

NATIONAL ASSEMBLY

OFFICIAL REPORT

Wednesday, 24th May, 2017

The House met at 9.30 a.m.

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

PRAYERS

QUORUM

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Members, we definitely do not have the requisite quorum. Therefore, I order the Quorum Bell to be rung.

(The Quorum Bell was rung)

The Temporary Deputy Speaker (Hon. Cheboi): Order, Members!
We can now proceed.

PAPERS LAID

The Temporary Deputy Speaker (Hon. Cheboi): On this one, Hon. Gaichuhie.

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

The Reports of the Departmental Committee on Finance, Planning and Trade on its consideration of the Finance Bill, 2017, the Insurance (Amendment) Bill, 2017 and the Nairobi International Financial Centre Bill, 2017.
Thank you.

BILL

Second Reading

THE NATIONAL POLICE SERVICE (AMENDMENT) BILL

(Hon. Nassir on 5.4.2017)

(Resumption of Debate interrupted on 10.5.2017)

The Temporary Deputy Speaker (Hon. Cheboi): Do we have Hon. Abdullswamad? He seems not to be in. The next time this Bill comes, it will be for the Question to be put.

(Bill deferred)

Before we go to the Committee of the whole House, Hon. Lekuton seems to have something to say. Hon. Lekuton.

Hon. Lekuton: Thank you, Hon. Temporary Deputy Speaker. I have looked at these amendments by the Departmental Committee on Transport, Public Works and Housing and they are not what we agreed. We did not agree on them. So, I am asking that we move this Order to next Wednesday, so that I can get to consult the Committee further.

The Temporary Deputy Speaker (Hon. Cheboi): Before we even move to the next Order, looking at what you have just asked, I thought you are a Member of the same Committee.

Hon. Lekuton: I am not.

The Temporary Deputy Speaker (Hon. Cheboi): You are not a Member of the Departmental Committee on Transport, Public Works and Housing?

Hon. Lekuton: I am not.

The Temporary Deputy Speaker (Hon. Cheboi): Okay, if that is the case, therefore, I will rule in your favour. We will defer it to next week. I hope you will interact very quickly with the Departmental Committee on Transport, Public Works and Housing, so that we will move smoothly next week.

Hon. Lekuton: We will do that. Thank you very much, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Cheboi): So, next Wednesday it is.

*(Committee of the whole House on consideration
of the Traffic (Amendment) Bill deferred)*

MOTION

ROAD DESIGNS AND CONSTRUCTIONS TO INCORPORATE RUN-OFF WATER HARVESTING AND MANAGEMENT MECHANISMS

THAT, aware that Article 43 of the Constitution provides that every person has the right to clean and safe water in adequate quantities; further aware that water harvesting is an important practice for water management; cognisant of the fact that earth-dams and water-pans would play a key role in water harvesting especially in arid and semi-arid areas; noting that a large quantity of run-off water goes to waste in most parts of the country; further noting that this run-off water if properly harvested and managed would be useful for domestic, livestock and irrigation purposes; appreciating that increased infrastructural development especially in roads has led to the mobilisation of machineries and human resources in most areas; further appreciating that these civil engineering machineries and personnel can be useful in the construction of earth-dams and water-pans; this House resolves that the Government through the Ministry of Transport, Infrastructure, Housing and Urban Development ensures that all road

designs and constructions incorporate run-off water harvesting and management mechanisms.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. M'eruaki. Absent? So, we will also defer that Order to the next sitting, probably Wednesday next week.

(Motion deferred)

BILL

Second Reading

THE OCCUPATIONAL THERAPISTS (TRAINING, REGISTRATION AND LICENSING) BILL

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Sang, are you ready?

Hon. Sang: Yes, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Cheboi): Proceed.

Hon. Sang: Hon. Temporary Deputy Speaker, I beg to move that the Occupational Therapist (Training, Registration and Licensing) Bill, National Assembly Bill No.41 of 2016 be now read a Second Time.

Occupational therapy is a unique specialisation in medicine with preventive, curative and rehabilitative components. Occupational therapists are trained and equipped with competence skills and capacity required to manage patients from initial stages of diagnosis all the way to post-hospital management.

Occupational therapists receive patients either directly or work as part of the team of specialists after receiving patients who are referred to them by other health care professionals.

Hon. Temporary Deputy Speaker, occupational therapists have a broad knowledge in medical, social, behavioural, psychological, psychosocial and occupational sciences. This equips them with the attitude, skills and knowledge to work collaboratively with people individually, in groups or in communities. Occupational therapists can work with all the people including those who have impairment of body structure or functions owing to health conditions. They can work with those who are restricted in their participation or those who are socially excluded owing to their membership of social or cultural minority groups. These are healthcare professionals who are trained to manage disability with a primary goal of enabling patients with disability to participate in daily activities and to achieve independence and satisfaction. Occupational therapists achieve this outcome by providing clients with skills necessary to function in the community or in the client's chosen environment or by modifying environment to better support their engagement despite the presence of disability.

The practice of occupational therapy is very complex. They say it is also dynamic and unique as each individual client has different needs. Occupational therapists, to meet the demands of complexity of practice, are required to undergo rigorous and appropriate training to meet the unique needs of each client. This profession ought to have knowledge and skills about the structure of the body, understand the body functions and psychology of losing body parts. They should understand what it takes to perform everyday task. This is just a drop in the ocean of what occupational therapists do. When a person is unable to perform their daily chores, fed for themselves and family due to disability, it seems like the only easiest option is to go begging in the streets. Kenyans, they say, are generous and they sometimes give out when guys go begging.

Occupational therapists train Kenyans with disability. As they say, disability is not inability because they want to create an environment where patients utilise their skills, so that they can feed for their loved ones.

Occupational therapy training was started somewhere way back in 1968 at the Kenya Medical Training College (KMTC) in Nairobi as the only institution that was training occupational therapists. In the recent past, KMTC has extended occupational therapy programmes to Machakos and Port Reitz in Mombasa. Jomo Kenyatta University of Science and Technology (JKUAT), my school, is offering a Bachelor of Science Degree in Occupational Therapy. Due to increased demand in training occupational therapists, we expect more institutions to commence training. It may have come to your attention that last year, a training institution trained occupational therapists and wanted to confer them with theology degrees. Therefore, it is important to regulate the training of occupational therapists in all institutions of higher learning.

