



REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

NATIONAL ASSEMBLY

THE HANSARD

VOL. II NO. 91

THE HANSARD

Thursday, 12th October 2023

The House met at 2.30 p.m.

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

PRAYERS

QUORUM

Hon. Speaker: Serjeant-at-Arms, ring the Quorum Bell.

(The Quorum Bell was rung)

Hon. Members, we now have a quorum to transact business.

(Hon. Jayne Kihara walked through the aisle)

Order, Hon. Members, take your seats. Member for Naivasha, take the nearest seat.

MESSAGE

NOMINATION OF PERSONS FOR APPOINTMENT AS HIGH COMMISSIONERS AND AMBASSADORS

Hon. Speaker: Hon. Members I have a Message from His Excellency the President on the nomination of persons for appointment as High Commissioners and Ambassadors. Pursuant to the provisions of Standing Order 42, I wish to report to the House that I have received a Message from His Excellency the President regarding nomination of persons for appointment as High Commissioners and Ambassadors.

In the Message, His Excellency the President conveys that in exercise of powers conferred to him by the provisions of Article 132(2)(e) of the Constitution, he has nominated 27 persons for appointment to the offices of High Commissioners, Permanent Representatives and Ambassadors. They are as hereunder –

High Commissioners

No.	Name	Station
1.	Ms. Jane Wairimu Ndurumo	Pretoria, South Africa
2.	Amb. Isaac Keen Parashina	Abuja, Nigeria
3.	Ms. Janet Mwawasi Oben	Kigali, Rwanda
4.	Mr. Peter Munyiri	New Delhi, India
5.	Dr Wilson Kogo	Canberra, Australia
6.	Mr. John Ronald Ekitela	Kuala Lumpur, Malaysia
7.	Amb. Philip Mundia Githiora	Maputo, Mozambique
8.	Ms. Sabdio Dido Bashuna	Gaborone, Botswana

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.*

Permanent Representative

No.	Name	Station
1.	Prof. Peter Ngiire	UNESCO, Paris

Ambassadors

No.	Names	Station
1.	Amb. George Morara Orina	Addis Ababa, Ethiopia
2.	Col. Rtd. Shem Amadi	Kinshasa, Democratic Republic of Congo
3.	Mr. Jeremy Nyamaso Ndola	Juba, South Sudan
4.	Mr. Jeremy Laibuttah	Khartoum, Sudan
5.	Mr. George Macgoye	Djibouti, Djibouti
6.	Ms. Joyce Khasimwa Mmaitisi	Luanda, Angola
7.	Hon. Iringo Kubai	Mogadishu, Somalia

(Applause)

If you will vet these nominees and you are cheering before they even appear before you, where is your fairness?

(Laughter)

8.	Ms. Fouzia Abdirahman Abass	Bern, Switzerland
9.	Amb. Betty Chebet Cherwon	Paris, France
10.	Amb. Fredrick Lusambili Matwanga	Rome, Italy
11.	Amb. Angeline Kavindu Musili	Stockholm, Sweden
12.	Amb. Stella Orina	Berlin, Germany
13.	Ms. Nairimas Sharon Ole Sein	Madrid, Spain
14.	Mr. Maurice Makoloo	Vienna, Austria
15.	Prof. Emmy Jerono Kipsoi	Seoul, South Korea
16.	Mr. Mohamed Ramadhan Ruwange	Riyadh, Saudi Arabia
17.	Lt. Gen. Albert Kendagor	Tel Aviv, Israel
18.	Mr. Mohamed Nur Adan	Doha, Qatar

Hon. Members, in accordance with the provisions of Standing Order 45(1), I hereby refer the Message and the curriculum vitae of the nominees to the Departmental Committee on Defence, Intelligence and Foreign Relations for consideration.

Section 8 of the Public Appointments (Parliamentary Approval) Act, 2011 provides that, unless otherwise provided in law, the committee to which such nomination is referred shall consider the matter and table a report in the House within 28 days.

In this regard, the Committee is expected to immediately commence the approval process and thereafter, table its report on or before 8th November 2023 to enable the House consider the matter within the statutory timelines.

I thank you.

PAPERS

Hon. Speaker: Deputy Leader of the Majority Party.

Hon. Owen Baya (Kilifi North, UDA): Hon. Speaker, I beg to lay the following Papers on the Table:

1. Legal Notice No.150 relating to the Wildlife Conservation and Management (Access and Conservation) (Fees) Regulations of 2023 and the explanatory memorandum from the Ministry of Tourism and Wildlife.
2. Legal Notice No.151 relating to the Proceeds of Crime and Anti-Money Laundering (Criminal Assets Recovery Fund) Regulations of 2023 from the National Treasury and Economic Planning.
3. Legal Notice No.152 relating to the Prevention of Terrorism (Implementation of the United Nations Security Council Resolutions on Suppression of Terrorism) Regulations of 2023 from the Office of the President.
4. Legal Notice No.153, Proceeds of Crime and Anti-Money Laundering Regulations of 2023 from the National Treasury and Economic Planning.
5. Report of the Auditor-General and financial statements of Kericho Teachers Training College for the year ended 30th June 2021 and the certificates therein.
6. Reports of the Auditor-General and financial statements of Kericho Teachers Training College for the years ended 30th June 2021 and 30th June 2022 and the certificates therein.
7. Annual reports and financial statements of the Independent Electoral and Boundaries Commission (IEBC) for 2022/2023.
8. Annual Performance Report of the Ministry of Defence for the Financial Year 2022/2023.

I thank you, Hon. Speaker.

Hon. Speaker: Can we have the Chairperson of the Departmental Committee on Health?

Hon. (Dr) Robert Pukose (Endebess, UDA): Hon. Speaker, I wish to withdraw the Papers that I laid on Wednesday, 11th October 2023, during the Morning Sitting on the Facilities Improvement Financing (Senate Bill No.43 of 2023), and the Primary Health Care Bill (Senate Bill No.44 of 2023). They had some errors.

(Papers withdrawn)

Hon. Speaker, I beg to lay the following Papers on the Table:

1. Reports of the Departmental Committee on Health on its consideration of:
 - (a) The Facilities Improvement Financing Bill (Senate Bill No.43 of 2023).
 - (b) The Primary Health Care Bill (Senate Bill No.44 of 2023).

Thank you, Hon. Speaker.

Hon. Speaker: Thank you, Dr Pukose. The Chairperson of the Departmental Committee on Sports and Culture. Leader of the Majority Party, where is the Chairperson of the Departmental Committee on Sports and Culture?

Hon. Kimani Ichung'wah (Kikuyu, UDA): Hon. Speaker, I know he was away yesterday but he was around this morning. Maybe you indulge him for a few minutes as we try to trace him.

Hon. Speaker: Is the next Order by the same Chairman for the Departmental Committee on Sports and Culture? Put it aside.

(Notice of Motion deferred)

Before the next Order, I think we have Thursday's Statement from the Leader of the Majority Party. Sorry. It is the Order in which we are. Leader of the Majority Party, maybe you will come last. I have too many Statements from several Members. Members who have Statements, please, deliver your Statements as succinctly and as precisely as you can. I have eight of them.

Member for Embakasi Central, Hon. Mejjadonk Benjamin Gathiru. Clerks-at-the-Table, give the Member the microphone.

QUESTIONS AND STATEMENTS

REQUEST FOR STATEMENT

ALLOCATION OF FUNDS FOR INFRASTRUCTURE DEVELOPMENT IN JUNIOR SECONDARY SCHOOLS

Hon. Mejjadonk Gathiru (Embakasi Central, UDA): I rise to request a Statement regarding the 2023/2024 proposed allocation of funds for infrastructure development in junior schools.

Hon. Speaker, pursuant to Standing Order 44 and as a matter of urgency, I wish to request a Statement from the Leader of the Majority Party concerning the proposed allocation of funds for infrastructure development of junior schools in the Financial Year 2023/2024.

On Wednesday, 4th October 2023, the Chairperson of the Departmental Committee on Education, by way of a Statement, informed the House that the National Treasury allocated the State Department for Basic Education Ksh3.379 billion in the current Financial Year 2023/2024 for the construction of classrooms and integrated learning resource centres for junior schools. In the Statement, the Chairperson notified this House that the allocation was to be jointly managed by the State Department for Basic Education and the National Government Constituencies Development Fund (NG-CDF), with each constituency matching allocation from the ministry.

Attached to the Statement was a letter dated 3rd October 2023 from the Principal Secretary of the State Department for Basic Education addressed to the CEO of the NG-CDF containing a schedule indicating the amount allocated to each constituency. According to the schedule, the allocation is based on the Grade 7 enrolment per constituency. However, it is on record that the data on Grade 7 enrolment, which has been applied to apportion the funds, is inaccurate and not a true reflection of enrolment levels in most of the urban constituencies, including Embakasi Central Constituency. Additionally, the data on the number of public schools is inaccurate. For example, in Embakasi Central, the schedule indicates that the constituency has seven public schools yet the actual number is eight.

It is disturbing to note that the formula has used Grade 7 enrolment levels as the only parameter yet other parameters could have been included to enhance equity in the allocation. The other parameter includes the cost of construction, which is a key component in the utilisation of the funds especially in urban constituencies. In these constituencies, the cost is higher due to space constraints in schools located in cities, with schools having to build storey classrooms that are more expensive. Furthermore, it is important to point out that most learners in urban set-ups are in private schools not by choice, but due to lack of space in few available public schools. There is further need for more funding to ensure pupils in urban areas and cities access public schools.

Hon. Speaker, should the formula be applied as proposed, the allocation may fail to pass the equity test and the outcome will be disadvantageous to some schools. In view of this, I request for a Statement from the Leader of the Majority Party on the above concern.

Thank you, Hon. Speaker.

Hon. Speaker: Thank you, Hon. Mejjadonk. Leader of the Majority Party.

(Loud consultations)

Hon. Mejjadonk, I hope your Statement is to the Departmental Committee on Education.

Hon. Kimani Ichung'wah (Kikuyu, UDA): Hon. Speaker, I have listened to the Statement being sought by the Member for Embakasi Central, Hon. Mejjadonk Mwangi Gathiru, and I just had a conversation with the Chairperson of the Departmental Committee on Education and thought that particular Statement is better placed in his Committee.

First, it is a matter that the Committee has been handling and there are indeed issues of concern, and I want to identify myself with the sentiments of Hon. Mwangi. We must not be seen to be punishing Members who have invested a lot of resources in building infrastructure for schools in their constituencies. In fact, it should be the other way around; we should have an incentive for Members to allocate more resources towards the building of school infrastructure. The Chairperson of the Departmental Committee on Education tells me that these are matters they have been dealing with as a Committee, and I would kindly request that they commit that particular matter before the Committee so that they can give us a reasoned and well considered report after their engagements with other stakeholders in the education sector including the Cabinet Secretary. It will not suffice to just listen to the Cabinet Secretary without the benefit of what the Committee has been doing.

Hon. Speaker: Thank you. Hon. Mejjadonk, your Statement will be responded to in two weeks by the Chairperson of the Departmental Committee on Education.

Next is the Member for Lagdera, Hon. Abdikadir Mohammed.

GENERAL STATEMENT

EXCLUSION OF LAGDERA CONSTITUENCY RESIDENTS FROM RECRUITMENT AS KRA SERVICE ASSISTANTS

Hon. Abdikadir Mohamed (Lagdera, ODM): Thank you, Hon. Speaker, for giving me the opportunity to make a Statement.

Hon. Speaker, pursuant to the provisions of Standing Order 43(1), I rise to make a General Statement regarding the recently concluded recruitment of Revenue Service Assistants (RSAs) by the Kenya Revenue Authority (KRA).

On Wednesday, 27th September 2023, the Cabinet Secretary for the National Treasury and Economic Planning appeared before the House to answer various Questions among them on the recruitment of 1,406 Revenue Service Assistants by KRA. While responding to the Question, the Cabinet Secretary was on record that the recruitment drive was conducted on merit and considered regional balance. The Cabinet Secretary tabled a Paper with details of applicants and the distribution per constituency. The Report tabled by the Cabinet Secretary indicated that there was no candidate from Lagdera Constituency yet the following seven applicants from the constituency were shortlisted and attended the interviews:

1. Mr. Muhamed Hassan Khalif of ID. No.35891698;
2. Mr. Abdulai Noon of ID. No.39723606;
3. Ms. Maryan Mohamed Hussein of ID. No.32787955;

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.*

4. Mr. Abdukari Hussan Abdullahi of ID. No.37321839;
5. Mr. Abdukarim Hussein Ibrahim of ID. No.41590.000;
6. Mr. Asmani Abdi Jamaa of ID. No.35891698; and,
7. Mr. Muhamed Human Khalif of ID. No.358916698.

Hon. Speaker, the erroneous report by the Cabinet Secretary indicated there was no candidate from Lagdera Constituency, yet the specified candidates attended the interview thanks to a deliberate affront to Articles 27(4) and 232 (i)(ii) of the Constitution on equality and freedom from discrimination and the right to equal opportunity for appointments to positions in the Public Service.

I am, therefore, calling on the Government, through the Ministry of National Treasury and Economic Planning, to establish facts about the candidature of the specified applicants for the recruitment of Revenue Service Assistants and consider them on the basis of inclusivity, the need for regional balance and equal opportunity for all.

Hon. Speaker: Thank you, Hon. Abdikadir. Next is the Member for Nyakach. Hon. Aduma Awuor. Is he here? Let us have the Member for Ganze, Hon. Kazungu Tungule. Yes, *Mhe. Kazungu?* Give Hon. Kazungu the microphone. There you are.

REQUEST FOR STATEMENT

RISING CASES OF ARSON IN SECONDARY SCHOOLS IN GANZE

Hon. Kenneth Tungule (Ganze, ODM): Hon. Speaker, pursuant to the provisions of Standing Order 44(2c), I rise to request for a Statement from the Chairperson of the Departmental Committee on Education regarding the rise of cases of arson in Secondary Schools in Ganze Sub-County.

In a span of less than two months, seven secondary schools have been closed indefinitely on account of students torching or attempting to torch school dormitories. The affected schools are as follows:

1. Sokoke Boys Secondary School burnt a dormitory on 6th October 2023;
2. Ganze Boys Secondary School burnt a dormitory on 1st October 2023;
3. Ganze Girls Secondary School burnt a dormitory on 5th October 2023;
4. Kachororoni Secondary School burnt a dormitory on 4th October 2023;
5. Godoma Secondary School burnt a dormitory in 9th October 2023;
6. Bale Secondary School burnt a dormitory on 8th October 2023; and,
7. Bandari Secondary School burnt a dormitory on 6th October 2023.

Hon. Speaker, out of these seven schools, the dorm fires in four schools, namely, Ganze Girls, Bandari, Kachororoni and Bale Secondary Schools were quickly put out with minimal damages. However, in the other three schools, namely, Godoma, Ganze Boys and Sokoke Boys Secondary Schools, the dorms were completely razed with nothing to be salvaged. One student at Godoma Secondary School was burnt to death while sleeping.

Hon. Speaker, increased depression and rise in drug abuse among our students have escalated in the recent past. Research by the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) shows that knowledge of drugs and substance abuse is high among our students. From a total of 3,908 students randomly sampled from various schools, results showed that students were fully knowledgeable on the different drugs and substances of abuse. The three top drugs and substances of abuse are reported as more readily available to students in schools were cigarettes, alcohol, and *khat*. From this report, it is evident that our students are abusing drugs.

Hon. Speaker, it is against this background that I seek a Statement from the Chairperson of the Departmental Committee on Education regarding the increased reported cases of students unrest in the country and specifically in Ganze Constituency.

I thank you, Hon. Speaker.

(Technical hitch)

Hon. Speaker: ...in two weeks.

Hon. Kenneth Tungule (Ganze, ODM): Thank you, Hon. Speaker.

Hon. Speaker: Member for Budalangi, Hon. Raphael Wanjala.

Hon. Raphael Wanjala (Budalangi, ODM): Hon. Speaker, I am available.

Hon. Speaker: Go ahead.

GENERAL STATEMENTS

EXCLUSION OF FACILITIES IN KISUMU AND KAKAMEGA FROM HOSTING 2027 AFCON MATCHES

Hon. Raphael Wanjala (Budalangi, ODM): Thank you, Hon. Speaker. I have a General Statement on the likely exclusion of facilities in Kisumu and Kakamega counties from hosting the 2027 African Cup of Nations (AFCON) tournament matches and the state of preparedness to host the tournament.

Hon. Speaker, pursuant to the provisions of Standing Order 43(1), I rise to make a General Statement regarding the likely exclusion of Kisumu City and Kakamega Town from hosting the 2027 African Cup of Nations (AFCON) Soccer tournament matches in Kenya.

Kenya, Uganda and Tanzania won a joint bid, dubbed the Pamoja Bid, to host the AFCON Tournament in 2027. Following this monumental triumph, the Cabinet Secretary for Youth Affairs, Sports and the Arts, announced that Moi International Sports Centre, Kasarani, Nyayo National Stadium and Talanta Sports Complex all in Nairobi City, and Kipchoge Keino Stadium in Eldoret, were the selected venues in Kenya to host the tournament.

No stadia in Nyanza and Western is in the list yet it is public knowledge that the regions take pride in being the home of soccer in the country, having produced many talented players and enjoying fanatical soccer fan base as witnessed during the national school games that were held in Kakamega Town in August this year. Even the Cabinet Secretary for Youth Affairs and Sports, happens to come from that region.

Further, Kakamega Town has Bukhungu Stadium which is under construction to meet international standards by the county government, with the support of the national Government while in Kisumu County, we have two stadia, namely, Moi and the Jomo Kenyatta, which may only require slight upgrade to meet the international standards for hosting AFCON matches.

Furthermore, Kisumu has an international airport, hotels and other facilities to facilitate hosting the tournament and they can be shared with Kakamega Town which is 50 kilometres away and Kisii Town.

Hosting some AFCON matches in Kisumu and Kakamega will be a morale booster to the many soccer players and fans as well as the development of soccer in the region. While Kenya intends to host AFCON matches in two cities of Nairobi and Eldoret only, Tanzania will host its matches in Dar-es-Salaam, Zanzibar and Arusha while Uganda will host in Kampala, Hoima and Lira.

Hon. Speaker, I, therefore, wish to implore upon the Government, through the Ministry of Youth Affairs and Sports, to include Kisumu and Kakamega as hosts for AFCON matches. Also, given the ample time between now and 2027, I urge the Government to expedite

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.*

preparations so as to avoid us being stripped off the hosting rights due to lack of preparations as has happened previously.

I thank you, Hon. Speaker.

Hon. Speaker: Thank you, Hon. Wanjala. The Chairman of the Departmental Committee on Sports and Culture.

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

Hon. Speaker: Yes, Hon. Junet, what is out of order?

Hon. Junet Mohamed (Suna East, ODM): Hon. Speaker, I just wanted to add my voice to the Statement that you have approved for Hon. Wanjala. The AFCON games that are coming are very important and this is the first time we will be hosting the AFCON games in our country. You are a soccer fan and you know very well that what adds flavour to soccer are the fans. If you do not have fans, you will not enjoy a soccer game. You know that very well.

