

NATIONAL ASSEMBLY

OFFICIAL REPORT

Wednesday, 22nd February, 2017

The House met at 9.30 a.m.

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

PRAYERS

Hon. Deputy Speaker: Hon. Members, we do not have a quorum. Could the Bell be rung?

(The Quorum Bell was rung)

Hon. Deputy Speaker: Can we have an additional five minutes of the Bell?

(The Quorum Bell was rung)

Hon. Members, we can begin transacting business.

PETITIONS

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

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

Hon. Gikaria: Thank you, Hon. Deputy Speaker. I just want to make an inquiry. I brought a Petition almost four months ago regarding land belonging to Naka Primary School and 60 days have lapsed. I have been trying to follow up with the Committee with no success. When they visited the school, they promised they would give a report within two weeks.

Hon. Deputy Speaker, maybe you could direct the Committee to do so. We had set aside some money in the National Government Constituencies Development Fund (NG-CDF) to construct that school, but without the verdict, we cannot move on. Now we need to reallocate that money to other issues yet the school is in dire need of development.

Hon. Deputy Speaker: Do we have the Chairperson of the Departmental Committee on Lands or his representative?

Hon. Kihagi: Thank you, Hon. Deputy Speaker. Indeed, it is true that Hon. Gikaria brought a Petition regarding Naka Primary School in Nakuru. The Committee visited the school last year and heard the public. The Committee has been trying to meet the Cabinet Secretary for Lands and the National Land Commission (NLC), but because of other commitments, this has not happened. The Committee has arranged for a one day retreat with the CS for Lands on 27th February, 2017, which will be on Monday, next week. We realised it was not possible to meet

the CS and a lot of issues were delaying. So, we believe that from Monday, we should be ready to write a report and submit it to the House.

Hon. Deputy Speaker: I hope you can hold on. You have held on for some time. You have talked of a school that is in need of serious development, but I am sure you understand land issues normally take a while. So, you should give them the opportunity to meet the CS and after that present the report and their recommendations to the House.

Could Hon. Members, please, settle down first so that, at least, you can complete Order No.8 before you proceed to Committee meetings or other engagements? Hon. Gikaria, let us not have this matter again. I think you can prosecute it.

Move to the next Order.

STATEMENTS

Hon. Gikaria: Hon. Deputy Speaker---

Hon. Deputy Speaker: A different matter on petitions? We have already moved from that Order. Just bring it under Statements. You continue first. We are on Statements now, Hon. Gikaria.

Hon. Gikaria: Again, Hon. Deputy Speaker, I need your guidance for us to clear with this. The other day, the Chair of the NG-CDF Committee said that the Kshs10 billion which was reallocated to the Ministry of Education, Science and Technology was supposed to be taken to various schools for purposes of development of laboratories. By the way, we had been guided by the Ministry of Education, Science and Technology.

Six of us had opportunity to visit the Ministry and we were told to see a gentleman called Masese. The money has already been sent to the accounts of the Ministry, but it has taken almost two months for them to disburse it to the respective schools. Some of the schools do not have laboratories, so they have to move to other schools. They do not do laboratory practicals. Matiang'i has done so well, but we would want him to immediately order his officers to disburse the money to the respective primary schools.

The other bit, and this is for the Chair of the NG-CDF Committee, is that they were given only Kshs5.5 billion. The amount that we had given for various schools was Kshs34 million per constituency. That is Kshs10 billion. So, I want to ask the Chair of the Committee on NG-CDF, Hon. Lessonet, to hasten the process of having the money sent to the various schools.

Hon. Deputy Speaker: Thank you, Hon. Gikaria. You can see that it is a matter that concerns every single Member here. The only thing Members, I request you to allow us to prosecute Order Nos.8 and 9. This is a very important issue which concerns all of us and everybody is very interested. I can see the numbers here. The only problem is that Members are already going for other engagements and we would not have done much if we are not able to complete even the two Orders. I do not know if the Chairman of the Committee on NG-CDF is here because this is a matter that he needs to clarify.

Are you a Member of the Committee on NG-CDF?

Hon. Njenga: Hon. Deputy Speaker, this matter was brought to the Budget and Appropriations Committee last Thursday where the Chairman of the Committee on NG-CDF sits. We are seized of the matter. The money has been sent to the Ministry of Education, Science and Technology. The amounts, we have been promised, will be disbursed to the respective schools as soon as possible. We are waiting for some amount of money totalling Kshs5 billion that requires that we pass the Supplementary Budget before the release. So, the Committee is

seized of the matter and the process is underway, awaiting the passage of the Supplementary Budget.

Hon. Deputy Speaker: Okay. That should then settle that matter. It is again up to us to finish the process of the Supplementary Budget, so that the disbursements can take place. Let us not go any further on that, Members. I think that is an encompassing response to that matter. I do not want to entertain any points of order on this because of the situation that I have just explained to you. So, can we move to the next Order, Members?

BILL

Second Reading

THE LIVESTOCK AND LIVESTOCK PRODUCTS DEVELOPMENT AND MARKETING BILL

(Hon. Abdinoor on 8.2.2017)

(Debate concluded on 15.2.2017 – Morning Sitting)

Hon. Deputy Speaker: Hon. Sabina and the other Member, please, can you settle down, so that we can put the Question?

Hon. Members, this Bill had been sufficiently debated and was left with putting the Question, which I now proceed to do.

(Question put and agreed to)

COMMITTEE OF THE WHOLE HOUSE

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

IN THE COMMITTEE

*(The Temporary Deputy Chairman
(Hon. Cheboi) took the Chair)*

THE INSTITUTE OF DIRECTORS OF KENYA BILL

The Temporary Deputy Chairman (Hon. Cheboi): Order Members! We are now in the Committee of the whole House to consider the Institute of Directors of Kenya Bill (National Assembly Bill No.30 of 2016). It is a fairly short Bill, so Members can you concentrate so that we can dispense with the Bill quickly?

(Clauses 3, 4, 5 and 6 agreed to)

Clause 7

The Temporary Deputy Chairman (Hon. Cheboi): This clause has an amendment by the Member for Ugenya, Hon. Ochieng. Please, go ahead and prosecute it.

Hon. Ochieng: Hon. Temporary Deputy Chairman, I beg to move:

THAT, Clause 7 of the Bill be amended—

(a) in sub-clause (1) by deleting the word “ten” appearing at the beginning of paragraph (b) and substituting therefor the word “eight”;

(b) by inserting the following new sub-clause immediately after sub-clause (1) —

“(1A) In electing members to the Board under subsection (1)(b), members of the Institute shall be guided by the principle of—

(a) one-third gender rule; and,

(b) regional and ethnic diversity.”

As it is, the Bill proposes that the Board be made of 11 members, but we just learnt that the best practice is that the members should be between seven and nine. We are, therefore, reducing the number of members of the Board from 11 to nine by proposing eight members and one Board chairperson.

The Temporary Deputy Chairman (Hon. Cheboi): You have both parts (a) and (b). You did not talk about (d).

Hon. Mulu, what is it?

Hon. Mulu: Thank you, Hon. Temporary Deputy Chairman. Hon. Ochieng is talking about a seven yet I am seeing a ten and an eight. Where is the seven from?

The Temporary Deputy Chairman (Hon. Cheboi): It is Clause 7 in the Bill and on the Order Paper. They are both. Hon. Ochieng, because I have already proposed the Question, I will give you an opportunity to clarify the matter.

Proceed, Hon. Ochieng.

Hon. Ochieng: Hon. Temporary Deputy Chairman, currently, Clause 7 talks about the Board being made up of 11 persons comprising of one chairperson and 10 other members. This amendment seeks to reduce the members from 10 to eight. If you add the chairperson to the eight, it now becomes nine. That is what I meant when I said we are reducing the membership of the Board to nine persons instead of 11. We are proposing to delete the word “ten” in Clause 7(i)(b) and replace it with “eight”, so that there can be eight members and one chairperson. That makes the entire Board membership nine.

Secondly, we are seeking to ensure that the composition of the Board meets the one-third gender rule as well as regional and ethnic diversity requirement. This is what we have introduced.

(Question of the amendment proposed)

The Temporary Deputy Chairman (Hon. Cheboi): Already having proposed the Question, I will give a chance to two more Members to ventilate on the amendment. I assume that Hon. Ochieng was also contributing, but I will still give chance to two more Members a chance starting with the Member for Nakuru, Hon. Gikaria. Do you want to speak to this one?

Hon. Gikaria: Hon. Temporary Deputy Chairman, I support the amendment. Of course, I had an issue with the amendment just as raised by Hon. Makali. However, after Hon. Ochieng

explained, it is true that the composition of the Board should always adhere to the gender parity principle.

The Temporary Deputy Chairman (Hon. Cheboi): Hon. Mulu, the Floor is yours.

Hon. Mulu: Thank you, Hon. Temporary Deputy Chairman. I support the reduction of the membership of the Board from 11 to nine members. The issue of regional balance is also important. I would also have moved an amendment to reduce that number, but Hon. Ochieng has already done that. I remember that some time back, we reviewed membership for all commissions and most of the Members were of the opinion that the membership of this commission should be reduced to a maximum of five members. The idea was to address the issue of having bloated commissions and save public resources so that they can be directed to more needy areas like health, education, among others. However, I support now that Hon. Ochieng has moved the amendment.

*(Question, that the word to be left out be left out,
put and agreed to)*

*(Question, that the word to be inserted in place thereof be inserted,
put and agreed to)*

*(Question, that the words to be inserted be inserted,
put and agreed to)*

(Clause 7 as amended agreed to)

(Clauses 8, 9, 10, 11, 12 and 13 agreed to)

Clause 14

Hon. Ochieng: Hon. Temporary Deputy Chairman, I beg to move:

THAT, Clause 14 of the Bill be amended by deleting the words “upon the advice of the Salaries and Remuneration Commission” appearing immediately after the words “determined by the Board”.

This was a small anomaly. This is a self-regulating body. It will not be drawing money from public coffers. Therefore, the Salaries and Remuneration Commission (SRC) has no business in setting up remunerations for the Chief Executive Officer (CEO). We are just deleting the words “upon the advice of SRC” in terms of approving the salary of the CEO.

That is what I am proposing.

(Question of the amendment proposed)

The Temporary Deputy Chairman (Hon. Cheboi): Let us give the Floor to Hon. Wafula Wamunyinyi.

Hon. Wamunyinyi: Thank you, Hon. Temporary Deputy Chairman. I support the proposed amendment. As you are aware, the SRC, in its activities, has been causing a lot of confusion even for us here in Parliament and other institutions. Doctors and university lecturers are on strike yet the SRC has not been firm enough to even correct the situations.

