NATIONAL ASSEMBLY

OFFICIAL REPORT

Thursday, 22nd March 2018

The House met at 2.30 p.m.

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

PRAYERS

COMMUNICATION FROM THE CHAIR

VISITING DELEGATION FROM THE PARLIAMENT OF UGANDA

Hon. Speaker: Hon. John Mbadi does not want his Deputy to sit next to him. He wants him to sit at the back but that is his rightful position.

Hon. Members, I wish to introduce to you a delegation from the Parliament of Uganda. The delegation seated in the Speaker's Row comprises of Parliamentary Service Commissioners, members of various parliamentary committees and staff as follows:

1. Hon. Peter Ogwang – Parliamentary Commissioner and Leader of Delegation.
2. Hon. Arinaitwe Rwakajara – Parliamentary Commissioner.
3. Hon. Jacob Markson Oboth – Chairperson, Committee on Legal and Parliamentary Affairs.
4. Hon. Ibrahim Ssemujju Nganda – Chief Opposition Whip.
5. Hon. Patrick Isiagi Opolot – Member, Committee on Budget.
6. Hon. Anna Ebaju Adeke – Member, Committee on Budget and representing the youth.
7. Mr. Jonathan Enamu – Parliamentary Officer.
8. Ms. Sarah Sewali Ayesiga – Parliamentary Officer.
9. Mr. Ben Kokas Okiror – Parliamentary Officer.

The delegation has been in the country since 18th March 2018 on a benchmarking visit to our Parliament, specifically with the Parliamentary Service Commission (PSC). We held a meeting with them yesterday together with the National Government Constituency Development Fund Committee on areas covering design, governance, management, coordination, implementation, monitoring and evaluation of the Fund with a view to establishing a similar fund in Uganda.

On my own behalf and that of the House, I wish to welcome them to the National Assembly of the Republic of Kenya and wish them fruitful engagements during their remaining time in the country.

PETITION

THE PLIGHT OF KENYA DEAF COMMUNITY

Hon. A.B. Duale: Hon. Speaker, I beg to present a Petition on behalf of the Kenya Deaf Community regarding their plight.

I, the undersigned, on behalf of the members of the Kenya Deaf Community, draw the attention of the House to the following:

THAT, Article 27 (4) of the Constitution provides that the State shall not discriminate directly or indirectly against any person on any ground, including disability. Further, that Section 12 (1) of the Persons with Disabilities Act, 2003 provides that no persons shall deny a person with disability access to opportunities for suitable employment;

THAT, Article 54 (2) of the Constitution provides that the State shall ensure progressive implementation of the principle that, at least, 5 per cent of the members of the public in elective and appointive bodies are persons with disabilities;

THAT, it is alleged that no qualified deaf or hard of hearing person has been appointed as a cabinet secretary, principal secretary, ambassador, commissioner, director or any other significant position in the Public Service since the promulgation of the Constitution of Kenya;

THAT, the current allocation of Kshs10 million for the development and use of Kenya Sign Language for training programmes awarded to service providers for provisions of sign language training services is insufficient;

THAT, despite the effective and constant involvement of the deaf in the political parties' activities, no deaf person has ever been nominated to Parliament or county assembly;

THAT, the Government's financial support towards the participation by the deaf or hard of hearing persons in sports and other recreational activities is very inadequate;

THAT, there has been inadequate training of health workers with regards to Kenya Sign Language hence hindering access of quality health services by the deaf;

` THAT, there is a delay in the access of justice by the deaf as the Judiciary does not have adequate sign language interpreters;

FURTHER THAT, there is need for the media to ensure that the deaf and the hard of hearing have access to information;

THAT, efforts to resolve this matter with the relevant Government agencies have been futile; and,

THAT, the matter presented in this Petition is not pending before any tribunal, court of law or independent body

THEREFORE, your humble Petitioners pray that the National Assembly, through the Departmental Committee on Labour and Social Welfare and the Departmental Committee on Justice and Legal Affairs:

1. Considers urgently the plight of the deaf or hard of hearing persons with a view to recommending their nomination to various positions in public office;
2. Those Committees should appropriate adequate funds to support the promotion and development of sign language, training of health workers on sign language and hiring of sign language interpreters in the Judiciary;
3. Amend the Persons with Disabilities Act, 2003, to provide for the establishment of a special fund to facilitate research in Kenya Sign Language development and training;
4. Amend the Elections Act, 2011, to provide for political parties to nominate deaf and hard of hearing persons to elective bodies;
5. Ensure that the Petitioners' plight is addressed; and,

6. Make any other order or direction that it deems fit in the circumstances of this matter.

And your Petitioners will ever pray.

Over this weekend, I visited my constituency where there are two schools - a primary and a secondary school - for people with this kind of condition. I listened to them. On Tuesday last week, over 200 deaf people presented that Petition before Parliament and they handed it over to me. You can see the issues they have raised. There are no interpreters with a sign language background. There are no interpreters when they visit their doctors. Most of our doctors do not even have people who can interpret for them the condition they are suffering from or their health status. I really want this Committee, on behalf of this community, to expedite the Petition and consider the relevant issues that have been raised.

Hon. Speaker: Hon. Duale presented the Petition and made comments. I can see the Member of Kathiani, who has since assumed some form of disability, wishes to have the first shot.

Hon. Mbui: Thank you, Hon. Speaker. It is true that this has touched me because I have recently joined that group of people living with disabilities, though mine is temporary. People who have never gone through this do not understand the kind of problems that people with disabilities go through. With a very progressive Constitution like ours, it makes a lot of sense for us to support this Petition and ensure that the people that have this problem of hearing are sorted out.

I just wanted to say to the Leader of the Majority Party that nowadays, there is better language that we use for people that have such issues. We do not say they are deaf. We say that they are hearing impaired. They are hard of hearing or hearing impaired but not deaf. The word "deaf" is negative.

Otherwise, I support the Petition.

Hon. Speaker: Let us have the Member for Emurua Dikirr.

Hon. Kipyegon: Thank you, Hon. Speaker. I also wish to support the Petition. There is a serious problem in terms of how those people access, not just employment, but also education. Sometimes when you look at how some people's fees are normally waived, you wonder why people with disabilities do not have free education in this country. They are not so many. The percentage of people with disabilities in this country is not even 5 or 10 per cent. They are around 0.5 per cent. I wish that when the Petition is looked into, we also look at how to make their education free from primary to secondary to university. Even if they want to do their masters' degree, they should have free education. Those people are suffering. Some of them come from families with disabilities and we send them to get fees yet they cannot work. I wish that this Petition is considered, plus how to ensure that they have access to free education.

Hon. Speaker: Let us have the Member for Kiminini.

Hon. Wakhungu: Thank you, Hon. Speaker. This Petition is very important. I want to thank the Leader of the Majority Party for bringing up this Petition.

It is high time that we put a task force in place to identify what kind of disabilities we are talking about. There are many other emerging disabilities. After we have known that, we can put a clear framework in place. As the Member for Emurua Dikirr has said, it is very difficult in terms of upkeep for people who are disabled. You can imagine my friend here from Kathiani. I was together with him when we went to the airport to wait for *baba*. On our way back, I thank God that I am a bit light and managed to manoeuvre. He was a bit heavy so it is good to watch our weight. Now he knows how it is because the shoe wearer knows where it pinches.

It would be important for the relevant Committee to take this matter seriously and finalise on it even before the 60 days. It would be important if we had a body or an association of the hearing impaired so that they can present this Petition before the relevant Committee. It will be very critical. My appeal to the national Government and the county government is that when it comes to executive appointments, they need to look into this matter so that those people can also be appointed. We are happy we have Hon. Sankok who is a very active member. They did not go wrong in giving him the nomination. At least, he can be on the frontline and present the cases of those people. I am told he is a sycophant. I do not know.

(Laughter)

We can move forward and help those people with disabilities.

Hon. Speaker: Let us have the Member for Saku.

Hon. Dido: Thank you very much, Hon. Speaker. I wish to add my voice to this Petition. This Petition addresses a very important segment of the Kenyan community. The Petition that has been raised almost borders on constitutional exclusion. That is why the Committee that will look into that Petition must do so with a critical eye so that the heavy issues that they have raised can be addressed.

Hon. Speaker: Let us have the nominated Member, Hon. (Ms.) Dennitah Ghati.

Hon. (Ms.) Ghati: Hon. Speaker, I want to thank you for giving me this opportunity. As you are aware, I am also an entrant into the disability caucus. For those of you who do not know, I joined the disability caucus in the last Parliament. I feel very privileged that we have an opportunity to talk about issues of disability. I want to tell all the male Members of Parliament who are seated here today that if your wife is not disabled, then your in-law or your brother is disabled. Disability is in your constituencies and counties. I urge Members in this House, even as we plan around issues of education, issues of social welfare in your various constituencies, to look at themselves and look at issues of disability that come.

Hon. Speaker, for a very long time, we have used wrong phrases to refer to disability. We do not say "this person is disabled" or "this person is deaf". We should use the correct phrase and say "this person is abled differently". If you look at me, I am not disabled. I am abled differently. I perform my role in a different way from you. Even the words we use to refer to persons with disabilities are not appropriate. I thank the Leader of the Majority Party for bringing this issue. It is high time, even as we discuss issues of disability; we also looked at how to address disability even from political parties. How are persons who are abled differently treated in political party arrangement in terms of nominations, in committees, in everything? How are members placed even in the committees in this House?

I wish to quickly say that one of the things I want to support as KEDIPA--- That is because as Members who have disability in this Parliament, we are coming together to look at ways of enhancing the living standards of our people, who are a huge population. We do not have enough data about persons living with disabilities. As we speak here, there is no Member who can tell you how many people with disabilities they have in their constituencies. It is an area that is completely ignored. I support and ask the Leader of the Majority Party or the Departmental Committee on Labour and Social Welfare that we, as Members representing persons with disabilities, will be very happy to participate in a taskforce that will be looking at the various issues that affect persons living with disabilities in this country.

Thank you, Hon. Speaker.

Hon. Speaker: Member for Seme.

Hon. (Dr.) Nyikal: Thank you, Hon. Speaker. I must start by thanking the Leader of the Majority Party for bringing the Petition. It is not in the spirit of the historic handshake, but he has brought a very important Petition. If you look at Article 54 of our Constitution, it addresses all the issues that we have indicated. That is whether they have access to education, access to buildings and access to lifts. I would probably add for the Leader of the Majority Party that there is a lot more to be done. The Persons with Disabilities Act has laid out what needs to be done. There are regulations that have been passed that are dealing with visually impaired people, physically impaired people and people with impaired hearing. In fact, it is illegal and they can take us to court. When many of us go to lifts and find that there is a lift with braille and a lift that is talking, it is not that, that is an advanced lift. It is the requirement of the law so that people who are visually handicapped can know what floor they are and people who have a hearing impairment can know where they are.

Another important part that has not been implemented is how people with physical handicaps access vehicles. Have you wondered how people, who are physically handicapped, particularly with wheelchairs, get into buses and *matatus*? We had a conference about three years ago where we felt that all our roads should have designated places which are raised. All our buses should be in such a way that the floor of the bus is flat and level with the platform so that they can wheel themselves in. All these things are in law. If we could follow up, the Departmental Committee on Labour and Social Welfare, which is dealing with this issue, can look up that conference. It was there. It shows how buildings, vehicles, trains and lifts should be constructed. If this Petition gets more Members with disabilities into the Committees, they will pursue these issues. It will be a great day for us that people with disabilities in Kenya can live as freely as in other countries.

Thank you, Hon. Speaker.

Hon. Speaker: There is one Member who describes himself as Nominee No.001, Hon. Sankok.

Hon. ole Sankok: Thank you very much, Hon. Speaker. Let me start by thanking the Leader of the Majority Party, His Excellency Aden Duale for bringing this Petition to the House. Hon. Aden Duale, the Petition you have brought touches on the lives of six million Kenyans living with disabilities. We may not have a gift or any present to give you, but we have a basket full of prayers for you for bringing this Petition to this House. May God always bless you.

(Hon. A.B. Duale clasped hands)

Hon. Speaker: I thought we had finished with prayers.

(Laughter)

You are not proceeding after praying.

Hon. ole Sankok: Hon. Speaker, I want to give a little history of persons living with disabilities in this country, we have really come from far. We were at a place where persons with disabilities were considered, in some communities, as a curse. Some communities killed them at birth. Birth attendants were given specific instructions to kill them at birth. For the Maasai community, which I come from, any child born with disability was given cholesterol as the first meal. When cholesterol coalesces in the intestines, the child would not feed on anything else and

it would die of hunger. For the Samburu community, from which some hon. Members are from, such kids were given sniffing *tumbako* mixed with water. This very bitter water will perforate the intestines. Such child will die in a lot of pain. I have rescued children who have been locked in sheep pens. A case in point is Ben Mbusia, whom we rescued in 2014. He was a child of 16 years who had been locked up in a sheep pen for more than 10 years. The language of the child was like that of sheep. He could only pronounce *"mee mee"* like sheep. He was locked up there for 10 good years. The child is now doing well at Mama Ngina Children's Home. He has started school. This is the background of persons with disabilities in this country.

In the neighbouring country of Uganda, you remember there was a story of Idi Amin Dada putting all people with disabilities in a tipper lorry and drowned them in Lake Victoria. This is a true story. Persons with disabilities in Africa have been marginalised. We have heard of children with disabilities like cerebral palsy. They cannot do anything for themselves. It is their parents who suffer. I know of a mother who has been carrying a child with disability on her back for 25 years. One day, she left that child with disability because she had to go and look for a small *kibarua* to feed the family. She left the child under a tree. She went to cultivate on somebody's farm. The child was attacked by dogs we call T9, who took away his private parts. These are true stories on the background of persons living with disabilities.

Our Constitution is very progressive. Article 54 elaborates what needs to be done for persons with disability. We, as persons with disability, should be treated with dignity and respect and not to be referred in demeaning words. When you call me *kiwete, kiziwi, kipofu,* these are names that should be used on non-living things. But you are referring a person with a word that is so demeaning. When I limp….

Hon. Speaker: But you are saying, "a living thing".

Hon. ole Sankok: A living person.

Hon. Speaker: It is worse when you say a living thing. One is animate, the other one is inanimate.

(Laughter)

Hon. ole Sankok: Hon. Speaker, forgive me for that. As a country, we ratified the United Nations Convention and the Rights of Persons with Disability in 2008. Therefore, it is domesticated and it is part of our laws. It expressly says that persons with disability should access services. We have persons with hearing impairment. You can imagine a person with hearing impairment going to a doctor and they need an interpreter. Some of these issues that we take to doctors are confidential. You cannot just say I have gonorrhea anyhow. If you have to tell a second party so that he or she can interpret… Some of these interpreters are not people that we know. Sometimes, the confidentiality…

Hon. Speaker: Very well Hon. ole Sankok. It is not a debate. The room availed by the Standing Orders is just to make some comments, and it is limited to a maximum of 30 minutes, which we have exhausted. The Petition is referred to the relevant committee of the House. I am sure they have listened to the comments that have been made. Unfortunately, when Members take too long to comment, they deny the others the opportunity to make any comments that they may have had. We are done with this Petition. It is referred to the Departmental Committee on Labour and Social Welfare. We are not in business.

Next Order.

PAPERS LAID

Hon. A.B. Duale: Hon. Speaker, I beg to lay the following Paper on the Table of the House:

The Report of the Auditor-General on the Financial Statements of the Women Enterprise Fund for the year ended 30th June, 2017, and the certificate therein:

Hon. Speaker: The Chair, Departmental Committee on Justice and Legal Affairs.

Hon. Cheptumo: Hon. Speaker, I beg to lay the following Paper on the Table of the House:

The Report of the Departmental Committee on Justice and Legal Affairs on the consideration of the Public Trustee Amendment Bill, 2017.

Hon. Speaker: Before we go to the next Order, Hon. Members, allow me to recognise Members of the County Assembly of Meru visiting the Committee on Implementation and students from Itigo Girls High School, Chesumei Constituency, Nandi County, who are seated in the Speaker's Gallery. They are all welcome to observe the proceedings of the National Assembly. Let us move to the next Order.

STATEMENTS

BUSINESS FOR THE WEEK COMMENCING 27TH TO 29TH MARCH, 2018

Hon. Speaker: The Leader of the Majority Party.

Hon. A.B. Duale: Hon. Speaker, pursuant to the provisions of Standing Order No.44 (2)(a), I rise to give the following Statements on behalf of the House Business Committee. The Committee met on Tuesday this week to give priority for business that will be considered today and next week Tuesday. On Tuesday next week, we shall consider the Kenya Roads Bill 2017 in the Committee of the whole House and the Computer and Cyber Crimes Bill 2017 at Second Reading, should we not conclude them today.

We will also table and deal with parliamentary committees trips out of the country. I want to ask the Chairs, please make sure that those reports are tabled. Every trip that any parliamentary committee or Members make is paid through taxpayers' money and so, those trips and their reports must be accounted for and tabled. In the same week, the House will consider a Motion on the appointment of Members to the Pan African Parliament. We also expect that several committees will table their Reports on consideration of nominees for appointment to various State and public officers within the week, so that the House can give priority to the vetting of nominees reports. Of course, we have the Report of the vetting of the Director of Public Prosecution that we did this morning. The Appointment Committee was also vetting the Attorney- General. There will be vetting of several ambassadors and principal secretaries and so, we expect committees to lay those reports latest by Tuesday, so that we can deal with the matter either way on Wednesday and Thursday next week.

