

NATIONAL ASSEMBLY

OFFICIAL REPORT

Wednesday, 15th February, 2017

The House met at 9.30 a.m.

*[The Deputy Speaker (Hon. (Dr.) Laboso)
in the Chair]*

PRAYERS

Hon. Deputy Speaker: Can we have the Quorum Bell rung?

(The Quorum Bell was rung)

We can start.

PAPERS LAID

Hon. Deputy Speaker: We have a Paper by the Vice-Chair, Departmental Committee on Finance, Planning and Trade.

Hon. Gaichuhie: Hon. Deputy Speaker, I beg to lay the following Paper on the Table of the House:

The Report of the Departmental Committee on Finance, Planning and Trade on Vetting of the Nominee for Appointment as the Chairperson of the Commission on Revenue Allocation.

Hon. Deputy Speaker: Next Order!

NOTICE OF MOTION

VETTING OF NOMINEE FOR APPOINTMENT AS CHAIRPERSON OF THE CRA

Hon. Deputy Speaker: Can we have a Notice of Motion on the same?

Hon. Gaichuhie: Hon. Deputy Speaker, I beg to give notice of the following Motion:

THAT, this House adopts the Report of the Departmental Committee on Finance, Planning and Trade on the Vetting of Nominee for Appointment as the Chairperson of the Commission on Revenue Allocation, laid on the Table of the House, today, Wednesday, 15th February, 2017 and pursuant to the provisions of Article 215 of the Constitution and Section 9 of the Commission on Revenue Allocation Act, approves the appointment of Dr. Jane Wangui Kiringai as Chairperson of the Commission on Revenue Allocation.

Hon. Deputy Speaker: Next Order!

BILLS*First Reading*

THE KENYA TRADE REMEDIES BILL

(Order for First Reading read - Read the First Time and ordered to be referred to the relevant Departmental Committee)

Second Reading

THE SEXUAL OFFENCES (AMENDMENT) BILL

(Hon. (Ms.) Mutua on 25.1.2017)

(Debate concluded on 8.2.2017- Morning Sitting)

Hon. Deputy Speaker: I just want some Members to settle down, so that I can put the Question. Hon. Rotino and others, order Members! This debate had been finalised and what was left was putting the Question, which I proceed to do.

(Question put and negatived)

(Several Hon. Members stood up in their places)

Hon. Members: Division! Division!

Hon. Deputy Speaker: Order, Members! We do not have the 30 Members required for a Division.

We must lobby more efficiently, Members. You do not have the numbers. We do not have the numbers to call for a Division. For the record, you have tried.

(Laughter)

Hon. Members, we need to improve our lobbying skills. We want to move to the next Order.

THE LIVESTOCK AND LIVESTOCK PRODUCTS
DEVELOPMENT AND MARKETING BILL

(Hon. Abdinoor on 8.2.2017)

(Resumption of Debate interrupted on 8.2.2017 - Morning Sitting)

Hon. Deputy Speaker: Hon. Members, 11 Members had already contributed to this Bill. Hon. Letimalo had completed his contribution. So, I will just go down the line. Make sure that you are not putting your card in when you had already spoken.

Hon. Chachu is the first one on my list.

Hon. Ganya: Thank you, Hon. Deputy Speaker, for the opportunity to support the Livestock and Livestock Products Development and Marketing Bill. I rise to support the Bill and to compliment my colleague, Hon. Abdinoor Mohammed Ali, for bringing this very timely Bill to the House.

The livestock sector in this country is poorly managed and governed. As a result, livestock farmers and pastoralists, some of whom some of us represent in this House, have been suffering for too long. We do not have a livestock policy in this country. Equally, there is hardly any livestock marketing strategy that is pursued by our Government and former Governments since Independence. The Livestock and Livestock Products Development and Marketing Bill will go a long way in streamlining the marketing of livestock and livestock products in our country to ensure that this poorly managed livestock sector will thrive as it does in Ethiopia, Botswana and many other countries.

As I said before, there are no known livestock marketing policies in our country. That is why we do not have any organised livestock markets in our country today. Livestock farmers suffer at the hands of brokers or what we call middlemen in this country. They take their goats to Kariobangi and their cows to Dandora and a few other informal markets where these middlemen and brokers practically dictate the prices of the livestock and livestock products instead of the market forces dictating the fair price for our livestock products. That is why it is so critical that for once, we have a livestock law purposely geared towards issues of livestock marketing.

Today, thousands of our livestock are dying because of drought simply because there are hardly any fair market prices for the livestock. That is why pastoralists are not selling their livestock. It is totally not true that pastoralists like rearing large herds of goats for emotional or other intrinsic or sentimental values. The fact of the matter is that there is hardly any fair price for livestock products in this country. In fact, in the northern part of Kenya, Marsabit County in particular, we sell most of our livestock across Ethiopia where we get better prices for our sheep, goats and even camels. The Ethiopians sell the same livestock at much better prices in Kuwait and most of the Middle Eastern and Arab countries. They are able to penetrate the markets where Kenya, even though we are supposed to be a more advanced economy, cannot penetrate simply because there is no political goodwill and the people tasked with the management of the livestock sector have been sleeping on the job for too long.

It is unfortunate that the Kenya Meat Commission (KMC) has been there since before Independence. Largely, it has been led and managed by pastoralists themselves, but unfortunately, it has not managed to save the livestock farmers from cartels and middlemen who have mismanaged the sector for too long. This Bill will provide a solution to this problem by creating a Livestock Products Development and Marketing Board, which will be responsible for livestock marketing in this country. It will mainstream the whole sector and issues related to livestock marketing. We will have a board that will be responsible for the management of this sector. It will range from marketing and ensuring that we have good markets locally and internationally for our livestock products. It will also ensure that we will have good regulations and policies to develop this sector and also lobby to make sure that this sector gets enough resources from the Government and all other key stakeholders for the livestock sector to thrive.

If this board will be well-managed and well-resourced to undertake the roles and functions as provided in the Bill, this sector will be revived and will for sure thrive again.

We do not have to reinvent the wheel. The livestock sector has been well-managed in many African countries. As I said, Botswana and many other South African countries are good

examples. Ethiopia, which is just our neighbour, has a much better livestock marketing strategy for their livestock and livestock products. There is no reason why the same should not happen in Kenya. If the pastoralists and the livestock sector are enabled to thrive both by good policies, laws and a supportive and enabling environment, it can go a long way in generating much revenue towards the Gross Domestic Product (GDP) of this country.

For sure, livestock is a largely devolved function now operated by our county governments. Most of our county governments are doing a good job in ensuring that this happens. Already, many areas like Isiolo and Marsabit counties and others in North Eastern have started establishing abattoirs for their livestock. It will take a few years for this to be realised. If they are supported and we get abattoirs and market our livestock both locally and internationally, there is no reason as to why the livestock sector will not generate the kind of revenues and resources it should towards our national economy. The reason why we lose billions of shillings in form of livestock today which are killed by severe drought in the northern parts of Kenya is simply because pastoralists never got the kind of fair price they think they deserve for their livestock. We do not have any formal livestock markets in Kenya today except for some informal markets which are controlled by middlemen, brokers and cartels like the one in Kariobangi for goats and sheep, Dandora for cattle and a few others here and there.

If this country is able to create marketing boards for coffee, tea, pyrethrum and sisal, why not create one for livestock which is a major contributor to the economy of this country? I hope my fellow colleagues and the Senators will support the Bill, so that this very crucial sector of our economy, which has been marginalised for too long will thrive, support livestock farmers in our counties and contribute to our national economy.

I support the Bill.

Hon. Deputy Speaker: Let us have Hon. Robert Pukose.

Hon. (Dr.) Pukose: Thank you, Hon. Deputy Speaker for allowing me to contribute to this Motion. To start with, I join my colleagues, the doctors, on the issue of the seven doctors who have been jailed by the Judiciary. It is a very sad day for this country.

Justice shall prevail. When Government representatives signed the Collective Bargaining Agreement (CBA), it became a Government document. When we transited to county governments, they must inherit all the assets, liabilities and everything that pertains to their functions. There is no excuse for the governors and the national Government to say that the CBA was an illegal document. It should form the basis---

Hon. Deputy Speaker: Hon. Pukose, can you, please, remain relevant according to the Standing Orders?

Hon. (Dr.) Pukose: I will come to that, Hon. Deputy Speaker.

Hon. Deputy Speaker: I understand your emotions concerning this matter, but you can have another appropriate time. Just make your contributions.

Hon. (Dr.) Pukose: Thank you, Hon. Deputy Speaker. As much as we want to talk about what is happening, patients and many Kenyans are suffering out there. As Parliament, we must also come to the reality of what is happening today. Private hospitals have suspended their functions. Today, if any of us falls sick, I do not know where we will go.

Hon. Deputy Speaker: Hon. Pukose, you know that there are avenues you can use to discuss this extensively.

Hon. (Dr.) Pukose: Hon. Deputy Speaker, I support the Livestock and Livestock Products Development and Marketing Bill, National Assembly Bill No.44 of 2016. We made a mistake when we started associating livestock with only pastoral communities. When I was

young growing up in Kidea, in Kwanza Constituency, which was large before it was divided into Endeless and Kwanza constituencies, Kidea used to keep the Herefordshire cows. They are some of the best breeds of livestock.

In my Endeless Constituency, Nai Farm produces some of the best Boran livestock which lead in meat production. When we started associating livestock with pastoralists, we missed the point. In countries where the livestock industry is well developed, livestock farming is not done in Arid and Semi-Arid Lands (ASALs). In ASAL areas, the quality of meat is actually very low because one of the biggest challenges is provision of food and water.

We should look at livestock wholeheartedly in areas where, if efforts are put, will produce high meat producing animals.

This Bill establishes a management authority.

Hon. (Ms.) Abdalla: On a point of order, Hon. Deputy Speaker.

Hon. Deputy Speaker: Order, Hon. Pukose! There is a point of order by Hon. Amina. Give Hon. Amina the microphone, please.

Hon. (Ms.) Abdalla: Hon. Deputy Speaker, my point of order is on what Hon. Pukose has said regarding the quality of meat from ASAL areas. He has said that the quality of meat is low. The quality of meat from ASAL areas is higher than that from other regions because it is considered organic beef. For him to say that the quality is lower is a clear indication that his expertise is in human medicine and not livestock production. Livestock produced in ASAL areas is considered to be of higher quality beef because it is organically produced.

(Applause)

Hon. (Dr.) Pukose: Hon. Deputy Speaker, I do not know what is out of order from the point Hon. Amina, my senior, has raised. She should have spelt out the Standing Order that I have violated.

Hon. Deputy Speaker: Hon. Abdalla, is it a point of argument or is he out of order?

Hon. (Dr.) Pukose: Hon. Deputy Speaker, she has raised a point of argument.

Hon. Deputy Speaker: It is a point of argument. Hon. Amina, hold your position.

Hon. (Dr.) Pukose: When she tries to compare human meat with animal meat, she misses the point.

Hon. (Ms.) Abdalla: *(Spoke off record)*

Hon. Deputy Speaker: Hon. Amina, let it not be an altercation between the two of you. Let him finish, then I will give you a chance to make your argument on this debate.

Hon. (Dr.) Pukose: I do not know whether she has tasted human meat to determine that it is of better quality. This Bill establishes the Marketing Products Board. I hope the board will streamline the issues that pertain to marketing of livestock products. We have seen the KMC struggling over the years as the Government is trying to pump in a lot of resources to improve the machinery and production without success. With the establishment of this board, it will look at how we can market our products and rear our livestock so that the quality meets the international standards. As you are aware, there are challenges in marketing products that meet international standards such that they are marketed in European, Far East, Middle East and Western countries. They must meet those standards. If we have a board that can look at the quality of the animals that we rear, how we can handle livestock products and source for markets, it will go a long way in improving livestock production in our country.

This is one of the areas that are neglected. We need to streamline it and create a way in which our livestock farmers can produce enough animals, access markets and value for their money.

With those remarks, I support the Bill and hope it will get overwhelming support.

