

PARLIAMENT OF KENYA

NATIONAL ASSEMBLY

THE HANSARD

Thursday, 12th August 2021

The House met at 2.30 p.m.

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

PRAYERS

MESSAGE

Hon. Speaker: There is a Message which will come later.

PETITION

RECOGNITION AND INCORPORATION OF REPRESENTATIVES OF TOUR GUIDES IN TOURISM-RELATED BOARDS

Hon. Speaker: Hon. Members, I wish to notify the House that I have received a petition pursuant to Standing Order 225(2)(b) and Article 119 of the Constitution. The petition is that there is an organisation known as the East African Tour Guides and Drivers Association of P.O. Box 26176, Nairobi and it is calling for the entrenchment of the definition of “tour guides” in the Tourism Act as well as the inclusion of a tour guides’ representative in the Tourism Board and other tourism related boards.

The petitioners introduce themselves as an association that represents trained and licensed practising tour guides and drivers within Kenyan and East African touristic circuits which is mandated to undertake advocacy, training, skills development and sustainability of tourism partnerships and collaboration.

They decry the fact that the Tourism Act of 2011 fails to recognise tour guides as exemplified by the fact that it does not define who a tour guide is, thereby affecting professionals who engage in this industry in terms of remuneration and capacity building. This lack of recognition is additionally blamed for their non-inclusion in the Board of Directors of the Tourism Board.

Consequently, Hon. Members, the petitioners seek the intervention of this House in amending the Tourism Act of 2011 so as to define tour guides as is the case in Rwanda, Uganda and Tanzania. The petitioners also seek the amendment of Section 32(1)(f) of the said Act to include tour guide associations as part of membership of the Board of Directors of the Tourism Board and of other related boards.

Pursuant to the provisions of Standing Order 227(1), this petition stands committed to the Departmental Committee on Sports, Culture and Tourism. The Committee is requested to consider

Disclaimer: *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor.*

the petition and report its findings to the House and to the petitioners in accordance with Standing Order 227(2).

I thank you, Hon. Members.

I can see Hon. Sankok wants to comment on this one.

An Hon. Member: He is a tour driver.

(Laughter)

Hon. David ole Sankok (Nominated, JP): Thank you very much, Hon. Speaker. They are saying that I am a tour guide. It is true because of my background. As a Maasai I have lived with animals throughout my life.

Where the rubber meets the road in tourism, which is one of our greatest foreign exchange earner, is the tour guides. Most of the tourists who come to Kenya do not come because of tour conferencing. They do not come because of medical tourism. They come mostly because of wildlife tourism. When they come, those who receive them and are our face are the tour guides. They receive and guide them in their endeavour to see nature and wild animals. Most tour guides are not recognised by law. What they are pleading for is that...The tour guide has been recognised in our neighbouring countries of Uganda, Rwanda and Tanzania. Given that recognition you find that those countries are now taking away tourism from us. They act as the link between our country, the international community and international tourists.

So, I think their petition is well before this House. The Committee responsible should fast-track this matter so that they are recognised. They should be involved in the Tourism Board because you cannot have a Tourism Board without tour guides and tour operators. I beg to support that petition.

Hon. Speaker: Well. Quite apart from where the rubber meets the road, let us hear from Funyula.

Hon. (Dr.) Wilberforce Oundo (Funyula, ODM): Thank you, Hon. Speaker.

For many years, tourism has been the main foreign exchange earner and a major employer in this country. Due to mismanagement of the industry and probably other geopolitics, our importance and also the contribution of tourism has been falling. It is important this petition will jolt us into action to retrospectively inquire where we went wrong. Honestly speaking, there are various cadres in many professions. If tourism is a profession, there must be a provision for the various cadres of the profession to be involved. Tour guides are the people, as Hon. Sankok has put it, you can say are where the road meets the rubber or the rubber meets the road. Those are people who know more about tourism and interact a lot with tourists. If we do not train them properly and incorporate them in the management of tourism, they will not sell the image of Kenya as they ought to do. The best customer is a repeat customer and a customer by reference or connection.

I support the petition.

Hon. Speaker: Hon. Pukose.

Hon. (Dr.) Robert Pukose (Endebess, JP): Thank you, Hon. Speaker. That petition is properly before the House.

Utalii College trains tour guides. Other hospitality institutions train tour guides, either at certificate, diploma or degree levels. It is important that the Committee looks at it as any other profession. These professionals want recognition. They want to be involved at the board level. It must have been an oversight that this proposal has not been brought to the attention of the

Government. As the Government is listening to this issue, they have less than one year to go, they should see how best they can implement it. The incoming Government will proceed to make sure that the tour guides are involved in the various boards.

This House can also make those amendments in the law as has been requested. It can even be captured as a miscellaneous amendment and that gets resolved. That way, tour guides will be recognised like any other professionals with organisations.

I support.

Hon. Speaker: Hon. Sossion.

Hon. Wilson Sossion (Nominated, ODM): Thank you, Hon. Speaker. Tourism in our country is a critical service industry. Countries that have invested in tourism pride in earning huge income through service industry. In fact, the number of tourists who visit organised nations are more than the population. We have potential as a country. The petition before this House is the plight of tour guides sitting only in a board. It is important that this group of workers are accommodated in the board so that we can promote tour guides' work in this country. The first stopping point of any tourist is the tour guides.

With the exclusion of tour guides in the Board, the Tourism Act exists in contravention of Article 118 of the Constitution on public participation. It is important that we promote tour guides in this country and even in other sectors within the heritage of our nation. That petition should be given the due treatment and this group of workers be accommodated appropriately.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Washiali.

Hon. Benjamin Washiali (Mumias East, JP): Thank you, Hon. Speaker. I rise to join my colleagues in thanking the petitioners for that petition. We have travelled around the world beyond East African countries. For example, I have been to Israel, New York and Washington DC, where tour guides have really played a major role in informing what happened over time. I think that this was a serious oversight. This is a country that is short on employment. If we recognise these tour guides, this would be another way of creating employment. The faster we do that, the better for this country.

Thank you, Hon. Speaker.

Hon. Speaker: Member for Emuhaya.

Hon. Omboko Milemba (Emuhaya, ANC): Thank you, Hon. Speaker. Very briefly, this is after a labour issue because the tour guides operate at the shop level, the lowest level at that particular profession. On educational aspect, these tour guides are actually trained and they pay fees in several colleges. When they end up out there, they are not organised; they are not defined within the Acts. So this is a good petition to tourism, but it is also a labour issue which needs to be considered to accommodate these people.

Thank you, Hon. Speaker.

Hon. Speaker: Dr. Tum.

Hon. (Dr.) Tecla Tum (Nandi CWR, JP): Hon. Speaker, I stand to support the tour guides in this country. They are doing a commendable job. They are the ones who market our nation. They give the right information to the people who come to our nation. They need to be incorporated in various posts in the tourism sector. These people also need to be considered and given some money through the Sports Fund. We give money from sports funds to various groups. This is a group which should be considered in this nation. They are the youth and currently we have youth unemployment in this nation. When we take care of the tour guides and they are represented in bodies which are legally recognised, their rights will be taken care of. I support.

Hon. Speaker: Member for Wajir South.

Hon. Mohamed Mohamud (Wajir South, JP): Thank you, Hon. Speaker. I want to add my support for this petition. It is true that tourists come to Kenya for the purpose of tourism. I want to correct Hon. Sankok who said that that is where the rubber meets the tarmac. I would rather say that is where the tyre meets the tarmac. That is more palatable to utilise and it is on a lighter note.

It is important that we note that Ksh163 billion was received through tourism in 2019. In 2020, it was Ksh37 billion. That is a huge chunk of income that the Government earns. Therefore, we cannot ignore the individuals that run the show on this matter. I do support this petition.

Thank you very much, Hon. Speaker.

Hon. Speaker: Hon. Mizighi Mnene.

Hon. Ms. Haika Mizighi (Taita Taveta CWR, JP): Asante Mhe. Spika kwa kunipatia hii fursa na mimi niweze kuchangia. Nataka kusema utalii umekuwa nguzo ya uchumi wa Kenya, haswa kule Pwani. Tumewaona mabwana wale ambao huwaongoza watalii na kuwaonyesha maegesho na sehemu tofauti tofauti. Wamekuwa wakifanya kazi nzuri ila hawajatambulika kwa muda mrefu sasa. Nimefurahi sana kwa ajili ya ombi hili ambalo limeletwa hapa. Naomba sana lipate kibali hapa hasa katika Kamati husika ambayo itaenda kufanya kazi. Hawa wanaoongoza watalii sharti wapate haki ili tuweze kuboresha utalii hapa Kenya kama vile ilivyokuwa mwanzoni. Asante Mhe. Spika.

Hon. Speaker: The petition is referred to the Departmental Committee on Sports, Culture and Tourism to deal with as appropriate. Next Order.

PAPERS LAID

Hon. Speaker: Hon. Maore, the Deputy Majority Whip.

Hon. Maoka Maore (Igembe North, JP): Hon. Speaker, on behalf of the Majority Leader, I beg to lay the following Papers on the Table of the House:

Reports of the Auditor-General and Financial Statements in respect of the following institutions for the year ended 30th June 2019 and the certificates therein:

- (i) Garissa University.
- (ii) Nairobi Technical Training Institute.
- (iii) Kasarani Technical and Vocational Training Institute.
- (iv) Technical University of Kenya.
- (v) PC Kinyanjui Technical Training Institute.

Thank you.

Hon. Speaker: Next Order.

QUESTIONS AND STATEMENTS

Hon. Speaker: We go to the first segment. Member for Loima.

Question No.109/2021

DISTRIBUTION OF RELIEF FOOD IN TURKANA COUNTY

Hon. Jeremiah Lomorukai (Loima, ODM): Hon. Speaker, I rise to ask the Cabinet Secretary for Devolution and the Arid and Semi-Arid Lands the following Question:

Disclaimer: *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor.*

- a) What measures has the Ministry put in place to ensure that food and relief items are kept in stock for emergencies such as drought, famine and other calamities in the country, particularly in Turkana County?
- b) When will the Ministry commence distribution of relief food across the six sub-counties of Turkana County, which are currently experiencing acute drought leading to loss of crops and livestock with Loima, Turkana West, Turkana South and Turkana East Sub-counties being the most affected?

Hon. Speaker: That Question is to be replied to before the Departmental Committee on Administration and National Security.

The next Question is by the Member for Kwale, Hon. Zuleikha Hassan, who has requested for the Question to be deferred, which request is acceded to.

Question No.229/2021

IMPLEMENTATION STATUS OF THE NATIONAL
CORONERS SERVICE ACT, 2017

(Question deferred)

Hon. Speaker: The next Question is by the Member for Homa Bay Town, Hon. Peter Kaluma, who has requested that the Question be asked on his behalf by Hon. Oundo.

