

NATIONAL ASSEMBLY

OFFICIAL REPORT

Tuesday, 27th March 2018

The House met at 2.30 p.m.

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

PRAYERS

PETITIONS

AMENDMENT OF THE ENGINEERS ACT

Hon. Speaker: Hon. Members, this is to convey a Petition on proposed amendments to the Engineers Act, 2011. It is on the engineers situation in the county.

Pursuant to the provisions of Standing Order No. 225(2)(b), I wish to convey to the House that my office is in receipt of a Petition by one Dr. Ferdinand Chirure Nyongesa, PhD. The Petitioner is praying that the National Assembly repeals various sections of the Engineers Act, 2011 with a view to enhancing industrial take off and realisation of Vision 2030 through increasing the number of engineers in the manufacturing sector.

The Petitioner avers that in a recent report by the World Bank titled: “Expanding Tertiary Education for Well-paid Jobs: Competitiveness and shared Prosperity in Kenya”, Kenya has been warned that it may not have the requisite number of engineering professionals to catapult it to the Vision 2030, since only 2000 out of the expected targeted number of engineers are registered in the country.

The Petitioner, therefore, prays that the National Assembly amends the Engineers Act, 2011 to enable registration of adequate supply of scientists and engineers to the labour market to drive the development agenda for the benefit of the citizens.

Pursuant to the provisions of Standing Order No. 227, this Petition stands committed to the Departmental Committee on Education and Research for consideration. The Committee is requested to consider drafting an appropriate legislation to address the Petitioner’s prayers, if they find there is need to do so.

I thank you.

I know there is a requirement that Members may be allowed to make some comments. But, I want to combine this public Petition with another to be presented by Hon. Gideon Keter, Nominated MP.

LIFTING OF CAVEAT IN MAU FOREST COMPLEX

Hon. Gideon Keter: Thank you, Hon. Speaker.

I would like to present a public Petition on lifting of caveat imposed on lands in the formal settlement of the entire Mau Forest Complex:

I, the undersigned, on behalf of the residents of the entire Mau Complex, draw the attention of the House to the following:

THAT, land ownership in Kenya is facing various challenges which have negatively impacted on the standards of living for the people including inter alia, underdevelopment of property, lack of credit facilities from financial institutions and inadequate capital to do business, among others.

THAT, agriculture has remained the sole source of livelihood for the residents of parts of the Mau Complex in parts of Baringo, Bomet, Nakuru, Narok, Kericho and Uasin Gishu counties; as land utilisation is a key factor of production.

THAT, the major challenge facing development of land in the agricultural areas is the reluctance by financial institutions to provide loans to the residents due to lack of ownership by title, brought about by caveats.

THAT, as a result, majority of the residents in most parts of the aforementioned regions have resorted to borrowing money from unscrupulous money lenders who demand hefty interest payments which is disadvantageous to the citizens.

THAT, besides the inability to obtain financing from credible financial institutions, the residents have constantly been harassed by the Kenya Forest Service wardens, for allegedly using trees from the forest, making it difficult for them to put up decent housing for their families.

THAT, efforts to resolve the matter with the Ministry of Lands and the National Land Commission have been futile.

THAT, issues raised in this Petition are not pending in any court of law, constitutional or any other legal body.

Therefore, your humble Petitioners pray that the National Assembly, through the Departmental Committee on Lands, recommends that the Cabinet Secretary for Lands in conjunction with the National Land Commission, urgently address the land question in the Mau Complex, with a view to establishing ownership and consider lifting the caveats imposed on all those who are genuine land owners, and makes any other order or direction that it deems fit in the circumstance of this Petition.

Your Petitioners will ever pray.

Hon. Speaker: We can now have comments, starting with Member for Endebess.

Hon. (Dr.) Pukose: Thank you, Hon. Speaker. First, I want to support the Petition by Ferdinand Nyongesa on the issue of increasing the number of engineers in this country. I remember Hon. Gumbo used to be very passionate about the Bill in the last Parliament. It is very critical for us to look into issues pertaining to engineers.

As you can see, today Hon. Elisha has sat in the seat of the Deputy Leader of Minority. Hon. Elisha seems to have threatened Hon. Chris Wamalwa such that he has kept off. I hope he is enjoying that privilege this afternoon and not permanently.

Hon. Ng'ongo: On a point of order, Hon. Speaker.

Hon. (Dr.) Pukose: In as far as the Bill by Hon. Keter is concerned, which talks about the lifting of the caveat on the Mau area, this is justified because we have genuine land owners within those areas. Similarly, this caveat has not only affected the Mau, it has also affected the people of Mount Elgon and Trans Nzoia. We have people who initially occupied lands that belong to former colonialists. These lands include Smith and Kaptega Farms and other areas, which were genuinely occupied by people who were evicted by the Kenya Forest Service. These are issues that need to be looked into. The genuine squatters or forest evictees should be

compensated accordingly. As you can remember, the Departmental Committee on Lands last time visited that area and its report is before the House. I hope something will be done very soon.

With those few remarks, I support both petitions.

Hon. Speaker: Member for Suba South.

Hon. Ng'ongo: Hon. Speaker, my point of order has been overtaken by events. I just wanted to correct Hon. Pukose. Hon. Elisha is sitting on Hon. Junet's seat. So, I do not see any threat. If the threat is on Chris Wamalwa's seat, it is safe. It is right here in the middle. There is no need for worry, unless Hon. Elisha wants to take over as Minority Whip. I would assure him that there is no possibility of changes any time soon.

Hon. Speaker: The Member for Gem wants to feel the warmth. He might have been told that the person he replaced used to seat just next to where he is. He is practising something. He is seeing far.

Member for Narok North.

Hon. ole Kenta: Thank you, Hon. Speaker. I would like to comment on the Petition by Hon. Keter and also inform him that there were reasons for putting a caveat on Mau Forest. I would like to further inform him that there was a taskforce which proved that there were no valid titles in the Maasai Mau. There were crooked individuals who sold land to unsuspecting people who extended the boundaries of group ranches. Unless you are telling Kenyans and the world that you do not respect the rule of law, you will lift those caveats. We cannot politicize the issue of the Mau Forest. We have had poachers and other criminals who have encroached on the forests, being told to stay there for purposes of votes.

Hon. Speaker: Hon. ole Kenta, this is a chance to make comments. You started by wanting to inform. I wondered whether...

Hon. ole Kenta: Let me just comment then. I think he is acting in futility. He is telling the National Assembly to do what is illegal. What makes me realise that we are losing track as a country is because somebody says that a criminal activity that has taken place be validated. This is something the National Assembly should not encourage at all. The Petition should not see the light of day.

Hon. Speaker: Member for Gilgil.

Hon. (Ms.) Wanjira: Thank you, Hon. Speaker. I also want to comment on the first Petition by Ferdinand Nyongesa. The Petition is not only timely, but also informs the big four agenda for the Jubilee Government. It as well informs the Sustainable Development Goals (SDGs) and the issue of engineers. It also touches on housing, manufacturing and roads. There must be an annex even as we scrutinise it, with the Ministry of Education, Science and Technology to ensure that there is a linkage.

You know, with the exit of Matiang'i, we have no doubt that Amina will do that, so that the engineers we are producing from our universities can have proper training in order to end the menace of buildings collapsing every now and then. It will as well deal with the issue of roads being constructed with no pedestrian walkways. Even as we review, that annex will be very critical. Nevertheless, I support.

On the issue of Mau, I agree with Hon. ole Kenta that we remove politics from the Mau Complex and look at it deeply before we pronounce ourselves as a House.

Thank you, Hon. Speaker.

Hon. Speaker: Finally, Member for Kimilili.

Hon. Didimus Mutua: Thank you, Hon. Speaker. I would like to comment on the first Petition by Dr. Nyongesa.

I would like to make it very clear that the only way of increasing engineers in this country is for people to go to school and study engineering. I speak as an engineer. Engineering is not like medicine whereby once you go to the university, you acquire the title. I am an engineer, but I have not reached the level of calling myself an engineer. There is no shortcut. If you want to be an engineer, you have to go to the university and study. We must be very careful about trying to repeal the Act to pave way for supplying quacks into the engineering market. This is a serious matter that needs to be looked into. We are experts in that field. We know for a fact that the requirements for somebody to become an engineer are very clear. After graduating from university, you have to register yourself as a graduate engineer. After some years of experience, with the recommendation of a senior engineer, you can apply to be registered as a professional engineer.

I oppose such amendments. People who want to be engineers should go to the university and study.

Hon. Speaker: Those were just meant to be comments on those two petitions. The first petition stands committed to the Committee on Education and Research to act within the stipulated timelines. The second petition, by Hon. Korir, is committed to the Departmental Committee on Lands. The Committee will also act within the stipulated timelines of 60 days. Should there be need for extension, come and report to the House that for one reason or another, you are unable to finish the investigations that you are required to do.

Hon. Wakhungu: On a point of order, Hon. Speaker.

Hon. Speaker: No. I saw the time you walked in. Unfortunately, I always see when people are making their way in, especially after we have said the prayers. Member for Kiminini, just relax. Nothing is out of order. You cannot be afraid of the Member for Gem and the Member for Kitutu Chache South. They are not harmful people.

Let us move to the next Order.

PAPERS LAID

Hon. Speaker: The Leader of the Majority Party.

Hon. A.B. Duale: Hon. Speaker, I beg to lay the following Papers on the Table of the House:

The Public Finance Management (Senate Monetary and Evaluation) Regulations, 2018 and the Explanatory Memorandum (pursuant to Section 24 of the Public Finance Management Act, 2012).

Hon. Speaker, with your permission, the Committee on Delegated Legislation—I am sure Hon. Shollei is here—may I seek an extension for consideration of this due to the 10 days recess we are going to. So I think tomorrow or the day after, she can seek an extension.

The Reports of the Auditor-General on the Financial Statements in respect of the following institutions for the year ended 30th June 2017 and the certificates therein—

1. The Kenya Medical Supplies Authority;
2. Medical Practitioners and Dentists Board;
3. Kenya Medical Laboratory Technicians and Technologists Board;
4. NEPAD/APRM Kenya Secretariat; and
5. Central Bank of Kenya Account

The Report of the Auditor-General on the Financial Statements of the Pest Control Products Board for the year ended 30th June 2016 and the certificate therein.

The Business transacted by the Fourth Assembly of the East African Legislative Assembly at its Third Meeting of the First Session, East African Legislative Assembly Chamber, East African Community Headquarters, Arusha, Tanzania, as follows—

- (i) Resolution of the Assembly granting special leave of the House to intervene and to use records of the House at the East African Court of Justice (Case Reference No. 02 of 2018);
- (ii) Resolution of the Assembly to save, retain and continue in the Assembly Bills that were introduced in the Third Assembly; and
- (iii) Motion to grant leave to introduce a Private Member's Bill entitled "The East African Community Customs Management Act (Amendment) Bill, 2018";
- (iv) Provisional programme for the plenary and standing committees of the East African Legislative Assembly for the Fourth Meeting of its First Session of the Fourth Assembly from 8th to 28th April 2018.

The Second Report of the Committee on Appointments on the Vetting of the Nominee for Appointment as the Attorney-General of the Republic of Kenya.

Thank you, Hon. Speaker.

Hon. Speaker: Chairperson of the Committee on Delegated Legislation, Hon. (Ms.) Shollei.

(Hon. Ichung'wah consulted Hon. (Ms.) Shollei)

Hon. Shollei, the Member for Kikuyu is making it impossible for you to transact business. He is consulting when you have a Report to table.

Hon. (Ms.) Shollei: Hon. Speaker, I beg to give notice of the following Motion...

Hon. Speaker: No. First, it is Papers.

Hon. (Ms.) Shollei: Hon. Speaker, I beg to seek an extension of 30 days for the...because I do not have the Paper with me.

Hon. Speaker: Hon. Shollei, I remember this morning seeing a set of three reports from your committee.

Hon. (Ms.) Shollei: Those are the ones I want to... I thought you were asking me to comment on the other one. I am ready. I beg to lay the report.

THAT, this House adopts the Reports of the Committee on Delegated Legislation, laid on the Table of this House this Tuesday, 27th March 2018, and pursuant to the provisions of Standing Order 210(4)(b), annulling in entirety the following regulations—

- (a) The National Land Commission (Investigation of Historical Land Injustices) Regulations, 2017;
- (b) The Traffic (Amendment) (No. 3) Rules, 2017; and
- (c) The Kenya Defence Forces (Pensions and Gratuities) (Officers and Service Members) Regulations, 2017.

Thank you, Hon. Speaker.

Hon. Speaker: Whatever you have said now, Hon. Shollei, is expunged from the records, because you have talked about Papers laid and you have not laid any Paper. Actually, that is Order No. 6.

Hon. (Ms.) Shollei: Hon. Speaker, I want to lay the following Papers.

Hon. Speaker: Proceed now.

Hon. (Ms.) Shollei: Hon. Speaker, I beg to lay the following Papers on the Table of the House:

Reports of the Committee on Delegated Legislation on—

- (a) The National Land Commission (Investigation of Historical Land Injustices) Regulations, 2017;
- (b) The Traffic (Amendment) (No. 3) Rules, 2017; and
- (c) The Kenya Defence Forces (Pensions and Gratuities) (Officers and Service Members) Regulations, 2017.

Thank you, Hon. Speaker.

Hon. Speaker: Very well. Chairperson, Departmental Committee on Defence and Foreign Relations.

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

The Report of the Departmental Committee on Defence and Foreign Relations on vetting of nominee for appointment as Principal Secretary for State Department for East African Community and Northern Corridor.

Thank you, Hon. Speaker.

Hon. Speaker: The Chairperson, Departmental Committee on Environment and Natural Resources.

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

Report of the Departmental Committee on Environment and Natural Resources on vetting of nominee for appointment as Principal Secretary for State Department of Mining.

I thank you, Hon. Speaker.

Hon. Speaker: The Chairperson of the Departmental Committee on Communication, Information and Innovation, Hon. Kisang.

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

Report of the Departmental Committee on Communication, Information and Innovation on the vetting of the nominee for appointment as Principal Secretary for State Department of Information, Communication and Technology.

Thank you, Hon. Speaker.

Hon. Speaker: The Chairperson of the Departmental Committee on Justice and Legal Affairs, Hon. Cheptumo.

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

Report of the Departmental Committee on Justice and Legal Affairs on the vetting of nominee for appointment as the Director of Public Prosecutions.

Thank you, Hon. Speaker.

Hon. Speaker: Chairperson, Departmental Committee on Agriculture and Livestock.

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

Report of the Departmental Committee on Agriculture and Livestock on the vetting of nominee for appointment as Principal Secretary for State Department of Livestock.

Thank you.

Hon. Speaker: Chairperson, Departmental Committee on Administration and National Security. I have not seen any report from you. Do you have a report?

Hon. Koinange: Yes, I do.

Hon. Speaker: Have I approved it? Have I seen it?

Hon. Koinange: I think so.

Hon. Speaker: Have I seen the Report?

Hon. Koinange: You just signed it, Hon. Speaker.

Hon. Speaker: Hon. Koinange, probably I will have to look at the Report. I will not just allow you to table it. I saw you walking in carrying something, and I was wondering what it is. I will give you an opportunity once I see it. So, there is no problem. Just leave it with me.

Next Order.

NOTICES OF MOTIONS

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

Hon. Member for Sirisia, look at Standing Order No.103(2). It is okay to speak to the Hon. Leader of the Majority Party, but you have to do it from the other side and not anywhere where you would be between him and me.

Hon. A.B. Duale: Hon. Speaker, he is a serious Member. He is the Member of Parliament representing Hon. Wetangula; he inherited the seat from him.

(Laughter)

So, for those who do not know Hon. Waluke, please know that there are very few MPs who are Members representing very big people. So, he is the MP for Hon. Wetangula.

APPROVAL OF NOMINEE FOR APPOINTMENT AS THE ATTORNEY-GENERAL

Hon. A.B. Duale: Hon. Speaker, I beg to give notices of the following Motions:

THAT, this House adopts the Second Report of the Committee on Appointments on the vetting of a nominee for appointment as the Attorney-General of the Republic of Kenya, laid on the Table of the House on Tuesday, 27th March 2018 and pursuant to the provisions of Article 156(2) of the Constitution approves the appointment of Justice (Rtd.) Paul Kihara Kariuki as the Attorney-General of the Republic of Kenya.

APPOINTMENT OF MEMBERS TO THE PAN AFRICAN PARLIAMENT

THAT, pursuant to Article 5 of the Protocol to the Treaty establishing the African Economic Community and relating to the Pan African Parliament, this House approves the appointment of the following Members of Parliament to the Pan African Parliament (PAP)

1. Hon. Jude Njomo, MP
2. Hon. Beatrice Kones, MP
3. Hon. Janet Ongeru, MP
4. Hon. Sen. (Dr.) Abdullahi Ali, MP
5. Hon. Sen. Stewart Madzayo, MP

Hon. Speaker: Hon. Members, in all fairness, when you are claiming to rise on a point of order, I should also be in position to pay attention. I have just told Hon. Koinange that I needed to confirm that, indeed, the document he was bringing to me is proper and has signatures of the Members, which I have confirmed. So, Hon. Eseli, I know that you are an experienced Member, but I just thought that you did not want to appreciate that I needed to confirm this so that we move together.

