbouring States, which I

know you have visited referral hospitals are more than 100 or even a million yet here in Kenya we are only talking about five. The burials we attend every weekend are because of inadequacy of personnel and facilities in most of our health institutions. No one knows when one will become sick and where. We should not concentrate on the five referral hospitals. One day you will go for official duty, as the Temporary Deputy Speaker, to Turkana and while you are there, you may fall sick and you will need medical attention. You will not get it because we have only concentrated on the five referral hospitals which are far from Turkana. Jesus himself went around treating people. He could not manage because he was limited until he died and changed himself into the Holy Spirit. That is a strategy we need to use as a Government to ensure every citizen in Kenya accesses health facilities wherever they are. It is not their liking that they are far.

I want to support this Report, but first the Government should take it seriously and implement the recommendations of the Committee. More so, we urgently need to improve all public hospitals in the 47 counties just like we struggled with the Division of Revenue Bill so as to ensure all counties get their money. We must also take appropriate action and ensure all public hospitals in the 47 counties are well equipped.

For how long will we hire doctors from Cuba? Supposing Cuba bans hiring of their doctors, where will we get doctors? We need to defend our own doctors and train them. We need to improve on what we have. For how long will we keep borrowing? It is very painful to realise that in our nation many people destroy, ruin, kill and steal from public institutions to develop private ones. Most of us go to private hospitals, but if you critically analyse them, you find the resources used to build them are from public institutions.

We passed the budget yet it is very painful to see a patient being referred to a referral facility just because of a headache. For example, a patient from Lodwar or Kapenguria may be referred to MTRH just because of a headache. You find some health centres do not even have Panadol and those treating people are hospital attendants. Where are the doctors? Are they really committed to serving Kenyans or are they tired of serving the people?

The issue of health is very serious. As a House, we need to resolve that the health sector, which is devolved, should go back to the national Government. Devolution is about devolving everything including our commitment and resources. I have a case study where two months ago the Kenya Medical Practitioners and Dentist Board (KMPDB), which is for doctors and dentists, visited my county. When they reached my health centre, almost 20,000 patients attended the free health clinic and they realised that many Kenyans are sick and just seated in their homes. There are no health facilities offering services and they just decide to live with their diseases. So, we have to encourage our doctors to come up with programmes for visiting health facilities in rural areas so that the patients who have been denied services can access them.

Without much ado, I support this Report. The Government should take it seriously. We want governors and those in charge of the Ministry of Health to collaborate in ensuring that hospitals in the counties are well equipped, have enough personnel and facilities, so that our people can access services at the right time.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Very well, Hon. Lomenen. You mentioned that when Jesus died, he converted himself to the Holy Spirit. I want you to consult your theology, but that aside, we will not engage in it. Before I give Hon. Martin Owino

the Floor, I must give a lady Member, Hon. Gogo Achieng. Hon. Martin Owino, you will get a chance.

Hon. (Dr.) Lilian Gogo (Rangwe, ODM): Thank you, Hon. Temporary Deputy Speaker for giving me an opportunity to speak to this matter. I support the Report of the Committee. Before I indulge further, allow me to wish all Kenyans who are under the weather, in hospitals or any part of the world quick recovery. Also, invoke to all Kenyans the need for us to pray as a nation because it is only God who heals as the medical personnel do their work. So, quick recovery to all Kenyans who are recuperating in every part of this country or the world.

Allow me to also thank the medical practitioners and paramedics for the effort they are putting in the wellness of the people of Kenya. They have gone out of their way to use the limited resources they have. It is out of this that a Report has been made by the Committee on the need to improve our referral systems. So, I thank them for doing a good job. Also, I want to thank the Committee for the good Report they have written which is giving a good highlight on the state of our referral systems. Apart from this, we need to rethink and relook at our social systems essentially when it comes to good health and wellness.

In as much as doctors make referrals, there are Kenyans who are unable to go to the referral systems. In Rangwe Constituency, I have systems where my constituents approach me after being referred to a health unit probably KNH, MTRH or Mathari and we hold a Harambee to raise money. We need to rethink and relook into our social systems because we may have referral units, but Kenyans cannot access them.

Having said that, I want to put more emphasis on what has been said earlier that we need strong support systems. Other than the referral units, it is important that our regional and county health units work before people are referred to other health facilities.

Allow me to invoke an element for the need to have our highly skilled and trained doctors working in referral units, getting an opportunity to train our young people who are languishing out there. They are trained as doctors, but they will miss the necessary transfer of knowledge from our highly skilled medical practitioners who are about to leave. Our healthcare system is leaving many of our young people out there who can learn, be absorbed or employed in our referral systems to help together with the already existing staff.

Referral units use highly specialised equipment. We have our young people out there who are trained; doctors are being training in their numbers in this country. It is important for us to have more doctors and at its worst we should allow them to offer their services for free. So, as we support the recommendations of the Departmental Committee of Health, we should rethink seriously about our social systems.

Allow me to put more emphasis on the need to put more money to our referral units. We need to have our system of grading our hospitals being automated so that we literally do not have to beg for a given hospital or health facility to reach a certain level. If we want to talk about Level 5 hospitals or Level 6 hospitals, we should have a system that would automatically have quality standards that can be used generally by the country to get balance, upgrade regional systems and regional hospitals.

Somebody has just talked about Jaramogi Oginga Odinga Hospital. There is also the Coast General Hospital. We also have other hospitals spread across this country. We need to rethink and relook the level of these hospitals so that we have very strong support systems. At given levels, there is money that goes directly to these systems. So, we need to look at that.

Under the Sustainable Development Goals (SDGs), health and wellness is covered under SDG No.4. It is a serious thing. One of the priorities of His Excellency the President of the Republic of Kenya, Hon. Kenyatta, is UHC and leaving nobody behind when it comes to matters health. How can we achieve this with very limited facilities? How can we achieve UHC when we are using most of our money to take our people outside for treatment? Many senior Government officials are outside this country getting treatment and the Government is using a lot of money to secure the health of our beloved Kenyans when some work could be done here. I believe our medical personnel would meet the same objectives and health goals if they had equipment and a conducive environment.

It is important that we relook and rethink our position. When it comes to issues of mental health, this has been elucidated very well by people who have talked before me, but I want to look at depression. One would rarely get referrals for depression, but I stand on the Floor of this House, go on record and say that we need specialised units in referral systems to just take care of mental health as it has been said. This is especially on depression. One may not be mad, but a good number of Kenyans are depressed. So, it is important that we rethink that as a community and as a nation.

When we come to oncological systems, we have a lot of money going to cancer management systems that are literally ripping Kenyans apart. How I pray and wish that as much as we are looking at referral systems, we would allocate a lot of money for all disciplines of oncology so that we do not have Kenyans going outside for treatment. We have specialised people in the area of oncology. Kenyans should not go outside for treatment. Some of them stay in the streets and corridors of hospitals as they wait to get oncological services. How I wish we would have more and more money put in our referral systems to handle our oncological needs.

*[The Temporary Deputy Speaker
(Hon. Patrick Mariru) left the Chair]*

*[The Temporary Deputy Speaker
(Hon. (Ms.) Jessica Mbalu) took the Chair]*

Another thing that I want to bring up as I give other Members an opportunity is that as a country, we need to seriously take care of our health. I am not sure, but as much as Kenyans are getting aware of their health status, there is need for physical health and we are running into several gymnasia. This House, the National Assembly, has a very good gym. What I am asking Kenyans as I stand in this august House is: Are we able to determine what level of exercise we should undertake as a community at a given age? What is going to destroy Kenyans is poor information. At some point, we are going to have a problem with poor information on the type of physical health we should undertake.

