

NATIONAL ASSEMBLY

OFFICIAL REPORT

Wednesday, 21st October 2015

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, it is obvious that we do not have the requisite quorum. I, therefore, order that the Quorum Bell be rung for 10 minutes.

(The Quorum Bell was rung)

Order, Member! Stop ringing the Bell now. We have quorum.

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

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Kinyua, what is out of order or you are trying to get something which will be out of order in due course?

Hon. Kinyua: No, there is nothing out of order, Hon. Temporary Deputy Speaker. I just want to enquire from the Chairperson of the Departmental Committee on Agriculture, Livestock and Co-operatives the status of a petition that was brought on behalf of the people of Nyeri concerning how the County Government of Nyeri is handling coffee matters. I remember hosting the Committee in my constituency. There are still issues that have not been resolved regarding the produce for the 2013/2014 Financial Year. Farmers have not been paid for their produce for the 2014/2015 Financial Year. The produce for this financial year has a problem because the County Government has even denied the farmers the permit to transport their coffee to their preferred millers.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Weru, I know you are very passionate about issues of coffee. However, do you have information on when the petition was brought to this House? You are now an old Member of this House and you know that the Committee has some 60 days to work on that matter.

Hon. Kinyua: Hon. Temporary Deputy Speaker, it is over 60 days since I hosted the Committee in my constituency. So, if that is the time they started working on the petition, they should have concluded its consideration.

The Temporary Deputy Speaker (Hon. Cheboi): We will be looking at when it was brought before the House and, therefore, committed to the Committee. We can get the Chairperson or a ranking Member of the Committee to give us information on how far they have gone with the matter. I can see Hon. Washiali attempting to catch my eye and he has succeeded.

Hon. Washiali: Thank you, Hon. Temporary Deputy Speaker. I want to assure Hon. Weru that the issue he is raising has already been tackled by the Departmental Committee on Agriculture, Livestock and Co-operatives. As a ranking Member of the Committee, I want to, first of all, inform the House that the Chairperson is in India on warehousing conference and the Vice-Chairperson is on a trip in London with another Committee. I want to assure our brother, Hon. Weru that he will get a brief as we brief this House on how far we have gone with matters before us, including the petition he is talking about.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Weru is encouraged to attend the Committee's sittings so that he can acquaint himself with how they are handling that matter. I hope the Committee will quickly resolve that issue. That is settled, Hon. Weru.

Thank you.

Next Order.

STATEMENT

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

The Temporary Deputy Speaker (Hon. Cheboi): What is it, Hon. Wandayi? I can see you are raising your hand. Members should be encouraged to use the right order in approaching matters in the House. Hon. Wandayi, I see you have a burning issue. Is it on Statements?

Hon. Wandayi: (*Inaudible*)

The Temporary Deputy Speaker (Hon. Cheboi): We have a problem with the microphones in the row you are seated in. Sit in the front row and I will give you an opportunity. Can you now proceed?

Hon. Wandayi: Thank you, Hon. Temporary Deputy Speaker, for your indulgence. I am rising on a point of order simply because I think this is the right time to do so. As you know, one of the functions of this House is to address issues concerning the public and the scope is wide. There are matters which cannot wait.

Currently, we have an issue which the Departmental Committee on Education, Research and Technology---

The Temporary Deputy Speaker (Hon. Cheboi): Get to the point, Hon. Wandayi. What is this matter that cannot wait?

Hon. Wandayi: The Departmental Committee on Education, Research and Technology should have been seized of this matter but I want you to give us guidance.

Hon. Temporary Deputy Speaker, as we speak, there have been serious cases of leakage of the national examinations, particularly the Kenya Certificate of Secondary Education (KCSE) examinations. I am aware of papers which have been leaked including English Paper I and Christian Religious Education (CRE) which have turned to be the exact papers when the real exams came. I am raising this matter so that---

The Temporary Deputy Speaker (Hon. Cheboi): So that we do not take too much time on that, is it not better if you actually sought a Statement rather than asking the Committee? You can even approach the Committee and give them the information you have. If you think the issue of seeking a Statement will take long, you can handle it at that point so that we do not bring sensational issues into the House which have not been processed through the right channels.

Hon. Wandaïi: Hon. Temporary Deputy Speaker, please indulge me for just one minute. I have attempted to make informal contacts with the Committee. I am raising this because it is a matter which cannot wait the normal process because examinations are going on.

Before I conclude, the second issue is that as we sit here, more than 250,000 teachers of this country have gone without pay for the month of September. This is the third week after September came to a close. Teachers have not been paid and there is no statement coming from the teachers' employer, the Teachers Service Commission (TSC). This Committee needs to take charge.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Wandaïi, I have indulged you sufficiently. You are now an old hand in the House. We are three years into the 11th Parliament. Let us approach these issues in the right manner so that they can be transacted properly. You have made your point and that should be it. We do not want to open that debate because I can see many Members want to speak to that matter without using the right channels. We will be opening something that has not come here properly.

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

The Temporary Deputy Speaker (Hon. Cheboi): What is it, Hon. Bowen? I am not going to open that matter. I have ruled it out of order.

Hon. Bowen: Thank you, Hon. Temporary Deputy Speaker. Hon. Wandaïi has raised a very serious issue of national importance especially the leakage of examinations. It is not even enough to raise what Hon. Wandaïi has said. As a House, we need to adjourn and seek a special session to discuss this because it is very serious and it is real.

The Temporary Deputy Speaker (Hon. Cheboi): I also live in Kenya, Hon. Bowen. The only issue is that we want to do things the right way. You have many ways of approaching this matter including either seeking a Statement or moving a Motion for Adjournment. There are a number of avenues that are open to Members of this House. However serious a matter can be, we cannot bring it to the House irregularly. Of course, Hon. Wandaïi has raised pertinent issues. You have also raised a pertinent issue but, let us approach it in the right manner. I think you have been heard one way or the other, even if it is wrongly, but let us approach the House in the right manner. So, we will proceed. We will not open that debate.

Next Order!

MOTION

THE NATIONAL DROUGHT MANAGEMENT AUTHORITY BILL

Hon. Ganya: Hon. Temporary Deputy Speaker, I beg to move the following Motion:-

THAT, the Senate Amendments to the National Drought Management Authority Bill (National Assembly Bill No. 42 of 2013) be now considered.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Chachu, proceed. This is a Motion and you know how to handle it. To help you further, we have one hour to discuss this Motion. Proceed and Members will get an opportunity to speak to it.

Hon. Ganya: Hon. Temporary Deputy Speaker, as the Departmental Committee on Environment and Natural Resources, we have considered the Senate Amendments. They were basically two amendments from the Senate. We agreed with one but disagreed with the second amendment.

The Senate proposed that Clause 4 of the Bill be amended by deleting sub-clause (2) and substituting therefor the following new sub-clause-

“(2) The Authority shall establish offices in each county.”

On this one, we disagreed with the Senate on the basis that the National Drought Management Authority will not need to establish offices in all the 47 counties. It is strategic for the Authority to only establish offices in drought prone areas. It will save taxpayers money. Moreover, some counties in our great nation are blessed with too much rain that drought is not an issue for them. On this ground, we disagreed with the Senate.

Hon. Temporary Deputy Speaker, shall I continue with the second Clause?

The Temporary Deputy Speaker (Hon. Cheboi): Yes, proceed.

Hon. Ganya: The Senate proposed that Clause 8 of the Bill be amended in sub-clause (1) by inserting the following new paragraph immediately after paragraph (d)-

(da) one person who shall be nominated by the Council of County Governors.

On this one, we agreed with the Senate on the basis that drought or disaster management is a function shared by both the county governments and the national Government. It is clearly stated under the functions of the national Government and county governments. On that ground, we agreed with the Senate and it is important that the CoG should have one of their own in the Board of the National Drought Management Authority so that the interests of county governments as per issues of drought management are well catered for.

The last amendment is just an issue of numbering in sub-clause (5) by inserting the words “and (1) (da)” immediately after the words “subsection (1)(d)”. This is basically to have paragraph (1)(da) because of the new director who will represent the CoG. It is purely about numbering and sequencing.

The Temporary Deputy Speaker (Hon. Cheboi): We are going to move in the normal way. If you do not have more to say, do you have a seconder?

Hon. Ganya: Hon. Temporary Deputy Speaker, I ask Hon. Chrisantus Wamalwa to second.

Hon. Wakhungu: Thank you, Hon. Temporary Deputy Speaker. Indeed, this Bill has overstayed. I agree with what Hon. Chachu has said as far as the issue of the 47 counties is concerned. As he puts it, all the 47 counties do not need an office because they have no drought. So, without much ado, I second so that we move to the Committee of the whole House. If we do not agree with the Senate, we will go for joint mediation. I support and second the Motion.

Thank you.

(Question proposed)

The Temporary Deputy Speaker (Hon. Cheboi): We will start with Hon. Maanzo.

Hon. Maanzo: Thank you, Hon. Temporary Deputy Speaker for giving me an opportunity to contribute to this important law - the National Drought Management Authority Bill - which originated from the National Assembly.

Though we appreciate that it cuts across the whole country and that there is a role played by county governments and the Senate on this, it is good to work with numbers. In fact, about 14 counties or so do not experience drought at all but, from where I come from, we experience drought even for seven years. For some of the areas in Kenya especially Makueni among others, this office should be permanent because it is very important so that we can begin vitiating factors

that cause or increase drought. Part of it being that there is serious deforestation going on and it is even making desertification move faster in these dry areas. So, we definitely need some serious offices.

In a place like Nairobi, we do not do farming. We have the neighbouring counties like Kiambu, Nyeri, Mt. Kenya areas, Mt. Elgon and even around the lake, like western Kenya and Kisii that experience rains almost every afternoon. So, it would not be fair to post an officer there while we can concentrate those efforts in areas which are affected seriously. So, I agree with the Mover but on the second bit of it I agree with the Senate. It may be proper that this matter be finalized so that the issue of drought management can come into force easily. It is not only about drought management, we have *El Nino* rains which also affect such areas in a different way. The same office can handle drought and unusual weather conditions.

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

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

Hon. (Dr.) Pukose: Thank you, Hon. Temporary Deputy Speaker. I want to say that on the issue of having the CoG as membership to the Drought Management Authority, I agree with the Committee but, on the issue of the 47 counties not having a representation in terms of offices for drought management, I disagree. Drought is not synonymous with being semi-arid. Drought can affect any county within the country.

This year in my county of Trans Nzoia, in my own constituency, one of the locations did not get rains and we have experienced crop failure and it is giving us challenges. As you are aware, even as predictions of *El Nino* were done, we find that some areas are still facing challenges.

The issue of drought must be handled in all counties because how do we classify and say that it is only this county that experiences drought? What we are going to do is to look at those areas which are already classified as Arid and Semi-Arid Land (ASAL) to say that those are the ones that qualify to have drought management within their areas. We should also say that counties bordering those ASAL areas will not even be considered. So, I disagree with the Committee and drought management should be in all the 47 counties so that once we find there is drought then the Authority can get the necessary information, respond and prevent the various effects of drought.

With that, I agree with the Senate.

The Temporary Deputy Speaker (Hon. Cheboi): Very well, let us have the Member for Ndhiwa.

Hon. Oyugi: Thank you, Hon. Temporary Deputy Speaker. I would like to support the Committee's proposal in terms of Clause 8. I would also like to take the angle that the Hon. Member for Endebess has taken. Whereas the Committee is full of very well intentioned Members of Parliament and they also want us to save on costs, it is not possible to establish authority offices in all the 47 counties, I think they should consider perhaps going the way the water sector is being managed where we have various counties lumped together with various authorities so that an authority is established in a particular section of the country to manage various sections of the various counties.

So, it is not an omnibus agreement that every county ought to have an office but various sections of the country. Like in the water sector we have something called Lake Victoria Water South and North which manages a variety of counties. Perhaps, that is the way we need to think about establishing authority offices. Otherwise I really think that the Drought Management

Authority is something that is long overdue and the very best we can give it is consideration so that, at least, it is not just ASAL areas that benefit. In fact, most ASAL areas have suffered and establishment of authority like this one is going to ensure that their livelihoods are improved. But, I really think the Committee then ought to consider how to structure the branches of the Authority, not by just limiting them to counties but various sections of the counties having regions.