Soccer fans are known to be in the western part of the country, either in western Kenya or Nyanza. In my view, there is no need of having... As an Arsenal fan, last weekend when Arsenal and Manchester City were playing, the fans were very happy when the last-minute goal came. What adds flavour to soccer are the fans that are watching the game.

There are no fans of soccer in some parts of this county and Hon. Pukose knows that very well. He is a fan of something else. I am persuading the Ministry of Youth Affairs and Sports, that there is no need of having two stadia hosting games in Nairobi. We can have Kasarani in Nairobi and then we can have Bukhungu or the one in Kisumu as the second one.

This stadium they are calling Talanta in Ngong Road is a joke, I know it. There is nothing there. That is a place for the Bishop Owuor to do his crusades. That is not a soccer place. That is a meeting point for Bishop Owuor. I want this House to summon the Cabinet Secretary for Youth Affairs and Sports, so that we can transfer one of the venues to Kisumu Stadium. Thank you.

Hon. Speaker: You have made your point. The Chairman of the Departmental Committee on Sports and Culture. Bring a statement in response in two weeks.

Hon. Daniel Wanyama (Webuye West, UDA): I concur, but in addition, soccer fans are present across the world. They are not drawn in a specific region. That should not be the basis. As it is, we will seek the Cabinet Secretary for Youth Affairs and Sports to give the Statement, but I want to say that whatever is being aired, is just hot air. We have not confirmed the stadiums that will host those games. We will settle their scores.

Hon. Zamzam Mohammed (Mombasa County, ODM): On a point of order, Hon. Speaker.

Hon. Speaker: Mama Zamzam, what is out of order?

Hon. Zamzam Mohammed (Mombasa County, ODM): Ninataka nimuulize Mheshimiwa, anasema bado haijakuwa. Yeye ndiye *Cabinet Secretary* ama nani?

Nimesimama hapa pia nikilia pamoja na Palestine.

Hon. Speaker: Next is the Member for Kisii County, Hon. Dorice Donya.

PREPAREDNESS AND RESPONSE TO IMPENDING *EL NINO* RAINS

Hon. Dorice Donya (Kisii County, WDM): Thank you, Hon. Speaker, pursuant to the provisions of Standing Order 43(1), I wish to make a General Statement regarding the state of preparedness and response to the potential devastating effects of the impending *El Nino* rains in the country.

Hon. Speaker, weather forecasts have predicted that the period from October to December 2023 carries a very high probability of above-average rainfall across the country. It is expected that the phenomenon will occasion a rise in runoff rainwater especially in areas

prone to flooding such as along river valleys and low-lying plains. While the advent of heavy rains may bring relief to our farmers who have suffered the devastating effects of prolonged drought, we must appreciate that without adequate preparedness, the *El Nino* rains could quickly turn into a disaster.

History serves as a reminder of the havoc that *El Nino* can wreak on our country, based on its devastating effects during the last phenomenon in 1997 and 1998. We may recall that the last *El Nino* phenomenon resulted in flash floods, devastating landslides, building collapses, tragic loss of lives, and food insecurity. Therefore, there is urgent need for the country to put in place proper mechanisms to mitigate the devastating effects of heavy rains in order to capitalise on the expected *El Nino* season of plenty of rainfall to address the longstanding issue of drought in the country.

With this background, it is necessary for the Government, through the relevant ministries, to put in place mechanisms for disseminating early warning systems to vulnerable communities, ensuring timely access to information, and sensitising citizens on best preparedness measures to respond to effects of *El Nino*. Further, the Government ought to develop and communicate clear and early action plans to forestall the devastating effects of *El Nino* on communities in high-risk areas as was witnessed in 1997 and 1998, including emergency relief, and support and protection of citizens during the phenomenon. Most importantly, I urge the Government to develop and implement strategies for harnessing excess rainwater to support long-term drought mitigation measures that include using the water to implement programmes in agriculture and afforestation.

Thank you, Hon. Speaker.

Hon. Speaker: Thank you, Hon. Donya. Three Members had asked to comment on the *El Nino* issue. I will come back to them. Hon. Caroline Ng'elechei, Member for Marakwet County.

PERSONAL STATEMENTS

RECOGNITION OF KELVIN KIPTUM, KENYAN MARATHON WORLD RECORD HOLDER

Hon. Caroline Ng'elechei (Elgeyo Marakwet County, Independent): Hon. Speaker, I rise pursuant to Standing Order 259D(2)(b) to notify the House of the great achievements in the past few weeks of Mr. Kelvin Kiptum, a Kenyan marathoner.

On Sunday, 8th October 2023, Mr. Kelvin Kiptum participated in the 2023 Chicago Marathon where he performed exceptionally. He broke the world record to become the fastest marathoner in the world with a new time of two hours and thirty-five seconds. The world record was previously held by seasoned marathon champion, Mr. Eliud Kipchoge from Nandi County, who is now the second-fastest marathoner in the world.

Mr. Kiptum debuted his marathon career in 2022 during the Valencia Marathon League in December 2022, where he finished with a record time of two hours, one minute and fifty-three seconds. He followed it up with the second fastest marathon run of two hours, one minute and twenty-five seconds during the 2023 London Marathon, displaying his steadfast commitment and hard work despite the rainy weather conditions at the time of the competition.

It is good to note that these exceptional performances are just within one year. Mr. Kiptum's achievement has demonstrated the possibility of setting a record of a sub-two-hour run. We celebrate his tenacity and dedication. His career trajectory is set with possibilities of achieving much greater records in the near future and serves as an inspiration to many budding athletes. It has also cemented Kenya's dominance in world athletics, particularly in marathons.

Hon. Speaker, it is on this basis that I wish to notify the House of these outstanding achievements by our own, Mr. Kelvin Kiptum, a resident of Elgeyo Marakwet County from Chepsamo Village in Keiyo South Constituency. I request that the tributes of the House be recorded in his honour.

Thank you, Hon. Speaker.

Hon. Speaker: Thank you. So ordered, and congratulations to him. Member for Kajiado North, Hon. Onesmus Ngogoyo.

DEMISE OF HON. PHILLIP ODUPOY, FORMER MEMBER
FOR KAJIADO NORTH CONSTITUENCY

Hon. Onesmus Ngogoyo (Kajiado North, UDA): Hon. Speaker, I rise pursuant to Standing Order 259D to report the demise of the late Hon. Philip Lepish Odupoy, former Member of Parliament for Kajiado North Constituency, which was then Kajiado East, Kajiado West and the current Kajiado North. He passed away on 5th October 2023 at MP Shah Hospital while undergoing treatment.

In 1983, Hon. Philip Odupoy vied for the Kajiado North Constituency seat for the first time and won, thereby, serving for the term of the 5th Parliament. On 15th August, he was appointed as the Assistant Minister for Finance and Planning, and later served in the Ministry of Water. He was an astute legislator whose contributions to Parliament, both in committees and plenary, were invaluable. His colleagues held him in high esteem.

The late Philip Odupoy later left the political arena and transitioned to management of different companies in Naivasha, and later businesses in Kiserian.

Hon. Speaker and Members, in his death, we celebrate the life of a well-respected leader and a successful farmer, who laid the foundation for dairy farming in Kiserian Town - my home town - and Kajiado North Constituency. On my own behalf and that of the people of Kajiado North, I extend my deepest condolences to the family and friends of the late Odupoy for the loss of a remarkable leader.

Thank you, Hon. Speaker, for the personal support that you have provided to his family. I beseech the leadership of the House to find it appropriate to mobilise Members of the House, and by extension, the Government, to step in and assist the bereaved family to accord our departed colleague a decent send-off.

It is worth noting that he stopped being a Member of Parliament in the year that I was born. He was a great leader who served Kajiado North Constituency in a very great way.

With those many remarks, on behalf of Kajiado North Constituency, I say *pole* to the family of the late Hon. Philip Lepish Odupoy.

Hon. Speaker: Thank you, Hon. Ngogoyo. May his soul rest in eternal peace. I will go back to Hon. Aduma Owuor.

Hon. Aduma Owuor (Nyakach, ODM): Thank you, Hon. Speaker.

Hon. Speaker: Apologise to the House for coming late. I called out your name earlier.

Hon. Aduma Owuor (Nyakach, ODM): Hon. Speaker, I apologise to the House. I was engaged in a Committee meeting with the Cabinet Secretary for Interior and National Administration where you had granted the Committee permission to proceed beyond 2.30 p.m. The meeting is still ongoing. I apologise for being late.

GENERAL STATEMENT

INSECURITY IN SONDU ALONG KISUMU-KERICHO BORDER

Hon. Aduma Owuor (Nyakach, ODM): Hon. Speaker, pursuant to Standing Order 43(1), I rise to make a General Statement regarding the unfolding spate of insecurity and reported clashes in Sondu along the Kisumu-Kericho border.

Article 238(1) of the Constitution envisages national security as the protection against internal and external threats to Kenya's territorial integrity and sovereignty, its people, their rights, freedoms, property, peace, stability, prosperity, and other national interests. In spite of the clear constitutional safeguards for these rights and the obligation of the National Police Service to guarantee security for enjoyment of those rights and freedoms, they are systematically being taken away from members of specific communities living in Sondu, along the Kisumu-Kericho border.

In the course of this month, gangs have been attacking residents of Sondu leaving a trail of deaths, injuries, displacement of residents, and distressing women and school-going children. It is of great concern that the situation is crippling learning in the area after one teacher was killed, among 18 other residents. Fearful residents have fled the area due to insecurity. There are also reported cases of cattle rustling. The business climate has significantly dwindled for fear of attacks.

When the Cabinet Secretary for Interior and National Administration visited Sondu on 15th July 2023, he promised to establish the real cause of the conflicts and appealed for calm and an immediate ceasefire.

Hon. Speaker, as recent as two weeks ago, on 24th September and 4th October 2023, civilians living and doing business in Sondu remain vulnerable to attacks from organised groups from across the border, in what happens to be a clear case of organised crime.

There is an urgent need for the security agencies to move with speed to arrest the situation and restore peace and normalcy in the area. I, therefore, implore the Government to formulate measures and strategies, including posting enough security agencies in the area to permanently curb further cross border attacks.

I thank you, Hon. Speaker for the patience and time.

Hon. Jared Okello (Nyando, ODM): On a point of order.

Hon. Speaker: Thank you Hon. Aduma. Yes, Hon. Jared. What is out of Order?

Hon. Jared Okello (Nyando, ODM): Hon. Speaker, allow me to join my brother, Hon. Aduma, in condemning in the strongest terms possible, the chaos around Sondu. We have since lost 20 people in what may pass for ethnic cleansing. Hon. Aduma may not fully exhaust the happenings on the ground, but we know there is a section within the warring factions that enjoy police protection even as they unleash terror on the lives of innocent people in Nyakach. These are people who have lived cordially since time immemorial. Therefore, the upsurge of discord, chaos and deaths that are totally unwarranted, should be addressed wholesomely by the Government. The police need to be mobilised to be on the ground and not to take sides, but treat both people from Sondu, Nyakach and part of Kericho County equally, because that is the only way we are going to address this.

Finally, through your indulgence, the political leadership many times tend to be the lowest hanging fruit in handling issues of ethnic divisions. I implore upon you that the governors of Kericho and Kisumu, the elected leaders, should hold a public baraza in Sondu market and pump a lot of sense in our people, the importance of working as one unitary society. This is because we have always lived cordially since time immemorial. They need to try and address this thing once and for all. Otherwise, when the security apparatus takes sides in a matter such as this...

Hon. Speaker: Hon. Jared, you have made your point. Thank you. Before I call the Leader of the Majority Party to make his statement, allow me to acknowledge in the Speaker's and Public Galleries, Kiamutuiru Secondary School from Kirinyaga Central, Kirinyaga County; Naigera Secondary School from Laikipia West, Laikipia County; Kawauni Secondary

School from Kangundo, Machakos County; Kalama Secondary School from Machakos Town, Machakos County; Malili Township Primary School from Kilome, Makueni County; and Athi River Secondary School from Mavoko, Machakos County. On your behalf and on my own behalf I welcome the students and teachers accompanying them to the House of Parliament. I have been asked by two Members, three in fact, to give them a minute each starting with Hon. Wachira Karani. Hon. Member the microphone is next to you.

Hon. Wachira Karani (Laikipia West, UDA): Thank you, Hon. Speaker. I also want to take this opportunity to welcome all our students who have visited the Kenya National Assembly today. Among them is Naigera Secondary School from my constituency. I have a programme where I facilitate Form Four candidates to visit among other places, Parliament, the Museum of Kenya and Jomo Kenyatta International Airport.

Hon. Speaker: Thank you, your minute is over. Hon. Patrick Makau.

Hon. Patrick Makau (Mavoko, WDM): Thank you, Hon. Speaker. Allow me to welcome the Athi River High School, this is the best school in Mavoko with a mean score of about seven. They are accompanied by their Principal, Mr. Kariuki, and their ten teachers. I am aware the students are going to sit for their Kenya Certificate of Secondary Education (KCSE) Examination. May I take this opportunity to wish them all the best in their exams and I want to promise them that I will walk with them all the journey and I wish them all the best in their exams.

I thank you, Hon. Speaker.

Hon. Speaker: Thank you. Is Hon. GK here?

Hon. Njeri Maina (Kirinyaga County, UDA): Thank you, Hon. Speaker. I would like to comment on the El Nino issues.

Hon. Speaker: Not you yet, I called the Member for Kirinyaga Central.

(Laughter)

Hold your horses. GK. I will call you later. Go ahead. Can you give him another microphone?

Hon. George Kariuki (Ndia, UDA): Thank you, Hon. Speaker for giving me this opportunity to welcome students from Kiburu Secondary School in Ndia constituency. Kiburu Secondary School has a student population of about 80 boys and 80 girls. It is one of the best schools in my constituency. Not trying to steal the show from my female colleagues who have been campaigning and agitating for the girl child to be supported to stay in school even during her menstrual cycle days, I have today donated 80 sanitary pads per student of Kiburu Girls Secondary School. I am reliably informed by my female colleagues, including Hon. Njeri here from Kirinyaga County that with 80 sanitary pads that girl will stay in school for the next 12 months.

Thank you, Hon. Speaker. I appreciate.

Hon. Speaker: Thank you. Hon. Njeri, you can now have a minute to comment on *El Nino*.

Hon. Njeri Maina (Kirinyaga County, UDA): Hon. Speaker, thank you once again. Hon. GK is, indeed, my Member of Parliament. I would like to comment on the *El Nino* matters as the national Government prepares to fund the same. I note that the Council of Governors has said that the National Treasury has not given them Ksh35 billion or rather released the funds to mitigate the effects of *El Nino*. I note that Kirinyaga County is one of the counties that has adverse effects when it comes to *El Nino*. I am requesting, as leaders and as Government pushes for mitigation, we must ensure that we encourage and fund rain harvesting. We also reinforce the existing infrastructure and protect it from the adverse effects of *El Nino*. That we provide our people with the proper public awareness campaigns so that they can be well informed.

Expand on social protection mechanisms and equip our health facilities because *El Nino* comes with the risk of malaria and other water borne diseases.

Thank you, Hon. Speaker. I am also requesting that the Leader of the Majority Party updates the House on the issue of sanitary towels and the whereabouts of Ksh749 million.

Hon. Speaker: Order, Hon. Njeri. You are exceeding the authority given to you. Hon. Zamzam.

Hon. Zamzam Mohammed (Mombasa County, ODM): Asante sana, Mhe. Spika kwa kunipatia nafasi hii na mimi niweze kumuunga mkono dada yangu, Mhe. Donya, upande wa mgao wa *El Nino*. Ni dhahiri kuwa tunaelekea kwenye msimu wa mvua, msimu ambao saa hizi familia nyingi hawana amani wala furaha. Nikizungumza kuhusu eneo gatuzi langu la Mombasa, watu wengi huathirika sana na mafuriko ya *El Nino*. Kwa hivyo, ningeomba Serikali... Miaka nenda miaka rudi, Mombasa hatujawahi kupata sisi mgao wa kuweza kukabiliana na madhara ya *El Nino*. Watu wamehangaika. Wanapata mafuriko na nyumba zao zinabomoka mpaka inabidi kama Mama Kaunti niingie mfukoni kuangalia mapeni kuwasaidia.

Mhe. Spika, inatamausha wakati kuna bajeti ambayo imepitishwa ya kuweza kuwasaidia hawa watu. Ninaomba Serikali iangalie kwa usawa kaunti zote, ikiwemo kaunti ya Mombasa.

Hon. Speaker: Thank you. You have made your point. Lastly, Mohamed Adow for one minute.

Hon. Mohammed Adow (Wajir South, ODM): Thank you very much, Hon. Speaker. Disaster preparedness and mitigation has never been a point of strength for this country. Remembering the experience of the 1997-1998 *El Nino* phenomenon, I am scared about how prepared we are in mitigating the kind of disaster that comes with this kind of weather. I remember the rains lasted from May 2007 to February 2008 and very many places were marooned. Floods cut-off villages, towns and there was a lot of suffering. I pray that this time round, given the experience we had with the *El Nino* phenomenon of 1997-1998, we get ready and ensure we stock enough supplies to fight off diseases like malaria and those which affect both livestock and human beings.

Hon. Speaker: Thank you. You have made your point. I had allowed only three Members and I now see many hands raised up. I will give the Chairperson of the Departmental Committee on Agriculture and Livestock.

Hon. (Dr) John K. Mutunga (Tigania West, UDA): Thank you, Hon. Speaker, for the opportunity to contribute on the issue of *El Nino*.

Hon. Speaker: You have one minute.

Hon. (Dr) John K. Mutunga (Tigania West, UDA): Hon. Speaker, sometimes I marvel when we look at *El Nino* as a disadvantage or disaster in this country, instead of seeing it as an opportunity. Kenya is majorly dry and 80 per cent of this country is Arid and Semi-Arid Land (ASAL). There will be rainfall everywhere, so we should try to contain this water for use thereafter or discharge it to underground water aquifers. There is no investment in that direction and this is a serious concern. This water carries away our top soil which is important for crop production and we can use it to recharge areas that used to be water basins. As a country, we need to focus in that direction.

Hon. Speaker: Thank you. Member for Kamukunji for one minute. You will be the last one.

Hon. Yusuf Hassan (Kamukunji, JP): Thank you, Hon. Speaker. I want to add my voice to the concerns about *El Nino*. I come from the capital city with densely populated neighbourhoods particularly, Eastlands, where I am the Member of Parliament. There are very large informal settlements with very poor structures. I think it is important for the national Government and county governments to be alert and put a lot of effort to unblock the sewerage

system and prepare for the worst. Many people in the informal sections of Nairobi will be badly affected yet they are the largest population.

Hon. Speaker: Thank you. Last, but not least, Hon. Pukose for one minute.

Hon. (Dr) David Pukose (Endebess, UDA): Thank you, Hon. Speaker. I want to urge my colleagues as we prepare for *El Nino*, we also put into consideration that there will be many water-borne and vector-borne diseases. We will have an upsurge of malaria cases. So, make sure you also support using the environment money by buying water tanks for your communities so that they can have safe water.

With those few remarks, I support.

