

PARLIAMENT OF KENYA

THE SENATE

THE HANSARD

Tuesday, 6th July 2021

*The House met at the Senate Chamber,
Parliament Buildings, at 2.30 p.m.*

[The Temporary Speaker (Sen. Nyamunga) in the Chair]

PRAYER

COMMUNICATION FROM THE CHAIR

WELCOME TO HON. SENATORS TO THE FOURTH PART OF THE
FIFTH SESSION OF THE 12TH PARLIAMENT

The Temporary Speaker (Sen. Nyamunga): Hon. Senators, it is my pleasure and privilege to welcome you back from a month long recess. I trust that you are well rested and have had an opportunity to interact with your constituents, family and friends.

In accordance with the Calendar of the Senate, this part of the Session begins today and will run until 5th August, 2021. During this period, we will pick up from where we left off in June. We had outstanding business across the spectra of legislative business before the Senate. Twenty-two Bills are due for Second Reading stage and three Bills are due for the Committee of the Whole Stage.

As we resume, nine Bills as indicated in the Order Paper for today, are scheduled for First Reading. Upon their maturity, this will bring the total number of Bills for Second Reading to 31. A further 21 Bills are undergoing concurrence pursuant to Article 110(3) of the Constitution and in line with High Court judgment in Petition No.284 of 2019. As soon as this process is concluded, the Bills will be scheduled for First Reading.

In this respect, I would like to inform Hon. Senators that the Senate Business Committee (SBC) has considered a mechanism for expediting consideration of Bills that were republished pursuant to the High Court judgment referred to above. With your co-operation, it is envisaged that the Senate will conclude these Bills by the end of the Session in December, 2021. The Senate will be guided accordingly in the coming sittings so as to facilitate their expeditious consideration.

Hon. Senators, 54 petitions are yet to be reported on by Standing Committees. It is my hope that respective Committees took some time during the June recess, to

dispense with pending Petitions and reports thereon prepared pursuant to Standing Order 232(2).

Likewise, there are Statements pursuant to Standing Orders 47(1) and 48(1) referred to Committees that are yet to be concluded. A number of Senators have raised points of order on the Floor, indicating that a particular Statement has not been addressed. I urge respective Standing Committees to conclude with all pending Statements and where necessary, write reports using available mechanisms in the Standing Orders.

Hon. Senators, as enumerated above, we begin the Fourth Part of the Session with a heavy workload. I urge you to remain dedicated and focused, and to undertake the business ahead of us with utmost commitment in service to our great country.

Finally, Hon. Senators, we all appreciate the COVID-19 situation in the county and globally, continues to persist. In undertaking our constitutional roles, we must play our part to contain its spread. For avoidance of doubt, therefore, I reiterate and direct that the health and social distancing protocols as contained in the Guidelines for Plenary Sittings and Committee Meetings are still in force. All Senators and parliamentary officers are required to strictly adhere to these guidelines.

Thank you and I wish you all a fruitful Session.

Next Order.

I will now read the two messages from the Chair.

MESSAGES FROM THE NATIONAL ASSEMBLY

APPROVAL OF THE COUNTY ALLOCATION OF REVENUE BILL (SENATE BILLS No.30 OF 2021)

Hon. Senators, I wish to bring to the attention of the Senate that on Tuesday, 29th June, 2021, pursuant to Standing Order No. 41 (3) and (4), the Clerk delivered to me a Message from the Speaker of the National Assembly regarding the approval by the National Assembly of the County Allocation of Revenue Bill (Senate Bill No. 30 of 2021).

The Message which is dated 17th June, 2021, was received while the Senate was on recess and was transmitted to all Senators on 29th June, 2021 pursuant to Standing Order No. 41 (5).

Further, pursuant to the said Standing Orders, I now report the Message-

“PURSUANT to the provisions of Standing Order Nos. 41(1) and 144 of the National Assembly Standing Orders, I hereby convey the following Message from the National Assembly –

WHEREAS, the County Allocation of Revenue Bill (Senate Bill No. 30 of 2021) was published vide Kenya Gazette Supplement No. 77 of 2021 as a special Bill concerning county governments to provide, *inter alia*, for the equitable allocation of revenue raised nationally among the county governments for the 2021/2022 financial year;

WHEREAS, the said Bill was passed by the Senate on Thursday, 3rd June, 2021 and referred to the National Assembly for consideration in accordance with the provisions of Article 110(4) of the Constitution;

AND WHEREAS, the National Assembly also passed the said Bill on Wednesday, 16th June, 2021 without amendment (in the form passed by the Senate);

NOW THEREFORE, in accordance with the provisions of Article 110 of the Constitution and Standing Orders Nos. 41(1) and 144 of the National Assembly Standing Orders, I hereby convey the said decision of the National Assembly to the Senate.”

Hon. Senators, I wish to inform you the H. E the President assented to this Bill on Wednesday 30th June, 2021.

I thank you.

PASSAGE OF THE LAND (AMENDMENT) BILL
(NATIONAL ASSEMBLY BILLS NO. 54 OF 2019)

Hon. Senators, I wish to bring to the attention of the Senate that on Tuesday, 18th June, 2021, pursuant to Standing Order No. 41 (3) and (4), the Clerk delivered to me a Message from the Speaker of the National Assembly regarding the passage by the National Assembly of the Land (Amendment) Bill (National Assembly Bills No. 54 of 2019).

The Message which is dated 14th June, 2021, was received while the Senate was on recess and was transmitted to all Senators on 18th June, 2021 pursuant to Standing Order No. 41 (5).

Further, pursuant to the said Standing Orders, I now report the Message-

“PURSUANT to the provisions of Standing Order Nos. 41(1) and 142 of the National Assembly Standing Orders, I hereby convey the following Message from the National Assembly-

WHEREAS, the Land (Amendment) Bill (National Assembly Bill No. 54 of 2019) is a Bill that seeks to amend the Land Act, 2012 so as to provide that where public land has been allocated to a public body or public institution by the National Land Commission (NLC) for public purposes or where land is set aside by persons or land buying companies for public purposes, the registrar of land under the Land Registration Act, 2012 shall issue a certificate of titles in the name of the public body or public institution or relevant Ministry as the case may be.

AND WHEREAS, the National Assembly considered the Bill and passed it on Thursday, 13th May 2021 with amendments in the form attached hereto;

NOW THEREFORE, in accordance with the provisions of Article 110 of the Constitution and Standing Order Nos. 41(1) and 142 of the National Assembly Standing Orders, I hereby convey the said decision of the National Assembly to the Senate.”

Hon. Senators, you will recall that following the High Court ruling on 29th October, 2020, on Constitutional Petition No. 284 of 2019, implementation of the judgment by the Senate commenced;

Notably, the High Court ordered that all Bills for which the concurrence process contemplated under Article 110(3) of the Constitution could not be demonstrated be ceased and that the said concurrence process be adhered to before introduction of such Bills in either House of Parliament.

Hon. Senators, The Land (Amendment) Bill (National Assembly Bills No. 54 of 2019) is one such Bill, for which the concurrence process pursuant to Article 110(3) of the Constitution had not been demonstrated by the time the High Court gave its judgment.

As such, the Bill ought to be aligned to Article 110(3) of the Constitution, following which the Bill will be read a First Time in the Senate.

In view of the foregoing, The Land (Amendment) Bill (National Assembly Bills No. 54 of 2019), as received from the National Assembly vide the Message dated Monday, 14th June, 2021, will not be proceeded with in the Senate.

I thank you!

Next Order.

PAPERS LAID

The Senate Majority Leader (Sen. Poghiso): Madam Temporary Speaker, I beg to lay the following Papers on the Table of the Senate, today 6th July, 2021-

EAST AFRICAN COMMUNITY SEXUAL REPRODUCTIVE HEALTH BILL

The East African Community Sexual Reproductive Health Bill.

REPORT OF EALA COMMITTEE ON THE IMPACT OF THE COVID-19 PANDEMIC ON FOOD SECURITY IN THE EAC

Report of the East African Legislative Assembly Committee on Agriculture, Tourism and Natural Resources on the oversight activity on the impact of the COVID-19 pandemic on food security in the East African Community (EAC) adopted at the 5th Meeting of the 4th Session of the 4th Assembly, held on 9th to 29th May, 2021 in Arusha, Tanzania.

(Loud Consultations)

The Temporary Speaker (Sen. Nyamunga): Hon. Senators, let us consult in low tones because we need to follow what is happening in the House.

The Senate Majority Leader (Sen. Poghiso): Thank you, Madam Temporary Speaker.

REPORT OF EALA COMMITTEE ON THE STATUS OF IMPLEMENTATION OF THE ASSEMBLY'S RECOMMENDATIONS ON THE EAC AUDITED ACCOUNTS

Report of the East African Legislative Assembly Committee on Accounts on the status of implementation of the Assembly's recommendations on the East African Community (EAC) audited accounts for the East African Health Research Commission and the East African Kiswahili Commission for the Financial Year ended 30th June, 2017 and 2018, adopted at the 5th Meeting of the 4th Session of the 4th Assembly, held between 9th to 29th May, 2021 in Arusha, Tanzania.

THE PUBLIC FINANCE MANAGEMENT (SINKING FUND) GUIDELINES, 2021

The Public Finance Management (Sinking Fund) Guidelines, 2021.

ANNUAL REPORT OF THE SRC FOR FY 2019/2020

Annual Report of the Salaries and Remuneration Commission (SRC) for financial year 2019/2020.

THE ARCHITECTS AND QUANTITY SURVEYORS CONTINUING
PROFESSIONAL DEVELOPMENT BY-LAWS, 2020

The architects and quantity surveyors continuing professional Development by-laws, 2020.

(vii) The national Government Budget Implementation Review Report of the first nine months of the Financial Year 2020/2021 of May 2021

REPORTS ON THE FINANCIAL STATEMENTS OF
VARIOUS COUNTY ASSEMBLIES

Report of the Auditor-General on the Financial Statements of the County Assembly of Vihiga for the Financial Year ended 30th June 2019

Report of the Auditor-General on the Statements of Nairobi City County Executive for the year ended 30th June 2019

Report of the Auditor-General on the financial statements of the County Assembly of Nairobi City County for the year ended 30th June 2019

Report of the Auditor-General on the Statements of the County Assembly of Kericho for the year ended 30th June 2019

Report of the Auditor-General on the financial statements of Kiambu County Assembly for the year ended 30th June 2019

Report of the Auditor-General on the financial statements of Kiambu County Executive for the year ended 30th June 2019

SPECIAL AUDIT REPORT ON UTILIZATION OF COVID-19
FUNDS BY NAROK COUNTY

Special Audit Report for the Auditor-General on the utilization of Coronavirus Disease (COVID-19) funds by the County Government of Narok.

I thank you, Madam Temporary Speaker.

(Sen. Poghio laid the documents on the Table)

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

The Temporary Speaker (Sen. Nyamunga): Yes, Sen. Wetangula. What is your point of order?

Sen. Wetangula: Thank you, Madam Temporary Speaker. I congratulate the Senate Majority Leader because for the first time, this House has received reports from the East African Parliament. For the last eight years or so that we have been in existence, we have never received reports from the East African Parliament. I hope that the Senate Business Committee (SBC) will find it necessary to create time and list these reports for our debate in furtherance to our commitment to the integration of the East African Region.

There is very little interaction between national parliaments and the East African Legislative Assembly (EALA), which ideally serves as the link between the legislatures of the member parliaments of the East African Community (EAC) states. This new window, to which I salute the Senate Majority Leadership, is a very good and innovative way of bringing to fore the Senators of the Republic of Kenya what goes on in EALA, and how we as a region must debate, understand and appreciate that our destinies are tied together. What happens in Kenya, Uganda, Tanzania, Rwanda, Burundi or South Sudan concerns all of us. This is a very good development. We must have time to debate this.

The Temporary Speaker (Sen. Nyamunga): Do we have the Chairperson of the Committee on Health, because there are two Papers from Committee on Health? The Vice Chairperson? Then I think we can defer the presentation of the two papers.

Next order.

STATEMENTS

The Temporary Speaker (Sen. Nyamunga): The first Statement is by Sen. Khaniri. Senator, you said that you want to make two Statements. You can go ahead.

Sen. Khaniri: Madam Temporary Speaker, I thank you for giving me the Floor. Under Standing Order 47 (1), I have three Statements. These are Statements that I had filed way back in March. One is on the third wave of the COVID-19 and the COVID-19 vaccine. The other ones are on unemployment caused by the COVID-19 pandemic and export of bananas and broccoli to South Korea.

For two of them, I need to update some statistics. If you allow me, I will issue the Statement on the third wave of COVID-19 and the COVID-19 vaccine, then if I get an opportunity, I can do the others tomorrow.

The Temporary Speaker (Sen. Nyamunga): That is okay, Senator, you can go ahead.

THIRD WAVE OF COVID-19 PANDEMIC AND
VACCINE CONCERNS

Sen. Khaniri: I thank you, Madam Temporary Speaker.

Pursuant to Standing Order 47 (1), I rise to make a Statement on an issue of general topical concern, that is, the third wave of the COVID-19 and the COVID-19 vaccine. It has been 15 months since Kenya recorded its first COVID-19 case in March of 2020. The country has had more than 184,537 confirmed positive cases, more than 126,594 people have recovered, and nearly 3,640 people have succumbed to the virus.

At the start of this pandemic, the President, in conjunction with the Ministry of Health, put out strict regulations and protocols that positively curbed the spread of the virus. Political gatherings were banned, major parts of the country's social economic life were shut down, wearing of masks was made mandatory, and social distancing became the order of the day.

Kenyans exhibited togetherness, took personal responsibility, and were very vigilant in handling themselves during this trying time. It was then assumed that the second wave would come stronger than the first and affect more Kenyans. Due to this, everyone was very careful and observed the set protocols. However, due to the awareness and preparation, we waved through it without many casualties as was expected.

Madam Temporary Speaker, just when we thought the worst had passed, on the second week of March 2021, almost exactly a year after the first case of the COVID-19 was reported in Kenya, a third wave of the virus was officially announced. This came as a shock and caught many off guard. It was a more aggressive strain and therefore claimed more lives at a faster rate than the first and second waves combined.

The Africa Center of Disease Control (CDC) noted that the positivity rate went up to 26.6 per cent in March 2021, and the country's total official death rate for the third wave increased by more than 13 per cent. As a result of the third wave, there was a significant increase in the number of patients in the Intensive Care Unit (ICU) on ventilators and in need of oxygen, and the situation was only worsening by the day causing hospitals to experience a complete lack of bed capacity and machinery to treat patients.

Sick Kenyans were forced to pay hefty amounts just to book and wait for beds and treatment. There was an upsurge of patients, hospitals overflowed, and it was quite unfortunate that once again, the Government seemed to be unprepared in the handling and management of the affected Kenyans, especially because schools which were previously being used as isolation centers were back in session.

On March 3rd 2021, the first batch containing one million doses of AstraZeneca vaccines arrived in Kenya and a few more have since been introduced to the Kenyan market. The Ministry of Health established a national COVID-19 vaccine deployment task force to guide the roll out of the vaccines including the regulation, safety monitoring, financing, procurement and logistics.

The vaccine was received with a lot of mixed feelings because as happy as we were to receive them, it was quite unsettling to hear that many countries were halting

distribution of certain vaccines due to alleged side effects such as blood clots and infertility.

So far, a total of 1.74 million doses of both the first and second dose have been distributed countrywide including to the military and more than 456,000 Kenyans have been vaccinated. The Cabinet Secretary for Health directed that priority be given to those who are over 60 years and the vulnerable people in the society.

Madam Temporary Speaker, it is my hope that the Ministry of Health is continuously doing research to understand the vaccine and is fully satisfied with its effectiveness and safety before allowing the exposure to the general public.

