

# PARLIAMENT OF KENYA

## THE SENATE

## THE HANSARD

Thursday, 17<sup>th</sup> October, 2013

*The Senate met at the Kenyatta International  
Conference Centre at 2.30 p.m.*

*[The Speaker (Hon. Ethuro) in the Chair]*

### PRAYERS

### QUORUM CALL AT COMMENCEMENT OF SITTING

**The Speaker** (Hon. Ethuro): Hon. Members, I am told that we have quorum. Therefore, let us proceed with today's business.

### PAPERS LAID

#### REPORTS OF THE EDUCATION COMMITTEE ON COUNTY VISITS

**Sen. Kagwe:** Mr. Speaker, Sir, I beg to lay the following papers on the Table of the House:-

Report of the Standing Committee on Education, Information and Technology on the visit to Laikipia, Nyeri and Kirinyaga Counties.

Report of the Standing Committee on Education, Information and Technology on the visit to Kisii, Nyamira, Kisumu, Kakamega and Vihiga Counties.

*(Sen. Kagwe laid the documents on the Table)*

**The Senate Majority Leader** (Sen. (Prof.) Kindiki): Mr. Speaker, Sir, I would like to make a statement on the business of the House.

**The Speaker** (Hon. Ethuro): Order, we are yet to come to that. On the Order Paper, you had indicated that you would first lay your statement of the business on the Table of the House. However, that is fine. Would you rather make it orally?

**The Senate Majority Leader** (Sen. Prof. Kindiki): Mr. Speaker, Sir, I would rather do it orally.

**The Speaker** (Hon. Ethuro): Then you will do it at the end.

### NOTICES OF MOTIONS

**Sen. Kagwe:** Thank you Mr. Speaker, Sir. I would like to give notice of the following two Motions.

ADOPTION OF EDUCATION COMMITTEE REPORT  
ON VISITS TO KISII, NYAMIRA, KISUMU,  
KAKAMEGA AND VIHIGA COUNTIES

THAT, the Senate adopts the Report of the Standing Committee on Education, Information and Technology on the visit to Kisii, Nyamira, Kisumu, Kakamega and Vihiga counties laid on the Table of the House today Thursday, 17<sup>th</sup> October, 2013.

ADOPTION OF EDUCATION COMMITTEE REPORT  
ON VISITS TO NYERI, LAIKIPIA  
AND KIRINYAGA COUNTIES

THAT, the Senate adopts the Report of the Standing Committee on Education, Information and Technology on the visit to Nyeri, Laikipia and Kirinyaga counties laid on the Table of the House on Thursday, 17<sup>th</sup> October, 2013.

Thank you.

FORMULATION OF WATER HARVESTING POLICIES FOR COUNTIES

**Sen. Kittony:** Mr. Speaker, Sir, I rise to give notice of the following Motion.

THAT, aware that water is a basic need and that the country cannot exclusively depend on primary sources of water to satisfy all its water needs; deeply concerned that the sole dependence on derivative water sources leads to interruption of water related activities due to insufficiency; recognizing that water harvesting is a crucial secondary source of water; noting that a lot of water has dissipated due to ineffective programmes and initiatives for harnessing water; cognizant of the fact that rain water that is not harvested causes environmental degradation and damage to infrastructural facilities; recognizing that Article 69 (2) of the Constitution confers to every person a duty to cooperate with state organs and other persons to protect and conserve the environment and ensure ecologically sustainable development and use of natural resources; the Senate urges the National Government to initiate and formulate water harvesting policies to guide water harvesting programmes in all the 47 counties to reduce over-dependence on primary water sources.

**The Senate Majority Leader** (Sen. Prof. Kindiki): On a point of order, Mr. Speaker, Sir. I rise on a point of order to seek a clarification from the Chair on the way Committees Reports are being processed in this House.

According to the Standing Orders, my understanding is that the Senate Leader of Majority has to up to one hour to contribute to the reports of Committees. I am not sure that this is possible unless it is clarified. However, that is how it should be, in my view. The Chairpersons of various Committees should be required to forward their reports in advance to the Senate Majority Leader as well as to the Senate Leader of Minority so that we enhance the quality of contributions especially from the two offices. It is fruitless to allocate the Senate Leader of Majority one hour to discuss a report that has been circulated at the last minute.

I seek your clarification.

**The Speaker** (Hon. Ethuro): The Senate Majority Leader, Prof. Kindiki, you are, indeed, right that the Senate Majority Leader and the Senate Minority Leader are each allocated one hour to contribute to the report of a committee. Every other contributing Senator has 30 minutes.

The total time for debating the report of a committee is unlimited depending on the interest of the Senate. If the interest is minimal, the report can be concluded in no time. I imagine that it is not a requirement for you to complete the 60 minutes allocated to you. You do not have to exhaust all of them. You can do 10 minutes, 20 minutes, 30 minutes or the entire 60 depending on your interest in the entire report.

Secondly, being a Senate Majority Leader does not make one--- I appreciate you have previously talked about being a “defacto”---. We recognize the position and that is why it is enhanced with certain facilities.

However, in terms of how we conduct the business of the House, by the time that the Chair gives a notice, there are already sufficient copies of Reports in the room where we collect our documents. I imagine the enhanced facilities of the Office of the Senate Majority Leader are meant to expedite the acquisition of the Report. It is just for that, to give notice. Then the report would now be put on the Order Paper. You are lucky that in your enhanced status, you are also a Member of the Rules and Business Committee (RBC) which approves reports to be on the Order Paper. If at the very minimum we consider that you need more time, that is another opportunity to make an intervention to delay the debate of that particular report. I think your office has been recognized by the Standing Orders and the House. So, it is for you to make very good use of it.

**Sen. (Dr.) Machage:** On a point of order, Mr. Speaker, Sir. The Committee bestowed with the responsibility to look at the Standing Orders and make the necessary changes is actually in progress and we were given up to last week Friday to submit a proposal. Is it in order that the Leader of Majority did not follow that procedure to bring this suggestion in the House?

*(Sen. (Prof.) Kindiki stood up in his place)*

**The Speaker** (Hon. Ethuro): Order, Majority Leader. Please take your seat. I will handle that one for you.

Sen. (Dr.) Machage, regarding the issue raised by the Senate Majority Leader, the problem is not the time, he appreciates it. He is just saying that he needs to be given ample time to read the report so that he can make a lengthy substantive submission as is required of him as per the time he is allocated by the Standing Orders.

**The Senate Majority Leader** (Sen. (Prof.) Kindiki: Mr. Speaker, Sir, I have taken note of your direction but I thought I am entitled to say a word or two in light of the point of order raised by my brother, the Senator for Migori. Many of these things are new including the positions of the Majority Leader and Minority Leader. These positions are not there for decorations. They are there for a purpose, for example, the Majority Leader should safeguard the interest of the majority in the House while the Minority Leader should actually be the voice of the Opposition in the House. That is why the 60 minutes are allocated.

Most importantly, we are finding it very difficult because the absence of a link between our offices and the committees is creating problems. Sometimes Members have one or two issues but we have no way of making sure that our party activities in this House, which to a large extent, are processed in the Plenary and also in the Committees, are considered. My concern is legitimate and I have no problem with the timing, perhaps we may not even require 60 minutes. As you have said 30 minutes could be enough but that time must be supported in such a way that the interests of the Majority side in the debate of such nature are taken care of and the same applies to the Minority side.

Mr. Speaker, Sir, I thank you and for now I have heard the position of the Chair. This is a matter that should be refined and the Senate goes ahead.

**The Acting Senate Minority Leader** (Sen. Abdirahman): On a point of order, Mr. Speaker, Sir.

I have noted your directions and the thoughts of my good friend, professor, who is also the Senate Majority Leader but I feel that we should correct a little information with regard to how he presented the matter. While I do agree with him that we really require ample time to digest the contents of this report and the fact that we should read it well in advance, I tend to disagree with him a little on the fact that we are here to safeguard Majority and Minority interests in terms of parties. I say so because these are matters of national interest and they touch on you whether you are a Member of the Minority or a Member of the Majority. It is important that we look at the national good and the public good. I will agree with him that we need to enhance and get more time but I want that bit corrected so that we think in a bipartisan manner and for the good of this country as Senators.

Thank you very much.

**The Speaker** (Hon. Ethuro): Both of you are right. There is nothing excluding minority interest supporting national good or national interest just because you have a minority view. These terminologies are matters of numbers. There is also nothing excluding majority from promoting the national interest but the caution I want to put at this stage is that these are in-house matters and there is a provision for doing in-house business which is either through the Liaison Committee or the RBC. The wisdom of representation of certain offices at the RBC is to ensure that these kinds of concerns can be looked into by the House. I do not think we should squander valuable time of the Plenary to deal with these matters. I am not saying they are not proper. They are legitimate but we have a better forum than this one to deal with them.

**Sen. Sang:** On a point of order, Mr. Speaker, Sir. We have adopted almost three or four reports from the various Committees and the practice has been that before a report is brought for debate through a Motion in this House, it is first tabled. Therefore, we

would expect that when a report is tabled in the House, it is available to all of us. In essence, do we really have a disconnect as claimed by the Majority Leader? Once a report has been tabled, it is available to us before it comes for debate as a Motion.

**The Speaker** (Hon. Ethuro): I wish to order Sen. Elachi to give room to Sen. Sang and Sen. (Prof.) Kindiki to whisper those kinds of statements.

**Sen. Lesuuda:** On a point of order, Mr. Speaker, Sir.

The concerns raised by the Senate Majority Leader, Sen. (Prof.) Kindiki, are legitimate and I just wanted to find out whether I am in order then to ask that the two sit in the Liaison Committee because that is where the chairpersons sit. This will enable them to know some of the issues that happen in Committees. There could be real concerns which arise from those Committees and it is important that they know.

**The Speaker** (Hon. Ethuro): Let us just conclude this matter in the sense that we will deal with it at the RBC level where both the Majority Leader and the Minority Leader are represented. I am sure the issue will be resolved and there is really no alarm.

I also want to interview Sen. Sang. On the Order Paper we have Order No.5 – Papers, and we have even put an annex so that you can know in advance what kind of Paper is going to be laid on the Table. That is the only time when that document is made public. Then it is followed by Notices of Motion. So, it is a notice. We are yet to debate Papers Laid on the Table today. They will come at an appropriate time. So, let us proceed.

Next Order!

## STATEMENTS

### BUSINESS FOR THE WEEK COMMENCING TUESDAY, 22<sup>ND</sup> OCTOBER, 2013

**The Senate Majority Leader** (Sen. (Prof.) Kindiki): Mr. Speaker, Sir, I beg to issue a Statement on the Business of the Senate for the week commencing 22<sup>nd</sup> October, 2013, pursuant to Standing Order No.43(2).

Mr. Speaker, Sir, Hon. Senators, pursuant to the provision of Standing Order No.43(2), this is to present to the Senate the business of the coming week.

On Tuesday, 22<sup>nd</sup> October, 2013, the Rules and Business Committee will meet at 12.00 p.m. to schedule the business of the Senate for the week commencing 22<sup>nd</sup> October, 2013.

The Senate will continue with business on that day which would not have been concluded in today's Order Paper, including the Motion by Sen. Kittony urging the national Government to initiate and formulate water harvesting policies that would guide water harvesting programmes in all the 47 counties to reduce over-dependence on primary water sources.

On Wednesday, 23<sup>rd</sup> October, 2013 in the morning sitting, the Senate will continue with the business not concluded on Tuesday 22<sup>nd</sup> October, 2013. The Senate will also consider a Motion by Sen. Muthama urging the national Government to support tea and coffee farmers by providing subsidised fertilizers to boost production and further

make budgetary provisions to buy and store coffee and tea when the international market prices are down in order to sell them when the prices improve.

On the same Wednesday in the afternoon, the Senate will continue with business not concluded on Tuesday and Wednesday morning and consider any other business scheduled by the RBC. The Senate will also undertake Division on the report of the Sessional Committee on Devolved Government and Standing Committee on Legal Affairs and Human Rights on the joint county visits to Mombasa and Kilifi Counties interrupted on Wednesday 16<sup>th</sup> October, 2013. The Senate will further commence debates on Second Reading of the County Government Public Finance Management Transition (Amendment) Bill, 2013.

On Thursday, 24<sup>th</sup> October, 2013, the Senate will continue with the business not concluded on Wednesday afternoon. The Senate will also consider a Motion by Sen. Muthama urging the national Government to develop a policy on fruit preservation and storage through modern refrigeration and to provide incentives to investors to set up fruit processing plants in order to ensure a ready market for fruits which would cushion farmers against losses.

I hereby lay the Statement on the Table.

*(Sen. (Prof.) Kindiki laid the documents on the Table)*

**The Speaker** (Hon. Ethuro): I think I am now appreciating the concerns of the Majority Leader because he is under duty to give a weekly programme. So, when the Chairman brings a report that is not in his report, I can understand his concerns.

**Sen. (Dr.) Machage:** On a point of order, Mr. Speaker, Sir. Appreciating the work that the Senate Majority Leader is doing and indeed knowing that he is from the Jubilee wing which purports to be digital, would I be in order to request that he posts this programme to every Member of the Senate because he has our e-mails, instead of saying untruths that the system is digital when they are actually archaic?

**Sen. (Dr.) Khalwale:** Mr. Speaker, Sir, I want to thank the Senate Majority Leader for the Statement that he has just laid on the Table. But I would also like to take this opportunity to ask him to tell us why, for all the months that we have been here, he has been only speaking to the business that is being generated by Senators. Why are you not tabling here business from the Jubilee Government? Why is the Jubilee Government unable to generate business in this House, so that this House can legislate for the county governments of the Republic of Kenya?

**The Speaker** (Hon. Ethuro): Senate Majority Leader, let us hear more.

Sen. Kagwe!

**Sen. Kagwe:** On a point of order, Mr. Speaker, Sir. Would I be in order to ask, indeed, whether Sen. Khalwale is in order to propose that the business of this House or Bills can only come from the Jubilee Government, when it is clear that Bills can come from the Committee or any other Senator for that matter?

**Sen. (Dr.) Khalwale:** On a point of order, Mr. Speaker, Sir. With all due respect to my colleague from Nyeri, is he in order to put words in my mouth and attempt to say things which I did not say? The import of my request for the Senate Majority Leader---

**The Speaker** (Hon. Ethuro): Order! You may not allow him to put words into your mouth, but I will not also allow you to use your mouth in that direction. Proceed!

*(Laughter)*

**Sen. (Dr.) Khalwale:** Mr. Speaker, Sir, may I, therefore, address the Chair. The import of this is that it has now become clear that as far as generating legislative agenda is concerned, the Jubilee Government is unable and has failed totally. If anything, they should be coming before us and requesting us, as the opposition, to either take over the Government or help them to generate business.

**The Speaker** (Hon. Ethuro): Senate Majority Leader!

**The Senate Majority Leader** (Sen. (Prof.) Kindiki): Mr. Speaker, Sir, I will try to be as dispassionate as possible, because the Senator who raised the point of order is a Senator with whom we have history as the Majority. You will remember that I de-whipped him at some point when he was creating trouble in the Coalition and, therefore, I hope that he is not using the Floor of this House to settle scores.

Mr. Speaker, Sir, having said that, I am going to respond as follows: It is our duty, as the side that represents the Majority, to bring business in this House, but that does not mean that the Minority or any other Senator cannot bring business.

Mr. Speaker, Sir, secondly, if the question was whether the Senate Majority Leader has introduced any Bill under his name, I would have reminded the Senator for Kakamega that the only Bill that has been passed by this House was the one in the hands of the Senate Majority Leader.

Mr. Speaker, Sir, thirdly, the pace of legislation reaching this Table is extremely slow. This has been canvassed before, but I am not satisfied. There must be ways of speeding up Bills.