Very well, Hon. Eseli. Proceed.

Hon. (Dr.) Simiyu: Thank you, Hon. Speaker. Is the Leader of the Majority Party, whom I respect very much, in order to mislead the House that Hon. Waluke is the MP for Hon.

Wetangula, when we know that the MP for Wetangula is Hon. Lusweti Mukwe of Kabuchai Constituency? He should not mislead the House.

Hon. Speaker: That seems like a point of information. You are informing the Hon. Leader of the Majority Party that Hon. Moses Masika Wetangula no longer resides in Sirisia Constituency and that he went to Kabuchai.

(Loud consultations)

Hon. Members, I do not think there is anything out of order. Let us get moving. The Leader of the Majority Party has given Notice of Motion. Hon. Gladys Boss Shollei, please, proceed to give your Notice of Motion.

Hon. Members who want to consult me, please, do not do it now. Let me just finish this. I need to hear what is being said by everybody. Please, do not consult me right now; wait until we begin debate. When you stand where you are standing now, you are in violation of Standing Order 103(2).

Proceed.

ADOPTION OF REPORTS OF THE COMMITTEE ON DELEGATED LEGISLATION

Hon. (Ms.) Shollei: Hon. Speaker, I beg to give notice of the following Motion:

THAT, this House adopts the Reports of the Committee on Delegated legislation, laid on the Table of this House on Tuesday, 27th March 2018 and pursuant to the provisions of Standing Order No. 210(4)(b) annulling in entirety the following regulations—

1. The National Land Commission (Investigation of Historical Land Injustices) Regulations, 2017;
2. The Traffic (Amendment) (No. 3) Rules, 2017; and
3. The Kenya Defence Forces (Pensions and Gratuities) (Officers and Service Members) Regulations, 2017.

Thank you, Hon. Speaker.

Hon. Speaker: Very well. Hon. Gladys, I want to congratulate your Committee. You have moved with a lot of speed. However, this is the truth: the Committee on Delegated Legislation has taken off at very high speed. The only unfortunate bit is that when you were not in the House, when the Motion about the adoption of your report was being moved, I think you left it to one of your Members who could not even explain in a single word what it was all about. I felt you should have been present to explain because when you come up with such radical proposition, like annulling regulations, there is need for the House and HANSARD to get to understand what went into the thinking of this recommendation. This is because it helps to also enrich the history of the institution of Parliament. So, next time when you are not present, allow somebody who will be in position to explain. However, I congratulate you because you have moved with a lot of speed, which is commendable.

Let us have Hon. Cheptumo on Order No. 6

APPROVAL OF NOMINEE FOR APPOINTMENT AS THE DIRECTOR OF PUBLIC PROSECUTIONS

Hon. Cheptumo: Thank you, Hon. Speaker. I beg to give notices of the following Motions:

THAT, this House adopts the Report of the Departmental Committee on Justice and Legal Affairs on the vetting of the nominee for appointment as Director of Public Prosecutions, laid on the Table of the House on Tuesday, 27th March 2018 and, pursuant to the provisions of Article 157(2) of the Constitution approves the appointment of Mr. Noordin Mohamed Haji to the Office of the Director of Public Prosecutions.

Hon. Speaker, I can also do the next one because I have two.

EXTENSION OF PERIOD FOR CONSIDERATION OF NOMINEE FOR
APPOINTMENT TO JUDICIAL SERVICE COMMISSION

THAT, pursuant to the provisions of Section 13 of the Public Appointments (Parliamentary Approval) Act 2011 relating to the extension of period for consideration of nominees for appointment to a public office, this House resolves to extend the period for consideration of the nominee submitted by the President for the appointment to the Judicial Service Commission by a further period of ten (10) days from 3rd April 2018.

Thank you.

Hon. Speaker: Did you say from 3rd April, Hon. Cheptumo?

Hon. Cheptumo: It is from 3rd April 2018. Ten days from 3rd April 2018.

Hon. Speaker: Very well.

Hon. Katoo ole Metito!

APPROVAL OF NOMINEE FOR APPOINTMENT AS
PRINCIPAL SECRETARY, EAST AFRICAN COMMUNITY

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

THAT, this House adopts the Report of the Departmental Committee on Defence and Foreign Relations on the vetting of nominee for appointment as Principal Secretary, laid on the Table of the House on Tuesday, 27th March 2018 and pursuant to the provisions of Article 155(3)(b) of the Constitution, approves the appointment of Dr. Susan Jemutai Komen as Principal Secretary, State Department of East Africa Community in the Ministry of East African Community and Northern Corridor Development.

Thank you, Hon. Speaker.

APPROVAL OF NOMINEE FOR APPOINTMENT AS PRINCIPAL SECRETARY, MINING

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

THAT, this House adopts the Report of the Departmental Committee on Environment and Natural Resources on the vetting of nominee for appointment as Principal Secretary, laid on the Table of the House on Tuesday, 27th March 2018 and pursuant to the provisions of Article 155(3)(b) of the Constitution, approves the appointment of John Morangi Omenge as Principal Secretary State Department of Mining.

Thank you, Hon. Speaker.

APPROVAL OF NOMINEE FOR APPOINTMENT AS PRINCIPAL SECRETARY,
INFORMATION, COMMUNICATION AND TECHNOLOGY

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

THAT, this House adopts the Report of the Departmental Committee on Communication, Information and Innovation on the vetting of nominee for appointment as Principal Secretary, laid on the Table of the House on Tuesday, 27th March 2018 and pursuant to the provisions of Article 155(3)(b) of the Constitution, approves the appointment of Mr. Jerome Okoth Ochieng, as Principal Secretary, State Department for Information, Communication and Technology.

Thank you, Hon. Speaker.

APPROVAL OF NOMINEE FOR APPOINTMENT AS PRINCIPAL SECRETARY, LIVESTOCK

Hon. Yussuf Adan: Hon. Speaker, I beg to give notice of the following Motion:

THAT, this House adopts the Report of the Departmental Committee on Agriculture and Livestock on the vetting of nominee for appointment as Principal Secretary, laid on the Table of the House on Tuesday, 27th March 2018 and pursuant to the provisions of Article 155(3)(b) of the Constitution approves the appointment of Mr. Harry K. Kimtai as Principal Secretary, State Department for Livestock.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Paul Koinange, with leave of the Chair, lay the Report and please proceed to give notice.

PAPER LAID

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

Report of the Departmental Committee on Administration and National Security on Vetting of Nominee for Appointment as Principal Secretary for State Department of Correctional Services.

Thank you, Hon. Speaker.

Hon. Speaker: You may proceed to also give notice.

NOTICE OF MOTION

APPROVAL OF NOMINEE FOR APPOINTMENT AS PRINCIPAL SECRETARY, CORRECTIONAL SERVICES

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

THAT, this House adopts the Report of the Departmental Committee on Administration and National Security on the vetting of nominee for appointment as Principal Secretary, laid on the Table of the House on Tuesday, 27th March 2018 and pursuant to the provisions of Article 155(3)(b) of the Constitution, approves the appointment of Mr. Alfred Cheruiyot as Principal Secretary, State Department for Correctional Services.

Hon. Speaker: Next Order!

STATEMENT

ZERO HOUR STATEMENTS

Hon. Speaker: Hon. Members, I have received two requests from the following Members: The Hon. Silas Tiren, on the provision of funds for purchase of maize and distribution of fertilizer to farmers, pursuant to Standing Order No.43.

There is a further Statement at Zero Hour from Hon. Joshua Kivinda Kimilu, Member for Kaiti Constituency, on National Education Management Information System (NEMIS) challenges encountered in the registration process.

Both Members will be allowed, at the hour of 6.30 p.m., to rise in their places and speak for periods not in excess of three minutes in the areas that they have indicated they want to speak on. A former President of this country usually used the word 'kujiyenjoy' which was a combination of both English and Kiswahili. This is happy hour as Hon. Wamalwa called it: it is Zero Hour. Obviously, he is a bit excited about that hour. Maybe he could bring something around that time.

Hon. Members, before we proceed, allow me to recognise the presence, in the Public Gallery, of students from the following Schools: Segero Hearts Adventist School, Kesses Constituency, Uasin Gishu County; Sinende Secondary School, Mogotio Constituency, Baringo County and Chemolingot Boys High School, Tiaty Constituency, Baringo County.

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

Hon. Speaker: Next Order.

MOTION

ADOPTION OF REPORT ON OPERATIONS AT KENYATTA NATIONAL HOSPITAL

THAT, this House adopts the Report of the Departmental Committee on Health on the Alleged Sexual Assault, Breakdown of Equipment, Surgical Mix-up and General Operations of Kenyatta National Hospital, laid on the Table of the House on Tuesday, 20th March 2018, pursuant to the provisions of Standing Order No.216 (5) (e)- subject to deletion of paragraph 255 appearing on page 61 of the report and substituting therefor the following new paragraph:

255. The Ministry of Health should:

- (a) compensate Mr. Samuel Kimani Wachira for the risk he was exposed to, trauma and permanent deformity caused by the surgical mix-up, and Mr. John Nderitu Mbugua for the delayed surgery that exposed him to fatality likely to result from the blood clot; and
- (b) institute remedial action on the two patients with a view to ensuring their full recovery.

(Hon. (Ms.) Chege on 22.3.2018)

(Resumption of Debate interrupted on 22.3.2018)

Hon. Speaker: Hon. Members, debate on this Motion was continuing and several Members had spoken. Hon. Rindikiri Murwithania was on the Floor and has a balance of five minutes, if he is still desirous of making use of the five minutes. Please proceed.

Hon. Rindikiri: Thank you, Hon. Speaker. I rise to support the Motion. The issues on this Report can be grouped into four: the overcrowding of Kenyatta National Hospital (KNH); a continuous trend of under-funding; serious shortage of staff; and, obsolete and old equipments.

The KNH has success cases, but due to these observable situations it has continued to render what has been found in the Report as sub-standard services. Whereas, I agree with the Report, we should not lose sight of the case studies emanating from the KNH and which have been identified as some of the best in the world. The notion created by some Members that the student registrars could be incompetent is not correct. They are suffering as a result of long hours of working. To render good service to everybody, this House should recognise the good work these people do under those strenuous circumstances. This House needs not to be seen to be sacrificing other people. We have two sets of workers at KNH. We have the professional services, that is, the doctors. They need to be given a pat on the back, and not a whipping.

We need to decongest KNH. It is high time that this House reverts back.

(Loud consultations)

Hon. Speaker, there are two Members who were shouting, as I spoke. They have taken one of my minutes.

Hon. Speaker: I am sure you may be appealing for an extra minute. You will get it.

Hon. Rindikiri: Thank you, Hon. Speaker. There is no concrete evidence which has been laid before this House to prove that the doctors were grossly incompetent. What has come out is that they are working long hours. Since human is to error, it could have forced the accident to occur. So, we need to urge for proper funding of the Hospital. There are issues to do with management and the overseeing board. My statement is that we need to restructure the board. We cannot comprehensively state – and it has not come out from the Report – that the board is incompetent other than some elements not turning up to deliberate on the issues they are supposed to deal with. We need to decongest KNH.

I represent Buuri Constituency. I was elected so that I can solve the problems of health in my constituency. Looking at what is happening at Level 5 hospitals, and the final effect they have on KNH, it is high time this House looked at the possibility of bringing back the health function to the national Government unless we are convinced that the money we have allocated to the counties is doing the right thing. For example, I have a Level 4 sub-county hospital called Timau. This hospital is opened at 8.00 a.m. and it closes at 5.00 p.m. It is like a secondary or primary school. I argued with the county health officers and asked them whether people should not get sick between 5.00 p.m. and 8.00 a.m. They get sick even at night. We have a bigger problem, and this problem is being felt at KNH.

As we debate this Report, we need to consider the national Government picking up the responsibility of providing medical services in this country. In any case, the President has stated – and we have agreed with him – that health is one of the four pillars on which he wants to leave his legacy behind. How are we going to achieve that if the counties are not moving in tandem with the national Government? In order for us to be successful in executing that pillar, it is high time we brought back the health function to the national Government. That way, we will have well-structured systems and actual allocation of resources...

Hon. Speaker: The minute was given. Next is the Member for Makueni.

Hon. Maanzo: Thank you, Hon. Speaker, for giving me an opportunity to contribute on this very important debate on the Report on the general state of operations of KNH. I have been

very concerned with the mix-up whereby the life of a Mr. Samuel Kimani Wachira and that of Mr. John Nderitu Mbugua were put to risk. If you look at the Report, you will find that although a Committee of the House sits with a similar mandate as the High Court of Kenya in terms summoning witnesses, the presentation of a Report is akin to a judgement of a court. You will realise that the House has proposed that these two gentlemen be sufficiently compensated. This is a very unique case in the world. In fact, I do not think there has been such a thing before.

We learn that the patient who had a blood clot in his head delayed in getting treatment and is still recovering. In fact, he has not recovered his memory at all. The events leading to the mix-up are such that there may have been negligence although we appreciate that the hospital is overloaded, and there is a lot of activity there. It is a national referral hospital. In fact, on the good side of it, it has some of the best and most experienced doctors you can ever find in Kenya. However, the structures supporting the doctors' operations at times frustrate them. The fact that a mix-up of surgery could happen, it means a lot of things could have happened, including patients being given wrong blood groups. The reason as to why there was a mix-up, and why labelling of the patients was not done, is that the patients were supposed to respond when their names were called out. Some patients may not be likely to speak when called. Somebody who is unwell may even think a different name is being called. Also, people share similar names. You may find people will have exactly similar names. Only their ID card numbers may differentiate those particular persons.

The system of labelling and identification of patients has to be deeper so that such an occurrence does not happen again. It is very close to death and very risky yet the purpose of medicine and hospital is to save life. Negligence of that nature is very serious. In fact, for medical staff or medical practitioners, it is very difficult to prove a case of negligence against them. First of all, the evidence has to come from fellow colleagues with similar qualifications. Secondly, they may not be willing to victimise each other. Thirdly, doctors work with utmost good faith. Their Hippocratic Oath is such that they have to be committed to save life, and that all materials and time is there to save the lives of people they know and people they do not know, and people they like and people they may not like. Therefore, on that particular mix-up, the hospital has to come up with a system whereby identification of patients is key. In fact, it can become electronic such that on the patients' labelling, there is something which further confirms because names can be similar or someone can think another person's name has been called out and ends up with that particular mix-up. As I said, it is very risky, in terms of most patients going through operations and having to be given extra blood. Blood group mix-up itself may mean a lot; it may be detrimental to the patient. I thought I should dwell on that particular issue. How then will you compensate such a patient?

I am saying this is a very unique case. It may not have happened again or reported anywhere in the world. We may have to come up with a mechanism to assist its lawyers to gauge what could be a reasonable compensation. Because these patients are recovering, it means the compensation has to be availed quickly so that it does not take forever for these patients to be compensated.

I urge Members to support this Report and I am sure they will so that there is a shortcut to justice for this particular patient. More importantly, there should be prevention in the future. How do we make sure this does not happen again? We are in the process of expanding the referral hospitals in the counties and a budget has been allocated towards the same. Those mistakes are also happening in many other Level 5 referral hospitals. What is the future of those hospitals if patients are suffering quietly? How can we make hospital mechanisms and operations

more efficient? One way is computerisation. The other one is retraining of staff so that the nurses who handle those patients are continuously trained such as what happens with the Council of Legal Education where lawyers are updated and trained constantly on certain matters. It is more important for medical staff and doctors to be trained and especially those who work in those particular areas.

There have been various other complaints in this Report such as the issue of rape which was not sufficiently proven. There are very many risks and dangers to mothers who have had babies. Many times, they are detained at the hospital due to lack of monies to pay off their bills. The KNH has saved a lot of lives, assisted a lot of people and waived the bills of poor patients. Medical attention is very important. What have we done as a House to make sure that we have a kitty to take care of patients who are likely to be detained in the hospital? That is part of the security menace in the hospital. The systems which govern security in that hospital are said to be weak.

One patient from my constituency of Makueni was robbed near the emergency section of the hospital. At times, criminals creep up to that area. The CCTV system should run for 24 hours in almost every corner of the hospital so that every criminal activity can be detected. The hospital should also be well-lit. This calls for a relook at the finances which go to this very important referral hospital. The hospital is the biggest in East and Central Africa and it assists patients from all walks of life. We need to make sure that institution is well-funded.

We also need to take care of the people who have once been treated are unable to leave the hospital immediately. This will allow others to come in once the hospital is decongested. The management and administration also need to be made more efficient. They need to employ the use of modern technology. We have already noted from the Committee that they do not have sufficient staff yet there are very many qualified Kenyans who are looking for jobs. It is part of solving the problem. Most importantly, just as we did with the Mama Lucy Kibaki Hospital, several other hospitals should be set up in the counties around Nairobi County to ease the pressure on KNH.