I wish to bring to the attention of the House, that in accordance with the Calendar of the Assembly, the House is expected to go on a very short recess on Friday 30th March 2018 to April 9th 2018, in order to allow Members to join their families for Easter Holidays.

Finally, the HBC will reconvene on Tuesday 27th March 2018 at the rise of the House to consider business of the coming week.

Thank you, Hon. Speaker. I now wish to lay this statement on the Table of the House.

(Hon. A.B. Duale laid the Statement on the Table)

Hon. Speaker: Hon. Members, before we move to the next order, allow me to recognise the presence, in the Public Gallery, of students from the following institutions:

Muruaki Secondary School, Kingangop Constituency, Nyandarua County; Made in the Streets School, Kasarani Constituency, Nairobi County; Carlin School, Embakasi East Constituency, Nairobi County; Beacon of Hope School, Narok North Constituency, Narok County and Inner Core Bethel View Academy, Embakasi Central Constituency, Nairobi County. They are all welcome to observe proceedings of the National Assembly this afternoon.

Hon. Ng'ongo: On a point of order, Hon. Speaker.

Hon. Speaker: Wait for the next Order to come. Do you want to raise a point of order, Hon. John Mbadi?

Hon. Ng'ongo: Thank you, Hon. Temporary Deputy Speaker. In yesterday's afternoon Sitting at 2.30 p.m., we had a Bill on Nairobi Metropolitan Area Transport Authority in the Order Paper. The Leader of the Majority requested, under Standing Order No. 53, to be allowed to defer the putting of the Question to that Bill. It is clear that this was to be deferred to the following day, which is today. Looking at the Order Paper, this Bill has mysteriously disappeared. I think this is a matter that is very serious because the Standing Orders spells out that if you ask for deferring of the Bill or a Question to be put on the Bill, it should come the following day. Your ruling was very specific and I thought our clerks were listening and they would have made sure that the Bill was part of the Bills that are on the Order Paper for the Question to be put.

I am seeking your guidance to know what happened to this Bill because we did not have any other HBC to either take a decision to defer it further. I do not think we have that space because the Standing Order is clear that this Bill should have come back on the Order Paper today, and probably the Leader of the Majority Party could have requested again for the deferring of the Question to be put. I do not know whether this is a game being played by the Clerk's Office or it is being played in concurrence with the Leader of the Majority Party. I can see he is not worried about the Bill missing. I am seeking for your guidance for this House to move forward.

Hon. Speaker: The Leader of the Majority Party can make a response.

Hon. A.B. Duale: Hon. Speaker, I have never been a worried man. What is more, when you are in Government, you do not get worried. I want to tell the Leader of the Minority Party that I do not play games, but I watch them and I am a very good fan of Manchester United. So, I do not play any game in the House or wherever.

Hon. Speaker, I want to give a statement on the withdrawal of the Nairobi Metropolitan Area Transport Authority Bill, 2017.

I wish to thank you, most sincerely, for your indulgence in allowing me yesterday to apply the provisions of Standing Order No.53 (3) to defer the putting of the Question at the Second Reading of the Nairobi Metropolitan Area Transport Authority Bill, 2017. Indeed, the window allowed me and the Chairperson of the Departmental Committee on Transport, Public Works and Housing to reflect and consult widely from within the House, the Executive and other relevant offices on how to proceed with this Bill. In this regard, I wrote to you yesterday evening, and this is the information Hon. Mbadi needs to listen to, requesting for leave to either defer or withdraw the Bill. After consultation and in accordance with the Standing Order No.140,

which Hon. Mbadi can read, I confirm that we have since withdrawn the Bill to allow room for further consultations before the re-publication of the same.

In accordance with Standing Order No.140, having deferred putting of the Question at the Second Reading yesterday, I wish to inform the House that the Bill will not be progressing to the next stage as it stands withdrawn. It is for this reason that the Bill is not appearing on today's Order Paper. I urge the Executive to engage with the stakeholders and particularly, Members of the elected leadership, including those from the five counties of Nairobi, Kiambu, Murang'a, Machakos and Kajiado, so that their input in terms of the concerns they raised is incorporated in that Bill which we are going to re-publish.

Hon. Speaker, following your letter, and I am sure the relevant Standing Orders allowed me, that Bill is now withdrawn. We are going to re-publish it and it will now contain the concerns of the leaders from all the five counties.

Hon. Speaker: Look at Standing Order No.140. Hon. John Mbadi still has an issue.

Hon. Ng'ongo: Hon. Speaker, this is one of those Standing Orders that are rarely used. I am at a loss on the wordings of this and what the Leader of the Majority Party has said. This is because, looking at the Standing Order No.140, it says that either before commencement of business or on the order of the day for any stage of the Bill being read, the Member in charge of a Bill may without notice claim to withdraw a Bill. Two, if the Speaker is of the opinion that the claim is not an abuse of the proceedings of the House, the Speaker shall direct that the Bill be withdrawn.

Hon. Duale wrote to you outside this plenary. My understanding of this provision is that you should have sought permission within the House. He should have stood to ask for permission. However, it is like we are the ones who prompted him and yet he is claiming to have requested for the withdrawal of the Bill. That is what is worrying me. How did the Clerk make a decision before the request to withdraw the Bill? It should have first appeared on the Order Paper first and then Hon. Duale should have come here to request or use this Standing Order to ask for a withdrawal of the said Bill. I wonder why we take decisions outside the House without following the provisions of the Standing Order properly. Remember I said this particular Standing Order is rarely used. I have been a very faithful Member of this House and I am sure this is a Standing Order that is rarely used.

Hon. Speaker: Hon. John Mbadi, you have rightly said that this is one of those Standing Orders, according to you, that are rarely used. When any of you, and you have severally written to me… Even when you stand here and say that you are going to provide this-and-that, you normally go and write to me. In return, I still use the Standing Orders to give you whatever it is that you request. You are the leader! If you write and you are the owner… In fact, the Standing Orders do not even talk of the Leader of the Majority Party or the Leader of the Minority Party or the House. Rather, it talks of the owner of the Bill who may write, at any stage, to the Speaker and if he is satisfied that the request is not an abuse of the process, he will grant leave. So, it did not need to come to the House. It is not the House to give permission or grant leave. It talks of "the Speaker may allow." Indeed, I exercised that discretion.

There is nothing out of order. The problem is that some of you think that every opportunity is for debate. We are not yet out there. You know I always see you from my window. When you are here, it is not the same as when you are addressing the media. Here, we only follow the Standing Orders. There are many Bills in your names and it is good for all of you to know that you are at liberty, at whatever stage, to write to the Speaker and request leave to withdraw. There is no Question put. It is not even a matter for debate in the House. Once it has

been withdrawn... I approved the request yesterday. Therefore, the Clerks have no business placing the Bill on the Order Paper again. So, that settles the matter.

What would have been objectionable or offensive to the rules of the House is if we were going to give an opportunity for the Bill to be brought again without the Question being put as contemplated in Standing Order No.53(3). The Bill was withdrawn after explanation by the owner of the Bill, who is the Leader of the Majority Party. If he desires to proceed with the intentions contained in the Bill, he will then have to re-publish it. I appreciate that Members consult or get consulted, but whatever method of consultation or facilitation, you would have still done your work.

The Leader of the Majority Party read the Standing Orders and saw an opportunity available to him in Standing Order No.140 and wrote requesting leave to withdraw, which I acceded to. That should therefore settle the matter and we should proceed with the rest of the business. Is it the case that, that is the only business Members had come in large numbers to transact and to fulfill their legislative duty?

(Laughter)

Next Order.

MOTION

PROVISION OF SALARY INCENTIVES AND ADEQUATE DECENT HOUSING FOR POLICE OFFICERS

(Hon. Hassan Omar on 21.03.2013 – Morning Sitting)

(Putting of the question deferred on 21.03.2013 – Morning Sitting)

Hon. Speaker: Hon. Members, debate on this Bill was concluded yesterday in the afternoon Sitting and what remains was for the question to be put.

(Question put and agreed to)

Resolved accordingly:

THAT, acknowledging that the Kenya Police play a very important role in providing assistance to the public when in need, maintenance of law and order, preservation of peace, protection of life and property, investigation of crimes, collection of criminal intelligence, prevention and detection of crime, apprehension of offenders, enforcement of laws and regulations with which it is charged among other roles as provided for under Section 24 of the National Police Service Act; concerned that many police officers across the Country continue to work under a very difficult environment characterised by among others, inadequate and inhabitable, deplorable and congested living quarters, insufficient tools for work and poor salaries and allowances; further concerned that the difficult working environment for the police offices has often led to frustrations, de-motivation and occupational stress among officers with many of them exiting the force in search of other jobs; this House urges the National Police

Service Commission and the Salaries and Remuneration Commission to provide salary incentives and adequate decent housing for Police Officers.

MOTION

REPORT ON MALPRACTICES AT KNH

Hon. (Ms.) S.W. Chege: Hon. Speaker, I beg to move the following Motion:

THAT, this House adopts the Report of the Departmental Committee on Health on the Alleged Sexual Assault, Breakdown of Equipment, Surgical Mix-up and General Operations of Kenyatta National Hospital, laid on the Table of the House on Tuesday, March 20, 2018, pursuant to the provisions of Standing Order 216 (5)(e).

Hon. Speaker, this Report is as a result of an investigation into several recurring issues that affected the country's biggest referral hospital recently: That is the allegations of sexual assault that was in the social media and in the public domain; the issue of breakdown of critical medical equipment; surgical mix-up and the general operations of the Kenyatta National Hospital (KNH).

Due to this, the Committee resolved to embark on its oversight role at the hospital with a view of finding out the root cause of the problems bedeviling the facility and coming up with measures to prevent recurrence and, in the process, help the country's largest referral hospital redeem its image.

The Committee's inquiry on the hospital started on 26th January 2018 when the entire Board and Management of KNH appeared before the Committee. The subject matter at the time was the allegations of sexual harassment, the general security situation at the hospital and the breakdown of essential equipment within the hospital.

The Committee went further and made a fact-finding visit to the hospital on 31st January 2018. We toured several departments, among them the Accident and Emergency Unit, the Operations Theatre, the Intensive Care Unit (ICU), the Neo-natal Intensive Care Unit, the Maternity Wing and the Trauma Centre.

The Committee also addressed the issue of functionality of critical machines. It noted that, indeed, the hospital had old, outdated and insufficient equipment that hampered its ability to deliver quality services to patients. For example, the Magnetic Resonance Imaging (MRI) machine that had been in operation since 2005 - for 12 years - was rendered obsolete in January 2016 hence the patients have not been getting MRI services for over a year. Only two laparoscopic equipment that are used for keyhole surgery are functional. The hospital requires four of that equipment for it to provide proper services to the patients. There are 20 incubators, but only ten are functional. Due to this, babies share incubators hence the risk of cross infections. There are nine nasal continuous positive airway pressure, but only 6 are functional.

Hon. Speaker, we also found out that the hospital, sometimes, borrow some equipment to be used in the theatre from neighboring hospitals. While still looking into these matters, the Committee's attention was again drawn to other serious issues that emerged from the hospital that are also in the public domain.

There was theft of a baby at the hospital on Sunday 18th February 2018 and the big elephant was the surgical mix-up at the hospital that occurred between 18th and 20th February 2018.

It was then that the Committee resolved to wholesomely investigate the root cause of the problems bedevilling the hospital by conducting a complete diagnosis, and eventually conducting a radical surgery at the hospital in an effort to prescribe lasting medication to that referral hospital.

Hon. Speaker, the Committee interviewed the Hospital's Board of Management; medical personnel involved in the specific cases; the Cabinet Secretary (CS), Ministry of Health; the patients who were involved and their relatives. It also involved the public on the matter in appreciation of the principle of public participation in our governance process as enshrined in our laws.

The inquiry covered the entire spectrum of health service provision at the hospital from leadership and management to health personnel and auxiliary services like security. The Committee further analysed financial allocations to the hospital, the referral practice and human resource contingent deployed at the hospital.

The Committee did not find evidence to substantiate the allegations of sexual assault. The allegations made by a social media user could not be verified and the Director of Criminal Investigations (DCI) had been conducting investigations. It is the Committee's hope that the police would get to the bottom of the matter. It was not just a cyber-criminal activity that the House has been grappling with of late, and even introducing legislation to curb the same. In our report, we have requested that this House, if it adopts the Report, the DCI be given 14 days to give this Committee the report on the findings of this allegation and especially because the social media user never appeared before the committee or in person. So, the social media user was still unknown.

On the matter of the surgery mix-up involving two patients, the Committee observed a number of failures along the system contributed to mishap. I will shortly mention them. We recommend that the hospital takes full responsibility of the recovery of the patients and consider remedial action. Before then, I know people will be asking themselves what happened.

On 18th February 2018, one patient by the name Wachira Kimani was admitted at the Hospital and taken to Ward 5(a). He was an accident trauma patient. He was supposed to be given medication. On 19th February 2018, a patient by the name Nderitu John was again received at the accident casualty and was recommended for a surgery because the doctors believed he had a clot in the brain.

The Committee went through the whole process and we noted with a lot of concern that when the so called John Nderitu was received at the casualty and recommended to go for surgery, he was sent to Ward 5(a) where he was not labelled. When he was received in Ward 5(a) in the presence of the relatives, the same day on 19th February 2018, he was taken to the theatre with the relatives, but they were told to wait until evening. That was around 3.00 p.m. Later, when the relatives went to the hospital to check how long he was to take in the theatre, they were shocked to find John Nderitu back in the ward. They were explained to by the nurse that they found that John Nderitu required blood for surgery and they were waiting for blood. They were advised to go home because he was to undergo the surgery later in that night. We learnt that around 5.30 p.m., there was change of shifts by nurses and only one nurse by the name Mwangi received the handover notes from the nurse who was there during the day. Later, a nurse, Mary Wahome, reported on duty and was handed over by John, the room that specifically John Nderitu was supposed to be.

Hon. Speaker, when the theatre called for John Nderitu to be taken for surgery, the nurse who did her submission before the committee admitted then that she had not seen John Nderitu

and went to the ward and called the name. She said the person responded by a form of murmuring or something like that. She went ahead, labelled the patient John Nderitu and wheeled the patient to the theatre.

During the operation, they were received by a theatre nurse and they were also received by the anaesthetist.

The patient was handed over to the surgeons who went ahead to confirm the identity through the labeling, file number and also the brain imaging which had been given and they went ahead to open up the said John Nderitu.

When the surgeons opened up the patient, they noticed through the imaging they had that the patient did not have a clot. It is also important for this House to note that those doctors are registrars who are still continuing with their studies. They are in their fourth year at the University of Nairobi (UoN). The two of them confirmed and consulted with a senior registrar who also confirmed that the patient they had opened up did not have a clot. They went ahead to call the ward to confirm whether John Nderitu was the real patient and the ward confirmed he was. They were not satisfied and went ahead to call the senior consultant who came in at around 3 .00 a.m. and confirmed that the patient who had been opened up did not have a clot. They agreed to close up the patient and go for further imaging. By, then, as they were waiting for the patient to recover, at around 6.00 a.m. the nurse who was on duty the previous day reported. When she came in, she asked the nurse who was on duty that night if she took John Nderitu to the theater and gave a description of another patient who was near the window. That is when that nurse responded and said: "Oh my God! I made a mistake and took the wrong patient to theater."

We have further engaged the entire surgical team, nursing team who handed over and further talked to the Kenya Medical and Dentist Practitioners Board (KMDPB). What we have seen in Kenya National Hospital (KNH) is a failure of the systems. I can tell you even when we called the Cabinet Secretary (CS), she confirmed to the Committee that she learnt about the incident through the media. That was on the morning of 20th February, 2018. On 1st March, 2018, she had gone to visit her relative in the hospital. The media called her and told her that she was among the people who were colluding to hide what KNH has done.

The CS was confused and she asked the Principal Secretary (PS) to do a follow up. Later on the night of 1st March 2018, the PS told her something was wrong and she would be given full information later. The following day on 2nd March 2018, the CS called the Board Chairman who confirmed that he did not have information about the surgery mix-up. It is important for this House to know that this was 10 days after the mix-up had happened. Even the Director of Medical Services (DMS) did not have the information. The CS took it upon herself to walk there and ask the Board Members who were available to find out more information. She visited the patients and spoke to them and asked the hospital to register them with the National Hospital Insurance Fund (NHIF). Immediately from the submissions given, the patients and their relatives said that, that was the first time they received good attention. For that period of 10 days, the doctor and nurses were saying that, that was a special case. They would ask them questions and nobody told them what was happening or communicating. One of them told us that they even stayed without medication after the mix-up.

When the CS met with the team, they agreed with the three Board members that day, that the Board would convene the following day and action would be taken. At the same time, the CS was the senior-most in protocol. By that time, the media was asking for answers and already the story was in the headlines. She took the responsibility of saying that they are taking some certain steps. She asked the Chief Executive Officer (CEO) and the Director of Clinical Services, Mr.

Githae, to go on compulsory leave - but they were not suspended - so that they can allow for investigations to be done.