Hon. Deputy Speaker: Hon. Daniel Maanzo.

Hon. Maanzo: Thank you, Hon. Deputy Speaker for giving me an opportunity to support this very important Bill. I am a Member of the Departmental Committee on Agriculture, Livestock and Cooperatives. This Bill has been a subject in that Committee even at this time when we are making the Supplementary and the main Budget. Kenya has many ASAL areas where livestock rearing is done. We do not have stocks when we compare ourselves with Botswana whose systems were actually developed by Kenyan experts. In Botswana, they even know the number of livestock they have. Right now, they have six million cows. In Kenya, we are not very sure, but we estimate them to be at 17 million and most of them are for meat.

The main target of this law is marketing. Previously, we had the Ministry of Cooperative Development and Marketing where many farmers were in cooperatives. It is not just about the meat, it is also about other livestock products. They are very many. We have skins and hides which were marketed in cooperatives, but now things have changed. There are private companies, slaughter houses and the KMC which for now is a total disaster. Our Committee visited it and it is currently underfunded and the management is very poor yet it rests on very valuable land.

(Loud consultations)

Hon. Deputy Speaker: Order Members, the consultations are too high.

Hon. Maanzo: The moment we have a board which can take care of all these, because the biggest problem of animals is disease control, we will solve the problem.

Hon. King'ola: On a point of order, Hon. Deputy Speaker.

Hon. Deputy Speaker: Order, Hon. Maanzo, there is a point of order from the Member for Mavoko.

Hon. King'ola: Thank you, Hon. Deputy Speaker. I have a lot of respect for Hon. Maanzo, who is in the Departmental Committee on Agriculture, Livestock and Cooperatives, but is he in order to tell this House that KMC is badly mismanaged? I have given a lot of money to KMC. I accompanied the Committee, which Hon. Maanzo is a Member, to KMC. Having given the KMC Kshs450 million, the Managing Director of the Commission squandered it within a month and the Committee did nothing to punish him.

Hon. Deputy Speaker: Again, we are going to points of argument and not points of order. Can you allow the Member to prosecute his point? It is your opinion what the Committee can or cannot do.

Hon. King'ola: He sits in that Committee and he should inform the House accordingly.

Hon. Deputy Speaker: Hon. Maanzo, do you think that is your responsibility?

Hon. Maanzo: Yes, to a good extent. Hon. Makau is highly affected by this particular matter on this Bill and I am sure he will articulate all the facts I may have got wrong because he is resident in his constituency. A lot of things he said are true. If we really want this board to come on board, then we should amend this Bill during the Committee of the whole House stage in order to ensure that it takes care of all these things. We have a lot of organisations like the Kenya Tsetse and Trypanosomiasis Eradication Council (KENTTEC) which deals with disease

control and the Kenya Veterinary Vaccines Production Institute (KEVEVAPI) which deals with vaccines. Unless animals are taken care of, they would not be of marketable quality. This is why Hon. Abdinoor Mohammed Ali has come up with this to loop in all these missing areas, so that we can market our livestock products in this country.

Our meat is not going anywhere. It is neither bought by our own Defence Forces nor sold internationally to European and Arabian countries. This is because of lack of proper strategies and proper management of finances within. Therefore, when we have a board like this one and it is properly structured, we are going to have the ASAL areas, which are bigger in terms of land mass in this country, being productive.

Hon. Sakaja: On a point of order, Hon. Deputy Speaker.

Hon. Deputy Speaker: You seem to be making very controversial statements, Hon. Maanzo. Now, you have another point of order by Hon. Sakaja. Is it a point of order?

Hon. Sakaja: Hon. Deputy Speaker, it is a point of order. Our Standing Orders are very clear that one must declare interest. We have just heard our colleague from Athi River vehemently refuting a statement, but we know very well there are no cows or there might be very few cows coming from his constituency. I am not sure there are even goats in that constituency apart from the fact that KMC has a factory station there. Is it not prudent for the Member to declare his interest in this matter? For him to give such a vehement defence of the operations of a factory in a House that is supposed to oversee the factory is suspect. On whose behalf is he speaking? Is there a peculiar interest? Is it the employment of his constituents as the interest? If anything, as a Member, he should be interested in ensuring that even if the management is doing well, it does better. He is here to oversee. I think it is prudent for him to declare his interest and to be very clear about his specific interest. He is my good friend. We need to know that specific interest before we take his words seriously.

Hon. Deputy Speaker: Now you will be given a right of reply, Member for Mavoko.

Hon. King'ola: Thank you, Hon. Deputy Speaker. Let me inform the Member. You know the managing commissioner works for those conduits. You cannot put Kshs450 million into KMC and within a month the money is not there. Staff have not been paid their salaries and suppliers have not been paid their dues. It is clear Hon. Sakaja is a senior Member of Jubilee. We know the National Treasury gives money to KMC.

Hon. Deputy Speaker: Order, Member for Mavoko! Can you, please, be seated? You were asked to declare your interest. I did not give you the chance to start making arguments. Do you have any specific interest in the matter of KMC? It is only that. When it is your turn, you will be given an opportunity to speak and then you can make those arguments. Do you have an interest?

Hon. King'ola: Hon. Deputy Speaker, I stand guided. I am a Member of the National Assembly and one of my functions is oversight. If this Government gives any Government institution money, I am there as a representative of the people to question how the money has been spent. You cannot sit here while your money is being siphoned through Government agencies in the name of managing directors. These are people who are appointed in the night and in the morning, they eat all the money.

Hon. Deputy Speaker: Order, Member for Mavoko! Is it yes or no? This is under the Standing Order No.90. Do you have an interest or not apart from the fact that you are a Member of Parliament? If you do not have an interest, say no and that would be the end of that matter.

Hon. King'ola: Hon. Deputy Speaker, I have nothing personal.

Hon. Deputy Speaker: Thank you. Please, continue, Hon. Maanzo.

Hon. Maanzo: Thank you, Hon. Deputy Speaker. The reason you see all this heat is because this law is now going to tie up the loose ends. We want our pastoral communities to make profit from their animals. We want to have a proper method of dealing with a situation such as the one facing us now of famine. We know animals are dying in large numbers. We want to see these animals rescued in good time and farmers paid in good time. The insurance should be implemented across board for all the pastoralists, so that if their animals die, they are compensated in good time. They should not get impoverished by systems which do not favour the pastoralists of this country. This House has representatives from 87 pastoral constituencies. In fact, they occupy the larger mass of the country. Even in my constituency, we also rear animals.

This law is going to be very useful to us, in that it will enable us to keep animals and market them well. It will also enable us to keep them safe from diseases, so that our meat will be of marketable quality and acceptable in international markets. If that is the case, our meat would be bought by our own Defence Forces and other organisations like the police and prisons. It is important that we consume our own products instead of importing meat from other countries. Hotels here should feel safe to use meat from our animals in this country. That is why we want to market our products locally. Businessmen, airlines and everybody who travels should enjoy our beef. That is why I want to support this law and urge Members of this House to support it.

I will be proposing amendments at the Committee of the whole House stage to make this law better, so that it does not conflict with other existing laws like the KMC Act. We want to reform all these laws and that is the duty of this House. We need to ensure that our people benefit from our representation. We should not have Kenyans suffering because of poor management, bad laws or insufficient laws. Everybody who works hard in this country should earn a living and be in a position to take his or her children to school.

I beg to support.

Hon. Deputy Speaker: Amina Abdalla.

Hon. (Ms.) Abdalla: Thank you, Hon. Deputy Speaker, for giving me this opportunity. First, I would like to congratulate Hon. Abdinoor for bringing this Bill to assist Kenya's wealthy paupers. Today, Hon. Pukose's contribution is a clear reflection as to why Kenya is unable to be a net exporter of beef. It is said that 80 per cent of Kenya is ASAL. Indeed, that is where organic beef can be produced. Every policy direction in this country has been led by persons whose understanding of the meat market is confined to slaughtering dairy cows. That is why you will have somebody in a National Assembly of a country that is 80 per cent arid and semi-arid declare that livestock from ASAL areas is of poor quality.

The livestock that you see dying during famine is as a result of poor policy from the top. The madness is doing the same thing over and over again and expecting different results. The reason we cannot break this cycle of our livestock dying during drought is because every decision-maker has a mindset that does not understand business.

Hon. Chachu shared the fact that you get better prices in Ethiopia than in Kenya. The reason is that in Kenya, we do not support farmers from the ASAL areas with the right vaccines at the right time to ensure that their animals do not die. I worked in Somalia, which is free from Rift Valley Fever, and so they can export their livestock. We have scientists who can ensure that we have disease-free zones, so that we can qualify to export our livestock. Because our policies are confined in the mindsets of the people in policymaking positions, we cannot think outside the box. That is why we cannot export our livestock. Today, Botswana, a highly ASAL region that was learning from us, is exporting livestock because of making simple policy decisions. We

should make our country disease-free. We cannot go to the market with things that do not comply with international standards. Unless we stop thinking like how Hon. Pukose was while making his contribution, we are not going to solve this problem. I want to suggest that we pass this Bill, so that it can affect other policy areas. We do not have a well-thought-out livestock policy in this country.

We should go back to the drawing board and review our livestock policy to ensure that our livestock farmers are supported through a hay scheme. They should be given hay on credit, so that their livestock do not lose weight. The management of the KMC should also be looked into. The Member for Mavoko might not have noticed how the Kshs450 million was utilised because his dying livestock were not bought by the KMC. Our livestock were bought by the KMC and we know how the money was utilised.

I want to urge the Departmental Committee on Agriculture, Livestock and Cooperatives to ensure that the conflicting legislations that would make the Livestock Marketing Board not perform properly are dealt with.

With those few remarks, I look forward to the Ministry, whose focus is to establish disease-free zones, making Kenya free of Rift Valley Fever and looking for market for our livestock. The Ministry should also kill cartels in Kariobangi and improve the bad prices that slaughter houses are giving to our livestock farmers. They should ensure that we have an efficient KMC that can compete with private slaughterhouses, so that Kenyans can get better prices.

I support.

Hon. Deputy Speaker: Hon. Samuel Gichigi.

Hon. Gichigi: Asante sana, Mhe. Naibu Spika. Naunga mkono Mswada huu na kumpongeza Mhe. Abdinoor kwa kuleta pendekezo la kisheria, ambalo likipitishwa litasaidia nchi hii. Sekta ya mifugo ni muhimu sana katika nchi hii kwa sababu hata wale ambao si wafugaji wana mifugo. Katika eneo la Kipipiri na Nyandarua Kaunti kwa jumla, karibu kila boma lina ng'ombe, kondoo na mbuzi. Ijapokuwa wakulima hao wanalima mimea mbalimbali, kutokuwa na mifugo inatokana na umaskini, ama waliuza mifugo wao kulipa karo. Isisemekane kuwa mifugo ni muhimu tu kwa maeneo kavu kwa sababu hata kwenye maeneo yetu, tuna mifugo.

Ninaunga mkono kuundwa kwa halmashauri ambayo itasimamia mambo ya mifugo, haswa kutafuta soko na kuangalia magonjwa ya mifugo. Halmashauri hiyo pia inafaa kuhakikisha kwamba mifugo ambao wanawekwa nchini wanatoka katika sehemu mbalimbali. Pendekezo katika Mswada huu ni kuwa wanachama wa halmashauri hiyo watakuwa ofisini kwa miaka minne. Nina pendekezo tofauti. Kwa sababu Katiba imempa Rais kipindi cha miaka mitano, halmashauri za Serikali pia ziweze kuongozwa na wakuu wao kwa miaka mitano. Kumpa kiongozi wa halmashauri miaka mitatu haifai kwa sababu atajua kazi mwaka wa kwanza na mwaka wa pili, atajipanga jinsi atapigania ili aongezewe kipindi cha pili, na huenda asifanye kazi nzuri. Ningependa kupendekeza kuwa sheria zote za halmashauri ziwape wakuu wote kipindi cha miaka mitano ili wafanye kazi nzuri. Halmashauri ikiamua kuwapatia kipindi kingine cha miaka mitano, itakuwa imejua iwapo wamefanya kazi au la.