Besides, these funds need to be released for research on the different variants of the virus so as to create more awareness to the public with regard to symptoms and ways of managing it especially because now a new and deadly variant (Delta) which has been projected to be more deadly than the others have found its way into Kenya ravaging our counties, Vihiga included.

The President, in his last State Address, once again emphasized the country's COVID-19 measures. However, Kenyans seem ignorant to have become lax to the protocols and regulations set. We have lowered our guard and majority of us have thrown all caution to the wind.

It is time to urge Kenyans to return to the basics by strictly adhering to the containment measures that the Ministry of Health has set and for them to get vaccinated.

New protocols with high consideration to the 2022 campaigns and elections need to be set or the existing ones to be strongly enforced in order to help Kenyans deal with this monstrous virus.

I thank you, Madam Temporary Speaker.

The Temporary Speaker (Sen. Nyamunga): I am going to allow only three comments because we have a lot of Statements and it is good that we are fair to all the Members. So, I want to give a chance to Sen. Wetangula, followed by Sen. Farhiya and Sen. Wambua.

Sen. Wetangula: Madam Temporary Speaker, this Statement could not have come at a better time. I want to thank the Senator for Vihiga, Sen. Khaniri---

The Temporary Speaker (Sen. Nyamunga): Sorry, Sen. Wetangula. Sen. M. Kajwang', I can see you have an intervention.

Sen. M. Kajwang': Madam Temporary Speaker, in your top three contributors, I wish you would also allow some of us whose counties are locked down to pass a message to our people.

The Temporary Speaker (Sen. Nyamunga): Then you should press the right button. You pressed the wrong button.

Sen. Wetangula: Madam Temporary Speaker, we have now had this pandemic for about one-and-a-half years. It has ravaged the country. It has affected lifestyles. It has killed people and it continues weighing heavily on the national economy and behavioral activities of Kenyans.

When COVID-19 hit this country, the Government set out protocols that if they were adhered to would probably have saved Kenyans from infections and deaths.

As we speak here, many of us, including myself have lost very close family relatives, friends. Personally among the first 10 deaths in the country was my own brother and many others. I have a feeling that the Government has not been handling this COVID-19 issue well.

We have had situations when lockdowns have been effected and curfews imposed. However, when you lock down areas like the counties where we come from in the west, like Migori, Homa Bay, Kisumu, Kericho, Nandi, Bungoma, Busia, Kakamega and Trans Nzoia, one would think that you would lock down an area to carry out mass vaccinations; or that you would close down an area for a reason that helps in controlling the pandemic.

However, when you go to these areas, the lockdown is a field day for the police.

I was at home over the weekend and I noted that every evening you see a group of policemen walking with women who they have arrested for selling vegetables at ten minutes past 7.00 p.m. They arrest them and walk with them up to midnight. They go on arresting many other people that they meet on the way and walk with them as if they want people to keep them company.

That is not the way to go. One would have expected mass testing in the areas under lockdown to see the extent to which people are infected.

Right now, we are told some vaccines are in hospitals out there but people are not going for them simply because nobody is telling people publicly and repeatedly the dangers of this disease, where the vaccines are and how to go and get them.

There is also such wild propaganda out there that the Government is doing nothing to dispel. Some people are having a field day cheating people that if you are vaccinated you automatically become impotent and young people are not interested in losing their potency. The Government is not fighting these rumours.

We have just come from the USA about three or four weeks ago. I was there with a few other Senators. The USA has vaccinated 137 million people so far. China has vaccinated one billion people so far. India is getting there.

Today, the BBC announced that the United Kingdom is going to open up their country; there will be no restrictions of entry into the United Kingdom because of their control measures and the success of the vaccinations.

Here in Kenya, we have vaccinated about only one million people, representing 2 percent of our population. It shows that we are not taking this pandemic very seriously and yet crowning that is the massive and monstrous frauds on COVID-19 that have gone on at KEMSA. Instead of people fighting the pandemic, they are seeing it as an avenue and highway for ill-gotten wealth.

It is a shame and that is why I support Sen. Khaniri that this House and the public at large, particularly the National Government that controls the largest kitty in the health docket, in collaboration with the counties must go out to tell Kenyans how to avoid this pandemic, how to be vaccinated. We are seeing in some countries that even those who have been vaccinated twice are dying of the disease.

As I finish, you saw what one single event in Kisumu on Madaraka Day can do to a country. People threw caution to the wind and interacted as if there is no problem. Now

you go to Kisumu, there are no beds; you go to Kakamega there are no beds; you go to Eldoret, there are no beds. When you go everywhere, people are sick, people are dying. We want a Marshall Plan from the National Government on how to tackle this pandemic, how to tell people how to avoid infections.

As we go to elections, we want the political class of this country to understand and appreciate that even as we look for public offices, we owe our duty to our country not to endanger the population by recklessly engaging in rallies and endangering people's lives.

Thank you, Madam Temporary Speaker. I congratulate Sen. Khaniri for bringing this Statement.

The Temporary Speaker (Sen. Nyamunga): Hon. Senators, I can see a lot of interest on this Statement but I had already made a ruling. However, because of the importance of the topic, can we allow five minutes please? Let us listen to Sen. Farhiya.

Sen. Farhiya: Thank you, Madam Temporary Speaker, for giving me the opportunity to contribute to this matter. I wish to thank Sen. Khaniri who always brings Statements and Motions that are relevant and current in terms of information and how they impact our country.

It is needless to say that COVID-19 has a greater impact in this country in terms of lives lost and economic losses during lockdowns. I agree with Sen. Wetangula that as we endeavour to popularize ourselves, let us be very careful with the lives of Kenyans. If we care about this country and the people we want to support, then the least we can do is to engage in activities that can increase the spread of the disease because the same people that we claim to care about are the first ones to be affected when there is a lockdown.

When there is a lockdown, it is people with small business who are affected most like the *mama mbogas*. When there is a lockdown, they cannot sell their vegetables and fruits to hotels because hotels are also closed during a pandemic. The same *mama mboga* will not have money to buy food, pay school fees and rent. We normally claim that we care about people at the bottom of the pyramid but end up spreading the disease further.

Let us be a little bit more humane as we sell our manifestos and promise people how we will impact this country in the future. Let us not talk about the future because we are killing the present generation. How will we even reach that future?

It pains me much every time I see huge crowds of people---

(Sen. Murkomen spoke off record)

The Temporary Speaker (Sen. Nyamunga): I cannot see your intervention but what is your point of order?

Sen. Murkomen: Madam Temporary Speaker, there must be a problem with the cards because I had already pressed.

Is it in order for a Deputy Whip of the majority side to come to the Floor of this House and criticize the party leader, who is the President, who held a big rally in Kisumu which has turned out to be a spreader of COVID-19 in the western part of the country and do it without blinking? As the Deputy Senate Majority Whip, what conversation has she

had with the President who occasioned that big function in Kisumu that has caused this country a big problem?

Sen. Wetangula: On a point of order, Madam Temporary Speaker. Is it in order for the distinguished Senator for Elgeyo-Marakwet to raise such a frivolous point of order when at the time he served here with distinction as the Senate Majority Leader, yet towards the end of his term, he spent all his time and energy criticizing the Government and the President that he wants to purport to defend now?

The Temporary Speaker (Sen. Nyamunga): Sen. Farhiya, are you stating facts or you are criticizing your President?

Sen. Farhiya: Madam Temporary Speaker, the Senator for Elgeyo-Marakwet claims that I am criticizing my President yet he is one of the people spreading COVID-19. Leave alone the rally that was held in Kisumu but he is spreading it even here in Nairobi. So, he is a super spreader. Do not throw stones for nothing when you live in a glass house.

Sen. Murkomen: On a point of order Madam Temporary Speaker. While I acknowledge what Sen. Wetangula has said, that I did a lot of serious criticism of how the Government was being run, which perhaps caused me my position, is the Deputy Senate Majority Whip ready to take political responsibility for criticizing the President of the Republic and her party leader on the Floor of this House let alone escapism of trying to say Murkomen had a meeting in Nairobi? Can she produce a single evidence where Murkomen has held a rally in Nairobi?

I can produce enough evidence of how the President and the people he works with caused serious havoc in Kisumu. We are not joking. You think this is a joke but it is not. The same Government that held a big rally that caused the worst spread of COVID-19 in the western part of the country is the same Government that has put measures to punish many women, hustlers and *boda boda* people in the western part of the country.

The Temporary Speaker (Sen. Nyamunga): Sen. Murkomen, are you debating or you are on a point of order?

Sen. Murkomen: My point is this; is she in order to try to run away from the reality that the Government held a big function in Kisumu which has caused problems in the western part of the country up to Trans Nzoia and is she willing to take political responsibility for criticizing the Head of State while serving as the Deputy Senate Majority Whip?

The Temporary Speaker (Sen. Nyamunga): Sen. Farhiya, please, wind up.

Sen. Farhiya: Madam Temporary Speaker, you have to allow me time to respond appropriately because---

The Temporary Speaker (Sen. Nyamunga): Hold on, Senator. I can see Sen. Orengo on an intervention.

The Senate Minority Leader (Sen. Orengo): Madam Temporary Speaker, the point I wanted to make is that this Statement by the Senator for Vihiga is serious. The moment we begin to belittle it, it appears like we are just in a marketplace enjoying ourselves about who is criticizing the President and who is not.

The Senator for Vihiga has been consistent on this pandemic issue. Let us not lose the point because many people are dying. If you look at the super spreaders, we are all guilty. If you look at the meetings which have taken place in Nairobi in the past two or three days, the super spreaders are known.

Sen. Murkomen, with all the respect I have for you, you are on the wrong note on this one. Before you criticize the Deputy Senate Majority Whip, you should have started with your two leaders. Actually you are in a very unique position because you have got a leader in United Democratic Alliance (UDA) and another one in Jubilee Party. When you stand up, I do not know which one you will defend.

The Temporary Speaker (Sen. Nyamunga): Hon. Senators, we need to make progress on this matter. Being part of our responsibility to stop the spread of COVID-19, I suggest that we put on our masks at all times. Even as you speak, kindly, do so with your mask on. That will give a good example to the people out there.

Sen. Farhiya, I am giving you one minute only to conclude.

Sen. Farhiya: Without naming anyone, everybody was in Kisumu including the leader of United Democratic Republic (UDA), so let us not go there. The other thing I want to say is that I lost my paternal uncle on 18th May, 2021, and it also pains me. He was the elder brother of my mum and the only living maternal uncle that I had. So, these things are home now in terms of the losses that we are facing.

Madam Temporary Speaker, let us not belittle who is to blame for what. However, at your own level, please, be responsible enough to ensure that Kenyans are saved from this pandemic. Do not be part of a super-spreader.

Thank you very much.

The Temporary Speaker (Sen. Nyamunga): Sen. Orengo, proceed.

The Senate Minority Leader (Sen. Orengo): Madam Temporary Speaker, this is a very critical question not facing just Kenya but the entire world community. I think it is important to go through the statements that we have made in this House, beginning with the Special Committee that was established by this House. Look at what kind of contributions we have made to impact the fight against this pandemic.

More importantly, I would agree with those who hold the view that the Government of Kenya has not come out more aggressively and in a very orderly fashion to show us how they have fought this pandemic and what they are going to do in the future, particularly because now we have got new variants. Getting two jabs at any particular time is not an assurance that one will not get the pandemic. Some countries are now beginning to get an oversupply of the vaccines.

Madam Temporary Speaker, in Africa, we are doing extremely badly in terms of the stock that we have of the vaccines. The Government should come out clearly to tell us, in the next two, three or four months, what percentage of the population they are going to give vaccines to and what concrete measures are being taken. I am afraid that as this virus mutates from one variant to another, the problem is going to get more and more compounded.

Those that are using the money given for purposes of fighting this pandemic, I hope we will have one day a special Motion to discuss them. I believe that those who

have “eaten” money meant to fight this pandemic, in all seriousness, are not better than those who commit the offence of genocide. We cannot be afraid to say so.

Madam Temporary Speaker, I want to urge the Government agencies that are dealing with those who are playing around with the funds that have been allocated for the fight against this pandemic. You are not doing a great job. In the United States of America (USA), within one year of Trump’s presidency, his own colleagues in Government were serving jail terms. In our situation, somebody can run away with murder and, year in, year out, you do not hear of any results at all. I plead that in relation to the fight against this pandemic, nobody should be excused when they mess around with the lives of Kenyans.

More importantly, we need to know in the next two or three months, how many loads of vaccines we are going to get and from where, and which vaccines are good for which variant. It looks like the variants from India are getting into our country with intensity that probably we cannot determine.

Madam Temporary Speaker, I want to congratulate the Senator for Vihiga County, Sen. Khaniri, for being very consistent on this matter. Sen. Sakaja, I want you to come around and join him together with Sen. Kasanga. I think this is one issue that will make and break some of us here in terms of being remembered for causes that we fought for.

Thank you.

The Temporary Speaker (Sen. Nyamunga): Thank you, Senator. Sen. Wambua, proceed.

Sen. Wambua: Thank you, Madam Temporary Speaker, for this opportunity to also make a comment on this Statement. I join my colleagues in thanking the Senator for Vihiga for bringing this Statement. However, you remember when the Senator for Vihiga was making this Statement, he mentioned that there are other Statements that are lined up.

At the risk of anticipating debate, I would actually look forward to that very serious conversation around that Statement on unemployment occasioned by Coronavirus disease (COVID-19). When that time comes, we will deal with it.

Madam Temporary Speaker, for now, allow me to say the following. I have heard my Minority Leader here saying that we are all guilty when it comes to spreading the virus. That is very true. The only difference is the magnitude of the guilt. Some people are more guilty than others, but we are all guilty of spreading this virus.

I want to take this opportunity to thank the wisdom of the handlers of the President of our Republic, and I know this should not be my duty. Perhaps, it should have been the duty of the Whip. The President was supposed to be in Kitui, Machakos and Makueni counties this week. However, in view of the spread of the virus and cognizant of what happened in Kisumu County, the advice has been give and taken that we stop these public engagements in our region and wait for such a time that it would be okay to have huge public gatherings, opening of projects, and all that.

That speaks to wisdom and responsibility. We have a duty as leaders of this country to take care of the health of our people and make sure that we do not expose them to unnecessary dangers on the spread of this COVID-19.

Madam Temporary Speaker, there has been a lot of talk about COVID-19 billionaires and the money that people have squandered. People who are known have squandered money that was set aside to fight the spread of the virus. I do agree with my leader that perhaps we need to have a special Motion to discuss what we are going to do with people who have taken money meant to combat the spread of the virus and put it into private use. What punishment should we have meted on such people? That should not exclude. When you say these things, people will say you are politicizing this. There is no politics around this thing.

I come from a county that benefited from COVID-19 funds, like any other county. The County Government of Kitui decided that because there can never be treatment for COVID-19, we invest this money in post-COVID-19 initiatives. Some of these decisions that are being made in the counties on the expenditure of monies meant to combat the spread of the virus, when that time comes, we need to ask ourselves very serious questions.

Madam Temporary Speaker, I conclude by saying, yes, I have congratulated and applauded the Government for the wisdom to postpone the rallies and meetings in lower Eastern Region. However, it does not make any sense to anyone to lock down an entire region and just sit back. If you are locking down an entire region, then you must lock it to do something. Vaccinate people and fumigate public spaces. When this pandemic came, there was a lot of fumigation that was taking place all over, especially in public places in urban areas. We want to see a return of that.

The Temporary Speaker (Sen. Nyamunga): Sen. M. Kajwang', Senator for Homa Bay County, proceed.

