



REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

NATIONAL ASSEMBLY

THE HANSARD

VOL. III NO. 89

THE HANSARD

Wednesday, 16th October 2024

The House met at 2.30 p.m.

[The Speaker (Hon. Moses Wetang'ula) in the Chair]

PRAYERS

QUORUM

Hon. Speaker: Hon. Members, there is no quorum in the House. I order that the Quorum Bell be rung for 10 minutes.

(The Quorum Bell was rung)

Hon. Members, we now have a quorum to transact business. Clerk-at-the-Table, proceed.

COMMUNICATION FROM THE CHAIR

APPOINTMENT OF MEMBERS TO MEDIATION COMMITTEES ON THE MUNG BEANS BILL AND THE EQUALISATION FUND APPROPRIATION (NO.2) BILL

Hon. Speaker: Hon. Members, you may recall that on Tuesday, 24th September 2024, this House negatived the Question for Second Reading of the Mung Beans Bill (Senate Bill No. 13 of 2022). Consequently, the Bill was referred to a mediation committee pursuant to Article 112 of the Constitution and Standing Order 149.

Further, you may recall that on Tuesday, 8th October 2024, I reported to this House a Message from the Senate conveying that on Tuesday, 17th September 2024, the Senate rejected the National Assembly's amendments to the Equalisation Fund Appropriation (No.2) Bill, (Senate Bill No. 30 of 2023). The decision of the Senate remitted the Bill to a mediation committee pursuant to Article 112 of the Constitution.

Article 113 of the Constitution requires that whenever a Bill is referred to a mediation committee, the Speakers of the Houses of Parliament shall each appoint an equal number of Members to attempt to develop a version of the Bill for consideration by the Houses of Parliament.

In this regard, Hon. Members, I have consulted with the Hon. Leader of the Majority Party and the Hon. Leader of the Minority Party and appointed Members to represent this House in the respective mediation committees to attempt to develop versions of the two Bills that both Houses will pass.

With respect to the Mung Beans Bill (Senate Bill No. 13 of 2022), I have appointed the following Members—

1. Hon. Justice Kemei, MP;
2. Hon. Gabriel Kagombe, MP;
3. Hon. Ferdinand Wanyonyi, MP;
4. Hon. Monicah Marubu, MP;
5. Hon. Jared Okello, MP;

6. Hon. Geoffrey Odanga, MP; and,
7. Hon. Sabina Chege, MP.

The aforementioned Members will await the appointment of Senators to the Mediation Committee for the committee to be fully constituted for purposes of commencing the mediation process. Once I receive a Message from the Senate to that effect, I will convey the same to the House.

With respect to the Mediation Committee on the Equalisation Fund Appropriation (No. 2) Bill (Senate Bill No. 30 of 2023), I have appointed the following Members—

1. Hon. Mary Emaase, MP;
2. Hon. David Ochieng', CBS, MP;
3. Hon. Michael Muchira, MP;
4. Hon. Bashir Sheikh Abdullahi, MP;
5. Hon. Naisula Lesuuda, MP;
6. Hon. Ali Wario Guyo, MP; and,
7. Hon. Danson Mwashako, MP.

You may recall that on Tuesday, 8th October 2024, I reported to this House that the Senate had appointed seven Senators to the committee on the Bill. In this regard, the Mediation Committee is now fully constituted. I, therefore, urge the Members of this House to reach out to their Senate counterparts for purposes of commencing the mediation process.

It is hoped that the two mediation committees will embark on an attempt to develop versions of the respective Bills for consideration by the Houses of Parliament in accordance with Article 113 of the Constitution.

The House is accordingly guided. I thank you.

Next Order.

PAPERS

Hon. Speaker: Hon. Leader of the Majority Party. Let us go to the Chairperson of the Select Committee on Parliamentary Broadcasting and Library, Hon. Epuyo.

Daniel Nanok (Turkana West, UDA): Hon. Speaker, I beg to lay the following Paper on the Table:

Report of the Select Committee on Parliamentary Broadcasting and Library on the Study Visit to Parliament of Zambia from 9th to 16th June 2024.

Thank you.

Hon. Speaker: Hon. Leader of the Majority Party. Hon. Osoro.

Hon. Silvanus Osoro (South Mugirango, UDA): Hon. Speaker, I beg to lay the following Papers on the Table:

1. Report of the National Government Constituencies Development Fund Board for the First Quarter of the 2024/25 Financial Year; and,
2. Report of the Auditor-General and financial statements of Local Authorities Provident Fund for the year ended 30th June 2024.

Thank you very much, Hon. Speaker. I beg to lay.

Hon. Speaker: The Chairperson, Mediation Committee on Sugar Bill, Hon. Emmanuel Wangwe.

Hon. Emmanuel Wangwe (Navakholo, ODM): Hon. Speaker, I beg to lay the following Paper on the Table:

Report of the Mediation Committee on the Sugar Bill, (National Assembly Bill No. 34 of 2022)

Thank you, Hon. Speaker.

Hon. Speaker: Thank you, Hon. Emmanuel.

Next Order.

NOTICE OF MOTION

Hon. Speaker: The Chairperson, Mediation Committee on Sugar Bill, Hon. Emmanuel Wangwe.

APPROVAL OF THE MEDIATED VERSION OF THE SUGAR BILL (NATIONAL ASSEMBLY BILL NO.34 OF 2022)

Hon. Emmanuel Wangwe (Navakholo, ODM): Hon. Speaker, I beg to give notice of the following Motion:

THAT, pursuant to the provisions of Article 113(2) of the Constitution and Standing Order 150(3), this House adopts the Report of the Mediation Committee on the Sugar Bill, (National Assembly Bill No. 34 of 2022), laid on the Table of the House on Wednesday, 16th October 2024, and approves the mediated version of the Sugar Bill, (National Assembly Bill No. 34 of 2022).

Thank you, Hon. Speaker.

Hon. Speaker: Yes Hon. (Dr) Oundo.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Hon. Speaker, as it has been a practice since the beginning of this Parliament, when a cabinet secretary is invited to come and respond to questions and requests for statements, we always receive the response in advance so that we can read, interrogate and prepare to question the cabinet secretary. Unfortunately, as of this moment when we are about to enter into that Order, we have not received the written responses. We are wondering how we are going to proceed with questioning the Cabinet Secretary and how the joyriders will go about it.

We need your guidance, Hon. Speaker.

Hon. Speaker: Hon. (Dr) Oundo, we invited the Cabinet Secretary, Ministry of Roads and Transport to come and respond to questions, but I am told he wrote a letter to the Hon. Leader of the Majority Party and the Clerk seeking to be exempted from coming in today because of some emergency at the Ministry, a request which the Hon. Leader of the Majority Party has acceded to.

He has advised me to convey that position to the House. I also acceded to the request that the questions listed to this Ministry be stayed today. The Cabinet Secretary will appear before the House on the first Wednesday, upon the resumption after the two-week recess that we will be taking at the end of this week.

Hon. Oundo, your concerns are legitimate. The Clerk is advised to ensure that cabinet secretaries who are coming to answer questions should send their written responses in advance to Members so that they can prepare adequately for reasoned supplementary questions. That will be done.

QUESTIONS AND STATEMENTS

ORDINARY QUESTIONS

Hon. Speaker: Let us have Hon. Mark Mwenje. He is not in the House. Members who came in for questions - and I do not believe you only came in for questions - hold your horses to the two Wednesdays down the line. You will be able to interrogate the Cabinet Secretary. That also means that any Members with other questions to the Ministry of Roads and Transport will be listed at that time.

Disclaimer: *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor.*

MEMBERS' GENERAL STATEMENTS

Hon. Speaker: Is there something else? There is a General Statement by the Chairperson, Public Investments Committee. Where is Hon. Wamboka, Member for Bumula?

Hon. Deputy Speaker, I understand you also have a General Statement on Kenyan Athletes' performance at the 2024 Chicago Marathon. Go ahead.

KENYAN ATHLETES' PERFORMANCE AT THE 2024 CHICAGO MARATHON

Hon. Gladys Boss (Uasin Gishu County, UDA): Hon. Speaker, pursuant to the provisions of Standing Order 43 (1), I wish to make a Statement on the record-breaking exploits of our athletes at the 2024 Chicago Marathon, that was held on 13th October, 2024.

I extend my congratulations to Ms. Ruth Chepng'etich and Mr. John Korir for their remarkable victories at the 2024 Chicago Marathon, which inspires pride and reaffirms Kenya's place as a global powerhouse in athletics. The discipline, hard work and dedication that those athletes have demonstrated is unparalleled and deserve accolades.

Notably, Ms. Chepngetich broke the previous world record by completing the race in 2:09:56, hence becoming the first woman to run a marathon in under 2 hours and 10 minutes.

(Applause)

I must, however, express my deep concern and disappointment regarding the baseless allegations that were made by a journalist from *letsrun.com* namely Mr. Robert Johnson, during the post-race press conference. The journalist's reckless insinuation suggested that Ruth Chepng'etich's world record time of 2:09:56 is too good to be true. He linked it to doping without evidence and is, therefore, both unprofessional and disrespectful. Ruth Chepng'etich is a highly decorated runner having previously won several marathons, including the Chicago Marathon in 2021 and in 2022, and is a former world champion having won the 2019 World Championships in Doha.

The blanket accusations against Kenyan athletes, particularly in light of Kenya's long-standing reputation as a world leader in marathons are not only unfair, but deeply harmful and, therefore, stereotyping Kenya as a nation that is plagued by doping. This discredits the immense talent, commitment and sacrifice of the athletes. Such unfounded allegations have the potential of unjustly tarnishing their hard-working achievements and creating an atmosphere of mistrust.

I urge the Cabinet Secretary for Sports, Culture and Heritage, Athletics Kenya and the Anti-Doping Agency of Kenya (ADAK) to stand up for our athletes and demand an immediate and unequivocal apology from Mr. Robert Johnson and others who have shamed our athletes by propagating false narratives that undermine the integrity of our athletics and our nation.

Athletics Kenya and ADAK should also develop sensitisation programmes for athletes so that they are well-versed on matters of doping and publicity management, so that they can deal with those difficult questions when they are raised to them. I know that were it an American athlete, that question would not have been posed.

Kenya remains steadfast in its commitment to uphold the highest standards of integrity in sports. We shall continue to collaborate with international bodies to ensure that sports remain fair and clean for all. I would like to request Members of Parliament to join me in celebrating our athletes and their incredible achievements. I am especially requesting this as a Member of Parliament for Uasin Gishu County, which is a city of champions, the home of champions and the source of champions.

Disclaimer: *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor.*

I thank you, Hon. Speaker.

(Applause)

Hon. Speaker: Thank you, Hon. Gladys. Yes, Hon. Pukose. You have two minutes.

Hon. (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Speaker. I want to support the sentiments and comments of Hon. Gladys Boss, our Deputy Speaker, and congratulate our athletes. Mr. John Korir comes from the County of Trans Nzoia, specifically from Cherangany, and he is a brother to a former Member of this House, Hon. Wesley Korir. I take this opportunity to congratulate him for winning the Men's Chicago Marathon.

I want to state that the Kenya Medical Research Institute (KEMRI) is in the process of establishing an anti-doping laboratory in Eldoret. As a Committee, we are doing everything to support it. That will be a regional centre. We want to ensure that our athletes are not using any drugs. I think it is a shame that Robert Johnson made such unwarranted remarks. He should apologise and retract those remarks.

Hon. Speaker, with those remarks, I support.

Hon. Speaker: Hon. Milemba.

Hon. Omboko Milemba (Emuhaya, ANC): Thank you, Hon. Speaker. I think the comments by the eurocentric journalist were very unfortunate. It is just a gesture of racism that has been portrayed in many ways. That was one of them. After all, even as we do what Hon. Pukose is doing, who would break a marathon record, both for men and women? Certainly, it would be a Kenyan! The same thing would happen if we were breaking the record of 100 metres. Who would be breaking the record? It would certainly be either a Jamaican or an American! Those are our elite athletes who are performing very well. Whether we set up those units for anti-doping, which is of course an international requirement, that is what Kenya can do. That particular journalist should be forced to retract those statements that he made about a superstar who performed well.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Justice Kemei.

Hon. Justice Kemei (Sigowet/Soin, UDA): Thank you, Hon. Speaker, for giving me this opportunity to join our Deputy Speaker, the Members of Parliament, and the people of this country in congratulating the athletes for their exemplary performance this weekend. For a lady to run a marathon under 2 hours 10 minutes is a difficult feat. I congratulate Ruth Chepng'etich and Korir for doing extremely well and emerging victorious in the Chicago Marathon.

This nation is blessed when it comes to athletics. We need to continue developing athletics talent in this country so that we can use it as a business.

Finally, I want to ask all the athletes who participate in athletics to run clean and keep this nation as a nation where talent is produced.

Thank you, Hon. Speaker. I support the Statement by Hon. Gladys Boss.

Hon. Speaker: Hon. Irene Mayaka.

Hon. Irene Mayaka (Nominated, ODM): Thank you, Hon. Speaker. I also stand to support the Statement by our Deputy Speaker, Gladys Shollei. I congratulate our athletes, John and Ruth, who participated and won in the Chicago Marathon, especially Ruth who ran in under two hours and 10 minutes and emerged as the new world record holder.

I also want to join my colleagues in condemning that particular journalist. It is known world over that Kenya is the greatest long-distance running country not only in Africa, but in the entire world. Even in the Paris 2024 and the Diamond Leagues that were held subsequently after that, Kenyans performed extremely well. One of our journalists, Larry Madowo, showcased on the same day that Ruth and John won, that the number of Kenyans who appear on the Chicago Hall of Fame outwit any other country. We need to demand that, that particular

journalist retract that statement and make an apology to the country of Kenya and the athletes of Kenya.

Having said that, I encourage our runners to continue with the good work and promote the brand Kenya out there to the rest of the world. Indeed, we are the greatest when it comes to athletics.

I thank you.

Hon. Speaker: Hon. Julius, Member for Kesses.

Hon. Julius Rutto (Kesses, UDA): Thank you so much, Hon. Speaker. You always call me MP, Kesses. That is why when you said “Hon. Julius”, it left me wondering who it was.

Hon. Speaker: Yes.

Hon. Julius Rutto (Kesses, UDA): You have changed. I rise to express my excitement and appreciation to our athletes, knowing that I come from the County of Uasin Gishu, where we are hosting the City of Champions. It is the fifth City that is built, expanded and developed by athletes through their sweat. I want to express my excitement and appreciation to Korir and the lady.

I want to condemn the utterance of the said journalist. He expressed demeaning statements and serious racism in himself. I dare to also say that through this House, we need to allow our athletes to express themselves in the language they understand. I have also realised that, sometimes, some of those questions are posed in difficult English and, hence, the athletes find it difficult to express themselves. What would be wrong if we used Kiswahili, which is the first national language that we learn in school? Let them find an interpreter just like they interpret their language. Kiswahili should be worshipped and respected. Our athletes can express themselves well so that they are well understood. We have a case where an athlete ended up losing his golden handshake due to language barrier.

Thank you so much, Hon. Speaker. I support that.

Hon. Speaker: Let us have the other Julius, Hon. Julius Melly.

Hon. Julius Melly (Tinderet, UDA): Thank you, Hon. Speaker. I want to thank Hon. Boss Shollei for bringing this Statement. Our country, and more importantly, Nandi, Uasin Gishu and Elgeyo Marakwet counties, have been a powerhouse across the world in terms of athletics since the 1950s - the days of Ben Jipcho and the others. The fact that an international journalist could give us a bad reputation just because of our talent, exemplary performance and our passion in athletics, is highly regrettable.

I request that the Cabinet Secretary and the Government departments demand an apology from the journalist. The apology should be posted across all the major news outlets across the world, just the way he covered Ruth’s story. Our athletes are doing very well. Many of them do not take drugs. They are natural and well trained. The journalist is just giving us a bad name.

Hon. Speaker, I condemn such journalism. Thank you.

Hon. Speaker: Hon. K’oyoo.

Hon. James K’Oyoo (Muhoroni, ODM): Thank you very much, Hon. Speaker, for considering me. I want to queue behind the Deputy Speaker in congratulating our athletes who have done a lot to make us proud. Such kind of mischievous attitude from foreigners should not be allowed. We should not only stop at demanding for an apology, but the Government must ensure that legal action is taken and this issue dealt with once and for all, so that honour can remain with our hard-working athletes.

I, therefore, support.

Hon. Speaker: Hon. Elachi

Hon. Beatrice Elachi (Dagoretti North, ODM): Thank you, Hon. Speaker. I also rise to appreciate and thank our Deputy Speaker for bringing that Statement of appreciation for our athletes, especially Ruth.

As a country, we should not leave that journalist alone. If we do, it will hurt other athletes. If he can say that to an athlete who has gone to Chicago two to three times, and has won... She was the best in the Turkish race for women and the best in Doha where the climate was worse, but she won a gold medal. It is high time we protected our athletes. It is also good for the Government to appreciate them. It is important for this House to approve a service passport or a diplomatic passport for our athletes, so that when they leave the country, people are not left wondering who they are. They represent Kenya in athletics and carry our Kenyan flag high. When they are outside the country, they are our ambassadors.

I support, Hon. Speaker.

Hon. Speaker: Hon. Kemei

Hon. Beatrice Kemei (Kericho County, UDA): Thank you, Hon. Speaker, for giving me this opportunity.

First, I want to thank the Deputy Speaker for bringing this Statement to the Floor of the House. At the outset, I want to appreciate and congratulate the athletes, especially Ruth, who comes from Kericho County, Kipkelion West Constituency, Kaliet Village. She is a hard-working girl. She has worked hard and that is why she has achieved this success.

I would also request that the doping laboratory be established urgently. It will help our athletes not to have issues. It will enable them test themselves before leaving for any competition. You know some of them may not be in a position to challenge the doping allegations that are labelled against them.

Finally, I would also like to ask the Cabinet Secretary not to take whatever has been said lightly. We should demand an apology from the journalist who has actually tried to bring us down. However, we are a strong country. We lead while others follow in terms of athletics. Once more, I congratulate the athletes and ask them to invest more from what they are getting.

Thank you very much, Hon. Speaker.

Hon. Speaker: *Mwisho*, Hon. Kangogo.

Hon. Kangogo Bowen (Marakwet East, UDA): Thank you, Hon. Speaker.

I want to join my colleagues in congratulating our athletes and correct Hon. Julius Melly that it is not only Elgeyo Marakwet County, Nandi County and Uasin Gishu County where athletes come from but rather, they come from all over Kenya. We have serious athletes from Kisii County. We have Munyao, the fifth best marathoner in the world from Ukambani, and others from all over Kenya.

I want to thank our Deputy Speaker for bringing up this issue. There is need also for Athletics Kenya to empower athletes in terms of capacity building, investments, finance management, and on the issue of drugs. This is because some of them are too young and, sometimes, they make money when they are still teenagers. There is, therefore, need for Athletics Kenya to up their game to make sure that our athletes have capacity in terms of the management of their finances and other affairs.

