

PARLIAMENT OF KENYA

THE SENATE

THE HANSARD

Tuesday, 18th June, 2013

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

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

PRAYERS

QUORUM CALL AT COMMENCEMENT OF SITTING

The Speaker (Hon. Ethuro): Order, Hon. Senators! Could we confirm if we have a quorum?

The Clerk of the Senate (Mr. Nyegenye): We have 18 hon. Senators in the House. We have a quorum.

The Speaker (Hon. Ethuro): Proceed.

STATEMENTS

The Speaker (Hon. Ethuro): Yes, Senator for Meru?

GOVERNMENT EFFORTS TO SUPPORT MIRAA TRADERS

Sen. Murungi: Thank you, Mr. Speaker, Sir. I rise to request for a Statement from the Government through the Senate Majority Leader on the issue of miraa. Given the fact that miraa, which is also known as *khat*, is a unique stimulant and a cash crop which plays a crucial role in the socio-economic development of Meru County and, two, that miraa is a major employer, which employs thousands of people as miraa farmers and also as miraa pickers, transporters, wholesalers, retailers, exporters and importers, both locally and internationally; and, three, that miraa is not a drug as it is not prohibited by the Narcotic Drugs and Psychotropic Substances Control Act which was passed by Parliament in 1994 and lastly, that His Excellency, President Uhuru Kenyatta and the Jubilee leadership have consistently promised to support miraa farmers and traders in the expansion of miraa industry.

Mr. Speaker, Sir, I would like to hereby request the Senate Majority Leader to bring to this House a Statement from the Government stating clearly:-

(1) what steps the Government is taking to support the farming of miraa in this country,

(2) what steps the Government is taking to support miraa traders, especially miraa exporters; and,

(3) what action the Government is taking to remove obstacles to the miraa trade both locally and internationally, especially in European markets, particularly the United Kingdom of Netherlands.

Mr. Speaker, Sir, this Statement is of great interest to my county and is awaited for. I would like the Senate Majority Leader to make this Statement as soon as possible and, if possible, today.

The Speaker (Hon. Ethuro): Order, Senator for Meru! Before I allow the Senate Majority Leader to respond, I want to bring to your attention Standing Orders No.42 and 43 which state as follows:-

“Notwithstanding Standing Order No.39 (*Sequence of proceedings*), the Speaker shall interrupt the business of the Senate every Tuesday at 6:00 p.m. to facilitate Senators to make general statements of topical concern.”

But the statement you are seeking seems to fall under Standing Order No.43, which should be made on Thursdays and not on Tuesdays. I allowed you because I know you are very passionate about this particular subject, but for purposes of the reply, the Senate Majority Leader can do it on Thursday, which is the appropriate day for these kinds of statements.

Sen. (Eng.) Muriuki: On a point of order, Mr. Speaker, Sir. I just wish to – in connection with that statement and other requests for statements like that – seek your direction or your guidance. In the history of Parliament, where we were before, we had Members of the Executive – Ministers in the House – and they used to answer Questions, but now we do not have them. So, we have our own, maybe Majority Leader or, maybe a Committee Chairman, doing that work. But now we have broken that rule completely because the Cabinet Secretary of Finance went to the National Assembly and addressed the House from the Dispatch Box where Ministers used to address the House.

So, Mr. Speaker, Sir, I am requesting that if an issue like this comes up, other than asking, mandating or requiring our own Member to go and get an answer and then come back – now that we have broken that rule that Cabinet Secretaries are no longer strangers and they can come into the House – why can we not get the Cabinet Secretary concerned to come and answer the question?

The Speaker (Hon. Ethuro): While I will need time to consider your point of order in its entirety, it suffices to say for now that each House is independent of the other in terms of the way they conduct their own Motions, and we have our own views on how we would like to conduct ours, especially on the issue of Statements. Last week, we went to great lengths to explain that this is a new procedure and, so, there is no rule of thumb or an agreed manner in which the responses could be happening. So, we needed to do a bit of research and from our own practice, find an appropriate way. So, we will deal with it the way we had agreed last week; which means that from my understanding of our Standing Orders, it is actually the Chairperson of the Committee to respond to such a request or the Senate Majority Leader. How they will go about getting that information--- Of course, common sense dictates that they will get the information from the most reliable source, which will be from Government. So, that is the position we have taken from now and we will operate along those lines.

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

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

Sen. Murungi: Mr. Speaker, Sir, if you look at the Order Paper, Order No.7 reads "Statements." You said I was kind-of out of order to raise this matter today, but why is it on the Order Paper?

(Laughter)

If we are not allowed to request for Statements today, then why do you not remove Order No.7 from the Order Paper?

The Speaker (Hon. Ethuro): Order! These are the orders available for the day; and not all of them will have business each and every day. And on this particular one, the Standing Orders have provided; there are still statements that can be made today and those are the ones referred to in Standing Order No.42. It is only that your kind of Statement falls under Standing Order No.43, which spells that you can make them only on Thursdays. Just like the Statement by the Senate Majority Leader on behalf of the Rules and Business Committee on the business for the following week that can only be made on Thursday. Now, that does not mean that we should just be changing the Order Paper. You know the orders are always there and, so, it would look ugly if, one day, we remove Statements. The next Order is Order No.8 and between Orders Nos.6 and 8, there is Order No.7, which is Statements. So, to avoid that kind of situation, we just keep all of them because we are guided by the Constitution, our Standing Orders and our practice; and Senators are expected to know. For today, if you had a Statement of a general nature, you could still have done it under the same Standing Order.

What is it, Sen. Musila?

CRITERIA FOR DETERMINING MARGINALISED COUNTIES TO
BENEFIT FROM EQUALISATION FUND

Sen. Musila: Thank you, Mr. Speaker, Sir. On 14th of May, 2013, I raised an issue on a point of order concerning the criteria for determining the marginalised counties to benefit from the Equalisation Fund. In your Communication from the Chair on 21st May, you directed that the matter be considered by the Joint Committee of Finance, Commerce and Economic Affairs, and the Committee on Devolved Government; and that the Joint Committee's Report be filed to the Senate within two weeks from that date of 21st May.

Mr. Speaker, Sir, it is already almost a month now and I was standing on a point of order to request you to urge these Committees to bring the report as you directed.

Thank you, Mr. Speaker, Sir.

The Speaker (Hon. Ethuro): Where are the Chairs of the two Committees; Finance, Commerce and Economic Affairs, and Devolved Government? Is there any ranking Member of the Committees present who could give an explanation or, at least, a status report?

Yes, Sen. Mukiite?

Sen. Nabwala: Mr. Speaker, Sir, we have not had the opportunity to discuss the matter, but I will take it up with the Chair, who is not here, and we will bring a report in time.

The Speaker (Hon. Ethuro): You represent which Committee?

Sen. Nabwala: Committee on Finance, Commerce and Economic Affairs.

The Speaker (Hon. Ethuro): Give an undertaking; which other period do you need?

Sen. Nabwala: I think two weeks.

The Speaker (Hon. Ethuro): Okay, you have another two weeks.

Yes, Sen. Wangari?

Sen. Wangari: Mr. Speaker, Sir, on behalf of the Committee on Devolved Government and due to the events that have been unfolding, we have not had good time to look into the matter. But I am also taking it up; we will look into it in the next two weeks. On behalf of my Chairman, who is outside the country, we will table the report to this House.

The Speaker (Hon. Ethuro): It shall be so ordered; we will give you another two weeks. Please look at this matter because business from the Floor of the House and directed by the Chair must be taken very seriously.

Sen. Musila: I am much obliged, Mr. Speaker, Sir.

The Speaker (Hon. Ethuro): Next Order.

The Senate Majority Leader (Sen. (Prof.) Kindiki): On a point of order, Mr. Speaker, Sir.

The Speaker (Hon. Ethuro): What is it, Sen. (Prof.) Kindiki?

The Senate Majority Leader (Sen. (Prof.) Kindiki): Mr. Speaker, Sir, I just wanted to seek clarification from you concerning the request for a Statement that has just been made by the Senator for Meru.

Mr. Speaker, Sir, the clarification I am seeking is in connection with the timing, because you have said that ordinarily, the statement should be made on Thursday. Given what we had last week; namely that the Chair of the National Security and Foreign Relations Committee, Sen. Haji, laid a Statement here whereby hon. Senators raised certain concerns about proof of sources of information, I agree with the guidance that you gave this House. For that purpose, I seek your clarification on whether it is in order for me to request to give that Statement on Thursday next week for the purpose that I would want both the Cabinet Secretary responsible for Agriculture and the Cabinet Secretary responsible for Internal Security to provide credible and final authoritative information since these Cabinet Secretaries are new and it will require a bit of information gathering on their part. I want to request whether you can give me up to Thursday next week instead of Thursday this week.

Thank you, Mr. Speaker, Sir.

The Speaker (Hon. Ethuro): Senator for Meru County, what is your comment on giving the responder a bit more time?

Sen. Murungi: Mr. Speaker, Sir, this matter is urgent and very important to us. But since the Senate Majority Leader wants to bring a comprehensive Statement, we will wait until next week, so that he can consult with the Cabinet Secretaries in charge of these matters.

The Speaker (Hon. Ethuro): Senate Majority Leader, let us have the Statement on Thursday, 27th June, 2013.

Let us move on to Order No.8

The Clerk-at-the-Table: Order No.8; Motion.

The Speaker (Hon. Ethuro): Hon. Senators, I wish to remind you that we should conclude debate on this Motion today by disposing of the various amendments before us.

(The Speaker consulted the Clerk-at-the-Table)

Sen. (Dr.) Machage, if you may approach the Chair.

(Sen. (Dr.) Machage approached and consulted the Chair)

COMMUNICATION FROM THE CHAIR

RE-ORGANIZATION OF BUSINESS ON THE ORDER PAPER

The Speaker (Hon. Ethuro): Order, hon. Senators! We cannot proceed with Orders No.8 and No.9 for now because of the need to certify the numbers for voting. As per Standing Order No.39, we will recast the Motions and start with the Motion under Order No.10 by Sen. (Dr.) Machage.

Proceed, Sen. (Dr.) Machage.

MOTION

ESTABLISHMENT OF LEVEL FIVE HOSPITALS IN ALL 47 COUNTIES

Sen. (Dr.) Machage: Thank you, Mr. Speaker, Sir. At independence, one of the pledges that the Government made to Kenyans was to eradicate diseases and hence the establishment of hospitals and other facilities for that purpose---

The Speaker (Hon. Ethuro): Order, Sen. (Dr.) Machage! You need to move the Motion before you start---

Sen. (Dr.) Machage: But, Mr. Speaker, Sir, I am in the process of moving it.

Hon. Senators: No, you are not!

The Speaker (Hon. Ethuro): Order! You move the Motion by reading it as it appears on the Order Paper.