The Temporary Deputy Chairman (Hon. Cheboi): Let me give the Floor to Hon. Birdi.

Hon. (Ms.) Sunjeev: Thank you, Hon. Temporary Deputy Chairman. I support the proposed amendment.

*(Question, that the words to be left out be left out,
put and agreed to)*

(Clause 14 as amended agreed to)

(Clauses 15, 16 and 17 agreed to)

Clause 18

Hon. Ochieng: Hon. Temporary Deputy Chairman, I beg to move:

THAT, Clause 18 of the Bill be amended by deleting the expression “section 15” and substituting therefor the expression “section 14”.

Clause 18 is just a matter of cross-referencing. It should be with Section 14, which talks of the Director and not 15. I, therefore, propose that we delete Sections 15 and 18 and substitute therefore the expression “Sections 14 and 18”.

(Question of the amendment proposed)

*(Question, that the words to be left out be left out,
put and agreed to)*

*(Question, that the words to be inserted in place thereof be inserted,
put and agreed to)*

(Clause 18 as amended agreed to)

Clauses 19, 20, 21, 22, 23 and 24 agreed to)

Clause 25

Hon. Ochieng: Hon. Temporary Deputy Chairman, I beg to move:

THAT, the Bill be amended by deleting Clause 25 and substituting therefor the following new clause—

Appointments to public entities. 25.(1) Subject to this Act, where a person is appointed to a Board of a public entity, organ, enterprise and corporation, such person shall—

- (a) if not a member of the Institute, make an application for membership and undertake the prescribed training courses within three months of being appointed as a member to such Board; and
- (b) maintain his or her membership to the Institute for the period of such appointment.

(2) A person appointed to a Board by a nominating authority shall

be exempted from the requirements set out under subsection (1).

This amendment was proposed by many Members while contributing to the debate on the Bill. It is about ensuring that members of the public who get appointed to public boards become members of the institute so that they can familiarise themselves with these rules. I am, therefore, proposing that anybody can be appointed to any public board in the country. We will not block your appointment on the basis of where you come from. However, once you get to the Board, we will require you to be a member of the institute. You will be given at least 90 days to go through the required training, so that you become a full-pledged member. We will also require that during the time you are a member of a public board, you maintain your membership with the institute so that you can undergo continuous education that is required so that you can also be subjected to the discipline of the institute.

Finally, for those who are nominated by other bodies, for example, if Parliament nominates a person to sit in a board as required by law, we may not require you to be a member of this Board or to go through that training. That is why we are saying, in Clause 25 that subject to the Act, where a person is appointed to a board of public entity, organ and enterprise, such person, if not a member of the institute shall make an application to be a member of the institute and undertake the prescribed training courses within three months of such appointment. They will be required to maintain the membership of the institute for the period of that appointment only. If a person appointed to such body is nominated by a public body, we will not require him to be a member of the institute or to go through the training.

The Temporary Deputy Chairman (Hon. Cheboi): Maybe, you need to expound further. First, note that you have not defined ‘nominated authority’ in sub clause 2, which is the definition clause. Please, clarify that bit, so that it is clear to the membership and everybody.

Hon. Ochieng: Hon. Temporary Deputy Chairman, in the Dairy Board of Kenya it states that the Agricultural Finance Corporation (AFC) shall nominate a member of its board or a member of that corporation to sit in the Dairy Board of Kenya.

In that case, we do not require the nominee of the AFC to go through what we have just proposed. However, if the member appointed to the Board is from the general public, he is not representing Parliament or any Ministry, he will be required to go through this process. So, if for example, in the Ministry of Finance, the National Treasury or Agriculture, Livestock and Fisheries were to nominate a member of the Board of the Sugar and Crops Authority, we would not require that person to go through this process. This is what we mean by a nominating authority and I stand guided by you.

The Temporary Deputy Chairman (Hon. Cheboi): Unfortunately, I am not able to guide you specifically on this one, but the Chair is fairly lost out somewhere because there is no definition and so it becomes very wide.

It is not up to the Chair to make the decision. It is up to you people.

(Question of the amendment proposed)

I will give the first shot to Hon. Kenta, the Member for Narok North. Unless you are expanding your territory, from my record here, I can see you being stated as a Member for Narok South, which is probably not true, but I do not know if in the last days, you have expanded your territory.

Hon. ole Kenta: Okay. I have not. I think there is a problem because they keep taking me back there. I also support the amendment because there is an issue of incompetence in most

companies and parastatals where people are politically appointed and they do not understand their role.

It is important that they undergo three months' training to ensure that we have competent directors who are not controlled by the management. So, it is a good thing. However, as you also pointed out, sub clause 2 is not clear. What is a nominating authority? It should be defined. This is because any person can be nominated by an authority. So, there is confusion which may need to be rectified.

The Temporary Deputy Chairman (Hon. Cheboi): Okay. I direct that the designation of Hon. Kenta as Member for Narok South be changed to reflect the true status which is Narok North. I will give a chance to Hon. M'eruaki.

Hon. M'uthari: Thank you, Hon. Temporary Deputy Chairman. I support the amendment which is important, especially the provision on training and giving capacity to the members who join the institute. This will help them to become useful as they understand the context, their involvement and roles. Also, maintaining membership for the period when they are in office is a good provision.

I support.

The Temporary Deputy Chairman (Hon. Cheboi): Very well, let me give a chance to Hon. Gikaria.

Hon. Gikaria: Thank you. I start with the second one that Hon. Ochieng has just explained. Assuming a person has been nominated from any Ministry or agency and they might not even be there for a long time due to changes and have to go through the same process yet they have not even worked for three months.

So, I totally agree with what Hon. Ochieng is saying regarding the amendment in sub clause 2. I was lost for the first one, but after Hon. Kenta explained it, it makes sense. I used to sit on the Kenya Pyrethrum Board and they used to just nominate people with no clue about farming or pyrethrum. So, going through a process of learning and training to acquaint yourself with the institution that you are being appointed to will go a long way in assisting Board members to make informed judgement when they are passing resolutions at the Board level.

So, I support.

*(Question, that the words to be left out be left out,
put and agreed to)*

*(Question, that the words to be inserted in place thereof be inserted,
put and agreed to)*

(Clause 25 as amended agreed to)

(Clauses 26, 27, 28, 29, 30, 31, 32, 33, 34, 35 and 36 agreed to)

Clause 37

Hon. Ochieng: Hon. Temporary Deputy Chairman, I beg to move:

THAT, Clause 37 of the Bill be amended by deleting subsection (1) and substituting therefor the following new subsection—

“(1) The members who immediately before the enactment of this Act are members of the Board, shall conduct the first elections to the Board within twelve months after the commencement of this Act.”

I am proposing that we improve what currently appears in Clause 37(1), so that it is clear who will conduct elections. Currently, it just indicates that there will be elections without indicating who will do it.

We are recommending that the members of the Board immediately before the enactment of the Act shall conduct the first elections of the Board within twelve months.

The list of directors already exists, but not through a statute. So, this is to grant further provision so that they can conduct the first transition elections and move to the new dispensation. That is why we are proposing that the current Board is the one to conduct the first elections.

(Question of the amendment proposed)

The Temporary Deputy Chairman (Hon. Cheboi): I will give a chance to the Member for Soin /Sigowet, Hon. Justice Kemei.

Hon. Kemei: Thank you. I support the amendment by Hon. Ochieng. The elections have to be done and institutions cannot have a vacuum. So, I support that former members of the Board conduct elections so that there is continuity.

The Temporary Deputy Chairman (Hon. Cheboi): Very well, let us have Hon. Kisoi Manthi.

Hon. Kisoi: Thank you. The amendment is in order because it clears the ambiguity in Clause 37. It is well explained by Hon. Ochieng because it shall be clear on who is supposed to conduct elections.

The Temporary Deputy Chairman (Hon. Cheboi): Very well.

*(Question, that the words to be left out be left out,
put and agreed to)*

*(Question, that the words to be inserted in place thereof be inserted,
put and agreed to)*

(Clause 37 as amended agreed to)

(Clause 38 agreed to)

(First Schedule agreed to)

(Clause 2 agreed to)

(Title agreed to)

(Clause 1 agreed to)

The Temporary Deputy Chairman (Hon. Cheboi): We are now coming to the end of this. So, let us have the Mover to move reporting.

Hon. Gikaria: On a point of order, Hon. Temporary Deputy Chairman.

The Temporary Deputy Chairman (Hon. Cheboi): What is it Member for Nakuru Town East?

Hon. Gikaria: Hon. Temporary Deputy Chairman, I hope the good people of Nakuru Town East are going to re-elect me back to Parliament for a second term. I just want to understand because I have been a very keen follower of the Third Reading. You put the Question every time even for a clause which does not have amendments. Maybe it is a Parliamentary procedure, but is it necessary?

The Temporary Deputy Chairman (Hon. Cheboi): Every process that is in the Standing Orders and is followed here is actually necessary. That will be explained to you in due course, but believe me, Member for Nakuru Town East, whatever is being done is in good order.

I think what the Member for Nakuru Town East was telling his constituents is that he is not through with learning in this particular House and, therefore, he should be given an opportunity to come and master. The Members who have been in this House, particularly when we are dealing with the Committee of the whole House, will appreciate that Hon. Gikaria has been extremely active. There are many ways of skinning a cat so what Hon. Gikaria has asked is perfectly in order because he has been very active and good at the Committee of the whole House. That I can attest to as one of the persons who have been presiding frequently. Therefore, I believe what he has asked goes to his constituency which is fairly urban and has access to some of the amenities which help Kenyans follow what is happening in the House.

Let us proceed and have the Mover to move reporting.

Hon. Ochieng: I will not comment on that. I want to thank Hon. Gikaria for what he has asked because he speaks on behalf of many of us. As you know, very many of us are leaving this House without understanding the rules.

The Temporary Deputy Chairman (Hon. Cheboi): Well, obviously, I can tell you, Hon. Ochieng, for free, that Hon. Gikaria is not in that group. He is among the very few and knowledgeable ones because he has been very active here. So, proceed.

Hon. Ochieng: I agree.

Hon. Temporary Deputy Chairman, I beg to move that the Committee doth report to the House its consideration of the Institute of Directors of Kenya Bill (National Assembly Bill No.30 of 2016) and its approval thereof with amendments.

The Temporary Deputy Chairman (Hon. Cheboi): Very Well.

(Question proposed)

(Question put and agreed to)

(The House resumed)

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

REPORT

THE INSTITUTE OF DIRECTORS OF KENYA BILL

Hon. Cheboi: Hon. Deputy Speaker, I beg to report that a Committee of the whole House has considered the Institute of Directors of Kenya Bill (National Assembly Bill No.30 of 2016) and approved the same with amendments.