Question No.283/2021

DETAILS OF TEACHERS EMPLOYED DURING
THE LAST RECRUITMENT EXERCISE

Hon. (Dr.) Wilberforce Oundo (Funyula, ODM): Hon. Speaker, on behalf of Hon. Peter Kaluma, I stand to ask the Teachers Service Commission the following Question:

- (i) Could the Commission provide details of all teachers employed during the last recruitment exercise and explain why no applicant from Homa Bay Sub-County was recruited despite having the necessary qualifications?
- (ii) Could the Commission avail the grading criteria for employment of teachers and explain why the engagement of internship was accorded undue weight yet the opportunity for internship was only available for a few teachers against the very many qualified and interested teachers?
- (iii) Could the Commission provide the steps taken to ensure that teachers are employed on a “first-to-graduate first-to-be employed” basis?

Thank you.

Hon. Speaker: Hon. Peter Kaluma has asked for a written reply and so the Question will be forwarded to the Teachers Service Commission for the same.

The next Question is by the Member for Soy, Hon. Caleb Kositany. The Member for Soy is not in.

The next Question is by the Member for Kuria East, Hon. Marwa Maisori, who has requested for deferment and his request has been acceded to.

*Question No.300/2021*MEASURES TO PROTECT INDIGENOUS
LANGUAGES FROM EXTINCTION*(Question deferred)*

Hon. Speaker: The next Question is by the Member for West Pokot County, Hon. Lilian Tomitom. She is not in.

The next Question is by the Member for Kasarani, Hon. Mercy Gakuya.

*Question No.304/202)*OWNERSHIP STATUS OF LAND OCCUPIED BY
SQUATTERS IN KASARANI

Hon. (Ms.) Mercy Wanjiku (Kasarani, JP): Hon. Speaker, I rise to ask the Cabinet Secretary for Lands and Physical Planning the following Question:

- (i) Could the Cabinet Secretary provide the ownership status of land currently occupied by squatters in Chokaa, Ruai Ward; Maili Saba and Njiru Estates in Njiru Ward; Gituamba in Kasarani Ward; and, Budalang'i in Mwiki Ward Kasarani Constituency?
- (ii) Could the Cabinet Secretary consider settling the squatters on the said land and issue them with title deeds considering that they have occupied the land for over 30 years?

Hon. Speaker: That Question is to be replied to before the Departmental Committee on Lands.

The next Question is by the Member for Kathiani, Hon. Robert Mbui who has requested for deferment. His request has been acceded to.

*Question No.306/2021*DELAYS IN PAYMENT OF SALARIES TO
PART-TIME UNIVERSITY LECTURERS*(Question deferred)*

Hon. Speaker: For the second time, Question by the Member for Soy, Hon. Caleb Kositany. The Member is absent, not desiring to be present. Therefore, the Question is dropped.

*Question No.298/2021*MEASURES TO ENSURE KENYANS ARE SERVED
WITH DIGNITY BY MISSIONS ABROAD*(Question dropped)*

Hon. Speaker: The next Question is by the Member for West Pokot, the diminutive Hon. Lilian Tomitom, Member for West Pokot. Does she come? Does she attend Parliament? I have not seen her in a long time.

(Laughter)

The Member is absent. I do not defer Questions unless there is a request to do so. I assume that from West Pokot, she is able to read business on the Order Paper online. The Member has not requested for deferment. Therefore, the Question is dropped.

Question No.303/2021

STATUS OF INVESTIGATIONS INTO KILLING OF MESSRS
LOSOKOLIAN CHEPUSA AND DOMORUK KAIPONI

(Question dropped)

Hon. Speaker: We now proceed to the next segment, which is Requests for Statements. The first one is by Hon. Oundo.

REQUESTS FOR STATEMENTS

PROGRESS MADE IN REGARD TO ALCOHOL
AND DRUG ABUSE IN THE COUNTRY

Hon. (Dr.) Wilberforce Oundo (Funyula, ODM): Hon. Speaker, pursuant to the provisions of Standing Order No.44 (2) (c), I rise to request for a Statement from the Chairperson of the Departmental Committee on Administration and National Security regarding the National Authority for the Campaign Against Alcohol and Drug Abuse Authority (NACADA) on progress made in treatment and rehabilitation of alcohol and drug abuse victims in the country.

According to the African Journal of Alcohol and Drug Abuse published on NACADA website on 2017, the use of alcohol among people aged 15 to 65 years was the major contributor to the burden of substance abuse in Kenya. It was followed by use of tobacco, *Khat*, *Miraa*, and *Bhang*. Given the use of multiple drugs and substances, the prevalence stood at 6 per cent in 2017 with the Coast Region having the highest prevalence in the current polls on drug use at 8.3 per cent followed by the Eastern Region at 8.2 per cent. The North Eastern Region stands at 7.8 per cent.

Furthermore, findings on substance-use disorders dependence showed that the country was struggling with an increasing burden of persons who required treatment and rehabilitation. There has been no update on the status of alcohol and drug abuse in the country to-date.

It is against this background that I seek a Statement from the Chairperson of the Departmental Committee on Administration and National Security on the following:

(i) Could the Chairperson provide information on the progress made by NACADA with regard to alcohol and drug abuse in the country?

(ii) Could the Chairperson state the amount of funds allocated to NACADA for the last 20 years of its existence and how it has been utilized, particularly on treatment and rehabilitation of alcohol and drug abuse victims?

(iii) Could the Chairperson state how many people affected by alcohol and drugs NACADA has helped to access treatment and rehabilitation centres?

(iv) Could the Chairperson clarify whether NACADA has the power to establish a treatment and rehabilitation centre to be run by a multidisciplinary expert committee?

Hon. Speaker: Chair, Departmental Committee on Administration and National Security, how long do you think you will take to provide this information?

Hon. Peter Mwathi.

Hon. Peter Mwathi (Limuru, JP): Thank you, Hon. Speaker. I think I should be able to get a response from that NACADA in two weeks' time.

Hon. Speaker: In two weeks' time. Very well.

Hon. Oundo, is it okay?

Hon. (Dr.) Wilberforce Oundo (Funyula, ODM): Hon. Speaker, that is in order. I hope it will be so because the menace of drug abuse is now becoming a national crisis, especially among the young people during this time of COVID-19 pandemic and economic hardships. We need to find a solution to it as soon as yesterday.

I thank you, Hon. Speaker.

Hon. Speaker: Very well, the next request is to the same Committee by the Member for Kikuyu, Hon. Ichung'wah.

ILLEGAL ARREST AND DETENTION OF A TURKISH NATIONAL

Hon. Kimani Ichung'wah (Kikuyu, JP): Thank you, Hon. Speaker. Pursuant to the provisions of Standing Order 44(2)(c), I rise to request for a Statement from the Chairperson of the Departmental Committee on Administration and National Security concerning the illegal arrest and detention of one Mr. Harun Aydin, a Turkish national and businessperson.

Hon. Speaker, on 7th August, 2021, police officers arrested one Mr. Harun Aydin, a Turkish national, at Wilson Airport in Nairobi upon his arrival from a trip to the Republic of Uganda. He was said to have been part of a delegation that included the Deputy President of the Republic of Kenya. Additionally, he was in possession of a valid three-year Kenyan work permit issued by the Government of Kenya

Hon. Speaker, Mr. Aydin was held in detention and in a state of incommunicado where he was denied access to his advocates and officials from the Turkish Embassy who wanted to ascertain his condition and get clarity on the circumstances that led to his arrest. Mr. Aydin was thereafter purportedly released and allowed to travel out of the country on 9th August, 2021.

Hon. Speaker, it is against this background that I seek a Statement from the Chairperson of the Departmental Committee on Administration and National Security on the following:

a) What are the circumstances that led to the arrest and detention of Mr. Harun Aydin from Saturday, 7th August 2021 to Monday, 9th August 2021 being held beyond the 48 hours stipulated in our laws?

b) Why was he denied access to his lawyers and, more importantly, to officials from the Turkish Embassy, his country of origin during this period of his illegal arrest and detention?

c) What specific issues led to Mr. Aydin leaving the country and was the departure voluntary or not, and why was he asked to leave?

d) Why was he not charged before a court of law despite being held in detention illegally for over 48 hours in contravention of our own Constitution, all international conventions and the rule of law that govern this country?

e) What has the Government done so far to reassure the Turkish Government and its people? Turkey is our first hand trading partner with billions of Kenya shillings in trade between the two countries, especially in the textile industry. Hundreds of thousands of Kenyans are employed directly and indirectly through trade between the two countries.

Hon. Speaker, more importantly, many Members of Parliament, this year, have been visiting Turkey for training. I am aware, even as we speak, there are MPs who could be in Turkey. There are also other investors in the country. What is the assurance that they will not be mistreated in Kenya the way Mr. Aydin was mistreated through illegal arrest and detention for a whole weekend?

I beg to ask the Chairperson to take the matter more seriously beyond the politics that has been tied to this issue

Hon. Speaker: What you are saying is not in the request.

Hon. Kimani Ichung'wah (Kikuyu, JP): It is not in the written statement. I was only imploring the Chair.

Hon. Speaker: You will not deal with that which is not in the request. So, Hon. Mwathi tell us how soon.

Hon. Peter Mwathi (Limuru, JP): Thank you, Hon. Speaker. I may not be in position to deal with issues of MPs visiting Turkey as that has been happening in many other countries where they go for training. I do not think we need to connect that with what you are asking. I, however, want to confirm that I heard you. Tomorrow I am meeting with the CS and will bring it to his attention. Within two weeks, I will bring the response.

(Loud consultations)

Hon. Speaker: There is no room for comment. Let us get to the next request. You want it tomorrow? You will become like the Independent Electoral and Boundaries Commission (IEBC) which wanted us to approve things immediately.

Hon. Kimani Ichung'wah (Kikuyu, JP): Hon. Speaker, you know the ranking Member for Garissa Township was interrupting you. Probably, you did not hear what Hon. Mwathi said.

First he responded to the issue of MPs visiting Turkey, which was not anything that I was asking about.

Secondly, he asserted that he is meeting the CS tomorrow and he would give a response in two weeks' time aware that in two weeks' time, even without anticipating anything, we might be proceeding on recess. I would implore the Chair to treat this matter... I was going to add, beyond what was on the written statement, that this is something that needs to be taken more seriously than the two weeks promised.

If he is meeting the CS tomorrow, there is no reason why the CS cannot, within the stipulated period that we give them of seven days, give the country a response. These are issues that touch on investment and trade between countries. It touches on relations between countries and it is not a matter that we should take lightly and jokingly as Hon. Mwathi seems to be perceiving that it is about MPs travelling in and out of Turkey.

I know that MPs travel, even the good suit that I am wearing and the nice tie are from Turkey. Hon. Speaker, seven days should be adequate.

Hon. Speaker: Hon. Mwathi, are you joking?

Hon. Peter Mwathi (Limuru, JP): Hon. Speaker, let me say this: mentioning the issue of MPs together with the issue of that request was only trying to pull the MPs into that matter. What I said and I want to repeat for avoidance of doubt is that MPs travel to Turkey and any other country for training as it has been routine. I rested that matter there. Then I said that tomorrow I am meeting the CS. I will bring it to his attention but there is a way that these communications are done from here to the Executive. I said within two weeks, I will bring a response. I think that should suffice and there is no joke in saying, 'Within two weeks'.

I also said that in two weeks I will be bringing the issue of NACADA, which is even more critical and there was not any fuss about it. I will respond within two weeks. I think that is standard. I do not want to go and find the CS not in a position to answer and I come here on the Floor looking like I did not know what I was saying.