I wish those two patients quick recovery and compensation from the hospital.

Hon. Speaker: Let us have the Member for Marakwet East.

Hon. Bowen: Thank you, Hon. Speaker. From the word go, I oppose this Report.

The issue of KNH is beyond some of the recommendations made by the Departmental Committee on Health. I had time to look at the Report. Going back to 1963 or thereabout, the first President of this country, Mzee Jomo Kenyatta, talked about The Big Four agenda which, the current President - who happens to be his son - has also picked up. One of them was the fight against diseases which our President is currently talking about in terms of health. The issue of health has been talked about for a long time. The problems we have in KNH are huge which require the intervention of the President. It is only in KNH where you go for treatment for constipation and leave there without your brains. It is only in KNH where women go to give birth and leave the hospital with some abnormalities like the one we saw last week where the woman left with her intestines cut. There is a major problem in KNH. There is no substance in the Report which the Committee has brought before this House.

For instance, the Committee recommends that the KNH board be disbanded. The board only sits four times a year. They sit quarterly. Such a recommendation is not proper. As much as health is devolved to the counties, there is still a problem. The KNH is no longer a teaching and referral hospital. It has become a health centre because everybody goes there. It was meant to be a referral hospital. There is need for the Government to look into the Level 5 hospitals in the

entire 47 counties so that they are empowered and the cases coming before KNH should purely be referral cases.

When you talk about the general health situation in the country, none of the Members in this House, their relatives or senior Government officials would go to KNH for medical attention. All of us go to the Nairobi Hospital or the Aga Khan Hospital because the condition of KNH is so pathetic such that no one amongst us would seek medical attention there. There is need to improve the public health sector so that we have confidence even amongst ourselves as leaders and Kenyans. It is the same case with regard to our medical insurance...

Hon. Speaker: There is a point of order. What is your point of order?

Hon. Waweru: Hon. Speaker, I wanted to know if it is in order for the honourable Member to state that Members of Parliament and their relatives can never take their patients or themselves to KNH while I go to KNH and my relatives still also do. The fact is we are the ones making decisions for this country. Some of the decisions we make have an impact on national institutions and we are also consumers of the services that are offered in those national institutions.

Hon. Bowen: Hon. Speaker, I said that majority of Members in this House and even those at the top level of Government do not want to be associated with KNH, especially when seeking medical attention. It is the same with regard to our medical cover. We should have a National Hospital Insurance Fund (NHIF) medical cover. We have Jubilee Insurance here which is a private entity. If we are serious about building our public institutions or hospitals for that matter, it should be the way to go.

(Loud consultations)

Hon. Speaker: Hon. Members, it is not everything which is said by one Member which you do not agree with, that is out of order. You will be given your chance to give your bit.

Hon. Bowen: Hon. Speaker, I want to oppose this Report. Let us reject it and, if possible, have a commission of inquiry in place or further investigations be conducted into the affairs of KNH so that we can fix the systems. It is not enough to say that we send the board home. We will have another parastatal here tomorrow and we will have the same problems. We will do the same thing of saying that we send the Chief Executive Officer (CEO), Cabinet Secretary (CS) and the board home. There is need to fix systems.

I want to tell the Departmental Committee on Health in this House that they need to go back to KNH and look at some of the issues there, especially the issue of recruitment. When you go to KNH, one nurse serves 10 patients. How is that possible? Let us look at issues like increasing the remuneration of the doctors. Let us check their bargaining agreement and pay them well. Let us have good equipment at KNH. Let us make it a referral hospital as it was meant to be so that the other county hospitals can also function to support it.

Hon. Speaker, with those many remarks, I oppose the Motion.

Hon. Speaker: Member for Ndhiwa.

Hon. Martin Owino: Thank you very much, Hon. Speaker. I rise to urge Members to support this Report. The Committee put a lot of hours to examine all the systems in this institution.

Medical error, negligence or malpractice is global. In one of the highest institutions in the United States of America (USA) called Tufts Medical Centre, there was an incident which took place. They were supposed to operate on a spine on the back of a mum and the doctor

ordered a dye, which is a chemical used to locate where the tubing will take place. The pharmacy did not have the correct order and it gave an alternative to a nurse who handed it over to the surgeon. He did not read that the chemical was not supposed to be for intrathecal, which means that it cannot be injected in a spine area. So, the doctor did not check the label correctly. He injected the patient who died the following day. This did not lead to the condemnation of the institution. In fact, it opened all avenues so that both the administrative and Standard Operating Procedures (SOPs) were thoroughly checked.

I am trying to say that KNH has done a commendable job in many areas. We had a debate here last week. After the debate, a friend of mine called me. He had just done a very delicate procedure. He watched the debate with awe because we were condemning KNH. It was said to be a dumping ground where medical professionals cannot differentiate between a pregnant woman and a big bellied man. All sorts of things were said. I am trying to say that we have men and women in that institution who do a lot of good work for long hours.

Hon. Members, I want to say that even in developed countries like USA, in a year over 250,000 people die out of medical errors. These are more than traffic deaths. However, they still use that as an avenue to correct the system. We have a good institution. The Committee has laid down so many recommendations for this House to approve. We hope that the board that will be put in place will be of integrity to ensure that both the administration and professionals are put in place.

There is another thing which I want to highlight in that Report. We looked at the human resource for health. Indeed, it is below the World Health Organisation (WHO) standards. That also anchors on the funding of that institution. When people are understaffed, they get fatigued. That can compromise your delivery system. So, human resource is big issue at KNH. We also looked at their referral system. Everybody goes there because other peripheral systems have failed. I commend what the counties are trying to do. On that line, allow me to say *kudos* to my governor, Mr. Cyprian Awiti, who is putting up a new hospital so that many patients can have their referral at the county system. The counties need to be helped to have their own referral system. That will cut down on the cases that are flocking in KNH.

In primary healthcare most of the procedures or cases, other than accidents which are handled in KNH, come from the grassroots. They are either misdiagnosis of cases, wrong treatment or management of cases. We should empower Level 1 which is the household, Level 2 which is a dispensary and Level 3 which is a health centre. If we can empower those three tiers to manage cases well, then we can reduce complications that arise from them and some end up in KNH.

I also know that there was an attempt here to bring the Community Health Workers Bill and it did not pass through. We will bring it back, so that we can empower quick referral management of diseases at the lower level. In fact, in the universal health care, we are making households small hospitals, so that diseases can be managed very well. As a new Member of this House, allow me to say that sometimes we watch the type of deliberations we have with awe. It is important to know that as we deliberate here, Kenyans are watching us from different areas and in different conditions. It is good to be sensitive about what we say. I believe in human jokes but sometimes if they are not controlled, they drown the substance of what is being said here. In this debate last week, I was very keen to take note when the leadership of the House contributed. In my own judgement, I found that the substance was only 40 per cent and the rest, which is 60 per cent, were jokes and humour. As much as we love that, it drowns the substance of what is being said.

Lastly, I want to urge the House to adopt this Report. Let us look at all the recommendations. We all went through all the underlying factors that make people perform mistakes. We also said that we have to separate the triaging system from the conditions that need elective procedures - Those are the ones that can wait for the doctor. There are patients who are in critical conditions. They could be maimed, unable to talk or confused. When you do the triaging well, then the tagging starts straight away. The problem started at this point: the patient went to the ward which was overcrowded and it had only two nurses. The checklist for the procedures should be carefully monitored so that we do not end up with the same error. I urge Members to support the Motion because we did a lot of work to write the Report. Our Chair who moved the Motion is away attending to a case of tragic loss of a relative. Other issues will depend on the board and the Ministry to implement.

Thank you Hon. Speaker.

Hon. Speaker: Member for Funyula.

Hon. Oundo: Thank you, Hon. Speaker, for giving me this opportunity. I have had an opportunity to peruse through the Report and I commend the Committee for a job thoroughly well done. When I look at the recommendations, indeed, they emanate from the Report and tie up with the findings.

However, the solutions suggested in the Report, I am afraid, may not necessarily cure the malady at the hospital. As my colleagues have mentioned before, KNH is a referral hospital. As a referral hospital, in my limited understanding of medical terms, procedures and practices, it should surely deal with referral cases that cannot be handled at lower levels. But, KNH is now more or less like a primary healthcare facility that deals with all manner of ailments and conditions. Consequently, however good a system is or however robust the management is, it is bound to fail simply because it has been stretched beyond its mandate to deal with basic things that ought to have been dealt with at lower level hospitals. If you go to KNH, as many of us have witnessed, you will be lucky to be attended to within a day. Many times patients wait in the queue for a whopping 12 hours. If it was an emergency, I wonder whether that case still remains an emergency when one waits for all that time to get admission.

I request the Committee to basically re-look at the Report and the House to pass a resolution or put in place measures that will ensure that KNH remains a referral hospital truly. Therefore, this obviously, calls upon the Departmental Committee on Health to look at the issue in a more critical manner or holistic way. They should probably go beyond focusing on KNH to focus on the two main referral hospitals and at the entire medical management system in this country starting from Level 1 to all the way to Level 5 hospitals.

Indeed by now, Nairobi as a county needs to do much more at Mama Lucy Hospital, at Mbagathi Hospital and with all the small health centres, clinics and dispensaries to relieve pressure on KNH. Most of the cases that jam KNH are to do with motor vehicle accidents, motor cycle crashes, muggings and burglary and assault. I wonder why KNH has a maternity wing yet basic caesarean section operations can be undertaken elsewhere in a basic hospital. It is therefore important that the management of the hospital and the Departmental Committee on Health look for means and ways of making KNH a referral hospital and asking county governments to invest a little more in health facilities.

For sure, many of the public hospitals in this country are in pathetic situations. They are understaffed, do not have necessary facilities and do not have adequate supplies to enable them attend to medical issues and emergencies. That is why you find any person feeling unwell to a

point of desperation always hopes he will have some remedy or salvation at KNH or Moi Teaching and Referral Hospital in Eldoret.

It is up to us as a country and leaders to invest heavily in healthcare. As much as I commend the Jubilee Government for considering universal healthcare as one of the Big Four agenda items they want to deal with, mere rhetoric without adequate investment will remain stories to be written in history books that will not have an impact on the health services in the country. It is important that the national Government enters into concerted partnerships with county governments to literally improve the health facilities. For example, in Busia County, the Busia Referral hospital is just a shell. It is even a shame that it is referred to as a referral hospital. It has no ambulance, no adequate medical facilities and many patients who are taken there in critical conditions ultimately simply die even in cases where it can be avoided. All other health facilities in the county have nothing. They are just empty shells or empty buildings or structures that have basically nothing. They are only invested with termites and bedbugs with nothing of use.

So, I urge the national Government and the Committee to look at this issue in a holistic manner, by introducing a more serious approach to healthcare issues, strengthen structures at lower level hospitals, provide them with necessary facilities and give them medical supplies to enable them truly serve the people of Kenya.

The other day, there was a report in the newspapers that county governments owe the Kenya Medical Supplies Agency (KEMSA), the organ that provides medical and related equipment to hospitals, Kshs2.8 billion. Of course, the county governments argue and probably correctly that they do not get money disbursed from the national Government as required by law and the Constitution. So, obviously, their service delivery is getting constrained. I appeal to the national Government that it should not sabotage county governments or devolution. I urge it to expeditiously and promptly provide funds to county governments to enable them run health facilities. A sick nation's productivity will go down and we will not deliver on any matter.

On the issue of suspension of the CEO of KNH, ideally, I sympathise with her with the hospital being what it is, but the buck always rests at the top position. When you accept to take a position at that level, ultimately, you will be hounded out in one way or the other because, I am told, KNH is a cartel. It is not very surprising that one of my old friends, Dr. Ong'ech, declined to take up the position of acting CEO knowing he was being taken to a slaughter house. Obviously, he was going to end up in disrepute. Therefore, it is important that the board of management of KNH and the Departmental Committee on Health intervene and minimise the influence of cartels especially those involved in procurement so that we allow the hospital to run as a truly professional hospital.

With those few remarks, I support the Report but I request the Committee to re-look at it afresh. Thank you.

Hon. Speaker: Member for Kandara.

Hon. (Ms.) Wahome: Thank you, Hon. Speaker.

Hon. Speaker: You may have placed your card and forgotten.

Hon. (Ms.) Wahome: I was consulting Hon. Wangari. I am very proud of two women plus myself, elected from Murang'a County. There is something I regularly remind the House – that we must have attained the two-thirds gender rule.

Hon. Speaker, thank you for allowing me to contribute to this Motion. There are three things that sadden me about the events that preceded this Report. The cases that occurred at KNH are not cases that, as a country, we can be proud of. I have heard some of my colleagues

say that we should not condemn the hospital. But we must put a strong voice and, in some cases, condemn the actions or negligence of workers at the hospital. I agree with them entirely. Unless we put our minds and thoughts where the events and mistakes occurred, we might not be able to prevent another occurrence of similar nature at KNH.

Being a referral hospital, KNH must start ensuring that the services it is offering, especially professional services meet the status of a referral hospital. Every year, Kenyans allocate KNH a budget. Notwithstanding the inadequacies of that budget, we also pay professional staff at that hospital. I find it extremely worrying. I live with a doctor in my house. Wahome is a gynaecologist. I understand a few things that occur. I know the Deputy Speaker is smiling about that because he has regularly reminded me on that specific item. On the work of the registrars and the professional consultants at KNH, there is a serious failure that we must point out even as we support some of the recommendations that the Committee has come up with. I am extremely concerned that a wrong patient can reach an operation table without the surgeon noticing. It could be due to negligence. I am told that registrars have permission to operate under supervision. The consultants were not at the operating table in this particular case. We must look at the regulations under which the registrars undergoing training work. Who supervises them, and what are the guidelines on handling patients, especially serious cases like the ones we are discussing? There was a surgery to open up a patient's head or do craniotomy.

I am happy that various recommendations have been made by the Committee, including improving the working conditions, buying new equipment and renewing some medical equipment. However, the Committee has not addressed issues of dissatisfaction amongst many women in this country, including the alleged cases of sexual assault that took place at KNH. Failure by victims to report to the hospital does not mean that rape has not occurred. This is not a usual crime to report. Therefore, I would want this specific crime investigated. You can imagine your wife or your mother or your daughter going to deliver at KNH and then a morgue worker adds some extra burden on her through rape. That is a heinous crime, if it happened. It must be checked. It is not enough for KNH to say that no incident has been reported to administration. These are not the offences that women rush to report.

The welfare of the registrars must be looked at. Their terms of engagement with KNH and University of Nairobi must be looked at because they do the bulk of the work at that hospital.

I want to understand how this House will make a difference in terms of addressing these particular bad incidences, as an opportunity to improve service delivery at KNH. The Committee should have gone further to recommend the establishment of a rapid technical committee to follow up on all the issues that have emerged with a view to tackling them, with the assistance of this House's Departmental Committee on Health, as an oversight Committee. This Committee must take the opportunity to do a proper oversight. If, every time, we just come here with a report, debate and pass it, and then put on a shelf to gather dust, we will not be responding to the problems that have been raised by the Committee.

I agree that the Committee has found very serious issues that need urgent attention, including mismanagement or lack of management. The Committee needs to do their job by way of oversight, which is its constitutional mandate; but we also need to establish a technical committee to start work immediately. It needs to look at all the things that the Committee has listed, including the buying of equipment. One Magnetic Resonance Imaging (MRI) machine has served for 13 years instead of the usual seven. We are now purchasing an MRI. We want to know when it will be installed. We also want to know the results of investigations on sexual

assault cases by the Directorate of Criminal Investigation. We want to know how the hospital is going to follow up the cases they mishandled in terms of treatment. It is only through the work of a technical committee, linked to this House's Departmental Committee, that we can make a difference.

Therefore, I see these bad incidences as an opportunity for us to sort out the mess at KNH once and for all. This is what is happening in other hospitals. Even at Murang'a Level 5 Hospital, we have cases. I remember one case where a woman was raped within a police station. I do not agree with the recommendations that the police should be the ones to offer security. Simple things like security measures are not rocket science. Issues like ensuring that we have CCTV cameras and ensuring that mothers are housed within the reach of their babies so that their babies are not stolen for money is not rocket science. There are cases that we need to report back. If we leave this discussion at this point, we will have done a disservice to Kenyans. This Report and the work of the Committee will have gone to waste.

Therefore, as I support, I want to hear that that the Committee will come up with a new way of implementing our resolutions to ensure that it works. We have an implementation Committee. It can even pick it up from there and bring another report as far as the sorting out of this problem is concerned.

With those remarks, I support.

Hon. Speaker: Member for Kwanza.

Hon. F.K. Wanyonyi: Thank you, Hon. Speaker for the opportunity. First of all, I would like to thank the Departmental Committee on Health for having paid a prompt visit to KNH to cover almost everything that we are now looking at; right from the leadership of the hospital, board of directors, personnel, finance allocation, adherence to standard operating procedures, equipment and so forth.