Hon. Speaker: Thank you. Leader of the Majority Party, sometime next week, I will allocate you time to issue a comprehensive statement on the level of preparedness in the face of what we are being told - an impending *El Nino*. I do not want you to sell fear to Kenyans. *El Nino* could be a blessing like Hon. Mutunga says. I did not hear anyone encouraging farmers to get ready to plant short rains crops when they arrive. We are only worried about the negative side of *El Nino*, but Dr Mutunga is spot-on.

There is the positive side also like harvesting water and planting crops to feed the families of this country. Leader of the Majority Party, prepare a comprehensive statement, I will give you time next week probably on Thursday afternoon, so that you can inform the country on the level of preparedness, mitigation factors and how the farmer is being prepared to benefit from the rains as and when they come.

I now call upon you to make your Thursday Statement.

STATEMENT

BUSINESS FOR WEEK OF 16TH TO 20TH OCTOBER 2023

Hon. Kimani Ichung'wah (Kikuyu, UDA): Thank you, Hon. Speaker. I am most obliged and will make that Statement next week. As you rightly said, I also want to encourage farmers to take advantage of the rains and the ministries concerned with water harvesting to make sure they harvest it.

Hon. Speaker, pursuant to the provision of Standing Order 44(2)(a), I rise to give the following Statement on behalf of the House Business Committee, which met on Tuesday, 3rd October 2023. As Members are aware, Tuesday 10th October 2023 was a public holiday marking Utamaduni Day. Therefore, the House reconvened yesterday, Wednesday, 11th October 2023 in the morning.

With regards to business scheduled for consideration today, Members will note that the House is expected to consider a Procedural Motion regarding a resolution to hold a Morning Sitting on Tuesday, 17th October 2023. This is intended to provide time for consideration of legislative priority business. Additionally, for today's Sitting, the House is scheduled to undertake debate on the Facilities Improvement Financing Bill (Senate Bill No.43 of 2023) and the Primary Health Care Bill (Senate Bill No.44 of 2023) from the Senate. These Bills are part of the health sector legislation aimed at realigning legislation to the Government's aspiration for universal health care for all Kenyans.

With regard to business scheduled for next week, the House is expected to consider the following Bills at various stages, some of which are already listed on today's Order Paper. They include:

1. The Second Reading and the Committee of the whole House on the Facilities Improvement Financing Bill, 2023;
2. The Second Reading and Committee of the whole House on the Primary Health Care Bill, 2023;

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.*

3. The Second Reading of the Statutory Instruments (Amendment) Bill, 2023;
4. The Conflict of Interest Bill, 2023; and,
5. The Insurance (Amendment) Bill, 2023.

Additionally, debate will also be undertaken on the following Motions, some of which are listed in today's Order Paper, should they not be concluded today:

1. Report on a Public Petition regarding the probable loss in investment in Cytonn High Yields Solutions Platforms;
2. Consideration of Reports of the Auditor-General of the Financial Statements for the National Government Constituency Development Fund (NG-CDF) for 12 constituencies in Kakamega County;
3. Report on the consideration of the East African Community (EAC) Multilateral Agreement on Aircrafts Accidents and Incident Investigations;
4. Report of the Kenya Delegation to the 4th General Assembly of the Eastern African Parliamentary Alliance for Food Security and Nutrition (EAPA-FSN), held in Kigali, Rwanda;
5. Report on inspection of various One-Stop Border Posts in the Northern Corridor in the East Africa Community (EAC) Region;
6. Report on the Employment Diversity Audit in public institutions;
7. Report on the loans contracted by the national Government between May 2022 and April 2023;
8. Report of the Auditor-General on 23 non-compliant state corporations;
9. Report on the proceedings of the second ordinary session of the 6th Pan-African Parliament (PAP); and,
10. Report on the proceedings of the 2023 United Nations High Level Political Forum on Sustainable Development.

Hon. Speaker, in regard to attendance of cabinet secretaries to answer Questions from Members, I wish to inform the House that due to the business scheduled next week, the cabinet secretaries who were to appear on Wednesday, 18th October 2023, have been rescheduled to a later date.

Finally, the House Business Committee will convene on Tuesday, 17th October 2023 to schedule business for the rest of the week. I now wish to lay this Statement on the Table of the House.

Thank you, Hon. Speaker.

(Hon. Kimani Ichung'wah laid the document on the Table)

Hon. Speaker: Thank you, Leader of the Majority Party. We will go back to Order No. 5. Chairperson, Departmental Committee on Sports and Culture.

PAPER

Hon. Daniel Wanyama (Webuye West, UDA): Thank you, Hon. Speaker. I am sorry. I beg to lay the following papers on the Table:

Reports of the Departmental Committee on Sports and Culture on its consideration of:

1. The Budget Implementation Monitoring for the Financial Year 2022/2023.
2. The 1970 UNESCO Convention on the means of prohibiting and preventing the illicit import, export and transfer of ownership of cultural property.

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.*

Finally, in my capacity as the Chairman of the Departmental Committee on Sports and Culture, I thank and congratulate Mr. Kiptum for breaking the marathon record.

Thank you, Hon. Speaker.

Hon. Speaker: We will go back to Order No.6. Chairperson, Departmental Committee on Sports and Culture. Hon. Wanyama, you are supposed to give notice of Motion.

Hon. Daniel Wanyama (Webuye West, UDA): Come again, Hon. Speaker.

Hon. Speaker: I have called you out on Order No.6 to give notice of Motion, but I saw you gathering your papers and walking away.

(Laughter)

Hon. Daniel Wanyama (Webuye West, UDA): What I had, Hon. Speaker, were Reports to table.

Hon. Speaker: Hon. Wanyama, it is not about what you have, but what is in the Order Paper. Under Order No.6, you are listed to give notice of Motion as the Chairperson of the Departmental Committee on Sports and Culture.

Hon. Daniel Wanyama (Webuye West, UDA): I, therefore, give notice of Motion on the same, Hon. Speaker.

Hon. Speaker: That is not how notices of motions are given, Hon. Wanyama. You are out of order. Are you not ready?

Hon. Daniel Wanyama (Webuye West, UDA): Hon. Speaker, I am not ready. Kindly allow me to check and get back to you shortly.

Hon. Speaker: The Clerk-at-the-Table says you have the notice among those papers. Are you ready?

NOTICES OF MOTION

ADOPTION OF REPORT ON BUDGET IMPLEMENTATION MONITORING FOR FY 2022/2023

Hon. Daniel Wanyama (Webuye West, UDA): Thank you, Hon. Speaker. I beg to give notice of the following Motion:

THAT, this House adopts the Report of the Departmental Committee on Sports and Culture on the Budget Implementation Monitoring for the Financial Year 2022/2023, laid on the Table of the House on 12th October 2023.

Thank you, Hon. Speaker.

Hon. Speaker: Thank you. We were at the end of Statements. Before we proceed to the next order, I have been informed that the following schools are in the Speaker's and Public Galleries:

1. Woodley Boys Secondary School from Kibra, Nairobi.
2. PCEA Iingarooj Boys Secondary School from Kajiado West, Kajiado.
3. Kivai Primary School from Kaiti, Makeni.
4. Mandove Primary School from Mwingi Central, Kitui.
5. Kiriko Primary School from Mathioya, Murang'a.

On your behalf and my behalf, we welcome the students and the accompanying teachers to the House of Parliament. Next Order.

Sorry, on the request of Hon. Dan Wanyama, we will go back to Order No.6. He omitted another notice of Motion. Go ahead, Hon. Wanyama.

ADOPTION OF REPORT ON UNESCO CONVENTION ON PROHIBITION 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.*

PREVENTION OF ILLICIT TRANSACTIONS ON CULTURAL PROPERTY

Hon. Daniel Wanyama (Webuye West, UDA): Thank you, Hon Speaker. I beg to give notice of the following Motion:

THAT, this House adopts the Report of the Departmental Committee on Sports and Culture on its consideration of the 1970 UNESCO Convention on the means of prohibiting and preventing the illicit import, export and transfer of ownership of cultural property, laid on the Table of the House on 12th October 2023.

Thank you, Hon. Speaker.

Hon. Speaker: Thank you. Hon Members, we will go back to Order No. 2. I have a short Communication to make. Order, Hon. Millie. Take your seat.

MESSAGE

NOMINATION OF A PERSON FOR APPOINTMENT
AS A MEMBER OF THE NG-CDF BOARD

Hon. Speaker: Hon. Members, I have a Message from the Executive on the nomination of a member to the National Government Constituencies Development Fund Board.

Pursuant to the provisions of Standing Order 42(4), I wish to report to the House that I have received a Message from the Cabinet Secretary for the National Treasury and Economic Planning regarding the nomination of a person for appointment to the National Government Constituencies Development Fund Board. In the Message, the Cabinet Secretary conveys that, in the exercise of powers conferred to him by Section 15(1)(e) of the National Government Constituencies Development Fund Act, 2015, he has nominated Hon. Gabriel Kago Mukuha as a member of the National Government Constituencies Development Fund Board. The Cabinet Secretary now seeks the approval of the nominee by the House.

Standing Order 45 provides that, upon receipt of notification of a nomination for appointment, such nomination shall stand committed to the relevant Committee for consideration. In this regard, I hereby refer the Message from the Cabinet Secretary, together with the curriculum vitae and other testimonials of the nominee, to the Select Committee on National Government Constituencies Development Fund for consideration. In considering the nominee, the Committee should take note of the provisions of Section 8 of the Public Appointments (Parliamentary Approval) Act, 2012, which requires the National Assembly to undertake the approval exercise within 28 days.

Therefore, The Committee is expected to commence the approval process and notify the nominee and the general public of the time and place for holding the approval hearings. Upon conclusion, the Committee is to table its report to enable the House to consider the matter within the statutory timelines.

I thank you. Next Order.

PROCEDURAL MOTION

RESOLUTION TO HOLD A SITTING ON TUESDAY MORNING

Hon. Speaker: Leader of the Majority Party.

Hon. Kimani Ichung'wah (Kikuyu, UDA): Thank you Hon. Speaker. I beg to move:

THAT, pursuant to the provisions of Standing Order 30(3)(b), this House resolves to hold a morning sitting on Tuesday, 17th October 2023 commencing at

10.00 a.m. for purposes of considering priority business as may be approved by the House Business Committee.

Hon. Members, without saying much, I had indicated in the usual Thursday Statement that we lost one sitting due to the public holiday on Tuesday. We do not want to significantly interfere with the House calendar in terms of recess time. There is a lot of priority business before the House and a number of Private Members' Motions and Bills. The House Business Committee (HBC) committed to allot some time to enable the House to consider as many private Members' Motions and Bills as possible to avoid taking up much time on Wednesdays. In the view of the HBC, we have a sitting on Tuesday morning commencing at 10.00 a.m., outside of the normal sitting time.

Hon. Speaker, with those few remarks, I want to ask the Deputy Leader of the Minority Party, Hon. Robert Mbui, to second.

Hon. Robert Mbui (Kathiani, WDM): Thank you, Hon. Speaker. I rise to second the Motion and say two things. One, the normal timetable of the House Sittings is Tuesday afternoon, Wednesday morning and afternoon and Thursday afternoon, and they are not all spent doing parliamentary business. Two, we also have committee meetings, which take the remaining time. This is for the benefit of those who think that Parliament only works in plenary. Everything done in committees ends up in plenary. Since the public holiday affected a day, adding another sitting to deal with the backlog of business-like motions and bills before us makes sense.

Hon. Speaker, With those few remarks, I second.

(Hon. Millie Odhiambo-Mabona, Hon. Beatrice Elachi, Hon. Julius Melly and Hon. Mary Njoroge stood in the gangways)

Hon. Speaker: Order, Hon. Melly and Hon. Members who are upstanding! Take your seats. Mama Dagoretti, take your seat.

(Question proposed)

(Question put and agreed to)

Next Order.

MOTION

CONSIDERATION OF REPORT ON THE STATUTE LAW (MISCELLANEOUS AMENDMENTS) BILL

THAT, this House do agree with the Report of the Committee of the whole House on its consideration of the Statute Law (Miscellaneous Amendments) Bill, (National Assembly Bill No.60 of 2022).

(Moved by Hon. Kimani Ichung'wah on 11.10.2023 - Afternoon Sitting)

(Debate concluded on 11.10.2023 - Afternoon Sitting)

Hon. Speaker: Order, Hon. Members! Order! Take your seats. Hon. Members, we are in Order No.9 and I will proceed to put the Question.

(Question put and agreed to)

BILLS

Third Reading

THE STATUTE LAW (MISCELLANEOUS AMENDMENTS) BILL
(National Assembly Bill No.60 of 2022)

Hon. Speaker: Mover.

Hon. Kimani Ichung'wah (Kikuyu, UDA): Hon. Speaker, I beg to move that the Statute Law (Miscellaneous Amendments) Bill, (National Assembly Bill No.60 of 2022), be now read a Third Time.

I also request Hon. Irene Mayaka to second.

Hon. Irene Mayaka (Nominated, ODM): Thank you, Hon. Speaker. I second.

(Question proposed)

Hon. Members: Put the Question.

Hon. Speaker: Hon. Members, I have confirmed that we have quorum in the House for purposes of making this decision.

(Question put and agreed to)

*(The Bill was accordingly read
a Third Time and passed)*

Hon. Speaker: Thank you. Next Order.

First Readings

THE MINING (AMENDMENT) BILL
(National Assembly Bill No.51 of 2023)

THE PUBLIC PARTICIPATION BILL
(National Assembly Bill No.52 of 2023)

*(The Bills were read a First Time
and referred to relevant Committees)*

Hon. Speaker: Thank you. Next Order.

MOTION

APPROVAL OF THE MEDIATED VERSION OF THE PUBLIC
FINANCE MANAGEMENT (AMENDMENT) BILL
(National Assembly Bill No.16 of 2023)

Hon. Speaker: The Co- Chairperson of the Mediation Committee on the Public Finance Management (Amendment) Bill.

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.*

Hon. Owen Baya (Kilifi North, UDA): Hon. Speaker, I beg to move:

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 Public Finance Management (Amendment) Bill (National Assembly Bill No.16 of 2023), laid on the Table of the House on Wednesday, 11th October 2023, and approves the Mediated version of the Public Finance Management (Amendment) Bill (National Assembly Bill No.16 of 2023).

Hon. Speaker, I want to thank the Members who participated in the mediation. I also want to inform the House that we had a very cordial mediation between the Senate and the National Assembly on the issues before us.

Hon. Speaker, first, thank you for appointing me to this position. I also thank Hon. Kimani Ichung'wah, our Leader of the Majority Party, for his guidance during the mediation. It helped us unlock some very outstanding issues within the shortest time. I sincerely thank him for that.

Second, I want to thank the team from the Senate. They were very magnanimous and good people. They brought honour to mediation, and as such, we were able to mediate the outstanding issues which looked very difficult and made them easy for the purposes of developing this law. Third, I want to thank Hon. Omboko Milemba, Hon. Millie Odhiambo, Hon. Abdi Shurie, Hon. Kwenya Thuku, Hon. Joseph Makilap and Hon. Kirwa Abraham Kipsang for the good job they did during the mediation process.

Hon. Speaker, this Bill is important to anchor our debt. It has been canvassed in this House, and many issues were flagged out, but I do not want to belabour the points. We thrashed the outstanding issues, especially in Clause 6 of the Bill very well. Once Parliament passes this Bill, it will make a good law for this country. In this regard, I ask Hon. Abdi Shurie to second.

Thank you very much, Hon. Speaker.

Hon. Speaker: Hon. Shurie.

Hon. Abdi Shurie (Balambala, JP): Thank you, Hon. Speaker. I want to thank Members of the Mediation Committee, those representing the National Assembly and the Senate, for thoroughly reviewing this Bill, proposing amendments and tabling a report of the revised Bill in record time.

Hon. Speaker, I want to inform you that we debated this Bill in this House. Of concern was the rejection by the National Assembly of proposals made by the Senate. Having come up with a mediated version, I encourage us to go ahead.

Hon. Speaker, I beg to second.

Hon. Speaker: Thank you, Hon. Member.

(Question proposed)

(Hon. Mark Mwenje consulted along the aisle)

Order, Hon. Member. The Member chatting away in the walkway, can you take your seat? We have been here long enough to understand that we take our seats when the Speaker is on his feet. This is not for the respect of the person on the Chair, but for the respect of the Chair and the Mace. I encourage Hon. Mwenje and others to discuss in the lobby during sittings. You can sit there, chat away, come back and proceed with business.

Hon. Members: Put the question.

(Question put and agreed to)

Hon. Speaker: Next Order.

BILLS*(Second Readings)***THE FACILITIES IMPROVEMENT FINANCING BILL
(SENATE BILL NO.43 OF 2023)****Hon. Speaker:** Leader of the Majority Party.**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Thank you, Hon. Speaker. I beg to move that the Facilities Improvement Financing Bill, 2023, (Senate Bill No.43 of 2023) be now read a Second Time.

This is one of the four amendment Bills that both the Houses of Parliament have considered. This is one of the two Bills that emanated from the Senate. As Members are aware, most of our public facilities lack financial autonomy and facility financial management. This has led to increasing fragmentation of health facilities, poor service delivery, decreased efficiency, lack of financial risk protection, transparency and accountability in our county and referral hospitals.

Therefore, this Bill seeks to cure those problems by providing financial and managerial autonomy and accountability to improve decision-making and increase efficiency in our sub-county and ward-level facilities to the national referral hospitals.

This Bill also aims to stimulate increased revenue collection by public health facilities, significantly contributing to the realisation of the Universal Health Coverage (UHC) target on expenditure on healthcare infrastructure throughout the country. With the enactment and possible approval of this Bill, the healthcare facilities from the village dispensaries will not only enjoy financial and managerial autonomy, but they will also have a stimulated sense of revenue collection. They will also retain part of the revenue they generate to enable them to provide efficient services to the people they serve.

This Bill also ring-fences money that is generated by public health facilities, ensuring a predictable, regular and steady source of funding for public health facility operations in counties. The problem that has bedevilled many of our healthcare facilities, especially Level 2 and Level 3 health centres ... Most of those facilities charge user fees and consultation fees, but all that money has been going to the county revenue accounts and not back to those facilities. The enactment of this Bill will see to it that, that money will be ring-fenced. Part of the revenue generated will be retained at the local level to purchase medical and pharmaceutical equipment. This will improve service delivery at the local level because facilities will not have to wait for county governments to send them money to buy basic items like bandages or cleaning equipment.

Hon. Speaker, you recall that during the COVID-19 period, many facilities in our local areas could not even access gloves and face masks for the first respondent officers who were exposed to the pandemic. The enactment of this Bill will ensure that the accounting officers will use the monies retained by those medical facilities to procure whatever they need. Ultimately, UHC will become a reality, and our people will have access to affordable health services.

The other object of this Bill is to provide an efficient, secure and accountable mechanism for collecting, retaining and managing revenue derived from health services that are rendered at public health facilities in Kenya. I do not need to over-emphasise that. The facilities will now manage the revenue at the local level.

It will also establish a governance framework to facilitate effective planning, coordination, mobilisation and access to public health facilities improvement financing in

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.*

Kenya. Because of the challenges that healthcare facilities face in accessing funds from the national or county Government levels, they do not have a good governance framework. The enactment of this Bill provides for that.