Sen. M. Kajwang': Madam Temporary Speaker, as a Senator of one of the counties that was recently locked down, I am glad that today, through the Statement by Sen. Khaniri, we have started with the subject of COVID-19 which is killing our people. If we politicize and assign blame on this matter, we will never get to the bottom of it. The former president of the United States of America (USA), Donald Trump, tried it with China and he found himself at war. The issue before us requires concerted effort to find a solution.

Allow me to talk about two issues. Mine is an appeal to the people in the regions that have been locked down. First, is on the issue of accuracy of data that the nation is consuming. Second, is the issue of stigma. On the issue of data, if the national Government wants to ensure that Kenyans follow the protocols, laws and regulations that have been put in place, it needs to give Kenyans an accurate data. There is a week where I had more than 30 appeals for funerals from just one ward out of the 40 wards of Homa Bay County yet in that particular week, the national Government reported just about 20 deaths in the entire week.

We should not give Kenyans doctored numbers. I wish the Cabinet Secretary in the Ministry of Health, Hon. Kagwe, who is also a former Senator, would be frank and

tell Kenyans the extent to which this disease is ravaging Kenyans. All of us here, be it an elected or nominated Senator is added to *WhatsApp* group to help with the burial preparation or hospital bills of victims of the COVID-19 pandemic. The people who are dying from the disease are the elderly. Our young people who ride *boda boda* think that they are immune to COVID-19 pandemic. The feeling of immunity is fueled by the fiddling of numbers by the national Government. I urge the Senate Committee on Health to pressurize the national Government to give us the right numbers for us to know the precautions to take.

Secondly, is the issue of stigma. Since all of us have a relative or friend, we form part of the nuclear or extended family that have to bury persons who have succumbed to COVID-19 pandemic. When we attend many of the funerals, it is emerging in the counties in our regions such as Homa Bay, Kisumu, Migori and Siaya that people do not want to accept that COVID-19 pandemic is killing people. Something must kill a man; it could be COVID-19 pandemic, Malaria or Cancer. Where there are clear cases and an autopsy had been conducted, and someone has left us on account of COVID-19 pandemic, let us admit so. I encourage our people that there is nothing shameful about admitting that COVID-19 pandemic killed a brother or sister, father or mother.

If we do not declare and attend those funerals say that the dead person was poisoned at a drinking den, or that he had Malaria, we encourage impunity. We make people start feeling that COVID-19 pandemic does not exist and that the disease is only domiciled in Nairobi yet our mortuaries are full. All the mortuaries in western Kenya are full. If you visit a popular mortuary in Homa Bay County called Kirindo Home for the Dead, there are bodies on the floor. The saddest bit is that the bodies on the floor are those of the elders, church leaders, our mothers and other people that we really respect. For the bodies of the people we respect to be found on the floor of mortuaries because of our recklessness is shameful.

The only solution to the problem we face is vaccination. I am glad that recently the President realized that we have to vaccinate 26 million people. My challenge to the Committee on Health is that instead of just focusing on just counting the coins, this is the time that they need to ask what plan of action they will put in place to vaccinate 26 million people when over the last six months, they have only managed to vaccinate one million people.

The COVID-19 pandemic is real and it is killing people. Let us encourage our people to comply.

The Temporary Speaker (Sen. Nyamunga): Proceed, Sen. Sakaja.

Sen. Sakaja: Madam Temporary Speaker, I thank Sen. Khaniri for raising this Statement. You will recall that there is a time when this Senate had a bird's eye view on all matters concerning COVID-19 pandemic in this country when we had the *Ad hoc* Committee. There were nine thematic areas that the *ad hoc* Committee on COVID-19 Situation in Kenya concentrated on in our weekly reports. It might be time for the Senate to reconsider setting up a similar committee.

The issue of COVID-19 pandemic is cross cutting. It seems that the country has dropped the ball when it comes to looking at issues relating to COVID-19. We have

relaxed and let our guard down yet the numbers are crazy. I agree with 50 per cent of what Sen. Murkomen said. There is indeed a problem in Nyanza. We have lost too many people to COVID-19 from that regions. Tomorrow, a good friend of mine, the late Bishop Welly Odende, will bury his mother who dies of COVID-19 pandemic in Siaya. Let us think of what to do with respect to oversighting. When the *ad hoc* Committee oversighted the various agencies, we could see the effort they were making because they would come back to report the progress to us.

The second issue that I would like to address is a matter that we keep forgetting. In one of the reports that we brought to this House, we dealt with cushioning the economy such as SMEs. This morning, the Senate Committee on Labour and Social Welfare had a meeting with the creative sector who include musicians, artists, filmmakers and other players in the industry. It is clear that they are still suffering because they depend on performances which take place in the evening, and on selling music.

We have asked for accountability on the Kshs100 million that was offered to them and we have been given a list. In as much as some of the creatives got something, it was a drop in the ocean. We thank the President for giving them the Kshs100 million. However, we need to think of better ways to cushion the creatives. Last year, the President reduced taxes in certain areas. The VAT was reduced by two per cent, the PAYE was reduced by five per cent while other taxes were paused.

Many counties went ahead to waive licensing requirements. However, at this time when the pandemic is hitting the hardest we see that the Finance Bill that was passed by the National Assembly increased taxes on even cooking gas which has gone up by over Kshs350. That move is coming when citizens have been discouraged from using charcoal because it leads to deforestation. When the price of cooking gas goes up by Kshs350 during a pandemic, Kenyan really suffer.

I am calling on this House to do more where we can. I am aware that on matter of budget, all we can do is appeal to the National Assembly to review the provisions that we had at the start of the pandemic such as lowering of taxes such as VAT and PAYE as well as levies on fuel and gas. Fuel affects every aspect of society. The statement by Sen. Khaniri needs to be taken seriously. Everyone we represent in this House is affected by the increase in the price of cooking gas.

Finally, as my distinguished uncle, Sen. Wetangula said, we need to take the issue of vaccines seriously. The United States of America (USA) has vaccinated 60 per cent of its people. When I visited the United States of America (USA) at the begging of the year, people were almost being bribed to go and get vaccinated. People were receiving free Uber rides to vaccination centres or receiving a free burger and coke as incentive for being vaccinated.

Kenya has vaccinated less than one million people out of a population of 50 million. The number of people who have been vaccinated so far is a drop in the ocean. The only weapon we have against the COVID-19 pandemic is vaccination. The Committee on Health must tell us what plan there is for vaccination. Kenya cannot keep waiting for donations of vaccines yet we are spending billions on infrastructures. Who is going to use that infrastructure if our people are dead? We must get people vaccinated.

I thank Sen. Khaniri for bringing this Statement. I wish the entire leadership of the House was here. I can only see Sen. Orengo, the Senate Minority Leader.

The Temporary Speaker (Sen. Nyamunga): One minute, Senator.

Sen. Sakaja: Even a minute is too much. I urge Sen. Orengo together with the leadership to kindly consider restarting the *ad hoc* Committee. This is the time we need a bird's eye view on these issues. Let us even get another team to lead it because the Senate was giving leadership to all the agencies in the whole country when it came to COVID-19 pandemic.

The Temporary Speaker (Sen. Nyamunga): Proceed, Sen.(Dr.) Ali.

Sen. (Dr.) Ali: Thank you, Madam Temporary Speaker. I also thank Sen. Khaniri for bringing this Statement.

COVID-19 pandemic is real whether Kenyans want it or not. The reality is that Kenyans from the top to the bottom are not very serious. We are here talking about how serious this issue is, but when we leave, we all indulge ourselves in other things. Most of the Members in this House and the leadership of all political parties in this country have been misbehaving from day one.

Let me say the way things are if you do not want to say the truth, then all of us are going to die. The fact of the matter is that the leadership of this country is not serious when it comes to COVID-19 pandemic. We were just told as if it was a press conference that "Ten people died. Twenty are like this." That will not help this country. From there, everybody goes and there are super spreaders everywhere.

The latest was just recently, over the weekend in Nakuru. It is happening every day. How are we going to stop the spread of COVID-19 when our leadership wants to show themselves to the public, to *boda bodas* and *mama mbogas*? They want 200 *boda bodas* riding with them? This is not right and fair. I think the leadership have to look into these issues and stop for once. When we say that we have banned these things, then meetings should stop.

As has been stated here, and everybody knows the facts of the matter, many of us have once got COVID-19, but nobody wants to say it. We are hiding it. I congratulate the Attorney General *Emeritus* for coming out about it during the National Prayer Breakfast. Everybody should come out and say it. If I am afraid to say that I got COVID-19, what will happen to ordinary Kenya when he gets it? Every Member who got it should come out and tell the people how serious it is and what he underwent.

If you do not want to come out and say it, how do you expect the stigma that Sen. M. Kajwang' talked about to end? This was how HIV/AIDs scourge started in the 1980s, and nobody wanted to talk about it. There is nothing to hide about COVID-19 pandemic. The other one was related to promiscuity, but this one is coming from the air. This is just common cold, which has become a problem because of the way it is as a super-spreader.

We do not want to talk about it in the churches. People in the mosques and churches want to sit next to each other without wearing masks. Every day we want to hold public rallies, where even the leadership do not want to wear masks. When we go to funerals, we do not want to wear masks, even when we know the person died of COVID-19 and we do not want to talk about it. How are we going to stop this thing? Let us stop

the blame game. Let everybody take responsibility and tell our people the truth. The truth will make sure we do not suffer as much as we are now.

Some two or three days in Wajir County, we lost a young man who was a Member of County Assembly (MCA). When they went for the burial, I was shocked that none of about three quarters of the people was wearing a mask. Nobody wears a mask in Wajir. Let me be frank with you. When we go to some meetings, we find only one or two people wearing masks. Forget about even people washing hands, they want to hug you.

Madam Temporary Speaker, this is how serious the problem is. Kenyans, please, let us take care of these things and be serious. The leadership should be at the forefront.

Sen. Wako: Thank you very much, Madam Temporary Speaker, for giving me this opportunity to speak on this very important subject. I sincerely congratulate Sen. Khaniri for having made this Statement on a matter national concern, and from time to time, drawing our attention to matters of national concern.

One, we are aware that the health function is devolved. As I congratulate the Government led by the President on the steps they have taken to deal with COVID-19 pandemic, to the extent where although we are concerned when we hear about what is going on in other countries, we are slightly better off than those other countries that did not take appropriate action in time.

Let us all the time remember that health is a devolved function and the Senate is here for counties. I am not so sure that we have put mechanisms in place to monitor on a regular basis the preparedness of county governments to deal with this pandemic.

I believe that if I had caught COVID-19 at home, I would not be here standing and talking in this House. This is because I would have gone to the county referral hospital. Although they say that they have an Intensive Care Unit (ICU), the four beds are not operational. Nothing is operational because the connections have not been done. There is lack of oxygen and everything, and I would have died.

I am sure the way I see things, most of the county referral hospitals are in a similar situation. The other day there was a demonstration in Busia County against the referral hospital. The Chief Officer even admitted that they had no money to buy food for the patients. I have seen similar demonstrations in Kajiado and elsewhere.

As the Senate, we must put in place mechanisms to see why the situation is like that. Part of it could be that cash disbursements to counties are not being sent on time. We should be able to tackle that, so that the national Government gives counties money in time. Unless they do so, we will face a worse problem, particularly those of us who come from the COVID-19 pandemic hot zones.

Speaking on figures - which the Senator of Homa Bay was speaking on - we must have accurate figures. The other day, the father to my personal assistant at home was hospitalized in Busia. His condition was COVID-19 and got worse. He went to another hospital in Busia and it still got worse. He went to the best hospital in Busia and it still got worse. Fortunately, he was admitted at Bungoma County Referral Hospital where after one month, he has now been cured.

He did a survey in the village and 70 people were tested for COVID-19. Out of them, 38 were found to have COVID-19. They did not know it, but they were just

moving around the market place, going here and there in business as usual. That was a positivity rate of almost 30 per cent.

Sometimes I wonder if the figures we are given are accurate. I think the situation may be worse than that. To me, the solution is to vaccinate as a matter of national emergency.

(Sen. Wako's microphone went off)

The Temporary Speaker (Sen. Nyamunga): Senator, your time is up.

Sen. Murkomen, proceed.

Sen. Murkomen: Madam Temporary Speaker, I thank Sen. Khaniri for being consistent in bringing statements to this House. Not just on COVID-19 pandemic, as has been said by others, but on many other issues of topical importance to the people of Kenya. When the history of this House is written, he will be remembered for his strict observance of Standing Orders and also for bringing important statements here, not for Vihiga County alone, but affecting the rest of the country.

Secondly, it is a shame that a year and two months since the first COVID-19 case was announced in this country, we are still debating elementary issues. We are still talking about social distance, masks, not holding meetings and curtailing freedoms under Article 38 of the Constitution.

Other countries have moved from there. What made them move is the commitment on the decision to channel resources to where it mattered most. It was discovered that vaccination was going to make a difference in terms of opening countries all over the world.

We all know two days ago on 4th July, 2021, the United States of America (USA) celebrated their Independence Day. Their President announced that it is not just an ordinary celebration, but celebrating independence from COVID-19 pandemic and the freedom of the people of USA to interact without the strictures of the mask and social distance. He said it is because over 70 per cent of its population had been vaccinated.

In the United Kingdom (UK), the Prime Minister yesterday announced that they had now opened stadia to full capacity for all football supporters. In the next two weeks, we will be watching football from their stadia. Those of us who are following Euro 2020 know that the other day when Hungary played other teams, the stadium was filled to capacity because they had vaccinated their people.

The leadership of this country should be extremely ashamed to be having conversations about not doing a rally here, not going to church or this meeting. That is backward and useless. At the moment, this nation should be discussing how 20 million Kenyans have been vaccinated. We should be saying everybody above 50 years has been vaccinated. We should be discussing that in July, 2021, the country has been opened and tourists should not be afraid to come because Kenya has vaccinated more than 70 per cent of its population.

What are we doing? We are discussing mundane things about a rally that was here, not meeting here, what we should not be doing yet, many of our resources are being channeled to useless things to do with changing the Constitution and paying lawyers to

defend a process of changing the Constitution, going to retreats to discuss succession of the outgoing President.

Madam Temporary Speaker, the legacy of President Kenyatta, particularly during this pandemic period, should have been to ensure Kenyans are vaccinated, the country is free and open and that we will go to the next election. By now, Kenyans should be enjoying freedoms of Article 38 of the Constitution. They should be interacting with their leaders and we should be having campaign rallies full to capacity.

Sportsmen and women are suffering across the country. They are not attending football training; neither do they have fans in the stadia. Athletes should be enjoying their sports time, but they are still going through the structures of social distance and not using stadia. This is shameful.

Despite all these conversations – I was discussing with Sen. (Dr.) Ali of Wajir County – we all know the country has been given a lot of money from the World Bank. The money is ostensibly to finance COVID-19 issues. Where is that money going? Some of the money is being channeled to county governments. I have not seen anything in my county to show anything to do with COVID-19 pandemic is being done.

Across the country, people are suffering. Sen. Kajwang talked about Nyanza – I had a discussion with him about Homa Bay County – people are dying like flies. It is because there are no health facilities and people cannot get oxygen. This is an issue that should prick our conscience. We must re-channel the resources of this country to vaccinate Kenyans.

(Sen. Murkomen's microphone went off)

The Temporary Speaker (Sen. Nyamunga): Seneta Faki.

Sen. Faki: Asante, Bi. Spika wa Muda, kwa kunipa fursa hii kuchangia Taarifa ya Sen. Khaniri. Kwanza ninampongeza Sen. Khaniri kwa kuzungumzia hili swala nyeti katika nchi yetu ya Kenya kwa jumla.