Sen. (Dr.) Machage: I was coming to that, Mr. Speaker, Sir.
I beg to move the following Motion:-

THAT, aware that in the last fifty years the best equipped public hospitals were established in certain regions in Kenya to the exclusion of other regions; appreciating that the introduction of the devolved system of government, through the Constitution of Kenya 2010, was aimed at equalization of development across the country; concerned about the high maternal, infant and child mortality rates in Kenya mainly caused by lack of primary and secondary health services; the Senate resolves that the Government establishes a Level 5 hospital in each of the 47 counties and Level 4 hospital in every sub county, before the expiry of the term of the

current government and provides annual reports on the development of the hospitals to the Senate through the Senate Standing Committee on Health, Labour and Social Welfare.

Mr. Speaker, Sir, figures do not lie. I have been looking at certain demographic factors and data available to us in the country. The situation is appalling taking cognizance of the fact that in this country our life expectancy, which was about 63 years in 1990, has fallen to slightly below 50 years currently courtesy of the HIV/AIDS epidemic and other diseases. With a fertility rate of about 4.63 per cent, only about 42 per cent of mothers access proper delivery services.

Mr. Speaker, Sir, we know that we have a deficiency in the number of nurses and doctors currently in this country's medical service. However, the distribution of the above staff is not equitable. If we look at the infant, child and maternal mortality rates, which would be considered as indicators of the health status of a country, we will be shocked to learn that the discrepancy in these rates shows the differences in establishment of medical facilities in the country. For instance, the average maternal mortality rate in this country is about 400 per 100,000 live deliveries. Most of the areas in this country have rates above that. In certain regions, for example, near Nairobi, we have below 300. In North Eastern Province, we have a rate of 1,000 to 1,200. In other words, for every 100,000 mothers who give birth to live babies, about 1,000 to 1,200 will die in this province. This is attributed mainly to no delivery services. Most of these mothers actually deliver at home.

Mr. Speaker, Sir, if you look at the under five mortality rates, the children who will die below five years of age, per 1,000, the average in the country is 74 per 1,000 children. But in certain regions, we have figures that are higher. Most of the places will be between 110 to 115 per 1,000. In North Eastern Province, the figures are 206 per 1,000 children. In some areas of Central Kenya, which is supposedly well-equipped with hospital facilities, we have a rate of 163 per 1,000 where as some areas have 54 per 1,000. In Nairobi County, for example, Embakasi has a child mortality rate of 245 per 1,000 and Kibera, 186 per 1,000. This means that for every 1,000 children born alive, 245 will die within their first five years of life in Embakasi. The average in Western Kenya is around 153 per 1,000. Thanks to some good services, Eastern Province has the lowest which is 39 children per 1,000. Whereas we know that the vaccination rate coverage in the whole country is about 76 per cent, in some regions in this country like North Eastern Kenya, the vaccination rate is as low as 37 per cent.

Mr. Speaker, Sir, if you look at the neo-natal mortality rate, the death of children below seven days of life, the average in Kenya is 50 per 1,000. But we have certain areas in this country with as high as 128 per 1,000. If you compare this with the best facility in the world and that is Finland, it has an average mortality of seven infants per 1,000.

These are not figures that are pleasing to look at especially when you look at the distribution of medical personnel in the country. There are 19,000 nurses in this country. However, their distribution is not balanced. The lowest in the list of distribution is Lamu County which has only 102 nurses. The other counties with the lowest number of nurses include Mandera County, 103; West Pokot County, 209; Turkana County, 145, Wajir County, 148 and my county, 364. On the other hand, Nairobi County has 914 nurses, Kisii County, 635; Kakamega County, 788; Nakuru County 1,095; Kiambu County 1017; Nyeri County, 740 and Mombasa County, 602.

Mr. Speaker, Sir, if you look at the doctor distribution data, we have about 4,000 doctors in this country. The acceptable rate of doctor to patient ratio should be about one doctor to every 7,000 people. Mombasa County meets this rate at about one doctor to 7,000 people. However, in Mandera County, one doctor covers 508,878 people. In Nakuru County, we have one doctor for every 15,000 people; Nyandarua County, one doctor for every 10,000 people; Nyeri County, one doctor for every 5,000 people; Baringo County, one doctor for every 278,000 people and Kericho County, one doctor for every 15,000. In my own county of Migori, there is one doctor for every 52,000 people. We can see these discrepancies and hence the different statistical data that we see in the different distribution rates of deaths and births of mothers and children. This is something we can solve because figures do not lie.

Mr. Speaker, Sir, we are not doing this outside our Constitution. We know that the manifesto of the Jubilee Government contained the need to give proper medical services to Kenyans. Indeed, we have support from the Constitution to ensure proper distribution of medical services to the whole country. Article 2(5) of the Constitution says:-

“The general rules of international law shall form part of the law of Kenya.”

Mr. Speaker, Sir, the Abuja Declaration said that we should allocate 15 per cent of our national budget to health services. Actually, the World Health Organization (WHO) demands that the allocation should be at 45 per cent. But we agreed that only 15 per cent should be allocated towards medical services. Currently, in this country, we only have slightly below six per cent of our resources allocated towards medical services. This is very appalling. Indeed, in Africa, only six countries have been able to meet the Abuja Declaration figures; that is, Rwanda, Botswana, Niger, Malawi and Burkina Faso. Currently, Rwanda allocates 18.8 per cent of its income to medical services. Very soon, you will find that their data will be better than the Kenyan situation. This is a shame. We know that Rwanda is a small country and we have assisted them in many spheres. But they have better medical services for their people.

Mr. Speaker, Sir, Article 26(1) of the Constitution states:-

“Every person has a right to life.”

Why should some people be condemned to die at the age of 46 while others can live up to over 70 years of age because of proper medical services in the same country?

Article 27(4) of the Constitution states:-

“The State shall not discriminate directly or indirectly against any person on any ground, including race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth.”

Article 43(1) (a) of the Constitution states:-

“Every person has the right-

(a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care;

In addition, Article 43(2) says:-

“A person should not be denied emergency medical treatment.”

Further, Article 53(c) of the Constitution states:-

“Every child has the right-

(c) basic nutrition, shelter and health care;”

Mr. Speaker, Sir, more importantly Article 174 on the Objects of Devolution emphasizes on the need to promote services throughout Kenya.

Mr. Speaker, Sir, mine is a cry to this House to listen to the citizens of this country whose medical bills are piling up and poor health is wanting. All they want is for us, as Government, to facilitate equitable distribution of medical services with the resources available to us.

I know that we have hospitals out there which are considered to be hospitals but are very wanting. Level 5 hospitals are at the level of provincial hospitals. We know that provinces now are equivalent to the county with the devolution we have. So, we should have 47 equivalent provincial hospitals in all the 47 counties. Level 4 hospitals are equivalent to district hospitals. We know very well that the sub-county right now is the equivalent of a constituency and is more or less equivalent to a district. So, for one to demand that we have Level 4 hospitals which is equivalent to district hospitals, at that level, is not a tall order.

A district hospital should make proper diagnosis with proper laboratories and conduct surgical interventions of major emergencies in that area and, at least, have some referral facilities from the local smaller health facilities like Level 2 and 3. Level 1 is the community health facilities. Level 2 are the dispensaries and Level 3 are the health centers. So, having a Level 4 hospital in every constituency in every district is really a right of the people.

Level five hospitals should give all the support that is given in the other four facilities plus training facilities so that we have our nurses and clinical officers trained at that level. A level 5 hospital should also accommodate medical officer interns from the universities. We have many universities coming up with the training of medical doctors. They need facilities for training. Therefore, Level 5 hospitals should accept these kinds of staff.

It is my humble request that this House considers my Motion, approves it and looks for resources. This Motion is not meant for political reasons. I have not looked at this Motion in terms of political parties, communities or different tribes. I have looked at this Motion as one which demands proper medical services for Kenyans who live in Kenya so that everybody has an opportunity to maximize the life that God has bestowed upon him. Every child has an opportunity not only to survive but to survive well.

We have poor vaccination programmes existing in some areas. Some of the complications that arise from measles include gum diseases, brain damage and other fatalities. So, some of these children will never live to be what you are in this House because they will suffer from brain damage. When you do not get proper nutritional education, you end up having malnutrition. This is one of the functions of these hospitals; to train people. The brain development of a child takes place in the first five years of age. So, if you do not achieve proper brain development in those five years, then you end up with people who will never make Senators like you here. You are here, courtesy, may be, of the carefulness that your mother and father had or the area that you came from that had proper medical services. It is my prayer that this House passes this Motion.

I beg that Sen. Kittony seconds this Motion.

Sen. Kittony: Mr. Speaker, Sir, I beg to second this Motion realizing that issues of health touch on every *mwananchi* in this country. The Mover of this Motion is a doctor trained in his own right. Therefore, he knows what he is bringing to this House. I serve in

the Committee on Health, Labour and Social Welfare where we were articulating these issues very well. We have come up with a very ample and a tentative summary of what is happening in the country. As he clarified, he is not targeting any region or any political party for any political purpose. This is meant to reach our people with proper facilities. Something that he did not touch that we should remind ourselves of is that in the President's Inaugural Speech, he talked about the antenatal and postnatal care for our women. I wish this could also be incorporated in this Motion.

Health issues are meant for all of us, and I think this Motion has come at a proper time where the Senate is only three months old. If we are concerned and care about the welfare of our people, this is the most appropriate time to discuss health issues.

Therefore, I second.

(Question proposed)

The Speaker (Mr. Ethuro): Yes, Senator for Bungoma!

The Senate Minority Leader (Sen. Wetangula): Mr. Speaker, Sir, let me laud Senator (Dr.) Machage for his positive thinking and for bringing this very important Motion.

If you watched television yesterday and the previous day, you must have seen some families in Baringo who can only see during the night due to health difficulties. It is instructive to know that the second President of this country, for twenty four years, came from Baringo. That does not seem to have helped. Senator (Dr.) Machage wants – which I support – Level 5 hospitals established in each county. I am not sure about Level 4 in each sub-county because in some areas, the sub-counties are equal to constituencies and are fairly small and can adequately be served by well equipped dispensaries and health centres. I hope that somebody, in contributing, will find it necessary to introduce some amendments.

I think it is also important for the Mover of the Motion to have noticed that it is not right to say; “in each of the 47 counties” because Nairobi and Mombasa are over supplied. We are thinking of areas like Turkana, Garissa, Wajir, Bungoma and other areas that have suffered neglect for the last 50 years.

Health services, under our new Constitution, are guaranteed rights although we describe them as aspirational rights. However, truly, these are guaranteed rights. Every Kenyan is guaranteed good medicare and every Kenyan must access good healthcare at affordable rates.

There are very many children in the countryside that are disabled because they missed polio jabs and some that lost their eye sight just because they were bitten by some flies. You will see children with big tummies. This is referred to as Kwashiorkor and it happens because we have not taken care of our country equitably. That is why we have devolution. That is why, at this day and age, we say that the resources of this country must be equitably distributed so that whether you come from Rumuruti or from Nairobi, you are treated equally in terms of availability of resources.