Hon. Speaker: Very well, that should suffice; within two weeks.

Provision of counselling request by Hon. Masara, Member for Suna West.

PROVISION OF COUNSELLING AND PSYCHOSOCIAL SUPPORT SERVICES TO POLICE OFFICERS

Hon. Peter Masara (Suna West, Independent): Thank you, Hon. Speaker. Pursuant to the Provisions of Standing Order 44(2)(c) I rise to request for a Statement from the Chairperson of the Departmental Committee on Administration and National Security regarding provision of counselling and psychosocial support services to police officers.

Hon. Speaker, on 1st September 2020, the Cabinet Secretary Ministry of Interior and Coordination of National Government, while appearing before the Departmental Committee on Administration and National Security on a Statement I requested on police reforms, outlined the various measures put in place to reform the police organisation. The measures outlined by the Ministry included development of a counselling policy to provide a framework for undertaking psychosocial support and counselling services to the police officers and the establishment of the Directorate of Chaplaincy.

Among the measures outlined by the ministry include, the development of a counselling policy to provide the framework for undertaking psychosocial support and counselling services to the police officers; establishment of the Directorate of Chaplaincy, counselling and social support to oversee the services and establishment of a pilot counselling and rehabilitation centre in Ruaraka, Nairobi.

Unfortunately, the measures as outlined by the CS are yet to be rolled out and many police officers continue to suffer. This among others has led to numerous incidences of suicides, murder, desertion of duties and drunkenness. It is against this background that I request for a Statement from the Chairperson of the Departmental Committee on Administration and National Security. In the Statement the Chairperson should address the following:

- (i) Why the Ministry is taking inordinately long to implement measures to address psychosocial support and counselling in the police service as outlined by the Cabinet Secretary on 1st September 2020;

- (ii) When the recently established counselling and rehabilitation centre which was to be located in Ruaraka, Nairobi will be made operational and are there plans to establish more such centres across the country?

Thank you, Hon. Speaker.

Hon. Speaker: Chair, Mwathi.

Hon. Peter Mwathi (Limuru, JP): Thank you, Hon. Speaker. He is a Member of the Committee. This morning we met the National Police Service Commission (NPSC) and these are the issues we were discussing. We are meeting them again on 25th of this month and he will be part of the Committee when we meet. I will bring a response in two weeks' time.

Hon. Speaker: Hon. Masara is that okay.

Hon. Peter Masara (Suna West, Independent): I appreciate what my able Chairman has mentioned. We are living in this country and the matter in question is a time bomb. We do not know when the Officer Commanding Station (OCS) in your police station will decide to shot you or himself. We do not know when our bodyguards will decide to shot themselves or us. The earlier we do this the better, not only for police officers. The matter in question is critical in this country.

Hon. Speaker: The Statement you have requested, if I have listened to you clearly requires very serious introspection. It is not a thing you can rush unless you want to be given some wishy-washy stuff. You have raised a very weighty matter and I want to congratulate you for that. It is a matter of great concern. Now that you are also a Member of this Committee, you should assist in ensuring the response that comes here is something that makes sense to the House and you. I do not know if you wanted it to be done on Monday.

Hon. Peter Masara (Suna West, Independent): Hon. Speaker, my concerns are very clear. You may remember I raised such a Statement early last year 2020 and the response was given on 20th September last year.

Hon. Speaker: Hon. Masara you are a Member of that Committee.

Hon. Peter Masara (Suna West, Independent): Yes, but one year down the line nothing has happened and that is my worry.

Hon. Speaker: Then you must be asleep in the Committee. If you want the answer from the same Committee, what are you doing there if you cannot raise it?

Hon. Peter Masara (Suna West, Independent): Hon. Speaker, I agree with you...

Hon. Speaker: Even equity does not help the indolent.

Hon. Peter Masara (Suna West, Independent): Hon. Speaker, I may agree with you, if sleeping is asking questions. This is because I do not have the capacity to force the CS and the Commission to act. I have the capacity to ask questions and seek for answers on behalf of our great nation. If you ask my Chairman, I am a very active Member of that Committee, but being there does not force the CS to give me answers sufficiently. He gave promises in September and up to now, we have not seen those centres being rolled out. I do not think it is a crime to push for things to be done.

Thank you, Hon. Speaker.

Hon. Speaker: I think you need to raise that matter elsewhere, if this is the Committee where you sit and the CS comes.

Hon. Mwathi.

Hon. Peter Mwathi (Limuru, JP): Hon. Speaker, I share the concerns of the Hon. Member. The truth be told; this morning we met the Chairman, NPSC and some Commissioners. He was part of the decision makers; that is the Committee Members. We will meet with this Commission

on the same issue on 25th August, which is in less than two weeks. He will be in that meeting and all the issues he has raised are what we discussed today.

The Inspector-General (IG) of Police and the Deputy Inspector-General (DIG) were not there. Therefore, we had to set another day for them to come because they are the implementers of the decisions made by the Commission and the advice given by the Committee. I do not know whether we can do this faster than this. In the request for Statement he has picked most issues discussed today. I think this should suffice and he should accept that I will give an answer in two weeks. Even, he might get the answer first hand before 25th in the Committee.

Hon. Speaker: This is provision of counselling and psychosocial support services. A very important thing which cannot be done overnight. Unless you are worried of being shot by your bodyguard, just relieve him off his duties.

Hon. Peter Masara (Suna West, Independent): Hon. Speaker, I was doing this on behalf of the 45 million Kenyans. I will go as per the advice of my able Chairman. Thank you.

Hon. Speaker: Very well. The next to request is Hon. Yusuf Hassan, Member for Kamukunji, who was to seek for a Statement on the status of the United States troops within the Kenyan territory. He requested for deferment on account of his inability to be present today.

Then, the other request is by Hon. John Njuguna Wanjiku, Member for Kiambaa on the construction of the Nairobi southern bypass. He has indicated that he is unable to be present and requested for deferment. The two requests have been acceded to and are therefore deferred.

Hon. Members, as the Leader of Majority reads out the Statement on behalf of the House Business Committee (HBC) indicating what business is coming up next week yesterday, a Member said he has never heard the issue of which Questions are to be answered being raised. We have done this for the longest time. If Members really care to listen, they would know that on Thursday the Leader of the Majority Party always gives indication as to what business will be there on Tuesday and the Cabinet Secretaries appear to answer Questions asked. I do not want to name the particular Member because it is not in the interest of the House to know. I am just saying this because it was raised that there is a Member who has never known this ever happens. So, please listen. The Leader of the Majority Party.

BUSINESS FOR THE WEEK COMMENCING 17TH TO 19TH AUGUST, 2021

Hon. Amos Kimunya (Kipipiri, JP): Hon. Speaker, pursuant to the provisions of Standing Order No.44(2)(a), I rise to give a Statement on behalf of the HBC which met on Tuesday, 10th August 2021 to prioritise the business for consideration. First of all, let me take this opportunity to commend the Committees for expediting the business that had been pending before them during the recent recess period. I know it was a rather involving task, but I have seen quite a number of reports have been tabled. This is an indicator that we are cleaning up on all the outstanding business.

On Tuesday, next week the following business has been scheduled for consideration:

1. In the Committee of the whole House, we will be looking at:
 - (a) The National Hospital Insurance Fund (Amendment) Bill (National Assembly Bill No.21 of 2021) subject to its completion this afternoon.
 - (b) The Foreign Service Bill (National Assembly Bill No.8 of 2021) which has already gone through the Second Reading.
 - (c) The Waqf Bill (National Assembly Bill No. 73 of 2019).

Then at the Second Reading we will also be looking at the continuation of debate on the Irrigation (Amendment) Bill (National Assembly Bill No. 12 of 2021), the Health Laws (Amendment) Bill (National Assembly Bill No.2 of 2021) and the National Cohesion and Peace Building Bill (Senate Bill No.35 of 2018).

Hon. Speaker, in accordance with the provisions of Standing Order No.42A (5) and (6), I wish to convey that the Cabinet Secretary for the National Treasury and Planning is scheduled to appear before the Departmental Committee on Finance and National Planning on Thursday, 19th August 2021 to respond to two Questions: Question No.214/2021 by Hon. Ronald Tonui regarding the recent changes to the Civil Servants Pension Scheme, who are entitled and how the benefits are calculated; and, Question No.255/2021 by Hon. David Ochieng' on the number of privatisations that have been conducted since the establishment of the Privatisation Commission and the privatisation processes of National Bank and State owned sugar factories.

The HBC will reconvene on Tuesday, 17th August 2021 to schedule the business for the rest of the week.

I now lay this Statement on the Table of the House.

(Hon. Amos Kimunya laid the Statement on the Table)

Hon. Speaker: Hon. Duale, what is your point of order?

Hon. Aden Duale (Garissa Township, JP): Hon. Speaker, nothing much. I want to thank the Leader of the Majority Party. Wednesday morning is a session for Private Members' Bills. We are having a problem because some of our Bills are at the bottom and then when in the morning we come here, we are told the Members who had the previous Bills either are not prepared or they have no seconder. Yesterday, I was forced to hurriedly prepare myself. So, I really want the Clerk's Office to notify those of us who are ready to move their private Members' Bills like me. I was here with Hon. Chris Wamalwa as my seconder the whole of yesterday. There are some Members who are either out on trips or in the constituencies. I think they should liaise with the Clerk's Office, the Table Office or the with the Leader of the Majority Party in advance and say they are not coming so that before Monday or Tuesday when the Order Paper is being prepared, our staff know our availability. Hon. Speaker, I really want you to give that direction.

Hon. Speaker: The problem is actually the Members because by the close of business tomorrow, the Clerk's Office will have given an indication of what business is coming up on Tuesday and tentative indicative notices of possible business on Wednesday, particularly Private Members' business. Indeed the reason why we have pushed the Committee so hard to prepare the reports is so that we could give priority to private Members business. So, if your business appears and either you think you are held out there in the village and you cannot make it, just notify the Clerk's Office that you are not available so that the other business can then move up. Part of the reason has been because we did not want it to appear like there is anybody who is being given preferential treatment. That is why we have been lining them up.

First of all, it is important to read the Clerk's notification on *Bunge info*. Of course the only ones who will be having difficulties are the ones with *mulika mwizi*. Even *mulika mwizi* shows. So, let everybody read that and if your business is appearing and you are not available or you are not ready, there is no problem with you not being ready and saying so that then the next person can be notified by the Clerk's Office and they will prepare, as Hon. Duale has just said. This is just a matter of decorum and helping us to be better so that everybody is able to plan. There are very many private Members' Bills which are pending. Hon. Pukose.

Hon. (Dr.) Robert Pukose (Endebess, JP): Thank you, Hon. Speaker. A few weeks ago, you gave the Departmental Committee on Health the Bill on Kenya Drug and Food Authority and told them that they present a progressive report. Last week you also talked to the Chair to expedite and bring the report. I have been meeting them on the corridors and they have told me that the report is ready, but there were changes in terms of clerks. So, I will really appreciate if the report can be tabled so that my Bill can move forward because it is a Bill that has stayed long.

