

PARLIAMENT OF KENYA**THE SENATE****THE HANSARD****Wednesday, 31st July, 2013**

*The Senate met at the Kenyatta International
Conference Centre at 9.00 a.m.*

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

PRAYERS**QUORUM CALL AT COMMENCEMENT OF SITTING**

The Deputy Speaker (Sen. Kembi-Gitura): Hon. Senators, obviously, we do not have a quorum. I order that the Division Bell be rung for ten minutes.

(The Division Bell was rung for ten minutes)

The Deputy Speaker (Sen. Kembi-Gitura): Hon. Senators, we still do not have a quorum. Under Standing Order No.34 (2), I will allow that the Division Bell be rung for a further five minutes. Ring the Bell.

An hon. Senator: Do we also count the Chair as part of the quorum?

The Deputy Speaker (Sen. Kembi-Gitura): Well, it depends on you. If I am sitting on that side, you can count me.

After five minutes, if there is still no quorum, we shall adjourn the House.

(The Division Bell was rung for a further five minutes)

(Several hon. Senators entered the Chamber)

The Deputy Speaker (Sen. Kembi-Gitura): Order, hon. Senators! We now have a quorum. We can now proceed with the business of the House.

Hon. Senators, before we do so, I would like to make an important point. If I remember correctly, the whips have a role to play in this House. But I note that neither the whips nor their deputies are present. In total, they are four. If they do not start by providing the numbers required to form a quorum by being here, this is very unfortunate. It is important for me to say this because the whips from both the Majority and Minority sides are not in the House. We do not know how we are supposed to get a quorum when they are not here.

Hon. Senators, having said that, I want to thank you for forming a quorum. Let us proceed with the business of the House.

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

The Deputy Speaker (Sen. Kembi-Gitura): What is your point of order, Sen.(Dr.) Khalwale? At this early stage, have I said something to warrant you to stand up on a point of order?

Sen. (Dr.) Khalwale: Mr. Deputy Speaker, Sir, in support of what you have just said, I thought you could extend the same remarks to the office of the Senate Majority Leader. As you will recall---

The Deputy Speaker (Sen. Kembi-Gitura): Order, I will not do that! I was specifically referring to the whips.

Sen. (Dr.) Khawlale: Mr. Deputy Speaker, Sir, I want to build my reason for the point of order.

The Deputy Speaker (Sen. Kembi-Gitura): Sen. (Dr.) Khalwale, let us go on with the business of the House. I do not want us to create a mountain out of a mole hill. I was talking specifically about the whips of the House whose responsibility is to see to it that we have a quorum in the House.

Let us proceed.

STATEMENT

The Deputy Speaker (Sen. Kembi-Gitura): Sen. Haji, please, proceed and issue the Statement.

Sen. Haji: Mr. Deputy Speaker, Sir, yesterday, I was to give a Statement following a request by Sen. Ndiema about the security situation in Trans Nzoia County.

The Deputy Speaker (Sen. Kembi-Gitura): I notice he is still not here. What was the ruling of the Speaker yesterday about that issue?

Sen. Haji: Mr. Deputy Speaker, Sir, he indicated that I should give this Statement today.

The Deputy Speaker (Sen. Kembi-Gitura): This morning or the afternoon sitting? Did the Speaker rule that you should issue the Statement today? Then go on and do so.

Sen. Haji: Mr. Deputy Speaker, Sir, could we wait up to the afternoon sitting?

The Deputy Speaker (Sen. Kembi-Gitura): No. Proceed. That is the property of the House, is it not?

Sen. Haji: Yes, Mr. Deputy Speaker, Sir.

The Deputy Speaker (Sen. Kembi-Gitura): Then go on.

RISING CASES OF INSECURITY IN TRANS NZOIA, KAKAMEGA AND BUNGOMA COUNTIES

Sen. Haji: Mr. Deputy Speaker, Sir, on 11th July, 2013, Sen. Ndiema requested for a Statement from the Chairperson of the Standing Committee on National Security and Foreign Relations on increased insecurity in Trans Nzoia County. The Senator requested for the following:-

(i) A list of incidents reported within the last 12 months, showing places and names of persons who lost lives and those injured.

(ii) The progress made by the Government in investigating, arresting and prosecuting the suspects in each incident.

(iii) The motive of the crime in each incident.

(iv) The steps taken or planned by the Government to ensure effective policing in the affected areas, including upgrading of Kiminini and Saboti police posts to fully-fledged police stations with adequate personnel, equipment and motor vehicles.

(v) The efforts put in place or planned by the Government to ensure that those responsible are brought to book and that similar crimes do not occur in the future.

Further, Sen. (Dr.) Khalwale requested that the same statement to include insecurity in Kakamega and Bungoma counties.

Mr. Deputy Speaker, Sir, first, I wish to table a list of incidents that have been reported in Trans Nzoia County in the last 12 months.

(Sen. Haji laid the document on the Table)

Mr. Deputy Speaker, Sir, the following measures have been put in place to ensure the security of the county is normalized:-

(i) Several public *barazas* have been held.

(ii) The County Security and Intelligence Committee (CSIC) has been constituted to give guidelines on security and policing.

(iii) Conducting mop-up operation of illegal firearms.

(iv) Intensive foot-vehicle patrol beats.

(v) Shairing of information with the State and non-state agencies as a means of encouraging an all inclusive policing approach.

(vi) Shairing of criminal intelligence information with neighbouring counties.

(vii) Restructuring and vetting of Kenya Police reservist.

(viii) Profiling of criminal gang members.

(ix) Cross-border co-operation and regular security meetings.

(x) Revitalisation of the Community Policing Committees.

(xi) A motor vehicle has been deployed to the Assistant County Commissioner, Saboti Division, and another one at Gituamba AP Camp to boost mobile patrols.

(xii) OCPDs and DCIOs have been posted to Kwanza and Trans Nzoia East sub-counties.

(xiii) Additional officers from the Special Crimes Prevention Unit have been deployed in the area to boost levels of policing and carry out investigations on the wave of crime.

(xiv) Arrangements are being made with the Director of Criminal Investigations and the Inspector General for the deployment of a flying squad unit in the county.

(xv) Plans are also underway to upgrade Kiminini and Sabaoti Police Posts among others, to fully-fledged police stations with adequate equipment and motor vehicles.

Mr. Deputy Speaker, Sir, I wish to table a list of incidents reported in Bungoma County in the last 12 months.

(Sen. Haji laid the document on the Table)

Mr. Deputy Speaker, Sir, the following are the measures being put up by the Government to ensure security is restored in the County:-

(i) The County Security Intelligence Committee has been constituted to give guidance on security and policing.

(ii) A leaders' CSIC meeting was held at Mabanga on 5th July, 2013 in Bungoma South District where leaders were prevailed upon to play an active role in sensitizing the people on matters of security and co-operation with security agencies.

(iii) Community policing committees have been revived through the sub-county security and intelligence committees to enhance police and community partnership in combating crime.

(iv) Mobile telephone numbers of security commanders have been circulated to members of the public for ease of reporting incidents and suspicious characters for quick action.

(v) The national administration has embarked on sensitizing members of the public through *barazas* on the need to give information to security agents for action and to desist from acts of mob justice.

(vi) Sustained proactive patrols.

(vii) Special units have been put in place to enhance intelligence information collection.

(viii) Four police divisions, Bungoma West, Bungoma Central, Kimilili and Bumula have been opened; OCPDs posted and are now fully operational. Three police patrol bases Tulumba, Buyofi and Mayanja have also been opened.

(ix) Four vehicles have been availed to the police officers.

(x) The CSIC is also negotiating for plots/land in various locations for establishment of more police stations, police posts and patrol bases.

(xi) Administrative and regular police officers who had served in the county for more than three years were transferred while at the same time ensuring that there is ethnic balance in police deployment.

(xii) Charging foreign criminals before and subsequently deporting them, in accordance with the court orders.

Mr. Deputy Speaker, Sir, I wish to table a list of incidents that were reported in the last 12 months in Kakamega County.

(Sen. Haji laid the document on the Table)

Mr. Deputy Speaker, Sir, the following measures are being put in place to enhance security:-

(i) Enhanced foot and mobile patrols.

(ii) Frequent and impromptu raids on illicit brew dens.

(iii) Revitalisation of community police activities.

(iv) An OCPD has been deployed to Likuyani Sub County and a vehicle deployed there.

(v) The upgrading of Nangili Patrol Base to a full police station is in the process.

Thank you, Mr. Deputy Speaker, Sir.

The Deputy Speaker (Sen. Kembi-Gitura): Thank you, Sen. Haji. Sen. Wetangula, it seems you want to seek some clarifications.

The Senate Minority Leader (Sen. Wetangula): Mr. Deputy Speaker, Sir, I want to thank my brother, Sen. Haji for giving a Statement on the security situation as demanded by Sen. Ndiema. Having been a Provincial Commissioner, I believe Sen. Haji appreciates security problems in western Kenya where he was a PC for a long time.

Mr. Deputy Speaker, Sir, I want him to clarify why, after the attacks in Muroki in Kitale, where five people were brutally murdered, to date we have seen no prosecutions. Even after the Mabanga meeting in Bungoma that he talks about and which I attended as one of the leadership in the area, three days later, a prominent old man, a former clerk to our county council, Mzee George Masinde was brutally attacked at 8.00 p.m. as he was having his dinner at Nalondo Market. This is just 200 metres away from the AP Camp. He was brutally murdered. He was hacked to death and the attackers just casually walked away. To date, no arrests have been made.

Mr. Deputy Speaker, Sir, this weekend, at Chwele Market a watchman at a shop was brutally murdered using sharp weapons, perhaps, *njoras* or *pangas*. There are no arrests. These security issues run through Kakamega, Busia, Trans Nzoia and Bungoma counties. We keep hearing that new police officers will be posted there. We have also heard of promises of cars---

The Deputy Speaker (Sen. Kembi-Gitura): Sen. Wetangula, please, seek a clarification.

The Senate Minority Leader (Sen. Wetangula): I am doing so, Mr. Deputy Speaker, Sir.

The Deputy Speaker (Sen. Kembi-Gitura): So, please, make it as brief as possible.

The Senate Minority Leader (Sen. Wetangula): Mr. Deputy Speaker, Sir, when will we get adequate police officers properly equipped with cars, not VW Passats, vehicles that can run through the terrain of western Kenya so that our people can also be protected by the Government? As you know, western Kenya has no roads, all the roads are in Central Kenya.

Sen. Musila: Mr. Deputy Speaker, Sir, you have heard that clearly the Government is unable to reduce crime not only in Trans Nzoia, but throughout the country. It looks like the *wananchi* have been left to look after themselves in terms of security. It is the responsibility of the Government to protect lives and property of its citizens. Two months ago, 12 people in Kitui County were murdered in cold blood by a gang led by one individual. That individual still roams around threatening residents through mobile phones. Two months down the line, the Government has been unable to arrest this person. The story is the same in every county of this Republic. Could the Chairman of the Committee on National Security tell this House what measures are being taken to arrest these criminals who are roaming around the country, especially in Trans Nzoia, Mwingi, Kitui, Bungoma and Busia?

Sen. (Dr.) Khalwale: Mr. Deputy Speaker, Sir, I want to thank the Chairman. But whereas you have indicated that you have bought motor vehicles and posted officers, what are you doing to change the mindset of---

The Deputy Speaker (Sen. Kembi-Gitura): It is always good to address the Chair.

Sen. (Dr.) Khalwale: Thank you, Mr. Deputy Speaker, Sir. What is the Government doing to change the mindset of police officers, because as soon as these

vehicles are brought and an improved number of officers posted, they focus on alcohol and harassing *boda boda* boys?

Mr. Deputy Speaker, Sir, secondly, the wave of killings in Bungoma County precipitated a public rally that was attended by the Deputy President. The people named particular officers who they wanted to be transferred. But up to date, those officers in Bungoma County have not been transferred. Could the Chairman tell us when they are going to effect those transfers?

Mr. Deputy Speaker, Sir, the Government should be aware that---

The Deputy Speaker (Sen. Kembi-Gitura): Order! You are seeking a clarification.

Sen. (Dr.) Khalwale: Mr. Deputy Speaker, Sir, the third point of clarification is as follows. The current calm that we have in Bungoma County did not come because the Government did anything. Our youth took it upon themselves---

The Deputy Speaker (Sen. Kembi-Gitura): Are you making a statement or seeking a clarification? I want you to draw the line.

Sen. (Dr.) Khalwale: Mr. Deputy Speaker, Sir, I am building it because it is very---

The Deputy Speaker (Sen. Kembi-Gitura): Please, seek a clarification. Do not make a statement.

Sen. (Dr.) Khalwale: Mr. Deputy Speaker, Sir, why did the Government leave the security of the poor people of Bungoma County in the hands of our youth who were forced to kill 12 thugs for calm to return? What were those officers doing on site?