With that, I support the Report.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Thank you, the Member for Rangwe. Next on my request list is the Member for Ndhiwa, Hon. Martin Owino.

Hon. Martin Owino (Ndhiwa, ODM): Thank you, Hon. Temporary Deputy Speaker. First of all, I thank the Committee, which I am a Member. It took us a lot of time to go to these

facilities to assess their status. Some of them are in a horrible and pathetic condition. That is why a Member was thanking them. I also add my voice to thank the practitioners in these facilities.

Why are we talking about referral hospitals and why they are congested? The health structure in this country is in six levels: Levels 1, 2, 3, 4, 5 and 6. The Report that we have put before the House is about national hospitals. If we could invest more money in the lower levels, Levels 1, 2, 3 and 4, and leave the county referral hospitals for now, then we could be able to decongest the facilities that we are talking about.

Level 1 is where health seeking behaviour is. We call it three delays. Why do people delay to go seek for medical assistance? One, it is because of decision making in the household. You can even testify about yourself. When you feel a headache, you self-medicate sometimes, but you do not know what you are treating. So, Level 1 needs to be supported. That is why I will bring a Bill on community health workers. People need to be supported to do something. Please go to hospital. When you are pregnant, you need to go to a clinic. If this does not happen, that is why we have complications and disease progression up to the highest level.

The dispensaries at Level 2 need to be equipped so that minor ailments can be managed well. Level 3, which is health centres also need to have diagnostic equipment. What happens is sometimes without this, we have wrong diagnosis. If you have wrong diagnosis, chances are that you are going to prescribe wrong medicine. That means the disease is missed, the progression is on and that is a candidate for a tertiary level which is very expensive. If we can manage diseases at this lower level, we can save the higher facilities from congestion. That is point number one.

People tend to focus more on the higher facilities rather than screening and managing conditions when they are still at a lower level, for example, diabetes. Complication of diabetes is renal failure. As a country, we may put aside money for dialysis. That is the higher end on something which could have been diagnosed early, the patient treated, supported and continued to live their lives. So, we pay higher in dialysis. It was also talked about here, which we captured in our Report that these facilities need to be independent. For KNH, MTRH, Mathari National Teaching and Referral Hospital and Spinal Injury Hospital to be independent and funded directly, we need to change some of our Acts, especially the Public Finance Management Act. The problem we have is that their funding has to go through the ministry and there are delays and all that.

I also want to talk about mental health. The Mathari National Teaching and Referral Hospital is a very old institution, but as we have seen somewhere else, we have to decentralise mental health. The reason is that there are some ailments that are managed well in the local setting and family support than if you put the patients in a more restricted area. You do not expect me to bring patients with mental health complications in my constituency to Mathari National Teaching and Referral Hospital. It is too far for them and their families. We should decentralise this and the spinal injury treatment centres to the counties, so that we have trauma centres in every county. It does not make sense. Nairobi was the capital City when we had no devolution, but with devolution, we also have to change as well. Decentralisation of these services will be very key.

When we were in Cuba, we saw how they integrated mental health issues in the polyclinics which are clinics within the communities. They are made up of parents and families who have their own part to play with regard to patients unless they are violent. If they are violent, that is another story. Most of the mental cases that we currently see result from alcohol

and drug abuse and the toxic beverages that they sell in shops. Prevention, hard rules and decentralising these services will help us more than putting them together.

My view about the Report, so that I can give other people a chance to contribute, is that the social structure is missing in our healthcare system. For example, if you discharge a patient from KNH, do you know how the patient is fairing on? That linkage between the hospital and facilities of care and the households is missing. That also refers to the treatment management. Did you take your medication on time? Is it working for you? Those linkages are missing. People tend to come back to the same medical facilities where they were. We have to develop those departments. It will help those who cannot afford to get waivers. Those workers should also visit patients. They should supplement the community health workers.

Lastly, there is the human resource for health. In the hospitals where we were, one doctor and one nurse had to attend to too many patients. We are doing very poorly when it comes to standards for care. Currently in our country, the average of two doctors for 10,000 people and eight nurses for 10,000 people is unmanageable. In other areas, there are too many people per doctor.

In my constituency, there are two doctors for 300,000 people. It is unmanageable. We have to allocate more money for human resource. We talk about universal healthcare which refers to healthcare access. You cannot access quality medical care if one doctor is treating very many people. It does not work. It is impossible.

We saw the budget for the Ministry of Health. In fact, we are still around 8 per cent which is below the 15 per cent recommended by the World Health Organisation (WHO). This House has to put more money into the Ministry of Health. You cannot grow an economy with sick people. It does not work. As long as we stay stingy with our money, we will still get it wrong. We have to fund this Ministry and hire many people. We have many qualified doctors who are not employed. We also need to hire nurses, clinical officers as well as radiographers. We have to put more money in health in order to get healthcare in this country right.

We are moving away from talking too much about medical care. We want to talk about healthcare. That means you preserve those who are healthy so that they do not get sick. If they happen to get sick, there should be early disease detection so that they can get care. They should then get quality care from motivated personnel. All that needs funding.

With those remarks, I support the Report. Many reports are adopted, but they are not implemented. The Committee on Implementation should ensure that what we present in this House is implemented.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Very well. Hon. Osotsi, are you on intervention?

Hon. Godfrey Osotsi (Nominated, ANC): The Member who has just left the Floor has said that there are many reports which are passed by this House and are never implemented. I am the Vice-Chair of the Committee on Implementation and I can tell you that there are too many reports that we have processed.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): What are you trying to do now? Are you debating or informing?

Hon. Godfrey Osotsi (Nominated, ANC): That was a misleading statement.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): What is out of order? I want you to be on record?

Hon. Godfrey Osotsi (Nominated, ANC): The Member was misleading the House that there are too many reports that are passed by this House which the Committee on Implementation does not handle. That is not true because there are too many reports that we are handling. Some of them have been tabled here. The best thing he can do is to go to the Table Office and get copies of those reports. There are also other reports which will be debated from next week. That is not true. It is misleading.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Which Committee are you a Member?

Hon. Godfrey Osotsi (Nominated, ANC): I am the Vice-Chairperson of the Committee on Implementation.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): That is a statement for advice to the House by the Vice-Chair. However, procedurally, the Member had already finished his contribution, but I allowed him to make a statement since he is the Vice-Chairperson.

Let us have Hon. Wanga. You have caught my eye.

Hon. (Ms.) Gladys Wanga (Homa Bay CWR, ODM): Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): I did not say that you should contribute, but now that you have been given the microphone, just carry on. Otherwise, there was one person before you.

Hon. (Ms.) Gladys Wanga (Homa Bay CWR, ODM): Thank you very much, Hon. Temporary Deputy Speaker for your indulgence on this matter. In fact, on the matter of implementation, Hon. Martin was very much in order. Implementation should not result in reports. What is the result of implementation? We should see results rather than coming back to debate reports on how those things have not been implemented.

With regard to this Report, I thank the Departmental Committee on Health very much for a very well-done Report. Each recommendation is time-bound. Within three months, we expect the National Treasury to do this. Within six months, we expect the Ministry of Lands to issue titles. We do not expect the Committee on Implementation to necessarily bring us back reports. The reports should come back saying that this has already been done and the other has already been done.

The committee that has the biggest responsibility in this House, especially in touching the lives of the people we represent, is the Committee on Implementation. Our whole life lies with you in the sense that as much as we debate and none of the things that have been listed in this Report are implemented, then we just become a talk shop. At least, we are not idle as a Member said, but we will be talking and making idle threats that do not make sense. That is why some Members were saying that they have left the House to people who just speak a lot of English and do not work.