The proposed Occupational Therapists Bill, 2016 will provide the mechanisms for determining the scope of training of occupational therapists by offering curricular guidelines commensurate with institutional level. Furthermore, occupational therapy is an international profession which requires to meet international requirements as prescribed by the World Federation of Occupational Therapists. It requires that every country where occupational therapy is trained and practised must be governed by appropriate laws.

Lack of regulation has led to frustrations on the part of practitioners in this country leading to occupational therapists moving to western countries which have proper regulations. This has led to a brain-drain of an important human resource, which is required for this country to achieve the Vision 2030.

The Kenya Human Resource Strategy, 2014/2018, captured the number of occupational therapists practising in the country as 404. Out of the 404, 278 are working with the Ministry of Health, 33 are working with Non-Governmental Organisations (NGOs) while 35 and 38 are working with the Kenyatta National Hospital and the Moi Teaching and Referral Hospital respectively.

Information availed to me indicates that last year, 1,480 occupational therapists had been trained from KMTC since inception. Records available indicate that 5,500 occupational therapists constituting around 34 per cent have left the country because of frustrations associated with lack of regulations. According to the Report, the big question that should concern the Members of this House is the big number of these healthcare professionals who are leaving the country because of frustrations. They have endured a lot of frustrations during their practice in this country. Although there are a lot of laws that regulate the practice of these health professionals, none of the existing laws can be used effectively to regulate the practice of occupational therapy.

Since there has been no law in place to regulate the practice of occupational therapy, in order to fill the vacuum that exists, it will be of utmost importance to put in place regulations and measures to regulate this noble profession. This profession was started somewhere back in 1968. The regulation of occupational therapists has been done by the Occupational Therapists Association of Kenya, which is the only registered professional body of occupational therapists in Kenya. This being an association, its mandate is limited. The legal lacuna that exists has obvious drawbacks that have led to stakeholders' effort to have the necessary legislation enacted. I, therefore, ask my colleagues, and I know some of them are here, to support this Bill so that, at least, this field can have regulation to guide it. This Bill has come out of a very extensive

consultation among the stakeholders in occupational therapy, including but not limited to, public and private practitioners.

Occupational Therapists Bill, 2016 proposes the establishment of the Occupational Therapy Council of Kenya that has the mandate to regulate all aspects of occupational therapy. The council shall have an oversight of the curriculum and the course content. It shall register and accredit all the institutions that train students for registration as occupational therapists. Occupational therapy is practised in a wide range of public and private community sector settings. Clients are actively involved in the occupational therapy process and the outcomes are client driven and measured in terms of participation, satisfaction derived from occupational participation and improvement of occupational therapy.

The primary call of care is to stabilise patients' medical status and address any threats that may lead to loss of function. Occupational therapy plays an important role in facilitating mobilisation, restoring function and preventing further decline and coordinating care, including transition and discharge planning.

Occupational therapists' role focuses on addressing deficits and barriers that limit the patient's ability to perform activities that need or want to be related to independence in self-care, home management, work related tasks and participating in leisure and community pursuits. Occupational therapists generally work with clients in the population who have one or more diseases. There are a good number of diseases that occupational therapy assists patients. Occupational therapists' tasks include teaching new ways of approaching tasks to enhance the patient's independence, how to break down activities into achievable components and comprehensive home and job site evaluation. They also do performance skills assessment and treatment, adaptive equipment recommendation, environmental adaptation, carrying out therapy at people's homes, guidance to family members and care givers on how to create activities to the clients' ability and the use of creative media.

I just want to summarise by saying that this is a field in medicine. The Kenya Medical Training College (KMTC) has been producing a good number of cadres in medicine for a very long time. Unfortunately, these cadres have been serving patients outside there without any legal back up or instruments to guide their practice. Most of these guys expose most of our population to a lot of dangers. We still have some more. We have the Health Bill hanging somewhere. It was supposed to be in the Mediation Committee. My good colleague and senior, Dr. Nyikal, is a Member of the Mediation Committee. I know when he is contributing on this particular Bill, he is going to mention something on it. I know the Health Bill will come and somehow incorporate all these Acts, so that we can give Kenyans better and quality service.

Most of us have gone through the hands of occupational therapists. In the event of complications like paralysis, these are the people who bring people back to normalcy as much as possible. As I have said, this is an occupation that has been in existence for a very long time. It has been in existence from 1968 to date. We have a number of graduates working in the field and offering service to Kenyans which has no limits. This profession is recognised internationally. Most countries that have this cadre have instruments where this kind of cadre is regulated. It is my prayer that as much as it is coming late, once we go through the Bill and the President assents to it, Kenyans will get quality occupational therapy services.

Part I of the Bill is basically preliminary. Part II intends to establish the Occupational Therapy Council of Kenya. I know most of my colleagues have gone through and must have seen what we intend to achieve. The composition of the council is also captured there. In the event of a vacancy, it is also stipulated how it can be filled. The conduct of the business of the

council is stipulated. The functions of the council are also well proscribed. I know once the council members work within the prescription of the functions of the council, occupational therapists, wherever they are, will offer proper service to Kenyans. The tenure of office is also captured. This is well stipulated, so that the council members do not overstay as I have seen with other board members.

The powers of the council are also well stipulated, so that they do not go overboard. The remuneration of the council is also well spelt out. Once the council members sit, they will have a guide on how much they are supposed to earn as sitting allowance.

Part III of the Bill intends to introduce the registration and training of occupational therapists. For a very long time, the KMTC and the colleges that offer occupational therapy have been recruiting students without any legal basis on the qualifications the students should have. With the enactment of this Bill, the grade for an occupational therapist will be prescribed. In Part III, we have functions and particulars of the registrar. With the enactment of the Bill, colleges will have a guide on the minimum requirements for this course.