Mr. Deputy Speaker, Sir, finally, there is the issue of ethnic bias in Nangili Market, where a thug came and rented a room in the pretext that he is a long distance runner.

The Deputy Speaker (Sen. Kembi-Gitura): Sen. Khalwale, I am sorry that I will have to stop you. You are either going to seek a clarification or make a statement.

Sen. (Dr.) Khalwale: Mr. Deputy Speaker, Sir, when will the Government arrest the thug who is living at Nangili Market in the pretext that he is a long distance runner and is being protected by a police officer who comes from the same community with him?

The Deputy Speaker (Sen. Kembi-Gitura): Sen. Haji, I hope that you are taking notes because I want to take all of them together.

Sen. Karaba!

Sen. Karaba: Mr. Deputy Speaker, Sir, this Statement is not the only one with regard to cases of insecurity in this country. These statements on insecurity have been persistent over the years. There must be something wrong with the Ministry of Defence and the Ministry in charge of Interior and Co-ordination of National Government. I believe that the Chairman here has a lot to tell us. What is the work of the National Intelligence Service (NIS), the Criminal Investigation Department (CID) and the Kenya Police Reservists? This is what we should be told here, because it seems like there is nothing happening when it comes to insecurity. It is so rampant in Kenya that people are living in fear. It is not only in Kakamega and Bungoma counties, but it is worse in Kirinyaga County. So, we should not confine ourselves to Bungoma and Kakamega counties. Let us talk about Kenya.

Sen. (Prof.) Lonyangapuo: Mr. Deputy Speaker, Sir, I want to thank Sen. Haji for the answers that he gave in response to this problem. As my colleague put it, it is not only in Trans Nzoia County, but there are pockets of problems scattered across the country with regard to insecurity. It looks like we are still handling things the way we were doing before. If you listened to the Statement, the Chairman said that the mobile numbers of police officers have been given to *raia*. He also said that police vehicles that have always been sung about are going to be given. I wanted to hear clearly that there is a shift in how we deal with insecurity in the villages and estates. For example, I wanted to hear whether the Government has agreed to formalize some of the security measures that villages and counties have taken in order to arrest this. You heard Sen. Khalwale say that youth had to take it upon themselves to eliminate those fellows, which means that they knew them. If we formalize the groups that offer security in the villages, it would be quite easy to deal with insecurity. We have people called elders who work with chiefs. We can put them together with the youth and women as a unit to deal with this problem.

Mr. Deputy Speaker, Sir, lastly, some bandits killed three people who were guarding a school in West Pokot at a place called Sarmai. Up to now, three public *barazas* have been held---

The Deputy Speaker (Sen. Kembi-Gitura): Sen. Lonyangapuo, the same rule that I put to Sen. Khalwale will apply to you also. You must understand the Sen. Haji, in delivering the Statement that he did, has to then listen to you and make clarifications on any issues that you raise. If you use this forum to make your own new statements, that is not acceptable. The rules do not allow. You must seek specifically what was not clear in his Statement and what you want him to clarify, with regard to the very heavy issues that were raised by Sen. Ndiema. This is Sen. Ndiema's Statement really, but I am allowing you to seek clarification specifically.

Sen. (Prof.) Lonyangapuo: Mr. Deputy Speaker, Sir, I want to thank you for that. But I wanted to mention that the Chairman is giving us the usual answers. Could he go back and come with proper---

The Deputy Speaker (Sen. Kembi-Gitura): If you want to make a request that he should go and come back with proper answers, then do so. But this is not a debate really.

Sen. (Prof.) Lonyangapuo: Mr. Deputy Speaker, Sir, I would wish that he goes back and comes with proper answers.

The Deputy Speaker (Sen. Kembi-Gitura): That is why we have provisions in the Standing Orders, where we can have an adjournment to discuss serious issues.

Sen. (Prof.) Anyang'-Nyong'o!

Sen. (Prof.) Anyang'-Nyong'o: Mr. Deputy Speaker, Sir, is the Chairman aware that in Oyugis, people have actually taken it upon themselves to get hold of thugs and burn them? Four people have been burnt, so far, and a police station was actually invaded and the Officer Commanding Station (OCS) harassed because the people believe that the police officers are in collaboration with the thugs. If action is not taken, the police officers themselves may be burnt very soon.

The Deputy Speaker (Sen. Kembi-Gitura): Sen. Ndiema, I will allow you, although you came when your Statement was being issued.

Sen. Ndiema: Mr. Deputy Speaker, Sir, I want to thank the Chairman for the answer given although it is not satisfactory in some areas. The number of cases that have been listed is 31. In all those incidents people lost lives. I realize that in almost all the

cases, investigations are still going on. I want to know whether the security arm of the Government is capable of carrying out credible investigations. If they are not able to do it, what is the problem? Why are they not able to do it?

Mr. Deputy Speaker, Sir, I also did ask if fully fledged police stations could be established at Saboti Centre and Kiminini. These police stations would cater for the whole constituencies. I am asking this because Muroki area, where five people were killed in one night, is just about two-and-a-half kilometres from Saboti Police Post. From the information that we have, there were only three police officers at the police post at the time of the crime. Even as the gunshots were sounding, the police officers were not able to go there because they do not have motor vehicles. Since they were only three anyway, who would they have left at the police station? The first respondent---

The Deputy Speaker (Sen. Kembi-Gitura): What do you want clarified?

Sen. Ndiema: Mr. Deputy Speaker, Sir, when will these police stations at Saboti and Kiminini be established?

Mr. Deputy Speaker, Sir, I also want clarification as to why the police are not able to carry out forensic testing to determine the crimes. I know that in most of the cases, cartridges were recovered. What is the need of recovering cartridges and you cannot ascertain who the criminals were?

Mr. Deputy Speaker, Sir, also I did ask about the motive of the crimes. Were they just ordinary robberies or was it political or tribal clashes? I need that clarification because when left like that, people are not sure what the case could be.

Mr. Deputy Speaker, Sir, the people of Trans Nzoia County, and, indeed, all over Kenya, are living in fear. Just the other week, in the neighbouring County of Bungoma, there was a similar incident where somebody was killed. I need clarification so that our people can live in peace.

The Deputy Speaker (Sen. Kembi-Gitura): Sen. Haji, you may now reply. Sorry, I had said that it will be the last one.

Sen. Haji: Mr. Deputy Speaker, Sir, I think all my colleagues in the Senate, starting with Sen. Wetangula, Sen. Musila, Sen. Karaba and everybody who has spoken have expressed concern about insecurity in some parts of their areas. It is good to appreciate that the Government has tried its best because in the last one year or so, the number of police officers recruited runs to more than 15,000, but still it is considered not sufficient enough to cover each and every part of this country. It is good also to appreciate that so many police stations have been opened and motor vehicles made available to many of those new stations. The Government will continue to open up more areas for patrol bases and police posts as well as upgrading current police posts to police stations.

Mr. Deputy Speaker, Sir, when the Government established a policing authority where members of the public are involved in working with the police, their idea was to help the police get the necessary information and co-operation from members of the public. We still urge that members of this committee should be more active than they are currently. They should not expect the police force to be doing everything unless the police officers are angels and will know what is happening in some areas.

The question raised about four people being burnt in Oyugis--- We do not condone members of the public taking the law into their own hands, even if those who were murdered or burnt were criminals. Justice demands that these people be taken to

court. All the same, it boils down to co-operation among members of the public and the Police Force. The attitude of the Police Force has really changed. If you travel today within the city, you will find one or two officers standing at some corner. It is good to notice that the police are really trying their best, but still there is much more that can be done and we will encourage that it be done.

The question raised by Sen. Ndiema regarding the opening of police stations in Sabaot and Kimilili, I will communicate this to the Minister. We will see what can be done.

Sen. (Dr.) Khalwale: Mr. Deputy Speaker, Sir, the Chairman has failed to respond to two specific issues, probably, because he might be needing time to go and look at the situation on the ground to report back. Could he make an undertaking that he will bring a report here on the issue of the Officer Commanding Police Department (OCPD) at Nangili Market in Likuyani District and also the transfer of police officers in Bungoma County who the public named in the presence of the Deputy President and requested that they be moved? Could he make an undertaking as to when he will bring the substantive response to those issues?

The Deputy Speaker (Sen. Kembi-Gitura): What do you say, Sen. Haji?

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

The Deputy Speaker (Sen. Kembi-Gitura): Yes, Sen. Wetangula.

The Senate Minority Leader (Sen. Wetangula): Mr. Deputy Speaker, Sir, I enjoin Sen. (Dr.) Khalwale that the good Chairman of the Committee has just made general statements and thanked us for raising issues, but without addressing them. I want to plead with the Chair that the Chairman be given an opportunity to bring a more comprehensive Statement. We have asked why there are no prosecutions, no arrests, no police vehicles and so on, but he has not addressed that. We thank you for thanking us, but we want answers.

Sen. Haji: Mr. Deputy Speaker, Sir, I think I have given all the answers. I do not have any more answers to give because prosecution can only be undertaken when somebody has been prosecuted and evidence adduced. As a lawyer he should understand that you just do not pick people and arraign them in court. The police officers are doing everything possible to protect our people and their property. It is good to appreciate that our police force is doing its best.

Regarding the issue of the OCPD, I cannot respond now but I will find out how that report was made and what promise was given.

The Deputy Speaker (Sen. Kembi-Gitura): Let me get you right, Sen. Haji. When you say you cannot answer now, are you asking for more time?

Sen. Haji: Absolutely, Mr. Deputy Speaker, Sir.

The Deputy Speaker (Sen. Kembi-Gitura): So, do you want to come back and give us a more comprehensive answer?

Sen. Haji: On that specific clarification from Sen. (Dr.) Khalwale.

The Deputy Speaker (Sen. Kembi-Gitura): Well, he has made it clear. Sen. (Dr.) Khalwale, you will get a specific one on that issue.

Sen. Ndiema: On a point of order, Mr. Deputy Speaker, Sir. I thank Sen. Haji for responding about the police stations. However, there were issues I raised on forensic investigations which he has not reacted to.

The Deputy Speaker (Sen. Kembi-Gitura): Did you get what he said? He said he does not have any more answers and he cannot do better than he has done.

Sen. Ndiema: Mr. Deputy Speaker, Sir, there was a time we were told in this country that they will put up a forensic laboratory. When are we going to get a forensic laboratory so that it can assist the police?

Secondly, there is the issue of criminals on bond.

The Deputy Speaker (Sen. Kembi-Gitura): Court bond or police bond?

Sen. Ndiema: Mr. Deputy Speaker, Sir, it is court bond. It seems to be an issue because some of these criminals are said to be out on bond and are committing crimes. Could he clarify whether that is an issue? I also sought the motive because we need to set the record straight so that there is no doubt as to whether it was a mere criminal act or were there other motives?

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

The Deputy Speaker (Sen. Kembi-Gitura): Sen. (Dr.) Khalwale, what is your point of order so that we can, maybe, get one answer on that issue? I hope this will be the last one.

Sen. (Dr.) Khalwale: Just a confirmation on when the Statement is coming.

Sen. Haji: Mr. Deputy Speaker, Sir, the statement of clarification sought by Sen. (Dr.) Khalwale, will be done as soon as possible. As to the question of forensic testing, we are all aware that we had a problem in this country. This issue is being addressed and, hopefully, it will be concluded as soon as possible.

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

The Deputy Speaker (Sen. Kembi-Gitura): Sen. (Dr.) Khalwale, you know we cannot go on with this issue continuously.

Let me hear you for the final time now.

Sen. (Dr.) Khalwale: On a point of order, Mr. Deputy Speaker, Sir. Is the Chairman in order to refuse to give the time and instead say "as soon as possible"? We are talking about gangs shooting people in Nangili. Recently, we buried two young people. I just want time, a week, two weeks or so.

The Deputy Speaker (Sen. Kembi-Gitura): Sen. Haji, when do you think you can give the further Statement? I also want to remind you that there are some documents you were going to table, but you have not done so yet. You said that at the commencement of your Statement. You indicated that you are tabling something and you need to do so.

Sen. Haji: Mr. Deputy Speaker, Sir, Sen. (Dr.) Khalwale, will get feedback in the next two weeks.

The Deputy Speaker (Sen. Kembi-Gitura): Thank you, Sen. Haji.

Next Order.

MOTION

ESTABLISHMENT OF COUNTY PUBLIC HEALTH COMPLAINTS BOARDS

Sen. Nabwala: Mr. Deputy Speaker, Sir, I beg to move:-

THAT, concerned with the rising cases of patient mistreatment, negligence and professional malpractice by medical personnel in public and private health institutions in Kenya which take the form of

misdiagnosis, wrong decisions on treatment and prescription, medical or surgical errors, physical or verbal abuse, detention for inability to pay for services and alcoholism; aware of the devastating effects of such acts of commission and omission which have resulted in suffering, permanent injury or death of innocent Kenyans contrary to Articles 26, 43(1)(a) and 53(1) of the Constitution; concerned that most of those affected are the rural poor; further concerned that there are very few channels of addressing these abuses; the Senate urges the Government to establish public health complaint boards in all the forty-seven counties to address the systematic accountability issues that underlie rights violations in healthcare facilities in Kenya.

