

NATIONAL ASSEMBLY

OFFICIAL REPORT

Wednesday, 11th November 2015

The House met at 9.30 a.m.

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

PRAYERS

QUORUM

Hon. Deputy Speaker: Obviously, we will need to ring the Quorum Bell.

(The Quorum Bell was rung)

Okay, Hon. Members. Please, settle down. We are now ready to commence our business.

MOTIONS

FIREARMS TRACKING AND REGISTRATION SYSTEM

THAT, aware that many innocent Kenyans have been victims of crime attributable to stolen and illegally acquired firearms; concerned that, despite the proliferation of small arms, there has not been efforts to track location, movement and use of firearms held by licensed persons and the disciplined forces; acknowledging the need to adopt a mechanism for providing real-time geophysical location and movement of firearms to facilitate recovery of stolen firearms and forensic identification of guns used in crime scenes; cognizant of the fact that a number of countries continue to implement modern technologies to regulate, monitor and track use of firearms; further aware that use of electronic tracking technologies, including the Global Positioning Systems (GPS), has been used to track and record location and movement of firearms; this House urges the Government to fit all guns held by licensed persons and the disciplined forces with electronic tracking devices and ensure the proper and comprehensive registration of all firearms in the country in order to curb insecurity.

(Hon. (Dr.) Munyaka on 29.7.2015)

(Resumption of Debate interrupted on 28.10.2015)

Hon. Deputy Speaker: Hon. Members, settle down. On this Order No.8, the Motion on Firearms Tracking and Registration System, although we have indicated that the Mover is to reply, we are on record that this had already been done by Hon. Wamunyinyi. Therefore, we were just left with putting the Question.

(Question put and agreed to)

Next Order!

DEVELOPMENT OF NATIONAL CURRICULUM FOR TRAINING
OF MEDICAL PERSONNEL ON EMERGENCY CARE

THAT, aware that Article 43(1)(a) and (2) of the Constitution provides for the right to the highest attainable standard of health for every person; further aware that emergency health care is an important component of standard health services; concerned that many lives continue to be lost due to lack of adequate emergency healthcare and poor response to emergencies in the country; noting that only 13% of public health facilities in the Country have basic components to support emergency cases; deeply concerned that emergency patients are exposed to untrained personnel and/or good samaritans who in most cases worsen the situation; cognizant of the need for the country to have a well-coordinated emergency care system; this House resolves that the Government immediately develops and implements a national curriculum for emergency training of all medical personnel in the country.

(Hon. (Ms.) Musyoka on 28.10.2015)

(Resumption of Debate interrupted on 28.10.2015 – Morning Sitting)

Hon. Deputy Speaker: This Motion was ongoing. Hon. Wangamati had a balance of five minutes. If he is in the House, he can prosecute and complete his five minutes. If not then, we can get another Member.

Hon. Member: He is in.

Hon. Deputy Speaker: Hon. Wangamati, you have your five minutes, if you require them. Can you give him the microphone?

Hon. Wangamati: Thank you, Hon. Deputy Speaker for giving me this opportunity to talk about this Motion on emergency care. Health services have gone down in this country.

Hon. Deputy Speaker: Hon. Wangamati, are you with us? You had a balance of five minutes on a debate that was on firearms, not on health services. It was on the licensing and registration of firearms.

Hon. Wangamati: I thought we have finished with that one.

Hon. Deputy Speaker: Sorry! That is done. It is on curriculum. What you were discussing is on curriculum for medical personnel.

Hon. Wangamati: Hon. Deputy Speaker, let us have another Member.

Hon. Deputy Speaker: If that is the case, the first one on my list is Hon. Cyprian Iringo. Hon. Iringo, you have placed your card to contribute.

Hon. Kubai Iringo: Thank you, Hon. Deputy Speaker for giving me this opportunity to contribute to this Motion on the development of a national curriculum for training of medical personnel on emergency care.

Medical care is an integral part of our way of life. It takes care of the welfare and the health of the people. If you critically look at our situation in Kenya today, healthcare is a bit neglected and not taken seriously.

(Loud consultations)

Hon. Deputy Speaker, I request for your protection from my neighbours here. They cannot let me contribute.

Hon. Deputy Speaker: Please consult in low tones!

Hon. Kubai Iringo: Thank you, Hon. Deputy Speaker for the intervention. I was saying that we do not take health services seriously, especially in the new constitutional dispensation where we have devolved them. The problem has been escalated. It has become a quagmire and it is now a pull and push between the county governments and the national Government through the Ministry of Health. In the process of that pushing and shoving, patients who require those services are left on the receiving end.

It is in the public domain that recently, patients have lost their lives in one way or the other. When you follow up to find out how that happened, there is always that element of negligence on the part of the medical personnel who are tasked to save lives. Recently, we lost an accident victim who had spent 18 hours in an ambulance. The other day, we lost a mother and her child in Western Kenya. Recently, we lost a mother because some people were negligent somewhere. In times of emergencies and disasters like floods and bomb blasts, the Red Cross personnel is more versed, quicker and equipped than our medical personnel.

So, I support the fact that we need to have a curriculum which can be used to train our people so that they are always ready to deal with emergencies. We have special units even in the disciplined forces. In the Administration Police (AP), we have the Rapid Deployment Unit (RDU). We also have the General Service Unit (GSU). Even in the medical services, we have people who are trained to be nurses, doctors and clinical officers. They are mostly in hospitals waiting for patients. They conduct themselves according to how they were taught. We need people who are ready to handle emergencies wherever they are. In the olden days, we used to have what we called the "Flying Doctors". Those doctors had small aeroplanes and helicopters which could land anywhere there was a patient or where an emergency had occurred. The doctors would go there with all the equipment, including the Intensive Care Unit (ICU) equipment. They would then give first-aid and upon a patient getting stable, he would be taken to the nearest hospital for further management. However, these days, when people are involved in accidents – say when a vehicle collides with another or it rolls - civilians rush to carry the injured persons like bags. They throw them into vehicles and rush them to hospital. The civilians do not have any medical training and so, they do not exercise any caution. Perhaps, if that injured person was handled by a well-trained person and with proper equipment, his or her life would be saved. We aggravate the problem by the way we handle injured persons during emergencies.

Therefore, I strongly support the fact that we need to have special personnel who can handle the persons who are injured during emergency situations prudently, professionally and as fast as possible.

On the same note, we might talk of installing equipment in our Level 5, Level 6 and referral hospitals in our country. We might talk of bringing ICU equipment, dialysis equipment and all other equipment required for safe treatment of persons and saving lives. However, if we do not have qualified personnel who are trained to use them, they will be there as monuments. They will be there to be seen. We will keep on sending patients to South Africa and India whereas we have that equipment here. We even need a special institution to train doctors, paramedics and people who are capable of handling those emergencies because we are losing many people in our country today because of negligence, ignorance, carelessness and lack of proper planning.

Hon. Deputy Speaker, ambulances carrying patients who have a few minutes or hours to live use roads that are blocked. The sirens keep on blowing all the time on our roads. We need to have a system where we can have proper clearance of our roads so that we can take our patients to the required destinations as fast as possible. Our roads are poorly designed. When those emergencies occur, we need the police to help us in clearing the roads.

Hon. Deputy Speaker, I strongly support this Motion. If we do what it proposes, we will go far in developing a system which will do more justice to our people during emergency cases. We will save more lives than the ones we lose today.

Thank you, Hon. Deputy Speaker.

Hon. Wakhungu: Thank you, Hon. Deputy Speaker. I rise to support this Motion. Indeed, we are losing so many Kenyans as a result of many things like accidents. Since the Jubilee Government took over, I have been asking myself why the number of deaths has been increasing. I do not know why. Is it because under the new Constitution the health function has been devolved? Where is the problem? Fundraisings have been increasing. The number of people we have been burying in our constituencies has been increasing. That tells you that there must be something wrong. Perhaps, it is because the health function was devolved. We need to look into that matter. With regard to this issue, I think the national curriculum needs to be developed.

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

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

Hon. Sakaja: Hon. Deputy Speaker, my brother who is a doctor has told Kenyans that since the Jubilee Government took over, the number of deaths even on the roads has increased. He knows he cannot substantiate that. In actual fact, the reports we have been getting from the police since the speed limits started being implemented until now is that there has been a sharp drop in the number of deaths on the roads in this country. Is he in order to mislead us? Can he substantiate his sentiments that the number of deaths has increased in this country since the Jubilee Administration took over.

Hon. Deputy Speaker: Hon. Wamalwa, you know the Standing Orders.

Hon. Wakhungu: That is true, Hon. Deputy Speaker. I am going to substantiate. The Member should have understood the context in which I said that statement. Maybe, we began to have a lot of mess in the health function after it was devolved to counties. It is true that in my constituency, the number of deaths has been increasing. We know very well that the health function was devolved after the Jubilee Government came to power. Maybe, we need to re-look at this issue. I know this matter is under the Health Bill.

Hon. Deputy Speaker: You are linking the Jubilee Government to the deaths.

Hon. Wakhungu: The time they came into power is the time when the new Constitution came in. We have seen the number of deaths rising.

Hon. Deputy Speaker: Clarify it.

Hon. Wakhungu: It also has to do with devolution. Since the health function was devolved, we are seeing a great mess. It is a very critical function. Maybe, we need to re-look at the issue of the health function. Is it being managed properly under the county governments? This is the issue. Emergency is an issue that has to be handled through a rapid response. One of the critical causes is that hospitals, especially those in the rural areas, do not have those facilities. Hospitals do not have X-Ray machines and they lack enough ambulances. By the time a patient is brought to the casualty ward, things have gone bad. With due respect to Hon. (Dr.) Musyoka who brought this Motion, I do not know under which framework we are going to develop the curriculum. We know very well that we have different cadres of medical specialists like nurses, clinical officers, general practitioners and other different specialities. At the moment, we have those continuous medical development points. I thought that once this curriculum has been developed, we need to be clear about the framework we are going to roll it on. For instance, is it going to be incorporated in the curriculum at the Kenya Medical Training College (KMTC)? So, the Motion needs to be specific so that, as we move on, we can understand how it is going to be implemented. You can develop a curriculum, but unless you have a proper institution, at what level are we going to do this? Are we going to roll out this curriculum at the nurses' conference when we have CMEs?