Part IV of the Bill provides for provisions relating to private practice. I know a good number of our healthcare workers are outside there working without licences. In the process, they expose our populace to a lot of dangers. With the enactment of this Bill, there will be provision for licensing. With this kind of licensing, Kenyans will not be exposed to dangers. Qualification for private practice is also there. The minimum qualification for private practice is prescribed. Validity of the licence and terms and conditions for private practice is also indicated. In case of any problem, the licence can be suspended depending on what one does with the licence.

Part V of the Bill provides for the establishment of a disciplinary committee. I know most of our healthcare workers sometimes go overboard. We have a provision in this Bill for establishment of a disciplinary committee. The occupational therapists will work within their mandate so that they do not expose patients to unnecessary danger. This will enable most of our patients to live well.

There is also the issue of financial provisions. This is not a money Bill. As much as these people are few, they will be able to run their own council. In running their own council, they will have their monthly and yearly subscriptions. Once they are allowed to run their own council without necessarily seeking monies from the Government, they will be independent.

Lastly, we have issues of delegated powers, transitional provisions and how business is conducted. Once this Bill is passed in this honourable House, the occupational therapists will receive services from courts because they will have legal instruments to guide them on what they are supposed to do.

With those very many remarks, I would like to request my colleague and friend, Mhe. Onyura from Busia to second.

I beg to move.

Hon. Onyura: Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity to second this good Bill. I must thank and congratulate my friend, colleague and fellow Member in the Departmental Committee on Health, Hon. Leonard Sang because I know not so long ago he also sponsored another important Bill on clinical officers.

Hon. Temporary Deputy Speaker, I want to start by re-emphasising that the principal object of this Bill is to provide for the training, registration and licensing of occupational therapists so as to regulate their practice. This means that the Bill is timely and very important. Regulating the training and practice of occupational therapy practitioners enhances specialisation

and professionalism. That is what the citizens for whom the Constitution provides that they have a right to proper medical care are interested in. It is a constitutional right to receive proper medical care.

The Bill, in terms of regulation, provides for peer review and discussions. The fact that it is also providing for training and licensing is very important. Having a well set up Bill and council that will be regulating and running the affairs of this branch of medicine will assist in ensuring that we do not have quacks in this profession. That can only be in the interest of our citizens, clients and general public.

The Bill provides for setting up of the board, secretariat and the rest of the staff. We can only hope and encourage that when it comes to recruitment for those who will be serving on this council or this board and secretariat, the exercise will be done based on merit and fairness; and that it will show the face of Kenya the way the Constitution envisages.

The provision of private practice is good in that it will be done in a controlled and regulated manner. This goes to enhance safety for our citizens. The citizens will be safe in the hands of those who will be handling private practice. In my opinion, allowing private practice for those who have qualifications in this area will assist in absorbing a number of people who are qualified and have increased. We have a number of people with diploma in various branches of medicine including clinical training and nursing who are just idle in the villages. They do not have work. So, this encourages them to set up their own practice but in a regulated manner that will go a long way not only in absorbing such skills that may be lying idle but also making it available to our citizens.

We know that health is devolved. Unfortunately going round our hospitals, dispensaries and clinics in our areas--- I want to give my constituency – Butula - as an example. Most of these facilities are grossly understaffed. There are some dispensaries which are just being run by one officer. You will just find one nurse in a dispensary, yet these facilities are supposed to work for 24 hours throughout the year. It is very difficult and humanly impossible for such people, even with the best in the world, to operate. I want to call upon the governors and the units of health including the Ministry of Health to look into this issue seriously. I know that we have too many trained people. If we invite them for interviews, we will get surplus. I think it is just a matter of planning and prioritisation.

Hon. Temporary Deputy Speaker, since you have given me this microphone, I want to appeal to my governor, Hon. Ojaamong and his Minister for Health, Dr. Simiyu, to move with speed and ensure that health centres and dispensaries in Busibula, Timanga and Tsiunga are operationalised quickly because a lot of money went into them. Those are excellent buildings with good designs that are just idle. They are in that state because there is no staff to deploy. In some of those facilities, there is hardly any medicine. That even undermines the Constitution that expects every Kenyan to get good health care. Even if the staff is not enough, we need to be a bit more creative.

The Temporary Deputy Speaker (Hon. Cheboi): Do not proceed in that direction. You have already made your point. We can leave it there.

Hon. Onyura: I am guided, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Cheboi): Now let us get back to Occupational Therapist Bill.

Hon. Onyura: Hon. Temporary Deputy Speaker, I appeal to my colleagues to support this Bill. I know that it was well drafted with the Health Bill, which I am sure will be coming here very soon.

The other thing that we must all the time remember and do, is to ensure that we provide good conditions of service for people in our medical sector so that we can retain and motivate them and ensure that they do a good job.

Just before I end, I want to plead with the Government to work really hard to ensure that we are able to implement the universal health cover. The NHIF, with little amendments here and there, can play a very good role in that direction. I am quite pleased that the direction we are going regarding payment of stipend to the elders is good. The fact that we are saying that anybody aged 70 and above should qualify for this support will eliminate a lot of corruption that has been there. It is more objective than just allowing a few people to select those who qualify for this.

As I end, I want to thank Hon. Sang once again. The fact that the Bill also stipulates that anybody who contravenes the provisions of this Bill is liable to punishment of up to six months in jail or a fine of Kshs500,000 or both means that people will take the Act seriously, or suffer the consequences.

Finally, I hope that we shall also try to incorporate and borrow from the international best practices.

With that, I beg to second this Bill.

(Question proposed)

The Temporary Deputy Speaker (Hon. Cheboi): Let us start with Hon. Nyikal.

Hon. (Dr.) Nyikal: Thank you, Hon. Temporary Deputy Speaker for giving me the opportunity to contribute to this Bill. Before I start, I wish to appreciate something that has happened in the international health that is of great significance to Africa and this country. For the first time in the history of the WHO, an African has been appointed as the Director-General. He is Dr. Tedros Adhanom Ghebreyesus of Ethiopia. I think this is something we should appreciate. I know Dr. Tedros well. We worked with him when we introduced primary healthcare, and he took it very far in Ethiopia. He is very reformative in health. Now sitting at WHO, I have a feeling it is going to be good for Africa, Kenya and the world as a whole.