Secondly, not a very serious matter, you know when Members are not in the House I think they seek your permission. The mainstream ODM is missing on the other side, except maybe the outsiders of ODM. The mainstream ODM guys are missing. After the Mombasa trip, I do not know whether they sought your permission or what is happening for them to be absent. I see Hon. Oundo is carrying the hand but he is not mainstream ODM. Hon. Atandi is also not mainstream ODM. The mainstream ODM is not there.

Hon. Speaker: Who are mainstream and who are peripheral Members? Hon. Oundo, are you peripheral?

Hon. (Dr.) Wilberforce Oundo (Funyula, ODM): Hon. Speaker, before I go to that, I just want to raise a point of concern. On 1st July, I rose here to request for a Statement from the Departmental Committee on Finance and National Planning concerning Kenya Transport and Logistics Network. As typical, we were given two weeks and we went for a short recess. I would suppose by now the two weeks have lapsed. Unfortunately, I do not see the Chair but I had seen the Vice-Chair of the Committee. I hope somebody will shed light on when I am likely to get that answer.

Secondly, sometimes in March, I also asked a Question to the Departmental Committee on Transport, Public Works and Housing concerning the airstrip in Funyula Constituency. Up to now I have not received an answer. The last time I appeared before the Committee, they told me that there had been a mix-up. The Question was not referred to the Ministry to provide an answer. I hope there could be some movement in the two matters because they are matters that need to be concluded before probably we break for another short recess or we get into the murky field of business.

Finally, ODM, unlike other parties, has no fringe Members. We only have one ODM Members. Hon. Speaker, as you are aware, our colleague, Hon. Kajwang' and Senator Kajwang' lost a parent. The burial is tomorrow. So, naturally, out of being compassionate to our colleagues, a number of our colleagues have already travelled. Some of us will travel tomorrow because we could not have left the House deserted. Because some of us are permanent features of this House, our absence is always felt. That is why we remained. So, there is basically nothing untoward about it. Most of our colleagues have travelled to console with our colleague. Thank you, Hon. Speaker.

Hon. Speaker: On the issue by Hon. Oundo, Hon. Wanga is not in. Hon. Waihenya is also not present. It looks like there is nobody who can respond. Hon. Oundo, kindly, remind me on Tuesday. I want you to raise that matter again when they are present.

Hon. (Dr.) Wilberforce Oundo (Funyula, ODM): Okay. Thank you, Hon. Speaker.

Hon. Speaker: Hon. Ichung'wah.

Hon. Kimani Ichung'wah (Kikuyu, JP): Thank you, Hon. Speaker. It is good but I thought further to what Hon. Oundo has asked, I also did rise to request for a Statement from the Chair of the Departmental Committee on Environment and Natural Resources, Hon. Kareke, whom I can see here, on the implementation of the Kikuyu Water and Sewerage Project. As Hon. Oundo said, we are always told within two weeks. I think Hon. Oundo has put it very well – the customary two weeks. The Chair of the Departmental Committee on Environment and Natural Resources is here.

Since then, I have not been invited to the Committee. They have not responded to the request for Statement and the matter that I was asking still persists.

My second point of order was in relation to business which in my thinking was not properly before this House, today being a day for Government sponsored Bills and Motions. I thought the Motion appearing under No. 10 is a party sponsored Motion. The mainstream ODM party seems not to be in the House and they are the mainstream minority party, after the breakup, dissolution and subsequent divorce of the NASA parties. I therefore, seek your guidance. When I look at the substance of this Motion, it is a Motion that besides being sponsored by the Minority Party, touches on budgetary matters and aware that we have just finished the appropriation process, I do not know whether this Motion was very well thought-out. I thought, with the Minority Party being absent, we could consider moving on to more important business to deal with Bills like the Irrigation (Amendment) Bill and Health Laws (Amendment) Bill that are very critical so that we do not spend time on these Motions whose Members are not here and of course, it is raising issues that touch on budgetary matters. We have just gone through the budget process. We even finished with the Finance Bill. We may talk a lot on the Motion but until the issues being raised relate to COVID-19...

Hon. Speaker: We are not yet there.

Hon. Kimani Ichung'wah (Kikuyu, JP): That is why I wanted your guidance without anticipating debate. I was just asking for your guidance whether now in the absence of the Minority Party we would consider to drop this Motion. The mainstream ODM as you have been told is not in the House today.

Hon. Speaker: No. Hon. Members, we are not yet there, that issue will be raised when we get to the business so that explanation about it could be given. This issue of Hon. Pukose on his Bill is now becoming too much. The Leader of the Majority Party and the Chair of the Departmental Committee on Health, when the House Business Committee sits on Tuesday, it will prioritise that Bill and we will put it on the Order Paper. Just to remind Committees, a Committee cannot sit on a Bill that has been published and as a consequence they deny the Mover the right to have it debated in the House, and the House to make a decision one way or the other. It is not right. It will be dealt with, Hon. Pukose. We will have it put on the Order Paper. The Clerk to remind us at the HBC.

We could now allow Hon. Kareke to respond.

Hon. Kareke Mbiuki (Maara, JP): Thank you, Hon. Speaker. There is an issue which has been raised by Hon. Kimani Ichung'wah on the Statement he sought a while back. I want to confirm that I was in consultation with the Hon. Member about three weeks ago and we decided to defer the issue because he was not available. We have committed to engage on the issue together with the one which was sought yesterday, next week on Tuesday, so that we can have a very conclusive answer to the same.

I thank you.

Hon. Speaker: Well, order Members, before we move to the next Order, I had indicated that there is a Message that I need to present to the House, this being Message No. 6 of 2021. The Message is from the President on nomination of persons to the Office of Member of the Teachers Service Commission (TSC).

MESSAGE**NOMINATION OF PERSONS TO THE OFFICE OF MEMBER
OF TEACHERS SERVICE COMMISSION**

Hon. Members, pursuant to the provisions of Standing Order No. 42, I wish to convey a Message which was received in my office today, Thursday 12th August, 2021, from His Excellency the President relating to the nomination of persons for appointment to the Office of Member of the Teachers Service Commission.

Hon. Members, the Message conveys that, in accordance with the provisions of Article 250(2)(b) of the Constitution and the procedure set out in Section 8 of the Teachers Service Commission Act, 2012 as read together with Sections 3 and 5 of the Public Appointments (Parliamentary Approval) Act, 2011, His Excellency the President, having received the report of the Selection Panel appointed vide *Gazette Notice No. 6205 of 2021*, has nominated the following persons for appointment as Members of the Teachers Service Commission-

1. Dr. Nicodemus Ojuma Anyang;
2. Ms. Christine K. Kahindi;
3. Ms. Sharon Jelagat Kisire;
4. Ms. Annceta G. Wafukho; and,
5. Mr. Salesa AdanoAbudo

In this regard, His Excellency the President now seeks the approval of the nominations by this House.

Hon. Members, sections 7 and 8 of the Teachers Service Commission Act (No. 20 of 2012) provide as follows-

“(7) The President shall, within seven days of receipt of the names forwarded under subsection (6), nominate one person and eight others for appointment as chairperson and members of the Commission and forward the names to the National Assembly for approval.

(8) The National Assembly shall, within twenty-one days of its sitting, consider each nomination received under subsection (7) and approve or reject any of them.”

In this regard, Hon. Members, pursuant to the provisions of Standing Order 45, I hereby refer the Message, together with the Report of the Selection Panel as well as the curriculum vitae and other testimonials of the nominees to the Departmental Committee on Education and Research for consideration.

Hon. Members, conscious of the central role of the Commission in the education sector and noting the unprecedented nature of the early learning and basic education calendar for the years 2020, 2021 and 2022, His Excellency the President has requested the National Assembly to consider the nominees on a priority basis.

To this end Hon. Members, noting that the House will proceed on its normal long recess from 20th August, 2021 in accordance with its published Calendar, the Committee should expeditiously notify the nominees and the general public of the time and place for holding the approval hearings and thereafter, upon conclusion of the hearings and adoption of its Report, submit the same to enable the House to consider the matter within the statutory timelines.

I thank you!

MOTION*Second Reading*PROCUREMENT OF EXTERNAL AUDIT SERVICES FOR THE OFFICE OF THE
AUDITOR-GENERAL 2018/2019-2019/2020

THAT, this House adopts the Report of the Public Accounts Committee on procurement of external audit services for the Office of the Auditor-General for the Financial Years 2018/2019 and 2019/2020, laid on the Table of the House on Thursday, 5th August 2021, and pursuant to the provisions of Article 226(4) of the Constitution and section 43 of the Public Audit Act (No. 35 of 2015), approves the appointment of M/s. Ronalds Limited Liability Partnership (LLP) to audit the accounts of the Office of the Auditor-General for the Financial Years 2018/2019 and 2019/2020.

(Hon. Opiyo Wandayi on 11.8.2021)

(Debate concluded on 11.8.2021)

Hon. Speaker: Hon. Members, debate on this Motion was concluded, what remained was for the Question to be put, which I hereby do.

(Question put and agreed to)

Next Order.

BILL*Second Reading*

THE NATIONAL HOSPITAL INSURANCE FUND (AMENDMENT) BILL

(Hon. Emmanuel Wangwe on 4.8.2021)

(Resumption of Debate interrupted on 10.8.2021)

Hon. Speaker: There was no one on the Floor but when I look at the requests, there is Hon. Muchangi, Member for Runyenjes.

Proceed.

Hon. Eric Njiru (Runyenjes, JP): Thank you Hon. Speaker for giving me an opportunity to contribute to this very important Bill.

Matters to do with health are very important. I have said in this House that a health nation is a wealthy nation. One thing that stands out whenever the National Hospital Insurance Fund (NHIF) is mentioned is its affordability. Only about 20 per cent of Kenyans are covered by the NHIF. That means 80 per cent of Kenyans still remain unregistered with the NHIF. So, the discussion about NHIF is an important one. I believe the majority of Kenyans, since the

contributions were raised to Kshs500 per month, are completely unable to pay the premiums. It means that we must make it affordable for the majority of Kenyans, who cannot afford the Ksh500.

Another thing that stands out concerning the NHIF is that a State officer who earns a salary of around Kshs1 million pays only Kshs1,800 to the NHIF while an ordinary citizen who does not have a job is required to pay Ksh500. Looking at these figures, there is no correlation. Going forward, we have to consider a way of ensuring that those who earn more pay more for NHIF coverage while those who cannot afford to pay the NHIF because of lack of Kshs500, the amount is reduced by half to Ksh250 or Ksh300 so that we make it affordable for all people who want to be enlisted to the NHIF.

I also support the idea of allowing people under the social protection scheme to benefit from the NHIF. Let the Government pay the NHIF contributions for them because the majority are old people who do not earn a living and fall sick often and require medical attention from time to time. That includes the disabled Kenyans. We have many of them across the country. Most of them do not earn anything. So, it is very important to allow the people who live with disabilities to benefit from a health cover that would enable them to access medical services.

With those few remarks, I support the amendment Bill.

Hon. Speaker: Hon. Members, if you have contributed to this debate, you know that you must not place a request to contribute again. I am following the names as they are on the requests list. Let me indicate. Hon. Amin, have you contributed?

Hon. Rashid Kassim (Wajir East, WDM-K): Hon. Speaker thank you for giving me an opportunity to contribute to the National Hospital Insurance Fund (Amendment) Bill of 2021.