We need to improve on this Motion so that it becomes easier in terms of implementation. When it comes to emergency, most of the cases are at the casualty level. Most times, those emergency cases are as a result of accidents. Majority of the accidents are caused by *matatus* or *boda bodas*. As we develop this curriculum, we need to ask ourselves whether it is for medical personnel only or it could also target *matatu* and *boda boda* drivers. They should be trained in basic first-aid so that they can acquire the skills to help injured persons. For instance, if we do not have ambulances, it is going to be useless to come up with this curriculum because we have many factors that contribute to this. We have cases whereby hospitals refuse to attend to patients simply because the patient is unable to pay a deposit. So, there are so many factors and it is critical that action be taken against those hospitals that do not want to provide healthcare or emergency services just because a patient cannot afford to pay a deposit. We saw that happening about two weeks ago. They must be held responsible because if a patient has come to them seeking medical attention and he or she cannot afford to pay for the services one way or the other, the priority is to provide healthcare. This is so as to save life. The issue of payment can always come later.

We know very well that health is a devolved function. We have had issues when it comes to the counties in the management of those hospitals. We only have two referral hospitals under the national Government. As we move on, in a better way of holistically improving the healthcare, we need to have different referral hospitals in every county. It is high time those referral hospitals in every county were transferred to the national Government for purposes of efficiency and effectiveness when it comes to healthcare issues.

We are preparing for the coming of the Pope, who is coming in as the Head of the Vatican and Head of the Catholic Church. I ask Hon. Members to bring their names for accreditation. We are going to have mass at the University of Nairobi and because of security

issues, I am humbly requesting Hon. Members who may wish to attend the Papal Mass to convey their names through the Office of the Hon. Leader of the Minority Party or the Office of the Hon. Leader of the Majority Party for accreditation so that on that day, we do not scramble for space. There is enough space at the University of Nairobi for Hon. Members of Parliament (MPs). If you want to come with your spouse, please, send your name and your identity card and that of your spouse for accreditation, as we look forward to welcome the Holy Father. Indeed, it is a great honour for this country. It shall increase the level of confidence and business will improve. Let us come together and listen to his message of peace and reconciliation.

Thank you and I support.

Hon. Deputy Speaker: Let us have Hon. Jacob Macharia.

Hon. Macharia: Thank you, Hon. Deputy Speaker. I support this Motion by Hon. (Dr.) Susan Musyoka on the Development of National Curriculum for Training of Medical Personnel on Emergency Care. It is true that in this country, incidences that put human life to danger are many. There are traffic and domestic accidents. There are many other cases that endanger human life. Those incidents are part of life. We have allowed teams such as the Red Cross and St John Ambulance to take care of training on emergency and handling emergency personnel. This curriculum is totally neglected. Most of it is taught at primary and secondary school levels. It is very important because we have realized that when those kinds of patients reach our hospitals, sometimes, we do not have personnel to attend to them. Some of them die simply because they are not given basic emergency care.

Sometimes, when accidents happen in rural areas or in areas far from hospitals, the first people on site do not know what to do. The curriculum will help because the medical personnel all over the country, including members of the public who may want to be part of the training, will get expertise in handling life emergencies. As a result, many lives will be saved. It is important that we improve our emergency evacuation system in terms of ambulances.

In Molo Constituency, for example, we only have one ambulance which is old and dilapidated. I concur with the Hon. Member for Kiminini that devolution of the health sector has brought more harm than good. We have seen deterioration of emergency evacuation. My constituency, through which the Eldoret-Nakuru Highway passes, has a black spot at Sachangwan. Every two days we have an emergency requiring evacuation and handling of traffic patients. That area has suffered. It is important that the national Government takes up the issue of emergency evacuation and national curriculum on training. In such an area where the County Government of Nakuru is supposed to set up an emergency reaction center, we still have to act from Nakuru Town and Molo.

With those few remarks, I support the Motion.

Hon. Deputy Speaker: Hon. Nyikal, you have an amendment.

Hon. (Prof.) Nyikal: Thank you, Hon. Deputy Speaker for giving me the opportunity to contribute to this and then make an amendment. Emergency medical care is an important aspect of health. It is a life-saving activity or a disability saving activity. Emergency medical care is needed when you have a medical emergency which can arise any time. Common illnesses such as Malaria can present as a medical emergency that requires urgent attention. People are familiar with emergencies that occur during accidents. However, chronic illnesses like diabetes or hypertension can quickly turn into a medical emergency. Somebody who was perfectly well and going about their business can suddenly have a medical emergency. So, it is a situation that is with us all the time

The care needed for this is urgent. It needs very special skills and many times it is something which, if one is well trained, will save lives and avoid long term disability by very simple measures. For those who are critically ill, that simple measure, if taken in time, will stabilise the patient and make it possible for the patient to get proper treatment and recover well.

We cannot assume that all trained medical personnel, be they doctors, nurses or physiotherapists, are equipped with the skills that are required. They have general skills. In any case, depending on the level of those available, we need to train people at all levels, even those who attend to accidents by the roadside. The ambulance drivers, technicians and staff escorting people in ambulances; it is an extremely important element of care.

To give an example, a simple thigh fracture which should not cause death, because of the bleeding that will be associated with it, can kill somebody within hours if nothing is done. Somebody who gets a simple fracture of the back of the spine, if not properly transported will be paralyzed for life. It is, therefore, important that we get people trained. We need to train staff starting with those receiving the patients, at the point of injury or the point of sudden illness to those transporting them and those taking care of them while they are in hospital.

Another requirement is the availability of equipment. Although this Motion does not speak to that, it is important that even by the roadside, equipment should be in the ambulances that will help in saving life. When people reach hospitals, it is important that they have life-saving equipment such as Intensive Care Units equipment and ventilators.

Hon. Deputy Speaker, this is extremely important. Many people who may have been maimed or died could have their lives saved, if an efficient and harmonized system was in place. Therefore, it is important that we have an efficient and harmonised referral system. I know that the Ministry is making an attempt. We need to have a proper referral system so that when a patient is moved from the road, by the time he or she arrives at the hospital, the staff in that hospital should be aware that they are about to receive a patient with such and such kind of injury, which should be given such and such kind of treatment. When patients arrive in hospital, they need this or that kind of treatment. In the ideal situation, as soon as a patient arrives in the hospital, everything should be ready for that patient's treatment.

Many times, it is just a matter of minutes to save somebody's life. In cases of caesarean section, sometimes you have only minutes to save the baby or the mother. You may have only minutes to save lives or the spine of somebody who is severely injured in a road accident. Therefore, an efficient system is necessary. If you look at the savings that we make, it is not that expensive. If people are treated at that point, the care afterwards in hospitals may be significantly shortened to cover that cost.

It is also important that we have retrieval systems for people who get injured in difficult situations. We need people involved in file retrieval to be trained. What is the situation in our country today? I am afraid to say that we have talked about the situation of healthcare in the country, but emergency care is even worse.

The ambulances you see in many places are vans just with structures in them. Many times, they do not have even simple equipment like oxygen cylinders or breathing equipment for the patient and even a tool to give fluids. So, the situation is not good. We do not have staff. Most of our staff does not get any further training after their basic training. We do not have a harmonised or an organised system. If you have any disaster, whether it is a building that has collapsed or massive accident on the road or floods, there are components of emergency medical

care that we need to look at. Therefore, apart from this Bill calling for a training curriculum, we need to look further and see how we can improve emergency care.

Before I move the amendment that I am proposing, I want to contribute on the cost of emergency care. When people are in emergency situations, it is not fair to expect that they will have the means to pay for that care at that time. Therefore, when patients go to hospitals and find that they cannot be admitted because they do not have money, it is very unfortunate. We have a Health Bill that is under discussion and the proposal is that, as a matter of emergency, this country must evolve and establish a social health insurance that will make it possible to have universal access to treatment.

Hon. Deputy Speaker, I beg to move that the Motion be amended by:-

- (i) deleting the word “emergency” appearing immediately after the word “for” in the last line; and,
- (ii) inserting the words “on emergency medical care” immediately after the word “country” appearing in the last line.

With that, the import is: If we leave the Motion as it is, the emphasis will be on training of medical people without saying exactly what they are being trained on.

However, with this amendment, we are sure that medical people are being trained on how they can provide emergency care. With that, the Motion will, therefore, read:-

“...this House resolves that the Government immediately develops and implements a national curriculum for training of all medical personnel in the country on emergency medical care.”

With that, I ask Hon. Mulu to support the amendment.

Hon. Mulu: Thank you, Hon. Deputy Speaker. I rise to support the amendment. From what Hon. Prof. Nyikal has said, it is clear to all of us that training on emergency medical care is important. If you look at this country, there are a lot of issues which result to emergency cases. For example, the many reported road accidents would lead to emergency cases. At times, there are also fire outbreaks which lead to emergency cases. We have terrorism activities or acts which also result to emergency cases. At times, we have animal attacks. As Hon. Prof. Nyikal has rightly put it, saving life as a result of those emergency cases depends mostly on the training of people on emergency medical care.

When you look at the way this Motion was earlier framed, it is a matter of only training. However, that particular emphasis on training on emergency medical care so that you broaden the curriculum was not coming out clearly. That is why this amendment is important. It opens the training so that people are trained on this emergency medical care, irrespective of what level they are in. They could be nurses, people at the lower level of medical profession or doctors. Therefore, once they get the training, they will apply those skills. As a result of that, they will save more lives. This amendment is very important. I am sure the Mover of this Motion, Dr. Susan Musyoka, will agree that this amendment adds value to our Motion. If it is taken on board, it will then make work easier for her even in pursuing this matter after the Motion is adopted by the House. So, I support this simple amendment. The import is very important to this Motion.