Hon. Speaker, when you look at some of the problems KNH is facing, they are a bit embarrassing yet we have a very good management and a board of directors. From what we are seeing from the Committee's Report and contributions from each Member, we need to ask the board of directors and top management to take responsibility and resign so that we can get a new board to handle some of these issues.

I have been a board member in some other Government institutions and we always tried to look at exactly where the problem was. Basically, some of the problems in KNH should have been settled now. A sub-committee in the board should have been constituted to look into some of the issues. Nurses are overworked. The ratio of nurses to patients is very low. Some of them are allocated duties that they are not supposed to do which include discharging patients. These are issues that should have been solved. The problems at KNH are therefore because of the board which could have been disbanded by now.

The Level 5 hospitals down to Level 1 are also to blame because some of them are actually at the county level. We made a mistake in Schedule IV of our Constitution to have given the health responsibility to the county governments because they are not responsible. For example, we have cases in KNH maternity wing where mothers have been there for six months after delivery just because some of them have pending bills. They sit there, crowd the place and make the place look like a lodging which brings a problem. The worst part of it from what I have seen from the Report which is very explicit is the procurement of equipment. The lifetime of an MRI machine is seven years. We are told that they have been there for 14 years and are now obsolete. The information we have is that they made an order early this year from somewhere and they will come after six to seven months or thereabout and we are not sure if it will be

possible. Therefore, we are having problems at KNH because of the responsibility of the board of directors which, to me, are simple things that we need to look at. The equipment has not been purchased maybe because of low funding. It has not also come to the Committee to seek assistance to be able to fast track if there is any request for money.

Staff at KNH are also overworked. From the Report, I am told that the suggestion would have been for the board to propose buying or rather build new houses around the hospital so that nurses do not work for 14 to 16 hours a day. Normally, people will work for eight hours and someone else comes in to replace them. However, because of insecurity some nurses and even doctors work for over 14 hours. They get exhausted but if we build houses there, the shift can be up to eight hours and another group comes in after them so that they can give effective services to our patients. As suggested by the Committee, we should assist KNH so that they can hire more staff, both non-medical staff and medical staff. Of course doctors, nurses, pharmacists, and clinicians are very few. Even clerks should be hired so that they can do billing of the hospital on time.

Lastly and from the Report, there is need for us to pass this urgently so that the question of costing can be rectified. I know of cases where some people are supposed to have paid their bills and fortunately their bills are waived. The Committee should fast track that so that the Ministry can come up with a way of waiving bills because some of the patients might not be able to pay. How do we achieve that? KNH, through the Ministry of Health, should come up with a method of actually dealing with the bills that have been accrued by the patients. I am also made to understand that there are pending bills at the hospital. I do not know how true that is because it could have been made up by people who just want to make money out of the whole issue. I think we should ascertain that fact.

All in all, if the lower level hospitals can work well, then we can decongest KNH so that we can make it a referral and teaching hospital instead of patients going all the way to India and South Africa yet we can do better. This hospital has enough space and facilities. Some of them can be replaced so that it can become a proper referral hospital for this country and the region as a whole. It has been a referral and teaching hospital for this country and East Africa as a whole. Instead of taking our patients all the way to India, we should take them to KNH. The cure for all these is to have a new board to deal with matters at the KNH. The management should also take responsibility and resign. In fact, they ought to have done so yesterday.

I support the Report.

Hon. Speaker: Hon. Member for Tharaka, the Floor is yours.

Hon. Murugara: Thank you, Hon. Speaker. I rise to support the adoption of the Report by the Departmental Committee on Health.

The KNH is one of the biggest hospitals in East and Central Africa. It is a hospital that has a very long history of medical care. It is not supposed to be a hospital of first instance but one, where patients are referred from lower hospitals, for medicare. That is so that they are properly treated and go back in good health. Kenyatta National Hospital is a teaching hospital. This is where most of our doctors have gone through. The work that KNH has produced is highly commendable because Kenya boasts of having some of the best doctors in the world.

Our recollection of history in the 1970s is that KNH was one of the preferred hospitals in Kenya. Every patient who felt that he or she was not receiving sufficient attention in the smaller hospitals wished to be referred to KNH. That is no longer the case. In most cases, if a patient is admitted in KNH, they feel they have their death knell signed. I visit KNH every now and then, especially when my constituents are referred from the hospitals down there in Tharaka. I can

attest that out of the 100 patients that are referred and admitted in that hospital, only 20 might go back properly treated and in good health. A majority of them pass away and we have to take them back in caskets.

The question we ask is: Where did this rain start beating us? This started as soon as we stopped making KNH a referral hospital. It became a hospital of first call where every manner of ailment is taken. The end result was acute congestion in the hospital; overwhelming the medical staff until they are not able to discharge their duties in a diligent manner. It is because of the too many cases they have to handle.

As recommended, KNH should remain a referral hospital. It should be well funded. We must support the funding of that hospital to an extent that it is able to equip itself in the most modern manner so that it is in a position to have the necessary staff and medicine to offer the referral services that it is intended for.

The KNH is not the only one that has problems. I am supposed to have two Level 4 hospitals in my constituency. We have one only. Even the one we have is not a hospital, but a health centre that has been upgraded. It lacks facilities to the innermost core. Most of the patients who visit that Level 4 hospital have to be referred to small mission hospitals where care is not as proper as it should be. As a result, they find their way to KNH. The second Level 4 hospital is incomplete for the last three or four years. I urge the Government and the Ministry of Health to ensure that, that hospital is completed. I extend the plea we are making in this House that the medical sector, especially our hospitals, must be well funded, whether through the county governments, directly or whichever manner the Government will use to fund them. That is so that they are well staffed; they have enough medicine and they have the necessary equipment to tackle the various ailments we suffer from.

There has been an amendment to this Motion. It is an amendment I support. It is the amendment which, first and foremost, says that the gentleman whose cranium was accidentally opened must be compensated. I use the word “accidental” because elements of negligence may not have been very visible. He suffered trauma, deformity and other damage which requires compensation. There was the second gentleman whose surgery was delayed. As a result, possibly, his health has suffered. I am in full agreement that these gentlemen be adequately compensated by the Government. When they fully recover from what they went through, they should be able to live their full lives without any feeling of guilt, neglect or insufficiency. I urge the Government to move with speed and expeditiously compensate those gentlemen. It should be ensured they recover fully and live their lives better. Then, we should extend this to the hospitals in the constituencies and rural areas so that medical practitioners who are in those hospitals are well trained and work within the normal working hours. As it came out, some of those workers were overstretched. That overstressing can lead to some lapses in offering services. It is such lapses that lead to cases such as what we have.

As far as security in KNH is concerned, it is vital it be restored. Security should be provided. In fact, KNH has been converted to whatever it is by some evildoers. That includes peddling drugs or trying to move in there to conduct other illegal businesses. This is the security we are urging the Government to offer to that hospital so that once a patient is taken there, he or she is guaranteed of maximum healthcare and security. The trend I have referred to of patients having to be taken back to their homes in caskets should be reversed.

I support that this Motion be passed and KNH be taken care of. The care should be extended to other hospitals in our constituencies. Debate is still there as to whether our county governments have the capacity to take care of those hospitals. But that remains their

responsibility. Let them get the necessary funds. When time to consider whether that care is to be moved to the national Government comes, we will debate.

Hon. Speaker: Member for Tongaren.

Hon. (Dr.) Simiyu: Thank you, Hon. Speaker for giving me this chance to contribute to this Motion. I support the Motion as amended. I hasten to add that all the things that have been said about KNH are true. There is overcrowding, understaffing, underfunding and ill equipping. All those are true. Probably, much more is happening.

However, while I support this Report, I would like to alert the House and the nation that we are treating a symptom. We are not treating the disease. The healthcare sector in this country is on its deathbed. There is a serious disease in the healthcare sector. We need to look at it holistically. It has been bad all along. It has been ill all along. But, it got acutely so at the time of devolution. I lay this blame on the previous Council of Governors (CoG) which went and convinced the President to devolve, at one full swoop, health services.

The national Government was to check whether the county governments were ready to run that function and if they were not ready, they were to be facilitated to be ready before devolution happened. But now that devolution happened in such a precipitate manner, it has led to the acute state that healthcare is in, in the country at the moment. For us to remedy the situation, we need to bring all the players together to talk and find solutions because when you look at the County Government Act, indeed it allows a county government to liaise with the national Government and give up certain functions that they are incapable of or are having difficulty running. My advice would be that we need to put our heads together so that they all know that good healthcare drives the economy. Many people have never been able to relate healthcare and the economy. When healthcare fails, economic growth also fails. That is one critical factor that we need to come, sit together and find out how best to do it. One area they can start from is the devolution of the human resource for the health sector. I think that is one area that we need to look at and perhaps ask the national Government through the Health Services Commission to take it back, so that we are able to take care of the personnel much better.

On this issue of being overworked, I guess I went through it also. I did my internship at KNH. I practiced at KNH before I joined politics and came to this House. I did my postgraduate training at KNH and indeed, you would leave in the morning and go to work, attend lectures, do your work in the clinic or in the ward that you were allocated, then at night you were on duty. So you would not go home. You were on duty. Come morning, you were going back to class, you were going back to the clinic and to the ward that you were allocated. So, you were in that hospital day and night for quite some time before you went back home. So, the issue of overwork has always been there but now it is even worse with the overcrowding. The hospital is just overcrowded. If you go there during visiting hours, you will think it is market day and people are hurrying to the market. The place is just overcrowded unless we talk with the county governments and look at how best to solve it. Nairobi County, for example, used to have a Nairobi Health Management Board. I do not think the county government has set up that board again. We need that board to help decongest Kenyatta. So, we need to look at this thing holistically.

When you end up with people who are overworked, underpaid, unappreciated, dehumanized and grossly downgraded as the healthcare workers are, then it is a recipe for disaster. In fact, I am surprised that this is the first time we are getting this kind of disaster. I expect this to happen more often unless we do something about the generalized healthcare. Take

a simple mistake like equipment management service which is a national Government contribution to county governments yet they forgot to equip their own hospitals. By the Constitution, the national Government runs the health services but they forgot to even put equipment at KNH. The KNH now does not even have a functional MRI. In my view, with the capacity of KNH, they should have about five MRI equipment working. We even forgot to equip KNH. We have what I call a misplaced way of looking at healthcare and unless we put our minds together and do something about it, we are headed for big trouble.

As I finish and this is the elephant in the room, I am surprised that we have not faced it squarely as a nation that unless we look at our population growth rate, which far outstrips our economic growth rate, we are in trouble. We will never be able to provide services to our people because the population growth rate is outstripping our economic growth. That is one area many governments get scared of because of the churches. When you talk about family planning, churches come with all sorts of things. As politicians, we want huge populations because we think it guarantees us leadership. As a nation we need to think seriously. We cannot divorce population growth from economic development. Population growth is what is leading to the failing health services in the sense that whatever health service sector does with the high population growth rate...Even if you talk about mismanaged maternity care, what would you imagine a midwife who, when on duty has to deliver about 30 women in a day, would do? That midwife will be exhausted and that will lead to mismanagement. We need to look at this thing holistically as a nation. We need a serious conversation about healthcare. What we have recommended is good, but we need to institute that. What we are doing is treating symptoms, not the actual disease. We need a serious relook at our healthcare sector and what needs to be done to remedy the situation before it gets out of hand.

Thank you, Hon. Speaker.

Hon. Speaker: Member for Belgut.

Hon. Koech: Thank you, Hon. Speaker. I rise to oppose the Report by the Departmental Committee on Health. The Report is very good. I agree with everything including their findings and their visit to KNH. The only problem that I have with the Report is on the recommendations. Recommendation 245...

Hon. Speaker: Hon. Koech, let me just remind the House again that when you say you agree with everything... You have the right and nobody can take away that right to even propose an amendment by way of deletion of any recommendation. I am just saying that if you have something among the recommendations that you would want deleted, it is still within your power to suggest so. This is so that you are not found in a difficult situation where you are saying you agree with everything except something else. Obviously, you are right in saying that because you are appreciating that this is the effort of your own colleagues. But you can say: "I like this and that but I do not agree with this." The way that is done in parliamentary practice is you would then propose an amendment by way of deletion of whatever recommendation you do not agree with.

You are going to be compensated with two more minutes. Proceed.

Hon. Koech: Thank you. Most obliged. I was just late and I thought I would make my point heard in the House before I proceed to do the other one. I do not know which one comes first. I stand guided.

The Committee says that the board needs to be reconstituted. I do not agree with that because I find it quite extreme. We have become a society of mob lynching. We are talking about the entire board and management of KNH. I totally find it unfair. Dr. Eseli has mentioned

few successes from the KNH. A Member has just said that we bring about 100 people to KNH but only take about 20 back in coffins. That is a wrong statement; totally insensitive. This is an institution – the only one – that was working when all the doctors and nurses in this country were on strike last year. The KNH was the only one that was working not because they do not suffer as nurses and doctors, but because they found it in their heart that this is a huge hospital and the healthcare in this country would collapse if they do not work. I find it sad that the Committee in their own recommendation did not take a minute in their paragraph to even congratulate the KNH for the successes they have achieved. We have had cases of successful surgeries that were done last year at the KNH but no one seems to notice them. I do not agree with that.

When you say the board to appraise the top-level management with a view of placing the right personnel with the right qualifications in the position, are you trying to say that the board and the management that were there were incompetent? That is casting aspersions and almost making judgment on a report that we are yet to debate in this House. I totally do not agree with that. We must look at these things holistically. Let us be very fair in judgment of this board and the management of KNH. When the Report says, for instance, that the new board to come and assess the management and put the right people, and you are talking about appraising from the senior management; it tells me that there is someone who has been earmarked, possibly, to take over from the CEO who is now embattled. I want it to go on record that I am one of the people who vigorously raised the issue of impeachment of Sicily Kariuki not because there is anything personal but because I felt that she overreacted. She just came in, she did not realise what was happening at KNH and decided, in two minutes, to send the CEO on leave. I felt that was a bit reactive and very harsh to Dr. Lily Koros.

That notwithstanding, let this House consider what KNH has done. I will point to the House one thing that I saw. In the year 2018/2019, KNH requested Treasury for Kshs16.599 billion. All they got was Kshs9 billion. They had a deficit of Kshs7.4 billion. If you are working in such environment, even today if you decided to bring an angel to run KNH and you still have the systemic problems that they have, you still have the shortage of staff that they have, you still have problems with MRI machines and shortage of doctors, I can tell you that person will still fail.

As I conclude, Hon. Speaker—I do not want to take a lot of time—I want to say I do not support this Report.

Thank you very much.

Hon. Speaker: Member for Kiminini.

Hon. Wakhungu: Thank you, Hon. Speaker. I have gone through this Report carefully. First and foremost, I want to thank the Departmental Committee of Health. Within a short period, they managed to come up with a report. The Sustainable Development Goals (SDGs) are very clear in terms of universal healthcare. In our Bill of Rights, we talk of universal healthcare. In the Jubilee agenda, famously called The Big Four, there is manufacturing, housing, food security and universal healthcare. Kenyatta National Hospital is a leading referral hospital in this country, where we expect the highest level of professionalism. It is very worrying and disturbing when a patient has gone to the hospital and you are told there was a mix-up of head surgery. It leaves a lot to be desired. We know very well this is an operational issue. I have gone through the Report. Some of the recommendations in this Report have been generalised. Even implementation is indeed a challenge.

Kenyatta National Hospital has its own share of problems. When you go there, you will think you are in a marketplace. When you go there at lunch time to see patients, you see many

people struggling and scrambling. We have had cases of pickpocketing in KNH when visitors go to see their lovely patients. This problem is systemic. When I look at the Committee, much as they have tried doing their work, there are a lot of generalisations. I am not a member of that Committee, but I listened to the proceedings and saw an elderly nurse looking very tired. She was very sorry. She mentioned that she had been overworked all those hours and she made a mistake. I looked at the recommendations and they are not tied with the observations. We need a logical flow in terms of observations, conclusions and recommendations.

I know there was a Motion to impeach the CS. Of course, this House has the powers to impeach a CS if he has made a mistake. One of the cardinal responsibilities is as a CS you must ensure that the docket you lead must be good. When the CS went to KNH, the first thing she did was to suspend the CEO of the hospital pending investigations. I asked myself: Who was doing the investigations? Is it the investigation based in this parliamentary committee or there was another investigation? As far as I am concerned, there is nothing wrong when you are told to step aside pending investigations. That is in order everywhere. And it has happened. At one time, my party leader, Sen. Wetang'ula, was the Minister for Trade and when things were bad in Foreign Affairs, he was told to step aside pending investigations. Once the investigations have been concluded, if you are not culpable, you go back to your job. As far as I am concerned, the CS for Health did the right thing to suspend the CEO pending investigations. This CEO has not been sacked. That is a fact.