A lot has been said on the issue of mental health, but it is an area that we need to focus on. Apart from making Mathari National Teaching and Referral Hospital an autonomous body as has been recommended by the Departmental Committee on Health, we should look at having a lot more done especially within our counties because we will not all rely on Mathari Hospital as a mental hospital. By the time people from Homa Bay make it to Mathari, they will be in the final stages of their mental illness.

There is one thing that has been raised in that Report about halfway homes where people who have left Mathari, but are still unable to integrate back into society can go. Who will work in those halfway homes? A lot has also been said about our social systems. We are talking about social workers, but as a Parliament, we have not yet passed legislation that regulates social work. Who is a social worker? Is it a person who has a degree, a diploma or a certificate in social work? Who is an accredited social worker in this country?

Hon. Temporary Deputy Speaker, I will bring a Bill to regulate social work so that we know who is an accredited social worker. This will make a person not to get out of his house, go to a college on top of a bar somewhere and then be given one month's training called social work and then he leaves and requests to be hired as a social worker. Social work is a profession just like any other. Just like doctors have the Kenya Medical Practitioners and Dentists Board, clinical officers have their board and engineers have their law, social workers must also have a law that regulates them, so that the Government can hire them in some of these facilities. As we talk about mental health, we have been talking about depression and people killing their spouses. There must be people within our communities and schools who can sense that a child is going through a difficult path. We cannot expect teachers to do all that work. It is high time we dealt with the issue of social work, regulate it and have a Bill that talks about social work.

Let me come back to our health facilities. The national referral facilities or the Level 6 facilities that we currently have are Moi Teaching and Referral Hospital, KNH, Mathari National Teaching and Referral Hospital and National Spinal Injury Referral Hospital. Since we passed the Constitution 2010, we have not passed legislation on national referral facilities that give guidelines on what constitutes them. We only assume that these are the referral facilities. Many Members have said that we should add Jaramogi Oginga Odinga Hospital or the Coast Provincial General Hospital as national referral facilities. We need legislation which covers the standards for graduation of hospitals.

I can give an example of the Homa Bay Level 4 Hospital. When the First Lady visited Homa Bay County in 2014, we requested her to talk to the Cabinet Secretary to make our hospital a Level 5 hospital. She told CS Macharia to make it a Level 5 hospital. We have been speaking since that day, but it has not turned into a Level 5 hospital. As a House, we have a responsibility to have legislation that sets standards as well as a board that deals with the graduation of hospitals. Just like ISO certification of institutions, we should know that for a hospital to become a Level 4 hospital from Level 3, it needs certain standards. When I attain that level as a facility, I do not need to go to anybody. I go to the board, they come and inspect and the hospital is immediately graduated to the next level. This should be the same thing for Level 4 hospitals graduating to Level 5 hospitals and Level 5 hospitals graduating to a national referral hospital. We should not seek favours in the graduation of our hospitals. We need to have standards and that is a responsibility that lies squarely with this House. It is something we need to do so that we move away from that problem.

The Member for Turkana South said that there is no reason to limit referral hospitals. We devolved to 47 counties. There is no reason why our Level 5 hospitals cannot all become referral hospitals, if we put in place those standards that I was speaking about previously. There is the funding that goes to the counties for purposes of hospitals. There is no reason why the capitation or the conditional grants should be taken to the county governments. If we have standards and facilities, this money should go directly to the facilities involved so that they spend it for

purposes for which it is given. The current situation is such that we give conditional grants to counties which sometimes choose not to use them in the hospitals. The Appropriations-in-Aid (A-in-A) and the money generated by the hospitals is also taken back to the counties and it is expected to be spent in the hospitals. Many times, you take your money to the county but it does not come back to the facility.

As a country, we do not have a national referral hospital for children. Currently, our children are everywhere. We need to consider that. I want to propose to the Departmental Committee on Health to consider Pumwani Maternity Hospital to be graduated to a national referral hospital for children, so that we have a place where children can go for treatment. Is my time over?

Finally, let me go to the issue of our personnel. If you read this Report, there is a cross-cutting issue of health workers. They are not enough; they are not motivated or not well paid. It is high time we created a health services commission. It is a debate that has been happening. It is high time we created it so that our health workers can be managed centrally like our teachers and other professionals. There is the issue of one county firing doctors and another one going to another place. There has to be a standard way of treating our health workers.

Thank you very much, Hon. Temporary Deputy Speaker. I beg to support the Motion.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Hon. Wanga, you know your powers very well in this House which we appreciate. I wish you can go ahead and bring those pieces of legislation.

Member for Tiaty, Hon. Kamket has he left, or he is in the consultation room? He is the next one on my request list? Let me give the opportunity to Member for Saku.

Hon. Ali Rasso (Saku, JP): Thank you very much, Hon. Temporary Deputy Speaker. At the outset, I want to thank the Departmental Committee on Health for what I consider to be a very comprehensive and informative Report. If we follow it through with legislation, because this House makes laws, then that Report will not gather dust. We will come up with something that is tangible, formidable and actionable for our country.

This Report talks about referral hospitals which are the hospitals of the last resort. When you go to our referral hospitals which the Committee visited and reported on, they do not appear to be referral hospitals. If you go to KNH where many of us visit our patients, it does not appear to be a referral hospital, but just one of the hospitals around. Sometimes we ask ourselves how a patient was moved all the way from Moyale which is 800 kilometres to end up in KNH, and yet something could have been done in Marsabit or Moyale where we have a Level 3 hospital and Level 4 hospital. Our Committee needs to re-think about this issue of healthcare. They have given us this Report. If we must invest in these referral hospitals as opposed to building our health system top down, we must begin to address it bottom up. Why am I saying this? When our health centres or the smallest health units in locations or sub-counties are well equipped and well manned by the right personnel, the burden that we are experiencing at the referral hospitals will be reduced.

Recently, in Marsabit – these are some of the fruits of devolution – the county under the leadership of the Governor opened a maternity ward, a theatre and a renal unit. If some of the facilities at Level 4 hospitals are cascaded down to Level 3 hospitals, we will reduce congestion in Level 4 hospitals. The Level 4 hospitals will become a pipe linking to the higher referral hospitals. It is at the referral hospitals that we expect to have the best of the best in terms of the

doctors, equipment and facilities. We have emergent diseases that were not there before in our country. They are no longer emergent. For example, cancer is a major threat to the population of the country.

In 2017, we passed a very important Bill in the House to give the Ministry of Health resources to train oncologists so that Level 4 hospitals can have facilities to screen for cancer cells. The reason why we take a lot of our money to India is because we detect cancer in patients at the third or fourth stage. Rarely do we identify cancer at stage two. It is only few of us who go to the Aga Khan Hospital, Nairobi Hospital or MP Shah who detect upfront what we are suffering from. We must be extremely grateful to the people of this country. A large portion of our population does not have access to that benefit. That is why we must begin to think differently by asking where we should put our efforts.

I agree with my colleagues who said that we need to put more money in the referral hospitals, particularly the major five. There was a time when patients would come to KNH from the larger East Africa, which includes the Horn of Africa. We must ask ourselves whether we are going forward, progressing or at some point there appears to be some regression in terms of investing in our health and providing the best for the health of our people.

It is good to invest in infrastructure. This is what is happening across the country. It is the benefit of devolution. We have health facilities in remote outposts that do not have even a nurse, leave alone any of the other senior medics. While we invest in infrastructure by putting a lot of money on the ground, we must also build the human capital. Across the country, there are many institutions that train nurses and clinical officers, but many of them end up not getting employed and they stay at home. If really health is one of the pillars the country must invest in and many hospitals and health centres and referrals do not have enough manpower, how does it add up that some of the medics are at home? It is an area we must look at.