I second the amendment.

Thank you.

(Question, that the words to be left out be left out, proposed)

Hon. Deputy Speaker: Do the members feel that we should put the Question? There is definitely value added by the addition of Hon. Prof. Nyikal's amendment. I can put the Question so that you can debate the Motion as amended.

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

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

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

(Question of the Motion as amended proposed)

Therefore, debate the Motion as amended. The next Member on my list is Hon. Abdikadir Omar.

Hon. Aden: Thank you, Hon. Deputy Speaker, for giving the opportunity to speak to this Motion. I support the Motion as amended.

How we respond to emergencies is very critical to the lives of Kenyans. Indeed, after an accident that has caused injuries, much of the life of the person or persons injured depend on the care given by the person who has come to do an emergency care or evacuation.

Hon. Deputy Speaker, if the medical staff responding to the injured person is well equipped with the knowledge of how to handle a delicate person in an emergency situation, lives can be saved. The opposite could also be true; the state of a person who is suffering from minor injuries could be further complicated and their life threatened by the manner in which untrained medical staff handle them.

As Kenya modernizes and grows in terms of major superhighways, high speed trains and many other means of transport, the likelihood that one accident could result in multiple injuries at a given time is higher now than ever before. We have seen that happen in many other countries. In the last few years, we have had very unfortunate terrorist attacks leaving many people critically injured. An example is what happened in Garissa back in April. This informs us that, as a country, we need to be prepared by ensuring that we have highly qualified medical staff that can be relied upon to attend to injured persons in an emergency situation.

Hon. Deputy Speaker, all our sub-county headquarters health facilities should have theatres and trained personnel to attend to those who are injured. In northern Kenya where I come from, whenever an emergency situation occurs and people suffer injuries, it takes so many hours to drive to the county headquarters at Garissa. Sometimes, the situation is so dire that the facility in question might not be enough to handle the situation. It might require more than 10 hours drive to Kenyatta National Hospital to save that one life. We should up the capacity of our sub-county medical headquarters so that it is able to conduct minor operations in order to save lives. They could save lives by stopping bleeding and giving attention to the injured persons.

Hon. Deputy Speaker, I like the amended version. As we train our personnel officers, we should have a curriculum for them that will ensure that they graduate as persons who can attend to emergency cases and injured persons. We have seen the Kenya Medical Training College (KMTTC) offering specialised courses such as medical records and orthopedics. The institution has been training people to deal with specialized issues. It is important to develop a curriculum

that can train staff to be experts in responding to emergency cases, or offering care to injured persons in an emergency situation.

This is a very good Motion. Passing it will help improve the preparedness we need as a nation in order to care for those of us who are unfortunately injured during an emergency situation.

With those many remarks, I support the Motion.

Hon. Limo: Thank you, Hon. Deputy Speaker. I rise to support this Motion as amended. Emergencies occur without any indication. We should, therefore, identify the risk of those events occurring. We should also look for mitigating controls to ensure that if emergencies occur, the impact will not be as huge as when we are not prepared. Unfortunately, in this country, we leave everything to God. We are not prepared at all. The way ambulances are stationed in many hospitals in this country shows that they are not prepared. Drivers are not stationed there and some of them have to be called from their houses. This causes delays. Emergencies should be treated as emergencies. Once there is delay, then it will be very costly. In the hospitals, most of the members of staff lack training. They also lack understanding and care when it comes to handling emergency cases. They are supposed to handle such cases with diligence, without caring whether they will be paid or not.

The Health Bill which is before this House, has taken into account the issue of cost. There is a provision which ensures that people who handle emergencies using their private facilities are reimbursed. This reduces the number of people who are rejected in hospitals. That is because under the emergency response, they are supposed to be treated without worrying who is going to cover the cost. Unfortunately, the current structure in the health sector is worrying. That is because under the new Constitution, the health function is devolved. However, many counties are not prepared. They do not understand that devolving health does not mean treating people who come from your county and leaving out those from other counties. It is sad. When an emergency occurs, it does not choose where you are. You could be a resident of Mombasa and get an emergency situation in Busia. It is not possible for anybody to choose where those emergencies will occur. I have an experience with regard to those situations. Many hospitals in this country choose who to treat and yet, they are public hospitals. They look at where you come from. This is a very sad story. In fact, it is a time bomb.

Last month, three of my constituents were involved in a road accident along Mombasa Road near Machakos. They were admitted at Machakos Hospital. They stayed there for a full month without treatment. After several attempts to involve the county government, they were transferred to Kericho County, where I come from. It is a very sad case. This is not an isolated case. Those things are happening in the whole country. If we do not resolve the structural issues and understanding what counties have in terms of treatment, this training will be futile. We should ensure that counties recognise that this is one country. We are only dividing it into counties for the purpose of efficiency. It should not be a reason to be inefficient in terms of choosing who to treat and who not to treat. This is a real story I am telling you. Those three patients come from a place called Kiptenden and Cheribo in my constituency. They are now undergoing a lot of stress because they were forced to undergo many operations which should not have happened if they were treated under emergency. When you are injured and treatment is delayed, that creates complications. One of the patients had to be transferred to Tenwek Mission Hospital. It cost the family a lot of money. If those staff were well trained and had a human heart, they would have prevented the situation from getting worse. Therefore, when we

incorporate the curriculum to train all our staff to handle emergencies, it makes them recognise the importance of ensuring that they properly treat patients at the right time so that it can reduce cost.

Hon. Deputy Speaker, let us support the amendment so that medical personnel can get the right training. At the same time, let us think as Kenyans and not divide the country. We need to look at the way the health sector is being handled so that we save the country from future disasters.

I support.

Hon. Chea: Shukrani sana, Mhe. Naibu Spika, kwa kunipa fursa ya kuchangia hii Hoja ambayo imeletwa mbele ya Bunge na Mheshimiwa Dr. Susan Musyoka. Ningependa kumpongeza kwanza kwa kuileta na kuwa na fikra nzuri kama hii.

Suala la afya kwa Jamhuri yetu ya Kenya, kama vile wengi tunavyofahamu ni kwamba, baada ya kupitisha Katiba yetu mwaka wa 2010, iliweza kuweka uongozi mara mbili, kwanza kwa Serikali Kuu na pili kwa serikali ya ugatuzi. Masuala ya kuwafundisha na labda kuwaongeza ujuzi ndio masuala ambayo yamewekwa katika Serikari Kuu. Serikali gatuzi imewekwa yale masuala mengine ikiwa ni hospitali, zile zahanati ndogo ndogo na pia yale masuala yanayohusu afya.

Katika kuchangia Hoja hii, ni kweli kuna masuala mengi sana ya dharura ambayo yanahitaji kuangaliwa kwa kina. Tumeona watu wetu katika Jamhuri ya Kenya wakipoteza maisha yao kwa sababu kwanza, ya ukosefu wa vifaa vizuri katika hospitali hizi na pili, pia matibabu ambayo yanastahili ndio waweze kuepuka maafa.

Nikichangia Hoja hii, nitaangalia mambo mawili. Kwanza, hata kabla tuzungumze kuhusu kuleta mafunzo kwa wale wahudumu ambao wanastahili kututibu katika hospitali zetu, ni lazima tuangalie ikiwa hospitali zetu ziko na vile vifaa ambavyo vinahitajika. Baadhi ya masuala ambayo yanatokezea kwa dharura mashambani, utapata kwamba baadhi ya zile hospitali ambazo ziko kule hazina vifaa ambavyo vinastahili, na ambavyo vinaweza kushughulikia masuala ya dharura. Ndio maana wakati mtu anapoumia, wakati ambao hali za kighafu zinatokea, vile wanavyopelekwa ni rahisi kupoteza maisha yao.

Nitatoa mfano katika eneo langu la Kaloleni na eneo lile jirani la Rabai. Unakuta wakaazi wa sehemu hizi wanategemea sana ule mti wa mnazi. Wengi wale ambao ni wajuzi wa masuala ya kugema, hasa ile pombe ya mnazi, kuna wagama wengi sana ambao kila siku wanapoteza maisha yao kwa sababu ya kuanguka kutoka miti hiyo ya minazi. Hata kabla ya masuala ya *boda boda* na magari kutokezea, miti ya minazi imekuwa ni baadhi ya sababu ambazo zimeacha watu wengi wamepoteza maisha yao. Lakini kinachostaajabisha katika sehemu hizi ni kwamba hospitali zake bado ziko chini. Ikiwa hatutakuwa na vifaa ambavyo vinastahili, basi kila siku tutapoteza watu wetu.

Ni kweli kama vile Hoja inavyosema kwamba wengi ambao wataenda kwa hospitali hizo kuhudumiwa kwa mara ya kwanza wanapata watu ambao sio wataalamu katika taaluma hiyo. Ikiwa mtu amekuwa mgonjwa, kwa mfano, amepata ajali na afike apate mtu ambaye si mtaalamu kwa suala fulani, ni rahisi kwa mtu huyu kupoteza maisha yake. Ndio maana ningependa kuunga mkono kwamba kuna haja kweli ya kuhakikisha ya kwamba mafunzo maalumu ya afya ya watu wetu itafanyika hasa kwa madaktari na hata watu wengine ambao wanaweza kutusaidia kwa mambo kama hayo. Mambo haya yakifanyika, naamini yatasaidia watu wetu na tutaokoa maisha ya binadamu.

Kwa hayo maneno machache, ningependa kuunga mkono Hoja hii. Shukrani.

Hon. Deputy Speaker: Hon. Timothy Wanyonyi. Yes, you are also there Hon. Ferdinand Wanyonyi.

