

PARLIAMENT OF KENYA**THE NATIONAL ASSEMBLY****THE HANSARD****Thursday, 5th August 2021**

The House met at 2.30 p.m.

*[The Speaker (Hon. Justin Muturi) in the Chair]***PRAYERS***(The Quorum Bell was rung)*

Hon. Speaker: Very well. There is quorum even as the two exit. I will give the Communication a little later.

PAPERS LAID

Hon. Speaker: The Majority Whip.

Hon. Emmanuel Wangwe (Navakholo, JP): Hon. Speaker. I beg to lay the following Papers on the Table of the House:

Draft Election Campaign Financing Regulations and the Explanatory Memorandum from the Independent Electoral and Boundaries Commission (IEBC).

Summary of the Report of the Auditor-General for the National Government for the FY 2019/2020.

Annual Report and Financial Statements in respect of the following Institutions for FY 2019/2020: -

- a) Ethics and Anti-Corruption Commission; and
- b) National Police Service Commission.

Special Audit Report of the Auditor-General on Lake Turkana Wind Power Project.

Report of the Auditor-General and Financial Statements of the Retirement Benefits Authority for the year ended 30th June, 2020 and the certificate therein.

Report of the Auditor-General and Financial Statements of the Development Bank of Kenya Limited for the year ended 30th December, 2020 and the certificate therein.

Hon. Speaker: Just hold on, Hon. Members. The Communication I intend to make has a bearing on the document which has just been tabled. Could the Member for Kilifi North stop shaking hands and doing jigs? Hon. Tonui, take a seat for a short while.

(Hon. Dr. James Nyikal took water from the Dispatch Box)

It is clear the Member for Seme has come from having his lunch and did not partake of water.

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COMMUNICATION FROM THE CHAIR**GUIDANCE ON SUBMISSION OF DRAFT
CAMPAIGN FINANCING REGULATIONS**

Hon. Members, this Communication is a guide regarding submission of the Draft Election Campaign Financing Regulations by the Independent Electoral and Boundaries Commission (IEBC). It relates to the Paper that has just been laid on the Table of the House by the Whip of the Majority Party, on behalf of the Leader of the Majority Party titled “Draft Campaign Financing Regulations and Accompanying Explanatory Memorandum.” The Paper originated from the IEBC.

Hon. Members, you will recall that the Election Campaign Financing Act of 2013 was enacted by Parliament to provide for the regulation, management, expenditure and accountability of election campaign funds during election and referendum campaigns. The Act was suspended with respect to the 2017 General Elections. Section 29 (1) of the said Act empowers the IEBC to make regulations for the better performance of its functions under this Act. The said section provides as follows:—

“29. (1) The Commission may make regulations for the better performance of its functions under this Act, and such regulations shall be laid before the National Assembly for approval before they are published in the Gazette.”

Hon. Members, in addition, Section 5 of the Act mandates the Commission to make rules to regulate election campaign financing at least 12 months before the election. For avoidance of doubt, the said section provides as follows: -

“5. The Commission shall make rules to regulate election campaign financing—

(a) in the case of a general election, at least twelve months before the election; and,

(b) in the case of a by-election or referendum, at such time as the Commission may determine.”

Hon. Members, it is important for you to note that the Regulations are expected to provide for, among other things:

(i) the spending limits for the different elections;

(ii) guidelines for expenditure rules for political parties and independent candidates;

and,

(iii) the manner in which contributions may be made.

Sections 12, 18 and 19 of the Act empower the Commission to set limits for contributions and expenditures for candidates and political parties participating in an election at least 12 months before the election. Having said that, you will agree with me that these are not just ordinary regulations, which may be the reason why Parliament provided that they be submitted to the House in DRAFT form for approval before they are published in the Gazette.

Hon. Members, even as the Election Campaign Financing Act of 2013 stipulates the timelines necessary for the approval of the said regulations, the Statutory Instruments Act provides for the ultimate process and procedure for consideration of regulations in general. In this regard, the Draft Regulations and the Explanatory Memorandum are hereby referred to the Committee on Delegated Legislation for consideration in accordance with the law. The Committee may also

undertake the necessary public engagements on the Draft Regulations. Given the statutory timelines set under Section 5 of the Election Campaign Financing Act, 2013, I urge the Committee to expedite the process of consideration of the Draft Regulations and Table its report soonest possible to enable the House to undertake the necessary approval processes in good time. The Committee and, indeed, the House are accordingly guided.

Thank you, Hon. Members.

I see the Member for Ugunja.

Hon. Opiyo Wandayi (Ugunja, ODM): Hon. Speaker, your Communication is very clear and unambiguous. This is a matter of serious public interest and as clearly stated in the Election Campaign Financing Act 2013, there is a time element. However, that time element is such that the Commission is required to have published these regulations, at least, 12 months before a general election. It is clear that, given today is the 5th of August, the next elections, barring something else from happening, are going to be on 9th August next year. I would have wanted to hear from you, on behalf of the public, because they are very anxious that given the time at which these regulations have come before us as a House, and given the requirement of the House in terms of dealing with them, we are not definitely going to meet the timeline for these regulations to come into force for purposes of next year's general election. That should have been really helpful to relieve the public of the anxiety because it is very possible for busy bodies out there to start blaming Parliament for having sat on these regulations so that we do not have them applied in the next general election.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Wandayi, I think the point you have raised is a valid one and quite pertinent because the IEBC, being a constitutional commission as I would imagine, has been aware of the functions allocated to it, one of which is the one of coming up with the regulations. They have brought them to us today. In fact, was I not reminded otherwise, I would not have approved them for tabling today. What you have just said is that it is important that everybody in the country knows it is not Parliament. It is the IEBC which has sat on its roles and has not presented to this House the regulations. This House, still as you know, has the power to make and unmake laws. So, our Committee is at liberty to give us whatever recommendations they deem fit and necessary in the circumstances of the case.