On investment and commitment, there was a big celebration when we got the Cuban doctors. A few weeks ago, it was also on national television what the Cuban doctors have been doing across the country. People are celebrating them. However, we must ask ourselves why we do not celebrate our medics and doctors. Is it that we just want foreigners to appear to be doing better than the staff we have?

I beg to support. It is a good report.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Hon. Members, I have 15 requests from Members who want to speak to this matter. Because I know we have already passed resolutions in the House regarding the time a Member should take to contribute, we need to avoid repetition as indicated in our Standing Orders so that we give time to other Members.

(Several Hon. Members consulted loudly)

There is process of reducing the time of speaking to a report and it would have been done at the inception of the Report. Of course, I am sure Members have heard for themselves.

The Member for Funyula is next on my request list.

Hon. (Dr.) Wilberforce Oundo (Funyula, ODM): Thank you, Hon. Temporary Deputy Speaker. I stand to commend the Committee. It undertook this study to highlight issues concerning referral hospitals on its own initiative. This is a preserve of the national Government as stipulated in the Fourth Schedule of the Constitution. The Report we are debating is an eye-

opener. It has raised issues that have been spoken of in hushed tones or occasionally in public, but have not been highlighted in an official report.

I imagine that for us to achieve the Universal Health Care (UHC) coverage as contemplated in the Big Four Agenda, it is important that we establish a clear and adequate link between primary healthcare facilities and referral facilities. I believe and trust that a referral hospital is truly one. A matter that ought to come to referral hospitals is that which primary healthcare facilities are unable to deal with. That is why it is important to highlight a few issues that have come out clearly in this Report.

If you have had a chance to go to various hospitals, you will find that they are congested. Indeed, a statement has been made in reference to Kenyatta National Hospital and Moi Teaching and Referral Hospital that they are congested simply because cases that are not truly referral end up in these hospitals. It is, therefore, my presentation that as a nation we need to invest heavily in lower cadre medical facilities to ensure that these issues are dealt with at the initial stage. Early detection, or proper and correct diagnosis and management should be done so that a typical medical case does not escalate to a level that is life-threatening. Indeed, it would be better to deal with such cases at an appropriate moment or at the primary level. Of course, preventable healthcare becomes critical and that is why the link between healthcare, water, food, means of transport, pollution and environmental degradation become central to the overall medical healthcare management in this country.

I come from Busia County and since the devolution of the health function almost eight years ago; our health situation has not changed at all. For example, in my constituency, through the National Government Constituencies Development Fund (NG-CDF), they had built nine primary healthcare facilities: Busembe, Buduta, Rumbiye, Nambuku, Wakhungu, Kabuodo, Nangina, Agengá and Namuduru. Earlier, we had built a sub-district hospital that is now a Level 3 hospital, but I assure the nation and the people of Busia that many of those facilities are merely structures consisting of four walls with nothing inside. They are an eyesore because they provide nothing. Many of them have cracked walls, for example, Nambuku that have been condemned by personnel from the public health. I believe that with proper investment, proper funding and proper capital resources, these facilities will offer relief from high end referral hospitals.

The NHIF has featured prominently in this Report. I commend the Departmental Committee on Health for having the courage to bring out the fundamental and structural issues bedeviling NHIF. Through the NG-CDF Committee, I have given 580 people in my constituency, through social facilities, NHIF cards which we dutifully pay for every month without fail to a tune of almost Kshs3.5 million each financial year. But it has been a depressing and stressing situation that an elderly sick person goes to most of the hospitals in my constituency and two things come out. One is that most of these hospitals are unwilling to treat them because NHIF does not pay or reimburse the hospitals in good time. Many of the funds that come through NHIF pass through county government in a common pool. They do not reach the particular hospitals to a point they find it improper and a waste of time and waste of the limited medical supplies to treat patients under this programme because they are not reimbursed. It is high time the NHIF, probably through an amendment in the Public Finance Management Act, made all levels equal to ensure the funding goes directly to the hospitals.

As I conclude, let me make two suggestions. On the issue of regional referral hospitals and my colleagues have spoken about Jaramogi Oginga Odinga Referral Hospital in Kisumu,

Kakamega Referral Hospital, my suggestion is that the hospitals that used to be called provincial hospitals should with immediate effect or as soon as budget provisions allow, be made referral hospitals so that we do not have cases of people travelling all the way from Funyula to seek referral medical attention in Eldoret, Moi Teaching and Referral Hospital. I commend the MTRH because it has been the major point of referral for patients from the former Western Kenya and most parts of the Rift Valley. I commend its management and I wish others could replicate the same.

Secondly is the issue of training of medical staff. You can never have a functional medical system or health system without well equipped, trained and motivated staff. There are many cases of medical staff going on strike and many cases of doctors being fired. As a society, we need to respect the medical staff by training, equipping and remunerating them properly so that they get motivated to offer services.

With those remarks, I support the Report and hope that the Committee on Implementation, as Hon. Gladys Wanga has said, will not merely bring reports for debate here. This is will, with due respect to my friend the Vice Chair who is here, take action to implement the recommendations of the Committee where they are feasible and workable.

Thank you.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Member for Isiolo North, Hon. Oda.

Hon. Hassan Hulufu (Isiolo North, KPP): Thank you Hon. Temporary Deputy Speaker for giving me the opportunity to support this Report.

Access to high attainable standards of healthcare is a constitutional right for Kenyans and the national referral hospitals are at the apex of our healthcare system. I would like to thank the Committee for the comprehensive Report which has helped us appreciate the challenges faced by the five referral hospitals: Kenyatta National Hospitals Moi Teaching and Referral Hospital, Kenyatta University Teaching and Referral Hospital, the Spinal Injury Referral Hospital and Mathari National Teaching and Referral Hospital.

I would like to make a few comments on Mathari National Teaching and Referral Hospital because it is a very special hospital. It is the only referral hospital that caters for people with mental challenges, including convicts and those charged in law courts and their mental state is probably not okay for them to be tried. Unfortunately, according to the Report, it happens to be the most neglected national referral hospital. It is very unfortunate that from the Report, it has indicated that the budget allocation to Mathari National Teaching and Referral Hospital has been on the decline. For instance, in the financial year that is about to end compared to the previous one, its budget was reduced from Kshs143 million to Kshs93 million. To make it worse, the allocation for drugs was reduced from Kshs17 million to Kshs2.6 million. This is happening in a situation where the department of Correctional Services which takes in mental patients and are in their custody, have no provision in their budget to cater for their drugs. This is also the only hospital that helps us to rehabilitate active drug addicts. Therefore, I strongly support the recommendation of making Mathari National Teaching and Referral Hospital and the Spinal Injury Referral Hospital autonomous referral hospitals preferably not through Executive Orders, but through an Act of Parliament so that they can have independent boards and CEO.

In the meantime, I strongly support the Committee's recommendation which speaks to Government agencies using Mathari National Teaching and Referral Hospital facilities. These

are the Judiciary and the Department of Correctional Services. In the long run it is important, as recommended in the Report the Prison Department be supported to establish mental units in maximum security prisons rather than taking mentally ill convicts to Mathari National Teaching and Referral Hospital. Before that happens, probably in the coming year, through gazette the Department of Correctional Services should be allowed to gazette the maximum security ward in Mathari National Teaching and Referral Hospital as part of our prison or remand system so that it allows them to provide budgetary support to the Hospital. It is unfortunate that Mathari National Teaching and Referral Hospital lies in an area that is very attractive to land grabbers and does not have a land title. Therefore, I strongly support the recommendation of the Committee that the titling of this hospital has to be done in the next six months.