When a matter comes to the Floor of this House, it is so serious. I do not know whether you can be told to step aside pending investigations, because with everything in this House the buck stops with you, Hon. Speaker. So, as far as CS Sicily Kariuki is concerned, she never made any mistake. If I was the CS, obviously I would have done the same. This is procedural. So the issue of investigations is where we want to see the report. Is it the report of Parliament or there is another report? I am told the CS was putting together a taskforce to go further and be able to give recommendations accordingly. But based on this Report, when they say they must restructure the board, I do not see any problem. The buck stops with the board. In this country, you can look at the State Corporations Act, the chair is appointed by the President and the board members are appointed by the CS in charge. That board has been sleeping on the job, because the problems that have been there are systemic. It is a responsibility of the board to oversee the management. It is the responsibility of the board to approve some of the strategic management decisions. So for you to recommend that the board be restructured there is problem. When you look at the State Corporations Act, the board is supposed to operate for three years. It is the mandate of the President to appoint the chair. So that board must go. Can you imagine going to the hospital and your head has been opened?

I want to thank the Leader of the Majority Party. He brought an amendment seeking to ensure that those victims are compensated. This is something that the Committee overlooked. The victims must be compensated. If you go to KNH today and you have a big stomach, maybe because of alcohol intake or whatever you consume, you might find yourself in the maternity wing. That is how serious the matter is. So, for those who have big bellies, please watch out. When you find yourself at KNH, you might end up in the maternity wing. This is serious to show there is professional negligence at KNH. We must condemn where the problem is. Sometime back, they mentioned the issue of rape cases and I saw the CEO of KNH, Lily Koros, almost crying because she had said nothing had ever happened. When I look at the Report, it has shown there was no evidence whatsoever showing that mothers with maternity cases were being raped. So we ask ourselves: Is there a plan? Maybe they want the CEO out. She may not be a medic but

when it comes to the management of a hospital, you do not need a medic. You only need to provide some strategic management skills. When it comes to operations, the medical doctors can handle that.

So, this Report is not conclusive and cannot be implemented. My proposal is, because the Report has generalizations, we need to go further and have a task force in place that will come up with recommendations which will be implemented so that we do not witch-hunt people. The Cabinet Secretary made a clear decision to let her step aside pending investigations because of what happened. The issue of the sacking the CEO... I have not seen any evidence in this Report touching on Dr. Lily Koros. We are here to represent and legislate. If at all someone is being targeted unfairly, obviously let us bring an amendment to remove that portion of the Report so that nobody can take advantage of it somewhere because they are after that position.

I know it becomes very difficult when you go to a healthcare institution, as a CEO with no medical background, or you go to an accounting firm and find that the CEO is not even an accountant. There are also those issues. We need to know and this is why some of these recommendations cannot be implemented, some of them have no tangible evidence but whatever Sicily Kariuki did as the CS was the right thing to have the CEO step aside pending investigations. Since there is nothing that links her, she should be allowed to go back to her job. However, we expect the highest level of professionalism at KNH.

Hon. Speaker, I have been under siege today but you did not notice. I spoke to *Baba* and he told me my position is safe and people need to know that. Hon. (Ms.) Wanga, are you interested in this seat since I hear you shouting somewhere? We must accommodate each other.

Hon. Speaker: Let us have the Member for Nyeri County.

Hon. (Ms.) Rahab Wachira: Thank you, Hon. Speaker. I rise to support this Report. I want to remind my friend, Hon. Koech that it is not CS Sicily Kariuki who suspended the CEO Lily Koros. It is the board. It is good to note that. KNH is a key health facility...

Hon. Speaker: Hon. Members, I will rule you out of order the moment you start addressing another Member. It is not permissible. You can say that you want to make a statement to the effect that this did not happen this way contrary to what so and so has said, because this is not healthy.

Hon. (Ms.) Rahab Wachira: Much obliged, Hon. Speaker. The KNH is a key health facility not just in Kenya but in the whole of East Africa. It is indeed regrettable that we had a surgery mix-up at KNH and I wish to apologise to all Kenyans affected by the news and particularly to the affected patients and families. It is good that the Report recommends that the patients be compensated for the physical and psychological distress that the mix-up caused them.

Hon. Speaker, KNH is a referral hospital, meaning that it should be attending to patients who have been referred to it from other hospitals and health facilities especially when the referred patients have serious illness or are in a critical state that requires highly special expertise unavailable in the lower level hospitals.

However, most of us Kenyans do not like going to medical facilities that are of a lower rank as we do not believe in their capability to serve us. Last week I interacted with the patients at Nyeri General Referral Hospital and they admitted that they prefer going to the referral hospital directly rather than seeking medical services from other qualified medical facilities first. This instance means that the referral hospital is overwhelmed with many cases which could have been handled in other health facilities.

This becomes a problem because these referral hospitals do not have enough resources and facilities to serve all these patients especially manpower and equipment. This is a major

problem in all referral hospitals and in fact a number of patients end up sleeping on the floor, something that nobody should go through.

The Report shows that the nurse on duty on the night of the mix-up was overwhelmed with work and having few nurses attending to the patients and still attending to inquiries. This is a key challenge in our hospitals where the medical staff available are inadequate to observe the patients. Doctors and nurses are few in hospitals and usually are overworked. More doctors, nurses and even support staff should be employed by the Government to ensure that they are not overwhelmed. I witnessed that last week when we went round Nyeri County and noted that.

It is also in public knowledge that many doctors and nurses run their private clinics or privately-owned health facilities alongside their jobs in public hospitals. That is why people do not go to the health centers because whenever they go there they are referred to their clinics or pharmacies. These doctors and nurses work for four days in the public hospitals and have other days to direct their energies elsewhere. This is unfair to the Kenyans who pay taxes faithfully so that public health workers can be paid by the Government and may in return receive good health facilities.

I normally say health is wealth. Today many of our health officers are not passionate about their work and hence do not pay attention to the patients as they should. I wish to urge our doctors and nurses to be more humane while dealing with patients and carry out genuine care on them. It is about passion. Even with claims of rape at KNH, the management confirmed that no single person filed a complaint with them where there could be rape as alleged. It is difficult for the management to deal with it if no one files cases with them. Indeed, rape is not a light issue and patients should be advised and encouraged to report any cases including those of sexual harassment from the medical staff or support staff.

This Report states that the patient seemed confused and could barely answer the nurse to confirm his name when it was called out but instead he only nodded his head. A sick person is usually psychologically and mentally disturbed and may have serious conditions that he cannot even remember his name. It is sad that patients do not have labels that distinguish them. Our health workers must act responsibly and it will be prudent for these patients to have a number and photos taken upon admission and pinned in their files to avoid confusion.

Hon. Speaker, the maternity ward should be brought close to the nurseries where children are admitted to ensure that the new mothers do not struggle much to feed their babies. Besides most mothers are not in a strong condition after birth and their needs should be catered for.

Lastly, the Government must invest funds in the health sector and provide better facilities so that our hospitals can run smoothly and efficiently. In the interest of our right to health as stipulated in Article 43 of the Constitution, our hospitals need to update their equipment, have enough staff and efficient management to ensure that they deliver as they should.

With that, I urge Members to endorse this Report as it has viable recommendations which if implemented, will have great positive impact in our health sector.

Thank you, Hon. Speaker

Hon. Speaker: Member for Alego Usonga.

Hon. Atandi: Thank you, Hon. Speaker. This Report is very comprehensive. It has touched on all the issues we know. Most Members here have been to KNH. Personally, I have been a patient there and I have had friends from as far as Rwanda and Tanzania come to KNH for treatment. This is a referral hospital which is regarded as so in this region.

I went through this Report and I am very happy with some of the recommendations that the Committee has put forward. On the leadership, we know that KNH is a parastatal. In most

parastatals in this country, the board members are political appointees. The boards are filled with tribe mates of Cabinet Secretaries. Therefore, when they become incompetent and are unable to discipline or take action on management that causes a crisis. The recommendation that the Board of KNH be changed is quite bold. I want to underline it and say that, indeed, when you look at the composition of that board, you realize that a certain community has many members there. I think that is the reason this issue has attracted a lot of political undertones since it began. When the CS decided to recommend resignation of the Chief Executive Officer, many Members of this Parliament made noise all over the place.

This is a serious hospital that requires a board that has teeth and can act. The Board of KNH has been a let-down. That is why you find Kenyans complaining about services offered there. There is lethargy everywhere and no action is taken. In my own thinking, we need to regard this hospital as one which works for the welfare of Kenyans and should serve everybody, irrespective of tribe. I support the proposal that the Government reconstitutes this board. I would also like to urge the CS in-charge of health to be bold in this area.

Recently, we passed a Motion here for the establishment of other regional referral hospitals in Mombasa and other regions so that we can decongest KNH. But, one of the recommendations that came out here is that the hospital is not well-funded. The other question that comes into perspective is: How will we set up other referral hospitals, if we are unable to adequately support the only one referral hospital in the region? We need to be serious as a people. We have no reason as to why we invest humongous resources in infrastructure in areas like Standard Gauge Railway (SGR), when we cannot put sufficient resources in our health systems.

I would like to urge the Government to put its priorities in order. Why do you spend almost Kshs1 trillion in building an SGR line from Mombasa all the way to Naivasha, when you cannot buy basic machines which should help our people when they visit hospitals? The Committee has done a good job and I support this Report. We must overhaul the KNH leadership and ensure that we support it with sufficient resources, so that we are able to have a hospital which we are happy about. When people from Tanzania and Rwanda come to KNH, there is a reason. We do not want to have a hospital whose management is also tribal.

I would like to tell my colleagues who are vouching for particular people to be in the leadership of that hospital to learn from my community. We really do not care about tribal affiliations and ethnicisation of positions in Government. We want people to be appointed in positions which they are able to perform and deliver. Those positions are not delivered on behalf of one's tribe. You deliver on behalf of Kenyans and because you have been given a mandate to serve everybody. Let us support the CS to put in place a KNH Board that is able to work for Kenyans and will reform that hospital. We want a board that will not serve at the mercy of the CEO. Most of these political appointees are weak and they simply sit in those boards to earn allowances. That is not what we would like to have. We want to have boards that have teeth, can work, take action on CEOs and ensure hospitals are run properly for the good of Kenyans.

Otherwise, Hon. Speaker, I support this Motion. Thank you.

Hon. Speaker: Member for Keiyo North.

Hon. Murgor: Thank you, Hon. Speaker for giving me this opportunity to add my voice to this Report on the general operations of KNH. First, I will start with the challenges facing KNH, which are also facing other referral hospitals like Moi Teaching and Referral Hospital (MTRH).

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

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

First, on human resources at KNH, there is a shortage of 800 nurses. This puts the ratio of nurse to patient at about 1:20. The World Health Organization (WHO) recommendation is 1:5. You can see what the nurses in KNH face. There is also a shortage of 176 doctors. On the side of security personnel and even the Closed-Circuit Televisions (CCTVs), they were found to be inadequate in that hospital. Generally, when you look at all the cadres, in terms of human resource, they are very inadequate. With regard to equipment, they are not only inadequate, but also old and obsolete. It is a very sad thing that an institution of that nature, which is the top-most referral hospital in this country, should have inadequate, old and obsolete equipment.

The hospital is overloaded and congested. Why? It is because KNH treats from common colds to open heart surgery. Some of the treatments undertaken there ought not to be done there, but of course, they cannot chase away patients. In the Bill of Rights, you cannot turn away a patient. It has a bed capacity of 2,400 patients but bed occupants per day are way beyond that number. Let us look at the facts. Nairobi County has a population of between four million and five million. All these people depend on KNH. I know there are Mama Lucy Kibaki Hospital, Mbagathi District Hospital and Pumwani Maternity Hospital. But all these institutions are operating sub-optimally. In fact, a Member once told me that at Mama Lucy Kibaki Hospital, nothing happens there. Given the population of Nairobi County, we should be having about five operational, fully-equipped and staffed hospitals, the size of Mama Lucy Kibaki Hospital. When you look at population, Nairobi County, as it is, should have about five operational, fully equipped and fully staffed hospitals like Mama Lucy, but it does not have them. So, every patient in Nairobi goes to KNH and that contributes to congestion in that hospital.

Let us look at outlying counties like Kiambu, Thika, Machakos, Kajiado, Narok and Naivasha. If you go to Mombasa Road, Waiyaki Way, Thika Road and Kiambu Road, just look at the number of ambulances on that road. All of them head to KNH. It makes me wonder. It seems these counties are specialising on ambulances only.

On the allegations concerning KNH, there were allegations of rape, particularly in the maternity area. When the Committee went there, it found no evidence. Those were all rumours and what came out is that the mothers in the maternity seemed to be worried when going to the nursery to feed their babies. They said the distance was a bit long. It is understood that when mothers deliver or they undergo caesarean section, they need to be encouraged to walk because if they do not do that, complications arise. There is the common complication of thrombosis of the veins which can cause sudden death. So, normally, when mothers deliver, whether they go home or they are in hospital, they are encouraged to walk around so that they do not get those complications. So, that question of why the nursery should be far from the mothers does not arise. It is actually therapeutic.

The surgical mix-up is very regrettable. However, when there is a shortage of staff, as KNH is facing, naturally, people tend to have a shortcut and this shortcut in the long run is bound to cause mistakes. So, who is to blame in all these things and what has happened in KNH? Personally, I do not think anybody is to blame, but everybody is to blame from the Ministry down to this House up to the Treasury. All of them are to blame. The Ministry is not agitating for KNH to be funded. This House appropriates funds and apparently they have failed to appropriate

funds to KNH. I have been in this Departmental Committee on Health for the last four years. The KNH has been requesting for more funding particularly to engage more nurses and doctors, to increase their number of equipment and also service the ones they have. But what do they get? They get underfunding. Every year they are underfunded.

What needs to be done? First, let us address the issue of Nairobi County. Nairobi County should have a minimum of five good hospitals. When I say good hospitals it is not only the buildings. It is good hospitals which are fully equipped, fully staffed and do not have the question of shortage of medicines prevalent in every county. In fact, there is a shortage of drugs everywhere.

Our referral system in this country needs to be overhauled. That area has failed.

The third issue is funding. Fund KNH.

Finally, on the question of the doctors, the nurses and the CEO, I urge this House to not victimise these people. They have really been working very hard. Please, can we have Lily Koros return to her job?

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Hon. Kiptoo Keter.

Hon. Alfred Keter: Thank you, Hon. Temporary Deputy Speaker. When you said Hon. Kiptoo, I was wondering who that Member is.

At the outset, I oppose this Motion based on the issues as addressed by the Departmental Committee on Health. The challenges that are facing our referral hospitals are enormous. This Report is generalising on issues.

If I mention a few, they talked about security. In an organisation like KNH, when you make a proposal to the extent that you need the services of the Inspector General of Police to run the security system there, it is going to become impossible. I believe every organisation or parastatal like KNH should have their private security so that when they have issues that are beyond their capacity to handle, then they should report to the already established police stations. The KNH has one station. This Report is very shallow. The challenges that our referral hospitals are facing are known to most Kenyans because the right to life is enshrined in the Bill of Rights. We must, as a Parliament, support the systems so that we allow Kenyans to access the medical health facilities and they can be safe.

When you visit the KNH premises, you will wonder. Structures there were established way back, I think 25 years, before some of us were born and we are now serving our second term as Members of Parliament. It is very unfortunate. I happen to have gone to KNH in 2015 when there was a patient that I was supporting because she could not have an operation due to lack of fees. I went round and I could not believe what I saw. The KNH needs a complete overhaul in terms of the facilities, equipment and even the human resource. As it has been said by most Members, our nurses, clinical doctors, laboratory personnel and every individual who is working is so demoralised in terms of how they are paid their allowances and salaries. In general, their remuneration is pathetic. Most of them have resorted to opening private clinic facilities so that they can get better pay at the expense of most Kenyans. The KNH, like many other referral hospitals, has a law regulating the number of nurses and doctors but most of them are not in these hospitals most of the times. This Report is so shallow.

This is not a Report that you prepare in two weeks then come back and say that you want to sack so-and-so and replace them with so-and-so. I like the way the other Members have supported the issue of the board. The issue of KNH is an eye opener. It shows us the challenges that most hospitals face in Kenya, be it referral hospitals, district hospitals and many other

facilities that are meant to address healthcare issues. Assuming that replacing a CEO or the entire board will change KNH is very backward. The main reason that KNH is in its state is because it is underfunded. You cannot believe the cartels that run those hospitals. There are so many. The cartels that benefit from the mismanagement of most of those hospitals are the ones who, if we do not watch out, will have their people sitting in those positions. The issues are not as a result of a few individuals. The main issue with KNH - like any other referral hospital - is underfunding. It is known to all of us, as Members of Parliament. I was in the 11th Parliament and in most cases, there was no time I saw the Chair, the Vice-Chair and Members of the Departmental Committee on Health support the budget because it addressed healthcare issues.

It is high time we addressed the issue of whether the health function should remain a devolved function or should be brought back to the national Government because that is part of the confusion. The monies that we take to the county governments are not enough to even run one county referral hospital. We have to address this issue in a sober manner. We need to take a lot of time. It is unfortunate that the Members of the Departmental Committee on Health - who I support and believe in - did not take enough time. There was no need to rush so as to arrive at conclusions that will victimise individuals rather than be supportive to the system. If you take a holistic approach, you have to address issues from policy implementation and management from the ministry level to a specific parastatal like KNH and other referral hospitals. You cannot just come up with a report in two weeks – a report that is full of generalisations on how the issues facing KNH should be addressed. It is very unfortunate.