Mr. Speaker, Sir, this Motion also informs us that there are many issues we need to address so as to effect devolution. We have already passed Motions on education and roads. I am sure there will be something coming on water. I think Dr. Zani's Motion is on water. This Senate will continue being relevant by bringing Motions of this nature not

because we want to be rhetorical but because we must move them to their logical conclusions by effecting allocation of resources to achieve this.

If you look at the distribution of medical personnel, Dr. Machage has graciously read us the statistics; you will find that there are certain parts of this country where a doctor is a dream. Even when doctors are posted there, they hardly last. They have to resign and go and set up their private businesses in the big cities; not because they do not want to work there, but because the facilities available do not enable them to work. You post a doctor to Wajir and expect him to go and live behind a shop as his residence. You post a doctor to Lokitaung and expect him to live without the facilities that a doctor requires. So, these Level 5 hospitals, I believe, will come as a full package. There will be a theatre, laboratory, morgue, doctor's residence and everything that requires a doctor to function, so that a child born in Nairobi and one born in Kibish access the same medical facilities in the same country. This is what devolution was meant to bring to the people of this country. It is not about the centre distributing goodies in a magnanimous manner to the regions, but regions having the capacity and ability to determine their own agenda. That is why sometimes we feel a little sad to see the manner in which the current Budget has been crafted. You have devolved medical services, but you keep all the manna at the centre. You have devolved agricultural services, but still want to procure fertilizers for the farmers from the centre. You have devolved road services, but the money is still at the centre.

Mr. Speaker, Sir, I think that this Senate has a cardinal duty, despite the frustrations that we are encountering - These are teething problems and I am sure that we will get over them. We have a duty to ensure that every devolved service and facilities must be matched with commensurate budgetary provisions to enable the counties to work. This is because it does not make much sense to say that you have devolved medical services, like is defined currently in the Constitution and enabling law and yet, the governor cannot hire a single nurse, because they have no provision for it. The governor cannot hire a single doctor because there is no provision for it. *Wananchi* will continue to ask these questions because they are relevant, necessary and important. So, when we pass a Motion like this, the Committee on Implementation must follow it to its logical conclusion. I want to urge the Senate to approach this in a bi-partisan manner because the health of a child in areas that we think have had better times in the past and the health of a child in areas that have been neglected is still the same health of Kenyans. In fact, there was a time when I visited a friend of mine in a place in Kiambu called Ruthimitu. That place looks like we are 60 years ago and yet, sometimes we stand here and say that the people of Mt. Kenya have enjoyed the best of times. Of course, the few rich people in Mt. Kenya have had an inordinate share of the goodies of this country, but there are also people there who are the poorest of the poor.

Mr. Speaker, Sir, I want to urge all Members to support this Motion, as I laud Sen.(Dr.) Machage for being forward looking, broadminded and conscious of the fact that the profession for which the taxpayers' money of Kenyans took him to university to learn can be translated into something beneficial to all Kenyans.

Mr. Speaker, Sir, I beg to support.

Sen. Munyes: Mr. Speaker, Sir, I would like to start by thanking the Mover and seconder of this Motion. I am also a Member of the Committee on Health, Labour and Social Welfare.

Mr. Speaker, Sir, many counties suffer from inadequate health services, and I want to cite my own county, Turkana, which is 77,000 square kilometres with a population of 800,000, who hardly get adequate medical services. If these facilities are established in the 47 counties, especially my county, they will definitely alleviate healthcare problems in those counties. My county is one of those counties which border other countries, with a porous international border. This border comes with problems. There are diseases that are brought by people crossing from other countries. We have cases of Polio, Hydatid, Kala-azar, a very strange disease that affects pastoralists in West Pokot, Turkana and other borders. When we respond to these problems, it is difficult to mobilize doctors from Nairobi to serve Kenyans along those borders. These are the same areas which suffer numerous problems of diseases that actually affect them as a result of poverty, famine and starvation. I know of cases where cholera spreads in some of these areas and sweeps so many people. We have had to lose so many lives as a result of lack of attention and adequate services to our people. We need to establish these Level 5 hospitals in the 47 counties. I think that we also need the Level 4 hospitals in all counties, which my friend, Sen. Wetangula, says may not be appropriate in some counties. I would imagine that in a county like Trans Nzoia which looks smaller, there are so many people who require those services. Therefore, it will not do any harm to have so many Level 4 hospitals in those areas.

Mr. Speaker, Sir, we, in Turkana County, decided to have ambulances in each sub-county, to alleviate the problem of referrals affecting our county. This is something that I would want maybe other counties to borrow a leaf from. Our problems have always been lack of electricity that is needed in all hospitals. As we speak, there is no food in all these hospitals. People get admitted but do not get enough to eat, and as a result they suffer. So, we need to ensure that the hospitals that are running now are provided with adequate food. I want to say on the Floor of this House that the mortuary services in Lodwar Hospital are a problem. I want to call upon the authorities to respond quickly because the current mortuary services are in Kitale. We have to bring all the bodies all the way - 400 kilometres – to Kitale. This is as a result of inadequate electricity in Turkana.

Mr. Speaker, Sir, therefore, I want to thank Sen. (Dr.) Machage for this Motion and request my colleagues to support it.

Mr. Speaker, Sir, I beg to support.

The Senate Majority Leader (Sen. (Prof.) Kindiki): Thank you very much, Mr. Speaker, Sir. I also want to take this opportunity to thank the Senator for Migori for bringing this Motion. I thought that it is important, very early, to say a few things, so that as the Senators continue with debate, it will be good if we put it into perspective.

Mr. Speaker, Sir, first of all, this Motion about equalizing the country in terms of public health facilities is justified and is in the Constitution. So, it is not something that is being invented. It is the whole idea of making sure that the country is equal. From the side of the Jubilee Government, we believe that equalizing Kenya is a critical driver to a peaceful country. So, it is for that reason that part of the Jubilee Manifesto is addressing some of these things, although not in the specific aspects of this Motion.

Mr. Speaker, Sir, secondly, this Motion is actually related to the right to health in Article 43 of our Constitution. But before I talk about Article 43, because that for me will set the legal parameters which can help us in debating this Motion, I am glad that this

Motion has been raised as a developmental issue and not a political issue. I thank the Mover for providing statistics because it is not fair to have a situation where in one county nearly 300 out of 1,000 children will die before their fifth birthday, while in another county that number is less than 50. It seems that there is something there that needs to be adjusted. So, the way the Motion has been cast, it not trying to lay blame on anybody. I thank also my friend, who is leaving the Chamber, the Leader of the Minority, because he has given the example of Baringo, and I like that example. We saw very appalling conditions of families in Baringo, despite the fact that for 24 years, the President of the country came from that county. So, this is not a political issue. It has nothing to do with who has been President or wherever. I thank those who have spoken for setting us on those trajectories, because then it helps us to soberly and dispassionately look at this issue, without political undertones.

Mr. Speaker, Sir, the third point that I want to make is with regard to---

The Speaker (Hon. Ethuro): Order, Senate Majority Leader! I hope that you are not implying that you have assumed the role of a prefect in the way Members contribute. Freedom of speech is one fundamental issue protected in the debating Chamber.

The Senate Majority Leader (Sen. (Prof.) Kindiki): Mr. Speaker, Sir, agreed, but I have an obligation, with your permission, to also make sure that the right perspective is maintained, so that this freedom is not abused to settle small political games. In fact, the Mover and company should thank me because I am literally saying that they have cast it in the right---

The Senate Minority Leader (Sen. Wetangula): On a point of order, Mr. Speaker, Sir. Is my learned junior in order to arrogate himself powers that he does not have, in making a contribution that appears to send messages of implied censorship of Members' speeches?

The Senate Majority Leader (Sen. (Prof.) Kindiki): Mr. Speaker, Sir, I believe in freedom, immunities and privileges of this House. In any case, that is not an option, but what the law says. The last thing that I can do, given my background as an academic, is to try and muzzle anyone. My background as an academic is that I am used to freedom of thought and all manner of exchanges for the welfare of society and exchange of ideas.

Mr. Speaker, Sir, if you allow me, I will proceed to say that the reason I am talking about Article 43 is because the right to health is a socio-economic right. All those rights, under Article 43, are subject to Article 22 of the Constitution, which talks about progressive realization of those rights. They are not rights that can be realized immediately. The right to health is in very few constitutions and Kenya is one of the most liberal Constitutions on this matter. So, even as we ask the Government to construct these facilities, we are treading in an area where even the most liberal democracies have refused to touch. In our Constitution, it is couched as a human right but subject to two things: One, progressive realization of those rights; two, subject to the availability of resources. I want to agree with the Senate Minority Leader, who is my learned senior but my junior in this House, that we need to make a decision to stick with Level 5 and talk about equipping Level 4 hospitals. The whole issue is about equipment and human resources much more than the physical existence of some of these facilities. We do not want to make our Constitution and its provisions in Article 43 look like an empty rhetoric that can undermine our Constitution.

Mr. Speaker, Sir, before I sit down, I want to illustrate my point with a case that was decided by the Constitutional Court of South Africa on a similar issue. You can have laws which are so good but if you do not look at the contours that govern the implementation of those laws, you will put the country under a crisis and the legitimacy of the Constitution is questioned. In South Africa, where we have copied our Article 43 from, we have a similar provision. In the South African Constitution of 1996, Article 27(3) says:-

“No one may be denied of emergency medical treatment”

Two years after the passage of that Constitution, a person who had chronic kidney failure called Soobramoney filed a suit in the Constitutional Court of South Africa where he claimed that he had chronic kidney disease and because he had a right to health under the Constitution, especially the right to emergency medical treatment, he was entitled to permanent dialysis which he had been denied at the provincial hospital in Kwa Zulu Natal in Durban. The court went on to say many things and, of course, ruled against him saying the following things:- First, that the right to health is progressive; secondly, it is subject to available resources. So, the only thing the state could be put to task on is how it has used the available resources in the country to equalize the country and promote the right to health as opposed to saying, for example, the state must provide emergency medical health to everybody and setting up of hospitals. Otherwise, it would be setting up the Constitution to failure. So, the courts said that as long as the government can say the amount of money allocated to health and it is a fair allocation which has been used well, the fact that some areas may not receive some of these things should not be seen as a bar. So, we need to be careful how we craft this Motion; otherwise it can set us against other matters.

The trend that we are taking can make the constitutional implementation process lack legitimacy. In that particular case, the constitutional court ruled against the person because the hospital came and explained how they do things. They justified why they could not give dialysis to the man. They said that normally they have only three machines at the provincial hospital and they decide who is able to get into the machine depending on his or her condition. If your condition is so bad, they cannot allow someone to the dialysis because one might die. So, the court said that the man's condition was so bad and he might die. To the shock of many in South Africa, after the ruling of the court, the man died two days later. You can imagine how the constitutional legitimacy debate began.

So, we need to be careful as we tread on the right to health and the other socio-economic rights in the Constitution. We must know that there is no infinite source of money. So, as much as this Motion helps us in a big way to solve the problem of equity in our health facilities in this country, in my view, the House should be able to make sure that it does not illegitimize our Constitution or impose unbearable duties unnecessarily on the Government.