The National Spinal Injury Referral Hospital began as a hospital which took care of survivors of the Second World War in a house donated by a good samaritan. Unfortunately, as a nation we have not invested in expanding the facility. We are told it occupies a very small piece of land and we needed to know how small. If need be the NLC and the national Government can provide adequate space, if the current location is not sufficient for expansion. They can cater for the increasing number of patients across the country suffering from spinal injuries and require specialised care. Therefore, the facility should be moved to a place where we can set up a bigger hospital.

To add to what others have said, we need referral hospitals to be distributed evenly across the country. The Ministry of Health should work with our county governments and setup national teaching and referral hospitals in all the former provinces. For example, we can have one in Garissa, Mombasa and the one in Kisumu can be upgraded to a national referral hospital. We also need one for upper eastern, for example, in a place like Isiolo to serve Marsabit, Moyale, Samburu and other parts of upper eastern.

With those few remarks, I support the adoption of this Report.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Very well. Let us hear from the Garissa County Women Representative (CWR).

Hon. (Ms.) Anab Gure (Garissa CWR, JP): Thank you, Hon. Temporary Deputy Speaker for giving me this golden opportunity to contribute. I support this Report because there is urgent need to improve the status of our hospitals. Referral hospitals play a key role in our country. So, the National Treasury needs to speed up funding to these hospitals to enable them to improve service delivery to Kenyans. There are complaints all over the country about NHIF delaying in submitting funds to hospitals and this is frustrating many Kenyans.

I support the Report.

Thank you.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Very well. Thank you, Hon. Gure Mohamed Garissa CWR. The Member for Turkana Central, is he in the House?

Hon. Lodepe Nakara (Turkana Central, ODM): Thank you, Hon. Temporary Deputy Speaker. I will just take a very short time. First of all, whenever a Committee of this House is given an assignment it does it very well. If this Report is implemented, this country will get the best from our referral hospitals. We only have five referral hospitals in this country compared to the population. I want to urge the Government to set up other referral hospitals in this country so that health services can be brought closer to the people. This is because some people travel long distances to get to a referral hospital. Others are very poor to afford medical fees. So, these

referral hospitals should be brought closer to the people. Maybe we can build 20 or 30 of them in strategic areas where people can access them easily.

National referral hospitals are the face of the country in the health sector. Whenever foreigners visit our country they look at the kind of hospitals we have and take the message back to their country. Sometimes we receive visitors and they go to a referral hospital thinking they will receive good medical attention. When they go back to their countries they just laugh at us. We want to ensure that our referral hospitals are well equipped. There are very important features which make us to refer to a hospital as national hospital.

First, we must have infrastructure that is modern to meet the needs of the people. Second, is the personnel. Some of our national referral hospitals have very few professional personnel and experts because they are not employed according to the number of patients who visit the facilities. Thirdly, is about technology. The world now is modernised so our referral hospitals should embrace technology to enable them to treat various diseases that cause patients to seek medical services outside the country. For example, disease like cancer, brain surgery and others are causing people to seek medical services outside Kenya.

Our medical practitioners should use modern technology when treating various diseases. Even now, we still use old methods of treatment in our referral hospitals. Even for the records, you can visit them severally and keep writing your name because there is absence of information flow. It is good to have a good record keeping system of your illness. They are called referral hospitals because when you go there they already have information about your illness. They can treat you quickly without manually starting to look for your name.

Some of our national hospitals require land for expansion because they have been in small spaces for over 30 years. How can they expand infrastructure without land? I want to urge just like the Committee's recommendations that our referral hospitals should have bigger land so that they can accommodate new infrastructure.

With those few remarks, I support. Thank you.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): The Member for Rongai, Hon. Moi Kipruto. Give him the microphone or he can use the one next to him.

Hon. Kipruto Moi (Rongai, KANU): Thank you, Hon. Temporary Deputy Speaker. I thought I would not get a chance. The Departmental Committee on Health embarked on the inquiry into the operations of the four referral hospitals, namely: Mathari National Teaching and Referral Hospital, National Spinal Injury Referral Hospital, Moi Eldoret Teaching and Referral Hospital and KNH. They went there because these hospitals have immense problems.

Earlier in the year, the Committee had tabled a Report concerning the fifth referral hospital which is Kenyatta University Teaching and Referral Hospital. In their recommendation, they asked the National Treasury to allocate money so as to jumpstart this hospital. The President also signed an Executive Order making it a legal entity. This was very good so we hope KNH will be decongested because more patients will go to Kenyatta University Teaching and Referral hospital.

The Constitution of Kenya 2010, in the Forth Schedule, gave the provision of health services to county governments. But the issue of policy and referral hospitals falls squarely on the national Government. The Kenya Health Policy 2014 - 2030 is the one which currently drives the effort by Government to provide universal health care for every Kenyan. It is in that regard that this Committee went to find out what ails these referral hospitals. Mathari National

Teaching and Referral Hospital is the only mental health facility in this Republic, but it does not meet those international standards based on the entire status of the facility. It has poor doctor-patient ratios. You cannot really say it meets any standards. It is not a good facility. In fact, I live next to it. The hospital has an acute shortage of staff. For example, in the security wing, you have one nurse to 147 capital offenders. That is extremely serious. The hospital buildings are old and dilapidated. Drainage systems are clogged. This hospital also caters for a number of capital offenders. Because of these offenders being referred by the Judiciary, the police and other referring agencies do not pay for these services. So, Mathari National Teaching and Referral Hospital has to shoulder this cost and yet they do not have the money. So, that compounds their problems.

The Spinal Injury Hospital is no exception. It is the same in terms of needs with Mathari National Teaching and Referral Hospital. It has no staff. It caters to patients from Central and most of East Africa. It is limited in bed capacity. There are shortages of staff and money. It is all the same.

The MTRH in Eldoret suffers a burden of serving patients from many counties. One of them is Baringo where I used to come from. It has a bed capacity of 900, but they said bed occupancy is at 110 per cent meaning there would be two patients per bed. This is really terrible. Cash flow is a problem and it is compounded by debt waivers and fee waivers. So, the corporate debt is about Kshs313 million. Individual debts is Kshs514 million. There is an acute problem of debts. Cash flow is terrible. They are also experiencing a problem with international partners who cannot get visas and permits. These partners have been experiencing problems with the National Treasury because the Americans would like to fund the MTRH directly, but the National Treasury would like this money to go through them. The Americans have objected. Those issues should be sorted out. They also have visa issues and work permits related issues. These are some of the problems bedevilling these hospitals.

So that I give others an opportunity, all these hospitals, like KNH and MTRH, need to be funded adequately to bridge the budget shortfall. Finally, the Committee made various recommendations on these hospitals. These recommendations must be followed. If they are not followed, it is pointless. We will be accused of going around counties doing oversight, but yet there will be no outcome.

With those few remarks, I thank you and I fully support this Report.

Hon. (Ms.) Rachael Nyamai (Kitui South, JP): On a point of order, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): There is a point of order. Member for Kitui South, you have been here for long. I can see your card on intervention. Hon. Shaban, you are next but let me hear what is out of order.

Hon. (Ms.) Rachael Nyamai (Kitui South, JP): Hon. Temporary Deputy Speaker, I have been sitting in this House this afternoon and I have listened to very good deliberations on this good Report by the Departmental Committee on Health. I realise that we have really debated this Report. So, I am rising on Standing Order No.95 to request that the Mover be called upon to reply because we have made our point. We have really discussed this Report. So, I request that you call upon the Mover to be called to reply.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): You have made your point. Of course, I had already called Hon. Shaban. Let her give her contribution before I prosecute your point of order.