I would like the Members to go through this Report because we have done thorough investigations, recommendations and observations. Systematic challenges were reported during the whole process. When we looked at their Standard Operations Procedures (SPOs), they did not have labeling as part of their processes. Between you and me and the Members of this House, we know that when you walk in any hospital for admission, you are always given a label. It can be tied around the wrist or somewhere else. But, at KNH, that does not happen. The nurses told us that they have been struggling. You can find one nurse allocated a maximum of 30 patients while, according to the World Health Organization (WHO) standards, it should be one nurse to five or six patients.

The nurses at KNH also disclosed to us that they are also the clerks who do the billing. When they report in the afternoon, they have to bill the patient and, at the same time, they are the ones giving medication. They also told us that majority of the patients at KNH do not have uniforms. In the same night when there was a surgery mix-up, there was also a patient who ran away. He was supposed to have gone home, and had not paid the Bill. But because he was not wearing any uniform, when the visitors came in, he just sneaked out and left. The nurses also confirmed to us that it is hard to change linen because sometimes it is not available. Also, the channels of communication between them and the management are very minimal. They were a bit scared and did not disclose a lot because they did not want to be victimised. However, they gave the Committee a lot of information.

Another problem plaguing the hospital is the failed referral system. The lower tier hospitals managed by counties are unable to provide services to the citizens leading to surging patient numbers at KNH for their ailments to be treated. That means KNH has become over-stretched. The Committee recommends that KNH demands adequate referral notes from all patients. Further, the Committee urges the Ministry of Health, in conjunction with the county governments, to find means of urgently improving health services at their level. This is the only means through which universal health care will be attained, among other strategies.

The Committee examined the final allocation to the hospital and found a general trend of shortfalls in the last four years. Allocations have grown partly from 55.4 per cent in complete variance with the growth in patient's number at KNH. Even as the Committee is alive to the fiscal challenges faced by the country, we urge the National Treasury to prioritise such key areas as health and improve funding to the hospital. We want to remind the National Treasury that the country is committed to the Abuja Declaration of 2001, which requires that, at least, 15 per cent of the national budgets be set aside for health care. At the same time, it is of importance to know that currently, KNH collects revenue of around Ksh4.5 billion in a year. From our own investigation, this could even be more, but the financial systems are weak and people take advantage.

Some members said: "You can go to KNH and if you have a bill of Ksh1 million, you just need to talk to the accountants and you pay Ksh100,000! You leave with your patient." Others said: "You can use the theater and leave without paying, provided you have seen the doctors." The inadequate finances have caused medical equipments to breakdown at the hospital with no replacement. Some have become obsolete. In fact, up to 45 per cent of hospitals machinery and equipment does not function. The Committee recommends that the hospital, the Ministry of Health and the National Treasury costs those items and provide adequate resources for replacement. Looking at the way KNH has been managed, there are many problems. Last

night, there was a new case about a woman who gave birth through an operation. Her intestines are torn and she is still held up in the hospital. When the husband went to get her, he was told to wait, because if he takes his patient, he is on his own. Nobody will take care of the patient. When we were writing this Committee Report on Monday, it is sad to note that the same patients who underwent the surgery mix-up kept on calling some Committee Members saying that they were told to go back on 19th March. They had already been discharged but, when they went to the hospital, they were mistreated. They were told doctors were on strike and when they presented their NHIF cards which were processed, they were told they were not working. Some of these patients had come from Nyeri and had no place to stay because it was late in the evening. Because of the way those patients have been treated, as a Committee, we highly recommend that KNH and the CS should take responsibility and make sure that those patients are well taken care of. We also thought from the physical appearance of those patients that even a second opinion was required. Those people need to be investigated further because, as a Committee, we were at pain to be told that one patient was supposed to go to the theatre, but there was confusion and the following day out of physical examination, he was told he is okay and that he can be given medicine and he no longer needed to go to the theatre. It was also a bit confusing.

It is also good for this House to know that 75 per cent of the doctors who are working in Kenyatta National Hospital (KNH) are registrars. Just to make it simple, registrars are students. I personally asked them whether they are supposed to work by themselves or they are supposed to be supervised. The answer was: "Sometimes, once you work a little bit, your supervisor can allow you to continue the operations unless you encounter a problem. Then you can consult your supervisor." I think this is risky. We would like the shortage of staff at KNH to be looked into. I want to take this House to the exact shortage we have of staff members at KNH. I will be going straight to the recommendations of the Committee because it is actually a sad affair. I am trying to look at where the numbers exactly are, so that I am straight and people will not say that you acted out of hearsay. I will get exactly to where that is.

Let me just go to the Committee's recommendations. In the recognition of the Board's failure to carry out its functions in the national interest, the appointing authority, in accordance with Section 7 (3) of the State Corporations Act Cap. 446, we ask that a new board be constituted with immediate effect. I also want to tell this House that when we summoned this Board to come about this very serious surgery mix-up, only three board members turned up, out of 10. When we asked the Board Chair where the rest were, he told us his Board members are very busy people and that is why they had not appeared before the Committee. We sent them back and asked them to get the busy people to come and meet with the Committee. We hope that the new Board is not going to be busy for KNH. When it comes in, it is going to appraise the top level management with a view to placing the right personnel with the right qualifications in those positions.

Hon. Speaker, allow me to go a little bit and say that KNH has had several chief executive officers (CEOs). Allow me to speak about one CEO. This CEO was Dr. Richard Lesiyampe, who brought transformational leadership style when he was the CEO at KNH. Mr. Richard Lesiyampe was the first CEO who was not from the health background to hold the mantle of the facility. But in his first days in the office, he dealt with pockets of resistance from people who are not ready for his transformational leadership. However, at the end of the day, he reached out to everybody. He did not ignore anyone. When we interacted with the staff of KNH, there is a big gap between the management and the people who are doing the core business – treating the patients. Those people are neglected and we wish and hope that the new board will have time and bring the transformation and the right leadership at KNH.

The hospital should also employ proper patient support services and customer service alongside this. KNH should also device a proper communication and information system. As I said, when those patients went back to KNH, they were taken round. There was nobody to receive them. Even the rape case that was in the media was basically mishandled. When the media went to ask, there was no commitment and it was brushed off. From the presentations that were done, we could tell as a Committee that KNH was on operation, but on a pilot or an auto mode. People were hands off. They did not really care. They waited for things just to happen by themselves.

Again, the issue of sexual harassment…

Hon. Speaker: Sorry! Did you say hands off or both hands off, eyes off, ears off and everything off?

(Laughter)

Hon. (Ms.) S.W. Chege: Hon. Speaker, it will even also be brains off. The Directorate of Criminal Investigations (DCI) should also complete its investigation and submit the report on the alleged sexual harassment within 14 days of the adoption of this Report by the House. We also wish that it will submit, within the same time, a Report of a patient who was stabbed in the Hospital and died a few years back. Until today, the DCI has never submitted the report to the Hospital or the Committee. This was being handled by my previous committee.

On the general security of the Hospital, it is important that they engage in security management and review the security arrangement within the hospital. I want to tell members that there is a police station within KNH, but it does not serve KNH. It is a public police station. So, the Inspector-General of Police should take charge of security in the compound with the help of an already existing police station that is within the institution's grounds. The Hospital should also carry an enforced restriction of the number of visitors per patient and adhere to visiting hours. We are also recommending that the handing over is not done at the same time as the visiting hours' time. There was also a lot of confusion on the same.

The issue of CCTV surveillance is also crucial. I have seen we have the National Youth Service (NYS) officers here in Parliament. They are there, but they are not sufficient and the Hospital, as a matter of urgency, should engage the NYS services to provide additional service within the hospital and to complement the existing security measures at the facility.

Another one is the issue of the equipment. The Hospital and the National Treasury should undertake comprehensive costing of all medical equipment that the hospital requires to guide resource allocation to purchase the medical equipment for the institution. It is a shame that we are concentrating to equip our counties instead of first equipping our referral hospital, which is strictly under the national Government. This should also happen to the Moi Teaching and Referral Hospital (MTRH). I think for now, MTRH is doing better.

Next is the issue on the surgical mix-up. We said the Government, through the Ministry, should consider appropriate remedial action on the two patients. The Hospital should take full responsibility for the full recovery of both patients. Further review should be conducted on the patients with the possibility of a second opinion. Again, we recommend that the report by Kenya Medical Practitioners and Dentists Board (KMPDB) on this matter be implemented, but not limited to the following:

There is a report that is attached that the Nursing Council of Kenya should immediately review the conduct and the practice of nurses involved in this case. The Clinical Officers Council

of Kenya should also immediately review the conduct and practice of clinical officers involved in this case. All medical regulatory bodies including KMPDB, Nursing Council of Kenya, Clinical Officers Council of Kenya and Pharmacy and Poisons Board of Kenya immediately should review their standard operating procedures and align them to emergent good practices in the world. We are also saying that a regulatory body should meet punitive measures on the health personnel reported and proved to have mishandled the patient in this or any other case that has been reported.

We also recommend that the hospital should strictly enforce the referral strategy and ensure proper referral documentation on admission is adhered to. The Ministry of Health should also roll out full operationalisation of the Health Act 2017, which was passed just before the last Parliament ended. That Act has the solution to many of the problems plaguing the health sector. Further, with almost a quarter admitted at KNH being trauma patients as a result of road accidents, there is need for the country to consciously develop road safety guidelines with a view of enhancing safety in our public transportation system. Just to note also on the same, KNH needs to have specific rooms and wards for patients with specific diseases. Currently, there is confusion. You will find a patient who was to undergo surgery, another patient who is not undergoing surgery and another patient with a different condition mixed in the same room. We feel like somebody somewhere is thriving through the confusion to take advantage.

On the financial status and human resource, the Government should adequately support KNH in terms of resource allocation. I have already said that. To provide referral and curative service in the country, the KNH and all other referral facilities should invest and put in place a robust financial monitoring system to ensure that fees collected in the course of offering services are well captured and accounted for.

The Hospital should also strengthen existing partnerships and create new linkages with development partners to support the institution. This will supplement the resources allocated to KNH by the Government to support delivery of services. The recommendations are many. I know Members have gone through this Report, but I also want to say that the Ministry of Health should device a way of ring-fencing health funds reimbursed from counties by NHIF to be strictly used for health purposes.

Why have I mentioned that? Hon. Speaker, initially, when money was allocated to the counties, the money for health was given to a specific health facility. However, the money that is reimbursed to the counties now is sent to the general county accounts. That means that the governors can decide to build roads, buy water pipes or go for benchmarking in Mombasa with that money, instead of using it for health purposes or taking it to the health facilities. It is, therefore, possible to find our county hospitals without basic things like gloves and medicine. That is why we are saying that we want to ring-fence the health funds, so that the money can be sent specifically to the hospitals which will benefit as opposed to a general county account.

Kenyatta National Hospital (KNH), in collaboration with the Ministry of Health, should develop policy guidelines on handling of medical bills waivers for patients to cushion the institution against revenue leakages which arise from such waivers. The Hospital should avail enough non-medical supplies including linen, uniform and proper visible staff name tags. The patients told us that they can tell the doctor who treats them because he has a name tag, but the nurses' put their tags upside down. We got to know about this when they appeared before us. They showed us the tags, which are similar to the ones that Members use when they go for workshops. When the nurses are doing their work, the tags face the other way and so one cannot read them. We hope that KNH will give the nurses proper tags which can be read properly.

The Committee will further engage the Hospital and the Ministry of Health in policy discussions on engagement of registrars in general. We want to know the arrangement between the Hospital and the University of Nairobi. It is important for this House to know that the Memorandum of Understanding (MOU) between University of Nairobi and KNH was signed 27 years ago. It has never been reviewed. The registrars are students who work for more than 20 hours in our theatres or within the hospital. They leave the theatre or the hospital, rush to class and then come back. Those people are not paid a single cent. We also need to treat them well. We learnt that 75 per cent of the workers in that referral Hospital are registrars.

Further, the Committee will hold policy discussion with the Ministry of Health, the National Treasury and other stakeholders to fully implement universal health cover. As the Chairperson of the Departmental Committee on Health, I want to take this opportunity to thank my Members and, especially, the secretariat for a job well done. Part of the Members of this House thought that the Report was not written by the Committee because the Clerks did a very good job. We had to stay late for the past one week preparing this report. My Committee Members are committed to sorting out the issues at KNH once and for all.

I want to beg Members of this House not to politicise the issue of health. We cannot take the health of Kenyans for granted. The same people who voted for us are the same people who will come to Kenyatta National Hospital to be treated. It was sad to see the number of cases from KNH that have already been forwarded to the Kenya Medical and Dentists Practitioners Board. Most of them are cases where death occurred. We also took an issue with the Board. We will follow it up because many recommendations were that they would warn the Hospital. There was no single case where action was taken. We had an issue with the Board.

At the same time, you cannot just go out of the country and then when you come back, because you want your people from the constituency to know you are back, you pick such an issue in a Report, which you have not even read and you start politicising the whole matter. This issue is not about an individual or the Board of KNH. We did not ask any Board members who appeared before us where he or she comes from, because we looked at the performance of the Board. We do not care who the Chief Executive Officer (CEO) of KNH is, and which region he or she comes from. That is none of our business. We want to see a person who can perform. We want our referral Hospital to go back to where it was before.

I want to say again that we should not politicise matters of health in this nation. It is a shame when I see some Members of Parliament trying to politicise this. I want to ask you a the following question: If you were the Cabinet Secretary, Ms. Sicily Kariuki, and you learn 10 days down the line that such a thing happened, what would you do? I want to look for a Member who will second this Motion. KNH Board must go. I do not think this House should negotiate about it. The current management of KNH must be reviewed for us to have sanity and to regain the image of the Hospital.

If you allow me, Hon. Speaker, before I ask somebody to second the Motion, it is also important to raise an issue on how the media covers the proceedings of this House and Parliament. Allow me because I know I had not alerted you. We had a meeting with the Departmental Committee on Administration and National Security. The Director of Criminal Investigation (DCI) asked that our Session with him be in *camera*. The media picked that and said that the DCI had said that the person who cons Members of Parliament is a close relative or has a close relationship with me, which is not true. Allow me to clear that before I pick it up.

Hon. Speaker: Is that part of the Report?

Hon.(Ms.) S.W. Chege: That is not part of the Report. I have digressed. I took advantage. Thank you very much.

Hon. Speaker: Have you moved the Motion?

Hon.(Ms.) S.W. Chege: Yes, I have. I would like to ask Hon. Mule to second. I was trying to look for Hon. Mohamud because he is a doctor of 27 years and he worked for the same facility from 1991. Hon. Mule, allow me to ask Hon. Mohamud to second. I had not seen him coming in. He was a little bit late. He will second the Motion and then we move on.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. (Dr.) Mohamud.

Hon. (Dr.) Mohamed Mohamud: Thank you very much, Hon. Speaker. Thank you, Chairperson for bringing the Report. I stand to second that this House adopts the Report of the Departmental Committee on Health on the alleged sexual assault, breakdown of equipment, surgical mix-up and general operations at KNH.

This Report aims to help prevent the recurrence of the systemic failures in that institution, as well as help the country's largest referral institution redeems its very valuable image. This Report recommends considerable re-examination of the way KNH operates, improvement of the health services and, in particular, referral of patients from other hospitals around the country and the rest of the African Continent. It is important that we note that KNH is unique because of the number of years it has been there. It has served this nation and many other populations that are around the continent. It is important to understand that it is one of the best hospitals that support the training of health personnel and the future generations of our health services. It is important to note that medical mix-up is not unique to KNH. It occurs around the world on a daily basis. According to the World Health Organization (WHO), medical errors and other health care related adverse events occur in nearly 8 to 12 per cent of hospitalised patients in the European Union (EU) alone. For example, an estimation of 850,000 adverse events a year are recorded in the United Kingdom (UK) alone. This includes hospitals which acquire infections, commit surgical errors, among many others. These errors are recognised and clearly dealt with through due process. This is exactly what the Departmental Committee on Health and relevant health professionals and authorities are undertaking. Patients' safety is a critical and practical issue that needs the support of all practitioners. It thus calls for stringent measures within the health institutions.

In my 27 years of experience in the health service - that is since 1991 - I have learnt that societies grow to their full potential through health care and investment in their health services.
I, therefore, ask this House to adopt the Report of this Committee which entails the way forward, and not looking backwards to what happened. We want to utilise this opportunity that is ahead of us to learn from past mistakes of the hospital. It has been bedeviled by inconsistency in management and the process through which the hospital is taken care of. That includes the poor budget it gets. I insist that the Ministry of Health should considerably support that hospital's budget because it is an important asset that has supported our society over many years it has operated.

Hon. Speaker, I would like to bring to your attention that there is what we refer to as medical surge. This refers to the ability to evaluate and care for an overly increased volume of patients. That is what is bedeviling that hospital. It is overloaded by the number of patients that come from other institutions nearby, and walk-in patients. They come to that hospital and they stress it. Medical surge refers to the ability to evaluate and care for an overly increased volume of patients that are exceeding the operating capacity of a health care service.

(Loud consultations)

Can Members please reduce the volume of their consultations?

In simple terms, there is incapacitation of an institution due to a surge in patient traffic that is compounded by inadequate beds, inadequate equipment, inadequate service, over referral from counties and overwhelming walk-in- patients. These are critical and crucial matters that our Committee has identified: these issues require examination and work.