Otherwise, I want to support Hon. Deputy Speaker's Statement.

Hon. Speaker: Hon. Atandi.

Hon. Samuel Atandi (Alego Usonga, ODM): Thank you, Hon. Speaker. If there is something that makes me happy as a Kenyan, it is when our athletes are on the track in those foreign countries and are leading in their respective races while leaving everyone behind. It always makes me think more like a Kenyan. At such moments, I always forget being a politician. I even forget my ethnic background. Unfortunately, this is also the envy of many of the enemies of this country. As a country and Parliament, I think it is high time we invested

more in athletes by supporting and coaching them to enable them use the resources they earn properly so that those resources do not become a curse to them.

Hon. Speaker, many of our athletes are running away from Kenya to go and run for other countries. When you engage most of them, they say that they have been forced out of this country. As a country and as Parliament, let us find a way in which we can allow our talents to take advantage of the resources in our country as opposed to leaving this country and acquiring citizenship elsewhere so that they can earn more resources.

Hon. Speaker, I support. Thank you.

Hon. Speaker: Thank you. We will end there. Hon. Boss, being a lawyer yourself, I am sure you know that you can write to the Ministry and tell the Cabinet Secretary to take up this matter because I see a binge of racism in it. When white people win races, nobody raises a question. But, when our girls and boys beat the world, all manner of inexplicable questions are asked. I join you and the rest of the House in congratulating both Ruth Chepng'etich and Julius Korir for their sterling performance. If you are an athletics follower, like yours truly here, you will know that Ruth has a very rich history. She said in Chicago that she is, probably, the only athlete in Kenya who has no trainer. She coaches herself; she trains on her own, and she beats the world. She deserves our accolades.

Hon. Mark Mwenje, I will give you an opportunity to request for your statement. Is Hon. GK here?

REQUEST FOR STATEMENTS

STATUS OF FUNDS ALLOCATED TO KENYA RURAL ROADS AUTHORITY

Hon. Mark Mwenje (Embakasi West, JP): Hon. Speaker, pursuant to the provisions of Standing Order 44(2)(c), I wish to request for a statement from the Chairperson of the Departmental Committee on Transport and Infrastructure regarding the status of funds allocated to Kenya Rural Roads Authority (KeRRA).

Hon. Speaker, the Kenya Rural Roads Authority (KeRRA) was allocated additional funds under the 22 per cent and 10 per cent Road Maintenance Levy Fund (RMLF) during the Financial Year 2023/2024. The 22 per cent Fund was intended for sport improvement projects and maintenance of critical rural roads, while the 10 per cent Fund was to be focused on smaller-scale maintenance and upgrading works across different regions of Kenya. However, despite those allocations, the Funds are yet to be disbursed to KeRRA. The delay, therefore, poses significant challenges and, particularly, for rural roads projects that are managed by KeRRA and the overall service delivery in Nairobi. This has the potential of stalling road projects, leading to loss of jobs and disrupting economic activities.

Hon. Speaker, it is against this background that I request for a statement from the Chairperson of the Departmental Committee on Transport and Infrastructure on the following:

1. Provision of a comprehensive report on the amount disbursed to KeRRA for the Financial Year 2023/2024 as at September 2024 for Nairobi City County and the measures being taken to address the inordinate delay.

2. Reasons for the delay in full disbursement of the Road Maintenance Levy Fund during the Financial Year 2023/2024 for Nairobi City County to the Kenya Rural Roads Authority (KeRRA).

I thank you, Hon. Speaker.

Hon. Speaker: Hon. Mwenje, the Cabinet Secretary for Roads, Transport and Public Works was supposed to be here today. He will be here on the first Wednesday after your two-weeks recess. Do you desire for your request for statement to go straight to the Chairperson of the Committee, who will come here struggling with an answer that he sometimes has no clear idea of? Do you prefer to turn your request for statement into a question and file it for the

Cabinet Secretary to respond to you when we resume? It is up to you to decide. What do you prefer?

Hon. Mark Mwenje (Embakasi West, JP): I will refer to your better judgement and prefer that the Cabinet Secretary responds. I can re-draft the request for statement into a question.

Hon. Speaker: Re-draft the request for statement into a question and file it with the Table Office. I will direct the Clerk to include it among the Questions that will be responded to by the Cabinet Secretary when we resume after two weeks. Yes, Hon. T.J..

Hon. T.J. Kajwang' (Ruaraka, ODM): Thank you, Hon. Speaker. If my advice is agreeable, I would like to urge Hon. Mwenje that instead of just looking at Nairobi County, ask them to give us the statements for the entire country so that all the Members can interrogate those issues and we get to know each other.

Hon. Speaker: Hon. Dick Maungu. Engineer.

Hon. Dick Oyugi (Luanda, DAP-K): Thank you, Hon. Speaker. I wish to seek your indulgence on a matter, now that the Cabinet Secretary who was supposed to come did not do so. I had raised some Questions at the Table Office about six months ago. Those Questions were not put on the Order Paper today. I ask that you direct that they be part of the Questions that the Cabinet Secretary will respond to when we come back from recess.

Hon. Speaker: Were they on roads?

Hon. Dick Oyugi (Luanda, DAP-K): Yes.

Hon. Speaker: Mr. Tiampati, ensure that Hon. Dick Maungu's Questions are included on the list.

Hon. Melly, you said that you had a response to a request for a statement by Hon. Oku Kaunya. I do not see him in the House. He is here. So, you can respond to both Questions. Are you responding on behalf of the Committee?

Hon. Clive Gisairo (Kitutu Masaba, ODM): Yes.

Hon. Speaker: Go ahead. Hon. Kaunya is at the back.

RESPONSE TO STATEMENT

DELAY IN DELIVERY OF MODERN TRAINING EQUIPMENT TO CHAMASIRI TECHNICAL AND VOCATIONAL COLLEGE

Hon. Clive Gisairo (Kitutu Masaba, ODM): Thank you, Hon. Speaker. I rise to respond to a request for a statement on the status of supply of training equipment to Chamasiri Technical and Vocational College (TVC) by Hon. Oku Kaunya.

Reference is made to a letter Ref. No.058 dated 26th September 2024 from the National Assembly requesting for a comprehensive response to a request for a statement regarding delayed delivery of modern training equipment to that college.

1. Chamasiri TVC in Busia County is one of the 10 targeted new TVCs in constituencies to be equipped with modern training equipment under the African Development Bank Technical and Vocational Education and Training (TVET) funded projects. The State Department has not /will not divert the equipment meant for Chamasiri TVC to other TVET institutions.
2. The contract for the supply of building and civil engineering training equipment to the institution was signed by MS Levin Services on 5th May 2023. The contract period was to take 18 months. The delivery, installation, testing and commissioning of the equipment is expected to be completed by 5th November 2024.

3. The process of equipment supply includes manufacture, inspection in the country of origin, shipment, clearance at the port of entry into Kenya, transport to Chamasiri TVC, installation, branding, testing, training, commissioning and handing over for use by the contractor. The slight delay in the delivery of equipment was occasioned by delays in pre-shipment inspection of equipment before shipment from the country of origin into Kenya. The first batch of the equipment was delivered to Chamasiri TVC on 3rd October 2024 as shown in the pictures below. The Member has a copy and he can see the pictures.
4. The supply, delivery, installation, training, and commissioning of the equipment to Chamasiri TVC is expected to be complete by 5th November 2024.

The purpose of this communication is to forward a comprehensive response on the delayed delivery of equipment to Chamasiri TVC for reporting to the House by the Committee Chairperson. The response is signed by Dr. Esther Thaara Muoria, PhD, Principal Secretary.

Hon. Speaker: Hon. Kaunya, are you satisfied with that response?

Hon. Oku Kaunya (Teso North, ODM): Thank you very much, Hon. Speaker. I am satisfied so far because I can confirm that the first batch of the equipment arrived on the 3rd of this month after I raised the Statement. I am glad that the Statement has confirmed that the next batch will arrive on 5th November 2024. I will endeavour to confirm receipt of the equipment when we come back.

However, I want to note one important thing. The contracted persons take quite a long time to deliver the equipment. Secondly, the Statement did not point out why the first batch of equipment, which was supposed to have arrived in the institution in 2019 when the college started, did not reach there, but was diverted elsewhere. That is the only bit that I am unsatisfied with. I am glad that the contractor has started delivering the equipment and the rest will be delivered by 5th November 2024.

Hon. Speaker: We will let it lie there. Hon. Members, I want to acknowledge the presence of learners from Mukui Primary School from Mathioya Constituency in Murang'a County, who are seated in the Speaker's Gallery. On my behalf and that of the whole House, I welcome the learners and their teachers to the House of Parliament.

Next Order.

MOTIONS

APPROVAL OF THE MEDIATED VERSION OF THE WATER (AMENDMENT) BILL (National Assembly Bill No.33 of 2023)

THAT, pursuant to the provisions of Article 113(2) of the Constitution and Standing Order 150(3), this House adopts the Report of the Mediation Committee on the Water (Amendment) Bill, (National Assembly Bill No.33 of 2023), laid on the Table of the House on Tuesday, 15th October 2024, and approves the mediated version of the Water (Amendment) Bill (National Assembly Bill No.33 of 2023).

(Moved by Hon. Kangogo Bowen on 16.10.2024 – Morning Sitting)

(Debate concluded on 16.10.2024 – Morning Sitting)

Hon. Members on their feet, take your seats! Hon. Wanjala, take your seat!

(Question put and agreed to)

SENATE AMENDMENTS TO THE FOOD AND FEED
SAFETY CONTROL CO-ORDINATION BILL
(National Assembly Bill No.21 of 2023)

THAT, the Senate amendments to the Food and Feed Safety Control Coordination Bill, (National Assembly Bill No. 21 of 2023), be now considered.

(Moved by Hon. Silvanus Osoro on 15.10.2024)

(Debate concluded on 15.10.2024)

Hon. Pareyio, take your seat. Order, Hon. Members! Is the Member standing in the walkway Hon. Nzambia?

(Question put and agreed to)

MOTION

ADOPTION OF REPORT ON THE INQUIRY INTO IRREGULAR
AND ILLEGAL GRANT OF TAX EXEMPTIONS TO A COMPANY

THAT, this House adopts the Report of the Committee on Delegated Legislation on the inquiry into irregular and illegal grant of tax exemptions to a company under the Special Operating Framework Agreement, laid on the Table of the House on Thursday, 26th September 2024.

(Moved by Hon. Charles Onchoke on 16.10.2024 – Morning Sitting)

(Resumption of Debate interrupted on 16.10.2024 – Morning Sitting)

Hon. Speaker: Hon. Kaguchia, I am told you have a balance of five minutes. Hon. James Nyikal, Hon. Wilberforce Oundo and Hon. Samuel Atandi, are you queuing for this Motion?

Hon. Samuel Atandi (Alego Usonga, ODM): Yes.

Hon. Speaker: Go ahead.

Hon. Samuel Atandi (Alego Usonga, ODM): Thank you, Hon. Speaker. I would like to move an amendment to this Report. I hereby give notice that the Member for Alego Usonga wishes to move the following amendments to the Motion for consideration of the Report of the Committee on Delegated Legislation.

Hon. Speaker: Hon. Atandi, I am advised by the Clerk-at-the-Table that you had not submitted your amendment to the Speaker for perusal and approval. Or did you submit to the Deputy Speaker?

Hon. Samuel Atandi (Alego Usonga, ODM): Yes, I did.

Hon. Speaker: Okay, if you did, then go ahead.

Hon. Samuel Atandi (Alego Usonga, ODM): Hon. Speaker, I beg to move that the Motion be amended by inserting the following phrases immediately after the expression “2024”:

Subject to—

1. Insertion of the following new sentence at the end of paragraph 124 under Part 5.0 “Committee Recommendations” appearing on page 30 of the Report—

In particular, the House recommends that—

- (a) the directors of Blue Nile Rolling Mills Ltd be prosecuted for abetting tax evasion;
 - (b) the Treasury and trade officers who purportedly authorised the Special Operating Framework Agreement be prosecuted; and,
 - (c) the waived taxes be recovered in full.
2. Effecting the consequential amendments in the Report.

Hon. Speaker, I have given notice. Now I can move the amendment.

Hon. Speaker: Just hold on.

[The Speaker (Hon. Moses Wetang'ula) left the Chair]

[The Deputy Speaker (Hon. Gladys Boss) took the Chair]

Hon. Deputy Speaker: Hon. Atandi, who is your seconder?

Hon. Samuel Atandi (Alego Usonga, ODM): Hon. Deputy Speaker, we went through this Report in the morning. The amendment for which I have just given notice entails taking responsibility by the officers who occasioned loss of taxes by granting tax amnesty to that company irregularly. There is no way this Report was going to allow those perpetrators to go without taking responsibility. I would like to ask Members of this House to support this amendment so that the laws that we pass in this House can have meaning. If this House passed a law that there is a particular procedure to be followed when one seeks tax waivers, that particular law must be followed.

Hon. Deputy Speaker, I hope I have your attention.

Hon. Deputy Speaker: Yes, I am listening to you.

Hon. Samuel Atandi (Alego Usonga, ODM): Hon. Deputy Speaker, I would like to ask my colleague, the Member for Gem, to second the amendment.

Hon. Elisha Odhiambo (Gem, ODM): Hon. Deputy Speaker, I second the amendment as edified by Hon. Atandi of Alego Usonga on ensuring the officers culpable of tax exemptions are held to account.

Thank you, Hon. Deputy Speaker.

Hon. Silvanus Osoro (South Mugirango, UDA): On a point of order, Hon. Deputy Speaker.

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

Hon. Silvanus Osoro (South Mugirango, UDA): Thank you very much, Hon. Deputy Speaker. While I appreciate the proposed amendment by Hon. Sam Atandi, I propose that we adjourn its consideration because the Chairman of the Committee on Delegated Legislation is not in today, so that it can be considered when he is around.

Hon. Deputy Speaker: That is reasonable enough, Hon. Atandi. The Chairman of the Committee on Delegated Legislation is not here, and I know that he had some views and position from the Committee.

Hon. Samuel Atandi (Alego Usonga, ODM): Hon. Deputy Speaker, Hon. Charles Onchoke, who presented the Report on behalf of the Committee, is here and we discussed the amendment with him together with the Chairman of the Committee on Delegated Legislation in the morning, and they all supported the amendment.

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

Hon. (Dr) Robert Pukose (Endebess, UDA): Hon. Deputy Speaker, I stand on procedure. Hon. Atandi has moved the Motion and it has been seconded by Hon. Elisha. The procedure would have required you that you propose the question. If there is an objection for adjournment, it can be made later. The House has not made a decision on it. Maybe, we can discuss the merits and demerits and then later on make a decision as to whether there is any objection from the Committee, other than just leaving it hanging like that.

Hon. Deputy Speaker: The proposal for adjournment of this Motion to a further time when the substantive Chair of the Committee is here has been made. But I do not know if there are any members of the Committee who have an objection to that. Let me hear what you have to say.

Hon. Charles Onchoke (Bonchari, UPA): Hon. Deputy Speaker, thank you for giving me the opportunity. Earlier today, in the morning Session, I tabled the Report on behalf of the Chairman of the Committee on Delegated Legislation as he was engaged elsewhere. We went through the discussion of the Report, leading to the point that Hon. Atandi is raising.

Thank you.

Hon. Deputy Speaker: Hon. T.J., I know you are also in that Committee.

Hon. T.J. Kajwang' (Ruaraka, ODM): Hon. Deputy Speaker, Hon. (Dr) Pukose is my friend and was my junior at the university. He is right and is asking that this question be proposed formally by the Speaker. After that, it can be delayed as much as the Speaker, in his discretion, would want. It would then belong to the House and we can debate it much later.

Hon. Deputy Speaker: Okay. I just wanted to know whether there was anyone who had something to say about it before I propose the question.

Yes, Leader of the Majority Party.

Hon. Kimani Ichung'wah (Kikuyu, UDA): Thank you, Hon. Deputy Speaker. I was listening to the proposed amendments by Hon. Atandi, whom I have also consulted. It is important to note that when we consider reports in this House, they should give meaning to the work that is done by the Committees after proper engagements with all the stakeholders. It is within the knowledge of the Office of the Leader of the Majority Party that, in this Report, there are issues that are yet to be addressed. I also had an engagement with the Chairman of the Committee, who is not in the House. I think he is in the other House, prosecuting the Impeachment Motion. Hon. Atandi is raising issues because, as it is, this Report was tabled when it was basically incomplete, and without having engaged with all the stakeholders. I urge you to use Standing Order 1 and withdraw the consideration of this Report at this particular moment until the Committee considers all the issues, including the amendments that are being proposed by Hon. Atandi.

I want to believe that within the confines of Standing Order 1, you could direct that we withdraw this Report at this particular stage, and get the Committee to reconsider all the issues, including those that Hon. Atandi has raised, so that we can consider a complete Report. This Report is a matter that has very huge implications not just on the industry in the country, but also on relations between the industry and financiers like the International Finance Corporation that has financed part of the businesses that come under this Special Operating Framework Agreement (SOFA) arrangement. It would be foolhardy or rather not very responsible for the House to consider a half-baked Report. I engaged with the Chairman this morning and he sounded very cagey about it, telling me that he is away. I had also asked him not to proceed with the processing of this Report.

I, therefore, urge you to indulge us and have that Report withdrawn.

Hon. Deputy Speaker: Hon. Members, we have a proposal that we either withdraw the Report until further notice or adjourn the processing of this Report until further notice.

Yes. Hon. Atandi. I want to now propose the question.

Hon. Samuel Atandi (Alego Usonga, ODM): Hon. Deputy Speaker, I agree with the Leader of the Majority Party on the proposal to withdraw this Report. When we were debating this Report in the morning, I noted that there was a problem with it. The Committee, in its Report, blamed the company and the public officers for allowing this tax exemption, but they never recommended any accountability. There was nothing to be done to those officers. They were just saying relevant agencies to prosecute. In my view, this House must make strong reports that can be used to make those organisations accountable. Therefore, this Report should be withdrawn so that we can do proper recommendations that can be used by law enforcement agencies to find justice.

That particular company has evaded tax to the tune of billions. In this Report, there is nothing about being asked to even pay for those taxes which were waived. And that is the reason I brought these amendments in the morning. It will be best if the Report is withdrawn in totality, so that the Committee can sit and consider it again. We will appear and advise them on how to write proper reports that can make this House active.

Thank you.

Hon. Deputy Speaker: Hon. Pukose.

Hon. (Dr) Robert Pukose (Endebess, UDA): In view of the comments by Hon. Atandi and pursuant to Standing Order 96, I beg that you move that the debate on the Motion under Order No. 10 be adjourned.

(Question proposed)

(Question, that debate be now adjourned, put and agreed to)

(Debate adjourned)

Hon. Deputy Speaker: Next Order.