Hon. Wetangula: Thank you, Hon Deputy Speaker for giving me this opportunity to contribute to this Motion as amended. Sometimes, the problem begins when evacuating people from accident scenes. Unless we have personnel who are properly trained to handle people from scenes of accidents wherever they occur, injuries will be aggravated right from the scene of the accident to the hospital. At the hospital, there are sections earmarked as emergency wings. When patients arrive there, there is nobody even to take them in or to attend to them. So, it defeats logic as to why they have indicated those places as emergency wings.

Let me give myself as an example. A few months ago, I was involved in a minor accident and ended up in a hospital's emergency wing. I remained there waiting for somebody to attend to me for three hours. Three hours is a long time. Somebody can lose his or her life. I believe that if people are trained properly and given adequate support, they will save many lives. Many times people are injured even in their own homes. If that is not properly handled by a trained person, that person can lose a life. We need even to go a little bit lower because emergencies can happen even in our own homes. If we are not trained in first-aid to handle even electric shocks and all kind of accidents, we may create situations where people lose lives because they are not properly handled.

We also need to look at why hospitals are reluctant to admit accident victims. The first thing they do is to demand for a deposit before somebody is admitted. We need the Government to change the policy on healthcare so that it is not a preserve of the rich. It should be for all Kenyans. If somebody is injured regardless of his or her situation in life and goes to a hospital with an emergency they should be attended to. Once their lives have been saved, they can then look at other things later. We understand sometimes that it is the systems that we have in place that have brought about emergencies not being treated as such. Hon. (Prof.) Nyikal has mentioned that most injuries happen along the way from the scene of the accident to the hospital because of the way they are handled. Sometimes, a person is transported in a pickup or in vehicles that do not have facilities to handle that person. So, in the process, the injury is aggravated. When patients end up in hospital, what transpires from the time the patient arrives in hospital to the time they are attended to is what determines the life of that person. The person can either die or be saved at that point. In other places, when there is an emergency, once you hear the siren of the ambulance while on the road, everybody is supposed to clear the way. The way our roads are constructed does not provide a lane for emergency vehicles. We need to have a lane that is specifically reserved for emergency vehicles. In a traffic jam, sometimes, the roads are so packed such that it takes too much time for an ambulance to get to a hospital. That is why we need to re-look at the way we construct our roads so that we create specific lanes for emergency vehicles. They must be reserved for that so that when there is an emergency, people can be rushed to hospital at a very fast rate without any delay.

With proper training, equipment, facilities and change of our healthcare policy, many lives will be saved. Healthcare should not be a preserve of the rich. It should be accessible to all as provided and enshrined in our Constitution.

I support this Motion.

Hon. Dawood: Thank you, Hon. Deputy Speaker. I would like to support this Motion.

It is a timely Motion coming on the footsteps of my earlier Motion about lack of Intensive Care Units and blood banks in this country. We need to have a system where we can

train our people in emergency care. At the moment, we have haphazard responses to emergencies such as when buildings collapse and nobody knows how to rescue those people trapped inside. Once a building collapses, many people make mistakes when removing a person trapped under the rubble and putting him on a stretcher. If he is not handled well, the person may damage his spine or other internal organs. We need that to be done effectively. The Red Cross is doing a lot with regard to that, but we need specialised training because there are some situations which the Red Cross may not be able to handle. The Red Cross is doing very well. An emergency is a serious, unexpected and often dangerous situation which requires immediate action. That is very vital. If we do not handle such a situation in the way it needs to be handled, we will probably do more damage than good to the person we are trying to help.

There was an incident in the old North Imenti Constituency about six or seven years back. You may have heard of the young girls from Loreto Convent, Msongari who had an accident. The young girls were going to Isiolo. They missed a turning at Subuiga and the bus rolled. They were supposed to sit for their exams a few months from then, but it was sad because some of the girls lost their limbs. In addition to emergency care, we should also have trauma centres. The parents did not know exactly what had happened to the children. We can talk about people who need emergency care, what about the relatives of the people who are injured in that emergency? About six girls lost their limbs and we also lost two or three girls in that accident. Since there was no emergency treatment on the ground, we could not re-attach some of the girls' hands. Even for the girl who lost her life, we had to go to the mortuary to look for her hand. We had about 10 hands and we did not know which hand would match which girl. It was so traumatic for the parent to even identify her daughter's hand so that she could bury her daughter with the right hand. We need a trauma centre because we need somebody to take care of that.

The other issue is lack of equipment. We can attend to an emergency and take the victims to hospital, but do we have the capacity in our hospitals to handle those emergencies? A recent case would be the one of the Nyeri Provincial General Hospital. I read in the news reports that the whole ICU department had gone for training in Italy for two weeks. I did not understand how a whole emergency department can close down for training. What happens in case somebody gets an emergency or has to go to the ICU? Even the renal unit is still closed to this day because people have gone for training. Why can the training not be done in Kenya so that some people are left to man the station instead of closing the whole place? The Health Ministry needs to work with the county government to know what happened.

We have heard of medical emergencies where people stay in an ambulance for more than 18 hours and are not attended to because of lack of money or an ICU bed. The other day, a lady in Kiambu lost her life because people logged out of work when they were not supposed to. That is why we need those people to be trained in medical care and be passionate about working in those situations. Those situations are very emotional for the families involved. When their relatives do not access emergency care, the families would be really hurt. I do not envy them. I do not know what I would do in a situation where I lost anybody when it was possible to save their lives. We need to come up with ways where we hold persons involved in emergency treatment responsible for any mishaps. Nobody wants those kinds of situations. They are unfortunate and unexpected.

The other issue which has featured in the contributions of my colleagues this morning is ambulances. Ambulances need right of way. Many a time, they are stuck in traffic and cannot go anywhere. We need special lanes, not just for ambulances, but for emergency vehicles and police

vehicles that may be going to check on a crime. Most time the whole road is clogged. Unfortunately, in our Kenyan traffic, we do not consider this. Whenever there is a free lane, you will see a motorist or a *matatu* use it regardless of whether it is reserved for an emergency or not.

Hon. Deputy Speaker, in England - and I know you have been there - there is a specific lane for buses, taxis and emergency vehicles. There are times when you cannot use those lanes. If you use them when it is prohibited, you are charged. Unfortunately, that does not happen here in Kenya. Ambulances have sirens to manoeuvre through traffic.

Unfortunately, even when they are empty, the ambulance drivers make a lot of noise because they want to go somewhere. We should ensure that they do not misuse those sirens. There should be a way of ensuring that they have a patient when the siren is on.

With those few remarks, I support this Motion. I wish it can come as a Bill, so that we can establish these emergency training centers and equip all hospitals with emergency equipment. We may train our people, but have nowhere to take them because we do not have the facilities to handle emergencies in our hospitals.

With those few remarks, I support.

Hon. Onyura: Thank you, Hon. Deputy Speaker for this opportunity. I rise to support this Motion calling on the system to set up curriculum and systems for emergency response.

This is quite timely. I start by thanking Hon. (Ms.) Musyoka for sponsoring this Motion. I had taken it for granted that part of the medical training curriculum covers as of necessity or as a matter of course, emergency responses. But since the Motion is brought by a medical doctor, it means that my assumption was not correct. If that is not happening, then this is something that should happen as at yesterday.

The way an emergency case is handled right from the scene of the accident, for example, a car accident, fire or a bomb blast, can make a lot of difference between life and death or between full recovery and being crippled. This should be taken seriously and we should develop proper programmes that are well thought out, clearly detailed and properly coordinated nationally to cater for this requirement. At the simple of first-aid, this should be part of life skills that everybody should get. They should be provided everywhere like in schools and churches. This is something that should be provided as part of civic duty. All of us should be equipped with certain level of how to handle emergencies even at a simple first aid level. This can make a lot of difference. If it is mishandled, then it can be disastrous to the affected persons.

Another alarming thing that I have just learnt from this Motion is that countrywide, only about 13 per cent of our health facilities are equipped to handle emergencies. I cannot understand how after 50 years of Independence, only 13 per cent of our facilities can handle emergencies. We should urge the authorities to ensure that the 13 per cent is considerably improved. We should now be thinking of even 100 per cent. That is an area that needs a lot of attention and improvement.

Once training is provided and personnel are effective, we must ensure that equipment is available. There are certain things that go hand in hand with emergency care. With regard to blood bank, I was very dismayed the other week when I went to see a patient at the Busia District Hospital who was supposed to get blood transfusion. There was no blood anywhere in the hospital. I learnt that there were quite a number of similar cases and patients had to look for money and go across the border into Uganda to look for blood. This needs to be addressed in a systematic way, so that necessary appeals and promotions are done, so that our hospitals do not run out of blood. If a major disaster happens around that area, people may lose lives where they

ought not to. The issue of equipment needs to be addressed. As part of that training, it is very important that a general policy is developed to cover this area, necessary resources for carrying out that training be identified and set aside for us to achieve what we are recommending.

This may not be directly related, but I am also concerned about something that I have noted in my constituency. Many health facilities have been constructed. We have well constructed dispensaries, resources have gone into them, but they are not operational. The main reason has been that there is not adequate staff to be sent to these facilities. As a nation, we need to address the issue of training our medical care personnel in sufficient numbers, so that we do not spend a lot of money constructing facilities which are eventually not operational. It does not help. It is a waste and it is an area that needs very close attention.

With those comments, I support this Motion as amended.