I rise to also support this Bill. We have been seeing many Bills and Hon. Sang has been very instrumental in a number of them coming to this House especially those dealing with the regulation of health professionals. This is because of the complexity of the profession of medicine. There are many cadres in the medical field. I think they are up to about 42. These cadres may be closely related but are quite distinct and work together. Like now, we are dealing with occupational therapists. We also have physiotherapists who are very close to occupational therapists. There are laboratory technologists, pharmaceutical technologists, pharmacists, psychologists and so on. The cadres are really many. Therefore, their regulation is complex.

What has happened and what is going on is that each and every cadre is bringing up a regulatory Bill and then an Act. As much as it may cost the State and people a bit of funds in terms of regulation, it is necessary. Because of that same complexity, it is possible that many quacks can get into the profession and do whatever they want. The large number will be taken care of when we have the Health Bill that may be coming this afternoon after the mediation process is over. I hope that we will pass it because it will be a great thing for this country. That will bring overall coordination for all these Acts and bodies that are being created.

Occupational therapists do an important job in rehabilitating people who after illness or injury have ended up with handicaps that interfere with their ability to even take care of

themselves and do normal work. What occupational therapists do is try to train these people to use whatever capacities are residual after the injury or illness to look after themselves, use that to do their daily work. Sometimes it is important that people learn completely new skills that they can perform. That is the area of occupational therapy. It is extremely important.

I must point out because the Mover of the Bill is here, that occupational therapy and physiotherapy are very close. If we are going to have this regulation, we must start thinking how the two can be linked right from the outset. We know that when you have an illness or injury, the first element is physiotherapy and then closely after that occupational therapy comes in to help rehabilitate you completely. That is something we will look at. We know that this is an element of care that starts during illness and goes on long after the illness has ended or the injury has healed.

These people find themselves working with people in hospitals and sometimes in people's homes for a long time. It is, therefore, very important that when you have people that work in people's homes, there are very clear guidelines, standards, regulations and ethics so that people are protected. Therefore, the need for regulation is long overdue.

This Bill will go a long way in looking at the training. Again, because it is something that people need and people do in their own homes sometimes, it is possible for quacks to operate out there without knowing whether they have training. We must establish standards. The curricula need to be in place. Even when they complete, we have to look at areas like internships.

In my view, internship where people who have finished their training have to work in some institutions without pay for one year is hurting many young people. My proposal is that internship should be included in the period of training so that when people leave the institution they have the certificate and can get employed or get into private practice. This is unlike the current situation where you get your diploma and then you cannot get work because you have not done internship. There is no proper provision on how you do internship, how you live during internship and how you are paid during the internship. Occupational therapists should take the lead in making sure that that period is within the training so that we do not have people suffering as they are now.

I support the Bill because it provides for registration so that we know who has been trained adequately. If they are registered, what is the condition of registration? What is it that they will do and what is it that they cannot do? If they do what they should not do, then we have a disciplinary process that has been clearly outlined in the Bill. The Bill provides technical and ethical standards to uphold so that we protect people.

The Bill also provides for sanctions if you do not abide by the standards of the provisions because this is, indeed, a profession. The area of practice is important and it has been looked into. However, I would also like the Mover to look at it very carefully. In institutions, whether public or private, there are normally many safeguards because of the institutional structures and regulations of the practice. However, we need to very carefully look into situations where people go into private practice and deal with patients on their own. What are the conditions of practice? How do we then make sure that people who are in private practice do what they should do, and do not go beyond their responsibilities and hurt patients? I know that the licensing for private practice is a prime mover for many of the cadres to have their own bodies. We all want to improve ourselves financially. However, what do we offer our people, and how do we protect them? I think that is extremely important.

Hon. Temporary Deputy Speaker, the Bill establishes a council, and that is the way it should go. We have looked at the functions of the council and its membership. We may look at

the areas where we can make amendments but in general, it follows a structure that is acceptable in terms of who sits in the council and so on.

The Bill also has a good transition clause in terms of the way people are currently practising up to when the Act becomes operational. It is indicated that the Bill does not affect counties. However, if you look at it keenly, you will realise that all the regulatory authorities will affect the counties because the cadres we are regulating are to a large extent going to function in counties. Therefore, we should look at the functions and the structures.

Another important element of this Bill is that it is a money Bill. It will, therefore, affect the Exchequer. The main thing with this cadre is that the numbers are not big enough to raise enough money without putting a lot of stress on the practitioners, and eventually on the community. Therefore, this is an area we should look at as we look at the Health Bill.

We will look at the amendments that are required to be incorporated into this Bill and make it a better law. Some of the amendments will provide for overall coordination of all professional regulators in the health sector.

With those remarks, I beg to support.

The Temporary Deputy Speaker (Hon. Cheboi): Let us hear the Member for Vihiga.

Hon. Chanzu: Thank you, Hon. Temporary Deputy Speaker for giving me an opportunity to support this Bill.

I support it based on the fact that such services are very important. The Bill is important to human life. The problem is lack of information about what is to be provided for what, where and to whom. Sometimes there is fear that some of the services may be costly. This leaves our people in a very awkward situation. Sometimes people get ailments which can be cured through certain methods. However, because of what I have just said, they leave that and end up getting disabled or losing their lives because of unprofessional practice. It is, therefore, important that such information is brought to the attention of the public through these kinds of publications by Hon. Sang. I want to congratulate him for coming up with the Bill.

There are very many reasons for passing this Bill and making these services available to our people, considering the fact that we have been operating under the national Government in a system where all health services had been centralised.

With devolution in place, we expect the country to grow faster. There is the national Government and the 47 counties, which are also competing for growth. The counties cannot grow without such services. I see the need for occupational therapists. In fact, the services of occupational therapists will be needed more at the county level. They can be decentralised as much as possible even at the county level to take them closer to the people and make them more efficient.

It is important for people in this cadre of profession to be properly trained, registered and licensed. This will eliminate the problems that emanate from lack of professionalism. Quacks always take advantage of the existing vacuum in those areas and purport to have the ability to offer such services even though they are not trained, and nobody will ever know that they are not trained. Training, licensing and registering such professionals will also help us weed out quacks who pretend to have the ability to provide those services when they do not.