Hon. (Dr.) Naomi Shaban (Taveta, JP): Asante sana, Mhe. Naibu Spika wa Muda. Nataka kwanza kutoa shukrani kwa Kamati ya kusimamia masuala ya afya hapa Bungeni ambayo inasimamiwa na Mhe. Sabina Chege kama mwenyekiti kwa kuleta Ripoti hii ambayo ni ya muhimu sana.

Tangu Kenya ipate Uhuru mwaka wa 1963, hadi kufikia mwaka wa 2010 wakati tulipata Katiba mpya, masuala ya afya yalipatiwa kipaombele kwenye Katiba yetu na ndani ya Katiba kulitajwa umuhimu wa kila Mkenya kuwa na haki ya kupata huduma ya afya kiwango cha kumwezesha kuishi vile anavyostahili.

Ripoti hii ambayo imetengenezwa na Kamati ya Afya ni muhimu sana maana inagusia hospitali za kitaifa ambazo ziko hapa nchini. Tunafahamu kwamba hakuna hospitali kubwa kushinda Hospitali ya Kitaifa ya Kenyatta. Hakuna hospitali kubwa inayosimamia masuala ya ugonjwa wa akili kama vile hospitali ya Mathari. Vilevile, hakuna hospitali kubwa inayosimamia masuala ya ubongo na uti wa mgongo kama vile Hospitali ya Kitaifa ya kusimamia masuala ya uti wa mgongo.

Ukweli ni kwamba ukienda kwenye Bonde la Ufa, Hospitali ya Mafunzo na Rufaa ya Moi pia inasimamia masuala ya matibabu kwa wananchi hapa nchini. Ukweli ni kwamba hospitali hizi hazipatiwi nafasi ya kufanya kazi zinazostahili kufanya.

Kwa mfano, Wakenya wengi ni wale ambao wanapelekwa nje kwa matibabu kwa sababu hospitali hizi hazijapatiwa nguvu na kuwezesha kutibu Wakenya. Mimi sitaki kuongea sana maana wenzangu wameshaongea. Nataka kurejelea kwamba kuna umuhimu wa kuwa Bajeti zikitengenezwa, hospitali za kitaifa zipatiwe bajeti za kutosha.

Vilevile, hospitali hizi pia ziwe na bodi ambazo zinataweza kuzisimamia na pia zipatiwe vyeti vya kumiliki ardhi maana mara nyingi wakitaka kujenga au kufanya lolote lile, wanashindwa. Hospitali ya Mathari ya kusimamia ubongo na hospitali ya kusimamia masuala ya uti wa mgongo zimeonewa sana maana hazina bodi ya kusimamia masuala yake. Vilevile, kufanya uamuzi inakuwa ni shida maana Wizara ndiyo inayofanya uamuzi kwa niaba yao, hivyo basi Wakenya hawawezi kupata huduma inayofaa.

Wengi wamekwenda hospitali kama zile na wakitoka hapa wakienda nje wanatibiwa na wanapona. Lakini miaka nenda miaka rudi, wakiwa kwenye hospitali hizo hawawezi kupata matibabu. Ukifika katika Hospitali ya Mathari, utawahurumia wagonjwa na kuhuzunishwa na shida wanazopata na shida ambayo iko katika hospitali ya kusimamia masuala ya uti wa mgongo.

Ripoti hii imetoa mapendekezo yanayofaa na serikali yetu ya Kenya ya Jubilee lazima ifuate mwelekeo huu. Wizara ya Afya na Wizara ya Ardhi lazima zitekeleze masuala yote yaliyotajwa hapa.

Ninaomba kuunga mkono Ripoti hii. Asante sana.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Asante. Hon. Members, because I had already given the Floor to the Member for Taveta and Hon. Nyamai rose procedurally on a point of order on Standing Order No.95 seeking for closure of debate, I will only have the House taking a vote on this.

(Question, that the Mover be now called upon to reply, put and negatived)

Because the “Nays” have it, we must continue with the debate. For this matter, I give preference to the Chairperson of the Departmental Committee on Health. Hon. Sabina Chege is the Chairperson.

Hon. (Ms.) Sabina Chege (Murang’a CWR, JP): Thank you, Hon. Temporary Deputy Speaker. I have been here. For the benefit of Members, I only went out to take tea and came back. As the Chair, I thank my Committee for the commitment and the trips we made to Mathari National Teaching and Referral Hospital, the Kenyatta National Hospital, the National Spinal Injury Hospital and the Moi Teaching and Referral Hospital in Eldoret.

The reason why my Vice-Chair moved this Report yesterday is because I can see Members are interested in moving and contributing to this Report. We might be working in futility. There are major recommendations that we came up with in regards to these facilities. I want to start with the KNH. We know the drama that started with the mix-up in surgery. We went to Kenyatta and found some obsolete equipment. There is critical need for human resources in KNH, and especially in the treatment of cancer. We also looked at the staff shortfall where even nurses are acting as clerks. We went to the National Spinal Injury Hospital which is a 35-bed facility that takes care of Kenya and the East African Community (EAC). The critical equipment that is needed in these facilities is missing.

His Excellency the President mentioned in his speech that mental illness is an area that we need to take keen interest in. Mathari Hospital is in very poor condition. One of the questions we asked ourselves as Members was whether it was a crime when a mental patient goes to Mathari, especially one who is a convict. They sleep on concrete floors. It is currently raining. I am not very sure of the conditions there. Their clothing is wanting. There is one nurse handling over 147 convicts with mental illness. She is a lady taking care of men. Even when we went to the correctional facilities and tried to talk to them, there is no pure ownership of these patients. Some of them have been there for more than 20 years. Because of the stigma associated with mental illness, there is no rehabilitation in place even when taking the patients back home from Mathari.

Looking at the Budget, there is some money owed to the KNH by the National Land Commission that was paid by the Kenya Urban Roads Association (KURA) of almost Kshs2 billion. Nobody knows where this money is currently. There are also donor-funded projects, especially at KNH. If the Government does not match what it had agreed with the donors, some of these projects stall. It is critical because that means there are many gaps within these facilities. When somebody is referred from Murang’a to Kenyatta to receive specialist treatment, there is no proper back referral where somebody can be rehabilitated back in their counties. That is why there is a lot of congestion at KNH.

The worry is that when my Committee sat, looked at this Report, reallocated some funds in our budget, and not from anywhere else, and took our recommendations to the Budget and Appropriations Committee, our recommendations were ignored. UHC is about affordability and quality of medical services. You can see the state of KNH. When we even went to the Committee of Supply, we also went further to almost plead with the Budget and Appropriations Committee to make sure that they have allocated more money to these facilities, namely, the

KNH, the National Spinal Injury Hospital, and even to a new facility in Korogocho that is 80 per cent complete and only requires Kshs500 million to complete. We could have managed to move patients from Mathari Hospital to that facility or those from the National Spinal Injury Hospital to that facility.

Land is also a critical issue. When we went to the Committee of Supply to beg the Budget and Appropriations Committee to consider it, it was again ignored. I know the House is very passionate. As we debate to adopt this Report, are we doing so in futility? I will beg that when it comes to the Supplementary Budget, this House will look at these facilities and allocate what is required.

I thank you for giving me an opportunity to speak to this matter so that the Members of this House know that even as we debate, money is not allocated to these facilities as to the desire of the Committee. We hope that the considerations will be made especially in the Supplementary Budget.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Very well. Let us have the Member for Bomet Central, Hon. Tonui Kiprotich.