Universal Health Care (UHC) is a critical service which should be provided to every citizen of this country. It is a policy that has been mooted by His Excellency President Uhuru Muigai Kenyatta so that each and every Kenyan is able to access affordable health care. Attainment of UHC has been a great challenge for the ordinary Kenyans, even for those who are well-off. The fact that there is a policy and a Bill with a concept to have every Kenyan covered in a health scheme is prudent and very important conceptualisation of this Bill.

This Bill emphasises two critical things. It emphasises the matching grants which should be provided for by the employer. The employer should contribute an equal amount of money, which should also be provided for by the contributor so that there is ample coverage for all those working or with gainful employment in this sector.

The National Hospital Insurance Fund (Amendment) Bill of 2021 has not envisaged to cover the nearly 15 million Kenyans who are not employed gainfully particularly those in the small sectors and those who are not employed and have no provisions. It is our feeling and our recommendation that the UHC should be rolled for not only those employed and the employer contributing a matching grant but also for the entire country and all citizens. If the Bill has a loophole there should be a provision for those that have not been covered by the employer to have access to it. So, there should be an amendment and improvement on the Bill in the Committee of the whole House so that each Kenyan can access the UHC as envisaged in the Bill.

One critical component of the Bill is the fact that NHIF is also going to improve infrastructure in the entire health sector. All the health facilities that are accredited by the NHIF will be able to buy X-ray machines and other equipment so that they can provide diagnostic and surgery services. That is the critical way of ensuring that the health facilities that have been accredited through the NHIF Act have and are able to give ample and good medical care to individuals.

One other thing that has not been captured is that the county referral hospitals, despite being accredited to the NHIF, do not have adequate facilities to cater for surgery or to cater for laboratory services. So, one thing that should be emphasised is that all county referral hospitals accredited to the NHIF should have all the requirements as desired to cater for all medical attention. There are referral hospitals in the counties which do not have the requisite equipment and the requisite medical attention. At times they do not have qualified medical practitioners to give adequate health requirement of its citizens. So, this Bill should emphasise and make sure that county referral hospitals are adequately equipped so that they can provide the intended UHC for its citizens.

The majority of Kenyans, about 20 million Kenyans are unemployed and are in the small business sector. There should be a subsidised contribution which should be provided for the lower level of the unemployed.

There is one other thing that the Government has been rolling out for vulnerable people. One thing that has not been mentioned is that they have not been able to apportion the medical fund to cater for NHIF contributions. So, if the Government is giving the vulnerable and the elderly a certain amount of stipend, it should give an equal contribution for the same in terms of healthcare because if they provide them with food but they do not provide them with healthcare, it does not make any sense. It is only proper to feed and provide them with good healthcare. So, we suggest that those who get the support should also have medical cover and the Government should contribute to the same.

One other thing that the Government has also rolled out is for school children, particularly those in secondary schools, to get coverage from the NHIF. However, that cover does not extend to family members. So, every child who is in secondary school and is getting the NHIF cover from the Government should also have his or her family covered through the programme. As much as the programme is only working for those who are employed and whose employer is making a significant contribution, it should be for all citizens of this country.

I support the amendment Bill. Thank you.

Hon. Speaker: Let us have the Member for Kitui West.

Hon. (Ms.) Edith Nyenze (Kitui West, WDM-K): Thank you, Hon. Speaker. Let me take this opportunity to support the NHIF (Amendment) Bill. Most Kenyans are neither aware of the NHIF nor can they afford to pay its premiums. So, this calls for the NHIF to popularise itself and make Kenyans aware of what it offers because there are very many Kenyans who are not aware of it.

The other thing about the NHIF is that during the Coronavirus period, the NHIF has paralysed the activities of the small mission hospitals by not reimbursing them after they treat their patients using the NHIF cover. I am aware of Muthale Mission Hospital, which is the only mission hospital in my constituency that has been treating many people using their NHIF cover, but the insurer has not reimbursed them. Therefore, this has caused the mission hospital to suffer so much and the people not to get treatment as they ought to because most of the time, there is no medicine since the NHIF has not reimbursed them.

This Bill also proposes punitive measures for late payment to the Fund. That should apply to institutions which give late payments to the Fund, but not individual members. Some of those institutions have the tendency of not remitting funds after deducting them from the members. They should be the ones who should be penalised, but not the individual members.

This Bill proposes the inclusion of mandatory payment to the Fund. The inclusion of the word “mandatory” in the Bill makes it clear that the NHIF is mandatory. In theory, the NHIF has

been mandatory since the NHIF Act of 1998, which states that any ordinary resident of Kenya, whether salaried or self-employed, shall be liable as a contributor to the Fund. However, in practice, NHIF membership for informal sector workers who constitute 83 per cent of the Kenyan workforce has remained voluntary. So, it has not been mandatory for the informal sector.

Mandatory NHIF coverage will raise revenues for universal healthcare (UHC) and improve repayment of the financial protection. Currently, only 20 per cent of Kenyans have any form of health insurance coverage with 85 per cent of them covered by the NHIF. So, health coverage amongst the formal sector is near universal compared to 15 per cent coverage amongst the informal sector. That is why there should be a lot of marketing and raising of awareness in the informal sector, so that they can be members of the NHIF.

The other problem with the NHIF is that when you join, you are supposed to wait for six months before you benefit from the cover. If you delay in payment, you also have to wait for six months after making payment to the Fund. That period of six months is too long, especially for sick people. So, the waiting period should be reduced from six months or even scrapped, so that there is no waiting period before people can benefit from the Fund.

The Bill also proposes to change how the NHIF pays out claims. In instances where patients have both private insurance and the NHIF, the health service providers are required to first exhaust the private health insurance coverage before the NHIF pays the outstanding amount, subject to the funds being limited. This is an interesting twist which is a reversal of the current practice. When the NHIF expanded the benefits package in 2016 to cover outpatient surgeries, radiology and other services, private insurance companies quickly saw an opportunity and stipulated that the NHIF acts as the primary insurer for co-insured members, therefore, bearing the biggest component of medical bills. In many ways, the NHIF funds were used to subsidise private insurance.

The NHIF is very important to sick people, but the coverage is so low. We should have a way of covering more Kenyans, especially the old and the sickly who should be treated and covered freely by the NHIF, so that we improve our health sector and coverage of the people, especially during the COVID-19 Pandemic where private health insurance is not even covering COVID-19.

With that, I support the amendment Bill.

Hon. Speaker: Let us have Hon. Kolosh.

Hon. Ahmed Kolosh (Wajir West, JP): Thank you, Hon. Speaker. I support the Bill although I have some reservations. I must admit that I used to work with the NHIF. Public insurance is such that the healthy should pay for the sick and the rich should pay for the poor. Those are some of the principles of insurance. So, the fact that contributions are not necessarily uniform and are pegged on the ability to pay by the individual, is very important for us to consider.

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

*[The Temporary Deputy Speaker
(Hon. Christopher Omulele) took the Chair]*

The elements of corruption in terms of facilities and hospitals working with corrupt individuals within the NHIF are increasingly becoming an issue in terms of resources at the Fund. When hospitals are accredited by the NHIF, they tend to misuse that opportunity by giving opportunities to people who are not supposed to be beneficiaries in the sense that NHIF cards are

used by relatives and friends of the people who should be the holders of the cards and who paid for them. So, we must seal such loopholes.

The issue of giving the NHIF Board serious powers to determine the beneficiaries is also vital. We must set checks and balances for the NHIF Board so that they do not get away with some of the punitive measures like penalties on late contributors. It is difficult with this COVID-19 and the economic situation in the country. The self-employed who pay on their own and contribute have difficulties at this moment in time, and should be looked into. Because of the situation in the economy, they cannot contribute. These penalties must be waived in the case one is sick and is in hospital for a long time. He cannot pay or they cannot find an employment or a source of income. These measures should be checked highly. When an insurer benefits someone who does not pay, the thing that is becoming very common is that the beneficiary should be the one paying for the services.

Secondly, if the situation in public hospitals is the way it is today, it is useless to collect such revenues and even expect universal healthcare. Before we talk about the insurance, we must talk about the services provided in public hospitals. What can our county referral hospitals offer to patients covered by the NHIF? They do not have x-ray machines and the capacity required. Of course, they are the ones that are available in most areas and counties. Small private health providers are coming up. But public hospitals at the sub-county level or the county referral hospitals are in a very dire need. Even when you say we are going to insure and provide services in hospitals that have nothing, it means it is just beating the purpose. It is not meeting the purpose.

I worked there and I know how individuals at the board can be. The issue of giving sweeping powers to the NHIF Board is going to be counterproductive. These individuals must be checked. We know the history of corruption. Of course, we know of the Kshs30 million spent in a day on some women meeting when Hon. Charity Ngilu was the Minister. We also know when the CEO was fired. In one year, we saved Kshs3 billion and surplus. When the Government and people with influence wanted to eat that money and we resisted, the next morning he found himself on the streets. So it is important that we seal all the loopholes, whether Government controlled or individuals who are nominated by the Executive.

Before I became a Member of Parliament, I thought Members of Parliament can do a lot. When I saw situations not going the right way, I wondered what our Members were doing. When I came here and I learnt that most Members follow the Executive and are not here to represent seriously, I found out special interests and individual interests overtake national interests. Although people here are elected to represent the people, they serve a lot of other interests.

I support and urge that we amend the provision on the serious powers given to the board.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Kolosh, your contribution seems to have attracted the eye of the Member for Kikuyu. Let us hear his point of order.

Hon. Kimani Ichung'wah (Kikuyu, JP): Hon. Temporary Deputy Speaker, I am rising on a point of order in relation to what Hon. Kolosh has said that he used to wonder before he became a Member of Parliament. Since becoming a Member of Parliament, he has since discovered that there are Members in this House who represent other interests other than those of the people they represent, people who follow orders from the Executive. Maybe it will be beneficial to Kenyans to name those Members who represent other interest other than those of the people who elected them or those who are directed by the Executive. I am seated here. If the people of Kikuyu heard that I am following orders from the Executive, especially this Executive, I may not be re-elected next year because they expect me to represent them. Therefore, it would rather be unfair for Hon.

Kolosh to generally say that many Members of Parliament do so. He should either substantiate or withdraw that statement.

The Temporary Deputy Speaker (Hon. Christopher Omulele): The Member for Kikuyu is absolutely right. Hon. Kolosh, you cannot issue a sweeping statement alleging that Members in this House do not represent the constituencies that they were elected to represent. You may have to substantiate. You will have to substantiate or withdraw. Give him the microphone.

Hon. Ahmed Kolosh (Wajir West, JP): I was on the way of substantiating the same. The Member for Kikuyu knows that after the elections in 2017, it is not the Members of the Budget and Appropriations Committee who elected him as the Chair, neither is it the Members of the Budget and Appropriations Committee who removed him as a Chair. This is where the control of the Executive comes in. I know what I am referring to. Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Kolosh, anyway. Hon. Members, I wish to give this opportunity to the Member for Juja. Hon. Koimhuri George, I think this will be your Maiden Speech. Have you had an opportunity to make a contribution? So, you will make your contribution and you will not be interrupted as you make it.