I support and thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Cheboi): Very well, let us have the Member for Chuka/Igambang'ombe.

Hon. Njuki: Thank you, Hon. Temporary Deputy Speaker. You almost caught me off guard. I was consulting with the incoming Governor for Kiambu County.

I thank you for giving me the opportunity to contribute to this Motion on the Senate Bill. I want to support the sentiments by Hon. (Dr.) Pukose. I am sure you have heard a statement that is very famous which says; "water everywhere but not even a drop to drink". You can be surrounded by a lot of water but have very little for you to use. I am saying this because there is a notion in this country that what is considered as drought or ASAL areas are normally evaluated by use of a small proportion of the area. A very good example is constituencies or counties that are considered to be in areas that have high rainfall. Allow me to start with Nyeri County because if I start with my own it will be seen as if I am being selfish.

Nyeri County is known to be with a lot of coffee, tea and rivers but one of the areas that suffer a lot from drought is the leeward side of Mt. Kenya which is very dry and yet the temperatures are very low. Like most of Kieni Constituency is dry. If you left out a county like Nyeri, it will mean a place like Kieni will never benefit from that fund or what may actually be beneficial from this Bill.

Coming to other counties, like Embu and Tharaka Nithi without being personal, Embu County also has an area that touches Mt. Kenya. We also have Mbeere. I am sure Hon. Temporary Deputy Speaker; you must have heard about Mbeere. That is where our Speaker comes from. That place gets very dry to the extent that sometimes we have to import water. If you go by what is stipulated in this Bill and what the Committee has consider then it will mean that an area like that cannot benefit.

Half of Tharaka Nithi County where I come from - Chuka/Igambang'ombe Constituency – is very dry. Igambang'ombe Division is worse than Garissa and even parts of North Eastern. Tharaka is neighbouring Mwingi and they will comfortably say they deserve this. I can see my friend from Mwingi County looking at me. Tharaka's climate is an extension of what we have in Mwingi North and parts of Kitui. So, that amendment is mandatory and I will support it. I will not support the position by the Committee that we restrict this to very few counties. We must include all the counties so that we can have a voice from every part of the country.

By the way there is climate change which is dynamic. Who knows, maybe parts of this country that are known to be with large forest cover, receive high rainfall and have good climatic condition may become ASAL areas because of deforestation. So, with that in mind it is important to include all the counties under this programme.

About the CoG being included, I say "yes." The voice of the governors has to be heard because they are the authority of devolution where this will be evaluated and managed.

With those few remarks, I support the Bill as passed by the Senate.

Thank you, Hon. Temporary Deputy Speaker.

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

Hon. (Dr.) Ottichilo: Thank you, Hon. Temporary Deputy Speaker. I rise to support the amendments that were proposed by the Senate and have been endorsed by the Departmental Committee on Environment and Natural Resources.

This Bill is long overdue. It was introduced in the 10th Parliament. Because of time problems, it was deferred. I want to thank my colleague, Hon. Chachu for bringing it back to the 11th Parliament. This Bill is very important given the issues of climate change. Drought is a major problem of climate change. Therefore, more than three-quarters of this country is ASAL. With climate change, some of those areas are even going to be drier. This Bill is very timely.

I want to say that the amendments proposed by the Senate under Clause 1 are okay. But, in the long-run, I want to agree with my colleagues that with climate change, all the counties are going to suffer from drought. Eventually, we will have to amend this Bill once it is assented to. But, because it has been around for long, the Committee in its wisdom decided that they will not prolong discussion on this. It is important that it be considered once it becomes law.

Drought is also among many other disasters. I believe once this Bill goes through and is assented, over time, it may come back to this House for amendment so that it incorporates other disasters. While drought is one disaster, we also have others like floods, mudslides and volcano activities. These will come later on.

Hon. Temporary Deputy Speaker, I wish to endorse the amendments by the Senate as approved by the Committee. Therefore, I support.

Thank you, Hon. Temporary Deputy Speaker.

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

Hon. Rotino: Thank you very much, Hon. Temporary Deputy Speaker for giving me the opportunity to join my colleagues in supporting this Bill and saying that it is long overdue. As my colleagues have talked about climate change, I want to support the view that we need to open these offices in all the counties. This is because we must look ahead. We must not just be short-sighted. We must know that with climate change, we need to be prepared so that when disasters strike, we are not taken by surprise.

I want to support the idea that we need offices in almost all the counties. If you look at many counties, for example, Uasin Gishu or those counties we call good counties, you will find that there are certain wards, locations or divisions which have problems of drought. With that in mind, we should have offices that are prepared for those disasters that might come.

With those few remarks, I want to oppose that amendment that was brought by the Senate.

The Temporary Deputy Speaker (Hon. Cheboi): Yes, the Member for Matungulu.

Hon. Mule: I want to support the Committee's work. Am I in order to request that the Mover be now called upon to reply so that we can speed up the business of the House today?

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Mule, I gave you the chance in the spirit of wanting you to contribute. Even if your request is valid, it was not a point of order. Since we have an hour for this Motion, and I can see some Members want to contribute, the best thing is to actually allow you to contribute.

Proceed Hon. Mule.

Hon. Mule: Thank you very much, Hon. Temporary Deputy Speaker. This Bill is overdue. As you know, the country is vast and we have had serious issues of drought. We need to make sure that we manage the country with the resources which are available. We want the counties which are prone to drought to be put together so that we, at least, do not rely on relief food when drought sets in. This country has the potential to become food sufficient, we have enough resources and, at least, it is safe.

So, it is to the advantage of all of us as a nation to move the necessary amendments so that this Bill is assented to by the President. This will ensure that this Authority is established

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Cheboi): Very well. Now you see what we would have lost by “cutting” debate. We will have the Member for Gichugu.

Hon. Barua: Thank you for giving me this opportunity to contribute to this important Bill, Hon. Temporary Deputy Speaker. I would like to echo the sentiments of my colleagues who are of the opinion that this Bill is long overdue.

In terms of the environmental issues raised in this country and the world in general, desertification is one of the biggest threats we are facing. This Bill is important because, first and foremost, it will ensure that areas affected by desertification are addressed and measures to reverse the situation are put in place.

It is also important to look at adaptation and see how people living in the ASAL areas can adjust to the conditions of the degraded environment.

For the last many years, one of the aspects that have been overlooked is addressing the issue of desertification in the affected areas. Time has come for us to focus on areas currently not affected by desertification in order to reduce the rate of encroachment. If the rate of encroachment of deserts continues unabated as it is, this country will virtually be a desert in the next 20 years or so.

Hon. Temporary Deputy Speaker, I would like to support the amendment brought to the National Assembly by the Senate and as considered by the Departmental Committee on Environment and Natural Resources. In particular, I would like to support the Mover of this Bill. We considered Clause 4 and rejected what he had proposed.

We are now talking about the wage bill of this country and the duplication of activities. Having branches of this Authority in every county will end up being expensive and may not serve the purpose.

If you look at the second amendment which we have also considered and approved, you will find that it is on appointment. If you remember when we were moving the Environmental Management and Coordination Bill, we raised concerns that in the appointments, the Senate brought some amendments which were not in order. One of those amendments was in the Public Complaints Committee. The Senate proposed nomination of one member of the Public Complaints Committee to be derived from an appointment of the CoG. That nominee replaced the nominee of the civil society. I would like to emphasise here that the civil society and the CoG actually perform different roles. The appointee of the CoG cannot in any way substitute the functions played by the National Council for Non-Governmental Organisations. In future, if the Senate feels that the county governors must be represented, they should propose an addition of other nominees instead of replacing other people who are legitimately nominated and recommended to such institutions.

With those few remarks, I would like to support the amendments as they are.

Thank you.

The Temporary Deputy Speaker (Hon. Cheboi): Okay. Let us have the Member for Kitui, Central.

Hon. Mulu: Thank you, Hon. Temporary Deputy Speaker for giving me the chance to contribute to these amendments by the Senate. I agree with the amendment to Clause 8 because what is being proposed is that we need a person to sit in the Board to represent the CoG. This is quite important bearing in mind that issues to do with drought are actually functions which are shared between the national Government and the county governments. So, we have no problem with Clause 8. I support the amendment. However, I have a problem with Clause 4. I have listened to the Members who have just spoken before me and it looks like they have not read the amendment.

This amendment says: “The Authority shall establish offices in each county”

We are not talking about the functions or the mandate of the Authority. We are talking about the establishment of an office in each county. These are two different things. For this Authority to undertake its mandate, it does not have to be located in each county. The mandate is national but in terms of offices, we do not need them in each county. We are all aware of what is happening in the parastatal reforms. To me, when you have offices in each county, you will have administrative structures in each county and this will be very expensive.

The Member for Chuka was saying that there are pockets of areas where we could have drought. However, to address that, I do not need a drought office in Chuka. It can be done from Nairobi. What the Senate should have done was to propose to have regional offices because the national office can take care of all the issues of drought management. So, I oppose Clause 4. We need to further amend this clause and possibly say: “The Authority may establish---” so that we give that provision for them to have few offices other than having an office in every county. I am wondering what the Nairobi Drought Management Office will be doing, for example, that cannot be done by the national office in Nairobi. So, I oppose Clause 4 and urge Hon. Members to also do so but support Clause 8.

Thank you.

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

Hon. Kinoti: Thank you very much, Hon. Temporary Deputy Speaker. I rise to support both amendments. Starting with Clause 8, it is worth noting that many of the drought interventions that we need to do especially through the proposed Board are county functions based on the 2010 Constitution that we passed as a nation.

Agriculture and water are devolved functions and they entail drought intervention. It is no doubt that you must involve the county governments. So, I am in support of the proposed amendments from the Senate that we involve county appointees from the CoG in this. I also concur with the Committee in supporting the amendment on Clause 4. We need offices in every county. Leadership is more of a perception than what scientific things entail.

My constituency of Buuri is in Meru County but some parts are in the Ewaso Ngiro Basin. So, every time they are told to pay water levies to the Ewaso Ngiro office in Isiolo, it becomes a problem. I am in agreement with the Senate amendment that we should have offices in every county.

Let us have the functions of the national Government or authorities that are nation based at the county. If we have offices in terms of regions or drainage basins, it will cause problems in

future. I am, therefore, in total agreement with these amendments. This will further enhance delivery of services. We have all along been emphasising on the benefits of devolved functions and funds such as the Constituencies Development Fund (CDF). If we want to deliver the services of this Authority to every part of this country---

As my colleagues have noted, there are pockets of some counties that we call "healthy counties". Let us take an example of Meru which is taken to be on the slopes of Mt. Kenya and, therefore, has a comparative advantage in agriculture. However, Buuri is a constituency in Meru on the leeward side of Mt. Kenya. It receives very little rainfall and we border arid counties such as Isiolo and Laikipia. Unless we have county offices that have regard to some of these facts such as geographical disadvantages, then a national office may not take note of this. Parts of this country that are affected by drought but are in counties considered to have sufficient rainfall will be disadvantaged.

Therefore with those remarks, I beg to support both amendments by the Senate.

Thank you.

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

Hon. Memusi: Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity to add to the voices of my colleagues in supporting the National Drought Management Authority Bill. Drought is as a result of lack of proper planning. We know that the poverty levels in this country are on the rise every year. There is ravaging drought that is persistently impoverishing our people each year. Countries like Egypt and Israel are semi-deserts, and yet they export their produce to this country. Communities that depend on livestock, for example, the Maasai lose hundreds of livestock worth hundreds of millions of shillings every year. We, as leaders, in trying to come up with offices that people can go to and get help from both the national and county governments is the way to go.

I do not see a problem with the issue of establishing offices in every county. This is because if we have offices in each county, we are in the spirit of devolution and bringing services closer to the people. So, I support this Bill and urge my colleagues to support it because as a country we need to think about the livelihood of our people.

Thank you.

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

Hon. Kipyegon: Thank you, Hon. Temporary Deputy Speaker. I would like to reluctantly support this amendment. I support the amendment to Clause 4. It is good since it talks about having offices in counties. We have very many other offices in the counties such as the County Commissioners' and that one does not affect the functioning of the national Government. Clause 8 is what I vehemently refuse to support because this is a national Government function.