Mr. Deputy Speaker, Sir, the purpose of the Motion is to urge the national government to establish public health complaint boards in all the counties where citizens can redress the situations of medical negligence and malpractices in line with the provision of the Constitution of Kenya. The Motion seeks to improve the patient provider relationship by bringing redress mechanisms to the counties closer to its citizens.

The constitutional basis on which this Motion is founded is Article 26 which states:-

“Every person has the right to life”

If lives are, therefore, lost, it contravenes the spirit of the Constitution, especially the Bill of Rights. Article 43(1) also states that every person has the right to life and to the highest attainable standards of health which include the right to healthcare services. Article 53(1) states that every child has the right to basic nutrition, shelter and healthcare. In cases of mother and child mortality, it works against Article 53 dealing with reproductive health.

Mr. Deputy Speaker, Sir, one in every five Kenyans who walk into a healthcare facility for treatment, whether public or private, ends up dead or harmed due to mistakes made by those treating them. Incidences of misdiagnosis, wrong decisions and treatment, medical or surgical prescription errors are on the rise across Kenya and have resulted in suffering, permanent injury or death of innocent citizens. Public health institutions meant to foster care and treatment have become indifferent to the plight of the suffering.

Mr. Deputy Speaker, Sir, how can this impunity be controlled? The current trends that justify the Motion are as follows:- The legal, regulatory and oversight environment for healthcare system in Kenya, is not only poorly developed, but also not well enforced which results in rights violations of patients with few channels to redress these abuses. Doctors and other medical personnel who make mistakes escape with impunity due to weak oversight institutions. The Motion responds to the call by Kenyans to form a complaints process in line with the devolved healthcare system of the Government. It is saddening to note from the World Bank study entitled “Service Provision for Doctors” that two out of five medical practitioners cannot diagnose basic health killer diseases like pneumonia and acute diarrhoea accurately. This is because there is low level of expertise in the health facilities. This has been worsened by lack of man power and a high patient numbers; a load of 8.7 patients per provider per day.

According to the service delivery indicator, the survey of 2013 by the World Bank, 29 per cent of health care providers are absent from work on regular basis. When they turn up, they fail to perform their duties as expected. Women and children,

especially those from low income families, are the leading victims and face serious human rights abuses when seeking healthcare in public and private healthcare facilities. These include neglect and mistreatment during and after delivery.

We had a case in one of the hospitals where the doctor was operating on a mother who had gone to give birth. The doctor operated on the patient and when he was halfway, went to drink. When he went back, he found that the mother and the child had died. There is also physical and verbal abuse and detention in health facilities due to inability to pay for services. This situation works against the attainment of the Millennium Development Goals (MDGs) Nos.4 and 5 with regard to reducing child mortality and improvement of maternal healthcare, respectively. There is no expeditious access to redress to these suffering.

The media, especially *The Standard* newspaper in its serialisation; Service Provision, has highlighted some of the cases that have elicited anger from the public. However, little action has been taken to effectively arrest and reverse the rising trends. Examples of these cases which portend monumental, medical and health disaster in Kenya, include alcoholism, wrong prescription, sterilisation without consent – this has happened particularly to mothers infected by the HIV/AIDs scourge when they go to see their doctors – forgotten foreign bodies after surgery and absenteeism, among other things.

The Kenya Medical, Nursing and Midwifing Practitioners (KMNWP) are regulated by the statutory authorities, including the Kenya Medical Practitioners and Dentists Board (KMPDB) established under CAP 253, Laws of Kenya. The Nursing Council of Kenya (NCK) which is established under the Nurses Act, CAP 257, Laws of Kenya and the Clinical Officers Council (COS) established under the Clinical Officers Act, CAP 260, Laws of Kenya. These bodies are obliged to protect members of the public by ensuring that medical practitioners perform their services to patients with skill, diligence, and observe the law at all times. They should also have high moral and ethical standards.

The MPDB which was established under CAP 253, Laws of Kenya, is charged with overseeing complaints against private and public practitioners. However, this one is based at the national level and is generally ineffective given that the health services are largely a function of the county governments; that is levels one to four hospitals.

According to research conducted in 2007, the Board's preliminary enquiry committee assessed about 300 complaints of which the tribunal only heard 10 cases. So, you can see that they have no capacity. They cannot move round in all counties to collect the complaints and to listen to them and make conclusive decisions. Even with this small workload, the board takes an average of one year to resolve one case and adequate disciplinary measures are not preferred, including compensation.

Sen. Elachi: On a point of order, Mr. Deputy Speaker, Sir. While I appreciate my colleague, I would want her to follow the rules of Standing Order No.81. Can she kindly refer to her document, but not to read the document to us?

Sen. Nabwala: Thank you for informing me. I will proceed.

The Deputy Speaker (Sen. Kembi-Gitura): Sen. Mukite that is an important point of order. I noticed it, but felt that I did not want to interrupt you since this is the first Motion that you are moving. However, it is important for you and other Senators to take cognisance of Standing Order No.81 which is very clear and mandatory in its terms.

It states that, speeches should not be read by Senators while they are contributing. Standing Order No.81(1) says:-

“No Senator shall read a speech but a Senator may read short extracts from written and printed papers in support of an argument and may refresh memory by reference to notes.

(2) The Speaker may allow a Senator to read a speech in particular cases where the Speaker is satisfied that this is necessary for precision in statement of facts.”

This means that the Senator would have to ask for leave to read the speech. That is my interpretation of Standing Order No.81(2). It is important that you either ask for permission to read the speech because that is what you are doing or you proceed under the provisions of Standing Order No.81(2) where you are not expected to read the speech.

Sen. Nabwala: Thank you, Mr. Deputy Speaker, Sir. I think I will proceed under Standing Order No.81 where I am not expected to read the speech. However, I will continue with my contribution.

The existing MPDB---

The Deputy Speaker (Sen. Kembi-Gitura): I have made a brief ruling and said that you should not read the speech. I have noticed that you still continue to read the speech. How do you want us to proceed?

Let me read for you Standing Order No.81(1). It says:-

“No Senator shall read a speech but a Senator may read short extracts from written and printed papers in support of an argument and may refresh memory by reference to notes.

(2) The Speaker may allow a Senator to read a speech in particular cases where the Speaker is satisfied that this is necessary for precision in statement of facts.”

So, you cannot say that you want to proceed under Standing Order No.81 then you continue to read the speech, Sen. Nabwala.

Sen. Nabwala: Mr. Deputy Speaker, Sir, I will make short references, but continue with my contributions. The point I was making is that the existing KMPDB is at the national level. So, my Motion urges the Government to establish complaints boards in counties so that services are closer to people.

This Motion is aimed at establishing the county level public complaints boards whose objectives are to establish an oversight and regulatory mechanism. Right now, the KMPDB overlooks itself. There is need for us to establish a complaints board at the national level.

The board should comprise of people who have been elected by county governments since we are devolving the health sector. There is need to have the complaints boards at the county level so that complaints are dealt with at that level and referred to the KMPDB at the national level.

The national level Board cannot go round all the 47 counties to deal with these cases. We have seen, through the media that these cases are now on the rise. We have seen cases where doctors' negligence has been pointed, leading to misdiagnosis. I lost my mother due to misdiagnosis. My mother was sick and was referred to the hospital at my county. She was diagnosed with tuberculosis. Six months down the line, it was found that she was not suffering from tuberculosis. She was then referred to another hospital and it was discovered that she was suffering from a different illness. I, however, lost my mother.

I have also lost various friends. A friend of mine was admitted into a hospital to give birth through Caesarian Section and a doctor forgot a pair of scissors in her womb. She was stitched, discharged and went back to her home. One week later, she was not getting better and was referred back to the hospital. When she went for a scan, it was discovered that a foreign object had been left in her womb. She went for a second operation. My dear friend also died. There are many other cases which have been highlighted. This has made me take it upon myself to move this Motion and to share this information with my fellow Senators. I know that every Senator here has a story to tell regarding a hospital.

Therefore, I urge fellow Senators to make contributions to the Motion. If they feel that the Motion is deserving, they should vote for it so that we pass it on to the Health Department where I have already channeled the Motion.

I beg to move and I call upon Sen. (Prof.) Anyang'-Nyong'o to second the Motion.

Sen. (Prof.) Anyang'-Nyong'o: Mr. Deputy Speaker, Sir, I would like to second this Motion by Sen. Catherine Mukite Nabwala which is timely.

You will remember when we were debating issues of the Constitution during the Tenth Parliament, one of the issues that were proposed was the establishment of a national health commission which health professionals were calling for in a long time. When this was not put in the Constitution, I tried to move an amendment to establish a National Health Commission as a constitutional body. Unfortunately, all the amendments to the Constitution were disallowed by the then Parliament. Subsequent attempts to pass an amendment to establish the National Health Commission have still not succeeded. These are things that the National Health Commission could have done.

I think Sen. Mukite is trying to fill a very important vacuum. As she has said, the Pharmacists and Poisons Board and the Kenya Medical Practitioners and Dentists Board are national regulatory agencies which try to deal with these issues. However, as we have known and seen recently, the first case to be punished by the KMPDB was dealt with this year. When I was the Minister for Medical Services, I do not remember any case that this Board took concrete action on due to malpractice. One reason is because quite often, the complainants are not sure what the procedures are, or the cases are reported late. The doctors involved also corroborate and evidence is not given either clearly on the side of the complainant or on the medical practitioners. So, the procedure for complaining at the national level has been left wanting, to say the least.

The aim of devolution is to devolve services to the people. One of the services to be devolved which is very important is a service that is carried out by the KMPDB. I think Sen. Catherine Mukite is quite right that the issue of misdiagnosis is a major one in the health profession. I will give you an example of something I left the health professionals dealing with after I initiated a Cancer Foundation. These are the guidelines for diagnosis and care for cancer patients. Cancer is an extremely devastating disease, but the problem is that when people go to dispensaries and health centres to report their cases, their symptoms are not easily diagnosed by clinical officers. Nurses and clinical officers do not have a book to refer to that shows what happens when they are confronted by certain symptoms and whether the illness may be tuberculosis, pneumonia or stomach ailment. There should be a book giving guidelines just as we have for other pathologists at the moment. This would make it possible for clinical officers or nurses at a dispensary

to know that they are dealing with a case of cancer which should be referred to a more authoritative level where it can be properly diagnosed.

In a disease like cancer, there have not been proper guidelines and that is why there has been so much misdiagnosis in healthcare. Fortunately, now, the efforts are quite advanced under the chairmanship of Prof. Binya. We shall be having guidelines for diagnosing, treating and taking care of cancer in our Republic; because when you have wrong diagnosis, then, of course, you make wrong decisions. When you make wrong decisions, you end up making wrong prescriptions. When you make wrong prescriptions, you end up giving somebody medicine which does not treat them, but makes the case even more complicated.

Mr. Deputy Speaker, Sir, cases where people take wrong medicine and end up dying, are many. I recently witnessed a case of the wife of a friend of mine who went to a district hospital in Siaya District. She was given the wrong medicine which affected the liver. The same hospital did not know whether it was the liver that had been affected. By the time the patient was referred to hospitals in Nairobi and because the liver is such a critical organ, the other organs, like the kidneys, had been affected. She was put on dialysis, but because she was so weak, she had to be taken to the Intensive Care Unit (ICU). By that point in time, two major organs in the body were affected; that is, the kidney and the liver. Of course, you are in a very precarious situation and you end up losing your life. So, these issues that Sen. Mukite is raising are very important.

Finally, Mr. Deputy Speaker, Sir, the issue that Sen. Mukite is raising here is very sad indeed. When you have lost your relative or friend and then rather than being given the body to go and dispose of it honorably in a dignified manner, it is detained because you do not have money. This is the last element of humiliation of human beings. I have been a champion of this for a long time that we should make life easier for Kenyans by having universal health coverage. I really do not understand why there is so much resistance to this proposal. There are many ways of having universal health coverage; one is for the Government to foot the bill. We know from our budgets that our governments cannot bear the entire bill. That is the surest way to set ourselves up for difficulties and problems.

The best way out is for us to have cost sharing, where those who are able, like ourselves, put in more money in the kitty than the poorer ones, and then the Government will put in money for the poor. We will then have a universal healthcare system where everybody benefits in the spirit of Sessional Paper No.10 of 1965, which was called "Mutual Social Responsibility." This Sessional Paper envisioned a situation where we take care of our neighbour. If we do not take care of our neighbours when they are well, we will still take care of them when they are sick. We will call for harambee to collect money to help out someone. Now, why do we not rationally bring this money earlier in a much more systematic manner or in a universal healthcare coverage system and avoid the kind of problems that Sen. Mukite is bringing up in this Motion?