It is fair that since they have come today and somebody was suggesting that Parliament can pass them before Monday 9th. Parliament is also not a miracle worker. Parliament will sit up to the close of business today. Unless somebody somewhere imagines that... Maybe, because they see Members of Parliament in all manner of functions 24/7, they imagine that even when you are supposed to be in your place of worship for our brothers and sisters who are Muslims and the rest of you who may be SDAs on Saturdays and others on Sunday, indeed you should also be passing laws around that time. I cannot imagine. One cannot understand how anybody in their right minds can sit on such important regulations and bring them to Parliament on the very last day. However, without making any particular determination, the Committee of this House, and the House, is at liberty to deal with the Draft Regulations as they find appropriate.

I do not seem to see the Chair of the Committee, Hon. Kamket. The Vice Chair, Hon. Njagagua, or an active Member of the Committee, Hon. Wangari, please, do not comment, otherwise people may think that you are prejudiced, or Hon. Wandayi may have been yet he was just drawing the attention of the House to the fact that these draft resolutions are coming a bit too late, yet they are so important. The House, in exercise of its powers, deferred the application of the Act from the 2017 general elections. So, I am not saying much. I am sure the House... You

make the law. You can even unmake that one. I am sure there are very many Bills which are coming to repeal other existing laws.

Let us just proceed. The committee will give us a report. Please, move with speed so that the presence of these Regulations in the House does not elicit unnecessary anxiety from amongst other Kenyans who may be interested in the elections and particularly how they are financed.

Hon. Wandayi, Chair of the Public Accounts Committee (PAC).

Hon. Opiyo Wandayi (Ugunja, ODM): Thank you, Hon. Speaker. I beg to lay the following Paper on the Table of the House.

Report of the Public Accounts Committee on the Procurement of External Audit Services for the office of the Auditor-General for the Financial Years 2018/2019 and 2019/2020.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Pkosing.

Hon. David Pkosing (Pokot South, JP): I thank you, Hon. Speaker.

Hon. Speaker, I beg to lay the following Papers on the Table of the House.

Reports of the Departmental Committee on Transport, Public Works and Housing on its consideration of the following:-

- i. The National Construction Authority (Amendment) Bill (National Assembly Bill No. 45 of 2020).
- ii. The Kenya Roads (Amendment) Bill (National Assembly Bill No. 13 of 2021).

I thank you, Hon. Speaker.

Hon. Speaker: Chair, Departmental Committee on Labour and Social Welfare.

Hon. Josphat Kabinga (Mwea, JP): Thank you, Hon. Speaker.

Hon. Speaker, I beg to lay the following Papers on the Table of the House.

Report of the Departmental Committee on Labour and Social Welfare on its consideration of:-

- i. The Social Assistance Repeal Bill (Bill No. 16 of 2020).
- ii. The Children (Amendment) Bill (Bill No. 46 of 2020).

I thank you, Hon. Speaker.

Hon. Speaker: The Chairperson of the Departmental Committee of Finance and Planning.

Hon. (Ms.) Gladys Wanga (Homa Bay CWR, ODM): Thank you, Hon. Speaker.

Hon. Speaker, I beg to lay the following Papers on the Table of the House.

Reports of the Departmental Committee on Finance and National Planning on its consideration of;

- i. The Pensions (Amendment) Bill (National Assembly Bill No. 26 of 2020).
- ii. The Public Procurement and Assets Disposal (Amendment) Bill (National Assembly Bill No. 34 of 2020).
- iii. The Public Finance Management (Amendment) Bill (National Assembly Bill No. 39 of 2020).
- iv. The Kenya Deposit Insurance (Amendment) Bill, 2020, (National Assembly Bill No. 43 of 2020).
- v. The Central Bank of Kenya (Amendment) Bill (National Assembly Bill No. 47 of 2020).
- vi. The Public Procurement and Assets Disposal (Amendment) Bill (National Assembly Bill No. 49 of 2020).
- vii. The Central Bank of Kenya (Amendment) Bill (National Assembly Bill No. 10 of 2021).

- viii. The Trustees Perpetual Succession (Amendment) Bill (National Assembly Bill No. 23 of 2021).
- ix. The Perpetuities and Accumulation (Amendment) Bill, 2021 (National Assembly Bill No. 24 of 2021).

I thank you, Hon. Speaker.

Hon. Speaker: The Chairperson Departmental Committee on Health.

Hon. (Ms.) Sabina Chege (Murang'a CWR, JP): Thank you, Hon. Speaker.

I beg to lay the following Papers on the Table of the House.

- i. Reports of the Departmental Committee on Health, on the consideration of the National Hospital Insurance Fund (Amendment) Bill (National Assembly Bill No. 21 of 2021).
- ii. The Health (Amendment) Bill (National Assembly Bill No. 14 of 2021).
- iii. The Pharmacy and Poisons (Amendment) Bill (National Assembly Bill No. 1 of 2021).
- iv. The Community Health Workers Bill (National Assembly Bill No. 30 of 2020)
- v. The Radiographers Bill (National Assembly Bill No. 47 of 2019).