The National Drought Management Authority is a function of the national Government. It is like any other parastatal or authority such as the Kenya Urban Roads Authority (KURA) or the Agricultural Development Corporation (ADC). These are functions of the national Government and, therefore, it is like we are saying that when we are making appointments to every parastatal we must also include or involve the county governments.

We are mixing the functions of the two levels of Government. The National Drought Management Authority which used to be Arid and Semi-Arid Lands (ASALs) is a function of the national Government. If counties would like to have part of this, county governments should

create their own county drought management authority, allocate their money and put their people there.

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

Hon. Ganya: On a point of order, Hon. Temporary Deputy Speaker. I rise to inform my brother that the Fourth Schedule of the Constitution clearly states that disaster management is a function of both national and county governments. For reference, we were guided by the Constitution even though we knew that this is a national authority, which is largely doing a national function. It is provided for under the Constitution.

The Temporary Deputy Speaker (Hon. Cheboi): Okay. That is a valid point of order.

Hon. Kipyegon: Hon. Temporary Deputy Speaker, I agree with my brother that disaster management is both a function of the national and county governments. That does not mean that we amalgamate.

In our CDF, we have emergency allocations. Does it mean that we mix the emergency allocations for the CDF with those for the county government? That does not mean that we amalgamate all the functions. We need to have a situation where, although the national Government must bear responsibility on matters of emergencies and disaster management, the county governments will have to manage their own disaster management programmes in the counties. Instead of introducing this part, the Senate should introduce a county drought management authority, which will have its own money and management. The national Government will also use it to manage its national drought programmes in every area that is affected by drought.

I wish to support this Bill because the National Drought Management Authority is a body which has been supporting many areas, especially those usually affected by drought. Even in my constituency, I have several projects which were done by this Authority.

Currently, this Authority is not properly funded and most of the projects it has been doing have stalled. It is high time we pressurised the National Treasury to release funds meant to assist in the management of projects being undertaken by this Authority.

I oppose Clause 8.

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

Hon. Odanga: Thank you, Hon. Temporary Deputy Speaker. I rise to support the Bill with amendments from the Senate.

My understanding is that drought is not the same as desert or aridity. That is the way I understand it. Drought can even occur in areas that always receive high rainfall. For that matter, despite the fact that the Authority is national, I will support the Senate amendment that it has offices across the country. If it has offices across the country, then co-ordination with the national office will make its operations very smooth.

Secondly, I would also support the inclusion of a representative of the CoG.

I support the Bill.

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

Hon. ole Lemein: Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity. I arise to support the amendments from the Senate.

From the outset, the National Drought Management Authority is a very important institution, more so to the ASAL areas. As much as a number of our colleagues are opposing

these clauses, I support both clauses. Each county has its own unique environment and having an office is very important. It can assist that county when need arises.

On the co-ordination under Clause 8, it is important to have a nexus or a link between the national and the county government. The only way we can have it is by having a representative from the CoG.

I support both amendments.

The Temporary Deputy Speaker (Hon. Cheboi): Let us have Hon. Mwaura.

Hon. Mwaura: Asante sana, Naibu Spika wa Muda. Ningependa kuyaunga mkono mapendekezo haya kutoka Bunge la Seneti. Hivi vipengele vinaleta mambo mazuri kwa wasee wa nchi hii. Hii hali ya kukosa maji na kuwa na ukame ni kitu tunafaa kufikiria sana sisi kama wasee wa Bunge kwa sababu kuna vijana wengi sana wanakosa doo---

The Temporary Deputy Speaker (Hon. Cheboi): Order, Hon. Mwaura! Bunge hili halina wazee.

Hon. Mwaura: Ninamaanisha “wasee” na si “wazee”. Ukicheki vile hiki kipengele kimewekwa utaona kwamba---

(Laughter)

The Temporary Deputy Speaker (Hon. Cheboi): Order, Hon. Mwaura! I know your new status has influenced you a lot even in terms of your language. The Standing Orders are very clear. You cannot mix languages. You have mixed Kiswahili with another language which is not Kiswahili. If you want to speak in Kiswahili, use proper Kiswahili. The other language is not recognised in this House. I have heard two issues here. You are saying that you meant “wasee” and not “wazee” and you are also saying “kucheki”.

Proceed, Hon., Mwaura.

Hon. Mwaura: Naibu Spika wa Muda, wacha niachie hapo. Lakini huu Mswada ni poa sana na ninauunga mkono.

Naupa kidole. Asante.

(Laughter)

The Temporary Deputy Speaker (Hon. Cheboi): That was Hon. Mwaura. Let us have the Member for Marakwet West.

Hon. Kisang: Thank you, Hon. Temporary Deputy Speaker. I rise to support the Senate amendments.

Setting up, at least, an office in each of the 47 counties of Kenya is very important. There are some counties that have a mix of ASAL and non-ASAL areas. If we do not set up an office in each of the counties, some counties might suffer because of the mix.

Secondly, there are those counties that are not classified as ASAL. You will realise that in some years when *La Nina* sets in, even those counties will be prone to drought. It will be prudent to support the second amendment under Clause 8. The CoG should have a representative. The National Drought Management Authority may not know when each of the counties experience serious drought. It will be prudent that the Council has a representative.

I rise to support the two amendments by the Senate. I would like to rally my colleagues to support these amendments.

Last time when we passed the Equalisation Fund Bill, some constituencies that are semi-arid did not qualify to benefit from the Equalisation Fund. This is because we looked at the Equalisation Fund as a county function instead of looking at each of the constituencies.

I support the two amendments proposed by the Senate.

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

Hon. Geni: Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity to contribute to this Bill that has come from the Committee where I sit.

I rise here to reject the first amendment which deals with Clause 4 and support the second amendment which deals with sub-clause 5. What is being discussed in Clause 4 is a national function and not a county function. Listening and looking very carefully at where we are as a country financially, it is not fair to unnecessarily over-burden the taxpayers. We have the National Environment Management Authority (NEMA) regional and county offices which will do the coordination that is required by the Senate's amendment. My position would be that we amend it further to create some regional offices, but not county offices as indicated here. I support the second amendment and reject the first one.

The Temporary Deputy Speaker (Hon. Cheboi): Okay. Let us have the Member for Othaya and later, we will have a last Member speaking to it - and that is Hon. Nyikal.

Hon. (Ms.) Munene: Thank you, Hon. Temporary Deputy Speaker. I rise to support the Bill because we know so many people in this country are suffering because they do not have enough food. We should, therefore, agree that the whole of Kenya, including Garissa and Mount Kenya region, get enough food and water. Kieni, for instance, does not have water at all. There are other places in this country that a lot can be done by this Government. I rise to support and ask that we build more dams so that Kenyans can get water to drink. It is possible to have food, but you can lack water to prepare it or to drink. We all know water is life. So, we need to support this Bill.

The Temporary Deputy Speaker (Hon. Cheboi): Lastly, Hon. Nyikal. I am seeing a late entrant here. That will be the very last.

Hon. (Prof.) Nyikal: Thank you, Hon. Temporary Deputy Speaker. Establishment of a Drought Management Authority is an important thing for this country. Drought is a reality and with the climate changes, we expect it to spread. Therefore, the desire to have this and to have it quickly is important.

However, there are two issues at hand. One, this Bill should be passed quickly and secondly, the amendment in Clause 4 is whether we should have offices in every county. What we need to look at is this: If we want to establish those offices and the Authority and we say at the outset of the establishment, we have an office in every county as indicated here, that will make the implementation difficult and expensive. I agree that with the climate change, every county will one day require an office such as this. But at the time we are establishing it will be extravagant and we may have offices that are open merely to abide by the law and not really performing any necessary function. As regards to Clause 4, I do not support it as it is. I think there is need to look at it and probably indicate that the Authority may establish offices in counties as appropriate so that we leave room for that to happen.

As regards Clause 8, it is important that we do have a representation by the Council of Governors. Whereas we have Schedule 4 which clearly states what county and national functions are, in reality, I have looked at everything that is done in any part of this country for the people

of Kenya and I have not seen anything that can be done without some form of consultation between the national and the county government. If you take education, for example, where you say early childhood education is a county function while the rest is a national function, it becomes clear that when you are planning early childhood education, you must link it with what is happening in primary schools. To that extent and realizing that everything that is done needs some consultation, I support Clause 8. But Clause 4 needs to be looked at so that we leave room for decisions to be made as appropriate.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Cheboi): Let us have Hon. Dennitah. She will be the last one.

Hon. (Ms.) Ghati: Thank you very much, Hon. Temporary Deputy Speaker. At the outset, I want to support the amendment by the Senate on the issue of the National Drought Management Bill. Drought is not necessarily confined to Arid and Semi-Arid Lands (ASALs), the way most Kenyans and people generally think. Drought is a national issue. I come from Migori County and, as much as it is not in the northern part of Kenya, it often suffers from drought and its consequences. For me, these amendments by the Senate are a plus especially to my county and many other counties. I support that the Senate is suggesting having county offices to manage the issue of drought. Nyatike Constituency, which is in my county, often suffers a lot of drought due to flooding and all those issues associated with it. I support the whole issue of having a representative from CoG sit in this National Management Board. Those are people who are in touch and who know where drought affects most in their counties. It is the wearer of the shoe who knows where it pinches most.

At the outset, I would say that I am supporting it. This is an amendment that is in good faith and seeks to help most of our counties that suffer intermittent drought in this country.

Thank you very much. I support the amendment.

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

Hon. Ganya: Thank you, Hon. Temporary Deputy Speaker. With your permission, could I donate two minutes to Hon. Muluvi?

The Temporary Deputy Speaker (Hon. Cheboi): Two minutes it is. Proceed.

Hon. Muluvi: Thank you, Hon. Temporary Deputy Speaker for allowing me to contribute from here.

Before I make my contribution to the Senate Amendment Bill on the National Drought Management Authority Bill, I want to say the following: One, this Bill is extremely timely for obvious reasons; that there has been a deliberate design by previous regimes to neglect the drought-prone areas. I happen to come from Kitui County which has suffered drought for many years.

I want to make my contribution on the amendment. I support Clause 8 because this is a shared function and it is clearly tabulated in Schedule 4 of our Constitution. I oppose Clause 4 for the following reasons: Let the Board in its wisdom establish offices in the drought-prone areas.

The Temporary Deputy Speaker (Hon. Cheboi): By the way, you have finished your two minutes.

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

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Ganya as you reply, you should enlighten the Members on whichever direction they will take and the consequences. For example, when they will vote “Aye” what it will mean and so forth, so that we can make it is easier.

Hon. Ganya: Hon. Temporary Deputy Speaker, I would like to thank all the hon. Members who have contributed to the Senate Amendments to the National Drought Management Authority Bill, which originated from this House as a Private Member’s Bill, and which I moved. We are handling two amendments from the Senate. We agreed with Clause 8, whereby the Senate wanted that a member or a representative from the Council of Governors be a member of the National Drought Management Authority (NDMA) Board. Drought management is a function clearly stated in the Constitution for both levels of government; the national Government and the county government. Since most of those drought initiatives are done at the county level, it is critical for the interest of the county government to be represented on the board of the proposed authority. We agreed on this with the Senate.

Hon. Temporary Deputy Speaker, on Clause 4, the Senate wanted the Authority to establish offices in all the 47 counties. The imperative word used there is “shall” which means it is a must. Not all counties in Kenya are drought prone and, therefore, being a national authority with a mandate, they should establish offices as appropriate; when the need arises. Due to the climate change, there are some counties which are wetter today but will be drier in future. It will not be prudent for the taxpayers’ money to be used to establish offices where, maybe, drought is not an issue. If the law is passed, since it says “shall”, they will have a duty to establish offices in every county, including areas where it rains every day, like some parts of Rift Valley where I have visited before. That is our thinking. That it will cost the taxpayer so much money, and it might not be necessary.

There will be employees and offices, and there will be cost associated with that. It may not be very appropriate. We decided to reject that particular amendment and mediate with the Senate, so that they could see the sense we are seeing as a committee. Those are the only two issues. Otherwise, we agreed with all the other issues without a problem. They agreed with the proposals from this House without any problem, except on those two proposals.