Hon. Ochieng: Hon. Deputy Speaker, I beg to move that the House doth agree with the Committee in the said Report. I also request Hon. Wamunyinyi to second the Motion for agreement with the Report of the Committee of the whole House.

Hon. Wamunyinyi: *(Off microphone)*

Hon. Deputy Speaker: Give him the microphone. We apologise for the problems we are having with technology.

Hon. Wamunyinyi: Hon. Deputy Speaker, I wish to second.

(Question proposed)

Hon. Deputy Speaker: Okay Members. I am just being guided on the new practice. We will leave it at that because of obvious reasons and the process will be completed in the Third Reading when it next comes on the Order Paper.

Next Order!

Second Reading

THE CLINICAL OFFICERS (TRAINING, REGISTRATION AND LICENSING) BILL

(Hon. Sang on 15.2.2017)

(Resumption of Debate interrupted on 15.2.2017 - Morning Sitting)

Hon. Deputy Speaker: Is there any Member who had a balance of time? These Members have not contributed and I can see Hon. ole Kenta is the first on my list. You have not contributed on this Bill.

Hon. ole Kenta: *(Off microphone)*

Hon. Deputy Speaker: Members, it looks like we have some challenges with the equipment. He has not placed a request.

Hon. Njenga: I have the same challenge.

Hon. Deputy Speaker: Even your card is not showing here. Hon. Kigo can use the Dispatch Box because you are the first. Let me read the list, so that you can tell me whether you wish to contribute on this. Hon. David Gikaria, Hon. M'ruaki and Hon. Mohamed Haji, Member for Banissa. I am just confirming that it is not the technology that is the problem. Hon. Rose Mitaru.

Hon. Mohamed Abdi: I have a balance of time.

Hon. Deputy Speaker: Members have just told me there was no one with a balance of time. We have to exchange. Hon. Kigo, you will have to hold on so that the Member for Banissa can complete his contribution. The equipment is now working. Let him finish. Was it a balance of five minutes?

Hon. Mohamed Abdi: Thank you, Hon. Deputy Speaker, for giving me an opportunity again. I want to continue from where I left on the provisions on Clause 22 on the limitation of private practice. The emphasis on this Bill should be on qualifications of a person to be trained as

a clinical officer. When it comes to private practice or even general practice in institutions, no limitations should be put on the member. Once he qualifies and he is registered and licensed, when he is not in his institution or clinic, somebody else who is equally qualified and who can be employed by this person should be allowed to practise in the area.

Hon. Deputy Speaker, the emphasis should be on the training and qualification. In private practice, the limitation that has been placed in this law is that somebody should only practise in a clinic. The sky should be the limit for anybody who is interested in private practice. If a member has financial muscle, he should be allowed to employ any other qualified medical professional to run the institution. He should be allowed to run clinics, nursing homes and even hospitals. There should be no need for somebody to be limited to running a clinic himself and not allow any other person. That law does not make a lot of sense. Therefore, at a later stage, I will propose amendments to that section.

Second is on the Schedules in the Bill. We are trying to limit the type of medicine to be prescribed, equipment to be used and even ailments to be treated by a clinical officer. This is an archaic law that should not be allowed. We need to do away with that. Medicine is a dynamic field. Discoveries are made in medicine, equipment and procedures every day. If we put it in law that a clinical officer should only practise this type of medicine, treat this number of ailments, prescribe this type of medicine and use these procedures and equipment, that will be putting a lot of limitation on this cadre of medical professionals.

In that area, also, the limit should be removed so that whether somebody is in private practice or in general practice working in a Government hospital where he is employed, there should not be any discrimination. The reality is that this person does what he is trained to do. The discoveries that are made every day are supposed to be followed. Limitations should not be placed in his way. We expect the Ministry to provide general guidelines for treatment of chronic ailments and new emerging ailments. Putting those limitations will not be acceptable.

With that, I support the Bill.

Hon. Deputy Speaker: Let us have Hon. Francis Njenga. You said that the machines are working. Is yours still not working?

Hon. Njenga: It has started working, Hon. Deputy Speaker. I stand to support the Bill because I belong to a profession which is controlled and managed by the Institute of Certified Public Accountants of Kenya (ICPAK). I have practised for many years, but the shortcomings that have been a problem in this country are similar to those within this particular practice.

Clinical officers are very important people. They deal with our people in the constituencies. They are available at any time. I remember one time I went to a clinic to see a constituent of mine and when I looked at the clinical officer, I wondered if that person had been licensed and whether anybody controlled his practice. The formation of such an organisation will ensure the presentation and consultation by all the stakeholders is not something that we can just take for granted. I can see that faith-based consultation and involvement has now been considered. I belong to the Christian faith and I profess the Catholic faith, and we have many hospitals and have employed many clinical officers. When I see them being involved, I am happy because we are heading somewhere.

This Board will have the Director of Medical Services (DMS), the head of the Clinical Officers' Council, the Kenya Medical Training College (KMTC) and the private sector. This involvement is encouraging. I am talking about quality. In my profession, there are the so-called "suitcase accountants" and nobody controls them. They have been a headache, not only to us, but even to the business community of Kenya. I am sure with this kind of representation and

involvement, we will not have briefcase clinical officers. We will have clinical officers who have minimum education qualifications. If in my accounting profession we had another level that has a prescribed minimum qualification, we would not be where we are.

I also looked at the code of ethics being proposed and the etiquette. We are getting there. More importantly, is inspection. Some of our clinics are in horrible states. However, I can see a provision for inspection of such facilities. Other professions should follow this. I have seen the issue of gazettment of clinical officers every year. This is information that we have been lacking. With this, you know where you are going. What we need to do in our country is streamline what is known. Already, we know that there are clinical officers and nurses. We need to streamline this by an inclusive process which is being provided by this proposed Bill.

I do not want to talk much about this. My brother is a clinical officer and I have seen what he has done to people inside and outside this country. I also remember the issue of physicians' assistants in the United States of America (USA). These are equivalent to clinical officers here in terms of the work they do, the law and how they access and help their people. Time has come for us to emphasise the importance of clinical officers, control their practice and ensure that they give the expected output. The population of this country is growing. We might not achieve the expected level of doctors in our country, but with the assistance of clinical officers, I am very sure we will access the services that we need.

I, therefore, support the Bill.

Hon. Deputy Speaker: Let us have Hon. David Gikaria.

Hon. Gikaria: Thank you, Hon. Deputy Speaker, for giving me an opportunity to support this very important Bill, which has been tabled by our brother.

You can see what is currently happening in this country. Doctors have been on strike for more than 75 days. No health services are being offered at the local level. Kenyans are suffering. The Clinical Officers (Training, Registration and Licensing) Bill will go a long way to address some of the issues that would cause doctors and nurses to go on strike. It is so sad that a clinical officer goes through some training and cannot practise privately because there is no provision in law. This will go a long way to address some medical issues more so, as it is now, with the doctors' strike and innocent Kenyans are suffering.

Clause 2 uses the words "approved training institute". It is important we define "approved training institute". These days, business people have realised that there is a lot of money to be made in training institutes. Everybody has now gone to the business of opening institutes which do not have rooms and equipment for practical lessons. Before a training institute is registered to start admitting students, it must be checked and approved so that we do not just have places where you go to spend a lot of money and at the end of the day, there is no change. It is important for us to define "approved training institute" in the Bill during the Committee of the whole House.

Hon. Deputy Speaker, secondly, I want to talk about the definition of a clinic. A clinic should also have a proper definition. These days, any doctor goes to some corner in the country and starts a clinic that is hardly, say, 10 by 10 feet. A proper definition of a clinic must be given. I remember when counties were legislating on alcohol, they specified in the law what a bar is. They specified that a bar should have 50 seats where customers can sit. You can imagine a person who is drinking while standing. Within 10 minutes that person will, probably, be down on the floor. They specified the number of seats a bar must have. On the definition, I will talk to my brother, so that we can give a comprehensive definition.

This Bill provides for registration and licensing. I totally agree with that. In the past, clinical officers were not licensed and allowed to operate. This Bill will go a long way in streamlining this. This Bill also intends to address the issue of gender representation in the Board, especially for marginalised communities. It is important that we take that into consideration. We need to consider the marginalised groups when it comes to appointment to boards.

The medical practice is changing each day and we need to move along with the current technological changes. We wanted to put up a very big hospital in Nakuru County where a doctor, say, from India, would be consulted and he or she treats patients from thousands of kilometres away. This is an issue which needs to be considered particularly given the changing trends in the medical fraternity. We need to be in line with what is happening currently.

Part II of the Bill talks about the establishment, composition, functions and powers of the Board. About training of medical personnel, just the other day, we had a notorious “doctor” by the name Mugo, who was allegedly trying to come up with other modes of treatment as reported by the media. These quacks need to be dealt with. Training for clinical officers must have a curriculum. There should be a curriculum that every clinical officer should go through, so that we can address the registration and licensing aspects. It needs to be formulated in such a way that we do not allow quacks like Dr. Mugo and others to practise. There was another ‘clinical officer’ who was treating people and had even performed caesarean section procedures on mothers yet he had never been to any kind of training. Thank God he conducted successful caesarean sections, but you can imagine the risk he subjected the pregnant women to. Training should have a proper curriculum which should be formulated by the relevant Ministry.

Regarding private practice, I totally accept and support the provision that clinical officers need to be licensed to do private practice. I am in the Committee on Implementation and one day we visited Wajir County following a Petition which was brought before this House. Most doctors have refused to go to remote areas like Wajir. They claim that they are not paid well and that places like Wajir are remote. Most doctors would prefer giving their services in urban areas. Clinical officers will address that issue by working where doctors have refused to work. We are finding it very difficult in the counties because our people cannot afford medical services from specialised doctors. I am not saying that clinical officers will carry out operations, but they will be there to give first hand treatment and consultation before a patient is referred elsewhere.

It is important for us to have in place a discipline mechanism for registered clinical officers. There is going to be a disciplinary committee that is going to oversee disciplinary issues, so that a clinical officer performs his or her duty within the professional norms and standards that have been set by this Bill. It is important that such a disciplinary committee be given powers just like the other committees.

I thank the Member of Parliament who brought this important Bill which addresses the licensing of clinical officers. Of course, we will bring some amendments during the Committee of the whole House stage.

With those few remarks, I support.

Hon. Deputy Speaker: Hon. Justice Kemei.

Hon. Kemei: Thank you, Hon. Deputy Speaker. I also rise in support of the Bill and thank my colleague, Hon. Leonard Sang, for bringing this important Bill to the National Assembly.