How do we address some of these things? Resource allocation is one of the principle things we can look at. The hospital has not been getting adequate resources. We need to manage and support the current meager resources to absolute maximum capacity. When we visited Kenyatta National Hospital, we actually found a pathetic situation where patients were lying on the floor. That is unacceptable in the 21st Century and in a middle income earning nation. Therefore, funding has been absolutely inadequate.

It is also important to reallocate resources expeditiously to places where patients need the services to avoid overwhelming referral by supporting other health care levels like Level 4 and 5 hospitals in nearby counties. For example, if Machakos and Kajiado are supported, because they are close, they can be able to take much of the work of that hospital. That is crucial and important. What is also important is that in our counties, *mashinani,* as they are called, the Level 4 and Level 5 hospitals should have specialists who support those institutions. Therefore, the surge of patients to Kenyatta National Hospital will dramatically drop. That is one of the observations we made.

If we leave Kenyatta National Hospital on auto-pilot, then we are heading to doom. It is more or less, without resources or without examining the crucial challenges and without supporting the processes to which the hospital can grow further and support our society and our growing population, then we have left it on auto-pilot; which is not good. We must allocate enough resources to this very invaluable resource.

While training health personnel in 2014 for the control of *Ebola*, I mentioned collective responsibility. It is the way forward for health personnel to reach greater heights in the institution they work in. Therefore, that becomes a very important factor because it brings harmony in the institution's workforce. Human resources for health calls for collective work and moving forward. That is how I look at it.

In one of my books on transforming public health in developing nations, I dwell much on health systems performance as the corner-stone of a nation's health and wellbeing. The principal argument in my book is that the root causes of health systems failures is something that comes from within a health institution. Having said that, there are multiple external forces that can bedevil health systems and bring them crumbling on their knees. I, therefore, think that this Report is very crucial.

Wajir South Hospital in my constituency has not been supported simply because it does not have enough health personnel because it is too remote and far away. We want to inculcate, in our future health professionals, the value of accepting to serve in any part of the country.

I urge this House to adopt this report. I beg to second the Motion.

(Question proposed)

Hon. Speaker: Member for Seme.

Hon. (Dr.) Nyikal: Thank you, Hon. Speaker, for giving me this opportunity to support this Motion. The Report on Kenyatta National Hospital exemplifies the problem of the healthcare we have in this country. We have systems failure, failure at management level and failure at individual performance level. All these have been exemplified very well in this Report.

To begin with, I will go to the incident that occurred and then state the system problems we have. Basically, what happened is that a nurse who had not attended the handing over was asked to take a patient to theatre. She then took notes and called names and somebody who was confused responded, not even by talking, and that patient was taken to theatre. From that time on, the die was cast. The patient was the one with the label. That has come out clearly. That is the real problem. All the others we have heard concerning sexual assault, surgical mix-up, and breakdown of equipment are an indication of a system failure, arising from individuals not doing their duties properly.

The incidence, in terms of system failure, is a problem of human resource. There are few nurses and so much work. That is system failure. The incidence was as a result of failure of management even though there was too much work. All people must attend ward handing-over in the wards. It does not matter. Even if procurement is not right, there must be effort to get at least labels to label patients at the beginning. Those are system failures.

Yesterday, our Chair, who has done very well, asked me to second debate on the Report, but I declined. I said I would not because I did not think the recommendations contained in this Report have gone far enough. When there are system failures, individuals must still take responsibility at management level and at the incidence level. I know there is system failure because facilities in the counties surrounding Kenyatta National Hospital (KNH) are not providing services for their patients. Nairobi, Kiambu, Kajiado and Machakos counties bought ambulances and they all take patients to KNH. That is a huge system failure. The management at KNH cannot escape responsibility. The Chair has indicated the lackluster response that was associated with this. Those who have not seen the Report may use this. If you look at observations 205, 206 and 207, you will appreciate that there is serious management failure in terms of how the situation was handled, and in terms of the response to it even when we called the Board to the meeting.

Paragraphs 223, 224 and 225 tell you clearly how this was a failure at the individual level, leading to the mix-up, as I have indicated. The recommendation under paragraph 245 calls for the removal of the board. I do not think that is what we should do in terms of management. The CEO, the Director of Clinical Services and the Director of Nursing should take responsibility at the management level. We cannot leave it at the board. I signed this and I was convinced at one point that when we say we remove the board, it includes the CEO and the directors. It does not. In my view, those should come out clearly and take responsibility. We have described how patients are wheeled to wards and to theatre by their relatives. Even if there is congestion, that should not happen. The management cannot escape that. That is why I think the Report has not gone far enough. I have indicated the areas. The Director of Clinical Services is a colleague, but I am not saying that he failed as a surgeon, no! He failed as a manager. He can still do his surgeries perfectly well. The Director of Nursing can also still do the nursing work well, but as managers, they need to take responsibility for that failure. The CEO cannot escape.

The recommendations under paragraphs 257, 258 and 259 say that we refer the people who are involved to the regulatory bodies, namely, the Kenya Medical Practitioners and Dentists Board (KMPDB), the Nursing Council of Kenya and the other regulatory bodies. Those bodies are going to look at the professional aspects of the issue of the work that was done. An institution

must reinstate its administrative capacity to remove from amongst its staff those that it deems to have not done a good job. The regulatory bodies will then go and check whether it was a professional problem or not. That is the work of the regulatory bodies, but administrative action must be taken. I am pained to say this because some of them are my colleagues, but I still believe that the nurse who did not attend the handing over, then took a file, called out a name and a confused patient responded and was labeled, must take responsibility. There have been very many mitigating circumstances, for example, a lot of work. The person had been sick. When you insist that that person should not be involved in work anymore, even temporarily, you are protecting the patient. There comes a time when you have to ask whether you are going to protect a professional or you are going to protect patients. You protect patients. I believe that nurse should also take responsibility.

There is a national failure. Our county hospitals are not working. The problem at KNH cannot be solved by putting more money in it. The problem can be solved by making sure that the health facilities in Nairobi, Kiambu and Machakos are working so that KNH becomes what it was meant to be; a referral hospital. We have had experience with this. In 2005, when maternity was packed and there was an outcry, we did not buy more beds for KNH. Neither did we build more theatres. We opened 11 delivery units in Nairobi and the problem was solved. I agree that we need the equipment, but first of all, let us put the system that will make KNH work as it is supposed to work. The facility is supposed to work as a teaching and referral hospital. Our Chair said correctly that 70 per cent of the doctors are registrars. May I correct this. They are fully trained registered doctors who have gone for further training.

A majority of the doctors you see taking care of people all over the country are at that level. They have just gone to do a little bit above. Unfortunately, the arrangement is such that they are considered students and many of them are not paid while they do the actual work. That is totally not acceptable. I know I was there and recommended that KNH should have positions for training which are paid for. It is only then that the university can admit those students in those positions.

I agree with the Chair that we need to look at the MoU. I think it can still work. But in my view, and I will say this and many people will not agree with me, it has come a time when we should think. Should KNH not be a teaching hospital for the University of Nairobi (UoN), run from the UoN? That is so that the director of KNH responds directly to the head at the university and not a situation where the director of the KNH is responsible to the Ministry of Health and the Dean of Students is responding to the university. The dean is the one in charge of most of the medical people there. How does that work?

Hon. Members: (*Off-record)*

Hon. (Dr.) Nyikal: The life of people is important than the time we are spending here. If I only do this and I go home for the next two weeks, I will be okay.

The issue of devolution has told you these things have brought all systems together. Everything is coming and we are asking whether this is what we call chicken coming home to roost. We have an adversarial relationship between county governments and the national Government. It is not necessary. We are serving the same people. The Ministry of Health is for standards and policy. At this point, I do not think they can go out there and enforce standards and policies because this is misunderstood to mean they are going into areas of devolved functions. We have one country. In fact, the Ministry should not involve itself in the management of health so much. Most patients should now be managed in county hospitals. The Ministry just needs to be a standards and policy enforcer who goes around and says: "Are you doing it right, my

friend?" Not to go and load it over the governors. The Ministry should just say: "You are doing this. These are the standards and policies we have. Do we agree on them that we are all working together?"

I know I cannot finish. I support this Report, but say I still insist that we did not go far enough. I do not see how the top management and the nurses go scot free. I have a lot of sympathy. If I was a judge, I would have looked at mitigating factors like being sick and so on, but you cannot continue to look after patients in the same ward if that has happened.

Thank you, Hon. Speaker.

(Applause)

Hon. Speaker: Very well, Hon. Nyikal. The Leader of the Majority Party, it is you. I think you have indicated to me that you have a proposed amendment.

Hon. A. B. Duale: Thank you very much, Hon. Speaker. I intend to move an amendment as I support this Report:

THAT, the Motion be amended by inserting the following words immediately after the expression "216(5)(e)": "…subject to deletion of Paragraph 255 on Page 61 of the Report and substituting therefore the following new paragraph":

255. That the Ministry of Health should:

a. Compensate Mr. Samuel Kimani Wachira for the risk exposed to trauma and permanent deformity caused by the surgical mix-up and Mr. John Nderitu Mbugua for the delayed surgery that exposed him to the fatality likely to result from the blood clot.
b. Institute remedial actions on the two patients with a view to ensure their full recovery.

The matter before us is very serious. When I watched what had happened, some people think it is like a movie. A Kenyan who had no problem is taken to a theatre, his skull is opened and, midway, a surgeon asks what is happening. I am not seeing any blood clot. Then, he closes your skull and tells you to go home. He thinks that is end of life. No! Parliament has a responsibility. Imagine if that was your brother, son, father, mother or yourself on whom this was done.

There was a joke after this thing that, if you are fat and you have a big belly, you risk going to the KNH. They will throw you into the maternity and do a caesarean.

(Laughter)

They will do a caesarean on you imagining that you are about to deliver. There are Kenyans who are now scared of going to KNH. We must set the example. That is why we are the people's representatives. That is why we were given the powers of the budget making. We must put the money. The Chair of the Departmental Committee on Health must listen to me. You must put that compensation fund for these two patients. This Committee must make sure it is part of their business to oversight and make sure the patients recover fully. That is why I brought this amendment. We cannot allow doctors and nurses to just come, take you to a theatre and open your skull. This is a serious matter. In fact, we must ask the Director of Criminal Investigation (DCI) to see this as criminal negligence. It is criminal negligence. Somebody should do a further amendment so that those doctors, nurses and anybody involved can face criminal negligence charges. It happens everywhere.

When a police officer, even in the line of duty, shoots a citizen, he is taken to court and faces criminal offence charges. Am I right? A police officer in the line of duty faces that. Why should a doctor or nurse in their line of duty open my skull? I am a very worried man. I am a very worried man. I am sure, if you have a patient in the KNH…

Hon. Speaker: Why don't you move the amendment first? You will have an opportunity to contribute.

Hon. A. B. Duale: I just wanted to make sure that Members support me on this. I realised there was no compensation. Samuel Kimani Wachira is a poor man. He was a *boda boda* rider. So, his life is now in shambles. So, before I go to the body of the Report, I really want to ask the Member for Emurua Dikirr to second this amendment.

Hon. Kipyegon: I stand to second this amendment. Very touching explanations on how mix-ups happen in that hospital have been given by the Chair of this Committee.

Just like the Mover explained, mishaps normally happen in several countries. But when they happen, the people who are affected are compensated and given second thought or opinion.

People were joking like the Mover has said, there have been so many jokes. When people look at how somebody is behaving, they tell him or her that they have been to KNH and their brain was interchanged with another one. Someone went further and said that at KNH, if a morgue attendant slept in the mortuary, then the following morning he would be found cremated because of being mistaken for a dead body. I truly feel that this is an absurd affair. The only referral hospital in this country should be getting all the attention it deserves.

I want to second hoping that I will get an opportunity to contribute to the main discussion. I wish the two individuals who faced this situation are fully compensated and also given a second opinion. They can be treated elsewhere, not necessarily at KNH, so that they get are attended to by a doctor who is fully qualified.

I second.

(Question, that the words to be added be added, proposed)

Hon. Speaker: Should I put the Question on this?
Hon. Members: Yes.

(Question, that the words to be added be added, put and agreed to)

(Question of the Motion as amended put and agreed to)

Resolved accordingly:

THAT, this House adopts the Report of the Departmental Committee on Health on the alleged sexual assault, breakdown of equipment, surgical mix-up and general operations of Kenyatta National Hospital, laid on the table of the House on Tuesday, 20th March 2018, pursuant to the provisions of Standing Order No. 216(5)(e), subject to the deletion of paragraph 255 on Page 61 of the Report and substituting therefore the following new paragraph":

255 That, the Ministry of Health should:

a. Compensate Mr. Samuel Kimani Wachira for the risk exposed to trauma and permanent deformity caused by the surgical mix-up and Mr. John Nderitu Mbugua

for the delayed surgery that exposed him to the fatality likely to result from the blood clot.

b. Institute remedial actions on the two patients with a view to ensure their full recovery.

Hon. Speaker: The net effect is that this is treated as a dilatory Motion and, therefore, the debate goes back to the original Motion as amended in this form. Hon. Duale is now at liberty to contribute to the Motion as amended. Every Member will now be contributing to the Report of the Motion as amended.

Member for Emurua Dikirr has merely seconded this amendment and, therefore, he still reserves his right to contribute to the original Motion. You have, therefore, not lost your right to contribute should you desire to do so.

Proceed, Hon. Duale.

Hon. A. B. Duale: Thank you, Hon. Speaker. First, I want to thank the Chairperson and the Membership of the Departmental Committee on Health, for sitting long hours and bringing this Report in a timely manner. I am still waiting for the Report on the National Youth Service (NYS) which was to be tabled in the 11th Parliament. It took five years. Hon. Junet can confirm that. Every day, every year, they were investigating the NYS. On the contrary, this Committee gave itself a specific timeline because the matter they were investigating was a matter of great national importance. The KNH is supposed to be a prime health care facility. It is one of its kind, not only in Kenya, but in the region. We are told babies are stolen at the hospital. We have been told that there is a serious breakdown of machines and there is sexual assault at the same hospital. After all that, we have been told that there is serious surgical mix-up. That tells you that there is a systemic institutional failure in KNH. We cannot run away from that. The KNH is a shambolic institution. It is very sad. The intent and the purpose of those who started KNH, was to provide the best healthcare in our country. Our mothers, sisters and our daughters cannot feel safe in KNH because of fear of being sexually harassed and assaulted.

Patients are treated for the wrong ailments. My friend, Hon. Mule, is an expert in Tuberculosis (TB). A patient could go with a knee injury and he is given TB tablets! Patients are not being treated for the ailments that took them to KNH. Kenyans need to access medical assistance particularly from a public referral facility of KNH's type. The KNH should have been the India of Africa, in my opinion. The neighbouring countries should have been sending patients to KNH. Today, we are told of poor security at KNH, the CCTV are not functioning, the board is reactionary and unresponsive, the management does not have the passion to lead and there is lack of the usage of the standards and the guidelines that are supposed to operationalise the hospital.

The Director of Criminal Investigations (DCI) must be indicted. He cannot conduct an investigation for too long. We have men and women with the capacity and capability to conduct an investigation within one week and bring the criminals who are operating in KNH to book.

The KNH needs more resources and more staff. It needs to give the public more information. We do not want to treat the big problem and Hon. Nyikal has talked about it. The Committee did not look at it. Maybe the Committee has addressed it in the recommendations in the Report. The people who created KNH had in mind that it would provide the most specialised treatment. If you are knocked down by a *boda boda*, you are taken to KNH instead of Mama Lucy Hospital. In my opinion, KNH should not even have a maternity wing. Maternity should be in the counties and Level 5 hospitals. We give conditional grants of Kshs5 billion to all Level 5 hospitals. Governors and county governments must help solve the problems at the KNH. According to the Committee, KNH has a capacity of 1,300 patients, but it now sees 2,000

outpatients every day. The patients who go to KNH include those who have been knocked down by *boda bodas*, or persons who have slashed by their wives at night and have small scratches. It is admitting patients who ideally should have gone to dispensaries. That is where the problem is. There must be a referral system that any county dispensary or hospital cannot just refer anybody to KNH. There must be a systematic way of referring patients to KNH. There should a way to say that a particular matter cannot be handled by the Machakos Level 5 Hospital, Mama Lucy Hospital or Mbagathi Hospital. The management and the Departmental Committee on Health must look into this.

Hon. Speaker, the other issue that I have a problem with is the fact that clinical officers, doctors and the Kenya Medical Practitioners and Dentists Board members regulate themselves? It has never happened. Even in the National Police Service, we have IPOA, an independent oversight body. I saw that the board wants to investigate, but the chair of the board is Prof. Magoha, a man I respect a lot, and one of the people who were involved in the mix up is his son. That did not look tidy. If you want to deal with the nurse who caused the mix up, Mary Wahome, she is going to face the Kenya Nursing Council of Kenya. That cannot happen. There must be an independent regulator. Today, a doctor can do a poor diagnostic on a patient and the patient dies. When you want legal redress for your patient, you will be told...

Hon. Speaker: There is a point of order from the Member for Kibwezi West.