In the villages, there are quacks who inject people with undesirable substances they call medicine even though they are not trained or licensed to practise medicine and you cannot hold them to account. Therefore, the issue of registration and licensing is important. There should be stiff penalties for those who will be found practising without valid licences.

Licensed practitioners must always display their licences prominently at the premises of their practice so that everybody knows that so and so is a practising occupational therapist. The other aspect with human nature is that everybody wishes to be recognised. Such display will also serve as a way of recognising physiotherapists. Such recognition will motivate the practitioners in the profession.

Of course, the professionals in this area may have started with small entities but because of varied knowledge, there has been diversification. Initially, medical practitioners could treat an ailment within an area by just injecting it with medicine. However, they can now just use physiotherapy to treat certain ailments.

I commend the work that goes on at Parliament Health Club. Hon. Members are able to get physiotherapy services at Parliament Health Club. The services that we get at the health club have helped reduce a number of problems that many Hon. Members would be having. When you visit the health club, the ladies and the young men who work there work on you. As I said, once this is done, there must be a register.

I do not know how best this could be done. I believe that we can have registers both at the national level and at the county level. This is so, so that those who want to check on the information at the county level can check from there and those who want to check from the centralised list can also check from there.

Hon. Temporary Deputy Speaker, with those few remarks I support the Occupational Therapists (Training, Registration and Licensing) Bill.

Thank you.

The Temporary Deputy Speaker (Hon. Cheboi): Very well. Let us have the Member for North Imenti.

Hon. Dawood: Thank you, Hon. Temporary Deputy Speaker.

First of all, let me congratulate Hon. Sang, the Member for Bureti. To the people of Bureti who made the choices, the choices were not made rightly. But, I believe he will come back to the 12th Parliament through the independent route.

I believe Hon. Sang has brought many Bills regarding the medical field. I think he is the first one who has too many Bills regarding the medical field. The Occupational Therapists (Training, Registration and Licensing) Bill is very important in the sense that we will have a proper structure in training, registration and licensing of occupational therapists. As it has been said by the Mover of the Bill, occupational therapists are very important in our lives – in our everyday lives. They are the ones who come in when we suffer from disabilities and we are initially not sure how to go about them. We just take it for granted that we have hands, eyes or any part of our bodies. It is just like a reflex action. When we miss that reflex action, who helps us? It is the occupational therapist. It is a very important profession that needs regulation. It also needs training because in his proposal, Hon. Sang has mentioned that we have only 404 occupational therapists in Kenya. I believe most of them must be based in Nairobi unless we need them all over the country. Their services are in demand. Many people do not appreciate what they exactly do like he mentioned earlier on regarding the co-joined twins at the Kenyatta National Hospital (KNH).

The mother of the co-joined twins comes from Meru County. I visited them a couple of times. It was an emotional drain on the mother because she wanted the children to be operated on much earlier but the hospital would not agree to that. Had an occupational therapist talked to the lady and made her understand why the twins could not be operated earlier, it would have made her life much easier. There were times she was even thinking of running away from hospital; she

was thinking of doing many things. We tried to talk to her as Members of Parliament from Meru but we did not go very far until, at last and I thank God, KNH did the operation which was successful.

We need occupational therapists where we have a problem of drug abuse in school and in rehabilitation centres. We need them to come in because, when you ask a drug addict to leave drugs, there are withdrawal symptoms – there is depression. So who comes in? The parents or the other professionals in medical institutions probably do not know how to handle it. That is how the occupational therapists come in because they will be trained and be knowledgeable in the field. We will be very far with these professionals.

We lack many medical personnel in this country. This is whether we are talking about doctors or nurses. This is because we do not give them proper remuneration. These professionals are moving to other countries when we need them here.

Hon. Temporary Deputy Speaker, we now need to streamline the whole health sector. Once we pay them and, I believe from what we are hearing, the Government has released the money for the doctors--- I urge county governments that have not paid doctors for the 100 days they were on strike to pay them now because we cannot afford another strike in this country. This is not the time for strikes because we do not want to lose lives.

So, this is a very timely Bill. I urge my colleagues, even if they are doing their campaigns--- Many of my colleagues and I are campaigning to be re-elected to Parliament on 8th August, 2017. We need to work together whether we are in the Jubilee Coalition, the NASA Coalition or independents candidates to finish the work which we started. To Hon. Sang, I wish him the best. This is because we want more of his Bills. I would like to tell the people of Bureti: “Do not let us down because we need Hon. Sang in this Parliament to bring more Bills.”

The last aspect is regarding the Council of the Occupational Therapist. It is very important because, that way, we will differentiate quacks from professionals. Many at times, there are people who call themselves therapists, occupational therapists or medical personnel like the other one did the other day. He was calling himself a medical doctor but he was not trained even as a nurse. We need people who are licensed so that we are sure that these are the people who are going to be offering us services.

With those few remarks, I thank you.

I would like the Hon. Members who have won the nominations and independent candidates to be re-elected.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Cheboi): Very well. Let us have the Member for Ugunja.

Hon. Wandayi: Thank you, Hon. Temporary Deputy Speaker. From the outset, I wish to support this Bill. I must congratulate Hon. Leonard Sang who is my very good friend and a serious medical practitioner in his own right. It is unfortunate that Hon. Sang is facing problems in his endeavours to come back to this House on account of the choice of the party that he made. In fact, if I was given the opportunity, I would have advised him from the very beginning to join the Chama cha Mashinani (CCM). That would have given him space to exercise his democratic rights. I am sure he would have been more than assured of coming back. But all is not yet lost. I wish him all the best.

I was just trying to get educated by my friend and colleague, Hon. (Dr.) Nyikal. When I saw the term “therapists”, I was thinking of the physiotherapists. He clarified to me that these ones are not those ones we know – these ones deal with people who have disabilities and help

them to learn to cope with life generally. So, it is a very serious Bill. It is a serious Bill in the sense that this cadre of health workers is very instrumental in managing people's wellbeing. I am also cognisant of the fact that there is a Health Bill which is coming before this House. Of course, it is already before the House; it is coming into life very soon. It will, of course, address all these issues.