The Member for Juja (Hon. George Koimhuri): Thank you, Hon. Temporary Deputy Speaker.

Let me take this opportunity to support this Bill. It is a very important Bill to our country. It is a health Bill. I know we have old people in our country. We also have people living with disability. This Kshs500 for the NHIF card is very expensive for them. They cannot pay Kshs500 per month. Also, remember we do not have medicine for the old people and people living with disability in dispensaries in our country. In my Juja Constituency, our dispensaries like Gachororo Dispensary, Kwa Mundia Dispensary and Athi Dispensary do not have medicine. Also, we do not have nurses to serve the people. I urge the Government, if possible, as all of us know, health is already devolved according to the Constitution. In our County Government of Kiambu, they do not give us those services in our hospitals and in dispensaries.

I urge the Government to make sure that county governments are doing their work. Failure to that, we are going to amend the Constitution to make sure that health facilities are given back to the national Government.

For those few remarks, I support the Bill. Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Christopher Omulele): The Member for Kikuyu.

Hon. Kimani Ichung'wah (Kikuyu, JP): Thank you, Hon. Temporary Deputy Speaker. I rise to support this Bill, but with a few reservations. One of the things that I am usually sceptical about is when the Government has an overbearing hand and we use legislation to overbear on the people. Clause 11 of the Bill envisages to make it compulsory that a person who has attained the age of 18 years and is not a beneficiary shall register as a member of the Fund. Clause 11(2) says that the minister may, in consultation with the board, make regulations for the better carrying out of sub-section (1). This is very risky. You are saying that you make it mandatory for every Kenyan who has attained the age of 18 years to become a member of NHIF. That registration may or may not involve people paying depending on what will be provided in the regulations. Of course, you cannot be a member of the NHIF where you are expected to benefit from healthcare facilities and not pay. We must ask ourselves: When we ask Kenyans who are 18 years and above to register and make it compulsory for them to be members of the Fund and probably be levied a fee, and you can see the penalties that come with these amendments - they are enhancing penalties to employers and contributors - then we will be making it very punitive to the millions of young Kenyans who

we have not provided jobs for. Therefore, before we make it mandatory for people to join the Fund, it must be mandatory first for the Government to ensure that those people are in gainful employment where they earn a living and an income to contribute to the Fund.

Two, Clause 24 is the other provision about which I have serious reservations. In the Nyayo days, in the old dark days of the KANU regime, State corporations used to be exempted from the provisions of the State Corporations Act and used as avenues to loot public coffers. I am afraid that today, we are increasingly going back to those dark days where we have an Executive that is overbearing on the people and the Legislature and attempting to overbear on the Judiciary. The same attempts are being made not through exemptions from the State Corporations Act. You saw with the Aviation Bill attempts to exempt State corporations like the Kenya Airports Authority (KAA) from the provisions of the State Corporations Act. Under Clause 24, we are introducing new ways of exemption.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Ichung'wah, your submissions are good, but I am aware that the Aviation Bill has not come to this Floor yet.

Hon. Kimani Ichung'wah (Kikuyu, JP): Hon. Temporary Deputy Speaker, if you listened to me clearly, I was using it as an example of attempts by the Executive to use exemptions in the State Corporations Act like was done in the old KANU days. Probably, if you were being tutored by the KANU regime, that is why you see this inclination.

I was speaking to Clause 24 which proposes to amend Section 34 of the Act to mandate the NHIF Board to invest in the procurement and acquisition of essential medical equipment and supportive infrastructure to empanel concerted healthcare providers. People who are empanelled or contracted by the NHIF as service providers are both public and private healthcare providers. If we give the board mandate to procure healthcare equipment, and not healthcare for a hospital that is being managed by that board, you remember sometime back the Board was involved in some scandal of land where they were to build a referral hospital in Karen, which to date, despite spending billions of shillings, has never been built. Consultants walked away with billions of shillings. I am, therefore, very sceptical when you tell me that the NHIF that could not invest in a referral hospital, a referral hospital that an institution like Kenyatta University was able to invest in and build in a period of about three to four years and which has been very critical during the COVID-19 period to help ease congestion at the Kenyatta National Hospital and other private hospitals. It is a very good hospital. The NHIF had that dream over 15 years ago. It has never come to fruition. It is the same NHIF that you are mandating to procure healthcare equipment. Is it the same healthcare equipment that we attempted to procure through the infamous Managed Equipment Services (MES) programme that came into being in 2014? If that is what we are to learn from, then we must be cautious. We should not pass legislation to mandate the NHIF to go ahead and procure more equipment while we have the MES equipment lying in sub-county and county referral hospitals and not in use, forcing our county governments to pay billions of shillings every year to providers of these leased equipment. We want to use the NHIF to squander more public resources by getting the same tenderpreneurs who were involved in the MES programme. You can bet the same tenderpreneurs who were involved in the MES scandal are the same ones who were involved in the COVID-19 KEMSA billionaires scandal. It is the same tenderpreneurs that we are probably opening up new avenues for to engage in procurement of healthcare equipment. Of course, you know there are those few who have now specialised in procurement of healthcare equipment in this country. You have seen them even building hospitals across Nairobi.

Hon. Aden Duale (Garissa Township, JP): Point of order.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Kimani, just hold on. Hon. Duale, what is out of order?

Hon. Aden Duale (Garissa Township, JP): Hon. Temporary Deputy Speaker, you know I really do not like interrupting Members, more so of Hon. Ichung'wah's caliber, but there is the element of relevance. I have read this Bill. You need to help us because Hon. Ichung'wah is discussing EMS and tenderpreneurs. As he was talking, I scanned through the Bill and I cannot see anywhere where there are tenderpreneurs or EMS, with a lot of respect to him. We should move to the next very important Motion. He is a man who can flow like the sea. He is very sharp in the mind. He can spare us some time. You need to guide him.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Duale, I have looked at the Bill and I think Hon. Kimani is well within his rights. There is a proposal that the NHIF will procure some equipment for some of these facilities. So, he is within his rights.

Proceed, Hon. Kimani.

Hon. Kimani Ichung'wah (Kikuyu, JP): Thank you, Hon. Temporary Deputy Speaker, for protecting me from the Member for Garissa Township. Probably he runs a hospital in Garissa or somewhere. I am not saying he is one of the tenderpreneurs. I know him. He was not involved either in the MES scandal or the KEMSA COVID-19 billionaires scandal. I was speaking about those who were involved. We are also in a state where State capture is so real. I must be a cautious Member of Parliament. When I see attempts to give such powers to the NHIF Board, I must treat it with caution. When we come to the Committee of the whole House, I will be doing the necessary in relation to, at least, those two aspects as envisaged by clauses 11 and 24.

However, it is not all darkness for the Bill. There are very good aspects of the Bill that I support. Top among those issues are issues that Hon. Kolosh has touched on like the question of being able to identify a registered member of the NHIF. The use of biometrics is one progressive way of moving away from cards, stamps and manual things that the NHIF has done over the years, which is encouraging.

Hon. Temporary Deputy Speaker, it is also important to graduate from how we contribute to the NHIF. It is not fair that we punish a young 18-year-old student who has just graduated from high school or a young person who is hustling and make it compulsory for them to contribute Kshs300 while a Member of Parliament pays Kshs1,700. With the kind of money that I earn as a Member, it would be possible to cushion young unemployed persons. Instead of making it compulsory for a young hustler who is unemployed to contribute Kshs300, we should graduate our contributions to an extent that anybody who is earning Kshs50,000 contributes Kshs1,000. Someone like a Member of Parliament, who has a good salary of above Kshs500,000, should contribute up to Kshs30,000 to Kshs40,000 and, therefore, cushion millions of other Kenyans who are not able to contribute. Again, when we get to the Committee of the whole House, I will be looking at how we can bring amendments that will reflect a graduated sort of contribution.

This is a good Bill, which I support with the few reservations that I have pointed out, especially the question of State capture and the misuse of State corporations to enrich a few individuals who hold power as well as the misuse of legislation to create avenues for them to continue looting public resources and impoverishing our people.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Dennitah Ghati.

Hon. (Ms.) Dennitah Ghati (Nominated, ODM): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity to support the NHIF (Amendment) Bill, 2021.

I am glad that we are talking about healthcare in this county. The right to healthcare is a fundamental right that is enshrined in our Constitution. Our Constitution states that every person

has a right to the highest attainable standards of healthcare. It is wonderful that we want to make healthcare accessible and affordable in this country.

The NHIF and the whole issue of healthcare in this country is not very well understood, especially in the rural settlements where we come from. As a body corporate, the NHIF must make it mandatory or its responsibility to educate Kenyans about the whole issue of healthcare. So many people in the rural areas are not aware of the existence of the NHIF and what it does. Even the few people who know, especially where I come from, accessibility is a problem.

Healthcare in this country is expensive. I am happy because this Bill is seeking to make sure that healthcare can be accessed. It is seeking to enhance coverage so that as many Kenyans as possible can access healthcare. A majority of the people who access healthcare in this country are people like us, Members of Parliament, who are in formal employment. Look at the poor vulnerable elderly people and persons with disabilities (PWDs). In fact, this Bill should be talking about making healthcare free for PWDs. If you look at the elderly, PWDs and their access to healthcare, we cannot just be talking about healthcare in terms of going into a hospital, getting your drugs by getting into a pharmacy and going home. Accessibility of healthcare by PWDs is wanting in this country.

I am glad because this Bill is seeking to look at vulnerable persons. I represent vulnerable persons especially PWDs. This Bill talks about PWDs, including those who require special care, support and protection. It is a good Bill. However, we need to expand it. This Bill must explain what it means by “healthcare for PWDs” in this country. A person with disability does not only go there for drugs. This Bill must look at PWDs in terms of assistive devices as well.

I do not know whether the Members in this House understand what it means to access healthcare as PWDs in this country. It is expensive. It is just not about drugs, but also things like wheelchairs, white canes and diapers for some categories of PWDs. Everything that PWDs need must be in this Bill to make sure that when we talk about healthcare for PWDs, it is not just about giving them Malariaqueen and Panadol tablets. It is about what makes it possible for PWDs to function like other human beings. Most of the assistive devices in this country must be classified in terms of things like drugs. If you say that a PWD who go to hospital cannot access a wheelchair, diapers or catheter, the NHIF must pronounce itself clearly on what they mean by “healthcare for PWDs” in this country.

Hon. Temporary Deputy Speaker, may be you do not have a person who lives with disabilities in your homestead, but you must understand what it is. We cannot just say “healthcare for vulnerable persons, including PWDs.” Members of Parliament who have PWDs in their constituencies must make it easier for everyone to understand what it is that a person with disability needs when it comes to healthcare. We cannot just be clamping things as we say “vulnerable people, including PWDs.” As a body corporate, the NHIF must do more to create awareness and ensure that the vulnerable people they have referred to in this Bill, including those with disabilities, are adequately covered. The coverage must be expanded.