Hon. Ronald Tonui (Bomet Central, JP): Thank you, Hon. Temporary Deputy Speaker for this opportunity to support the Report by the Departmental Committee on Health. It is timely and we need to support this Committee.

The Chair stated that they requested for financial support towards the health sector and it was not considered by the Budget and Appropriations Committee. It is unfortunate when we do not fund this sector to ensure that the medical facilities which are currently available out there are also available in this country. We currently have medical tourism where many of our people go to India and spend lots of money especially in treating cancer. We need to bring those machines to this country so that people from the rest of this region can come to Kenya to be treated as part of medical tourism.

Even though we are talking about lack of adequate funding of the health sector, we are allocating around Kshs80 billion to the Ministry of Health yet health is a devolved function. We are spending less than Kshs15 billion on the four national hospitals. That means that the balance of over Kshs60 billion is used in managing other issues such as administration. We need to guide the Departmental Committee on Health to ensure that the money which is left with the national Government is not misused. This is so that we do not have containers rusting in Mombasa when we have spent billions of shillings to purchase them, and we keep complaining that there is shortage of funds. We need to use that money efficiently so that we serve our people.

Let me stop there because I want to allow more Members to also comment. There are those who are joining us halfway and wish to rush the programme while many of us have sat here from 2.30 p.m. waiting to contribute. There are others who were watching the debate from their offices and they come and try to force us to conclude. That is quite unfair. Let us give everyone a chance to contribute.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Very good. Let us have the Member for Mogotio. I have nine requests. Give him the microphone.

Hon. Daniel Tuitoek (Mogotio, JP): Thank you, Hon. Temporary Deputy Speaker. I will also be brief because I know one or two other Members want to contribute. I rise to support the Report by the Departmental Committee on Health.

The issue of health in Kenya is very serious. Generally, we have a challenge in Kenya in that the infrastructure or hospitals - the referral hospitals down to the smallest ones - are facing many challenges in terms of equipment and human resource. This is a devolved function. Many counties are saying that this item should go back to the national Government. It is because their services are not reaching the populace.

This Report is timely, and I support it.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Let us have the Member for Dadaab, Hon. Duale Dahir.

Hon. Mohamed Duale (Dadaab, KANU): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity.

From the outset, as a Member of the Departmental Committee on Health, I thank the Committee and all the facilities that we visited to come up with this Report. I also want to support my Chair for the statement that she made that this Report was ready before we looked at the Budget. Having seen these problems, we tried to factor in collective actions. Unfortunately, these were not implemented at the Budget level. We have four national referral hospitals. Mathari National Teaching and Referral Hospital and National Spinal Injury Referral Hospital are specialised hospitals but they do not have a board and CEOs. The first thing that the Ministry of Health should do is to officially create a management structure in those hospitals.

*(Hon. Anab Gure crossed the
Floor without bowing to the Chair)*

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Order, Hon. Member! The Member for Garissa, you do not do that. You are completely out of order! Go back, bow and come back to your colleague. Members, let us learn the procedures of the House. We must abide by them.

Carry on.

Hon. Mohamed Duale (Dadaab, KANU): The biggest problem with KNH is that it is overcrowded. One of the things that have made it that way is because the counties around Nairobi; that is Kiambu, Machakos and Kajiado refer many people there making it extremely crowded. We want to appeal to those counties to take up their jobs so that we minimise these many referrals.

Moi Teaching and Referral Hospital has pressure of work. It will be important in future to consider another referral hospital in western Kenya, either in Kakamega or Kisumu, so that we reduce the pressure on that hospital. There are two other referral hospitals which are Kenyatta University Teaching and Referral Hospital which is a new hospital and Mwai Kibaki Teaching and Referral Hospital in Nyeri. We hope that they will reduce the pressure on KNH.

With those few remarks, as a Member of the Committee, I support the Report.

Thank you very much.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): I can see the brotherhood in the Members. It is your chance the Member for Sirisia, Hon. Koyi Waluke.

Hon. John Waluke (Sirisia, JP): Thank you, Hon. Temporary Deputy Speaker, for giving me a chance to contribute. Health is very important to every human being. What the Chair

of the Committee has said here is very serious. I have heard from my neighbour that the referral hospitals were not allocated money as per their request.

The facilities that they requested money for are very important. As a House, let us assure the Committee that in the Supplementary Budget that is coming, we will make sure that we give them the money that they require. We spend too much money which is almost Kshs3 trillion. If we cannot allocate it to health facilities, as a country, we will go in the right direction. We need to deal with sub-county hospitals because all these patients come mostly from those Levels 1, 2, and 3 hospitals. The national Government and county governments have ignored small hospitals. County governments and national Government should invest a lot of money for the patients in sub-county hospitals.

With those few remarks, I support the Report.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Hon. Waluke, you are on record that you support this Report. Hon. Members, the other Member on the request list is the Member for Nyeri, Hon. Wachira Mukami.

Hon. (Ms.) Rahab Mukami (Nyeri CWR, JP): Thank you, Hon. Temporary Deputy Speaker. I rise to support the Report by the Departmental Committee on Health. We all know that health is wealth. It is true we have too many issues, especially in our referral hospitals. I feel and recommend that all referral hospitals should be taken back to the national Government because you can see exactly what is happening in Kirinyaga and Laikipia counties. When nurses and doctors strike, our people are the ones who suffer and die every day.

Most hospitals do not have facilities. For example, we have a new hospital in Othaya, Nyeri County, which we have recommended to go to the national Government because it is a Level 6 hospital. We have a problem with our doctors. If you go to county governments, you find that those doctors go for training and further studies. When they finish their studies, they do not go back to those hospitals. At the end of the day, you find that the hospitals do not have doctors. I support the Committee's Report.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Very well. Hon. Members, there being no other Member interested to contribute to this Report; I call upon the Mover to reply. The official communication is that the Member for Wajir South, Hon. Mohamed Sheikh, will reply.

Hon. Mohamed Mohamud (Wajir South, JP): Thank you very much, Hon. Temporary Deputy Speaker. As a Member of this Committee, I support the Report that we wrote. We exhausted considerable amount of time to examine these hospitals and identify the challenges that are there. Therefore, I support this Report in that matter.

I want to add a couple of things. I want to mention that the perpetual neglect of many of these referral hospitals is worth noting and that is what our Report looks at. Our Report identifies that there are key challenges on personnel aspects, financial issues, patient flows and diseases that are becoming rampant in this country. Therefore, the need for these referral hospitals to be supported financially, as well as personnel wise is critical.

We have identified that the National Spinal Injury Referral Hospital is built on a small piece of land and requires expansion. There is perpetual neglect of Mathari National Teaching and Referral Hospital by the Ministry of Health. Its facilities are run down and dilapidated.

Something needs to be done about that. This House should ensure that future budgets support these hospitals.

Moi Teaching and Referral Hospital in Eldoret suffers the burden of serving patients from 21 counties in Rift Valley and Western regions of the country. The hospital has had relative success in the staff management, donor partnership and has a vision for expansion. That is what we found. We also found that the KNH lacks a substantive Chairperson of the Board, as well as a CEO. These are critical matters.

I want to stop on this. The Committee recommends full autonomy for Mathari National Teaching and Referral Hospital and National Spinal Injury Referral Hospital so that they get full boards. I stand here to support the Report.

I beg to reply. Thank you very much.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): I confirm that the House is not properly constituted to put the question on the Report on the Status of the National Referral Hospitals. I order that the question be put in the next sitting when it will be slotted in our Order Paper.

Next Order!