*(Loud consultations)*

Mr. Speaker, Sir, protect me because I hear some Senators from the side which is few to be saying---

**The Speaker** (Hon. Ethuro): Order, Sen. Kindiki! I would have protected you if you were annoyed or screaming, but I realize that you are actually smiling.

**The Senate Majority Leader** (Sen. (Prof.) Kindiki): Mr. Speaker, Sir, I am smiling because the Minority is actually helping the Jubilee Government to perform. We are happy to listen to how we can improve ourselves, so that we can win the next general elections.

Mr. Speaker, Sir, but having said so, there is a grave issue here. Some Senators, including Sen. Khalwale and I, have presided over - three months ago - legislative proposals which until now have not landed here. There is the Community Land Bill, 2013, which tries to address the land problem, which we promised Kenyans, as Jubilee; that when we get into power we will tackle issues that relate to common property on land, which has been at the core of Kenya's ethnic conflicts. That Bill is before this Senate and has nothing to do with Jubilee or the Attorney-General. It is the processes of the Senate

that have made it impossible for that Bill to reach here, two months, if not more, after that was done.

Mr. Speaker, Sir, there is even another Bill on the Kenya Medical Supplies Agency (KEMSA), which I think is even more urgent. Right now, we have up to over four hospitals being placed under counties. That means that the county governments must procure and distribute drugs, and they have no capacity to do that. So, until there is an inter-Governmental relations agreement that assists KEMSA, as an agency of the national Government, to support county governments through a lawful instrument, then we are staring at a crisis. This is because those counties have no capacity to procure drugs in bulk, distribute them, store vaccines, *et cetera*.

*(Loud consultations)*

Mr. Speaker, Sir, I have already tabled the amendment to the KEMSA Act, 2012 and I am preparing the next one, which is the amendment to the Agriculture Act. So, it is not true that the Senate Majority Leader or the Jubilee side is not working. We are working very hard, but the processes, from the time that the proposals are made to the time that the Bills are introduced here, is what is causing all these delays. It is a problem with our process of legislation and nothing to do with lack of ideas.

Thank you, Mr. Speaker, Sir.

DISQUALIFICATION OF DIPLOMA GRADUATES  
WITH A KCSE MEAN GRADE OF C PLAIN BY TSC

**Sen. Kagwe:** Mr. Speaker, Sir, pursuant to Standing Order No.43 (2) (c), Sen. Chris Obure, the Senator for Kisii County, requested for a Statement from the Chairman of the Standing Committee on Education, Information and Technology regarding the disqualification of diploma graduates with Kenya Certificate of Secondary Education (KCSE) C Plain, by the Teachers Service Commission (TSC).

Mr. Speaker, Sir, the Chairman is expected to address the following questions:-

1. How many graduates are affected in the country?
2. How did they secure admission to training institutions offering diploma courses in the first instance?
3. Could he also confirm that they sat and passed the examinations prescribed for a holder of a diploma in education?
4. What option does the TSC offer to Kenyans who find themselves in this category?
5. Is the action by the TSC not discriminatory against this group of Kenyans, considering that like others who may have obtained better grades in KCSE, they also sat and passed the prescribed examinations for award of these diplomas?

Mr. Speaker, Sir, between 1999 and 2002 the qualifications for admissions to diploma teachers' training colleges was KCSE Mean Grade C Plain and above. However, from 2005 to date, the qualification was reviewed and raised to Mean Grade C Plus and above. The last batch of diploma graduates with KCSE C Plain, who graduated in 2005 are eligible for employment by the TSC.



Mr. Speaker, Sir, the response to the specific questions Nos.1 to 5 is as follows:-

From 2003 to 2005, the number of teachers admitted to the diploma colleges was 2,121, 2,223 and 2,135 respectively. However, public and private universities and private diploma colleges determined the number admitted to their respective institutions. Universities are known to admit students with Mean Grade C Plain, because they are the sole examining bodies. However, this is not in tandem with the Ministry's set requirements and TSC conditions for employing teachers.

Mr. Speaker, Sir, secondly, as explained in the above opening statement, the Government in consultation with the relevant stakeholders, sets the minimum entry qualifications for different levels of teachers' education. In the year 2005, the Government reviewed and set entry requirements for diploma in education at a minimum of KCSE Mean Grade C Plus, C Plus minimum for the two teaching subjects and C Plain for a P1 primary school education teacher. Further, the Kenya National Examination Council (KNEC) examines and issues certificates for diploma in teacher education and ensures that the C Plus requirement is adhered to. This is a departure from the past, where individual institutions were examining and certifying their students. Consequently, the TSC adopted the above minimum entry requirements for diploma teachers education. These qualifications apply to all teachers' training institutions offering diplomas, including universities.

Mr. Speaker, Sir, in 2005 admission requirements for diploma colleges changed from a minimum of Grade C Plain to a minimum of C Plus in KCSE and a minimum of C Plus in two teaching subjects. The KNEC has also ceased to examine candidates with lower academic qualifications. Therefore, graduates with diploma in education certificates issued by any teachers' training institution, having admitted students who did not meet the set admission criteria, are not eligible to be employed by the TSC. The Commission has been and still employs diploma teachers who graduated before 2008, when the policy was C Plain.

Mr. Speaker, Sir, all teachers must adhere to the set Government admission requirements, to ensure quality teaching and avoid application of double standards in the recruitment process. To ensure maintenance of quality in our education system and continued improvement of human capital training to teach, they will be expected to attain the set minimum qualifications.

Mr. Speaker, Sir, finally, Article 35 (1) of the TSC Act, 2012, states:-

“To ensure quality teaching, the Commission shall take all necessary steps to ensure that persons in the teaching service comply with the teaching standards prescribed by the Commission from time to time.”

To this end, the Teachers' Service Commission does not discriminate any category of teachers, but rather enforces the Government's admission requirements for each level of teacher education. Further, it should be noted that the Government takes into consideration affirmative action for persons with special needs, for instance, the visually handicapped and hearing impaired, who are admitted with qualifications of one grade lower for each level, for example, Primary Teachers Education (P.T.E), C Minus and Diploma Teachers Education (D.T.E), C Plain.

Mr. Speaker, Sir, this Statement is signed by Prof. Kaimenyi, the Cabinet Secretary for Education.

Thank you, Mr. Speaker, Sir.

**Sen. Obure:** Mr. Speaker, Sir, I want to thank the Chairperson of the Committee for that answer, although it does not address the specific concerns I raised in my request.

Mr. Speaker, Sir, various institutions of learning, including universities, have admitted students to pursue courses which will lead to the award of Diploma in Education. You will agree that these students have spent considerable time as well as resources in order to achieve these desired courses and diplomas. Does the Ministry, through the Chair, consider it fair to change goal posts by raising the qualifications to block these students from gaining employment with the Teachers Service Commission (TSC)? What does the Government want these students to do if they cannot pursue courses of their own choice, for which they have spent time and incurred considerable expenses? What options are they given?

**The Speaker** (Hon. Ethuro): Sen. (Dr.) Khalwale.

**Sen. (Dr.) Khalwale:** Mr. Speaker, Sir, this problem is far much bigger than it looks at the moment, because we are speaking to the issue of education. But we are also aware that these days, because of Module II programme in the admission of students at the universities, even other areas of study are having people with lower marks finding their way into the classrooms. I would like to support the Government on this one because I would be scared to have somebody who failed in mathematics, being trained as a teacher and who attempts to teach the child of a poor person in the hope that this child will then get an A when the man who is teaching him failed.

Mr. Speaker, Sir, I support, but my concern is this; now that your Government has failed in making sure that the unsuspecting members of the public – who did not know that at the end of the training, they would not get employment – have been conned because they have lost money and time, what sanctions are you going to take against those colleges? Is the Government going to consider compensating these people by refunding them the money they used for that programme?

**The Speaker** (Hon. Ethuro): Sen. Musila.

**Sen. Musila:** Thank you, Mr. Speaker, Sir. I seek your indulgence to raise a related issue to the Chair, and it relates to teacher training colleges. There are a lot of private teacher training colleges which are receiving fees from students, who are unaware of the requirements he is talking about. Some of these colleges are not even registered and the unsuspecting members of the public are paying their money and, at the end of the day, their certificates will not be accepted because those institutions are not registered. What are they doing to ensure that they publish the list of those teacher training institutions which are registered and, at the same time, warning the public against going to institutions which are not registered?

Thank you, Mr. Speaker, Sir.

**The Speaker** (Hon. Ethuro): Sen. Karaba.

**Sen. Karaba:** Thank you, Mr. Speaker, Sir. The greatest concern here is about students joining training institutions against information and knowledge that a certain grade is required for future recruitment as teachers. My concern here is about the universities, which nowadays seem to be recruiting anybody who seeks admission.

**An hon. Senator:** Exactly!

**Sen. Karaba:** Somebody with D, D+ and even C- can go for a degree at the expense of the ignorant majority of the students who are yearning to really be called graduates. They are rushing to these universities even when they are not registered. So, I am calling upon the Cabinet Secretary for Education, first of all, to give us a list of which colleges are supposed to train teachers. Secondly, the Cabinet Secretary has to make sure that these universities which are recruiting students who scored below the qualifying grade, which is C+, should be named so that they cease to exploit the poor majority of the citizens. What is happening is that these are ignorant people who are lured towards the universities in the name of payments, because they are making a lot of money from the ignorant *wananchi*. So, that should stop.

**An hon. Senator:** Yes!

**Sen. Karaba:** Thank you, Mr. Speaker, Sir.

**The Speaker** (Hon. Ethuro): Sen. (Dr.) Machage

**Sen. (Dr.) Machage:** Mr. Speaker, Sir, I talk for the minorities and the marginalized people of this country while accepting and realizing that distribution of education resources is not equitable in this country. Indeed, good schools that can produce the so-called Bs and As are skewed to certain areas of this country.

(Applause)

Listening to my colleagues hammer on about the grades to be accepted in colleges, are you satisfied that the system is really fair and intends to be fair to give the same opportunities to the marginalized people of this country?

(Applause)

**The Speaker** (Hon. Ethuro): The Chairman, Sen. Mutahi Kagwe.

**Sen. Kagwe:** Thank you very much, Mr. Speaker, Sir. I appreciate the concerns and the issues that have been raised by respective Senators. But I want to qualify as follows. Number one, Sen. Chris Obure raised the matter because of the concern that is there across the country because of the debate that is currently going on between those who have been qualified as teachers as such, and they have got even some degrees in education and yet they cannot be employed because they did not have the C+ in the lower levels.

Mr. Speaker, Sir, the issue is this; if you know that you are going to be a teacher, and you know that the minimum qualification for a teacher is C+ and then a C+ for the subjects that you want to teach, you would imagine that the first thing you would do before you qualify to be a bachelor in whatever, is to qualify in Kenya Certificate of Secondary Education (KCSE). You should go to school, do an examination in terms of KCSE, pass it and if you have got the capability to hold a Bachelor in Mathematics, surely you can pass KCSE! So, there is a legitimate concern by those in education that, how did this person, in the first place, without the necessary qualifications, move on to a higher grade? We summoned the TSC to the Committee of Education, Information and Technology on this issue – and they were also concerned about it. But they were saying

“listen, why is it that if you are smart enough to get those things, why can you not simply go and sit for the examination and get this KCSE C+? Why do you not just do it?”

The second point is this, Mr. Speaker, Sir. The fact that somebody goes and gets a university degree or a Diploma in Education does not necessarily mean that, that person is of necessity going to become a teacher. A diploma or a degree in whatever subject simply qualifies you are a person who is educated, but it does not necessarily qualify you to teach. In fact, there are very few political scientists in this Senate, yet we all come from very different areas as politicians. It does not follow that what you study--- You can be a journalist and study nuclear physics. Therefore, the understanding is that those who may want to pursue a degree in education and may not themselves have C+ is because, maybe, they want to become entrepreneurs and owners of schools, and so on; and so forth. These are options.

Talking about options, these people have options. However, the easiest option for those who may wish, indeed, to be teachers, is to get the C+. I support what Sen. (Dr.) Khalwale said here; that there are institutions which are clearly taking advantage of ignorance in our societies and giving degrees. The only issue is that the TSC does not train the teachers. The TSC simply hires the teachers once they have been trained. Consequently, they hire those with the qualifications that they have set.

The TSC does not have the authority or, indeed, the means by which they can go and tell universities; “please recruit teacher trainees for us who only have C+.” They have set the standards, they have published them and they have made them aware. Now, if a university takes somebody who has got a D, as Sen. Karaba said, what you cannot expect them to be in this day and age in this country today is to be teachers; never mind that they might be trained in the profession of teaching, because that is just the rule.

Mr. Speaker, Sir, the issue of the unsuspecting members of the public and compensation, there is the rule of thumb that operates generally in commercial sector; it is called; “buyer beware.” In other words, as a parent and as a student, before you go to an institution of learning, there are two responsibilities; the first responsibility is that the institution itself should be vetted and we should be sure that, that institution can guarantee that it can give the education that it purports to give. The second responsibility is for those individuals attending those institutions; surely, they must do some little due diligence. You cannot today just wake up, go to an institution – never mind that nobody has ever said anything about the institution – get an education and then tomorrow, demand that the Government pays you because you went to an institution that was not qualified. If we did that, tomorrow, people will simply set up shop all over the place for students to go there and read, not because of education, but to get the compensation that the Government will be giving!

Therefore, Mr. Speaker, Sir---

*(Sen. Musila stood up in his place)*

**The Speaker** (Hon. Ethuro): What is it, Sen. Musila?

**Sen. Musila:** Mr. Speaker, Sir, I really admire my colleague, the Senator for Nyeri, but he must have not heard properly. There was no question of compensation raised. Is he in order to think that all---?

**The Speaker** (Hon. Ethuro): Sen. Musila, with due respect, Sen. (Dr.) Khalwale did ask, if I heard the HANSARD right; that “what the Government is planning to do to compensate those people?” He did say that.

That does not stop you from pressing on with your point of order.

**Sen. Musila:** But now, Mr. Speaker, Sir, my point of order is that, he says that “buyer beware.” Is he in order to assert that the level of knowledge of the people of this country is the same? Because parents are desperate to get their children to school, and coming from backgrounds that they do not know about “buyer beware,” they are simply falling into that trap. Is he in order?

*[The Speaker (Hon. Ethuro) left the Chair]*

*[The Deputy Speaker (Sen. Kembi-Gitura)  
took the Chair]*

**Sen. Kagwe:** Mr. Deputy Speaker, Sir, I am no lawyer, but I do know that there is something in law to the effect that ignorance is no defense; in Latin, it is called *caveat emptor*, or as you would say in Kiluhya, “*kaviyeti empta*”.

*(Laughter)*

Mr. Deputy Speaker, Sir, it is really a serious matter, and it is regrettable that individuals out there can take advantage of the ignorance that is so ably expressed by Sen. Musila. Indeed, I do agree with you and we, as the Committee, will pursue this; that the Ministry of Education must inform the public by publishing the list of organizations or institutions that can train teachers.

Indeed, Mr. Deputy Speaker, Sir, there are legal avenues by which these schools--  
- You have read in the newspapers about headmasters and owners of schools who have been imprisoned and taken into custody because of cheating. Those are two different matters; there is a legal issue and there are criminal matters that are involved in some of those schools. I will undertake, as far as that particular aspect is concerned, to see to it that it is done.

The university boards, in the new Act, are required to set certain minimum standards for universities. This is a matter of concern regarding the quality of education in universities. This is serious because we do not want to take the route we took with regard to our driving capabilities viz-a-viz in relation to overseas countries.