All of us know that clinical officers are the backbone of the health services in our institutions. When you go to dispensaries, health centres and sub-county hospitals, the people we

rely upon to provide the necessary health care are the clinical officers. Therefore, a Bill like this one which provides for their training, registration and licensing is one that we all need to support. If you go to health institutions, the work done by clinical officers runs gamut from the one done by the nurses, physiotherapists, medical officers, doctors, surgeons and even the administrators of the institutions. So, if we pass this Bill, which I hope we will at the end of the day, we will be providing a base from which clinical officers in our country will provide their services.

I also want to look at the fact that there is a professional body provided for to regulate the provision of clinical services in our country. I support this. I ask the players in the entire health sector to be on the ethical high ground since we are dealing with a service that makes a difference between life and death of our people.

At the end of it all, when the regulations to this law are done, I hope they will provide the meat, ligament and other necessary details that we, probably, cannot put in the body of the Bill that is before us at the moment.

Hon. Deputy Speaker, I support the sentiments by my colleagues that clinical officers must be licensed to operate clinics, hospitals, health centres and even training institutions in our country. If we have to expand the health sector, we cannot confine training to the Government alone. We cannot confine training to doctors or physicians, but we need to expand training to cover institutions that are run by clinical officers.

This country has witnessed a strike that we have never seen before in the health sector. We are now going to the third month. During the period when doctors have been on strike, the bulk of the medical services in our country have been provided by clinical officers. So, we want, at this stage, to commend them highly because they have managed to correct the mess that we have found ourselves in because of the strike. Clinical officers have done some good work. We hope the Government and the doctors will reach an agreement as early as possible, so that the problems that we are witnessing in the health sector can be resolved once and for all.

Health is a fully devolved function, probably, to the level of 90 per cent or 95 per cent. We passed that in the Constitution. Kenyans, in their wisdom, saw the need for the health function to be devolved. We must also look at the problems that we have encountered since we devolved the health sector in our country. I raised this issue when I was new in Parliament. Were we too fast to devolve the health sector? Were we too fast to devolve water as a function? Were we too fast to devolve agriculture? Those are critical sectors in our country and we must ask ourselves whether it was right to devolve them, even if we cannot bring them back to the national Government. We must have a way in which the national Government provides the necessary intervention for agriculture, health and water services to be provided optimally. How I wish that Kenyans, at an opportune time, have sufficient time to reflect on the provisions of the Constitution and determine whether we really still need to devolve the health function 100 per cent! Take, for example, the human resource element of devolution in health. Should we retain health at the national level so that there is harmony and so that people get promotions? People will move freely from one county hospital to another. Those are issues that we need to look at.

In conclusion, I wish the Chairperson of the Departmental Committee on Health was here. We have equipment that was sent to various counties by the national Government. In Kericho County, where I come from, we have the equipment at the Kericho County Hospital and the Sigowet Sub-County Hospital. Last week, information reached us that somebody wanted to move the equipment from Sigowet Sub-County Hospital. Such a move will be resisted by my constituents. Once the equipment has been taken there, let it be installed there and start operating as the Government intended.

We had a little brush with the Mover of the Bill, Hon. Sang, during the deployment of the equipment to those hospitals. I support the Bill and I am asking the county government of Kericho not to move the equipment at Sigowet Sub-County Hospital. In fact, they should expedite the necessary renovation of the facilities in the sub-county hospital, so that the equipment can be utilised.

Finally, since most of the issues have been dealt with by my colleagues, I want to believe that in the course of this week, the doctors and the Government will reach a conclusion on the talks they have been having so that the services which we have missed in our country can be provided.

Hon. Deputy Speaker, I thank you once more and I thank Hon. Leonard Sang for bringing this Bill to Parliament. We will ensure that it goes through the Third Reading. We will support the Bill until we see it enacted as law that is meant to govern the practice of clinical medicine in our country.

Hon. (Ms.) Mitaru: Thank you very much, Hon. Deputy Speaker, for giving me this chance. I support the Bill because in the Kenya of today, we, as parents of many children and as Members of the National Assembly, have seen how clinical officers have supported our young people, the elderly and the nation at large. They have helped maintain good health amongst our people. I am happy the Member of Parliament has brought up these issues. I want to support it because we have lost many people for lack of treatment. I have been to my county where private clinics and hospitals are overcrowded because our doctors are on strike.

I have been wondering whether we made a mistake to devolve certain services, especially health services. Clinical officers have continued to offer services in every place in this nation. It is not just the clinical officers who should be supported this way, but also the nurses and all the people who are interested in learning about health issues in our nation.

I know many doctors are wondering why for more than three months, we have not sat down, as a nation, to listen to them and to one another, so that we can help our people. I feel very sad when I see mothers crying because they do not have money to go to private hospitals. Those who can afford the cost of private clinics feel bad when they go there only to find very many people. In fact, there are situations where more than three patients are sharing a bed in private hospitals because clinicians are not able to help the way doctors would.

Even as clinicians are trained, they should learn more so that they can act in place of doctors. They should be able to operate on patients as well as nurses. They should help Kenyans through the Ministry of Health and this will create a healthy nation. I want to support the Bill with all my heart and ask the Members to pass it, so that we can come up with a law that will help, not just clinicians, but also the people of this nation.

Hon. Kisoi: Thank you, Hon. Temporary Deputy Speaker, for giving me a chance to contribute to this Bill. I want to lament the current situation that is facing the health sector. The sector is in a serious crisis and Kenyans are suffering and dying because of the doctors' strike. I want to ask the stakeholders in the health sector to consider the plight of Kenyans who have lost their lives and those who are languishing in homes because they cannot get medical attention, and expedite the process of negotiations. That way, the health problems that are affecting Kenyans can be solved.

Hon. Temporary Deputy Speaker, I want to acknowledge the work of clinical officers. It forms the backbone of the medical practice in this country. Clinical officers form part of the most critical staff in coming up with medical solutions to patients at dispensaries, health centres and hospitals.

The objective of this Bill include making provision for training, registration and licensing of clinical officers as well as regulating the practice to provide for the establishment, powers and functions of the Clinical Officers Council of Kenya. From the objectives, I want to support this Bill because it finds a solution to one of the problems that is facing the sector. This Bill will provide standards in the clinical profession. We have quite disorderly issues and, therefore, we cannot ignore that profession. Anyone who provides medical services to our patients must have the right training, qualification and knowledge. This Bill tries to bring harmony in training, registration and licensing of the practitioners in the clinical profession. It will also guide the manner in which those clinical officers will dispense their services.

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

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

I want to talk about the implementation of this Bill once it is enacted. Section 14(1) of the Bill gives the Clinical Officers Council of Kenya the power to inspect clinics and come up with disciplinary actions against non-compliance. Issues must be dealt with squarely at this point. We have good laws in this country, but things are not done within the right concept during the implementation. Once the Council is put in place, it must ensure that the officers and facilities conform to the requirements of the law. We cannot afford to gamble with a profession that is dealing with the lives and health of Kenyans.

It is important that we review the definition of the words “clinic” and “medical centres”. In the Bill, a clinic is defined as a consulting room. Some of those consulting rooms are just like corridors that are only 5feet by 2feet. We must prescribe standards of consulting rooms. Some consulting rooms are in a totally pathetic state with only a chair and a desk, and patients can even be attended to while standing. We must review the definitions of the words “clinic” and “medical centres”. They must prescribe certain standards that must conform to those facilities.

The spirit of the Bill is quite in order. The Bill touches on the most important sector in the country. The country is being held to ransom by doctors who are on strike. This Bill provides an avenue for clinical officers to operate dispensaries and offer medical care to our people in the event of a strike. This will create a balance because a country should not be held to ransom by a few individuals. The striking doctors do not serve in the most remote areas of this country. We are providing an avenue for clinical officers to start clinics so that they can also provide health and medical facilities to Kenyans. I thank Hon. Sang for coming up with this Bill because it captures the spirit of Kenyans.

I support.

The Temporary Deputy Speaker (Hon. Omulele): Let us now hear the Member for Gichugu, Hon. Njogu Barua.

Hon. Barua: Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to make my contribution to this important Bill. This Bill is important in several ways. First, it emphasizes on the importance of training. Training is about capacity building. The Bill talks about training that is undertaken before one starts to practise, and continuous regular training while on the practice for continuous improvement. Training will ensure that the practice of clinical medicine is kept alive and updated with the new emerging technologies and change in

medicine. In my view, training and capacity building are important. Most of the clinical officers operate in the rural areas. They offer very good services to members of the communities who cannot afford the services of doctors. The doctors only operate in big cities like Nairobi and Kisumu. In Gichugu, we have about three doctors in the whole constituency. Rural communities in Kenya depend on the services of clinical officers. The Clinical Officers Council of Kenya is an association that pulls the clinical officers together. They will use that forum to ventilate issues of concern that they may want to raise with the Government, especially on recognition. In some rural communities, there are several people pretending and practising as clinical officers. Some of them even refer to themselves as doctors. Due to the fact that we do not have a coordinated way of identifying clinical officers in the rural communities, we are putting the communities at risk. Herbalists are now starting their own clinics. The proposed Council will ensure that clinical officers know each other. They will have a directory or register where one can refer in case of doubt and confirm whether one is authorised to practise as a clinician or not. This profession is getting more and more important. A few years ago, we never used to have clinical officers with degrees. Several universities in this country are now offering degrees in clinical medicine. So, the profession is getting higher up the ladder and, hence, the cadre of clinical officers should be regulated. The time to regulate the profession has come. That is why I support the Clinical Officers Council of Kenya.

As the previous speaker, the Member for Mbooni, Hon. Munyao, has said, there is the issue of standards. It is good for us to ensure that some certain minimum standards of practice are maintained. As it is now, it is not easy or even possible to define those standards. It is not possible because there is no avenue that exists in law that can be used to put together those clinical officers. They can draft the regulations of practice and have them adopted by the people affected. Once we put the Clinical Officers Council of Kenya in place - just like the Teachers' Service Commission--- Teachers and doctors are able to speak as a team through their union. The clinical officers will, for once, have a very important forum through which they can argue their issues, advance their interests and improve the services in the rural communities. That way, they will save the communities from exploitation by unqualified people who may try to infiltrate that important profession.

The Bill also provides for a disciplinary committee. This means that somebody who is a member of the Council and who violates the ethics of practice can be disciplined, or even be removed from the register of practising clinical officers. This is going to ensure that we put in place discipline and accountability among the clinical officers, so that they do not go off their way to offer substandard services.