Therefore, in the final analysis, whereas we are solving all these global problems of our health system, establishing a complaints board – a kind of a health ombudsman – at the county level is the most practical way of getting wananchi to go to a body that will listen to them. It will also deal with county governments on health issues. You know that now, health is going to be largely the problem of county governments, except for a few referral hospitals which, when I was the Minister, I had proposed that they be 22 so that

counties do not have to bear a very big burden. But I think that proposal has been shut down by the Commission for Implementation of the Constitution (CIC). The health burden is going to be largely a county affair. The county governments had better prepare themselves for a lot of pressure from the people. Rather than that pressure being expressed haphazardly, I think Sen. Mukite has done us a wonderful thing of saying “let us structure the complaints and, therefore, restructure the response. Let us, in every county government, establish a section of a health department that looks at the welfare of the people in the event that the response of the health institutions in taking care of the health of the people, fail.” When a doctor does something, like leaving a pair of scissors in a woman’s womb after caesarian section, it is a serious matter. But it happened at Kenyatta National Hospital (KNH) in the early 1960s when the first Chairman of the Public Service Commission, *Mheshimiwa* Ngaira – if you remember, he was an extremely well known man – went for surgery at – and then it was a fantastic hospital – and a surgical instrument was left in his stomach. If you remember then, it was a big national case. Kenyans could not understand how an important man like the first African Chairman of the Public Service Commission goes to a respectable hospital like KNH then – I think it was still King George Hospital then – and then an instrument is left in his stomach and he died. It became a very well known case in this Republic. So, things like these should not happen. When they do, we should have a structured way of people complaining. Therefore, these things need to be rectified, so that no more mistakes will be committed.

So, Mr. Deputy Speaker, Sir, I beg to support.

The Deputy Speaker (Sen. Kembi-Gitura): Thank you. I will now propose the question.

(Question proposed)

Sen. (Eng.) Muriuki Karue.

Sen. (Eng.) Muriuki: Thank you, Mr. Deputy Speaker, Sir, for giving me a chance to say a few words in support of this very important Motion. The Motion is asking for the establishment of public health complaint boards, specifically so that rights violations by medical personnel can be documented and, hopefully, also be acted upon.

Mr. Deputy Speaker, Sir, the Motion itself is quite wide. I think I would like to take the few minutes I have to also attempt to go a bit further in this Motion and look at what these issues are. In my view, I think the Motion is quite loaded and some of the issues are really quite diverse. For example, I think that wrong diagnosis emanates from wrong training. I think it has something to do with lack of knowledge and experience. Maybe carelessness emanating from wrong training which then ends up in wrong diagnosis.

Mr. Deputy Speaker, Sir, there is also the issue of, for example, detention of patients because they have a pending bill. We do not have any incidents of the Government either disciplining or, in any way, affecting the persons in charge of hospitals or dispensaries who detain patients who did not pay. This would mean, therefore, that the Government actually condones detaining patients who do not pay. Otherwise, we should be having instances where the Government took some disciplinary measures against the persons in charge of hospitals who detained patients. So, this is a

separate issue where, whether it is the national Government with their Level Six and Level Five hospitals. Perhaps the county governments will need to look at this so that the issue of payment for medical treatment is looked at from a monetary point of view; who is actually paying?

Mr. Deputy Speaker, Sir, the Motion also talks of mistreatment, which, in my view, emanates from training because you can, obviously, see that the kind of mistreatment which is meted to a citizen, especially like the Motion says “the rural poor” or even if it is the urban poor, I think, it is the same. You go to public hospitals and you find the kind of attitude that you have with medical personnel is really very bad. Sometimes you go to private hospitals – the more higher and lucky ones in society – and you find the medical personnel and support staff there are quite courteous and so on. So, it is something to do with the training which, again, we need to look at as a nation.

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

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

Madam Temporary Speaker, the fourth item which I am looking at in this Motion is indiscipline, which I think is quite serious. When you have a case like the one cited by the Mover of the Motion which was very well highlighted across the media where a poor mother who went to hospital and it became necessary for a caesarian operation; the doctor was fetched from a bar, came in drunk, left the poor mother open with the baby and they died. I think the country should not condone a case of pure indiscipline like this one. We must reach a stage where we do not tolerate some of these things, however much we may require the doctors. We need, therefore, in my view, to distinguish so that when this board is eventually operationalized. I have no doubt that the Senate will support this Motion. We will adopt it and I do hope that we do not say that it is a county Motion. Therefore, we need voting by delegation. This is something that is national.

(Applause)

Madam Temporary Speaker, the other issue that I would wish to raise is on the other side with regard to the staff themselves. Sometimes you look at the medical staff, notwithstanding the fact that we would not want to condone the actions, mistreatment and so on, they are sometimes also very much frustrated. Sometimes you find the kind of working hours, they have are crazy and they have no facilities. I have seen medical staff working in public hospitals – not so the private ones – late into the night. There is no way of minding how they come to work very early in the morning or go home when the shift ends at night, may be at 9.00 p.m. or 10.00 p.m.

Madam Temporary Speaker, I think there is also another side where, as and when this board is established in every county, I think we should also allow medical personnel to also have an opportunity to go to the same board to raise their issues. There are also members of the public who go to the hospitals drunk. They also frustrate the medical personnel. So, I think it is a two-way traffic.

Madam Temporary Speaker, lastly, there was a petition here that was brought by one of the Senators on behalf of the clinical officers and nurses. Maybe this is not the

correct time for us to ventilate on that petition. However, allow me to say one or two things regarding that petition or rather some issues that relate to this Motion. We have now devolved our Government. All the nurses, doctors and clinical officers were employed by the national Government. So, maybe a person who was employed as a clinical officer started working in Mombasa and then got transferred to Kakamega, Nyeri and, eventually, when devolution came, it found him in Kisii Hospital. Is that person, therefore, going to be an employee of Kisii County and cannot move from there or is he employed by the national Government and seconded to that hospital or county where he now finds himself under devolution? In my view, perhaps, this Motion should translate to an amendment or creation of some legislation. We need to put it in law. But we also need to look at the way the medical staff are employed within this country, so that the Senate can properly legislate on how to deploy people who are employed by the national Government, but now find themselves having to work under a particular county government without proper definition as to whether or not they should continue working there permanently. So, I think that the Senate has a job to do.

Madam Temporary Speaker, with those few words, I beg to support.

Sen. Elachi: Madam Temporary Speaker, I also stand to support this Motion by my colleague.

Madam Temporary Speaker, I believe that we have the Senate because Kenyans looked at what has happened in the past and thought that if we got devolution, we will have change. Therefore, when we talk about the health sector in this country, we know that it is one of the sectors, indeed, where conditions are dilapidated. You cannot understand the attitude of not only the doctors, nurses and clinical officers, but also the Kenyans who walk into those hospitals. Therefore, the issue of attitude in this country should start with all of us. One of the things that we need to appreciate is the poor working conditions of nurses in the country, knowing very well that within the medical profession we have two sectors. We have the public sector that has an attitude because of poor remuneration. We also have a challenge where many institutions that teach nursing and so on, have not even been regulated by the boards. Therefore, the private sector will decide to employ even those who come from those institutions, even before they are registered by the nurses' regulatory board.

Madam Temporary Speaker, also, in the past, people used to pursue a career that they were committed to. But today we enter into a career because we think that it will give us money. That is where we have gone wrong completely in the health sector. We have forgotten that it is a sector that deals with human beings, where sometimes you need to understand a patient, just the way a teacher understands a nursery school pupil who joins a school and, probably, does not know how to use the toilet. The teacher will ensure that child knows how to use a toilet.

Madam Temporary Speaker, I want to congratulate the Nairobi Hospital because in one part of it, within the wards, we have very good matrons and nurses. But the registry is the most unfriendly place when you walk in. I hope that Dr. Mailu who is the Chief Executive Officer (CEO) will pick this up. When a patient walks in and starts with the registrar who has an attitude, he or she also develops an attitude. Therefore, by the time you are finishing your process, either you will not be happy or have spoken in a manner that is not required within a hospital. But that is how it is today. Today when I go to Kenyatta National Hospital (KNH), I wonder whether or not, indeed, the doctors and

nurses are accountable to the people of Kenya or citizens who walk in. As a doctor or nurse, you will always feel proud when you do your job and go home knowing that you have treated two people and they have thanked you. Therefore, you have done your job the best way, knowing very well the challenges that they face. But today when you walk into a hospital, before you are helped, one person will tell you: "*Leta elfu moja.*" Whoever does not have Kshs1,000, Kshs500 or Kshs200 will never get the services. He or she will have to stay in the queue even for six hours waiting. If it is a woman who has gone to deliver and she left home bleeding, she will continue bleeding until she dies before seeing a doctor, yet she ran to the hospital knowing very well that she would get help. That is why even today our women have decided that they are better off using the traditional birth attendants, because they are kind and can help.

Madam Temporary Speaker, with reference to this Motion, now that we have county governments, are we willing to institutionalize the county health sectors and computerize systems within the county governments? Are we willing to change the way we handle the issue of the National Health Insurance Fund (NHIF)? Almost every home in this country has a mobile phone and is able to buy airtime. I do not understand why even the Government cannot link the two, to ensure that every family has an NHIF card. It can work. But before we even do that, those of us who have been contributing to the NHIF for many years need to ask ourselves: Have we ever seen an audit report? Have you ever been told at the end of the year that this is what they have done, these are the billions that they have collected and this what they have sent back to the public hospitals where we have patients who have these cards? The Senate needs to urge that any person who collects public funds must start giving accounts back to the public. There should be a public forum where people will be told that at the end of the year this is what they have collected, used and saved. We know that in the public health sector billions have been contributed, but we do not see the services and infrastructure getting better. We even wonder what is happening when everyday we are talk about money. Even those who are willing to give, have refused to do so, because they cannot give where they cannot see accountability.

Madam Temporary Speaker, as I end, it is important also to appreciate that they have a new Act and joint team which we can face. Daniel Yumbya is doing a good job in terms of now looking at the quacks and different nursing institutions which do not have permission to run. It is time that even the Senate starts forcing the county governments to ensure that we have accountability in the health sector as we move on.

Madam Temporary Speaker, I beg to support.

Sen. (Prof.) Lesan: Thank you, Madam Temporary Speaker. I rise to also make some comments about this Motion, most of which will be cautionary. This is because, first, I come from the medical field and, secondly, this is a very important topic or Motion to discuss. I support this Motion with some reservations. I will support it fully if some amendments are made, perhaps, which I will suggest towards the end.

Madam Temporary Speaker, there are two emotive things or topics in this country. One of them is land and the other one is health. Therefore, when we discuss issues of health, there are some emotions and strong feelings that come in, which sometimes tend to shroud the very logic that we need to look at.

Madam Temporary Speaker, the Mover of the Motion who I commend very highly did make some comments that one in every five people who go to see a doctor

actually die because of some of these problems which have been raised. I am not aware of this statistics, but I think that this figure is exaggerated, because if this was the case, there would, probably, be no Kenyans left at all. One in five is a very high number, considering that there are about 500,000 who see a doctor on a daily basis in this country. If that figure was accepted, there would hardly be any people. So, that figure is a bit high.

Secondly, we have talked about the quality of training in this country. I am one of those who are trained in the medical field in this country and can say for sure that the training offered by all the training institutions in this country, especially for medical doctors, dentists and all others is of very high standard. This is because we know that we do have records, both from students who have qualified from our institutions and other institutions worldwide, showing us that the quality of training in this country is, perhaps, the highest in Africa, in as far as I am concerned. What we have is some confusion that is brought about by people who are not trained in medicine. There are thousands of people in this country who are pretending to be practicing medicine. They have not been trained or registered, yet they hang their names on every tree or post in the streets; pretending that they are giving medicine.

The medical personnel in this country are very well trained and we are sure about this. We also know of the increasing number of foreigners who are coming to this country to seek medical treatment. This is an indication that the quality of training that we have in this country is good. Nevertheless, the concerns which have been raised here are concerns that we need to address in a proper manner so that we do not pass a Motion here that will not help or that is not probably legal. Health policy in this country, as it is, is not a devolved function. Therefore, regulating the medical personnel, whether they are in the national Government or in the counties, is a function of a policy that has not been devolved. You cannot discipline or correct a medical doctor if the regulatory body is not involved. Therefore, if we want to do this, then we must change the Constitution. We must devolve health services, labour laws and consumer protection laws. These are laws that will guide the county governments to legally have charge of the personnel. If we pass a Motion that allows county governments to simply set up a board, that board will be toothless and will not do anything because it cannot control or regulate the personnel we have.