BILL

Second Reading

THE KENYA NATIONAL LIBRARY SERVICE BILL (National Assembly Bill No.20 of 2023)

(Moved by Hon. Daniel Wanyama on 9.10.2024 – Afternoon Sitting)

(Resumption of Debate interrupted on 9.10.2024 – Afternoon Sitting)

Hon. Deputy Speaker: I can see it is a resumption of debate. Member of Parliament for Manyatta was the last one on the Floor. He had a balance of six minutes, but he is not here. If you want to contribute to this debate, kindly press the intervention button. Since there is no continued interest to debate this matter, I call upon the Mover to reply. Hon. Bishop Kosgei is going to reply on behalf of the Committee. Give him the microphone.

Hon. (Dr) Jackson Kosgei (Nominated, UDA): Thank you, Hon. Deputy Speaker. On behalf of the Chairman of our Committee, Hon. Dan Wanyama, I beg to reply.

I wish to thank Members for their immense contributions in support of the Second Reading of the Kenya National Library Service Bill. It goes without saying that the

Disclaimer: *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor.*

advancement of knowledge is key to the growth of a prosperous nation. Therefore, the importance of this Bill in advancing knowledge cannot be over-emphasised.

Hon. Deputy Speaker, various issues that were raised by Members have been noted, and they are all critical with regard to the development of libraries for the benefit of the whole country. The Committee will continue to engage the Kenya National Library Service with regard to the functions of the library service, especially on the development of a research database, which is critical for a knowledge repository.

The Kenya National Library Service gave its undertaking to the Committee to facilitate the transfer of county libraries to all the county governments. This is to ensure access to libraries across all counties in line with the principles of devolution. The Kenya National Library Service also undertook to facilitate capacity building in library service management across all the county governments.

The Committee will, therefore, live up to its oversight role in ensuring that the Kenya National Library Service, once enacted by this law, performs its functions in setting the standards required of a national library in line with best practices.

I, therefore, urge this House to support the Committee's amendments during the Committee of the whole House to facilitate the passing of the Bill. I beg to reply. Thank you.

(Question put and agreed to)

*(The Bill was read a Second Time and
committed to Committee of the whole House)*

BILL

Second Reading

KENYA INFORMATION AND COMMUNICATIONS (AMENDMENT) BILL (National Assembly Bill No. 52 of 2022)

Hon. Elisha Odhiambo (Gem, ODM): Hon. Deputy Speaker, I beg to move:

THAT, the Kenya Communication (Amendment) Bill of 2022, (National Assembly Bill No.52 of 2022), be now read a Second Time.

By way of introduction, allow me to bring to the attention of the House that I initially sponsored the Kenya Information and Communications (KICA) Bill in the 12th Parliament 2019, which the House had read a Second Time. However, the consideration of the same was not concluded by the end of the term of the 12th Parliament and, therefore, the same lapsed. It is instructive to note that the views on subsequent recommendation of the Departmental Committee on Communication, Information and Innovation in the 12th and 13th Parliaments are almost similar, and there is only a slight deviation in one of the justifications in the rejection of the Bill.

I also wish to highlight that the stakeholders who submitted and strongly opposed the Bill in the 12th Parliament are the same ones who submitted before the Committee. This is despite the fact that the issues that were raised in the Bill were not redressed in the process. I had hoped that the Departmental Committee on Communication, Information and Innovation, in its Report rejecting the Bill, would have gone ahead and highlighted the steps undertaken to address the issues of call drops, which is critical in the country.

The ordinary *Wanjiku* or *Adhiambo* in the village, when they make calls and the calls drop, which is not a question of a third-party interference, is important and prudent that the telecom companies can be able to compensate them. So, one of the inputs of the Bill was to

Disclaimer: *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor.*

ensure that if you make calls, the telecom company would then compensate you for a maximum of three call drops in a day. And this then would help those telecom companies attain a level of efficiency and efficacy in delivery of their services, which is not the case as we talk now.

The other intent of the Bill is to provide for not only transparency, but to enable proper regulations of companies such that they only carry business for which they are licensed to do. It is not a way to stifle innovation as edified by the Departmental Committee on Communication, Information and Innovation in due regard to this Bill.

[The Deputy Speaker (Hon. Gladys Boss) left the Chair]

[The Temporary Speaker (Hon. Omboko Milemba) took the Chair]

Hon. Temporary Speaker, regarding the streamlining of the Universal Service Fund, I know that the Committee observed that the objectives of the Universal Service Fund is currently provided under the Kenya Information and Communication Regulations, 2010 and that, the same may be amended as opposed to amending the whole Act. It is important to note that the Bill was supposed to amend Section 84(j) of the Act to establish the Universal Service Fund, which is administered by the Commission with an objective of promoting availability of quality service at just, reasonable and affordable rates. For all consumers, increasing nationwide access to advanced telecommunication services, and increasing access to telecommunication and advanced services in schools, libraries, ICT hubs, and rural health facilities, thus supporting capacity building and promoting innovation in Information and Communication Technology services.

It is, therefore, confounding that given the opportunity to pass a substantive amendment to regulate the fund, the Committee has opted to abdicate their role of legislating by proposing amendments to regulations; which process the House may have limited control of other than the power given under the statutory instruments. Similarly, noting the legislative authority and mandate of the National Assembly under Articles 94 and 95 of the Constitution to enact legislation, it is high time that our esteemed Office and the House pass a resolution to stop committees of this House from rejecting Hon. Members' Bills based on submission or request by the Executive or other players in the market. I observe that this is one of the grounds and observations by the Committee in its Report.

The legislative authority and role of Members to discharge their constitutional mandates to legislate and the need to resolve issues that are of public interest or concern should never be allowed to be stifled by the Executive. For example, the Bill seeks to tame the dominance in the telecommunications service sector and create a level playing field for all telecommunications service providers that will in turn enhance healthy and positive competition in the general communications sector. I give an example of Safaricom, which controls 70 per cent of mobile phone services in the market. It is not just mobile telecom services, but also money transfer and lending services. Attempts to declare its dominance have failed in the past.

As I conclude, I hope other Members will agree that the proposal in this Bill is not only timely, but necessary and they will support the Bill at the Committee of the whole House stage. I think I have highlighted the import of the Bill and for Members' consumption, it is important to note that there are only three things this Bill is attempting to heal. One, is the issue of inefficiency of telephone companies in providing service to consumers. *Mama Mboga* at home buys credit for Ksh10. When *Mama Mboga* has five call drops, the money is gone. So, this Bill was going to ensure that the money expended by *Mama Mboga* is compensated when there are call drops, which is not of the making of the supplier.

Two, the Bill was looking at the Universal Service Fund. In fact, in the amendment stage, the Bill is going to propose that the Universal Service Fund that lies at the Communication Authority of Kenya should be divided equally in the constituencies so that the money can be used in the development and expansion of internet services in the high hub centres.

Three, the Bill was dealing with the issue of dominance in the market, such that if you are a telecom company, your business is on telephone calls. If you end your business on the money market and want to compete with banks, it is important and understandable that you should get a licence that allows you operate in the money markets so that, when you charge Kenyans interests when they take money or *fuliza* from you, you are on a level playing field with the banking institutions.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Who is the Seconder?

Hon. Elisha Odhiambo (Gem, ODM): Hon. (Dr) Nyikal.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Elisha, please, move and ask Hon. (Dr) Nyikal to second you.

Hon. Elisha Odhiambo (Gem, ODM): Hon. Temporary Speaker, I beg to move and request my colleague, the Member for Seme, Hon. (Dr) Nyikal, to second. Thank you.

Hon. (Dr) James Nyikal (Seme, ODM): Hon. Temporary Speaker, I rise to second this Bill for two basic reasons.

(Hon. (Dr) James Nyikal spoke off the record)

The Temporary Speaker (Hon. Omboko Milemba): Order, Hon. Nyikal. You are not on record. Please give him the microphone. Proceed.

Hon. (Dr) James Nyikal (Seme, ODM): Can I proceed with this microphone?

The Temporary Speaker (Hon. Omboko Milemba): Yes.

Hon. (Dr) James Nyikal (Seme, ODM): Hon. Temporary Speaker, I rise to second this Bill for two basic issues. One, if there are funds that are supposed to be levied somewhere to support education, there has to be a clear way of allocation and use, and which has been proposed here.

Secondly, I have always been concerned that our communication institutions or agents, like Safaricom, venture into very many other things like banking. They also engage in big functions like being Information and Communication Technology (ICT) agencies and partners with other companies. It is time to streamline all those issues.

With those two basic issues, I second the Bill.

The Temporary Speaker (Hon. Omboko Milemba): Very well.

(Hon. Beatrice Elachi consulted loudly)

Order, Hon. Elachi.

(Question proposed)

I advise the Members who are interested to speak on this Bill to press the intervention button. Hon. Beatrice Elachi is the first one on the list. Are you ready to speak on this Bill? If you want to do it, please, press the interjection button.

Hon. Beatrice Elachi (Dagoretti North, ODM): Thank you, Hon. Temporary Speaker. I rise to support the Kenya Information and Communications (Amendment) Bill that Hon. Elisha has moved. When you look at the amendments that he has brought, one of the things he

wants to look at is the way Safaricom manages the whole process. I know we are now using different service providers like Elon Musk's Starlink. Many people are looking for available and affordable service providers.

For the many years Safaricom has been in this country, the profits they get and the work they do in supporting many people, how do we deal with their monopoly without understanding the other service providers? We had Telkom, Kenya. We have Airtel and many others.

However, Safaricom works so closely with communities in different programmes. As much as we want to support this Bill, the Member should sit down and explain to us all the benefits of those amendments, so that Kenyans can understand better. Do not forget that every Kenyan rushes to that company more than any other. You must ask yourself the reason. They have an academy that supports many children. It is time we break the monopoly. However, other companies that are coming up should ensure that their support can be matched to or beyond what Safaricom does.

We have withdrawn a Bill. This is the same issue, especially when you look at what we want to amend now and how you deal with companies. I ask our Hon. Member to give us more information for us to understand. He has worked in communication companies. Therefore, he understands these things. When we go for public participation, we shall hear more on the matter and understand better the benefit after we amend the Act. This will ensure that we bring in better amendments that will help everyone who wishes to do what Safaricom does in this country.

I thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Very well, Hon. Elachi. Hon. Elisha, I hope you have listened to that Hon. Member, in terms of information. Let us hear from Hon. Wilberforce Oundo.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Thank you, Hon. Temporary Speaker, for giving me this opportunity to contribute. First of all, let me admit that I am not an expert in ICT. When the first mobile telephone calls came to this country, I was already working. I was mesmerised at how one could receive a call when there was no wire. I also fondly remember that during our days, I would go to a telephone booth, make a call and tell the person that he would find me at a certain place and dressed in such a manner. If he came dressed in a different way, then there was a problem.

Safaricom has revolutionised telecommunication in this country. It has made it easier. Obviously, they were the first ones to come. Airtel, Zain and others came later, but they were unable to compete with Safaricom. This is an indication that they are dominant players. Naturally, in an economy, a dominant player almost gravitates towards a monopoly and might stifle the growth of other players in the sector.

(Several Hon. Members consulted loudly)

(Hon. Elisha Odhiambo consulted with other Hon. Members)

I want the Mover to listen because it will be an exercise in futility.

The Temporary Speaker (Hon. Omboko Milemba): Order, Hon. Members. Order, Hon. Oundo. I want to give you space. I have noticed that one of the Members has communicated that she does not understand the gist of this Bill. Therefore, the Mover must consistently listen to Hon Members.

Proceed, Hon. Oundo.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Hon. Temporary Speaker, I want him to listen carefully because this is a policy and business matter. I also totally agree with him. The speed at which we process the so-called Members' Bills in this Parliament is annoyingly slow.

Disclaimer: *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor.*

At times, people get discouraged and matters are overtaken by events. I echo his sentiment. The Members who sit in the House Business Committee must find a way of expediting Bills, so that they are processed and meet the exigent needs that exist at that particular time. I can remember I heard of this Bill in the last Parliament. It is almost probably four or so years down the line. Whatever it aimed at addressing could as well have already been addressed through legislation, the various amendments that we made in the Finance Bill and various succession measures.

There are three important matters the Bill intends to address. It addresses the issue of Safaricom, a mobile telephone company that essentially doubles up as a money transfer business. Number two, it seeks to address the issue of call dropping, where calls drop because of telecommunication challenges. Number three, it expands the use of the Universal Service Fund to ensure that more factors are considered. The intention is good, but I am not so sure whether there are any Kenyans at this particular time who would want to interfere with M-Pesa. It has become part and parcel of the people of this country. It is tied to Safaricom at the hip. Trying to separate and ensure it runs separately would increase the cost of money transfer because if they are 100 per cent regulated by the banks, we know the bureaucracy and the difficulties in accessing funds from the bank. It is going to become extremely difficult.

Hon. Temporary Speaker, we have seen the Hustler Fund. On its own, it is almost on its death-bed because it did not borrow the model of Safaricom. They thought they would kill M-Pesa and M-Shwari by bringing the Hustler Fund. But because of the trust Kenyan people have in Safaricom and related money transfer services, it has become difficult to compete.

I agree that it is a very noble idea from a theoretical business point of view. But we must also look at the historical context. From the point of view of the reality on the ground, how do we insulate the cost? How do we ride on existing infrastructure of Safaricom to ensure the process is efficient, easier and less expensive? I would invite him, as Hon. Beatrice Elachi has said, to probably reflect a little longer about it so that when it comes to the Committee of the whole House, we will realign the amendments to match the reality on the ground.

The second issue that I want to address is one of the penalties for call cuts after connection by Ksh10 worth of airtime for each call drop. This is going to be a cumbersome provision and an onerous one that will be incapable of being implemented to the benefit of the intended people. Probably, we could look at it the other way like we did many years back. We would find the Safaricom network in some parts of the country while in others we only had the Airtel network. In other places, one had to climb to the top of a tree to access a network while in others, one had to touch some body parts for the network to function. So, probably, we could also ask the mobile telecommunication companies to be very clear and issue a disclaimer of localities they are unable to provide telephone services. Asking them to pay for dropped calls is just extremely expensive and onerous.

I also invite him to reflect so that we define it in such a way that if a telecommunications company purports to have national coverage but in some places, there is no coverage, actually then the penalties should go to a common pool so that we can improve the network coverage in all the parts of the country. It should go to a central pool so that we can use it to do other things towards this matter.

Finally, let me comment on the issue of the Universal Fund that he has proposed in Clause 5. On the functions, it says, 60 per cent of the Fund shall be used for ensuring the availability of telecommunication services to all consumers, including those in low-income and rural areas.

On affordability, any telecom company is in business. It is only going to serve where it makes money. In any case, it is in business. We do not want again the Government to enter into business. The business of the Government is not being in business. Again, the Fund should be used to ensure that there is a telecommunication network or telecommunication in all areas.

That is the essence of a typical business model. I agree that we need to be very clear because some years back, there was a purported struggle between some members of the Office of the President and some Commissioner somewhere on what to do with those funds to the extent that he was threatened with being fired and such kinds of things. We need clarity. I invite him, if he is an expert in this area, to talk to the Budget and Appropriations Committee so that we can direct that Fund to matters that have got immediate impact or long-term benefit to the people of Kenya.

For a man who does not have food, airtime or a telephone handset is not a priority. I am always very reluctant to oppose a Member's Bill because it takes a lot of effort and the frustration we go through to get it even tabled on the Floor of the House. It makes it difficult for any Member to oppose another Member's Bill unless it is extremely unconstitutional or it is mischievous. On this, I would like to invite my colleague, Hon. Elisha, whom I am serving with for a second term, to engage with us. Those who are versed in law-making, who are interested, and who are always here even in the Committee of the whole House, we can engage the Departmental Committee on Communication, Information and Innovation so that we can panel-beat it. It means the original intention. But I am very reluctant to go the way of separating Safaricom from M-Pesa or asking Safaricom to get a banking license to run M-Pesa. That will make M-Pesa extremely expensive and ineffective. Let that innovation that was unique to Kenya thrive until such a time when the market forces bring a balance in the market.

I do not want to support or oppose, but let us deal with it at the Committee of the whole House. Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Yes, Chairman of the Departmental Committee on Finance and National Planning, let us hear your insights on this.

Hon. Kuria Kimani (Molo, UDA): Thank you, Hon. Temporary Speaker. I would like to congratulate Hon. Elisha for bringing this Bill to this stage. Taking it through the last Parliament and again introducing it to this Parliament is something very commendable. The Bill seeks to do a few things. Let me add my voice on some of the things that I agree with, and some of the things that can be improved on.

The Bill is seeking to define market dominance to focus more on the operators controlling over 50 per cent of market revenue. This is a great shift from the current law that, if my memory serves me right, defines dominance at 25 per cent. This change could reduce the regulatory burden on major players which has been considered in previous regulations. So, any player that has the threshold that is now being set at 50 per cent, changes the role of regulation. More specifically, it changes the definition of dominance.

(Loud consultations)

Hon. Temporary Speaker, protect me from my colleagues who are sitting behind me. They are interrupting me.

The Temporary Speaker (Hon. Omboko Milemba): It seems they have heard you. You may proceed.

Hon. Kuria Kimani (Molo, UDA): Thank you very much. By taking the responsibility of determining market dominance from the Communications Authority of Kenya, this substantially changes another subsequent law or is in contravention of the Competition Act that establishes the Competition Authority of Kenya. As we recall, Hon. Temporary Speaker, we recently approved the Director-General of the Competition Authority of Kenya. And just to read, the role of the Communications Authority of Kenya is to regulate market conduct by investigating and acting against abuse of dominant market positions, price fixing and collusive agreements. Therefore, this will be a major shift in the role of the Competition Authority of Kenya and, probably, set a wrong precedent for other players in other sectors.

This is because we have one entity as envisioned in both our Constitution and legislative laws of this House. It is given the mandate to handle all matters of competition and dominance. That entity, which is funded by taxpayers' money, is the Competition Authority of Kenya. Nominating the Communications Authority of Kenya (CA) to determine matters of dominance would set a very bad precedence, especially on the role of the Competition Authority of Kenya in regulating matters of competition in this Republic.

The Bill proposes a waiver on the spectrum fees to enable access to internet and mobile connectivity in remote areas. This is a very welcome idea. In Kenya, the mobile access connectivity, including internet, is around 130 per cent. Interestingly, this is much higher than the Africa average of 95 per cent and the global average of 115 per cent. The penetration of mobile and internet connectivity is at 130 per cent, which is much higher than that of Africa and the global average because of use of multi-SIM cards, especially by players in urban centres.

You find people in towns with one, two, three or four SIM cards. This gives them a lot of options in terms of access to internet and mobile connectivity, although we still have very many places in this country where you have to climb a tree or travel a distance to get internet or mobile connectivity. The proposal in this Bill to waive those kinds of fees is a welcome idea...

Hon. (Dr) Makali Mulu (Kitui Central, WDM): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): What is your point of order, Hon Makali? Let us hear him.