If this law is passed, drought management will never be the same in Kenya. We will have an authority which will manage, plan, prepare and intervene appropriately during drought crisis. They will also coordinate drought interventions in the whole country, mobilise resource globally and nationally and ensure there is no duplication. It will do research in the best strategies and means to manage drought in this country.

With its establishment, we can replicate the models from Israel, Egypt and many other drought prone nations in this world, which are able to manage drought and people are able to live refined lives. People there do not see the kind of crisis we see every two years when we have drought crises in Kenya.

Hon. Temporary Deputy Speaker, this Bill sets aside a contingency fund. It is just the way we put money aside for the National Cereals and Produce Board of Kenya (NCPBK) to enable Kenyans and the Government to buy maize and cereals to distribute to other parts of the country. There will be a fund set aside to ensure timely intervention. The Government will take leadership in drought management instead of international agencies and Non-Governmental Organisations (NGOs). The Government will stop being a follower.

On a personal level, it has been a long journey for me. I started this process six years ago. I moved my first Motion in 2008 and published this Bill in 2009 during the 10th Parliament. But because of the many constitutional amendment Bills, it was not able to see the light of the day even though it reached the Third Reading. I am glad that this long journey has come to an end and that our great country will have a body that will manage drought in the entire nation.

With those few remarks, I beg to move.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Members, we will not put the Question now because we do not have the requisite numbers. For clarity, which I think Hon. Chachu did not do, if you will vote “Aye”, it means the matter will go to the President for signature. If you vote “Nay”, we will have an issue with the Mediation Committee. This is something you need to internalise because I know there are not too many consideration to the Senate proposals. It is for hon. Members to know. Therefore, we will not put the Question. We will move to the next Order. The Question will be put at the next appropriate time.

Hon. Members, as it is clear that we have not raised the requisite numbers to put the Question it therefore means that Order No. 9 will not be coming today because we will not have finalised what is in Order No. 8, which would have affected Order No. 9. So, Order No. 9 will be deferred to the next appropriate time. Therefore, we will go to the next Order.

(Order No. 9 – Committee of the whole House deferred)

BILL

Second Reading

THE HEALTH RECORDS AND INFORMATION MANAGERS BILL

(Hon. Oyugi on 14.10.2015)

(Resumption of Debate interrupted on 14.10.2015)

The Temporary Deputy Speaker (Hon. Cheboi): This is Hon. Neto’s Bill. It had started and, therefore, we had a balance of 3 hours 26 minutes. I do not know whether Hon. Neto had finished moving this particular Bill. Did you finish?

Hon. Oyugi: I did not finish, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Cheboi): Proceed and finalise. Then we will proceed in the normal order. You have 26 minutes to move.

Hon. Oyugi: Thank you, Hon. Temporary Deputy Speaker. Indeed, I still have 26 minutes to move. I do not intend to use the 26 minutes because I would like my colleagues to contribute. There is also other pending House business. I had just started by thanking the people who had helped me to work on the Bill. I will try to break down what this Bill is all about.

This Bill is about creating an institution that will be called the Health Records and Information Managers Board. The reason being: Presently, people who conduct health records in the whole country do not have an established training curriculum. We are hoping to put in place a law that helps to regulate how the training is done. I had explained in small bits what that is about.

Secondly, this law is going to help us with the registration of the health records and information managers. Presently, there is no proper way to know who is properly registered to act as health records information manager.

Thirdly, with all the other professions, there ought to be someone who is licensing or giving people certificates of practising. It will equate that particular noble profession with other professions like law, medicine, dentists and nurses. There is a body that gives them licenses for purposes of practising. Right now, across the country, everyone else is practising as a health records and information manager. There is no single body that regulates or gives them licences in terms of how they practise their profession.

Hon. Temporary Deputy Speaker, this Bill seeks to create a board and give it various powers and functions so that it is able to properly operate. There is a reason why we are trying to create a board and a law that regulates health records and information to attain the level of professionalism in the sector. Health records and information management is regulated and is in accordance with what most Kenyans anticipate. If you create a board and body that are going to help regulate the profession, there will be accountability for actions of various professionals. Presently, it is not possible to have the various members of the health records and information accountable. This is because they do not fall within the ambit of the Medical Practitioners Board, the Nurses Board, nor the Nutritionists and Dietitians Board. So, this Board will regulate this profession and make sure there is accountability.

I would like to speak specifically to a couple of clauses of this Bill. I would like to draw the attention of Members to Clause 3 which creates the Health Records and Information Managers Board. Clause 4 allows the Board to have its offices across the whole country. Clause 5 gives specific powers to the Board. Some of the powers of this Board are to supervise and administer the assets of the whole sector. The Board also has powers to receive grants, gifts and donations for the furtherance of its functions. The Board shall be a body corporate so that it is able to enter into agreements with other bodies and to finish contracts for purposes of ensuring that the Board is fully sufficient. We are also giving the Board powers to open an account and invest funds not immediately required for its purposes.

I would like to highlight the provisions of Clause 6. One, we have spoken to the fact that we need to regulate the training, licensing and accreditation of health records and information managers. Clause 6(1) mandates the Board to establish and improve the standards of the health records and information profession. We are hoping to have a profession that has improved standards, which is then properly regulated by the Board.

Two, Clause 6(1)(c) seeks to empower the Board to make provision for the training and instruction of persons seeking registration or enrolment under the Act. Presently, it is not possible to regulate these areas. It is only the Kenya Medical Training College (KMTC) that has been offering trainings for persons who want to join the health records and information management profession. Right now, there are institutions across the country that have developed health records and information management curricula, which are not regulated. So, with the establishment of this Board and the approval of the Cabinet Secretary (CS), we shall have universal training curricula so that people who qualify to enter this profession are regulated.

The other thing is that we hope the syllabus to be used for training by various colleges, including the KMTC, is going to be regulated. This will ensure that people with half-baked training do not claim to be health records and information managers. The other thing is that recently the Commission for University Education (CUE) established that a couple of

universities are not sufficiently equipped to offer law courses. This Bill empowers the Board to recommend the institutions qualified to offer health records and information management training. This will ensure that not any college comes up to claim that they have the ability and capacity to offer this training.

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

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

Clause 6(1)(f) empowers the Board to ensure that exams are administered to people who seek registration as health records and information managers. The examination should also be standard so that we do not have people qualified under different examinations. Whether it is an institution in my small village in Ndhiwa that wants to train health records and information managers, it should operate within the same curriculum and administer the same examinations as other institutions in the country. This will ensure that people who train and are admitted into this profession have gone through the same curriculum.

Lastly, we would like to have a board that is going to direct and supervise the compilation of a register of all health records and information managers. Right now if you asked the number of people in this profession who are health records and information managers, no one has that information. So, we hope this Board is going to have a register where details of all persons who succeed to be health records and information managers will be entered. It will then be possible to lay blame on particular people. Because they are going to be licensed, you can have licences of such people withdrawn for particular reasons.

There is something I would like to clarify. This Bill speaks to two functions: there are people we call health records and information officers and health records and information technicians. The difference is that presently there are people with diploma training and others with certificate training. Instead of giving the two categories different names, we are calling them managers. However, to differentiate them by their level of training, the Bill assigns the names “officer” and “technician”. That is the distinction this Bill makes, but whether one has certificate or diploma training, he or she will be bound by this law.

The other thing is that there is a category of persons who do not work in public hospitals. There are people who work in private facilities who also deal with health records. We have ensured that those people are covered under what we are calling private practitioners. Even if you are in public service or private practice, you will be bound by the code of conduct and ethics that will be developed under this law.

This Bill also seeks to provide the terms and conditions under which names are going to be removed from the register. It creates the position of a Registrar who is going to be in charge of managing the register. If you have cases of misdemeanour, your name can be removed from the roll. There are also penalties if your name is removed from the roll.

Clause 21 of the Bill provides for the qualifications that one ought to satisfy to be registered. Clause 23 creates offences. A couple of months ago, there has been a problem because of lack of proper health records. Some people have suffered. Health records give the

history of the malaise and the treatment a patient has been getting. Some people have engaged in offences which we have tried to categorize under Clause 23, and the penalties for the offences.

Clause 26 creates a disciplinary committee and provides for the conduct of disciplinary proceedings. For example, if anyone has issues with a health records and information manager, there is a way of instituting a claim for disciplinary action and how that claim is going to be administered.

Clause 33 provides for what would amount to professional misconduct. There are people who would be engaging in things that might not be what the profession anticipates. However, anything done in good faith ought to be found to be a misdemeanour that would then require the Board's sanction.

The Bill also gives provisions for purposes of supporting the Board with funds. Clause 34 speaks to how the Board will be funded. There are miscellaneous provisions in this Bill which talk about the certificate and seal of the Board. There is also a general penalty for any mistake or misdemeanor that is committed by a member of the health records and information profession, and for which no penalty is provided in the Act.

In a nutshell, this Bill seeks to regulate the conduct of the profession of health records and information managers. This has not been done before. There are other professions in the health sector that have fairly been regulated. Nurses and doctors have their boards that regulate their conduct. The health records and information managers have, for a long time, not had a Board to regulate their affairs. That is what we seek to achieve in this Bill.

Hon. Temporary Deputy Speaker, the second thing I would like to speak to is the concern by the Departmental Committee on Health. I am sad that the Chair of the Committee is not here. Her concerns were that this Health Records and Information Managers Bill ought to have been halted until the Health Bill is passed. Be that as it may, not everything that is in the health sector can be contained in the Health Bill. Whereas it is possible that the Health Bill forms the bigger body corpus of what is health, it is not possible to regulate all the professions in the health sector under one Bill. Doctors and nurses have theirs. The biomedical engineers also have their Bill that is coming up; thanks to my very good friend. It is also fair that we have the health records and information managers have their own board, so that they can regulate their affairs.

In future, it is possible to have various sectors of the healthcare department fragmented in a way that helps in holistic management. All that can be done if you create a national health secretariat which coordinates the various bodies. I hope that is what the Health Bill will achieve; that you have one omnibus body that is in charge of various sectors that are in charge of management and how the professions are conducted.

I do not want to speak so much because I had promised to use my very little time and have my colleagues contribute.

With those remarks, I move and request my very good friend, the Member for Matungulu, Hon. Stephen Mule, to second.

Thank you.

Hon. Mule: Thank you, Hon. Temporary Deputy Speaker. I thank Hon. Neto for a well thought out and well calculated move to come up with a Bill on health records for this country. Until I listened to Hon. Neto, we had some concerns regarding this Bill. I sit in the Departmental Committee on Health. This Bill is well timed and well calculated because the country is going the universal healthcare route where we need to manage the records of all the patients, either electronically or manually. Records have to be accurate, clear and precise. I will give an incident

that happened in Kangundo District Hospital as an example of how this Bill will help the people. Six mothers gave birth to six kids who died the same day. It has been very difficult for the county executive members who have been sent to Kangundo District Hospital to get the records of what happened that day. With this Bill, those mothers and other patients will get proper justice and information of what happened to their kids.

As I second this Bill, it is very clear that we already have the Health Bill which is with the Committee. As a Committee, we have agreed that it will be the mother Bill of all the professions in the health sector. It will not repeal any single Act within the cadres. The Health sector is one of the sectors where we have so many cadres which need to be regulated. There is no way we are going to allow the country to be governed by one law. It is important that doctors and nurses have their own regulations. Professional health workers have also come up with their own Bill.

If you look at page two of today's Order Paper, Item no.12 is a Bill which I am sponsoring for biomedical engineers. Why are we doing this? Recently, the country signed the Managed Health Equipment Services project for this country, where we are spending Kshs38 billion to equip our hospitals. If we do that and we cannot manage the data of the patients of this country, we will not know what is affecting us and which region has similar characteristics of epidemics.

It is high time that this House makes laws which will move this country from where we are to a better place. I thank Hon. Neto and the team. I also thank the Departmental Committee on Health. We had a lot of difficulty in understanding exactly where Hon. Neto was coming from. We made a report to this House to make sure that this Bill goes through.

What I wish to ask is very clear. We are passing very critical Bills and they are assented to. My problem is that it becomes difficult to implement some of these Bills because some of the officers within those Ministries do not want them to be implemented. I urge this House to come up with a mechanism to make sure that we force the Executive to implement all the Bills that are passed in this House to make sure that they benefit the common *mwana* and that old mother or father of Kenya. The scenario we have in this country is that a person may be treated in Tharaka Nithi or Machakos. If this Bill is implemented properly, when the sickness becomes extreme and that patient needs to be referred to one of the national hospitals, it will be easier for doctors at the national or referral levels to access health records of that patient from where he was treated first, so that we do not have patients who are mis-diagnosed or given wrong treatment because there are no proper records.