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Members, I hope we are all paying attention. I think it will be in order for the House to appreciate those committees which have been able to table reports relating to a total of 18 Bills, many of which belong to private Members. Therefore, it means that we need to begin to consider them and possibly allocate and try to limit time so as to be able to fast-track many of the private Members Bill as appropriate. I wish to really commend those committees. The Departmental Committee on Finance and National Planning, nine Bills; Departmental Committee on Health, five Bills; Departmental Committee on Transport, Public Works and Housing, two Bills; and, the Departmental Committee on Labour and Social Welfare, two Bills. Those are indeed commendable.

I wish to urge other committees who have Bills to also expedite their considerations and table the Reports. Even as I say this, when I look to my right, I know the Member for Endebess has persistently been asking about his Bill. It is before the Departmental Committee on Health. Is it not?

(Hon. (Dr.) Robert Pukose spoke off record)

Hon. Sabina Chege, bring some reports. You have done very well with this. Bring some report one way or the other and let the House deal with it. Hon. (Dr.) Pukose has really been pressurising even the House Business Committee (HBC). I think it is only fair that the Bill gets to see the light of day.

Hon. Kaki Nyamai.

Hon. (Ms.) Rachael Nyamai (Kitui South, JP): Thank you, Hon. Speaker. I would like to raise a concern. First of all, I would like to congratulate my colleagues who have tabled many Reports for Bills and other issues in their committees. As you are aware, the Departmental Committee on Lands receives many petitions. You did grant us leave and ordered that we make sure that we deliver our pending business within our committees and you gave us timelines. Last week the Departmental Committee on Lands really worked and we were able to finalise three petitions. When I asked for them this morning, I was told by the senior clerk of my committee that the Reports are going through quality control.

I wanted to seek your direction. How long does it take? The next thing will be Members rising on the Floor of the House, asking about the petitions that they have brought to the Departmental Committee. We concluded three in Mombasa and this morning we worked on two. We are therefore working very hard. I would like to seek your direction: how long does it take for this quality control department to work on our reports, so that I can table my report and the Members of the Departmental Committee on Lands who have been working very hard not to think that the Reports are not being tabled?

Thank you, Hon. Speaker.

Hon. Speaker: I think that is a matter that Mr. Kirui and Clerk should address. Whatever the case, they should be ready, but quality control should also not delay presentation of reports. It is good that you have raised that issue.

Let us move to the next Order.

NOTICE OF MOTION

Hon. Speaker: Let us have Hon. Opiyo Wandayi.

REPORT OF THE PUBLIC ACCOUNTS COMMITTEE ON PROCUREMENT OF EXTERNAL AUDIT SERVICES FOR THE OFFICE OF THE AUDITOR-GENERAL FOR THE 2018/2019 AND 2019/2020 FINANCIAL YEARS

Hon. Opiyo Wandayi (Ugunja, ODM): Hon. Speaker, I beg to give notice of the following Motion:

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

Hon. Speaker: Let us move to the next Order.

QUESTIONS AND STATEMENTS

Hon. Speaker: We will go to the first segment. The first Question is by the Member for Mwingi Central.

ORDINARY QUESTIONS

Question No. 265/2021

STATUS OF EDUCATION IN MWINGI CENTRAL

Hon. Gideon Mulyungi (Mwingi Central, WDM – K): Thank you, Hon. Speaker. I rise to ask Question No. 265/2021 to the Cabinet Secretary in the Ministry of Education:

- (i) Could the Cabinet Secretary provide the current ratio of teachers to pupils for primary and secondary schools in Mwingi Central Constituency *vis-à-vis* the recommended ratio as stipulated in the Education Policy?
- (ii) Could the Cabinet Secretary provide the current total number of teachers in Mwingi Central Constituency in both primary and secondary schools *vis-à-vis* the total number required?
- (iii) What measures has the Ministry put in place to improve the performance and quality of education in the Constituency, which has largely been compromised by shortage of teachers?
- (iv) Considering that Mwingi Central Constituency is currently experiencing drought following the failure of long rains, could the Ministry provide a free school feeding programme to schools in the Constituency with a view to ensuring that children attend school?

Hon. Speaker: The Question will be replied to before the Departmental Committee on Education and Research. The next Question is by the Member for Ganze.

Question No. 267/2021

MANAGEMENT OF NGAMANI PRIMARY SCHOOL IN GANZE CONSTITUENCY

Hon. Teddy Mwambire (Ganze, ODM): Thank you, Hon. Speaker. I have the pleasure to ask Question No. 267/2021 directed to the Cabinet Secretary for Education:

- (i) Could the Cabinet Secretary explain why Ngamani Primary School in Jaribuni Ward, Ganze Constituency is managed through Kilifi Sub-County as opposed to Kahuma Sub-County where it falls administratively?
- (ii) Could the Cabinet Secretary outline the measures the Ministry has put in place to address infrastructural and management challenges currently facing the said school?

Hon. Speaker, I beg to bring to your attention that in (i), there was a typo whereby they had indicated that the school was in Kwale County but it is in Kahuma Sub-County.

Hon. Speaker: The Question will be replied to before the Departmental Committee on Education and Research.

The next Question is by the Member for Sirisia, Hon. John Waluke.

Question 270/2021

TRANSITION OF THE 2020 KCSE STUDENTS TO TERTIARY EDUCATION

Hon. John Waluke (Sirisia, JP): Thank you, Hon. Speaker. I rise to ask Question No. 270/2021 to the Cabinet Secretary for Education:

- (i) Could the Cabinet Secretary explain how the Government plans to realise 100 per cent transition for all students who sat for the 2020 Kenya Certificate of Secondary Education (KCSE) examinations to universities, colleges and other institutions of higher learning as directed by His Excellency the President, Hon. Uhuru Kenyatta?