This Bill will also provide for the appropriation, management and use of retained health services revenue to supplement operations and facilitate quality service delivery in public health facilities. As I said, money appropriated to those healthcare facilities will be retained. It will also supplement operations and facilitate the provision of affordable and quality healthcare services to patients and members of the public.

Fourthly, is to promote equitable health facilities' improvement financing, including benefit-sharing in accordance with the relevant laws of Kenya. You are aware that many facilities across our country do not enjoy the same level of equitable share of resources. With this Bill, we shall be promoting equitable health facilities' improvement financing. All facilities with the ability to generate revenue will retain their revenue and manage the kind of medical care services they give to the public at their local level.

In the fifth instance, this Bill will provide a unified system to guide financial management in public health facilities, improve efficiency and effectiveness and ultimately, deliver quality health service. This unified system will be across the country. It will not matter whether it is a health facility in El Wak, Karachuonyo, Ndeiya in Kikuyu, Mukurweni in Nyeri, or Shinyalu Constituency. All our healthcare facilities will have the same architecture in their financial management and how they are financed and managed.

This Bill will also empower our local communities because management boards and committees will manage local hospitals at the local level. Therefore, people will have some sense of ownership of the facilities in their neighbourhoods and ensure accountability and transparency in how we finance and manage our healthcare facilities.

Hon. Speaker, the Bill also makes provision for the retention of public health facilities, improvement in financing, as well as the purposes for which those retained finances will be utilised. When Members peruse through the Bill, they will see that it provides not just how much to retain or how those facilities will retain part of the revenues they raise either in own-source revenue, but what has been appropriated by county governments or even from grants and donations or gifts. It is also for what purposes healthcare facilities can utilise monies or funds they have retained at that local level.

Again, as I mentioned earlier, it ensures a lot of transparency and accountability from officers designated by chief officers. Chief officers are the accounting officers of those healthcare facilities and are in charge of healthcare at the county level. The Bill also gives chief officers at the county level powers to designate certain officers as Authority to Incur Expenditure (AIE) holders or have the authority to incur expenditure at that local level. Designated officers may be medical superintendents or whatever level of a health officer who is charged with the responsibility to incur expenditure. They will have to do so in an accountable manner. Then they will know what it is they can utilise this money for, by law. That is so that we do not have instances as has been happening where money is collected from our healthcare facilities and, instead of this money being ploughed back to improve healthcare provision at the local level, it is diverted to construct roads. Some other money is diverted to provide bursaries to school children. It will now be imperative that, even at that local level, the officer-in-charge and is an AIE holder will know by law what they can utilise this money for. Therefore, they will not use the funds for gardening and the construction of hospital gates when hospital wards are in deplorable states, or there is no medicine in healthcare facilities.

Lastly, this Bill has close to 27 clauses. Because I do not want to go into all the provisions, the last Part, Part III, is on the role of the national Government. This Bill speaks about policy formulation, research, and development of improvement financing as the national Government's role. The Cabinet Secretary has been given certain key responsibilities in

developing policy guidelines on how facilities will account for the money they generate in a more transparent and accountable manner and to use it prudently. It provides how to receive, collate and analyse data for facility improvement financing, policy formulation and support. At the ministerial level, the Cabinet Secretary will formulate policies on how the government can collect information, receive and collate data, or even analyse such data as to how the Government can help counties to improve their facilities' financing.

Of course, amongst all other provisions, it is the responsibility of the Cabinet Secretary to formulate policies. I do not need to go through them in the Bill because we know that healthcare is a devolved function. That is why, in recognition that healthcare provision is a devolved function under Schedule Four of our Constitution, most of the policy formulation work is being left to the Cabinet Secretary at the national level. However, management of lower-level facilities will be at the facility level.

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

[The Temporary Speaker (Hon. David Ochieng') took the Chair]

Let me not go through all the provisions but encourage Members that this is part of the Healthcare (Amendment) Bills—the four Bills that I mentioned. It will be a game-changer in how we manage our country's healthcare facilities and actualise universal health coverage to millions of people. They have suffered over the years due to a lack of accessible, affordable and quality healthcare. Finally, we will be able to crack what has escaped us for many years in the provision of universal health coverage towards the realisation of Article 42(1) of the Constitution. It is on the provision of affordable, easily accessible and quality healthcare for millions of our people.

I believe that all of us will now rise to the occasion to support these Bills. I mean this Bill, the Primary Health Care Bill listed as Order No.14, and the two other Bills emanating from this House that have been considered in the Senate. The Bills will be that game-changer that will make sure we completely change the architecture of how we manage and provide healthcare to millions of our people.

As I said when I moved the other two Bills, many Members of this House and even the Senate, our governors and MCAs will tell you that, other than education, the cost of healthcare is the primary burden to millions of our people in our constituencies. If we can effectively deal with the cost of healthcare so that our people can access affordable and quality healthcare at the local level, we can save millions of our people from a burden that many families have had to bear. Healthcare bills, illness and sickness in families have rendered many families destitute when a family member falls sick and they cannot afford it.

Even Members of Parliament bear the burden because I know many Kenyans assume that Members of Parliament have all the money to pay for healthcare bills, those of their families and their constituents. All those Members of Parliament here will tell you about the unmanageable number of fundraisers they are invited to because of medical care. That is when they are in their constituencies every Monday or Friday. Members of the public will not even understand that the role of providing healthcare is devolved and that it belongs to governors and county governments. They all walk to our offices looking for help.

Understandably, Kenyans are desperate for affordable healthcare, and we cannot afford to finance their healthcare from our pockets. Through the Social Health Insurance Fund, we approved here the other week, and by working collectively as a nation and as leaders, we can enact those kinds of laws. That will completely change how we manage our healthcare facilities and primary healthcare, enable us to finance our healthcare, and completely change the

architecture of how healthcare is dealt with in this country, thereby effectively dealing with the cost of living.

When we speak about the cost of living, many people assume that the cost of living is just about food and the provision of affordable food. The cost of healthcare is a major element in the cost of living. If we save Kenyans from the high cost of medical care, they will have a higher disposable income available to them to cater for other needs, be it education or food.

I beg to move and request Members to join me and the drafters of this Bill in the Ministry of Health, plus the other Bills, to bring down the cost of living for millions of our people.

With that, I beg for your support and request the Chairman of the Departmental Committee on Health, Hon. Pukose, to second. I also want to thank him and the Committee for their immense work in taking those Bills through public participation in the seven days that they are designated and coming up with the Report they tabled this afternoon.

Thank you.

The Temporary Speaker (Hon. David Ochieng’): Thank you. Hon. Pukose.

Hon. (Dr) Robert Pukose (Endebess, UDA): Hon. Temporary Speaker, I want to thank the Leader of the Majority Party and second this Bill. Let me begin by thanking the Members of the Departmental Committee on Health that I chair for their dedication in preparing and tabling the Committee Report on the Bill.

The Government of Kenya has identified healthcare delivery as one of the core pillars of its Bottom-Up Economic Transformation Agenda (BETA). In the Plan, several commitments have been identified towards the delivery of the Universal Health Coverage (UHC). Those interventions include ring-fencing funds for healthcare from facility improvement funds to allocations from the National Treasury in collaboration with county governments. The Bill is aligned with this Plan and the Kenya Vision 2030 which, under the social pillar, envisions a healthy and prosperous nation. This is because the Bill seeks to provide for public health facility improvement financing and its management and administration in the country.

The Bill has 29 clauses, and the Committee considered clause by clause together with the comments received from several stakeholders; namely, the State Department for Medical Services in the Ministry of Health, the County Assemblies Forum, the Council of Governors and a group of Civil Society Organisations that are involved in matters health governance and human rights comprising the Kenya Human Rights Commission, Amnesty International Kenya, the People’s Health Movement (PHM), the Kenya AIDS NGOs Consortium (KANCO), the Institute of Public Finance (IPF) and the Scaling Up Nutrition Civil Society Alliance (SUN CSA-Kenya) who submitted a joint memorandum.

Hon. Temporary Speaker, prior to its consideration of comments, the Committee, through the Clerk of the National Assembly, placed an advertisement in the print media on Wednesday, 4th October 2023. The Committee also wrote to several institutions requesting for their memoranda on the Bill, including the Ministry of Health, the Office of the Attorney-General and Department of Justice, the National Treasury, the Commission on Revenue Allocation, the Office of the Controller of Budget, the Kenya Law Reform Commission, the National Health Insurance Fund, the Kenya Medical Practitioners and Dentists Council, the Kenya National Commission on Human Rights, the National Gender and Equality Commission, the Commission on Administrative Justice, the Council of Governors, the County Assemblies Forum, the Kenya Medical Association, the Kenya Private Sector Alliance, the Consumers Federation of Kenya, the Rural Private Hospitals Association of Kenya, the Kenya AIDS NGOs Consortium and the Kenya Association of Private Hospitals.

The Bill is aligned with the Constitution of Kenya, 2010 on county funds. The Constitution in Article 207(1) exempts money reasonably excluded by an Act of Parliament from being paid into the County Revenue Fund. Article 207(4) of the Constitution further

recognises that an Act of Parliament may provide for the establishment of other funds by counties and the management of those funds, respectively. The Bill, therefore, meets this criterion as it makes provision for public health facility improvement financing and details how the same will be retained, managed and administered to ensure proper utilisation of funds.

The Bill is aligned with the Health Act, No.21 of 2017, the country's primary law on health matters. Section 86(1)(c) of the Health Act, 2017 provides that the Ministry of Health shall ensure progressive financial access to universal health coverage through various measures, including developing policies and strategies that ensure the realisation of universal health coverage. The Bill will, therefore, stimulate increased revenue collection by public health facilities, significantly contributing to the realisation of the Universal Health Coverage target of augmenting expenditure on healthcare infrastructure throughout the country.

The Bill is aligned with the Public Finance Management Act, No.18 of 2012, the country's primary law on public finance matters. Section 109(2)(b) of the Public Finance Management Act, 2012 provides that all money is to be paid into the County Revenue Fund except money that may, in accordance with other legislation, the Act or county legislation, be retained by a county government entity which received it to defray its expenses.

The Bill aims to ring-fence money that is generated by public health facilities, ensuring a predictable, regular, and steady source of funding for public health facility operations in counties. This will guarantee that funds are utilised to improve patient care at the respective public health facilities. In doing this, the Bill facilitates the realisation of Article 43(1)(a) of the Constitution of Kenya, 2010, which not only guarantees the right to quality and affordable healthcare, but also recognises the role of the Government in removing barriers to access to quality and affordable healthcare.

Hon. Temporary Speaker, the Bill directly responds to the legal intervention proposed by the Departmental Committee on Health in the 12th Parliament in its Exit Report dated 8th June 2022. In the Report, the Committee recommended that the Departmental Committee on Health in the 13th Parliament establishes a Facility Improvement Fund for county public health facilities to support the devolved health function. Public health facilities previously retained and managed the monies they generated. However, the enactment of the Public Finance Management Act, No.18 of 2012, took away the financial autonomy of public health facilities to retain, bank and spend revenues collected from user fees.

Section 109 of the Public Finance Management Act, No.18 of 2012, provides that all revenue collected by all county government entities is submitted to the County Revenue Fund, and then those entities will request funds from the County Revenue Fund. County health facilities now draw funds generated through cash, insurance schemes and grants from the County Revenue Fund. This has occasioned numerous bureaucracies and limited funding for public health facilities as they are usually allocated less money than what they remitted, making them struggle to meet their operation and maintenance costs, adversely affecting their service delivery.

Some counties, including Kakamega, Isiolo, Mombasa and Elgeyo Marakwet, noting the challenges they have faced, have established Facilities Improvement Funds, allowing their public health facilities to manage the funds they generate through Health Services Management Committees. Counties that have not established such a fund continue to face several key challenges, including demotivated health workers, delays in service delivery due to procedural difficulties in procuring essential supplies and poor accountability for money generated in public health facilities.

Hon. Temporary Speaker, the Bill gives county governments control over the revenue generated within their health facilities, allowing for enhanced localised decision-making. County governments will now be able to plan and implement long-term healthcare projects

without solely relying on the allocations by the national Government as they will have steady revenue streams for their public health facilities.

The Committee, therefore, recommends that the House adopts and passes the Facilities Improvement Financing Bill (Senate Bill No.43 of 2023) without amendments. With those few remarks, I second.

(Question proposed)

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

The Temporary Speaker (Hon. David Ochieng’): What is your point of order?

Hon. Silvanus Osoro (South Mugirango, UDA): Hon. Temporary Speaker, I propose that, considering the interest of Members on this Bill, we reduce the contribution time from 10 to four minutes per Member.

Hon. Members: Five!

Hon. Silvanus Osoro (South Mugirango, UDA): They say five minutes so that each Member can get some quality time to contribute.

The Temporary Speaker (Hon. David Ochieng’): Hon. Members, Hon. Osoro has proposed that we reduce the time for debating on this Bill, that is, the Facilities Improvement Financing Bill No. 43 of 2023, from the normal time to five minutes per Member contributing.

*(Question, that speaking time
be reduced to five minutes, put and agreed to)*

The Hon. Members who have put their cards and are not in the House, I will ask the Clerks-at-the-Table to drop them because I do not want them returning to disturb us once this happens.

The first person on my list is Hon. Wilberforce Oundo of Funyula.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Thank you, Hon. Temporary Speaker, for giving me this opportunity. Indeed, if there is anything — let me echo the sentiment of the Leader of the Majority Party — that causes butterflies in our stomachs, it is the calls we receive from our constituents concerning medical bills. Any bill, policy or administrative action that addresses this challenge is always welcome, and I urge all our colleagues to support it.

The Facilities Improvement Financing Bill No.43 of 2023 is an important Bill. If you go to health facilities of whichever level in our constituencies, you are often told that they cannot provide services, drugs and even basic things like gloves or reagents for testing because they have no money. That is because all the money they collect as user charges ends up in the revenue account, which is not ring-fenced and, therefore, those particular funds end up being used up in some other places. Consequently, most hospitals, be it health centres, clinics or whatever we categorise them, are perpetually suffering because they cannot access the money they have generated. Thus, this amendment or this new Act will go a long way in solving this problem. As I mentioned, going forward, we require a little more amendment to this Act to speak to the reality on the ground and to ensure the question of pilferage and the question of loss of funds does not become endemic as has happened elsewhere.

This Bill has various proposals. Unfortunately, it limits. When this Bill becomes an Act, it shall only apply to Level 1 to Level 5 public health facilities. So, it means that the referral hospitals at the national level are excluded. I would have also thought that because this Bill applies to those public facilities, why can we not find a mechanism of roping in some private facilities that are more or less community-run, for example, mission hospitals and hospitals

started by the public or the community so that we can see how we can also have uniformity of services?

Under Clause 5(4), this Bill proposes that we retain all receivables by the public health facility, which shall be considered a supplement. This is an important point, and I hope the Chairperson will need to make it very clear that there is no way that the county government will deny a health facility funds through the County Appropriation Bill simply because whatever they expect to collect could be enough to run them based on their budget. That is why I like Clause 5(4), which forces the county governments to continue funding those hospitals.

Because of time, the other issue that we need to be very clear on is the disbursement from insurance firms or other relevant entities. Will those funds go directly to the health facility or again, they go through the long route of the county revenue account? We need to be very clear so that, if we are still working with the National Health Insurance Fund (NHIF), for example, if somebody went to Sio Port Health Centre, was treated and charged through NHIF, will that amount go to Sio Port Health Centre or first of all to Busia County and then be disbursed to Sio Port Health Centre? If that remains the case, then that money will never get there.

The other issue that we need to be aware of is the management, which we are talking about on the county health management team, hospital management team and then health facility management team. The county health management team is dominated by technocrats or, naturally, by doctors...

The Temporary Speaker (Hon. David Ochieng’): Hon. John Mutunga.

Hon. (Dr) John K. Mutunga (Tigania West, UDA): Thank you, Hon. Temporary Speaker, for giving me the opportunity to contribute to this Bill. Healthcare costs are punitive, especially for those holding elective offices in this country. I think it will be most welcome if there is any mechanism to relieve such costs to such people. That is why, at this point, this Bill comes in to realise the Universal Health Care. If you look at a vehicle, for instance, if the engine is not working or the bearings within the engine are not working, then the entire vehicle will not work effectively and efficiently. Having those small units out there operational and responding to the needs of the people means the entire system will be a reality, which is why we say that Universal Health Care will be a reality in this country.

This Bill provides for the prudent management of resources, especially financial resources. It creates those institutions as more Semi-Autonomous Government Agencies (SAGAs), which will help them manage their needs and plan in a way that they can know what they need. They should adopt a planning strategy trajectory that enables them to predict what to put in the plan and fund that. It is an essential component of this Bill, which will help the health facilities operate.

The most significant problem we have is not just non-performing facilities, but also stocking those facilities or providing pharmaceutical products. You realise that most of the time, people get prescriptions from hospitals, health centres or dispensaries, and then they end up buying their medicine from stores. Again, this is punitive and expensive for most Kenyans as they do not have a means of income to afford buying from pharmaceutical companies or pharmacies. Therefore, it will help a great deal.

The cost of medical services is punitive to every Kenyan, not just those who are sick. Every village, every weekend, there is a *Harambee* to meet the cost of medical care, and we have complications of diseases with time. The Universal Health Care component as a part of the Kenya Kwanza Government’s delivery process has brought great achievement, first, in identifying what kind of illnesses one has and the initial response in determining what type of medical care one requires. Making those facilities operate means we will relieve the bigger referral hospitals of the amount of work they have to do, the populations they have to handle

on a specific day, and the demands they have for machines and doctors or physicians. That will make the entire system more efficient, and the whole hospital will function better.

We need to debate several issues in the Bill and think of how to improve it. Well-wishers and donors have been supporting medical units. We need to incorporate them as a source of revenue. Those willing to support medical units within Kenya should be allowed to do so. We should also allow them to fundraise in various ways to get medical services moving. I will conclude by urging the House to exercise caution on some issues. Prudent financial management is important. The supply of pharmaceuticals has been an issue in the country. As they manage those units, they need to unlearn and re-learn how to do it. They should ensure that the facilities are clean and efficient before receiving patients. Some of those facilities may be sources of infection because they are in a dilapidated state.

Finally, there is the issue of occupancy in terms of managing the number of people we can have at any given time. I was once a victim. I had an accident in Tanzania, and I was put in a bed with other people with worse illnesses than I did. I ended up getting an infection from the hospital facility. It would be better for us if those facilities were run more efficiently. We need to determine what services should be given at any point in time, in which section and the location of the entire...

The Temporary Speaker (Hon. David Ochieng'): Deputy Leader of the Minority Party. Member for Kathiani Constituency.

Hon. Robert Mbui (Kathiani, WDM): Thank you, Hon. Temporary Speaker, for giving me this chance. A healthy nation is a wealthy nation. Kenya has been grappling with the issue of universal healthcare since its Independence 60 years ago. Our founding fathers talked about eradicating poverty, ignorance, and disease. Many years later, we still have rampant poverty, ignorance and diseases that are still ravaging our country. With this Bill, we will almost get there.