With the way this Bill is structured, there is no way it is going to expand the expenditure of this country as some people have alluded to. It is a Bill which is going to make work easier for doctors in the health sector. Hon. (Dr.) Naomi is here. She will tell you that, sometimes, a patient is referred from Taita Taveta and she has to see that patient here. Sometimes, it takes two to three days for doctors to receive health records of that patient. We are going digital. It is important to understand that once this Bill is passed and the country goes the digital way, it will be so easy for doctors to communicate from one hospital to the other with proper records which are certified by health records managers. We do not want records which are sent haphazardly. To make sure that he advances more treatment to a patient, we must make sure that the information given to a doctor or professor is correct, precise, accurate and real so that proper treatment to our patients is given to the level we intend to take the health sector in this country.

Last but not least, this Bill will not affect the health sector at the county level. Health is already devolved. What it is going to do is to make sure that no single county or institution will deny another institution or county information on patients. I urge Members to support this Bill. It is for the benefit of Kenyans and patients.

Cancer related issues in this county are too extreme. If a patient is treated at the local level and he is diagnosed with cancer, by the time he is getting to Kenyatta National Hospital which is the only referral hospital for cancer cases, the cancer will be at level four. So, it becomes very difficult to make sure that those patients are picked and their records passed quickly.

Hon. Temporary Deputy Speaker, I would wish at that stage to bring an amendment to this Bill in consultation with hon. Neto to make sure that if a patient is diagnosed with cancer at an early stage, it becomes mandatory for those health record officers at the grassroots level to transfer that information to Kenyatta National Hospital (KNH) so that the patient can be put on the queue for treatment.

As a Committee we have put more money for cancer treatment at KNH - and I believe KNH is listening to us. We want them to open the cancer unit and complete the other one as soon as possible. We have so many patients who are going for cancer treatment. With this Bill, I believe those patients will be referred with proper, accurate and transformed electronic healthcare records which will ascertain their precise treatment.

Thank you very much, Hon. Temporary Deputy Speaker. I also want to thank Hon. Neto for coming up with this Bill.

I second.

(Question proposed)

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Hon. Yusuf Chanzu.

Hon. Chanzu: Thank you, Hon. Temporary Speaker. This is a very important Bill, if you consider the fact that information gathering and keeping is a very important aspect. Population and diseases are growing and becoming more sophisticated and so on.

So, I want to congratulate the Member for Ndhiwa, Hon. Aghostinho Neto, for bringing the Bill. It is a way of modernizing the way we do things. We talk a lot about change and reforms, but we do not put those changes and reforms down on paper. So, this Bill will go a long way to safeguard records dating a number of years back. If we are going to advance Vision 2030 and the success we want to make as a country, then we must keep records. There are successes that we have made. Since Independence, Kenya has trained many professionals in various fields. But there is a problem in utilizing those skills. That is why you find that our people get de-motivated. Those who have been trained in this country get de-motivated and a number of them, particularly in the nursing profession, have migrated to work in other places. If you go to a place like the United Kingdom (UK), you will find those who trained here a number of years back and are working there. What they have done or would have done in this country has not been recorded and, therefore, cannot be appreciated.

So, it will create the aspect of professionalism in whatever we do. We can make reference to records on what other people have done and improve from there. If you do not have any records of what has happened or what was done by somebody else, then you do not see how to

improve. Instead of trying to reinvent the wheel, you will have records which are kept, updated and improved on.

On the issue of ethical values, we know what has been done by somebody else once it is recorded. On the issue of patent rights, what has been done by somebody else or researched particularly in the medical profession, its records and names are kept. So, we will avoid situations like the one we had one time when Prof. Obel came up with a discovery of HIV drugs with Kenya Medical Research Institute (KEMRI). Later on, it was found out that there were some guys in KEMRI who were taking credit for it. That tug of war ended up killing the spirit upon which the research would have gone on.

So, it will create order on how we do things in the medical profession once records and information are properly managed. It will also help us to look at areas which are lacking certain facilities, just as my colleague has talked about the issue of cancer and machines that are supposed to be used for treatment. I think it is easier because when you have got records, you are able to plan and cost what you need. In the process, you budget and look for money in advance for what you want to do rather than doing things in a haphazard manner. You start a project, there is no funding and when you get somewhere, the project stalls because there was no proper planning, no records and no information on it.

With this, it is a good step. I want to say that in our hospitals - just like what we see in the lands office where we do not have records - there is a lot of corruption. This is what we want to avoid now that in Kenya we have 47 devolved counties. There is a lot of information that needs to be kept on those areas. So, with this Bill, I am sure all this will be taken into account. I hope we shall have a central place for information on aspects like tropical and infectious diseases like Malaria. Within a short time, we have a drug for it and after some time, maybe six months later, the malaria becomes resistant. But, if we have records, we can give information on the drugs to researchers so that they can improve as we go along.

With those few remarks, I beg to support.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Hon. James Nyikal.

Hon. (Prof.) Nyikal: Thank you, Hon. Temporary Deputy Speaker, for giving me an opportunity to discuss this Bill.

At the outset, I support it but with very serious amendments. It is important that we have proper health records. Health records are key in the management of patients. If we do not have proper health records, many things can go wrong. Mismanagement of patients will occur; management of wrong patients will occur, wrong surgeries will be done and wrong surgeries in the wrong parts of the body will happen. More importantly is the follow up of patients. If patients do not have good records--- It is extremely important to follow up, particularly in the era when we have many non-communicable diseases that are chronic in nature and need to be followed for a long time. There has to be extremely good records on the treatments that the patients have gone through, the treatments they need and the possible interruption of treatment from time to time.

It is also important that we have good records because it is from the records that we do research in the health sector. Diseases are classified and, again, it is the health records professionals who know the international classification standards and international classification practice of diseases so that when we have records of diseases, national data and statistics, they are in line with statistics and data from all other parts of the world.

If research is undertaken in areas where there are no proper records, they may be invalid by the fact that records are not accurate and may not be repeatable. You cannot repeat research results from one place to the other even within the county. It is extremely important, therefore, that we have proper record keeping in the health sector.

Hon. Temporary Deputy Speaker, when patients are transferred or referred from one point to another, which these days occur across countries or internationally, health practitioners will heavily depend on the records that are available to them. Sometimes, they may need records from other parts of the country or the world if the patient is being treated elsewhere other than the place where the treatment originated. Those records may need to be transmitted very fast, in certain cases. In emergencies, you may need very quick and accurate records to ensure that patients get a good and appropriate care. Therefore, in the area of digitalisation, it is extremely important that proper records are kept and transmitted.

What is the situation now? The situation now is that we have medical records officers being trained, basically at the Kenya Medical Training College (KMTC). It is good training but there are no standards for people who may wish to train them. I am aware that very many people are putting up training institutions and yet, we do not have clear criteria for training; we do not have a common syllabus; we do not have curriculum and we do not have standards that indicate who can train who. So, it is extremely important that we get all that in place.

Medical records officers, by and large, work in institutions. We know that there are very many private institutions. Some of them are small institutions while some are large institutions with very able financial capacities. Therefore, when people may not afford well trained people, you find that some institutions are just picking some other professionals or just a school leaver who can read and write and is then made in charge of medical records. That is grossly out of order because they do not have the required knowledge to keep the records in terms of classification of diseases.

So, we have a situation where it is kind of free for all. Anybody picks somebody, puts them in their institution and says: "This is a records officer." Therefore, there is need to regulate this profession. I really must call it that because it is extremely important. We need to have proper training institutions, proper training guidelines, a proper syllabus, a proper curriculum and a proper recognition of who can train.

Even after training, there is need to have those people registered. We need to have a register somewhere that indicates: "This person has been trained to handle medical records." To that extent, I support this Bill. It creates a Board which will deal with giving all the standards in the areas I have indicated and also in supervising the training and even the registration guidelines. It will have the register and so on.

However, there is an important part that I really want to bring out as I support this Bill. In the Bill, I see provision for private practice. I have a major problem with that because, knowing how medical records are used, it is usually the owner of a medical institution or the clinician that is running an institution that will actually generate the records that are kept. I do not understand how medical records officers will have solo practice. Do they then set up an office in town and then many practitioners come and keep their records there? As I sit now, what I think is practical is this: Medical records officers will continue to work in institutions. Therefore, I do not see how we will have provisions for private practice for a fee. That is because in Clause 2, it is clear that private practice is clearly defined as practising for a fee. I see a major problem with that.

I will propose and make sure that the whole of Part IV is amended, so that we can have those people registered. The issue of licensing them to do private practice for a fee is a dangerous area that we do not want to get into.

Similarly and arising from that is this: If then they are not going to have the practice on their own and raising funds - which I said is not desirable - there will be an issue of how we shall raise funds to run the Board. It is important and we may have to put money aside, through Parliament. If we expect that the professionals will raise money, then that will drive us into a dangerous area where we will have to say: "This person has to pay so much every year," and yet there are people on regular employment that are paying taxes. To that extent, even Part V that deals with offences may have to be amended to keep in line with the reality that they may not be able to do private practise. We will have to look at the area of financing it.

The other important issue is that we have a Health Bill that is in place. I am a member of the Committee on Health and it is true that issues were raised as to whether we should have this Bill come in before we deal with the Health Bill. But, I think it is possible because the Health Bill proposes a Council that will deal with all these. When that comes into place, all these Bills that are coming may be amended, reviewed and be looked at to be in line with the Health Bill under the Council that is likely to be passed if that Bill comes into place.

With that, I support this with the amendments that I have suggested will be required. Thank you.

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

Hon. (Dr.) Shaban: Thank you for giving me this opportunity, so that I can put my thoughts through on the issue of Health Records and Information Managers Bill.

First and foremost, I would like to thank Hon. Neto for coming up with this Bill, although it has too many issues. We need to point out the issues.

It is important for us to keep standards in this country. I just want to point out that, as far as this Bill is concerned on the regulation of the health professional, I am in agreement on the registration of technicians and officers. That is the only way we can take care of professionalism and, more so, health professionalism in this country in as far as medical records are concerned.

But, having said that, I have a problem in understanding how those medical records officers are going to work as stand-alone-officers in the health sector. That is because those officers and technicians usually work either in an institution or under medical officers. Although they are professionals in their own line, they act more like support staff. That is because medical officers are guided by the Hippocratic Oath that they take on confidentiality, keeping information about their clientele who happen to be the patients and making sure that, that information is only transmitted in a way that does not hurt the patient or in a way that is required by the law.

Having said that, I have a problem looking at health records professionals as people who can work as stand-alone and be able to give information which should actually be given by the medical or dental officers by right, and it cannot be given by supporting staff to those officers.

As Hon. Neto was moving this Bill, he talked about digitizing information. It is very important for institutions to digitize information. However, are they the right officers to transmit this information to the next level if a patient has been referred? I do not think so. That is because it is only the medical officers who are supposed to give reports on what they have been doing with the patient and how they expect the patient to move on. However, the support of that medical officer in making sure that all the records were kept together is supposed to be a

mandate of the health records officer or the technician who is involved in that. The person who transmits can only be the medical officer. It cannot be the technician who was charged with keeping the record.

So, we have to be specific on who keeps the record and who transmits the record to the next level, whether it is a referral or a surgery. It is only the medical officer who is mandated to do this. So, I have a problem and I think most of my colleagues will bear with it and will understand what I am saying. How do we ensure that there is a body to regulate the health records professionals but, at the same time, not give them a duty which is supposed to be carried out by medical officers?

So, this is a very thin line but we have to decide on what is their work. Since the law is very clear on the work of the medical officer, we have to put those health records professionals in the compartment where they belong.

I just want to talk a bit about private practice. It is impossible, in fact it cannot happen, that a person who has been supportive of a medical officer can now go and run a practice and yet, the client who went to that institution went to see the medical officer, and not a health records officer. So, the person who has had direct contact and who has had clinical examination and proper checkups on the patient is the medical officer. Since it is the medical officer, how then can a health record professional run a private practice?