The Senate Minority Leader (Sen. Wetangula): Point of information, Mr. Speaker, Sir.

The Senate Majority Leader (Sen. (Prof.) Kindiki): Point of information allowed.

The Senate Minority Leader (Sen. Wetangula): Mr. Speaker, Sir, may I inform my learned friend that, in fact, the African Union (AU) has taken a position on this and

has given an advisory resolution that every African country should do its level best to make sure that 15 per cent of its gross national budget goes to health.

The Senate Majority Leader (Sen. (Prof.) Kindiki: Thank you for that information, Mr. Speaker, Sir. That is something that we need to consider---

The Speaker (Hon. Ethuro): Except that there is nothing hard in terms of information because the Mover used that as the Abuja Declaration.

The Senate Majority Leader (Sen. (Prof.) Kindiki: Yes, I accept that because I do not know everything but also, he did not know about Soobramoney.

(Laughter)

Mr. Speaker, Sir, I want to end by saying that I like the words he has used even as he was informing me “the level best”. Those are the words we want to see in this Motion: That hospitals should do their level best. If that language is used, we can see what official position to take.

Sen. Okong’o: Mr. Speaker, Sir, thank you for this opportunity but I will slightly gravitate away from the Motion and request a Statement of information either from the Senate Majority Leader or from the relevant Ministry for Foreign Affairs on the status of the Kenyan crew who deported one Mr. Chinedu to Nigeria.

Sen. Abdirahman: On a point of order, Mr. Speaker, Sir. The Senator for Nyamira has made an unprecedented move in this House. Ordinarily, what Senators do when they want to seek this kind of a request is to use the Standing Orders but he just went on. Is the Senator in order to request for a Statement in the midst of a contribution?

The Speaker (Hon. Ethuro): Hon. Senators, Sen. Mong’are from Nyamira is new and so is Sen. Abdirahman from Wajir. They all came to the first Senate for the first time. If Sen. Abdirahman from Wajir seems to have understood the Standing Orders, then there is no explanation why the Senator from Nyamira has not understood them. He is completely out of order. In any case, he has already approached the Chair and was guided accordingly. So, there is no compulsion on his part or on the part of the Chair to inform the House what the Standing Orders require one to do. You are supposed to provide a written Statement to the Speaker before 3.00 p.m. which you did. The Speaker is required, at 6.00 p.m. to grant you the time to ventilate on your Statement. I thought I guided you and then for you to purport to contribute to a Motion and seek a Statement from the same Motion and especially when you make a declaration that you will be gravitating away from the Motion, it just confirms that you are completely out of order and you knew it.

(Laughter)

Senators, Sen. Mong’are is out of order and cannot proceed. So, I have given the opportunity to Sen. Ongoro.

Sen. Ongoro: Mr. Speaker, Sir, I rise to support this Motion and state that the drafters of our Constitution did well by recognizing health as a basic human right. Indeed, good health is a human right and now that it has been recognized and enshrined in the Constitution, it is now a constitutional right to all Kenyans. Article 43 obligates the Government to provide this basic human right. The examples that have been put across

by the Senate Majority Leader, I appreciate them but it is always good practice not to copy those who have failed. A country like South Africa saw it okay to deny one of their citizens a basic human right but it does not obligate us to copy them because they failed. In my opinion, it is not a good example. In business, we are always encouraged to copy the best practices. You copy only those who, in your opinion, have done well and excelled.

Having said that, I think we would be in order to encourage ourselves that while we want to have this Motion passed, it is important to know that as we are currently, even if we build the 47 Level 5 hospitals, we would not have the human resource to support them. So, we should immediately put the right infrastructure in place in terms of constructing more housing facilities and also relooking critically at our education curriculum both in primary and secondary schools that support science subjects. This will enable us have many people enrolled in medical institutions who will then eventually graduate as doctors and nurses to sustain the physical infrastructure that we will have put in place. Apart from that, we should also find a way of remunerating our medical personnel well. Our doctors, nurses and medical practitioners are underpaid. So, you will find that we are losing a lot of human resource to overseas countries and even to the neighbouring countries like Sudan. So, we must find ways of increasing the remuneration packages of our medical personnel so that more people are attracted to this profession. They should not only be attracted but also encouraged to stay in the country to serve their own people. Those who have already taken residence elsewhere, especially overseas will then be attracted back home with their expertise to work in our hospitals.

I want to disagree with your opinion that counties like Nairobi should be excluded from this. I am not supporting your view because first and foremost, Nairobi takes care of, on average, five million people. But if you look at the number of people who come to Nairobi in search of better services, especially health services, then you are looking at roughly eight million people per month. For us to take care of eight million Kenyans in Nairobi County who come here to seek medical attention, then the kind of facilities that we have now are far below what is required. And actually if we were supposed to go by the parameters that were set for counties, you know very well that Nairobi qualified for not less than five counties. Now that we only have one, we still have to build more facilities. But looking also at what Nairobi produces, it gives this country more than 60 per cent of its GDP. We need a healthy population in Nairobi so that they can work and give quality man hours wherever they are engaged.

Therefore, we should sustain, the GDP level and if not, increase it so that we are able to feed and to sustain the income rates that we are already producing from Nairobi to sustain the rest of the country. To starve this county of any facilities is, by extension, directly starving the entire nation of its growth platform and that would not be good. In fact, in my opinion, I think that counties like Nairobi, Mombasa, Nakuru, Eldoret and other upcoming urban areas should not be clustered and limited with the provisions that other counties get, because over and above what they are taking care of, they have people who always visit those urban centres because of the facilities that are there. This trend is not going to change in the near future because we know that the rural-urban migration and its pattern is something that is going to be sustained in African cities over the next few years.

Thank you. With those remarks, I beg to support.

Sen. Nabwala: Thank you, Mr. Speaker, Sir. I would like to add my voice to what the other Senators have said. I stand to support the Motion which has been brought to the Floor of the House by Sen. (Dr.) Machage. This Motion is long overdue because if you look around, the uneven distribution of health facilities in the country continues to widen. There are disparities in affordability and access to medical care. I take my county as an example. In Trans Nzoia County, we have a hospital by the name Kitale District Hospital. This hospital serves many neighbouring counties and even Uganda, but the hospital is ill-equipped. You find that we do not have specialized equipment and so when someone is suffering from a kidney problem or requires a CT scan, he or she has to travel all the way to Eldoret or come to Nairobi. If you have the frequency to attend the doctor maybe four times in a week, if you are having kidney problems, it forces you to relocate to Eldoret which is a very expensive affair. In the Constitution, there is a provision relating to health which my fellow colleagues have touched and it is, therefore, the duty of the Government to make sure that the common people at home have access to health, particularly if you look at Articles 43 and 53 which say that every child has a right to basic nutrition, shelter and health care. At the same time, we are taxing sanitary ware which is used by our girls and mothers in the country. So, on the one hand we are taxing the basic things like sanitary ware, bread and milk, and on the other hand, we are saying that we should have access to free medical health care. So, what we are doing to our people is that, by not giving them sufficient nutrition, we are going to have these children dying before the age of seven years. The Government should ensure that these taxes do not affect the basic needs of our children, mothers and even the old people.

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

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

Madam Temporary Deputy Speaker, most of the hospitals in the counties are under-staffed. We do not have doctors who are sufficiently qualified to undertake serious operations. You find that when someone has to be operated on, you either have to be moved to Eldoret or Nairobi and in the process, that patient dies half way to Eldoret. So, as it is enshrined in the Constitution, it is the duty of the Government to look at how much money that has not been devolved to the counties can be used to put up Level 5 hospitals in every county.

We have also talked about putting up public universities in every county. How are we going to put up these universities without attaching them to Level 5 hospitals because they are also used to train our medical students? We could, maybe, hire doctors to run these institutions. Unless the Government is committed to the Constitution and is willing to make a step and spend money to improve on the existing hospitals or upgrade them, then I do not see how we are going to achieve what our President said in his inaugural Speech.

Madam Temporary Speaker, when you look at these hospitals which are regarded as Level 5 or District hospitals, for example, Kitale Hospital, this hospital has been there for over 30 years and it never grows. When you go to that hospital, you find three patients sleeping on one bed. When a patient is admitted at the hospital, the doctor sees you, diagnoses what you are suffering from and then you are told to go and buy a

particular medicine. So you run from one chemist to the other and yet the only chemist where the medicine is found is another small private hospital called Cherangany. So, if a district hospital like Kitale District Hospital which is serving many neighbouring counties--- why can we not turn this district hospital into a Level 5 Hospital so that it can serve the purpose which it was meant? When we were in Lodwar the other day, there was an issue raised that there are no morgues in most of the counties and yet they go along with the hospitals. One time my sister died in Lugulu Hospital and we were told that if we left her body at the mortuary there, by the time we come for it, we will find that rats have eaten her nose, ears and so forth. So we transferred her body to Kitale on the same night that she died.

So, this Motion is long overdue. I stand to support it and beg my colleagues to remain united on this because it affects the health of our people in the counties.

Thank you.

Sen. Musila: Thank you, Madam Temporary Speaker, for this opportunity to contribute. I want, on the outset, to say that I support this Motion. This Motion calls for building of new hospitals and promoting existing hospitals so that each of the 47 counties will have a Level 5 hospital before the end of the term of this Parliament, which is 2017. But before I discuss the substance of this Motion, I want to remind my colleagues that it is 50 years since Independence and it is very sad that 50 years after Independence, this country can witness the kind of medical facilities that we have, particularly in the rural areas.

Madam Temporary Speaker, people die unnecessarily from diseases or incidents which they ought not to die from. In the rural areas, people die from simple snake bites simply because we do not have snake venom that one is injected after a snake bite. People die of rabies because there is no medicine. The other day we saw a documentary on one of the television stations where – I believe it is in Pokot county – people had to be given drips under a tree because facilities do not exist. Three weeks ago, the Medical and Dentists Board had to punish a doctor from Mwingi District Hospital who was called from a bar where he was drinking to go and attend to a mother who needed a caesarian section operation and he went and operated the lady, left the belly open and went back to the bar to continue drinking. This is Kenya 50 years after Independence.