Hon. F.K. Wanyonyi: Thank you, Hon. Deputy Speaker for this opportunity. First and foremost, I want to thank Hon. (Ms.) Musyoka for bringing up this Motion, which I support wholeheartedly. I have been involved a number of times in emergency cases and in some cases, I looked helpless. I did not have any basic knowledge and training in handling emergencies. As a leader, I was hopeless. One time, I was involved in an accident on my way to my constituency and even my driver, who is supposed to be a VIP driver, did not know how to handle an emergency. As a Member of Parliament, I was at a loss as to what should be done. Everybody should be trained to handle emergency cases. Therefore, I am suggesting to Hon. (Ms.) Susan Musyoka, the Mover of the Motion that training of staff should be regular. Sometimes back we had two children in my constituency who had gone swimming in a small dam, and we could not get anybody to rescue them. They eventually lost their lives because there was nobody around that area who knew what to do. People were just throwing ropes hoping that the children could hold on to them, but the children were struggling to be afloat. It was not possible. At the end of it one held the other one, and it was so bad that they eventually lost their lives because there was nobody within the village that could have helped. Therefore, training should be regular. We should also cast the net wider to even include divers in case of an emergency.

We also had a case of children dying on a motorcycle because there was nobody to assist them. We should also be trained on firefighting in our homes. Sometimes some things happen, for instance fire, and all people do is pour water which makes it worse, instead of using a blanket to put out the fire. This makes people lose their lives.

We also have the VIP drivers. We should make a point of ensuring that our drivers are trained on emergency cases. We are regularly moving up and down. As I have said, I was a victim. Somebody had been knocked down by a motorbike and there was nothing we could do. The handling of the person who had the accident was a problem.

Hon. Deputy Speaker, sometimes back we had emergency drills. We had regular drills particularly on Fridays in these big buildings. We had Government drills where people could learn how they could get out of those buildings in case of emergencies. That has now stopped. We should urge the Government to do these basic things so that we can save lives of our people. Children should know what to do when there is a problem. If fire got to this House, I can tell you that most of us would panic and not know where to go. This can be done through drills so that people can learn to save lives.

About 10 years ago, when a building collapsed on Ronald Ngala Street and people were trapped in it, our Government had to ask Israel personnel to come all the way to rescue people here. That means we have not taken lives seriously.

Hon. Deputy Speaker, I would like to agree with the Mover. I remember about 10 years ago, students going to the university had to go through the National Youth Service (NYS). Some of them were being trained on how to handle emergency cases. This is the time for us to accept the fact that we are poorly trained and exposed on emergencies. This training should be included in the curriculum from primary school, and it should be examinable and they have to pass it just like English or arithmetic. This will enable people to know how to handle emergency cases. We have to be our brothers' keepers. In case one has a problem, we should be able to help. As the Bible says, we should be our brothers' keepers by being able to assist our neighbours in case of a problem. Therefore, I support this Motion.

Sometimes you put a victim in an ambulance and the driver does not know how to help. Probably, he is just hired. The staff in the ambulance may not know how to handle the equipment and maybe there is no oxygen in it. I had a sad case in my area where a patient who was in emergency was moved from Kitale to Eldoret, and the poor child died on the way because there was no oxygen in the ambulance. By the time they got to the hospital, no one was expecting them. So, apart from doing this, we should be able to have ambulances fitted with telephones. When somebody is moving from one place to the other, they should alert the hospital they are going to. For instance, an ambulance should have the contacts of Moi Teaching and Referral Hospital which is the nearest hospital from my place where we take serious cases. They can be called so that by the time the ambulance reaches there, the patient is attended to immediately.

Yesterday we talked about emergency cases where sometimes somebody has been involved in an accident and the poor person has no medical care and the hospital that receives that patient insists that he or she must pay a deposit before he or she is admitted. Where are we going? It is so sad and we should not have that kind of thing happening.

So, a Member said earlier this morning that he is going to bring an amendment to this Motion to ask the Government to seek social health fund to enable victims of emergencies and road accidents get treatment. This will ensure that hospitals do not deny this person treatment. We have a recent case of Alex Madaga who died because he was kept moving from one hospital to the other and what the hospitals were doing was to demand for money before they could admit him. This is something that the Government can get involved in. When it comes to the Third Reading, Hon. (Ms.) Musyoka, we should come up with amendments. In fact, this Motion is so real and basic that we do not have to go anywhere because what we are talking about happens every day.

Before I finish, there is a Member who talked about logistics and expertise in handing patients in times of emergency. Some people lose lives because medical staff does not have gloves and such things. You will find people dying on queues, like my friend Hon. Tim mentioned this morning. They took three hours to attend to him. That should not be acceptable in our country today. I support this Motion and hope that the Government will re-introduce drills for every building in this country so that we know what to do in case of emergency. I can tell you that in case something happens to this building, 90 per cent of us will not know where to go because we have not been told what to do. I support the Motion and I hope we will be able to have amendments during the Third Reading.

Thank you so much for the time.

Hon. (Ms.) Chae: Thank you, Hon. Deputy Speaker for giving me the opportunity to support the Motion as amended and also thank the Mover for a thoughtful and timely intervention to ensure that this House resolves that the Government immediately develops and

implements a national curriculum for emergency training of all medical personnel on emergency medical care. As we have seen, there are so many avenues that are lacking these emergency tools, such as the Intensive Care Units (ICUs) which are there but are not well equipped with facilities and lack of personnel who are supposed to handle the cases that are brought. We have talked about our fellow parliamentarians and the blood banks that are empty when emergencies are taken to the hospitals. So, the Government has to ensure that all these complications are taken care of. When treatment is delayed it leads to more complications and hospitals demand more resources from the patients or their families which they cannot afford.

Recently, we were dealing with a case of an accident victim who spent 18 hours before he was attended to in three hospitals because they were demanding money. As we pursue to see what we are supposed to do, we need to ensure that medical emergencies are taken care of. We also need to ensure that penalties are enforced so that hospitals and doctors value lives of persons who have been taken to hospital. They should not demand money before they even know whether they are going to save the person's life or not.

We should ensure that personnel in these hospitals undergo refresher courses. This will make them modern and know how to handle any kind of emergency. They will become digital. The training that the personnel had when they joined service should be updated.

Another thing that I also want to talk about is the deployment of personnel to our hospitals in our 47 county governments. We should ensure that these facilities and the personnel are there. Right now, Computerized Tomography (CT) Scans are being bought, but you may find that there is no personnel to handle these machines at the county level. You may find that the counties have not even planned who are going to handle these machines. Before we purchase equipment, we need to strategise and prepare. It is the common *mwananchi* who needs these services.

Another issue is the time within which patients should be attended to. If it is supposed to be immediate medication, it should not be delayed. I see a situation where we will require that everybody is trained and we are aware of what is expected of each of us. Sometimes, drivers misbehave on our roads and you do not even know what you are supposed to do and you also do not want to give way. We must develop a moral standard as a country, so that we can assist the system to work to enable emergency medical care to penetrate to the people who require it.

I support the Motion with the amendments.

Hon. Omulele: Thank you, Hon. Deputy Speaker for giving me an opportunity to speak to this very important Motion. I have been persuaded to speak to this Motion because of what I witnessed in my constituency probably about a month ago.

As we all know, we have devolved the health function to the counties. But it is sad the way this function is being performed in the counties. I was launching sports activities towards the December holidays at Ebusakami field in my constituency. Different disciplines of sports were taking place like netball and football and our children were participating. We had requested to have medical services from the county government. Without being callous, some of the participants got injured. A footballer and a netballer got injured and got their limbs twisted as they were playing. Just across the fence, a funeral was taking place at an adjacent church. It is sad that the vehicle that was performing the role of a hearse at the funeral was the ambulance that has been bought by the county government to save lives.

I looked at it and said: "What an irony?" The purpose of an ambulance is to save lives. An ambulance should not perform the roles of a hearse. When I saw this Motion, I said that this

is the right time to speak about this. The problem is in the training of the personnel who handle the equipment that we have purchased at a huge cost to our people. In that situation, the whole county administration probably does not understand the purpose of an ambulance. They think it is just a vehicle that is supposed to move from point “A” to “B”. If we took this matter seriously and came up with training for our medical personnel, we would not witness a situation like the one I saw in my constituency when I was launching the games for our children.

I support the fact that we need to properly train our people, especially those who are engaged in the line of emergency rescues, so that they can perform this duty with efficiency. I hasten to add, and this is the general theme of everybody who has spoken here today, that a lot of lives would be saved if emergency services were performed to perfection or with the necessary acumen being deployed. A lot of us get involved in emergency rescue missions without any know-how and sometimes we worsen the situation. I want to support this Motion. We need to bring in county administrations in this effort because we have devolved this function. They need to know that our people die or end up losing limbs and vital organs during emergency rescues from whatever accidents that they may have encountered.

With those few comments, I register my support in this Motion. Thank you for giving me a chance to speak.

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

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

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): I give the Floor to Hon. Peter Shehe.

Hon. Shehe: Thank you, Hon. Temporary Deputy Speaker. I rise to support this Motion and wish to congratulate Hon. (Ms.) Musyoka for this observation.

Actually, we have situations where many of our Government institutions have these facilities in short supply like first aid boxes and the people who are supposed to use them in an emergency do not have that training at all. So, even the bigger hospitals have no facilities or units which are supposed to take care of emergency patients.

I would like to point out that in other countries where this function has been of great use, many Government and parastatal employees are taken through courses regularly. This enables them to attend to emergency cases quickly when they arise. In our case, most public service vehicles are fitted with small first aid kits and if you ask anyone if he or she has knowledge of them, you will find that he or she is not aware. Somebody can faint but he is not saved because no one has that knowledge. We need a lot of public training. The people in this sector should know how to handle patients using the knowledge that can be acquired from different levels of training.

We have had cases in many countries where during an emergency ambulances do not use the normal public highways. There are separate lanes that are used by ambulances. In this country a patient who is being rushed to hospital might die because the highways are congested and an ambulance is unable to pass through. Drivers of ambulances can activate their siren to be

given way but maybe the entire highway is congested and as such they cannot find their way to hospital. So, we lose patients on transit to hospitals in such emergency cases.