Hon. Musimba: On a point of order. I think the Leader of the Majority Party is out of order. In this House, we contribute on statements of facts. It is only fair that we have fair administrative action. You cannot use the Floor of the House to prosecute people who are not here, especially those who are professionals and are serving, to defend themselves. Prof. Magoha is serving yet you are mentioning him and his son on the HANSARD. A lot of the things that the Leader of the Majority Party says are pretty weighty and are taken seriously out there. You cannot create and kill the psyche of Kenyans who wake up every day extending hours. We learnt from the Report that many of these doctors are working in excess of 20 hours a day to serve the Kenyan people to see their wellbeing.

Hon. Speaker: You know you rose on a point of order. You now appear to have gone into a debate.

Hon. Musimba: It is about statement of fact. We are led by rules in this House. The Leader of the Majority Party cannot be bashing doctors endlessly who cannot defend themselves on the Floor unless he has something substantial to table against Prof. Magoha or the son. Let him present it here so that we can interrogate a report that indicts specifically those particular people. Otherwise, he should withdraw those statements.

Hon. Speaker: The Leader of the Majority Party, do you wish to say something on that?

Hon. A.B. Duale: Yes, Hon. Speaker. I have brothers who are medical doctors and pharmacists. I also have relatives who are nurses. Hon. Musimba should read the Report. Prof. Magoha, who is the chair of the board, excused himself saying that he could not be part of the investigation because his son was one of the surgeons involved in the mix up. The Chair of the Committee said that we should not come here to defend people, but debate the Report. Those who are culpable should be brought to book. If those doctors you want to defend are the ones who are opening the skulls of people who have no problem, they are committing murder. In law and in fair administrative justice, there is no way an industry and a profession can regulate itself.

Hon. Speaker: Hon. Nyikal, do you want to inform the Leader of the Majority Party?

Hon. A.B. Duale: I do not want to be informed. Read Articles 93, 94 and 95. Article 95 says that we can address anything in the interest of the people of Kenya. As I said, my own

brothers are doctors. My brothers run a hospital, but if they do a mix up, that hospital; the management and the owners must be held responsible. Otherwise, we are not in this House to rubberstamp issues. It is about the lives of our people. That is why I brought an amendment because nobody, even the Committee…

(Hon. (Dr.) Nyikal stood up in his place)

Hon. Speaker: Just a minute, Hon. Nyikal. You are yet to amend the Standing Orders to provide that a Member can rise in his place and claim to inform the entire House or to interrupt another Member claiming that they want to inform the House. We do not have that. What we have in our Standing Orders is that Members can claim that they want to inform the Member they are interrupting and if the Member they want to interrupt does not want the information, the purported information stays with the Member who wanted to inform. Hon. Duale has said he is not interested in the information. We cannot use point of orders to raise points of arguments.

Hon. (Dr.) Nyikal: On a point of order.

Hon. Speaker: Hon. Nyikal, what is out of order?

Hon. (Dr.) Nyikal: There is information that is not correct. Hon. Speaker, there is a professional regulation. What it regulates is very clear. It regulates professional integrity, technically and administrative issues. The owner of a hospital can take administrative action. That is not prohibited by the regulations at all. That is important.

Hon. Speaker: Hon. Nyikal, what you are saying is really not a point of order. You used the opportunity to argue. You could go on and say that accountants, lawyers and many others have their own body. However, that does not mean that the Leader of the Majority Party or any Member cannot criticise any profession and point out weaknesses in a way even if they are regulating themselves because they could be doing an incestuous relationship. If you are a medical doctor investigating another medical doctor, then you would say: "They only opened this part and not the other hence it is not negligence. It could have been negligent if it went beyond this." I can tell you from my own experience that even to convict a doctor through the evidence of another doctor is one of the most difficult things to achieve in this country. It will never happen. I quite take note that Hon. Nyikal in his contribution talked about them being professional colleagues. You are able to separate the incidents of management and professionalism which is quite alright.

Hon. A.B. Duale: Hon. Sankok - people do not know - is disabled through negligence by a doctor. He can confirm that. I know of about three people in my constituency who were given a higher dose of chlorine at the age of four. Today the children cannot hear. There were about 100 children from Busia who up to today cannot walk because of medical negligence by a medical doctor. You saw Dr. Kioko when he was giving his preliminary report. The clinicians' association and the nurses' association were there. When he finished, the leadership of the nurses said: "No! Why are you only victimising Mary Wahome and shielding the doctors?" So, they cannot purport to regulate themselves.

Hon. Speaker, as I finish, the other matter I want to raise out of this Report is that health care in this country is becoming very expensive. There are hospitals in this country which are very expensive. I will name them. I have the bills. If you take a patient to Nairobi Hospital or Aga Khan Hospital and he stays there for three days, you pay over Kshs2 million. Five doctors will pass by your patient and greet him in the morning and at the end of the day, they will send you a bill of over Kshsh100,000. I was saying all my children should be doctors, if that is the

only way to make money in Kenya. Why am I saying this? Two weeks ago, my sister was admitted at Nairobi Hospital. She stayed there for 10 days and they could not even diagnose that she has cancer. After 10 days, they told me that they suspected my sister had cancer. I took her to India for treatment. It cost me Kshs800,000, inclusive of air tickets. After two days of analysis, the doctor called from India and told me that my sister had third stage cancer. He prescribed medication and advised us to take her home.

A friend of mine lost his son in the Intensive Care Unit (ICU) of Nairobi Hospital last weekend. He had brain damage and was there for four days. We were asked to pay Kshs3.5 million only for the ICU. We, the leadership in this country, have medical cover. What about the people we represent? There must be a discussion in our country on how to regulate how much a doctor can charge. We must find out. The Government now has universal health care. Poor people are dying in this country. When your voter calls you, you ask yourself whether to take him to the MP Shah Hospital or to a hospital in South C or Eastleigh. We used to rush to KNH but because of the recent surgery mix up, we cannot take our patients there. The only place of last resort, in terms of affordable healthcare, was KNH but patients no longer agree to be taken there. Even families do not agree to take their patients to KNH. The media have given a different picture, that, if you go to KNH, you are a dead man. So, the Chair of the Committee, the Members and this House must find a way out.

Hon. Speaker, you are a renowned lawyer. Lawyers have a scheme on how to charge their fees. I walk to a hospital with my medical card, and I am just told to sign. I do not know how much is deducted. A friend told me that if I do an executive checkup, as a Member of Parliament, at Nairobi Hospital, I will find that I pay not less than Kshs200,000. However, if you go to an Indian hospital, with a Five Star Hotel inside, you will pay about Kshs50,000.

In fact, I am looking for a trip to go to India so that I can do checkup. Let us not hide, we are leaders. Let us make legislation and ensure that healthcare is affordable. Let us support the President in ensuring that there is universal healthcare for everybody. Every Kenyan who is poor must have an insurance card in his pocket, so that he can get quality healthcare.

I beg to support.

Hon. Speaker: Member for Suna East.

Hon. Nuh: Thank you, Hon. Speaker, for giving me an opportunity to contribute to this Motion. From the outset, I support the Motion.

I take this opportunity to congratulate the Committee, led by Hon. Sabina Chege, for the good work they have done. Most of the time, Kenyans think that Parliament is not working. Look at the way they have done this investigation in a very short time. The CID can take ages to conduct such an investigation. They have brought to the House recommendations that can be implemented once we adopt this Report. This matter is serious. It is the most serious thing I have seen this year. I do not know if there is another one coming. In my community, people say the only thing you do not see in this world is a man in a maternity ward, but anything else, you are likely to see. We are likely to see a man in a maternity ward at KNH being told to prepare to give birth.

It is very worrying that somebody suffering from something else can be taken to theatre and a doctor opens up his skull. *Eeh! Yawah!* When I saw this story in the newspapers that morning, I wondered if it was a Nollywood movie. This must be Chinedu's cinema. Akinyi is here.

(Laughter)

That is a very dangerous thing. The biggest journey in this country is when Muslims go to Mecca for Hajj. The other journey is going to India. All Kenyans are travelling to India for health services, because they are unable to get treatment locally. The other day, newspaper reports indicated that about 13 Members of Parliament were being treated in India for different diseases. Why? If there were quality healthcare services in Kenya, there would be no need to travel to India. As the Leader of the Majority Party said, if today you tell a patient that you are taking him to KNH, he will tell you that he is fine; that, he does not want to be treated. That is because he sees a possibility of dying while at that facility. Taking someone to KNH can be equated to taking someone to a grave.

Hon. Speaker, this Report has fallen short of certain recommendations. I feel we should amend it. You cannot gloss over the board. The board just sits once or twice in a month. The chairman of the board told the Committee that the members of the board are very busy people, and that they do not have time to discuss small issues like someone's skull being opened. The Chairman of the Committee has told this House that the staff at KNH are hands-off, ears-off, eyes-off, brain-off and shoes-off. Whom do the staff at KNH report to? They must have a boss. If something like this happens in the developed world, heads roll. People resign because something very bad has happened.

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

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

Hon. Speaker, you are leaving the Chair now, but let me continue. If this had happened in a certain developed country, serious people would have resigned from office. In Kenya, the skull of a patient who does not require head surgery is opened, but nobody leaves office. When somebody is removed from office, other people make noise and say that one of their own is being victimised. I think the world is coming to an end. Imagine that happening to you. You went to hospital and got admitted. You were suffering from a minor disease, but you are dressed in a gown taken straight to theatre, where your skull is opened. What would you do? Suppose it was your sister or brother? The former Director of Medical Services, Hon. Nyikal, has spoken. I am not sure whether he was part of the problem those days, but from his speech, this is the right way to go. He has talked about the Chief Executive Officer (CEO), Director of Clinical Services and Director of Nursing Services.

When the Committee was investigating this matter, I was watching on television. Some of the people who appeared before them should have retired 10 years ago. The Director of Nursing Services could not speak and she is as old as my grandmother. I do not know whether her retirement age is pegged on when she started school or joined Standard Four, because, if it is from her date of birth, she should not be in office. She should have retired during President Moi's time, when some of us were in school. Look at the way the professionals were defending their colleague. Before the matter was investigated, professional bodies came out and said the mistake was by so and so, passing the buck. When we talk about health, this is about lives and the only thing that does not have a spare in this world is life. When somebody dies through negligence, where will you get another life to give him? He is gone. This matter should be taken seriously.

The KNH should be a premier hospital in this country. If it operates to the required standards, nobody would go to Nairobi or Aga Khan hospitals. This is because people do not trust KNH. I can remember when we used to seriously demonstrate during those days, but now we have changed. When one was hit by a stone, you were taken to KNH. It is a dumping site. The police pick you from the road, put you in a Land Rover and drop you at KNH. Why can they not take you to another hospital? It is a dumping site. When our people die they are also taken to the City Mortuary. No! Not Chiromo Mortuary, which is a five star mortuary. That is how our people suffer. When people are taken to KNH, they do not receive any attention.

We have a Committee on Implementation and this Report should be implemented immediately it is passed by this House. The Chair of that Committee must report back to this House and give progress on whether it has been implemented. We are talking about the lives of Kenyans. Health services have been devolved and taken to counties. Look at what is happening. There is no standardisation and health facilities in the counties do not work. In the last two years, health workers have spent half of those years on strike. They were not working and I do not know who was treating Kenyans. Nurses, clinical officers, doctors and even patients were on strike and some of them died because of this. If one knows you are not going to get treatment in a hospital, why should you be taken there?

In conclusion, Jubilee is saying that a universal health care is among its Big Four Agenda. If that is to be achieved, something must be done from the top and that is starting with KNH. Do not tell us that when somebody messes up, he/she is from your village. I have never known that one of the qualifications of becoming a doctor is to be somebody's village mate. If you want to be a villager, there are cattle dips, hospitals and health centres that you can run in your village. Take that person to your village instead of them running KNH, which is not "Kenyatta Village Hospital". Lastly, KNH is supposed to be setting standards for the other hospitals in the 47 counties. We should not reduce KNH to a village hospital the way we want to do it here in Parliament.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Let me add Hon. Junet a minute so that he can conclude.

Hon. Nuh: If we reduce KNH to the level of Migori Level 4 Hospital where the doctor, nurse, clinical officer and office attendants must be from my village, then, that is what makes systems to collapse and KNH to malfunction.

With those few remarks, I support.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Hon. Junet, I am sure, you do not want to insinuate that this House would condone sub-standard services even in those small hospitals in the villages. I think the standards we are demanding for KNH should be the same even for the smallest dispensary. Hon. (Ms.) Kihara, Member for Naivasha.

Hon. (Ms.) Kihara: Thank you, Hon. Temporary Deputy Speaker. I rise to support this Report and congratulate the team that worked on it. It is unfortunate that we have to discuss KNH where a grave mistake has happened. This is what has been happening in KNH for a long time.

I took a patient to KNH and we got there at 2.00 O'clock in the afternoon. After being in very many long queues, we got out of there the following morning at 6.00 O'clock. When you get to the casualty with a very sick patient, you are the one to look for a stretcher, you can get one without a stand and maybe the patient is on drip. You do not know what to do and look for a stretcher while your patient is lying on the floor. There is nobody to help you to get that patient

on the stretcher. If you get one without a stand, you are the one to hold the drip. I did not know that when the drip is not held high up, blood is drawn from the patient.

It is highly stressing to be at KNH. In fact, I wanted to write a book after spending a day there because of what I went through. You are there with an ailing patient, queuing in a clinic with no doctor. Doctors are very few. The staff is overworked. Like everybody is saying, this is the time to address health issues in this country. Our country has become a training ground for doctors who leave to work in other countries. This is the real brain drain that is affecting us. The registrars are there because they have to finish their training. Once they finish, they leave to work elsewhere. When we do not pay our doctors well, we train them and they leave to work in other countries.

Look at the infrastructure, ceilings and taps are broken and empty and toilets are filthy. Like *Mhe*. *Daktari* has said, it is not just the infrastructure that we need to fix, but we should allocate funds and increase the number of staff. Workers at KNH are overworked. Sometimes they just collapse on seats while you are there waiting for treatment. It was a long night for me and I wrote a very big memo to the then Minister. So, what Madam Sicily Kariuki, the Cabinet Secretary (CS), found is actually a corpse of a hospital. There is nothing happening there. The undertakers come at 4.00 p.m. and you will find corpses lying about before then. The corpses are collected at 4.00 p.m., put in boxes and lined up.

There are so many cases of rape at KNH. So many mistakes have been made at the KNH. Nobody should bother to deny that it happens. The KNH has all the problems you can think of including corruption. If you do not know anybody at KNH, you will queue for long before you are attended to. It is possible to be going there every day for a whole month without getting treatment. I lost a very good friend at KNH and before he died, he told me: "You people, why do you not get cancer machines in all hospitals?" Okay, I go there and I get treated, but I do not get treatment until I bribe. So, all the ills at KNH have to be addressed now. Somebody opened somebody's skull by mistake. It is very unfortunate. Wrong diagnosis is reported all the time in the media. Ideally, what we should do, as a House and a country, is to urge the Government to pay our doctors well so that we can retain them to look at our health facilities and even our constituents.

All these Members can bear me witness that every time we are invited to *harambees* to raise funds for medical cases. We have gone to that hospital many times to request the management to release bodies of people who died long time ago, but their relatives were unable to pay the medical fees. It has been said that getting sick in this country today is the most unfortunate thing. You will just die because hospitals and doctors are expensive. For us, we just give out a card and sometimes we do not even bother to check how much that small test we went to perform cost us. We never look it up in the bill because we are lucky we have a medical cover. Those who do not have medical cover cannot get treatment in this country. The ills in KNH have to be addressed now. It is the right thing to do.

I beg to support.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Hon. Nakara.

Hon. Nakara: Thank you, Hon. Temporary Deputy Speaker. None of us can deny the bad things are happening at the KNH, but I oppose this Report because it is biased. Where does a problem start? It starts from the top and then moves to the bottom. If you want to make KNH to work very well, we must start from the top.

Why am I saying that the Report is biased? When the chairperson was discussing the Report, I listened to her keenly. She said that when Dr. Richard was there, things were good. The

KNH was operating very well. However, when the current CEO took over, things started going bad. We have been told that the present CEO is under investigation but here we have already judged her for poor performance. That means she will never get a job anywhere in this country. Let us be very careful as Members of Parliament. We should not judge a person before we get the full report.

I am saying this Report is biased because of the issue of collective responsibility. We cannot judge one person and say that he was responsible for the mess at KNH. We must remove politics from this issue. I agree with the chairperson. He said that we must remove politics, but we cannot remove politics from one side and leave it on the other side. We must make sure that the problems facing KNH are eradicated completely. The CS in charge of health must also be accountable to what is happening at KNH. Why? The appointing authority of the board is the Ministry. So, if the Ministry appoints a board which has failures and which is not performing, who should be blamed? It is not the board, but the appointing authority. So, if we want to make KNH the best hospital in this country, we must also take some responsibility and tell those who are involved: "You are the ones responsible for this mess." However, when we pass judgement against one side, then we fail to make KNH the best place to go for treatment.

The Report does not give directions. There is no action plan that has been given to us or to those concerned. When you do not give directions in any report, that report is bound to fail. You must give directions and task people. Later on, you will be able to question those people you had tasked, but if you leave it open, nobody will be responsible. We need to learn to task people to do their assignments very well.

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

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Hon. Mule, what is out of order?