Today, we have a lot of dead bodies detained by doctors in various hospitals. Even the Kenyatta National Hospital, which is a Government hospital, has detained dead bodies. When a patient unfortunately dies in hospital and the family cannot pay medical bills, the body is detained in the hospital for non-payment of bills. Why am I saying all these? I am saying this to remind our colleagues that we are very far. If a national hospital like Kenyatta National Hospital is detaining dead bodies of poor people--- Even if we call it a referral hospital or Level Four, unless we equip this hospital with proper personnel – I think the Senate Majority Leader alluded to this – probably this is the answer. Yesterday I visited the Mwingi District Hospital where I come from. It is just a hospital by name because simple things like kits for theater are lacking. They probably have one kit and yet they are not expensive items. I think we should go beyond the spirit of this Motion and talk more about equipping the existing facilities, especially now that we are devolving. I want to support Sen. Wetangula because he is alluding to the existing conditions. I think here we have done very well. Both the Majority Leader and the Minority Leader have spoken very well and we are all on one wave length; that first and

foremost, we want facilities to be improved. We also want the staff working in these hospitals to know that this is our country and they must look after the patients. This is so important. The devolution that we have been talking about in the last two weeks must also be given a chance with respect to health facilities. The other day the Cabinet Secretary for the National Treasury announced that 30 nurses will be recruited for every constituency, and I said that that was not his role. That is the role of the Governor and his County Government. So, if we have devolved health services, what business does the Ministry of Health have in recruiting nurses for counties when governors are there and they have their own Secretaries for Health? What business does the Ministry of Health have in recruiting nurses for counties when governors are there? They have their own secretaries for health who can recruit nurses to work in their respective counties. As we debate this Motion, we must know that health services should also be devolved. The central Government should partner with county governments and equip the existing dispensaries, health centres and district hospitals with sufficient staff who know what they are doing. We want the Medical Practitioners and Dentists Board (MPDB) to rein in errant doctors who do not follow ethics and treat people as human beings, so that we have the best as we develop levels four, five and national hospitals. We should have the right staff and the facilities so that we uplift health standards of our people.

Madam Temporary Speaker, the case that Sen. Wetangula referred to, with regard to Baringo, is one that I wondered whether the Government knew about it. Did the Government know that such a case existed, or do we have to wait until television stations go to look for problems so that we become aware of them? Did the Government know that there are people who only see at night and others who only see during day time? They, probably, do not know. I am not talking about this Government. In the past 50 years, we have not addressed very many issues which we should have. I believe that one of the issues that devolution and the Senate was created to do was to point out these issues. It was not to lay blame on anyone, but to show that we can do better than we have done.

I beg to support.

Sen. Kagwe: Thank you, Madam Temporary Speaker, for this opportunity to support Sen. (Dr.) Machage's Motion with, perhaps, some necessary amendments which I will propose in due course.

It is true that there are many parts of this nation that continue to suffer due to lack of medical care and facilities. This nation lags behind in terms of the requirements for sustained development, perhaps, in some cases, due to lack of some of these facilities. This is a Motion that is being supported by both sides of political divide. I also think that, probably, we need to move some amendments that spell out the methods in which this Motion ought to be implemented. For example, I think we should use words like "progressively do so" for us to accommodate the areas that are most lacking before we move on to the areas that have some rudimentary medical facilities as alluded to by Sen. Musila. There are counties in Kenya, such as Pokot, with nothing. Therefore, before we establish these hospitals in the 47 counties, we should know that there are some counties where this issue is more urgent than in others. These are counties where we are talking about progressively establishing medical facilities.

We should go beyond what Members have proposed and think of how we can turn Kenya into a patients' destination for patients from within the region and all over the

world. Today, when you fall sick, you think of going to India for medical care. However, 20 years ago, no one thought about going to India for medical care. Everybody thought about going to South Africa, England and other western nations for medical care. However, today, the destination for patients, even from the UK and US, is India. How did India turn itself from a country that needed medical care for its people to a country where people go for medical care?

In establishing these hospitals, we, as a nation, should also think how we can make ourselves a destination for medical care. As we establish county hospitals, we should simultaneously establish specialization that can allow for medical care that can be admired and demanded by patients from all over the world. For us to do so, we need to train our doctors in a manner that benchmarks us on a global level and not just on current levels. Each one of us has, probably, gone through an experience where the doctor who was treating a patient that we know left a lot to be desired. We know of circumstances where one is put in a plaster and is required to report to hospital for surgery. However, when they go for a second opinion, they are told that, not only should they not go for surgery, but should also remove the plaster and start walking. These people have walked without any surgery. Therefore, as we talk about facilities, let us also benchmark the training of our nurses and our doctors, so that they are as good as anywhere in the world.

It is not good enough to have buildings. We also need people to man those buildings in a manner commensurate with the care that we want to give to our nation and our people. For example, we should be embarking, not only to improve the facilities that we have, but starting the use of Information Communication Technology (ICT) in those hospitals. It is possible today for a patient in Kenya, by the use of ICT, to be operated on by a doctor while he is consulting with another doctor at John Hopkins University or in another facility in India because of the use of ICT. Therefore, as we think about the constructions, we should also think about the care we can give, even with the existing facilities so that it is improved to the extent that there are hospitals that can use ICT to corroborate in treatment with hospitals that are supposedly the best in the world.

The training we are talking about for doctors and nurses is not the only important thing. It is also necessary to train technicians in hospitals. For example, you will find medical equipment like scans and others in hospitals are lacking just little things like screws. They have been abandoned because there are no technicians to take care of them. Therefore, the training we are talking about in terms of our medical facilities should be holistic, all the way from technicians, nurses and doctors. In doing so, we are talking about both quantities in terms of the number of personnel that we are training, but more importantly, the quality of our training and trainers.

Indeed, every so often, our doctors should be sponsored by the Government to go for further training. They need to do more research in new areas. They need to go to advance their knowledge in overseas. For example, a doctor who was trained 20 years ago can know that there are new discoveries in the same area.

If the Mover of the Motion, Dr. Machage, was to go back to college today, he would, probably, find very new areas and ways of treating patients other than what he learnt while in college. Consequently, it is important for us not just to train a doctor and abandon them, but retrain them and expose them to new ways and new areas of treatment. Therefore, let us establish these hospitals progressively and in a specialised manner.

If you go to India, you will find a hospital bigger than the Kenyatta National Hospital that only caters for eye care. Another one would only be responsible for the treatment of kidneys. The kind of specialization that exists today in that country is the reason it has become a patient destination. In addition to that, it is also because of the manner it is done. For example, I am best advised by those in the medical field that instead of getting a bed when you only have a little injury, it is better for the treatment to be done at home or in a hotel because in the process of being hospitalized you can get worse and acquire new diseases from the hospital. Homecare is being encouraged rather than being in a ward. Yes, we want to establish these facilities, but we must be careful. In addition to that, can we start thinking in a more revolutionary and modern way in terms of our medical care?

Finally, as you rightly said during your contribution, we are losing doctors and nurses to other parts of the world. I am of the view that those nations that are benefitting extensively from our nurses whom we have trained as a Government or at Kenya's cost, for example, the UK and elsewhere, should compensate Kenya for these people. It is not enough to say that those people are being paid higher salaries. No matter what salaries they are being paid, it is Kenyans who are being denied that treatment for people in England to benefit.

At some point, I recall that there was a proposal for a legislation to know how many of our nurses are in each of those countries. Those countries should be required to compensate Kenya so that Kenya can continue to train new nurses while those people are there. You cannot stop people from going unless you pay them appropriately. Therefore, those countries should compensate Kenya, particularly, Britain where most of our nurses are.

I support with amendments.

Sen. Abdirahman: Thank you, Madam Temporary Speaker. I wish to join my colleagues in supporting this Motion by Sen. (Dr.) Wilfred Machage. This is really a very important Motion for all of us and the whole country.

Madam Temporary Speaker, the truth of the matter, as stated by a number of my colleagues, is that Kenya as a country and its leadership through successive governments have been fighting from Independence – what they told us from childhood – ignorance, disease and poverty. For instance, ignorance in places where I come from, unlike in Central, is at 30 per cent today. In about five out of eight regions in this country the literacy levels could be as low as 30 per cent. Diseases are also very prevalent. Wajir District, where I come from, is said to have four district hospitals. The other day I said that even the oldest hospital at the county headquarters can only supply condoms and people asked me:- “Why do you say that the people of Wajir do not need condoms?”

Yes, we need them. But as I said, it may not be a priority. Unfortunately, I feel that the problem has not been that we missed resources. The problem has been misplaced priorities. Just before the elections, one of the district headquarters in the southern part, which I come from, received Kshs15 million to construct a fence in a new district hospital when it does not have the basic drugs. Is that not corruption, colleagues? That is corruption of the highest order or level in this country. If we do not combat corruption in this country, we will not be able to establish what we are talking about. We are lucky that health now is a county function. Unless they devolve it fully with power and resources, we will not be able to make a difference in this country. Health is a right in the

Constitution, just like education. Section 43(1)(a) states that everybody has a right to the high standard of health; meaning Level 4 and Level 5 hospitals as proposed in this Motion, and even better with all those facilities.

Madam Temporary Speaker, a healthy nation will do very well economically if people engage in the productive systems. We in the north produce livestock. So, for a nation to succeed in terms of the economy, you will require healthy people. If the people are not healthy, then we will not be able to do much.

Madam Temporary Speaker, I hold a different view from those who say that the countries where our people have gone to in terms of what I would call a brain drain, should compensate us. It is our failure not to provide a conducive environment and better pay and resources for workers to be able to deliver services. We should not complain. We have failed as a nation by poor policies. Kenyans are said to be good academicians and write very well. There are very good policies in shelves, but they have not been implemented. This is because we do not have the right people in place. I would not know whether the technocrats who are now called Cabinet Secretaries and Principal Secretaries will make a difference. But you need to be a politician cum good technocrat to be able to deliver very well in this country. You do not need only people who have just read books, because books are not sufficient without practical experiences.

Madam Temporary Speaker, I want to conclude by saying that this is a wonderful opportunity. Kenya is a signatory to many conventions. I could hear my leader, Sen. Wetangula, say that there was an African Union (AU) resolution that funding is topped up to about 15 per cent. Sufficient funding is very good, but will it come? Kenya is a signatory to many international conventions and treaties. We have heard of the world water day and education for all, but what about the health bit? There are very many conventions and treaties. We have failed to achieve this. We are good in attending conferences, but can we translate these things to reality, so that we establish Level 4 and Level 5 hospitals in our county and sub-county governments.

Thank you, Madam Temporary Speaker.

Sen. Muthama: Bi Spika wa Muda, nakushukuru kwa kunipa nafasi hii ili nichangie Hoja hii ambayo ni ya maana sana.

Bi Spika wa Muda, nimesikiza kwa makini yaliyosemwa na wenzangu. Ningependa kuongezea tu kwamba inahuzunisha sana tunapoangalia mambo yanayotokea katika taifa letu na mambo yanayopewa kipao mbele. Nasema haya kwa sababu Kenya imedhihirisha kwamba inauwezo wa kuwaangalia wananchi wake na kutoa huduma zinazohitajika. Lakini maswala ambayo tunaweka mbele yetu kwa kawaida hayasaidii taifa letu hata kidogo. Nasema haya kwa sababu leo tunajua maswala na masaibu ambayo yametajwa hapa kama viongozi. Tunajua kwamba katika Bajeti mbele ya Bunge sasa ina kitita cha Kshs700 milioni ambazo zitatumika kumnunulia Rais Mstaafu ofisi ya kifahari, aitumie yeye pekee, ilhali tuna mambo haya ambayo tumeyazungumzia hapa. Sisi ni viongozi ambao tunatenda vile tunavyotaka, bila kuwajali waliotuchagua. Hatushughulikii shida za wananchi kwa makini. Ninasema hivi kwa sababu tukitumia Kshs700 milioni kununua ofisi ya Rais Mstaafu, na katika Kaunti 47 hakuna hosipitali, inamaanisha kwamba sisi ni viongozi ambao hatujali. Tukiendelea hivi, hata tukipitisha Hoja hapa za kujenga hosipitali haitakuwa na maana kama hatutakuwa na pesa za kujenga.