I would like to mention one or two things about devolution. I will also mention a few things about the doctors' strike. Starting with devolution, I note that health services are devolved and by extension, the practice of clinical officers still operates and continues operating. That raises a constitutional change under the county governments. It is also important for county governments to ensure that officers responsible in that medical sector understand the sector so that they can discuss and negotiate issues with the doctors. As it is now, the doctors' strike is going on. It can be solved if goodwill is availed from both sides. The health sector is devolved. The county governments are not coming to the forefront to negotiate the process with the doctors and help the national Government to find a solution. Devolution must be implemented to the letter. If the county governments continue to fight for more space and they have actually accepted to take over the medical practice, I submit that it is high time we see more and more governors - and especially the Chair of the Council of Governors and the chair of the health

sector - coming to the forefront and leading those negotiations to find a solution. I do not think the doctors we have in Kenya are blatantly adamant. If they are given an offer in a respectable and dignified manner, I am sure they would be willing to go back to work as we find more and more of what they want and fulfil their demands.

As it is now, people are dying. In fact, as I was coming here this morning, I was called by one of my constituents from Gachami area in Gichugu who told me that her daughter's child died minutes after birth because there was nobody to attend to the child. The lady is so poor that she could not afford to pay Kshs8,000, so that the body could be released for burial. So, what happened is that the kid was released for burial and after the burial, the mother was taken back to the hospital so that she could be released for the second time after the bills are paid. It is high time we put Kenyans in a state whereby they live beyond or above human dignity. As it is now, Kenyans who go for medical care and attention are actually living below human dignity. That is because they are sick and they cannot afford the services they desire.

I wish to conclude by saying that, at the moment, many counties have started to put up dispensaries. Three years down the line, they are not complete. So, what we have are just empty shells without medical facilities. I want to admit that in the absence of those clinics, the clinical officers in the rural areas are doing their work. I hereby support this Bill.

The Temporary Deputy Speaker (Hon. Omulele): We shall have Hon. Robert Mbui, Member for Kathiani.

Hon. Mbui: Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to also make my contribution to the Clinical Officers (Training, Registration and Licencing) Bill of 2016. First, I thank Hon. Leonard Sang for coming up with a very timely Bill that is going to put some serious sense into the health sector in this country, and help alleviate the problems that are facing the provision of healthcare in this country. The role of clinical officers cannot be stressed enough in this House because they play an extremely important role in providing healthcare to our patients. Unfortunately, the laws that are in existence currently do not give them the mandate to do exactly what is expected of them. This is a timely Bill because the first thing it does is to form a Clinical Officers Council of Kenya. That is an extremely important council because it has clear roles that have not been in existence in the past, on how to manage that sector. As you are aware, there are many times when clinical officers are left in charge of clinics and hospitals. We know very well that we do not have enough doctors for every single health facility. So, there are certain things that they are trained to do but, unfortunately, because the law does not allow them, if they are found out carrying out some of those roles, then they find themselves in trouble. So, this Bill gives them an avenue through which they can carry out the expected roles without any harassment from any quarters.

The purpose of this Clinical Officers Council of Kenya is basically to supervise and control training and professional practice of clinical officers in Kenya. They are very clear roles. The first one is to advise the Government on policy matters. It is important that clinical officers themselves, using their own council, are able to advise the Government on issues that concern clinical officers and what needs to be done to enhance that industry.

The second one is to prescribe minimum educational entry requirements for people to be trained. Hon. Temporary Deputy Speaker, you are aware that even in the recent past, our Cabinet Secretary (CS) for Education, Science and Technology talked about people who are actually going out there and graduating with honours degrees and yet, they got very poor grades in secondary schools. We saw a report in the newspapers of someone who had a grade D and ended up with a degree within a few years, which is totally unacceptable. What is happening is that if

we do not have control in the education sector, then we are going to be releasing graduates from the universities that do not have the necessary qualifications. So, that Council is going to prescribe minimum requirements. They will be able to say: "This is the least required grades that someone should acquire in certain specific subjects for them to train as clinical officers." This basically means that the future of the profession will be guided very well. We are going to have the right people trained and graduate from universities or colleges. They are also going to approve institutions other than those accredited under the Universities Act, 2012. There are also other institutions that can provide training for clinical officers. So, the council is going to be involved in approving those institutions. That means the clinical officers are in charge of their destiny. They will be in charge of the kind of institutions that will carry out functions that are related to clinical medicine. They are going to establish, approve and accredit programmes for continuing professional education. Generally, all that has to do with training, registration and licensing.

There is one very important thing that I have noted here. They are proposing to publish names of all registered clinical officers in the *Kenya Gazette* annually. This is going to help us ensure that we deal with the quacks out there who are providing healthcare, but do not have the necessary certification. I remember one in some place in town. I do not want to mention his name. But he is a very incredible doctor who was doing incredible things that we all saw in the social media. Those are the kinds of people that need to be gotten out of the industry. So, clinical officers now will control the people who are going to carry out clinical medicine. Therefore, they are going to ensure that the names of those who are registered with them are published in the *Kenya Gazette* on an annual basis. If someone is not in that list in the *Kenya Gazette*, it means that person is not a registered clinical officer. So, it is going to be very easy for Kenyans to know the people they are dealing with.

I want to conclude by talking about the health sector in Kenya, even a bit beyond the clinical officers. We all know that Kenya's health sector is in a crisis. Our doctors are on strike. Recently, our nurses were on strike. There is a threat by people working in the morgues to go on strike. It is something that we really need to deal with. It is so unfortunate that, so many days after the strike started, the Government seems to be asleep. We are all aware that the CS and PS are constantly squabbling about who is to blame for that situation. We need to stop pointing fingers at each other and soberly approach this issue. Our men, youth, children and the old people are dying on a daily basis. There are so many people who are dying in this country today because there is no healthcare completely.

It is also extremely expensive for us politicians because the only hospitals that are now functioning are the private ones. You cannot sit and watch your people die. Most times, we are forced to support them without going to *Harambees* because that is against the law. But no one stops you from supporting a family member or a neighbour. That is what is happening. It is unfortunate. It is a nasty situation. The Jubilee administration needs to put its feet down and put a stop to this. We are heading to elections and I do not want to wait and see that a day before the elections, the doctors are paid and, so many months before the elections, people are still dying. I know Kenyans have a short memory. I want to remind them that it is now almost three months since the strike began. Something needs to be done about it. We need to stop blaming each other. The House has a Committee on Health. I am a member of that Committee. It is also unfortunate to say that numerous scandals have happened in this country, especially in the health sector. We had the 'Mafia House Scandal' about containers that were bought and brought to this country. They were costing Kshs1 billion when, in actual fact, we know that they could not have cost

more than Kshs100 million. The calculations have been done, reports have been prepared, but nothing has been brought to this House. We reached a point where we felt that even the leadership of that Committee was wanting and we signed a petition to remove it. Our signatures were in vain. The documents were hidden.

As we speak today, we also have a budget proposal that was brought before the Health Committee. It was asking for Kshs5.1 billion. There is no documentation from the Executive and they are asking Members, because the money has already been spent, to just sign. I said in that Committee that I am not a rubber stamp. I want to repeat it on the Floor of this House that I think there is a mess in this country.

The Temporary Deputy Speaker (Hon. Omulele): Hon. Mbui, are you pre-empting debate on the supplementary budget?

Hon. Mbui: Hon. Temporary Deputy Speaker, because I am feeling that the clinical officers training, registration and licencing is part and parcel of the health sector, it is important to mention that there are many other problems in the sector, so that I can finish and sum up.

I want to stop there and say that I support this Bill wholeheartedly. I think it is important. I want to thank my colleague, Hon. Leonard Sang, for bringing this Bill. He has done a great job. This is not the first time he is dealing with issues to do with the medical field. I think Members need to take that cue. If you are a professional, when you come to this House, use your time to benefit the people who are in your profession through the House.

Thank you, Hon. Temporary Deputy Speaker, for giving me that opportunity.

The Temporary Deputy Speaker (Hon. Omulele): We shall have Hon. Ali Wario, the Member for Bura.

Hon. Wario: Ahsante Mhe. Naibu Spika wa Muda, na kongole kwa kuchaguliwa kuwa Naibu Spika wa Muda. Kama wenzangu, ningependa kuchukua fursa kumpongeza Mhe. Sang. Licha ya ugumu wa nyakati tulioko za kufanya uchaguzi, yeye ameweza kuleta Mswada ambao nina imani utakapopita, utatatua matatizo yanayokumba sekta ya afya katika nchi hii.

Maafisa wa kliniki wa Kenya katika nchi ya Kenya wana wajibu mkubwa sana. Mimi natoka katika sehemu kame ya Kenya; sehemu ambayo ni nadra kupata madaktari. Mengi ya matatizo ya kiafya yanayowakumba watu wetu yanashughulikiwa na maafisa wa kliniki wa Kenya. Kwa hivyo, sisi kuunda taasisi itakayowasajili, itakayoweka nidhamu, itakayowapa uwezo wa kisheria maafisa wa kliniki wa Kenya kuweza kuhudumia wagonjwa wetu, itatatua matatizo ya kiafya yanayokumba nchi ya Kenya katika sehemu nyingi.

Nasikitika kwamba miaka 50 baada ya Uhuru, wafanyikazi wetu wa afya wako barabarani kufanya maandamano. Ni nyakati ambazo wangepewa kipao mbele na washughulikiwe; maanake wewe huwezi ukatibu mtu ukiwa hujui utapata chakula wapi. Uko Nairobi, gharama ya nyumba ndiyo hiyo na matatu zinaongeza bei. Huyu maafisa wa kliniki wa Kenya ama nesi atafanya vipi aende atoe huduma bila kuomba deni? Ni masuala ya haki. Ni masuala ya kuboresha mapato yao ili waweze kutoa huduma inayohitajika kwa Wakenya. Kuwaweka jela na kuwakimbiza barabarani haiwezi kuwa suluhu ya shida zinazowakumba maafisa wa kliniki wa Kenya na nesi wa Kenya.

Sessional Paper No. 2 ya 1965 iligawanya Taifa la Kenya katika mapote mawili. Pote ya sehemu za rotuba na pote moja ya sehemu ya Kenya isiokuwa na rotuba. Sehemu za Kenya isiokuwa na rotuba ni kama Tana River, Mandera na Wajir. Katika sehemu hizo, yule daktari wa hakika utakayepewa katika hizo kaunti zamani alikuwa anitwa Medical Officer of Health (MOH). Kwa hakika, utapata huyo. Huna hakika ya kupata daktari wa pili. Wale wako na maafisa wa kliniki wa Kenya. Hawawezi kutekeleza wajibu wao kwa sababu sheria haiwaruhusu.

Sheria ambayo tunajadili leo inawapa uhuru na uwezo wa kisheria waweze kutatua matatizo ya matibabu yanayokumba Wakenya.