I was initially concerned because I thought that the Bill dealt with the issue of people paying monies to health centres, which would retain the funds. However, when I read it more clearly, I realised that Clause 6 recognises that reimbursements may also come through insurance, which is where we are headed because of the Social Health Insurance Fund. In future, we should not carry money to health centres.

It is also good to note that the health function is devolved. Since 2013, the health function has been in the hands of governors and county governments. However, not all governors and counties have prioritised healthcare. That is why if you scrutinise the budgets of counties, you will be surprised by the amount of money that is allocated to health compared to other activities. Some counties even put infrastructure ahead of healthcare, which is unfortunate. The idea of devolution was to take services closer to the people. The service they most require is to be healthy, work and earn an income.

As a result of the lack of serious dedication by some counties, you will find that healthcare in those counties is in a deplorable state. Some Members have said that there are no medicines, bandages, gloves, or X-ray machines when they go to health centres. They find that no equipment is working. Further to that, the grounds in some of our healthcare facilities are unkempt. Some of them are breeding grounds for mosquitoes and other pests.

Waste is poorly managed. Maternity centres should have proper incinerators. Some cannot properly dispose of their waste, which becomes a health hazard. I am aware of some health centres where electricity bills have piled up such that Kenya Power has to disconnect them. Other facilities have accumulated water bills to such a level that they cannot be managed, and they are being disconnected. It is very unfortunate. This Bill will solve the basic problems that are faced by our healthcare providers.

Clause 5 authorises health facilities to collect money and retain it. Clause 21 proposes that the authority to incur expenditure (AIE) be vested in the management teams in those

centres. That will ensure there is money to run basic affairs in those centres. They will be able to deal with minor issues and the problems that they have been experiencing.

As I conclude, we must be very careful when dealing with financial management issues. We are talking about authorising health facility teams to receive, retain and spend money. There are laws on public procurement and asset disposal when it comes to issues to do with expenditure. We have to be very careful that those management teams are properly guided so that we do not end up devolving corruption from County Executive Committee Members (CECs) to the management teams.

With those few remarks, I support the Bill.

The Temporary Speaker (Hon. David Ochieng’): Hon. Nyikal.

Hon. (Dr) James Nyikal (Seme, ODM): Thank you, Hon. Temporary Speaker, for allowing me to support this Bill. I must support it. We came up with this Bill in 2005, but we put it aside when devolution came. I am happy that it has come back today, while recognising that there is devolution. The health function was more devolved before devolution than it is today. I support the Bill because it devolves the health function much further.

The main objective of the Bill is to ring-fence money for the health sector. There are many competing needs at the county level such that, even if money is set aside for healthcare in the budget, at the time of payment, it does not go to healthcare but to other needs such as road maintenance and so on. This Bill ring-fences the money. Clause 5(1) clearly states:

“There shall be retention of all monies raised or received by or on behalf of all public health facilities.”

Clause 5(2) states:

“There shall be opened a facility improvement financing account for each public health facility into which shall be paid all monies received by or on behalf of the respective public health facility.”

That is the crux of the matter. That account used to exist until the county revenue account came into place.

Clause 6(a) states:

“6. The sources of revenue and other receivables for public health facilities improvement financing shall include-

(a) own source revenues that include monies received as user fees, charges, monies paid as reimbursement for services received from insurance firms or other relevant entities;”

That includes the NHIF, particularly if we use capitation at the health centre and dispensary level.

Clause 6(b) states:

“6. The sources of revenue and other receivables for public health facilities improvement financing shall include-

(b) money appropriated by the county government to the health facilities from the equitable share;”

That means that money that comes from counties will go into this account. We are ring-fencing the money. Clauses 6(c) and (d) mention conditional grants, donations and gifts. Here, you are influencing money and any conditional grant, donation, or gift. It was with DANIDA that we fashioned this thing and partners wanted to give money directly to the health facilities. Now that we are back to it, even donors or partners can give money. The money from counties will go into this account. I support it because they have done it well. They have established a mechanism for management. There is the county health management team and the sub-county health management team which will support Level IV, III and II hospitals, then you have the hospital management team. Level IV and Level V hospitals will have management teams too. The only thing that I have seen in those committees that we need to look at is representation of

the community. At that level I have not seen representation of the community yet it is necessary. Concerning the health facility management team, particularly Level II and Level III, I find that very acceptable because they have increased community participation.

Colleagues if you think about this thing, it is amazingly simple. Secondary schools have been managed in this way for many years. Why do we think that health facilities cannot be managed in this way? What is important is the support they should get. We have fear of losing the support they are already getting. What they must do now is to put in place an accounting mechanism so that Level IV and V hospitals can have their own accountants. Secondary schools have bursars. So, Level IV hospitals have an administrator. Why can we not have an accountant to serve the whole sub-county or even a county? It will help Level II and Level III hospitals to manage their accounts. It will work because the facilities will be in a position to make purchases thus bridging the gap... For example, when Kenya Medical Supplies Agency (KEMSA) delays with money, they can use the little money they collect themselves to improve the facilities. The experience...

The Temporary Speaker (Hon. David Ochieng'): Give the former Principal Secretary one minute.

Hon. (Dr) James Nyikal (Seme, ODM): The experience we had when we used this system is that the facilities improved. They were cleaner. They bought cleaning materials and communities were involved, at least, at health centre levels. The community took an active part in the management of facilities. Now that we are back to the same thing, the committees are going to be appointed and communities will be involved yet again. It is a good movement in supporting UHC programme.

Hon. Temporary Speaker, I support.

The Temporary Speaker (Hon. David Ochieng'): Hon. Martin Wanyonyi. Is the Hon. Dekow Dalo in the House? Is that you?

(Hon. Dekow Mohammed spoke off the record)

Is that the Member for Garissa Township? Right after Hon. Martin.

Hon. Martin Wanyonyi (Webuye East, FORD-K): Thank you, Hon. Temporary Speaker. I also support this particular Bill. In Article 43 of the Constitution, we promised the people of Kenya that we will provide them with the highest standard of healthcare. When we were devolving functions in our Constitution, we devolved healthcare but we never supported it with the requisite resources. We needed to ensure that Kenyans are able to access quality health care that was envisioned by the drafters of the Constitution.

This Bill is a solution because it is finally going to help the people of Kenya access quality health care. For a very long time we have seen that for any facility, whether a dispensary or health centre, to get allocated resources, a Member of County Assembly (MCA) or a Member of Parliament or a Medical Superintendent must be known to the Governor. If you are not known to the Governor, you will not get resources and your health centre or dispensary will not be funded. With the passage of this Bill, it will not matter whether you know the Governor or Deputy Governor or the County Executive Committee (CEC) Members. All health facilities will get resources for infrastructure development.

For a very long time we have not put in place measures to motivate our people to enhance revenue collection. Revenue collected by a health facility will remain within and be utilised locally. That, in itself, is a mechanism to ensure that health facilities are motivated to enhance revenue collection. I really support this Bill. We have had very good measures before but the biggest problem in the Republic of Kenya is corruption. We must also look for a way to ensure that while we work to retain these monies at the health facilities, we must also work

to disrupt, destroy and completely remove corruption in the management of this particular funding.

I support this Bill. I thank my Chairman, Hon. (Dr) Pukose, and the Leader of the Majority Party for midwifing it. I am hoping that as we birth it, we will also see to it that Governors do not take advantage of the Facilities Improvement Fund now that it is available. I hope Governors will stop re-allocating money to other things. We must put Governors to task and ensure that they continue alongside this particular fund. We should also continue supporting facilities equitably. We have seen counties where a Governor, say, for five years, supports one hospital only at the expense of other facilities. Even as we pass this Fund, Governors must continue allocating money equitably across board in their respective counties.

I support.

Hon. Dekow Mohammed (Garissa Township, UDA): Thank you, Hon. Temporary Speaker for giving me this opportunity. The Bill, as tabled, seeks to de-congest the main referral hospitals and Level V hospitals. The situation currently is that all the health facilities, that is, health centres, Level IV, Level III and Level II hospitals are abandoned. They lack the necessary facilities. This Bill will support the UHC programme. As one of my colleagues has said here, this arrangement worked in the past. I am a witness to it that it worked in the past but it was abandoned after devolution. As it is now, those in the villages and grassroots level can only seek medical services from the main referral hospitals or Level V hospitals.

Most of the medical facilities at the grassroots level are not taken care of by the county governments. The county governments concentrate more on the referral hospitals. They have abandoned health centres and dispensaries on the ground. For my constituency, I have launched NHIF programme of up to 1,000 families in the villages. It is to serve the most vulnerable people. Once these funds are retained at the health facilities or health centres, the management of those facilities will easily improve and medicine will be available on the ground.

I must commend my county government for one of the facilities they are piloting now to see whether this programme will work. They have allowed one of the health centres to collect money from both the patients who pay cash and those who have the NHIF cards. The money is retained in the health centre and it is now working. For that reason, I support this Bill and I believe that is the direction we should take. We should ring-fence the management of these funds at the facility level to provide quality health to our people. That is the way to go.

With those few remarks, I support the Bill.

The Temporary Speaker (Hon. David Ochieng'): I am grappling with what to do with the orange women high table. I do not know what to do because they are all lined up one after the other. I will give chances to two of them so that all of you share together. That is the team of Hon. Catherine Omanyo, the Member for Migori County, the Nominated Member, and Hon Zamzam. That is the orange women high table.

(Hon. Owino spoke off the record)

Hon. Owino, I have not heard from a lady on this Bill. I have heard from six men already on this particular Bill. No single lady so far. So, I will listen to...

(Hon. Pukose spoke off the record)

Order, Member for Endebess! From the requests I have here, I will listen to Hon. Catherine Omanyo, then Hon. Pareyio. I will turn to this side again.

Hon. Catherine Omanyo (Busia County, ODM): Thank you, Hon. Temporary Speaker. This Bill has made me smile today because somebody thought it wise to bring it before this House. If you look at the health facilities in the villages, their infrastructure is in question.

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.*

If a pregnant woman is to be transferred from a better facility to the village ones, she may prematurely give birth or abort. So, if these small health facilities are well managed, their services will move to the real Wanjikus in the villages and we will be better people in our society. If we cannot have our basic health sector working, then it means that we will have an unhealthy society that cannot be productive.

At the county level, medicine and basic things like gloves are scarce in most hospitals. If these things are available, health services will be improved and our people will not be worried any more. People will be encouraged to pay if health services will be available; they will not feel the pain of paying. Today, you can sell a plot of land and still not afford to get a doctor in a health facility. If there will be money for our health facilities, our doctors will be attracted to work in the counties and they will not be looking forward to go abroad to offer their services there. They will be happy to treat people at home because there will be payment. We will not have doctors' strikes all the time. The gap between the rich and the poor will...

Sometimes, when you do not have money and you are sick, you pray and hope that the disease will disappear because you do not have money. Today, if you go to any health facility you have to pay money first before you are treated. However, with this kind of arrangement, you will be treated first then other requirements will follow.

So, I support the Bill and everybody else should support it.

The Temporary Speaker (Hon. David Ochieng'): Member for Narok North.

Hon. Agnes Mantaine (Narok North, JP): Thank you, Hon. Temporary Speaker for giving me this opportunity to support the Bill. This is a Bill that touches on people at the grassroots level and we all need to support it. Health is very important to our people. We can all agree that, as Members of Parliament, every weekend we have more than 10 people in our houses who need money because their relatives are unable to pay hospital bills. If this Bill is passed, it means that the health facilities will never miss the necessary basic things that they need like syringes, bandages and medicine. What makes me support this Bill is that health facilities will be allowed to use the money that they collect to buy the necessary medicines that they will need. When that money goes to the counties, it may not come back to the people. Counties have their priorities and buying medicine or something for the small health facilities may not be a priority for them. They put money in their planned priorities. For that reason, I support this Bill and ask all the Members to support it because it is a very important and necessary Bill that has come at the right time.

The Temporary Speaker (Hon. David Ochieng'): Member for Mosop.

Hon. Abraham Kirwa (Mosop, UDA): Thank you, Hon. Temporary Speaker. I stand to support the Facilities Improvement Financing Bill (Senate Bill No.43 of 2023). It is a good Bill that is going to make a big difference in our communities and also in our health care system in the country. There has been a lot of embezzlement and corruption in most of the health facilities. If you go to health facilities, you will find that most of them are in bad shape not because they wanted to but because of the way their funds were appropriated. As such, no funds were specifically ring-fenced for the improvement of health facilities. This Bill is going to make a big difference because it will ensure that most of the health facilities are well managed. The Bill provides for the health facilities to have management committees whose purpose will be to manage the facilities, and provide for how the funds will be managed.

Part IV of this Bill is on Management and Administration of the Improvement Financing. It says that:

“The County Executive Committee Member shall support the implementation of the facility improvement financing by facilitating effective collection and retention of facility improvement funds.”

So, this Bill is going to make sure that whatever is collected will not be misappropriated and it will specifically go to the facility itself.

One of the biggest things that helps in the healing of patients is how health facilities look like. If you go to a facility that looks like it has been run down, your faith in the doctors and the medication that you will be given there will go down. You do not want to be taken to a health facility that looks like a shack. You want to go to a facility that is well maintained, clean and well managed. So, this Bill is good. I support it and hope that all the Members will support it. It will improve health care in our country.

The Temporary Speaker (Hon. David Ochieng’): Is the Member for Igembe Central, Hon. Daniel Karitho in the House? Let us have the Member for Bureti.

Hon. Kibet Komingoi (Bureti, UDA): Thank you, Hon. Temporary Speaker. I rise to support this Bill that seeks to devolve, for the last time, the health sector within our country. First, there has been a discussion that has been going on in the villages on how the health sector has been managed. To that end, this Bill seeks to cure one of the fundamental things in health, which is the source of funding to the health sector. The question that we have always had is: Why do hospitals generate revenue and yet they do not receive what they have generated out of the funds that they receive from the patients and the people that is given as gifts to hospitals?

This Bill will allow hospitals and health facilities to retain all the funds they receive as revenue for costs that will be incurred in treating people in their regions. They will use the funds for management and improvement of their facilities to provide services in communities. That is the greatest news to me, the people of Bureti, Kericho County and the rest of this nation. It is also good to note that retaining of these resources does not prohibit the county governments from further appropriating funds for the purpose of facilitating growth and improvement of these facilities. With this Bill, we expect – together with the Kenya Kwanza programme that we have in the UHC that is to be launched in Kericho on 20th – to have a comprehensive health management from the local level at the dispensaries up to Level IV hospitals.

To this end, all our hospitals will be equipped and managed in a better way, including the participation of communities and the diversity of the people living within those communities to manage the facilities. There is diversity of our geography. There are different regions in this country handling different diseases and scenarios in medical schemes. There are hospitals near the roads which receive casualties. There are those which are far removed from the roads and they manage preventive and curative aspects of the health sector. They will receive funds which will be commensurate with the services they offer.

Hon. Temporary Speaker, I support this Bill because finally health will be devolved and managed in a better way. Within our counties, it will be what we, as Kenya Kwanza Government, had envisaged. With the launch of the UHC Programme, we will see the improvement of all these facilities from Level I to Level IV. I support the Bill.

The Temporary Speaker (Hon. David Ochieng’): Member for Mombasa County.

Hon. Zamzam Mohammed (Mombasa County, ODM): Asante sana, Mhe. Spika wa Muda. Ninataka nichukue fursa hii niunge mkono Mswada ambao umeletwa leo na Kiongozi wa Wengi katika Bunge hili.

Maradhi yamekuwa donda sugu katika jamii yetu. Yamekuwa yakisambaa kwa haraka. Watu wakienda katika hospitali kubwa wakiwa na maradhi ya kusambaa haraka, wanaweza kusambaza sehemu kubwa sana katika taifa. Mswada huu wa leo utawezesha *community health promoters* wasaidie watu katika majumba yao, ama wapate msaada katika zile hospitali ndogo ambazo ziko karibu nao. Ndiyo maana ninasema kuwa huduma ikizidi kwenda mashinani, basi inapatia Serikali wepesi wa kuweza kumudu na kutenda kazi kwa ubora. Ni dhahiri shahiri kuwa hata watoto wetu ambao wamesomea udaktari watapata nafasi kule mashinani. Hizi hospitali ndogo zitawezeshwa kukusanya mapeni yao ya kuendeleza shughuli, ili wasiweze kuanguka katika mitihani ya kukosa namna ya kuendeleza hospitali. Kwa hivyo, wana haki na usawa wa kuajiri madaktari ama *nurses* wao kule chini, ili wapatie wananchi huduma kwa wepesi.

Pia, ningependa kusema *community health promoters* wamejitolea kwa muda mrefu sana. Ninaomba tuwakumbuke katika Mswada huu ili wapate hata kama ni kitu kidogo cha kuwapatia nguvu ya kuweza kuhudumia wananchi kwa wepesi. Wanajitolea wakati kuna maradhi mazito. Wakati ule tulikuwa na Korona, *community health promoters* ndio walikuwa wanazunguka katika majumba. Ni haki kwao kuweza kupata hata kama ni kitu kidogo cha kuwasaidia kusukuma maisha.

Ninaataka nimalizie nikisema ninaunga sana kwa mikono yangu yote Mswada huu wa leo. Ikiwa kuna Mswada mzuri sana unaoguzwa jamii ambao umeletwa Bungeni, basi ni huu wa leo wa kupeleka huduma ya afya chini mashinani kwa wananchi.

Mwisho kabisa, kama Mama wa Kaunti, ninaomba taifa la Palestine lipate amani. Wananchi wa Palestine waweze kukaa kwa amani na mwenyezi Mungu awapatie wepesi kwa mitihani ambayo wanapitia.

Asante sana, Mhe. Spika wa Muda.

The Temporary Speaker (Hon. David Ochieng’): Asante sana. Turudi Nairobi na twende Dagoretti Kaskazini.

Hon. Beatrice Elachi (Dagoretti North, ODM): Thank you, Hon. Temporary Speaker. I also rise to support this Bill, knowing very well I have been in the Senate. For the first time, we have seen a few Bills that come from there that are now dealing with county issues.

Having said that, I also appreciate the strides that we, as a country, have made. Look at the Abuja Declaration of 2001. That is where we are headed as a country. We must appreciate the strides we have made. We know very well that it has been very difficult to ensure we have financing that will be more devolved than what we have been giving counties. Also look at the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa. That is where we are as Kenya. We have now ensured we have leadership and governance for health, health service delivery, human resources for health, health financing and health technologies. More importantly, for effective community ownership, we will bring in the issue of participation. We need to create an enabling policy for communities to participate to build their capacities and ensure that the strategies that they put in place are able to deal with the health challenges that we face. Clause 11 of this Bill talks about that.

The Temporary Speaker (Hon. David Ochieng’): Hon. Mbai, you will have to do something in a better way. Sorry for the interruption. Please, do something.

Hon. Beatrice Elachi (Dagoretti North, ODM): Hon. Temporary Speaker, it is time that the Ministry of Health looked at the quality assurance that we see in private hospitals, especially the ones at the community level. We have a community hospital called Muteithania in Dagoretti which needs to be re-checked by the Ministry. The things that are happening there and the maternal deaths that I saw this week are unbelievable. It is something we need to question, even as we look at the financing of our public health centres. We have to ask ourselves what happened to quality assurance in private hospitals. Who checks, nowadays, since health was devolved? We left formulation of policy and quality assurance to the national Government. It is time they go back also on the ground to check that.