Madam Temporary Speaker, we should amend this Motion so that the existing bodies are involved considering that it is not only doctors who offer medical services. There is a nurse, a laboratory technician, a radiologist and a pharmacist involved and each of those professional bodies are governed by a regulatory body that registers each of those cadres. Those cadres on the floor of the hospital work together, criss-crossing each other and any of them can actually cause a medical misdiagnosis or some malpractice. Therefore, it is important that all those bodies as well are devolved to the counties so that they can monitor this board. Unless we do that, it is probably going to be unconstitutional, or this body that we are going to set up is going to be illegal because it is not going to be governed by the laws that we have set.

Therefore, I suggest that if we have to go this way, we will have to amend this Motion so that we give more powers to the Medical Practitioners and Dentist Board, Cap.253 or the nursing council or the laboratory technicians council so that we can have a body and functions extended to the counties so that they can perform according to their

stipulated legal mandates because they are already there rather than setting up a body that will not have teeth and might not perform.

Madam Temporary Speaker, otherwise, I do know that this is very emotive issue not only in Kenya but worldwide and that is why we have declarations all over the world like the Helsinki Declaration, the Geneva Declaration and so on. All these bodies are aiming to safeguard the safety of individuals from professionals or people who are trained to offer those services. So, I want to suggest that we amend this Motion so that the Medical Practitioners and Dentist Board can have a branch in every county. It should sit in every county and address the grievances raised in that county. This is of immediate concern rather than having to go and change the Constitution so that policies can be moved to the county. It is important that we respond because it is very important but we need to do it in a proper manner by looking at what the law offers and what we can do within the law.

With those few remarks, I beg to support this Motion because it addresses individuals but I wish to suggest that we make some amendments that are appropriate.

The Temporary Speaker (Sen. Ongoro): Sen. (Prof.) Lesan, I suggest that you consult with the Mover of the Motion and share your proposed amendments.

Sen. Chelule: Madam Temporary Speaker, Sir, thank you for giving me time to contribute to this Motion. First, I want to take this opportunity to thank Sen. Nabwala for bringing this Motion. What I am concerned about is the mandate which has been expressed very clearly by Sen. (Prof.) Lesan. My key issue is the mandate. What will this board do apart from taking into consideration the complaints of patients? They also need to look at the welfare of medical personnel. While we are here complaining about the services of medical staff, I still believe that there are those who have been giving good and better services. Of course, there are a few cases and we also need to look at their welfare so that we can establish what the problem could be and why they are giving poor services to citizens.

I also want to bring out the issue of self-prescription. Most Kenyans are used to going to the chemist and doing their own prescriptions. They are supposed to be advised not to do this. There is a problem all over and we should not just continue blaming medical personnel alone.

(Loud consultations)

The Temporary Speaker (Sen. Ongoro): Hon. Senators, could you please, consult quietly? There is somebody on the Floor.

Sen. Chelule: Thank you, Madam Temporary Speaker. My second issue is how the board is going to be constituted. Sen. (Prof.) Lesan is contributing from an informed point of view. We also need to know who the members of this board will be because they need to be professionals in the field of medicine so that they can give good services. Sen. (Prof.) Nyong'o was talking about those who have been detained in hospitals due to lack of funds. I hope this board will be in a position to see and consider issues affecting the community. There are those who do not have money and there are those who are not even able to pay their bills. Surprisingly, if somebody dies and the family is not able to clear the bill, this family suffers twice; for losing somebody and for not being able to clear the bill.

So, I am supporting this Motion and I am supporting this board and I know that it will be very busy. The concerned people have to think about how this board will be constituted.

With those few remarks, I beg to support.

Sen. Melly: Madam Temporary Speaker, thank you for giving me this time to make my contribution as far as this issue of hospitals in Kenya is concerned. The first thing I would like to point out is the issue of lack of capacity in our hospitals. Many of our public hospitals may not attract the most qualified men and women to serve there because of the remuneration. As we consider how to monitor the way hospitals should be doing their jobs to ensure that the lives of our people are protected, we should also consider remuneration for the staff. This is a matter that I know is real.

Secondly, I would like to say that our people are poor and this is a fact. If the Government at any given time will offer free medical services to all people in this country, then that will be the beginning of the transformation of the lives of our people. At the end of the day, most people at home cannot afford healthcare in any other hospital except in a district hospital. We have a situation where most of our doctors serve in more than one hospital. You will find that a doctor is employed to serve in a public hospital but he serves in more than three other private hospitals yet the Government is paying him or her. At the end of the day, patients come in but there is nobody to attend to them, not because the Government lacks capacity, but doctors are involved with other employments. For example, last month our deputy governor was in a critical condition and we took him to Moi Teaching and Referral Hospital but we did not find any doctor to attend to him. We had to take immediate measures to ensure that we refer our deputy governor to Nairobi in a private hospital. We have hired people but they are not serving in those hospitals.

Madam Temporary Speaker, there is also the issue of reluctance. I do not know how it comes in but it is well known that some medical staff are very reluctant. Somebody comes for work, signs in and then leaves. When patients come, they do not find anybody who can treat them. So, these patients move from one hospital to the other and at the end of the day, they are not attended to.

There is also the issue of absenteeism, and I do not know whether it is being addressed. The same issue also affects our hospitals. One example is the Moi Teaching and Referral Hospital. One day we wanted to confirm whether these officers actually come to work. It was out of order because at least half of the employees were not at work. You will find one doctor trying to attend to about ten patients at once. When you ask about the others, you will find that they are not there but in the morning, they clocked in to ensure that they are paid. These are some of the issues that we need to address.

Madam Temporary Speaker, there is also the issue of good morals in our hospitals. You will find a young lady goes to the hospital to be attended to by the doctor but instead of the doctor addressing her needs, he develops other ideas and wants to convert the same patient to a girlfriend. These things are there. A doctor has been found in a hospital telling a lady to lie down in the name of examining her but it was another business he was doing. This is an issue which we have all seen happening in our hospitals and we need to address it.

Lastly, it is time we sat down, now that we have a new Constitution and a devolved system of government, I want to support Sen. (Prof.) Lesan that we should

devolve these functions to the county governments so that the boards can be monitored and whoever does not go to work can answer to the authority which is near. Those people who are in the county governments are the ones who are affected most by these things. So, if we devolve these functions and ensure that the county governments take charge to ensure that work is done, I am sure we shall be making a good step.

A healthy nation is a working nation. If we have to transform this country, then we need people who are healthy. It is our role to ensure that we provide that because it is in the Constitution. This country will change only if we think alongside those lines.

With those few remarks, I beg to support.

Sen. Billow: Thank you, Madam Temporary Speaker. I rise to support this Motion. This Motion clearly focuses on professional negligence in the medical profession. There is growing concern with regard to professional negligence in recent times. We read about it very frequently; be it about quacks who are practising or genuine medical professionals who are involved in malpractices or professional misconduct. This issue has raised a lot of concern in recent times.

I appreciate the Kenya Medical Practitioners and Dentist Board which is the regulatory professional body that deals with the conduct of doctors and dentists who have registered with them. This is the same way that all professionals have professional institutions responsible for registering their professionals and looking after their performance and conduct and they have well established codes of conduct including the Kenya Medical Practitioners and Dentist Board.

They have a code of conduct that all members must adhere to. In fact, all others within the professional sectors have it. The concern has been to what extent do professional bodies take action against their members when they breach their professional code of conduct or when they are found to engage in misconduct? I think that has been the main concern. In other parts of the world, if there has been professional negligence by a doctor or by a medical doctor or any other profession, this becomes a legal angle and goes to court. The courts and suits are very expensive in this country. Quite often, you will find that these things are left to professional institutions to handle and that is where the shortcomings are.

If you look at the level of complaints that we receive and the actions that are taken, you will see that these do not match. That is where the problem is and that is where you will find a challenge. In this industry, particularly, the medical profession, the situation is worse. Owing to the poor state of public health institutions, there is a tendency across the country by people who are not professionals and those who are professionals to engage in a lot of malpractices. I think this is common.

If you go to counties, towns and villages, you will find that the people who are providing services are at times using expired medicine at times. They may not carry out the right diagnosis or even appropriate treatment. You will find that no one is monitoring how many patients are suffering, dying or how many have become victims of this. The study by this Board is quite limited. I appreciate that there is the Medical Practitioners and Dentists Board. This is their responsibility to look into the profession and deal with the professionals. However, the Motion seems to suggest that it wants to set up a public health complaints board in the counties. This is basically a screening institution that members of the public can report to and where their complaints are screened on whether they are reasonable or genuine so that they are forwarded to the Kenya Medical

Practitioners and Dentists Board for disciplinary action against their members. The cases can also be referred to the Director of Public Prosecution in cases which are outright criminal and so forth.

This is not the only profession which has this sort of a board. We know that the Law Society of Kenya is a self regulatory institution for lawyers. We also have a complaints commission for lawyers where members of the public can go and complain when their legal advisers have misadvised them or if there have been malpractices. This is essentially the same kind of thing being proposed.

I do not find it contradictory to the provisions which are there with regard to the Kenya Medical Practitioners and Dentists Board. However, it is important to point out that the code of conduct for the Kenya Medical Practitioners and Dentists Board provides for a very elaborate system for carrying out inquiries into misconduct by doctors. It has a tribunal that has judicial and post-judicial powers to deal with their members; perhaps, they need to clarify that.

At this stage, my understanding is simply to set up a complaints board similar to the one that lawyers and other professionals have where members of the public can register complaints. Ultimately, the outcome of the registration of those complaints is to forward them to the Kenya Medical Practitioners and Dentist Board which has the powers to strike them off the register or to take other appropriate action. That is how I look at it. I think it is very appropriate given the fact that we are devolving health services to the counties, there is no doubt that it will become necessary to have an institution like this which members can use.

Kenyans are becoming more enlightened. They know their rights and are more informed to the extent that in cases where they are not getting the appropriate services they are paying for in public and private institutions, they need to have a place where they can register their complaints before they are forwarded.

I want to conclude by saying that the main concern that was raised earlier by one of the Senators is valid. Probably, we should look at this Board in terms of a regulatory framework. They need to have a basis in law that needs to be looked at by the Mover of the Motion so that even as the board is set up, it becomes clear on what basis they can review complaints and decide that the complaints must be taken to other institutions for action.

Maybe the regulatory environment needs to be looked at to give it more weight. However, I support it fully.

It is important that we have this institution because of the growing concern that we have in this country today.

Sen. Gwendu: Thank you Madam Temporary Speaker for giving me the chance to support this very important Motion.

As I stand here to support this Motion, I would like to give my own personal experience of a doctor's negligence. People, who come from Kisumu County or Nyanza, know this one very good doctor, Dr. Otedo. Dr. Otedo is a professional and very good at his work. However, this is the only doctor you can rely on to give you proper diagnosis, treatment and care to a patient. However, this doctor has his own private clinic somewhere apart from working for the New Nyanza District Hospital.

Besides the fact that Dr. Otedo is good, he still has to go to his clinic, go back to the New Nyanza Provincial Hospital and still attend to other smaller hospitals. If all

doctors are operating like this; they have to go to their clinics and still go to the provincial hospitals to give care and treatment to patients, they become overwhelmed and tired. They may want to look at your patient but they are very tired.

I lost a sister, a 20 year old girl, because of that. Dr. Otedo did not have time to come back and check on my sister. So, he gave authority to a different doctor to check on my sister who died ten minutes after being admitted to the Intensive Care Unit (ICU).

The Temporary Speaker (Sen. Ongoro): Sen. Gwendo, what you are presenting is very serious and could cost somebody a profession. Do you have evidence to support your claims?

Sen. Gwendo: Madam Temporary Speaker, I withdraw. Let me rephrase my statement. The point I am trying to bring out is that as much as we have doctors who are trained, I find that they have so much on their plates that they do not have enough time to give patients the care that they need.

In my opinion, we need to form the board to look at why do doctors misdiagnose patients and what makes them not have enough time to look at patients. As much as we listen to patients and other people who have had problems in different counties, we need to look at the problem as a whole. As much as I have the evidence, I cannot bring it to this Senate.

I just want to bring it to your attention that we have good doctors. However, they do a lot of work. In other words, we need to have enough doctors in each and every county. We need to find out whether they have the capacity to work, if they can perform the duties assigned to them or if they will go to their clinics and neglect patients.

I support the Motion but I think we need to make the mandate of this board clear. It should also be made to look at the capacity of doctors.

Sen. (Prof.) Lonyangapuo: Madam Temporary Speaker, I want to take this opportunity to join my colleagues to thank Sen. Catherine Mukite for bringing this Motion that looks at some issues that we have heard related to the health sector. We know the three pillars of Vision 2030. These are the economic, social and the political pillars. Under the social pillar, the health and education sectors are anchored there.