Ningependa kupendekeza pia kuwa halmashauri hii iunganishwe na mambo yanayohusiana na maji. Wakati mwingi, mifugo wetu wanakufa kwa sababu ya ukosefu wa maji. Tukitenganisha mambo ya ufugaji na uenezaji wa huduma ya maji kwa sehemu ambazo zinaathiriwa na ukosefu wa mvua, huenda tusifanikiwe. Bajeti inayopewa sekta ya ufugaji ni

ndogo sana na tunastahili kuiangalia na kuhakikisha kuwa inapewa pesa za kutosha. Tusielekeze tu fedha zetu kwa sekta ya mimea na sehemu zingine.

Ninaunga mkono Mswada huu na ninawaomba Wabunge wenzangu waunge mkono ili tuupitisha haraka iwezekanavyo ndiyo halmashauri hii iundwe ili sekta hii ishughulikiwe inavyopaswa.

Hon. Deputy Speaker: Hon. Patrick Wangamati.

Hon. Wangamati: Thank you, Hon. Deputy Speaker for giving me an opportunity to contribute to this important Bill. As a country, we must respect our farmers. This House must show dairy farmers that we support livestock and livestock products.

Hon. Deputy Speaker, you will agree with me that in Kenya, we have good livestock for meat, but people are now slaughtering donkeys for us to eat. Our livestock can produce enough meat for Kenyans, but because of mismanagement at the KMC, we have insufficient meat supplies. Our livestock sector is not catered for and people are sneaking donkey meat into the market. *Watu wanaingiza nyama ya punda na ya mbwa kwa mahoteli.* This is very bad. We tell Kenyans, young men and those who are doing business that, as a country, we do not consume donkey meat. They should understand that Kenyans do not consume donkey meat.

We have a lot of land in this country. We should supply water to northern area of this country. I can see the Member for Samburu and he will agree with me that we only need piped water to go up to Samburu, Marsabit and Garissa and we will get plenty of quality meat for our people to eat. I am speaking with a loud voice because I do not want my children to eat donkey meat. The Government must employ more veterinary officers or train Kenyans on how to treat livestock. Many diseases kill livestock in this country. I do not know why our scientists cannot discover medicine to treat the various types of livestock diseases in this country. We have a disease called East Coast which kills many livestock in the western region and the Government is not dealing with it. This is a very important Bill and I ask the Members, who know the good language, to speak about this.

My fellow elder from Nyanza can speak better on this. Let us condemn those who do not consider livestock as a contributor to our economy in this country. Let us support areas which are good at livestock rearing. The Government should channel money to these areas, so that we can get plenty of meat to even export because meat is consumed everywhere.

With those few remarks, I thank you for the chance you have given me, but I want all the Members to support this Bill and look for ways to put pressure on the Executive to know that we need plenty of quality meat and not donkey meat.

I support the Bill very strongly.

Hon. Deputy Speaker: Hon. David Gikaria.

Hon. Gikaria: Thank you, Hon. Deputy Speaker, for giving me this opportunity to support this Bill by my colleague. As we talk about this Bill, allow me to just talk a little bit about Internally Displaced Persons (IDPs) who are outside Parliament Gate. It is high time the Ministries concerned took this issue seriously. We have been to the Ministry of Devolution and Planning, the Ministry of Sports, Culture and Arts and now it is the Ministry of Interior and Coordination of National Government. It is high time the issue of integrated IDPs is addressed once and for all. It paints a very bad picture when we have thousands of people outside Parliament Gate yet they are supposed to go to the respective Ministries.

In the afternoon, we will move a Motion for Adjournment and talk about integrated IDPs. They cut across and are from all over the country like Kisii, Kisumu and everywhere. In the afternoon, we will seek your guidance to be given some time to talk about this.

Let me talk about the Livestock and Livestock Products Development and Marketing Bill. I am a Member of the Committee on Implementation and we had opportunity to check on the operationalisation of the Livestock Insurance Fund that this Government has already budgeted for and has given some money, which was not enough. In the first financial year - two years ago - they were given less than Kshs100 million. Last year, they were given Kshs300 million and in the current financial year, we have over Kshs500 million. This insurance was supposed to address particularly issues in ASAL areas where livestock was affected by drought. However, for the last two years, not even a single compensation has been done by the company that was given the tender to do so. There was no drought and no animals died. The programme, which has been put in place by the Livestock Insurance Fund is very good, which is supposed to address most of the issues. Through the information they get from Malindi, they are supposed to detect the extent of famine, the affected areas and issue early warnings. Early warnings are very important. The Livestock Insurance Fund has provided some water in some counties particularly in Wajir. They have done very well in terms of trying to address drought-related issues that affect the pastoralists who have a lot of livestock.

One of the issues that we realised when we were looking at the implementation status of the Livestock Insurance Fund is culture. Some tribes have a culture where they do not want to release their animals. It does not matter. A person is said to be wealthy by the head of cattle he has or the number of livestock they have in their homes. When we were talking to different Non-Governmental Organisations (NGOs) which try to assist in terms of insurance and marketing, they said that most of the families, because of their culture, did not want to sell off their livestock. You find that a person has hundreds of head of cattle and other livestock and they do not want to release them. They want to continue keeping them.

As Hon. Duale always says, today you could be a very wealthy man and a week after, you are poor because all your livestock is gone. As we address the issues of marketing, we also need to address the cultural issues where people want to keep as many livestock as possible and ignoring some early warnings which are given by various Government agencies.

Secondly, this is something that is very important. The object of the Bill is to streamline marketing. I totally agree. We do not have enough information regarding marketing. This is not only about livestock, but their by-products such as hides and skins after the animals have been slaughtered.

We understand that this is a source of income for many families in the country, and we would want to have that board. It has been suggested in the Bill that we have a livestock and marketing board. We need to be careful. The composition of that board is made up of Government agencies only. It does not involve the locals. It only has Government agencies and two people nominated by the Council of Governors (CoG). The other nominee is from the Kenya Veterinary Board. In the Committee of the whole House, we will be moving an amendment to include more stakeholders, particularly the farmers so that they can contribute to this very important business.

The other bit is about the middlemen. Middlemen have always taken advantage of the common livestock farmer. They buy livestock at very low prices and yet, farmers use a lot of money to rear them. I hope the board is going to take up that matter and eliminate the middlemen who buy animals at very low prices.

One of the issues under Clause 2 regards definitions. This is important and they will need to look at it. One of the issues they have listed is about livestock marketing information system, which will collect, analyse and distribute data to respective stakeholders. This will enable them

to market their produce. When we were going round the four counties on issues to do with livestock marketing, we realised that the road network is a nightmare. Many roads in those places are not done properly. If you want to transport your animals to a distant place, the road network needs to be addressed. As we address the marketing issue, the road network needs to be taken into consideration, so that you can transport your products within a reasonable timeframe.

The other issue is having the headquarters in Nairobi. I do not know why we always have headquarters in Nairobi. It is a high time this country started thinking about taking the headquarters closer to areas with more livestock farmers. Instead of having the headquarters in Nairobi, we can have it in North Eastern.

Lastly, I will emphasise on what was raised by the Hon. Member for Mavoko. It is important for us to look at it. We cannot be allocating money to Kenya Meat Commission (KMC) which disappears within a month and nothing seems to be moving. KMC is bestowed with a marketing function. When we have money that disappears within a week---

Hon. Deputy Speaker: our time is up. Before I allow Hon. Ferdinand Wanyonyi to speak, I want to welcome some students.

In the Public Gallery, we have students from Mahad Academy in Starehe Constituency and Rosselyn Academy in Westlands Constituency, Nairobi County.

In the Speaker's Gallery, we have students from St. Michaels Girls, Maragwa Constituency, Murang'a County. You are all welcome in the National Assembly.

Hon. Ferdinand Wanyonyi.

Hon. F.K. Wanyonyi: Hon. Deputy Speaker, thank you for giving me the opportunity. I wish to declare my interest. I am a member of the Departmental Committee on Agriculture, Livestock and Cooperatives. I am, therefore, addressing this Parliament from an informed position.

First and foremost, the marketing section of livestock products must be streamlined. As it has been mentioned in the memorandum, there are quite a number of other entities that get involved. Therefore, it is time for us to have a marketing board to streamline the activities of livestock and livestock products to add value to the section.

As we speak, I would like to inform the House that KMC had, indeed, requested for Kshs750 million to modernise and improve their functions and their equipment. This was reduced to Kshs550 million. When we met last week in a supplementary meeting with the Ministry of Agriculture, Livestock and Fisheries, that money was diverted to other sectors of the Ministry. We requested and directed the Ministry to take that money back to KMC, so that they can continue with the process of modernisation of that particular factory. I know it is in a very bad state. We visited it and saw that it needs to have money to be modernised. They have done the tendering process and the benchmarking. They went to South Africa and Europe and, therefore, they need to have that money to modernise. I want to inform the House that the money was taken by the Ministry, but we have requested the Principal Secretary (PS) to return it.

Secondly, the marketing board has been given about 26 functions. I do not need to emphasise what my colleagues have mentioned. Since that sector is important and earns this country, particularly livestock farmers a lot of money, we ask you to pass this Bill so that we can have a board that will do things efficiently as opposed to what is happening now. Secondly, we will develop disease-free holding grounds where animals can be kept. We will have holding grounds in the Coast region. With that kind of facility, we believe we will develop our livestock.

Thirdly, the training should meet certain international standards. That sector will train people who are working so that they can meet international standards. At the moment, as you

have all heard from various Members, Botswana, which learned so much from us, is better off because they have gone further and trained some of the personnel in their area. They are doing far better than we are doing. We feel that if we establish the board, it will improve training, supervision and even regulation so that it can supervise the sector.

The other thing is that we need value addition. Apart from just exporting meat, we also need to have other products and by-products from livestock that can be exported. We are talking about hooves, hides and skins and even bones, so that we can have value addition to livestock products.

We do not even know how many livestock we have in this country. With the establishment of a board, we will be able to know how many donkeys, sheep, goats and cattle we have in this country. If you ask the Cabinet Secretary (CS) in charge of the Ministry of Agriculture, Livestock and Fisheries or the Department of Livestock how many livestock we have in this country, you will not get the answer. The introduction of the board will enable us to have very specific numbers to work on.

The other thing is that this Bill introduces insurance for livestock. Yes, we actually have insurance now in about five counties, particularly in the arid and semi arid areas of this country. We have introduced the insurance on livestock so that those who are affected at this time are compensated. With the establishment of the board, we will have insurance that will cover all the other arid and semi-arid areas. That will be over and above the four counties in which we are conducting trials.

We have cases where very many countries, particularly in the Middle East and Far East - like Hong Kong - wanted to get beef from us. Without an established unit of marketing, it is very difficult to have coordinated activities between Kenya and other countries, particularly the Middle East, where there is a very good market for our products.

On the management of Kenya Meat Commission (KMC), we were very impressed that there are negotiations on where we have markets and demand for beef in the Middle East and even as far as Hong Kong. But this is not a very developed market. If we have the board, we will have better coordination and establishment of contacts elsewhere to export our beef products, particularly meat, and earn this country foreign exchange that we badly need.

Lastly, I do not quite agree that the policy of the Government is to kill some of the parastatals. I do not think that we are ready to privatise KMC. It was established for a purpose. There was an indication by some speaker that the Government wants to privatise KMC. We will oppose that because the inception of that parastatal was to help communities around and provide employment for the people around there, which I think it is doing. Therefore, it will not be right for us to privatise that parastatal. If you did that at the moment, you will sell it for a song because it is in a very bad state. We need to have it improved and continue putting some money for the development of that parastatal.

I want to end my remark by saying: Let us support this Bill so that it can modernise the exportation in livestock because it is a very important sector of our economy. I support the Bill.