Hon. (Dr) Makali Mulu (Kitui Central, WDM): Thank you, Hon Temporary Speaker. I do not intend to interrupt my good friend, Hon KK. Since we are on national television, it is important for him to explain what '115 per cent' or '130 per cent' means. This might cause confusion. Can he explain what he means, so that those who are watching us can appreciate?

Thank you.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Kimani Kuria, if possible, explain what you mean. These proceedings are being watched by members of the public.

Hon. Kuria Kimani (Molo, UDA): The measure of the connectivity to either mobile or internet is based on the number of services that any mobile network or internet user has access to. For example, my colleague, Hon Makali Mulu, could have a phone that has an Equitel and Safaricom lines. Therefore, he has a lot of options in terms of access to mobile network. When one telecommunication service provider is down, he can use the other one. That is the 130 per cent. I quantified my statement and said that although that is the case, it only applies to people who live and operate in town centres. Someone who is living in a remote area, like the deepest part in my constituency called Ndosua, does not have mobile network and internet access with even one line. They have to travel a distance in order to access mobile or internet connectivity.

The waiver of the spectrum fees for those remote areas is a very welcome idea. This will incentivise telecoms to invest in remote areas without mobile connectivity, especially in areas with a lower return on investment. A regular business person who owns a telecom would rather enhance connectivity in areas with a higher usage.

There is an amendment which seeks to allow dominant operators to set tariffs without prior approval of the regulator. This may lead to reduced oversight and potential increase in costs to consumers. It also has a consequence on the smaller operators. The gap between small operators and dominant operators could widen if dominant operators are allowed to set up their tariffs without the approval of the regulator. As to what will happen thereafter, your guess is as good as mine! The competition between small operators and dominant operators will be stifled.

Hon. Temporary Speaker, having given my views, I take the opportunity to congratulate Hon Elisha for championing the debate on this good Bill. He should address the key concern of the role of the Competition Authority in dealing with dominance. How will that affect the Competition Authority Act? How will the issue of allowing bigger telecoms or operators to set their own fees without having the approval of the regulator affect the regulator? I urge the House to support this Bill.

With those remarks, I beg to support.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Charles Onchoke.

Hon. Charles Onchoke (Bonchari, UPA): Thank you, Hon. Temporary Speaker, for giving me an opportunity to contribute to the debate on this Bill. At the outset, let me say that it appears that a lot of concepts and telecommunications technology is inhibiting the efficient way of handling this debate.

The main focus of my colleague, Hon Elisha Odhiambo, is the market dominance and concentration of monopoly. From an economic perspective, this is obviously not a good thing. Concentration, dominance and monopoly hurt the consumer who ends up receiving the blunt end of the bargain. I want to deal with the question of dominance and concentration so that we do not have a few subscribers dominating the market. It is necessary for us to dig further into this matter to establish whether it is a weakness in the law that has enabled dominance to exist at the moment.

Looking at the telecommunications market segmentation, you will realise that some players are much bigger than what is provided for under the Competition Act. Therefore, we need to address that problem. Is it difficulties or challenges in acquiring technology that hinder potential subscribers from entering into the market? Is it the law that is weak, which would thus need to be fixed?

The other problem is about money-handling. Whereas we celebrate the gains and efficiencies of sending money through the various money-sending platforms, there are risks that are involved. Having a financial system outside the main one would be a major risk. We need to find a way, through legislation, to regulate those platforms in order for them to continue benefiting or enjoying their gains. Any financial system that is not regulated would be a major risk to the economy.

Hon. Temporary Speaker, there is the matter of drop calls that occasions a cost to the caller or consumer. This causes an inconvenience to the consumer because of the failure by the subscriber. Therefore, there is need for the customer to be compensated one way or the other, as proposed in the Bill. Indeed, Article 46 of the Constitution provides that every consumer has a right to goods and services of reasonable quality. As pronounced in the Constitution, we should not experience any interruptions by telecommunication service providers in terms of drop calls. Every telecommunication service provider is under constitutional obligation to ensure that their services are not necessarily interrupted, unless the interruption is due to something beyond their control. Where an interruption is wilful or due to their negligence, there should be some amount of compensation to the consumer.

Hon. Temporary Speaker, as regards the Universal Fund, there is a compelling reason that the monies herein should be used equitably across the country. The figures that have been proposed by the Mover may not be 100 per cent correct, but there is need to have some semblance of a formula to ensure that those funds are used across the country.

With those remarks, I support the Bill.

The Temporary Speaker (Hon. Omboko Milemba): Next is Hon. Caroli Omondi.

Hon. Caroli Omondi (Suba South, ODM): Thank you very much, Hon. Temporary Speaker. I also rise to support the proposed Bill. I am happy that my friend has done a bit of good work. I understand that a lot of public participation has gone into this Bill.

Anyone who may have studied the telecom sector in Kenya realises that over the years, we have had three service providers. That number has since reduced to two. Of the two, one is dominant. In other words, one has taken much of the space to the exclusion of the others. We like saying that it is because of better business practises, hard work and all those kinds of things. However, there are other nuances which affect competition and help promote dominance – which is not very good for the consumer.

Hon. Temporary Speaker, let me break down a few things so that we may understand why I support this Bill. First, as a principle of regulation, when tariffs are set up for a utility service, there is something called ‘rate base.’ A collection of the entire asset base of that company is used to calculate the projected investment returns to arrive at the particular utility rate. In other words, if you have a rate base that is not transparent and specific to the particular utility service that you are offering, you will be misleading the consumers. If Safaricom's rate base for purposes of tariff setting include its operations on money lending activities, which is not the core business of a telecoms company, the rates that it will be charging will be higher than what it should have charged consumers if the rate base was limited to its telecommunications service. It is not a problem that a telecoms company can help or facilitate transfer of money using a mobile phone. The problem is when you start lending for an interest or when you start engaging in another activity that is not purely telecoms related. When you engage in additional businesses over and above the traditional telecoms business, you expand your rate base. Therefore, you will be required to bring in more assets and invest more than what would otherwise have been necessary for a purely telecoms company.

Hon. Temporary Speaker, in the current mode of operation where telecoms firms are engaged in financial services, there is no transparency in terms of costs. That is why I agree with Hon. Elisha that non-core telecoms business should be separated from the core telecoms business. Such services should be separated from the core business that is being undertaken by Safaricom, for example, so that there can be clarity and transparency in their cost structure. Doing so would ultimately lead to a lower rate of charges for the consumer. The combination of M-Pesa as an integral part of Safaricom has, as a matter of fact, reduced competition in that sector. It is making it harder for new companies to enter the market. Before StarLink ventured into the Kenyan market, it was almost impossible to have fair competition in the telecoms sector. It was very difficult for customers to switch from one service provider to the other to enjoy quality service, since the only telecom firms that were providing those services were being held together in one particular space. Therefore, non-core telecom services must be separated from the core-telecom services so that there can be more competition and fairness in that sector.

When a telecom firm deals with extra business aspects that are not necessarily telecom in nature – like lending money – it becomes difficult for the regulator to do his or her job properly. The authority that regulates interest rates is not the Communication Authority of Kenya (CAK). It is the Central Bank of Kenya. The telecom firms in this country are already lending money and charging interest, thereby fleecing poor Kenyans. Safaricom talks of financial inclusion, but it is actually creating financial exclusion. The interest rates that are being charged on poor people who borrow from *Fuliza*, which are compounded, are much higher than what many of us who access proper financial services from banks do pay. The interest rates are not user-friendly but rather very expensive. It is like supplying water in 20-litre containers to households in places like Kibra. Consumers of such water actually pay much more than those who get piped water from Nairobi Water Company in Muthaiga and other upmarket neighbourhoods. It is the same thing with Safaricom offering *Fuliza* loans to vulnerable Kenyans. Those who cannot access alternative financial services have been entrapped in debt. They are suffering a lot from psychological problems because of user-interest rates. It is important that we have that financial element of their business that is

regulated by the financial services regulator as opposed to having them operate under pure telecoms regulators like CAK. It is very good that there is a proposal to separate those services through this Bill.

Equally, the combination of the businesses that Safaricom is operating affects the general well-being and health of the entire sector. For example, in other jurisdictions, there are shared user facilities among telecom firms – signal transmission towers and other facilities. However, it is very difficult for another telecoms operator to venture into the Kenyan market and share those facilities. In India, such facilities are shared thus lowering the cost of service to the consumer. There are also inter-connection charges. We have had a big problem with connection charges. In Kenya, when you make a call from one service provider to the other, you are charged for using the infrastructure of the other company. That is what is called inter-connection charges. There is no flexibility even though the business is inter-connected across the networks of service providers. You cannot clearly separate the cost elements. To make matters worse, even inter-operability is limited. Customers feel trapped into a specific service.

Hon. Temporary Speaker, I would really support this proposal. It is time we separated the businesses. Let M-Pesa stand on its own as a financial instrument. It can continue to use the backbone of Safaricom to transfer the money. However, as a banking service that offers money to people and charges interest rates, it should be regulated by the financial regulator.

On Section 34 (a), I would like to recommend that even though there is justification for compensation where the quality of service is not up to par, we should not provide a fixed sum of Ksh10. It should be left to the regulator to determine the amount to be compensated. However, the compensation should be as a percentage of the applicable tariff. I think that is a better regulatory approach than prescribing Ksh10 as a matter of compensation. The Ksh10 being proposed today may not have the same value in another five years. As we say, the only good money is new money.

Finally, I support the amendment that is proposed regarding the creation of a Universal Service Fund to support telecommunication coverage in underserved areas and in non-economically viable areas through subsidising operations costs of even private sector telecoms like Safaricom that venture in such areas. This would be a good approach.

With those few remarks, I support.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Members, it is evident that we have had quite an interesting debate. There being no further interest, I call upon the Mover to reply.

Hon. Elisha Odhiambo (Gem, ODM): Thank you, Hon. Temporary Speaker. Members have spoken to this Motion but, more importantly, I will respond to the last point that has been raised by Hon. Caroli on call drops and preferring a charge of Ksh10 as compensation. This is a conversation that all of us could engage in. However, I would like to clarify that the proposal to introduce such a charge is premised on the fact that it is not the responsibility of the consumer to improve the services of telecoms companies. It is the responsibility of the telecoms to invest in its infrastructure so that the end user can be a beneficiary of an efficient service and get value for the money they pay for that service.

More importantly, Hon. Caroli alluded to distinctively separating the entities and the services. If you are a telephone mobile service provider, it would be prudent that your licence should focus on what the licensor has allowed you to do. If it has allowed you to get on the money market, it is important to create a level playing field. If Safaricom or Airtel, for example, is charging *mama mboga* for using *Fuliza* or Airtel Money at 16 per cent, the banks should also charge a similar interest rate. We must then have a regulation that ensures that the regulator monitors and controls the banks.

Yesterday, I read in the newspapers that the Central Bank of Kenya (CBK) has reduced the base interest rate, but the commercial banks have not reduced their interest rates. The banks

have done nothing to reduce their interest rates. We need to introduce some punitive measures to ensure that there is compliance with what has been alluded to by the CBK.

Finally, on what was raised by Hon. Kimani on the Universal Service Fund (USF), the intent was to ensure that areas that are not covered are properly covered. By the time I brought this Bill in 2019, the Communication Authority had Ksh8 billion in the USF account that had not been utilised, and they were giving schools 5 Mbps. What can 5 Mbps do in a school? This proposed is intended to ensure that there is a supervisory hand that ensures that this money is utilised properly for the purpose it was intended.

With those remarks, I reply.

The Temporary Speaker (Hon. Omboko Milemba): Next Order.

(The Temporary Speaker consulted the Clerk-at-the-Table)

Hon. Members, I postpone the putting of the question to the Motion until the next sitting.

(Putting of the Question deferred)

Next Order.

BILL

Second Reading

THE COMMUNITY HEALTH WORKERS BILL (National Assembly Bill No.53 of 2022)

The Temporary Speaker (Hon. Omboko Milemba): Hon. Martin Peters Owino.

Hon. Martin Owino (Ndhiwa, ODM): Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): *Woud* Chief.

Hon. Martin Owino (Ndhiwa, ODM): Thank you very much. I beg to move:

THAT, the Community Health Workers Bill, (National Assembly Bill No.53 of 2022), be now read a Second Time.

Let me begin by stating that the Community Health Workers Bill 2022, which I sponsored, was published on 26th October 2022. This Bill was read the First Time in the House on Wednesday, 14th June 2023 and committed to the Departmental Committee on Health for consideration and reporting to the House, pursuant to the provisions of Standing Order 127.

The principal objective of the Bill is to provide a framework for the regulation of Community Health Workers (CHWs). Community Health Workers are important as they are the health personnel who deal directly with the community, as they are familiar with the homesteads in their areas of residence, as well as with the language of the people. They assist in preventive care education of homesteads, knowing that the people are in need of various healthcare services. Despite the fact that the First Schedule of the Health Act Cap 241, which recognises community health services at Level 1, managed by community health extension service workers, most of the CHWs, now known as Community Health Promoters (CHPs), are volunteers who are, sometimes, paid allowances belatedly or not paid at all.

The proposed legal framework will enhance the recognition and regulation of CHWs, and allow their entrenchment in the Government health delivery system. The Bill seeks to establish the Community Health Workers Council, and the Community Health Workers Disciplinary Committee to regulate the conduct of CHWs. The main function of the Council is

Disclaimer: *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor.*

regulation of CHWs through setting qualifications and professional standards, and providing advice to the Cabinet Secretary and county governments on community health matters. The Community Health Workers Disciplinary Committee, on the other hand, will handle disciplinary matters involving CHWs, which is critical in ensuring the provision of safe and quality patient care.

The CHWs are critical in ensuring early detection of diseases. Early detection of diseases prevents escalation of diseases, which will ultimately reduce the cost of care that is paid for not only by the Government, but also from Kenyans' pockets. Investment in community healthcare services is also crucial to the success of the entire health system as it ensures effective and targeted management of diseases. That kind of one-on-one management of diseases will improve the administration of medication, thus leading to better health outcomes and a reduction in the spread of contagious diseases and drug resistance.

In recognition of the importance of the role of CHWs, as the House will note in the Health Committee's Report, the Bill is to be amended to align it with the Primary Health Care Act No.13 of 2023, that was enacted by this august House almost a year ago. The Act adopted the term Community Health Promoters. The Bill is, therefore, in line with the Government's priority of using primary healthcare as the key driver of Universal Health Coverage. Primary healthcare is essential in ensuring that all Kenyans not only access good quality healthcare, but also fully participate in the management of their specific health needs. That is why the Bill provides community healthcare services that are commencing at the household level.

The Bill is also aligned to the Constitution of Kenya 2010 as it facilitates the progressive realisation of the right to the highest attainable standard of health, including the right to healthcare services that are guaranteed under Article 43(1)(a) and Article 21(2) of the Constitution, which requires the State to take legislative policy and other measures to ensure that the progressive realisation of the rights that are granted in Article 43 are achieved. The Bill seeks to facilitate the fulfilment of that obligation by both levels of government as it makes the healthcare framework responsive to the unique health needs of Kenya's population.

Therefore, I urge this House to pass this Bill and allow this framework to also recognise Community Health Workers. The human resource in the health sector is below the expectation of the World Health Organisation (WHO). We have a human resource that is not commensurate to whatever is required. We would need two 'legs' of the healthcare system – supplies and infrastructure – and each 'leg' cannot work on its own without health workers. This is where investing in community health workers comes in handy because at Level I hospitals, if we are robust with that cadre, we should recognise, regulate and treat them uniformly across the country. That would mean that a community health worker in Mandera works at the same level as a community health worker in Ndhiwa, which is my constituency.

Hon. Temporary Speaker, as we speak, the doctor to patient ratio, as you would want to call it, is currently one doctor to almost 50,000 patients. In other areas, the situation is even worse. When it comes to nurses, who are the closest in that category, the nurse to patient ratio is one nurse to almost 3,000 patients, which is unacceptable. The only way to reduce that gap is to mainstream community health workers in primary health service. The absence of adequate healthcare personnel aid disease progression, resulting in statistics that may not be good. The child survival rate in Kenya is below the Sustainable Development Goals (SDG) targets. It is said that in some parts of the world, out of every 1,000 live births, 18 die; and out of those who survive, 37 die before attaining the age of five. Other areas have a higher mortality rate.

The health situation in Kenya is worse. That is why I am promoting the involvement of community health workers in the healthcare services. Patients who present themselves to lower tertiary care or higher tertiary care normally have communicable diseases, which can be preventable at Level I and Level II health facilities. Interestingly, health-seeking behaviour cannot be attained only through education. It will never work. You need somebody who can

support you – someone who can tell you the condition that you have and convince you to go to hospital to seek medical attention. That is something which can only be done by community health workers, and not by nurses or doctors. Because community health workers live with people within the communities, they are better understood by the people. In our arrangement, one community health worker oversees 100 households and would have opportunity to know quite a number of patients within the community.

Nowadays, cardiovascular diseases, cancers and diabetes are on the rise, and the trend is worrying. The crude death rate in this country emanates from such conditions. Somebody dies, is taken to the morgue, and is eventually buried with no statistics to show. This is because there is no early detection of those conditions and, therefore, they are not managed well.

One important thing that, that cadre of health workers will do is to manage diseases. For example, if you go to see a doctor like Dr. Pukose, you will be given a prescription. If you are lucky, you will be given drugs. Sometimes, the distance between the pharmacy and the households is big. Somebody is required to advise the patient on how to take that medication as prescribed, so that the drug level in the blood can be sustained to kill the disease-causing organisms. That is the work of a community health worker.

Hon. Temporary Speaker, in Rwanda, patients were not taking HIV drugs by themselves. They were being served by community health workers on a timely basis. The community health workers would make sure that patients took their medicines as prescribed by doctors. In that country, the drug resistance was very low because patients took their medicines as prescribed. Seeing a doctor and getting prescription for medication does not automatically mean that the patients will take the medicines as prescribed and have their health conditions reversed. A community health worker would be required to support and remind patients to take their medicines as prescribed by the doctors.

The cadre of health workers that I am promoting will also help us to deal with mental illness – a trend which is worrying. As we speak, one person in every Kenyan household has a mental issue. Maybe, the condition has not grown to manifest itself clinically, but it is there. As much as we promote Mathari Mental Hospital, it is not an answer to mental illness. We need a community health worker to detect the problem early and set a management system around the family to ensure that, that person is accommodated and supported within the family system. That can only be done by a community health worker.

In Malawi, they have what they call ‘Community Bench’ which offers community health workers an opportunity to give some talk therapy to the sick. This is because community health workers have the opportunity of knowing the patients better since they themselves live within the communities. As a patient loses the capacity to think properly, the community health worker would know about it and arrest the situation as early as possible.