We also need to ask ourselves some questions about the issue of medication and drugs. People walk into chemists to buy drugs. More and more Kenyans are becoming very resistant to antibiotics. You cannot heal very fast. We are also wondering whether we are taking the right drugs. Do we have quality assurance being done? I appreciate the Senate for the work they have done. I also appreciate that the President will launch the community health workers programme on 20th October. I am very proud that Nairobi community health workers will get incentives every month on the work they are doing. We shall now see a vibrant health sector in place. The NHIF will also be transformed to ensure that when patients go to hospital, they are treated. One of the challenges Kenya faces today is the ‘tourism’ of travelling to India and other countries to seek treatment. That is not the only challenge. If you visit a hospital, you can

end up with a wrong diagnosis or be given wrong medicine. There is the example of the sprinter Omanyala, who was banned from athletics in 2017 because of testing positive for betamethasone which is found in a drug that had been prescribed for his back injury. Indeed, this is something that we have to look at and appreciate.

The Temporary Speaker (Hon. David Ochieng’): The Clerks-at-the-Table, you are not warning Members on their timings. Give Hon. Elachi 30 seconds. There is no warning when the Member’s time is almost up.

Hon. Beatrice Elachi (Dagoretti North, ODM): Thank you, Hon. Temporary Speaker. My final remark is that I hope the three Bills will enhance universal healthcare. I thank you and the Senate.

The Temporary Speaker (Hon. David Ochieng’): Member for Lamu East.

Hon. Ruweida Mohamed (Lamu East, JP): Asante, Mhe Spika wa Muda. Mswada huu ni muhimu sana kwa sababu utatusaidia kushughulikia changamoto nyingi zilizoko upande wa afya. Tuna changamoto nyingi. Kwa mfano, michango kwa ajili ya bili za hosipitali na kupunguza watu kusafiri kwenda nchi jirani kama Tanzania na India kwa ajili ya kutafuta matibabu. Huwa tunafanya michango kwa watu ili waweze kusafiri nchi hizo. Matibabu ya nchi hizo siyo eti ni bora kuliko Kenya. Kenya ina madaktari wazuri na hosipitali nzuri. Shida ni kwamba gharama ya matibabu iko juu.

Mswada huu utatusaidia kuondoa hisia wakati watu wanapotaka kuzika maiti ya watu wao lakini hawawezi kwa sababu ya mwili kuzuiliwa katika hosipitali kwa sababu ya bili. Hosipitali nyingi, ziwe za serikali au za kibinafsi, huzuia maiti. Kuna sheria inayosema kwamba mwili usizuiliwe hospitalini, lakini mpaka sasa miili hushikwa na huwa ngumu, hasa kwetu sisi waislamu ambapo tunataka kuzika kwa haraka. Hatuwezi kutoa maiti kwa sababu ya bili za hosipitali.

Mswada huu utatusaidia kuhakikisha kuwa wanyonge pia wamepata huduma. Kwa mfano, watu wa Basuba, kwa sababu ni wachache, huwa hawapati huduma saa zingine kwa sababu kura zao ni kidogo. Magavana wanaangalia pale ambapo kuna kura nyingi ndipo wapeleke huduma pale. Huu Mswada utahakikisha kuwa hakuna kuangalia jamii ina kura ngapi. Kila mtu atapata huduma. Inasikitisha kuwa mpaka sasa kuna sehemu nyingine, hata baada ya ugatuzi, ambapo wadi nzima haina hosipitali. Matatizo yakitokea kule kwetu Basuba Wadi, tunabebwa na Majeshi ya Ulinzi kupelekwa hosipitali ya rufaa ya King Fahd. Mswada huu utaondoa matatizo kama hayo.

Mswada huu pia umezungumzia kuhusu wanyonge na maskini—*the indigent*. Ni vyema Mswada huu ukipita, tuhakikishiwe kwamba wanyonge na maskini watakosaidiwa wamechaguliwa katika kila eneo Bunge ili tuwajue kwa majina ndiposa wengine wasisahauliwe. Mswada huu ni mzuri kwa hivyo ni vyema utusaidie.

Mswada huu utasaidia pesa zifike kule mashinani kwa watu ambao hawatambuliki na wametengwa. Pia, utasaidia pale ambapo kuna changamoto za usafiri, kama eneo Bunge langu kule Lamu Mashariki. Nimefurahishwa sana na Mswada huu. Ninapongeza Seneti na Kiongozi wa Chama Cha Walio Wengi. Ni muhimu Mswada huu upite kwa haraka ili watu wapate kusaidika. Yafaa tuupitishie hata kama ni hivi leo.

Asante, Mhe. Spika wa Muda.

The Temporary Speaker (Hon. David Ochieng’): Member for Marsabit. Please, give her five minutes. You alerted Hon. Ruweida when she still had two minutes so she had to wind up earlier.

Hon. Naomi Waqo (Marsabit County, UDA): Thank you, Hon. Temporary Speaker, for allowing me to make my contribution towards this very important Bill. I take this opportunity to congratulate the Senate for coming up with such an important Bill that touches on the lives Kenyans.

We are all aware that our people have always had challenges in taking care of themselves and their health. Many people have even been forced to travel out of the country for health-related problems. But even within our country – especially in some counties like Marsabit – people have suffered and faced a lot of challenges. In such counties, people travel for over 300 kilometres to find a health facility. The worst part is that even after walking all that distance, patients get to a health centre and realise that they cannot be helped because there are not enough or qualified personnel. Additionally, the health centres do not even have medicine. The best they can tell patients is to go and buy medicine from a chemist. It is in the public domain that Members have incurred a lot of expenses by assisting patients with terminal illnesses. Patients call Members for help because, even after selling all their property and the entire family has lost all that they own due to health expenses, the bills are still high.

I take this opportunity to thank missionaries and faith-based organisations who have, in the past, helped the people of this country by building and managing health facilities. Were it not for them, I am sure many of us would not be here. It is through that support that Kenyans have had access to medical care in the villages. Today, as I stand here, I thank God and our Government. This is because our President is very focused on taking care of the health of our people and making sure that the situation shall not be the same again for every Kenyan. In this Government, Kenyans will no longer face challenges with the bills they incur or travel long distances just to find a health centre where they can get treatment.

I support this Bill because it will stimulate increased revenue collection at village level. Villages will collect their own revenue and manage it. We will all be given equal opportunity. For the first time, we are talking about all Kenyans and every part of this country. If there is any Bill that needs our support, then it is this one. This Bill will ensure there is equality and balance in every part of this country.

I also support this Bill because it provides financial management and the autonomy that every health facility needs. There will also be accountability, effectiveness and efficiency. What encourages me even more is that we will have quality health centres.

Hon. Temporary Speaker, we all need to support this Bill and encourage our young people to go for training. When that time comes, we will employ the local people. It will be hard for any person to be treated, if you do not understand the local language. I encourage our young people who have finished school, instead of sitting at home, to please make sure that they go for training and be equipped, so that these facilities will have the right people to serve our communities.

With those few remarks, I support the Bill.

The Temporary Speaker (Hon. David Ochieng’): Member for Ndhiwa.

Hon. Martin Owino (Ndhiwa, ODM): Thank you, Hon. Temporary Speaker. I am a very happy man today because I have been fighting for this proposed law since I joined the healthcare delivery system.

The Temporary Speaker (Hon. David Ochieng’): Where have you been fighting?

Hon. Martin Owino (Ndhiwa, ODM): I have been fighting for it internationally and nationally. It is very interesting. We started working in 1980s and these things were working very well in the Ministry of Health. The same thing which was working well was changed, and now we are going back to it. This is known by Kenyans. We produce documentation, legislation and policies. Some are working very well outside this country but we keep on changing them. I will give you an example of my health centre, Malela in Ndhiwa Constituency in Homa Bay County. The community elected a management team and used the best human resources in that area. The Chair is a professor of medicine. They do their budget according to the needs of that facility. That is what it should be.

Every Member of Parliament can testify that there is lack of essential services like medication, security and water across board. This makes disease progression to go higher and

the cost of treating diseases becomes much higher. For example, if a facility lacks a diagnostic system, you may treat Typhoid for Malaria. Before you know it, the progression is too high and the disease has advanced. So, you will use a lot of money. That is why sending money directly to these facilities will ensure that there are drugs and all those essential requirements that they should have.

The other point is that accountability which we are talking about from the national Government to the counties is much better at the community levels with those committees I have talked about. They budget. These budgets reflect what is going on and they approve them. That is what I will go for as an accountability system. Can you imagine when delivery reimbursement is given to the counties but then it does not reach to the facilities there? When women go to deliver, there is nothing. It is as if all the money is retained somewhere, yet people are suffering at the ground level.

Hon. Temporary Speaker, we have been talking about the Abuja Declaration. This is financing healthcare at a tune of, at least, 15 per cent. Hon. Baya has said that we are 6 per cent right now. Nobody knows whether we are there. If we have an accounting system for money given to these facilities directly, we may know how much is budgeted for the healthcare system in this country. We do not know how that works right now. This is a good Bill. It will help us do that.

The only problem is Clause 6 of the Bill. I wish the Chairman was in the House. However, Dr Nyikal is here. Clause 6 of the Bill talks about the equitable share. We will have to do something in this one in the Committee of the whole House. We are not sure how counties will remit that money to the facilities because the other one is direct. This one will be a problem because it has to be held in the Consolidated Fund account and given to them which they do not do normally.

Hon. Joseph Makilap (Baringo North, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Hon. Makilap, what is out of order? Wait for the microphone. Hon. Owino, resume your seat for a minute.

Hon. Joseph Makilap (Baringo North, UDA): Thank you, Hon. Temporary Speaker. I rise pursuant to Standing Order 95. Looking at the mood of the House and the concurrence of this Bill, I will ask that we call upon the Mover to reply.

The Temporary Speaker (Hon. David Ochieng’): How did you gauge the mood of the House, Hon. Makilap?

Hon. Joseph Makilap (Baringo North, UDA): Hon. Temporary Speaker, it is clear on the board that this is a Bill that is generally accepted across the political divide. We fast-track the process because it is generally agreed. When we mix this Bill with the Social Health Insurance Bill, this is a perfect deal for Kenyans.

(Loud consultations)

The Temporary Speaker (Hon. David Ochieng’): Thank you. Order Members. Hon. Makilap has risen on his feet and claimed that we call the Mover to reply.

Hon. Members: No! Put the Question.

The Temporary Speaker (Hon. David Ochieng’): Order, Members. Order!

(Hon. Silvanus Osoro stood in his place)

Hon. Osoro, can you resume your seat?

Hon. Ruku GK (Mbeere North, DP): We want to speak.

(Hon. Owen Baya stood in his place)

(Hon. Anthony Oluoch spoke off the record)

Hon. Ruku. Order, Members! Hon. Baya, resume your seat. Hon. Oluoch, order! I want to guide as follows, Hon. Members.

Hon. Ruku GK (Mbeere North, DP): On a point of order, Hon. Temporary Speaker.

(Hon. Ruku GK stood in his place)

The Temporary Speaker (Hon. David Ochieng’): Hon. Ruku, resume your seat.

Hon. Ruku GK (Mbeere North, DP): This House is empty, Hon. Temporary Speaker. We are seated here because we want to contribute. We have other functions to go to out there. We are very few Members here. We should be given an opportunity to speak. We have other things in the constituencies and ministries to do. We are very few here not because we do not have time to go and do other things. We cannot be taken for granted.

(Hon. Ruku GK spoke off the record)

(Loud consultations)

Hon. Ruku, resume your seat.

Hon. Ruku GK (Mbeere North, DP): No!

The Temporary Speaker (Hon. David Ochieng’): Hold on. Hon. Members, this is something that is very simple. You do not have to spend any energy or emotions on it. What Hon. Makilap has done is what is done normally.

(Hon. Silvanus Osoro spoke off the record)

Hon. Osoro. What Hon. Makilap has done is very normal. We do this very many times. A Member rises in his or her place and asks the Mover to be called upon to reply. Where Members do not agree, they say it and we proceed.

(Hon. Ruku GK stood in his place and spoke off the record)

Hon. Ruku, resume your seat and let me finish. On this particular matter, I wish to guide as follows: we have two Bills that are almost on the same subject. I have looked at my list of Members to see who are supposed to speak next. The ones who are claiming they want to speak are lined to do so next. Hon. Makilap, the two Members who are saying that they must speak are the ones speaking next in my list. I request them that they allow the process to proceed and then they will have the first bite of the cherry in the next Bill. That is a better way of dealing with the matter. I will allow them to comment on this other Bill, if the vote I will call for will be passed.

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

Hon. Owino, you only have 30 seconds remaining. Since the request has been passed, resume your seat for the Mover to reply.

Mover.

(Hon. Ruku GK stood in his place and spoke off the record)

Hon. Fatuma Mohammed (Migori County, Independent): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Yes, Hon. Fatuma.

Hon. Fatuma Mohammed (Migori County, Independent): Hon. Temporary Speaker, I find the Hon. Member standing to be disrespectful to your seat and other Members. We are all elected Members of Parliament who are equal. If a decision has been made in this House by the majority, he should respect it. May he proceed and respect the decision that has been made.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Mover.

Hon. Owen Baya (Kilifi North, UDA): Hon. Temporary Speaker, in reply I would like to say that this is an important Bill for the nation. We need to streamline health facilities and health laws to give this country a new regime in management of facilities.

I beg to reply.

The Temporary Speaker (Hon. David Ochieng’): Thank you very much Hon. Baya. For obvious reasons, I will call the next Order.

(Putting of the Question deferred)

THE PRIMARY HEALTHCARE BILL
Senate Bill No. 44 of 2023

The Temporary Speaker (Hon. David Ochieng’): Who is moving? Is it the Majority Whip? Go ahead.

Hon. Silvanus Osoro (South Mugirango, UDA): Thank you, Hon. Temporary Speaker, I beg to move:

THAT the Primary Healthcare Bill 2023 Senate Bill No.44 of 2023 be read a second time.

Hon. Temporary Speaker as you are aware, the Bill is aligned to the Constitution of Kenya 2010 as it facilitates the progressive realisation of the right to the highest attainment standard of health, including the right of the healthcare services guaranteed under Article 43 (1)(a) and Article 21(2) of the Constitution that requires the State to take legislative policy and other measures to achieve the progressive realisation of the rights guaranteed in Article 43.

The Bill, therefore, facilitates the fulfillment of this obligation by both levels of Government as it makes healthcare frameworks in the country responsive to the unique health needs of the Kenyan population in each county and sub-county in furtherance of devolution.

Hon. Temporary Speaker, indeed, 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. In this regard, the Bill provides for the following.

Community health care services, commencing at the household level and facility health care services starting from the community dispensaries and the health centres with all linking to the hospitals to form a network of practice. Further, the Bill is aligned to the Health Act No. 21 of 2017, which is the principal law on health matters in the country. The first Schedule to the Health Act No.21 of 2017 recognises community health services at Level 1 and it is managed by the community and health extension workers. The Bill strengthens these levels.

Community health promoters are important players in the health sector as they deal directly with the community. They are also familiar with the households in their areas of residence as well as the language of the people because they are picked from the community.

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.*

Community health promoters will, therefore, greatly assist in preventive care by going door to door. They will be able to identify the people in need of health care services before their health conditions escalate because these are their relatives. They are picked from that very community and it is very easy to identify who is sick and who is not.

The Bill aims to establish the framework for the delivery of access to and management of primary healthcare through creation of an elaborate network at each county and sub-county level for equitable distribution of resources and healthcare services. This is in line with the Kenya Health Financing Strategy 2020 to 2030 which is aimed at ensuring that the financing of healthcare services is done in a fair and efficient manner for the benefit of all Kenyans. The Bill has 25 Clauses and it seeks to provide a framework for the delivery of access to management of primary healthcare in the country.

The Bill further proposes the establishment of County Primary Healthcare Advisory Committees that are mandated to ensure the effective implementation of primary healthcare through resource mobilization, advocacy, planning and development of Primary Healthcare Service Delivery. This Committee is also picked from among the community members of that very particular county.

Part I of the Bill provides for the preliminary provisions and outlines the objectives of the Bill which are:

1. Promote and fulfill the rights of all persons in Kenya towards a progressive realization of their rights to the highest sustainable standard of health care.
2. Promote the implementation of primary health care through a systematic approach and clear delineation of roles of the stakeholders towards realization of Universal Healthcare Coverage.
3. Provides for the establishment of primary healthcare networks, community health units and other stakeholders centered in engagement forums for sustainable provision of primary healthcare services.
4. It also provides for the role of the multidisciplinary team in the provisions of the primary healthcare services.
5. Provides for the role of community health officers. It defines their roles and that of community health assistants. It defines community health promoters in the provision of community based primary healthcare services.

Part II, Clauses 4 to 7, of the Bill details the primary healthcare services that are accessible at the community level and in the health facilities. The Bill, in Clause 7, mandates the county governments to facilitate the delivery of services. It is very important because health is now fully devolved. The county governments are mandated to deliver these services by:

1. Adopting a supportive and innovative modern approach for disease identification, monitoring, surveillance, early warning, research, community education and information sharing. That is the responsibility of the county governments.
2. They should also provide the community and stakeholder support to the respective primary healthcare facilities to facilitate optimal service provision.
3. They also are supposed to enhance the availability of quality services, accessibility and predictability of standardized primary healthcare services through effective leadership and governance, resourcing private public partnership, sharing of essential health products and technologies and integrated health information systems.
4. They are also supposed to ensure that there is continuous community engagement. Of course, this now includes training and registration of households within communities within the community health units in each primary healthcare network.

5. Finally, they are also supposed to guarantee that primary healthcare services are optimally financed and resourced to offer quality care to all patients and residents in the Republic of Kenya.

Part III of the Bill provides for the establishment of the primary healthcare workforce, which includes community health promoters and health care providers. It also sets out the modalities on the selection and recruitment of community health promoters by the county government as well as the obligations of the county government in relation to county health promoters.

Hon. Temporary Speaker, even as I present this because this is a matter that is fully devolved, I do not know whether it is by coincidence, I have about two Chief Officers in my office now watching and following to see their particular responsibility as far as this whole thing is concerned. So, I need to inform them because they are watching. I am talking about the Chief Officer from Nairobi.

Under the Bill, a community health promoter shall be selected by the community through a public participation forum and appointed by the county government. To qualify for such a selection and appointment as a community health promoter Under Clause 9, a person must be a Kenyan citizen and must have attained the age of 18 years. The person must be of sound mind, responsible and a respected member of the community. He should be able to understand the role of a community health promoter and be a resident of the respective community for a continuous period of not less than five years prior to the appointment date. The purpose of this is to make sure the people selected for this job understand the area very well. That way, we will avoid getting people without the knowledge of patients in the area. This person must also be literate - can read and write at least one national and local language. They must have not been disqualified for appointment to office. On a light note, if this was an application for Hon. Irene Mayaka, she would not qualify under paragraph (g) because she is still learning the local language.