- (ii) Could the Cabinet Secretary also explain how all the 143,340 students who attained grade C+ (plus) and above in the examinations will be placed for admissions into universities and provide the funding capacity of the Higher Education Loans Board (HELB) to fund the said students?
- (iii) Could the Cabinet Secretary provide the breakdown of the financial capitation for over 572,113 students who scored below grade C (plain) and may opt to join other institutions of learning such as the Technical and Vocational Education Training (TVET) Institutions?

Hon. Speaker: The Question will be replied to, again, before the Departmental Committee on Education and Research.

The next Question is by the Member for Gilgil, Hon. Wangari.

Question No. 275/2021

STALLED CONSTRUCTION OF THE GILGIL-TUMAINI ROAD

Hon. (Ms.) Martha Wangari (Gilgil, JP): Thank you, Hon. Speaker. I rise to ask Question No. 275 of 2021 to the Cabinet Secretary for Transport, Infrastructure, Housing, Urban Development and Public Works:

- (i) What steps is the Ministry taking to ensure that the 15-Kilometre section of road between Gilgil Town and Kanyiriri Centre on the Gilgil - Tumaini Road in Gilgil Constituency that was left incomplete during the rehabilitation of the Gilgil - Tumaini Road is constructed to completion?
- (ii) Could the Cabinet Secretary state the expected commencement and completion date of the project?

Hon. Speaker: The Question will be replied to before the Departmental Committee on Transport, Public Works and Housing.

The next Question is by the Member for Dagoretti North, Hon. Simba Arati.

Question No. 286/2021

DEVELOPMENT OF LAND L.R. NO. 209/3289 IN NAIROBI CITY

Hon. Simba Arati (Dagoretti North, ODM): Thank you, Hon. Speaker. I rise to ask Question No. 286/2021 to the Cabinet Secretary for Transport, Infrastructure, Housing and Urban Development and Public Works:

- (i) Could the Cabinet Secretary explain the policy guidelines in place with respect to the maximum number of residential apartment units and floors which may be developed in the area within Nairobi City where parcel of land L.R-. No. 209/3289 measuring 0.3661 hectares is located?
- (ii) Could the Cabinet Secretary confirm whether the ongoing development on the said parcel of land has fully complied with policy guidelines, all regulations and procedures, including the zoning limits in line with the Physical and Land Use Planning Act, 2019, approval of the National Construction Authority and certification with respect to Environmental Impact Assessment (EIA)?
- (iii) What measures has the Ministry taken to stop the ongoing development on the

said property given the complaints raised by residents and property owners in the neighbourhood with respect to adherence to the Physical and Land Use Planning Act, 2019 and EIA, which is undertaken and approved in accordance with the law?

Hon. Speaker: The Question will be replied to before the Departmental Committee on Transport, Public Works and Housing.

The next Question is by the Member for Igembe Central, Hon. Kubai Iringo.

Question No. 288/2021

RAMPANT CASES OF INSECURITY IN IGEMBE CENTRAL CONSTITUENCY

Hon. Kubai Iringo (Igembe Central, JP): Thank you, Hon. Speaker. I rise to ask Question No. 288/2021 directed to the Cabinet Secretary (CS), Ministry of Interior and Co-ordination of National Government:

- (i) Could the CS outline the measures the Ministry has put in place to urgently stem the rampant cases of insecurity in Igembe Central Constituency occasioned by invasions and attacks by armed raiders allegedly from the neighbouring Isiolo County, who on 28th July 2021 attacked and caused the death of four residents of Ntukai Village and stole property of unknown value?
- (ii) Could the CS provide the measures the Ministry has put in place to disarm the said raiders and apprehend the criminals who have been attacking innocent civilians as they attempt to protect their property and farms?
- (iii) Could the CS also provide the steps the Ministry is taking to stop illegal grazers from invading private farms and destroying crops in search of pasture for their animals?
- (iv) Could the CS consider compensating the victims of the attacks for the losses they have suffered in terms of loss of lives, medical expenses, funeral expenses and loss of farm produce?

Thank you, Hon. Speaker.

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

That is the end of the first segment. The second segment is responses to Statement requests. The first response is by the Chairperson, Departmental Committee on Environment and Natural Resources. Proceed, Hon. Chachu Ganya.

STATEMENTS

HUMAN-WILDLIFE CONFLICT IN VOI CONSTITUENCY

Hon. Chachu Ganya (North Horr, FAP): Thank you, Hon. Speaker. I would like to give a response to the Statement on behalf of the Chairperson of the Committee. This is the response to the Statement requested by Hon. Jones Mlolwa regarding Human-Wildlife Conflict in Voi Constituency.

The Member for Voi Constituency, Hon. Jones Mlolwa, sought a Statement regarding Human-Wildlife Conflict in Voi Constituency pursuant to Standing Order No. 44(2)(c). He specifically raised the following concerns in the Statement he requested for:

- (i) What measures are being taken to bring the human-wildlife conflicts in Voi Constituency, particularly in Mbololo and Ngolia Locations as well as Kasigau, Miasenyi Marungu and Lower Sagalla areas to an end?
- (ii) What measures are being taken to compensate families affected by these human-wildlife conflicts in Voi Constituency?
- (iii) Whether the Ministry could consider compensating victims of the said human-wildlife conflicts which have been pending for the last 5 years despite claims having been made, and when they will be paid?