Hon. Temporary Speaker, in this time and age, it is not acceptable to have a Maternal Mortality Rate (MMR) of 5,000 per 100,000 live births. Statistics show that we have had instances where about 6,000 mothers out of 100,000 died while giving birth. When an expectant mother leave for hospital, the family expects her to return home with a baby. But we are witnessing a high mortality rate instead. We have a requirement for expectant mothers to visit health clinics at least four times before giving birth for pre-natal care. It is not as easy as it is said. A mother who is expectant needs somebody to support and motivate her to ensure that she gets to the clinic as required. So, as we invest in community health workers, I believe that the MMR will go down because they will ensure that pregnant mothers visit health clinics for monitoring as required and, if they notice anything wrong during that period, they will ensure that it is diagnosed promptly and corrected.

There is also the issue of new born babies. As I said, we expect mothers and their babies to go home after delivery but we are, instead, losing them every minute. Approximately 41,300 births are recorded every day in this country but, 90 of the new born babies die after childbirth.

This is because of the issues I mentioned earlier. Most of the deaths are simply caused by asphyxia, trauma, sepsis and pre-term. If community health workers were involved from the beginning, the situation would have been reversed.

Hon. Temporary Speaker, this Bill requires that we recognise, regulate and invest in community health workers so that disease outbreaks within our communities can be detected early enough to enable prompt referral of deserving cases to Level II and Level III hospitals. If we do that, we will prevent a lot of sufferings and deaths. We will also save money because many patients will not be progressing with diseases to tertiary care.

With those remarks, I request my friend, Hon. (Dr) Nyikal, to second this Bill. I know that when he retires from active politics, he will be a very helpful community health worker in the village.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Order, Hon. Martin. Remember to move the Bill and ask Hon. Nyikal to second

Hon. Martin Owino (Ndhiwa, ODM): Hon. Temporary Speaker, I beg to move and request Hon. (Dr) Nyikal to second.

The Temporary Speaker (Hon. Omboko Milemba): Hon. (Dr) Nyikal, proceed.

Hon. (Dr) James Nyikal (Seme, ODM): Thank you, Hon. Temporary Speaker, for giving me an opportunity to second this Bill. We are actually considering this Bill for the second time. We previously had this debate in the Second Reading stage of the Bill, but it lapsed.

This is an extremely important Bill even though we may not realise its importance now. The main objective of the Bill is to provide a regulatory framework for community health workers. Who is a community health worker? Why the word “community”? It has been realised that people do not get sick in hospitals but at home. Treatment in hospitals is an isolated event. Recovery is also affected by where and how you are treated. Even deciding when to go for treatment is a decision that is made in the community. It has been realised for many years that, all over the world, the community plays a big role in healthcare. To that extent, communities have been helping the sick people for many years. The most common ones are the traditional midwives, who help women to deliver babies at home.

Hon. Temporary Speaker, there are all sorts of people in the community who advise on health matters. It was recognised that it would be extremely important to get a person in the community who would help community members to avoid diseases, get early detection of diseases, and advise on how and where to seek healthcare. The term “community health worker” has evolved over time and is utilised all over the world.

In modern terms, who is a community health worker? The Bill recognises that a community health worker is a member of the community. They reside there. That is their home. They are known in the community and understand its culture. They understand the community’s behaviour towards illness, and they can help. Therefore, it was decided that we need to strengthen and capacitate them, so that they can actually do what they normally do. There is no community in this world where, if somebody falls sick, a member of the community does not turn up to help them. It was decided that we should train those people and give them some support, so that they can help people with some knowledge and capacity, and also link them with the health sector as we know it. That is the person we are calling a “community health worker”. He is a member of the community. The terminology has changed, particularly in this country, because of the way we look at them in terms of whether we should pay them or remunerate them in any way.

In the Ministry of Health, what we are calling Level I hospital is actually a community strategy where all communities in Kenya have community units, each with a community health worker who supports the people, advises on health matters, and on when to seek help and how

to use medication. That community health worker is now linked to Level II hospital, or what used to be dispensaries; and to Level II hospitals, which are now health centres. In a working referral system as intended, they will advise the people on when to seek medical care. Where there is need to offer support, like in the delivery of babies, they will accompany the mother to the lowest level health facilities. As currently structured, they also seek advice and are regularly advised by community health extension workers, who are themselves formerly trained community health workers.

What is their role in our country? We are all talking about primary healthcare. What does primary healthcare mean? We look at diseases from the point of the initial event that causes it. As I said earlier, people do not get sick in hospitals, but at home. We have what we call 'social determinants of health.' These are the factors that make you sick. You get sick due to your relationship with the environment. If you drink contaminated water and you get cholera, the germ that causes cholera is what we normally say is the cause of the disease. But the real cause of the disease is actually lack of clean water. Social determinants are the causes of diseases. If you get cancer, you may have been exposed to disease-causing agents at the place where you work, for example, if you work with dyes. Perhaps, the food you eat may be the cause. The cause could also be farming inputs that you are exposed to. It is that exposure which is the actual cause.

Hon. Temporary Speaker, if you worked in an industry where you dealt with asbestos and you got lung cancer, although asbestos is probably the agent that causes lung cancer, it is the work environment that caused the disease. If you live in a place where kids swim in pools of water and they get schistosomiasis, although the bilharzia germ is the cause of the schistosomiasis, the real cause is swimming in those pools of water. If you eat food with a lot of sugar and fat, and you eventually end up with hypertension, obesity or diabetes; the real cause is the food that you eat. If you live a sedentary lifestyle, whatever disease you get is secondary. The real cause is your lifestyle. The community health workers will advise the members of the community on how to live, where they should live, what food they should eat, and what steps they should take to prevent sickness. That is extremely important. Those people will be key in early detection of diseases.

Let us talk about skin cancer. You may have a little nodule on your skin which, if excised, would ensure that you are okay for the rest of your life. However, it will definitely kill you if it is discovered at a late stage. So, early detection is the key to beating diseases like cervical or breast cancer. If women went for regular check-ups and they were taught how to examine their breasts by the health workers, those diseases would be detected early and excised. Treatment would not be expensive. Early detection is extremely important and, along with it, early treatment, which is cheap. It is not only early treatment that is important. Even a faster referral system would help. People take a long time to get treatment when they get a certain illness and they do not know what to do. Therefore, if there is somebody who is advising them early, they will seek treatment. The Mover was talking of immunisation and antenatal care. The community health workers will advise. I ask for just two more minutes because this is dear to me. If the people have been treated in hospital, there are times they can be sent home on follow-up treatment. Those people will advise on how you can use your drugs.

How do we link it to the health system? We are talking of primary health care. We now even have the Primary Healthcare Fund under SHA. If we do not have those people well-trained and establish how they will work and the structures in which they will work, that Fund will not help us.

The Temporary Speaker (Hon. Omboko Milemba): Please conclude, because you have really punched this particular issue.

Hon. (Dr) James Nyikal (Seme, ODM): Hon. Temporary Speaker, if we were to use the Primary Healthcare Fund, the reduction in cost of care in terms of finances and human

resource will be huge. Therefore, it is important that we get a system of recognising those people, training them, managing them and looking at their professional conduct because they are dealing with a very important function. That is what this Bill does by creating a council and a disciplinary system.

With that, Hon. Temporary Speaker, I second.

The Temporary Speaker (Hon. Omboko Milemba): Very well. Before I propose the Question, let me acknowledge the presence, in the Public Gallery this afternoon, of Oloirien Boys High School from Narok East Constituency in Narok County, and ask the Member, Hon. Lemanken Aramat, to welcome them in the House.

Hon. Lemanken Aramat (Narok East, UDA): Thank you, Hon. Temporary Speaker, for giving me this opportunity to welcome those young people from my constituency, a school called Oloirien Boys, which is situated in Suswa Ward. Those are the fruits of the National Government Constituencies Development Fund (NG-CDF). When I was elected in 2013, I only got five secondary schools. We have managed to build 13 secondary schools in our constituency, courtesy of the NG-CDF.

I welcome those young men and leaders of tomorrow to the National Assembly. I encourage them that what you are seeing here in Parliament, it is you who will do it tomorrow. You are the fruits of tomorrow. Most of you might be lawyers or politicians. If you keep education in our community at high levels, then you can always fly high and achieve what is achievable in this country.

Thank you again. I appreciate this opportunity.

(Question proposed)

The Temporary Speaker (Hon. Omboko Milemba): The first bite on this is by Dr. Robert Pukose.

Hon. (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Temporary Speaker. I support this Bill by Hon. Martin Peters Owino. This Bill - and I want to confirm - came to my Departmental Committee on Health and we processed it. We will be proposing amendments.

This Bill speaks to the structure of community health workers in terms of how they are going to be placed. They will have a council that will regulate their practice, training and registration within their country. As we speak today, community health workers are not properly regulated. They do not have a council. They do not even have formal training that is uniform throughout the country. This Bill will address some of those areas so that there is, at least, a minimum qualification for you to be called a community health worker. It will even go further. Once they are placed in a cadre and accredited, then it is possible for them to be promoted. The county public service boards will employ them formally so that they can have meaningful or gainful employment. As it is now, many of them depend on a stipend that is paid by the national Government at Ksh2,500 and county governments at Ksh2,500 per month. Some of the county governments are not paying. The pay is not regular. Even the national Government is not paying some community health workers. There is close to 7,000 community health workers with no kits to perform their functions. Once they have a council, they will have representatives and they will be eligible to form unions so that they can negotiate for better terms for themselves.

With those few remarks, I support.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Esther Passaris. Hon. Eve Obara. Those who want to contribute can press intervention button. It will be easy for me.

Hon. Eve Obara (Kabondo Kasipul, ODM): Thank you very much, Hon. Temporary Speaker. I too support the Bill so that community health workers can be entrenched in the Government like any other professionals. I also support the proposal that they be regulated and

Disclaimer: *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor.*

formally employed by the Government. That is one group of people that have been completely under-valued. In my constituency, I can tell you for free that the amount of work they put in and their commitment are beyond our expectations. Those are people who are passionate about the job that they do, and the support they give the community is great. They understand the community very well. They understand the language. They know the people and they are trained on basic health matters. The current group of community health workers are people who have gone to school up to Form IV and so, they have basic education. They are people who can even be admitted to medical training centres. I have worked with them through the Great Lakes University of Kisumu, and some of you know Prof. Kaseje, the founder of the University, who started a programme where community health workers can be trained on health matters. We have collaborated with them under the NG-CDF. We support the community health workers to be trained. We pay for that service.

I support the Bill. Thank you very much, Hon. Owino. The Ksh2,500 that they get as stipend is too little for the kind of work that they do. In our communities, people die from diseases that should not have killed them in the first place. People even die from malaria and diarrhoea, while community health workers give them support. They should be motivated, recruited as professionals and put in the formal payroll of the Government for the great work that they are doing. We know that the number of doctors is not enough to cater for everybody. Not even the number of clinical officers. This is the gap that is being filled by those community health workers.

Thank you very much. I support once again.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Suzanne Kiamba.

Hon. Suzanne Kiamba (Makueni, WDM): Thank you, Hon. Temporary Speaker, for giving me time to contribute to this very progressive Bill. It provides an opportunity to this country to institutionalise issues of health workers. For the short period they have worked, we have very clear evidence that they are contributing significantly to the health in this country.

Hon. Temporary Speaker, you realise that we are spending a lot of money in healthcare and on cases that would have been dealt with right at the household level. Once that is institutionalised and operational through that particular framework, the cost of healthcare will be reduced in this country. If the cost of healthcare is reduced, we may not even need an extra budget for those community health workers. The long-term impact will be reducing the cost of healthcare and, sometimes, those people are taken to hospitals when they are as good as dead. Treating them will cost so much that if we prevent some of those cases, then we would not even talk about the budget. I am talking about that because many of the Bills that we pass here never see the light of the day because most people think about short-term money. As we pass this particular framework, I want to urge us not to think about short-term money or where the budget will come from.

If this framework is implemented, I am sure the healthcare cost will go down and claims of not having money to pay those workers or give them promotions will be a thing of the past.

Hon. Temporary Speaker, most Kenyans are dying because of food deficiency. Nobody tells them what is wrong with the food that they are eating. Nobody even tells them the right foods to eat because there is a serious knowledge gap in our communities on matters of health. If this is institutionalised and made more acceptable to the extent of almost being professional, I am sure the knowledge gap in our communities will be drastically reduced.

Secondly, you realise that we have communities that are sticking to their beliefs of superstition and witchcraft, even in cases of children who are malnourished. There have been cases where you can clearly see a malnourished child, but the parents are running to witch doctors. This will help us because after 63 years of Independence, surely, we cannot have our people still running to witch doctors on very clear issues such as malnutrition.

Hon. Temporary Speaker, getting this Bill with a clear framework for community health workers will also be a way of creating employment. You can imagine each village having a community health worker answering the real problems of the people. This will add value to our leadership because somebody who is part of the community will be there to help solve most of the problems in those areas.

How many people in Kenya are found to have died due to high blood pressure during post-mortem? It could be because nobody knew that the person had high blood pressure. How many women are dying of cancer? By the time the cancer is discovered, somebody is on her death-bed. If we have those community health workers in our country, we will have done our people a great service. Most of our healthcare challenges will be addressed at that level.

We are employing too many people because some of those problems are not being solved. Regarding the wage bill, every county is complaining about the amount of money they are paying for health care. However, if this was reduced by having community health workers, then we would have had a reasonable number of technical people. We will not have issues presented at their worst, and we will improve the status of health in this country.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Susan Nduyo, Tharaka-Nithi County Woman Representative.

Hon. Susan Ngugi (Tharaka Nithi County, UDA): Thank you, Hon. Temporary Speaker. I rise to support this very important Bill that has been moved by Hon. Owino.

Hon. Temporary Speaker, one might wonder why we are seated here today to talk about community health workers. The Bill seeks to form a council that is going to develop a framework to support, guide and regulate the work of community health workers in the villages.

Community health workers are very important people in our community. They reside with the people in the community. They understand their culture, beliefs and values. Community health workers are agents of change, especially in the under-served areas in our community. I come from Tharaka-Nithi County, and in the lower parts of the county, you can find an entire location without a single dispensary.

The community health workers are underpaid and most of them have not even been trained. They have not even been guided on how to prevent contracting diseases from their patients. It is those community health workers who help prevent the spread of diseases. In the local language, we say that prevention is better than cure. If those community health workers are empowered, and there is a framework to regulate their actions, the amount of money that we are using to treat patients, buy medicine, or even put infrastructure in our hospitals, will go down.

Hon. Temporary Speaker, community health workers have not been motivated. Ksh5,000 is too little for a person who has a family and needs to walk around the village. We need a council that will form a framework to guide how every community health worker will be paid and are certified. If we do that, community health workers will be motivated.

There are those community health workers who even pray and worship with the patients. They understand them. They can even sense and tell when someone is emaciated and their skin has changed. I support this Bill on the formation of a council that will draft the regulations and form a framework to support the community health workers.

After forming that council, we should not go back to the community to undermine and underrate other community workers because some of them are not learned or are elderly. Even as we form the council to regulate the performance of community health workers, let those who have been acting and working as community health workers be empowered. It is the council that is going to regulate how much the community health workers with post-secondary education or primary education certification will be paid, and even their wages.

Hon. Temporary Speaker, I support.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Catherine Omanyo.

Hon. Catherine Omanyo (Busia County, ODM): Thank you, Hon. Temporary Speaker. I support the Bill because community health workers are just like doctors or nurses who have been brought to the nearest door where a sick person is. I have so many friends who are community health workers and they tell me what they go through. Each one of them has a niche. They have several sick people. They understand the language of the patients that they visit. So, they help patients who cannot even tell where to get proper healthcare services by connecting them to the right health facilities. They also understand the language and the culture of the patients. Some patients cannot even go to a hospital to see a nurse or a doctor and tell them what is ailing them because of cultural boundaries on how to communicate.

However, with a community health worker who speaks their language, even if the patient speaks in parables about their condition, the health worker is able to pick it up and express to the doctor what is ailing the patient. The doctor will then treat the right disease. Those people just come from villages. Some cannot even express themselves in Kiswahili or in English properly. They can just speak their mother tongue. Those community health workers help a lot. The social support they give to patients, especially the bedridden, HIV-positive-living people, and the counselling they give, is so good because they are so passionate at their work. They understand better how to counsel or handle any person with such a challenging condition. Maybe, because some community health workers have gone through that; that is, they have been affected or infected.

Those CHPs in villages come in handy so much because there is also a shortage of nurses and doctors. You can find one psychiatrist nurse in a county being depended on by over 800 people. The CHPs actually help a lot when they come in. They are like assistant nurses or assistant doctors when it comes to places without enough nurses or doctors or clinical officers.

They also promote health. Every time, they sit with patients or people who are still not courageous enough to accept and visit a doctor. Every time they sit with people in the villages, they promote health. They speak about prevention. They speak about ways that one can live positively for over 20 or 30 years even when they have this or that condition. Many a times, when they have meetings, it is very interesting seeing how they use minimal or limited information that could not reach people easily. They do it so easily and in a way that people understand, including those with limited education. They can still understand that language and take care of themselves.

It is very bad that they do not earn well. They earn about Ksh2,000 a month, surely, and yet the risks they encounter every day are too high. We have to look into how to promote CHPs to do a better job. They are already passionate about it. They are already volunteering. We do not even know whether some of them exist and yet, they exist in the villages. I know we will be talking of a healthier society if they are motivated better. If we have a healthier society, our nation will not be wallowing in the miasma of poverty.

Apart from that, those CHPs also have very impressive social skills. They understand every home, where it is, who has what, who recently got this, and who was recently raped. They know everything. It is like village elders. They are closer to the people. If somebody is closer to the societies with one doctor in a county hospital who does not know anything about a village that has people with certain conditions, CHPs bring important information to the right places at the right time. Even if they use *mulika mwizi*, they have hotline numbers to reach the CCs and the chiefs very quickly to report matters.

If our country wants to move well from bottom up, the way we call it, CHPs should be given priority in motivation like getting a better salary and gadgets that can help them. They expose themselves to many risks. We must also think of how to help them to continue being healthy and supporting unhealthy people.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Kuria Kimani.

Hon. Kuria Kimani (Molo, UDA): Thank you. From the onset, I support this Community Health Workers Bill, (National Assembly Bill No.53 of 2022), as proposed by the great Member for Ndihiwa Constituency, Hon. Martin Owino. This Bill is seeking to include community health workers who are serving now as volunteers, into the Government payroll. This means they will be earning a regular stipend rather than how they serve the community just as volunteers.

It also seeks to provide a legal regime for the recognition of those providers of community health services as professionals in this country. The Bill is providing that a council will regulate the health workers. This is very important because the community health workers' council is the one that shall maintain a register and keep a record of all registered community health workers. It is also mandated to advise the cabinet secretary on community health matters. The council, as proposed in the Bill, shall establish a professional code of conduct that will be undertaken by those community health workers. This is very important because we need a professional code of conduct that will be regulated by the council so that, in the event that any of them behaves in a way that is not in tandem with community health practices, just as we have with doctors and nurses, legal and professional action can be taken against them.