Hon. Deputy Speaker: Thank you. Hon. Members, I will give a chance to the leadership, Hon. Katoo ole Metito. We have almost 20 requests and we only have got up to 11.10 a.m. when the Mover will be called to respond. So, I ask that you can allow Members time to comment. After ole Metito, it will be Hon. Maison Leshoomo and Patrick Makau who have some interest in the Bill, but not personal.

Members, as I said, we have almost 20 Members who feel they are from the areas that are affected. Let us prosecute those three and see whether Hon. Memusi can get a minute or so.

Hon. Katoo: Thank you, Hon. Deputy Speaker, for giving me this opportunity. First of all, I really want to thank the Mover, Hon. Abdinoor Mohammed Ali, for bringing such an important legislation. It has really taken time to have this very positive piece of legislation for this country.

The gist of the whole Bill is in Clause 5. It is very interesting. Clause 5 has sub-clauses (a) up to (z). Actually, it is the only Bill I have seen with such sub-clauses in one clause. Sub-clauses (a) to (z) mean it is the proposed Livestock and Livestock Development Marketing Board with 26 functions. Therefore, I just want to summarise by talking about issues that affect the livestock industry in this country.

First of all, the successive governments have not recognised that sector in terms of writing off the loans that are taken by livestock keepers. We have seen loans being written off in other sectors like sugar, tea and coffee, among others. But we have never seen loans taken by livestock keepers being written off by any government in this country.

We also have problems of diseases in the livestock sector. My colleagues have said much about it. We now really need disease-free zones in this country. That has cost us something very big: It has snatched our European Union share of livestock marketing and livestock products. We should borrow from Botswana, which has been given as a good example. I have visited Botswana several times. I have seen the disease control free zones where there has to be that cleaning exercise to avoid diseases and contamination issues in each and every immigration entry point.

On the issue of drought, livestock keepers have been suffering year in, year out. You can see what is happening now. The Government has just declared it a national disaster. Livestock keepers are always the first casualties. They suffer a lot in so many aspects. They take loans and buy livestock which die and they have to repay. Now, they do not have the capital to do it. We see some of the county governments have really been trying. I have seen Marsabit County trying to buy livestock from their people and use it as food because livestock is also taken as food security. There has not been proper coordination on that.

After the drought, what next? There should be a mechanism for restocking. Otherwise, you will not have those communities surviving.

The other problem is research on livestock. We have so many parastatals and organisations like Kenya Veterinary Vaccines Production Institute (KEVEVAPI), Kenya Agricultural Research Institute (KARI), Kenya Meat Commission (KMC), Kenya Co-operative Creameries (KCC) – some dealing with milk, others dealing with meat and others dealing with research. But the problem is that we have been having a lot of missing linkages; those parastatals being put in the wrong places. Those dealing with livestock are not in the same ministry. Every Government comes and goes, but they keep reshuffling those institutions and not putting them under one ministry. I hope with the passage of this Bill, we are going to have all those institutions that deal with livestock and livestock products under one roof. That will enable efficient and effective coordination of the livestock sector in this country.

The livestock industry, in terms of the economic state of this country, contributes 12 per cent of our GDP. I want to believe that given much emphasis, that 12 per cent can go up. We also need to do a lot of value addition to our exports. We have to do finished products like skin and hides, milk and meat. This issue of being told we have low quality meat because of “A”, “B”, “C” and “D” should come to an end. I am very sure putting everything under one ministry or body is going to help with that.

We cannot conduct research on livestock or do value addition on our breeds if we do not reclaim the lost holding grounds. That was another big setback. We lost the holding grounds. Those are areas where you can do research, value addition and cross-breeding for the benefit of livestock keepers. But they were all grabbed. Livestock management is a devolved function. The county governments, together with the National Land Commission, should work hand-in-hand to reclaim those lost holding grounds for us to try and improve what we are doing now.

I have visited some countries that do very well in terms of livestock and livestock products. Go, for instance, to Australia, New Zealand, parts of England, Botswana and even Namibia. New Zealand is a country with four million people, but it has 40 million livestock. And they make very good use of that livestock. You go to their farms where cross-breeding is done, you get modern and improved breeds. Research is done. Our country has 80 per cent land mass being arid and semi-arid areas. If we do a lot of provision of water--- Water is now a devolved function under the counties and so, it goes hand-in-hand with livestock issues. If we make use of our land, especially the holding grounds reclamation, I think we can go a step higher in terms of getting livestock issues resolved.

On the issue of abattoirs, I think it is important that in each and every sub-county, not even a county, the county government, especially in sub-counties that are livestock keepers, need to put up an abattoir. I have one in my sub-county, although it was not done by the county government. It was done by the previous Government of retired President Mwai Kibaki. County governments need to chip in and try to make a linkage between those abattoirs and KMC. I fully support the Member for Mavoko in complaining about KMC. We have KMC, but not enough money has been given to make good use of it. Kshs450 million is small money. To revive KMC, we need Kshs2 billion. The Government should put aside Kshs2 billion into improving that facility.

Hon. Deputy Speaker, because I can see you are hurrying me up, let me say something about the board, which I want the Mover to consider. When you talk of the qualifications for one to be in the board--- Under Clause (4), you say a member is not qualified if he or she is a member of a governing body of a political party. I think almost every person in this country, without exception, belongs to a certain political party. That should not bar anyone from being appointed to the board. The law is this: You are appointed and then you resign from the party where you belong. Therefore, I would request that as we go to the Committee stage, you consider those issues of barring people from being appointed to the board because they belong to a political party. What is required is for them to resign and then they take up the job immediately.

Hon. Deputy Speaker, I beg to support.

Hon. Deputy Speaker: Hon. Leshomo, you have a few minutes because I have only five minutes to call the Mover to respond. We have you, the Member for Mavoko and Hon. Memusi. I do not know how you will share those five minutes the three of you.

Hon. (Ms.) Leshomo: Ahsante sana Mhe. Naibu Spika kwa kunipa nafasi hii kuzungumzia sheria hii kuhusu wanyama wetu. Kwa sababu wenzangu wameongea zaidi kuhusu mambo ya wafugaji wa mbuzi na ng'ombe, kwa kweli, hizo ndizo shida zinazowakumba wachungaji. Ni muhimu sana kuwe na sheria hii ili tupate bodi ya kuangalia mambo hayo. Mara kwa mara, wafugaji wanapata shida kwa sababu hawana namna nyingine. Wanategemea wanyama wao pekee. Hakuna sheria katika Kenya yetu ya kulinda wanyama wao. Ndio unaona shida zote za ukame, maji na zingine zinawakaba wanaochunga wanyama wetu. Ni ukweli tukipata hiyo bodi, tutakuwa na sheria ya kuchunga wanyama wetu.

Sheria imewekwa kwa kila kitu kinachotengenezwa katika Kenya yetu. Kuna bodi ya sukari, bodi ya kahawa, bodi ya majani na bodi ya kila kitu. Tunaomba tuiptishe hii sheria kwa sababu itasaidia wafugaji wote katika Kenya nzima. Tumetembea na tukaona vile wafugaji wanachunga wanyama wao na vile sheria imewekwa. Tukipitisha hii sheria, itawasaidia wafugaji na wanyama wao.

Sheria hii itatusaidia hasa katika wakati wa ukame kama huu. Mwenzangu amesema hajui mahali Kshs450 milioni zimeenda na hiyo pesa inaendelea kununua wanyama katika kila pembe ya Kenya ambayo imeathiriwa na ukame. Ningeomba pesa ipitishwe ili isaidie pande za wanyama yetu. Wafugaji wanaumia sana katika uchungaji wao. Ndio maana kila mtu anasema wafugaji wamehama, wamepeleka ng'ombe na mbuzi zao kwa mashamba ya watu. Wameenda kulisha mifugo yao huko. Wametoka upande huu wanaenda tena upande mwingine. Nafikiri sheria hii ya kulinda wanyama ikipitishwa, itasaidia kila mtu. Pia tunaomba ile idara inasimamia wanyama iangalie ni njia gani itaweza kusaidia kwa sababu pesa nyingi sana zinaitishwa, hata kwa mashirika yasiyo ya Kiserikali kuhusu wanyama wetu, na hazisaidii. Utakuta tu zinaitishwa na haziwezi kusaidia.

Tukipata bodi, tunaomba iangalie mambo ya maji zaidi katika pande za wafugaji kwa sababu hiyo ndiyo shida nyingine mbaya zaidi wakati wa ukame. Pia mambo ya ugonjwa, vile wenzangu wamesema. Magonjwa mengi sana hudhuru wanyama.

Hon. Deputy Speaker: Hon. Leshoomo, your time is up.

Hon. (Ms.) Leshoomo: Ahsante sana Mhe. Naibu Spika kwa kunipa nafasi hii. Naunga mkono.

Hon. Deputy Speaker: Okay, you have not shared the five minutes. Therefore, I will have to ask the Mover to donate part of his time. Please, allow the two Members because I had already called out their names. I do not know whether you have others that you are giving part of your time but I had already called Hon. Patrick, the Member for Mavoko; and Hon. Memusi. You can give them a minute or two each. Are you magnanimous enough?

Hon. Abdinoor: Hon. Deputy Speaker, I already have some Members to whom I wanted to give some minutes. However, I will be glad to give Hon. Memusi, Hon. Abdi, Hon. Mathenge and the Member for Mavoko.

Thank you.

Hon. Deputy Speaker: He has donated a minute to each Member because he needs at least five minutes to reply. It is the two hon. Members that I had called out and the others that you have given part of your time.

Let us start with the Member for Mavoko.

Hon. King'ola: Thank you so much, Hon. Deputy Speaker. I thought I would have some time to contribute substantively to this debate.

The drafter of this Bill had a lot of intentions. For example, he has used all the letters of alphabet laying out the functions of the board. Talking about livestock, it is not just about livestock belonging to pastoralists. We are talking about livestock belonging to Kenyans generally. Regarding the Kenya Meat Commission (KMC), I want to inform this House that it was formed about 72 years ago. Just a decade ago, KMC was one of the best blue chip companies in this country. The KMC abattoir was strategically located in Mavoko because of its close proximity to the railway line and Jomo Kenyatta International Airport.

I want to inform this House that I have had a lot of interest in KMC. Article 95 of the Constitution gives me powers to represent my constituents in this House. We cannot be pumping money into KMC for the Managing Commissioners to come and go. They still owe money to the

KMC in the name of going to buy livestock from ASAL areas. We have the Department of Disaster Management within the Ministry of Devolution and Planning. Those are people who are supposed to be given that money.

Hon. Deputy Speaker, the Managing Commissioner at the KMC has sacked all my people. There is nobody from the Kamba community working at the KMC. Everybody comes from the North-Eastern region. They are sacking my people left, right and centre. I am very concerned. I am appealing to this House to have the Managing Commissioner sent home.

Hon. Deputy Speaker: Okay, your minute is up.

Hon. Memusi, I hope you will produce less heat with your contribution.

Hon. Memusi: Thank you, Hon. Deputy Speaker for giving me this opportunity. I also want to thank my good friend and the Mover of this Bill, Hon. Abdinoor Mohamed Haji. I also want to congratulate him as I thank him for the minute that he has given me. I want to be very brief.

I stand to support this noble Bill that seeks to come up with solutions to problems that have troubled the livestock industry for so many years. In a way, we have made pastoralists to become poor. From the time this country got Independence, there is no regime that has come up with measures or policies that have taken pastoralists into consideration. As my colleague, Hon. Kato said, other farmers have been considered in the past. We have seen the Kenya Coffee Board being given money to write off loans. Dairy farmers have been supported in so many ways, but we have never seen the pastoralists being taken care of in any way.

Hon. Deputy Speaker: Your time is up. It is just a minute. Mover, who else are you giving a minute? You are slowly going to run out of time yourself, if you are giving away all your time. You had named a few people.

Hon. Abdinoor: I will give Hon. Abdi from Banissa and the Member for Gilgil.