But all said and done, there is a need, in my view to have something for health workers. I have been arguing all along that even though the framers of the Constitution gave us a certain preference to specific cadres of workers by creating commissions specifically charged with the responsibility of addressing their welfare and professional well being, health workers were left out.

I have in mind the teachers who were able to fight for the Teachers Service Commission (TSC) to be entrenched in the Constitution. I also have in mind the public service workers – the civil servants who have the Public Service Commission in the Constitution. We also have the Parliamentary Service Commission (PSC) which is taking care of workers in Parliament. Indeed, they are very few. There is very serious need to change the Constitution and we have committed ourselves to doing it when we take over the reins of power come August. We shall review the Constitution and make it more applicable to the needs of the people. We shall also review the Constitution and make it more democratic.

One thing that we must do when we do that review is to create a Public Health Workers Commission or Public Health Service Commission to take care of the interests and welfare of all health workers in the country. We have witnessed a lot of problems in the recent past with health workers going on endless strikes. Sometimes, you wonder who to go to. Do you go to the county governments or the national Government? There is total confusion. I believe that confusion can be minimised or eradicated completely once we create such a commission to take care of the welfare of all health workers in the country. The commission will take care of the health profession, terms and conditions of employment, recruitment and training.

As we debate this Bill which I think is revolutionary, we must not lose sight of the fact that, even within the current constitutional framework, there is still need to understand clearly the demarcation of roles between the county governments and the national Government. What we have currently is a situation where the health function was devolved. It was transferred to the counties, but the monies which were meant to help the county governments perform that very crucial function were retained by the national Government. How did they do it? They ensured that no proper costing of the health function was done before the function was devolved. The defunct Transition Authority (TA) did not do a proper costing of not only the health function, but all the other functions that have been devolved. That was deliberate.

It was meant to ensure that the health function is transferred to the counties minus the requisite monies. The counties would then be starved of money and they would be seen to have failed in undertaking that very crucial function. That failure would then create an avenue for the health function to be taken back to the national Government. Why would the national Government want to take it back? It is obvious. The health sector is a very lucrative sector. It is where all the monies are found - and you know that the people we have in the national Government are vultures. They behave like vultures and hyenas. When they sense money, they can kill you literally. They want the health function to revert back to the national Government so that they can continue controlling the monies. That is why the problems that we have in the health sector cannot be cured by the national Government. I can say that without fear of contradiction.

We have seen the kind of corruption that has been entrenched in the health sector. Not a long time ago, we were treated to a spectacle – and I am calling it a spectacle for lack of a better word – of the national Government getting involved in the procurement of the so-called mobile clinics that were meant to help the county governments to perform the health function. Why would the national Government be involved in such an endeavour? The reason is obvious. It is because of money or kick-backs. Two years down the road, the so called mobile clinics are lying idle somewhere in Mariakani or Mombasa. I am not sure where they are. Close to Kshs5 billion was lost and the people who stole that money are still walking scot-free despite the fact that they are known. In fact, the person who should have been jailed outrightly after being sacked was transferred to a more lucrative sector. Instead of being sacked and taken to Kamiti Prison, the Principal Secretary, Mr. Nicholas Muraguri, was transferred to the Ministry of Lands, Housing and Urban Development to continue perpetrating corruption for the benefit of a few people who think that this country belongs to them.

Hon. Limo: On a point of order, Hon. Temporary Deputy Speaker.

Hon. Wandayi: There is no need of raising a point of order because I am stating verifiable facts.

The Temporary Deputy Speaker (Hon. Cheboi): What is it, Hon. Limo?

Hon. Limo: Hon. Temporary Deputy Speaker, the Member is not relevant anymore. He has been digressing to something instead of sticking to the debate on the Occupational Therapists (Training, Registration and Licensing) Bill.

The Temporary Deputy Speaker (Hon. Cheboi): Proceed, but be relevant to the Bill, Hon. Wandayi.

Hon. Wandayi: Hon. Temporary Deputy Speaker, I am a schooled person. I know that this Bill falls within the ambit of the health docket, which has been mismanaged by the vultures whose names I am mentioning. This is a very critical Bill.

Hon. Francis Waititu: On a point of order!

The Temporary Deputy Speaker (Hon. Cheboi): Proceed, Hon. Waititu. What is it? I have given you the microphone.

Hon. Francis Waititu: Thank you, Hon. Temporary Deputy Speaker. Is the Member in order to call people vultures? Let him remember that I am seated behind here listening. Is Hon. Wandayi in order to call other people vultures?

The Temporary Deputy Speaker (Hon. Cheboi): Let us be relevant.

Hon. Wandayi: Hon. Temporary Deputy Speaker, I am sorry I did not call anyone a vulture. I have stated that the manner in which those people are behaving is akin to the behaviour of vultures that have seen carcasses. They see Kenyan money as a carcass. Therefore, they are behaving like vultures.

The Temporary Deputy Speaker (Hon. Cheboi): Let us hear Hon. Limo. He is next on the line. I hope you will be relevant.

Hon. Limo: Thank you, Hon. Temporary Deputy Speaker. I would like to start by thanking the Member for Bureti, Hon. Leonard Sang, for bringing this important Bill to the House. I also take this opportunity to thank the people of Kipkelion East Constituency for nominating me again. We hope things will go well in August.

This Bill is very important. I have to make it very clear that when this Bill is passed, it will help people. Many people do not understand what occupational therapy is all about. In fact, most of those people might be lying idle wherever they are because the public is not well informed of their usefulness. Kenyans are used to having people who have been injured being

treated in hospitals and after they get well, they are either treated as people with disabilities or they are left alone to wallow in poverty. People are not aware that there are trained professionals who can give them life skills, which can help them start their lives afresh. They can be trained on various skills and alternative ways of living. In most cases, people who are injured are, for example, artisans undertaking construction works. Once they sustain injuries, they cannot continue undertaking building works. They cannot be carpenters anymore because their bodies can no longer perform the duties they used to perform before.

Occupational therapy professionals are the most all-rounded people because they are able to mould an individual to do alternative jobs and to have alternative sources of income. Therefore, we should support those professionals in all ways because they empower the nation. When we talk about empowerment, what quickly comes to our minds is funding. People only talk about youth and women empowerment, but say very little about the injured or disabled. We only talk about the disabled in the context that they were born that way. However, there are quite a big percentage of people who become disabled through accidents or other calamities which occur in the course of life.