Most importantly, this Bill is also providing for a requirement for particular certification. In this case, it is requiring that the community health promoters get a certificate in community health, psychology and counselling, social work development, HIV guidance and counselling, testing, immunisation, community development and health education. This is very important. Remember, when they were being recruited, there was no specification that they needed to have a particular certification.

With the introduction of the Bill, I am really hoping for a number of things. Once the council is established or even before, they are going to partner, for example, with our KMTCs. Like in Molo Constituency, we have a KMTC Campus in Molo Town. Even long before this Bill becomes law, I am hoping that institutions will start a programme to go and train community health workers on particular skills. By the time this Bill is coming into law, they will have acquired the skills. They are going to perform their roles as community health workers better, having undertaken the requisite professional training.

Hon. Temporary Speaker, I was trying to find out what best practice is among our peers and what they are doing very well. Rwanda is one of the countries that has come up with a very effective community health workers programme. What also stands out in the programme for Rwanda is that it has performance-based incentives. This ensures that there is proper accountability from the people and making it data-driven. Instead of just having community volunteers in the village, there are performance-based incentives about their performance. They get a particular incentive when they perform in particular standards. India bases their payment system on specific health outcomes. For example, immunisation. Remuneration for community health workers in India is based on real outcomes on health. One is given a target of how many immunisations to foresee and how many safe deliveries to oversee. Therefore, the incentive is based on that.

I am highlighting this so that when the council is operational, it can see how to pick those best practices and have Kenya having the best of those practices. For Brazil, they integrate public health systems with a team of a doctor, a nurse, and a community health worker. For every team of those community health workers in Brazil, they have a nurse and a doctor. They also have an elaborate programme on the management of chronic diseases.

We will save many burdens to most of our families if we found a way of having a community-based system at the village level to help with the management of chronic illnesses. When a family member gets a chronic illness that is incurable, for example, they are forced to

sell their land because even recruiting or hiring a health professional to take care of that loved one becomes very expensive. Maybe, we should include chronic disease management as one of the trainings that those community health workers should undergo.

Community health workers in Bangladesh have strong community ownership because they are recruited from their localities, just the same way Kenya is proposing to do it. Most importantly, we need extensive training and supervision, so that there is a proper team leader and job description. This should be followed by extensive continuous training of those people.

Our neighbours, Ethiopia, launched their programme in 2004. They call them health extension workers. They provide preventive and curative services, and health education. An interesting thing in the Ethiopian model is that those workers are also salaried. You can see that where there is the best practice, community health workers are not volunteers. They are salaried people, whether through performance-based or incentive-based models. They earn an income.

Why are we emphasising on those community health promoters? It is because research has shown that 40 to 80 per cent of both communicable and non-communicable diseases can be prevented with proper public health measures, vaccination, lifestyle changes and environmental intervention. For non-communicable diseases, up to 80 per cent of premature deaths such as heart diseases, stroke and type two diabetes are preventable. About 40 per cent of cancers can be prevented by addressing the risk factors such as tobacco use, alcohol abuse, unhealthy diets and exposure to environmental pollutants. This means that, at least, 40 per cent of cancer cases can be prevented by intervening in those particular measures that I have outlined. Infectious diseases such as Measles, Polio and Hepatitis B can be prevented through vaccination. That is why that performance-based or incentive-based models based on particular health outcomes should be the basis for those community health workers. This will ensure our children get all their vaccinations. As you have seen, even those infectious diseases can be treated by vaccination.

Vector-based diseases such as Malaria, Dengue Fever and Zika can be prevented through vector control. Malaria can be prevented 100 per cent by vector control. We can get all that information, including on diarrhoea, which is the loss of water through frequent bowel movements. It shows that taking enough water and sanitary hygiene can prevent that disease. Science backs that 40 to 80 per cent of communicable and non-communicable diseases can be prevented. The way to prevent them is to engage the community health workers into the community health management. We should also find a way of managing them by giving them an incentive and measuring it either by making their contract performance-based or incentive-based. There must be particular measures of outcome that we need to give to those people before we remunerate them, in addition to the extensive and continuous training.

With those remarks, I beg to support the Bill and congratulate the Member for Ndhiwa for bringing it.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Christine Ombaka.

Hon. (Dr) Christine Ombaka (Siaya County, ODM): Thank you, Hon. Temporary Speaker, for giving me this opportunity to contribute. This is a wonderful Bill. We congratulate Hon. Owino for bringing it here.

Healthcare in this country is wanting. It is very weak. We complain so many times that it is not managed properly. But this is a window to improve the healthcare and the lives of community health workers. They live in the community and speak the same language as the people they live among. They offer very good services that are not easily available to community members. Information is important. They give information about health and malaria. They give the community information. They educate the community during *barazas*. I have seen that in the community that I come from. The role they play is quite lengthy and very expensive as well. One may think it is cheap, but it is not. Community health workers started off as a voluntary job. Anybody who was interested in offering healthcare information

would give it to the community at a *baraza* or any other gathering within the community. They offer information about health and malaria, which is prone in my area. Young children die before their fifth birthday. Therefore, they are very critical in giving information to women whose children are still very young. This reduces the number of children who die before they are five years old.

When it comes to maternal healthcare, where an expectant mother is going through some trauma with her pregnancy and there is threat to abortion, they call an ambulance at the nearest hospital to come and rescue her. They offer emergency services, in terms of calling the nearest healthcare centre to bring an ambulance and take a sick or a person in critical condition to the health centre. I see them linking patients from the village to the nearest hospital. Their role is so immense.

During the floods and emergency times, their role is always called upon. They are the ones who distribute mosquito nets, food and blankets. They also help in giving people information and treatment. Even further than that, they take care of health. The community knows them. Sometimes, they also cry and say that they do a lot using their money. They are not paid properly. If Ksh2,500 is given to you on a monthly basis, surely, that is far from what is expected. Yet, they use that money to buy drugs like panadol and keep them in their houses. They also keep spirit for any wound that may come. People go to their houses all the time to ask for panadol. They are always equipped with medicines in their houses, which they buy using their resources.

We need to empower and give them the opportunity to serve *wananchi* much better than they are doing now. We cannot expect them to use their Ksh2,500 to buy medicine and keep them. They are seen as pharmacists. They are the ones who keep medicine. People run to them and ask for medicine for headache and stomachache. They cannot afford them. We need to support them.

Lastly, those are the people who are young and educated. In the past, we used to refer to them as traditional birth attendants. They emerged from there. They are no longer traditional birth attendants. Those are Form IV leavers who have decided to move into the medical line, and get some training to improve their lives and get jobs. They fall into that group. However, they have a bright future as people who can be trained to become full-time nurses. Some of them passed very well in their Form IV examinations. They can be trained to do much better or offer services that are higher than community health workers.

It is also well known that community health workers are voluntary. They do it from the bottom of their heart because they love their job. Today, county governments are employing them, but they are doing it in piecemeal. They claim that they do not have enough money to employ them. Therefore, they are not taking their employment seriously. They are not on permanent and pensionable terms. They are just on part-time or little contracts here and there. There is no seriousness about their employment. It is critical that those people are taken seriously and be employed properly on permanent and pensionable terms. This will enable them to get proper training because they have the interest and spirit to serve the *wananchi*. The curriculum that is used to train them should be uniform and the certificates they get after training should be the same. This will enable them to move on the same basis with each other. By so doing, one will not be seen to be better trained than the other, but they will move at a level that they need to go together. Healthcare is important and we need to take it down to the community level where the people are. I support this and I hope we shall implement it as soon as possible.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Francis Sigei.

Hon. Francis Sigei (Sotik, UDA): Hon. Temporary Speaker, at the outset, I rise to support the Community Health Workers Bill. I particularly applaud my great friend, Hon. Martin Owino, for bringing that important Motion to the Floor.

Health is the most critical docket in the nation. I call health workers – that is the people we are talking about - health warriors. They are health warriors because they protect the nation by taking care of the health of the Kenyans so that our people can be productive. Any nation should not have its people infected with simple ailments which can be detected early and be treated. Therefore, Hon. Temporary Speaker, this Bill is going to play a critical role. It intends to transform and professionalise the health workers' profession.

Health workers work with the people at the grassroots. They understand their language since they spend time with the people from morning up to evening. That trajectory is changing because they are going there from time to time and they will be given more information on the latest technology and medicine. They will also be taught on how to approach various issues. I support this Motion.

I also want to say that prevention is far much better than cure. For a very long time, we have concentrated more on curative approach which has been very expensive for the Government. Therefore, this Bill has been introduced at the right time to save the Government from spending a huge amount of money which can be saved by that important part of our population. I want to mention that the health workers are critical. They can assist our people who are suffering from terminal diseases by providing counselling and assisting them in managing their daily problems. This is very important.

For a very long time, we have had problems in our rural areas where people travel long distances to get medical services. I am talking about maternity cases, where women have had complications while they are giving birth. Child mortality gives us problems, but we can save our children by using those important 'warriors' as I called them earlier. Emphasis should be put on training. Again, I want to mention that the Ksh2,500 token of appreciation that they are given is not enough. I am very sure that we can save a lot of money from that curative approach and give it to those health 'warriors' for upkeep. As any other Kenyan, they also have needs.

Therefore, I support this Bill. We should also appeal to the county governments to be more serious in providing health care. The problem that we have is the provision of healthcare services in the county governments. We have a lot of problems. There are no drugs, services or doctors. We implore upon county governments to be more serious and assist those community workers so that they can be effective.

Therefore, I thank the Member of Parliament from Ndhiwa for moving this very important Bill. We only hope that the implementation, which is very critical and where we have failed most of the time, will be done in a special professional way and the Government must account for those health workers.

Hon. Temporary Speaker, I support this Bill.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Joseph Oyula, Member of Parliament for Butula.

Hon. Maero Oyula (Butula, ODM): Thank you, Hon. Temporary Speaker, for granting me this opportunity. I want to start by congratulating Hon. Owino for bringing this Bill to the House.

This Bill proposes to establish a management system that will help to bring health worker together and guide them in the management of their work. Currently, health workers depend on the information they get from the nearest dispensaries in their villages. They have no other way of bringing out their complaints to the Government.

If this Bill goes through, they will have a good system through which they will be trained and give properly coordinated services. They will also move from house to house without fear. Those are people who know their work; they move freely and they are very close to the citizens in the villages. Therefore, they need to be guided and promoted. This Bill is looking at a system that will help them to get proper advice on their work properly coordinated and move on with their work.

Health workers also need short courses. Unfortunately, there is nobody who can organise for them those courses to improve their knowledge. It is only through this system, if it is accepted, that the health workers will be helped to upgrade their knowledge by attending short courses to do their work fearlessly.

This is a very important Bill, which should be supported. The health workers should be guided and supported to enable them succeed in their work. Those are people who understand the villagers very well. They communicate and support mothers and young children by advising them on what should be done, particularly, in areas where there are infections.

Therefore, Hon. Temporary Speaker, I support this Bill. I also want the Government to look seriously into the issue of health workers. The amount of money that they are given is peanuts, if we compare it with the work that they do. They move on foot going from house to house and yet, they are given Ksh2,500 only. That is laughable. I think it is important for this group to be recognised in the law and given an administrative system. This will guide and support them whenever it is needed.

Thank you, Hon. Temporary Speaker. With those few remarks, I support and congratulate Hon. Owino for this good job.

The Temporary Speaker (Hon. Omboko Milemba) Hon. Naomi Waqo. Hon. Gitonga, she is a ranking Member and a leader. Let us hear her first.

Hon. Naomi Waqo (Marsabit County, UDA): Thank you, Hon. Temporary Speaker, for allowing me to add my voice to the Community Health Workers Bill, which is very important. I also congratulate Hon. Martin Owino for thinking about this very important area, which has been neglected for many years. With the current health challenges in the entire world, we seriously need to empower health workers, who are needed 24/7 in the community.

They move in every village, from one home to another, but for many years, nobody considers them. That is why, in the past, they were called volunteers. This is because we do not appreciate them. The Bill provides a framework for the regulation of community health workers. Again, Part III from clauses 17-25 provides for the establishment of a council whose function is to deal with the registration and training of community health workers.

Qualifications of community health workers are clearly shown in the Second Schedule. Whoever wants to be a community health worker must have a certificate in Community Health, Psychology, Counselling, Social Work, Community HIV Counselling and Testing. At the same time, training is needed because we must build their capacity so that they are relevant. Situations change from time to time, and there are new diseases those days. We know very well that many Kenyans are depressed, and this has affected their blood pressure and blood sugar.

Those diseases can be well maintained, controlled and prevented if our country has enough community health workers. Again, the Bill proposes that the council headquarters be in Nairobi. I suggest having branches in almost all counties so that those services are readily available. I am sure that once this Bill is approved and passed, many community health workers will be recognised and receive good pay.

We need to give them proper identification so that they are easily identified. We also need to provide them with first aid kits to use in remote areas because hospitals and dispensaries are very far. Community health workers are passionate about helping people in the community. So, they should be given the gear that they need. Most of them walk, and shoes should be provided to them so that they can reach people in different areas and provide services. We are exposed to different diseases in different areas.

I have already talked about the qualifications. The Bill also speaks of disciplinary measures in case of any violation. If one does something wrong, it provides disciplinary action. As a country, we need that to enhance our services to the people.

Hon. Temporary Speaker, with those few remarks, I support and congratulate Hon. Martin for coming up with this Bill.

The Temporary Speaker (Hon. Omboko Milemba): Hon. John Gitonga.

Hon. Gitonga Mukunji (Manyatta, UDA): Thank you, Hon. Temporary Speaker. I also rise to support and congratulate Hon. Martin Owino for bringing this Bill.

From the onset, I have been privileged because my mother is part of this team of Community Health Promoters (CHPs). I grew up knowing how important it is to have such a person in the village. I have seen her help women to give birth and people with health problems. She is a hero in our village because of what she does.

My definition of CHPs is *kujituma*. Those people have done their work for the longest without the appreciation from the Government. As we are seated here today, we should realise that CHPs have not received their stipend for nearly four months. They found themselves right in the middle of the county and national Governments because of the Bill that was passed here.

Some 2,500 CHPs have not received even a single coin from the county governments. So, this Bill has come at the right time. They lack representation in terms of how to bring their views and address the issues that they face in their work. The council will come in handy to ensure that CHPs have representation and can look at emerging issues in this sector. They can also negotiate for good payment. This is very important. The talk of ensuring that we achieve Universal Health Coverage (UHC) has been pronounced in many areas. We want to go for what we call preventive healthcare, instead of curative healthcare. Community health promoters (CHPs) are supposed to be well-trained and well-taken care of to ensure that they help our communities to embrace preventive healthcare.

I am happy with the presentations by many Members who have spoken on matters that are related to high blood pressure and diabetes. Those matters can be cured before getting to a level where they cost a family a lot of money. Those are the same measures that we can use to ensure that our informal sector embraces the Social Health Authority and the Social Health Insurance Fund. Community health workers can help us ensure that deep down in *mashinani*, our communities can pay for health coverage so that they can enjoy the services.

The current system for health promoters has left them without negotiating grounds. They have even used Members in this House to table information about the delays in their pay. I am happy that the council is headquartered in Nairobi because it will ensure that they can get their stipend on time. I propose they get their stipend from the Social Health Authority and the Social Health Insurance Fund. They can then be guaranteed no delays when it comes to their payment. If they are well paid, they will do their work without distractions. This is not a part-time job. Those people are on call 24/7. I have seen my mother being woken up at midnight to go and help somebody who needs some support.

I call upon Members to support this Bill 100 per cent. I call upon Members to remember the 107,000 community health promoters in our villages. When this Bill is being passed, I request Members to fill this House in their numbers like they did during the impeachment of the Deputy President. All Members should be available to support this Bill. If we pass this Bill, we will be seen as a House that deals with pertinent issues.

Let me say something about the use of technology. I was very happy when I heard that the Government was implementing a programme to ensure CHPs have smartphones to facilitate their sharing of information with doctors and nurses. Community health promoters should be kept abreast with matters of diagnosis of diseases that are plaguing our people in the villages. When I sat down with over 500 CHPs in my constituency, I brought them together and formed a SACCO for them. They have embraced that arrangement to ensure that they, at least, earn a living, grow and borrow while they are doing their work.

I call upon this House to support this Bill and ensure that our CHPs feel represented in this House.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Adipo Okuome.

Hon. Adipo Okuome (Karachuonyo, ODM): Thank you, Hon. Temporary Speaker, for giving me the opportunity to contribute. Let me start by thanking my friend, Hon. Owino.

(Hon. (Dr) Ojiambo Oundo stood in his place)

The Temporary Speaker (Hon. Omboko Milemba): Order, Hon. Oundo. I have seen you. I am a seasoned moderator. Take your seat.

Proceed, Hon. Okuome.

Hon. Adipo Okuome (Karachuonyo, ODM): Thank you, Hon. Temporary Speaker. I was thanking my friend, Hon. Owino, for moving this Bill. It is very important. In fact, we ought to have passed it a long time ago. I say so because I recognise the work that the health workers are doing. Indeed, if anything, the nation is exploiting their services. We are not fair to them. As one of my colleagues has said, those people wake up at midnight and are always on call. They go out at night while risking their lives to help the needy. Yet, we do not want to help them. What we give them in return for the important service is very little. The nation should feel guilty that those people are ignored and yet, their services are valuable to everyone. Communities get a lot of help from them.

We also know that hospitals, dispensaries and other treatment facilities are far from some communities. The community health workers remain the only hope. We, therefore, need to recognise them and give them proper remuneration commensurate to their services. The nation benefits from their services. In the end, they reduce the medical expenditure of the nation if proper care is taken at the grassroots. One of our colleagues said that illnesses start right in villages and not in hospitals. So, we need somebody at the village level to take care of the sick when a disease calls. Imagine if there is no community health worker, and a hospital is 50 kilometres away. What would the sick person think? Just death in front of them. The Bill is very timely, and we need to take action on it. I urge my colleagues to support it fully so that we can provide services where necessary.

With those few remarks, Hon. Temporary Speaker, thank you so much.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Esther Passaris.

Hon. Esther Passaris (Nairobi City County, ODM): Thank you, Hon. Temporary Speaker, for allowing me to contribute to the Community Health Workers Bill that has been brought by Hon. Martin Owino. First, I congratulate him for taking the bull by its horns and realising that CHPs provide that service, but it has not been well structured.

We recently saw the President launch the community health promoters' drive. It was very well funded by donor partners. They were all given kits and uniforms. There was much excitement about finally being recognised. We need to have the buy-in of all counties. We also need a legislative framework so that the county governments can engage community health promoters or volunteers under a structure. I hope the council will be all over the country, in the eight former provinces, if not in the 47 counties. It requires that we have structures.