Janga la Virusi vya Korona lilipoingia, tuliona utepetevu upande wa Serikali, kuhusiana na jinsi ya kupambana nalo. Sisi kama Bunge la Seneti, tuliunda Kamati maalum ya Virusi vya Korona ijapokuwa muda wake ulikwisha na ikafunga virago. Kamati hii ilipokuwa ikikaa, kila wiki tulikuwa tunashauriana na vitengo tofauti vya Serikali. Hii ilitupatia fursa ya kujua hali halisi katika nchi yetu. Muda wa Kamati hii ulipoisha, hatukuchangua kamati nyingine na mambo yakaanza kwenda bila mwelekeo wowote.

Kama alivyozungumza Sen. Murkomen, tungekuwa sasa tunazungumzia idadi ya Wakenya waliopata chanjo. Rais Biden alipochukua uongozi, aliweka ahadi kwamba kwa muda wa siku 100, atachanja watu 300 milioni. Amehakikisha kwamba watu milioni 300 wamepata chanjo.

Hapa kwetu, tunaenda hatua mbili mbele na kurudi hatua tano nyuma. Kwa mfano, tumezungumzia mambo ya kukaa mbali na wenzetu na kuvaa barakoa kwa muda mrefu. Hadi sasa, ukienda mitaani wananchi bado hawako tayari kuvaa barakoa wala kuketi mbali na wenzao.

Juzi nilisafiri kwenda Zanzibar. Kule hakuna kukaa mbali, kuvaa barakoa wala Virusi vya Korona. Watu wanaishi maisha yao kawaida.

Ikiwa Serikali ingeweka mikakati thabiti janga hili halingekuwa nasi na watu wangeishi kama kawaida. Je, ni mikakati gani Serikali imeweka kuhakikisha kwamba wananchi wanalindwa?

Kuongezea, huku kusuasua kwa Serikali wakati fedha nyingi zimeletwa kupambana na janga hili, kumesababisha watu kukosa imani na kanuni ambazo wananchi wanapewa ilihali Serikali yenyewe haitekelezi. Kwa mfano, wengi wanaoambiwa wavae barakoa, wakishikwa na polisi, wanatiwa rumande. Inabidi watoe hongo ili watoke.

Hakuna hata mmoja wa wale walioiba pesa za kupambana na janga la Virusi vya Korona na Mamlaka ya Kushughulikia Utoaji wa Vifaa vya Matibabu nchini, amefikishwa mahakamani, kushitakiwa na kuhukumiwa kwa swala hili.

Kwa hivyo, hatuwezi kuwa na nchi ambayo---

(Sen. Wetangula spoke off record)

Asante, Sen. Wetangula.

Hatuwezi kuwa na nchi ambayo inafanya mambo kinyumenyume. Yataka tuwe na mikakati dhabiti kupambana na janga la Virusi vya Korona.

Jambo la mwisho ni kuwa wanaosafiri kwenda nchi jirani ya Tanzania kwa sasa, wanatakiwa kuwa na cheti kinachonyesha kwamba hawana virusi vya Korona. Wakiingia Tanzania kupitia mpaka wa Horohoro, wanalazimishwa kupima tena kwa Dola 25 za Marekani. Sheria inayotumika kwa wanaosafiri kwa ndege ni tofauti na wale wanaosafiri kwa basi. Ina maana kwamba kama nchi, hatuko tayari kupambana na janga hili.

Kama Bunge ni lazima turegeshe ile Kamati ya Virusi vya Korona, ili ipambane na masuala haya siku kwa siku ili kuona kwamba wananchi wetu wanalindwa. Unyanyapaa ndilo swala kubwa linakumba wanaougua au waliopoteza wapendwa wao kutokana na virusi vya Korona.

The Temporary Speaker (Sen. Nyamunga): Thank you, Senator.

Sen. Muthama Kavindu, proceed.

Sen. Kavindu Muthama: Thank you, Madam Temporary Speaker, for the opportunity to contribute to this important Statement by the Senator for Vihiga County.

We are in a mess because of COVID-19. So, something needs to be done about the political rallies where many people are gathering without wearing masks or maintaining social distance.

If you watch the television, you will see how people are packed in political rallies. I wonder whether our leaders are concerned about the people that they lead. People are dying in Western Kenya. If it continues like this, we will not be far from India. Something must be done urgently to mitigate on this situation.

I thank the Senator for Vihiga County for bringing this Statement. We must vaccinate many of our people and provide them with masks so that they are protected.

People have become poor due to COVID-19 pandemic. Their businesses have collapsed and they cannot afford to pay the licences to do business. Everything has gone down.

People are getting COVID-19 even after getting the second dose of the vaccine. So, vaccination does not guarantee 100 per cent safety. People should maintain social distance and protect themselves.

We are talking about the 2022 general election which is around the corner. However, if we do not take care and curb COVID-19, we might not have the elections. We should be more aggressive in curbing the pandemic more than the 2022 elections.

Madam Temporary Speaker, prevention is better than cure. So, the Government must do something. As we talk about the Government of the day, both the President and the Deputy President have a responsibility because they were elected together by the people of this country. Therefore, they must see what needs to be done. So, pointing out fingers from one person to the other will not help us.

We, as Ukambani leaders, have sat down with the leadership. We were supposed to have a presidential visit today and tomorrow. However, it has been stopped because of COVID-19 pandemic. We must observe and protect the people of Machakos. So, it will be done, but in phases. I do not understand why the big rallies should be there at this time when people are dying of COVID-19.

I will also like to talk about the curfew and the police. When they meet with people after curfew hours, they should be gentle and request them to go home safely. I saw in the media a person from Machakos County being beaten by the police after going to rescue his son who was arrested after curfew hours. This should not be done or seen happening in an independent Kenya. Allow our people to engage each other without much restriction.

(Sen. Kavindu Muthama microphone went off)

Sen. (Eng.) Hargura: Thank you, Madam Temporary Speaker. I would like to thank Senator---

(Sen. Kavindu Muthama consulted loudly)

The Temporary Speaker (Sen. Nyamunga): What do you want, Sen. Kavindu? You are offline. You can conclude.

Sen. Kavindu Muthama: Thank you, Madam Temporary Speaker, for giving me this opportunity. I would have said more, but my time is up. Let us do something about this pandemic

Sen. (Eng.) Hargura: Madam Temporary Speaker, I thank Sen. Khaniri for bringing up this issue of national concern.

COVID-19 pandemic has been around for some time now and it is affecting the whole world. The developed world has come up with ways of responding to it so that people can go back to their normal lives and that is the responsibility of every Government.

At the beginning when it started, there were some measures to cushion the members of the public through tax exemption and all that, but it was reinstated. The

Government has also been spending money on COVID-19 related issues for a long time. However, for some of us, it is a mystery because we do not know the activities that the Government is spending money on.

The only thing we know is that when they got money the first time, there was the issue of KEMSA which became a scandal and nobody want to talk about it. It was supposed to have been procurement of PPEs and masks so that members of the public could be protected. However, that did not go anywhere.

There was a case of Kshs270 billion at the beginning where counties were given Kshs6 billion and the rest was kept by the national Government. We do not know what it is doing with it.

We have only seen one lockdown after the other in the whole country, in the five counties around Nairobi and now it is in the lake region. That is the only thing they are doing.

The Government is supposed to create an environment to enable Kenyans to go back to their normal lives just the way other countries have done. They should have invested all the money in vaccination instead of relying on donations. It is as if we do not have our own money, but we have been borrowing.

The latest borrowing from International Monetary Fund (IMF) was COVID-19 related, but nothing has been done. So, it is time the Government takes it seriously.

We do not have to assume that COVID-19 pandemic will go away on its own. The Government has to put its resources and time to make sure that all Kenyans are vaccinated. It is only when we have immunity that we can go back to our normal daily activities of national building and earn our livelihoods. Right now, many people are out of jobs and the curfew is still on, but the Government is not doing anything.

While we were subjected to these measures, the Government should be doing something in terms of vaccination, providing the necessary protection and developing the health facilities so that Kenyans can now live with this world-wide pandemic. We have to protect ourselves against it. Unfortunately, we are not seeing anything like that being done by this Government.

I urge the Government that whatever funds they are spending should be used in buying vaccines so that Kenyans can get vaccinated instead of waiting for donations while we are wasting the money we are getting. Some of it is loans which we will have to pay yet we are not using it for the intended purpose.

Sen. Wario: Asante, Bi. Spika wa Muda, kwa kunipa nafasi hii ili niweze kuchangia Taarifa ambayo imetolewa na rafiki yangu, Sen. Khaniri. Kwa kweli wakati huu Wakenya wengi wanaishi katika hali ya hofu kutokana na ugonjwa wa COVID-19.

Sehemu ambayo mimi nimetoka, hakuna kitu cha maana ambacho kinafanyika katika hospitali. Hatuna chanjo ilhali tulifahamishwa ya kwamba kaunti zote zimepata chanjo kwa sababu chanjo hii inazuia kuenea kwa ugonjwa huu.

Bi. Spika wa Muda, Wakenya wanaishi katika hali ya hofu. Hofu hii ikiendelea, basi maisha yao yataendelea kudoroa. Ni jambo la kuhuzunisha kuwa hakuna mambo ya maana yatakayofanyika hapa nchini. Ukweli ni kwamba uchumi utaendelea kusambaratika kwa sababu ya hofu ya COVID-19. Hofu hii inachangiwa na kukosa kwa

chanjo huko mashinani. Jambo la muhimu ni kuwasihi watu wetu wakae mbali na wenzao na wavae barakoya kwa sababu wasipofanya hivyo janga litaendela kuwa hatari.

Uchaguzi mkuu wa mwaka ujao hauko mbali. Lakini kwa sababu ya hofu ya COVID-19, Wakenya tayari wameambiwa wakae mbalimbali na wenzao. Mimi sioni kama huu uchaguzi utafanyika vizuri kwa sababu watu wanafaa kukaa mbali, wavae barakoya na hakuna chanjo za kutosha. Hali ikiendela hivi, watu watendelea kukaa mbali na kuwatenga wenzao. Siku ambayo wataambiwa waende kupiga kura, watauliza, “Mmetutahadharisha mwaka wote na sasa tuko na hofu. Tukienda kupiga kura, hali yetu itakuwa namna gani?” Sioni kama huo uchaguzi utafanyika vizuri mwaka ujao.

Ingekua vyema kama Serikali ingetenga pesa za kutosha ili wananchi wetu wapate chanjo. Hii ni kwa sababu kama wananchi hawatapata chanjo na hakuna tiba ya COVID-19, basi hofu tuliyonayo wakati huu itaendelea kutandaa na itafanya uchaguzi usiwe wa maana kwetu.

Bi. Spika wa Muda, siyo wananchi wote wanaovaa barakoya. Sehemu ya mashinani ambako nimetoka, sijawahi kuwaona watu wetu wakivaa barakoya. Watu wanendelea na maisha yao ya kama kawaida. Mimi kama Seneta wao ndiye nilishuka gari langu kama nimevaa barakoya na wao waliniangalia na kushangaa sana. Waliniuliza, “Seneta, leo umefunga pua kabisa. Kuna nini limetokea upande wa Kenya ulikotoka?” Niliwauliza kwani bado wanaishi bila kuvaa barakoya na kukaa mbali, walinijibu kuwa hofu ya janga la COVID-19 haiko upande wao.

Afadhali wao wasiovaa barakoya kule mashinani---

Sen. Pareno: Kwa hoja ya nidhamu, Bi Spika wa Muda.

The Temporary Speaker (Sen. Nyamunga): What is your point of order, Senator?

Sen. Pareno: Bi. Spika wa Muda, ningependa kumkosoa Sen. Wario kwa sababu analitumia sana neno ‘barakoya’ badala ya neno ‘barakoa’.

The Temporary Speaker (Sen. Nyamunga): Senator, conclude.

Sen. Wario: Asante sana Sen. Pareno.

Bi. Spika wa Muda, ninaomba unipe dakika moja tafadhali.

The Temporary Speaker (Sen. Nyamunga): You have one minute to conclude.

Sen. Wario: Asante, Bi. Spika wa Muda. Lugha za Waorma na Wamaasai wakati mwingine zinataja mambo tofauti na vile yalivyo katika maandiko. Ni kweli ni barakoa wala siyo barakoya. Sawa, nimekubali.

Bi. Spika wa Muda, nilikuwa ninasema kuwa barakoa ambazo sisi tumevaa hazivaliwi kule mashinani. Watu wengine wanavaa hizi barakoa kwa sababu ya kuwaogopa polisi na kuwa wanaendelea na biashara zao. Wakiwaona polisi barabarani wanakumbuka kuvaa barakoa zao. Wanaweza kuokota barakoa yeyote barabarani na kuvaa bila kujali kama imetumika au la.

Ningependa kutoa wito kwa Serikali kutenga hela za kutosha ili watu wetu wapate chanjo. Ata tusikae kungojea---

(Senator Wario’s microphone went off)

The Temporary Speaker (Sen. Nyamunga): Senator, your time is up. Finally, Sen. Dullo.

Sen. Dullo: Madam Temporary Speaker, let me take this opportunity to also contribute to this Statement by Sen. Khaniri. I congratulate him because this is a global issue and it does not affect Kenyans only. We must tell each other the truth. The Government has spent a lot of money in providing healthcare services in this country. I know most of the counties have done reallocation and have been given a budget from the national Government. If that money is utilized properly, Kenyans will be very far.

Recently I went to the United States of America (USA) and I was shocked when I saw the situation as it is. I thought it was only African countries, but unfortunately they are facing a similar situation. The vaccines given to Americans are almost 50 per cent. As a country, we cannot compare ourselves with USA. It is incomparable. However, the little resources we are allocated by the national Government and the own source revenue generated from the county government is not utilized properly to take care of our population.

Madam Temporary Speaker, the challenge we have in this country is corruption in all levels; it starts from the sweeper to the person on top. If we could just deal with corruption this country would be far in terms of development. There is a lot of money going to the county governments. If they prioritize the issue of vaccines, we will be able to take care of our population.

We must sit together as a country and as leaders and come up with the resolutions of the challenges we are facing. This is because globally and economically, the whole world is facing challenges. The challenge that we have in our country is corruption. This House has summoned so many governors. I remember the *ad hoc* Committee on the COVID-19 situation in Kenya and the special audit by the Auditor-General.

The way those counties have squandered COVID-19 funds is unbelievable, but no action has been taken against those individual governors who did that. I remember my governor being summoned before the Committee. Looking at the audit queries that came from Isiolo, it was unbelievable. They reallocated funds and claimed that they have an Intensive Care Unit (ICU) when they have none. They reallocated the budget for the Emergency Fund for relief buying a bale of *unga* at KShs3000. It is a pity that auditors closed their eyes on such a matter.

Madam Temporary Speaker, something needs to be done. We cannot just blame the Government. We have to hold the county governments accountable, especially the Chief Executive Officers (CEOs). There is so much corruption that is happening in this country. The institutions that are supposed to make sure that there is accountability have relegated their responsibility, more so the Ethics and Anti-Corruption Commission (EACC). I will mention them here because they are in these regions and are doing nothing. Most of them are on the payroll of the governors.

Something needs to be done as quickly as possible for us to control the way things are happening in our country. Unless we deal with corruption, we will not change the situation in this country.

The Temporary Speaker (Sen. Nyamunga): I have seen that there is a lot of interests in this Statement and it was worth it. I would like to refer it to the Committee on Health for further deliberation and also with a view of looking into the COVID-19 that we had so that we see how we can move forward.

It has already been mentioned here that that Committee actually helped the country and put the country on its toes. Apart from just giving us figures every morning of the people who have been infected and number of deaths, that Committee went a long way to give us more information on the COVID-19 situation in the country. So, I would like the Committee to continue with that.