Those are the things that we need to look at. I just want to say that whereas Hon. Neto had intended to have a body to regulate the health records and professionals in the health records sector, we have to be very careful. We might have to do a lot of amendments to this Bill that in the end, you might not have the Bill the way it looks so that it reflects what those professionals ought to do.

Before I sit, I want to point out that, in the event it is not possible for them to have private practice, then it means the Exchequer must fund the Board that has been mentioned. If the Exchequer has got to fund the Board, then this Bill ought to have gone through the Budget and Appropriations Committee (BAC). It ought to have been given a go ahead as far as Treasury is concerned, so that we can know that the funds are available. Then we will not be legislating for naught.

With those few remarks, I end by saying that my colleague Hon. Aghostino Neto has done well in bringing this Bill because he is not from the health profession. However, we still need to agree on the amendments and the changes that we need to put in this Bill. We also need to ensure that the BAC has no problem with this particular Bill.

I beg to support.

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

Hon. (Ms.) Amolo: Thank you, Hon. Temporary Deputy Speaker. I support this Bill and I thank Hon. Neto for coming up with it. It is going to do much when it comes to the records and information management of our health services. When you look at the regulations that will have to regulate the health records and information managers who are going to be in charge of the records in our health services throughout the country and, more so, in our counties---

In the past, there are many cases that have come up in the country where we have had a number of issues that were difficult for us to know what really happened. One of the cases was in Busia and another in Kakamega where we lost a number of children due to malaria. If we had well organized records and information managers and technicians on the ground, that issue could

have been captured early enough. We would have come up with a solution on how to save the lives of our children from various health centres. You saw quite a number of children from Busia who had to come all the way to Nairobi to be given special treatment just because we could not capture information on who was on duty on that day. So, when we have those records information managers, they will be capturing that information in good time.

I want to support the formation of the board and the powers it is given. It will be in charge of all the health records and information managers and technicians. It is going to regulate all that is going to happen. No one will breach what has been put down by the Board.

Training will be very crucial because we need to have the syllabus which has to be accepted throughout the country. If it will be through medical training centres, then we need to have a proper syllabus. No other institution will be given permission to train those health records and information managers. This means that we will have standards that will be required when it comes to the training of the health management information managers.

The examination that will be done will be a professional one. So, there will be no leakage. In many cases, we have had people come up with certificates that are not recognised in this country. So, through the Board, we shall have proper mechanisms that will set the syllabus and the training of those health records and information managers.

We will also have registration of all the staff throughout the country. So, we will get to know who is a registered health records information manager throughout the country so that, by a click of a button, you can know who is an existing one, who has quit and those who have passed away to be removed from the records.

We have looked at Clause 23 which talks about offences. It is well stipulated that the offences will be fined when you are found that you do not qualify and you are doing something that amounts to a breach of what the Board has set.

When we have an outbreak, it will be so easy for us to follow up, monitor and evaluate what has been happening in our health services. In many cases, when we have an outbreak, it is not so easy for us, as a nation, to come up with a budget on what happens when such an outbreak comes up. So, in the case of malaria in Kakamega County where I have seen quite a number of children die between May and July, it will be so easy for us, through those health records and information managers, to get the information so that we can budget as a nation and get to know how we are going to fight malaria so that it does not reoccur again in Kakamega during the same months.

That information, through records management and managers, will help us do research in various fields such as malaria and cancer. We will do research and get to know how we can overcome the outbreak and how the budget can be looked at by the Treasury. The Health Records and Information Managers Bill will help us research in various fields like malaria or cancer. We will research and get to know how we can overcome a malaria outbreak, and how a budget can be looked at by the National Treasury or the committee that is in charge of budget.

With regard to the funding, I support the Hon. Member who mentioned that funding has to be looked at properly by the Budget and Appropriations Committee. It has to be amended. As much as I support the Bill, when it comes to funding, Hon. Aghostinho Neto will also have to pass this to the Committee that is concerned.

We have had many other cases but for this one, once we follow up the proper procedure of health records and information managers, we shall have professionals who will be dealing with cases from time to time.

When we go to our counties sometimes it is very hard to get records from our old *mamas* and elders in the counties. When they visit health facilities and obtain records, sometimes it is not easy for them to keep those records when they go back home. However, once we establish these professionals, it will then be easy to recall records from the information already recorded in the hospital, and to follow up what happened to a patient when they came to the hospital. When these records are computerised, it will be so easy because with the click of a button, you will be able to see exactly when and how a patient was treated. The follow up of all these issues will be easy even for the doctors to treat patients wherever they are. It will be very important. As much as we support this Bill, we need to look at it, Hon. Neto, so that a few areas are amended.

I support this Bill with a few amendments.

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

Hon. Oyoo: Thank you very much, Hon. Temporary Deputy Speaker for giving me the opportunity to speak to this important Bill, as fronted by my very good friend, Hon. Aghostinho Neto. I regretfully oppose this Bill in view of the fact that currently, Kenya is undergoing a serious economic crunch. Those in positions of responsibility have told us that the economy is not performing. One of the reasons they are giving is that there is bloated staffing. There is an intention to offload some public servants. This Bill is coming at a time when Kenya will be ill-prepared to absorb any new board. These new boards require medical practitioners and trainees, and all this will entail heavy expenditure. I believe that the intention and the idea were very good, but there could be another way of looking at this issue.

There is a perception in this country that each time an initiative, a facility or a board fails, Kenyans rush to the option of creating a new one. When the Criminal Investigation Department (CID) cannot perform, you create an anti-corruption body that is ill-equipped and ill-financed. When it cannot perform, you come up with an ill-equipped, ill-staffed and ill-financed Ombudsman Office. This particular function is currently being undertaken by some staff in every hospital where there are medical record keepers. We could use the existing Medical and Dentists Practitioners Board, spruce it up, finance it properly, retrain its staff, equip it well and give it the powers to do proper oversight and improve facilities. It would be better than kick-starting a new board that will gobble a lot of money at a time when Kenya is ill-prepared for it. We are even contemplating downsizing the Civil Service. I believe that the intention was very good. However, I suggest that we make improvements to the existing structures, more so, through the Medical and Dentists Practitioners Board, and bring on board people who are qualified, recruit more staff, provide a better budget which will be minimal compared to what would be spent if a new board, like what has been suggested by my good friend Aghostinho Neto, is allowed.

Hon. Aghostinho Neto has come up with a very good initiative. If it is left to go through it will make a difference and improve the lives of people. However, I regret that there are facilities and people in hospitals. I have seen in every hospital and health facility in my constituency a person called a “medical records keeper”. If it is the capacity that they are lacking, why do we not enhance their capacity by retraining them and equipping them with better facilities? The Bill does not say who these people will be reporting to. The people will be reporting to the same hospitals. They could be the same staff that we have in these hospitals, but we are now going to move them to a new board, to be headed by a CEO and other senior staff, who will be drawing allowances. This will not augur well for our economy. Even those who said, “*Kusema na Kutenda*” now regrettably admit the economy is on its knees.

It is not the best time to come up with this Bill. My good friend, hon. Agostinho Neto, should hold his horses until the economy is healed either by God or by hardworking Kenyans one day. I oppose the Bill.

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

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

First, I want to thank Hon. Agostinho Neto for the effort he has put into this Bill. As a Member of the Departmental Committee on Health and the health profession, the Bill has good intentions but will need a lot of amendments. When you say that you will establish a board for the health records and information managers, then the issue of budget comes in. How are you going to finance it? The Bill establishes that the board will be able to recruit its staff. When you recruit staff, how will you pay them? Where will you get the money from? Is it a money Bill? That is why it requires that the National Treasury, together with the Budget and Appropriations Committee, looks at it to see how we will finance this board.

Some time back, the Government also established a ministerial committee to look at the rationalisation of the parastatals. When we establish this board, it will mean that we will be increasing our wage bill. Currently, many of the functions that we are talking about affect the county governments, because many of the health records officers are working under the county governments. These are the challenges that will also come with the Bill.

When you talk about the composition of the board, you talk of some of the members being from the private sector. Do we currently have a private practice in terms of health records and information? No. When you are a health records and information manager or officer, what will you be doing when you establish an office for health records and information?

This information is required at both the county and national levels for various categories, of maybe diseases, records of how the various profiles of the various individuals are being carried out. When you say you are going to establish an office as a health records information officer, what are you going to do? Who is going to come to your office to seek that kind of information? When you talk of information that is kept as health records, this is supposed to be guarded information because it is sensitive information that can be shared through various channels in the ministry. So, when it comes to private practice, it is going to be challenging. If somebody is going to engage in private practice, will it be sustainable? What kind of clients are you going to target, so that you can sustain yourself and apply for the licences?

The areas that are good include training and regulation of officers. That is very important but health records information managers are supposed to assist the various cadres. These are support staff when it comes to healthcare. They are supposed to provide supportive services. From that perspective, when it comes to colleges such as the Kenya Medical Training College (KMTTC) and other institutions that may want to train health records and information officers and ensure that we have standards, morals and ethics maintained, that is where the role of--- It could be done by an association of officers of this cadre. However, one of the dangers that we must prevent is that everybody will now want to have their board. We will have several boards for health records information officers, medical engineers, oral health officers, occupational therapists and all the other cadres in the medical profession, which is both a national and county function; you will have so many boards that their sustainability will be a problem.

If we pass this Bill, its operationalization will be very difficult. As a House, these are things that we need to guard against. Coming up with a Bill is okay, but that Bill must be one that can be implemented, especially when it comes to establishment of boards, sustainability and operationalisation. These are the challenges that we will need to look at; as a Committee we will come up with several amendments to this Bill, so that at the end of the day, we will have a Bill that can be operationalised.

With those few remarks, I want to support this Bill.

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

Hon. (Ms.) F.M. Mutua: Thank you, Hon. Temporary Deputy Speaker. I stand to support this Bill but I have quite a number of amendments. Personally, I have worked in the health sector for very many years, and have a lot of experience when it comes to health records and how important they are. We all understand the usefulness of medical records and having accurate information, especially when it comes to medical procedures on patients. When it comes to issues of next of kin, which normally cause a lot of uproar when a patient dies, that is also an issue of medical records.

I have seen many court cases with regard to wrong information in medical records because of laboratories putting a wrong name of somebody on another's blood sample. Such things have led to people even being put on anti-retroviral (ARV) drugs for very many years, just because of somebody being negligent and putting the wrong record in somebody's file.

This Bill is very important in aspect of ensuring that we have accurate information, especially when it comes to medical records. This will come up when it comes to training and why people need to be confidential when it comes to medical records in hospitals.

When it comes to the issue of a board - this has been talked about by many hon. Members who have contributed – we think of a stand-alone board. How do you expect a stand-alone board to work yet it is the medical practitioners who are mandated to give out medical information? Medical reports can only be released through the consent of the patient and the doctor. So, it will not be possible, according to me, for a board to work as a stand-alone, and be mandated to be dealing with personal information that is supposed to be given out by doctors.

The issue of private practitioners having private practice in health records, to me, does not make a lot of sense, and we expect the Departmental Committee on Health to come up with amendments that are going to be key in ensuring that this Bill by Hon. Neto works.

As we move on, it will also be important depending on whether the Committee on Health agrees on the issue of the counties. If at all the board will be constituted, we will also need linkages with the counties, so that we can have the right information at the county level. As Hon. Ameso has said, we have an information problem in the counties, especially when it comes to medical records. We have seen information where our old ladies, mostly in the prenatal clinics, are given their reports on paper. As they walk to the hospital with those papers, they tear them because of sweat. We need to have this information put in computers, so that it can easily be accessed when a patient attends hospital. We have a very long way to go when it comes to ensuring that we have information digitized, especially on medical cases.

As I end, I want to reiterate the issue of having the right training for medical practitioners, especially when it comes to the health medical records. These people hold very key information especially on patients. They need to be trained up to some very critical level,

perhaps at diploma or higher level. The records they handle are very confidential, and they need to be trained on issues of confidentiality so that patient's information is kept very well.

I am happy that Hon. Nyokabi has brought up the issue of access to information but that is a different Bill. Some of her issues will be tackled in this Bill. I support this Bill; we are going to work with the necessary committees to ensure that we bring quite a number of amendments, so that if created, the board does not work as a stand-alone, but works with medical practitioners, who have the say when it comes to health records.