I rise to support this Motion. It is timely but there are several amendments that could have been put into consideration on how fast this utility can be used by the people who are in need.

I thank you.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): I now give the Floor to Hon. Richard Tongi. Can you press the intervention button?

Hon. Tongi: Thank you, Hon. Temporary Deputy Speaker for the opportunity to speak to the Motion. I want to thank Dr. Susan Musyoka for a well thought-out Motion.

From the outset, I want to mention that we all perish due to lack of knowledge. Even the good Bible says: “My people are perishing due to lack of knowledge.” Coming up with an extra lane to be used by our ambulances ferrying patients to hospital is a noble idea. However, we are aware that we are living in a Third World country where resources are limited and we can only do this much. It is good to dream and have those ambitions but what is it? What are the door hanging fruits that we can take advantage of at the moment even as we think of the long term plans of having extra lanes for ambulances? In my opinion, the solution would be training.

We will achieve more if people are equipped, trained and they understand what is expected of them. Without training, even if we had all the infrastructure and facilities in place, we would still hurt ourselves because you would be ferried to the hospital at the earliest opportunity but once you get there there is no trained person to give you the tender loving care that you need in the hospital. If you do not get that, you will be hurt more.

I am supporting this Motion with an amendment that we need to come up with a way of inculcating into our curriculum system first aid as a compulsory training both at the primary and secondary levels. There are many accidents which happen at home which we can prevent if our people were trained. I am imagining, if today we had our students in primary schools trained on how to administer first aid, it would be good. We move it from St. John Ambulance and club level to a curriculum where you are examined on first aid. We will achieve a lot if we go that way. That way, we will be able to inspire our children. Those who want to do medicine will do it out of choice and not because they want to pursue a career which is going to guarantee them a job. They would do it because they have had an opportunity to handle patients. Probably in the course of their training, they have seen some blood. Those who are not prepared for those kinds of cases would give up in good time so that they create an enabling environment or an opportunity for a person who is prepared psychologically, emotionally and in every other way to become a doctor. What is the situation at the moment? Anybody who passes with flying colours or gets a very good grade from high school ends up doing medicine. It is not because they want to be in the medical profession, but it is because the grades enable them to be admitted to that course.

Since most of us parents want to have the title “doctor” in the family, we push and encourage them to study it. But what do we end up getting as a community? We get people who are not focused, devoted and inspired by the course they do. If we give them an opportunity to make a decision, and we create an enabling environment to learn and know what is expected of a doctor or a medical person, we will end up with people who will do what they love. When we all do what we love, we end up succeeding.

Flying doctors should not be an option at this point in time. There is need to enable the private sector like Africa Air Rescue (AAR) Health Services who are doing a lot of good work out there. I know they have a corporate social responsibility. Sometimes they go out of their way to even ferry patients who cannot afford to pay for their services. Because they have an obligation to the community and all Kenyans, they have done it. There are many other institutions like African Medical and Research Foundation (AMREF) and St. John Ambulance which are doing noble work. How I wish we had one which is also charged with that responsibility! Maybe we should empower the National Hospital Insurance Fund (NHIF) to offer some flying services so that in the event of an emergency, because they provide medical services, they are able to ferry their patients from point "A" to point "B". This is because evacuation is very critical in medical services. Evacuation in this will be moving patients from point "A" to point "B" where they are going to get specialised treatment. That would be both local and abroad. Before we go outside the country, we should do it and perfect it.

Hon. Temporary Deputy Speaker, having talked about external evacuation, we have also lost a lot of money as a country partly because of poor planning. I do not support this idea where every patient who wants to get specialised treatment first thinks of going to India. Every other day, I am called to a *Harambee* for somebody seeking medical treatment in India. As a country, have we ever looked at the statistics to find out how many patients who have gone to India for treatment have come back as a success story? You will be shocked that most of those people do not live to see a year after they have come back from India. In the process, we are losing a lot of money which should have been used locally.

What if we encourage the Indian Government to set up healthcare facilities locally? We can provide an enabling environment and facilities for them to set up a hospital in Kenya to take care of those cases. The cases which make people go to India are related to cancer and accidents. We can have the Indian Government setting up a hospital maybe in Kajiado where there is still a lot of land or in Kisii. I have some land in my area which I can donate to the Government to set up a facility where the Indians can come and practise. We can get into partnership with them so that the country can earn a percentage of the money they make while they take back the other percentage as their profit on investment. They can put in some money as we also make our contribution in terms of money, land and infrastructure. That way, we will have the facility locally and we will end up creating employment opportunities for our people. That will be a winning formula than encouraging medical tourism where people are going to India every other day. Even if you have a simple condition which can be managed locally, you first think of India. We need to think outside the box and put up some of those facilities in Kenya.

Healthcare services should never be a preserve of people who have money. We have seen patients in emergency situations being chased away from hospitals because they cannot raise the deposit. We also need to encourage those who are gainfully employed to have medical insurance. Medical insurance is not an option any more. We need to provide an incentive to those who can afford medical insurance so that they can take it. More importantly, we need to make it a policy that a patient should never be turned away from any hospital for whatever reason until the patient has been given first aid. How a patient is handled at the initial stages of an emergency determines whether the patient's life will be saved or he or she is incapacitated for the rest of his or her life. As a country, we need to have that policy to encourage hospitals to give our people first aid care.

Thank you once again, Hon. Temporary Deputy Speaker for the opportunity to speak to this wonderful Motion. I support the Motion as amended.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): I now give the Floor to Hon. Dorcas Kedogo.

Hon. (Ms.) Kedogo: Thank you, Hon. Temporary Deputy Speaker, for giving me this chance. I also thank the Mover of this Motion. The Motion is timely since most people die because of lack of emergency facilities in hospitals.

I support this Motion because no one makes an appointment for emergency care. You also have to avoid the long queues. Sometimes one can stay in an ambulance for over 18 hours. Previously, we used to have first aid facilities. However, nowadays different health facilities do not have first aid equipment. So, most people die because of lack of facilities. If all healthcare personnel can be trained to handle emergencies, we will be able to reduce death rates in hospitals.

A person who deals with emergency medical care must always be ready to help any victim. That means whenever a patient comes in, personnel in emergency facilities must be ready to assist the patient. These days most patients die because of lack of medical personnel and if the personnel are there, then facilities are not there. For example, yesterday I was told about a patient who was in hospital and the relatives donated blood, but unfortunately it was the wrong blood group. So, the relatives were told to donate more blood. We need to have blood banks in our hospitals so that if there is a patient who urgently needs blood, he or she can be given the blood and the hospital can later look for more blood. A victim can die as the hospital is still looking for blood.

Last Saturday, I attended the burial of a pregnant woman who died of pain. The woman was in pain for 14 hours without anybody to take care of her. Nobody was even ready to assist her remove the foetus that had died in her womb. I would support the proposal to have trained personnel in all hospitals to handle emergency cases. Sometimes you cannot get an ambulance in some hospitals when you want it. In case there is one, you will be told to look for fuel. So, is that an ambulance or a normal vehicle? If you have to get fuel, then it is not an ambulance.

An ambulance is supposed to be ready all the time and it should have fuel, a driver and another person. If a driver goes to pick a victim and there is no extra person to assist the victim while in the ambulance, then there is no point of even looking for an ambulance. There must be a nurse in an ambulance when it is sent to pick a patient in an emergency situation.

There are also patients with emergency cases of hypertension and high levels of sugar. Sometimes when they go to hospital, people just look at them assuming they are okay and in the next one or two minutes or even an hour the patient passes on because of careless handling. So, this Motion is very important.

Thank you very much.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): I now give the Floor to Hon. Esther Gathogo.

Hon. (Ms.) Gathogo: Asante Mhe. Naibu Spika wa Muda kwa kunipa nafasi nichangie na kuunga mkono Hoja iliyo mbele yetu. Ninamshukuru Mhe. Musyoka kwa kuileta Hoja hii na kufikiria mambo ya afya katika maisha yetu. Mambo mengine yatakuwa sawa mtu akiwa na afya njema.

Ni vizuri tuwape ujuzi wale tuwezao kwa sababu tumesikitika sana siku hizi kwa mambo yanayowakumba akina mama, haswa wakati wa kujifungua. Katika eneo langu la uwakilishi, tumekuwa na shida sana. Akina mama wanakufa wakijifungua na kuwaacha watoto au wanakufa pamoja na watoto labda kwa sababu watu wanakosa ujuzi wa huduma ya kwanza.

Ningetaka kumshukuru Mama wa Taifa, Margaret Kenyatta, kwa sababu amejaribu kufikia akina mama walio hata ndani sana ndio wasaidike wakijifungua na wanapokuwa na magonjwa mengine. Watakaofundishwa kuwasaidia watu wetu, wanafaa wawe wamejitolea.

Mgonjwa hawezi chochote. Wengine wanapata shida sana na wanahitaji kuangaliwa zaidi na kushikiliwa. Kwanza, ujuzi si ile nguo ambayo umevaa. Tumekuwa na wengi ambao wamejifanya kama wamefundishwa na kupata huo ujuzi lakini kumbe wamenunua koti nyeupe na kila wakipita, haujui kama ni wauzaji wa nyama au ni daktari. Tunawaita madaktari kwa sababu ya nguo. Ukiangalia hospitali ambazo ziko katika maeneo yetu, utapata kuwa ni watu ambao wameweka biashara na hawana haja na watu.

Wakati kama huu wa mvua ya mafuriko, watu wengi wanazama kwa sababu hakuna mtu ambaye anaweza kuwatoa kwa maji. Ule ujuzi haupo. Kwa hivyo, tukiwa na huo ujuzi, mambo kama hayo hayataokea. Wakati nyumba moja ilianguka kule Nyamakima ambayo ilikuwa inaitwa “Kihonge”, tulingojea siku nzima au mbili ndio wageni waje wawatoe watu chini ya mawe. Kama watu wetu wengekuwa na ujuzi, tungeweza kuwaokoa watu wengine. Watu hawa walipoteza maisha yao kwa sababu hakukuwa na mtu ambaye alikuwa na ujuzi wa kuwatoa chini ya mawe.