Mhe. Naibu Spika wa Muda, tunazungumza juu ya mafunzo na usajili wa maafisa wa kliniki. Hapa tumepewa aina ya matatizo wanayoweza kutatua ili waweze kufungua mahospitali yao ya kibinafsi ili waweze kuhudumia Wakenya. Kiwango ambacho wamefika wako na ujuzi na wanaweza kuwahudumia Wakenya katika hicho kiwango chao. Sio lazima daktari awepo mtu anapougua malaria na homa ya kawaida, lakini ni lazima mtu atafute mtaalamu wa kutibu magonjwa hayo.

Nimesimama kumuunga mkono Mhe. Sang kwa kazi nzuri aliyofanya na kuleta pendekezo hili la sheria ili maafisa wa kliniki wa Kenya waweze kutambulika na kupewa heshima na haki wanayostahili ili waweze kutekeleza kazi yao.

Tukiangazia masuala ya migomo ya wafanyikazi, kuna mgomo ambao unatawala katika taifa hili. Tunaweza kuketi chini na kusikiliza malalamiko ya wafanyikazi. Hakuna mgomo ambao utawala hauwezi kuketi chini. Hii migomo inahatarisha maisha ya Wakenya. Suluhu ya matatizo yanayowakumba madaktari ingepatikana jana. Ninamuomba Rais wa Kenya aamke, aingilie kati na awaondoe madaktari kutoka barabarani awarudishe hospitalini ili waweze kuwahudumia Wakenya.

Kwa hayo machache, ahsante Mhe. Spika.

The Temporary Deputy Speaker (Hon. Omulele): Very well. We shall now hear the Member for Endebess, Hon. Robert Pukose.

Hon. (Dr.) Pukose: Thank you, Hon. Temporary Deputy Speaker, for allowing me to contribute to this debate.

I congratulate Hon. Sang for coming up with this Bill, and for working very closely with the relevant Departmental Committee and the Clinical Officers Council of Kenya. The clinical officers in this country have been working on the basis of an obsolete Act which does not even describe what clinical officers are supposed to prescribe. The Act still talks of chloroquine and other outdated drugs – a scenario which has put the clinical medicine practice in jeopardy in this country. Clinical officers have a minimum qualification of a diploma. There are some clinical officers who have gone for post-basic training in other fields, including anaesthetics; Ear, Nose and Throat (ENT), chest, skin, and ophthalmology, among other areas. We even have clinical officers who are pursuing degrees in clinical medicine. The Act that moderates the clinical medicine practice limits clinical officers in terms of what medicines they can prescribe and how they are supposed to practise. It even describes the kind of premises they are supposed to be operating from. It talks about modern housing that they are supposed to operate from.

Therefore, this Bill seeks to replace the old Act in order to enhance the practice of clinical medicine. It seeks to give room to clinical officers to practise their trade with full recognition. According to the current law, they can be sued for engaging in medical practice and yet, that is what they are supposed to do as per the current syllabus for clinical medicine trainees. The current syllabus covers modern medicine and development in terms of technology.

We have clinical officers who work in health centres, dispensaries and hospitals. They are the bulk of the medical professionals, together with the nurses and other medical professionals. The medicine practice has come a long way in this country. The National Government Constituencies Development Fund (NG-CDF) has been undertaking construction of health facilities within the various constituencies across the country. This effort will go a long way in improving healthcare services in the country. Those facilities were handed over to the county governments when medical services were devolved. For instance, in April, 2015, my own

constituency's NG-CDF, Endebess; handed over six health facilities to my Governor, Mr. Patrick Khaemba. I handed him Engekha dispensary in Khalwenge, Matumbei, Nyogoikwana, Cheptargai Kayos and Twiga dispensaries. He accepted to employ clinical officers, nurses and laboratory technicians, and supply those facilities with medicines to enable people to access healthcare from the facilities. He had promised the communities that the facilities would be functional by September, 2015 but, up to date, those facilities are not functional. Such are matters that disappoint the communities. Now that doctors, nurses and clinical officers are on strike, the common man is suffering. I hope those facilities will be taken care of. The Jubilee administration has introduced free maternity services across the country. Unfortunately, certain parts of this country have not benefited from those services.

On Saturday, I went to Toboo and Kapsang in Chepkitale area of Mount Elgon. That is an area which is largely inhabited. You can imagine since 2004, Chepkitale Sub-location has not even had an assistant chief. Somebody called Arap Sangula has just volunteered to serve. Within that same area, there is not even a single dispensary. You wonder how ladies are supposed to access free maternity services in that area. The women within Kapsang and Toboo areas in Chepkitale have never witnessed anything like free maternity services. School classrooms are still being built using bamboo sticks. That is a serious problem. It shows that in this country, there are lots of inequalities. Those particular areas need to be looked into. They are areas which need to be supported. When people in other parts of the country are talking about free maternity service, the women in those areas cannot even access healthcare. There are no roads. There are no means of transport for women to access health facilities. The roads are very dilapidated. Those are areas which need the attention of both the county government and the national Government.

Hon. Temporary Deputy Speaker, back to the Bill, the Committee organised a retreat to discuss it. We are ready to table our Report in this House. I hope once we are through with the Second Reading, the House Business Committee (HBC) will prioritise it because we have completed writing our Report. We also have the amendments that we will move during the Committee of the whole House. Therefore, this Bill should be fast-tracked so that the clinical medicine practice in this country can be enhanced through the new law that we are enacting. The current Act was done in 1998. We are now in 2017. We need to have this Bill fast-tracked and enacted into law so that it can become operational as soon as possible.

On Sunday, the clinical officers from my area, led by my friend, Mr. Mengich, asked me to ask Parliament to fast-track this Bill to enable them work in an environment that promotes their profession.

Hon. Temporary Deputy Speaker, with those few remarks, I support this Bill and thank you for giving me the opportunity to contribute to this debate.

The Temporary Deputy Speaker (Hon. Omulele): We are glad you have shed some light on the position of the Departmental Committee on this Bill, you being the Vice-Chair of the Committee.

We shall now hear the Member for Mathioya, Hon. Clement Wambugu.

Hon. Wambugu: Thank you, Hon. Temporary Deputy Speaker for giving me a chance to contribute to this very important Bill.

As I support, let me also congratulate the originator of the Bill, our friend, Hon. Leonard, for coming up with an important and intelligent piece of legislation that will save this country from a lot of stress.

The Temporary Deputy Speaker (Hon. Omulele): Hon. Wambugu, before you proceed, I would like to recognise the presence of students from Pan African Christian University and Kamiti Primary School, Roysambu Constituency, Nairobi County. They are seated in the Speaker's Gallery. You are all welcome to the House.

Proceed, Hon. Wambugu.

Hon. Wambugu: Hon. Temporary Deputy Speaker, thank you for welcoming the students to this important House. This Bill is long overdue. Clinical officers should have been thought of a long time ago.

However, in this House, people from various professions have not been having an opportunity to contribute to this country. Kudos to Hon. Leonard! That is because in his line of profession, he has come up with information which is going to help the country move in the right direction.

Through this Bill, we will set the guidelines and the syllabus for our clinical officers and, thereafter, test them to the levels that the industry requires, following their licensing and registration. If we had this Bill in the past, we could not be facing the problems that we are having. Dealing with human beings and human health is a very critical issue, and especially when we have in the past, people who have not been licensed. This could have brought in very serious issues. For example, a clinical officer could handle a patient who could end up in a critical situation. Because they are not licensed, they cannot be held accountable for anything that went wrong. I believe as from now on, when we get through with the training and also the licensing, the country will be in a position to hold the clinical officers to account.

On the issue of licensing and registering the training institutions that will be taking up the training for the clinical officers, you will realise that in Kenya, in the past five years, many institutions have mushroomed across the country. When they want to advertise for their courses, you find them advertising for the training of doctors and they are not qualified. They also advertise training for nurses and people in different fields. But through this, we will interrogate the type of schools that will be involved in the training of clinical officers, including nurses.

As I finish, because most of the issues have been mentioned by the past contributors, the ongoing doctors' strike in this country is a very sad issue. As a country, we rushed too fast when we are implementing the new Constitution, especially in the devolvement of functions such as health. Most of the counties were not ready to handle an important function such as the health sector, and that is why we are getting into all these problems. We need to work out a formula where the country should be transferring critical functions to the counties, only on condition that they are ready. I believe if those functions were still under the national Government, we would not have headed to that direction of strikes by nurses and doctors.

As I close, I believe that the licensing of clinical officers is going to help us down at the constituencies because many dispensaries have been started there. In my case, I have over 10 dispensaries and health centres. But when they were taken over by the county governments, they have not been staffed up to now. We spent a lot of money. But when we approach the officers in charge, they tell you they would like to help. But the problem is that they do not have qualified nurses or even officers to come and man those institutions. So, the earlier they expedite the enactment of this Bill, the better for our country.

With those few remarks, I support.

The Temporary Deputy Speaker (Hon. Omulele): Very well. Let us have Hon. Abass Mohamed, the Member for Wajir East.

Hon. Mohamed Abass: Thank you, Hon. Temporary Deputy Speaker. I join my colleagues to support this Bill. This Bill is long overdue. For many years, this country has never had enough doctors. The clinical officers have been playing a very great role especially in the rural areas such that, where I come from, where we have not had medical officers, they have given us wonderful services.

Unfortunately, clinical officers have not been having the opportunity for further training in this country. They have not been allowed to practise their profession, such as what this Bill is proposing. This Bill opens up services for clinical officers to be doing specific tasks in treatment and prescription of medicine. This is a good thing. They will now be guided.

Initially, a clinical officer used to do everything. At times, they could do surgery and people used to die in the theatre. That has not been very well taken care of in the past and nobody was held responsible.

The Bill provides functions, compensation and establishment of the clinical officers, the training and discipline. The cost of treatment in this country is beyond the capacity of most Kenyans who are very poor people. Right now, everybody is opening a small clinic and the main hospitals have been deserted. Most of these medical practitioners such as clinical officers and nurses have opened their private businesses. As a result, we are compromising the functions of the people who are practising medicine, as it is more or less commercialised.

It is unfortunate that our doctors and nurses have been on the streets for the last two months. This should not be the case and somebody must take responsibility and negotiate, despite the Collective Bargaining Agreement (CBA) that has been proposed. Those are our men and women who are practising medicine. The Ministry of Health and nurses should have some human face. Many Kenyans are dying and hospitals have been deserted. Kenyans cannot afford to seek private treatment. It is high time the Government took responsibility and came back to the negotiation table with the doctors and nurses, so that they can reach an amicable solution to that problem - which is long overdue.