During this period of the COVID-19 Pandemic, we have witnessed the vulnerabilities that we have as a country, especially in the rural areas. Our people cannot access anything. If this Bill is as genuine as it purports, it must not be talking about putting everybody together in terms of making compulsory contributions to the NHIF. What about jobless university graduates and other jobless people who require healthcare? There are people who do not have employment the way we have. The State seeks to make the NHIF membership compulsory by ensuring that every Kenyan above the age of 18 years contributes Kshs500 to become a member. What about the people who do not have that money including PWDs and the elderly? The NHIF must pronounce itself on this

aspect. I am using this opportunity to expound on this matter because we are talking about introducing amendments to ensure that the NHIF makes healthcare free for PWDs, especially those in the counties.

We have a lot to talk about when it comes to healthcare, especially for the elderly and PWDs. It is a good Bill because it seeks to expand the scope of coverage to include many people in the scheme, especially those who are otherwise not covered. Therefore, allow me to support the Bill. As much as we look at what is universal health coverage, Kenya has ratified many conventions around healthcare. Just the other week, the President was in London for the G7 Summit and part of what was discussed was healthcare financing. We must also ensure that even within our own counties, our people access healthcare from their villages to the counties and ensure that healthcare gets the financing that it requires so that the programme can be sustainable. We cannot have a referral hospital in Migori County, where I come from, and represent here, and have people going there and failing to access healthcare services as envisaged in this Bill.

The National Hospital Insurance Fund (NHIF) must expand and pronounce itself on what vulnerable persons and persons with disabilities are in terms of the access to this healthcare.

Allow me to stop there and support this Bill.

The Temporary Deputy Speaker (Hon. Christopher Omulele): That is a very valid contention. One of the things that has come out clearly Hon. Dennitah Ghati, is that we need a very clear definition of who vulnerable people are under these proposals.

We shall now have contribution from Hon. Ibrahim Sahal, Nominated Member.

Hon. (Ms.) Nasri Ibrahim (Nominated, FORD-K): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity to add my voice to this important Bill.

A healthy nation is a working nation. Therefore, it is the mandate of the Government to ensure we have healthy lives and promote wellbeing for all at all ages. This will be accelerated by the proposed establishment of the National Health Scheme, which will enhance the mandate and the capacity of the NHIF to facilitate and deliver the universal health coverage. The Constitution of Kenya has given citizens the right to the highest attainable standards of health in line with the World Health Organisation (WHO) Constitution which declares health as a fundamental human right, thereby committing to ensuring the highest attainable level of health for all.

To attain this, we need an effective and efficient National Health Scheme. The Universal Health Care (UHC) has been adopted and given priority as one of the Big Four Agenda. This means that if this Bill is approved and implemented, all individuals and communities will receive the health service they need without suffering financial hardships. The amendment proposes that the NHIF will be receiving additional funds from employers who will make matching contributions to what employees are liable to pay by introducing penalties for the employers who do not remit their matching contributions in a timely manner. The mandatory contribution to the fund by citizens above the age of 18 years will increase funds to the scheme.

Although the proposed amendment is very effective in tapping the contributions from the employers, it needs to design a suitable and favourable model to collect funds from informal sectors which will further increase the funds to this scheme.

I thank you and support.

The Temporary Deputy Speaker (Hon. Christopher Omulele): The Hon. Mboni Mwalika, Member for Kitui Rural.

Hon. David Mboni (Kitui Rural, CCU): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity to add my voice to this Bill.

At the outset, I support the Bill because for any country to develop, you need a healthy population. People provide labour, which is a factor of production. The more people are healthy, the higher their productivity and hence economic growth. As a country we need to think about how to provide UHC so that everybody can go to any hospital and get healthcare. Healthcare in this country has become very expensive. There are very few people who can afford good healthcare especially during this time of COVID-19. Every day and week in our rural areas we are burying people because they cannot access good healthcare.

The Ksh500 which the NHIF charges is a bit high according to me and especially to the rural poor and urban poor. The disabled and vulnerable groups cannot afford it. Therefore, there is need to review it and charge differently for different categories so that people can afford. The rich may pay slightly more and the poor pay slightly less. The six months which is given when you do your first payments to me is a very long period. Imagine people are sick and you are telling them to start contributing and wait for six months before they start accessing services from the NHIF. This period needs to be reviewed to probably three months or even lower so that at least people can access healthcare.

It is important to note that health is a devolved function but it is also important to note that health systems in the counties have failed completely. In fact, there is no medicine in health centres. On Sunday I went to my nearest health centre and people were buying their own dressing materials for their wounds. It is quite wanting. There is no adequate infrastructure, equipment and other essential services. This country should be encouraged to channel some of the funds to the NHIF so that people can access health services in other hospitals outside their counties. To me that is very crucial. The national Government should also come in and subsidise the NHIF so that it can provide health services.

Lastly, as has already been stated, many people in the rural areas are not aware of the NHIF facility and what it stands for. I am aware they have offices at county levels. So, it is very important for the NHIF to create awareness on what they do. From the counties do they even go to the sub-county level to create awareness? So, it is important for the NHIF to move down there and create awareness so that people can know what it stands for.

With those few remarks, I support. I thank you

The Temporary Deputy Speaker (Hon. Christopher Omulele): The Hon. Tonui, Kiprotich, Member for Bomet Central.

Hon. Ronald Tonui (Bomet Central, JP): Thank you, Hon. Temporary Deputy Speaker, for this opportunity to also make my contribution to this very important Bill.

At the outset, I wish to state clearly that I support this Bill because it is making this cover mandatory for every Kenyan. Health is a very important issue which we cannot afford to gamble with. We must ensure that everyone in this country is covered in a health scheme. So, this is a very welcome idea. Although it is mandatory, it needs to be clarified that it is mandatory in the sense of registration but contributions will depend on the ability of every Kenyan to afford.

In this Bill, the power to make regulations on the matter of being mandatory has been given to the CS. I believe those regulations should put into consideration the ability of Kenyans to pay for this cover. I also believe that the private insurance companies will not be allowed to take advantage of this National Health Scheme. Currently under the NHIF, whenever a patient goes to hospital, the insurance companies first claim the NHIF before they add more. So, they tend to make lots of profit from this and they really take advantage of it. They need to co-share with these private schemes when meeting the cost of healthcare in this country.

The issue of fraudulent claims must also be addressed clearly, so that this cover will not be too expensive because of unnecessary charges brought about by theft. I believe opportunists will not be allowed to take advantage of this scheme, as we currently see in the NHIF. I am also happy that employees are being exempted from additional charges in this scheme. The people being brought on board are the employers. They must play a certain role in taking care of the health of their employees. I believe this is welcome that employers must chip in so that they have healthy employees who can be more productive when serving them. I truly support this.

The issue of proportionate contributions to this scheme must be considered. I heard somebody saying hustlers should not be overcharged. That, the figure of Kshs500 is too high and should be proportionate to one's income. If someone earns Kshs1 million, the contribution should be a percentage like 1 per cent of Kshs1 million. If someone has an income of Kshs10,000, let it be 1 per cent of this amount. So that those earning low salaries are not overcharged. Therefore, the idea is to have proportionate contributions based on salaries of employees and this must be considered.

I know the Ministry of Health will oversee this scheme. I hope the looting which has been happening in organisations supervised by them like Kenya Medical Supplies Authority (KEMSA) issue of imported containers will not be transferred to this scheme. Issues of fraud should well-articulated so that all the money is used to serve Kenyans when they go to hospitals. I have heard many saying that devolved health has failed in this country. I do not agree with them because what has happened is sabotage of devolution. Hospitals up to level five ones are devolved to counties and people are majorly being served by county facilities while their funds remain with the national Government at the Ministry of Health. How will the hospitals in the counties be effective when we are retaining all the funds at the national level?

I think we are doing a lot of disservice to our people by retaining nearly Kshs100 billion with the national Government at the Ministry of Health. They only manage about four hospitals, Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH), Mathari National Teaching and Referral Hospital and Kenyatta University Teaching, Referral and Research Hospital and remain with Kshs80 billion. This needs to be addressed so that this money is taken to the counties to enable them serve the people on the ground better. Devolved services are much better than centralised ones. I support continued devolution of healthcare in this country.

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

The Temporary Deputy Speaker (Hon. Patrick Mariru): Let us have Hon. Mishi.

Hon. (Ms.) Mishi Mboko (Likoni, ODM): Asante sana, Naibu Spika wa Muda. Hata mimi nasimama kuunga mkono Mswada huu ambao unataka kuleta marekebisho kwa sheria inayozungumzia bima ya afya ya kitaifa ndiyo Wakenya wote waweze kupata afya bora.

Afya imekuwa changamoto sana kwa Wakenya wetu haswa tukizingatia kumekuwa na matatizo na maradhi sugu kama saratani, kisukari na COVID ambayo tunaita korona. Tunajua Mhe. Uhuru Kenyatta ambaye ni Raisi wetu katika liwaza yake ama zile Shabaha zake Nne, moja ni kuhakikisha kwamba Wakenya wote wataweza kupata afya sawia hata matajiri. Tukiangalia nchi zilizostawi ulimwenguni, tunaona ya kwamba suala la afya limepewa kipau mbele. Ambapo yule maskini na tajiri wanaweza wote kwenda katika zahanati ambayo imestawi vilivyo kwa upande wa madawa na vifaa vya kiafya na kupata matibabu kwa njia ya usawa.

Mswada huu pia unazungumzia bodi ambayo itasimamia bima hii ya kitaifa ya afya. Watahakikisha kwamba wamekaa na washikadau na wahusika wote katika mazungumzo ili kuhakikisha kwamba afya itapatikana kwa Wakenya wote. Vile vile tunauunga mkono Mswada huu lakini pia kuna sehemu ambazo tunataka tulete marekebisho. Kama sehemu inayosema

kwamba lazima yule mwajiri na mwajiriwa waweze kulipa kiwango sawia kilicho sawa. Lakini lazima tuzingatie ya kwamba kuna wajiriwa wengi Wakenya wetu ambao ni maskini na mapato yao ni machache. Utapata ya kwamba mtu anafanya kazi katika kampuni inayopata mapato makubwa, imestawi na ambayo inaweza kutoa mchango mkubwa katika kufidia bima hii. Ni bora iwapo kampuni kama ile ambayo ina uwezo zaidi na mapato yake yako juu, mchango wao uwe mkubwa zaidi ya yule aliyeajiriwa. Hii ni kwa sababu walioajiriwa wanapata mapato ya chini sana na hawawezi kupata sawia na ule mwajiri ambaye anafaidika zaidi kutokana na biashara ya ile kampuni. Vile vile pia ibara moja inazungumzia kwamba ukifika miaka 18, iwapo haujaingizwa katika bima hii ya kitaifa ya afya, itakulazimu ulipe ule mchango unaohitajika. Na wenzangu wamesema kwamba Kshs.500 ni pesa nyingi. Nataka niwaunge mkono haswa tukizingatia hivi sasa tuko na changamoto za kiuchumi ambazo zimesababishwa na maradhi hatari ya korona.

Wakenya wengi hivi sasa hawako katika ajira ama katika biashara zao. Hivyo basi, itakuwa ngumu iwapo pengine ni kijana ambaye hana baba wala mama ni yatima, na anaambiwa lazima akifika miaka 18 aweze kulipa mchango kama huu. Lazima tutafute mbinu za kuonyesha kwamba yale makundi ambayo yako katika hali ngumu, yale kwa Kingereza tunaita *vulnerable groups*, yatazingatiwa kwa njia gani. Ili waweze kutoa mchango huu wa kufidia wa bima hii ya kitaifa ya afya ndio watu wote wapate afya.