Hon. Speaker, the Committee engaged the Ministry of Tourism and Wildlife on the above concerns raised by the Hon. Mlolwa. I, therefore, wish to respond to the issues as follows:

On the measures being taken by Kenya Wildlife Service to mitigate emerging cases of Human-Wildlife Conflict (HWC) in Voi Constituency, the following measures are being taken by the Kenya Wildlife Service (KWS) to mitigate emerging cases of human wildlife conflict in Voi Constituency:

(i) Ground and aerial patrols: KWS has been using mobile teams to patrol the known hotspots to avert and also to respond to conflict cases. They have also been using aircrafts to identify and map wildlife movements especially for Elephants. This has helped in driving Elephants before they move to the community or other settled areas. The four mobile teams have been deployed to Kishushe, Mbololo, Mbulia, Sagalla and Buguta areas of Kasigau and are equipped with full camping gears and 4X4 wheel drive open Land Cruisers. Elephant drive by use of helicopters has been done in the affected areas within the Constituency on diverse dates in the last few months, that is, the KWS chopper – 5Y-KWW was used in two days drive operation) and DSWT chopper seven 5Y-CXP in seven days drive operation.

(ii) Prompt/rapid response to reported cases: the KWS has strategically placed mobile Problem Animal Control (PAC) teams at all hotspot areas for quick and prompt response to reported cases of wildlife invading community areas. The teams are also involved in assessment of farms and property destroyed by animals and issue compensation forms to the affected residents. The mobile teams work closely with other conservation partners and local community members to drive elephants from affected areas. They have also provided their individual private mobile numbers plus the Voi Community Service Station hotline number to the community members for efficient communication.

(iii) Problematic Animal Management Unit (PAMU): This is a special unit under KWS which offers support in key hotspots areas in the country to deal with Problem Animal Control when conflict cases become intense. In the last two months, the team has camped in Voi Constituency to give support to resident Problem Animal Control teams in handling human-wildlife conflict.

(iv) Community support in human-wildlife conflict mitigation: The KWS has issued rechargeable spotlights and blow horns (vuvuzelas) to community members as a mitigation measure to help them scare away problem animals before the response teams arrive in the affected areas.

(v) Game proof fences: A number of fences have been put in place around the park and community areas for conflict mitigation, for example, Ndi - Maktau fence in Tsavo West National Park, Ndi - Ikanga - Voi fence in Tsavo East National Park, Maktau - Alia - Kamtonga fence within the Ranches around Mwatate. The phase II of Mgeno – Buguta - Miasenyi fence is at the

final stage community/stakeholder's participation to allow for development of an Environmental Impact Assessment document.

(iv) Stakeholders and community engagements: the KWS has been working closely with key conservation stakeholders like Save the Elephants, Sheldrick Wildlife Trust, Tsavo Trust and Wildlife Works in ensuring that communities are supported in mitigating human-wildlife conflict especially in the named hotspots. These include support for construction of wildlife proof fence, de-silting of water pans and dams, enterprise projects like bee keeping and sunflower farming. Regular engagement with the communities has also been ongoing with the intention of creating awareness on harmonious co-existence with wildlife and to address any inherent concern from the community in regard to human-wildlife conflicts.

Hon. Speaker, I am just about to conclude.

On the measures being taken to compensate families affected by the human-wildlife conflict in Voi Constituency, compensation has been widely used in Kenya as a method for mitigating the impacts of human-wildlife conflict. The Wildlife Conservation and Management Act, 2013, provides for compensation for human death, human injury, livestock predation, crop destruction and property damage cases caused by wildlife.

The amounts of compensation in relation to personal injury, death or damage to property, crops or predation is provided for in Section 25 of the Wildlife Conservation and Management Act, 2013. The compensation process provides that human-wildlife compensation claims lodged by victims of human-wildlife conflict shall be deliberated by the County Wildlife Conservation and Compensation Committee (CWCCC) and a determination made. The deliberation and recommendations of the CWCCC shall be discussed by the Ministerial Wildlife Compensation Committee and a recommendation made to the CS, Ministry of Tourism and Wildlife for payment approval or any other determination as the case may be. All conflicts incidences from Voi Constituency are verified and compensation forms are issued to the affected members of the community.

On the status of payment of human-wildlife conflict compensation to victims of human-wildlife conflicts in Voi constituency which have been pending for the last 5 years, the Government, through the Ministry of Tourism and Wildlife, has been releasing compensation funds for settlement of approved human-wildlife conflict compensation claims across the country.

A total of 437 compensation claims for victims of human-wildlife conflicts from Voi Constituency have been processed and approved for payment. Out of these, 363 claims amounting to Kshs23,878,717 were processed for payment by the end June 2021. The balance of 75 approved claims amounting to Kshs46,850,080 are pending awaiting allocation of funding from the National Treasury. A detailed response with the list of the 363 claims cases for processed payment and those of the 75 approved cases pending payments have been shared with the Member.

I submit, and I thank you, Hon. Speaker, for the opportunity.

Hon. Speaker: Member for Voi, Hon. Mlolwa. Is it the Hon. Mlolwa who requested for the Statement?

Hon. Jones Mlolwa (Voi, ODM): Thank you, Hon. Speaker. I have heard the response, but I am sorry it is not meeting what I had asked.

One, most of these claims were for the year 2014. Most of them have not been paid to date. As we speak, I received a call in the morning that elephants are still roaming freely in people's farms and homes. So, when you say that there are teams out there working on them, I do not want to agree with that answer. The elephants are still roaming freely in people's farms. They are still destroying people's tanks. They are still destroying water reservoirs and nothing much is being

done on the ground. I would have expected that the Committee would even suggest that they will come down to see what is going on on the ground so that we are able to see and learn from the ground the damage that is being caused by elephants and other animals in my area.

Regarding the water tanks that have been destroyed, I expected that the matter would be addressed immediately by having those tanks replaced by the Kenya Wildlife Service (KWS).