Some of us felt that we should amend the Report. We shared our views with some Members and they wondered what we should amend and what we should leave intact. Let me thank the Leader of the Majority Party, Hon. Duale, for proposing some amendments. There are so many other amendments that we should bring onboard so that we ensure that this Report sees the light of day. The Report fails with regard to issues of security, recommending that the board be disbanded and that the CEO and the management be replaced. The Committee should elaborate the issues facing the health sector because it is not just about KNH, like most people have said. All the referral hospitals are failing at a high rate. I have seen four or five accident patients in one hospital bed. Some have spinal injuries and others have issues whereby they cannot share a bed with two or three other patients. Those are the challenges that patients face in most of the hospitals.

I want to be on record as having opposed this Report because it will mislead us into thinking that some individuals are responsible for the mess that we see in most of those hospitals. It is not about those individuals. It is about a system that has failed. We need to address those issues from the ministry level to the parastatal level, where KNH is one of the key hospitals. We must also address the issue of health being a devolved function. Where should it lie?

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Let us have the Member for Sirisia.

Hon. Koyi: Thank you very much, Hon. Temporary Deputy Speaker, for also giving me a chance to contribute. I rise to support this Report.

I believe that our country has challenges. Kenyatta National Hospital is the main national hospital in our country. Many things have happened at KNH but those challenges can be managed. I want to thank the Committee for its dedication and the Report it came up with. I urge Members of Parliament to support it. We can improve on challenges because we have always done so through deliberations, as we are currently doing. Kenyatta National Hospital is one of

the pillars of our country's development, and President Uhuru will leave a legacy through it. Let us adopt the Report. Changes can come later.

We have talked about many issues, including security. I have been to KNH. It has a police station. They also have their own security, as a parastatal. Those are the requirements. Although this Report is not very clear, it has mentioned overhauling the top leadership of KNH. However, it was not clear from which level the overhaul would occur. Is it the nurses, the doctors, the board, the CEO or the Cabinet Secretary? The Report is not clear. I suggest that we amend this Report. We, again, request the Committee on Implementation, together with the Departmental Committee on Health, to go through the Report, see what is wrong and correct it.

Kenyatta National Hospital has so many issues. It requires a lot of money. The budget deficit of Kshs7 billion that KNH has could improve on so many things, if the money had been provided. The Government, country and Parliament should focus on KNH and see how we can give it enough funds to operate. There are some machines which are not in this country like Positron Emission Tomography (PET) scanner. We do not have it. That is why many Kenyans travel to India and other countries for treatment. There is also Cyberknife machine which we do not have. When many Kenyans have a problem like cancer, they travel out of the country to try and save their lives. As a country, before the President hands over his leadership to somebody else, whom I believe will be Hon. Ruto who is the Deputy President, whom I believe in and support, we should have these machines. I know PET scanners and Cyberknife machines are expensive. We have a shortage of nurses. We should employ more doctors and nurses in this country, so that they can manage patients well. It is unfortunate that an incident happened last time, which attracted the attention of many people all over the world because we believe we have good doctors at the KNH. I do not know how it happened. Probably it is because of understaffing or the nurses were tired. We love our country.

As politicians, let us not politicise the issue. Let us bring everything together in a humble way. We do not have an Opposition in this country now. Let us talk and focus on development of this country and how we can manage KNH. Let us help the Government and President Uhuru to leave a legacy in this country. Many Members have spoken and others need to talk.

Hon. Temporary Deputy, I support the Report. Let us adopt it. Thank you.

The Temporary Deputy Speaker (Hon. (Ms.) Tuyu): Member for Homa Bay.

Hon. (Ms.) Nyasuna: Thank you, Hon. Temporary Deputy Speaker. My card had a technical fault which should be dealt with.

I thank you for giving me this opportunity to add my voice to this very important, if not critical Report. It is my view that it is overly cautious. It is afraid of stepping on people's feet or toes. It will not go far enough. Nonetheless, I thank the Departmental Committee on Health for the effort they have put in which has given us a basis for discussing this very important matter. People have asked why we have not praised KNH. In my orientation as a representative of the people, I speak for the masses. If there is an issue out there, my first instinct is Wanjiku or Atieno, who went to that hospital and the effect of the services on her. I start from there and then I move forward. For good measure, have our doctors at KNH separated siamese twins historically? Yes, they have. Is there shortage of staff? Yes, there is. Is there a budgetary constraint? Yes, there is. Are we dealing with an overstretched facility? Yes, we are. Is there a shortage of equipment? Yes, there is. Are the members of staff overworked? Yes, they are. When this Report comes to Parliament, I take the opportunity, as a legislator, to look at what is wrong and where the buck stops.

Senior doctors and Members of the Departmental Committee on Health alluded to the fact that we are dealing with a much bigger problem. We are dealing with a failing health system. If we do not address it now, we will deal with a completely collapsed health system not only at KNH, but also at our referral facilities in the counties, dispensaries and Level 3 hospitals. I speak as a trained health management specialist at graduate level. So, I am truly passionate about the subject that we are addressing today.

If you permit my amendment, I would like to propose an amendment that this matter is beyond what the Departmental Committee on Health has squeezed it into. This is a matter which we must have a national conversation on.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Hon. (Ms.) Wang, do you have an amendment to this Motion?

Hon. (Ms.) Nyasuna: Yes, Hon. Temporary Deputy Speaker. I have proposed it to the Clerks-at-the-Table. I do not know whether it will be accepted.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Unfortunately, I cannot allow it until I see it in writing. So, you can continue contributing to the Motion and when the amendment is procedurally ready, then you can come back.

Hon. (Ms.) Nyasuna: Much obliged, Hon. Temporary Deputy Speaker. My own projection is that we must deal with this matter holistically. We must have a national conversation around our healthcare system and whether it is working or not. If it is not working, we should identify what is working and what is not working and how this issue can be addressed. This is a matter that can be spearheaded by the Departmental Committee on Health of this Parliament. It should bring together stakeholders like the governors, the Senate Health Committee, the Ministry of Health and everybody else on board, so that we can have a conversation. That is what my amendment revolves on. I do not want to go too far into it because it will come to you for approval.

We must also be honest with ourselves. We cannot have our cake and eat it. If we want to deal with matters of healthcare, we must deal with them irrespective of whether it is your first cousin, relative, wife or husband who is involved. We cannot deal with it as long as we still have the mentality of this is my tribe and person. I was away when the Motion against the Cabinet Secretary, Ms. Sicily Kariuki, was brought. I do not understand how it came to that because the CS told Madam Koros to step aside for investigations to be conducted. I am not saying that she is guilty of anything. For as long as we, as a House, do not divorce our relations and constituencies from the issues pertaining to healthcare, I do not think we will go too far. We want good healthcare for our constituents, but at the same time, we want to protect everybody else around these things. It requires us being honest with ourselves.

The reason why I said that this Report is overly cautious is because I do not see an indictment on the Director of Criminal Investigation (DCI) over the matter of the investigation on allegations of sexual assault at KNH. I do not buy the idea that these things did not occur because nobody reported sexual assault officially. I do not agree with that, because I personally went to KNH together with other women legislators who I can see here and we spoke to the patients. While we were speaking to them, we saw people who are afraid to express themselves on this matter. That must be understood. Because we have not received any report from the DCI clearing this matter, I want to say that it is not being treated as seriously as it is meant to be. I expected this Report to give a serious indictment because matters of sexual assault and women must be taken seriously in this country. The other day, we had issues surrounding Members of Parliament and the DCI was very careless about them. He said that a Member had a special

relationship with the people involved. We cannot continue to take matters as lightly as we are taking them. I expected to see that indictment here.

However much money we add to KNH, as long as we do not sort out the systemic issues, we will be putting a ring on the nose of a pig. Money is good and the hospital needs an increased budget. However, money cannot solve all our problems.

I would like to leave it at that and hope that I can get an approval to my amendment, so that I can contribute further. Thank you, Hon. Temporary Deputy Speaker.

Hon. (Dr.) Shaban: Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity to add my voice to the debate on the Report on the General Operations of KNH. I sat on the KNH Board for seven years and a half prior to becoming a Member of Parliament. Before that, I did my internship and worked there for one year and a half before I went to a district hospital.

The KNH's problems are bigger than what people are dealing with here. They are problems which cannot be given quick fixes without dealing with them holistically. The KNH, Moi Teaching and Referral Hospital (MTRH), Mathari Mental Hospital and the Spinal Injuries Hospital are all supposed to be national hospitals yet they are treated casually. They are dealt with as Semi Autonomous Governments Agencies (SAGAs). Their boards are not given the full mandate of making decisions. For example, the KNH Board cannot make a decision on how to tackle staff shortfall without seeking a go ahead from the Ministry. Most of the times, even when they put their case across seriously, nobody takes them seriously because it is thought they are exaggerating. It is clear that KNH is overloaded and institutions around it and those from far and wide are dependent on it as a referral hospital and for the treatment of basic ailments. People keep going there because they know it is where they can get the best treatment.

It is not good for some of my colleagues to keep making reference to the surgeons who operated on a patient in the mix-up case because a person who is not well trained would not have been able to carry out that kind of neurosurgery successfully. The KNH has done a lot of good for Kenyans yet we do not support it. It is bound to get worse and worse unless we give it the support it deserves.

I sat in the Departmental Committee on Health in the 9th and 11th Parliaments and most of our recommendations, especially in the 11th Parliament, were not taken seriously. The Constitution stipulates that the health function should have been devolved in phases, but people were in a hurry. So, in one bang, they devolved health services in the country. That was not going to work. It is obvious it is not working but considering that the three-year transitional period anticipated in the Constitution has elapsed, and we cannot turn back now, we have to face the reality. The die is cast. We have to face the problem and deal with it. If we do not look at the problems of KNH in totality, then there is no way we will solve most of them.

People say that equipment at KNH are obsolete. The equipment suffer a big overload. When they are purchased, there are instructions about the maximum number of patients they can handle in a day. However, the equipment ends up doing more than they are supposed to handle. So, the equipment breaks down prematurely. I suggest that KNH must be given funding to purchase enough equipment. You cannot run it on one CT Scanner or one MRI machine. You need to do it as a package where all the equipment are bought in doubles to handle the overload. All institutions in the country are not able to do most of those investigations and so referrals are made to KNH. Their cardiology department has complex machines yet they have never been replaced and most times, KNH biomedical engineers try to fix them with the spare parts they buy. That has not worked over the years, considering they are electronic equipment. With the

changing technology, it is very difficult to keep on repairing them. As long as the SAGAs are not given support, more so KNH, we cannot say we have treated our people well.

The nurse who caused the mix-up was obviously not in the right frame of mind. Psychologically, the nurse was overworked thus stressed. She could not verify whether she was dealing with the right patients. I am not trying to justify what she did, but most medical personnel in KNH are working under such circumstances. They are normally stressed psychologically and come to work because they do not have a choice. You cannot operate with such a small number of nurses when dealing with such a huge number of patients. Even the doctors there are overstretched. I take this opportunity to thank the University of Nairobi whose registrars - students doing their postgraduate studies - have been the source of medical assistance to Kenyans. They have been giving the most support to KNH. Why is this the case? Much of the money KNH gets for its Recurrent Expenditure, say, to support staff and pay medical personnel, has been reduced substantially over the years. This is as a result of the Structural Adjustment Programmes (SAPs) that were put in place, but after that the Government did not think it important to reverse the SAPs which had affected KNH as the largest referral hospital in the country.

If you go to the Mathari Mental Hospital, you will find that the situation is worse. Even its board has been rendered useless. If you go to the Spinal Injury Centre, the situation is also bad as in Mathari Mental Hospital. The MTRH's Board is trying its best, but it is working under very difficult circumstances. We really need to look at these national institutions in totality. We had suggested in the Departmental Committee on Health that we need to have a referral hospital in each of the former provinces. We need to change the general hospitals to Level 6 hospitals. Once this is done, we should make sure they operate and we fully equip them. That way, KNH will not be overloaded.

If you walk to the paediatric oncology wards where children are treated for cancer, you will shed a tear. It is impossible to help the situation given the overwhelming numbers.

With those few remarks, I thank the Departmental Committee on Health although I think this Report could have been done in a better way.

Thank you.

Hon. Moi: Thank you, Hon. Temporary Deputy Speaker. I could be leaving so I might not be able to speak for long. Maybe we could give other speakers less time so that other Members may get a chance to speak on this Report.

The Temporary Deputy Speaker (Hon. (Ms.) Tuyu): Hon. Moi, I do not have that luxury because the contributions are timed unless you move such a Motion to reduce the time for speaking before the Motion begins. Standing Orders allow any Member to do that.

Hon. Moi: Thank you, Hon. Temporary Deputy Speaker. This Report was as a result of investigations undertaken because of certain issues the Committee believed had happened at KNH. Some of these issues were sexual abuse, breakdown of critical equipment at the hospital and general operations of the hospital.

The Committee met with the board and the management on 26th January 2018. They then made a tour of the hospital on 31st January to the various departments to see for themselves if the allegations were true. I agree with *Mheshimiwa* (Ms.) Wanga that just the fact that it did not appear on the Report that there was a sexual assault on an individual at KNH means it did not occur. We have heard all the speakers telling us the condition of KNH and what it is like. It is not a hospital. To even call it a hospital is a misnomer. People go there and die. There would be one or two issues that the doctors have done at KNH but we need to do more. We need to seriously

do more at KNH. The findings which the Committee came up with were not surprising. As many speakers have said, it was issues of lack of equipment, old and obsolete equipment and insufficient equipment.

If we are told that the hospital of 2,000 beds has only one MRI and that MRI was put into operation in 2005, it is now obsolete in 2018. You begin to wonder how they do diagnosis if the machine stopped working two years ago. We hear of issues of cancer and we think of children. This is terrible beyond words. All this money going to the Ministry of Defence should go to the Ministry of Health. It is bad that in a hospital of 2,000 beds, there are 20 incubators and only 10 are functional. How much does an incubator cost? In the Report, they even said that incubators would be shared by children. There is the risk of cross infection and so on. I commend the Departmental Committee on Health on this Report in spite of the fact that they did not go far enough and they did not put out recommendations that would shake KNH and all the referral hospitals in Kenya because all of them are dying. The health sector is dying in this country. We hear of dispensaries and very good names of Levels 1 to Level 6.

In Rongai, seriously speaking, there are no hospitals. It is just a building there that cost maybe Kshs1.2 million. If you go in there, you speak to somebody who maybe does not even understand or have a clue about medicine. He is interested in reading his newspaper and issues political; nothing medical. You wonder how he got to work in dispensaries. These are the people who are supposed to diagnose and treat people.

I do not want to get into details of what else goes on in KNH, we all know. The KNH is on its death bed and so are all the other referral hospitals and all the other hospitals in this country. The Report mentions obsolete equipment and overcrowding. Yes, we have heard of two, three or four people sleeping on one bed but nobody mentioned the fact that there could be other two or three people sleeping under the bed. We were also not told about people being handcuffed to beds. People have the audacity to stand here and tell us that the medical system in this country is free. Nothing is free, we pay! That is why when you wake up as a Member of Parliament at home in the morning, there are about 30 people at your gate looking for money so that they can release their loved ones from hospitals or to buy medicines. This is a terrible issue.

Just to close because I had said I do not want to take too much time, there is an issue of lack of enough medical personnel at KNH. Before we condemn these personnel who are overworked and underpaid, what we need to do first is to equip these hospitals. Let us equip these hospitals, not only KNH but all the hospitals in this Republic. We should then look at those hospitals that are managed by county governments. *Mheshimiwa Keter* here has spoken about looking at the issue of devolution; whether health services should have been devolved. We thought devolution would be a panacea to problems plaguing Kenya but it is not. We were merely shifting centres of corruption. Billions of shillings have been given to these counties. What do they have to show for it? Nothing! They have again refused to give the Auditor-General powers to go and look into these people's books but when he brings out his reports, nobody cares to do anything about them. So, what then would motivate this man to look into these accounts? He is not motivated because he does not care. Nobody will act on these reports. Year in, year out, we talk about reports and the Auditor-General. *Nani atashikwa?* Nobody! We talk about NYS, Eurobond and all these corruption scandals that have plagued this country, but nobody will do anything about them. There has to be political will.

I speak as a parent who lost a son to cancer. For me, my son had a chance but he lost his life. For those who do not have a chance, even if they have Kshs3 million, they will not survive

if they are at stage 3 or 4. Not with the kind of equipment that we have here in these hospitals in Kenya.

I heard another speaker talk about PET scan. We need a PET scan. You cannot analyse cancer unless you have PET scans. The MRIs will not do it. So, when we begin to delude ourselves that Kenya is a developed country... We say that Kenya is this and that yet if you go into those hospitals, instead of seeing a hospital, you will see a marketplace. We should change the way we do things in this country.