Next Order.

We will defer most of the Statements. We will defer the next Statement which is Statement No.2 by the Senator for Vihiga.

INCREASING RATE OF UNEMPLOYMENT
CAUSED BY COVID-19 PANDEMIC

(Statement deferred)

Statement No.3 is by Sen. (Dr.) Milgo. I do not see Sen. (Dr.) Milgo around. The Statement is deferred.

EXPORT OF RAW BANANAS AND BROCCOLI TO SOUTH KOREA

(Statement deferred)

The next one is by Sen. Kasanga. I do not see Sen. Kasanga around. The Statement is deferred.

ACTIVITIES OF FP-ICGLR FOR 2020

(Statement deferred)

The last Statement is by Sen. (Dr.) Musuruve. Sen. (Dr.) Musuruve is not here. The Statement is deferred.

MENSTRUAL HEALTH MANAGEMENT

(Statement deferred)

Next Order.

Hon. Senators, we want to defer the Statements pursuant to Standing Order No. 48(1) from No. 1 up to No. 4.

MARITIME BORDER DISPUTE IN THE INDIAN
OCEAN BETWEEN KENYA AND SOMALIA

(Statement deferred)

CANCELLATION FOR TENDER FOR SUPPLY, DELIVERY AND INSTALLATION AND
COMMISSIONING OF ERP AND CLAIMS MANAGEMENT SYSTEM

(Statement deferred)

USE OF KPA AS COLLATERAL TO M/S CHINA
EXIM BANK IN FINANCING SGR

(Statement deferred)

THE KENGEN WIND POWER PROJECTS IN NGONG HILLS

(Statement deferred)

Sen. Kwamboka, you can make your Statement.

THE STATE OF ROAD MAINTENANCE IN KENYA

Sen. Kwamboka: Madam Temporary Speaker, I rise pursuant to Standing Order No.48 (1) to seek a Statement from the Standing Committee on Roads and Transportation on the State of Road Maintenance in Kenya. In the Statement, the Committee should:

(i) Explain the reasons why some roads like Prof. Wangai Maathai Road and some sections of Thika Superhighway have been partly recarpeted.

(ii) Explain the standards which the recarpeting is supposed to meet.

(iii) Enumerate the procedure used to evaluate the work done, when and how payment is made to the contractor.

(iv) Elucidate on the efficiency of contractors to ensure that motorists do not incur losses as a result of loose chippings or incomplete works on roads during the maintenance.

DEATH OF GRADE 2 PUPIL AT MAMA LUCY KIBAKI HOSPITAL

Sen. Kwamboka: Madam Temporary Speaker, I rise pursuant to Standing Order No. 48(1) to seek a Statement from the Standing Committee on Education on the death of a Grade Two pupil in Mama Lucy Kibaki Hospital in Nairobi County. In the Statement, the Committee should:

(i) State the exact time the pupil was taken to the hospital, the condition she was in and identify the persons who took the child to the hospital including the relationship and the connection between them and the pupil.

(ii) Indicate the identity of the hospital staff who received the pupil, their designation and proof of the condition of the pupil when received at the hospital.

(iii) Explain the whereabouts of the teachers or staff of the school, that is New View Education School where the pupil studied and indicate whether the parents or next of kin to the pupil were notified.

(iv) Elucidate on the actions being taken by the Government to ensure that this matter is investigated fully, justice is served and such an occurrence does not happen again.

Thank you, Madam Temporary Speaker.

[The Temporary Speaker (Sen. Nyamunga) left the Chair]

[The Temporary Speaker (Sen. Pareno) in the Chair]

The Temporary Speaker (Sen. Pareno): I do not see any interest. There are no requests. Then I proceed to refer the two Statements to the relevant Committees.

Next Order.

Sen. Hargura: Madam Temporary Speaker, I have four Statements following Sen. Kwamboka's Statement. I would like to make them also.

The Temporary Speaker (Sen. Pareno): I thought you were standing on a point of order, but you can proceed. You have how many Statements?

Sen. Hargura: Four Statements.

The Temporary Speaker (Sen. Pareno): We will allow you to make the four Statements and hope to move to the next orders quickly.

REGISTRATION OF COMMUNITY LANDS UNDER THE COMMUNITY LAND ACT, 2016

Sen. Hargura: Madam Temporary Speaker, I rise pursuant to Standing Order No.48 (1) to seek a Statement from the Standing Committee on Land, Environment and Natural Resources regarding the registration of community lands under the Community Land Act, 2016.

In the Statement, the Committee should:

(i) Explain the steps taken by the Cabinet Secretary for Lands and Physical Planning in the operationalization of the Act.

(ii) State which counties have complied with providing the community land inventories.

(iii) Provide the status of community land registration process and a roadmap to final registration with respect to Marsabit County.

ESTABLISHMENT OF DISEASE-FREE ZONES IN ARID REGIONS

Madam Temporary Speaker, I rise pursuant to Standing Order No. 48(1) to seek a Statement from the Standing Committee on Agriculture, Livestock and Fisheries regarding the establishment of disease-free zones in the arid regions.

In the Statement, the Committee should:

- (i) Explain the National Government policy on establishment of disease-free zones in arid regions where livestock keeping is the mainstay economic activity.
- (ii) Provide progress on the establishment of disease-free zones to date.
- (iii) Explain the steps the Government has taken to establish a disease-free zone with respect to Marsabit County.

ESTABLISHMENT OF OFF-GRID ENERGY FACILITIES IN MARSABIT COUNTY

Madam Temporary Speaker, I rise pursuant to Standing Order No. 48(1) to seek a Statement from the Standing Committee on Energy regarding the off-grid energy facilities in Marsabit County considering that the county is not connected to the national grid.

In the Statement, the Committee should:

- (i) Explain the national Government policy on ensuring that Kenyans who are not on the national grid get connected to power.
- (ii) State with respect to Marsabit County the centres which have been identified for off-grid power provision.
- (iii) Provide progress on the status of off-grid facilities in the identified centres
- (iv) State why centres like Loyangalani, South Horr, Gata, Kargi and Korr in Laisamis Constituency are not yet connected to any form of power.

IMPROVEMENT OF LAISAMIS-MALIGS ROAD TO BITUMEN STANDARDS

Madam Temporary Speaker, I rise pursuant to Standing Order No.48 (1) to seek a Statement from the Standing Committee on Roads and Transportation regarding the improvement of Laisamis-Maligis Road to bitumen standards and under the Low Volume Seal Roads Programme.

In the Statement, the Committee should-

- (1) Explain the status of the above project stating when it commenced, the scope of the works and expected completion date.
- (2) State why it has taken so long to complete the works.
- (3) State measures the Government has put in place to ensure that the project is completed without any further delay.

The Temporary Speaker (Sen. Pareno): I see no request to comment on these Statements. So, all of them stand committed to the relevant committees.

The next Statement is by the Senator for Vihiga.

DELAYED ROLLOUT OF NEW GENERATION MOTOR VEHICLE NUMBER PLATES

Sen. Khaniri: I thank you, Madam Temporary Speaker, for the opportunity.

I rise pursuant to the provisions of our Standing Order No.48 (1) to request a Statement from the Standing Committee on National Security, Defence and Foreign Relations concerning the delayed rollout of the new generation number plates. In the Statement, the Committee should-

(1) Confirm whether the Government has awarded and duly signed all the contracts for the production of new generation motor vehicle number plates.

(2) State when procurement, delivery and installation of production machines, equipment and raw material were done and whether the relevant and adequate personnel have been trained for the production of the said number plates.

(3) Provide a comparative assessment between the new machines and the new number plates vis-à-vis the old machines and the old number plates in terms of-

- (a) production capacity;
- (b) security features; and,
- (c) aesthetic value.

(4) Explain the status of procurement and installation of the laser marking or validation machines and outline the specific timelines within which Kenyans should expect a nationwide rollout of the new generation number plates as well as the expected cost.

The Temporary Speaker (Sen. Pareno): The same applies to this Statement. It stands referred to the Committee on National Security, Defence and Foreign Relations.

The Chairpersons do not seem to be around. Sen. Farhiya, you can issue the one for the Committee on Finance and Budget.

ACTIVITIES OF THE COMMITTEE ON FINANCE AND BUDGET

Sen. Farhiya: Thank you, Madam Temporary Speaker, for giving me the opportunity to issue the Statement. I rise pursuant to Standing Order No.51 (1) (b) to make a Statement on the activities of the Standing Committee on Finance and Budget for the period commencing 1st April to 30th June, 2021.

The Committee held 22 meetings. It considered the Division of Revenue Bill (National Assembly Bills No.7 of 2021); the County Allocation of Revenue Bill (Senate Bills No.30 of 2021); and, the Salaries and Remuneration Commission (Amendment) Bill (Senate Bills No.31 of 2020).

The Committee is scheduled to hold meetings with the Controller of Budget (CoB), the Council of Governors (CoG), the Auditor-General and the Governor of the Central Bank of Kenya (CBK) to further deliberate on the challenges encountered by regular users of systems and possible mitigation measures.

Regarding a Statement concerning cushioning of Kenyans from the negative socio-economic impact of COVID-19 caused by partial lockdown requested by Sen. Omanga, the Committee has sought information from the National Treasury and the response is yet to be submitted. Again, regarding the Statement concerning the merger of Government agencies to form the Kenya Transport and Logistics Network (KTLN)

requested by Sen. Cheruiyot, the Committee has sought information from the National Treasury and the response is yet to be submitted.

Another activity the Committee has undertaken is to monitor counties' budgets. Following the request for intervention by the County Assembly of Bungoma, the Committee held meetings with the CoB, Bungoma County Executive and Bungoma County Assembly to consider allegations on deliberate denial by the Governor and the CECM Finance to allow the County Assembly access revenue allocated for FY 2020/2021. The matter is under deliberation and the Committee will issue an advisory on 9th July, 2021.

The Committee has been following up with the National Treasury and Planning on the matter of delayed disbursement of equitable share to the counties. When the disbursement of April was delayed by a month, the Committee invited the Cabinet Secretary in charge of the National Treasury for a meeting. After deliberations, the Cabinet Secretary committed to prioritise the release of April disbursements. The disbursements were made the same week in April. It was confirmed on 5th July, 2021 that the counties equitable share for FY 2020/2021 has been disbursed in full.

I now want to look at the activities of the Committee in the next quarter. An investigation on the efficiency of the IFMIS on the county governments' operations is also being considered. For now, that is what we are considering. In future, more activities will follow when new Statements come.

Madam Temporary Speaker, this is one of the most active committees in the House because of its nature. One of the emerging issues, where I have a Statement on, is that the accounting profession is under threat in terms of financial malpractices. This is because sometimes accountants are threatened whenever there is fraud following instructions from their managers. When an offence is committed, it is the accountants who pay for it.

One example is the whistleblower of the Maasai Mara University. As it was mentioned, that person has now been suspended by a committee of the university. Where is recourse in this country in terms of fighting corruption? When someone becomes a whistleblower of a grand corruption to save public money, the person is still victimized. How serious are the agencies concerned with fighting corruption? How do they protect accountants who put their lives at risk by exposing grand corruption, but end up paying the price by losing their jobs?

Madam Temporary Speaker, I have a Statement on that, but I just felt I should give the House a heads-up on that issue because the gentleman was suspended. I think that will be a big blow in terms of our fight against corruption, especially in the leadership and top brass of this country led by His Excellency President Uhuru Muigai Kenyatta.

He has made several statements about the seriousness of his Government in fighting corruption. There are people who continue perpetuating these fraudulent malpractices. It is high time they pay and are brought to book.

I thank you.

The Temporary Speaker (Sen. Pareno): I note that the Speaker may allow comments for 20 minutes on such a Statement. However, I do not see any interest. I, therefore, leave it at that. For the rest of the Statements by the Chairperson of the Standing Committee on Health and the one for Information and Technology, they stand deferred to another date.

ACTIVITIES OF THE COMMITTEE ON HEALTH

ACTIVITIES OF THE COMMITTEE ON
INFORMATION AND TECHNOLOGY

(Statements deferred)

The Temporary Speaker (Sen. Pareno): Hon. Senators, the next item in the Order Paper from Order Nos. 8 to 16 are First Readings. I, therefore, ask the Clerk to call out Order Nos. 8 to 16.

BILLS

First Reading

THE COUNTY OVERSIGHT AND ACCOUNTABILITY BILL
(SENATE BILLS NO. 17 OF 2021)

(Order for the First Reading read- Read the First Time and ordered to be referred to the relevant Committee)

First Reading

THE NATIONAL COHESION AND PEACE BUILDING BILL
(SENATE BILLS NO. 19 OF 2021)

(Order for the First Reading read- Read the First Time and ordered to be referred to the relevant Committee)

First Reading

THE COUNTY BOUNDARIES BILL
(SENATE BILLS NO. 20 OF 2021)

(Order for the First Reading read- Read the First Time and ordered to be referred to the relevant Committee)

First Reading

THE PRESERVATION OF HUMAN DIGNITY AND PROTECTION
OF SOCIAL AND ECONOMIC RIGHTS BILL
(SENATE BILLS NO. 21 OF 2021)

*(Order for the First Reading read- Read the First Time and
ordered to be referred to the relevant Committee)*

First Reading

THE HERITAGE AND MUSEUMS BILL
(SENATE BILLS NO.22 OF 2021)

*(Order for the First Reading read- Read the First Time and
ordered to be referred to the relevant Committee)*

First Reading

THE COCONUT INDUSTRY DEVELOPMENT BILL
(SENATE BILLS NO. 24 OF 2021)

*(Order for the First Reading read- Read the First Time and
ordered to be referred to the relevant Committee)*

First Reading

THE KENYA CITIZENSHIP AND IMMIGRATION
(AMENDMENT) BILL (SENATE BILLS NO. 33 OF 2021)

*(Order for the First Reading read- Read the First Time and
ordered to be referred to the relevant Committee)*

First Reading

THE ALTERNATIVE DISPUTE RESOLUTION BILL
(SENATE BILL NO. 34 OF 2021)

*(Order for the First Reading read- Read the First Time and
ordered to be referred to the relevant Committee)*

First Reading

THE COUNTY GOVERNMENTS GRANTS BILL

(SENATE BILLS NO. 35 OF 2021)

(Order for the First Reading read- Read the First Time and ordered to be referred to the relevant Committee)

Second Reading

THE COMMUNITY HEALTH SERVICES BILL
(SENATE BILLS NO. 34 OF 2020)

The Temporary Speaker (Sen. Pareno): Sen. (Dr.) Zani, proceed.

Sen. (Dr.) Zani: Thank you, Madam Temporary Speaker. I beg to move that The Community Health Services Bill (Senate Bills No.34 of 2020) be now read a Second Time.

Let me start by saying that I am very grateful to the Committee on Health. They have worked on this Bill over a long time and been able to put together a lot of consideration. Indeed, from the way this Bill has progressed, we have reached a point where the public participation input that had already been put prior to have also been included.

You will remember that this is one of the Bills that we are redoing in this House because of the court order. I thank the Members of the Committee on Health. I have spoken to several Members of that Committee. We have discussed to and fro some of the decisions and amendments that they have made.

We are in agreement that now we have a version that is appropriate from this House. We have a version that we will progress. We have addressed the specific issues. Now that we also have a Bill that is considering all these issues together, then it becomes very critical.

Madam Temporary Speaker, this Bill hopes to address a *lacuna* in the law as it stands because we have various levels of health institutions. At level one, we have community facilities; level two, health dispensaries; level three, health centers; level four, county hospitals; level five, county referral hospitals; and level six, national referral hospitals.