Wakati tunaongea kuhusu hospitali zetu, tunajua kwamba kuna shida nyingi. Tumewafundisha watu lakini hatuna vifaa vya kutosha. Kwa mfano, katika ile kesi ya mama katika Hospitali ya Kiambu, hatujui shida ilikuwa wapi. Labda shida iko upande wa yule ambaye alikuwa anunue mafuta au kwa daktari. Hatujajua. Hata tukijua shida ilikuwa kwa nani, mama ameshaaga dunia. Kwa hivyo, tunahitajika kuangalia mambo haya haswa wakati huu ambao tunashughulikia mambo ya afya.

Ninaunga mkono Hoja hii. Tuendelee kuwashikilia watu wetu wote, haswa kwa mambo ya afya. Ukiwa na afya njema, wewe ni tajiri. Nikimalizia, ningetaka kuwaambia Wabunge wenzangu kuwa wamesalimiwa na watu wa Ruiru. Wameniambia kuwa Wabunge wanafanya kazi nzuri na waendelee kushikilia Serikali ya Jubilee. Asanteni sana.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): I now give the Floor to Hon. George Theuri.

Hon. Theuri: Thank you, Hon. Temporary Deputy Speaker. I support this Motion, which is timely. However, I wish it could be amended so that the Government develops and implements a national curriculum for emergency training, not only for the medical personnel, but for everybody in the public service. This should be a must to drivers, bus conductors, *boda boda* operators, waiters, cooks and house helps.

The reason behind my argument is that when an emergency occurs, these are the first people to handle the victims. Before the victims are taken to hospital, these people come into contact with them. We need to understand that most deaths do not necessarily occur in hospitals, but on the way to hospitals. If people in the public service are trained in first aid they will save many lives.

I support.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): I now give the Floor to Hon. Raphael Letimalo.

Hon. Letimalo: Thank you, Hon. Temporary Deputy Speaker for giving me the opportunity to speak to this Motion.

First, I would like to thank the Mover for the well thought-out and timely Motion. I am touched by the part which says:-

“...concerned that many lives continue to be lost due to lack of adequate emergency healthcare and poor response to emergencies in the country; noting that only 13 per cent of public health facilities in the country have basic components to support emergency cases---”

This is a matter of concern to all of us. It is a confirmation that many of our health facilities are underequipped. In my view, the starting point, just as my colleagues have said and I agree with them, is to ensure that all health facilities regardless of their status - whether it is a health centre, district or referral hospital - should be equipped with the necessary equipment to handle emergencies. The personnel in those health facilities, regardless of their status, for instance, nurses and all the others, should also be trained to handle emergencies.

I am saying this because an emergency can occur anywhere. It can happen in an area which is only served by a dispensary. The fact that that is a health facility, the expectation of the victims is that they will be attended to in the health facility. It is important that we equip all our health facilities and train the personnel to be able to attend to any emergency.

Thirdly, in certain areas in this country, health facilities are far apart. You will get one health facility in a sub-location and it becomes difficult for people in the interior to access it when they encounter problems or emergencies. The Government should provide ambulances, so that emergency victims from far distances are taken to hospital with ease. We appreciate the fact that the health function has been devolved. County governments have done their best to ensure that they have at least, one or two ambulances in a district. However, given the importance of health and the distance between health facilities, with the support of the national Government, county governments should have enough ambulances to assist in emergency cases.

Accidents, particularly motor vehicle accidents, are rampant on our roads. Due to lack of medical personnel to assist in accidents, good Samaritans try to assist the injured, take them to hospital and in the process, due to lack of emergency know how, they end up causing more fatalities. I suggest that as we comment about this curriculum on medical personnel, it is also important that this is expanded to the extent that the Government, through the Ministry of Health, creates public awareness among the medical personnel. Even good Samaritans need to know how to handle such cases so that they do not aggravate the bad situation. We know that when accidents occur, people come to assist, but others loot. Our people should be caring and they should give way to medical personnel so that they can assist injured people.

Finally, the situation of emergencies is really acute in pastoral areas. We know the life of the pastoralists. They move with their livestock in search of resources such as water and pasture. They go to places where there is scarcity of water. Sometimes they are forced to dig shallow wells underneath dry river beds to get water for their animals and for their consumption. Since this water is not clean they end up getting diseases such as diarrhoea, dysentery and even cholera. It is important that the Government, and more so the Ministry of Health, puts in place proper mechanisms so that these people are under constant surveillance. That way, they will be reached on time in case of a problem and lives will be saved.

With those few remarks, I support.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): I now give the Floor to Hon. Mary Keraa.

Hon. (Ms.) Keraa: Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to also add my voice to this very important Motion. First of all, I thank the Mover of this Motion, Hon. (Ms.) Susan. The Motion says in part:-

“...that the Government develops and implements a national curriculum for training of all medical personnel in the country on emergency medical care.”

I support this Motion. The goal of the emergency medical service is to provide treatment to those in need of urgent medical care with the goal of satisfactorily treating the present conditions or arranging for timely removal of the patient to the next point of definitive care. The term “emergency medical service” reflects a change from a simple system of ambulances providing transport only to a system in which preliminary medical care is given on a scene and during transport.

I, therefore, support this Motion.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): I now give the Floor to Hon. James Murgor.

Hon. Murgor: Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity to also add my voice to this very important Motion. From the outset, I thank my colleague, Hon. Musyoka, for bringing this very important Motion to this House.

It is a fact that medical personnel are actually trained on how to handle emergencies but over time the skills tend to erode. It is important that medical personnel undergo continuous upgrading and in-service course in emergency management.

First and foremost, a clinician, who is actually the first point of handling a patient, should first of all be able to recognise an emergency. On realising that, he has to find out what type it is because there are many emergencies. There are emergencies from trauma which involve bleeding, fractures and head injuries. There are obstetric emergencies which in some cases patients die without medical personnel knowing that it was an emergency.

A pregnant lady might come in with a stomach ache and that pregnancy was in the wrong place and it ruptures. That patient can be told that she ate something bad and the patient could die there. There are cardiovascular emergencies like heart attacks. The person who sees that patient first should be able to know that, that is the case and take the necessary steps. We have respiratory emergencies where patients have difficulties in breathing. If the medical personnel do not know how to handle that patient, then the patient may die within five minutes.

I think this Motion will go through. If it does, we shall have these personnel trained. I hope it is going to be continuous training on handling of such emergencies. It will be of no use if we have the personnel, but they do not have the tools to use in handling these cases. We have had instances where the personnel are there, the patient is bleeding and there is no blood. That patient will die. So, we have the personnel, but we do not have the tools. The question of drugs in these institutions is a problem. If they are not there, we shall be training people in futility.

It is a fact that we should have ICU in all the sub-counties but it is useless to have what you call an ICU without trained personnel. About three weeks ago when we visited the Machakos Hospital, we found that they have a beautiful ICU. I think there were about six or four beds. The equipment is there but they had not handled even a single patient because there were no personnel. So, let us train personnel and let us have the equipment and the tools for the practise.

With those few words, I support this Motion. Thank you.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): I now give the Floor to Hon. Sang.

Hon. Sang: Thank you, Hon. Temporary Deputy Speaker, for this opportunity to contribute to this very important Motion. I start by thanking my colleague in the Committee, Hon. Susan Musyoka for coming up with a very important Motion.

Kenyans are suffering wherever they are when it comes to emergency cases. Those of us who have seen most of these emergencies have seen a good number of Kenyans who suffer. I know we are going to save a number of situations if we improve on this Motion. A number of healthcare workers have capacity but some of them do not. We need to come up with this curriculum so that, at least, we train people.

In the Ministry of Health, we have a number of staff and most of them are doing good work. We have physicians who handle clinical issues. We also have clinical officers who have studied disaster management and anesthesia. They are also doing a good job.

This curriculum that Hon. Susan Musyoka wants to come up with will help. It is a very big challenge everywhere that we have hospitals at home with equipment but no personnel to run them. I want to confirm that back in my county in Kericho, the Governor told us that he is building an ICU. We only have two hospitals that have ICU departments in the whole of Kericho County. That is Litein Hospital and Tenwek Mission Hospital. We are trying to ensure that we also have one in Kapkatet District Hospital. I hope it will be available very soon.

I know with these kinds of facilities and personnel, Kenyans will not suffer much. Emergencies are there. Children, mothers, fathers and young people have conditions that require urgent treatment. It has been a challenge because of lack of training for healthcare workers. Accidents such as burns and pregnancies that require emergency facilities and attention have not been handled for long because of lack of capacity of most healthcare workers.

The other problem that we have is related to cost. The ICU facility is very expensive to sustain. It is my humble plea that the Health Bill that we discussed here yesterday---

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Hon. Sang, please move away from the microphone so that the HANSARD is able to get you clearly.

Hon. Sang Thank you, Hon. Temporary Deputy Speaker. We have a problem when it comes to the issue of cost. If we improve on the NHIF, I know most of the patients that we represent and the patients that we have back at home will access the ICU. It has been unfortunate because if you go back home you will find a number of patients who cannot access healthcare because they are poor. It will be good if the Government accelerates enlightening of people on the importance of taking the NHIF cover so that, at least, we do not have many issues of insurance. This will ensure most patients access healthcare. When poor Kenyans such as *boda bodas* riders and their passengers get involved in accidents, most of them fail to access healthcare. With the issues of cost and insurance taken care of in this Bill, most of patients may access this important service.

Lastly, on the issue of referral, we have lost a number of Kenyans because they cannot be referred to facilities that have ICU services. It is unfortunate. As I have already said, back at home we have only two hospitals in the entire South Rift with ICU facility. They are Tenwek Mission Hospital and Litein Hospital. Most of those hospitals that we have visited in Kenya do not have ICU section.