Years ago, a Kenyan would go to the United Kingdom (UK) with a Kenyan Driving Licence and be allowed to go to the road. Today, even if you go with a driving licence, you are required to go for a driving test for you to drive in the UK. I am even told that half of the people fail. We do not want a similar thing to happen to our graduates who are today much respected. We want them to go overseas and get jobs. If we took the route of admitting people who are not qualified for university education, we would be having situations where graduates would not get jobs in overseas countries.

Mr. Speaker, Sir, I also want to respond to Sen. Machage’s question regarding whether, indeed, I am satisfied that each part of this country is exactly the same in respect

to the awareness of issues pertaining to education, and, indeed, the training that is taking place in those counties. I concur that they are not the same. That is why we passed this Constitution so that counties can address for themselves some of these issues and for the national Government to support counties that lag behind and do not have resources. The Committee on Education and Information Technology is now negotiating with the Transition Authority (TA).

This weekend, we will be meeting with the Chairpersons of the Committees on Education of the County Assemblies. These people will be meeting the Senate Committee on Education and Information Technology Members in Mombasa to discuss matters regarding their allowances so that the county governments are allowed to take charge of the infrastructure of schools. We want the schools that Sen. Machage admires in other counties to also be built in his county by the county government without any penalty because of spending money on a function that has not been devolved to the county level.

Thank you.

**Sen. Obure:** Mr. Deputy Speaker, Sir, while I thank the Chair of the Committee for his response, I still think that this is a very grave matter. It is a grave matter because it affects the lives of people. It affects the future of young graduates who have undertaken courses believing that after they secure their diploma certificates, they will also secure employment with the Teachers Service Commission (TSC).

Could the Chairman of the Committee and the Cabinet Secretary for Education admit that there has been failure on the part of the Ministry of Education particularly because it is this Ministry that is charged with the responsibility of setting the policy, regulating and coordinating the activities of institutions offering the diploma courses? They do this through the Commission on Higher Education. In carrying out these activities to regulate the education sector, they in particular look at the courses offered by various institutions. They should be looking at the quality of education being offered by these institutions.

Can we agree that there has been definite failure on the part of the Ministry of Education to undertake these basic assignments charged to them? Owing to that failure, colleges have admitted students and offered courses which are useless to students. Could he admit that the Ministry of Education and in particular the Commission for Higher Education, which has the responsibility to ensure that these courses are not offered in the universities, has failed to do so? Does he agree?

**The Deputy Speaker** (Sen. Kembi-Gitura): Sen. Kagwe, Sen. Obure is addressing the issue of policy. He is saying that there should be someone in charge of policy, never mind the issue of the caveat. How can that issue be addressed right now?

**Sen. Kagwe:** Mr. Deputy Speaker, Sir, the Kenya National Examination Council (KNEC) examines and issues certificates for diploma in teacher education and, indeed, ensures that the C+ requirement is adhered to. In terms of the relationship between the school and the public, it is very clear that the Government, through the KNEC, insists and, indeed, has published this matter. They say that if one wishes to be a teacher in Kenya and to be employed by the TSC, then there are certain minimum qualifications that one must have. So, in terms of policy – the policy is there---

**The Deputy Speaker** (Sen. Kembi-Gitura): Without seeming to interrupt you, can a diploma college issue a diploma certificate in teaching, and not mind that the threshold of C+ was not attained?

**Sen. Kagwe:** Mr. Deputy Speaker, Sir, the universities have their own bodies and their examinations are not administered by the KNEC. They have their own admission and examining boards. Therefore, the admission---

**Sen. Karaba:** On a point of information, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kembi-Gitura): Do you wish to be informed?

**Sen. Kagwe:** Indeed, let Sen. *Mwalimu* Karaba inform me.

**Sen. Karaba:** Mr. Deputy Speaker, Sir, I think it is important for Members to understand that diplomas are not the same. There are diplomas that are issued by two diploma colleges and one is Kagumo Teachers College while the other one is Kibabii Teachers College in Bungoma.

*(A mobile phone rang)*

**The Deputy Speaker** (Sen. Kembi-Gitura): I do not take kindly the issue of phones beeping in the House. I have said this before. I do not know who it is but I think it is disrespectful to the House. If you cannot put your phone on silent mode, then do not activate it.

I do not know who it is. I am making a general statement of observation. From where I am sitting, I can hear a phone beeping.

Go on Sen. Karaba.

**Sen. Karaba:** Mr. Deputy Speaker, Sir, sorry for the rude interruption.

I was trying to inform the House that we have teachers trained at Kagumo and Kibabii colleges who are qualified and hold diplomas to teach in various secondary schools in Kenya. Others who hold diplomas from various universities do not qualify unless they come from those two colleges. The rest should get into other careers.

**Sen. Kagwe:** Thank you very much Sen. Karaba. I think he has spoken ably. On the matter that was raised by the Speaker on whether, indeed, you can get a diploma in education without necessarily the C+ is that yes, indeed, you can. However, you cannot be hired by the TSC. That is why it was assumed that if you were going to a university offering a diploma in education and you had attained a D plain in your Kenya Certificate of Secondary Education (KCSE), you were pursuing the Education Certificate for other purposes other than teaching.

Indeed, there are many people who have applied for jobs in the county governments. The counties advertise for jobs asking for someone with a diploma and they do not insist on the C+. So, if you have that kind of diploma, you may not get a job with the TSC but you can be employed by the county governments and other institutions that do not necessarily ask you to qualify in that respect.

However, I sympathise with the issues. I sympathise with those who went to school without clarity as to whether they will get the jobs or not. However, we cannot, as a Senate, with a clear conscience ask the TSC to lower their own standards of qualifications so as to accommodate people. I think the choices are two. Either, one can

get a diploma and simultaneously get a KCSE C+ or having qualified in a diploma, you look for another occupation.

In spite of our own personal feelings, we must admit that we must maintain a certain education level. Indeed, this qualification of C+ is likely to go higher rather than lower in future.

**The Deputy Speaker** (Sen. Kembi-Gitura): Sen. Kagwe, I think in that respect, the TSC, your Committee and the Ministry of Education should make this known to the public so that people know that if they want to go to the teaching profession, they can only do so if they had a C+ regardless of where they got their diploma.

**Sen. Kagwe:** Mr. Deputy Speaker, Sir, in fact, the Committee undertakes to ensure that the Ministry of Education and the TSC publish this in the soonest possible time as a notice to the public regarding the situation.

*(Sen. Obure stood up in his place)*

**The Deputy Speaker** (Sen. Kembi-Gitura): Sen. Obure, we have a problem here. This is about clarification and we cannot go on to infinity regarding this issue. It must come to a close at one point. You have sought clarification on more than one occasion although this is a statement. Is there something that is burning that you feel must be clarified?

**Sen. Obure:** Mr. Deputy Speaker, Sir, I agree with the direction you have taken. I think the general public should be informed. I think that is very important. The Ministry, at the moment, is allowing universities and institutions to admit students and the large majority believe that once they complete those courses, they will become teachers and will be eligible to be employed by the TSC.

You have heard from the Chair that the only way they enforce this policy is to wait until students complete the examinations. The KNEC then refuses to mark the examinations. That is very unfair. This should be taken up by the Chair of the Committee and the Ministry of Education to ensure that the general public is notified in good time so that they do not make mistakes that they will regret in future.

**The Deputy Speaker** (Sen. Kembi-Gitura): It is so directed. Sen. Kagwe, since this is an undertaking to the House, do you want to inform us when you will report back to the House after you have dealt with the situation?

**Sen. Kagwe:** Mr. Deputy Speaker, Sir, if I am given 14 days, I will report back to the House.

**The Deputy Speaker** (Sen. Kembi-Gitura): It is so ordered. Thank you Sen. Kagwe.

That brings us to the close of that statement. Are there any more statements pending?

Sen. Muthama!

**Sen. Muthama:** Thank you Mr. Deputy Speaker, Sir. I have two requests. However, I would like to withdraw one because it has already been overtaken by events because of a ruling that was given by a court.



UPGRADING OF THE MACHAKOS-KANGUNGO  
ROAD TO BITUMEN STANDARDS

**Sen. Muthama:** I request a statement from the Chairperson of the Standing Committee on Energy, Roads and Transport. The statement relates to roads earmarked for upgrading to bitumen standards during the 2013/2014 Financial Year.

In the statement, I would like the Chairperson of the Committee to state how many roads are earmarked for this upgrade throughout the country and to give a county by county breakdown.

He should explain why the Machakos-Kangundo Road has not been tarmacked besides the processes of tendering and tarmacking having been completed in 2006/2007 Financial Year and the contract having been awarded to H.Young Company.

Lastly, he should state when the work will commence.

**The Deputy Speaker** (Sen. Kembi-Gitura): Who is the Chairman of the Committee? When do you think we will get a response? The Statement sought goes back quite a lot.

**Sen. Musila:** Mr. Deputy Speaker, Sir, I will endeavour to discuss with the Chair to issue the Statement in three weeks.

**The Deputy Speaker** (Sen. Kembi-Gitura): Is that okay, Sen.Muthama?

**Sen. Muthama:** Yes, Mr. Deputy Speaker, Sir.

**Sen. (Dr.) Khalwale:** On a point of order, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kembi-Gitura): On what Sen. (Dr.) Khalwale?

**Sen. (Dr.) Khalwale:** This Statement that Sen. Muthama is seeking was actually the subject in this House last week when we asked about contracts only that we did it in general. We requested for a statement on all the contracts that had been awarded in all the counties. So, I appeal to the Chair if you can harmonize that statement with the one of last week which came from me so that we can get one answer.

**The Deputy Speaker** (Sen. Kembi-Gitura): Was yours on *bitumisation* or was it on a specific contract?

**Sen. (Dr.) Khalwale:** The Statement on contracts of upgrading these roads to bitumen standards.

**The Deputy Speaker** (Sen. Kembi-Gitura): So, let me get this correct: Sen. Musila, is your Committee still working on Sen. (Dr.) Khalwale's Statement?

**Sen. Musila:** Yes, Mr. Deputy Speaker, Sir. I want to confirm that we have made a lot of progress on that and if it is agreeable to the House, we could bring them together so that they can be interrogated at the same time.

**The Deputy Speaker** (Sen. Kembi-Gitura): Sen. Muthama, are you seeking a Statement specific to your county or are you seeking a general Statement?

**Sen. Muthama:** Mr. Deputy Speaker, Sir, the Statement I sought cuts across counties but more particularly there is a road that connects Kangundo and Machakos. That is directly involved and that is one of the specific answers I am seeking.

**The Deputy Speaker** (Sen. Kembi-Gitura): Do you have any problem if the two Statements are joined?

**Sen. Muthama:** Mr. Deputy Speaker, Sir, I have no problem.

**The Deputy Speaker** (Sen. Kembi-Gitura): Then it is going to be done as a joint Statement together with Sen. (Dr.) Khalwale's Statement. The Committee is going to make it into one Statement.

**Sen. Lesuuda:** On a point of order, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kembi-Gitura): What is it, Sen. Lesuuda?

#### INCREASED INSECURITY IN BARAGOI

**Sen. Lesuuda:** Mr. Deputy Speaker, Sir, I rise on a point of order to bring to your attention that on Tuesday last week, I sought a Statement on the security situation in Baragoi from the Chairman of the Committee on National Security and Foreign Relations. He said that since it is something that happened a year ago, a Statement could be tabled today. It is unfortunate that the Chairman is not here and has not delegated that work to any other Committee Member. It is unfortunate since we know that every day in Baragoi, people live in tension and lives and livelihoods continue to be lost. I would like to request for your direction on this matter.

**The Deputy Speaker** (Sen. Kembi-Gitura): The last time I gave a direction on this issue, I indicated that it is imperative that the Chairs of the various Committees, if they are not able to issue the Statement on due date, to have the courtesy to indicate when they hope to issue the Statement. Of course, I notice that the Chairman of that specific Committee is not here this afternoon and I do not know whether there is any Member of that Committee here at the moment. Maybe, the direction I can give on that position and which I can only give through the Clerk's Office, is that the Chairman of the Committee be informed that there was a Statement to be issued today and that he would have to give a progress report on Tuesday next week.

Does that satisfy you?

**Sen. Lesuuda:** Yes, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kembi-Gitura): Next Order!

#### MOTION

##### ADOPTION OF REPORT ON VISIT TO LEVEL FIVE HOSPITALS IN UASIN GISHU, ELGEYO-MARAKWET AND NANDI COUNTIES

**Sen. (Dr.) Kuti:** Mr. Deputy Speaker, Sir, I beg to move:-

THAT, the Senate adopts the Report of the Standing Committee on Health, Labour and Social Welfare on the visit to level 5 hospitals in Uasin Gishu, Elgeyo-Marakwet and Nandi counties, laid on the Table of the Senate on Tuesday, 15<sup>th</sup> October, 2013.

Mr. Deputy Speaker, Sir, as you are aware all the health services were devolved---

**Sen. Kajwang:** On a point of order, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kembi-Gitura): What is it, Sen. Kajwang?

**Sen. Kajwang:** It is just a matter of clarification. I have heard a lot about level 3, level 4, level 5 or level 6 but we are not quite sure of the distinction. We were quite used to district hospitals, provincial hospitals and referral hospitals but not with this new

grading system. So, before you move, please explain to us what level 4 or level 5 is, so that we appreciate.

**The Deputy Speaker** (Sen. Kembi-Gitura): Let us get this right. Sen. (Dr.) Kuti, you are moving a Motion. You can choose to give definitions either when you are moving it or it can come out in the debate. I do not think that would be a proper point of order at this point in time. If you decide that you want to let Senators know what these levels are, you let them know as you move the Motion; not because of the point of order, but because you need to do so.

**Sen. (Dr.) Kuti:** Mr. Deputy Speaker, Sir, this being my field I always feel it is good to clarify because I can understand the frustrations of Senators.

Level 5 hospitals are national referrals hospitals. In Kenya, there are only two, that is, Kenyatta National Hospital (KNH) and Moi Teaching and Referral Hospital (MTRH) in Eldoret. Level 4 hospitals are the former provincial hospitals like Nakuru, Mombasa, Kisumu and so on. Level 3 are the former district hospitals. Level 2 are the health centres and level 1 are the dispensaries.

*(Applause)*

**The Deputy Speaker** (Sen. Kembi-Gitura): Sen. Kajwang, you see; you asked on behalf of very many people.

**Sen. (Dr.) Kuti:** It is important to know so that as we go along, everybody is on board.

Mr. Deputy Speaker, Sir, since the implementation of the Constitution especially on the devolution of health services where all health services were devolved by 1<sup>st</sup> July, when the President announced, it was immediately implemented. As the Committee charged with this responsibility, we felt we should go around and see the impact of this devolution and devolved services on the counties and also see how the counties are coping. So, this report consists of our findings on these four hospitals and four counties that we visited.

Mr. Deputy Speaker, Sir, once the announcement was made, that by 1<sup>st</sup> July, all health services should devolved and once that took effect, the first thing that came up - even a petitioner has come here - was the issue of pay. Many medical staff who were being served from Afya House had a lot of problems in understanding how their pay would be transferred to the counties. As you are aware this brought many issues. As you are also aware a petition came here and we deliberated on it.

*(Loud consultations)*

Mr. Deputy Speaker, Sir, if I could also be protected because the consultations in the House are in high tones.

**The Deputy Speaker** (Sen. Kembi-Gitura): Order, Senators! Could we please have consultations in lower tones so that the Senator can move his Motion?

**Sen. (Dr.) Kuti:** Mr. Deputy Speaker, Sir, you know health care is a dull subject until one falls sick. It is not very interesting.