Components of community facilities in level one are there in the various strategies that have been put up. However, when we come to the Health Act, this aspect has not been incorporated. Before, it seemed like the Bill was introducing a totally new thing.

In the new form of this Bill, it is putting into consideration level one and incorporating it, so that it is handled at the national level from the ministry, at the county level from the counties themselves and creating mechanisms to ensure that various players can come into the field, to ensure that the specific aspects that are so important are taken into consideration.

Madam Temporary Speaker, this level one is a tier classified in healthcare delivery, which is very key. It actually comes at the level of the community. We are

talking about community health volunteers involved in health outcomes. There are certain countries like Germany that come to mind immediately.

This is where because of such strong structures, the community health volunteers move from one household to the other. They are well known. Indeed, they are elected by the people themselves to give these services. They are able to do and treat so much.

Madam Temporary Speaker, I hoped that this Bill would have come at the point when we were dealing with the issue of COVID-19 when it started. It is when the things that we talked about are being entrenched. Sen. Farhiya, Sen. Sakaja and Sen. Khaniri eloquently referred to this issue. When the community is involved and pushed forward to make some of these outcomes, it makes it very easy for us to have a framework of delivery of the community health services.

We are talking about a workforce that is very important and entrenched in Article 43 of the Constitution, which is the highest attainable level of health. The highest attainable level of health is a right. It guarantees every person the right. The First Schedule of the Health Act recognizes community health services as Level 1 of the tier of health care delivery, and that is in keeping with the Ministry of Health Second National Health Sector Strategic plan, which shifted emphasis from the burden of disease to the promotion of individual health and emphasized strong community involvement at the healthcare. It is only now the system and structure for us to do that is not entrenched in the Health Act as it stands now. That is the lacuna that we are trying to address.

In 2006, the Ministry of Health (MoH) initiated a community health strategy to fast-track the establishment of Community Health Units (CHUs) to bring services closer to the community by empowering communities with health information and essential services. That is what this Bill at the various levels such as community level, community health volunteer level or the CEC health a system must be put into place. The structure that we have in many counties is that the volunteers do a lot of the essential services, a proper scheme has not been put into place. In the initial Bill, we stipulated how this would work. However, we have realized that there is a lot of variation from one county to the other. The provision to guide and move forward has now been taken as a responsibility of the CS for Health at the National level with the CEC Members for Health being responsible at the county level.

Madam Temporary Speaker, allow me to give specific examples from various countries to show how important this is and ensuring that the workforce is taken into consideration and that they are able to do what is expected of them. Indonesia, for example, restructured its health system in 1982 to focus on district health development. As a result of involving the local communities, the activities at that time included family planning, health education, immunization, treatment *et cetera*. According to the World Health Organization (WHO) report, it led to a significant health status achievement. For example, infant mortality dropped by 30 per cent within seven years, while immunization coverage improved significantly.

Closer home, Isiolo County has done very well in the health sector. They have been in partnership with the Living Goods, a Non-Profit Organization (NPO) for the delivery of cost effective integrated community health services within the county.

According to a particular report by the Living Goods Community Report of 2020, the proportion of women who attended the recommended number of Antenatal clinics increased. We have had more cases of improved health parameters in Isiolo where women get to delivery centers faster than they did before.

The work of community health volunteers within the community is so important. We are actually talking about the health of the nation's right from the beginning. We are talking about child mortality, immunization, maternal health, nutrition and basically, everything else under health matters. These issues are stipulated, advanced and discussed at the early levels, so that they are taken into consideration right through the various moments and times. Through the various declarations that have been given that have been given at the international level, the role of community health care workers has always been attributed, affirmed and seen to be critical. That is what this Bill seeks to achieve by putting it into perspective and finding a way to put it into place.

Allow me to give a few examples to contextualize where we are and where we need to move to. According to the Kenya Workforce Report 2015, we have 15 doctors per 100,000 population ratio, yet the WHO guidelines advocate for 36: 10,000. I am giving the statistics to highlight that our healthcare system is heavily tilted towards service provision, where the numbers are not really adequate. At the end of the day, community health volunteers and community healthcare workers are able to bridge the existing gap.

That report also showed that 8.3 nurses exist per 10,000 population ratio, yet the WHO guidelines advocate for 25:10,000. Further, the WHO advocates for 27 clinical officers per 1,000 population ration and a ratio of 27: 10,000 medical laboratory officers. That highlights that it is very important to come up with a scheme, which allows us to bridge the gap between the community and the formal health services in the various sectors of health development, which are very critical.

Through the various examples that I have given of Indonesia and Isiolo, it shows that the de3livery system is key. The filling of the lacuna should be carried by the Strategy of Community Health 2014-2019 which speaks heavily of community health services and how it is important in closing the gap for better health outcomes within communities in Kenya. Given the role, the structures become very important.

Madam Temporary Speaker, this Bill also hopes to provides a minimum standard upon which county health services may be achieved. I just gave the example of Isiolo, but there are many other counties where there is variation mainly because there is no specific guidance in terms of how the CEC member should operate within the counties and how the county assemblies should be envisaged as well as how the various structures can be put in place.

The Clauses in this Bill seek to address the role of the National Government, what the expectations are, the role of the county governments, the importance of health officer, the delivery of health services and how they should be enshrined, the community health community which is a committee that constitutes key members within the community who can discuss the various outcomes for that particular county, the appointment of

community health volunteers and the need for a register. That way, we will have community health volunteers who are well entrenched, whose role is well understood.

The register should trickle down to the ward level. The function of the health volunteers should be put into place; the registry should be put into place and inspection done so that we have influencers who go round as key people who are known to do that. The volunteers should even be recognized at public *barazas*, where they can talk about health issues. Information on community health services is also well captured in the Bill. This Bill moves to encourage county legislation in this area. It also gives procedures, standards, ethics, guidelines and regulations as well as the need to pass reports to the MCAs so that these issues are properly taken into account.

Allow me to highlight specific clauses that are very key, starting with Clause 3 where the objects of this Bill are stipulated, which is to provide a framework for effective delivery, integrated comprehensive and quality community healthcare services; enhanced community access to basic health services; entrench the role of community healthcare volunteers, and provide framework for the conformant of community health workers. Since these areas are missing in terms of legislation, the object for this particular legislative proposal puts into place specific areas that will allow some sort of mechanism to be put in place.

Clause 5 of the Bill tackles the importance of the National Government. Health is a devolved function to the counties. There are certain key prospective aspects that the National Government plays such as setting up technical resources and structures, qualification of persons eligible to serve within the community health care workforce and this has to be designated at the national level. The National Government has to offer technical assistance to the county governments.

The county governments have also been given very key specific roles such as mobilization of resources which are necessary for the delivery of healthcare services in the respective counties and we heard the governors speak to this matter and say that we have resources at the county level that are already stretched out. However, we have community health volunteers who have already been working at this over the last phase of devolution and this phase of devolution. We need to put things together so as to come up with a template that can be applied within the various counties. This is what legislations endeavour to do.

It is talking about adequate funds, which is very important and putting in place mechanisms to facilitate access to timely community healthcare services and information regarding appropriate behaviour, including basic information on sanitation and hygiene. All these are critical. It is community health providers who move from one place to another to put this into place.

At Clause 6, we have very specific provision at the county level that touches on the County Executive Committee Member (CECM). This is, for example, to advise the governor on all matters relating to delivery of healthcare services, so that they are properly entrenched. There is also building capacity, monitoring and evaluating the effectiveness of community healthcare programmes, so that they can know whether they are improving and reaching out to the people they are meant to reach out to. That

Clause and very many sub-clauses give the teeth that are needed by the CECM to be able to cascade that higher up to the county and discuss it at the level of the county governor.

At Sub-clause 3, we have introduced the issue of ensuring that the CECM, in order for them to effectively perform the functions, can delegate the performance of such to the Director of Health. It introduces a director of health who can be specifically targeting issues of health, so that in case the CECM has other issues, the County Director of Health delves into this.

Clause 7 deals with the health officer and the roles. It gives it in details including overseeing the selection of community health volunteers and providing technical support and training.

At Clause 8, we have the responsibilities of the Director of Health outlined in detail, with the role of coordination becoming very critical. This is because in this Bill we define the community that is going to be assigned by the CECM in terms of how the CECM can capture the various communities and give these services. We do not have a general definition of a community, but have a community that will be defined in terms of logistics; that these numbers of community health volunteers, for example, work in a certain area. The Director of Health is very critical to ensure that.

Madam Temporary Speaker, when the community health volunteer goes to do the work, they go to their notebooks, keep recording and need to give back feedback to the mainstream to give back all these explanations. That coordination is very important.

Clause 9 deals with the Community Health Committee and its membership. There will be a woman representing women groups, a person representing Persons with Disability (PWDs), Youth representative and a ward public health officer, so that all the matters of the county touching on health can be discussed at a particular point.

Under Clause 11, the community health officer and his functions have also been put very clearly at the ward level. Reference is also made to specific issues.

At Clause 9 (5) and (6), each county government may enact county-specific legislations setting out the procedure for the nomination and election of the members of the Committee, the terms of appointment and criteria of the nomination. The role for managing health matters at the county level is also given as a responsibility to County Assemblies that come up with those sorts of legislations.

Clause 10 deals with community health volunteers and the process of their selection. Clause 11 is very extensive. It gives the county health volunteers responsibilities that are very broad. I mentioned them as I was moving this Bill.

Clause 12 says that each County Director of Health shall maintain the health register. That will go down to the ward level, as I have already spoken to. The CECM, at the end of it, especially at the miscellaneous provisions, will report to the County Assembly. We have a link created in the whole system.

Clause 17 introduces the Cabinet Secretary (CS) as being key in consultation with the Council of Governors (CoG) making regulations, prescribing regulations and guidelines generally for the better coming into effect of this Act.

At Clause 18, the county government will also over time enact county-specific legislation generally for the better carrying out of this.

Madam Temporary Speaker, given the outcome in terms of community health work at the community level from the counties such as Isiolo, from Indonesia and many other countries that were able to surmount some of the bigger problems that came later on, it means that this is something that needed to have been done even earlier. I think if we had a better system for community health services within the counties, we would have had the basic structure to be able to handle COVID-19 probably better and reach the various communities.

This Bill is very critical for Kenya at this time. I hope we will support and have it legislated on.

As I conclude, I acknowledge the presence of a young dynamic lady called Caroline Cherop. She has played the role of having the discussion and all the time being involved in the process of looking at various issues that come and how to push them out. As she moves on to other responsibilities, I publicly acknowledge that she has performed exemplarily in the roles she has played in the various issues and duties she has had.

Madam Temporary Speaker, I hope you can push this to the next agenda. Recommendations made by the Senate Health Committee have already been infused in this Bill. Maybe as it goes to the Committee, we cannot stop new issues from coming up during public participation, but we have taken up what came earlier.

I beg to move and request Sen. (Prof.) Ongeru to second.

The Temporary Speaker (Sen. Pareno): Proceed, Sen. (Prof.) Ongeru.

Sen. (Prof.) Ongeru: Thank you, Madam Temporary Speaker. I have the pleasure in seconding this Bill.

One of the most important aspects of this Bill is decentralization of health facilities to the village level. Therefore, no wonder in the preamble of this Bill, there is the element of villages as the County Executive may from time to time determine depending upon the nature and the requirement of the health facilities required at that village level.

Hitherto, there has been a lot of difficulties in accessing the health facilities at the community level. Even if the Level One hospitals are within a given locality, the distances between that facility and the villages dotted around that level one facility may be the limiting factor in the delivery of health services. As a medical professional, I know it is impossible to put trained doctors in every village. Therefore, you need an army of health workers who are properly trained, skilled and motivated to be able to perform certain tasks that are important to deliver the health package to that community.

Therefore, this is the most cardinal point. Even from Independence, one of the things we fought for and strive to achieve is the level of education, social development and health within our communities. Therefore, this Community Health Bill is not misplaced. It is fulfilling those tenets and aspirations captured in our Constitution – access to goods and services, with health being one of them – that must be accessed at the community level.

I am happy that these elements of community health services do not only take into account the county government. They also in collaboration with the national Government because of the over-arching policies that touch one county to another and are coordinated at the national level. Therefore, later in the structure of this Community Health Bill, there

will be cooperation between the national and county government. At the county government, there will also be cooperation between the County Executive and the community level and coordinate how these health services must be driven to be able to touch the very primary health care systems required at the village level.

Madam Temporary Speaker, what are these services required at the village level? We have the maternal and child health services. Under the maternal and child health services, nutritional services are required in that village level. We used to have traditional birth attendants. One of the biggest mortalities in deliveries is the maternal mortality rates, which are fairly high because our mothers have not been given access to information, health education and how to rear and bring up a child who is inborn.

Therefore, these community services will monitor closely the element of services being given at that level. That is why there must be participants in this selection in whoever is the community flag bearer at that level.

Many of the nutritional disturbances that we have at the community level are preventable conditions. For instance, simple basic education on what kind of foods we should eat is balancing proteins, carbohydrates and vitamins is such elementary knowledge that will save many mothers from giving birth to children who are malnourished and prone to infections particularly, infectious diseases that may harm and create high child mortality at birth.

In the first instance, we want to ensure the mother is safe in carrying the pregnancy to full term. Secondly, we want to ensure the baby the mother is carrying is also safe. At the end, we want to ensure both mother and child survive this physiological phenomenon of bringing forth a new arrival to the community.

Therefore, they need assistance and accessibility to health facilities that will help them achieve that noble objective. Unless you have a robust, well-coordinated, furnished and resourced centres and village activities, I am afraid our mortality and morbidity rates will continue to rise. We will then be unable to achieve our health index that we have started so well at the beginning, that we want to give health as a right to all our individuals at the community level.

Madam Temporary Speaker, these are basics in our Constitution. Therefore, this is an enabling Act of Parliament christened as community health service which over-arches to reach the most remote and basic village in our society to access health. That is one of the elements we can achieve.

The second element is that the disease surveillance will be very much cherished. We should be able to pick out certain basic diseases that are preventable, but cause a high morbidity and mortality in our society. Therefore, we have a surveillance system that is in place, a health worker can pick up basic health defects that can be attended to promptly without giving much thought. That will save the baby, mother, father and the community, whatever elements they may be suffering from.

Third, at that level, we should be able to provide expertise and skills at various levels. Whether it is a social worker volunteer, they will have basic skills to handle certain matters within the professional competence bequeathed to them at that moment.

Beyond that, the structure is such that there shall be a certified medical practitioner operating within a given area and region. They will then have the overall responsibility of checking all the elements adding up to health are catered for and properly looked at and taken care of without much damage to our society. That is the comforting thought. He then becomes a primary agent and takes over the primary responsibilities of ensuring that health index is transferred to the very remote level.

Madam Temporary Speaker, apart from the medical practitioner or the general doctor who has overall general interest in medicine and public health, there will also be an additional public health officer who will assist him or her in identifying some of these bacons of health dividends that can be tapped from a community. The community can then take care of those health dividends themselves and promote health at that level. Promote health, prevent diseases: Of course, for those that go to a higher level, that is why we have a referral system. They should also be able to pick and quickly channel them to referral centres for higher medical attention.

Under the objectives, it is not only the professionals who will participate in this committee. Communities have also been given an opportunity to elect a health worker and be involved in health related work in the community that the person lives in. Therefore, the person who lives in that community can give us firsthand information on what should happen. He or she can then pass it on to other health workers who are relatively more skilled than him or her to attend to emergencies that may arise from time to time.

They have already spelt out some of them, one, is effective delivery of integrated, comprehensive and quality community health services. That to me is a critical factor. That should be the object not an officer marooning around displaying his positions. The effect should be effective delivery of integrated, comprehensive and quality community health services.