It is my urgent plea to the Government. I hope Hon. Musyoka will improve her Motion so that we develop a curriculum where healthcare workers will be trained so that they offer emergency services.

With those few remarks, I support.

Thank you.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Hon. Members, the time for this Motion has elapsed. Therefore, I call upon Hon. Susan Musyoka who is the Mover to reply.

Hon. (Ms.) Musyoka: Thank you, Hon. Temporary Deputy Speaker. I would like to donate two minutes each to Hon. Mbui and Hon. (Ms.) Regina and one minute to Hon. (Ms.) Chidzuga.

I am sorry I have only 10 minutes.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Okay. Who was the first person?

Hon. Mbui: I was the first one, Hon. Temporary Deputy Speaker. It is when we do such Motions that I am proud to be a Member of this House. Our purpose is to improve the livelihoods of our people.

I thank my colleague Hon. (Ms.) Susan Musyoka who is also our Women Representative in Machakos County for coming up with a very important Bill; one that deals with issues of people's lives. Most of the time when people have an emergency the first help they get might not necessarily save their lives.

If this curriculum is introduced in this nation, it will go a long way in ensuring that our medical personnel do good job and are able to help. So, I thank the Hon. Member for this Motion and the opportunity he has granted me.

I fully support.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Let us have Hon. (Ms.) Regina.

Hon. (Ms.) Muia: Thank you, Hon. Temporary Deputy Speaker. I have two minutes and I am going to make good use of them. The people of this country lack knowledge, ability and ideas on how to deal with emergencies. Everybody worldwide has a right to live and for the person to live there must be people who help him or her live.

I attended a funeral at my place last month and I saw a very desperate case. People were collapsing during the funeral and no one had an idea on how to deal with such cases. At a certain point I had to go down because I have some experience in handling such cases. I had to give them oxygen through my mouth which helped a lot.

During accidents, most people who go to rescue victims have no idea how to handle those people. During the process, the victims are injured more. I am appealing to the Members of the National Assembly to support this training on emergencies and set aside money for health centres. People with white collar jobs in health centres do not know how to handle emergencies when patients go there. Few of them should be trained so that when patients arrive in their health centres they are able to handle them well and save their lives.

With those few remarks, I support.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Let us have Hon. (Ms.) Chidzuga.

Hon. (Ms.) Chidzuga: Shukrani Mhe. Naibu Spika wa Muda. Kwanza, ninampongeza Daktari Susan kwa Hoja hii ambayo ameileta kwa wakati unaofaa.

Tukiangalia hali ilivyo nyanjani panapotokea ajali, tunakuta ni hali ya kusikitisha sana. Tutafaidika tutakapowapatia vijana wetu elimu maalum inayosimamia mambo ya ajali.

Kwa mfano, pale kwangu Kwale, kulitokea ajali ambapo mama mmoja ambaye alikuwa ameumia uti wa mgongo--- Kwa vile watu hawakuwa na ujuzi wa kuokoa majeruhi, huyo mama, mwishowe alipoteza maisha yake. Kwa hivyo, hii isiwe tu katika hali ya kuelimisha watu peke

yake. Inatakikana tuwe na magari na vifaa vya kuende unyo kwa unyo panapotokea ajali. Pia, inafaa tuwe na watu wanaojua kuvitumia vifaa hivyo.

Tunatoa heko kwa Mama Margaret Kenyatta. Ametuletea zile kiliniki za rununu au *mobile clinics* ambazo zina kila kitu ndani. Lakini hakuna watu ambao wanaujuzi wa kuvitumia. Kwa hivyo, hayo magari pia yamesimama.

Wakati tutaweza kuleta hii elimu na zile ambalanzi tulizo nazo ziweze kuwekwa vifaa maalum mle ndani, tutaweza kuwahudumia wagonjwa kabla hawajafika katika hospitali.

Ninamshukuru Mhe. Dkt. Susana Musyoka kwa kuileta Hoja hii. Asante.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Your time is up, Hon. (Ms.) Chidzuga. Hon. Musyoka, you have five minutes.

Hon. (Ms.) Musyoka: Thank you, Hon. Temporary Deputy Speaker. I want to thank my colleagues for contributing to this important Motion. It is important to have a training programme. It is necessary for all medical personnel to be trained. Somebody said that it should not be limited to medical personnel. I hope other people can also be trained especially those who are in the transport sector and those who handle emergencies.

The fire brigade and every person who is involved in evacuating victims of accidents should have basic knowledge on emergency medical care. My concern is in the public health facilities. It is important that everybody who lands in those health facilities is handled properly right from the primary care centres to the transportation levels. There should be a properly coordinated mechanism for transporting sick people from one level to another. In each level, these people should find properly trained medical personnel and equipment to handle them. It has been noted everywhere that many patients die while they are being evacuated, transported or being handled in hospitals.

Somebody said that there was no medical care in one hospital for three hours. Either the personnel did not know what to do or they did not take proper action. So, it is important that medical personnel know automatically what to do once a medical emergency takes place. When we talk about emergencies, many people think of accidents. We have all manner of emergencies in medicine. For example, we have diabetics in coma, hypertensive and cardiovascular accidents, obstetric emergencies and all manner of emergencies. If somebody lands in a hospital and he is not handled properly, he or she may end up losing his or her life as many lives are lost in such manner. Therefore, it is important that we have this curriculum put in place. The mechanisms of doing it should be at all levels.

We do not have a relevant post-graduate programme in this country. Many people who are trained outside on emergency care are not recognised as consultants when they come back into the country. I would urge that they are recognised as consultants. They will be instrumental in putting up this curriculum so that many people can benefit and medical care can be delivered properly.

With the new Health Bill coming into place and the new Constitution, healthcare is a right for every individual. Emergency care should be given without condition in any institution, whether in private or even in our public institutions. If those delivering healthcare do not know what to do, we will end up continually losing lives.

Thank you very much for all your contributions.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Thank you, Hon. (Dr.) Musyoka.

We will put the Question at the appropriate time.

We will, therefore, move on to the next Order.

ENGAGEMENT OF NYS IN CONSTRUCTION OF DAMS

THAT, aware that Article 43(1)(c) of the Constitution provides that every person has the right to be free from hunger and to have adequate food of acceptable quality; further aware that Kenya's food production is heavily dependent on rain-fed agriculture; cognisant of the fact that counties such as Kitui, Makueni and Machakos in semi-arid and arid lower Eastern part of the country experience perennial food shortages due to inadequate rainfall; noting that these counties however receive seasonal rainfall whose water can be harnessed and stored for irrigation; appreciating that the Government has invested heavily in the National Youth Service in terms of machinery and technical training; this House urges the Government to consider engaging the labour force and machinery of the National Youth Service to construct earth-dams for harnessing water for irrigation with a view to enhancing food production and alleviating hunger among the residents of the said counties and other semi-arid and arid regions of this country.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Is Hon. Joe Mutambu not here? He is not here. Therefore, we will defer that Motion. We will move on to the next Order.

(Motion deferred)

DECLARATION OF CATTLE RUSTLING AS A NATIONAL DISASTER

THAT, aware that cattle rustling is a major menace and security threat in the South and North Rift regions and other regions in the country; noting that cattle rustling leaves behind destruction of property and loss of lives; deeply concerned that the menace has since left irreparable and negative socio-economic impact which include but are not limited to increased number of widows, widowers, orphaned children, poverty, displacement of people leading to the emergency of Internally Displaced Persons (IDPs), disruption of educational programmes and other economic activities owing to the destruction and/or closure of educational, health and other institutions; deeply concerned that the people living in the affected regions have been denied the enjoyment of their social, economic and political rights as guaranteed to them under the Bill of Rights as enshrined in Chapter Four of the Constitution; this House urges that the national Government declares cattle rustling as a national disaster and establishes a special fund to be used in mitigating the losses suffered by and in compensating all victims of cattle rustling and resettle all IDPs across the country created by the menace.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Yes, Hon. William Cheptumo. He is also not in the House. We will also defer that Order and move on to the next Order.

(Motion deferred)

IMPLEMENTATION OF FLEXIBLE WORK POLICIES

THAT, aware that Section 27(1) of the Employment Act provides that “An employer shall regulate the working hours of each employee in accordance with the provisions of this Act and any other written law”; further aware that motorists and passengers waste a lot of time in traffic jams during rush hours; noting the importance of quality output from employees as well as the ability to juggle between work and family responsibility; this House urges the Government to implement flexible work policies that will allow employees to schedule work during favourable times in order to accomplish more and provide time for recreational activities such as sports.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Yes, Hon. Muthomi Njuki. He is also not in the House. We will also defer that Motion. Let us move on to the next Order.

(Motion deferred)

DECLARATION OF ENVIRONMENTAL CLEANING AND BEAUTIFICATION DAY

THAT, aware that Article 42 of our Constitution accords every person the right to a clean and healthy environment and that Article 69(1)(d) mandates the State to encourage public participation in the management, protection and conservation of the environment; deeply concerned that our homes, roads, public and private premises, work places, recreational areas and general environment are littered with plastics, solid and liquid wastes as well as lacking good general environmental aesthetics, this House resolves that the Government declares one Saturday of each month be dedicated by every Kenyan household, organised groups, public and private institutions and corporate organisations to cleaning and beautifying their immediate environment and public places and also initiates a proactive programme in all our schools to inculcate the culture of keeping our environment clean and healthy.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Yes, Hon. (Dr.) Wilber Ottichilo. He is also not in the House. We will also have to defer that Motion.

(Motion deferred)

ADJOURNMENT

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Hon. Members, the time being 12.17 p.m, this House stands adjourned until this afternoon at 2.30 p.m.

The House rose at 12.17 p.m.