You will recall in 1960s, when we got our Independence, the rallying call for the leaders at that time was that we needed to eliminate three enemies; namely, poverty, diseases and ignorance. During campaigns, anybody who stood for elections said that they would address those three issues. Fifty years later, these have not been minimized.

We began very well by establishing the National Health Insurance Fund (NHIF) just like other nations that were at par with us like Singapore, Malaysia and other countries. However, today, we find ourselves with a lot of problems to the extent that the issues that have been pointed out in this Motion are still taking place. People are still being misdiagnosed and wrong decisions are being taken with regard to treatment. This arises when our health sector and hospitals are under stocked, in terms of equipment. If you visit dispensaries, you will find a nurse in charge of the centre. Sometimes, you will find a health centre that serves a whole constituency or division. This one human being in the remotest part of Kenya is expected to handle all manner of diseases and to serve people without any equipment. I think we will be asking too much of the medical professionals we have around.

As a country, we must put our priorities right. Two years ago, I visited Kapenguria County Hospital and met the only doctor there, Dr. Ochuka and his wife.

There were only two people there. He is a surgeon. He took me round and told me that he had to bring his personal equipment for surgery to a Government hospital which serves people in the north rift, all the way from Kapenguria to Lodwar; most of the people from Trans Nzoia also come to Kapenguria. What does this mean? This means that for a long time, we have not, as a country or as a department responsible for health put all the attention required to our medical personnel and equipment. That is how professional malpractices come up. One of them may misdiagnose and this is normal where there are many people working in one field.

One or two weeks ago, you saw the Vice-Chancellor of the University of Nairobi chairing the Medical Practitioners and Dentist Board which disciplined one of their colleagues that erred. These issues arise because we have not paid attention to the medical field. We have the Kenya Medical Supplies Agency (KEMSA). How does medicine move from KEMSA to all our hospitals, health centres and dispensaries? The structure has not been devolved. Devolution has come in and the law says that it is only policy that will remain at the top. It is also proposed that even in the standardization of drugs, KEMSA must remain. But they need to open outlets in the counties, so that KEMSA branches are in every county and medicine is taken to them.

Madam Temporary Speaker, in line with this, when the Motion proposes to establish a public health complaints board, you will have all the complaints immediately. But I do not think that even this one needs a law because already the governors have appointed executive officers in charge of health in every county. That officer, who is also a medical professional, can chair this. But the tangible issue that needs to be addressed is whether the money that we have been talking about can go to the counties, so that the right equipment is put in the dispensaries and health centres. How many medical training colleges do we have in Kenya? We may have a few which are scattered. In the North Rift, we have one in Eldoret. There is a small one in Lodwar but none in Kitale. I think that the Senate should propose that we have a medical training college in every county, so that we can train the relevant professionals that are required to deal with this problem that we have sung about for years. It has become part and parcel of Kenya. Anybody who wants to win elections promises to deal with health issues. In recognizing that there is this need, we need to address this problem seriously.

Madam Temporary Speaker, there is a hospital in Kacheliba to which for the first time, after 50 years, we were able to send a medical officer last week. What does that mean? It means that we have not been able, as a country, to look at the health issues properly. At the beginning of this year, one was sent to Sigor hospital. This officer in Sigor travels 70 kilometers away to go and serve people. This means that we have now reached a point where we are sending staff but there are no houses for them. Also, like I said, equipment and ambulances are not there. We have a very interesting story in Kapenguria, where we have one ambulance which is very old and "sick." Whenever it transports a patient from Kapenguria to Moi Teaching and Referral Hospital in Eldoret, the number of breakdowns between Kapenguria and Eldoret are uncountable. We have lost people in the process because a sick person is supposed to be transported quite fast. Some of those old vehicles need to be grounded as fast as possible, so that new ones can be obtained.

Madam Temporary Speaker, we do not need to interfere with the Medical Practitioners and Dentists Board, but the one for the county which should be headed by the

executive officer in charge of health in that county, can collect the data and any complaints that may exist. But I do not know how they can be sorted out. This is because with lack of proper equipment and diagnosis, you can end up dealing with an innocent officer who is trying his best. However, some of the officers also need to take their work seriously as well. We had to take action recently, where our only Medical Officer of Health (MoH) in Kapenguria was operating from Eldoret, yet he had his own house in Kapenguria. Those are normal things that can easily be handled on the ground, so that we do not blame the whole profession in general.

Madam Temporary Speaker, I support this Motion and wish that we could put more effort and money in the health sector, so that I should be able to get in my county the services that I get in Nairobi and not the other way round, where you have to come here. At what stage are we going to also sit down to say that every person in the Republic of Kenya needs to be a member of the National Hospital Insurance Fund (NHIF) somehow with a modality that works from the village level? I do not think that it will cost a lot of money. It should be something that we can address now for the sake of our population that increases and these many challenges of diseases.

Madam Temporary Speaker, I support.

Sen. (Dr.) Zani: Thank you, Madam Temporary Speaker, for this opportunity to contribute to this very important Motion that has been moved by Sen. Mukiite.

Madam Temporary Speaker, I do not think that there is anybody who has not suffered from misdiagnosis and wrong decisions that are made when they are being treated. This week, I was in one of the hospitals in the counties and was amazed by the level of apathy, negligence and *kitu kidogo*, which is not now being called *kitu kidogo* in the health sector, I think because it is sensitive.

The Temporary Speaker (Sen. Ongoro): Senator, can you tell us what *kitu kidogo* means?

Sen. (Dr.) Zani: Madam Temporary Speaker, I know that I am contravening the Standing Orders and should speak only in English or Kiswahili. But *kitu kidogo* is known by all Kenyans. It is that small thing that is critical if you need any medical services sometimes to be given.

The Temporary Speaker (Sen. Ongoro): Are you referring to bribery?

Sen. (Dr.) Zani: Yes, Madam Temporary Speaker. It is a Kenyan culture that before certain services are given, it is expected either overtly or quietly that you should give something. I saw this last week in the counties, where the bed sheet of your patient is not going to be changed or your patient given any food if you do not offer anything directly or acknowledge the services that are being given, or the fact that you want your patient to be taken care of a little bit more than they ought to be.

Madam Temporary Speaker, I think that the actions of commission and omission are really vast. But also the problem in the Kenyan sector is that because we believe so much in the medical practioners, many people do not complain. It is actually taken that the doctor has the final authority on any matter. Maybe that is changing now a little bit, because with the internet and capability to go onto google, more patients are really cross-checking and not taking any diagnosis that has been given by a doctor as the final word. But it is not many Kenyans who are able to do that. Everybody takes whatever the doctor has given them and they move on in that direction. So, wrong decisions have been taken. Even in the light of wrong decisions, we have seen best practices in other parts of the

world where, for example, a decision during diagnosis is not done by only one doctor, but by a team of doctors, so that each of these doctors plays a role in trying to get the diagnosis. That helps to a large extent to ensure that, that misdiagnosis does not happen.

Madam Temporary Speaker, unfortunately, the level of mistreatment of patients is severe at both public and private hospitals. Many Kenyans prefer private hospitals because they feel that they will get better services there. But we have heard of cases at Aga Khan and even Nairobi Hospital where you will find long queues of people who are happy to pay extra money for services, after still not being happy with the services that they have received. Unfortunately, as has been already mentioned by one of the Senators, many people cannot then sue. Many people do not have a course for redress for those particular misgivings that happen in the medical sector. I think that this is why having the Public Health Complaint Board will give a forum to enable people to know where to complain. I think that the Board will also work to ensure that whoever has a complaint can be heard. I think that, that will have an effect of reducing the number of complaints and even the behaviour that practioners actually exhibit in their work will change. This is because there is recourse for being abused.

Madam Temporary Speaker, I think that this Motion is very critical because it touches on some very important aspects of the Constitution. In Article 26, the right to life from conception is given. So, if somebody loses his or her life because of misdiagnosis, it really contravenes that particular Article. Article 43 (1); the right to the highest standard, especially in health, really touches on equipment, professionalism and the fact that these professionals should be adequately trained. Unfortunately, most of those who have been well trained, again, end up going to more developed countries. The level of brain drain, especially to Europe, is very high, specifically in the area of doctors and nurses. Because of that, you will find that highest standard that Kenyans have struggled so hard to attain-- - Training a medical practioners is very expensive. So, when they go away, it really creates quite a bit of a problem in terms of the care that they are meant to give.

Madam Temporary Speaker, Article 53 (1) (c) talks about the right to health care including basic nutrition and shelter. These are all very important and key. I think that we should also look at the Motion wholesomely. For the rural poor, it is a little bit more dire because when it comes to access to dispensaries, the level of poverty tends to be high. There is no real way of counteracting the expenses one way or another. You will find that many will resort to other ways of looking for a solution in terms of medical care. It is not just the rural poor. In fact, I think that every single Kenyan is a victim to the poor conditions in the medical field in terms of wrong decisions and medical and surgical errors. The level of expertise that can be given in some areas has not really been given adequately. I think that this also has been worsened by the cost sharing introduced through the 1980s Structural Adjustment Programmes. People need to pay for some of these services, but everybody is affected. Some of these problems have already been alluded to and discussed in details, poverty being one of them.

But I think also, in all fairness, we need to be fair to the doctors and think of the proportions that they need to serve. We are talking about maybe statistics of one doctor to more than 1,000 people. We need the medical practioners to give us these figures, so that we can actually see the level of burden and strain that is put on them. It has already been alluded that most of these doctors and nurses are not just in public hospitals, but they will also move to private hospitals. Unfortunately, the level of care that you will receive from

the same doctor when they are in private practice is different from the one that you will receive from him in a public setting. Also, for example, the level of equipment that is given during training and mass production of doctors right now is a real issue especially in the Kenyan educational system. Fortunately, in the Module II training, we have both doctors who are trained, but in a “blindfolded” way. So, all of them get the specific training that they are meant to get. But it is really worrying and you reach a point where you are not sure whether you should look for a professional who has been there for much longer, but needs also to be retracing their notes, so that everytime they are upgrading--- or a new one maybe who might not have been adequately trained, and then all these mistakes happen and things go wrong.

Unfortunately, we have a looming strike coming soon after the teachers’ strike. We are really getting tired of this pattern where we are moving from one strike to another. This affects one of the three key pillars which Sen. (Prof.) Lonyangapuo has alluded to in terms of the social sector and I think this gives a bit of information to all of us. So, it is important for us to try and address all these issues in a very comprehensive manner. There are two incidences, one on 12th May, 2013 where patients escaped from Mathari Hospital and then 9th February, 2013 where a woman lost both her husband and thereafter a son because of just waiting on the queue and this is really unfortunate. It is unfortunate that people can actually die on the queue before seeing a doctor. This is the last recourse.

The right to life is so critical and all of us really fight to ensure that we keep our life especially when it is endangered. It is different when somebody can pay extra to be attended to somewhere else but for many, they are not able to do so. So, I think it is important for us to look at salaries and remuneration structures. We also have to address the issue of brain-drain. We should give more motivation for the staff to stay in the country and exercise their expertise.

Sen. Nabwala’s idea of coming up with a public health complaint board will really help to improve their performance in the long-run. There will be knowledge sharing and some of the mistakes that have been done before were not intentional. This gives a chance for both the players to come up because in such a complaint board somewhere along the line, the doctor and the person responsible will be called. This will encourage some sort of knowledge-sharing that might even indicate what the problem is and how it can be dealt with. It will indicate where gaps are and also help to ensure that prevention measures are put in place. It will also act as an oversight over this very specific health service providers so that at the end of the day they will know that their issues are being looked into. This will create a more systematic accountability where negligence has occurred and there has been inadequate treatment. More importantly, some of those problems should be filtered and taken back to the mother Ministry so that they can be looked at in detail. The Ministry then will come up with a policy paper which will include the key issues that have existed for a long time and create a blue print about the way forward.

The mortality for Kenya is at age 47. Maybe the statistics of one out of five might not be such an unrealistic figure because one might ask how many of these people die as a result of not having been given adequate care especially when they go to seek health services. We need to also look at these incidents on a case by case basis and be able to give recommendations and suggestions but I think public feedback will help to create

more accountability. This is the level of accountability we need. This is the level of involvement we need to have so that with such a health policy at a devolved level, we can encourage people to have faith. My feeling is that when people are able to complain in a public way and the complaints filtered into a system as they try to address them, then automatically, there will be a safety valve of controls to ensure that health providers have a better mechanism of ensuring that they render the necessary services. This would be very key to us.

With those remarks, I beg to support this Motion.