I thank you for this opportunity and I would like to urge the Departmental Committee on Health, because this is their oversight duty to look into issues like KNH, that they should not put it into a back-burner but put it in the front burner until all these recommendations are fulfilled.

Thank you. God bless.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Hon. Rindikiri, what is your point of intervention?

Hon. Rindikiri: Hon. Temporary Deputy Speaker, I rise to propose the following amendment on this Report:

THAT, the Motion be further amended on Page 60 of the report after paragraph 245 as follows:

245A. The Cabinet Secretary responsible for health constitutes a taskforce on Kenyatta National Hospital to undertake among other matters, the following:

- (i) Receive and consider the Report of the Directorate of Criminal Investigations on various allegations on the Kenyatta National Hospital;
- (ii) Investigate, inquire into and report on-
 - (a) the general management of patients, both in and outpatient in order to address overcrowding;
 - (b) general finance management and funding of the hospital ;
 - (c) the status of equipment and other hospital facilities including their suitability; and
 - (d) staffing matters in the hospital.
- (iii) Make such recommendations as may deem appropriate in respect of the matters under paragraphs (i) and (ii).

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

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

Hon. Deputy Speaker, this has been observed with many Members and I believe we will address all the matters and concerns raised by majority of us concerning this Report. Therefore, I beg to move and ask the Member for Bomet Central, Hon. Ronald Tonui, to second the amendment.

Hon. Deputy Speaker: Hon. Tonui, the Floor is yours.

Hon. Tonui: Thank you, Hon. Deputy Speaker for this opportunity to second this amendment. I believe the amendment is very important because the Report generally is very good. However, it is contradictory to its recommendations because the Report has identified where the real problem is at KNH. I concur with what Hon. Shaban mentioned that the problem

at KNH is bigger than one person and the board. It even goes beyond the Ministry and the Departmental Committee on Health because it requires a lot of resources.

The Ministry of Health in the current Budget is allocated about Kshs69 billion. Out of this, only Kshs9.1 billion goes to KNH which normally requires about Kshs16 billion, hence there is a shortage of about Kshs7.5 billion. That shortage means that KNH is unable to recruit adequate personnel in terms of doctors, nurses and purchase adequate equipment. For the Report to say that the board and the CEO is the problem... I believe the second point, which says that the board should exit and a new one comes in and reassess everyone at KNH and the top management, is indirectly proposing that the CEO should also exit. Because of the funding problem, it is not a single person's problem. If we have Kshs69 billion and the national Government is only dealing with four hospitals, namely, KNH, which is allocated Kshs9.1 billion and MTRH, which is allocated Kshs5 billion, this gives a total of around Kshs14 billion. As for the Mathari Mental Hospital, I do not remember the specific amount, but it is around Kshs200 million. The Spinal Injury Hospital receives less than Kshs500 million. When you accumulate all of that, it is less than Kshs20 billion. So, the rest, which is about Kshs49 billion, remains within the Ministry of Health. No wonder the new CS can afford to demolish a whole floor and redo it because there are a lot of resources available! I believe more of these resources should be redirected to where they are really needed, which are the hospitals themselves, rather than the Ministry. This needs to be looked into so that the money which is available in the Ministry of Health goes directly to the provision of services and not hospitality, travelling and all those things which can be termed as *anasa*. Let it go to serving our people.

Many issues were well covered in the media from KNH, from the alleged rape, which according to this Report is not yet proved. I saw an activist in one of the media houses explaining in detail about rape at KNH. I wonder why the Criminal Investigation Department (CID) has never invited that Non-Governmental Organization (NGO) activist to even write a report so that it can be investigated further and get an actual report on this issue of rape.

The issue of the child that was stolen from the hospital is unfortunate. When we do not request our immediate neighbours to accompany us to hospitals when we need help, then the results turn out to be such issues. The child who was stolen was not even a patient, but was accompanying the parents to the hospital and the father forgot to ask the security men to assist in taking care of the children as he attended to their mother and handed over the child to a total stranger. Again, such an incident is still blamed on the hospital.

The issue of the surgery mix-up which happened at the hospital needs to be addressed. It has clearly come out that the mistake was made by the nurse who was attending to patients in that ward. When three nurses take care of 61 patients, who require surgery, surely, that is understaffing. This is a nurse who had just recovered from an accident. So, it is going to be very unfair to vilify them right from the management to the board. We have been clearly told that even the KNH board does not have the ability to employ anyone unless there is approval from the Ministry of Health to do so. I believe this amendment is in good faith and we need to make it in line with the body of this Report. The Report clearly captures that the biggest problem at KNH is underfunding, which should be addressed. As for the issue of personnel, the staff are overworked, stressed and cannot be able to provide services to the very best. Even all the other hospitals in the country have strange issues.

One day, I took my brother to KNH and the CT scan was not working. He had a persistent headache and was referred to Nairobi Hospital for a CT scan which was done and he was given a very good report to take back to KNH. The report read that there was a growth of

2cm in his brain. Later on, after undergoing MRI scan, it was discovered that there was no growth in his head. He was nearly operated for nothing. That was not KNH, but Nairobi Hospital. Two years later, I saw on newspapers the Nairobi Hospital advertising the sale of their CT scanner and I realised that it was faulty. So, these problems can happen anywhere even in the hospitals we consider first class. This amendment by Hon. Mugambi needs to be supported by all.

I second. Thank you.

(Question, that the words to be inserted be inserted, proposed)

Hon. Deputy Speaker: Let me give a chance to, at least, four Members, who will contribute briefly. I understand this is a further amendment. Many Members have spoken on the general text of it. Let me give a chance to a few Members. Let me start with the Majority Whip.

Hon. Washiali: Thank you, Hon. Deputy Speaker. With a lot of respect to my brother, Hon. Mugambi, I rise to oppose this amendment. Whatever we are asking the taskforce to do, I am sure it can be done effectively by this Committee.

With your permission, Hon. Deputy Speaker, I would like to appeal to my brother, Hon. Mugambi. Whenever a committee, like the Departmental Committee on Health, has been sitting for some time and receiving witnesses, and he has issues like the ones he is raising, he should join the Committee during its deliberations and raise the issues at that point so that he can have them included. He is proposing the formation of a taskforce. I want to encourage Members that when a report is written by a committee, and we know they spend a lot of time going through it, they should not propose amendments after many Members have debated it. Debate on this Report did not start today but last week. If we were to look at such amendments, as a House, I would have requested or wished to see them proposed at the beginning of debate, so that as Members debate the report, they include the proposals made in the amendments.

I also see an element of a money Bill. If a taskforce has to be recommended or approved by this House, there is an aspect of money and we would have wished to treat this as other money Bills, which may not qualify until we refer them to the Budget and Appropriations Committee. In as much as I respect my brothers, the Mover and the Seconder, I wish to oppose the amendments.

Hon. Deputy Speaker: Very well. Of course, there are issues which you have raised in your debate. Unfortunately, you raised them in the course of debating. So, that does not give me an opportunity to look at it. We will then proceed to see whether you convince Members as to why you think it is one type of a Motion or another.

I am trying to look at Members who are placing interventions and I realise that those are the people who want to speak to the further amendment. I can see Hon. (Ms.) Wanga.

Hon. (Ms.) Nyasuna: Thank you, Hon. Deputy Speaker. I rise to support this amendment. I would like to support it because it addresses the deficiencies of the main Report. Many Members have contributed and said that the Report was cautious and that it did not go far enough. That is why Members were looking at having an opportunity to see a more in-depth look into the issues that were raised at KNH. The substantive Speaker gave Members an opening and said that, at any point and at any time, any Member, who disagrees with any part of this Report was free to rise and raise an amendment. What I would like to caution is that I hope the Members raising these amendments do not have an outcome in mind, so that what we are getting into is just a rigmarole that is not going to produce any result in favour of the patients that we are

looking to take care of. This has also happened in the past where people have said, let us have a taskforce, then the taskforce goes around in circles trying to protect certain individuals. The Report will never see light of day and it will never be implemented. That is the only caution.

I support that amendment.

Hon. Deputy Speaker: Let us now have the Member for Bomachoge Borabu.

Hon. Ogutu: Thank you very much, Hon. Deputy Speaker. I rise to support the amended section of the Report. Having listened to what has already been debated, we find that what the Committee gives us is an additional voice of what we know about KNH. Until we see something new, we will buy the idea of having a taskforce to investigate into the matters that have been raised by the Committee, the social media and many other channels concerning the issues that affect KNH.

I looked at some of the recommendations which include change of management. What should it be changed to? In other words, we are beginning to handle a crisis in the middle of nowhere. We need an informed opinion that is grounded on the context of the hospital such as lack of funding and the security issues that we know of. This can only be done by an independent entity like a taskforce.

I, therefore, support the amendment.

Hon. Deputy Speaker: Member for Keiyo South. Probably that will be the last one.

Hon. Rono: Thank you, Hon. Deputy Speaker. I rise to oppose the Motion and support its amendment.

Hon. Deputy Speaker: Hon. Member for Keiyo South, the issue is not about the original Motion. We are now discussing a further amendment. If you support, you are supporting this one, so that you do not confuse Members.

Hon. Rono: I get your point, Hon. Deputy Speaker. I rise to support the amendment because as it is, there are many issues that have been raised touching on this Motion. It has come out very clearly that the Report was not holistic enough and we have realised that we have had many issues touching on KNH. There are issues of shortage of nurses, doctors and the whole structure of a referral hospital which is touching on the entire nation so that those matters can be clear. We have to support these amendments, so that the board, which has been condemned wholly is relooked into. The Report of the Committee does not even capture the fact that there are three members of the board who are due for retirement next month. Such issues should also be captured.

So, I support the amendment.

Hon. Deputy Speaker: Let us have Hon. Osotsi

Hon. Osotsi: Thank you, Hon. Deputy Speaker for giving me this important opportunity to contribute to this important Motion. Nearly 95 per cent of all the speakers today have been talking of the negatives that happen at KNH. Few of us have spoken about the successes of KNH. It was going to be important for the Committee to enlighten this House about some of the successes at KNH. This is important because maybe in those successes, we would learn one or two things that are being done at KNH that can ultimately improve its performance.

Hon. Deputy Speaker, you are aware that KNH has in the recent times conducted two major operations, which are world-class. The first successful operation was on conjoined twins. The second one, which is very recent, was the replant of a teenager's hand. They successfully re-implanted a chopped hand of a young man. These are successes that we cannot ignore. It is also important for us to find out why KNH achieved these successes. Is it because they have world-

class experts? Is it because they have the right know-how? It is important. At the same time, it appears...

Hon. Deputy Speaker: You know what I do not want you to do, Hon. Osotsi, is to discuss the amendment. Just wind up so that I can give opportunity to two more Members.

Hon. Osotsi: Sorry, I thought I was commenting on the main Motion. I was looking at the Report and I thought there is nothing tangible in the recommendations that have been put forward. I sit on the Committee on Implementation as the vice-chair and one of the challenges we are facing is that some of the reports do not have tangible recommendations that we can follow up. I think this amendment will go a long way in improving the quality of this Report and giving us opportunity, those of us who sit on the Committee on Implementation, to make a quality follow-up and ensure some of the things that have been proposed in this Report are easily implemented. So, I rise to support the amendment suggested by the Member.

Hon. Deputy Speaker: Member for Nandi Hills.

Hon. Alfred Keter: Thank you, Hon. Deputy Speaker. I want to support the amendment. I also have intention to introduce further amendments that are going to support that amendment. With the introduction of this amendment, paragraphs 245 and 246 will be overtaken by events.

In most First World countries, when a crisis of the KNH nature occurs, it necessitates the relevant institution or ministry to come up with a taskforce so that you get to the inner issues that affect the institution. I want to thank the Member for introducing the element of having a taskforce. It is going to address most of these issues that the Committee missed, even though we have supported it and said that it really tried. Some input was missing in the original report, which made most of us to really oppose it, because we thought it was shallow and was not addressing the real issues affecting our referral hospitals.

Hon. Deputy Speaker: I see there is a lot of interest. Of course, ordinarily I would want to quickly put the Question. Do I give opportunity to two more Members?

Hon. Members: Put the Question.

Hon. Deputy Speaker: Let me give opportunity to two more Members. Hon. Duale Dahim, Member for Dadaab.

(Hon. M.D. Duale moved from his place)

Hon. Deputy Speaker: Hon. Member for Dadaab, remain where you are. Is it that your microphone is not working?

Hon. M.D. Duale: Thank you, Hon. Deputy Speaker. From the outset, I support the amendment because KNH has a myriad of challenges. Although there was a board of management and a CEO, when I look back as a Member of the Committee on Health, even if we got a new board, I do not think they will have the capacity to address these problems. It will be very important to give a taskforce specific terms of reference as stated by the distinguished Member who brought up the proposal so that the taskforce can look into details the issues as enumerated by the proposer. So, I believe that the amendment is going to be fine and will further help in addressing the challenges that KNH is facing including the issue of the surgery mix-up, obsolete equipment, overcrowding, insecurity affecting patients and shortage of staff. It should also look at KNH's proper management because as has been noted, KNH's compound is a host to the University of Nairobi Medical School, the Kenya Medical Training College (KMTC) and KNH staff quarters. In many places in the world, such kinds of facilities are run by teaching

institutions. As has been noted, there are more than 700 doctor trainees in that hospital yet they are being paid by their counties or their sponsors, but the students are under the university.

So, a taskforce can have a limited timeframe such as three to six months to look at the issues enumerated and give a report that will address some of the issues.

So, Hon. Speaker, I second the amendment as proposed. Thank you very much.

Hon. Deputy Speaker: Lastly, let us have Hon. Hulufu Oda.

Hon. Hulufu: Thank you, Hon. Deputy Speaker. I support the proposed amendment. As earlier speakers have said, the problems confronting KNH are many. I do not see the Report in its original form addressing the real causes. If you look at the key observation on the management and what is recommended, changing the board will not guarantee the required changes. The bottom line is that without adequate funding and staffing, you can put in place a new board, but nothing will change. For that reason, the amendments are quite in order and I stop.

Hon. Deputy Speaker: Hon. Hulufu, you will stop there because our time is over. We will proceed to the Zero Hour. Members, you will make the decision when we resume.

Can we proceed to the Zero Hour? Let us have Hon. Tiren. You have three minutes.

ZERO HOUR STATEMENTS

DELAYED PAYMENT OF MAIZE DELIVERED TO NATIONAL CEREALS AND PRODUCE BOARD

Hon. Tiren: Thank you, very much, Hon. Deputy Speaker for this opportunity. Pursuant to Standing Order No. 43, I seek leave of the House for the purpose of discussing provision of funds for purchase of maize and distribution of fertiliser to farmers and in particular, those from the North Rift Region because this is their planting season.

Imagine, you deliver your maize to the National Cereals and Produce Board (NCPB) and wait for an indefinite period of time to be paid. Majority of our farmers delivered their maize to NCPB as early as December 2017 and have not been paid up to date. These farmers depend on farming for their livelihood and also have to pay school fees, bills and prepare their farms for purposes of planting. There is still a long queue of farmers waiting to deliver their produce to NCPB in the entire North Rift, western and southern.

Furthermore, the Ministry has distributed about 900,000 bags of fertiliser to the county for this planting season but about 50 per cent of it is top dressing fertiliser and at the moment we need a lot of planting fertiliser. This honourable House remains the only hope for our people and it should compel the Ministry of Agriculture, Livestock and Fisheries through NCPB for the produce delivered to immediately hasten the distribution of fertiliser throughout the region. This is an emergency. I request that the emergency funds be used to allow farmers to undertake this food production.

We also have issues of cartels which seem to have controlled this sector. I want to take this opportunity to ask this House to seek the best way to solve this problem because it has really hit farmers in the entire country. Another challenge which I think should be addressed by this House concerns farmers not receiving their payment from NCPB. This gives Agricultural Finance Corporation (AFC) where most farmers borrow funds from problems because they are unable to repay their loans in good time. At the moment, AFC is chasing farmers to get their

money back and they are unable to repay because they are still waiting for their payment. There are so many issues touching on farmers which need to be addressed. Let me take this opportunity to also...

Hon. Deputy Speaker: Your time is over but I will give you half a minute to wind up. Members, it is three minutes, strictly.

Hon. Tiren: Because of time, I will leave it there. It is for this reason, with your indulgence, that I seek leave of this House, in order to discuss and deliberate on this matter.

Thank you, Hon. Deputy Speaker, for this opportunity.

Hon. Deputy Speaker: The Member for Kaiti Constituency, you have three minutes, strictly.

CHALLENGES AFFECTING REGISTRATION ON THE NATIONAL EDUCATION MANAGEMENT INFORMATION SYSTEM

Hon. Kimilu: Thank you, Hon. Deputy Speaker. Pursuant to Standing Order No.43, I seek leave of the House for the purpose of discussing challenges affecting registration on the National Education Management Information System (NEMIS) by the Ministry of Education, Science and Technology in the country. I want to seek extension of the registration period to a date more suitable to all parties including parents. There have been concerns about the process because the period allocated to NEMIS is not suitable. It is for this reason including intelligence that I seek leave of the House in order to discuss and deliberate on NEMIS.