Hon. Ndiritu: Thank you, Hon. Deputy Speaker. I have sat here for quite some time. I had quite a number of things to say but I will talk about one thing only due to lack of time. I have a lot of passion in livestock rearing because that is the first thing I did with my grandfather. I also have a good history of how the economies of the villages were made. I support my colleague, Hon. Abdinoor, for bringing a Bill that will hopefully bring back some good memory.

I only want to talk about livestock rearing in my constituency, specifically for donkey meat. Donkey meat has to be demystified because even those who are investing in the donkey meat industry are being treated as if they are doing something criminal. We know that there are people who live on donkey meat as a delicacy. We know about the Turkana people in the northern Kenya region. We know that there are people who have been eating donkey meat. The problem is that there have been rustling of donkeys in my constituency. There has been a lot of theft. People's donkeys have been stolen and slaughtered. The donkey, as livestock, should be made a legitimate business so that people can stop doing it clandestinely.

With those remarks, I support.

Hon. Deputy Speaker: Okay, the Member for Banissa.

Hon. Mohamed Abdi Haji: Thank you, Hon. Deputy Speaker. I would like to thank my friend, Hon. Abdinoor and congratulate him for this Bill. It is a shame that at this time and age a country that has skilled manpower and research institutions like Kenya is unable to export our livestock and livestock products because we are not disease-free. The irony of the matter is that our neighbouring countries, which are not as developed as ours, are exporting their livestock and livestock products. The irony is that they are exporting our own livestock. We cannot export our livestock. We sell our livestock to business people from Ethiopia and Somalia, who export them

to other countries. I think there is something we do not understand. We need to investigate further and find out why our neighbours are able to export their products while we are not.

Hon. Deputy Speaker: That is it, Member for Banissa, unless you do not want the Mover to reply.

Hon. Mohamed Abdi Haji: Thank you.

Hon. Deputy Speaker: Can you give him the microphone.

Hon. Abdinoor: Thank you, Hon. Deputy Speaker. I want to start by thanking all the Members who have contributed to this Bill and go straightaway to the issues they have raised regarding the issue of qualifications of the board members. We will address this matter during the Committee of the whole House. That is the issue of qualifications of the Chief Executive Officer (CEO) and the Chairman of the Board. The composition of the Board will have to include members from the pastoralist community or people from the livestock sector. The issue of separating regulation and marketing within the functions of the marketing board and other issues will also be addressed.

I want to thank Members because this will go a long way in addressing the issues affecting livestock sector in Kenya. There is the issue of marketing and preparing the livestock sector in matters of data tech programmes.

The climate change phenomenon is distorting the market industry of pastoralists in this country. The only way we can have hygienic and proper training in the meat industry is to create the proposed board. I want to assure hon. Members that all the issues that they have raised will be addressed during the Committee of the whole House.

With those few remarks, I beg to reply.

Hon. Deputy Speaker: Hon. Members, we will put the Question when it is appropriate to do so.

Next Order!

Second Reading

THE CLINICAL OFFICERS (TRAINING, REGISTRATION AND LICENSING) BILL

Hon. Deputy Speaker: Member for Bureti, Hon. Leonard Sang.

*[The Deputy Speaker (Hon. (Dr.) Laboso)
left the Chair]*

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

Hon. Sang: Hon. Temporary Deputy Speaker, I beg to move that the Clinical Officers (Training, Registration and Licensing) Bill (National Assembly Bill No.27 of 2016) be now read a Second Time.

Clinical officers are trained officers who provide general specialised clinical medicine services in hospitals. Those officers trace the medical history of patients and do physical examination. They order for investigations, interpret the same investigations they have ordered and make a diagnosis for treatment of the disease or injury. Those officers routinely perform medical and surgical procedures and refer patients to other practitioners.

To practise clinical medicine and surgery as a clinical officer, one requires four years of full-time training, including supervised clinical practice and internship at accredited medical training institutions and hospitals, and then registers with the Clinical Officers Council (COC). After a prescribed number of years in active practice which is around one to two years, they undergo a further one or two years' residential training programme in order to specialise in any of the approved branches of clinical medicine and surgery such as anaesthesia. Those are officers who help relieve pain when patients are undergoing surgery.

Some specialise in paediatrics, reproductive health, orthopaedics, issues of lungs and skin, Ear, Nose and Throat (ENT), mental health and psychiatry, cancer treatment, eye conditions such as cataracts and others specialise in epidemiology.

Hon. Temporary Deputy Speaker, the clinical officers with those specialties have contributed greatly to improve health care in Kenya. Clinical officers in anaesthetics, for example, provide around 95 per cent of anaesthetic services. We all know that no surgical procedure or operation can be done without relieving the pain.

Other specialists in clinical medicine also contribute greatly to quality and accessible health to Kenyans. There are 35 training institutions across the country for both diploma and degrees. There is Kenya Medical Training College (KMTC), where the initial training of clinical officers started way back in 1928. Mount Kenya University was the first to offer a degree in clinical medicine in the year 2009. Currently, there are other universities that offer degree programmes in clinical medicine.

Clinical medicine programme students are recruited from the high school graduate pool. There are two levels of training. There is the three-year Diploma in Clinical Medicine and Surgery and a four-year Bachelors of Clinical Medicine and Community Health. Both focus on clinical medicine and primary care. Both have clinical exposure on mandatory internship for one year.

Therefore, the training is four to five years, respectively. A clinical officer in Kenya is well established in the health care system and, most importantly, those professionals are found in rural areas where the need is the greatest. Public dispensaries, health centres, sub-county hospitals especially in hard to reach areas in Kenya are run and managed by clinical officers.

Those with specialties also provide special outpatient clinics in the county and national referral hospitals, that is Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH) and the Spinal Unit. The health centre has a clinical officer as the in-charge and provides comprehensive primary care. Health centres are middle-sized units which cater for a population of over 80,000 people. The services offered at the health centre level include outpatient. Those are patients who are treated in those hospitals after they are diagnosed and are released to go home.

The in-patients are also found in those facilities. They admit patients with simple conditions that can be treated within those facilities. Those health centres have laboratories where clinical officers order for investigations to help them make proper diagnosis. The same facility has a pharmacy service where there are drugs. They have a minor theatre where simple procedures can also be done. They have a maternity wing where deliveries are also conducted and maternal and child health is observed. Sub-county hospitals are similar to health centres, but with additional surgical units for caesarean sections and other procedures.

Clinical officers are the first point of contact for over 70 per cent of Kenyans, especially those who live in rural and far-off, hardship areas. Unfortunately, despite being trained and habitually allocated those roles, clinical officers are forced to carry out duties that are unlawful.

It is said that health and health care are dynamic. Drugs and technology for managing diseases change and hence, the Ministry of Health has a regular review of clinical treatment and management of disease conditions.

Diseases patterns also change, with the emergence and re-emergence of diseases. Clinical officers play a pivotal role in the management of those conditions. When there was outbreak of *Ebola* in West Africa, Kenya sent a medical team, most of whom were clinical officers. They played an important role in the control. The outbreak of Avian Flu in Uganda as a result of migratory birds from Europe is a latter disease outbreak and clinical officers, being the first technical persons to come into contact with such clients, are being sensitised on detection and management.

Non-communicable diseases like diabetes and high blood pressure are also on the increase and require early detection and management at the primary level. Therefore, limiting diseases that clinical officers can manage is unconstitutional and also compromises the health of Kenyans. Doctors with specialties ensure that clinical officers are well mentored during internship before signing them off for registration by COC.

After registration, one is required to apply for a licence from COC, which allows them to practise clinical medicine. This Bill summarises who clinical officers are, going by their training. This Bill seeks to create the Clinical Officers Council, although there is one already in existence. But we are repealing so that it conforms to the Protocol. We have the guidelines on the nomination of the people to that council.

I do not want to belabour on that because it is self-explanatory. The council is supposed to undertake a number of functions. Among them is to advise the Government on policy matters relating to clinical medicine practice. They are also supposed to prescribe the minimum entry requirement for persons wishing to train as clinical officers, to approve institutions other than those established or accredited under the Universities Act 2012 for training of clinical officers, to register and license clinical officers for the purpose of this Act, to promote development and adoption of codes of practice to regulate the professional conduct and ensure maintenance and improvement of standards of practice of clinical medicine to collaborate with other professional associations and other relevant bodies in furtherance of the functions of the clinical council. This particular Bill also prescribes the powers of the council so that it cannot go overboard and states what they are supposed to do. One of its powers is to control, supervise and administer the assets of the council in such a manner that best promotes the efficient, effective and ethical use of such assets.

This Bill also prescribes the conduct of business and affairs of the council, remuneration of council members, the staff of the council and co-operation with other organizations. Part III of this Bill is on approved training institutions which clinical officers are supposed to attend. Clause 14 is on the powers to enter and inspect the institutions which offer clinical medicine. There is also the appointment of a registrar to keep a register, deal with issues of registration and its effect, among other things.

The council is also supposed to recruit a Chief Executive Officer (CEO) through a very competitive process. After this Bill is passed, I know that cadre of medicine will get better services. Part IV of this Bill is on provisions relating to private practice. We have clinical officers who have been trained and most of them work in public institutions, both in the national Government and county governments. There are also clinical officers in private practice. We have the qualifications for private practice prescribed for a clinical officer to offer services to the general public. They are there in black and white. They say no person shall engage in private

practice as a clinical officer unless such a person is registered and has practised for a prescribed period and holds a valid practising licence. If this Bill is passed by Parliament, I know Kenyans who seek medical services from that cadre of medicine and they will get better services.

Part V is on the establishment of the disciplinary committee. I know we have officers who are doing a very wonderful job. They have been mentored well and are offering services to the public. We may also have a few who probably engage in malpractices and when caught, they are supposed to appear before the disciplinary committee. The composition of the committee is prescribed to include the chairman of the Kenya Clinical Officers Association, who shall be the chairman of the committee, the Principal Secretary in the Ministry of Health or a designated representative, two clinical officers not being members of the Council, the Attorney-General or a designated representative among, others. I know clinical officers who misbehave or do illegal things will face this team and services offered to patients will improve.

We also have prescribed disciplinary powers of the committee so that it does not go overboard. Clinical officers who make mistakes and deem not to have received justice will have somewhere else to go. That is why the powers of the committee are prescribed. We also have financial provisions and they will improve things. In the First Schedule, there is provision for business and affairs of the council and vacation of office by members. The establishment of committees of the council and sub-committees is prescribed and their membership.

In the Third Reading, we intend to move some amendments because there are some clauses which are faulty such as the ailments which a clinical officer licensed to engage in private practice is permitted to treat. We are in concurrence with the Ministry that medicine and the world is changing. For the conditions which clinical officers are supposed to treat to be indicated here is very offensive because diseases are changing. Several years back, we used to have conditions which were very different from today's conditions. For example, we have the emergence of Human Immuno-deficiency Virus/Acquired Immuno-deficiency Syndrome (HIV/AIDS). I know the Ministry of Health usually produces a cut-line almost quarterly or yearly and they will sit with the council to prescribe what clinical officers are supposed to treat. In the Third Reading, we will come up with some amendments and probably get rid of these offensive clauses.

The Fourth Schedule is on drugs and equipments for which prescriptions may be issued by a clinical officer. Diseases and drugs are changing. For example, chloroquine used to treat malaria in a very short time, but it has become obsolete. We have several other generations of drugs and now there is a new drug for treating malaria. I know in the Third Reading, the offensive clauses in the Fourth Schedule indicating drugs which clinical officers are supposed to prescribe will be deleted. This will allow the Clinical Officers Council, in consultation with the Ministry of Health, to come up with ways of improving service delivery to Kenyans.

The Fifth Schedule is on the physical facilities for a private clinic and I do not know how it came about. It indicates the rooms which clinical officers are supposed to operate in. I know in the Third Reading we will amend this so as to allow clinical officers not to work on mats as shown here and practise in good facilities. The same applies with the Sixth Schedule. In the Third Reading, we will amend it so that we can allow clinical officers to treat diseases that are there today. A list is indicated there which shows which diseases clinical officers are supposed to treat. They are cholera, typhoid, fever, *et cetera*. As I had said earlier, most of these diseases have changed and we have HIV/AIDS. When you go to any out-patient clinic anywhere in the country, clinical officers are treating patients with HIV/AIDS and they are the ones who come

into first contact with those patients. That disease is not captured here. Some of the conditions like diabetes and hypertension are complicated.