Hon. Temporary Speaker, when we look at health, having had the pandemic, we know we are already preparing for the next pandemic. Every time we have vaccinations, we always call on the community health promoters to come in. Training is important. The African Medical and Research Foundation (AMREF) was the one that was driving that whole community health promoters and volunteers' agenda. They called them in every time we needed polio vaccinations or education on various health issues like typhoid, cholera, *et cetera*. They were providing that service and were paid a stipend for the period that they were working and serving. At that particular point, the donors engaging AMREF were paying them *ad hoc* for a particular service they were providing, training them on what they have to do, like mobilising people from various estates to come for vaccinations, which was important. They also educated people about the dangers of not having those vaccinations. We have realised that with the

pandemic and in anticipation of the next pandemic, we must recognise that the team of community health promoters are engaging right at the grassroots level with the community. They know where the community is, who is ailing or who needs services. We need to create structures that create linkages between the community health promoters and the nearest medical facilities where they are recognised.

I understand that right now in Kenya, we probably have 200,000 personnel providing health services across the line, including nurses, medics, administrators, doctors, surgeons, *et cetera*. Community health promoters are about 100,000. I feel that we are going in the right direction to provide a stipend for them. However, if we are going to engage and have high expectations from them, including getting certified, being called upon, and making sure they look after about ten houses in their area, then we are actually underpaying them. At the end of the day, what is Ksh2,500 in today's economy for somebody you expect to be servicing the entire estate and understanding where the PWDs are, cerebral palsy children, the sick, older people, hypertension cases and women who are about to deliver? We think that they do not need transport because they have to walk. But even walking is energy consuming, which needs to be compensated. A community health worker has to leave their house in the morning because somebody called them to check on a sick woman. In Nairobi City County, I have to commend our Governor, Hon. Sakaja, because when you dial 1508, an ambulance comes to your aid and almost immediately takes you to a facility.

How can we create structures in such a way that even the community health promoters have desks within the facilities that are nearest to them? If they have desks within the facilities where they operate, they can also help because you sometimes find so many people in the reception area and nobody is there to look after them. We know that most of our facilities are under-staffed. When this Bill goes to the Senate, they have to recognise that when we devolved health in Levels 1, 2, 3, 4 and 5, we ended up having many facilities deteriorating in standards. We built so many facilities under the NMS in Nairobi, but they are under-staffed. What is the best way to do that? When we have the legislation, it will obviously be a Money Bill. We need to have the legislation in place because, if we are looking for universal health care, then there is no way we are going to attain it if we do not have the structures in place from the grassroots, where you can visit somebody who is sick and understand how you can provide the services to them. We need to set a standard. If we set the standards in terms of legislation, I believe we can get many people who are interested in that particular career. At the end of the day, we have a huge unemployment rate.

We need to look for ways to incorporate those community health promoters into the health structure and ensure they become permanent and pensionable. How do we compensate them for the job? We can have different grades. You can come in at an entry point where you only do X services and earn a stipend every time you are called upon to offer the service. If we are looking for universal healthcare as a country, there is no way we will attain it if we do not have structures from the grassroots in place. You can talk to those structures. You can go to them, visit somebody who is sick, and understand how you can provide services to them. We need to set a standard. We will get many people who are interested in this career, if we set the standards in legislation. At the end of the day, we have a huge unemployment rate. We need to look at how we can incorporate them into the health structure and ensure they become permanent and pensionable. How can we compensate them for the job? We can have different grades. You can come in at an entry point where you only do X services and earn your stipend whenever we call you to do a specific job. However, it is not structured, and there is no recourse to say we will pay you Ksh2,500 and then have all the counties not wanting to engage or pay you. It exploits the citizens who are trying to do the work out of empathy, compassion and passion for wanting to be in that space.

We also have many short courses that we can present to our community health promoters. Short courses can help them become caregivers because we keep talking about a bulging youth population. In another 40 or 50 years, that bulging youth population is going to be an aged population. We will still need to have structures on how to care for older people and their needs. We also need to make sure that, instead of having older people get their pressure, diabetes or arthritis tablets from the hospital facility when they can hardly stand up and walk, community health promoters can register those patients. Then, they can go and collect tablets from the nearest facility, deliver them and tell the family how to do it. We also need to see how we will take the diapers and wheelchairs and how we can ensure that whatever we engage them to do, serves the delivery of universal healthcare.

It is going to require money. As a country, we have to put our money in areas that touch on the people the most. That is what they expect of their politicians. They expect their pain points to be touched. One of the biggest pain points is health. Cancer is everywhere. We have patients that are in so much pain. They cannot afford the cancer treatment. They are just in their houses. Even if the community health promoter visits them, they endure much anguish. Are we going to have a debriefing? Are we going to have counselling for them? We are talking about how they are able to provide a service. However, what service is the Government providing to community health promoters? They are human beings. They see so much pain out there. They see no solutions. How are we debriefing them? How are we counselling them? How are we strengthening them?

When we want to do something like UHC, we know that community health promoters are integral to providing that service. Let us not exploit the people who offer themselves to do that service. Let us recognise that they are an important part of delivering universal healthcare. Let us ensure that each county engages them and ensures they get their payment on time. An *ad hoc* engagement can be Ksh2,500 because they are going to cover a vast area. However, you cannot say we will give you a stipend of Ksh2,500 for the entire month. Basically, you consider this as a part-time job. That amount cannot even pay rent in Nairobi, let alone pay for their families to have services like medical services or education.

As a country, we need to find a way to top the population. Maybe, the same community health volunteers will do that for us. There is so much that we need to do. All in all, this is a step in the right direction towards the Universal Healthcare Coverage.

Thank you. I support.

The Temporary Speaker (Hon. Omboko Milemba): Let us have Hon. Nicholas Ng'ikor, followed by Hon. Oundo.

Hon. Nicholas Ng'ikor (Turkana East, JP): Thank you for allowing me to add my voice to this important Motion by our brother and colleague, Hon. Peter Owino.

In my opinion, this Motion is long overdue. I come from a place where we do not have even a dispensary. My constituency is vast, and the dispensaries there are countable. With the population there, most of my people live in rural areas where getting nearer to health services is a problem.

Hon. Temporary Speaker, with the introduction of those community health workers in our villages, I can testify and say that health matters have improved by a great percentage. Those people are supposed to be given regulations the way we have stated here. I urge everyone to support this Bill not only for the CHWs, but also for the entire population in our country.

In the marginalised and remote areas like where I come from, people die due to small diseases which can be managed. But with the help of those community health workers, people get information. Sometimes, back in my constituency, pregnant women were not aware of those clinics. However, through the help of those community health workers, a number of them go to clinics nowadays. We have set up a programme for the areas that are without dispensaries through those community health workers. We take a number of pregnant women who are about

to deliver to the nearest health centres. They stay there, and we monitor them until they deliver. All this is done through the information from community health workers in our nearby dispensaries and health centres. That is a very important group in the health sector.

Community health workers will help our people in health matters when this law is enacted. They help immunise small children who are five years and below. Those children were not immunised in my community because their parents were not even aware of the immunisation exercise, or example, the polio vaccine. The children were not immunised in some areas because we did not know where those people lived. But with the introduction of that team, those services are rendered in all the places in my constituency.

The token that those people are getting is insufficient compared to how they manage the issues in those areas. They travel on foot because there is no public means in my area and other areas in northern Kenya. They travel many kilometres to help people. We need a Bill like this one to assist them in travelling, buying water and getting something to eat with their families. I believe that we can take the introduction of this law as a Christmas gift in our country. We need to pass it to help community health workers do that great job in our communities.

We talk of primary healthcare in the country. The introduction of those community health workers has minimised the mortality rate of our small children. Nowadays, you cannot hear of it in some areas. It has decreased just because of the information they get from those people. Once they get those tablets, they take information from the health centres to our grassroots, where everybody knows what to do. For example, they inform people about boiling water and what food to eat when one is suffering from a certain disease. Many people get information, which is power. All the information on health matters gets to the people through the health workers. It is good to allocate most of our health budget to that team.

Health is a devolved function; it is in the counties, and we want it to be devolved further to the villages. The way to do that is through the community health workers. There is no other way to resolve health matters. We can talk of devolution being at the county headquarters. However, according to how the Bill was drafted, the headquarters is in Nairobi. In my opinion, we need to strengthen the headquarters at the county level so that they can provide healthcare services to the people in the villages.

With those few remarks, Hon. Temporary Speaker, I support.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Oundo.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Thank you, Hon. Temporary Speaker. I would not want to complain. If I do, I can even sleep without food.

Hon. Temporary Speaker, since Independence, we have had three critical goals: To reduce poverty, ignorance and diseases. Whether we have achieved that up to now is subject to debate and research. Subsequently, the United Nations Assembly resolutions concerning poverty and the rest have always included the issue of health and, more so, the reduction of mortalities, infections and communicable diseases. COVID-19 jolted the slumber that many of us had about pandemics and epidemics. Medics know the difference.

Sustainable Development Goal No.3 calls for good health and well-being. Good health and well-being start with the primary foot soldiers. Those of us who have been around for some time remember the mid-1970s or early 1980s on the issue of Bora Afya. They still remain to date. They played a critical role. They ensured all homesteads had pit latrines. That was to reduce open-air defecation that was polluting rivers. They ensured that all the rubbish, even the smallest urban trading centres, was always collected and burned. They believed that prevention, as we always said, is better than cure.

Hon. Temporary Speaker, let me laud my friend, neighbour and desk mate, so to speak, *Wuod chief*. Indeed, this Bill was brought to the House in the last Parliament. This is the tragedy that we have.

Hon. Temporary Speaker, you are in the Chairperson's Panel. When you retreat, you must come up with a robust working system that will ensure Bills do not take more than one calendar year to be processed. But that is beside the point.

When you read through this Bill, I see that it is what we would call an administrative Bill. The Act will become an administrative one to professionalise community health volunteers. I would like to draw my colleague's attention to the three healthcare Bills that we passed. I hope he had an opportunity to tie up with the changes that we made in the Health Act that we passed here to implement Universal Health Care. They should be dove-tailed so that we borrow the best from them to avoid the repetition that is provided for.

I want to be fair and brief. I draw the attention of the Mover of the Bill that if we are going to professionalise community health workers, I agree with the issue of training, which I will address shortly. I agree with the Mover of the Bill that if we want to professionalise community health workers, the issue of training is necessary. It must be made mandatory that any person who proposes to refer himself as a community health worker must be registered by the registrar. You cannot purport to offer any services or undertake functions akin to community health work if you are not registered and licenced by the registrar of the council. That way, we will entrench professionalism as we move forward.

Secondly, the issue under Clause 22(2) is that if any person feels aggrieved for being denied registration, the first recourse provided in the Bill is the High Court. Hon. Dr. Pukose is here, and *Woud* Chief is familiar with health matters. I believe some kind of tribunal must be established under the Health Act or other health-related laws. Can the tribunal be used as a point of recall instead of going straight to the High Court? This will expedite the resolution of the matter. It will also avoid saddling the High Court with so many cases that are of a professional nature.

Thirdly, I have seen that the Second Schedule has prescribed courses a person who is eligible as a community health worker should undertake. They include a certificate in community health, psychology, counselling, social work, community HIV counselling and testing, immunisation, community development, health education or its equivalent from a recognised institution. The latitude that has been given is wide enough. The danger is that it might not be very professional. That is because I do not know what they teach in social work that can amount to basic health matters.

I also request that we consider traditional medicine. Many of us grew up in the rural areas, unlike those who grew up in Nairobi and other urban areas. We know that if you had stomach pain, we used to pick some herbs, pound them, add some hot water, and the pain would be relieved. We did not need medical attention. If you had a debilitating cold or congestion of the head and nose, we would boil some herbs and cover yourself in a blanket. By the time you come out, you are as good as new. Even conditions like rectal dysfunction were treated using natural herbs. When you walk around Kakamega...

Hon (Dr) Robert Pukose (Endebess, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Order, Hon. Oundo. What is your point of order, Daktari?

(Laughter)

Hon (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Temporary Speaker. I do not wish to interrupt my colleague, Hon. Oundo, but I think he is out of order. He has introduced the issue of traditional medicine and associated it with community health promoters. In the schedule that has been provided by Hon. Owino, it is not part of basic training. He knows that traditional or herbal medicine is trained even at very high levels. It is part of the alternative

medicine. I do not think it should be introduced at this stage as part of the syllabus for the community health promoters.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Allow me to complete.

The Temporary Speaker (Hon. Omboko Milemba): Order, Hon. Oundo. That will depend on whether you want to be informed.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): I am sure Dr. Gogo wants to inform Dr. Pukose...

The Temporary Speaker (Hon. Omboko Milemba): Hon. Oundo, do you want to be informed?

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Does she want to inform me or Dr. Pukose?

The Temporary Speaker (Hon. Omboko Milemba): To inform you.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): I do not mind being informed by...

The Temporary Speaker (Hon. Omboko Milemba): Proceed and inform Hon. Oundo.

Hon. (Dr) Lilian Gogo (Rangwe, ODM): Thank you very much, Hon. Temporary Speaker and my senior Hon. (Dr) Oundo. On this very important matter, I want to inform him that what he says has substance and quality, and is practicable and applicable. Community health workers' having some input in traditional medicine is a serious matter. He needs to emphasise it because I may not get time. The information that I wanted to give you is that, apart from the...

The Temporary Speaker (Hon. Omboko Milemba): Order, Hon. Member.

Hon. (Dr) Lilian Gogo (Rangwe, ODM): There are so many basic traditional medicines that this...

The Temporary Speaker (Hon. Omboko Milemba): Order, Hon. Member. You know, this Bill is yet to go to the Third Reading. So, thank you.

You may proceed, Hon. (Dr) Oundo.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): That is why I wanted to tell Hon. (Dr) Pukose that we will present in the Committee of the Whole House and let the House decide.

Hon. Temporary Speaker, on many occasions, I have had to accompany my Governor when he went to meet community health volunteers. Indeed, one of the things I know is that they are given some diagnostic gadgets and some basic drugs. Traditional medicine is readily available, and it solves quite a number of basic problems here and there. That is why we are saying that basic training, as much as it is trained at a very high level, we can still bring it down here and do basic training so that the people can understand what things can be done.

From the understanding of how they work and, probably, if you look at even the memorandum and objects of the Bill, they mention the purpose that is close to the people -that they understand and know the people. The only point of concern is that they would collect a lot of information and data about a particular family, household or individual. There is nothing so humiliating for your medical conditions or medical records being discussed in beer dens, in *chamas* and the rest. Can we put into place in this Bill some code of conduct that bars them from disclosing medical records of any particular person they have dealt with without authorisation?

There is nothing so humiliating. A community health worker goes to a beer-drinking den and meets somebody who probably has been picking HIV drugs and says: "*Wewe boss! Hujachukuwa madawa yako ya ukimwi! Utachukuwa siku gani?*" (When are you coming to pick up your ARV drugs)?. So, as we professionalise, we must make it extremely professional. We might probably have to find a way of tying this Bill and compelling those workers to be enjoined now in the new infrastructure or health provision architecture, on which he talks about Level I. Is it possible to find a way to compel the county governments to employ those Level I interventions or Level I health people to ensure that they deal with the basic things? I am

surprised that the Bill is said to be a Bill that does not concern the counties. Yet, 90 per cent or literally all their services will be undertaken under a function that squarely lies in the county governments. Unless we think they can actually start offering their services to individuals as some kind of compensation, which I think one of my colleagues was talking about somewhere in Ethiopia, some kind of community compensation, where those who receive services can pay for the services rendered. So, this is a debate that we might have to think about. We should go back to the Committee on Health to reconsider and probably find a way to compel the county governments to employ those community health workers.

Hon (Dr) Robert Pukose (Endebess, UDA): On a point of order.

The Temporary Speaker (Hon. Omboko Milemba): What is your point of order? Hon. Pukose?

Hon (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Temporary Speaker. The Committee considered, and the recommendation is that it concerns the counties. Therefore, this is a Bill that will go to the Senate. Initially, when it was drafted, that was the thinking of the drafter but, once we went through it, it became a Bill that concerns the counties.

Hon (Dr) Ojiambo Oundo (Funyula, ODM): Thank you. As I wind up, we also probably need to tell the Senate that this National Assembly has people who can understand and read the Constitution and tie it up. So, we do not fight over things that do not belong to us, but we appreciate, and forward to them the things we believe belong to them. So, there should be no sibling rivalry because we know primary health care is a devolved function, whichever way you look at it. As I conclude, this is again a plea to the county governments. Health is critical and important to this country's welfare and economic development. Can the county governments invest money in health care? Can they get medicine and drugs in hospitals? Can they get to pay people with Human Papillomavirus (HPV) so that they are motivated to work and talk to people about basic prevention and attention before they seek and clog the medical facilities?

With those few remarks, Hon. Temporary Speaker, I support. If he agrees, we will move some amendments. He is my friend and he will agree.

Thank you.

The Temporary Speaker (Hon. Omboko Milemba): Is Hon. John Waithaka in the House? He will be followed by the Hon. Phelix Jalang'o. Provide a microphone for Hon. Waithaka. Is there a microphone around that place?

Hon. John Waithaka (Kiambu, UDA): Thank you, Hon. Temporary Speaker. I rise to support this Bill. I would like to congratulate Hon. Martin Owino for bringing this Bill at the right time. Health is an important aspect in the development of any nation. Good health and well-being is goal number three among the 17 Sustainable Development Goals. Investing in good healthcare system, therefore, includes empowering the human resource, who are the health workers and ensuring that they have the training and the skills they require to carry out their duties.

Part II, Clauses 3 to 16, provides for the establishment of the Medical Social Workers Council, whose objective will be to exercise supervision and control over the training and practice of medical social care workers in Kenya. We have seen many quack doctors in this country, including the famous Mugo wa Wairimu, who was jailed for 25 years in the year 2022.

In 2023, Citizen TV reported that the Kenya Medical Practitioners and Dentists Council shut down 44 health facilities across Nakuru County for failing to comply with the set standards. It was also established that some of the hospitals were operating with quack doctors and expired drugs on shelves, while some had lab samples that had gone bad. I recall when I was a young boy in the estates of Nairobi seeing housewives who were responsible for delivering children in the estates like Jerusalem, Jericho and Uhuru. At that time, the number of children who died was very low. I am hoping that those community health workers (CHWs)

will bring back that very necessary service of housewives to the community. The CHWs will also help the people in the village who are diabetic by making sure that they get the proper dosage of insulin that is required to control diabetes. They will also be making sure that they receive the dose at an appropriate time.

The CHWs will also be visiting families of members with high blood pressure to make sure that they are on proper diet and that they are exercising. Those with HIV are required to refrain from risky lifestyles and the CHWs will make sure that they are following a very healthy lifestyle. Those CHWs will also coordinate with those who have chronic health conditions to support groups that are available in the community. They also offer support in terms of psychological help, talking to them and giving them hope, so that they can continue living a hopeful life. I call upon the Government to come up with ways to compensate community health workers because they are currently getting minimum pay which does not cater for their needs and yet, they will be providing a very important service to the community.