We realised that there were issues of staffing where some doctors and specialists who were in referral hospitals covering several counties were now limited to work only within the counties. Therefore, their services were not available to the neighbouring counties. There were many issues on medical supplies. So, before we left we called the Cabinet Secretary and asked what the issues and the immediate challenges were. We noted them especially the issue of drug supply where the Kenya Medical Supplies Agency (KEMSA) in preparation for this financial year and even in the next financial year, decided to procure Kshs4 billion worth of medicines and yet when devolution started the monies for those medicines were sent to the counties. So, the counties had the choice to either buy from KEMSA or go to other suppliers because they had their money and there was no legal provision to demand that they should buy from KEMSA. We found this to be a gap almost to the point of crisis.

I appreciate Sen. (Prof.) Kindiki, the Senate Majority Leader, because he had to come up with a Bill to amend the KEMSA Act so that the county medical procurement functions are guided by law. This would enable the continuity of the function of KEMSA as the procuring, warehousing and distribution of medicines which would remain with them with modifications of the demand and supply law being put in place so that we do not get the dumping of anti-malarial drugs in Nyeri and insulin in Isiolo and yet what is needed in Isiolo is anti-malarial drugs. This issue will be rectified in Prof. Kindiki's amendment.

Mr. Deputy Speaker, Sir, going to the actual findings, as I said, we visited Uasin Gishu, Trans Nzoia, Elgeyo-Marakwet and Nandi Districts. The programme that was followed was to first pay courtesy calls to the governors, health officials, hold discussions with medical personnel including the Ministry of Health (MoH) and hospital superintendents, tour all the facilities, view equipments, address and get feedback from patients to get their concerns. We also held discussions with the hospital management teams. That is the procedure that was followed. The Committee's general findings on the counties were that most of the level 4 hospitals had prepared to move to upgrade to level 5. All the level 3 hospitals were moving to level 4 because the referral hospitals that were in Nyeri, for example, that formerly covered large areas all the way to Isiolo were now shrunk to their counties.

Mr. Deputy Speaker, Sir, there is demand for higher level hospitals by the counties, and each county is struggling now to get those services, by upgrading their own facilities. Some of them have already started medical training institutions and even improvised blood banks by using refrigeration in their institutions. They also have computerized their records and data for better tracking of their patients. Various medical clinics, like diabetes clinics, were run on weekly basis within their own facilities; which were mainly functions that were handled by higher level institutions.

Mr. Deputy Speaker, Sir, the Committee found a lot of cases of misdiagnosis of patients, mainly because of the poor status of the laboratories. The diagnosis could not be well arrived at because the laboratories lacked the essential equipment. We also realized the need for research that was not available in those hospitals. The Committee felt that as much as the upgrading is being done, it is important that the research component for various diseases, like malaria and other diseases, is also included in the upgrading.

Mr. Deputy Speaker, Sir, we also observed that the poverty levels across the counties are contributing a lot to the disease burden, especially the chronic diseases like blood pressure, diabetes and cancer. It was very pathetic to find that people have to travel far distances on weekly basis to check their blood pressure, sugar levels, get the regular treatment for those diseases and for cancer patients to do chemotherapy. The inability of our citizens to pay for and sustain such regular treatment was a common observation across the counties.

Mr. Deputy Speaker, Sir, the Committee came up with recommendations. The first one is that the counties should prioritize the health sector in their budgets and try to make sure that they have the highest level of care, by improving and upgrading their hospitals. They need to have essential equipment for diagnosis, like MRI, CT Scan and other specialized equipment. The hospitals should also have accident and emergency centres and intensive care units, since now we will be depending on the counties to provide those services that were being provided in referral hospitals.

Mr. Deputy Speaker, Sir, there is need for the establishment of medical training centres and blood banks. There were a lot of issues regarding the Kenya Medical Supplies Agency (KEMSA) and---

**Sen. Omondi:** On a point of information, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kembi-Gitura): Do you want to be informed?

**Sen. (Dr.) Kuti:** Yes, Mr. Deputy Speaker, Sir.

**Sen. Omondi:** Mr. Deputy Speaker, Sir, I would like to inform my fellow Senator that as he speaks or informs us about the challenges being faced by the people seeking health services, there is a lot to be looked into, especially in terms of physiotherapy. Most of those who require physiotherapy developed problems due to messes by the service providers. For example, you will find that during the administration of treatment, especially injections, most patients suffer or acquire disability, because of carelessness. These patients are subjected to physiotherapy to adjust to the new type of life. Such patients are supposed to be taken for physiotherapy maybe twice or thrice per week and cover long distances. Nobody is thinking about how we can reduce this and what the remedies are. What are we supposed to put in place? When disabilities are caused by the health service providers, I would like maybe to be directed---

**The Deputy Speaker** (Sen. Kembi-Gitura): Sen. Omondi---

**Hon. Senators:** It is her Maiden Speech!

**The Deputy Speaker** (Sen. Kembi-Gitura): Order, Senators! I am presiding over this Senate and I am sure that you do not know what I want to discuss with Sen. Omondi.

Sen. Omondi, I know that this is the first time that you are giving your Speech in this House, but you rose on a point of information and said that you wanted to inform the Chairman of the Committee. What I get from you now is that you are making a very able contribution to the debate and not informing. Do you want to hold until the debate is on and then you can contribute to it as ably as you are doing or are you convinced that what you are giving is information for the moment? Information assumes that you are informing the person on the Floor, so that you can improve the quality of what they are saying or make them aware of a certain thing.

**Sen. Omondi:** Mr. Deputy Speaker, Sir, I will hold on.

**The Deputy Speaker** (Sen. Kembi-Gitura): Thank you very much.

Proceed!

**Sen. (Dr.) Kuti:** Mr. Deputy Speaker, Sir, the information that has been provided by the Senator is very valid and I am sure that she will expound on it when the right time comes.

Mr. Deputy Speaker, Sir, I was speaking about the issue of drugs supply. As I said earlier, our observation was that here we have an institution with over Kshs4 billion worth of medicine in preparation for the counties and monies that have already gone to the counties. Now that the counties have the mandate and authority to procure from whatever source that they want, our recommendation – and I am very grateful to Sen. Kindiki – is that we need to amend the KEMSA Act, so that some alignment is done, where the KEMSA, which is an arm of Government for procuring, warehousing and distributing medicines, especially vaccines, which are very essential medical goods, that have to be transported through a maintenance of cold--- This can only be done in a specialized way by the KEMSA. But since there is no legal provision for that, that alignment was very important. We made that recommendation and we have approved, as a Committee, some amendment to the KEMSA Act, and it is now being published.

Mr. Deputy Speaker, Sir, we also recommended that the county directors of health should ensure that hospitals get title deeds for their land, now that the counties are becoming the focus of development and cash flow will improve in those counties. One of the issues that will immediately arise is real estate and the rush for land. Some of those hospitals do not even have boundaries and fences. Others do not even have titles and ownership of those lands. As a Committee, we recommended that these Government institutions should get their titles as soon as possible.

Mr. Deputy Speaker, Sir, there was also the recommendation regarding waste disposal. We realized that most of them use very old methods of waste disposal, like pits. Needles, syringes and other hospital waste are burnt in pits. Our recommendation is that most, if not all county health facilities, should focus on medical waste management, through building of incinerators and use of modernized waste management procedures. If time allows I will expound on that.

Mr. Deputy Speaker, Sir, it was recommended also that each referral hospital should have a research component. This is because we are relying only on old research from Western countries, which do not have some diseases like malaria and tuberculosis. Most of the tropical diseases are just with us, but you will realize that the research and results of that research and medicines that we depend on, are from countries that do not even have those diseases. Therefore, our recommendation, as a Committee, is that continuous research and development in the medical field should be given a higher priority, so that, maybe, we will have better and more affordable medical care for our people.

Mr. Deputy Speaker, Sir, I would like to appreciate all the people who were involved in this work, especially the Senators, who are Members of the Committee, and those from the counties that we visited, who were able to lead us in their counties. We are also very grateful to the governors and medical personnel in those counties. I am also very grateful to the secretariat and the Office of the Speaker, for organizing, funding and enabling us to have that experience that we had.

Mr. Deputy Speaker, Sir, this is a very wide area where challenges are very many. But we have just restricted ourselves to the issues of modernizing health facilities. We now intend, as a Committee, to call all the county executive committee members in charge of health and also the health managers in the counties and even lower levels. It will be like a nationwide stakeholders meeting, including the headquarters at Afya House. Now that the devolved functions have started running, the various challenges that are happening could be now deliberated in a wider forum.

Some challenges that were very pressing are already being attended to, for example, the payroll for medical staff. The Transition Authority has already come in and an understanding between the Council of Governors and the Ministry of Health has been arrived at, to the extent that between now and 31st December, 2013, the payroll for all health workers will be at the national level – Afya House – to give time for the counties to prepare their own payrolls, so that the staff do not lose their benefits or get affected by this one-off devolved function that was done at a snap.

So, for the rest, the experiences will be shared in this big forum that is coming up soon. Once that has been done as a report, we will follow up on how devolution is taking shape in the form of health services and the challenges met. I support this, even if it is a one snap kind-of functions that were devolved to the counties, I think it is important because now the counties will grapple with it and they will learn from it. I am sure health services will be one of the first functions that will stabilize soon enough and be able to be available and responsive to our citizens. But at the same time, the challenges will inform us help us to come together to try and solve them. I think a forum like the one we are planning now will have to be done maybe after another year or after five years so that we all come together to improve the services to our people.

With those few remarks, Mr. Deputy Speaker, Sir, I beg that the report be adopted.

Thank you, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kembi-Gitura): Do you have somebody to second you?

**Sen. (Dr.) Kuti:** I beg Sen. (Dr.) Lesan, as a medical doctor, to second.

Thank you, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kembi-Gitura): Sen. (Prof.) Lesan?

**Sen. (Prof.) Lesan:** Thank you, Mr. Deputy Speaker, Sir. I want to thank you for this opportunity to make a contribution to this report by the Committee on Health, Labour and Social Welfare. First, I wish to thank the Committee for---

**An hon. Senator:** Order, Sen. (Prof.) Lesan! You are not making a contribution; you are seconding!

**Sen. (Prof.) Lesan:** I am?

In seconding this Motion, first, I would like to thank the Committee for the report they have tabled in the House. It is a commendable job that they have been able to go round the counties and actually give us a hands-on report of what is going on there. Of course, the report mentions a lot of things and specifically makes some recommendations on what we ought to do in order to improve services that we are delivering to our counties. If we look at the report on the Level Five Hospitals in particular, it gives us the impression and the fact that these Level Five Hospitals actually ought to start moving to a

higher level than Level Five. We can judge the operations and the capacity of a hospital to deliver services by its intensive care services and by its emergency services. If these two services are delivered up to standard, then we will know that the hospital is functioning.

Mr. Deputy Speaker, Sir, one of the things that, of course, we can see from this report here is the fact that there are inadequate specialists to handle some of the things in the hospitals; for example, there are inadequate neurosurgeons, paediatric surgeons and this is, of course, worrying in that expert knowledge in medicine is not available. Therefore, it is important that we consider using other services like Information, Communication and Technology (ICT) in order to share the experts who are around using telemedicine.

Mr. Deputy Speaker, Sir, it is also important to note that some training goes on within these hospitals, but I do not think it is sufficient enough to improve, especially the in-house training of personnel, medical doctors in the hospital in order to exploit and ensure that the expert knowledge is utilized.

Mr. Deputy Speaker, Sir, the report has mentioned a few areas in which immunization takes place in some of these hospitals. I think it is important to note that in every case here, there are inadequate supporting physical facilities or even the knowledge to handle vaccines and all the attenuated micro organisms. We know, of course, that these attenuated organisms must, at any one time, remain attenuated, otherwise they can cause serious epidemics in the country. Therefore, it is important that all the hospitals really need to improve on how to handle vaccines in cases of immunizations.

Mr. Deputy Speaker, Sir, there is also a mention of how we dispose of wastes of the hospitals, and the only thing which was mentioned here is waste disposal through incineration. This is not the only way we can dispose of waste in hospitals. In fact, in some cases it is dangerous to incinerate some of the wastes coming from the hospitals because some of them are nuclear products and, therefore, incineration would probably worsen the situation. There are some elements like mercury, which is a waste from hospitals; they are more dangerous in gaseous form and, therefore, incineration is not the way to probably go about it. It is therefore, important that in some of these reports, where incineration is used, that we start looking at other ways in which we can dispose of some of the waste in the hospitals carefully and safely. I think this cuts across all the hospitals which were visited and for which a report has been done. I think it is important that we should, therefore, learn from this report we have here and, probably, improve on some of those areas.

Otherwise, Mr. Deputy Speaker, Sir, I think the report before the House which is going to be deliberated on by the Members of the House contains useful information, some of it has mistakes we are making which, in due course, we shall correct.

Therefore, I wish, Mr. Deputy Speaker, Sir, to support the Motion. I do wish Senators would support the adoption of this Motion in the House. With that, I beg to second.

Thank you, Mr. Deputy Speaker, Sir.

*(Question proposed)*



**The Deputy Speaker** (Sen. Kembi-Gitura): Sen. Godliver, did you want to contribute at this point, because you had started to give a contribution? While you are at that, I understand that you have already made your maiden speech. Am I correct?

**Sen. Omondi:** Yes, Mr. Deputy Speaker, Sir; I did yesterday. But I will request for maybe next week.

**The Deputy Speaker** (Sen. Kembi-Gitura): To do what?

**Sen. Omondi:** To give my maiden speech.

**The Deputy Speaker** (Sen. Kembi-Gitura): No; you give a maiden speech only once. The reason I am asking you that question is so that you know that you lose the protection of a maiden speech. Now, if you have given a maiden speech, the normal rules of practice will apply to you; points of order can be made and you can be interrupted. But when on a maiden speech, it is a matter of practice; no Senator will have the right to interrupt your speech. But now that you have given a maiden speech already, you are subject to the ordinary and normal---

**Sen. Omondi:** Mr. Deputy Speaker, Sir, I was not aware; I was just contributing. After my contribution, I was told that, that was my maiden speech when, in fact, it was not written.

**The Deputy Speaker** (Sen. Kembi-Gitura): You heard Sen. Mutahi Kagwe mentioning something like “purchaser, beware;” it is assumed that you know these things. So, please, proceed with your normal contribution.

**Sen. Omondi:** Thank you, Mr. Deputy Speaker, Sir. I was informing the Floor that amongst the challenges that we face are physiotherapy facilities. Most health service providers lack that facility, and where it is available, the service is not up to the standard that is required. In addition, patients are forced to walk for long distances, and this denies them such services. At the end of the day, you find that they cannot achieve the requirement of the doctor, which leads to a situation where, for some people who had a minor disability, it now becomes a major one because the services were not administered to the required standard. I want to request the Deputy Speaker, maybe, to give us directions; where a doctor has messed with a patient, resulting into a disability, what should be done?

Thank you, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kembi-Gitura): Thank you very much.

Sen. Leshore.

**Sen. Leshore:** Thank you very much, Mr. Deputy Speaker, Sir. I would like to support this Motion from the outset. I have read this motion, its findings as well as recommendations; this is a very good report and I wish that the next trip that this Committee should be going to, should be to other counties which have been forgotten by all the regimes in this country. The hospitals or the counties which have been listed here have had a very favorable time during the 24 years of President Moi’s rule; that is why you hear them calling themselves Level Four and Level Five. There are even Level Zero Hospitals where the Chairman comes from. That hospital was built by the British Government, but a lot of buildings and facilities do not even feature anywhere near Level Four.

I would like to recommend that some of these Committees, like the one for health and most of these Committees; they like going to counties which some of us perceive as

“Kenya.” Some of our counties are not “Kenya;” and when we come from there, we say “we are going to Kenya.” Go to Lodwar, Samburu, Marsabit, Mandera and Wajir; those are the counties that these Committees should be visiting; not Kilifi or Nandi.