Sen. Bule: Madam Temporary Speaker, I appreciate the Mover of the Motion and would like to say that it is timely. The Motion touches on the problem that Kenyans are encountering today. In our hospitals, the situation is pathetic. The situation which the hospitals in Kenya are operating in is unbearable. Doctors are there in Kenya but they are only meant for certain areas. They are all based in Nairobi. Actually they are all based at the Kenyatta National Hospital (KNH) where they just work the way they like. In KNH, there are over 100 doctors who only appear for one hour in the hospital and the other 11 hours of the day, they are in private hospitals doing their own businesses. So, I appreciate the Mover. I am one of the victims who have encountered this problem. I have my father in hospital now in Malindi having been operated on in Tawfiq Hospital. I took him to Malindi District Hospital and there was no doctor. The very doctor who is operating in the private hospital is the one who is supposed to be in the government hospital. This doctor will not attend to you in the government hospital but will attend to you when you go to a private hospital where he makes money.

Therefore, I want the Government to come up with a law which will protect Kenyans. We wanted to come up with a Bill which cannot allow a doctor who is employed by the Government to do anything else apart from the assigned job in the Government hospital.

I appreciate and support the Motion as has been moved by the Mover, Sen. Cathy. Mrs. Catherine, you remind me that the problem is very serious to us all and not only in some areas. This is a problem that exists and everybody knows about it. We need to come up with a solution. The solution is to come up with this oversight board. The system must be devolved. We wanted to know everything that is happening in the hospital every now and then so that we can get Kenyans to overcome this burning problem.

These greedy doctors are today demanding to be paid more money while they are greedy and have hunger for money but they do not help Kenyans the way they are supposed to because they only consider money but they do not respect their job. They do not practice according to their provisions like our brother, Prof. Anyang'-Nyong'o, used to work in his hospital. Today, he is protecting Kenyans, fighting for the right of Kenyans and he also wanted change---

Sen. (Dr.) Machage: On a point of order, Madam Temporary Speaker. Is the debating Senator in order to mislead the House that Prof. Nyong'o actually owns a hospital?

The Temporary Speaker (Sen. Ongoro): Professor who?

Sen. (Dr.) Machage: Prof. Anyang'-Nyong'o.

The Temporary Speaker (Sen. Ongoro): Senator, are you misleading the House or do you have facts?

Sen. Bule: Madam Temporary Speaker, actually, I hope that Prof. Nyong'o has worked within these provisions whether he is a doctor of law or a doctor of medicine. He has done his work patiently and thoroughly the way he was meant to. What I am trying to say is that Kenyans need to be mindful of what they are doing.

(Sen. (Dr.) Machage stood up in his place)

Sen. (Dr.) Machage, whether you interfere or not, you are among the doctors in whose hands who Kenyans. We were looking for that but you have reminded me that you are among them.

Madam Temporary Speaker, we wanted this public complaints board to work thoroughly in the counties. We also wanted the Senate to come up with a public oversight officer who will be going round to know what is going on in every Ministry in the county because we have problems with these government officers. For example, when you want to see a doctor you are told to pay Kshs2,000 for one hour. So, if 200 people come to see the doctor and everyone pays, how much will that amount to? It will amount to about Kshs400,000. So, he will walk out with Kshs400,000 without having done anything for you. He will then tell you to come back on a certain date where you might even die before then. So, we want to protect Kenyans from these greedy doctors. We want them to be owned by the Government. They also need to get thorough training. They have to go back to college for training for eight years; four years for theory and four years for practicals. When we do this, we shall get qualified doctors. You can see a young man who refers to a book before he examines someone.

Sen. Wangari: On a point of order, Madam Temporary Speaker. Is the debating Senator in order, considering that when we were in the university, some of us who went to the science colleges will tell you that doctors actually spent more time in school and have even a tougher programme? Is he in order to actually say that they are not qualified?

The Temporary Speaker (Sen. Ongoro): Senator, are you trying to imply that our doctors are not qualified or are you referring to the Motion?

Sen. Bule: Madam Temporary Speaker, I really mean what I said. I said this because the doctors are not qualified. How can a qualified doctor leave a pair of scissors in somebody's womb? What does that show? It shows that he is not qualified. Let him go for practicals first for four years and then four years in theory. This is joking with somebody's life. He should solve the problem and not add to it.

Therefore, I really appreciate the said board and I support the Motion.

Sen. Kisasa: Madam Temporary Speaker, I want to congratulate Sen. Nabwala. I am a medical person also and I wish to appreciate the work the doctors and nurses are doing. We cannot say that they are not qualified because they are highly qualified. From my experience, you will find that when you are treating somebody, for example, if a woman is pregnant, you are also treating the husband and the family at large. So, it is not an easy profession whereby you are also supposed to consider the relatives and other patients next to that bed. You will find that sometimes you have a lot of demand. The Motion has come at the right time and I would like to say that we should also consider the nature of work the doctors and the medical people are going through. You will find that the nurse is oppressed in the ward. You can find that there are five people who are ready to deliver at the same time. So, sometimes, you are even forced to wear five pairs of

gloves. After one delivery, you have to remove those gloves and attend to the next patient.

We also need to appreciate the work the doctors and nurses are doing. We tend to forget that they are also human beings. They are oppressed because they have a lot of work to do and they are mistreated the same way we used to mistreat the police fraternity. When you see a nurse, then you are there at war with them where you consider that they will not do this or that or they will not deliver. So, we have a negative attitude. We also need the community at large to appreciate the work done by nurses and they must also appreciate the medical fraternity. We only hear the wrong side of it. We only hear about somebody losing life but when they walk out of the hospital, nobody says thank you and we never appreciate whatever the nurses do. So, we must change our attitude and embrace nursing or the hospitals.

As we debate about this Motion, I would like us to debate public hospitals. Let us not talk about government hospitals because we cannot compare private and public hospitals. The other working force is different from the government hospitals. We should learn to appreciate the medical fraternity and we should walk in those hospitals with a positive attitude. We are also supposed to smile at them the same way we expect them to smile at us.

Therefore, we should change our attitudes towards these people just the same we have come a long way in this country to embrace the police. When the patient dies, then it becomes big news. We have been subjected to even relatives slapping us and psychiatric patients beating up nurses but it is never news.

Madam Temporary Speaker, I really thank the medical people as a whole. They are doing a remarkable work. We have the most trained personnel in this country because when you check, there are many nurses who have left this country due to the working conditions but we have the best working medical personnel in this country.

I beg to support.

Sen. Wamatangi: Madam Temporary Speaker, thank you for the opportunity to render my support to Sen. Nabwala on this important and timely Motion she has brought to the Floor of the House. Just to capture precisely the spirit of this Motion and indeed see for ourselves if we were to capture the real sights and images that Sen. Nabwala must have seen and imagined in her mind to come up with this Motion. You only need to pay a visit to the only two referral hospitals in this country, the first being KNH. If you go to KNH at any time of the day and just spend less than one hour, the whole story told by this Motion is all visible, demonstrated there and lived by Kenyans on a daily basis. The best we can do is support this Motion.

Certainly, there are two approaches to the problem. There is the existing problem of demoralisation of health workers in our public hospitals. We are aware, as we speak, that most nurses have applied not to be sent to work for the county governments, a position which the Senate has urged them not to take. This is a demonstration of not only the disquiet but the problems we have in our medical institutions. Those are the medical institutions that are expected at the same time to give first hand quality service to every Kenyan who goes to seek medical attention.

I have personal stories that I can tell that are not only personal but stories that I have evidenced as a politician and as a Kenyan. If only to bring to perspective what my thoughts are, I will cite two to three cases that I have experienced and doing so,

acknowledge that this problem has not spared anybody. It has not spared the rich, the poor, the mighty, the renowned or anybody. We have several cases in this country. Most recently, we had the case of one prominent Kenyan, Commissioner Letangule, who lost his wife in very wanting circumstances, due to lack professionalism. He is a Kenyan who is serving in a prominent position; as he did in according Sen. Wetangula victory in Makueni recently. However, he also has to deal with being a father and mother, courtesy of the misdeeds of a few medical professionals.

A few months ago, in my own county, I had to undergo an experience which I would not wish to repeat again. A young girl who was being treated after falling in a pit latrine had been detained in a hospital after her parents failed to pay her hospital bills for a whole two years. This girl was studying for her class eight examinations. She could not be released due to the bills she owed the hospital. I have been personally present and witnessed a case where a mother had to tend to her small children inside a hospital ward because she is detained in a ward, cannot go home because she cannot foot her bill.

Recently, I buried a very prominent church leader who has served the whole of Kiambu County. The night that she died, she was very well. She had been driving together with her husband and they parted ways at a market place. She asked her husband to continue with their business and that she was going for a small feminine procedure. She drove herself to hospital. She parked the car and went in to see a doctor. When she was checked, she was still talking and at one point, she even called her husband. In the course of her examinations, she was given an injection which was as a result of a wrong diagnosis. To cut the story short, that evening, she ended up at the MP Shah Hospital after she developed complications. That is the kind of fate Kenyans have to deal with.

I understand where Sen. Mukite is coming from. I understand and feel what she is saying. We have been told that in the medical professional, there are boards that cater for most issues; from dentistry and other issues. We also know that in this country that when professionals make a mistake, they have a tendency of going to hide behind the boards.

When a Kenyan loses his or her life, it takes very long for justice to be meted out. The board takes a very long time to compensate the affected family. The spirit of this Motion, as I see it, is to bring personal responsibility to the people in the medical fraternity. We also acknowledge the fact that we need to have medical boards in all various professions. Sen. Mukite wanted to bring a platform that can capture the poor person's needs, the person who goes to a clinic, seeking to be attended medically. If they find somebody who does not care about the kind of medical attention that they have come for, a complaint should be registered. That is the spirit of this Motion. We want a place where a complaint can be captured, recorded and dealt with at the level of a poor person. I support this Motion.

The Senator has also spoken about the problems that have befallen the Kenyan people when they go to seek medical attention from people who are drunk. As much as we want to support the fact that the board's decisions should be followed, it should not take a whole board to decide whether a doctor is drunk or not. At that level, that doctor should be dealt with without further ado or delay.

I believe that the amendments that will be brought by the Mover of the Motion will meet the calling of Kenyans so that they can access medical attention and have their needs addressed in a professional way at the right time.

I support.

The Senate Minority Leader (Sen. Wetangula): Madam Temporary Speaker, I want to congratulate, Sen. Catherine, for bringing this Motion. This Motion captures a very broad picture of what Kenyans go through.

Madam Temporary Speaker, from the outset, we have very good doctors and nurses in this country who do a very good job. The nurses, in fact, do much more medical work than even doctors. But what happens is that there is a small percentage of either ill-trained, reckless, negligent or just careless medics who cause a lot of harm to Kenyans. Recently, I met a very good friend of mine who we were with at the university; who was a very handsome man at that time. He had a very terribly twisted mouth and I asked him what happened. He told me that he went to see a doctor who injected him on a nerve and that resulted into the horrendous appearance that he now carries. There are many people like that. In fact, if you read the book of Moliere called the *Imaginary Invalid* – I am sure that Prof. Anyang' -Nyong'o has read this – or watched the film on Steve Biko, there a very good phrase there where they say that the majority of people die not because of their ailments, but complications arising out of the treatment that they get on those ailments.

It is those complications that this Motion is seeking to address. You have heard the very moving story by my very good friend, the distinguished Senator for Kiambu. You saw in the media, a month ago, a very filthy looking young doctor who had caused the death of a woman on the operation table, because he left a bar and walked straight to the operation theatre, misoperated the patient and left her for dead. There have been many Kenyans who have gone to theatres for operations and doctors leave hypodermic needles, cotton pads and all manner of materials in their bodies. A clear case is the famous Luhya man called Ngaira, who was I think the Chairman or Vice-Chairman of the Public Service Commission at Independence. He was taken to hospital, operated on and the doctor left a pair of scissors in his tummy and closed it. The man died. Sen. G. G Kariuki remembers that.

Madam Temporary Speaker, that is why when the Mover of this Motion talks of misdiagnosis, wrong decisions on treatment and prescriptions, it tells a big story. There is a man who once walked into my office to ask me to sue a doctor. He told me that he went for treatment in a private clinic since he had a gaping wound on his leg. The doctor actually wrapped chalk, placed it in the wound and charged him a fee. The man left and the wound became very bad, and his leg was cut off. There are many similar cases, but I must continue to say that we have a lot of good doctors and nurses. This is because this country exports a lot of man and women power to other countries.

Madam Temporary Speaker, we have the Medical Practitioners and Dentists Board which I have no doubt the Mover--- but it is so overwhelmed that cases of negligence of this nature cannot be adequately addressed by that single board. We have the Ombudsman whose duty is to address public complaints. Again, the Ombudsman is stuck in Nairobi. There was the case of the late Chief Justice Zacchaeus Chesoni, who was treated by one of the most prominent doctors in this country; a doctor who treats Presidents. Chesoni went to hospital suffering from pneumonia and this doctor put him on treatment for malaria. He kept on pumping malaria drugs in the poor man until he died. This was a Chief Justice of the country. If persons at that level can be a victim of such callous negligence, then you can imagine the ordinary man in Korogocho, Kibera and the villages that we represent. They suffer even more. That is why we need to have a mechanism of checking cases of recklessness and negligence. We in the Law Society of

Kenya have a disciplinary mechanism where any lawyer who misappropriates clients' money, misadvises a client or does anything inconsistent with the expectations of his or her calling as a professional, is struck off the roll of advocates. Such lawyers will remain struck off until they demonstrate that they have changed their bad habits, so that they can be entitled to be given an opportunity to hold people's interests in trust.