Hon. Mule: I am pained by my brother, the Member on the Floor, when he tries to play politics with a Report which has taken the Committee a whole week to investigate, three days to write and which gives very clear and specific directions. He is simply saying that the Report lacks direction. As a Committee of the House, recommendation No.245 is very clear. It says that: "In the recognition of the board's failure to carry out its functions in the national interest, the appointing authority, in accordance with Section 7(3) of the State Corporations Act Cap.446, constitutes a new board."

It further states that…

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): So, what is the point of order?

Hon. Mule: Is the Member in order to tell the House that the Report lacks direction? Which direction does he want us to give?

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Order, Hon. Mule! We will let Hon. Nakara put his points across. I can see that you are somewhere not very far on the list. You will have your time to defend the Report of the Committee. As long as we remain within the confines of the Report, I think we can give each Member time to speak to it.

Hon. Nakara: Thank you, Hon. Temporary Deputy Speaker. Recommendation No.246 says the new board should appraise the top-level management with a view to placing the right personnel with the right qualifications in these positions. This means that those who are there now are not performing. Whose mistake is that? It is the mistake of the Ministry.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Sorry! I think Hon. Nakara is opposing the Report and he has a right to do that. So, let us give him time to prosecute his position.

Hon. Nakara: Thank you, Hon. Temporary Deputy Speaker. The report on the KMPDB was compiled without a nursing representative. The nurses have complained about that. So, when you are compiling a report or before giving a judgement, you must have included everybody representing the bodies you are dealing with, so that you can give a fair judgement to everybody. The KMPDB report is blaming the nurse. I was in hospital in December and I underwent a surgery. The doctor who performed surgery on me came to check on me. He brought the file to me and then he went to the theatre. I followed him. Why did the doctor not confirm that the patient he was operating on, was, indeed, the right one? It is also a mistake for the doctor not to go to the ward to know the patient he is supposed to operate on.

It is a rule. You must know your patient. When we say a nurse got the wrong person, even the doctor must share the blame. We are not saying that we exclude some people from what they have done, but can we do a thorough report? Already some people are out of the problem while others are inside. I agree we need changes at KNH, but we should not victimise few people. We should not only concentrate on the management and leave other systems out. For example, one of the recommendations of the Report is that the Inspector-General should be in charge of security at KNH. Others will say that we need security. The Nairobi Hospital will say it needs security. We need to get a private firm to take that duty. Why should we overwork policemen and yet we have few of them in this country? We would better get a private firm and give them the job. They will perform it very well. If we give the Inspector-General that job, other hospitals will also request for the same services.

Hon. Temporary Deputy Speaker, as I summarise, the Report that we have here today is okay. If we are going to work in cocoons where some elites and connected people sit somewhere and come up with a report to victimise some few people just because of their connections, that is not the job of Parliament.

I oppose the Motion. Thank you.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Hon. Sankok

Hon. ole Sankok: Thank you very much, Hon. Temporary Deputy Speaker. Maybe Members are not aware that I acquired my disability at the age of 12 through an injection. I was taken to hospital at night and the doctor was asleep, who is my good friend now. He retired and he lives in Naivasha. Whenever I pass through Naivasha, I must meet with him to discuss things. We have also had cases from Busia or Bungoma where several children became disabled courtesy of injections. But let us also understand that there is no doctor who goes out there with the intention of harming anybody.

Mistakes happen. We have drivers who have posed great danger to lives and people lose lives on our roads. They did not go there with that particular intention. We have well learned pilots, but at times, things go wrong and we have lost thousands of people. That is not their intention. I can confirm to this House that there is no doctor who took the oath during graduation who will come out with an intention of harming or killing anybody. There is nothing they will gain from killing anybody. These are human beings and humans are to err. When they err, ours is to sit and see where the real problem is.

First of all, the KNH was supposed to be a referral hospital. Nowadays, it has become a hospital that treats even common colds. This has increased the population in that hospital. Some of our wards have 200 patients instead of the normal accepted 50 beds capacity. You can imagine a doctor being in charge of 200 people instead of 50. We have doctors who work for almost 24 hours. If you look at the staff at KNH, especially the medical fraternity, 70 per cent are on training, but they are already qualified. We call them registrars. They are already medical

doctors in the field, but they have gone to advance their education by pursuing masters in certain specialities. Now, 30 per cent of them are answerable to KNH while 70 per cent is answerable to the University of Nairobi. So, we have two centres of power in KNH. The Ministry of Health is in charge of the financial bit and 30 per cent of the staff. The 70 per cent of the medical staff is under the University of Nairobi. We did not want *Baba* to be sworn in because we did not want two centres of power in this country. This would bring confusion. The two centres of power are bringing confusion at KNH. To solve this problem, I suggest that we either delink KNH from the Ministry of Health or delink it from the University of Nairobi. The University of Nairobi can develop its own teaching and referral hospital.

I was suspended from the University of Nairobi 18 years ago because of being anti the parallel degree programme. We have to rethink the training of our medical staff. At that particular time, the country had not seen what I had seen, that when you charge your work force while training them, and when you peg money to the degree that you will study in our universities... When the parallel degree programme was introduced, Ksh600,000 was the amount of money that you were required pay to study medicine in a year, while you paid only Kshs80,000 to take a Bachelor of Arts Degree. It created a scenario where a grade of C- plus money became an A and an A minus money became a C, because you studied what you could afford.

Many people who were not qualified joined medical school. Why do these professional courses demand that you pass in secondary school with an A? It is because they are professions who do not entertain mistakes. If you were a pilot and you made a single mistake, it would lead to the loss of lives of everybody on board, including you. But if you are a teacher and you tell students that something is yellow while it is red, you can still correct your mistake three months later because nobody dies. For you to train as a medical doctor and a surgeon, your mistakes must be very minimal. That one is determined in school. In the parallel degree programme in our universities, it was the issue of how much you could afford. If you were training to be a doctor, could you afford Kshs600,000 per year? If you were training to be an architect, could you afford Kshs450,000? When you were pursuing other courses, then you paid Kshs80,000.

I support this Motion and request the Departmental Committee on Health to investigate our training, so that when we can have qualified staff whose mistakes are minimal. I can assure you, without fear of contradiction that no doctor goes out with the intention of harming or killing anybody.

Thank you very much, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Member for Kibwezi West

Hon. Musimba: I thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity. From the outset, I want to continue from where Hon. Sankok has left about intention. The medical profession is indeed one of the most sacred professions in this country because it deals with the human capital. People recognise that by the time you are going to hospital, your life is in grave danger. We are all members of society.

I support the Report that was ably moved by the Chair, and which has articulated specific issues of concern at KNH. We have, indeed, seen that there is systemic failure. While we were debating the Health Bill in the last Parliament, many of these issues came up. Matters to do with referral hospitals, procedures, standards and regulatory bodies were canvassed heavily, but they were shot down. Today, I am surprised that the same people who were against the work that was done very ably by professionals within the Departmental Committee on Health are lambasting the same procedures. They are asking for further amendments. We exist in a dynamic society

that needs a lot of attention and we should not condemn carte blanche the work that has been done without looking at the thousands of people that go into that institution day-in day-out and indeed come out healed.

It is bad to condemn carte blanche the work done by KNH without looking at the statistics. Many people still exhibit a lot of confidence in that hospital because they go there, get treated properly and get healed. In the event that there is failure, they exercise professionalism and advise people to seek further attention. I had a case of a sick child from my village. The child is still at KNH. No other hospital could diagnose what was wrong with the child, but KNH was able to pinpoint that the child was suffering from cancer of the kidney. As I speak, that child, who went to KNH in a bad situation, is healed and buoyant with a desire to go back to his community. These success stories from our doctors cannot be lambasted because of a situation which the Committee says, in its recommendations, that was as a result of systemic failure from the time it started. Hon. (Dr.) Nyikal, at the outset of his contribution made it very clear that the die was cast the minute the labeling was done on that patient. Now, we cannot turn back and bash the doctor who operated on the patient yet he has a career ahead of him.

On reference to Prof. Magoha, the country and, indeed, this House, needs to register its appreciation because of his professional conduct, in saying that he had to recuse himself from that particular case because the doctor involved was his son. If he had not declared his interest, the country would have never known that it was his son we were dealing with. At no point did Prof. Magoha or his son advertise that he was a son of a renowned surgeon and as such he needed to be there to operate on that patient. At no point was that never canvassed. So, it is bad for us to use the Floor of this House to bash a career of such a person, especially the person of Prof. Magoha, when we know that he did not elect himself the chair of the board. It was because of his competence that he was elected by his peers to assume that position. Further, we have forgotten that when we were suffering, as a nation, due to mismanagement of the education sector, he was called upon to team up with Cabinet Secretary Matiang'i and sort out the integrity issues that were eating up our examination system. Today we celebrate that we are back on track. Indeed, we now talk of Matiang'i/Magoha exams.

Therefore, while looking at this Report, we must allow for fair administration of justice, which is provided for in Article 47 of the Constitution and the statute that we passed in this House, to allow for those processes to take place. An opinion I have held since the last Parliament, having been a Member of the same Committee, is that the NHIF, which receives a lot of money from us on a statutory basis, should have the referral hospitals at its ambit, if we are not going to go in the direction proposed by Hon. (Dr.) Nyikal; that, we give KNH to the University of Nairobi. The UoN will do a sterling job because it is, without doubt, one of the greatest institutions that have handled many people, including our PSC Commissioner, Hon. (Dr.) Naomi Shaban. We know that our doctors, without a shudder of doubt, are renowned around the world.

Therefore, we cannot use the Floor of this House to take away the competences they have acquired from the training they have undergone. I listened intently to Hon. Sankok. I accept the fact that he has a right to opinion, but to say that money can replace or add value to a particular grade is wrong. There is a very a clear-cut system in university. The fact that you got enrolled in a university does not mean that you are automatically going to graduate. There is a grading system you have to go through. To say that we are going to bash people graduating from medical school as surgeons because they were C+ students is unacceptable. The majority of us here have been to school. There is no way someone who is not serious with his studies is going to pass the

assessment tests. There are external examiners - both local and international - who year-in year-out look at our grading system and the ranking of our universities. Kenyan universities score highly within the global ranking system.

As we look at this Report, which I support, let us bear in mind the effort that the Committee has put in this inquiry and note the record short time it has taken to table its Report. We must commend and support it. We should look for a holistic way of supporting KNH not only to make it a model hospital for Kenya, but also a model hospital for Africa and, indeed, the world. What do we want? We want to help our region. The Kenyan populace remains at the helm of leadership of the greater Great Lakes Region. The human capital quotient is, indeed, the strongest and the most powerful thing that drives the social economic development of a nation. Hon. Kimunya will tell you that we were thinking of having a caucus of Vision 2030 as health is one of the pillars of the Vision 2030.

We commend the President for having ably focused on it and put it under his big four development agenda, which include universal health care. However, universal health care must not be pegged on one's ability to pay. You are a Kenyan. If we can set aside a levy for building roads, why not do the same for health care? What comes before the other? Is it infrastructure or health? We say that our health is our wealth without a shudder of doubt. When someone falls sick, it is the country that suffers. When we lose a professor or an artisan who is a master builder, it is the country that loses that person. It is for us to urgently say that we are not going to look at one's ability to pay money on a month-to-month basis, but it is up to the nation to pronounce itself and say that for all the 45 million Kenyans, it does not matter, they will be treated whatever their condition is, so that we can focus on the preventive aspect of telling people how to live a healthy lifestyle or how to live in a health way and what to eat.

We should address the fundamental issue. When we were growing up, there were charts all over our schools which showed us how to brush and maintain our teeth, and how to keep our personal hygiene because it was monumental for the health of the nation. Many years later, we stand here to commend the work that had been done foundationally from 1963 to encourage the wellbeing of our people. So, let us say that 45 million Kenyans should not be asked for money. It is not someone's fault to fall sick. There is no one who wakes up in the morning and says that he wants to fall sick. Everybody wakes up in the morning hoping to go and contribute to the wellness of this great Republic.

In closing, I urge the House to look at this issue holistically as we commend the Committee for its work. The mistake that happened was a sad occurrence. I empathise with the victims in a very great way, but we should look holistically at providing healthcare for all Kenyans not at a cost, but as a right enshrined in Chapter Four of our Constitution.

Thank you.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Member for Kipipiri.

Hon. Kimunya: Thank you, Hon. Temporary Deputy Speaker. Let me, from the outset, say that I support this Report, as amended. I wish to add my commendation to the Committee for the effort it has made at a time when the nation was struggling to get through these sensational issues.

At least, we now know the truth courtesy of the ones we have put in place and have been captured in this Report. I was very touched by Hon. Sankok's testimony. That sets the tone in terms of what we should be doing here as a House. I am obviously very disappointed that we can all sit here because the newspapers have raised and over-sensationalised it and the first thing we start is bashing our doctors. This Report says that those are people who are going through

surgeries over a 24-hour period without a rest. Those are persons showing dedication beyond the call of duty. We come here, sit and after browsing through the Report, the first thing we say is: "If you go to KNH, you are likely to even be taken to the maternity ward." We are joking with the matter and trying to show the world that we have zombies and nincompoops at KNH who cannot tell between a man and a woman and that you are going to end up in a maternity ward as a man. There are some jokes we should limit to the political rallies, not in this august House. We owe our doctors and our professionals some respect and we should be fighting to ensure that they gain respect on a global basis, rather than come here and start lambasting them and showing how incompetent they can be.

I believe Members who have spoken have said clearly that no professional gets up to do what they are called to do with the intention of harming anyone. I have seen doctors being woken up and taking risks to go and save lives. I believe that is, perhaps, what we need to first of all look at, that all the staff we have, be it the nurses or be it the doctors at the KNH, do it basically because they are guided by one intention: To save that life. But we also know that life is not finite. Some people will get healed and some will die. That is why we have mortuaries in hospitals. It is a standard. It is known that not everyone who gets in will get out because life is not finite. Let us not say that when mistakes occur, they were designed.

When you look at this Report and look at the number of surgeries taking place within KNH on a daily or annual basis, you are talking of thousands. But who is remembering the 30,000 plus surgeries that took place in KNH that were successful? Because of this one small mix-up, all of a sudden, KNH has become the institution that we demonise, that we show it does not work and yet, it has been there for us and working for all those years.

I wish the Report could have gone a little further on that. We need to get to the root cause of the problem. All those things we are seeing - the mothers complaining that they cannot go and feed their children or they have to pass through some lifts and bypass one another with the mortuary attendants and the mortuary attendants have to do their job. The mothers have to go and feed their children. What I am wondering is: At what point did we convert KNH into a maternity? This is a referral hospital. We have Pumwani Hospital as a maternity hospital. We have all those other facilities between Levels 3 and 4 which can do all that. I am not a gynecologist or an obstetrician, but I do not see any complication that necessitates people to go full time maternity in KNH. Why do we have pediatric wings in KNH? This is supposed to be a referral hospital specifically carrying out the mandate as set out in the Act that set it up in 1987 when it was made a semi-autonomous Government institution. We are still stuck up with the hang-ups when KNH was the only hospital before Mbagathi and Mama Lucy hospitals came in and those others that have devolved.

Unfortunately, our colleagues in the Senate who should be ensuring that the devolved healthcare system works are busy forming committees on foreign relations and other things that are purely national and have nothing to do with the devolved system. I wish the entire Senate would subdivide itself into health committees to ensure that the devolved heath system works. When that happens, then we are not going to have people getting into KNH because they will be going to J.M. Memorial Hospital in Ol Kalou, Mama Lucy Hospital and others. We will then be able to deal with KNH in terms of its capacity for 3,000. Is it actually funded for the 3,000? Is it resourced for the 3,000? Is it doing the job for 3,000? When you are treating double, people are sleeping over one another and a nurse is going to one bed. Who of the two patients do you wake up? Who do you even tell when both are unconscious? We have some systemic problems that unless we resolve, whether we change the board or do what, KNH will still have them.

I support that obviously, if the board has not thought of decongesting KNH, perhaps, they have been there for the wrong reasons. Now that we know there are problems and we need to start afresh, I support that we should have a new board like yesterday. The new board will then be mandated by the Act that set up KNH. Can we ensure that KNH is behaving and working in accordance with that Act? Look at all the services that should not be at KNH. Which of those should be in the devolved health facilities? Remove all those and do not wait for Mama Lucy, Mbagathi or other hospitals to build the capacity. Just remove them from KNH and sort out KNH. If you stopped to wait until the whole healthcare system works so that the referral system works, then we are going to be in a continuous cycle of mediocrity. Once Level 1 has failed, Level 2 is congested. When Level 2 fails, then it affects Levels 3, 4, 5 and 6, where we should be having very minimal cases purely for research, training and very complicated cases that people can have enough time to attend to. So long as we turn KNH to treat primary healthcare issues and tell people about feeding that should be done at Level 1, then we are missing the plot and we will have those mishaps going on forever.

I submit that the Committee should go further beyond KNH. Let us look at what is happening at the Moi Teaching and Referral Hospital (MTRH). Let us look at the entire referral health system. Let us work with the Senate and challenge them to also look at what is happening and have a joint session or some joint report that looks at how we can turn our healthcare system into what it is. How can we have our healthcare system almost at par with the national health system within the UK which the report alludes to and which we all know how it works and works very well?