The Temporary Speaker (Hon. David Ochieng'): Hon. Osoro, what are you talking about? Hon. Irene speaks very good Luo.

Hon. Silvanus Osoro (South Mugirango, UDA): Yes. You are right, she speaks very good Luo but not Kisii. The person must have not been disqualified for appointment to office using the above criteria or by any other law. Hon. Irene qualifies in Nairobi.

Hon. Temporary Speaker, Part IV of the Bill in clauses 14 to 15, details the role of the national Government in Primary Health Care Policy and the financing of primary healthcare functions by the national Government in accordance with the law relating to county governments additional allocations. It must be very clear that the additional resources allocated by the national Government shall supplement and not substitute the resources allocated by the respective county governments.

Part V of the Bill in clauses 16 to 21, contains provisions of the management of primary healthcare services. The Bill provides for the roles of the county governments and the functions of the various administrative committees established in the Bill. The three committees are: The County Primary Health Care Advisory Committee, the Primary Healthcare Network Committee and the Community Health Committee. This is also provided in clauses 17, 19 and 21 of the Bill respectively.

Part X of the Bill in clauses 22 to 25 provides for the miscellaneous provisions including: transitional provisions, offences, penalties, regulations and compliance with the Data Protection Act of 2019, for purposes of protecting the rights of the subjects. As I conclude, this Bill is in line with the Government's priority of promoting primary healthcare and seeks to ensure that all Kenyans have access to affordable and comprehensive quality health services right from the primary level of care. The presumption of having a very sick

patient in the village being transferred all the way to Kenyatta National Hospital (KNH) or a hospital in a nearby town, without basic primary health care should be a thing of the past.

The community health care officers will have skills to handle such persons right from the village as they are taken to hospital for further care. This will also reduce the disease burden by such people and the current high cost of out-of-pocket expenditure on health care. This is because there will be early detection of diseases especially chronic illnesses. Some people develop diseases like diabetes without knowing they are sick. When it is detected, you find it is a little bit late to manage. So, these community healthcare workers will help because they will have small clusters of about five, 10 or 15 households to manage. For instance, they will know that the signs and symptoms in a patient with diabetes are similar to what they were taught and start primary care from that particular session.

With those very many remarks, I beg to move and ask Hon. Ruku, with tremendous respect, to second.

The Temporary Speaker (Hon. David Ochieng’): Hon. Ruku, you are allowed to ask Hon. Pukose for notes.

Hon. Ruku GK (Mbeere North, DP): Thank you, Hon. Temporary Speaker. We do not want to turn this Parliament into a kangaroo court. We want to transact very serious business. In doing so, we have to exercise justice for the people of the Republic of Kenya, who sent us to represent them in this House. Standing Order 35 talks about quorum of the House. From the look of things...

The Temporary Speaker (Hon. David Ochieng’): Hon. Ruku, you have been asked to second the Bill. I order that you proceed to second it.

Hon. Ruku GK (Mbeere North, DP): Okay. I rise to second this Bill. Matters health in the Republic of Kenya must be treated as a matter of urgency. I pray that one day, we will be able to support health care in all corners of the Republic and no Kenyan will be sick and unable to go to hospital to get proper treatment. In many countries, health care is taken very seriously and governments pay for their citizens.

We hope that one day the Republic of Kenya will take care of education and social amenities of the people of this country. In order for us to do so, we must know where that money will come from. At the moment, this nation is facing a serious problem of financing some basic requirements, health being one of them. Every day, the Kenya shilling is sliding against the dollar. These are some of the concerns, as we talk of health care. Therefore, I second this Bill and pray that we move with speed and take care of the health needs.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Hon. Ruku, would you repeat again that you second the Bill?

Hon. Ruku GK (Mbeere North, DP): Hon. Temporary Speaker, I second the Bill.

The Temporary Speaker (Hon. David Ochieng’): Thank you.

(Question proposed)

The first contributor will be Hon. Pukose.

Hon. Anthony Oluoch (Mathare, ODM): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Hon. Anthony Thomas Oluoch, go ahead.

Hon. Anthony Oluoch (Mathare, ODM): Thank you, Hon. Temporary Speaker. I rise on Standing Order 95. Going by the mood of the House, and considering the fact that we do not wish to debate, and going by the previous precedent, I rise to ask that the Mover of this Bill be called upon to reply.

I sympathise very much with Hon. Ruku when he rose on his feet in the previous one saying that we come here to debate. Being a lawyer like Hon. Ruku...

The Temporary Speaker (Hon. David Ochieng’): Hon. Oluoch, what is out of order?

Hon. Anthony Oluoch (Mathare, ODM): I have stood on my place under Standing Order 95 and ask that you gauge the mood of the House, that the Mover be called upon to reply because it appears that we do not want to exercise our right under Article 95 to debate. Let the Mover be called upon to reply, and we move to the next Order

The Temporary Speaker (Hon. David Ochieng’): Thank you. Is that the mood of the House that the Mover be called upon to reply?

Hon. Anthony Oluoch (Mathare, ODM): Put the Question!

The Temporary Speaker (Hon. David Ochieng’): Hon. Oluoch, you have had your day. This is my ruling on that matter. Based on what I have heard from Hon. Oluoch as his reasons for calling upon the Mover to reply, I direct that his standing up on Standing Order 95 is an abuse of our Standing Orders and decline to put the question on the matter.

I will now ask Hon. Pukose to proceed.

Hon. (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Temporary Speaker, for allowing me to contribute on this very important Bill. I stand to support the Primary Health Care Bill (Senate Bill No. 44 of 2023). Let me begin by thanking Members of the Departmental Committee on Health that I chair, for their support in the preparation and tabling of the Committee Report on the Bill in this House.

As the Leader of the Majority Party has put it, this Bill has 25 clauses which the Committee considered clause by clause, together with the comments received from several stakeholders, namely the State Department for Medical Services in the Ministry of Health, the Confraternity of Patients Kenya (COFPAK), the Kenya Faith Based Health Services Consortium comprising Kenya Council of Catholic Bishops (KCCB), Christian Health Association of Kenya (CHAK), Mission for Essential Drugs and Supplies (MEDS) and Supreme Council of Kenya Muslims (SUPKEM), the Rural Private Hospitals Association of Kenya (RUPHA), Mr. Hassan Ali Mohammed and the Council of Governors (CoG) who submitted a joint memorandum.

This Bill promotes the attainment of UHC as it seeks to ensure that all Kenyans have access to affordable and comprehensive quality health services from the Primary Health Care (PHC) level, all the way.

This Bill is in line with the Government's priority of using PHC as the key driver of UHC. PHC is essential in ensuring that all Kenyans not only access good quality health care, but also fully participate in the management of their specific health needs.

This Bill aims to establish a framework for the delivery of access to and management of primary care through creation of an elaborate PHC network at each county and sub-county level for equitable distribution of resources and health services.

This Bill, in relation to community health promoters, is aligned to the Health Act No.21 of 2017, which is the principal law on health matters in the country. This Bill is aligned to the Constitution of Kenya as it facilitates the progressive realisation of the right to the highest attainable standard of health, including the right to health care services guaranteed under Article 43(1)(a).

Hon. Temporary Speaker, the Constitution requires the State to come up with legislative policies and other measures to achieve progressive realisation of the rights guaranteed under Article 43 of the Constitution. The Bill, therefore, facilitates fulfillment of that obligation by both levels of government as it makes the healthcare framework in the country responsive to the unique health needs of the Kenyan population in each county and sub-county, in furtherance of devolution.

Therefore, the Committee recommends that the House adopts and passes the Primary Health Care Bill (Senate Bill No.44 of 2023) without amendments.

I support the Bill.

The Temporary Speaker (Hon. David Ochieng’): Hon. Anthony Oluoch.

Hon. Anthony Oluoch (Mathare, ODM): I have no comments on this Bill. I do not know why I have been called upon. I wanted to prepare for the other Bills. I spent three hours preparing for the previous Bill.

The Temporary Speaker (Hon. David Ochieng’): Member for Migori, Hon. Fatuma Mohammed.

Hon. Fatuma Mohammed (Migori County, Independent): Thank you, Hon. Temporary Speaker. I rise to support the Bill. It will help us. Without putting politics and emotions into it. In Migori where I come from, we have small health centres that do not run. This Bill will protect and support small health facilities. We are overcrowding big health facilities such as the Kenyatta National Hospital (KNH), and the Mama Lucy Kibaki Hospital because small healthcare facilities do not take our health insurance cards. This is like a devolved health programme so that people at lower levels can access healthcare.

An example is when the COVID-19 pandemic struck and we were unable teach our people in villages that COVID-19 is a disease. If we have such health facilities and support staff, we will be able to teach our people that such diseases exist. People in big towns with bigger health facilities get information faster than those in villages. We should support health facilities.

Health is the most important thing for a human being. If you are healthy, you can survive anything else. If you cannot get good healthcare, you will die, which affects our economy and the community. If we are an unhealthy and sick nation, we do not have a nation at all.

I support the Bill. I request fellow Members to support it so that our grandmothers can access healthcare. My mother is diabetic. I am unable to constantly take her to the Aga Khan Hospital in Kisumu and other big hospitals in Nairobi for treatment. She is suffering from a disease that is unknown in the village. Whenever I take her to a health facility in the village, I am told that they do not treat that kind of disease, they do not know the medication for it, and they cannot help her. We are frustrated back in the village.

I support the Bill and request all Members to support it. May God bless us all.

The Temporary Speaker (Hon. David Ochieng’): Hon. Mbai, I heard you complain. The last time I called you, you were in another world. This is your chance.

Hon. Nimrod Mbai (Kitui East, UDA): Thank you, Hon. Temporary Speaker, for sending someone to help me come back from that world. I really appreciate it. Thank you for the opportunity to support this Bill. Health is everything. An unhealthy nation cannot move. The workforce is basically dead. I want to talk about two or three issues.

One issue is centralisation of drug procurement. The Ministry of Health buys medicines in bulk from the Kenya Medical Supplies Authority (KEMSA), and then distributes them to small health facilities all over the country. That is a problem which this Bill will resolve.

Secondly, I think the Chair has done a good job. However, we will have to look for a way and sneak this one into the Bill. I worked in a county. These health facilities would have revenue all the time because people were paying. The Office of the Governor would borrow from these facilities when it ran out of cash to operate small things, and not pay back. You would find people have not bought medication from a certain health facility yet the Governor has borrowed half a million from a health facility. When the medication is brought in bulk from the KEMSA, even the Ksh500,000 is not returned to buy medication. Therefore, these facilities do not help people. They will be very helpful to regions when they get their semi-autonomy.

My second point is that there will be a sense of ownership. I agree with Hon. Network on the element of ownership. We can chip in to fund-raise for health facilities if we know they are ours and we are paying or procuring our own drugs so that they are in a position to get medical equipment that can support some of the challenges taking people to Level 4 hospitals.

Most of the diseases that take people to these hospitals can be worked on from dispensaries nearby. There is a problem if dispensaries are left with nothing and they have no power to procure or use their revenue to support activities.

Finally, there was a problem between both Houses during the 12th Parliament but we can see synergy because something has worked out. The National Assembly is supporting Bills from the Senate that are helpful to the people. During the 12th Parliament, you would find even helpful Bills from the Senate thrown away by the National Assembly. The synergy that the Speakers of the Senate and the National Assembly, and the management of Parliament, are working with is very important. We can attribute this to the President's call on both Speakers and Clerks. He told them that he does not want cases between the Houses in court. He said he does not want wrangles between the two brothers and or the two sisters. Things have started working. This will be very helpful to our people.

Thank you. I support.

The Temporary Speaker (Hon. David Ochieng'): Thank you. Member of Baringo County.

(Several Members raised hands)

Members, refrain from carrying up your hands because I have a board I am looking at.

Hon. Jematiah Serгон (Baringo County, UDA): Thank you very much, Hon. Temporary Speaker. I also take this opportunity to thank the Committee for bringing this Bill to speed.

I remember the President launching it just the other day. From the outset, I must say that it is so far the best Bill because Kenya needs many activities around health issues. They say prevention is better than cure. Healthcare is primarily one of the basic amenities or things a human being needs. An environment that is taken care of health-wise, especially people, gives society healthy production. This Bill is very categorical; it is a Primary Health Care Bill. This means that it is basic. We will be getting basic treatment from home especially for small coughs before they escalate to something big. This will help in many ways. It will also take care of the economy because as Members of Parliament, we get a lot of calls regarding fundraising requests for medical issues. With the passage of this Bill, we will be able to take care of those problems before they get out of hand.

Hon. Temporary Speaker, I also support this because it promotes the UHC which is already there. It gives the opportunity to Kenyans to access the basics from home, for instance, deliveries. During those days, our mothers would be attended to by very good members of the society during labour before they went to the hospital for delivery. They even helped them to safely deliver their children.

It is also pocket friendly because when you treat problems from the beginning, you get help before they escalate. In the case of cancers, when we detect or diagnose them early, it is easier to treat them and we are able to save many lives. Many people lost their lives to COVID-19 because of underlying diseases that they did not know was ailing them. COVID-19 was an indicator that many people had a lot of underlying problems. This Primary Health Care Bill will help us get nurses and community health workers to take care of people early. It is going to give Kenyans an opportunity to access these services.

I must say that through this programme, the Kenya Kwanza Government is going to achieve more because through a healthy nation, we will be able to produce more and support the Government better.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): The Member for Nambale.

Hon. Geoffrey Mulanya (Nambale, Independent): Thank you, Hon. Temporary Speaker. I rise to support this Bill. I believe this is one of the pieces of legislation that is very important to our people. We know that majority of the people who sent us to this particular House depend on these health workers for their health care. I note that we have been using community health services without having the legislation that guides the promoters down there. Having listened to Members and gone through the Bill, I believe that we are going to do greater service to our people. We must pass this legislation so that we can have regulations, and even remuneration for the community health promoters in our villages.

We note that most of our people are not even aware of these lifestyle diseases like diabetes and high blood pressure. This is because the facilities that offer this kind of tests or guidance on how one can check on their health condition are far away from their homesteads. If these community health promoters will be well remunerated and their job designations clearly spelt out in law, we are going to reach out to very many people so that we have preventive measures instead of having situations whereby someone’s condition is diagnosed at a very late stage that even medication cannot treat.

I take this opportunity to thank the Departmental Committee on Health and the promoters of this particular Bill. In my view, these are some of the legislations that will help Kenyans. I urge my colleagues to support this Primary Health Care Bill No. 44 from the Senate.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Thank you. Hon. Mayaka.

Hon. Irene Mayaka (Nominated, ODM): Thank you, Hon. Temporary Speaker. I stand to also support the Primary Health Care Bill because I believe that it is a very progressive Bill, especially the fact that it is proposing recruitment of community health promoters. I heard the Whip of the Majority Party, who is our brother from home, saying that I do not know my local language. I want to tell him that I am multilingual. I speak English, Kiswahili, Ekegusii and Dholuo, which is also a love language. We all know Dholuo because it is a love language.

Hon. Rozaah Buyu (Kisumu West, ODM): On a point of order.

The Temporary Chairman (Hon. David Ochieng’): I cannot see your request. I do not know how you got the microphone.

(Hon. Rozaah Buyu spoke off the record)

The Temporary Chairman (Hon. David Ochieng’): What is out of order?

Hon. Rozaah Buyu (Kisumu West, ODM): Thank you very much, Hon. Temporary Speaker. Is the Hon. Member in order to imply that all that Luos do is love? That they are not good at anything else but love, such that Dholuo language is just a love language. Dholuo language is rich in culture and almost everything. It cannot just be described as a love language.

Thank you, Hon. Temporary Speaker.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): On a point of order.

The Temporary Chairman (Hon. David Ochieng’): Hon. Oundo, what is out of order?

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Hon. Temporary Speaker, I read the Bible but I do not know the exact verse: It is written that the greatest commandment in life is to love your neighbour more than you love yourself. Therefore, there is nothing wrong with love. Love is the greatest gift you can give to humanity.

Thank you, Hon. Temporary Speaker.

The Temporary Chairman (Hon. David Ochieng’): Hon Mayaka, proceed.

Hon. Irene Mayaka (Nominated, ODM): Thank you, Hon. Temporary Speaker. Hon. Rozaah is a teacher of English and she should know that this is figurative. And we are the people who receive that love language from your Luo brothers, so we know what it means.

If I may proceed, community health workers are very important people. Firstly, these are the people who will be able to get in touch with the local people because transport is actually a big issue in some distant rural areas. We end up losing too many lives because people are not able to access medical facilities. It is my hope that when the Bill comes to the Committee of the whole House, the Chairperson, Hon. Pukose, will allow us to also suggest that these community health promoters get first-aid training so that they are able to offer first-aid training and facilities to the people on the ground even before they get to medical facilities.

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

The Temporary Chairman (Hon. David Ochieng’): Hon. Pukose, you have already contributed. What is out of order?

Hon. (Dr) Robert Pukose (Endebess, UDA): Hon. Temporary Speaker, with all due respect, I am not interrupting Hon. Mayaka. I just want to inform her that the community health care workers are well trained, not just to identify the house.

The Temporary Chairman (Hon. David Ochieng’): How does that arise?

Hon. (Dr) Robert Pukose (Endebess, UDA): She had proposed to bring an amendment to provide for first-aid training. I just felt the need to inform her.

The Temporary Chairman (Hon. David Ochieng’): Hon. Pukose, you and I have been here for quite a while. The procedure is that you request to inform the Member first. If they accept, then you can inform them. That is what I thought you would have done.

Hon. (Dr) Robert Pukose (Endebess, UDA): The Bill being under my Committee, I thought that maybe I could...

The Temporary Chairman (Hon. David Ochieng’): No. We will follow procedure. You will ask her if she wants to be informed.

Hon. (Dr) Robert Pukose (Endebess, UDA): I am well advised, Hon Temporary Speaker.

The Temporary Chairman (Hon. David Ochieng’): Hon. Mayaka, do you want to be informed by Hon. Pukose?

Hon. Irene Mayaka (Nominated, ODM): Yes.

The Temporary Chairman (Hon. David Ochieng’): Okay. Great.

Hon. (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Temporary Speaker. And thank you, Hon. Mayaka. I just want to say that there will be training for all the community health care promoters. It is not just a one-off training but a continuous medical training on prevention and early detection of diseases. They can also assist where they can apply first aid.

The Temporary Speaker (Hon. David Ochieng’): That is in order. Go ahead, Hon. Mayaka.

Hon. Irene Mayaka (Nominated, ODM): Thank you very much, Hon. Temporary Chairman. I am well guided. I will continue my further contribution. Even as you proceed to train the community health workers, they also need to study the disease patterns of different areas. There are areas that are prone to diabetes or other lifestyle diseases. This will enable them to provide first aid facilities to the people.

I want to link this particular Bill to the previous one because they have lot of correlations. In supporting the same, I would like to point out that I like the fact that we are talking about clawing back funds into the specific health facilities. Even as we do that, we also need to take into cognisance the fact that majority of them do not have full infrastructure, and proper medication and doctors. It is my hope that there will be facilitation to ensure that they are at a standardised level, as it has been suggested by the Bill. This will enable them to plough

back the funds that they get. They will not start from a position of being a cost centre but rather become a revenue centre as soon as possible.