Community health workers have many advantages. They are members of the communities that they serve, they understand the culture, the values and the beliefs of the community and thus, they provide trust among both parties

I support this Bill. I call upon other Members of Parliament to support this Bill because it will benefit our communities, both in the villages and also in the cities.

I beg to support, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Yes, Hon. Jalang’o Phelix.

Hon. Phelix Odiwuor (Lang’ata, ODM): Thank you, Hon. Temporary Speaker, for giving me this opportunity to add my voice to this very important Community Health Workers Bill, 2022.

First of all, I want to take this opportunity to salute the 326 community health workers of Langata Constituency for the good job that they are doing. I also take this opportunity to thank World Vision for leading a training that is currently ongoing for community health workers in Lang’ata Constituency. Thank you very much. We call upon more partners to come so that we can continuously train our community health workers.

If there is anyone who knows the health condition of our communities to the last person in the village, it is a community health worker. This is because most of them interact with our people on a day-to-day basis, and almost on a door-to-door basis. They keep their records, they know their health conditions and the drugs that they use, and they are always there for our people. With the shortage of doctors and nurses, community health promoters play a very important role in bridging that gap. They are always available 24 hours a day. Even with the meagre pay that they get of Ksh2,500, they will always be there to respond to any situation on matters health at any given time.

Another thing that they definitely do is health promotion. They use the simple education that they get from the continuous trainings to support our communities. I support the fact that community health workers must now be considered as an integral part of our healthcare system. They should not only be well-compensated, but they should also be well-equipped because they deal with the health-related issues of our people.

I thank Hon. Martin Owino, the Member for Ndhiwa Constituency, for bringing this timely Bill. Thank you very much, Hon. Temporary Speaker, and *ahsante sana* to the community health workers of Lang’ata Constituency for the amazing work that they are doing.

Ahsante sana, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Eric Muchangi.

Hon. Muchangi Karemba (Runyenjes, UDA): Thank you, Hon. Temporary Speaker, for giving me the opportunity to add my voice to this very important discussion on the Community Health Workers Bill.

I will begin by saying that I have repeatedly said in this House that there is nothing as prestigious as having good health. A healthy person is a very wealthy person. The people in the forefront in ensuring that our community is healthy are the community health workers. That is why I wish to applaud the idea of coming up with a Bill that will provide a framework under which community health workers will operate.

If our healthcare systems were more preventive, we would have lesser health challenges in this country. Looking at what is happening in developed countries, including Cuba from where we got doctors, systems are more preventive. They give more attention to preventive care than curative care, because it is easy to manage illnesses by first of all checking the health of our people before they get illnesses that are difficult to cure. The people to help us in giving that area more attention are the community health workers, because they literally know every homestead. They have a database of who is sick and which homestead requires attention. If this House enacts this law, it is going to help our communities so much. By so doing, we are going to reduce cases that go to higher level hospitals like Levels 3, 4 and 5. If you walk into Level 3, 4 or 5 hospitals, you will find many people queuing for help. I am certain the same people can get the same attention from community health workers.

I am very happy that this Bill provides for registration and training of community health workers. We do not want people to masquerade in villages as community health workers who can properly deal health challenges when they are not trained. We do not want people offering services purporting to be doctors when we know too well that they are not trained. The idea of training and equipping them with the necessary knowledge and training is welcome, so that they can properly handle the health challenges in villages. That recognition should go hand in hand with proper remuneration. We should ensure that community health workers get their dues without any delay. That will motivate them to work. They have largely been working without anything. They have been offering their services without anything much. Therefore, recognising them in law should also come with remunerating them so that, as they walk around villages and attend to the community, they are motivated to work.

Hon. Temporary Speaker, with those few remarks, I wish to support. Thank you.

Hon. Temporary Speaker (Hon. Omboko Milemba): Finally, on this, is Hon. Stephen M. Mogaka.

Hon. Stephen Mogaka (West Mugirango, JP): Thank you, Hon. Temporary Speaker. Hon. Lilian is attracting your attention not to make me the final person because we need her voice. I am sure you have noticed that. I thank you for allowing me a moment to also contribute to this noble Bill. It is a Bill that is going to transform our health workers from the slaves they are to honourable workers within the health sector. As a lawyer, I abhor receiving services from employees without adequate remuneration, especially when those employees are in the health sector. They save lives. They have saved colossal bills that patients would have incurred in hospitals had they not been attended to in good time by those health workers. I propose that during this year's Mashujaa Day celebrations, Hon. Owino be presented from Parliament as one of those to receive the Head of State Commendation (HSC) for bringing such a Bill that is going to transform the health sector eternally.

I support this Bill. I also appreciate the drafters who have made a very watertight Bill that covers the health sector, particularly on the welfare of those health workers from cradle to grave. In particular, I am happy that this Bill anticipates that while it has provided for registration of those who are on the job at the moment, there may still be some of them who have not attained the requisite qualification for registration. The transitional clause that allows a window of one year for those health workers to acquire the requisite skills so that they attain the registration meritoriously, is a very noble provision. I truly commend the drafters for including this provision.

Picking a cue from here, it is because of the absence of this Bill that this House has been unable to lawfully appropriate for the remuneration and training of those workers. The moment this Bill comes into law, it will be an opportune moment for Members of this House, even if health is a devolved function, to each persuade our bursary committees to put those health workers on a scholarship to attain the requisite qualification so that they are registered in good time. It will be very unfair to leave them to go and pay fees and yet, we have not been paying them for their *pro bono* services. Some of them will drop out and fail to attain registration because they cannot raise the fees to train and get the appropriate qualifications.

In this regard, permit me then at this juncture, Hon. Temporary Speaker, to celebrate more than 300 health workers in my constituency, who have given selfless effort, work and time to help our medically challenged population. On behalf of this House, I apologise to them that this Bill has taken this long to come, but better late than never.

As we conclude this Bill and send it to the Senate, I urge our Senators to hang up their gloves and stop fighting the National Assembly. The National Assembly, particularly the Thirteenth Parliament, is originating Bills that are going to transform this nation. We do not have borders because we serve the same population. We serve the same voters and a Bill like this originating from a Member of the National Assembly should not be opposed by the Senate merely because it is from here. I expect the Senate to dispense with it in record time and His Excellency the President should assent to this Bill quickly so that we get to appropriate for those very noble people that have struggled so much to maintain the health of this country.

I allude to Hon. Oundo's reminder that at Independence, the three key enemies that the founders of the nations of Africa were fighting were ignorance, ill health and disease. More than 60 years into Independence, diseases are still ravaging our country. Diseases are ravaging our counties.

Hon. (Dr) Robert Pukose (Endebess, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): What is your point of order, Hon. Robert Pukose? You know I am a historian.

(Laughter)

Hon. (Dr) Robert Pukose (Endebess, UDA): I did not want to interrupt my colleague. However, what he said should not go into *The Hansard*. He has said that our founding fathers fought disease, ill health and education at Independence. It is supposed to be disease, poverty and ignorance, through education. You cannot say ill health and disease.

Hon. Stephen Mogaka (West Mugirango, JP): Thank you for that point of correction. Yes, it is poverty, ignorance and disease. I am so obsessed with diseases because they have ravaged this country. That enemy is as bad today as it was at Independence.

[The Temporary Speaker (Hon. Omboko Milemba) left the Chair]

[The Temporary Speaker (Hon. Peter Kaluma) took the Chair]

That is more reason that this House should stand up and be counted when it is passing this Bill. This Bill should be passed in this House with overwhelming numbers. This Bill should be publicised when it is being put to vote so that every Member of this House should stand up for this Bill. This is to ensure that we help combat diseases and deliver on what our founding fathers started a long time ago.

I also celebrate the provision for the in-built disciplinary mechanism for the council and the health workers. Indeed, just like the Kenya Medical Practitioners and Dentist Board Council

Disclaimer: *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor.*

(KMPDC) has its in-built disciplinary mechanism, it is important that we allow those health workers to be self-regulated. The first port of call for any client or practitioner who is making any complaint should be the internal disciplinary committee. That is so that people have no business moving to court until they exhaust that committee. We do not want to congest our courts with cases, which are better handled at professional committee level.

Finally, I hope that Members will be persuaded on something. That, at the time this Bill is eventually passed, especially on the remuneration part, we should persuade the Salaries and Remuneration Commission (SRC) to consider backdating the remuneration that those workers should be getting. This is because they have served donkey years without claiming a penny. Here comes a time when the 13th Parliament has come to their solace. It is also important that we mitigate the arrears they would be counting should this Bill have come earlier than the 13th Parliament.

I support, Hon. Temporary Speaker. Thank you one more time for allowing me to contribute.

The Temporary Speaker (Hon. Peter Kaluma): Hon. (Dr) Lilian Gogo.

Hon. (Dr) Lilian Gogo (Rangwe, ODM): I thank you very much, Hon. Temporary Speaker, for giving the people of Rangwe a voice to speak on this matter. I rise to support.

I applaud my colleague and friend, Hon. *Wuod* Chief, for bringing such an important matter to the Floor of the House. We cannot belabour the work, effort, enthusiasm and the energy that community health workers are putting while doing the work that they do. We also cannot over-emphasise the need for those community health workers on the ground.

Hon. Temporary Speaker, I accompanied my Governor in one of the functions where she was interacting with the community health workers. Those people are ready to go. They only need more training and to be more equipped. The name “community health workers” is a complication that we have in the House and outside there. In the villages where we come from, where we live and where those community health workers reside, they are literally called *madaktari*. They are called that by dint of the work that they do. They are the first contact persons, when there is a disease. We need to take them seriously. In their payment, there was a part that was supposed to come from the National Government and another one from the county government. When His Excellency Dr. Samoei Ruto was in Homa Bay County, he promised that the National Government would give its part of the promise of paying those community health workers. Those are fathers, mothers and people with families. I pray and honestly hope that they will get some earnings from the services that they render to the citizenry of this great nation we call Kenya.

Apart from the knowledge that those people have in conventional medicine which was earlier alluded to by the earlier speakers, they have great knowledge in traditional medicine which we cannot ignore. When there is no medicine, before they reach at the hospital, they know very well that if there is a cut, there is a particular plant that they get from the gardens, put some saliva on it, put it on that cut and the bleeding stops. I saw that. I am a witness. When we talk about community health workers, we not only talk about the conventional medicine, but they also have in-depth knowledge of our traditional systems. We encourage them to leave it to the younger generation. As an African nation, through innovation and science, we want to come up with our scientific medicine. This can only be generated from the grassroots. We can get that nicely from our community health workers.

The Bill proposes that we should have a council and institute disciplinary measures. This is a very good idea because any noble working system must have disciplinary infrastructure. Whatever is instituted, the court should not be the first point of action. If it is possible, there should be a lower dispute resolution mechanism that should make it easier for them to resolve the disputes that come. If it does not work, that is when they should move to the next level.

For the longest time, we have components of our workers, groups or the echelons which the community health workers work, which is the most reachable by the communities. As it has already been said, they have so much data concerning the villages and communities where they reside. There are healthcare researchers and associated researchers who target those community health workers to give them information. That is a matter that should be guarded through training. Whoever goes to them must be certified and follow the right channel before they reach them for information. Healthcare information is very paramount. It should be at the heart of every individual and every person for purposes of their prestige and goodness in living. I applaud and appreciate all our healthcare workers at the level of the communities. Some of them are even village elders.

Allow me to digress a bit. As much as we are discussing about community health workers, we have another group of service providers at the lowest community level in villages, at *Nyumba Kumi* and *Nyumba Tano*, Hon. Temporary Speaker.

We also need to remember those people. They hold this country with their strength and also hold this country to standards of best governance. They just need to be facilitated. They should be given monies that they require, but they also need to be officially remunerated. Their work is not different from the work we do as Members of Parliament. As we are remunerated for the work that we do, those people also need to be remunerated for the work that they do.

Of course, I have already talked about dispute resolution using professionals that are available at a slightly higher level. I have talked about the exposure to traditional medicine, the knowledge those people have; and I have also talked of research and code of conduct. This Bill had been brought to the House earlier, but we could not dispense of it in the 12th Parliament. But I want to thank the Hon. Member for Ndhiwa, who has brought it again so that it is relooked at because of its importance and because of the work that community health workers will do in establishing the standards. When we have standards at the ground level, that is when we can talk of traceability. We can trace sources of diseases; we can trace movement of diseases; we can trace end of diseases; and we can trace disease cycles - how they happen - just by the basic information that we are going to get from those people.

With those very many remarks, for the time that I have been given, I thank you Okeyo Asumbi. Thank you so much, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Peter Kaluma): Hon. Omboko Milemba, Member of Parliament (MP) for Emuhaya.

Hon. Omboko Milemba (Emuhaya, ANC): Very well, Hon. Temporary Speaker. Thank you for giving me this chance and thank you for coming in to allow me speak on the Community Health Promoters Bill. That is a group of people who have evolved from just volunteers within the villages, originally attached to maternal deliverance, and now helping in projects that, maybe, were limited to immunization, and now rising to become the center stage of every other health occurrence within the communities. I want to congratulate the Community Health Promoter (CHPs) in Emuhaya Constituency, who have organised themselves in units, which they often tell me are called CUs. One is in West and another is in Central and another in Northeast. Those people are working and they are actually meeting so oftenly just to deliberate on matters that concern the health of our people not only in Emuhaya, but countrywide.

What I heard, Hon. Temporary Speaker, when I was seated where you are, is that the movement is far and wide. It is everywhere. I heard about the CHPs in Turkana and what they are doing. I heard about very exciting experiences of where they even gather mothers who are almost getting into lactation situations into centres so that they can be taken care of to make sure that we reduce on child mortality especially at the level of delivery.

In Emuhaya, we have tried to coalesce them to work closely with *bodaboda* owners so that whenever an expectant mother is due for delivery, she is transported to and from the health

centre. As a previous speaker has said, they are the real health warriors in the villages. This has greatly reduced infant mortality at birth, which is great.

This is a very good Bill by Hon. *Wuod* Chief. We should give it full support. I believe that when it goes to the Senate, it will be given the seriousness it deserves. Let us help CHPs to have a law. We do not want to have a push and pull or mediation. Let the Senate give its input. The Chairperson of the Committee has indicated that this Bill should not only be passed by the National Assembly, but also the Senate. This gives leverage for all the players in Parliament to have an input in this law. This will be a game changer.

I love the fact that the Bill talks about a structured way of dealing with CHPs, including the creation of a council. A previous speaker indicated that the council should be devolved. I propose that we retain it at the national level, but have similar councils operating at the county level just to take care of the county units, given that health is a devolved function. This will go into structuring those health workers properly.

Hon. Members, have said that, the council should deal with issues of recruitment, registration and code of conduct. Those people will be managing information which is quite private. In fact, they are medics. They must go through rigorous training and possibly take an oath like doctors and nurses so they can manage the information that they have for the sake of the community, in a very professional way. There is a risk...

Hon. (Dr) Robert Pukose (Endebess, UDA): On a point of information, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Peter Kaluma): Hon. Omboko, do you want to be informed by Hon. (Dr) Pukose?

Hon. Omboko Milemba (Emuhaya, ANC): Very well.

Hon. (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Temporary Speaker. It is called a Hippocratic Oath. It is taken to ensure that you cause no harm to your patient and protect their privacy. It is named after Hippocrates, who was the founder of medicine.

Hon. Omboko Milemba (Emuhaya, ANC): Very well. Thank you for informing me about the Hippocratic Oath. I think they should take that oath because they handle a lot of personal information. A grace period for transition is very important. The volunteer CHPs should not lose their place because of certification, which will be a requirement. For example, Form VI certificate which during our days was A Levels. Some people have a calling to become CHPs and during transition, they must be trained. A previous speaker said that we can upgrade their training using NG-CDF monies so that they can get to a level where they can be absorbed. This will lead to a continuous process without leaving some people out there and yet, they are committed but lack papers. After all, even in the education sector, we had an age where we have seen many people who did not get degrees transit and now they have become professors like Prof. Ali Mazrui himself. I was a very keen follower of Prof. Ali Mazrui, the historian. When you read his story, he got something called Fourth Division, for those who can remember what it was during those days.

I would want that protection ascertained that even if the CHP has a Class 7 or 8 certificate but has been performing, let him be helped to grow through so that he or she is absorbed because the calling is there. I would also wish to add that it is very important that we do a lot of public participation and copying from other jurisdictions where that scheme has worked. Many examples have been given like Rwanda, Brazil and India; both dealing with their professionalism and remuneration when this Bill is put in place and activated so that we may get the best out of what we want.

Currently, that is a group that is suffering. I want to thank His Excellency the President because he brought in the aspect of a stipend from the national Government and asked the governors to also pay another bit of it. It must have been Ksh2,500 each. That stipend is not forthcoming most of the time. There are often delays that take as long as six months before

they are paid their stipend and yet, they keep on working. I believe that with the passage of this Bill, those delays will come to an end because those people will be mainstreamed. It will be a game changer for the health sector. If this happens, their money should just revolve around the same labour laws that we have. Their monies should go through the Salaries and Remuneration Commission and now they can even be in unions. Currently, they are under the umbrella of the county governments and can be either kicked out or kicked in. But if we actualise this Bill, then they will be in unions not because I am a unionist, but it is very important that the union will help them protect their interests and professionalise them so that they are not all the time harassed by their immediate employers. This is a game-changer.

As I conclude, I would want to support and ask every other player within the structure of the law-making, including the Senate, to support this Bill for a better health system and care in this country.

Thank you.

The Temporary Speaker (Hon. Peter Kaluma): There being no more interest, I now call upon the Mover to reply.

Hon. Martin Owino (Ndhiwa, ODM): Thank you, Hon. Temporary Speaker. First of all, allow me to thank all the Members for having established that this is a very important Bill because it touches on the community health workers, who are the basic foot soldiers and warriors as has been put by my colleagues. The community health workers find themselves in a very unique situation. One, they live in the community. Two, they have close relationships with their clients.

Hon. Stephen Mogaka (West Mugirango, JP): On a point of order.

The Temporary Speaker (Hon. Peter Kaluma): Yes, Hon. Stephen Mogaka. What is out of order?

Hon. Stephen Mogaka (West Mugirango, JP): Hon. Temporary Speaker, knowing as we do, I request you to take judicial notice that Members have retreated to follow a national event that is going on, which has rendered the House without quorum. Can I draw your attention, therefore, Hon. Temporary Speaker, that the House does not have a quorum at the moment?

The Temporary Speaker (Hon. Peter Kaluma): Let the bell be rung for 10 minutes.

(The Quorum Bell was rung)

The Temporary Speaker (Hon. Peter Kaluma): Hon. Members, let us be upstanding.

ADJOURNMENT

The Temporary Speaker (Hon. Peter Kaluma): Hon. Members, the time being 7.35 p.m., this House stands adjourned until Thursday, 17th October 2024, at 2.30 p.m.

The House rose at 7.35 p.m.

Published by
Clerk of the National Assembly
Parliament Buildings
Nairobi