Bi Spika wa Muda, wauguzi ambao wanatibu watu wetu wanahamia nchi zingine au kufanya maandamano barabarani kila asubuhi wakitaka mishahara mizuri. Yale tunaona ni matumizi ya pesa nyingi kulipia ndege inayotumiwa na mtu mmoja. Tunatumia Kshs25 milioni kwa wakati mmoja kwa safari. Sio sehemu moja ya nchi ambayo ina matatizo, bali ni taifa nzima. Nilikuwa Nyahururu siku ya Ijumaa kuhudhuria mazishi. Yule ambaye nilienda kumzika alipatwa na ugonjwa huko Nyahururu na akaletwa Nairobi. Hii inamaanisha kuwa hakuna hospitali katika sehemu hiyo ambayo ina uwezo wa kumtibu mtu kama huyo. Kwa hivyo, zile hospitali ambazo zinatajwa kuwa ziko, ni majengo tu ambayo hayana vifaa ndani yake.

Bi Spika wa Muda, katika Kaunti yangu ya Machakos, kuna Hospitali ya Machakos ambayo imepewa nafasi hiyo ya Level 5, lakini haina *ambulance*. Vile vile, chumba cha kuweka maiti ni kile kilijengwa na mkoloni. Hospitali hiyo haina jiko na ina zaidi ya vitanda 300. Ukweli ni kwamba ni afadhali kwenda kwa duka kununua tembe kuliko kwenda kwa hiyo hospitali kutibiwa. Je, hiyo inamaanisha nini? Nakusudia kuleta mabadiliko fulani kwa Hoja hii ya Sen. Machage kusema kwamba hata zile hospitali ambazo ziko ziundwe upya na kupewa vifaa. Hii ni kwa sababu taifa lolote ambalo linataka kujimudu ni lazima lishughulikie mambo matatu, yaani magonjwa, elimu na maji. Haya mambo katika taifa letu hayazingatiwi kamwe. Viongozi wetu ni watu wa kutafuta maisha ya juu. Wanataka mika mekundu, magari makubwa, barafu na maua katika ofisi zao. Tukiongea watu wanafikiri kuwa tunafanya siasa. Kule nilikotoka nilihesabu shule kati ya Nakuru na Gilgil na nikajiuliza: Je, tutatumia Kshs53 billioni kuwapatia watoto *laptops* ilhali nguo zimechakaa na kuraruka; madarasa yao yako karibu kuanguka? Tunafaa kupanga kama viongozi na kujua majukumu ambayo tunahitaji kufanya kwa sasa. Lakini tukitaka kuishi kama Wamerekani leo, na huku hatuwezi kupata hata chakula cha kuwapa watu wetu, tutakuwa tunapoteza wakati.

Bi Spika wa Muda, naunga mkono Hoja hii.

Sen. Ndiema: Thank you, Madam Temporary Speaker. I rise to support the Motion.

Madam Temporary Speaker, first of all, I want to thank the Mover for bringing this important Motion. This country's health sector is one that I would say has been left behind. It is a sector that we can say is not only taking care of the sick, but is itself sick. My colleague here from Trans Nzoia has talked about a hospital that was built during the colonial days when the population was very low. It has retained the same facilities and beds in such a way that up to three or four patients have to share one bed even as they suffer from different diseases. It is a hospital which has no scan facilities or even X-ray, yet they used to be there.

Madam Temporary Speaker, we have only 47 counties. Those are the ones that have been proposed to move to Level 5. I support that idea, but do not support the idea that we do it progressively. The Mover has already said that it will be from this year to the end of this term. That progression is already catered for. The major cost of living for our people today is food, school fees for their children and medical services. Medical services of late have proved to be the most expensive item. This has led to deaths. We attend funerals every weekend. From the stories we hear, you will realize that most of the deaths are due to diseases which could be treated. They could not be treated because of poverty and hence the sufferers had to die.

Madam Temporary Speaker, if we have to reduce the cost of treatment to our population, hence leave some money in the hands of Kenyans to engage in economic and social development, we, as a Government need to invest in health facilities; starting with the Level 5 hospitals. Level 5 hospitals already exist as other levels. We are just upgrading them to Level 5. So, I believe that in every county there is already some level of hospital, perhaps, Level 4. What we require now is to grade them to Level 5.

Madam Temporary Speaker, our people are spending a lot of money travelling from where they reside to seek treatment elsewhere within the country, sometimes, as has been said by the Senator for Nyeri, abroad. We spend a lot of foreign exchange travelling abroad.

It is a shame that in a district like Trans Nzoia, while patients used to come to Kenya from Uganda, Sudan and Rwanda to be treated, it is the other way round. We find our people going to Tororo, Uganda for specialized treatment. So, investment in the health sector is timely. When it comes to doctors, they are important for a facility like Level 5 or any other hospitals. But unfortunately, we seem not to provide enough doctors to certain district hospitals. Why? This is due to poor remuneration and lack of equipment. To train specialized doctors we have to send them to South Africa (SA) and the United Kingdom (UK) to train them on modern equipment. However, when they come back, they do not find the equipment here. So, they really get frustrated and go back to where they were trained.

Madam Temporary Speaker, we need to put more emphasis on training and providing working tools for the doctors in addition to remuneration. We have seen our doctors going abroad and we should not complain. In fact, we should train more doctors. They should go because they are our sons and daughters. Whatever they earn there, they send it back home. What we should aim at is to specialize in training of doctors. There are very many young people who have the qualifications to join universities to train as doctors, but there are no opportunities. If we train them, they will automatically get jobs. So, we should train doctors, technicians and administrators of hospitals.

Madam Temporary Speaker, I would want to end by saying that we should immediately start having Level 5 hospitals in every county. Those which already exist should be converted to referral hospitals. In the sub-counties, we should have Level 4 hospitals. This should be in all sub-counties without exception. The population may be low, but the distance travelled to get to a medical facility is far.

With those few remarks, I support.

Sen. Mungai: Madam Temporary Speaker, thank you for giving me this opportunity to contribute to this Motion by Sen. (Dr.) Machage. This Motion could not have come at a better time. As a Senate, we have the responsibility of ensuring that services within our counties are equal. We should be equal to the task that we were elected for. Sen. (Dr.) Machage, being a medical doctor feels for all of us. Sometimes, patients die because of lack of facilities. When I look at a county like Nakuru that I represent, there are 11 constituencies. When I consider the distances covered for one to get medical care, it is important we all support this Motion. However, I feel that when we talk about Level 5 hospitals in every county, there are some counties like my county that are very large. So, the impact of having a Level 5 hospital in Nakuru Town might not have the desired effect that Sen. (Dr.) Machage would want to have on the populace. The furthest constituency I have is Kuresoi. It would be very challenging for someone who

requires emergency or specialized attention to be transported all the way from Kuresoi to Nakuru. Therefore, I would request that the Motion takes recognition of the fact that the areas that our various counties cover are not the same and maybe at a later date come up with an amendment so that we can try to look at ways in which Level 5 hospitals can be distributed equitably to ensure that the desired effect of their creation is realized.

Madam Temporary Speaker, you said it very well concerning Nairobi and the population. So, I believe that in my county, I need to have a Level 5 hospital in Molo, Nakuru and Naivasha towns. In doing so, I would feel the kind of attention that we shall be giving to the populace in terms of medical care is concerned, would be sufficient.. Just to mention, a place like Mai Mahiu and Dambari are very far away near the border with Narok County. These places would be well served by a Level 5 hospital in Naivasha. I would also like to mention that due to the steep road at Kinungi, there are very many accidents which happen in Naivasha. Therefore, a Level 5 hospital in Naivasha would be serving, not only the residents of Naivasha, but also all the people who pass through Naivasha to other parts of the country.

Madam Temporary Speaker, I would also like to mention that later I would hold a press conference to talk about the issues that have happened in my county between the county assembly and my Governor.

With those few remarks, I beg to support the Motion.

The Temporary Speaker (Sen. Ongoro): Senator for Kakamega.

Sen. (Dr.) Khalwale: Madam Temporary Speaker, I wish to congratulate my senior colleague in the medical profession, Dr. Machage for this visionary Motion. In supporting this Motion, I want to start by bringing to the attention of my colleague Senators and the rest of the country that what Sen. (Dr.) Machage is attempting to achieve and what we seem to be all united behind, is actually an admission that the Government of Kenyatta, the Government of Moi and the Government of Kibaki failed us. We can have all the 47 Level 5 hospitals, but it would not change the status of health in the country. The real answer lies in the provision of primary health care to all Kenyans. If you go to all these hospitals, including Kenyatta National Hospital (KNH), all the in-patients are there for the wrong reasons. They are there because somebody failed to prevent the illness. Most of the beds are occupied by patients who have preventable illnesses that could be taken care of by proper investment in preventive health services.

Madam Temporary Speaker, indeed, one must thank God for giving us a land of plenty. At the same time, I pray and beg the same God to save us from leadership that has no vision whatsoever. It is a pity that 50 years after Independence, mothers across the whole country die while giving birth. Our little beautiful boys and girls of school going age can die because of simple disease like Malaria. Sometimes, a prescription is given to a parent to go and buy a drip for admission of quinine into the system of the child. Since the mother cannot afford it, the child dies. She carries the child back home. We want to beg God to visit it on President Uhuru that he remains visionary. He must get the priorities of the Government right. Can you imagine that the priority of the Jubilee Government today has been evidenced by the way we have treated the immediate former President, Mr. Kibaki. The former President Kibaki, in the last less than 90 days has been given a house worth Kshs500 million, a sent off package of Kshs25 million, a petrol station worth Kshs50 million and he has been given an opportunity to have an office of retirement of Kshs700 million. What kind of priority is that? Who is the retired President

going to be serving in this office of Kshs700 million? I beg the former President to listen to us. We are men and women who are patriotic to this country. We cannot waste over Kshs1.3 billion just to thank a former President. If anything, all he required was to be bought a grade cow.

Sen. Wamatangi: On a point of order, Madam Temporary Speaker. Is it in order for the Senator for Kakamega County to impute that it is the Jubilee Government policy offering or giving the retired President those packages while, indeed, the Government has not owned up to those packages? My colleague is also aware that, indeed, the Committee on Budget of the National Assembly has refused to accede to that proposal. I think it is not right for Sen. (Dr.) Khalwale to impute that it is the Jubilee Government's policy.

Sen. (Dr.) Khalwale: Madam Temporary Speaker, I think what he has just said passes for a point of information. But if, indeed, it is not the Jubilee Government's choice, then how come it was the Cabinet Secretary of the Jubilee Government who tabled those budgetary estimates in the House? If he is confirming that it is not the Jubilee Government, then, please, tell them to go and find that devil that is introducing this plan in the economy of this country because it is not in any way beneficial to Kenyans. But I thank him for the information.