We all recognise the centrality of health within our lives' social dynamics and development. It has also been captured within the Big Four Agenda, one of the things that this Government wants to concentrate on within four years. I would wish that the Departmental Committee on Health would now, in support of that, look through on how we can review the entire system. We in the House will be happy to come and help them with the necessary laws and regulations to ensure that we can turn our health system into what it should be. We should not just look at our comfort zones in Nairobi. We are Members of Parliament. You can travel anywhere. Yes, I have AAR and Bupa and all those health insurance systems, but I keep asking myself this: What would happen to me if I am in a remote village somewhere in Kenya and I got an accident? Before people know you have your Bupa, you have to be taken to that dispensary or a Government hospital. Let us make sure that those small health facilities work.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Member for Matungulu.

Hon. Mule: Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity. Let me declare that I am a member of the Departmental Committee on Health where we put a lot of energy and time to come up with this Report.

As a Committee, we looked at KNH from a very holistic point of view to make sure that Kenyans understand the systemic problem.

Members need to understand that once a committee does a report, there is the implementation factor which will be taken up by the Implementation Committee of this House. They need to be guided by regulations within the country. When we observed that there were systemic problems and failures, we were not confining ourselves to only KNH. We went beyond KNH. The Departmental Committee on Health is beyond tribal cocoons. We did not want to know who is on the board, which tribe they are or where they come from. It is very clear from our observation and the people we interviewed that there is a problem of health care in this

country. Coming from the same profession, I want to confirm to this House that the way devolution of health care happened was wrong.

I want to pick up from the last Committee Report we did about devolution of health care. We were very clear. I know that Report is in the archives of this House. We clearly said that devolution of health system should not have been done the way it was done last time. But we know exactly what happened when the governors went and arm-twisted the administration of the day to ensure that health care was devolved with a bang to them. Those are the results. We must sort those problems as a House without looking at where one comes from. That is why I want to plead with Members that, even if we put an angel at KNH and the systems are still wrong, that angel will remain in KNH. KNH requires a clear systematic approach from the grassroots. Today, KNH has become a village hospital. When your girlfriend stabs you in a fight or when you get an accident which does not require you go to KNH, you go to KNH. When we experienced systemic failure of maternity services in this country, especially at Pumwani Hospital, KNH was turned into a maternity hospital. We forgot the actual agenda of the hospital.

I, therefore, plead with Members in this House, if we want to be realistic, we must start with the county government and they must tell us how they are using the conditional grants we send to them for health care services. This is because we appropriate the money. We want to be told, since they arm-twisted the national Government and the Executive to have health devolved in a day, where did the money which was supposed to be used to cover mothers' health dispensaries and health centers go to? We want KNH to become the real referral hospital. It pains me when a Member picks this Report and only thinks of the person who is being targeted in the Report. Even in the Board, there is a Kamba - and I am a Kamba – but I still maintain that the Board must go. We must rise above board Members. We must be real to fix this country. I said that if we do not fix this country as Members of Parliament, all of us are going to perish. That is why *Baba* and Uhuru, listened to me and shook hands. We cannot allow this country to be left in the hands of politicians who are selfish. I want to say clearly that this is one of the best Reports ever tabled in this House without coercion, political influence, bribery or anything else. We have heard of so many stories. We have given clear directions. Look at our recommendations.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Hon. Mule, just to get you clearly, are you saying the Report is out of bribery? You need to clarify that.

Hon. Mule: Hon. Temporary Deputy Speaker, as a member of the Committee and this House, I am talking about the honesty of this Report despite the fact that there are Members who are trying to change the Report because of what they think we do not know. We need to be as honest as the Speaker is. He said – and we had a full House yesterday – it is either because of facilitation or because a political issue was being discussed. When I talk about bribery, I do not mean that there are people who are being bribed, but those are scenarios in this country which we cannot run away from. Those are the scenarios that are killing this country. Those are the scenarios where some people want to do the right things while others go under the table to achieve things that are not right.

Let me go to the recommendations and I am very clear in my mind. Last time, I was a member of the Health Committee and we learnt that a patient was stabbed and died inside KNH. Up to date, there is no single report that has been brought to this House. That is why we have gone to recommendation No. 248 because the DCI must understand that when they are given money by this House to investigate an issue, they must report back to this House. I want to tell

the current DCI that we are waiting for that report concerning the patient who died a year ago in Kenyatta. The report must reach our Committee within 14 days. The days have started ticking.

We also looked at the issue of security in that hospital. We were told that the nurses who mis-labeled the patient were doing a hand-over and they were trying to see how many patients had been admitted that afternoon. We heard that one patient who was in the same ward with Nderitu and Samuel and who goes by the name Francis, had disappeared. We have not been told where he disappeared to. How do we know whether that patient is alive or not? Nobody is telling us. There are also so many successes in Kenyatta which we cannot run away from as Hon. Amos Kimunya has said. However, if we do not protect those successes because of our own political imagination, KNH will be a corpse and we will never have it.

There is the issue of equipment at KNH. We pass a Bill every year to support medical equipment system. Can you imagine, as a father, feeding your neighbour's kid without feeding your own baby first? KNH is our first baby. We must correct things here. From this financial year, we want a clear financial plan for KNH which was to be done by the Board. I challenge that Board. When they came to see us, only three out of ten members showed up. I then asked the Chairman what the quorum of the Board is, and he said, six. I then asked who they were coming to speak on behalf of. We sent them away. Let this be an example to all the boards we appoint in this country through this House. We are not going to appoint just because you are a friend to someone. We appoint you to be in a board to ensure that you bring expertise and change in that institution. If we find any board which is not working, it does not deserve to enjoy taxpayer's money. I plead with the Members; if we want health care to work in this country, we must support this Report. If we want Kenyans not to go to India, we must sort out the systemic failures at KNH.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Member for Bureti.

Hon. Mutai: Thank you, Hon. Temporary Deputy Speaker. I rise to oppose this Report. We are here because of the failures in several institutions that ought to be functioning well. The functions of KNH are very clear.

The genesis of everything that triggered the events of what we are dealing with was an allegation of sexual assault at the maternity wing. The function of maternity wing is not one of the functions of the Kenyatta National Hospital (KNH). If indeed other hospitals had been functioning, those allegations would never have come to fore.

Hon. Temporary Deputy Speaker, secondly, it is amazing that this Report has only four paragraphs dedicated to the central player of what happened in the operational mishap; a nurse called Mary Wahome. The Report and Members can confirm, has four paragraphs only and yet, the evidence of Nurse Wahome is what could have told us what happened. If you look at the Report, the Kenya Medical Practitioners and Dentist Union Board (KMPDU) clearly stated that Nurse Wahome had no capacity to undertake what she was doing. She had recently had an accident, had other complications and ailments and was central to everything that happened. My question is: Why did the Committee deem it fit not to include what that lady would have said? The KMPDU said, if I may read in Page 183, is that the capability of Nurse Mary Wahome who worked in specific units of the hospital needs to be considered by the body that licenses and regulates her. The Nursing Council of Kenya testified that she had been unwell for several months after being involved in an accident and had not recovered fully. During the inquiry, she requested to be allowed to give her evidence while seated; stating that she was unable to stand for a long period of time. This is somebody who was left to attend to a patient, go to theatre and man the nurse work station. It is amazing.

It is evident from the Report that the nurses at Kenyatta National Hospital are over-stretched and the Report clearly states that. But the Report does not specifically dwell on how the over-stretching caused that event. There is no link. There is no nexus. The two events do not link with the mishap. That is why I condemn this Report. In this Report, the Chair mentioned an incident when she was presenting - my colleague from Kikambala even said it – of a patient who died in the hospital. Sorry, he is the Member for Matungulu and not Kikambala.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Were you disputing the name of the Member or the name of the constituency?

Hon. Mule: On a point of order.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): No! I think he has corrected that you are from Matungulu and not Kikambala, Hon. Mule.

Hon. Mule: Hon. Temporary Deputy Speaker, I have the right to raise a point of order on that. This is the problem I am having with Members who are cocooned within their own tribal scenarios. I do not belong to Kikambala. I represent the people of Matungulu. My name is Hon. Stephen Mule. We have been in this House together. Please, you need to understand all of us.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): No, Hon. Mule! You are out of order. I think a simple error does not amount to all those things you are talking about.

Hon. Mutai: Hon. Temporary Deputy Speaker, we are all human and human is to err. I dully corrected the same. The Member is an eminent Member of the Departmental Committee on Health and a respected one at that.

The issue where a patient was bludgeoned to death arose in a previous Committee sitting. But the same was included in this Report and made to look bad. I sat in that Committee when the Chief Executive Officer (CEO) of Kenyatta National Hospital was present and I never heard anyone bring that issue to the fore and ask the CEO to respond to it and yet, the same was included in this Report. It is part and parcel of this Report.

Hon. Temporary Deputy Speaker, I have never seen a Report where conclusions are made in the preliminary paragraphs. In the chronology of events, I will take you to No.9 of this Report. This indicates that this is a Committee that had been premeditated and had a mindset on what they wanted to execute. The Report says: "That in another demonstration of general insecurity situation at the hospital---", giving conclusive statements at the preliminary stage. You are giving conclusive statements that there was insecurity in the Hospital. This is an indication that they had an agenda at the outset, from the word go. We try to be objective in everything. If you look at what the Report says, I believe Hon. Nyikal has clearly defined the difference between administrative systems and systemic failures. The Report centralises predominantly on systemic failures. Nowhere in this report – and I have looked at it – does it seem to mention administrative failures or specifically uses the word "administrative failures." That is a discussion for another day.

(Loud consultations)

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Order members of the Committee. You cannot be intolerant of Members who are opposing your Report.

Hon. Mutai: We have a right to air our opinion.

The Temporary Deputy Speaker (Hon. (Ms.) Tuya): Order, Member for Bureti Constituency. I think every Member has a right to support or oppose the Report. So, let us not be

intolerant of those who are of a different view from yours. So, let us allow the Member for Bureti to make his presentation without interruption.

Hon. Mutai: This Report does not mention the success stories of the Kenyatta National Hospital. Recently, the same Hospital undertook an operation to separate Siamese twins which was very successful. We also had a reconstructive surgery to re-attach a hand which had been chopped off. This is medical surgical procedure that I do not how to define. Those are successful stories from the Hospital. Unlike what our colleagues have said, we cannot condemn wholly Kenyatta National Hospital based on individuals or the Board. If institutional failures are not addressed, even the next board will fail. The next CEO will also come and will be a failure if we do not address what bedevils the hospital. It is like treating the symptoms rather than the illness and that is where we are. We should be looking at the inherent problems facing the institution and look for a way forward.

My time is up but I object to this Report. Thank you.

Hon. Okelo: Thank you, Hon. Temporary Deputy Speaker. I rise to oppose this Report. This Report is a testament which captures more of the symptoms affecting Kenyatta National Hospital than going deep to the trigger factors for reasons best known to the Committee.

[The Temporary Deputy Speaker (Hon. (Ms.) Tuya) left the Chair]

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

Hon. Temporary Deputy Speaker, it quite absurd from the Report that an MRI machine has been dysfunctional since 2016. This is a very important medical equipment that is meant to detect the soft tissue condition of a patient within a health facility. No reason has been given to us as to why it has not been working for those many years. Even if the parts that had issues were to be imported from as far as Honolulu in the US, it would not take two years to get here. Even if it will be procured from an antipode, which is the deepest of seas, it should not take those many months before getting here. So, we need a cogent reason as to why that machine has refused deliberately to function for that long. A report was to delve on the issues of rape cases within KNH. It is true that this is a matter that captured acreage of spaces within our media, both electronic and print. However, after delving into the issue, the Committee came up with a report that there was no evidence.

Victims were captured talking about this issue and the Committee never thought it wise to reach out to the victims for them to be witnesses or even to swear affidavits. All of us understand that sworn affidavits are equal to evidence, but that was not looked into by this Committee. You ask yourself why the rush to bring a report before this House. They also say that the Director of Criminal Investigations (DCI) has been mandated to look in depth into this report and the issue surrounding rape but, here they are, with their Report. Why rush if the DCI report would also contribute to the Report to be tabled in this House? Those are fundamental questions that we must raise, and they must be properly answered. Yes, the evidence was properly collaborated by the victims, and the issues were fortified. However, we are being treated to *brouhaha* in the name of a report.

When you go to a seminar deep in my village, you will be given a name tag, which you will have to put it around your neck 24/7 as long as the seminar/workshop or conference is still on. I wonder why a health facility of the magnitude of KNH still has an issue of labelling to the extent that a wrong patient is taken through surgery. That is quite absurd. We must up our game

and do what is right. Kenyatta National Hospital is not an ordinary village hospital. It is a national referral hospital. So, you must ask yourself whether there is a reporting channel between KNH and the Ministry of Health. In the absence of such a channel, then that is a very harsh indictment on the conduct of the Ministry of Health. If there are reporting channels, then somebody at the top echelons of the Ministry of Health must be held responsible. Just this week, we heard about MPs who have signed a petition to send the Health CS home. I do not know if rushing this Report to this House is a way of diverting attention from this House. But that is a matter for another day.

We need to know who is going to take responsibility at KNH. Quickly passing the buck to the hospital's Board of Management is not going to address the fundamental issues bedevilling that facility. Also, victimising an individual in the name of a CEO is not going to address the fundamental issues. Therefore, the Ministry of Health, together with KNH, must find a working formula that will serve this country better. We also must revisit the issue of remuneration. If you want to motivate personnel, they have to be paid well. We have been treated to strike after strike year after year by doctors, nurses and other medical personnel. We need to find a lasting solution so that people can be paid well, particularly those that are taking charge of our health as a nation, to ensure that we do not see strikes and picketing on our streets every year. Is the DCI still working on the case? Is it not too early to look at what the Committee has done?

There are provisions even in a court of law, which provide that if the time is not sufficient to do anything, including filing a case, one can seek an extension of time. This Committee, instead of rushing here with a haphazard Report, they should have sought extension of time, if they were time bound as regards the presentation of any report before this House. Yes, we have heard of medical mix-ups elsewhere. That is a common scenario all over the world. Last week, I was reading a very interesting scenario; that a watchman at a cremation centre fell asleep while on duty. Those who were meant to put a corpse into the crematorium found him asleep and thought he was the one. By the time they realised he was not the one, they had put the wrong person into the furnace. The guy was already dead. By shrieking and wailing to the deepest of his voice, he was already dead.

So, those are common medical errors that will be found across the world, but they are not the reason as to why they should happen within this country. So, we cannot quickly pass the buck and say that this is a common problem the world over. That way, we will not be sorting out the problems within our Republic health institutions. In any event, we do not belong to the US or any other country. We belong to the Republic of Kenya.

Hon. Temporary Deputy Speaker, I will soon be presenting a Bill to help address issues of charges at various health centres, particularly when you have lost a loved one. In the airline industry, they will say that a corpse is valueless cargo. We have seen public hospitals charging as much as Kshs1 million because the deceased spent so much money on medication. We need to rationalise or cut it by half in cases where negligence plays a part that somebody has to be thrown to the next world so that we also put some remedies as to handling issues of medical care.

Listening keenly to the people who are either victims or perpetrators or suspects, you hear of a Mwangi Wahome, Nderitu and Kimani; we need to have the face of the Republic of Kenya. This country does not belong to a Nderitu or Wahome, all of whom have now been bundled to this saga. We must address holistically issues around public service and apportionment of jobs within the public sector so that we also spread the risk. What we are going to hear next week is that our community is being targeted and yet ---.

The Temporary Deputy Speaker (Hon. Omulele): Hon. Member, are you suggesting that probably some of the victims should have been from other communities? That is for another day.

We shall now have Hon. Nyoro Ndindi, Member for Kiharu.

Hon. Nyoro: Thank you, Hon. temporary Deputy Speaker for giving me the opportunity to speak on this Report. I rise to support the Report. As you have noted, even from the Presidency, healthcare in this country is a very important factor even on production in so far as our economy is concerned. That is why our President deemed it fit to include it in the Big Four Agenda which we are pursuing as a nation and Government. Of late, we have been treated to some kind of comedy especially in social media based on the happenings in Kenyatta National Hospital (KNH). My colleague Amos Kimunya and some other Members who have public opinions have been advised very well on social media not to visit KNH, lest they find themselves in wards that are not meant for men, especially the maternity wards.

This issue is very important and grave than the jokes we have been treated to, especially on social media. As I support this Report, I have listened to talks and speeches by many Members in this House, concerning the issue of personnel. Doctors and nurses have been mentioned in every Member's speech. I tend to think that even if our health care system is devolved, probably we need to rethink the issue of how to handle personnel in our health facilities. I think it behooves us as a House, and I will be leading that momentum, that we need a health care workers commission. In the recent past and especially last year, there was a nurses' strike and after they went back to work, there was a doctors' strike. Those perpetual strikes only put a lot of pressure on the lowest of *wananchi* and society in this country.