Finally, I think devolving the health sector was not the right thing. The counties were not well prepared. We see medical staff working without receiving their salaries for a long time. Most hospitals do not have medicine. I think it is high time there was change and we rescind the decision of devolving the health sector. We should bring it back to the national Government so that proper services are offered and enough money is given to that sector. Otherwise, it is a pathetic situation in the counties and most of the health centres and dispensaries are closed. There is no staff or medicine. Even the referral hospitals are not run well. It is high time the Government went back to the negotiation table and, instead of devolving the health sector to the counties, it rescinds that decision. It is this Parliament which should decide that, for this country to move forward, the health sector should be reverted back to the national Government.

With those few remarks, I beg to support the Bill.

The Temporary Deputy Speaker (Hon. Omulele): Very well. Next is Hon. Peter Mwangi, Member for Maragwa.

Hon. Mwangi: Thank you, Hon. Temporary Deputy Speaker, for giving me a chance to contribute to this very important Bill. It is dealing with clinical officers. It is about how to train, regulate and license them. That cadre has suffered for quite a long time. To date, some of them have attained even degrees and they have been in the same position for quite a long time. It is time this Parliament legislated and made sure that they acquired the preferred positions that they deserve. They have been working under very tight conditions. In our rural areas, they are the

ones who treat our people. They do a lot of work in the dispensaries and health centres. They do a very good job.

If we go by virtue of what they do, they are the ones who treat so many illnesses that, sometimes, occur in small children after birth. They also assist pregnant women. It is high time they are considered like doctors who are paid internship allowance while undergoing training in hospitals. When it comes to clinical officers who do the donkey work, they are not given even a token of appreciation for their assistance in health facilities in our country while undergoing training.

We appreciate what they do and I congratulate my friend, Hon. Sang, for the role he has played in bringing back sanity to our health facilities. Before I conclude, it is very absurd to see what is happening in this country for more than 70 days our doctors being on strike. I think every Member of Parliament (MP) is suffering like me. Every day, I am called to a *Harambee* to give some money to my people to seek treatment in private hospitals. I think it was wrong for us to have rushed to devolve health services. It is high time we asked for a referendum to take it back to where it deserves in the national Government.

Over the weekend, I heard people claiming that they want a referendum to create a position of prime minister. If we want to create a position of leadership, it is high time we started looking for a way to return the health sector back to the national Government. We cannot go on like this. It is a clear indicator that the Council of Governors (CoG) is not ready. It is only a conduit of corruption. They are not ready to give us the health services we deserve. It is my request that once we come back in the next Parliament - and I believe I will be one of those who will come back - we should have a referendum to make sure that the health sector goes back to the national Government.

I support.

The Temporary Deputy Speaker (Hon. Omulele): I wish you well Member for Maragwa. You should come back so that we can sort this matter out. We shall now have Hon. Onesmus Ngunjiri, Member for Bahati, who will be followed by Hon. Mary Seneta and Hon. Richard Tong'i.

Hon. Ngunjiri: Ahsante sana, Mhe. Naibu Spika wa Muda. Nashukuru kwa kupatiwa nafasi hii ili niunge mkono huu Mswada. Naungana na Wabunge wenzangu ambao wanauunga mkono. Wakati umefika tuweze kuzungumza mambo ambayo yataweza kusaidia wale waliotuchagua. Wauguzi ndiyo wanaohudumia watu sasa katika hospitali nyingi kwa sababu hakuna madaktari. Huko kwetu mashambani, utapata wauguzi wanahudumia wagonjwa. Hao watu ni muhimu sana na wanafanya kazi nzuri sana.

Kwa hivyo, naunga wengine mkono na kusema kwamba jambo hili linahitaji Bunge hili, kabla hatujaondoka, tuwe tumelitatusa ili watu wetu waweze kuhudumiwa kwa njia ambayo inatakikana. Nimewasikia Wabunge wengi wakiongea. Nawaunga mkono kwamba kuna mambo nyeti na shida ambazo tunahitaji kuangalia. Nimewasikia Wabunge wengi wakisema kwamba wamejenga zahanati katika maeneo yao ya Bunge. Huko kwangu, katika sehemu ya Engashura mahali panaitwa Maili Sita, tumejenga hospitali tukitumia pesa za Hazina ya Kitaifa ya Maendeleo ya Maeneo Bunge. Pia mahali panaitwa Ndimu, tumejenga zahanati na ukienda upande za Dundori katika eneo Bunge langu, tumejenga wodi ambayo inaweza kulala watu zaidi ya mia moja.

Mswada huu umekuja wakati mzuri. Jana, nilipigiwa simu na meneja wa NG-CDF eneo Bunge la Bahati akiniuliza ni wapi tutatoa pesa za kufyeka hizo zahanati kwa sababu gavana bado hajazichukua. Tukipitisha Mswada huu, tutakuwa na wauguzi ambao watawahudumia watu

katika hizo zahanati. NG-CDF ilifanya kazi yake na ikamaliza. Kuna pesa tulipatiwa kupitia NG-CDF za kujenga nyumba za madaktari, ili waweze kuhudumia watu wakiwa karibu na hospitali. Sehemu nyingi kuna zahanati, lakini utaambiwa daktari au muuguzi anaishi mbali sana na yeye huja akiweza. Lakini ugonjwa unaweza kuja wakati wowote. Serikali ilikuwa na fikira nzuri na kwa NG-CDF, ikatupatia nafasi ya kujenga nyumba za wauuguzi ili waweze kuwahudumia wagonjwa wakiwa karibu. Mpaka sasa, kuna shida na nyumba ambazo tuliwajengea wauguzi na madaktari. Huu ndio wakati wa kuangalia ni watu wapi watakuwa wakiishi karibu na wananchi ili kuwahudumia. Wauguzi ndio wanaweza kuwahudumia watu wetu hata kwa kuwatembelea manyumbani na mitaani.

Kwa hivyo, litakuwa jambo muhimu sana ikiwa Mswada huu utapitishwa haraka iwezekanavyo kwa sababu naona Wabunge wote wanakubaliana nao. Ni jambo ambalo litabadilisha nchi yetu. Watu wetu ni wagonjwa na wana shida nyingi. Juzi nilifanya *medical camp* na niliona watu wana shida nyingi sana. Kwa hivyo, lazima tihakikishe huduma hii imepelekwa karibu na wananchi. Itawezekana tukiupitisha Mswada huu.

Leo hii nilikuwa na mkutano katika Ofisi ya Masuala ya Nje. Nchi ya Qatar inataka 2,000 maafisa wa kiliniki na wauguzi kwa dharura kwa sababu wanatambua kuwa ni watu wa maana. Ile kazi wanafanya na huduma yao inasaidia sana. Lakini sisi hatuwezi kuwapa nguvu ya kufanya kazi. Kwa hivyo, naunga mkono Mbunge ambaye alileta Mswada huu. Tunahitaji kuupitisha na tuwape mamlaka ya kuweza kuhudumia watu wetu.

Nashukuru sana, Naibu Spika wa Muda, kwa kunipa muda huo. Nina hakika kuwa Wabunge wote wanaunga mkono Mswada huu. Kwa sababu mengi yamesemwa, nataka niwape watu wengine nafasi kwa sababu tunazungumza kwa lugha moja. Ikiwa tunazungumza kwa lugha moja, jambo hili linahitajika sana kule mashinani.

The Temporary Deputy Speaker (Hon. Omulele): Let us have Hon. Seneta.

Hon. (Ms.) Seneta: Thank you, Hon. Temporary Deputy Speaker, for giving me this chance to also contribute to this very important Bill. I also want to add my voice to this Bill. It has come at the right time. It is high time we regulate that very important sector. Health is a very important basic need. We need to make sure that we regulate that sector so that Kenyans can be served in a proper way.

Clinical officers should be trained and given licences to operate without giving them a hard time. When we go round in our counties, we see many people who are either opening clinics or chemists. They are running them without proper licensing. This Bill is a way of regulating that so that we make sure that clinical officers operate in an orderly way and can serve without having many problems. I also concur with my colleagues that, most of the time in our clinics, it is clinical officers who are on duty throughout. They are the ones who are accessible. They need proper training and registration. We need proper data on how many clinical officers we have, how many of them are operating and at which levels. That is because today, we just see nurses and a few clinical officers who are not even well paid.

This Bill has come at the right time when we need to improve our health sector. We also need to have sanity in our health departments. I also concur with the rest of my colleagues that what has been going on in our counties for the last 70 days - having our doctors on strike - is a very sad situation. Many Kenyans are suffering. Many of them are rushing to the private hospitals and they cannot even afford or manage. I think we made a mistake by devolving health. We may need to think of returning health to the national Government because county governments may not have the capacity to handle doctors' issues. We need to sit together and agree as Kenyans on how best to tackle it. Some of our counties argue that they do not even have

the monies, while some say that they have the money to pay doctors. We shall get into a situation where there is no standard in handling issues in the health sector.

With regard to the issue of infrastructure, we now have a situation where we do not have proper standards in our counties. You find some counties constructing small dispensaries with no medicine or staff and other counties doing it properly. The health function should have remained with the national Government.

This Bill has come at the right time. We need to set standards for training our clinical officers, registration and also licensing so that they can operate in a conducive manner when they are serving Kenyans.

I support the Bill.

The Temporary Deputy Speaker (Hon. Omulele): Let us have Hon. Richard Tong'i.

Hon. Tong'i: Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to also speak to this Bill, which is very important. Health is wealth. When people are healthy, then the nation is healthy and all of us operate at our maximum potential. At the outset, I also support the Bill and thank the initiator of the Bill.

The Temporary Deputy Speaker (Hon. Omulele): Before you proceed, Hon. Tongi, Hon. Ngunjiri, do I see an intervention on your part?

Hon. Ngunjiri: Yes, Hon. Temporary Deputy Speaker. I wanted to alert you that I do not see the Opposition in this House today. I do not know what is happening. They are very important. I cannot see anyone of them. Does that mean that they are not interested in this Bill?

The Temporary Deputy Speaker (Hon. Omulele): Hon. Ngunjiri, you will note that this is not an adversarial House. This is a presidential system. We do not really have an Opposition. We are all in Parliament for the good of all Kenyans. I see Hon. Tong'i is here and he has an opportunity to speak.

Hon. Tong'i: Thank you, Hon. Temporary Deputy Speaker. We all aspire to serve Kenyans regardless of our political party affiliations. It is in the interest of Kenya that we have as many Members in Parliament as possible, so that we can contribute to this wonderful and very important Bill.

I support this Bill because I believe in it. It is only fair and reasonable that, that which cannot be measured cannot be rewarded. The only way we will reward clinical officers is by setting up standards which will regulate the way they operate; ensure that they get quality education; and they get the kind of licences that they require. That way, we will avoid unmitigated challenges of having people pretending to be professionals and yet, they are not qualified to handle sensitive human life.