Madam Temporary Speaker, I would like to disabuse the notion that has been propagated by some of my colleagues here, almost to the extent of casting aspersions on the doctors and nurses. The doctors and nurses of Kenya are some of the best professionals in the world as evidenced by the fact that if you go to hospitals in the United States of America, the United Kingdom, Botswana, South Africa and Australia, we have a whole plethora of our medical doctors and nurses working there. We should be grateful to them. The reason they are there is because we do not have a visionary leadership; a leadership that can think that we can retain a medical professional on a meager salary that we should be paying to goat herders in other countries.

The Senator of Nakuru County has raised a very important point and I hope somebody listened to him. You cannot expect Nakuru and Kakamega County to benefit from this Motion in its present form. In fact, those of us who come from Kakamega County will be approaching this by begging for listenership from the system on the need for us to convert the former Kakamega Provincial Hospital into a teaching and referral hospital, so that the pressure on that hospital can be removed by creating Level 5 hospitals in Butere, Mumias, Lugari, Malava and Malinya towns. Each hospital in those towns can be left for purposes of training and handling specialized problems.

Madam Temporary Speaker, I cannot sit down without commenting on a trend that seems to be emerging in this country as evidenced by the remarks of Sen. Kagwe. There seems to be an attempt to start victimizing and punishing doctors for mistakes that lead to deaths of patients in hospitals. A doctor who has been trained at the School of Medicine at the University of Nairobi – where I trained – upon taking the Hippocratic Oath cannot kill a patient. When a patient dies, it is such a complicated matter that you cannot reduce it to only blaming the doctor. As they said, in some instances, the doctor is a drunkard. You cannot punish a doctor because he was at some other time seen at a bar having a beer. Even Sen. Wamatangi enjoys his beer at Njuguna's place.

Sen. Wamatangi: On a point of order, Madam Temporary Speaker. I do not think it is fair for the Kakamega Senator to first tell this House that he has seen me enjoying a beer while, indeed, I am a Christian and I do not drink beer. Even a more serious point of

order, I hope the Senator is not trying to give the doctors a *carte blanche* whereby they can get away with all the sins that qualified doctors can commit---

The Temporary Speaker (Sen. Ongoro): Sen. Wamatangi, I think you have to stick to your point of order, which I think you have discharged very effectively.

Proceed, Sen. (Dr.) Khalwale!

Sen. (Dr.) Khalwale: Madam Temporary Speaker, I think with due respect to my friend, he knows what we normally do when we meet at *Kwa Njuguna*. I am a Christian too. I was assuming that being a Christian like him, what I was doing, he was also doing the same. With all due respect!

Madam Temporary Speaker, this condemnation of doctors will discourage doctors. Senators should be aware that it might be you who will be the patient and the doctor will say: "I am not going to go all out of my way, I will wait when the best environment is in place before I attempt to save the life of this patient." It is important that I give you this information as a health professional. It is better for you to die when a doctor is trying to save your life than to die when a doctor fears that should he touch this patient, then he dies, he will face litigation. Even in the United States of America, the issue of litigation against doctors of medicine is there. You all know the case of the doctor for the late Michael Jackson. In fact, he is serving four years in jail. But before that decision is made, there should be clear cut due process. I want to call upon the Kenya Medical Association (KMA) to ensure that they rise and defend the interests of doctors. In fact, the fact that you are now seeing trade unions led by doctors, it simply means that these young doctors are not receiving leadership from the KMA.

I would like to thank the former Government of President Kibaki for the investment they made in a few hospitals in Kakamega County. I want to appeal to the current President Kenyatta to ensure that the projects that were started by President Kibaki, mainly, Eguhu Hospital, Malava Hospital, the hospital at Lumakanda and Shibuye are completed. They should not be left in the hands of the Governor who might not have enough resources at his disposal.

With those remarks, I wish to support and congratulate Sen. (Dr.) Machage.

Sen. Gwendu: Thank you, Madam Temporary Speaker. I want to support the Motion. I would like to start by pointing out something to the previous Senator. Sen. (Dr.) Khalwale, leaders are chosen by God the same way our current President and Deputy President were chosen by God and, in the same way, you were. So, as much as we want each county to have a Level 5 Hospital, the support we give them is what will give this word to practice. We all have hospitals in our counties that were built many years back. If we keep finding the smallest opportunity to criticize other than give positive criticism that can then help, for us to be able to change the lives of our people at home, we will not achieve this.

I want to give an example of the Level 5 hospital in Kisumu as the reason for supporting this Motion. It was formerly called Russia, but it is now referred to as Jaramogi Oginga General Hospital. When you get into that hospital, the smell alone can make you more sick than when you entered the hospital. The people who have died there have died because of the depreciation in that hospital and also the lack of empowerment in our people. I believe in one thing that Sen. (Dr.) Khalwale said that most people are in hospitals with diseases that can actually be taken care of at home or by just going to the chemist. So, before we elevate these hospitals, we also need to empower our people.

Even while at the hospitals, if we can have public address systems in these Level 5 hospitals so that while in the hospital we can be passing messages on how to deal with, for example, common cold, diarrhea and those diseases that if we take care of ourselves well, then we can have the hospitals in the conditions that they are supposed to be. Sometimes they get filled up with patients who have diseases that had we taken care of them, then things would be different.

Madam Temporary Speaker, I also look at the situation at the Nairobi Hospital which is in a very good condition, but patients come from very different areas. You will find a case where I have to transport my mother from Kisumu to come and be treated at the Nairobi Hospital. We can sit at the waiting bay for two hours and then my mother gets more sick because she gets stressed up waiting. I know very well that if the Kisumu Hospital is put to proper status so that I do not have to come with my mother all the way, then that can help her and the rest of the people.

Thirdly, I also support the idea of having the sub-county or district hospitals. I look back at home and it is actually a dispensary. It has been a dispensary since I was born. If you go there, you will find a woman waiting for her child to be treated for diarrhea. A child can have diarrhea because, maybe, the mother did not take good care while feeding the child. The child drinks water that is not treated. We need to sort out the little problems that lead our hospitals to be full and overused, yet we have problems that we can sort out as families.

Thank you.

Sen. Nyakeriga: Asante Bi Spika wa Muda kwa wakati huu ulionipa ili niweze kuchangia Hoja hii. Kwa upande wangu, ninashukuru sana kwa sababu ya Hoja hii.

Kwanza ukiangalia kwa upande wa usafiri, unapata kwamba hizi hospitali ziko mbali sana. Kwa mfano wakati mwingine unapata mzazi amebeba mtoto wa miaka kumi na anatembea kwa muda mrefu kwa sababu hakuna usafiri bora.

Pia kuna upungufu wa madaktari. Kwa mfano, unapata hakuna daktari ambaye anaweza kusaidia mtoto ambaye ni kiziwi. Hakuna madaktari wanaoweza kutumia *sign language*. Inafaa madaktari washughulikie walemavu.

Ninaunga mkono Hoja hii.

Sen. Wamatangi: Thank you, Madam Temporary Speaker, for the opportunity to contribute and support the Motion by Sen. (Dr.) Machage. Indeed, the Motion is well conceived and well timed. It serves this nation at the right time when we are embarking on a new journey. We have a new Constitution that guarantees and promises the people of Kenya a new dawn. This means that health services as provided for in our Constitution and through the hospitals that have been established and will be established, those services should reach the people of Kenya in a better way.

As I support this Motion, I would like to say from the outset that I will be supporting the Motion albeit with a few amendments that I may propose to make in due course. It is well agreed amongst the Senators and the entire country that we need improvement. It is important that we all agree that there is no single part of this country that can say that they have satisfactory medical services. There is no part of this country where medical facilities have been able to be dispensed to the people in a way that they will be satisfied. We have all agreed that this Motion has no party affiliation and does not favour any part of this country. Therefore, it is important then that its wording is

embraced by all of us. It should not seem to impute that there are particular sections of this country that are benefitting more than others.

Madam Temporary Speaker, as we deliberate on this Motion, it is also important that we be cognizant of the fact that although our country is divided into 47 counties, there are some counties which bear the big burden of having to provide services to many people in this country. For example, my county has got about 1.8 million people. In comparison, there are only about two major hospitals in the entire Kiambu; that is Thika District Hospital and Kiambu District Hospital. You can imagine providing medical services to 1.8 million people through only two major hospitals. The other hospitals that are there are all of a lower level and with very little facilities. So, as we continue to air our views, I will propose in due course, that, indeed, the burden of the population of each of the counties be factored in as one of the factors that we will be considering to determine how would we want to propose to the Government to spread out the hospitals at different levels; that is the Level 4 and Level 5 hospitals. In the case, probably, where we have a big population burden, then we may even as well consider requesting or asking the Government to consider having even more than one Level 5 hospital in each of the counties.

Madam Temporary Speaker, it is also important that we remember that the motivation and the idea behind this Motion is, indeed, to take health facilities or the service itself to the people. One thought that we could also embrace is thinking broader and wider; could we also propose that we also introduce, inside this Motion, the availing of mobile hospitals? There are hardly any roads that could be used to transport patients to the available centralized facilities in the district or other hospitals in Ndeiya and Karai. Because there are pockets of populations concentrated inside inaccessible places, it would be thoughtful of us, as Senators, to discuss and see how we can input the provision of mobile medical services alongside this proposal.

Lastly, Madam Temporary Speaker, let me comment on one of the issues that was brought up by my friend, the Senator for Kakamega. Alongside giving health facilities and providing hospitals, it is also important for the Senate and for us, as legislators, to make sure that we bear it upon the providers of the health services; those are doctors, to make sure that, indeed, they are mindful of their work in accordance to their oath. I have in my mind, for example, a case that was highlighted a lot in the media. There was a doctor who left a mother he was operating on with an open womb and went to a bar to take a beer. The mother died. So, we cannot presume to give a blank cheque to doctors; that they should not also bear responsibility in the course of providing those medical services to the people. They need to be professional. They should also know that the law will hold them accountable for their actions.

So, Madam Temporary Speaker, I support this Motion, coming from a county that requires these services a lot more because of the high population. As we continue to ventilate on this Motion, I will be proposing to bring some amendments---

(Sen. Wetangula addressed the Senate while seated)

The Senate Minority Leader (Sen. Wetangula): This is the only time for you to bring your amendments.

Sen. Wamatangi: Madam Temporary Speaker, although I would want to bring the amendments now, I am mindful of the fact that we do not have the requisite number to vote on an amendment. So, I would propose to bring my amendment later.

As I finish, Madam Temporary Speaker, it is important also that as we make our proposals to the Government, that if we propose, for example, the number of Level 4 hospitals---

The Senate Minority Leader (Sen. Wetangula): On a point of information, Madam Temporary Speaker.

The Temporary Speaker (Sen. Ongoro): Senators, do not speak for Sen. Wamatangi.

Do you wish to be informed?