INQUIRY INTO ALLOCATION OF
LAND IN KAMITI ANMER FOREST

Hon. (Ms.) Rachael Nyamai (Kitui South, JP): Hon. Temporary Deputy Speaker, I beg to move:

THAT, this House adopts the Report of the Departmental Committee on Lands on the inquiry into a complaint by Kamiti Anmer Forest Squatters Association regarding allocation of land LRNo.8390 in Kamiti Anmer Forest.

The complaint regarding allocation of this piece of land was forwarded to the Committee by Kamiti Forest Squatters Association. The group indicated that it comprises of persons who were internally displaced from Rift Valley Province due to the post-election violence of 1992. Following the said displacement, they were first settled in a place called “Kirigiti Stadium” in Kiambu. They then requested the Government to allocate them land in Kamiti Forest.

They further stated that on 5th December 1994, the then Provincial Commissioner conveyed the decision of His Excellency the President to excise 300 acres of Kamiti Forest for their resettlement. They further claimed that the contested land still belongs to the forest because the process of degazettement has not been completed. They also alleged that other people obtained leases for this land and in the process they were abandoned without a place to live. Therefore, the complainants requested the Committee to intervene in the matter to ensure that their plight is addressed. We undertook an inquiry and sought to establish these facts:

- (i) whether the Government decided to excise 300 acres of Kamiti Forest in resettlement of these squatters;
- (ii) the validity of the 149 title deeds that were shown with regard to this land that had been issued; and,
- (iii) whether Kamiti Forest, LR.No.8390 was degazetted to facilitate the resettlement of the said squatters.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Is it the Committee or Kamiti? Which one is it? It is the Committee or Kamiti?

Hon. (Ms.) Rachael Nyamai (Kitui South, JP): I will try to avoid my *Kikamba* so that when I say “Committee” and “Kamiti” they sound different.

Hon. Temporary Deputy Speaker, these are some of the highlights in the Report. The Committee observed that the basis of the complaint was the allocation of Kamiti LR No.8390 forest, and that there were truly internally displaced persons. The former President, His Excellency Daniel Toroitich arap Moi pronounced that the land from Kamiti Forest would be excised for their resettlement. This was communicated also by the then Provincial Commissioner, Mr. Victor Musoga to the Kiambu County Council that LR No.8390, Kamiti Anmer Forest land was subsequently allocated to the squatters in 1995. Additionally, individual owners also obtained 149 title deeds for the same piece of land.

Based on a field visit conducted by the Committee, it observed that the land was nearly fully occupied as evidenced by the presence of residential houses and public primary schools. Some of the schools were constructed using NG-CDF money of the constituency. There is also provision of water, electricity, churches, and a cemetery among other public utilities. We also established that there were several groups laying claim to the land in question, that is, the Kamiti Forest Squatters Association, Kamiti Anmer Development Association, Muungano wa Kamiti Group and Kamiti Anmer Development Welfare Group. There were disputes among these groups which the Ministry of Interior and Coordination of National Government made effort to resolve.

Based on the submission made to the Committee, it observed that there existed serious security concerns due to disputes among the various groups concerning ownership of this land. The Committee also noted that the allocations and subsequent issuance of title deeds were unprocedural in that they were done before degazettement.

(Hon. Kimani Ngunjiri consult Hon. Rachael Nyamai)

Hon. Temporary Deputy Speaker, I am taking instructions from somebody seated next to me.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Order Hon. Chair! You can only take instructions from the Hon. Temporary Deputy Speaker. You are protected.

Hon. (Ms.) Rachael Nyamai (Kitui South, JP): Thank you very much. Hon. Temporary Deputy Speaker. I would like to go to the recommendations.

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Hon. Chairperson, even as you take those instructions which I am not preview to, you will still have your other minutes to move your report. So, do not be bound to think that at the closure of the business of the day, you will not have chance to speak. This is just for your information. Carry on.

Hon. (Ms.) Rachael Nyamai (Kitui South, JP), The Committee further observed that, although the degazettement process was not concluded, there indeed, existed enough evidence to disclose that there was an intention to degazette LR. No.8390, Kamiti Anmer Forest for purposes of resettling these Squatters based on:

- (i) the letter from the Provincial Commissioner that conveyed the message of the President through Letter Reference No.D741173 seeking to implement the pronouncements of the President;
- (ii) issuance of letters of allotment to individuals by Kiambu County Council upon payment of requisite fees;
- (iii) there was also issuance of 149 title deeds by the Ministry of Lands and Physical Planning in year 1995;
- (iv) occupation and development of contested Land evidenced by the presence of homes as I had indicated earlier on;
- (v) presence of public utilities such as water, electrification and public schools as I had indicated earlier on;
- (vi) confirmation by the National Land Commission on validity of the of the allotment letters in respect of this piece of Land; and,
- (vii) the High Court Miscellaneous Case No.1446 of 1994 that upheld that the land was legally alienated by the defunct County Council of Kiambu to the allottees.

Hon. Temporary Deputy Speaker, these were the recommendations:

1. The Committee recommended that pursuant to Section 34 of the Forest Conservation and Management Act 2016, LR. No.8390 - Kamiti Anmer Forest be degazetted and excised from Kamiti Forest for the purposes of settlement of the members of Kamiti Forest Squatters Association, Kamiti Development Association, Muungano wa Kamiti Group and Kamiti Anmer Development Welfare Group.
2. The Committee also recommended that the Cabinet Secretary, Ministry of Lands and Physical Planning in consultation with Cabinet Secretaries Ministry of Interior and Coordination of National Government, Ministry of Environment and Forestry and the National Land Commission do ensure, through alternative dispute resolution mechanism that the allocation of LR. No.8390 - Kamiti Anmer Forest is regularised taking into account considerations of the membership of the four groups.

I would like to say that the Committee visited the site and interacted with several individuals. These are our observations and recommendations.

With that, I beg to move and request Hon. Kimani Ngunjiri to second the Motion.

The Temporary Deputy Speaker, (Hon. (Ms.) Jessica Mbalu): Hon. Kimani Ngunjiri second the Motion.

Hon. Kimani Ngunjiri (Bahati JP): Thank you Hon. Temporary Deputy Speaker. Ningependa kusema machache kwamba niko katika Kamati hii ambayo inashughulikia mambo ya ardhi. Tulichunguza vile Mwenyekiti amesema, na tulizunguka sana. Ni kweli hawa watu walikuwa ni waadhiriwa kama vile Mwenyekiti amesema. Hao watu walitoka upande wa Rift Valley ambapo kulikuwa na ghasia baada ya uchaguzi ambao kila mtu anajua katika mwaka wa 1992. Hawa ni watu ambao walikuwa na shida nyingi. Mambo mengine hayakufanywa walipopata pahali pa kukaa. Serikali ilichelewa kuwapa vibali vyote. Watu wachache walipata vibali. Vile Mwenyekiti amesema kuna...

Hao watu walipelekwa pale na Shirika la Kuhifadhi Misitu mwaka wa 1992, na kupewa ruhusa ya kujenga mashule. Pia walionyeshwa mahali pa kuzika watu waliokufa. Idara ya Utawala pia ilikubali kuwa watu hao wasipopewa vyeti vya kumiliki mashamba kwa njia ya kisheria kutakuwa na shida.

Kwa hivyo, ninaunga mkono Ripoti hii.
Ninaomba kuafiki. Asante sana.

(Question proposed)

ADJOURNEMENT

The Temporary Deputy Speaker (Hon. (Ms.) Jessica Mbalu): Order, Members! Hon. Members, the time being 7.01 p.m. the House stands adjourned until Tuesday, 2nd July 2019, at 2.30 p.m.

The House rose at 7.01 p.m.