As you are aware, most of us as Members of Parliament have gone out of our way to set up clinical centres using the National Government Constituencies Development Fund, in areas we think are strategic in terms of taking into account the population and the distance between one health centre to the next, so that we can address issues of medical services. Health is a basic requirement. All of us need it. Unfortunately, our people back home cannot access good quality healthcare. That is because in most cases, the health centres are not equipped; do not have the medicine or qualified people to run them and that makes it very difficult for the ordinary *mwananchi* to access medical centres. The Bill has come in handy to fill that gap and I am sure it will go a long way in doing so.

Hon. Temporary Deputy Speaker, we have had cases in the past where religious organisations belonging to the Catholics, SDAs and other faiths have come in to fill the gap and ensure that health services are available to the needy. That has not been very easy because of the

high population. For example, I come from Kisii County which is the only part of the world where we have 1,000 people per square kilometre. That is unprecedented. There is nowhere in Kenya that you can have that kind of population. If we do not address health care matters, we are going to have many sick people. When there is a huge population, there are natural things which follow like the challenges in accessing medical services, education and most of the other basic things in life. That is why, as leaders, we have gone out of our way to mitigate that challenge by putting up structures.

Hon. Temporary Deputy Speaker, in my constituency - and I have been to your constituency where I saw you have done as much - we have set up dispensaries. I have set up dispensaries in Nyang'eni, Kerera, Nyamagwa, Birongo, Kiogoro, Kegati, Ibeno, Keumbu, Kirikendo, Otamba, Masongo and Nyasancha. However, the most unfortunate part of it is that most of those health centres and hospitals are poorly equipped. We do not have doctors and clinical officers to run them. We do not have clinical officers to help us ensure people get quality services. In a few cases where we have them, they are not motivated enough to serve the people. That poses a serious challenge. As a nation, we have to address it. I believe this Bill will, somewhat, try to address that concern.

The Government has graciously accepted to give us a Kenya Medical Training College (KMTC) at Ibeno, which is a very noble idea. It is going to help address the issues we have.

The Temporary Deputy Speaker (Hon. Omulele): Hon. Tong'i, I am compelled to interrupt you by virtue of Standing Order No.97(4). The time for debate for this Bill has lapsed. It is now time for the Mover to reply. Mover, as you do so, you know how we go about this. I see there is interest from Members who would like to say something about this Bill. So, it is entirely up to you. You have 10 minutes.

Hon. Sang: Thank you, Hon. Temporary Deputy Speaker. Before I reply, I want to donate one minute each to my colleagues. Precisely one minute to Hon. Tong'i.

The Temporary Deputy Speaker (Hon. Omulele): So, do I get it that you are donating one minute to Hon. Tong'i to clear his submissions? You are also donating one minute to Hon. Tobiko, Member for Kajiado East, one minute to Hon. Karithi, Member for Tigania West and one minute to Hon. Beatrice Nyaga. We will proceed in that order.

Hon. Tong'i: Thank you, Hon. Temporary Deputy Speaker. I also want to note that the doctors' strike has taken a toll on our people. I recommend that we have a healthcare commission to harmonise the quality of services given by the doctors in every county, so that we can ensure that transfers are possible whenever a doctor wants to move from one county to another. That way, we are going to ensure that the quality of services is transferred. Christa Marianne Hospital in my constituency has supported patients during the doctors' strike, but has not been refunded by the county government. We will have to force the county government to step in and finance that kind of a hospital especially in the delivery of babies because health is a function of the county governments. County governments have failed us in that front. We need to find a way to compel the county governments to support private hospitals, especially those that are providing basic functions like maternity services.

Hon. (Ms.) Tobiko: Thank you, Hon. Temporary Deputy Speaker and also the Mover for giving me one minute.

This Bill would not have come at a better time. Our health sector is in a crisis. We so much need regulations and standards to be raised and Kenyans to be served well. Clinical

officers require training and their practice regulated. They also need to operate within certain disciplinary measures so that Kenyans can be treated better and receive medical attention.

The country is in a crisis. Women and young children are suffering. I call upon all who are concerned to put a humane face in this on-going crisis. There is nothing a human being requires more than medical attention.

I support this Bill because it has come at the right time and we need to serve Kenyans appropriately.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Omulele): Hon. Karithi.

Hon. Karithi: Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity. Let me support this Bill by Hon. Sang. It is a very important Bill. It will go a long way in providing and establishing the Clinical Officers Council which will be in charge of supervision, control, training and professional practice. It will also approve training institutions.

Clinical officers are the backbone of the health sector in our country. I urge county governments to support clinical officers, especially those who are trained and yet, they have no jobs. This Bill will create space for trained clinical officers to open their clinics and create jobs.

I also thank the Mover of this Bill and, as a Member of the Departmental Committee on Health, I support it up to its conclusion. It will go a long way in bringing sanity in our country.

Thank you, Hon. Temporary Deputy Speaker.

Hon. (Ms.) B.N. Nyaga: Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to support this Bill by my friend, Hon. Sang. It has come at the right time. Clinical officers are the backbone of the medical profession. For example, this time when the doctors are on strike, clinical officers are working day and night to save the lives of our people. They work under very difficult conditions; say, without proper facilities and equipment. But they still manage to save lives.

It is also very important for qualified clinical officers to be given licences so that they can operate privately. Those who intend to remain in public service can be supported by the Government. At this time when the doctors are on strike, it is the clinical officers who are taking care of our people.

The profession of clinical officers has been forgotten. I support what my colleagues have said to the effect that we need to have a referendum where we can revert the health sector to the national Government. That is because the governors have failed this country. They have not been able to take care of the health sector. It is high time it was taken back to the national Government. I support this important Bill.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Omulele): Hon. Sang, you have about three minutes.

Hon. Sang: Thank you, Hon. Temporary Deputy Speaker. I want to thank my colleagues. I know their contributions will go a long way in enriching this Bill. I know during the Committee of the Whole House Stage, we are going to bring some amendments and things will go well.

Clinical officers in this country are doing a very wonderful job. They are everywhere in this country. They have been helping patients. They have been doing a lot. With this particular law, I know we are going to expand their environment and probably have them help Kenyans access services. Some of my colleagues have mentioned their friends who are clinical officers. Honestly, they are doing well. I also have friends who are clinical officers and I want to appreciate Chris Sang, Irene Mutai, George Lang'at and George Ouma. They are doing very well

even as they offer their services in facilities in Kapkatet and Litein. I have heard one of the Members say clinical officers now have degrees. I also want to mention Prof. Kang'ethe, who rose from diploma level to where he is currently. He is now a Professor at Moi University. Let me also mention Dr. Nyariki and Dr. Choge who are working at Kabianga University. They also started down as clinical officers and they are now heading the Medical Department in Kabianga University. Others are Frankline Lewa and my teacher, David Njeru. I know they have also gone back to school. They now have PhDs in different programmes. So, clinical officers are now practising. I have already mentioned Chris and Irene. Others are Kamau in Siaya and Muia in Thika who are doing well in health service delivery.

On the issue of offensive clauses, for example, Clause 22, I know during the Third Reading, we are going to expunge them and allow clinical officers to practise in a good environment. The Kenya Medical Training College (KMTC) is the institution that produces clinical officers. I know if we allow more funding to go the KMTC way, it will produce more clinical officers with the competencies to help Kenyans.

As I conclude, I hope the good people of Bureti who elected me in 2013, will also re-elect me because I have five more Bills to prosecute. I have the Community Oral Health Bill, the Dental Technology, the Orthotics and Prosthetics Bill, the Orthopaedic Technology Bill and the Plaster Technicians Bill. If they give me another opportunity to serve them, I will be able to prosecute all these Bills so that we help improve the health sector in this country.

Lastly, on the issue of strikes, this is unfortunate. The ones who are suffering are the poor people. The haves go to private hospitals while the have-nots stay at home without treatment. I hope we are going to sort out the doctors' strike as early as we can, so that we can help the have-nots in this country to access medical care.

I hope we will look at the issue of health financing in this country. I hope during my lifetime to see the poor go to hospital like the rich, get treatment and go back home without paying a cent. Yes, we have NHIF, but there have been complaints that the Kshs500 that people are made to pay every month is too high. We hope the Government will come up with a system where it will pay for the services that Kenyans seek in different hospitals, so that the poor can go to hospital, get treatment and go back home. It is unfortunate that in hospitals in our constituencies, there are patients who are bedridden because of complications that are avoidable. If we invest at the primary level, I mean in the dispensaries and health centres, we will avoid issues of paralysis. We will be able to manage many conditions. Kidney diseases are conditions that we can treat.

I want to finish by thanking my colleagues. We are, most probably, going to enrich this Bill in the Third Reading. We are going to do something so that, at least, we can allow clinical officers to have an environment in which they can help Kenyans.

I beg to reply.

The Temporary Deputy Speaker (Hon. Omulele): Very well. Hon. Sang, we pray and hope that the people of Bureti have heard your prayer that they return you here so that you can continue with the good work that you have done for this country.

For obvious reasons, I will not put the Question. We shall move to the next business.

(Putting of the Question deferred)

THE NATIONAL AUTHORITY FOR THE CAMPAIGN AGAINST
ALCOHOL AND DRUG ABUSE (AMENDMENT) BILL

The Temporary Deputy Speaker (Hon. Omulele): Hon. Waititu? I cannot see him. Hon. Waititu desiring not be present, we shall defer this business and move to the next Order.

(Bill deferred)

THE BASIC EDUCATION (AMENDMENT) BILL

The Temporary Deputy Speaker (Hon. Omulele): Hon. Grace Kiptui, Member for Baringo? Hon. Grace Kiptui desiring not be present at this time, we shall defer this business.

(Bill deferred)

Next Order!

THE KENYA NATIONAL EXAMINATIONS
COUNCIL (AMENDMENT) BILL

The Temporary Deputy Speaker (Hon. Omulele): Hon. Alfred Agoi Masadia, Member for Sabatia? I do not seem to see Hon. Agoi. Hon. Agoi not desiring to be present at this time, we defer this business.

(Bill deferred)

Next Order!

THE NATIONAL POLICE SERVICE (AMENDMENT) BILL

The Temporary Deputy Speaker (Hon. Omulele): Hon. Sheriff Nassir, Member for Mvita? Hon. Nassir not desiring to be present, I order that this business is deferred.

(Bill deferred)

ADJOURNMENT

The Temporary Deputy Speaker (Hon. Omulele): Hon. Members, in accordance with our Standing Order No. 36 and the time being 12.29 p.m., this House stands adjourned until Wednesday, 22nd February 2017 at 2.30 p.m.

The House rose at 12.29 p.m.