If we create a commission which will handle all the healthcare workers issues, salaries, harmonisation, transfers and promotions, this will go a long way in addressing issues which are always raised by the medical personnel. As the Members who have spoken before me have said, KNH is a referral hospital. As I was growing up, we went to the dispensaries near our village. If they could not handle the ailment, they could refer us to the health facility around our village and all the way to KNH, if you were very sick. Nowadays, you find a person with a cold or minor injury rushing to KNH. I want to side with the other Members who have ably contributed that, we need to look downstream to the clients of KNH. They should not handle walk-ins, but their clients should visit other facilities like level 3 and 4 hospitals

I also want to note that the personnel within our health facilities, and not all of them but some, have turned their careers and jobs into businesses. Nowadays, hardly will you visit a health facility, including KNH, and find all the services within. You visit a hospital and you are referred to a nearby laboratory. Even in a hospital down there in *mashinani,* you will be referred to some chemist around. We all know that those business entities are owned by the same people who refer you to them, or they receive commissions for referring you. Therefore, I tend to think that we need to instill some kind of morality that making money for the sake, even at the expense of the Kenyan people, is not good. I am speaking this to the medical personnel who keep referring poor Kenyans to their own health facilities where they pay much more than they can afford in public hospitals.

When this issue came up, I was very surprised to see Members of this House who I have previously deemed esteemed coming out to defend their own in the name of the suspended Chief Executive Officer (CEO) of KNH. We should stop this mediocrity of always invoking our own even when our own voters are the ones going through the pressures of this negligence and incompetence. This is obnoxious, diabolical and we need to put Kenya first even as we come out

to defend the people who come from our tribes. I was surprised to hear the Chair of the Committee telling us that they got only three board members. The reason they gave for others not attending is that the other members were too busy to attend to summons from the National Assembly. Sometimes, I think about the boards we have in the many entities in our country. Clearly, we cannot blame those busy board members of KNH. Most times, we tend to look at the pockets of the people we place in those boards. Most of them have to be old. I think one qualification is that you should have grey hair and deep pockets. Those people who are deep pocketed--- I am not imputing improper motives to Hon. Murwithania.

The Temporary Deputy Speaker (Hon. Omulele): Hon. Nyoro, you should address the Speaker! Do not bother with the others.

Hon. Nyoro: Thank you, Hon. Temporary Deputy Speaker for saving me from the Hon. Member. My point is that we also need to look at those board members. In KNH, the biggest stakeholder is the patient and anyone can be a patient there. I think we should stop placing the older generation in those boards because we purport they have experience. We should consider the young people of this country who will always have time to respond to such summons. If they cannot get time to respond to the summons of the august House, how do they carry out the affairs of KNH? That is why, even when the CS called the Chairman of the Board, he was not aware of any issue at KNH.

We need to consider putting the young competent Kenyans to those boards because they have the time, vitality, understanding and energy to represent Kenyans. With those many remarks, I want to add something about what I heard concerning 45 per cent of equipment we have at KNH being obsolete. As we sit here in the National Assembly, we represent the national Government in our constituencies. We need to divert some of the funds we have been giving to our counties and downstream facilities to KNH. As Members have said, it is not proper for us to feed our neighbours children when our own are going hungry. Even as we give more money and resources to KNH, we need to systemically streamline its processes so that, even the monies paid by Kenyans to the tune of billions, is put to good use and especially ploughing back into modernising the same facilities to better the services offered to Kenyans.

Thank you, Hon. Temporary Deputy Speaker. I support the Report by the Departmental Committee on Health.

The Temporary Deputy Speaker (Hon. Omulele): Very well. Hon. Aseka Wangaya, Member for Khwisero.

Hon. Wangaya: Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity to contribute to this Motion. First, having worked at KNH as an intern, I want to appreciate the work that those Kenyans do. It is very disturbing that honourable Members in this House can get to the Floor to bash a national referral centre together with its workers who work tirelessly. They even forfeit part of their rights to support the sick Kenyans. We have forgotten about the conjoined twins who were separated at KNH. We have forgotten about baby Osinya who had a bullet lodged in the head - it was removed at KNH. We have forgotten that people have had their limbs reconstituted at that national referral centre. When you work at KNH, you must be prepared for anything.

Some people have talked about registrars. Those registrars are students. They attend classes like any other student. For your information, when you are a registrar, for example, today you will go to class at 8.00 a.m. and leave at 5.00 p.m. God forbid, when you are on duty at night, you will have to leave class and go back to the ward. The following morning, you are supposed to be in class. How dare you come here to bash those young Kenyans and talk all

manner of things about them? For your information, those registrars are not paid. Some of them support themselves. It is high time we investigated more about the registrars. What are the solutions we can provide? We cannot waste time bashing and yet, we do not suggest solutions. I propose that we support those registrars. Can we have a policy in the Ministry of Health that says that registrars are entitled to a pay?

KNH is where it is because of a failed health system, both nationally and at the county levels. It is a referral centre meant to address referred cases that are specialised in nature. Go to KNH and you will find the first line of ailments being addressed. How do you address it as a House and as a country? Look at our county hospitals. What can we do to improve their services so that before somebody comes to KNH, he/she has exhausted all the machineries within the county establishment? If you go to floor six of KNH, you will find people sleeping on the floor. What are the problems? It is a broken limb, malaria or diarrhoea; something that Mama Lucy Hospital or Kiambu District Hospital can address.

Look at the staffing levels at KNH. How many nurses and doctors do we have as a country per patient? It is just a matter of time and KNH will come crumbling down. That is if the type of discussion we entertain in this House is about bashing the staff. Let us look at the referral systems that we have. You find ambulances running on Thika Road and Kangundo Road - all of them headed to KNH. There was a Bill that was brought to this House. It is high time the Government made all the Level 5 hospitals – the former provincial hospitals – Level 6 hospitals. We just have to take it head-on so that we can now decongest KNH. Let us have patients from Kakamega being attended to in Kakamega. However, this habit will not end if our discussions in this House will be just bashing, bashing and bashing.

We give money to KNH. How much? I sit in the Budget and Appropriations Committee. It is only Kshs1 billion. How much money have we given the Ministry of Health headquarters? We have given it several billions. For what? The Ministry of Health manages only two facilities – KNH and MTRH. However, we allocate them billions of shillings. That is why people are fighting and that is why Afya House is now called "Mafia House". People fight for money. Those resources can be transferred and used to support other health facilities in this country.

Lastly, we have approved money for medical equipment systems. Last year, this House supported over 90 hospitals. How much did we give KNH and MTRH? What type of equipment is there? We have equipment in our facilities that are lying idle. We talk about MRI machines in Thika, Kakamega and Nakuru, but not in KNH. When a patient requires MRI services, the only thing they are given is a note reading: "Refer to KNH." It is time we prosecuted this matter with a lot of wisdom for the sake of this country. But if we continue like this, we will talk about it and leave it there and problems at KNH will still continue.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Omulele): Next Member on my list here is Hon. Thuku Kwenya, but he is sitting to my left. Usually, as a matter of principle, I like to give an opportunity to persons in the left and then those in the right. Therefore, I am going to have somebody from the right and then he will follow. I will give this opportunity to Hon. (Ms.) Cheruiyot Jesire, followed by Hon. Thuku Kwenya in that order.

Hon. (Ms.) Cheruiyot: Thank you, Hon. Temporary Deputy Speaker. I also stand as a Committee member to declare to this House that I am one of the people who came up with the Report. Members should actually stop looking at the Report as one that targets anyone. Ours is a Report based on the investigation we did. We had sleepless nights just to ensure that we beat time and bring this Report here.

Normally, I like being very independent in my mind. I urge Members that when we are dealing with matters health, we should not go the political way. This is because when it comes to matters health, today it is another person and tomorrow it is you. If it is not you directly, it could be you through another person. So, we should not politicise it so that we can actually have a better facility that can serve this country.

I have looked at those issues in three dimensions. What I saw as a problem is the workload. The members of staff of KNH are, generally, over-stretched, especially the professionals. As opposed to the World Health Organization (WHO) requirements where a nurse is supposed to handle five patients, a nurse at KNH handles 30 patients – six times more than the international requirement – and you expect that person to give quality service! I want to believe that because of workload and confusion, a person can commit errors which are professional in nature.

Secondly, if you want to know the truth of the matter, we are told that 70 per cent of the work in the theatre is done by registrars. Those registrars - as you have been told by the doctor, who is my senior - are students who go there on attachment. We realised in our findings that they do 70 per cent of the work, which shows that there is a big shortage. When we conducted our investigation, we were told that the facility is under-staffed by over 1,000 technical people. This means that instead of pointing fingers and complaining left, right and centre, we need to employ more professionals in that facility to curb the overload of the workers.

We recently heard that the country wants to import some doctors from Cuba. This shows that there is a shortage even on the doctors' side. The other thing that I realised is that the facility has turned into a walk-in facility like everyone else has said. It is our duty in this House to look into it and see what we can do to turn this facility back into a referral hospital, rather than a walk-in hospital as it is today. The truth of the matter is that there is a systemic problem in the Ministry of Health. Generally, the Ministry is failing, maybe, because of devolution. I do not want to say that, that is the only reason, but when the dispensaries, health centres and even Kenyatta National Hospital (KNH) do not work well, it means that the systemic problem must be handled. If we sit here and talk about individuals, we will not solve this problem. We should take KNH back to its core mandate of dealing with referrals.

The other thing that I noticed is the financing of this institution. From the look of things, KNH is under-financed by the National Treasury. Under-financing of KNH is one of the problems that are plaguing the facility. I have also realised that the counties are draining KNH financially because the allocations given to the facilities in the counties are not used according to the ratios or the population on whose basis the money was calculated. Almost all the patients are going to KNH and are using up the money for the hospital which was not intended for them.

We also realised that there are a lot of waivers in KNH. A number of patients who go there have their fees waived in millions, not just hundreds and thousands. Who talks about those waivers? What happens? Eventually, there shall be a gap. Who fills it? Those are the issues we need to know because if we continue complaining, we will not get to the nitty-gritty's and solve the matters of health in this country.

I know we might have rushed to devolve the health function but, the truth of the matter is that a disease or an outbreak does not have boundaries. You cannot know which patient will be affected. In the first place, it is a raw deal. However, when we are here, we only need to talk of what we can do in the circumstances we are in. As we handle matters of KNH, it is also important and prudent that we think of Moi Teaching and Referral Hospital (MTRH) as a national facility at the same level as KNH. We should not forget Mathare National Teaching and

Referral Hospital. That is a facility which people are not talking about and yet, it is also a time bomb. We need to see what happens there because there could be similar issues to those in KNH, so that we do not have to start other investigations.

Hon. Temporary Deputy Speaker, I want to finish my contribution. We have been told that surgery mix-up is not unique to KNH. It has happened elsewhere. If this particular case had not leaked to the media, would it have been easy for anyone to notice? We do not know how many other such incidents have happened. We are not supposed to demonise KNH. When we demonise a facility that we cannot compare with any other in East and Central Africa, it will not be fair for us. Some hon. Members were bashing that facility. They were talking with a lot of laughter. We need to take this matter more seriously.

With those few remarks, I support this Report, noting that it intends to change the way things are being done at KNH, and other medical facilities serving Kenyans.

The Temporary Deputy Speaker (Hon. Omulele): Hon. (Ms.) Jesire, are you a member of that Committee?

Hon. (Ms.) Cheruiyot: Yes.

The Temporary Deputy Speaker (Hon. Omulele): We shall have Hon. Thuku Kwenya.

Hon. Thuku: Thank you, Hon. Temporary Deputy Speaker. I rise to support this very important Motion, which is on a Report by the Departmental Committee on Health.

I want to state that this Report should have come like yesterday because this is one facility whose reputation is at its lowest at this moment in time. Nevertheless, we cannot under-estimate or underrate its importance in this country. It is a facility that has had its success stories before.

I want to agree with the Hon. Members who have contributed before me. I want to register their concern that we cannot afford to bash the doctors, nurses and the facility generally. That is because many lives have been saved there. We have had so many successes. Therefore, as much as we have a responsibility, we cannot afford to go that route. Our responsibility to mend and come up with solutions cannot be limited in any way to the extent that we cannot bring out the wrongs that we have identified, as Members of Parliament sitting in the Departmental Committee on Health. We have a responsibility. We went through the whole process of inquiry. We identified several issues that needed to be brought forth so that they can be fixed. If we fail to do that, we will have a facility that will not be helping us. It will be a facility of death. If a patient is informed that he has been referred to KNH, he would even die before getting there. That is because of the stigma that is associated with KNH.

As we inquired into those matters, we realised that KNH is no longer the facility that it used to be. It used to be a referral hospital. Currently, people refer themselves to that facility for every kind of ailment. This begs the question: What kind of referral system do we have? It seems like we do not have any? As you know, health is a human right. Access to medical care is a basic fundamental human right. Therefore, you cannot chase away a patient who has gone to KNH. He has to get treatment. From my own findings, the average time for a patient to be treated from the time he walks into that facility to the time he starts receiving treatment is an average of about 30 days. I have patients who had been admitted there, and the complaint is that it takes so long before they start getting treatment.

Those are the issues that need to be addressed and that is why we are talking about a system failure. As much as we want to apportion blame of the failures on the management and the board of directors, the Government also needs to step in because there is a shortage of human resource or personnel. Kenyatta National Hospital (KNH) is supposed to have about 6,000

workers. They are short of that by 1,500 workers. It then means that the many problems we witness there are as a result of shortage of human resource. At one point I asked a nurse, one of those who come before our Committee, why they do not have compassion and yet, KNH is an institution that is supposed to be compassionate. The response was that they work for 12 hours attending to an average of about 40 patients per nurse. How then can they be expected to smile? I also wanted to gauge in a scale of one to ten, what their compassion levels were. One guy was candid enough to tell me that his compassion level was at nine but, of course, that is not what we get when we go to KNH. We get very vulgar, rude, tired and un-cooperative service from the nurses. I came to realise that the shortage of personnel is a contributor to the problems that patients go through. We also realised that the mix-up was bound to happen. It was not about whether it was going to happen, but it was when it was going to happen. You can imagine patients admitted in wards without labels and some of them are incoherent. They are cases of emergency but KNH does not treat emergency as it should - the reason being shortage of personnel.

That particular nurse, Mary, was supposed to look after about 40 patients in a ward in that particular night. She was unwell and that is the report we got. The question that begs for an answer is the systems that KNH has. They have standard operating procedures that are never followed. Why? It is because there is laxity on the part of management. Nurses fall under the director of nursing, a director of clinical services and an accounting officer. It is a systemic failure that needs to be addressed. That is why I support this Report in its amended form in emphatically saying that the board of management needs to go to pave way for a competent one to take over. Once we get a new board, the first thing they should do is to appraise the management team so that we can put in a place people who are responsive. What we see at KNH is reactive leadership as opposed to a combination of both reactive and proactive leadership.

There are some emerging issues that need some reaction, but there are no plans. It is painful. Luckily, as a Committee, this House and as a Government, I want us to think about the county hospitals that we have. They do not have the capacity to handle some cases. It is not that they do not have the capacity; it is because they are not building it. Every year, we allocate money to county governments. What do they do with that money? They buy ambulances so that when they have patients, they rush them to KNH. So, KNH is overloaded. It gets to a level where it is incapacitated to do what they are supposed to do. So, as Government and as a House, I pray that we adopt this Report in its amended form. We should also not forget to compensate the two patients who were affected; the one who did not get the right treatment and the other one who was wrongly operated on. They need to be compensated. I support this Report. Thank you.

The Temporary Deputy Speaker (Hon. Omulele): Hon. Rindikiri Murwithania, Member for Buuri.

Hon. Rindikiri: Thank you, Hon. Temporary Deputy Speaker. I stand to support this Report. I do not want to go back to what majority of the Members have spoken. When I was growing up in high school and at the university, I was taught about management by walking around (MBWA). The issues that have come out from this Report can be categorised into two - support services and professional services that involve the nurses and the doctors. The Board and the CEO's responsibility is to ensure that the support the professionals require for the sake of rendering services to the patients is given abundantly. It is on record that KNH is ISO certified. I am wondering how they achieved certification given what we are hearing. It is either it was irregularly acquired, or immediately the certifiers left, the implementers failed to follow the set standards of operation in an institution of high value like KNH.

With regard to access to medical services, Kenyans are spending a lot of their money going to private hospitals in the country and also India. Our public institutions are decaying. For how long is this going to happen? I grew up career-wise in the insurance sector. Particularly, I know more about insurance and health requirements. We are talking about safety. Hospitals are supposed to be the safest places, if not the police stations. But when we hear that kids are disappearing and rape is taking place, it begs the question: Are we following the standards? The issue is staff morale and communication. Who is supposed to coordinate the staff? Who is supposed to come up with incentives for the staff? Who is supposed to look for money to ensure that the supposed services are given? The Board has that mandate.

We heard that the Hospital, with all those problems, collect Kshs4.1 billion. If they are collecting Kshs4.1 with all those problems, it means there are a lot of things that are happening there. They could be collecting Kshs10 billion. So, the issue of money does not come in. I believe that the little money they have should be properly managed because the Government is not in the business of dishing out money. On the issue of prudent management of the little resources they are given, I could say that the management has failed.

I will not comment on the professionals. I respect doctors. I have my brothers, nephew, and a niece who are medical doctors. I appreciate what they have done. They are being let down by the management.

ADJOURNMENT

The Temporary Deputy Speaker (Hon. Omulele): Hon. Rindikiri, you will have a balance of five minutes which you will take up when this Motion is next listed.

Hon. Members, the time being 7.00 p.m., this House stands adjourned until Tuesday, 27th March 2018 at 2.30 p.m.

House rose at 7.00 p.m.