Thank you, Hon. Temporary Deputy Speaker.

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

Hon. Njuki: Thank you, Hon. Temporary Deputy Speaker for giving me the opportunity to contribute to this Bill. I also want to thank Hon. Neto whom I did not think had knowledge in medicine; I can see that when you are a legislator, you can legislate on any sector in this world.

Medical field is more or less scientific. It is critical that when it comes to treatment of diseases and referrals we have to have the correct information, otherwise, patients can end up having wrong or ineffective treatment because of a wrong history of records.

How are our records kept in Kenya today? Most Members who are speaking to this Bill are concerned as to how this is going to be funded. Funds will be available if they look at how critical it is for our health sector to have proper records.

Hon. Temporary Deputy Speaker, in the health profession, we do not have any system at the moment with trained and qualified people who can keep medical records to be relied on. If you look at our curriculum in the field of medicine and in departments like the laboratory technicians and pharmacy, they have a curriculum. But in this particular case, if you were to go to a hospital in the rural areas, and ask for your records of the previous year, and you were attended there for the same disease, they will not be found. You will be told to say how you have been feeling. They will ask you to tell them approximately the last time you were there and what you were suffering from. Then, they will also ask when you visited the hospital, and if you have ever been given any medicine. If you tell them you were given some, they will ask you for the sample. Sometimes people carry left-overs of drugs they were given last year for the nurses to try to deduce, or figure out, what you could be suffering from.

In the developed world the field of medicine is advanced. In South Africa, for example, they have information and communication technology (ICT) system. If you go to a hospital in Johannesburg and later to another one in Pretoria, through ICT, they can access your medical records and tell you your medical history. That way, you will have proper treatment based on accurate records that will reflect what exactly you have been suffering from. That is what Hon. Neto is seeking to establish in this particular case; that is to have a system in which we can train personnel and regulate services. That way we can have trained medical record information managers, who are experienced in this field.

When it comes to the issue of private practitioners, where most Kenyans go, there is an attitude that in the public health sector, we do not get fast treatment and sometimes there are long queues. Most people visit private clinics. Who keeps records in those clinics? Sometimes you find the medical officer, or a nurse, who is runs a clinic has employed an inexperienced clerk, who has just left school and does not have any experience in medical records. They just file papers and small books that are usually cut into two. That is what is supposed to act as a medical record for the patient. This is where we normally have very many wrong diagnoses of diseases,

and we end up having our health deteriorating because of misdiagnosis. Therefore, before this Bill goes through, some of the amendments will be how to implement it and police the private sector in order to know rogue clinics. This is because, probably, the pharmacist is not trained and we may have a streamlined system such that we have no difference between the public medical records officers and the ones that are in private sector.

Research in this country relies a lot on data. If you do not have well-kept and accurate data, it may be a big problem for those who research into diseases that have been mentioned here. Proper records that will be brought about by this Bill will be a source of information for researchers in the field of medicine, so that we can have an evolving medical sector.

With those few remarks, I support the Bill and look forward to amendments in the committee stage.

Thank you, Hon. Temporary Deputy Speaker.

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

Hon. Onyura: Thank you, Hon. Temporary Deputy Speaker. I rise to support this Bill. It is an important Bill because just looking at its objective, you learn that it is meant to regulate the personnel who will be working in this sector. There is need for regulation of any group of service providers, particularly in such sensitive sectors as that of health. The Bill sets out to provide a framework for training, registration of the professionals and licensing, which are important. It provides for the establishment of a board, giving it powers and detailing its functions. The more we professionalise service providers in whatever sector, the better.

When I looked at this Bill initially, I had certain reservations. But after going through it and reflecting over it, I feel that we need to lay down foundations for professionalising any form of service provision. This will go a long way because we will provide the standards. It is also a way of ensuring that such services are not infiltrated by quacks and other unqualified people. Therefore, the more we encourage specialisation in whatever services we provide the better.

If this Bill is passed into law, it will provide recognition as it will ensure those who work in this sector are recognised, respected, paid well, properly deployed and properly utilised. It is also a way of ensuring that there is accountability because registers, code of conduct and a disciplinary committee to ensure that members of this cadre are accountable will exist.

I am looking at this Bill, and the people it will apply to will not be just the usual clerks, work write names of those who appear at health facilities; there will be something more comprehensive. The Bill intends to have in place very comprehensive records that touch not only on patients, but also on the processes that go on in these health facilities. The professional records managers will co-ordinate reports from the various professionals within hospitals. In case of any need for research, there will be an information centre and a way of accessing as much information as possible. As technologies develop and ways of capturing information increase, there will be need for more specialised and better qualified people.

This will entail comprehensive information to provide data for research, planning, forecasting, and also getting information from practitioners of other countries. I am looking at it as a centre from which you can get all the information you might need relating to the practice about medicine and other related information to do with health facilities.

I have also noted that the Bill details the functions of the Board, which include creation, maintenance and promotion of training standards, examinations, syllabus and compilation of

registers. I have also noted that the Board will be tasked with preparing annual reports and accounts. So, this is fairly comprehensive for a board.

I have noted that there will be officers to be appointed to this board, including the Registrar, chairman and vice-chairman. We should make sure that people appointed to serve on or under this Board will be competent, and that the process of appointing them is as open and transparent as possible. Everybody should be given an equal chance, so that we can get the best officers.

On the issue of private practice which is provided for in the Bill, although there could be reservations, it is possible that there are people who, maybe out of their experience or by learning on the job or through research, can set up consultancies and provide consultancy services to other facilities. It is also possible that a number of such qualified people can pool their energy and knowledge to provide services. It could be something along the lines of what we see in a call, or resource centre. They can even provide a directory for that kind of information. It is possible. We should provide for such a possibility, even if it may not be very easy to have a stand-alone service provider. In the event that more creative people come together to provide these services, we should have a clause that can regulate that kind of adventure, or initiative.

On the composition of the Board, the Bill provides for 10 members but they do not need to be 10. It does not have to be the maximum. In any case, only the Registrar should work on a full-time basis. The Board members are not full-time employees. So, that should not cause much worry.

Regarding funding, the Memorandum of Objects and Reasons says that the Bill will not occasion extra public funding. I do not see how extra public funding will be avoided. In fact, I feel that *Mheshimiwa* Neto should provide for public funding. If anything is in the public good, we should not shy away from giving it adequate funds, so that it can be effective and serve the purpose for which it is set up.

With those comments, I support this Bill. Thank you.

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

Hon. Macharia: Thank you very much, Hon. Temporary Deputy Speaker. I rise to support the Bill by Hon. Neto. Despite the fact that it has challenges and looks like a money Bill, it is a very good attempt at organising the records in our health sector.

We know the nightmares that Kenyans have gone through in terms of records in the courts, offices of the Registrar of Companies and in all other Government departments. As a qualified librarian, I know the nightmares that come with the management of information. As an elected representative, I know what my constituents go through when a patient is transferred from one hospital to another. Records sometimes take many days before they can reach referral doctors.

With these few remarks, I support the Bill.

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

Hon. Odanga: Thank you, Hon. Temporary Deputy Speaker. I also rise to support the Bill by Hon. Agostinho Neto. The objects of the Bill give me a lot of pleasure to support it. The Bill provides for the training, registration and licensing of health records and information managers. Not just anybody will keep records for medical practitioners. It will be people who are trained and who are, therefore, professionals.

The Bill also sets out to regulate the practice of health records and information management. This will enhance the level of professionalism in this area. We have had a lot of problems in this area, because there are times patients have been attended to by practitioners in certain facilities, particularly the private ones, and the moment they want to go to other facilities to seek better medical attention, getting records has been very difficult. That is why I will be requesting that as we discuss this Bill, we deliberately make it mandatory that a patient or his or her family be given information that they may require. Access to information should be allowed as provided for in Article 35 of the Constitution.

This Bill also provides for a Board to regulate and approve the syllabus that will be used for training of these practitioners. Sometimes we have had people operating without an approved syllabus. I believe the Ministry of Health, or the Kenya Institute of Curriculum Development (KICD), will be given the mandate to ensure that these people are properly trained in approved courses.

With those few remarks, I support the Bill.

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

Hon. Muzee: Thank you very much, Hon. Temporary Deputy Speaker, for this opportunity. Like *Mheshimiwa* for Molo, I am a graduate of information science; so, I am an information scientist by profession. I thank Hon. Agostinho Neto for bringing this Bill that tries to organise health records and information management, dissemination and sharing.

However, I have an issue with this because records and archives management is a very broad area. In fact, today's record is tomorrow's archive. Today we have an exponential rise in information, not just official information, but information from social media as well. While I support *Mheshimiwa* Neto on this Bill, I have a small issue with the fact that this Bill looks at specifically health information. We should be looking at records and information broadly. There is weather information, agricultural information and Government information.

There is so much information that is important, and which cannot be left out, especially when we want to create a board that will manage records and information in the country. Financial records are also key. While I support the need to regulate training, as a matter of fact, we already have institutions offering training in records management. Records and Archives Management is a profession on its own. For example, it is a full department in the Faculty of Information Sciences in Moi University.

Hon. Temporary Deputy Speaker, this profession is in its formative stages in Kenya, but worldwide it is a big area. While it is a good attempt at trying to organise health information, how we manage and share it with the people who need it--- We will need to look at this Bill critically to find a way of reorganising how it is put together. We should ensure that we include other areas which are critical in information management, and not just health records. I know Hon. Neto is from the medical industry. We understand that his focus and passion is trying to organise information in that area, but I think we need to take a broad view of records and information in the country, and not just records related to health. There are so many other records that our citizens, you and I, need to access to ensure that we do the things we want to do on a daily basis. We need this information for planning, execution, review and its management is critical. In fact, without information, we cannot do anything here. So, it is critical how information is created and managed at automation. Everyone is talking about automation, which is a very important thing, but it needs to be reflected on properly, especially when we use

Government money to put up boards or management teams. In my view, that is what is lacking here. I want to see a broad-based look at how we manage information globally and at more comprehensive level.

Lastly, I know it is not a good thing to cheat on information, or to have quacks get involved in how we manage information. The Bill says that when someone cheats, then he needs to be sentenced to five years or pay Kshs4 million or Kshs5 million. We need to look at the issue of penalties critically to ensure that we do not just come up with arbitrary figures or jail terms when someone does something wrong. I want us to look at that in totality.

Otherwise, I support the need for us to come up with a Bill on records and not just health records, but a Records and Archives Bill. That is why we have the National Archives here in Nairobi. There are many records there even about how this nation was founded and how we have found ourselves here. That is important as well. As I said, we need to have that broad outlook and not just restrict ourselves to health information; we should have a Bill that caters for so many information managers, records managers, or archivists, who are doing a great job trying to manage and share information in the country.

I support but many amendments will be put together. Thank you very much.

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

Hon. (Ms.) Musyoka: Thank you very much, Hon. Temporary Deputy Speaker, for this chance to add my voice on this very important Bill.

I thank Hon. Neto for coming up with this important Bill that creates a board that will ensure that there are provisions for training, registration and licencing of health records and information managers.

Health records are very important for us who are in the health sector. We really need proper health records and proper managers, who will ensure that records are properly kept. In fact, keeping records is a core function in healthcare management. I support this Bill. It needs many amendments but it is very important that we have it.

It is important that we keep our records properly as issues of lost health records have been very devastating in certain situations.

Hon. Temporary Deputy Speaker, this is very serious and it gives healthcare the seriousness that it deserves. It is important. In the study of epidemiology, which is a study of disease patterns in populations, it is impossible to carry on such study without proper records.

On the issue of confidentiality and the sensitive nature of healthcare records, it is very important that we have health records and information managers who know what they are doing, and who are regulated. So, without proper health records, it is impossible to have a true picture of the health situation in the country. Health statistics and information are very important for planning in healthcare delivery and financing in the country.

So, the importance of healthcare statistics cannot be undermined. It is important that we have this Bill. Records properly kept and managed will go along way in improving the health situation in this country.

It is important that we have good records, so that we can shape our health policy decisions and that we may have proper evidence-based practice in identifying health risk factors for diseases and promote preventive healthcare in our country. I support this and I know that we are coming up with many boards, especially in healthcare. This particular one is important.