I hope, Mr. Deputy Speaker, Sir, that you will give us direction next time when we meet. Some of these Committees should know their country; they should go to the far end of our nation!

*(Applause)*

Mr. Deputy Speaker, Sir, they have referred here to poverty as one of the major problems facing our people. I came from Maralal two weeks ago, and I was told they have never seen medicine in Samburu District Hospital since the beginning of this year. We must fast track the Kenya Medical Supplies Agency (KEPSA) Bill so that KEMSA will be having all the medicines required by the counties and every three months, they will have to publish which counties have bought medicine from them. Our people are poor; they cannot manage these health facilities. Up to now, a county like Turkana – whose budget we were discussing the other day – where do you think they are going to get their medicine from? Their budget has not been passed; the people of Turkana continue suffering yet they know they have oil and water.

So, Mr. Deputy Speaker, Sir, this is an urgent request that I would like to make to the Committee; that they should fast track that KEMSA Bill and even visit counties like Turkana and Makueni. I do not even know if they have any medicine in Makueni.

**Hon. Senators:** No!

**Sen. Leshore:** Even in Samburu, we do not also have any medicine. Therefore, that is one request I would like to make to the Committee.

The other recommendation, Mr. Deputy Speaker, Sir, is that they should also have come out saying that, at least, every district or county hospital should have a certain number of ambulances. Our people are suffering; some health centres which are about 50 or 100 kilometres away and which were built by the President under the Economic Stimulus Programme when President Uhuru was the Minister for Finance have not, up to now, been opened. The buildings are there, but they have no staff, medicines or ambulances. This Committee should undertake to tell us how many of those hospitals or health centres are operating now. This is because they could stay there for more than 10 years and become white elephants. That is the other request I would like the Committee to undertake.

Mr. Deputy Speaker, Sir, I would also like to comment that these hospitals, health centres and even dispensaries, because of the mushrooming of land grabbers everywhere in the counties, should have their title deeds. I have seen that in some areas, they have even grabbed hospital land; like in Maralal. The area in Maralal is becoming smaller and smaller. I would like to add that all the counties must undertake that before the end of the year.

I have said what I wanted to say. Thank you.

**Sen. Muthama:** Mr. Deputy Speaker, Sir, I would like to support this Report and seek direction from the Chair. The Report talks about level five and level four hospitals.

The Report says that level five hospitals in this country are only two; namely, the Kenyatta National Hospital (KNH) and the Moi Teaching and Referral Hospital.

My belief, as I serve Machakos County, and going by the notes I have received from the Machakos District Hospital, this is also a level five hospital. So, when we say that the level five hospitals are only two, I want a clarification from the Chair on how to identify level five, four or three hospitals.

**The Deputy Speaker** (Sen. Kembi-Gitura): Order, Sen. Muthama.

Sen. (Dr.) Kuti, your Motion reads in part; “visit to level five hospitals in Uasin Gishu, Elgeyo Marakwet and Nandi counties.” Is that a mistake? The Report also reads in part; “level four and five hospitals.” Is there a mistake on your Motion? Your Motion talks about a visit to level five hospitals. Where have you talked about level four hospitals in the Motion? Look at it.

**Sen. (Dr.) Kuti:** I think there was an error.

**The Deputy Speaker** (Sen. Kembi-Gitura): That needs to be corrected.

**Sen. Muthama:** Mr. Deputy Speaker, Sir, just to guide the Chair, he talks about four hospitals in Uasin Gishu. The Report addresses Uasin Gishu, Trans Nzoia and Elgeyo Marakwet. The Moi Teaching and Referral Hospital is located in one of those counties. Nevertheless, you have put the record straight and the Chair will clarify that.

**Sen. Mugo:** On a point of order, Mr. Deputy Speaker, Sir. I believe that there is confusion or probably the Act still reads what was there previously. We now have six levels. Level one is on community health. Level two refers to dispensaries. Level three refers to health centres while level four refers to district hospitals. Level five refers to the former provincial hospitals and level six to the national hospitals. That is how we have been operating.

**The Deputy Speaker** (Sen. Kembi-Gitura): Sen. Mugo, before you came in, Sen. Kajwang had sought to be educated on what these levels mean. The Chairman, Sen. Kuti, talked about five levels starting with level one being health centres. Now you have taken us to community centres.

**Sen. Mugo:** Mr. Deputy Speaker, Sir, community health is now regarded as level one. When we deliver services there, we regard it as level one. In the system and according to Vision 2030, there are six levels in the health sector.

**The Deputy Speaker** (Sen. Kembi-Gitura): Mr. Chairman, you need to consult, confer and to get it right.

**Sen. Muthama:** Mr. Deputy Speaker, Sir, the Machakos District General Hospital, as I said, is referred to as a level five hospital, at least, according to the letters I get. I seek to that clarification.

Sen. Kajwang asked a question and the answer he got does not go down well with what came from the Chair. The Report is well detailed although it does not talk about the whole Republic or even all the counties. It only addresses a few counties. I want to alert the Chair that not only the county I come from but almost all counties - the Chairman will agree with me - there is still a go slow taking place in these health facilities.

In the dispensaries, health centres, district hospitals and provincial hospitals, doctors are not actively offering services to Kenyans. This is because of the frustrations they are facing. They are being paid and chased away because they have failed to take the

increment of salaries. There is still a question mark on whether they are willing to work with comfort.

The other issue that the Chair needs to look at is the counterfeit drugs that are passing through our hospitals. This has been an issue in this country. It has been addressed by the Government and is still an issue in the public light. There is also serious lack of facilities in certain hospitals. You will find that there are no standby generators or even x-ray machines. The basic requirements are lacking in the hospitals, not to mention the health centres.

The Tenth Parliament passed that money be given to every Constituency by the Government to construct more health centres. Those health centres are there. However, I would want to talk about the equipping of the same that was done. These health centres lack the facilities that are supposed to be in health centres. I would like the Chair to consider that.

Many people have lost their lives in dispensaries because of snakebites just because there is no medicine. For you to give services, you must address all the problems that people are facing. We are in a devolved system of government and it is my hope that money will be availed to hospitals so that they purchase the required necessities.

I support.

**Sen. Kajwang:** Mr. Deputy Speaker, Sir, I am grateful to the Chairman for having explained what the levels are all about.

I was asking about them because whenever they refer to the Kisii General Hospital, they regard it as a level five. Although it has improved, it is not quite the provincial hospital that we know. I, was, therefore, very doubtful as to what level it is. I thought that the Chairman would make us more comfortable by listing down some of the requirements like equipment and provisions that should be there for a health facility to be moved from one level to the other.

Once we know have this information, we will go back to our former district hospitals which are now county hospitals and tell them what they require to move from, for instance, from a level four to a level five hospital. We should know what magnitude of a laboratory they require, the operation tables, running water; hot and cold, operating theatres, the number of doctors they should be having and the number of nurses they should have so that we help them to be the real level four or five so that we have a real structural development towards that.

As we look at our budgets – the Bill is coming and we will pass it soon – we will sit with the Governors and other leaders and decide to improve hospitals the way it ought to be done. Setting up a laboratory is not cheap. I have seen one here that is being funded by the World Bank at a cost of Kshs50 million. So, for a laboratory to be a real laboratory and deal with sophisticated issues, we need to budget for them. Probably, as an addendum to your report, you could inform us what is required to call a hospital a level four or five so that we work towards that.

I want to think that there will soon be referral hospitals of the counties. Somebody will be moving from Mvita to Homa Bay on a referral. You need to have the facilities for this person to move from Homa Bay to Kisumu. For one to be referred to Nairobi, they must be going through a complicated issue. There should also be lack of expertise at hospital the person is being treated. I know of a hospital, where I come from; there is a

doctor who is my age mate. He is a friend, a gynecologist, a very well trained one. When he is at the hospital, he acts as a general surgeon because there is no one else there. So, when there is an accident, he has to be the one to deal with it. He also deals with deliveries and any other problems that come his way.

Although that has given him a lot of experience and has made him a jack of all trades, it is not good for the patient. We should insist that every hospital in the county has a several doctors. One should be a surgeon, the other a physician and another one should be an eye specialist. Another problem that we do not look at seriously is tooth problems. We have very few dentists in our hospitals. I do not know whether you have had a tooth problem. You cannot sleep and your ears make noise among other things. My younger brother is a diploma holder in the dental sector. When he comes home, he puts up a board at the gate to say; “the doctor is now available.”

Therefore, it is very important that we deal with some of these diseases at home rather than in hospitals. I have seen your data here and most it seem to suggest that the biggest problem in these hospitals that you visited is actually respiratory problems. I saw that respiratory problems are at 50+ per cent. In fact in Chebiemit District Hospital, you said that the ten causes of morbidity and mortality, and I assume that morbidity means being admitted, the respiratory problems are at 51 per cent, then diarrhea 1 per cent and clinical malaria 6 per cent. If you say that malaria is 6 per cent, I know as a fact that malaria, if dealt with at the community level, you do not need to go to the dispensary, that is, if there was intervention at the village.

This is the same with diarrhea; if there is medicine and there is somebody who is trained for a few days on how to administer some of these things, there would be no need for admission. With respiratory problems, unless they become very serious, you really do not need to go to hospital. So, if we dealt with some of these issues at home, the only people who will be going to these level 4 hospitals and actually sleeping there, seeking for help of a specialized nature will be people with accidents and people with serious ailments like diabetes, heart problems, cancer and so on. I think that is what public health was all about; where we can intervene at the village level so that we do not get so many people in the hospital which costs the Government a lot of money.

Mr. Deputy Speaker, Sir, the other thing that I wanted to refer to is that in most cases, people would not reach the level where they have to be taken to referral hospitals if they got help close home. I know of a programme which is now running in Homa Bay where they are training community leaders on health matters albeit rudimentarily. That is dealing with these things at the *Nyumba Kumi* level, because I heard them talk of only ten or twenty homes. I know that one of the problems is pregnancy because most mothers do not go for prenatal and post-natal examination and they give birth at home.

We have so many deaths especially in my county. In fact, I think I am leading in the statistics. Next time you go out, go to Homa Bay and do some little research. Take note of maternal deaths during births. The figures are alarming when you compare them against the national average. The figures are also alarming for child mortality for children below the age of five years. There must be something wrong because we need a lot of intervention at that level so that mothers can accept that they can go to medical centres for delivery or even for follow up.

If we really handle people in the village, we would save a big budget which we would not even know what to do with because most of the amounts of money we spent on medicine to deal with these issues are huge. That is why our health budget is so high because we do not take care of our patients in the village. That is called preventive medicine.

Mr. Deputy Speaker, Sir, I just want to say something about equipment. I heard on radio and I was very amused that in Migori District Hospital they have started training nurses, which they should as recommended in this report, but I do not know what the nurses will be learning in an institution which does not have those facilities. I am sure if they are tested at Migori District Hospital, they will pass because the exam will be tailored according to what they have learnt; but if they were to be tested nationally, they might do very poorly. So, I want to ask you; is the Government planning to invest in these hospitals we call level 4 because counties may not have money to do it? Are we planning to put in some money to do what is necessary to level 4 hospitals to provide for training so that we all start at some level?

**Sen. (Dr.) Kuti:** On a point of information Mr. Deputy Speaker, Sir. I appreciate the contribution by Sen. Kajwang which is to the point but I would like to inform my colleague that according to the new Constitution which is in force now, all level 4 hospitals and below are now the responsibility of the counties. They have been fully devolved. Now it is the responsibility of the Governors and his team together with the Senators to either source funds or budget towards creation of that state-of-the-art facility that they wish to have.

**Sen. Kajwang:** Mr. Deputy Speaker, I raised that issue because it is good to devolve but some people are far below others. It is a fact that if you went to some hospitals in some parts of the country which we now call level 4, for lack of a better word because they are now the highest county hospitals, you will find that the capacity is far too low. Maybe the county governments may not have the capacity to build these facilities and provide equipments. They might not even have the capacity to train doctors. Sometimes, doctors trained elsewhere would not want to work for you. They do not want to go and work in Homa Bay, for example, because they all want to work in Kenyatta National Hospital (KNH). I think the former Minister knows that. They all want to work in KNH because this is where they also go and visit their clinics but Homa Bay does not have that kind of money. So, if you take them to Homa Bay it is like you are giving them a punishment. I can tell you that there will be no neurosurgeons in Homa Bay for a long time, maybe, in another 20 or 30 years. I can tell you that very highly specialized people in kidney diseases or in oncology, would go to those areas.

If the Government wanted to support, we could train some core staff from every county. We could say that we want at least two surgeons, two specialists, one physician and so on in every county. The Government could support them by giving them a master's programme but they must work in Homa Bay for five years. I can tell you those experts will accept because they want that training but they cannot afford it, but at the same time, they must know that they have to pay back to the county that invested in them. That way, we might create a cadre of specialists across the country but if we leave it to the counties, probably we will not make a good start.

Mr. Deputy Speaker, Sir, I want to urge the Chairman that this is his baby and he must take it up with the Government and make serious recommendations about training for specialized people and also bringing up these hospitals in terms of capacity and equipment to a certain level before we talk of insurance.

I would also like to talk about insurance. There are certain diseases which we cannot afford to treat however wealthy one is. Even for us Senators, the day you will not be insured here, the day you will not be a Senator, you will realise that you have no insurance. When I came back as a Senator having stopped being a Member of Parliament, I went to the clinic where we usually go and I was told that there is no communication that I am covered. It is a serious matter. Well, I only heard a respiratory problem but suppose I had an accident and it was serious enough to require serious medical attention? I do not know what I would have sold to pay for that.

We talk about national social insurance to take care of certain serious problems that people cannot bear on their own like cancer, serious accidents, diabetes which is a life problem, high blood pressure which might not be serious except for some tablets. But sometimes, you might not have money for tablets. I have lost a very good friend of mine because he did not have a tablet for high blood pressure and he had a stroke. That can happen to any one of us when you are broke. So, let us think about national insurance on some of these very serious diseases.

I think we are now taking care of children up to five years which is good for the country because that was a very delicate area. I can also see that we are taking care of mothers during delivery and that is also very good, but I think we must do it structurally through some insurance which can cover everybody. We attempted it and it failed but we can attempt it again and revise it in a way that can help this country.

With those few remarks, I support.

**Sen. Chelule:** Mr. Deputy Speaker, Sir, thank you for giving me this chance.

Mr. Deputy Speaker, Sir, first, I want to commend the Committee for making the decision to visit the counties. This is the only way that we can know the problems facing the public.

Mr. Deputy Speaker, Sir, I only have two issues to add to what my fellow Senators have contributed. This is about the services. I was looking at the findings of the Committee and must commend the Chairman. We know very well that most of us are not receiving quality services in most public hospitals. There are poor services and I expected the Chair or the Committee to come up with this finding and suggest ways of addressing that issue, because it is a major issue. Many people are losing their lives because they are handled in a very careless manner.

Mr. Deputy Speaker, Sir, I expected the Committee to also cover antenatal care matters. In their findings, they did not mention anything about antenatal care and maternity wards. This is a serious issue because most women and children are losing their lives in many counties. I would suggest that the Committee should find out which counties are most affected. But, I would want to commend the Committee on the county visits, because I know that there are some Committees which have not even made any attempt to visit the counties.

Mr. Deputy Speaker, Sir, I would like to also talk about the traditional birth attendants. I do not know whether it has been abolished. But in some parts of this country

there are those people who never access health facilities because of poor infrastructure. Such people give birth at home and, therefore, it would be better if we can have a policy to train the traditional birth attendants. This way, we shall reduce the number of people who are affected.