Hon. Temporary Deputy Speaker, when you go back home, you must have realised that Kenyans are dying of very simple diseases like diabetes and hypertension. Some of those diseases have drugs to combat them. If they are prescribed properly, and if patients get good health education, most of those deaths can be avoided. I know that with the enactment and passage of this particular Bill, Kenyans will get quality services. Within a very short time, if we allow all this, most of the unnecessary deaths and complications that we see, for example, paralysis because of hypertension and kidney failure because of diabetes--- If we treat diabetes well, we will not discuss issues of the kidney. If we treat hypertension well, we will not discuss issues of paralysis.

With those many remarks, I beg to move and kindly ask my brother, Michael Onyura, the Member of Parliament for Butula, to second.

Hon. Onyura: Thank you very much, Hon. Temporary Deputy Speaker. I rise to second this Bill and do so quite happily because it is good. I thank Hon. Sang for moving it and doing a good job of it.

As we all know, clinical officers play a very important role in our hospitals and in the medical or health services sector. They have done so for a long time and I am sure they will continue to do so. It is only right that we legislate and come up with laws and frameworks in which their work can be done even better and they can improve. One thing I know about this Bill and similar Bills is that they are out to ensure that professional standards and professionalism is upheld and promoted to the highest standards possible. Going through the Bill, I see that, that will be achieved.

Again, I have noted from the historical sheet that I was going through that clinical officers have come a long way, starting from the early 1920s when the first ones were trained and were then known as medical assistants or clinical assistants. They went through the stage of being higher national diploma holders and we have now moved to the stage where clinical officers are trained in universities and given degrees, namely, a Bachelor of Science (BSc) Degree in Clinical Medicine, starting with Mt. Kenya University and it has now moved to other universities as well. I am sure that this Bill has come in at the appropriate time to ensure that the journey that our clinical officers started and are currently on is recognised and is fruitful and beneficial to this country.

The Bill addresses many issues of regulation, training, registration and licensing. This is a good thing so that things are clear. Who is a clinical officer and how do they get onto the register? How do they maintain themselves on that register as they work? Perhaps, those are areas that were not very clear in the past. The new Bill will clarify and assist in operation. Again, it is better that it comes in at this time because we have all witnessed emerging trends and good practices globally and it is only fair that we repeal the older Bill and come up with a Bill that is more modern and that also embraces all the good emerging trends and practices universally. It is quite timely.

Also, this is an area that can be very easily infiltrated by quacks. We should have a good Bill that takes care of the risk of quacks getting into the mainstream and offering services which could be very risky and dangerous to the public. Through registration, monitoring and disciplinary systems, they are picked up quickly and weeded out. Out there, particularly in the rural areas, the ordinary *mwananchi* can hardly distinguish between a trained clinical officer and a healthcare agent. Somebody who happens to put on a white coat and a stethoscope is assumed

to be a doctor. We need to provide this sort of framework, organisation and system so that clinical officers can supervise and oversee themselves to make sure that we do not get quacks coming in.

The issue of the disciplinary committee is very well put in the Bill. It will ensure that proper professional conduct is maintained; guidelines are given and standards and ethics are also maintained. Also, the representation of the board is quite clear there. Looking at the comments, it also seeks to ensure that representation of minorities and the gender rule is properly observed. The Bill talks about training as well, which is quite timely because, at the moment, there is widespread establishment of medical training centres. We now have medical training centres in nearly every county and it is now moving into sub-counties. It is important that we have a framework in which this is regulated and can be inspected to ensure that the right standards and procedures in terms of who can teach there and who qualify to be recruited as students is followed and achieved. The spirit of all this is to ensure that Kenyans get proper and top class services in our healthcare. The Constitution provides that healthcare and medical attention are a constitutional right for every Kenyan. Anything that we can do to strengthen that sector will be welcome.

Another area that this Bill deals with very well and very timely is the issue of private practice. I know that with time, and as the population of clinical officers keeps increasing, more and more of those officers will wish to go into private practice. It is important that when they are in private practice, there is control, oversight, proper management and procedures. That is another avenue that can very easily be infiltrated by bad elements, quacks and the like. The part on private practice is very welcome and useful in this Bill. Even as we provide for that in this Bill, I hope that those who employ clinical officers, particularly in the Government and the private sector, will develop, motivate them and make sure that they stay in the country so that we do not have a large turnover.

Finally, this is coming at a time when our medical services are really in a coma. What is happening with the doctors is very regrettable indeed. We call upon the parties that are concerned to ensure that the crisis is resolved speedily. If there are people to be arrested, both sides should go to jail.

With those remarks, I beg to second this Bill.

Thank you.

(Question proposed)

The Temporary Deputy Speaker (Hon. Omulele): I will give the first opportunity on this to Hon. Abdul Dawood, the Member for North Imenti.

Hon. Dawood: Thank you, Hon. Temporary Deputy Speaker. First of all, I congratulate my friend and brother, Hon. Sang for bringing the Clinical Officers (Training, Registration and Licensing) Bill to this House. It is very timely.

Since I was born, I have talked to a few people whom I call doctors, but it is only recently when I found out that they were clinical officers. They have been performing very well. I would not have known that they were clinical officers until they were introduced the other day in a meeting. I have in mind Samuel Njeru who does many eye operations. I call him an eye surgeon. He is now a lecturer.

He has been a clinical officer for, I think, more than 20 or 30 years. Every week when we have a function in Meru for eye patients, he does more than 100 trachoma and cataract

operations. He does much more than what even an eye doctor would do. There is also Mr. Festus Riungu who used to check my eyes, but he is not a doctor. He is a clinical officer. We thought that clinical officers were not really important. Some of them are treating patients now that the doctors' strike is going on. They are making people move forward.

There is the Board that Hon. Sang has mentioned, but as we are aware, the health function is devolved. He would have added one member from the County Executive Committees (CECs) to the Board. Maybe he ignored it or did not want to have them there.

There is also the clinic and medical centre. Hon. Sang has defined a clinic, but there are some definitions we do not understand. A medical centre should do much more than a clinic. Why would we ignore the fact that diagnosis and dental treatment can be done in a medical centre?

On the quorum of seven out of 10 members, we need to see how we can reduce that because many times, we may not get a quorum for the Council to transact business. We probably need to have two-thirds of the members and not seven.

The Bill proposes that a clinical officer who wants to do private practice has to keep his clinic open for eight hours or more in a day. That is very inhibitive. It should be removed completely because there is no way a clinical officer can sit in his clinic for eight hours in a day. He may be needed outside or may be visiting patients outside his clinic. So, that provision needs to be removed completely.

There is also another provision in the Bill to the effect that a clinical officer can only treat diseases listed in the third, fourth, fifth and sixth schedules where the Council makes recommendations. A clinical officer who has served for 10 years and has been proven that he can do the work which has been specified in the third, fourth, fifth and sixth schedules should be allowed to treat each and every disease listed there. If we have it that they cannot treat other diseases, what will happen in the rural areas where we do not have doctors but clinical officers? So, do we allow people to suffer because there is no doctor there? If a clinical officer who can treat a disease is not allowed in law, he would not want to be jailed. Hon. Sang can have a look at that.

There are disciplinary cases where the Council will have power to renew or remove someone from the register. Before they do that, they should give the people charged a chance to defend themselves. There is nothing like that in this Bill. They should be given a chance to defend themselves. This goes a long way in training.

We need, as a country, to look at how we are going to facilitate the Kenya Medical Training Colleges (KMTCs). We have not allocated them enough money. We have a shortage of places in the colleges, and in many places we do not even have a KMTC. So, I would like to see the Government increasing funding to the KMTCs so that we get more students to be enrolled so that we can have more clinical officers graduating to treat our people.

As you know, it takes a long time to train a doctor. A doctor takes about seven to eight years to be trained whereas a clinical officer takes between three to four years. So, we need to allocate more money to KMTCs so that we can have more clinical officers. The doctor to patient ratio in this country is very low unlike in other countries. I believe we want to be a middle income country where the patient to doctor ratio should be much lower.

I agree with what we are talking about concerning private practice. We should license clinicians. This will ensure that people are aware that when they go to a clinic or a medical centre which is not manned by a doctor, the clinician there is trained and is a holder of credible certificate. The certificate should show that the person has been trained and is authorised to

provide the medical services sought after. Those are the few changes which I will be speaking to my friend and brother, whom I resemble. He is brownish like me. We will talk and we will probably sort out those few things out.

Lastly, we need, as a country, to think about how we can finish the doctors' strike. We need our doctors in hospital; we do not need our doctors in jails. We need to come down as a Government, KMA, and the doctors' union so that our people do not suffer. I wish we can get those prayers answered and the suffering of our people is alleviated.

Thank you. I congratulate my brother again.

The Temporary Deputy Speaker (Hon. Omulele): Very well. I have heard you speak to the issue of disciplinary course in the proposed law. It is provided that those who will face the disciplinary board will be allowed to defend themselves either personally or by advocates. Probably, we could just look at the proposed Section 26(2). I am sure you will clear up with our brother, Sang, on this.

I want to give this opportunity to Hon. Mwinga Chea, the Member for Kaloleni.

Hon. Chea: Thank you, Hon. Temporary Deputy Speaker for this opportunity. I rise to support the Clinical Officers (Training, Registration and Licensing) Bill, 2016. I equally take this early opportunity to thank and congratulate Hon. Sang with whom we sit in the Departmental Committee on Health for having thought about this Bill which he has brought to this august House for debate.

As we are all aware, we passed the Constitution on 27th August, 2010. We have always referred to it as the new constitutional dispensation. This is the Constitution in which the question of health has seriously been dealt with. In my opinion, I believe health is a shared function. There are specific functions that have been set out for both the national Government and the county government. The people we represent, under Article 95 of our Constitution, care less on whether health is a function for the national Government or the county governments. They are demanding for services.

I believe this Bill is very important and it has come at an appropriate time. Once we realise that healthcare in this country has been taken for granted, we will also realise that there is nothing much coming from the national Government or county governments. This Bill will probably provide an opportunity to ensure that there is prudent provision of healthcare services to the common *mwananchi*. Most importantly, it will create a conducive environment for the clinical officers to discharge their functions.

As we debate this Bill, I want to proceed and handle probably two or three aspects. The first aspect I want to handle is the question of training of clinical officers. The Mover, Hon. Sang, has indicated that in the Clinical Officers' Website today, we are talking about there being only 19,957 clinical officers. If you compare this number to the population of Kenya of over 40 million people, you will realise that this is a drop in the ocean. If that is the case, we desire to have a council, under Clause 3 whose functions are given under Clause 5 that will take seriously the question of training.

If you look at Clause 5, you will find that the Council has been given a number of functions. If you read clauses 5 and 13, you will also realise that for any training institution to be established, there is need for it to be approved. It is the core function of the Council to do that job. This is paramount because we live at a time when almost everybody is doing business. You will realise anybody can wake up one morning and decide to put up a facility and purport to train clinical officers. We will have a Council that will have to approve any institution that desires to offer training in this particular field. This is a very progressive idea. The Council has been given

powers to conduct impromptu visits to these facilities to be sure that there is a proper environment and infrastructure for training.

We also realise that the Council, under Clause 5, is also empowered to ensure that there is a minimum entry in terms of academic requirements. This is very important because we really want to see a situation where graduates enter the profession at more or less an equal level. We do not want to see a situation where one gets a D+ and another gets a C+ and still find himself or herself in the same profession. This will bring conformity and there will be respect amongst the graduates. What is most important is the period after training and graduation as clinical officers.

There is also need for some continuous education in their area of practice. We realise that in the field of medicine, so many things come up. There are very many diseases that come up and at times they appear to be very strange. There is need for the Council to seek funds elsewhere so that it can take its officers for higher training within the country or outside the country so that they can acquire special skills to enable them handle situations that might come up.