Finally, the last time I met the Cabinet Secretary (CS) for Tourism he talked about needing Kshs3.5 billion to settle all the compensation claims in the country. Can the Committee ensure that they bring the budget to this House so that we give the Ministry the money to pay the people who have been affected by human-wildlife conflict? It is no longer tenable. All the people who have been affected grow food crops for subsistence but all of it is destroyed. Some claims date back to 2014 but to-date they have not been paid. I do not think it is fair. Something should be done urgently. As we prepare the Budgets for this country or for the Ministry of Tourism, it is important that we allocate enough money for people to be compensated not only in Voi or Taita/Taveta but in whole country.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Chachu.

Hon. Chachu Ganya (North Horr, FAP): Thank you, Hon. Speaker. I appreciate Mr. Mlolwa's concerns.

Hon. Speaker, under your leadership, in the 11th Parliament we passed the Wildlife Conservation and Management Act of 2013. In the Act, we provided for enough compensation for all forms of injuries, including death of human beings and damage of crops in farms. It is this House which gives money. As the Departmental Committee on Environment and Natural Resources, we are frustrated when our colleagues raise such important questions. We know that they are deserving cases but we are not able to get the necessary funds from this House to conclusively deal with the issue of human-wildlife conflict. We have passed the law. We provided for up to Kshs6 million for death of a human being and different amounts for other damages. However, the National Treasury is not providing the amount of money that is required. What we passed even this year is very insignificant in addressing the millions of outstanding dues.

Colleagues, we are all affected by this serious concern of human-wildlife conflicts where people are killed and their next of keens have to wait for six or even 10 years before they are compensated. We have the power of the purse. Please, support the Departmental Committee on Environment and Natural Resources to have the funding that we require so that we can once and for all deal with this problem.

On the case of Voi, the KWS has tried to put up fences. They are engaging with the stakeholders and other partners in conservation. There are patrols that are done on regular basis, both by vehicles and choppers. This is the response that we have been given. However, I totally concur with my colleague, the Member for Voi. As a House, we need to do something so that the Kenyans who have suffered so much are compensated. That power is with us in this House. Let us make a decision and deal with this matter once and for all, even if it is through a Supplementary Budget. The unpaid claims do not exceed Kshs20 billion. That is so that we are able to deal with this issue once and for all. There are Kenyans who have been waiting for this compensation for the last 10 years. It is not fair.

Thank you, Hon. Speaker.

Hon. Speaker: Well, again, the power is in your hands. See what to do. Let us not lament that the constituents are not being compensated yet we have the power of the purse.

The next Request is by Hon. Duale. Chair of Departmental Committee on Finance and National Planning, I do not see Hon. Duale today.

Hon. (Ms.) Gladys Wanga (Homa Bay CWR, ODM): Hon. Speaker, Hon. Duale is not present but we did this together. We invited him to the Committee so that he could, together with Members of the Committee, engage with the Capital Markets Authority (CMA). So, the Response that we will give is a matter that we have discussed. What I will do is not read the entire report. I will just highlight what his Question was and what our conclusions. I will then table it so that we can move forward, with your permission.

Hon. Speaker: Proceed.

Hon. (Ms.) Gladys Wanga (Homa Bay CWR, ODM): Thank you, Hon. Speaker.

Pursuant to Standing Order No.44 (2) (c), Hon. Aden Duale requested for a Statement on Wednesday, 23rd June 2021 regarding CMA's regulatory failures in oversight leading to losses of investors' funds. He sought for responses to the following issues:

(i) The total number of all the unregulated capital markets products in the country and the number of investors in the said products.

(ii) The role of the CMA in the proliferation of illegal investment funds in the capital markets in Kenya.

(iii) The effectiveness and efficiency of the CMA in regulating capital markets in Kenya and the total number of firms penalised by the CMA in the last five years and remedial action which was taken for investors who lost funds.

The Committee held a meeting on Thursday, 8th July 2021 and the CEO of the CMA, Mr. Wycliffe Shamia, responded to the issues raised in this Statement. So, the Statement highlights all the issues that were raised and what their responses were.

He told the Committee that the CMA has built a reputation of efficiently and effectively discharging its objectives as required by the CMA Act. Consequently, the authority has been recognised as the most innovative regulator of capital markets in Africa five times in a row from 2014 to 2019. It is also through their good work that the Authority has been recognised through key appointments to the Board of International Organisation of Securities and Commissions, among other things that he said. Finally, the answers were not sufficient.

In conclusion, from the responses provided by the CMA, the Committee established that there were more issues that needed to be inquired into. For instance, Members noted that the CMA Act needs to be amended to enable the Authority discharge its mandate effectively. In addition, the Committee was of the view that the matter regarding the collapse of Imperial Bank and Chase Bank needed to be addressed more comprehensively as the primary regulator, the Central Bank of Kenya (CBK), undertook to furnish the Committee with the preliminary findings of the forensic audit carried out following the collapse of the said banks.

With regards to the Cytonn Investments Group, the Committee noted the need to engage the investors whose funds were alleged to have been lost and further engage the management of the investment group.

It is for the above reasons, therefore, that the Committee is seeking leave of the House to carry out a comprehensive inquiry on this matter and table its recommendations with a view of ensuring that Kenyans who lost their investments in capital markets are duly compensated and prevent future loss.

Thank you, Hon. Speaker.

Hon. Speaker: Very well. To the extent that the Committee seeks leave of the House, the only way it can get that leave is through a Motion. So, Hon. Wanga, you may consider your Committee sitting and approving a Motion to express the conclusions you have read out.

Hon. (Ms.) Gladys Wanga (Homa Bay CWR, ODM): I am well advised, Hon. Speaker.