Those professionals are important and, therefore, it is good to have a Bill that will make regulations which will make the profession respectable and relevant to the society. The Bill states the minimum grades required for those who want to train as occupational therapists and, therefore, have the right calibre of people undertaking that training. It is also important for the registration of the occupational therapists to be regulated. The registered professionals should be those that are trained by recognised colleges. This will regulate the occupational therapists profession and ensure that they conduct themselves in an ethical manner.

The council will handle disciplinary action for those who engage in malpractices. One of the issues we have in this country is setting up of boards which are necessary, but there is always a risk of duplication of roles and, given that this is a money Bill, there will be a lot of expenditure if the board does not fund itself internally. When you look at the composition of the board, I find some members will not be necessary - like the Chairperson of the Occupational Therapists Association and, at the same time, there will be other four occupational therapists nominated by the Association. I find that might be unnecessary. Therefore, I am asking the Hon. Member to consider bringing an amendment in the Third Reading to reduce the number of board members so as to reduce the cost. At the beginning, maybe, the Board will not be very busy and, therefore, the number of members can be reduced.

Another reservation that I have is with the Memorandum of Objects which states that this Bill does not concern counties and yet, Clause 4(e) states that there will be a representative from the county governments. We need to be careful so that we do not talk about counties and, at the same time, say that the Bill does not concern the counties. This Bill is important and Hon. Members should support it. I end by saying that the Hon. Member who has brought this Bill has worked round the clock to ensure that the profession is made relevant. Since we came to this Parliament, he has been very passionate about health services. Even in his own constituency, he is on record for having spent almost close to Kshs50 million on improving the Kapkatet District Hospital in the South Rift. That is very commendable and worth emulating.

I want to dispute what one of the Hon. Members has said. He said that Hon. Sang should have joined *Chama Cha Mashinani* (CCM), which should be *Chama Cha Mashakani*. It is just like any other party which was issuing certificates on the roadsides and toilets. I want to ask Hon. Sang to focus and avoid distractions from the Orange Democratic Movement (ODM) side. That is because he is a staunch member of Jubilee.

Thank you, Hon. Temporary Deputy Speaker, I support.

The Temporary Deputy Speaker (Hon. Cheboi): You are almost getting into the irrelevancies we are complaining about. Hon. Sang, be prepared to reply. There are only two other Members on record here as having interest in speaking - and that is Hon. Wanyonyi and Hon. Chea. Then you will respond.

Hon. F.K. Wanyonyi: Thank you, Hon. Temporary Deputy Speaker. I take this opportunity to congratulate Hon. Sang for coming up with this very important Bill. Its objective is to make provision for training, registration and licensing of occupational therapists and regulation of the same practice.

It is important for us to make some corrections when this Bill gets to the Third Reading. The primary role of that profession is to stabilise injured patients so that they can continue with their lives. We have cases where patients become very sick or are injured and become paralysed. Hon. Sang mentioned that, that training started in 1968. I cannot remember the class I was in because I was very young. Up to now, almost 400 people have been trained. That is a very small number and most of them have left this country to seek greener pastures elsewhere. That is because of lack of laws and regulations which made them feel frustrated.

The establishment of the council will retain some of our good brains who can help our people. I know of cases where sick or paralysed persons, instead of seeking proper treatment, are treated by quacks in the village and the patients end up becoming worse. We have cases where patients are taken to countries like India, South Africa, Europe and the United States of America because of lack of professionals in that field. That field of medicine should be looked into. I have seen quite a number of regulations that have come up relating to local practice. Therefore, we should go ahead and support this Bill so that we have a council of occupational therapists to deal with cases of quacks and punish them.

There are many referral hospitals which are coming up in this country. One of them is in Trans-Nzoia. I do not know whether there are enough staff for that Referral Hospital. Given that there is that regulation and the license, some of them will go into private practice. We should post staff to the various referral hospitals which lack personnel. As Dr. Nyikal has said, there are almost 42 cadres in medicine and that is just one of them. It is good that Hon. Sang came up with this Bill so that there can be discipline.

At the same time, let us talk about the payment of those professionals. Someone takes five or six years to get properly trained and when he or she finally qualifies, the remuneration is not up to date. We then have people moving out of this country and going elsewhere because we cannot retain them and pay them as required.

This is a very good Bill and we should support it. Let us make some few amendments during the Committee of the whole House stage to make it proper.

With those few remarks, I support the Bill. We should pass and fast-track it so that we can assist that type of medical discipline.

The Temporary Deputy Speaker (Hon. Cheboi): Let us have the Member for Kaloleni.

Hon. Chea: Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity. At the outset, I thank Hon. Leonard Sang for coming up with this Bill and brought it to the Floor of the House. Secondly, I rise to support the Occupational Therapists (Training, Registration and Licensing) Bill, 2016. Many Bills relating to medicine have been brought before this House. Hon. Sang is one of the Members who have thought widely so that professions can be regulated.

There is no professional calling that can thrive without proper regulation. In this particular arena, there are those who have received training and those who have not. That is why

I find the provisions of Clause 2 so attractive in so far as the definition of “occupational therapist” is concerned. An occupational therapist has been defined to mean a person who, having successfully undergone a prescribed course of training in a training institution, is a holder of a certificate issued by that institution and is registered under this Act. Training is crucial. There are those who have gone to particular institutions and received training. There are those who practise in the villages or cities, but have not received that training. With this particular Bill, sanity has been brought and all those who wish to practise will now be brought on board and will practise legally.

What is equally crucial is that there are so many quacks outside there and people in this country really love shortcuts. This Bill, in so far as it perceives to license, there will be no room for anybody to purport to carry out the occupational therapist business without the requisite lessons.

We realise that Part II of this Bill creates the Occupational Therapy Council of Kenya. For all the Bills that we have debated and probably passed before this House, so many councils have been formed. Today, I wish to pose the challenge that those councils should live up to their mandate and objectives. That is why I find it so progressive that under Clause 3 (2) (c) of this particular Bill on the establishment of the council, one of the functions of the council is to borrow, lend or raise money. What is quite important here is that the council must go an extra mile and ensure that it raises money so that it can fund its activities. In the absence of money to fund those activities, we burden the taxpayer by the enactment of those councils.