Mr. Deputy Speaker, Sir, the health facilities in most areas are far away from the public. The Committee should, therefore, have recommended that four-wheel-drive ambulances should be allocated to such facilities. This will be of help especially in areas where the roads are so bad that saloon cars cannot be driven on.

Mr. Deputy Speaker, Sir, there are so many killer diseases and one of them has been mentioned by Sen. Kajwang. The other one is cancer. The communities need to be sensitized about cancer. We do not need to keep quiet about the fact that cancer is a killer disease. It is, therefore, our obligation, as Senators and other stakeholders, to sensitize our people about this disease. I am saying this because if it is discovered at an early stage, it can be treated.

Mr. Deputy Speaker, Sir, as much as I commend the Committee for the county visits, there are key things that they did not capture. I do not think that you will be able to visit all counties. But, probably, you should visit up to ten counties and come up with universal recommendations that will represent all of us.

Mr. Deputy Speaker, Sir, there are recommendations in the report that need to be harmonized with the plans of the county governments. I know that there are county strategic plans regarding various hospitals. How will the Committee harmonize its recommendations with the plans that are in place right now in the counties?

Mr. Deputy Speaker, Sir, with those few remarks, I beg to support.

**Sen. Karaba:** Thank you very much, Mr. Deputy Speaker, Sir, for allowing me to also contribute in support of this Motion that has been tabled by my friend, colleague and student, Sen. Kuti. This tells us that my work as a teacher was good and I produced very wonderful people like Sen. Kuti, who is now the Chairman of the Committee.

Mr. Deputy Speaker, Sir, we need to be very serious about health in our country, because this is one of the most important rights to human beings. The most important commitments that any Government should address deal with health, shelter and education. We need not to shy away and say that we are better than many countries in sub-Saharan. We are behind what many countries, particularly in Europe, have achieved. When you compare what happens in Europe and America with what is now happening in Kenya, we are quite far in the sense that we have not been able to articulate exactly what we need to do to save our ailing society. We have quite a number of diseases in many parts of this country. For example, there are areas which are prone to cholera and malaria. We also know of certain areas where snake bites are rampant and people die out of them.

So, when we hear that the Report is about Trans Nzoia, Kapsabet and Elgeyo-Marakwet, to me all these regions are lopsided. They covered one area of Rift Valley. Therefore, I would recommend that the Committee should cover more areas like Mwea, Kirinyaga and Tana River, where there are serious cases of malaria. We also need to hear about North Eastern, where there are no hospitals. When you talk about Level Five hospitals, I do not know what people from north eastern will talk about, because they do not even have dispensaries. So, we need to know exactly what these Level Five hospitals are all about. They do not even have Level One or Level Two hospitals.



*[The Deputy Speaker (Sen. Kembi-Gitura)  
left the Chair]*

*[The Temporary Speaker (Sen. Ongoro)  
took the Chair]*

**Sen. (Dr.) Kuti:** On a point of order, Madam Temporary Speaker. Is my former teacher, the distinguished Senator for Kirinyaga, in order to state that there are no dispensaries in North Eastern? While we may not have Level Four and Level Five hospitals, this country has elaborate referral systems, especially at the lower levels, including dispensaries and health centres.

**The Temporary Speaker** (Sen. Ongoro): Continue, Sen. Karaba!

**Sen. Karaba:** Madam Temporary Speaker, since I have been allowed to continue, it means that there is nothing to observe from my student.

Madam Temporary Speaker, I was trying to suggest that there are some areas where you cannot access medicare when you need it. There are areas where if you were bitten by a snake, you would die before getting to a health facility. We rely on this Committee to inform the Senate, so that the Senate can inform the counties and our country will be free from some of these problems. Since the Committee has not gone to other areas to draw a comparison with what they saw in Trans Nzoia and the other areas that they covered, we will need to know what is happening in those other areas. I hope that they will come with reports from other regions, so that we can compare and see whether all areas in Kenya can be treated the same way. To me, Kapsabet, Trans Nzoia and Elgeyo-Marakwet are well-to-do regions. There are some areas where even to get a bicycle to take a patient to hospital is impossible. Some people travel on camels and patients die before getting to the nearest dispensary.

Madam Temporary Speaker, there is a time that I transported a lady who was in labour somewhere and surprisingly, we never got to the hospital. The lady demanded to alight from my car and within a very short time, I heard a cry from a distance. This was a delivery somewhere in the bush and that is why we are asking: Are we prepared to handle such emergencies? If we are not, what are we doing about it? That is what is happening in our society. There are many problems that affect our people. There are people who cannot access hospitals where they can deliver. Therefore, I am requesting the Committee to come up with some provisions and policies--- When I was a young boy, I used to hear of women called “home visitors.” They would visit women and tell them about what good food to eat and what to do when they are pregnant or when they get emergencies. Today I do not see these “home visitors.”

Madam Temporary Speaker, we spend up to Kshs1 million per year to train one doctor. In seven years, the Government will have spent more than Kshs10 million to train one doctor. But instead of these doctors going to serve people in areas where they come from or rural areas, they are very quick in setting up their own clinics, forgetting that the Government has spent so much money on their education and training. They set up their own clinics in towns and cities like Nairobi, Mombasa, Eldoret and Kitale, at the expense of those people who are suffering from diseases. As a result of that, we are

going to have a vicious cycle of people dying every other time because of that shortage of personnel and equipment such as ambulances.

For example, if somebody is to be transferred from Maralal to the nearest town, which is Nyahururu, that person will die before getting there, because of the terrain, distance and kind of vehicle which is used to transport him or her. This is what we are trying to discuss here; the reality of our country, the reality of our people and what the Government should do. The Government should, therefore, come up with arrangements and policies of providing medical care and making it accessible to everybody, because that is their right. The people should be given that right because they have to have it; because it is a requirement and it is one of their basic rights.

So, Madam Temporary Speaker, we need to know from the Committee or from the Government; these levels called Level Two, Level Three, Level Four and Level Five, we need to have some qualifying criteria of saying “to get to this level, you must be having this.” But according to what I have seen, they use administrative boundaries to classify hospitals to those levels. For example, when it is a location and it has no other hospital, then that becomes a dispensary. After some time, it becomes a health centre; and after some time, it becomes a sub-district hospital; not because it has equipment; not because of even having doctors or anybody else; just because of the area in which that hospital is located.

But when you go into that hospital or that building called a hospital; or the cluster of buildings called hospital, you realize that there are no basic machines even to diagnose malaria; their microscopes are failing; they do not even have things like dialysis machines. You can imagine; all the people suffering from kidney diseases have to travel to Kenyatta National Hospital (KNH), the Nairobi Hospital or maybe these other big hospitals. Why do we not say, through the Committee, that every other Level Two or Level Three hospital should have a dialysis machine so that instead of everybody coming to Nairobi to spend all that money, they can spend just a little because they will have not used money on transport to Nairobi as they will be dialysed nearer home? These are the things we should discuss here as we adapt the report; and I hope that the Committee is taking note of those things.

Madam Temporary Speaker, we should also not be selfish. The Flying Doctor Services is a project for the rich; that one I can say. If a rich person is dying somewhere in Lodwar or is shot by bandits somewhere, the Flying Doctor Services will be provided within two or three minutes. But if a herdsman or herdsman is mauled by a hyena, a lion or something like that, those services will not be provided. So, we are suggesting that the Flying Doctor Services should be provided to those areas which are, otherwise, further from the hospitals so that even those needy cases can be transported with efficiency to the other hospitals where they can be treated.

Madam Temporary Speaker, we also have some other basic things that we need to do, whether they exist or not. There are some hospitals which do not have running water and it is like adding insult to injury. Because you find that somebody could be sick from typhoid, but when he gets to the hospital, instead of drinking clean water, the water that is drunk by the patients in that hospital will even add more microbes to their system and the amoeba will now start developing in a hospital. So, from there, you find that somebody

will even move out with different diseases than the one that he or she was being treated for.

So, in that case, Madam Temporary Speaker, our hospitals must have some basics things that qualify them to be called hospitals. For instance, is there running water? Is the water treated? Is there hot water for anybody who wants to drink hot water? Some areas like Kapsabet are too cold; I do not know why they did not even talk about dryers. When it is very cold in June/July in Kapsabet and even in Nyeri, you will find that for the cots to dry so that you can sleep on those sheets, it will take a month. If it will take a month for the sheets to dry in Mathari Hospital in Nyeri or maybe in Nandi District Hospital in Kapsabet, surely, what will the patients be using during that time when it is very cold?

We need to think of having electric dryers as well as provision of other sources of energy such as solar and other forms of stored energy in order to improve the laundry systems in our hospitals. You find that cleaning of some of these linen is done using hands, and those clothes are never cleaned properly. You will find that bed sheets are so black and they are even worse than soil. So, when you are told that these are sheets, you wonder whether that is true, because it has been washed with very dirty water.

So, what we are trying to suggest here, Madam Temporary Speaker, is that---

**Sen. Lesuuda:** On a point of information, Madam Temporary Speaker.

**Sen. Karaba:** Madam Temporary Speaker, I would not mind information coming from such a lady!

*(Laughter)*

**The Temporary Speaker** (Sen. Ongoro): Proceed, Sen. Lesuuda.

**Sen. Lesuuda:** Madam Temporary Speaker, I would just like to add to what Sen. Karaba is saying, as a point of information. As you talk about dryers, even simple things like heaters for children are not there. We know that child mortality is actually high and that during child birth, the temperature in some areas is lower than the one in the womb; and then the shock of coming to this world---Considering that some areas are really cold, it is important that these heaters are supplied to those hospitals to ensure that we take care of our children and our babies to reduce child mortality. Many of our children are dying of hypothermia and pneumonia, and people do not know why those children are dying.

**Sen. Karaba:** Thank you for that information; although I was coming to it because I was to talk about incubators.

*(Laughter)*

Madam Temporary Speaker, provision of incubators to hospitals is one area that we should also consider. Hospitals should have controlled heat or temperatures that my friend, Sen. Lesuuda has said. The temperature in the incubator should be the same as the temperature which was provided to the child while in the mother's womb. But there are some hospitals which have never owned incubators, and you find that the rate at which the kids die after birth and one or two months after birth, is too high in some areas. As we have been told, the cause of these deaths is because we do not have adequate controlled heat, which should be provided by the hospital attendants through incubators and heaters.

So, we need to think about some basic things like this equipment, which must be there. Do we have incubators? How about when the power fails?

Madam Temporary Speaker, sometimes when I am free at home, I take time to visit the hospitals. At one time I visited Kerugoya Hospital when there was no power in the whole town. When I entered the hospital, I could not imagine that, that was a hospital, because it was even darker than the other areas since the place is closed in by other buildings. So, what we realized, therefore, is that even the nurses, doctors and the other workers were at risk because they do not know who they were treating; you could even be treating a criminal! This fellow can wake up one night and chop up the nurse; he can even strangle the nurse because it is dark; he can even rape other patients because darkness has already settled.

So, we need to make sure that all hospitals must have a backup or alternative power source; without this, we should not even call them Level Two or Three Hospitals! With this backup option, as soon as the main power fails, the alternative power source should come on, either from solar or generators. These generators should be strong enough to sustain the power needs of that hospital for even one or two hours before the normal power supply resumes.

Madam Temporary Speaker, there should also be some collaborative efforts by the Ministry of Health and the Ministry of Energy and Petroleum to make sure that before they install power in any town, there is a provision of a power line which supplies electricity express to the hospital so that, that line never fails even when other lines are failing. Hospitals should have power throughout, either during the day when somebody is in the theatre or in the x-ray machine. Supposing power fails when you are there, and you are supposed to depend on that power, then what happens? You just die! There are some deaths which occur in hospitals through negligence, and we need not have the kind of negligent society that we have here; we need not!

The Government needs to direct the counties to make sure that the hospitals we are going to have – even if we are going to inherit them from the county councils, the local government and the Ministry of Health – should have proper equipment; they should be well done and the environment should be clean; the grass should be cut low using lawn mowers; we should not have bushes where even rats and snakes can be harboured or where the workers cannot go through. We need to consider all these things.

Madam Temporary Speaker, we need to also have cemeteries in the neighbourhood. When somebody dies, you find that, that person cannot be buried in the hospital compound because there is no land. The land has been grabbed by the usual grabbers and they encroach on the hospitals to the point that they cannot even have a cemetery in the neighbourhood. So, we need to control, fence off, have the title deed, and that should be gazetted to the effect that the hospital has well defined land, that it has its own title deed and there should not be any unauthorized development in that area unless it is only through the Ministry of Health. So, we need to have those things before we can talk of the Level Five hospitals, and so on, and so forth.

The other thing, Madam Temporary Speaker, is about waste disposal. We realize that we cannot keep on digging pits everywhere. Pits are also dangerous, especially when it rains; they even contain areas where mosquitoes can breed. We need modern incinerators where we can burn the waste – the remains and the like – and that can only

be done through purchasing. I know they are expensive – a modern incinerator would cost even Kshs20million or thereabouts – but then that is what we need a modern hospital to have. Why should we expose our patients, who do not know what to do, and then they die in hospital? You will find that every other day, somebody is dying in a hospital. Some of the hospitals have become killer houses; you find that if you go to that ward, chances are that you will not come out alive. They know that because of the conditions that are faced by the patients.

So, Madam Temporary Speaker, I want to thank the Committee very much; I hope we have done well.

*(Several hon. Senators stood up in their places)*

I have not finished.

*(Laughter)*

Madam Temporary Speaker, I want to thank the Committee very much; they should continue doing this and even extend the same to other areas so that we can have a parallel comparison of the problems you have already spotted in these areas with other counties that you have not even come across.

Something else that we should consider, Madam Temporary Speaker, is security to the patients who are there and security of the property in the hospitals from thugs and criminals. Some of them can even get access to some of these places and steal. Some of them can even go and kill; we have heard of people killing one another in hospitals; they can go and steal all the money from the collections made by the hospitals and we need to know if we can have police camps – these days we are calling them police posts – in hospitals. If we can have police posts erected in a village which has about 2,000 people, why not put up a police post in a hospital which has more than 5,000 patients? Because you never know what might happen either to the outsiders or the insiders. We need to have those hospitals properly secured.

As we go on, Madam Temporary Speaker, we need to think about the calling; what are these people trained to do? Are they trained to treat? Are they trained to just observe? What I have noted is that – there are times when we just visit the hospitals and then we sit somewhere – we hear how the nurses will call those expectant women names; they are really insulted. If you are not aware, when women go to deliver, the nurses cannot be happy because they might have---

*(Laughter)*

When these women go to deliver, they get a lot of insults from these nurses; they are called all the names you can think of. I do not know whether it is a deterrent for them not to go back, or a deterrent for them not to be pregnant. But the conditions in which these women deliver in those maternities, you would not like to be there for even one day. So, you deliver and go away because you cannot sit there to be insulted daily. So, are we

having proper training? Do we have proper counsellors in these hospitals because the situation is bad?

I request the Chairman of the Committee; please, comes up with a report. How often do we have proper counseling of patients when they are there and what is it that they are not comfortable with? That is the reason they have moved to the Nairobi, Kenyatta and to the Mater hospitals. The cost of getting treatment in Kenya is so high that you end up dying when you get sick because you cannot afford to pay for drugs. The drugs we buy are not even genuine. We have medical doctors who even prescribe wrong medicine. We do not have doctors in the rural areas because all of them are working in cities.

If you visit some district hospitals you will find that the uniforms given to patients who are admitted are old and dirty. You end up wishing that you will never be taken there. They have no mattresses and they sleep on the floors.