Madam Temporary Speaker, this should not be any different with medics. This is because a lawyer can misrepresent you and send you to jail for two years, but a medic who misapplies their skills on you, sends you to the grave. That is where the big difference comes. So, as we devolve the structures of Government in the country, it is very important that we give meaning and effect to this Motion, so that all the good things that we do in Nairobi, which are not good enough--- You can imagine an aggrieved person in Malindi, Wajir or Turkana who wants to take on a negligent doctor. He has to come to Nairobi to see the Medical Practitioners and Dentists Board. We must devolve these facilities to the ordinary people where they are, so that they can also be able to walk in and say: "I was attended to. Look at how twisted my mouth is because of a doctor injecting me in the nerve. Do I have any recourse to anything?" You will find many people limping on the streets of Nairobi and the countryside, who go for surgery on their legs and the doctors mis-join the operation. Such people walk out of hospital with a limb two inches shorter. Those people are entitled to redress where such cases happen.

Madam Temporary Speaker, I want to urge the Senate that we devolve these facilities down to the counties. We are not encouraging patients to handle their doctors with suspicion; that every doctor is capable of taking you the wrong way. But where it happens, the law should be very firm and clear, and come down hard on such erring professionals. It is the only way that we can instill sanity and professional conduct in the profession. You have heard many leaders complaining. If you go to district or public hospitals, you will find that there is no medicine. You are attended by a doctor who then tells you where to go and buy the medicine and the chemist is his. The drugs that you buy are Government drugs taken from public hospitals to private chemists, to be sold to members of the public.

I have also seen, in the villages, cases where you go to see a doctor and he, all of a sudden, becomes very busy and tells you that if you want, you can be attended to in his private clinic in the evening, where you have to go and pay. He may treat you well, but he is still misconducting himself by cheating the public and Government on time and many other things, because he is employed and earns a salary from the Government to treat people. Why would you decline to treat me in a Government clinic and transfer me to your private clinic and charge me exorbitantly? Even if you treat me well, you have still offended public conscience. This is what we should be fighting. This is the bad Kenyan style that we are fighting. We must change things being done in a manner that we say, "we are used to this".

I heard Sen. Bule referring to Prof. Anyang'-Nyong'o on radio as I was driving here that he is a "doctor of hospitals". These "doctors of hospitals" must be brought to order, just like all other professions are bringing their people to order. You remember, I will give this as an example, there was an architect who designed a building on Ronald Ngala Street and he caused a building of ten storeys, without adhering to modern technology, to be built in less than one month. The building collapsed, killed people and I was happy when the engineers struck him off. The architectural association struck him

off the role of architects. So, each profession has a duty to make sure that the public gets what they expect from you as a professional. Consequently, I fully support this Motion that we need to devolve this watchdog facilities down to the counties so that we are able to help people. If developed areas like Kiambu, that are the envy of everybody, are suffering, the stories we are being told by---

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

The Temporary Speaker (Sen. Ongoro): Senator for Kiambu, what is out of order?

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

Is the distinguished Senate Leader of Minority of the House in order to mislead this House and I am on record as having raised this issue so many times, that the people of Kiambu are not enjoying anything? We suffer like every other Kenyan. The only thing that we can be envied for is working hard. Is he in order?

The Senate Minority Leader (Sen. Wetangula): Madam Temporary Speaker, when we were small children going to school, every single day was a news item that Kenyans had contributed money to Gatundu Self-help Hospital. If you go to Kiambu after Windsor, you will see how tarmarcked roads are criss-crossing each other entering people's homes and so on. If that is not a privilege, I do not know what you will call it.

The Temporary Speaker (Sen. Ongoro): Your time is up, Sen. Wetangula.

The Senate Minority Leader (Sen. Wetangula): Madam Temporary Speaker, I support this Motion.

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

The Temporary Speaker (Sen. Ongoro): Senator for Kiambu, you are now out of order. He is out of the Floor.

Sen. Wangari: Madam Temporary Speaker, thank you for giving me this chance to contribute to this Motion. From the outset, I would not want to support this Motion but I would urge that the drafter or the Mover of the Motion to bring amendments on the Floor of this House. It needs also to be made clear who we are urging; is it the national Government or the county government?

Madam Temporary Speaker, I would also want to shy away from doing a condemnation on all medical practitioners because we need to really interrogate what the circumstances are because it is not all of them. This is what we call in statistics outliers because there are few who are negligent. I do not want to go the route of the Senator of Tana River by equating that everybody who is negligence is not well-trained. We need to be fair to our doctors. Someone else had asked for these statistics because when we talk of the police force in this country, I know there are a lot of statistics that have been floated to the public and we have been told that whereas we are supposed to have one policeman serving about 450 people, in our country, one policeman is serving over 1,000 people. These statistics would be very important in order to inform the country on the amount of workload we are looking at when we say that doctors are overworked or overwhelmed by the work that is presented to them.

I also know that death is an untimely event and a mysterious thing. It is only natural that we hold on to life of ourselves and of our dear people. I would not want to go the way of condemning every death because we all have appointment with death. I want to be a bit fair to our medical practitioners because not all deaths are caused by negligence but at the same time, the few cases we have heard is because there is more

awareness and the cases are now being brought forward more than previously. We should not condemn all doctors and avoid giving statistics that are really not well researched, especially the one out of five that the Mover had given, that is, one out of five people who seek medication are misdiagnosed or are subjected to negligence. I think we really need to get the statistics properly.

At the same time, I want to also caution that we have the Medical Practitioners and Dentist Board that is already in existence. I would want us to interrogate the mandate of this board, and I stand to be corrected by the medics who are in the House, this medical board sits once in three months, if I am not wrong, to address cases that are really piling up every day. That means, they cannot effectively deal with cases on their table. When you take this to the judiciary, and we are really working hard to reform the judiciary, the only evidence that can help prosecute these cases has to come from the Medical Practitioners and Dentists Board.

This board needs to be devolved. I know health is a devolved function and when I look at this complaints board, I would shy away from establishing a parallel body at the county because it will mean that we have several centres that would be in contravention to what is going on already. I know that most cases go unreported because people do not know exactly where to go and secondly, the bureaucratic process of making a complaint to this board is also discouraging. If at all they sit once after three months, it means that the 40 million people will take a longer time to present their complaints to the board. This board can be devolved to the counties so that it is not entirely a new board but a sub-set of the Medical Practitioners and Dentists Board. That way, we will synchronise and reconcile all the cases that come from the counties and those that come to the national level.

When Kenyans are able to make these complaints at the point where they are, for example, if someone in Tana River can go to a sub-branch or a chapter of the Medical Practitioners and Dentists Board, then we will make sure that these cases are more effectively handled and that more people know that there is redress. When people think that a doctor has caused the death of a loved one, they always think of the courts because they think that is the only way they can get justice, but when you go to the courts, it is very difficult to file a suit in this country. Even hiring a lawyer is a preserve of a few. If people go to their county headquarters, the boards there will act as intermediaries that will relay the same complaint to the Medical Practitioners and Dentists Board that is in Nairobi. If we do that, we would be able to say that we have brought services closer to the people as it is supposed to be, and as is enshrined in the Constitution. The right to life in Article 26 of the Constitution and the right to medical care in Article 43 is not an option. It says clearly “shall”.

I hope that the person who will move the amendments will address some of these issues so that we do not create two parallel and contradictory bodies.

I support.

Sen. (Dr.) Machage: Madam Temporary Speaker, as I support the thought of Sen. Mukite, I would like to move the following amendment.

THAT, the Motion be amended by deleting all the words appearing between the words “urges the” and the words “in all” in the ninth and tenth lines and replacing thereof with the words “national Government to establish offices of the Medical Practitioners and Dentists Board.”

I have brought this amendment so that the Motion is more relevant to the existing laws and practices in this profession. We already have a complaints board in place and we do not need to set up another one.

All we need to do is to devolve this board to the counties so that it is in line with the new Constitution. This will not only enhance the ability of the Kenyan population to reach this Board quickly but services will be seen to be delivered in good time so that judgments are passed, cases do not accumulate and Kenyans access justice.

I have noted that the Mover of the Motion talked about misdiagnosis, wrong decisions, wrong prescriptions and surgical errors. This Board will decide whether the complaint is of ethical nature or what type of complaint it is. Not everybody who wears a white coat is a doctor. These days, we have cooks wearing white coats, cooks, watchmen and even vehicle mechanics.

I will request that Princess Sen. Daisy seconds the amendment.

The Temporary Speaker (Sen. Ongoro): Sen. Daisy, you have been branded another name; princess.

Sen. Hassan: On a point of order, Madam Temporary Speaker. Is that in order? In this House, we document things for official purpose and for record. I am not aware of any coronation of Daisy and neither has she alluded to the fact that she is a royalty. Giving her a title that will appear in the HANSARD by calling her a princess can mislead the entire world to believe that we have a princess in this House.

The Temporary Speaker (Sen. Ongoro): Sen. Daisy, is your father a King in Luhyaland?

Sen. Kanainza: Madam Temporary Speaker, let that not be a matter of discussion but I am Aruodh's daughter.

The Temporary Speaker (Sen. Ongoro): You have not clarified that. This is for the HANSARD. Take it seriously.

Sen. Orengo: Madam Temporary Speaker, maybe we are putting too much pressure on hon. Sen. Daisy. I think Sen. (Dr.) Machage is the one who should explain why he referred to her as a princess. Maybe he comes from royalty and has asked Sen. Daisy for her hand.

(Laughter)

The Temporary Speaker (Sen. Ongoro): Sen. Machage, please, clear the air.

Sen. (Dr.) Machage: Madam Temporary Speaker, indeed, I am of royal blood. I have the powers to bestow that title on anybody of my choice.

The Temporary Speaker (Sen. Ongoro): By what means? You have to explain. This is the Senate and we are dealing with the HANSARD.

Sen. (Dr.) Machage: Madam Temporary Speaker, that is another name for Daisy.

The Temporary Speaker (Sen. Ongoro): Then you must apologise and withdraw. We will not have it in our HANSARD.

Sen. (Dr.) Machage: I apologise and withdraw.

Sen. Kanainza: Thank you, Madam Temporary Speaker, for this opportunity. I stand to second the amendment that has been brought by Sen. (Dr.) Machage.

It is true that many of these cases go unresolved and that is why it is important for us to establish Medical Practitioners and Dentists Boards in the counties.

It is unfortunate that women and young people fall victims of these circumstances because they cannot afford special attention or treatment. These are especially the people who come from poor families. They have fallen victim to this serious abuse of human rights.

My colleagues have given examples of several cases. I will refer to Article 26(4) of the Constitution where young people have fallen victim to abortion. I have seen a parent who went mad upon realising that her daughter died out of an abortion. This abortion was done by a doctor. That means that we need to establish boards that can handle these cases.

Pregnancy and delivery is very delicate. We have seen a number of cases where doctors maybe through negligence leave a pair of scissors or a piece of cotton wool or an instrument in a mother's womb which results to more trouble or consequences which lead to death. It is important that we support this Motion since it will help us reduce child mortality and improve maternal healthcare which is stipulated in the Millennium Development Goals and in the achievement of Vision 2030.

(Question of the amendment proposed)

The Temporary Speaker (Sen. Ongoro): The debate on this Motion started at 9.55 am and we are supposed to proceed with it until 12.55 pm. However, we have to close business at 12.30 pm. That means that we will have 25 minutes remaining on this Motion. The two minutes we have left are not enough for the Mover to reply.

I order that the Mover replies in the next sitting. However, the Order Paper for the afternoon sitting is out and the Motion is not listed. Therefore, I order that the Mover replies tomorrow at 2.30 pm. We will proceed to put the question and to vote because this Motion that affects counties. We have enough time to put the question on the amendment if we will not have debate, if that is okay with you, since we have just moved it.

If in your opinion 25 minutes will be enough for two people to speak on the amendment and for us to put the question on the amendment, we could also proceed to have the Mover reply. I think that will be sufficient time.

Hon. Senators, we now have to stop our business because it is already 12.30 pm. Owing to that constraint, everything regarding this Motion is suspended until 2.30 pm tomorrow.

ADJOURNMENT

The Temporary Speaker (Sen. Ongoro): It is now time to adjourn the Senate until the afternoon sitting at 2.30 pm.

The Senate rose at 12.30 p.m.