Hon. Speaker: The next Response is by the Chair of the Departmental Committee on Health. You have three Responses to make.

Hon. (Ms.) Sabina Chege (Murang'a CWR, JP): Thank you, Hon. Speaker. The first response will take some time. However, for the second two responses, the Members had appeared before the Committee and indicated that they were satisfied, unless they have any other questions. I will just touch on the other two later. I will start with the first one which was a request for a Statement regarding operation of buses during the COVID-19 pandemic in the country by Hon. Abdullswamad Nassir Sheriff of Mvita Constituency.

The first question was whether the Chair could explain the basis for allowing rail and road transport to carry passengers at full capacity during the COVID-19 pandemic while subjecting coast public service buses totalling to 1,260 buses operated by 42 companies to operate at half capacity. The response was that following the development of protocols for the resumption of air and rail transport in July 2020, those modes of transport resumed their operations with full carrying capacity in August 2020 and October 2020 respectively. That resumption leveraged on the ability of the stakeholders to adhere to the containment measures detailed in the protocols. That was made possible owing to the inherent strict procedures guiding the booking, ticketing on-board and seating arrangements in those two modes of transport. It also leveraged on thorough screening of passengers, especially temperature screening at several points before boarding, and limiting the entry of suspected cases in the cabin.

In the response to the direction given by His Excellency the President in the 14th Presidential Address to the Nation on the COVID-19 Pandemic on 12th March 2021, the Ministry of Health, together with the Ministry of Transport, Infrastructure, Housing, Urban Development and Public Works, the Ministry of the Interior and Coordination of National Government, the Federation of Public Transport Sector and other state Departments including the Kenya Revenue Authority and the National Transport and Safety Authority held a joint meeting and reviewed the existing protocols in the transport sector and agreed to new guidelines to be complied with by the public service vehicle (PSV) industry. The protocols were reviewed to allow PSVs to carry at full capacity, subject to enhancement of safety measures and regulations through the PSV Saccos and companies to facilitate continued safety of passengers while mitigating the spread of COVID-19.

However, the protocols could not be implemented as the positivity rates in the country began to rise from a low positivity of 2 per cent in January to 26.6 per cent in the fourth week of March 2021. Indications were on a rising rate. That heralded the beginning of the third wave of the pandemic. The country is only emerging from the third wave but the pandemic has not relented yet. In order to achieve full implementation of the protocols, the public transport operators were required to collaborate with the NTSA, the National Police Service and other public transport stakeholders to ensure full compliance with the protocols. The Ministry of Health is currently working with the Ministry of Interior and Coordination of National Government and the Ministry of Transport, Infrastructure, Housing, Urban Development and Public Works to map out mechanisms to ensure compliance with the protocols. Such mechanisms include engagement with the Saccos to regulate the road transport operations of operators registered under them. It is the hope of the Ministry that PSVs will resume the full carrying capacity as the country emerges from

the current wave of the pandemic, bearing in mind that they still need to follow the protocols on wearing masks, sanitising and having washing points.

Hon. Speaker, If I could just add something, I am informed that both the Ministry of Health and the Ministry of Transport, Infrastructure, Housing, Urban Development and Public Works have agreed that PSVs can resume to full carrying capacity and are waiting for the NTSA. I was hoping that maybe by this week or next week, they can quickly have that meeting with their stakeholders and this can fully be implemented.

The second question was whether the Chairperson could consider reviewing the COVID-19 protocols and guidelines with regards to buses, considering that bus companies are currently operating at half capacity and running into losses and, particularly, if they can be allowed to operate on a 24-hour basis. I request not to go through the response. It is similar to the first response. The matter is already being discussed by various departments. Hopefully, this can be resolved, maybe within two weeks' time.

The third question was whether the Chairperson could consider reviewing the COVID-19 protocols on manning night travel using buses as compared to night travels allowed on the Standard Gauge Railway, which operates at full capacity despite the night curfew imposed for more than a year. The response was that the dusk to dawn curfew has been in effect for more than a year with periodic adjustments to the time it commences and ends each day. The operations of the Standard Gauge Railway are arranged so that journeys undertaken on the SGR are timed to begin and end outside the curfew timings. Notably, the SGR operates express service during the curfew hours. The Ministries of Health, Interior and Coordination of National Government and Transport, Infrastructure, Housing, Urban Development and Public Works are working on mechanisms that will allow the inter-county buses to commence and end their journeys outside the curfew hours. One of the options would be to ensure that the buses only operate express services to avoid drop off within the curfew hours.

The fourth question was whether the Chairman could explain why the protocol for public road transport operations adopted in preparation for the lifting of COVID-19 restrictions has not been implemented as signed by the Cabinet Secretary for Transport, Infrastructure, Housing, Urban Development and Public Works in February 2020. The response again mirrors the first response. We are hoping that this can be sorted out either this week or next week. The whole matter was left with the NTSA. There were some things that the Director-General of the NTSA was supposed to implement having consulted with the Saccos. I want to table the answer.

Hon. Speaker, I do not know whether I should go to the second and third questions then the Members can comment. Do we first allow them to comment?

Hon. Speaker: You could allow the Member for Mvita to...

Hon. (Ms.) Sabina Chege (Murang'a CWR, JP): That is okay.

Hon. Speaker: Let us have Hon. Sheriff.

Hon. Abdullswamad Nassir (Mvita, ODM): Thank you very much.

Hon. Speaker, I had a word with the Chair and she is in agreement with me that those responses are truly not satisfactory at all. We are dealing with human lives. It is a known fact that over the last three months, there have been 483 suicide cases reported in this country. Four hundred and eighty-three suicide cases. More people are literally losing their livelihood from the effects of the lock-downs and the operations that the Government has put in place than even from COVID-19 itself.