**An hon. Senator:** What are you telling us?

**Sen. Karaba:** That is what they do. They share beds. Somebody can be suffering from tuberculosis, another one from malaria and another one may be suffering from a chronic illness where he coughs throughout but you find them sharing one bed. The patients end up acquiring three other diseases by the time they leave hospital.

**Sen. Mugo:** On a point of order, Madam Temporary Speaker.

Some of the statements being made by the Senator for Kirinyaga are serious. I wonder if the Senator can ascertain which hospital patients with tuberculosis and other infectious diseases share beds because this is not allowed. Tuberculosis patients are, in fact, isolated. Could he share this with us so that we address the situation?

**Sen. Karaba:** I will not share with you. However, I will ask you to go to Kerugoya District Hospital and see how they are sharing beds. I have been there at night. They sleep on the floor. That is true.

Lastly, since my time is running out, let me thank the team for exposing some of these problems. If it were not for the Committee Reports, we would not be talking about this here. I am hoping that those people who will take over county hospitals will do this with all due respect and diligence. Let them not sack workers at the hospitals to replace them with their friends. I learnt that they were sacking workers in Kerugoya. Let them say that I am complaining about this. They sacked the old people and replaced with new ones who cannot cope with work. I am asking---

**Sen. Mburu:** Bi. Spika wa Muda, Sen. Beth Mugo ameeleza ya kwamba hakuna hospitali ambayo wagonjwa wa *tuberculosis* hulazwa na wagojwa wengine. Yeye hakusema kwamba wagonjwa hawalazwi pamoja. Ameongea kuhusu *tuberculosis*. Ningependa pia kumuunga mkono na kusema huo sio ukweli. Hata kama hospitali zetu zina uhaba wa vitanda, wagonjwa wa *tuberculosis* hawawekwi na wagonjwa wa maradhi mengine.

**The Temporary Speaker** (Sen. Ongoro): Sen. Karaba, according to Standing Order No.92, you have a responsibility for statement of facts. So, as you make your statements, we will require you to provide facts and if they are very extensive, you will have to lay a paper on the Table of the House.

**Sen. Karaba:** Madam Temporary Speaker, the fact is that they share beds. Whether they suffer from tuberculosis or from any other disease, I know that they share beds.

**The Temporary Speaker** (Sen. Ongoro): So, are you withdrawing that because it is not a fact?

**Sen. Karaba:** Madam Temporary Speaker, I am withdrawing the tuberculosis part but the fact is that they share beds. I am only not sure whether some of them suffer from tuberculosis.

Lastly, since my time is running out due to many interruptions, I thank the team.  
Thank you.

**Sen. Mugo:** Thank you Madam Temporary Speaker for the opportunity to support this Report by the Health, Labour and Social Welfare Committee.

Indeed, health is one of the major areas in any country that have to be taken care of. Although we have a long way to go, we should acknowledge that Kenya has come a long way in taking care of our health sector.

That is why I was very keen to hear what the last speaker, Sen. Karaba had to say. If, indeed, that were true, that any health officials were making tuberculosis patients to share beds with others while the policy on this disease is isolation, that person--- I would have seen to it – that the health Cabinet Secretary takes action. If anything like that happens, action must be taken.

Let us be careful not to incite because we are a Senate. We are a mature House. Whatever we say is taken very seriously by the country. Even if we have a problem, we should not paint a picture where patients will be afraid of going to the hospitals just because they think they will be put in the same beds with tuberculosis patients or patients with other communicable diseases.

Having said that, I want to appreciate the Committee for a job well done. We cannot claim that we have reached yet. We still have a long way to go. I would like to inform the Senate that one of the areas that Vision 2030 has focused on is the preventive side of health because it is cheaper. This is the only way we can deliver health to our people. The World Health Organisation (WHO) is also putting a lot of emphasis on this. It is not only cheaper but also accords people the necessary good health to do more productive work as opposed to waiting to go to hospital for treatment.

One of the areas we have come out strongly, as a country, is the fact that we have reduced malaria incidences by over 44 per cent and the deaths with over 60 per cent. That is a major area that we have succeeded. We also have no outbreaks of cholera. We used to have cholera epidemics in the country. In the last three years, we have not had cholera even from Kisumu where it used to be very prevalent. We may have one case here and there but not an epidemic as it used to be reported.

Pneumonia which used to kill many children, after the introduction of pneumococo vaccine, has been reduced by over 50 per cent. So, there is a lot that we have achieved. In the last two Budgets you are all aware that we built model health centres in every constituency including North Eastern Province. In those health centres which are mainly for maternal health we provided four-wheel drive new ambulances. Last year we gave out almost 200 vehicles across the country. So, the Government has put in a lot of effort. We also employed over 8,000 new nurses in our hospitals and health centres across the

country. So, instead of just highlighting the negative, we should also bring in what has been done and ask for new things.

As I have said, we have not yet arrived but there is still a lot of room for improvement. I have only highlighted a few areas. The area that is still problematic is maternal mortality during birth and also at the infant stage but this is being worked on. This is an area that we should ask the Government to put more effort and more money so that more mothers can deliver in hospitals. One major effort which nobody is acknowledging is that the Jubilee Government has made free delivery possible for mothers in all the hospitals and maternity based health centres. One thing which we improved is in those areas which are difficult to reach. We developed shelters where mothers can go and deliver then go home. So, a lot of effort is being made.

One of the policies for Vision 2030 is that every Kenyan should be within five kilometres of the nearest health facility. In fact, many facilities were built by Members of Parliament through the Constituencies Development Fund (CDF). As the Minister for Public Health and Sanitation, my duty was to equip these facilities and find personnel to work in those areas. Even for the figure I was given to employ, I was not able to get all the nurses in some areas; the reason being that there is a lot of brain drain. Many of our nurses and doctors go abroad to work.

The one thing that we should ask the Government is if we could have a policy where, for those who are being employed outside, we could have bilateral negotiations between our Government and those countries, like it happens in Southern African countries like Lesotho, Botswana and many other countries. Kenya supplies most of Africa with health workers and teachers. When there is such negotiation, they may decide that we could be able to train more and more without suffering.

Madam Temporary Speaker, even if you have level 4 or level 5 hospitals in every constituency and we have no work force, they will serve no purpose. Therefore, we need to look at and ask the health Ministry is to add capacity on our training so that we can train more nurses and doctors. The Community health workers are now in most constituencies. They are supposed to be in every constituency. These community health workers give information to workers, encouraging them to deliver in hospitals and telling them what to do when malaria strikes. They inform mothers to cover their children with nets. The Ministry for Public Health and Sanitation gave out 11,000,000 nets across the country. These community health workers are supposed to teach and encourage mothers to cover their children.

The only problem is that there are some communities who believe that you cannot cover the family with nets. That is the education we need to give to our people. They are also trained on how to treat diarrhea. Diarrhea is the biggest killer now although we are going to introduce a vaccine. Still mothers need education. It is just a very simple solution which is available for the children to make sure they are hydrated.

Madam Temporary Speaker, the biggest drawback right now is how to give the community health workers incentive. We found that we need at least 320,000 of them and to put them on the payroll proved very difficult. So, working with the World Health Organisation (WHO), we are encouraging multi-tasking and having the community workers trained. In India when you take a mother to deliver in a hospital you are given a small encouragement but not a salary. Although community health workers do their work



voluntarily, they would also like to be recognized by being on the payroll. This is what is being worked on: How do we remunerate them or how do we say thank you to them? This is a good practice that is working. For health it was 20 houses and for security it is 10 houses. Maybe we will find ways of marrying the two.

Each community health workers is supposed to cover like 20 houses. We gave out 20 motorcycles and 20 bicycles in all constituencies so that the supervisors can move around supervising the community health workers. These people are then attached to the nearest dispensary or health centres. So, there are efforts to deliver health services to the people and especially at primary level which is what we call level 1.

Madam Temporary Speaker, what I feel we should do as a Senate is to find ways of how to give incentives to these community health workers so that we can encourage them to do what they are doing and have them established all over the country. I launched the programme in six provinces but even where I did not launch, they also exist.

**The Temporary Speaker** (Sen. Ongoro): Sen. Mugo, listening to your contribution, one would wonder whether you are contributing to the Motion which is to comment on this Senate report and to support its adoption or are you giving your own report as the former Minister for Public Health and Sanitation? It is a bit confusing. Your contribution should directly be related to the Motion. Tell us how you support this report that has been presented to the Senate and your comments, based on the facts presented in the report.

You are giving a lot of facts which are not contained in the report. I have quickly gone through the report and I can see that most of your comments are based on your experience as the former Minister for Public Health and Sanitation but which are not directly contained in the report. Please, try and comment or put your facts towards the report we have on the Floor of the House.

**Sen. Mugo:** Madam Temporary Speaker, I appreciate that but if you listened also to the contributions which have been made here, they were mainly challenging the health system. I think for the Chair to put something together on where we need to concentrate is also enlightening on what is there. To me, I think we are doing this wholistically because if you leave people with a lot of issues which are not factual, it will put everything in disarray, not knowing where to focus.

Let me now talk about devolution and the connection with the Ministry of Health and what we can do to enhance devolution. I think what happens now is that operations are now centered in the counties. As a result, there are areas that we cannot ask the Ministry to undertake infrastructural work, because that function has already been devolved. As Sen. Kajwang said, some of these things should be left to the national Government because the counties do not have the capacity to undertake them. As a Senate, I think that we should look at the capacity of counties and then recommend that certain activities should not be devolved to the county level. This is because if the money is moved from the national level to the counties, it will not be possible to ask the national Government to do the same function that has been devolved to the county governments. The counties are not at the same level. Some are in a lower level than others. Therefore, we should agree on what activities can to be devolved.

Madam Temporary Speaker, there was a lot of talk about having doctors and nurses in Level Four or Level Five hospitals. That is why I went through explaining the

problem of having enough doctors to do work at that level. There was also talk about having enough equipment and laboratories. Again, that depends on the resource persons. Do we have the relevant staff? Do we need to train them? If we have to train more, where is the money going to come from? Are we going to ask those who have taken all our doctors and nurses to contribute to the kitty? That is where I am coming from. I am giving the experience on the ground. So, as we build we should request from the Government things which can be done.

I think that we are fond of saying what and how we would like things done, without necessarily saying how they will be done and where the resources will come from. We also do not consider what is being devolved. Indeed, all the nurses are being devolved. Therefore, is it a national responsibility to provide doctors or that of the county governments? If it is the responsibility of the counties, where will the money come from?

Madam Temporary Speaker, when we legislate we must also show if there are financial implications. If there are financial implications, we should show how we will raise that money. We all know that we have the devolved government and the members of the county assemblies are asking for salary increment. The national Government also has its responsibilities. So, even as we say that the Committee should ask the Government to undertake some things, we also should be sensitive as to where the resources will come from.

Madam Temporary Speaker, I beg to support.

**Sen. G. G Kariuki:** Madam Temporary Speaker, thank you for recognizing me. I just want to make a few comments about this Report.

Madam Temporary Speaker, first, we must congratulate the Committee which made a lot of effort to, at least, bring something to this House; to remind us of the problems that we have in our hospitals. This is just a reminder and there is nothing new. In fact, if you look at page 6 of this Report, you will notice that it has exactly explained their recommendation. You even do not have to visit other hospitals because this problem is universal. We have a problem all over the country as far as health facilities are concerned. Therefore, we need to see beyond the problem that we have. We also need to live beyond the past. If you look at areas from which Ministers were appointed for a long time continuously, you will find that they have more facilities. The reason for devolution is now to go beyond appointment of any persons. We have all to deal with our problems at home.

Madam Temporary Speaker, the issue here is not the problems that we know, but what we are going to do to deal with them. We can talk about issues like people with tuberculosis and other diseases sleeping in the same bed, but this is not news. If you visited hospitals in some areas, you would feel very sorry. Therefore, for those who have been in the Government, like me and others, we need to be told that we have failed miserably. This is because we have failed to prioritize our problems. If you do not prioritize anything that you do in this country, then you will never resolve any problem.

Madam Temporary Speaker, this country has shortage of food. I am sure that nobody will say that I am out of order or my mind if I say that the biggest problem in the country is hunger. Since people do not have enough to eat, they are vulnerable to any kind of disease. As people who are well trained and educated, we have allowed our minds to be corrupted by people who have never gone to school, just because they have made

money from doing businesses. We want to copy them, just like a responsible person would copy a tout. Just because a tout was saying that so-and-so is good, you also start saying that he is very good.

That is what happened during the campaigns. The touts just take over from all knowledgeable men and women; it is really surprising. In Kenya we are really special people; and special in a sense that I do not understand. Food is a major problem and nobody is trying hard to see to it that our people are getting enough of it. Look at the health sector; we have been very happy people and it looks like Kenyans are very happy when somebody has died, because if you want to find the biggest meeting in this country, it is a funeral. I really do not understand why we behave like this. We should have worked very hard to make sure that we reduce the number of people who die because of some diseases which are avoidable. But in this country, no one cares about it.

Madam Temporary Speaker, let us move to the security of this country. When people are so hungry, you find people dying everywhere. If you cannot assure your people of food security and medical facilities, then you cannot claim to be a leader in any country; let us all be honest. Sometimes I speak as if I do not belong to this world, but if you want to understand someone, study his past and his life; and I would want to invite those who wonder why I speak the way I speak to read my book, "Illusional Power." The gentleman here – who I really respect – when he was appointed the Chairperson of this Committee on Health, I felt good because I knew that he was going to do something. These are among the people who have not gone where we have gone; these are retrievable.

*(Laughter)*

But there are people like us who find it very difficult to be retrieved to do a better job.

Therefore, Madam Temporary Speaker, I think this report – I do not want to challenge it, but I want to tell the Chair that, as I just said, this was just some kind of outing for them to go to Eldoret, Kitale and such areas. Because---

**Sen. (Dr.) Kuti:** On a point of order, Madam Temporary Speaker.

**The Temporary Speaker** (Sen. Ongoro): Yes, Sen. (Dr.) Kuti?

**Sen. (Dr.) Kuti:** Madam Temporary Speaker, is it in of order for my senior colleague, Senator number one, the Senator for Laikipia, to state that this Committee went on a touring spree, when this was our first trip to the north rift, specifically focusing on the Level Three, Four and Five Hospitals? We are now planning to go to the Coast for Levels One and Two Hospitals; we are also planning to go to central and upper eastern to compare and come up with a more comprehensive report and, at the end of it, call a national conference---

**The Temporary Speaker** (Sen. Ongoro): What is out of order, Sen. (Dr.) Kuti? Stick to the point of order; is he in order---

**Sen. (Dr.) Kuti:** Is he, therefore, in order, Madam Temporary Speaker, to water down the efforts of this Committee? This is the first Committee to have done its job to the point where up to now, there are six petitions pending before the House, and the only two petitions which have been done within the stipulated time and presented to this

House is by this Committee? This is the only Committee that has no outstanding issues in terms of Statements.

Madam Temporary Speaker, we do not just go on trips. Is he in order to impute negative intentions---

**The Temporary Speaker** (Sen. Ongoro): Do you mean “improper motive” on the Committee Members?

**Sen. (Dr.) Kuti:** Yes, Madam Temporary Speaker.

**The Temporary Speaker** (Sen. Ongoro): Sen. G.G. Kariuki, are you in order? What exactly do you mean to insinuate that the Committee Members went on a joy ride?

**Sen. G.G. Kariuki:** Madam Temporary Speaker, I think sometimes we jump into things before a statement is completed. I am very experienced in this House and I was going to say exactly what my friend is saying.