Sen. Wamatangi: Madam Temporary Speaker, on this one I think I am well versed.

(Laughter)

Sen. Orenge: On a point of order, Madam Temporary Speaker. Did you see the Senate Minority Leader address the House while seated? Is that respect to the House and to---

The Temporary Speaker (Sen. Ongoro): It is definitely not! It actually skipped my mind; you must apologize for your action.

The Senate Minority Leader (Sen. Wetangula): My sincere apologies, Madam Temporary Speaker.

The Temporary Speaker (Sen. Ongoro): Accepted.

Can we proceed?

The Senate Minority Leader (Sen. Wetangula): Madam Temporary Speaker, may I--

Sen. Wamatangi: Madam Temporary Speaker, I am not very sure that my friend was not burning to come to the microphone. In that case, can I just allow him to give me the information?

The Temporary Speaker (Sen. Ongoro): It is okay.

The Senate Minority Leader (Sen. Wetangula): Madam Temporary Speaker, may I inform my good friend, Sen. Wamatangi, that in a Motion such as this, you have an opportunity to speak only once. If you have an amendment, you have to move it within the time available for you to speak. You will not have another opportunity to come back and move your amendment.

Thank you, Madam Temporary Speaker.

The Temporary Speaker (Sen. Ongoro): While that is true, Senator, I believe that you have consulted your other colleagues and you are working on that.

Sen. Wamatangi: Yes, indeed, Madam Temporary Speaker; I have consulted some of my colleagues. Indeed, we are intending to bring the amendment as one because there were various amendments that had been proposed. So, they will be brought as one by my other colleagues.

As I finish, I just want to also make my colleagues aware that as we put the yardstick on what we would want this Jubilee Government to attain, it is important that we also give or put measurable goals which are also attainable. As we have proposed that

we ask the Government to make sure that by the end of the life of this Parliament, all the 47 counties have a Level 5 hospital, the proposal to have a level four hospital in every sub-county may not only be unachievable, but it may also defeat or not serve the purpose intended.

With those few remarks, I beg to support.

The Temporary Speaker (Sen. Ongoro): Sen. Daisy.

Sen. Kanainza: Thank you, Madam Temporary Speaker, for this opportunity. First, as the Kakamega County Delegation, I would like to condole those people who were killed in Nangili. It is on this note that I would like to talk about and support the Motion before the House. These people could not get the necessary treatment to survive just because there was no hospital nearby like in Nangili Market. They were rushed to Kongoni Hospital, but unfortunately, they were not also attended to. They did not get the treatment that they required.

Madam Temporary Speaker, I have seen teenage boys suffer when they go for circumcision in hospitals. In some circumstances, they are circumcised by watchmen. If not, they are dressed poorly by cashiers. This ends up being a big problem just because we do not have enough doctors or practioners in charge of that. There are also very many patients being handled by these people. Another issue which makes me support the fact that we need Level 5 hospitals in all counties is because in the area of eye treatment, people have to travel all the way to Uganda to access this treatment. Mothers have decided to go the local way because roads are too impassable to allow them get to hospitals. Secondly, it is very expensive to access medical care. Thirdly, they do not want to go to hospitals to lie on beds unattended. That is why we need these hospitals. Residents of Likuyani and Lugari constituencies are forced to go to the neighbouring counties like Kitale District Hospital which is in Trans Nzoia, Webuye District Hospital which is in Bungoma County and Moi Teaching and Referral Hospital in Eldoret. Kakamega County has 12 constituencies. It is not everyone who can go to Kakamega for treatment. That is why I support that we have Level 5 and even Level 4 hospitals. I would like to inform the Jubilee Government that health is a basic requirement as stipulated in the World Health Organization (WHO) standards. As my colleagues have said, we have well trained nurses. However, in the hospitals I have mentioned, we lack facilities and medicine for doctors to perform their duties.

I support.

Sen. Gwendo: On a point of order, Madam Temporary Speaker. As you can see, there is no quorum and yet this is a very important Motion. Could we discuss it further tomorrow?

The Senate Minority Leader (Sen. Wetangula): Madam Temporary Speaker, the rules, practices and precedence - with long usage - bar a Member who has spoken on a Motion to stand and raise the issue of quorum.

The Temporary Speaker (Sen. Ongoro): You are overruled, Sen. Joy.

(Sen. Okong'o stood in his place)

Sen. Wamatangi: On a point of order, Madam Temporary Speaker. Although the Senator for Nyamira is a personal friend of mine, I just want to bring to your attention that he has already contributed to this Motion.

The Temporary Speaker (Sen. Ongoro): You are overruled. The Senator has not contributed to this Motion. The Speaker is very well informed.

Sen. Mong'are, proceed!

Sen. Okong'o: Thank you, Madam Temporary Speaker, for saving me from my friend. I would like to support the Motion that was brought by the Senator for Migori, a medic of excellence and concur with other speakers who have spoken to the Motion like Dr. Khalwale who has put it candidly that what we need in our hospitals is primary care. As we move on to a system of devolved governments, we should equip the hospitals that are available. Some have done very well through the CDF projects. Those which are there need to be equipped.

For instance, Nyamira County has one district hospital which has the capacity of a referral hospital. This hospital was started ten years ago, but has never been officially commissioned. Today, it has a Medical Training College (MTC) coming up. I support that we empower people in our counties so as to access primary healthcare which is required. We need corporations to take up their corporate social responsibilities, but not in the piecemeal way we see happening around.

A company like Safaricom which benefits from Kenyans and declare huge profits every now and then must contribute to the construction of Level 5 hospitals in all counties. We also have companies like Airtel and the East African Breweries Limited (EABL) among others. We also have banks which benefit from our people. They should come out and contribute in putting up hospitals like maternity wards for our women.

As we move on, I hope that our governors will engage corporations in hospitals. I want to tread carefully and support the sentiments of Dr. Khalwale on the blanket condemnation of doctors who have messed up. This may not be as easy as doctors think.

My wife is a consultant doctor. We have had an opportunity to drive to hospital at very odd hours. At times, there are no facilities in some of these hospitals. The Hippocratic rule is that you should use the best means to save a life. I am not saying that errant doctors should not be punished. However, this should not be done the way the medical board is doing it, in a uphazard way, covering up for the negligence and inadequacies of the Governments of the past. This has to be done with the best interests of both the doctors and those who are aggrieved. These issues need to be addressed. The amendments suggested by my colleagues are welcomed as long as we do not dilute the Motion at hand.

With those few remarks, I beg to support.

Sen. Orengo: Thank you, Madam Temporary Speaker. I commend Senator Machage for moving this Motion. As many Senators have expressed their opinion, he is, probably, the best person to have introduced a Motion of this nature since he is an accomplished doctor. His concerns are well founded.

In supporting this Motion, probably, from the beginning, in carrying out these activities, they should not be brick and motor projects. For example, if you go round the country, you will find many health centres and dispensaries that have been established either through the CDF or some other initiatives. We also have the Nyayo Wards in several districts. Hospitals are trying to upgrade those medical centres. The most important thing is that as we provide those facilities and constructions, they should offer the services required.

I visited a medical centre at Mageta Island, an Island with some historical value where many Mau Mau detainees were held. These are people like Paul Ngei. When I was there, I was shown the remains of the facility where Paul Ngei was kept and people like Waruru Kanja. However, instead of this Island being retained in remembrance of colonial detainees, we have settlements there and people who claim to own the land.

Over the years, they have increased. I think that they have a population of more than 10,000 people now and they have a health centre. When I went there over the weekend, the state of that health centre was appalling. I think that it should not even be called a health centre. There are only two members of staff who are employed by the Government, because the county government has not taken over. The only two employees who, probably, were doing valuable work are employed by some Non-Governmental Organizations (NGOs). In that hospital, there was a case of an old man who had severe burns all over the body. There was no facility to deal with that kind of emergency. There is a ferry that takes about 30 minutes between the mainland and the island. This was not, probably, the best facility for getting the patient across. But they were told at that health centre that the hospital in Bondo also could not accept that patient, because they did not have the facility and space for that particular patient. So, you have somebody in a health centre without adequate facilities. There is a district hospital which has no room to accommodate this patient. But even in that hospital there are no facilities to deal with these kinds of severe burns.

Madam Temporary Speaker, yes, the brick and mortar kind of developments are important. It is good to see a hospital being constructed, but it must live to its name. I think that when Sen. Machage talks about a Level 4 or Level 5 hospital, he is not just talking about the buildings and, probably, even the other physical infrastructure. It should have the capacity to deal with the kind of problems that a Level 4 or Level 5 hospital should be dealing with. So, this is something that we must keep on emphasizing even as we talk about free maternity services to expectant and delivering mothers. That is a noble objective, but if you go to the ground, like the day I went to Mageta Health Centre, they had half a bed. They told me that it was very difficult to have women deliver on that half bed. They said that without charging the fees that they were charging, they would not be able to maintain what they require to give this kind of service to members of the public.

Madam Temporary Speaker, it is important that once you categorize a facility as a Level 4 or Level 5, it should have the kind of equipment and facilities and human resources that are required for that kind of facility. The only other functional section that I liked in that health centre which was offering ongoing services, which I think Sen. Wetangula would be happy about, is circumcision. In that part of the world, I think that it is a plus, because it is becoming an acceptable practice. I would urge that while we appreciate the intents and objects of this Motion, we should not do what we have seen in many other areas; that once you say that you are going to develop universities, then you have just buildings, but when you go in there, they do not look like universities in terms of facilities.

Madam Temporary Speaker, I want to agree with Sen. Wamatangi also that sometimes we need to have a qualitative analysis. Sometimes when you see that some services were confined to certain areas, then we may lose the point. I grew up somewhere in Kiganjo and, partly, in Kikuyu. Sometimes when you look at the facilities there, they are there in name, like the famous Gatundu Self-help Hospital. I think that it is

comparable to some of the health centres that you see in the Republic. There is an assumption that there are services in this part of the world. There needs to be a qualitative analysis, otherwise, one would not expect the daughter - and her activity in this regard is commendable and very positive - of His Excellency the President being involved in a campaign to fight jiggers in Central Province. That itself speaks volumes on the state of health and primary care in many parts of the country, where we even assume that things are much better than the rest of the country. For example, we have not heard so much of the jigger menace in Turkana. So, every area has its own peculiar problems. I think qualitative analysis should guide the country as to where these kinds of facilities should be constructed. I know that whenever you do not carry out this kind of analysis, you end up---

QUORUM

Sen. Mwakulegwa: On a point of order, Madam Temporary Speaker. This is an important Motion, but we do not have quorum.

The Temporary Speaker (Sen. Ongoro): It is true that we do not have quorum. I request that the Division Bell be rung to summon Members back to the House.

(The Division Bell was rung)

ADJOURNMENT

The Temporary Speaker (Sen. Ongoro): Hon. Senators, we are unable to raise the requisite quorum. Therefore, the House stands adjourned until tomorrow, 19th June, 2013, at 9.00 a.m.

The Senate rose at 5.50 p.m.