The other area central to this Bill is Part V which provides for discipline. There is no profession that can work well without having a disciplinary committee. The provisions of Clause 34(1) on the establishment of a disciplinary committee are quite critical to this Bill. Looking at the composition of that particular committee, you realise that those are people who are up to the task and will discharge their duties without fear or any bias whatsoever. Some of the people who are supposed to serve on that committee are people with legal or medical background, and that will suffice for the disciplinary committee.

The other important thing is the functions of the disciplinary committee. The disciplinary committee shall have the powers to remove or suspend one from the register as well as impose a fine. Those are very important remedies for the committee to implement and see that sanity is brought to that profession.

What is also important in this Bill is when you look at Part V on discipline. They have tried as much as they could to uphold the principle of natural justice. The disciplinary committee shall not proceed to condemn people unheard. The disciplinary committee under its provisions will be required to summon and give an opportunity to any member they wish to deal with at the disciplinary level. That is constitutional. It is very important because it will minimise cases of people complaining of being mistreated by the committee. At the end of the day, parties will get justice and all will be taken care of.

As I conclude, I must join my colleagues to say that, in as much as health has been devolved under the Fourth Schedule, it remains a shared function. The county governments and the national Government must work together to ensure that health services are provided to the common *mwananchi*.

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

The Temporary Deputy Speaker (Hon. Cheboi): Let us have the Mover to reply.

Hon. Sang: Thank you, Hon. Temporary Deputy Speaker. Before I reply, I want to donate one minute each to Hon. Mary Emase, the Vice-Chairperson of the Budget and

Appropriations Committee and Hon. Lodepe from Turkana Central. I will kindly donate one minute to each.

The Temporary Deputy Speaker (Hon. Cheboi): I am very reluctant to have you donate time to them because we still had time for Members to contribute and they did not bother to put requests. Anyway, for today, I will allow. You said Member for Teso South and Turkana Central. A minute each, but you know they had the opportunity. They would have had their 10 minutes rather than the one minute you are donating to each of them. Proceed.

Hon. (Ms.) Otucho: Thank you, Hon. Temporary Deputy Speaker. I am sorry since I did not have my card. I have just come from Teso South. Thank you for giving me the opportunity.

I want to support this Bill. Like many others that have passed through the House, this is a very important one because it seeks to regulate the practice and profession of occupational therapists. The fact that it seeks to establish a council, means that there will be a body that will be completely dedicated to managing the affairs, licensing, registration and even training of occupational therapists. We know that people require better and quality services. This can only be achieved when we have a profession which is properly managed and regulated.

I like this Bill because it states the qualifications for those occupational therapists. They need to be licensed to do private practice. This will ensure that we do not have quacks in the profession and that we have professionals dealing with Kenyans and giving better quality services. So, this Bill, like many others we have looked at - like the Technologist Bill that we passed last year - is a very important one and will go a long way in ensuring that we have professions which are managed, controlled and have professionals that offer better services. Thank you.

The Temporary Deputy Speaker (Hon. Cheboi): Your one minute is over. Hon. Nakara, one minute.

Hon. Nakara: Hon. Temporary Deputy Speaker. I join my fellow Members to support this Bill. One of the things that we need to make sure the council does is promotions. In this country, unless you have networks and connections, you will never get a promotion. Having that council will ensure fair promotions for everybody who works hard in that area.

Secondly, there is the issue of allowing some occupational therapists to own private clinics. That will also help the public to go to nearby occupational therapist to get service. It will open the field for everybody to look for professional therapists to get service.

Finally, I would like to talk about training. If the council will be set up, it will conduct examinations so that it can approve professionally trained occupational therapists that are capable of providing services to the people.

With those few remarks, I support the Bill. Thank you.

Hon. Sang: Thank you, Hon. Temporary Deputy Speaker for giving me an opportunity once more. I want to thank my colleagues who have contributed to this particular Bill. I have taken note.

I know there are a good number of amendments that will be proposed in the Committee of the whole House. I thank all my colleagues who have contributed.

With the passage of this particular Bill, I know thousands of Kenyans will get better occupational therapist services. I know we have people with a number of diseases that have made them bedridden for a long time. One Hon. Member has said that brain damage, head injuries, stroke and burns--- I know a very good number of Kenyans who are in hospitals and some who have been discharged. I know once they have recovered, they are supposed to be brought to normalcy as much as possible. By doing that, I know we are going to reduce patients who are

dependent on others. We want to actually ensure that as many Kenyans as possible are independent and can do their work without depending on other people for livelihood. I know with the passage of this Bill, things are going to improve.

Lastly, I want to thank the people of Bureti for what they did. Most of them know what happened. I will be on the ballot on 8th August in the proper elections. I know I am coming back to this House. I want to thank them for giving me the four years that I have had. I also thank them for the votes they gave me on the other day. I am going to go back and request for votes because I have four more Bills which are going to ensure that we have proper and good care for Kenyans.

I beg to reply.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Members, we are not going to put the Question on this particular Bill for obvious reasons.

(Putting of the Question deferred)

Hon. Members, allow me to recognise, in the Speaker's Gallery, pupils from Emerald International School, Dagoretti South Constituency, Nairobi County. In the Public Gallery, we have Milami Primary School from Mavoko Constituency, Machakos County.

Proceed.

BILLS

Second Readings

THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL

The Temporary Deputy Speaker (Hon. Cheboi): Do we have Hon. Wanga in House? She is not present. Therefore, we will not deal with the Bill today. It will be done in the next Sitting.

(Bill deferred)

Next Order.

THE BREASTFEEDING MOTHERS BILL

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Sabina Chege. She is also absent. So, that Bill will also not be dealt with.

(Bill deferred)

Do we have any other Order? No.

ADJOURNMENT

The Temporary Deputy Speaker (Hon. Cheboi): Order Members! Now that we do not have any other business and, time being 11.38 a.m., this House stands adjourned until this afternoon at 2.30 p.m.

The House rose at 11.38 a.m.