I also want to make my contribution on the provisions of Clause 26(2), the one you have just alluded to. It is true that in any profession, there will be people who will go the wrong way. You cannot have a profession where 100 per cent of the people do things right. For that to be handled, there is need for a disciplinary committee. In this particular Bill, it would have been important to consider the question of natural justice.

In this respect, a clinical officer who is suspected to have gone the wrong side, would be given an opportunity to defend himself. Most important, as you have alluded, there will also be an opportunity for him to appear with an advocate. This Bill, in my understanding, goes along way in creating work for our lawyers in the legal practice. It is an important Bill for that matter and Members should rise to the occasion and support it.

Thank you.

The Temporary Deputy Speaker (Hon. Omulele): Very well. Hon. Sang must be listening. He said that these diseases are forever mutating. The quest for re-training and continuous training of the officers under this cadre will be important. It is a noteworthy submission.

We shall now have Hon. Ali Rasso, the Member for Saku.

Hon. Dido: Thank you very much, Hon. Temporary Deputy Speaker. I rise to support this Bill. I support it on the basis that the first line of medics we find in our rural areas are clinical officers. Indeed, 95 per cent of our patients in this country, other than, maybe, those who attend private hospitals, are attended to by clinical officers. There are Kenyans who since they were born have never met a doctor but have always been attended to by clinical officers.

Hon. Temporary Deputy Speaker, reading this Bill, I see a line of courage and fear: Courage in the sense that the first clinical officers at diploma level were trained in 1969 and graduate clinical officers were first trained in 2009. It is a whopping 40 years that a cadre of medics offering such tremendous services to our people has failed to be recognised. I see fear in the sense that the drafters of this Bill want to tell us that clinical officers are neither doctors nor nurses. There is a lot of cautionary attempt in this Bill. We are here to make good laws, not pedestrian laws that can slip through our fingers. Any offensive clause in this Bill must be expunged.

This Bill attempts to frame the horizon that a clinical officer must practise to even prescribe equipment available to a clinical officer. If we allow that to happen, we will not be doing our duties in legislating for this country.

Hon. Temporary Deputy Speaker, in this country, the KMTCs have been at the heart of what should be a healthy Kenya. If we must make Kenya a healthy nation, then we must invest in KMTCs, and not just churn out young graduates in the name of nurses, clinical officers and medical practitioners.

I want to congratulate the Mover of this Bill because for a long time, there has been fear of recognising and identifying clinical officers. This Bill affirms that clinical officers must be recognised and given their space in the field of medical practitioners in Kenya. People recognised for providing medical services in this country are doctors and nurses but it is the clinical officers that provide valuable services in most of our hospitals.

There are good sections within this Bill that must be reinforced, particularly the area of discipline that you alluded to. More often than not, medical practitioners get away with crimes that border on their profession. It is important to have an enforceable part of those who can instil discipline within this profession.

Secondly, the private health enterprise is so lucrative that anyone can open a clinic on any street without being interrogated to assess their abilities and ascertain whether due diligence has been done. This Bill points out that individuals will only go into private practice after two years of working under their seniors.

We need to look at the training of clinical officers as doctors. Ninety per cent of clinical officers' training is what doctors do in a five year stretch training at the schools of medicine. This Bill must point out that clinical officers, through vigorous examination, must be allowed to enrol at the schools of medicine if they are fit. Funds for their training must come from the Government.

In Kenya, one doctor attends to over 4,000 patients. If we recruit clinical officers with the right grades from KMTCs, it will be very easy to progress them to do medicine. They are likely to take a shorter time. That way, our hospitals will be manned by properly trained doctors.

With those few remarks, I beg to support.

The Temporary Deputy Speaker (Hon. Omulele): Let us have the Member for Likuyani, Hon. (Dr.) Kibunguchy.

Hon. (Dr.) Kibunguchy: Thank you, Hon. Temporary Deputy Speaker. Before I support this Bill, it is my pleasure to announce that the Court of Appeal has released the officials of the Kenya Medical Practitioners and Dentists' Union (KMPDU). I will talk about that later. That crisis is now behind us.

I rise to support this Bill because it brings order in the clinical officer's practice and training. As it has been alluded to, we have many institutions training clinical officers. Some private universities have gone further to offer Bachelor of Science in Clinical Medicine. We must have a law that will assist us in regulating the training to make sure that these institutions are proper and have been certified to be okay to train clinical officers.

I support this Bill because it looks at things in a restrictive way. It closets clinical officers to deal with certain diseases. The paramedics are given certain medicines to work with. This Bill appreciates that there are many changes in disease patterns and treatment protocols. A clinical officer has been given a free hand to adapt to the changes as they come. We now have diseases that we never imagined of when we were training as doctors. We now have diseases that are occupying our minds day in, day out. When I was training as a medical doctor, we did not have a disease called HIV/AIDS but now we have and it is a reality with us. Diseases like *Ebola*, Dengue Fever and others were not there then but they are now a reality. Therefore, this Bill tries

to look at all those things and obviously, you cannot have a profession that is not regulated. That is what this Bill is trying to do. I just want to add two things.

The institution that trains most clinical officers in this country is the Kenya Medical Training College (KMTC). At the moment, the KMTC has expanded fairly well and I commend the Board that runs it. However, as a Government and as a country, I think we are not funding KMTC adequately. That is an area that we really need to look into so that KMTC can expand to every corner of this country.

Now that we know that 70 to 80 per cent of health is devolved and we have a terrible trend in this country where there is a bit of discrimination when it comes to employing medical workers, I think it will be prudent to give enough money to the KMTC in our areas for us to train our health workers.

Finally, I want to touch on what is happening in the health sector in the country at the moment. The sad thing is that we, as a country, could allow our doctors to stay in jail for two days. I think it is a big indictment on this Government and I want to say that, that should never have been allowed to happen. Fortunately, now it has. What we are ending up doing is we are radicalising doctors and other medical staff. This is because all the health workers in this country are all restless. Clinical officers and nurses are restless and as a country, we must look at our priorities and see what we need to do.

I want to propose one thing and I hope that when we bring up this Bill in future, all my colleagues will support it. In my view, I think it was wrong to devolve health, especially the human resource aspect. As a country, we have tested it. Now you can hear all the noise out there. Instead of doctors and other health workers treating our people, they are out in the streets. I think it was wrong to devolve the health function, especially the human aspect. As a country, we must look at it and see how we can reverse it.

Secondly, when we look at health services in this country, I think our priority is wrong again. We seem to think about the high end things and forget the basics. What am I talking about? We have this monster in our country called “leasing of medical equipment”. Every year we are allocating this programme Kshs4.5 billion with the aim that we have two hospitals in every county with high end equipment. We have walked around and I can say without any fear of contradiction that, that is corruption at its core. Why am I saying that? This is because as we look at the supplementary estimate for this financial year, we allocated that programme Kshs4.5 billion. This is the case and yet the other day, the Ministry brought us a supplementary budget of Kshs5.1 billion. Every year, this Parliament has faithfully been allocating that programme money and yet they now they want Kshs5.1 billion in the supplementary budget. I will say this without any fear of contradiction that, that is corruption and as a member of the Departmental Committee on Health, I stand and say that I will never append my signature to that because that is corruption.

Thirdly, we have a Cabinet Secretary in the Ministry of Health who looks very timid. It is like he is being intimidated to a level where even his voice does not come out. The other day he was in the Senate where he accused his Principal Secretary of insubordination.

I want to say this to Dr. Mailu who is a colleague. If he cannot work with this Government, then let him be man enough to resign. If not, I will ask the appointing authority to either move him somewhere else or even fire him altogether. You cannot come and say “my juniors” and yet you are the head of that Ministry. So, I am telling him; let him not mar his name. He is a good doctor. He was the Chief Executive Officer (CEO) of Nairobi Hospital and he did

well. If he has entered into a system where people cannot respect seniority, then let him step down.

With those remarks, I support this Bill.

The Temporary Deputy Speaker (Hon. Omulele): Let us have the Member for Igembe Central.

Hon. Kubai Iringo: Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to contribute to this Bill. First and foremost, let me thank my colleague, Hon. Sang, for having thought about it and brought it to this House. I also thank the members who have talked before me because they have been supporting the Bill. I have also stood up to support the same.

Clinical officers are known to be the call of our medical practitioners. They are known deep in the villages. Many people do not know they are called clinical officers. They call them doctors in the villages and out there. A clinical officer is the backbone of any medical institution because the bulk of the patients who pass by their medical desks are more than those who end up to the doctor. The doctor will just get the minimum or the most complicated cases or those which need to be referred to the doctor. You will find that in a medical institution where there is a doctor and many clinical officers, all the credit and other benefits or praises go to the doctors who rarely see these patients. They refer them to the clinical officers who have experience. Therefore, bringing in a body which is going to regulate and look into the affairs of clinical officers and also regulate their functions is a noble idea and that is why I thank my colleague, Hon. Sang.

This body will also give them teeth to do their practice better. Clinical officers know almost all diseases. They know many of them, especially those affecting the people in the tropics. They have the experience because the turnover of patients in their clinics is more than those who reach the doctors, as I have already said. Before a patient goes to see a doctor, having been prepared by a nurse or having been booked in, it will be the turn of clinical officers to go through that patient. Most patients end up being treated and leaving at that level before they go to the other level of doctors.

This body will be charged with overseeing not only the training, but also the practising of the clinical officers. The composition of this body and the Council must have people of integrity. I can see the Bill has put in place the qualifications for those people who need to be in that body, especially those in the medical practice. I would also urge that this body should have a timeframe. This is for Hon. Sang to look at as we go to the Committee of the whole House. The body should be given a timeframe of existence. It should not be permanent. It should also not exist for a long time neither should it exist for a short time. There should be a timeframe so that we can be changing the leadership of the Council so that at the end of the day we do not stagnate but bring in new blood that will come with new ideas.

The function of this body will be to get rid of quacks. Out there, there are many people who do this job. I heard of an instance where a cleaner in a local dispensary in my place, who worked as a cleaner for very many years got so versed with the duties of a clinical officer that the clinical officer could let him do duties such as administering injections to children. These people are sometimes very dangerous. Sometime back we had a case where some children were injected by a quack and some of them got paralysed.

This body should, therefore, vet critically the medical practitioners especially the clinical officers and those who have been trained outside our country. Some of those who have been trained outside the country come with certificates and purport that they are well trained. Once

they are given the job, they mess around and do not do the correct thing. They should, therefore, be vetted properly and an in-house examination administered to determine whether they are qualified for the job. This will get rid of quacks and save us the fear of getting somebody being treated by an unqualified medical practitioner.

On the issue of inspection of premises, if you go to the countryside, you will find that clinics have been opened somewhere. The conditions of those clinics are filthy and do not qualify to be clinics. This is the case and yet you will find someone there with some small bottles of medicine and some syringes. You will be told that, that is a hospital. That is very dangerous and we cannot compromise the health of the sick. If you are sick and you go to a place where health conditions are compromised, you might develop another disease worse than what took you to the hospital. So, the inspection of the premises to verify the cleanliness and the standards will be the work of the Council. Once it is prudently done, it will be to the benefit of the patients.

There is another issue of double practice which is very common in this country and it has been put clearly in this Bill. This might not augur well with the clinical officers out there. There is a clinical officer who is employed by a certain county government in a Level 5 or 4 hospital, but in a market nearby he or she has a private clinic. When one has divided loyalties, it becomes very difficult to work professionally. That is why I agree with this Bill that if you are employed by the Government, stick there. If you have your own clinic, be registered, get the correct documents and qualifications. But if during working hours you are at your place of employment and in the evening or lunch hour you are in your clinic, you will compromise the two and you might not be effective in one area. You will either be effective at your place of employment or in your own practice. I find this important despite the fact that there may be hullabaloo out there because most of the medical practitioners have these clinics but it is important to do one thing at a time. That is when you do things professionally.