Those of us who are in the Departmental Committee on Health should sit and make sure that we come up with proper amendments, so that this Bill goes through with the necessary amendments.

We need proper healthcare, especially now with our devolved system. We need to do comparison of health situations in different counties, and put together all the health issues in a manner that will enable trained health managers to help out. With proper digitized systems, I am sure this country will move a notch higher in health matters.

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

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

Hon. Wamunyinyi: Thank you, very much, Hon. Temporary Deputy Speaker, for the opportunity to contribute on this Bill before the House that seeks to introduce mechanisms for the control the profession.

Non recognition of some professions and lack of mechanisms to regulate them is because of the increase in the introduction of the various pieces of legislation to establish boards, and to have them generally recognized as professions in this country. This is just but one of them and it is very important as it touches on the management of information in our health sector, and the manner in which members of the profession will be required to operate.

I want to congratulate my brother, Hon. Neto, who introduced this Bill. It is quite well thought out. It has a number of issues which will need to be looked at for amendments at the Committee Stage, but it is generally a statute that is required in our country.

Obviously, providing a framework within which members of the profession are expected to operate is such a wonderful idea. It is also providing for training and regulation of the practice, and ensuring compliance with standards, ethics by members of the profession and definitely enhancing effectiveness and professionalism within the practice.

Hon. Temporary Deputy Speaker, as I said earlier, information management is also an important ingredient of accountability. We have matters of information which can be deemed to be confidential, and also information for accountability. There has to be some law, or regulation, which ensures that in terms of information and communication, one is held accountable and responsible. If we do not have regulation, it becomes very difficult for that aspect to be managed. This is an issue which will be necessary because the health sector is broad. It is one such sector that has many professions. It is necessary to get mechanisms to ensure harmonisation.

Recently, I introduced a Bill which was assented to by His Excellency the President and is now an Act of Parliament. Many other Members subsequently followed with other Bills like the Physiotherapists Bill and many others like this one of Hon. Neto. There is need for harmonisation to ensure that all members of the different professions are recognised. At the same time, it does not have to cause conflict amongst members. That is one aspect that I will ask Hon. Neto to look at.

As a lawyer or an advocate, together with members of the Committee on Health and the Departmental Committee on Justice and Legal Affairs, he should also help us look at ways of ensuring that there is harmony. This will enable us comply with the different pieces of legislation, or none is invalidated by introduction of other legislations.

So, I once again want to say that this is an important piece of legislation that we need to push through.

With those remarks, I support the Bill.

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

Hon. (Ms.) Ombaka: Thank you for giving me this opportunity to contribute to this very important Bill.

First, there is no doubt that health information and records management are very important aspects in any health sector. There is a lot that goes on within that area in terms of information about patients, their transfers from one place to another and their records following them to the next level. What has been observed is that records are kept manually. Time has come when these records should be computerized, so that they are accurate and safe. This is so that they can be retrieved any time they are needed, whatever time they are needed. Right now they are kept in dirty and stuffy places.

As somebody who has been a patient before, one observes that a patient is always given his or her own records to take home, including X-Rays. I find this very undesirable and quite not in order because these are records which should be kept in hospitals. I am just wondering what exactly health records hospitals keep when the actual records are taken away by the patients.

Just last week, a woman came to my house looking for treatment. She had a whole load of X-Rays about herself and the disease she was suffering from. There is no confidentiality at all when a patient is given records to keep. These are some of the records that should not be kept by patients. They should be kept in the hospital. When a patient is referred from one hospital to another, the records should follow them. That should be done very carefully. Again, that is not done well. That is why I believe that this is a very good Bill. However, we need to adjust certain areas, so that patients do not carry their records home, because they will be open to reading by anybody, thereby lose their confidentiality.

Another point that I want to raise on this is that the area of health records and information is a department in a hospital. To have a board for it is too much for this kind of department. There are many other boards within the medical world that are in existence. For example, there is the Medical and Dentists Practitioners Board. I wonder whether the management of information professionals will also be part of this Board. Can we find out the many boards that we have within the health sector under which these managers of information can fall rather than create a brand new one that will require so many people to be employed and money to be established and so on?

We still can have a very powerful sector in the medical world where health records and information are properly kept. The boards that already exist can still be part and parcel of this work. As it has already been articulated here, we may be creating too many boards. We need to reorganise this Bill in a manner that we do not spend too much time on it and money establishing a board.

In the medical world, there are boards that deal with ethics, discipline and so on, just as in any other profession. I believe that the ones that already exist are the ones that we need to be strengthened, so that managers of medical records and information can be part and parcel of them. That is my contribution. I support this Bill but will propose amendments.

Thank you.

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

Hon. Ababu: Thank you, Hon. Temporary Deputy Speaker. First of all, let me congratulate my very eminent brother and learned friend, Hon. Agostinho Neto for initiating this very important piece of legislation.

We have always said that the practice of medicine, just like the practice of law, is equated to priesthood. It is a calling. It is a service that goes beyond mere pursuit of a livelihood. At the very heart of the practice of medicine is records, information and paper trail, because this is then what enables the whole management of ailments and appropriate response to be achieved as should be. This area of health records and management of information is one that is extremely weak. Anybody who has interacted with the health sector and health institutions will admit that this, indeed, is one extremely weak area.

You go to some of our health institutions, if not all, and you are depressed at the manner in which records and information are generally managed. It is not rare to run into scenarios where, because of poor record management and information keeping, you find information has been lost.

It is even doubtful as to the professional competence of the personnel that ordinarily are responsible for this key responsibility in the chain of medical care. So, we need a law that will then make provision for training, registration and licensing of health records and information managers, regulate their practice and provide for some kind of institutional set-up.

Therefore, to have a law that will make provision for training, registration and licensing of health records and information managers; to provide for some kind of institutional set-up that will then guarantee all that is absolutely important. It is for that reason that I fully support this Bill. This is the kind of legislation that this House should ordinarily be paying very serious and keen attention to. This is a House of debate and law-making. Law is even more important if it responds to real needs and challenges such as this. I hope that we will hasten the enactment of this Bill. Upon enactment, this Bill should swiftly be put to work, so that we can experience its full effect.

I say this, especially taking due cognisance of the challenges being experienced in the health sector after devolution of health services. This is a matter that, perhaps, requires a very serious national debate. There is no better place to initiate, or to consider, this debate than in this hallowed Chamber. The health sector is ailing badly. Whereas some of us are certainly strong proponents and enthusiasts of devolution, we must admit, nonetheless, that the hasty devolution of health services has brought to the fore serious challenges. It is an area which, in my view, has not received sufficient attention, from both the county and national governments.

Let me use this opportunity to challenge both the county and national governments, through the intergovernmental co-ordination mechanism, to prioritise discussion of the state of healthcare in this country, and put in place sufficient and expeditious mechanisms to respond to serious challenges that are bedevilling the health sector today.

There are so many incidents happening all over the place. A few months ago, the nation was shocked by an incident that happened in my home country of Busia, where not less than 22 children were put at serious risk because of a horrifying aberration that masqueraded as medical attention. The children had to be swiftly transferred to Nairobi for specialised medical care. This kind of thing is happening in a lot of places. May we challenge the national and county governments to find a way to respond to this matter. I believe that legislation such as this can

only make the situation better, even as we move forward to seek better healthcare for our people.

I support the Bill.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): I will give an opportunity to the last speaker, Hon. Harrison Kombe, and then I will give a chance to the Mover to reply.

Hon. Kombe: Asante Mhe. Naibu Spika wa Muda kwa kunipatia nafasi hii kuunga mkono Mswada huu.

Kwanza, ningependa kumpongeza Mhe. Neto kwa kuuleta Mswada huu Bungeni ili tuwe na sheria ya kuhifadhi vyema stakabadhi za kiafya. Stakabadhi za kiafya ni muhimu sana na zinastahili kutunzwa vilivyo. Vile vile, itakuwa vyema ikiwa stakabadhi hizi zitahifadhiwa katika mitambo ya kisasa, kiasi cha kwamba mgonjwa akiwa ameagizwa kwenda kwa matibabu zaidi katika hospitali nyingine, kuwe na njia ya kuwezesha stakabadhi zile zisafirishwe moja kwa moja, bila kumtumia mgonjwa mwenyewe, bali, ziingie katika mitambo ya hospitali ile nyingine ambapo mgonjwa atahudumiwa zaidi.

Hii inafanyika hata kwa nchi jirani, Tanzania. Kuna wakati mmoja nilienda kutibiwa Arusha, na sikuwa na haja ya kutembea na kadi kutoka kwa afisa mmoja hadi afisa mwingine. Ni mitambo tu inayotumika. Ukifika kule habari zako zishafika na unahudumiwa vilivyo pasipo na kuhangaika na kubeba makaratasi.

Mhe. Naibu Spika Wa Muda, hakika ni vyema kuhudumiwa na stakabadhi zako kuwekwa na watu ambao wamehitimu vile ambavyo sasa kutakuwa na halmashauri ambayo itakuwa inasimamia uelimishaji wa wafanyikazi. Hilo litakuwa ni jambo la busara, maana watakaoshughulikia stakabadhi za kiafya ni watu ambao watakuwa wamehitimu kisawasawa.

Nikiendelea mbele, kuna sehemu nyingi ambazo zinahitaji kuangaliwa katika uwekaji wa stakabadhi za kiafya. Katika nyanja zote zile za afya inastahili kuweze kuwa na njia mwafaka ambayo itazifanya stakabadhi ziweze kuhifadhiwa katika taarifa moja, ili zikihitajika wakati wowote, liwe ni swala tu la kubonyeza mitambo kama inavyostahili, na taarifa yote ya mgonjwa itokee. Hivyo basi, kazi ya kuendeleza shughuli za kimatibabu itarahisishwa.

Mhe. Naibu Spika wa Muda, kwa hayo machache, naomba kuunga mkono Mswada huu, iwapokuwa ikifika wakati wa marekebisho, kutahitajika kufanywa marekebisho kiasi. Ahsante.

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): I now call the Mover to reply.

Hon. Oyugi: I thank you, Hon. Temporary Deputy Speaker for this chance to reply.

I thank all the Hon. Members of Parliament who spoke to this particular Bill; I appreciate them. I also want to thank the Members of the Departmental Committee on Health for setting the pace for this Bill, explaining and underscoring the need for health records and information. I appreciate them.

Hon. Members have raised a couple of things. I would like to speak to three of them. The first one, which most Members of the Departmental Committee on Health are concerned about, is the issue of private practitioners of health records in Clause 22. I am agreeable to an amendment, so that it is harmonized in accordance with what they believe. My background is law and as a lawmaker, I had averagely not understood half the nitty-gritty issues in the health sector. Therefore, if they raise salient issues, as they have done with private practitioners of Health Records and Information Management Bill, I will appreciate and agree with them.

I would like to highlight Clause 34. Clause 34 speaks to the fact that the Board is not going to occasion expenditure of public funds because all boards are self-regulating. Whenever you create a board like this one, it is hoped that the professions in that particular sector pay for

the cost of that particular board. That is why we are establishing the Board under Clauses 5 and 6 with power to invest, have assets on its own; so, it will be self-regulating. That is the reason why it is not going to occasion expenditure of public funds; it is the reason why when this particular Bill was subjected to the Budget and Appropriations Committee, it was not declared a money Bill; it does not occasion any public spending. The Board is going to be self-regulating.

The third thing I would like to speak to is the fact that the health sector, as has been said, is full of small departments. Those various small departments ought to be regulated in their own specific manner. Creating a board for the health records and information managers does not belittle the health sector in any way; it only makes sure that special attention is paid to that particular sector. The same has been done in other jurisdictions like South Africa and the United Kingdom (UK), where you have the various health sectors having boards that regulate them, but then you have a universal council that responds to various boards that are regulated.

With that, I request Hon. Members to vote for this particular Bill and we move to the next level. I thank you.

ADJOURNMENT

The Temporary Deputy Speaker (Hon. (Ms.) Shebesh): Thank you, Hon. Aghostinho Neto. We are not putting the Question for obvious reasons.

Hon. Members the time being 1.00p.m., this House Stands adjourned until this afternoon at 2.30p.m.

House rose at 1.00 p.m.