Hon. Temporary Speaker, on the county health management team as it has been suggested, I have noticed that all of them have medical backgrounds which is granted and fine. It is my hope that these health promoters will have an opportunity to speak to the county health management team to give advice on what they see when they are going around to communicate and give services to those who need them.

The audit process that is provided in the previous Bill relates to this one. This is very important. As much as we are allowing facilities to manage their funds, we also need to have a robust audit management system in place, so that these funds are not mismanaged. For this to work, availability of resources, medical doctors, supply of medicine, prescribing and setting standards for all facilities will be very beneficial.

There is also an issue on revenue management. I know that counties have their Finance Bills for the things that are prescribed under health and the specifications of what they are able to charge. It will be really good, if this is structured and streamlined at the Council of Governors level to create a sort of standardisation across all counties and ensure that this works.

With those few remarks Hon. Temporary Speaker, I support this Bill because I believe that it is a very progressive one in our country. I thank you.

The Temporary Speaker (Hon. David Ochieng’): Member for Seme.

Hon. (Dr) James Nyikal (Seme, ODM): Thank you, Hon. Temporary Speaker, for giving me this opportunity to contribute. I am a very happy man today. My two most cherished documents have come into law. We have just discussed the Facilities Improvement Financing Bill that we did in 2005 and we are discussing the Primary Health Care Bill now.

The primary origin of this Primary Health Care Bill was the community health strategy. When I was appointed Director of Medical Services in 2003, Prof. Miriam Were, Prof. Dan Kaseje and I sat in the Ministry. Prof. Were had just worked on the first tried community health strategy in Kakamega. I asked how we could make it a national programme. We then wrote a Community Health Strategy which is basically what this is. What is this strategy that has been translated into this Bill? We looked at a community and approached it to develop a community unit comprising a fixed number of households. In this Bill, they have said less than 1000 households. We were talking about 100 households at that time. Each community unit was to be served by a community member who was elected by the community. We called them community health workers at that time. They were called community health volunteers later on. They are known as community health promoters now. This is still the same thing, and I support it.

Why do we need community health promoters and primary health care? This is because people get sick because of the circumstances in which they live, the work they do, the food they eat and the environment around them. These are the social determinants of health. The best prevention of diseases is by addressing these determinants. For example, the germ-causing cholera is known as *Vibrio cholerae*, but you get cholera from drinking contaminated water. The social determinant here is the availability or unavailability of water. These are the things we need to look at the community level. Therefore, a community promoter living here is aware of these determinants and they can help prevent the diseases and promote healthy living.

These community health promoters can advise on the kind of food one needs to eat to prevent high blood pressure. They will be trained on this as planned in the community health strategies. They also have to link this to health facilities. As much as they will be working towards the prevention of diseases, some people will still get sick. If the illnesses are addressed in the earliest stages, it will be cost-saving. Normally, some of these illnesses like cancer are curative if discovered early. We want to work toward prevention, promotion and treatment at the earliest possible stage. This is the work of the community health promoters.

These community health workers will be elected members elected by the community members. We, therefore, have to support them with trained health workers. This is where the primary healthcare network comes in. We will link these community units of community health workers with the nearest Level 2 or Level 3 health facilities. This will ensure that we have a community health extension worker who works with a community health promoter. If the community health worker encounters challenges, then they can escalate it to the community health extension worker who is a trained medical officer—a nurse, a doctor or a public health officer. This will give us a primary healthcare network consisting of the number of communities, the community health workers and the primary healthcare facilities that they are linked to.

As indicated, this will lead to a referral system so that if treatment is not achieved at Level 2 or Level 3 hospitals, the patients are referred to Level 4 hospitals. That is the primary health care network which is referred to in this document as hub and... The hub is a Level 4 facility which can undertake surgeries, child delivery and C-section. These Level 4 hospitals are then linked to Level 2 hospitals which are then supported by the community health promoters.

If we support this by passing it into law, it will take us a long way in promoting health. The training we are talking about here is basic. No one is born a doctor or a nurse. Intelligent people can be community health workers. A community health worker can be trained to know that, that is probably a prostate issue when a 60-year-old man is passing urine very frequently. If the urine is frequent and in small amounts, it is prostate. If it is frequent and in large amounts, and one looks a bit fat, that is likely to be diabetes. They will know one's condition. It is most likely malaria if it is a child who is otherwise well, maybe a one-year-old, but gets a fever suddenly, starts to get hot, and lives in a malaria-prone area. Give them some paracetamol. For that, they know one should be using a net. A pregnant woman should be using a net. A pregnant woman should be taking this and that kind of food.

I support this Bill because we will reduce the cost of healthcare tremendously if we properly use the hub and scope of the primary healthcare network at the community level. We will prevent, promote awareness, treat and catch diseases at the earliest possible time. We will not need to get very many people going to tertiary care. We may need very few people going abroad for treatment of late stages of cancer. That is something that would have been picked up and dealt with much earlier.

I support the Bill we have put into law. We will finance it, the community will select primary health promoters, and county governments will appoint them. This Bill says county governments will decide their remuneration. It also provides that there must be a policy from the Ministry of Health at the higher level. That will give a uniform way of handling matters across all the counties.

With that, Hon. Temporary Speaker, I support.

The Temporary Speaker (Hon. David Ochieng'): Thank you. Next is the Member for Sotik, who will be followed by the Member for Trans Nzoia.

Hon. Francis Sigei (Sotik, UDA): Hon. Temporary Speaker, I rise to support this Bill at this time. I support the sentiments made by my colleagues.

First, this Bill is going to assist us in reducing the very big gap that has been there for a very long time. I like the way this Bill is framed. It is about the community. I think we are now going down there, where the people are. One of the specific areas I have seen here says that each county shall ensure that community health promoters are adequately supported to perform their functions, including training them, at least, once a year and providing them with working tools. Three, they will get stipends. Four, supervision.

I think we are now there. I want to say here that this Government is now on the right track because we must now emphasise prevention other than curative measures. I believe that

this issue will be tackled. This will save a lot of money the people are using. We will not have people causing congestion in referral hospitals because we will have detected diseases down there. It will be able to stop, prevent and treat diseases that are emerging nowadays.

I have also seen that this Bill emphasises childcare. Children are going to be checked and monitored all the time. A growing child must be seen to be growing up to that stage where it is believed that the child can now grow and become a person in this country. This Bill was long overdue. We will now save a lot of money which would have gone to India. Right now, cancer is very prevalent in my county. Health education is going to help this country as these promoters go to the people to educate them so that they can detect problems early. They will also be educated on signs of cancer.

Therefore, I rise to support this Bill. We want county governments to be more accountable on this. The law is going to assist us monitor what they are doing, make them account for money and ensure that officers going down there are paid. This country is going to change. We are going to have a healthy nation because of this approach. If we go down to where the people are, I am very sure that we will have a healthy nation.

The Temporary Speaker (Hon. David Ochieng’): Thank you. Member of Parliament for Trans Nzoia County.

Hon. Lilian Siyoi (Trans Nzoia County, UDA): Thank you, Hon. Temporary Speaker, for giving me this chance to also contribute to this Bill. I want to appreciate the Departmental Committee on Health for this thoughtful Bill that seeks to ensure that people in our constituencies are assisted.

As almost every Member has contributed here, prevention is better than cure. When we talk about preventive care, this would be very good for our people because majority of our women and mothers in villages suffer as they struggle to visit hospitals which are very far. When we have these healthcare providers in the community, we are sure that these women will be attended to before they get to the faraway hospitals. We are going to get our interns, nurses, clinical officers and doctors attachment avenues for purposes of gaining experience as they are still looking for jobs. This will also give them a chance to secure employment because we will ensure that these facilities are operational. We are going to create jobs for our youth, doctors, nurses and all the health professionals.

I stand to support this Bill, and thank you very much, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Thank you. Member of Parliament for Nakuru County.

Hon. Liza Chelule (Nakuru County, UDA): Ahsante sana, Bwana Spika wa Muda kwa kunipa nafasi ya kuchangia Mswada huu wa afya ambao umeletwa Bungeni na Kamati husika.

Ninaunga mkono Mswada huu kwa sababu katika mambo ya ufundishaji wa afya, tutakuwa na wale maafisa ambao wamefunzwa pale nyumbani na watakuwa wakitembea vijijini kuhakikisha kuwa watu wako na afya njema kwa kuwapima. Hilo ndilo limenifanya niunge Mswada huu mkono. Mswada huu unafanana na ule ambao umetoka Seneti unaosema kuwa pesa inayokusanywa na kila hospitali pale nyumbani itatumika kwa minajili ya wagonjwa katika eneo hilo. Mswada huu utaleta usaidizi kubwa. Hakuna kitu kizuri kama wananchi wa Kenya kujipima kabla ya kuwa wagonjwa. Unapopimwa kabla ya kuwa mgonjwa, inakuwa rahisi sana afya yako kutekelezwa na hospitali husika.

Vilevile, ninaunga Mswada huu mkono kwa sababu maafisa ambao watapatiwa nafasi kuelimisha wananchi kule nyumbani watakuwa wakitoka kwa kila kijiji. Kwa hivyo, ninaunga mkono, nimefurahi sana na ninajua wananchi wa Nakuru watafurahia na watafaidika kwa huu Mswada.

Kwa hayo machache, Mhe, Spika wa Muda, ninaomba kuunga mkono.

Asante sana.

The Temporary Speaker (Hon. David Ochieng’): Thank you. Member for Igembe Central, proceed.

Hon. Daniel Karitho (Igembe Central, UDA): Thank you, Hon. Temporary Speaker, for this opportunity. I stand to support this Bill. You know, a healthy nation is a wealthy nation.

(Hon. Silvanus Osoro crossed the Bar without bowing)

The Temporary Speaker (Hon. David Ochieng’): Hon. Osoro, even the Whip is required to go back to the Bar and bow, then come back down.

(Hon. Silvanus Osoro went to the Bar and bowed to the Chair)

Hon. Daniel Karitho (Igembe Central, UDA): Hon. Temporary Speaker, I was saying a healthy nation is a wealthy nation and I fully support this Bill. By passing this universal Bill, we will be shifting from a curative treatment to promote health as a key strategy and we will also be lowering the cost of treatment, especially in areas where access to health facilities is a challenge; thus our people will be saved and helped. Also, we will be lowering the cost of medication because we will be having the health workers within the environs having been picked from the areas where they come from which will be cheaper for them as living expenses will be taken care of.

In our country, there are areas where infrastructure is very poor, and for the elderly mothers, they have a challenge of accessing health facilities but now that we are going to be having the health professionals within the region, it will be very helpful to the community. This Bill will be a source of employment because we are going to have many of our stranded medical professionals who are just loitering around without employment being employed at the county. Initially, we have had volunteer health workers who have just been working without any pay. Now, they have an opportunity, at least, to get a stipend for their survival and to enable them to continue living comfortably.

Therefore, I support this Bill since it will be enhancing accessibility to the highest attainable standard of healthcare and health products for all. We will no longer have quacks treating our people. Our people will be treated and handled by professionals who will be well trained and equipped. They will also be equipped with the items for testing blood pressure, sugar level and other tests. I believe our nation will be a healthy nation, thus being in a position to continue creating wealth.

I support.

The Temporary Speaker (Hon. David Ochieng’): Thank you. Member for Kisumu West, proceed.

Hon. Rozaah Buyu (Kisumu West, ODM): Thank you, Hon. Temporary Speaker. I am an ardent believer of prevention is better than cure. What this Bill addresses itself to, is belief that prevention is better than cure.

What primary health care does, is it realises for us that there are constraints in terms of our budgets. So, if we put a lot of emphasis on the primary health care, we will be answering that question of budget constraints. When you talk about primary health care, you cannot avoid speaking about community health care workers. These are the key elements in the primary health care. What these people do is to prevent diseases amongst the people in the community through two ways — educating them and actually picking out symptoms that if otherwise are not attended to, would turn into big diseases that would require them to go to hospital. I vouch for primary healthcare workers. I support this Bill because it recognises the efforts that they put in at the grassroots level.

We know that if facilities worked effectively, very few people would seek treatment in Level 4 hospitals and above. The work of primary healthcare workers is often made difficult by the fact that Level 2 and 3 hospitals are not well-facilitated in terms of equipment, nurses and clinical officers. Even when primary healthcare workers speak out about symptoms or diseases that could, otherwise, be treated early, they are let down by inefficiencies in our Level 2 and 3 facilities. That is what this Bill attempts to address so that they are well-equipped and are able to offer those services, so that fewer people reach out to Level 4 hospitals and above.

I sense a lot of impatience in the House, but I do not know why. I strongly support the Bill. I hope that we will pass it.

The Temporary Speaker (Hon. David Ochieng’): Hon. Wilberforce Oundo of Funyula Constituency. I hope that you take a short time like other Members.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Hon. Temporary Speaker, as we always say, prevention is better than cure. The role of community health promoters, who were initially known as community health workers or community health volunteers, cannot be over-emphasised. The role that they play in community sensitisation and education has been under-appreciated over the years.

I have already discussed with the Chairperson that there are two issues that we need to be very clear about. Clause 9(3) states:

“A community health promoter shall be appointed on such terms and conditions as the respective current public service board shall determine.”

We hope that the terms of remuneration will be commensurate with the amount of work that they do.

There is a provision in Clause 14(2) that we might have to re-look at so that we clearly understand its import. It states:

“The national Government shall appropriate and transfer to the county revenue fund of respective county governments such monies as shall be required for the effective performance of their functions under this Act.”

We already have a County Allocation of Revenue Bill each financial year. We also have a Division of Revenue Bill each financial year. That particular clause might prove to be a trap that we might have difficulties navigating through.

We must also amend Clause 19 to make it compulsory that each primary healthcare network shall have a committee. We should not make it optional. There are other typographical errors that I have pointed out to the Chairperson of the Committee. I will also raise them during the Committee of the whole House so that they are corrected.

Finally, community health committees must be facilitated. We must train community health promoters.

This is a good Bill. It has actualised what we have been doing on the ground. As stated in Clause 22(3), those who already work as community health volunteers will be given first priority in employment so that we do not have cases where they have slaved for all those years, and then they are ignored.

I support the Bill with a few amendments.

The Temporary Speaker (Hon. David Ochieng’): Hon. Dorothy Ikiara.

Hon. Dorothy Muthoni (Nominated, UDA): Thank you, Hon. Temporary Speaker. I support the Primary Health Care Bill (Senate Bill No.44 of 2023). Families are currently suffering and crying because of the burden of taking care of sick relatives. Article 43(1)(a) of the Constitution mandates the Government to take care of the health of all its citizens to the highest attainable standards. Because we have concentrated so much on curative as opposed to preventive care, this country’s health facilities are overstretched. The health facilities cannot cater for the number of patients at any one given time. This Primary Health Care Bill is aimed at attaining one thing: ensuring that all sicknesses are detected early.

(Hon. Elijah Kururia spoke off the record)

The Temporary Speaker (Hon. David Ochieng’): Hon. Kiarie, you cannot shout ‘point of order’ from your seat. I cannot see your request. What is out of order? Is that the Member for Nyeri Town?

(Hon. John Kiarie spoke off the record)

That is the Member for Gatundu North, Hon. Kururia.

Hon. Elijah Kururia (Gatundu North, Independent): Hon. Temporary Speaker, it is the only independent Member of Parliament in Central Kenya. You have not considered the interests of Independent Members.

The Temporary Speaker (Hon. David Ochieng’): So, what is your point of order?

Hon. Elijah Kururia (Gatundu North, Independent): I rise on the basis of Standing Order 95 to request that the mover be called upon to reply because we are repeating ourselves. We keep listening to the same sentiments.

(Loud consultations)

The Temporary Speaker (Hon. David Ochieng’): You will allow the Member on the Floor to finish her contribution.

Hon. Dorothy Muthoni (Nominated, UDA): Thank you, Hon. Temporary Speaker. I praise this initiative. The Government has taken steps in the right direction in ensuring that citizens of this country attain the highest standards of health. I support this very important Bill.

(Hon. Farah Maalim spoke off the record)

The Temporary Speaker (Hon. David Ochieng’): Hon. Farah, we are dealing with a very difficult situation. Have one minute then. And I mean one minute.

Hon. Farah Maalim (Dadaab, WDM): Hon. Temporary Speaker, not one minute please. I seek your indulgence. I support this Bill. I just want to mention some very important issues. The important issues are that, yes, this is a very good Bill and we want to support it. But at the Committee of the whole House stage, we might make certain amendments. One critical factor, which is the role of traditional birth attendants, is not reflected in the Bill.

(Loud consultations)

Hon. Temporary Speaker, can you protect me from all these loud consultations?

The Temporary Speaker (Hon. David Ochieng’): Order, Members. Hon. Farah, proceed with your contribution.

(Hon. (Dr) Robert Pukose spoke off the record)

Hon. Farah Maalim (Dadaab, WDM): Hon. Pukose, I do not know what information you have that I do not have. I am saying that 80 per cent of women in this country deliver through traditional birth attendants. If we do not care about our own mothers and sisters in rural areas, who do not have access to health facilities, we are making a mistake. At some stage, we might need an amendment because the Bill does not include them. One of the things that the Bill also says is that someone must be literate. Those mothers out there are not literate. I was

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.*

not delivered in a hospital myself. I was born in the bush. And it was a traditional birth attendant who delivered me. That is what 90 per cent of our own African fellows in this country are. There must be a role for them.

One of the provisions we are going to amend is the condition that a community health promoter has to be literate and know how to read and write in at least one of the national languages and the local language. I do not think those traditional birth attendants in Hon. Makilap's area can read and write. We need to make that amendment. I do support the Bill in every sense. We need to get rid of that provision. We do not have to be sick. We need to prevent sickness. For example, on mosquitoes we do not have to have mosquito nets. We do not need to have malariaquins. Let us kill all the mosquitoes.

The Temporary Speaker (Hon. David Ochieng'): Thank you very much.

Hon. Members, the Member for Gatundu North, Hon. Kururia Elijah Njore Njoroge, rose on his feet and claimed that we should call the Mover to reply. Is it the mood of the House that we call upon the Mover to reply?

Hon. Members: Yes!

The Temporary Speaker (Hon. David Ochieng'): Shall I put the question on that matter?

Hon. Members: Yes.

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

Mover.

Hon. Sylvanus Osoro (South Mugirango, UDA): Thank you very much Hon. Temporary Speaker. I beg to move.

The Temporary Speaker (Hon. David Ochieng'): Hon. Members, having confirmed that we are quorate, I will now put the Question.

(Question put and agreed to)

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

ADJOURNMENT

The Temporary Speaker (Hon. David Ochieng'): Hon. Members, the time being exactly 7.00 p.m., the House stands adjourned until Tuesday, 17th October 2023 at 10.00 a.m.

Hon. Members, remember that we voted to have a special sitting on Tuesday morning. So, we will resume at 10.00 a.m. on Tuesday, 17th October 2023.

Thank you.

The House rose at 7.00 p.m.

Published by
Clerk of the National Assembly
Parliament Buildings
Nairobi