Most of these clinical officers come from KMTC. The KMTC are not well equipped, particularly those in smaller towns in this country. We need more funding for these important institutions. We need more clinical officers than doctors. Some of the communicable diseases we have end at that level. Let us get proper facilities for the training of these very important members of our society.

The clinical officers also need continuous retraining. As it has been said before, new diseases emerge every other day. Some of them are so complicated that they can beat the reasoning of many doctors, such as *Ebola*, HIV/AIDS and others. The other one is the chicken virus which is killing many people in Rwanda. Most of these clinical officers have practised for about 30 years, but they have been in one station. If they are properly trained in proper institutions, we will have properly trained medical practitioners.

Finally, I would like to add my voice to the doctors' strike. I would like to request all stakeholders to sit and end this problem that is bedeviling this country. I am happy the doctors have been released. I am begging the doctors to tone down and request the Government to listen to them so that they can find a middle ground and solve this problem that has been there for the last two months.

With those few remarks, I support.

The Temporary Deputy Speaker (Hon. Omulele): Yes, Hon. Ababu Namwamba.

Hon. Ababu: Thank you, Hon. Temporary Deputy Speaker. I would like to add my voice in support of the Clinical Officers (Training, Registration and Licensing) Bill, Bill No.27 of 2016. I will start by saying that we have had a tendency in this country over the last 20 or so years, where our training culture has led to what I call the missing needle. We have been

obsessed with putting a lot of emphasis on the top echelons of most of the professions to an extent that you want to train and put a lot of emphasis on engineers without paying attention to the technicians that do the nuts and bolts of work that really keep the wheel of our economy running. You want to focus a lot of attention on doctors and forget that a considerable percentage, if not the greater percentage of medical services across this country, rest in the hands of clinicians. Therefore, to have a law which specifically seeks to streamline and harmonise the environment in which clinicians operate is progressive and is certainly one that must be commended.

Before I contribute to this Bill, let me first of all commend the Court of Appeal for what it did earlier this morning. We know that the course of justice is supposed to advance justice and not to inhibit justice or to interfere with the best public interest. So, the decision of the Court of Appeal to decide that the leaders of the doctors union be released *pronto* and to also require the negotiations between the union and the employer commence immediately is progressive. That is a progressive judicial decision.

Whereas I am a respecter of the rule of law and that at the heart of respect for the rule of law is to respect judicial decisions and pronouncements, I found it absolutely negative for the High Court to have decided to send the leaders of the union to jail. Of course, I say that aware that this was done in the context of contempt of court and we all have to respect decisions of the court. At the same time, courts handling a matter such as this should be part of the solution and not join the side of the problem. This is a matter which has very many facets. Sending a couple of doctors to jail for one month, in my humble view, does not by any stretch of imagination, offer a solution to this protracted problem.

So, I congratulate the Court of Appeal. I hope all the sides in this controversy will get the opportunity or a window presented by this ruling to resolve this matter once and for all. This, of course, goes to the Government. The Government needs to really pay serious attention to this; the Cabinet Secretary (CS) Mailu and the Principal Secretary (PS) Muraguri. I have had the privilege to serve as a Cabinet Minister in this country. When you are a minister, you must execute the authority of your office effectively; the full authority of your office. From where I am seated, I am not seeing that in the person of Mr. Mailu as a CS for Health. I am not seeing the same in the person of Mr. Muraguri who is the PS. They are not offering leadership. They are also not offering direction. They are engaging in cat and mouse games that will not give us a solution. It is at this point that you want to see the Chief Executive Officer (CEO) of this Republic, His Excellency the President, demonstrate leadership. At the end of the day, the buck stops with the President. We know that the primary responsibility of any president or government is to protect the lives of the people. Mr President, *kazi kwako*.

Hon. Temporary Deputy Speaker, this law will help us to a large extent. It will provide a proper arena or environment for officers who, as far as provision of health services is concerned, carry about 90 per cent of the burden. If you walk to any health institution in this country anywhere, be they small and tiny dispensaries in the villages or bigger institutions like the Nairobi Hospital and the Aga Khan University Hospital, you will land in the hands of clinicians. These are the people who are going to handle you; these are the people who are going to offer most of the services that you require in these institutions. These are people who need to be properly trained. Training is key.

I am glad this law will streamline the issue of training. I really want to commend the KMTC. They have done a good job in expanding training opportunities for medical officers. But, you want to make sure that we retain very high standards in the training of clinicians, with new

trends. As my brother Kibunguchy says, 20 or 30 years ago, HIV/AIDS was not a major challenge. It is now a key challenge. New and more complicated health challenges continue to emerge every so often. So, you want to ensure that training of medical officers is in tandem or is in sync with these new developments.

Registration and licensing is a key area. There are way too many quacks masquerading as clinicians and doctors in this country. We have had a fair share of incidences where lives have been put at risk. A case has been mentioned by a Member here a few minutes ago of a group of 27 young people, in my home county of Busia from a little village called Akichelesit in the Teso region of Busia County. The 27 young people have been paralysed to date because of some mysterious injection administered by people that masqueraded as clinicians, medical officers or practitioners. It has completely ruined the lives of these people forever. We have seen clinics operated by persons who have absolutely no training. They should not be anywhere near even a simple thing like a syringe let alone more complicated medical procedures. It is important that this law streamlines the whole issue of registration and licensing.

As we move to harmonise such areas of healthcare, may we also be bold enough. I want to hope that a great majority of Members of this House, the 11th Parliament, will make it back to this House after 8th August, 2017 as Members of the 12th House. Among the issues we must confront head on when we return to this House in September is to revisit the whole framework of healthcare as a devolved function.

We have to revisit this matter legislatively. We have to revisit this matter structurally and, we have to revisit this matter even constitutionally. The manner in which we have devolved this sector has completely ruined the quality, standard and framework of healthcare in this country. It is a matter on which we have to take responsibility as legislators and find a way of streamlining that area. Otherwise, I wish the medical doctors well.

I just wanted to send a message of good will to the medical practitioners, especially their leaders. May we see some white smoke sooner rather than later. May we see resolution to this stalemate that has been with us for way too long so that we can get back to normalcy; so that our health services can go back to normal and doctors can pay attention to the crucial responsibility of saving lives.

I support.

The Temporary Deputy Speaker (Hon. Omulele): Very well. We shall now have Hon. Sunjeev Birdi, the nominated Member.

Hon. (Ms.) Sunjeev: Thank you, Hon. Temporary Deputy Speaker.

From the outset, I support this Bill purely because the principles on which it is based seek to encompass the principles of the Constitution of Kenya 2010. Those principles being gender representation and representation of marginalised groups in appointment into boards. That is the main reason I am standing to support this Bill.

A lot has been said by Members before me, but I would like to put this on record. I have sat here this morning just to get a chance to say that I am standing in defiance. It is in defiance of the fact that there are doctors on strike at the moment and there are people who think that Members of Parliament (MPs) benefit from such activities. It is as if MPs have doctors to go to when those doctors are on the roads; as if we are a special breed of people that can get treated by aliens if we are not treated by the same doctors. I want it to be noted that we and especially me, I am standing here in defiance. I do not wish to speak on this Bill anymore because of the present situation in the country.

I hope this situation sorts itself out very quickly and the people concerned come together, on one table, to sort this matter out as soon as possible, as soon as tomorrow morning or as soon as now.

With those few remarks, as I said, I stand in defiance. Thank you very much.

The Temporary Deputy Speaker (Hon. Omulele): I will give this opportunity to Hon. (Dr.) Susan who has made a special request to say something because she is also a doctor and because of the current situation and the Bill that is before us.

Hon. (Ms.) Musyoka: Thank you, Hon. Temporary Deputy Speaker. I take this opportunity to thank Hon. Sang for this Bill. I support it. What is happening in this country and what was done by Dr. Matiang'i is good for this country as far as education is concerned. When it comes to clinical officers, I think we need regularization and standardisation. The institutions that are working to produce clinical officers must be sound, well-regulated and of good standard. Clinical officers play a very important role in this country. We have seen at this time when doctors have been on strike, they have done their best to keep the patients that they can alive.

On the doctors' strike, as a doctor, I am really disturbed. I feel very sad that it has been more than 70 days and the doctors are still on strike. It is important that, even as we talk about the role clinical officers play, the issue of doctors is resolved immediately. We do not want to know what the CS and PS have issues with. It is important that doctors go back to work. I have lost two very close relatives just because the doctors are on strike.

In Machakos Level 5 Hospital, we have all the equipment. We have good dialysis machines but they cannot work without the doctors. We have all manner of equipment but we need doctors back to work. It does not pay to continue having counter accusations and hard stance.

Putting doctors in jail was something unforgivable. I am glad they are out but that is not enough. It is important that the CS sits down and puts the doctors back to work. Patients cannot wait any longer. We have already done enough injustice in this country and it is important that we see a solution arrived at. Unless we are saying that the Ministry of Health is moribund, we need to see action. Action must be taken now. We do not need to wait for things like referendums. We also do not want to wait for issues of the Constitution. This is like an emergency that has taken too long to be resolved.

Hon. Temporary Deputy Speaker, thank you for giving me a chance to air this. I feel that we have grieved enough as a country. We are in a state that we cannot continue anymore and a solution has to be arrived at immediately. As one of the Members said, the buck stops with the President. So, we appeal, even as we ask for votes and running around asking people to register that we need to address this immediately as an emergency. If possible, we should see our doctors back to work as early as yesterday.

Thank you very much.

The Temporary Deputy Speaker (Hon. Omulele): We shall hear Hon. Mohamed Haji, the Member for Banissa Constituency.

Hon. Mohamed Abdi: Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity.

At the outset, I want to thank my friend, Hon. Sang, for this Bill. It is timely. Clinical officers, as it has been stated by my colleagues, have been the backbone of the health system in this country for many years. However, they have been frustrated for many years. This is because there is no progression in terms of learning and promotion. Somebody qualifies as a clinical officer and remains a clinical officer forever, unlike in other professions where one can continue

studying and progress from, say, a diploma qualification through to PhD level. In this case, there have been hindrances to progression to higher levels of qualification. The people who have been controlling the medical sector have curtailed the progression of clinical officers for many years. In terms of stringent training, one must have attained a mean score of C+ in the Kenya Certificate of Secondary Education, mathematics and sciences as the backbone subjects.

In this country, there is a shortage of doctors. The doctor to patient ratio is very high. What we need to do to address the situation in terms of training, if somebody has had a four-year diploma course, he should be given credit transfer so that he can complete his training as a doctor in a shorter period of time. If we transfer some credits for such persons, like in any other discipline in the country, we will be able to solve the problem that we have.

I have travelled wide. I have experience in the medical system that exists in other countries. For example, if we compare ourselves with Pakistan and India, who at one time were at par with us, we will find that medicine and medical services are very cheap in those countries.

Kenya is one of the most expensive countries in terms of medicine and medical services. This is because there is a shortage of manpower. Our pharmacists have not been enabled to manufacture medicines. They have not been enabled to move into manufacturing. After training and going to the university for between five and six years, they are just like shopkeepers dispensing medicines that have been manufactured elsewhere.

Our doctors and specialist are very few and the demand is very high. Hence, they can charge any amount of money they feel like. That is why we buy medical services very expensively. We troop to India, Pakistan and other countries for cheap medicine. To reduce this travel, I suggest that we allow our 20,000 qualified clinical officers – with at least 10-year field experience – to study medicine. They can be given credit transfers to reduce their period of study.

In terms of training, we have so far done very well. Although there is mushrooming of medical training colleges in all corners of the country, the KMTCs have been doing very well. We want the standards set by the KMTC to be maintained despite the many---

The Temporary Deputy Speaker (Hon. Omulele): The Member for Banissa, you will have five minutes when this debate resumes next time. This Motion has a balance of 50 minutes.

ADJOURNMENT

The Temporary Deputy Speaker (Hon. Omulele): Hon. Members, the time being 1.00 pm, the House stands adjourned until this afternoon, at 2.30 pm.

The House rose at 1.00 pm