First of all, I congratulated them for making this kind of trip and bringing something to us that we are now debating. Now, what I was going to say – and I said it in part – is that this Committee appears to have just gone and they were not serious – if that is what I am being asked to explain – because I wanted to advise the Chair of this Committee that there is no hurry; that we do not need to get piece-meal reports like this one. We want a comprehensive report of all the 47 counties so that we can read, recommend and approve them; and then we can come up with a law. That Bill is now going to make all the reports effective, and whatever was intended will be accomplished at that time. You will agree me that that this recommendation is not going further than the Table of this House. But I want us to convert it into a law so that everybody will accept to deal with the matter according to the law.

Now, Madam Temporary Speaker, we are told that Level Four Hospitals have now been devolved. As Sen. Mugo was saying here, we have to be absolutely careful when we are devolving some of these serious businesses. This thing has failed in the central Government; the supply of medicine has been a failure; most doctors do not want to go to rural areas, but we are not capable of forcing them to stay where they are supposed to stay, and most of them have taken a decision to go out of this country to do some other work where they will feel more accepted and respected. Because in this country, you just put a qualified doctor in one of my places called Ol Morani, where there are no roads and there is nothing; until on Friday, when he gets a matatu to bring him to town. This guy might not come back and, therefore, this is what we are saying.

*Bw.* Chairman, you are carrying a very heavy burden, and it will be a light burden if you take your time – through you, Madam Temporary Speaker – to bring complaints and a report of all the hospitals; we go through them and then the same Committee will be charged with the responsibility of coming up with a Bill which will involve the central Government and county governments; who will enforce some things to be done – like facilitation – it will be within the law. That is what I am trying to say. As another Senator said here, we would not have been in this situation if the honorable Chair and his Committee did not visit those areas; it could just have come as a Motion. But now, it is a report which I want to repeat again; it is not going to go very far; it is not going to go anywhere; it is going to be shelved in the shelves of the Senate and nothing will happen. But when a Bill is drafted, something will have been done.

Therefore, Madam Temporary Speaker, I do not want to say much because as I said earlier, their recommendations are quite clear. It is like they have visited Thompsons Falls Nyahururu Hospital or Ol Kalou Hospital; the same problems are all over. Really, these recommendations on page 6 are enough to create a Bill even without visiting all these other hospitals.

Madam Temporary Speaker---

**The Temporary Speaker** (Sen. Ongoro): Order, Sen. G. G. Kariuki! Are you then now retracting your earlier statement that in your view this report is not very effective since you are now saying that whatever they have presented is representative of all the others and so it qualifies to be recast into a Bill? At the beginning you said that it is not very valuable to this House. So, what is exactly your position on this report?

**Sen. G. G. Kariuki:** Madam Temporary Speaker, in this House we have enough freedom to suggest and agree or disagree.

**The Temporary Speaker** (Sen. Ongoro): We just need you to be clear for the sake of debate.

**Sen. G. G. Kariuki:** I am very clear in my mind that I said this report would have been better if we allowed the men and women who were doing it to do all the 47 counties. Even if they are not going to deal with 47 counties, I am saying that their recommendations have captured everything that we expected of them and there is nothing wrong because I am sure things must go that way.

With those few remarks, I want to thank them once again for enabling this House to have a moment to discuss about hospital development.

**Sen. Mbura:** Asante, Bi. Spika wa Muda kwa nafasi hii. Kwanza ningependa kupongeza Kamati ambayo imeleta Ripoti hii ambayo imewasilishwa hapa na Sen. (Dr.) Kuti. Ni mapenzi yangu kwamba siku za usoni watafika pwani. Najua kwamba safari ya maili elfu moja huanza na hatua moja. Najua hii ni hatua ya kwanza na wataendelea kutembea ili wafike kila sehemu ya Kenya na kutuletea Ripoti ya jumla ambayo huenda itasaidia taifa hili.

Bi. Spika wa Muda, pengine kwa kuongezea, ningependa kusema kwamba hawajafika eneo la pwani. Kuna maswala mengi ambayo tukijadiliana, huenda tukasaidiana. Shida ambayo tuko nayo kwa upande huu si kwa sababu ya Serikali sana bali ni kwa sababu ya madaktari wenyewe. Nikizungumzia kuhusu pwani, utapata kwamba katika *district hospitals*, tuseme kwamba mama amepatikana yuko na *fibroids* ama mzee amepatikana na *prostrate cancer* na watu hawa wanahitaji *operation*, lakini kuna uhaba wa madaktari. Utapata kwamba daktari ni mmoja na wagonjwa ambao wanahitaji *operation* ni zaidi ya mia moja. Kwa hivyo, watu watapewa nambari kutoka moja hadi mia moja.

**The Temporary Speaker** (Sen. Ongoro): Sen. Mbura, if you have chosen to debate in Kiswahili please use that. That is according to the Standing Orders.

**Sen. Mbura:** Natumia kitu kinaitwa utohozi. Utohozi ni kugeuza neno la Kiingereza kwa Kiswahili ama Kiswahili kwa Kiingereza. Kwa hivyo hiki ni kitu kinaruhusiwa.

**The Temporary Speaker** (Sen. Ongoro): No! no! Order, Senator. If you wish to make your statement in English, it has to be in English Language and now that you have

chosen to make your contribution in Kiswahili, you stick to Kiswahili. There is no provision for mixing.

**Sen. Mbura:** Asante, Bi. Spika wa Muda. Utapata kwamba wagonjwa wamepewa nambari kutoka moja hadi mia moja. Kwa sababu ya uhaba wa madaktari inabidi watu wengine kufariki kabla hawajafikiwa. Kwa sababu ya hili huwa inabidi watu kuwaona daktari kwenye hospitali yake ya kibinafsi. Kwa hivyo sisi ambao tuko na uwezo wa kumuona kwenye hospitali yake, tunaangaliwa kwa nambari ya mbele. Hili jambo linaumiza wananchi wengi ambao ni maskini. Kwa hivyo kuna wengi ambao wanakufa. Nimeshuhudia kisa hiki katika hospitali ya Mariakani.

Bi. Spika wa Muda, tukiangalia upande wa akina mama kujifungua, ni jambo ambalo halijatiliwa maanani. Kama vile Katiba yetu imesema, kila Mkenya ana haki ya kuishi. Kwa hivyo kuna akina mama ambao wanajifungua kabla wakati kufika na tunapata kwamba hospitali zetu hazina vifaa vya kuhifadhi wale watoto. Kwa hivyo inamaanisha kwamba ikiwa hatutahadhari, watoto watakozaliwa kabla ya miezi tisa hawataishi kwa sababu hakuna vifaa vya kuweka watoto wale ama kuwahifadhi mpaka watakapofikisha miezi yao ya kuzaliwa na kuweza kutolewa.

Pia ningependa kusisitiza kwamba tunalaumu Serikali kwa sababu hawana madawa ya kutosha lakini madaktari hao ndio wanaomiliki hospitali za kibinafsi. Kwa hivyo utapata kwamba yale madawa ya Serikali ndio yanabebwa na kutumiwa katika hospitali zao za biashara. Pia wakati mwingine utaona kwamba daktari amekutibu katika hospitali yake ya kibinafsi lakini madawa unaenda kupewa katika hospitali ya Serikali. Huu ni ufisadi wa hali ya juu na ningependa Sen. (Dr.) Kuti na Kamati yake kutilia maanani maswala haya. Tumeona ya kwamba pesa inayotumwa na Serikali kuu haitoshi. Hili jambo limeleta mtafaruku ambapo madaktari wamekataa kulipwa na serikali ya kaunti; wanataka kulipwa na serikali kuu. Haya pia ni maswala ya kutilia maanani katika Kamati yenu.

Pia ningependa Kamati kuangazia jambo la *lodgings*. Hizi ni nyumba ambazo watu wanaenda kustarehe na wanatumia mipira na mara nyingi utapata kwamba wamezitupa. Hili ni swala la afya ambalo yafaa litiliwe maanani. Baada ya starehe zao mwenye nyumba yafaa alinde wakaazi wenye eneo hilo. Mipira ile inapotupwa, watoto wetu hufikiri ni vibofu wakafurisha na ilhali wengine waliotumia wana maradhi ya ukimwi. Tumeona jambo hili kule Mombasa. Watoto wengi wameathirika kwa sababu ya mipira kutupwa ovyo.

Bi. Spika wa Muda, pia ningependa kusema kwamba katika makampuni ambayo yanaendesha shughuli zao katika sehemu zetu tunapoishi kama Athi River, KenGen, hizi ni kampuni ambazo zimeleta madhara makubwa sana. Ukiangalia Athi River ambayo inatengeneza simiti, miti yote imezibwa na simiti na kumezuka maradhi mengi. Mimi nafikiri kwamba ingekuwa bora kwa makampuni kama haya kujenga hospitali ama kusaidia kuweka dawa katika hospitali zetu. Kuna kitengo kwa shirika la National Environment Management Agency (NEMA) ambacho kinasema kwa Kiingereza “polluter pay”. Haya ni maswala ambayo yafaa tuyatilie maanani. Kuna watu ambao wamekuja kufanya biashara kwenye nchi yetu na wanatuletea madhara lakini hatujatilia maanani kwamba inafaa kusaidia Serikali yetu katika kudumisha afya ya wananchi.

Bi. Spika wa Muda, nikimalizia, ningependa kusema kwamba Serikali ya Kenya iliweka sheria nzuri sana ya kwamba watoto wa miaka mitano kurudi chini wapate

matibabu ya bure. Pia ningependa kusistiza kwamba Kamati hii itilie maanani jambo la watu wa umri wa miaka 70 kwenda juu ambao hao pia ni sawa na watoto wa miaka mitano kwenda chini. Pia yafaa wapewe matibabu ya bure.

Kwa hayo machache, ningependa kuunga mkono Ripoti hii.

**Sen. Elachi:** Madam Temporary Speaker, I rise to also support the Motion and thank the Chair of the Committee on Health, Labour and Social Welfare.

Madam Temporary Speaker, looking at page 13 of their Report, they have very serious recommendations in terms of the way forward. One of the issues is land and I think that it should be taken to the relevant Committee that deals with land. According to the Report, the Moi Teaching and Referral Hospital has been unable to receive money because they have been having disputes on the land that it is built. Today we have a woman in the Ministry of Land, whom we all know and respect so much as the Cabinet Secretary. She is one person who works very effectively and, therefore, we need to take that opportunity and see her, so that we can help the hospital to have this land, indeed, under its name.

Madam Temporary Speaker, the other recommendation is about the need to modernize the referral hospital. The Moi Teaching and Referral Hospital is the only hospital in the western region that works like Kenyatta National Hospital. I know the capacity that it takes in terms of all the counties that depend on it. So, we need to find ways of supporting it. I know that the Cabinet Secretary for Health is also looking at ways of ensuring, for example, that Kenyatta National Hospital, Moi Teaching and Referral Hospital and what used to be the Provincial hospitals digitize their records, so that if I am treated for diabetes at Kenyatta National Hospital, I can just walk into the Moi Teaching and Referral Hospital and they will be able to see my records. I know that the Cabinet Secretary, Mr. Macharia, is trying to come up with a system that will do that. In the last Government this was proposed and tendered for in Kenyatta National Hospital, but I do not know what happened.

Madam Temporary Speaker, we need to rethink, as a Senate, about the issue of the National Hospital Insurance Fund (NHIF) card that Sen. Kajwang talked about. We need to look for better ways of putting up a system where, at least, every family in a county can have an NHIF card. We can do it even using the mobile phones. This is because as much as poverty has left our people with a lot of challenges, one of the things that families in Kenya have is a mobile phone. We can propose to work with corporate institutions and come up with a system where, for example, whenever I top-up my phone, Kshs5 will go to my NHIF account. Maybe we can pilot this in one county and see whether it can work, so that every family, at least, can have an NHIF card. That card will facilitate the treatment of those families.

Madam Temporary Speaker, when we are talk about health, mostly we are talking about women and children because they are the majority of those who walk into those hospitals everyday. One of the challenges that Sen. Beth talked about that needs to be looked at by the national Government, is maternal mortality. Today there is a rise in cases of abortion. This is something that we need to address. Not all cases of abortion are voluntary. There are women in the rural areas who have either high blood pressure or malaria. Such women end up being told by doctors that they have to remove the baby to save their lives. I know that is one thing that many doctors – and even us – find it very

difficult, even for me as a mother when I am pregnant. It is not something I will agree to; I will only agree when I know that they are doing it when I am half dead and half alive. But it is not an easy thing.

But since Sen. Mugo talked about Vision 2030 and there is the issue of prevention, then it is time we put in the prevention measures that will ensure that we can access any drugs. Even the simplest of drugs which women use when they are pregnant, like calcium drugs; it is so difficult for a woman to find them in rural areas. If you go to our brothers in north eastern, it is also a challenge for the women, and I will give an example without naming names. I have one friend whom we were together with in the labour ward when I gave birth to my daughter who is now five years old. Right now, she has three children. You can imagine, in terms of calcium and iron, where that woman is. Therefore, this is something that we now need to look at.

We need to ask ourselves, as we do the report and the recommendation to the Ministry of Health; what happened to family planning? Because one of the things that has happened is that the doctors have taken advantage of that and, therefore, even if you go to the public hospitals, you will not get the normal pills that used to help women. You will find the injection and since the woman also does not want to disclose to the man that she is using family planning, therefore we go for those very strong family planning methods, and then you find families having challenges again. We use Depo Provera and those very strong ones.

I know that the Jubilee Government has agreed to provide free maternal health care. We are, therefore, now calling on the Cabinet Secretary (CS) – because the President has put in the recommendations and the principle--- Some of the things we challenge the Government, we need to ask ourselves whether, as Kenyans who are within the positions we have been given by our people, we are able to change things for them. Because if the President has put in a principle, it means that he believes and he knows that there is a way of dealing with all the other issues. Therefore, we are also requesting that the Cabinet Secretary and all the Principal Secretaries (PS) should look at some of these things.

They will look at this issue as if it is a technical issue, whereas politicians will look at it, not just technically, but socially and politically too. What does it imply? This is something that I want to beg our Cabinet Secretaries, who are now technocrats, to take into mind some of these things to help the President – our President; my President – and to be very, very firm in terms of implementing what he has really said. This will help Kenyans; it will remove this notion of people saying “the Jubilee Government has said and it is not being done.” I think the President has said he is willing to move on and see changes in the country. But the most important thing now is to ask the Cabinet Secretaries not to sit on their jobs. They must wake up and they must look at all the structures.

Now that we have devolved governments and we are saying we have challenges between county governments accepting the health sector personnel to work in counties, we need also to ask the health sector personnel; “where were you working before?” Because if you were in Kisii, it is still Kisii; it is only the word “county” that we have added, but we have not changed anything; we have not changed the way you were working! So, even Kenyans should not make it so complicated for the real Kenyans, who



are waiting for services, because of wordings. If I was comfortable in Kisii at that time, I think nothing has changed; I will still remain comfortable there. This is something that the Cabinet Secretaries must now start putting in place and being firm in terms of the policies.

As I finish---

**The Temporary Speaker** (Sen. Ongoro): Sen. Elachi, you are making your concluding remarks; you still have 20 minutes left and I wanted to save you the embarrassment of rushing through your contribution because this Motion also does not fall under the category of timed Motions; it is limitless. For the convenience of the House and going by the mood of the House and even the other Senators who did not have the opportunity to speak to it, we would recommend that it continues next week.

*(Sen. Elachi continued standing in her place)*

Sen. Elachi, take your seat.

So, because of time, Sen. Elachi, you will have 20 minutes to continue.

### ADJOURNMENT

**The Temporary Speaker** (Sen. Ongoro): Order, hon. Senators! The time being 30 minutes past 6.00 o'clock, the Senate stands adjourned until Tuesday, 22<sup>nd</sup> October, 2013, at 2.30 p.m.

The House rose at 6.30 p.m.