The second objective of this community health is to provide quick access to the basic health facilities. The third one is to provide the framework to coordinate these functions at the village level. The fourth one is to entrench the role of the community in providing the services for that group that may be around that region.

The fifth one is to develop the mechanisms and criteria for recognition, certification and accreditation of community health workers. Do not forget that these are people who are springing up from the community where they are. They are best suited to know what ailments and elements disturb the community where they stay. They are able to transmit that critical information. They have the trust of the village. Therefore, they can be entrusted with information, which can be available to the wider group of health workers who can assess, examine and roll out the health community measures that will alleviate those problems that are within the community.

This object is not a function that is without money. One of the objects must be the framework for financing the community health services. That is why the national Government is critical because some of the public health policies will require financing exercise and therefore they come as conditional grants for public health promotion in some of the county governments.

We need to involve the national Government that any resources that they need to have particularly in the public health policy that needs to be rolled out, it is at the community level where these functions are carried out. Therefore, the bulk of those resources must be devolved, not only to the county governments, but to the village level where the effect will be felt rather than keeping them at the center and donating them out like sweets that are given to children to please them for a moment but do not address the issue that bequeath the society.

One of the objects of the Community Health Services Bill is to identify the needs and gaps in the delivery of health services. Therefore, these objectives being of health, there must be a vehicle. What will be the guiding principles to carry out these projects?

I have picked out four major ones. One, there must be a principle of inclusivity and equity in the provision of these services. That is a major principle. You do not just go and wander around on your own and start to bring up your own policies.

The second one is coordinated public participation in the formulation, implementation and monitoring of these policies. Three, is empowerment and capacity building as a means of facilitating access to health services. Four, is transparency and accountability elements.

I have talked about the role of the national Government on technical resource provision and structures, qualifications of persons, standards of service, reporting tools, monitoring and evaluation, technical assistance that may be required from time to time, curriculum and training modules for the training of community health workers that would be coordinated nationally at the county level and mobilizing of the resources and provision of adequate resources to meet these needs at the village level.

Finally, to put in place mechanisms to facilitate access to timely community health services by residents within the respective county.

Madam Temporary Speaker, the way I see it, we must continue and endeavor to build the conduct of capacity building, financing of resources and establish structures.

To enable us to do this, there is need to establish the community health services director at the community level, to coordinate these services and ensure that they reach to every single village. This is because he or she is best suited to know the county, villages and map them well. He or she is able to do the normal budgeting and financing exercise to meet the already developed and required needs for that community.

If time permitted, I would have said more. However, for now, it suffices to say that this is the single most piece of legislation that will go a long way to address the gaps that we see.

For example, the pandemic can be easily handled, detected and tested at the village level. Therefore, we will reduce the amount of panic that is all over the place. People are panicking at the moment.

Simple basic measures of social distancing, wearing of masks, drinking warm water to clear the throat and washing hands are simple basic elements. They should be taken to the village level to reduce the intensity and pervasion of any pandemic that may come up unexpectedly in the community. It can be localized around that region and contact tracing can reach the target groups within a given time.

Finally, all the immunization programmes in preventing all the diseases can be done at Level One hospitals and health centres by the consummate and well-skilled man power. Therefore, the rate of going to the hospital and the cost of health expenses will drop by 50 per cent.

Only the ones that need medical care, for example, kidney transplant, dialysis or cancer treatment will require specialized training or care in referral hospitals. Observation, monitoring and detection of cancer treatment can be done at the village level once there is well- motivated and trained people who can detect certain basics signs and symptoms that do not portend well for that village.

There will be an aberration and up-normal system that will be noted within that village and can be attended to. For example, pollution of water is one of the major elements that cause so much pain and agony in the families and yet it is a preventable condition.

I beg to second.

(Question proposed)

Sen. Farhiya: Thank you, Madam Temporary Speaker, for giving me this opportunity to contribute to this important Bill. I wish to thank Sen. (Dr.) Zani for sponsoring this Bill.

We always say that prevention is better than cure. That means that community health workers are very important because they take care of the element of prevention by creating awareness of certain diseases and ailments in the community. This includes pandemics like that of the Coronavirus Disease (COVID-19).

The importance of community health workers cannot be overemphasized. In some of the counties we come from, before devolution, these were the only people the communities knew as health workers. They actually used to be called doctors in those days. You can understand the pastoralist nature of moving from one place to another. It is not easy to maintain medical contact with such communities. That is part of their livelihood and they need to be served.

Community health workers were the source of their information. In those days, the training and development of a curriculum was left to be developed by Non-Governmental Organizations (NGOs) and sponsored programmes by the United Nations (UN). Even maternal healthcare and the delivery of children used to be handled by the community health workers. Because of all that, there were a lot of health issues that were addressed at that level. That is why when people criticize devolution, even with all its faults and governors not taking care of health properly, I believe that devolution is the best thing that happened to this country.

After the devolved government, for the first time, marginalized areas like where I come from have seen hospitals with a doctor. Before devolution, Wajir County Referral Hospital never had more than two doctors. Right now, there are around 10 or 13 doctors. At least the county government is able to bring those people on board. I am not saying that devolution is a perfect system because we all know it has its own challenges.

If the health workers were empowered through a developed curriculum, the selection criteria clearly identifies that they would be able to ensure that pandemics like the COVID-19 do not spread. People understand their vernacular. They can speak to the people directly, even those who do not have an education. They will, therefore, make them understand the dangers of the elements. Even disease like cholera used to be taken care of by the community health workers.

As we improve our health system, it looks like the public health that was properly served by our community health workers is being neglected. That means it increases the risk of pandemics and diseases like cholera, measles and communicable diseases. They will spread easily without them.

I hope that this Bill also has a requirement to harmonize the incentives for these people. People in Wajir County do not feel like they are being paid by small incentives as compared to Nairobi. The clear selection criteria that is mentioned in the Bill will go a long way in getting qualified people who are able to do certain basic things before health workers are needed. These are people who live together in the villages.

As I speak, in Wajir County, the number of health centres has increased with devolution although some of those facilities are ill equipped. Community health workers are necessary because they pass information to as many people as possible so that things can work better. I challenge our Members of County Assemblies (MCAs) as well to ensure that they bring legislations that are relevant to their specific counties, so that this Bill can be properly devolved and every county government takes care of its people.

I ask Sen. (Dr.) Zani to also include a clause where regulations are time bound. Sometimes when Bills are generated and you do not have regulations within a certain time, then implementation becomes difficult. As we are aware, regulations bring about policy and specificity in terms of how things should work better, because you cannot cover everything in Bills.

I have worked with the Committee on Delegated Legislation and I am aware that ministries would rather avoid developing regulations for Bills. So, create a timeline like within a year or six months of the Bill being passed by both Houses. There is need for regulation to ensure that it is properly operationalized.

Madam Temporary Speaker, I also want to challenge our governors. Even the casual workers in hospitals who sometimes do the cleaning and the firsthand response to patients are being mistreated. My county is one of the counties that put down their tools and that was one of the reasons that the MCAs impeached our Governor. The other day, I saw that the casual workers in Kajiado County also downed their tools. If they down their tools, the nurses and doctors are not enough to deliver health services.

I urge our Governor to ensure that casual workers and community health workers are taken care of once this Bill is passed. This is so that there is a lot of access to information on health related issues. As was submitted during Sen. Khaniri's Statement, there is need for people to know about vaccines. In some countries in Africa, the vaccines have expired even where governments procured vaccines because the uptake is low. As a result of the low uptake, the spread, shutdown, economic hiccups and challenges that communities face will continue.

Madam Temporary Speaker, as I said earlier, the selection process is very important to ensure that there is harmonization of who comes as a health worker. In the absence of that, those who are close to the governor or those who were one of his campaign managers find themselves on the payroll in the name of community health workers even when they have no clue.

The curriculum development and training of community health workers is important so that there is standardization of how they engage the community and what kind of information they can disseminate. It is critical because in the absence of that, every person will just give their own information. With the kind of errors that we know, we cannot go wrong with the health of our people. Therefore, the people that are selected as part of the community health workers need not only to be selected correctly, but also to be empowered with the right tools.

[The Temporary Speaker (Sen. Pareno) left the Chair]

[The Temporary Speaker (Sen. (Dr.) Lelegwe) in the Chair]

Nowadays, there are a lot of drugs within our community. There are a lot of drugs that are found within our border of Wajir on the other side of Ethiopia. These drugs normally find their way into Wajir. As a result, there are rampant cases of drug abuse especially bhang.

There is nobody to educate our youth on the dangers of using these drugs. Nowadays, we have a lot of rape cases in Wajir County as a result of abusing those drugs. Rape cases used to be there in the past, but they were fewer. Nowadays because of drug abuse, our small girls, even aged five, are being raped.

If people can be sensitized on the dangers of drug abuse, how drug abuse impacts on the economy and the social impact because marriages are also breaking down as a result of drug abuse.

Drug abuse has also led to mental health issues. People with mental issues suffer from stigma; there are no support mechanisms in place. People do not have any point of contact for information. There is urgent need to have these community health workers, and I thank Dr. Zani for bringing this Bill because it will enhance health matters in our various counties. Given that health is a devolved function, this is an idea whose time has come.

With those few remarks, I support.

Sen. Faki: Asante Bw. Spika wa Muda kwa kunipa fursa hii ya kuchangia Mswada huu wa huduma za afya kwa jamii. Mswada huu umekuja katika wakati mwafaka, wakati ulimwengu unapambana na janga la Corona. Ningependa kumpongeza Dr. Zani kwa kuleta Mswada huu katika Bunge kujadiliwa.

Mswada huu unatoa fursa kwa sheria kutambua majukumu ya wafanyikazi wa afya ambao wengi wamejitolea kuhakikisha kwamba wananchi kule mashinani wanapata huduma za afya, wengine hata bila malipo.

Ukiangalia kwa mfano wakunga wale wanaozalisha akina mama wakati wanajifungua, wale ngariba ambao wanapasha tohara wakati vijana wanatiwa jandoni, wengine sasa wanatoa huduma kwa wenye magonjwa kama vile Saratani, kisukari na magonjwa mengi ambayo ni gharama kubwa kupeleka mgonjwa katika zahanati ama hospitali ya kisasa kuweza kupata huduma kama hii.

Ugonjwa kama Saratani kwa mfano, umeingia katika vijiji vyetu na wengi wanapata huduma kwa wale ambao ni wafanyikazi wa jamii.

Mswada huu utasaidia pia pakubwa kuweza kupambana na mikurupuko ya maradhi tofauti, kwa mfano mikurupuko ya maradhi kama kipindupindu, bilharzia na mengineo ambayo hutokea vijijini ambayo inabidi wananchi watembe safari ndefu kuweza kupata huduma za afya kutoka kwa zile zahanati ambazo zinajulikana.

Mswada huu pia utasaidia kusambaza huduma za afya mpaka vijijini kwa sababu sheria inalenga vituo vya afya vya level ya kwanza yaani *Level One Hospitals*; hizi ndizo zinalengwa na Mswada huu.

Vile vile, Mswada huu utasaidia pakubwa kupambana na magonjwa sugu kama vile Saratani, Kisukari na Corona, kwa sababu hatua zinaweza kuchukuliwa mapema wakati kumetokea visa vya magonjwa kama haya, ili kusikuwe na mkurupuko na magonjwa yasambae katika sehemu zingine.

Uwepo wa sheria hii pia itasaidia kupambana na athari za mihadharati katika vijiji vyetu hususan zile sehemu ambazo mihadharati imeingia sana kwa vijana. Kupata huduma za hospitali, kuwapa dawa waadhiriwa wa mihadharati inakuwa shida. Kwa mfano, kule Mombasa kuna sehemu kama vile Coast General Hospital ambapo wanapea huduma za methadone kwa waadhiriwa wa mihadharati.

Huduma kama zile zikifanywa katika hospitali kubwa inaathiri huduma zingine ambazo zinatolewa kwa wagonjwa wa kawaida. Kwa hivyo, ikiwa watapewa huduma hii pale katika kijiji, itakuwa ni rahisi na haitaathiri huduma zingine ambazo zinatolewa katika hospitali kubwa kama hizo.

Mswada huu pia utasaidia pakubwa azma ya Serikali ya kuweza kufikisha huduma za afya kwa wote ambalo ni lengo kubwa la Serikali hii. Naona kwamba tunalenga kuangalia huduma za afya katika kijiji ama sehemu za mashinani. Hii itasaidia pakubwa kuhakikisha kwamba watu wote wanapata huduma za afya katika Jamuhuri yetu ya Kenya.

Pia itasaidia pakubwa kusongeza huduma za afya mashinani kwa sababu sheria inasema kuwa kutakuwa na muhudumu (*Medical Officer of Health*) daktari ambaye ana maarifa na anaweza kuhudumu katika kijiji ama katika sehemu ile ya chini kabisa ya kutoa huduma hizi. Hii inamaanisha kwamba huduma zitaweza kupatikana mashinani na itakuwa ni rahisi kuweza kuwahudumia wananchi katika eneo zile.

Hiyo pia itasaidia kuleta teknolojia karibu na wananchi kwa sababu iwapo zahanati hizi zitakuwa na viparakanishi katika eneo za wananchi, zitasaidia kusambaza huduma za afya kirahisi. Kwa mfano vipimo vya afya kwa njia za sasa zitaweza kufanyika bila ya kuwa na matatizo yoyote.

Mswada huu pia utasaidia pakubwa kupunguza gharama za matibabu. Tunaona ya kwamba imekuwa donda sugu kwa wananchi kumudu huduma za matibabu. Lakini

iwapo sheria hii itapita huduma za matibabu zitakuja mashinani, madawa yataweza kupatikana mashinani na vile vile huduma kama vile za *X-ray* na vipimo za damu zitaweza kupatikana kwa njia rahisi ili kuhakikisha kwamba wananchi wanatibiwa kwa gharama isiyokuwa kubwa.

Vile vile, zile stakabadhi ambazo zitapatikana katika kijiji kile itasaidia pakubwa pia kupanga mikakati ambayo itasaidia pakubwa kuboresha huduma za afya katika maeneo hayo na afya ya wananchi katika zile sehemu ambazo zimelengwa.

Kwa hivyo, Mswada huu utachangia pakubwa afya katika nchi yetu na katika kaunti zetu. Vile vile, itasaidia kuhakikisha kwamba kuna afya kwa wote katika nchi yetu ya Kenya.

Kwa kumalizia ni kuwa Mswada unaweka msingi dhabiti wa kuweza kupatikana kwa afya katika kaunti zetu.

Bw. Spika wa Muda, naomba Maseneta wenzangu waunge mkono Mswada huu ili kuhakikisha kuwa tuna sheria ya msingi ambayo itatambua kazi ambazo zimekuwa zikifanywa kutoka jadi. Kama nilivyosema awali, kuna watu kama vile wakunga wa kuzalisha kina mama, ngariba wa kupasha watoto tohara na wale ambao wanahudumia wananchi ambao wameathirika na ugonjwa kama vile ukimwi.

Wengi wa waathiriwa wa ukimwi wanahudumiwa nyumbani kwao. Wale wanaofanya kazi hiyo ni watu wanaojitolea kufanya kazi bila malipo. Kwa hivyo, Mswada huu utasaidia pakubwa kuwaweka katika hali ya kuridhisha kikazi na vile vile kihuduma kwa wananchi wetu.

Nampongeza Sen. (Dr.) Zani kwa kuleta Mswada huu.

Sen. Omogeni: Thank you, Mr. Temporary Speaker, Sir, for giving me this opportunity to contribute to this important Bill before the House. I want to confirm that when this Bill was read in this House, before we moved to the High Court to nullify Bills that did not have concurrence of the two Speakers, I made substantive contributions to the Bill.