The National Education Management Information System started in 2017 and it was rolled out countrywide this year. This is an online portal for both primary and secondary schools but it is facing some challenges. Among the identified challenges include inadequate human resources. For instance, in Makueni County, we have only two registration officers and one clerk who are serving more than six sub-counties in Makueni. There is lack of public awareness and sensitisation of the importance of NEMIS. Many parents have become fearful because they are not aware of the impact of NEMIS. It is a requirement for all schools to be registered so as to acquire the NEMIS code. This has posed a challenge to many institutions in our country. Article 53 of our Constitution entitles children to the right to free and compulsory education. If the period of registration is not extended, most of the students will be left out in the quest for acquiring education.

Finally, noting the above challenges, the deadline of 31st March 2018 cannot be met by most institutions and our further concern is on the long queues being experienced in the registry offices. This House urges the Government to extend the deadline to a date more suitable for all parties including parents thereby allow...

Hon. Deputy Speaker: I had said it is three minutes. However, I will give you 30 seconds and I will not give any other Member. You have 30 seconds. Actually, you now have 25 seconds to go.

Hon. Kimilu: Thank you, Hon. Deputy Speaker, for the time. I urge the House to, thereby, allow the registration of students with the required details and with more confidence in the NEMIS system. The Ministry of Interior and Co-ordination of National Government should address these challenges and ensure faster, efficient and accurate process of issuing birth certificates and student registration. In this House we have the Departmental Committee on Education and Research. I wish that the Committee takes up this matter and makes sure that Kenyans get their rights. Thank you, Hon. Deputy Speaker.

Hon. Deputy Speaker: Hon. Members, I will not look at any order. I will simply go by the list. It will be easier that way. It will be three minutes maximum. Let us start with Hon. Caleb Kositany.

Hon. Kositany: Thank you, Hon. Deputy Speaker, for allowing me to contribute. The issue that has been raised by the Honourable Member for Moiben touches on the backyard where I come from and on the people that I represent in this House. It is sad that year in, year out, the farmer who feeds this nation is always crying for payment. We need to find a permanent solution to this problem. As we speak, we thank the Government for the subsidised fertiliser, but we also urge it to get its act right. Somebody somewhere is sleeping or slept on the job because we cannot have a surplus amount of Calcium Ammonium Nitrate (CAN) fertiliser for top dressing which we will need in the next two to three months and have a shortage of Diammonium Phosphate (DAP) and the other fertilisers that we require for planting now.

As the Government works on paying the farmer in time, we also request that they investigate so that we know whether there are cartels which are conniving with officials in the ministry. This is because we know there are people who are in the private business of selling fertiliser. They could be interfering or rather conniving with the officers in the ministry such that the Government does not import enough fertiliser for them to sell theirs at higher prices. As this goes forward, I think very soon we will be calling a meeting as the representatives of the people in order to sit down with farmers. From next year it will not be business as usual. We will want the farmer to be paid interest for money owed to him by Government until the time he is paid in full because we take loans to go to the farm. Some of the loans are from Government-owned institutions like the AFC and they never stop charging interest. Once we have delivered the crop, we will want that the AFC or any financial institution stops charging the farmer interest once he has harvested and he has been paid, then the farmer can meet his obligations.

As we proceed on these matters, we also want a serious plan by the NCPB. It has been a big letdown. We cannot have queues year in, year out. We need to draw up a special programme of how farmers will deliver their maize with ease. Currently, if you visit Eldoret Town and Moi's Bridge, you will see long queues of lorries which have been there for two weeks now. That lorry has been hired by the farmer. The owner of the lorry charges daily rates. By the time you deliver your 100 bags of maize, the profit from 20 bags has been utilised on transport and what we call demurrage.

Hon. Deputy Speaker: Let us have the Member for Narok South.

Hon. ole Lemein: Thank you, Hon. Deputy Speaker for giving me this opportunity. I come from an agricultural area. I thank the Member for Moiben for coming up with this particular Motion on behalf of the Kenyan farmers.

Agriculture is the backbone of our economy. Farmers do this country good on matters economy. I come from Narok South, Narok County and planting is ongoing in the region. I want to thank the Government for the subsidised fertilisers. That was very good for our farmers. I might not really complain on the issue of fertiliser distribution because it is well done. We have an issue with regard to pricing by the time harvesting is done in that region. For example, by the time harvesting is done in that region, wheat has already flooded the market in the country. That is the only issue we have as far as farmers are concerned.

I concur with my brothers on the issue of payment. It is in order for the farmers to be paid for their deliveries because that is their lifeline. They rely on it for fees for their children and any other operations as well as development. It is true that farmers completely rely on their proceeds from farming, whether it is with regard to their children going to school or any other

recurrent expenditure. If the Government and the agencies concerned can listen to the pleas of the farmers, we will move forward as far as farming is concerned.

Hon. Deputy Speaker: Next, we will go to the Member for Cherangany.

Hon. Kutuny: Thank you, Hon. Deputy Speaker for this opportunity. The farmers' challenges are perennial. They did not start today. For many years, farmers have been complaining about poor prices, lack of farm inputs, lack of market and poor storage facilities. It is time for us to address the real challenge and find solutions.

As we contribute to this matter that has been brought forward by our colleague, we need to get our act together. It is time to look for long-lasting solutions. It is only yesterday that I proposed that for us to get rid of cartels, we must start registering members. Farmers must be registered and be given a number. We urge the Government to start facilitating this process so that when they import farm inputs and fertilisers, they already have the number of the farmers who are ready to plant. This will also help us to identify genuine farmers because the market is dominated by cartels. When fertilisers arrive, we have this special group, which purports to consist of farmers, showing up. They buy the fertilisers, distribute it or keep it until they get favourable market prices. It disadvantages farmers.

Hon. Deputy Speaker, when the Government is budgeting to buy maize, it does not have the data of how many farmers planted this year and what they anticipate in terms of production. So, when we develop such data, it will help the Government to prepare. We need a quick solution now. I urge the Ministry of Agriculture, Livestock and Fisheries to release the money for the pending payment of farmers who supply maize. Two, we also need to provide fertiliser to farmers urgently because this is the planting season. We have no time to enhance production and food capacity in the country. The Government must move swiftly. The current CS is up to the task because he issued a statement and said that he would meet stakeholders next week. We look forward to that meeting.

Thank you, Hon. Deputy Speaker.

Hon. Deputy Speaker: Hon. Tuitoek Kamuren. Unfortunately, all the Members are from one region. So, there is little I can do about it. A Member from another region is No.12 in the list. Let us proceed.

Hon. Tuitoek: Thank you, Hon. Deputy Speaker, for giving me this opportunity to say one or two things about food security. It is one of The Big Four agenda for our Government. We have realised that fertiliser will be supplied to farmers late. Yesterday or two days ago, I was in Nakuru and a similar picture, which was witnessed in the North Rift, was there. There were long lines of lorries, empty stores, no fertiliser and crops were not being planted. I do not know what will happen. It looks like we are heading to another low production this year. We stare at a deficit of food production in this country and yet we want to strengthen The Big Four agenda where one of them is food security.

This issue of fertiliser has been discussed, mentioned and the farmers are worried about what is going on. We had a meeting with the Principal Secretary in charge of crops last time. He assured us that there was fertiliser in the stores. We do not know whether it was taken away by cartels. I am sure the Departmental Committee on Agriculture and Livestock will investigate next week to find out what happened to the fertiliser which was supposed to be given to farmers. The issue of receiving maize from farmers is a problem. There is a lot of importation of maize from Tanzania and Uganda. I urge the Government to suspend it because it is taking up the space for maize that would have been delivered by the farmers to the NCPB.

Two, the quality of the fertiliser needs to be assured. Some farmers are worried because the quality is not assured. We want the Kenya Plant Health Inspectorate Service (KEPHIS) to look into it, so that the quality which reaches the farmer will give us a bumper harvest.

Finally, there is the issue of the NEMIS, which is very serious even in Baringo. We ask the Government to extend the period within which registration on NEMIS can be done by the schools.

With those few remarks, I beg to support. Thank you.

Hon. Deputy Speaker: Hon. Members, let me go fishing briefly and then come back again to the same region. There is a Member who is almost No.7 in the list. I will give the opportunity to Hon. Musimba and then come back to the list. The Members in the list are from one region.

Hon. Musimba: Thank you, Hon. Deputy Speaker, for giving me this opportunity. I want to make a contribution about what the Member for Kaiti had mentioned about the adoption of Information and Communication Technologies (ICT) in our syllabus, provision of adequate resources and the general development. This must be one of the issues which Hon. Tiren mentioned about agriculture and fertiliser. If we have a database which is ably developed and percolation of ICT within every single locality, we would see a lot of tracing of the possible damages towards food security in this country. It is important for our bread basket, which is the Rift Valley and the greater Uasin Gishu, to have adequate resources which will enable our farmers to sustain this nation to greater heights. Without food sustainability, we risk the exposure of currency fluctuations which is worldwide. When oil prices fluctuated all over the world, people who bore the biggest brunt were Kenyans.

The grave issue raised in the House today is the recent International Monetary Fund (IMF) pronouncement that it was going to remove support to our currency for import cover. I applaud Hon. Members for bringing the Motion at the Zero Hour. It has to be highlighted and a full inquiry needs to be initiated by this House and given to the Departmental Committee on Agriculture and Livestock and the Departmental Committee on Communication, Information and Innovation as a joint taskforce to address this particular plight. As we move forward and we have seen this before, every country protects its food reserves when there is a global crisis in farming. We need to look inward to develop the capacity to safeguard the future and posterity of the nation.

Thank you, Hon. Deputy Speaker.

Hon. Deputy Speaker: Let me to go Hon. (Ms.) Kathambi Charity.

Hon. (Ms.) Chepkwony: Thank you, Hon. Deputy Speaker. I rise to contribute on the topic of maize and fertiliser.

Food security will never be achieved in this country unless we take farmers seriously. I come from Nakuru County, Njoro Constituency. Over 85 per cent of my constituents are farmers, but as I stand here today, a majority of them have not been paid for the maize they delivered to the National Cereals and Produce Board. As I stand here, fertiliser has become a serious matter of concern in my constituency because, as we talk, farmers do not have fertiliser at all. The only request I make to the Government is that let us take the farmers seriously because they are suffering. Let us not always wait for people to demonstrate so that we can act.

Nakuru County has really suffered a lot because we cannot even access fertiliser for the crops we grow. Therefore, let farmers be taken seriously and availability of fertiliser be taken seriously, so that we think of food security as one of the items in The Big Four agenda in the

Jubilee manifesto. Let us think how we can make it possible by providing what is necessary to our farmers.

I rose to point out that non-availability of fertiliser to farmers and farmers not getting paid their dues are serious issues that need to be acted upon by the Cabinet Secretary. Thank you.

Hon. Deputy Speaker: Hon. Lomunokol.

Hon. Lomunokol Thank you, Hon. Deputy Speaker for giving me an opportunity to contribute to this important Motion. I had given up because I logged in at the same time with Hon. Tiren and he spoke much earlier than I. I thought the machines were discriminating.

This Motion is very important in addressing the plight of farmers. I have been in Parliament for two terms and this has been the narrative throughout the years. Farmers have been complaining about delayed payments by the NCPB.

In order to actualise the dream of having this country becoming food-secure we must support our famers by supplying them with the inputs they require in a timely manner. Food security is an item in The Big Four agenda of the Jubilee manifesto. This country can only be food self-reliant if our farmers get adequate and necessary support that gives them comfort to go about their business.

It is high time NCPB improved its service delivery. It has had problems many times with farmers. They are quick to collect farmers' produce and very late in terms of paying them. It is sad that we keep on complaining of such institutions without any action.

Hon. Deputy Speaker: Hon. Kevin Wanyonyi.

Hon. F.K. Wanyonyi: Hon. Deputy Speaker, it is same story in Eldoret, Nakuru and the South Rift. Two weeks ago, I was in Kitale and I could not believe that they were waiting for lorries to come from Mombasa to bring fertiliser. By the time it gets to Moi's Bridge, the fertiliser is already gone. As a Committee, we have divided ourselves into three groups. One group will go to North Rift, another one South Rift and another one will come to Nakuru to deal with this issue because we know there is a problem. I can assure you that we are going to have the worst harvest this year. We told the Ministry of Agriculture, Livestock and Fisheries not to be involved in the importation of fertiliser. We told it to leave it to the NCPB. They did not listen. Today, as I am talking, NCPB has a lot of space but there is no fertiliser. We are hoping and praying that we are going to force the Ministry of Agriculture, Livestock and Fisheries to leave importation of fertiliser to the NCPB because that is the only way, otherwise we will have a problem. The problem also goes to maize. As mentioned, there are long lines. I do not even know what to say. We are heading towards a problem this year. The harvest is going to be worst in the history of this country.

Hon. Deputy Speaker: Hon. Keter.

Hon. Alfred Keter: Thank you, Hon. Deputy Speaker. I want to be brief on this issue. While I support the matter that is before this House, I sat in the Departmental Committee on Agriculture and Livestock in the 11th Parliament. Issues touching on fertiliser were real issues which affected production by farmers. It is wrong. It is not only wrong but also unfortunate that when farmers are meant to plant early, they do not get fertilisers on time. It is going to affect production. We will not succeed in food security unless we support farmers timely so that we ensure that they produce well. As we speak, it is already late. Those who will access fertiliser late will not plant on time.

Thank you.

Hon. Murgor: Thank you, Hon. Deputy Speaker, for allowing me to put my voice on this matter which has been raised by Hon. Tiren. This country prides itself as walking towards

being food sufficient. If that is the case, pay the farmer. The fact is that this country requires 45 million bags in a year. At best, we manage to produce about 34 million bags. Ask yourself: If we are producing less than what we require, who is filling these NCPB stores such that farmers cannot deliver their maize to them? Somebody has mentioned that the maize comes from Uganda and other countries. Why are we accepting that and our farmers are not selling their maize? Maize production requires a lot: ploughing, harrowing, planting, applying herbicides and fuel for tractors. I wonder why during the ploughing and planting season, the price of fuel goes up.

Hon. Deputy Speaker: Okay. Your time is over. I will give one minute each to three Members, namely, Hon. Jomo Washiali, Hon. Tonui Kiprotich and Hon. Kogo Kipngetch, and everybody who was interested in speaking will have spoken. One minute each.

Hon. Washiali: Hon. Deputy Speaker, for one minute, I just want to say that if you want to compromise the quality and quantity of production of any kind of foodstuff, delay paying farmers. What is affecting the Rift Valley maize farmers has affected us in Mumias. Sugarcane proceeds would not be paid in good time and that meant compromised quality of workmanship in the farm, which is meant to help produce more sugarcane. Therefore, I just want to support Hon. Tiren that the Government must pay farmers in good time, so that they can go back to their farms to produce more for this country.

Hon. Deputy Speaker: The Member for Chesumei.

Hon. Kogo: Thank you, Hon. Deputy Speaker. And thank you, Hon. Tiren. This is a serious matter. I see two things here, namely, either we have poor planning on the part of the Ministry and those who are concerned or we have sabotage. There could be sabotage from the so-called cartels to ensure that we have poor harvests so that they are able to get market where they can sell whatever they get from outside. I wish to ask the Ministry and the Committee of Agriculture and Livestock to take this matter seriously. Otherwise, our future in terms of food security will be compromised.

Thank you.

Hon. Tonui: Thank you, Hon. Deputy Speaker. I wish to support this Motion by Hon. Tiren. We need to pay our farmers timeously so that we can motivate them to continue farming, because farming is the backbone of this country. We need to ensure that we continue with subsidised fertiliser. I want to appreciate the Government for coming up with this idea of subsidised fertiliser, which is also assisting our tea farmers. We rely on tea in the South Rift, especially in Bomet Central, which provides foreign exchange to this country. I want to ask the Government to support the new maize breed called DK77 and ensure that the seeds are available.

Hon. Deputy Speaker: Lastly, half a minute for the Member for Kilome.

Hon. Nzambia: Thank you, Hon. Deputy Speaker. I rise on a matter of concern from the Member of Parliament for Kaiti Constituency. We have had some problem previously about registration of births as required by the Ministry of Education, Science and Technology. We have taken an initiative, as leaders, to intervene on the issue of birth certificates. It has become very difficult for parents to move from their areas of residence to the headquarters in Makueni and Kibwezi, where we have only two stations, where they can be issued with birth certificates. Because of the concern, the Ministry had pushed the deadline to 31st March 2018 for the submission of birth certificates. It seems that three-quarters of parents have not been able to get the certificates.

ADJOURNMENT

Hon. Deputy Speaker: Order! Your time is over. The time being 7.04 p.m., this House stands adjourned till Wednesday, 28th March 2018, at 9.30 a.m.

The House rose at 7.04 p.m.