Vile vile katika kuorodhesha zile zahanati ama hospitali ambazo zitatibu Wakenya kwa kupitia bima hii ya kifaita ya afya, lazima ziorodheshwe zahanati ambazo zimestawi, zinamiondo misingi ya kiafya. Kwa mfano, zahanati ambayo inaweza kufanya operesheni ya majongwa magumu kama ya moyo. Pia lazima hizi zahanati ziwe na vifaa vya kisasa, madawa na Wakenya wanaweza kufikia. Kwa hivi sasa, Wakenya wengi ambao wako na hii bima ya afya ya kitaifa wana kadi. Unapata mpaka mtu atembeke kilomita mingi ama mwendo wa siku moja ama mbili ndiyo aweze kufikia zahanati anayoweza kutoa ile kadi na kupata matibabu.

Kwa hivyo, lazima tuaangalie wakati tunafanya mpango kama huu na kuleta Mswada huu wa marekebisho orodha ya zahanati ambazo tutaweka ziwe zile Wakenya wataweza kufikia. Na wakati Wakenya wanafika katika zahanati kama zile, isiwe kama haya yanatokea sasa. Unafika pale na kuambiwa kwanza lazima simu ipigwe na pengine mtu amepata dharura kama ya ajali ama maradhi ya ghafla. Anaambiwa lazima wapigiwe simu ndiyo wapate ruhusa kwamba wanaweza kumchukua kupitia kadi ile ya hazina ya bima ya kitaifa ya afya.

Lazima mikakati kama hiyo iweze kuwekwa hivi sasa, kwa sababu tuko katika mambo ya digitali ama teknolojia ya kisasa. Lazima kuwe na njia ambazo hazitakuwa za kadi ama stampu ya kuorodhesha ambazo zitamuwezesha yule Mkenya aliye pale mashinani ambaye pengine atakuwa hawezi kupitia teknolojia ya kisasa au hawezi kupitia mambo ya simu kwa njia ambazo zitakuwa mwafaka na zile hali za mazingira yetu sisi kama Wakenya. Vilevile pia nataka niseme kwamba naunga mkono kwa sababu Mswada huu unasema utaboresha miundo msingi ya zile zahanati. Hivyo basi, ni vizuri kwamba kaunti zetu ambazo hivi sasa afya imegatuliwa, ziweze kuwa sawia na Mswada huu na ziweze kuhakikisha kwamba zile zahanati ambazo wamezijenga, wamezijenga hali ya kwamba ziko sawia na miundo msingi kupambana na maradhi magumu na sugu. Hivi sasa Wakenya wengi wanakufa kwa sababu ya kukosa *oxygen* na hivi sasa ni masikitiko. Tunasikitika na tunasema pole. Tumempoteza dada yetu mpendwa aliyekuwa Mbunge Mwakilishi wa Kina Mama katika Kaunti ya Kwale, Mhe. Zainab Chidzuga. Mwenyezi Mungu aiweke roho yake pema. Ni kwa sababu tumekuwa na changamoto ya *oxygen*. Tuko na zahanati zingine kule mashinani lakini unapata mtu anapopatwa na tatizo hili la COVID-19, anaambiwa lazima aende katika hospitali kubwa. Kama pengine ni kule kwetu Mombasa unaambiwa ni Coast General, Mombasa

Hospital au Aga Khan na hizo hospital zingine ni za watu binafsi ambazo pia malipo yao yako juu sana. Hata ukiwa na kadi, haiwezi kukusaidia kulipa malipo kama hayo.

Kwa hivyo, ningesema kwamba mambo haya yote lazima yazingatiwe sana. Vilevile katika Mswada huu tunajua pia kuna ufisadi ambao umekuwa ukitendeka katika Hazina hii ya Kitaifa ya Bima ya Afya. Lazima kuwe na mikakati ya kuangalia je ufisadi kama huu ambao watu wametumia njia fulani kuiba fedha kama hizi ambazo zingemsaidia Mkenya katika mambo ya afya iangaliwe kwamba mashimo kama yale yatazibwa na itaweza kuangalia kwamba hakutakuwa kamwe na mambo ya ufisadi ambayo hivi sasa sisi kama Wakenya na kama viongozi hapa Bungeni, tunajua yametokea katika hazina hii.

Ningeomba kusema kwamba zile *penalty* ambazo tunaambiwa watu ambao hawatakuwa wamelipa watatozwa lazima pia kuwe na vifungu vya kuonyesha zitatumika kwa njia gani kwa sababu pengine mtu amekuwa mgonjwa au ana changamoto fulani hakuweza kulipa na anaambiwa kwamba atalipa ile *penalty* na wakati huu mgumu wa korona itakuwa ni matatizo. Kwa hivyo, lazima tuwe na njia mwafaka za kuonyesha *penalty* hizi zitaweza kuwekwa kwa wale ambao wanaonekana haswa hawa ni kwa makusudi wamekataa kulipa mchango huu wa Hazina ya Kitaifa ya Bima ya Afya lakini si kwa wale ambao watakuwa wana matatizo ambayo yanaeleweka. Kama vile dadangu alivyosema, kuna wale walemavu, watoto na watu wazima. Hawa ni watu ambao lazima tuwasaidie kupata afya bure katika taifa letu kwa sababu hata nao asilimia yao iko hapa kwetu Kenya na wanahitaji na wao pia wana changamoto nyingi za kiafya. Hivyo basi, lazima tuwape kipau mbele katika afya kwa wote. Hao ndio watu ambao tutawazingatia zaidi...

Hon. Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Mishi, yours is gone. Hon. Kiai Githiaka.

Hon. Anthony Kiai (Mukurweini, JP): Thank you, Hon. Temporary Deputy Speaker. I stand to support this very important Bill. This Bill tries to actualise one of the key pillars in the Big Four Agenda, that is, universal health coverage. It endeavours to make it compulsory to all persons and citizens of this country who are over 18 years to make payment to this Fund. The year before, contributions to the Fund used to be voluntary. Now this one comes to make it compulsory making sure that everyone who is over 18 years is eligible to benefit from this Fund.

However, there are certain issues that I would want to raise on the issue – the fact that it talks of covering all the vulnerable members of the society. At the Committee Stage, we shall require to define who these vulnerable members are. I want to believe that when we talk about the vulnerable in the society, we are talking about the PWDs, the aged, the elderly and those who for one reason or the other may not be able to make contributions for them to enjoy the benefits that accrue from this Fund. I need to say that as we define who the vulnerable are, there are also other challenges that come up with that. For example, in my Mukurweini Constituency, we have registered all the PWDs but you realise that they do not have a medical cover. Therefore, whenever they fall sick or they have a medical challenge, they have to pay out of their pockets. Can we make it very clear that irrespective of the level of disability, they are completely covered?

We also have cases of old people who are over 70 years. I remember that the Government has a social security programme where they are supposed to be getting some stipend at the end of the month but unfortunately this programme has since collapsed and, therefore, they are highly exposed. If I take like the current crisis we are experiencing, the COVID-19, these are the people who are most vulnerable. Can we also make it very clear that such categories of citizens are covered under this programme? When you say that all those who are 18 years and above should be members of this programme, do we also consider the fact that many of them at that point in

time are unemployed? How do we make sure that at 18, you also benefit from the programme? At 18 and you are unemployed. How do you benefit from the programme?

Hon. Temporary Deputy Speaker, when I look at this amendment, really nobody is talking about how we are going to equip the hospitals because this is where the elephant in the room is. We have many hospitals but many of them do not have drugs. They do not have the facilities. Currently in my constituency, we have a mortuary that has a capacity of 18. Every now and again, it has more than 80 bodies lying to be collected. Why? Most of them died because they could not access a medical facility that is functional. I think at this point it is also good we reconsider why we devolved health to the counties because it is not functioning. It is already dead. Therefore, as it died, so many people are also dying as a result of that. Do we need to return the health docket to the national Government? It is very sad to know that even the very basic facilities and items cannot be obtained in many of these local hospitals. For example, if you get sick in Mukurweini, you are almost assured of death. So, your people should start mourning and perhaps prepare for your burial because chances of you being treated in any public hospital are almost nil. When you go there, there are no medicines, you are even sent to private hospitals for basic lab tests and you have to wait for results to come out so that you can take them back to the doctor. Once you take them back, you will be sent to buy the drugs that are needed. This is a sure way to death. Even if you have a valid NHIF card, it does not cover you for that. That says that we may have a very good programme under the NHIF but then it may not be beneficial to anyone because irrespective of whether it is valid or not, it is not going to help you in terms of clearing your bills and buying medication.

We also need to look at the other issue of payment of premiums. I agree that it is a good thing to rope in the employers so that they can match the contributions with their employees. Then again, we need to have a structured way of doing this. We cannot have one premium that is payable by all the employers irrespective of their turnover. It should be, the more you earn, the more you pay. This will ensure that those who do not pay like the 18-year-old Kenyans and the vulnerable will benefit from the programme not on account of them paying the premiums but because somebody who is earning more cushions the one that does not earn as much.

The amount given by the small retailers of about Kshs500 per month is very high especially now when we are COVID-19 ravaged. With the rate of unemployment in this country, that amount is very high. Sometimes you see people instead of paying the NHIF contribution, they opt to buy basics like food. They opt to pay school fees instead of paying for their healthcare. That is why, currently, as a Member of Parliament, you become their health security. I know all these Members who are present here, including you, Hon. Temporary Deputy Speaker, time and again receive cards for harambees for certain ailments. Somebody is always stuck somewhere and that tells us that the health sector in this country is slowly crumbling. We need to turn it round and ensure that healthcare as a human right is enjoyed by all and sundry irrespective of their economic status.

So, I support.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Joyce Kamene.

Hon. (Ms.) Joyce Kamene (Machakos CWR, WDM-K): I will speak to the next Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): What is it, Hon. Kandie?

QUORUM

Hon. Joshua Kandie (Baringo Central, MCCC): Thank you, Hon. Temporary Deputy Speaker. I rise under Standing Order No. 35. There is lack of quorum in this House.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Have you checked the halls?

Hon. Joshua Kandie (Baringo Central, MCCP): I have checked even the restaurant. I therefore call upon...

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Members, when a Member rises on his feet and claims there is no quorum...

(Loud consultations)

Hon. Joshua Kandie (Baringo Central, MCCP): Hon. Temporary Deputy Speaker, this House is guided by Standing Orders.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Members, when a Member rises on his feet and claims there is no quorum and it is established that indeed there is not, there is absolutely no option but the Speaker to order that the Quorum Bell to be rung for ten minutes.

(The Quorum Bell was rung)

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

*[The Temporary Deputy Speaker
(Hon. Christopher Omulele) took the Chair]*

The Temporary Deputy Speaker (Hon. Christopher Omulele): Order Members. After the ten minutes, we still cannot raise the quorum. In the circumstances, Hon. Members, the House must adjourn.

ADJOURNMENT

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Members, the time being 5.15 p.m. this House stands adjourned until Tuesday, 17th August 2021, at 2.30 p.m.

The House rose at 5.15 p.m.