I am happy to note that the Bill that we now have, the one dated 4th December, 2020, has incorporated a number of concerns that we raised as Senators before the Floor of the House. I must congratulate the Sponsor of this Bill, my good friend, Sen. (Dr.) Zani, for having taken on board our views. It means that what we say on the Floor of this House is never in vain. I congratulate her for that.

Mr. Temporary Speaker, Sir, it is also good because there is a debate going on out there as to whether there is any importance for elected leaders to go to school properly. Looking at the quality of Bills and the interest that Sen. (Dr.) Zani has had in sponsoring Bills before this House, then there is enough evidence to demonstrate that there is value in having people who have gone to school occupying some of these positions.

I must say that Sen. (Dr.) Zani has set the pace for many of us. MCAs should follow this debate closely. When people say that we also need people who are able to demonstrate that they have gone to school properly, it is useful because this Bill that has been sponsored by Sen. (Dr.) Zani will not just benefit the people of Kilifi but also people from all counties in Kenya, including people from my own County of Nyamira.

Thirdly, I am happy that this Bill is coming here as a consequence of the suit that was filed by this House challenging the unilateral actions that are normally taken by Members of the National Assembly, where they think that the Senate has got no role in the legislative agenda of this country.

My Committee was informed this morning that the two Speakers have so far concurred on over 30 Bills. That means that this House is now getting its rightful place in the legislative role of Parliament, which incorporates the National Assembly and the Senate. I do not think there is any MP – most of them are our friends – who can take issue with some of the progressive work that is being done by Senators and more so the health services that will impact in a positive way on many of the people that we represent.

I just want to state to the House that the battle is not yet over. As you know, hon. Senators, Members of the National Assembly challenged the decision of the High Court in the Court of Appeal. I, together with Sen. Mutula Kilonzo Jnr., Sen. James Orengo and Sen. Faki of Mombasa, are preparing to appear for the Senate in the Court of Appeal on 21st of this month. We will continue to defend the role played by this House in terms of passing legislations.

Going back to the merits, I said last time that I fully and passionately support this Bill that seeks to integrate issues of community health volunteers in provision of quality health services.

People who serve in Level 1 and 2 hospitals, as Sen. (Dr.) Zani will confirm, are the first line of defence in provision of health services before lab technicians, qualified nurses and doctors come in. They are the people on the first line of defence who provide the quickest response to our people on the ground.

Most of the people who brought us to this House reside in the countryside. The fact that we will recognise this calibre of people who do work for free is commendable. If you go to most of the counties, community health volunteers work for free. We have been calling them community health workers, but the term has now changed to community health volunteers.

When you talk to people at the grassroots, these are the people they recognise because they always run to them when they have health issues. Therefore, it is good and commendable that we are now coming up with a law that will incorporate these people and have them recognised by an Act of Parliament. It is good that we will no longer refer to them as workers.

Last time I started on the Floor of this House that some of the community health volunteers are people who have retired but they are not there for money. When you say that they should be remunerated by being given a salary and bring in the SRC or public service boards, you are likely to lock out most of them, yet they are the engines in terms of provision of community health services. It is good that, that has been taken care of in this Bill and it will not be a matter for us to belabour any more.

I am also happy that there is a clear structure on how these people will be dealt with at the community level. Initially, we had concerns with the CECMs in charge of

health, but I think that has now been dealt with. We need somebody with technical knowledge who can have a direct link with these people.

In general, this Bill has been improved from the version that was read before the House last time. It is worth noting that we can now process and take it forward to the next level.

The other thing I want to talk about is that there should be good budgetary allocation for these services. We urge governors not to just concentrate on Level 4 and 5 hospitals. They should also think about the common *mwananchi* or the person in the village who most of the time does not have the resources to seek health services at Level 4 hospitals. Remember that people who go to Level 4 hospitals are likely to have gone to Level 1 and 2, proceed to Level 3 and finally end up going to Level 4.

I hope our governors will have a keen interest on the work that is done by the community health volunteers and make attempts to make adequate budgetary provisions for the work that is done by these important people in provision of health services to our people.

Mr. Temporary Speaker, Sir, as I have said, since most of the concerns I had last time have been taken on board, I support this Bill and hope that we will process it quickly, so that it becomes an Act of Parliament during this term of the Senate.

The Temporary Speaker (Sen. (Dr.) Lelegwe): Thank you, hon. Senators. I, therefore, call upon the Mover to reply.

Sen. (Dr.) Zani: Mr. Temporary Speaker, Sir, I beg to reply. I think Sen. Omogeni has said it all. This is not a Bill only sponsored by Sen. (Dr.) Zani and other stakeholders. It is a Bill that finally has had input from public participation. It is one of the Bills that had the highest number of organizations and individuals coming during public participation. The input to this Bill on the Floor of this House was very critical and important.

The diversity of balancing, reality and how to move forward was of great consideration. Sen. Omogeni will remember this. This is because we are trying to come up with a scheme that will be effective within the various counties. Without that, we would not have gotten here. The Committee has put in a lot of input in this Bill through public participation and various discussions.

Mr. Temporary Speaker, Sir, I think we have a version of the Bill now that we feel represents what we hope we can see within the counties that will change things. It is Sen. (Prof.) Ongeru who very eloquently said that the cost of healthcare is actually halved because of community health services. If you can address measles, tuberculosis, and any problem at the lowest level, even as it begins when people in the community and its children, then it is much easier.

You do not even have to go to level five and six, besides most of the issues have been addressed. I think Members have also mentioned that especially during the Coronavirus disease (COVID-19) pandemic, strengthening of such structures would have been key. Certain countries were mentioned worldwide at this moment in terms of the input they have made. Germany and Sweden were some of them that have been used this model.

In some quarters, it is referred to as the Cuba model, where you strengthen the basic and basis of the communities and have that running. That is why the provisions in Clause 11 are very important. The responsibilities that are given to this key group of young people and older people who are involved in being community health volunteers is critical for service delivery at the various levels.

Mr. Temporary Speaker, Sir, when you look at issues like sensitizing the community, providing community disease surveillance by reporting early signs of imminent health disasters or emergencies. They live within the communities, they have experience and know the historical background. Therefore, they can preempt and stop by early signal warning systems, a problem that is coming within the community.

We move towards preventive rather than curative in a very diabolic and significant manner. We log in and monitor the health status of members of households on a day to day or weekly basis. That includes making the records, discussing this, having the *barazas* and discussing what the issues are and how to circumvent. They have dealt in many cases even with people living with disabilities. You know certain households where such children are put away and are not taken care of.

Mr. Temporary Speaker, Sir, however, they are able to go there and give suggestions. In fact, in many cases, they are key opinion leaders within communities. What they say is taken as important. Keeping and maintaining a register of members so that they can remember where they have gone to and what the problems were.

When we talk about capacity building and training, we are referring to the importance of this community health volunteers at the level of community health services. They have these skills that are critical. They are providing appropriate health advice to assigned households in a language that members understand. It is not just about a language. Most of the time, it is about the confidence that you have.

Mr. Temporary Speaker, Sir, first, these are people who have worked in the community and have success stories. People run to them or they go to people and when they see them and see what happened and what worked, then it makes it easier. Some of these solutions are very simple. If it is malaria, for example, the putting of the nets and ensuring that ponds are clear are things that communities can be mobilized to do very well.

The consequences of not doing that are so high. For Kenya, in terms of an economy that wants to ensure health issues are taken care of, if we are in a position to half that cost, it is possible by just having basic healthcare systems at level one taken care of. The strategy is important and key. This Bill is not introducing something that is not there. It is just introducing a component that has not been tackled in terms of legislation, as has happened in the Health Act. The Health Act tends to focus on level two up to level six.

Mr. Temporary Speaker, Sir, provision of level one needs to be encouraged even more. Providing appropriate healthcare advice, sanitation, hygiene, good nutrition, maternal and postnatal care, prevention of transmission and management of communicable diseases: Sometimes it is not even as difficult as we imagine. If it is

diarrhea and cholera, giving the specific provisions of what needs to be done. In the case of COVID-19, also giving the suggestions, the masks and social distancing.

One of the things we tend to rely on a lot are messages that are given from the media. If you look at communities, how many members are able to get those messages from the television and radio? We have a component of people whom if they are enhanced further within the counties, then they will stay well.

Mr. Temporary Speaker, Sir, it was Sen. Farhiya who said they are the first responders within the communities. She spoke of the need to harmonize their responsibilities and incentives for them to be encouraged. Sen. Omogeni has echoed the same thing. This is like a treasure that we have that we can utilize to fight for health outcomes, which are devolved and so well captured in the Constitution in terms of them being a right.

We also know that a healthy nation will also turn into better economic incentives and development. Rendering first aid, monitor the growth of children under five years old; provide support for assigned households in terms of quality, family based care and support of the patient; and, submit reports at intervals so that these outcomes can be determined and discussed.

Mr. Temporary Speaker, Sir, what has been missing is the hierarchy of a structure that enables this participation to be effective. That structure definitely starts at the Ministry with the Cabinet Secretary (CS). At the national level, we also switch to the county level and give key responsibility to the governors and Council of Governors (CoG) within those counties, County Executive Committee (CEC) Members and County Assembly Members (MCAs).

We were in Mombasa recently where we had Hon. Abdulswamad setting up a programme or giving out to constituents of Mvita Constituency a National Health Insurance Fund (NHIF) programme that allows them to reach out for these health outcomes.

Mr. Temporary Speaker, Sir, once these health outcomes are determined and easy to project, then it is very easy to put into place a scheme. You find that in many of the developed countries, the developmental strategy is hinged on health and education. We have done a lot at the level of education and health, but there is a way that we can input especially by looking at community health services at the level one position and improve this further.

Analyzing information on health status of assigned households: What seems to be recurring and needs to be paid attention? Performing of functions as may be assigned by the CEC Member: I felt it was important that as I respond, I capture even better the role of such key players within the various counties.

Sen. Farhiya stated that it is very important to ensure that the regulations are time bound; I am sure the Committee on Delegated Legislation will do that.

Sen. (Prof.) Ongeru made it clear that the devolved village levels are the game-changer. We need to go to the devolved village levels and entrench this. We need to bring about inclusivity and equality on the provision of health care to the communities. We

need health expenses to go down because we can have a model that can bring this together.

I thank Sen. Omogeni for his contribution as well as the role that he and other Members of his team have played in ensuring that the provisions of Article 110 (3) are put into the provisions for the operationalization of legislative agenda both at the Senate and in the National Assembly. It is as a result of this that we are able to come back with these Bills and expedite these goals, so that we can move them to the next level. We want this Bill to be the game-changer within the community. We want to have healthy communities and children.

Just like in agriculture, it is a well-known fact that we have almost 80 per cent of people residing in rural areas. There is a time a Committee of the Senate visited one of the counties, and in one of the villages that we visited, there was a girl who was not feeling very well. A Member in our delegation had carried a kit of Panadol, and within two minutes, the child was feeling better and playing. There are people who have lost their lives because the basic tenets that can be found in community health services, such as community health workers or community health volunteers, have not been achieved.

On the other hand, there are counties that have progressed. There are four specific counties that have already moved on. As Sen. Farhiya had indicated, there is need to have regulation and legislation at the county level. There are four counties including Nairobi County that have provisions in place. I am calling upon other counties that have not put measures in place to expeditiously do that. This is a win-win at the level of the individuals, counties and national Government.

I thank Sen. (Prof.) Onger, Sen. Farhiya and Sen. Faki who brought out the strong points about anti-social habits that have health implications and how this can be dealt with. It is not normally mentioned loudly, but many times, the community health volunteers also work as counselors of sorts because they talk, interpret and bring into focus the specific interpretations that are key in ensuring that all these issues have been addressed.

Mr. Temporary Speaker, Sir, with these few remarks, I beg to reply and request that we defer the putting of the question as per Standing Order 61(3) to another appropriate time when we have quorum.

The Temporary Speaker (Sen. (Dr.) Lelegwe): The putting of question is, therefore, deferred to tomorrow afternoon.

(Putting of the Question on the Bill deferred)

Next Order!

Second Reading

THE INVESTMENT PROMOTION (AMENDMENT)
BILL (SENATE BILLS NO. 2 OF 2021)

The Temporary Speaker (Sen. (Dr.) Lelegwe): Sen. (Dr.) Milgo is not in the Chamber. I, therefore, defer that Order.

(Bill deferred)

Next Order!

Second Reading

THE COUNTY LICENSING (UNIFORM PROCEDURES)
BILL (SENATE BILLS NO32 OF 2020)

The Temporary Speaker (Sen. (Dr.) Lelegwe): Sen. Chebeni is not in the Chamber. I, therefore, defer that Order.

(Bill deferred)

Next Order!

Second Reading

THE SALARIES AND REMUNERATION COMMISSION
(AMENDMENT) BILL (SENATE BILLS NO. 31 OF 2020)

The Temporary Speaker (Sen. (Dr.) Lelegwe): The Chairperson of the Committee on Finance and Budget is not in the Chamber to move the Bill. I, therefore, defer that Order.

(Bill deferred)

Next Order!

MOTIONS

ADOPTION OF REPORT ON INQUIRY INTO ALLEGATIONS REGARDING IRREGULARITIES
IN THE PROCUREMENT OF VARIOUS PHARMACEUTICAL EQUIPMENT
AND PRODUCTS BY KEMSA

THAT, the Senate adopts the Report of the Standing Committee on Health on inquiry into allegations regarding irregularities in the procurement of various pharmaceutical equipment and products by the Kenya Medical Supplies Authority (KEMSA), laid on the Table of the Senate on Tuesday, 30th March, 2021.

The Temporary Speaker (Sen. (Dr.) Lelegwe): The Chairperson of the Committee on Health is not in the Chamber to move the Motion. I, therefore, defer that Order.

(Motion deferred)

Next Order!

ADOPTION OF THE FIRST PROGRESS REPORT ON THE
COVID-19 PANDEMIC SITUATION IN KENYA

THAT, the Senate adopts the First Progress Report of the Standing Committee on Health on the Covid-19 pandemic situation in Kenya, laid on the Table of the Senate on Tuesday, 30th March, 2021.

The Temporary Speaker (Sen. (Dr.) Lelegwe): The Chairperson of the Committee on Health is not in the Chamber to move the Motion. I, therefore, defer that Order.

(Motion deferred)

Next Order!

ADOPTION OF REPORT ON THE IMPASSE ON BUDGETARY ESTIMATES
FOR F/Y 2020/2021 FOR KIRINYAGA COUNTY BETWEEN
THE COUNTY EXECUTIVE AND COUNTY ASSEMBLY

THAT, the Senate adopts the Report of the Standing Committee on Devolution and Intergovernmental Relations, on the impasse on the budgetary estimates for financial year 2020/2021 for Kirinyaga County, between the County Executive and the County Assembly, laid on the Table of the Senate on Tuesday, 25th May, 2021.

The Temporary Speaker (Sen. (Dr.) Lelegwe): The Chairperson, Standing Committee on Devolution and Intergovernmental Relations is not in the Chamber to move the Motion. I, therefore, defer that Order.

(Motion deferred)

Hon. Senators, as you have noted, we have had to defer items that had been prioritized over other business of the House. I, therefore, urge all Members who were not present today to make sure that they are present in the Chamber if any business they are sponsoring appears on the Order Paper, so that the business is dispensed with.

ADJOURNMENT

The Temporary Speaker (Sen. (Dr.) Lelegwe): Hon Senators, having concluded the business of the day, it is now time to adjourn the House. The Senate, therefore, stands adjourned until tomorrow, Wednesday, 7th July, 2021, at 2.30 p.m.

The Senate rose at 6.17 p.m.