No single person here will deny that currently, joblessness is at its highest level in this country. None of us will deny that we receive phone calls from our constituents about people being

sent home because of lack of school fees every single day. No one will deny that crime has increased to the extent that people are bold enough to attack police officers and police stations. No one here will deny that divorce rates are going up. We are breaking families.

Look at the responses that the Government has given. They are so wanting. I want to read what has been read out verbatim. Following the development of protocols for the resumption of air and rail transport in July 2020, those modes of transport resumed their operations with their full carrying capacity in August 2020 and October 2020 respectively. Why can those same protocols not be used on the buses as well? That is an institution that is currently hiring close to 6,000 people directly! If we look at the indirect employment that people are losing out on, it is a multiple effect.

I will go on even further to response No. 3. It states that in order to achieve full implementation of the protocols, the public transport operators are required to collaborate with the NTSA. They have collaborated with the NTSA. The NTSA is aware that the bus owners have done this. No one can tell me that there is a bus owner who cannot put a thermogun to measure passengers' temperature in his or her bus. No one can tell me that we cannot have sanitisers in buses. No one can tell me that we cannot have direct stops from one point to the other. It is a bit scary as well. They are aware that those protocols are in place. They have even said that the Federation of Public Transport together with the Ministry of Transport and Planning, Ministry of Interior and Coordination of National Government and other state departments; including the Kenya Revenue Authority (KRA) and the National Transport Safety Authority (NTSA), reviewed those existing protocols from March 2021. It is now six months down the line and nothing has been done and yet, we are getting sad by the state at which this country is moving. If people will not take action, we will lose out in this country.

Every single Kenyan is looking at every one of you who is here to come up with solutions. But what is happening? Instead of the Government coming up with solutions, the same Government that is meant to enhance the livelihood of people is continuously stumping its foot down on the lives of Kenyans. If we do not say this, it will be the highest level of betrayal of the people who voted us in. The Chair has said that within a period of two weeks, he will be doing something about it. I was truly expecting the Ministry of Health, in its principles of guiding matters to do with the protocols and the guidelines as envisaged in the Constitution of this country and stated in the laws of this country, to tell us that they are talking to the bus owners, airlines and the Standard Gauge railway (SGR) and any other mode of transport that for someone to use those facilities, they need to be vaccinated.

We need to ensure that the ones operating them are vaccinated. This is how countries are moving forward. You do not move forward by continuously oppressing people by coming up with protocols that are never implemented. How? This is August and they are in acceptance of it. This is truly sad. Here we are and every single day we simply have to say that the Government has requested for two weeks or three weeks extra and we are killing our own every hour that we do not provide solutions.

Hon. Speaker: You appear to have forgotten it is not debate. There is no comment. It is not in your purview to make that determination. We need to get to business. We have a number of Questions that need to be put. It is not life and death.

Hon. (Dr.) Pukose, you have one minute on the same one.

Hon. (Dr.) Robert Pukose (Endebess, JP): Hon. Speaker, what Hon. Abdullswammad has asked is a very serious matter. That is because it affects the business and livelihoods of many Kenyans. I would ask if it is possible that the Chair seeks a better response from the Ministry

because what the Ministry has given is inadequate. We need to see progress on how we can prevent COVID-19 at the same time allow people to travel. We could even introduce measures such that everybody who travels by bus must be vaccinated. That will allow them to transport people and in a way be promoting vaccination within our country.

Hon. Speaker: Hon. Rono.

Hon. Daniel Rono (Keiyo South, JP): Thank you, Hon. Speaker. I feel the pain of Hon. Nassir because it affects our membership a lot. Whenever I take a plane to Eldoret or Mombasa, we normally do not do social distancing. This is very interesting. I am just wondering whether planes are corona free. It looks like when you sit in a plane, you do not get corona but, when you sit in a bus, you can get it. It is a very interesting scenario. If we have allowed the air transport to carry its full capacity, it is only fair that we allow the buses and the matatus to do likewise.

Hon. Speaker: Let us have Hon. Oundo.

Hon. (Dr.) Wilberforce Oundo (Funyula, ODM): Thank you, Hon. Speaker. I share in the pain of my colleague. The statement from the Ministry is underwhelming and incapable of handling the issues at hand. The Ministry is behaving like the proverbial ostrich by burying its head in the sand knowing that everything is okay and yet Kenyans are suffering. The transport industry is a major employer. Those who are unable to operate full capacity are suffering. The social impact is overwhelming. It is more than the impact of the corona itself.

The owners of those vehicles have taken loans and are choking. At some point, the whole Government needs to be sympathetic to the plight of Kenyans.

I thank you, Hon. Speaker.

Hon. Speaker: Let us have Hon. Rasso.

Hon. Ali Rasso (Saku, JP): Thank you, Hon. Speaker. There must be something being done whenever the country closes down. Either we are vaccinating or fumigating. What is it that we are doing so that the transport system can go back to normalcy? We associate ourselves with the concerns of Hon. Nassir. He is not alone. All the Members who are sitting in this August House are concerned that whenever the Government goes on lockdown, as long as vaccination is not being done, it is a zero-sum game such that we are not getting anything in return.

I thank you, Hon. Speaker.

Hon. Speaker: Hon. Wamalwa.

Hon. (Dr.) Chris Wamalwa (Kimini, FORD-K): Thank you, Hon. Speaker. I empathise with Hon. Nassir. It is true that many entrepreneurs are suffering. If you are in the transport industry and the carrying capacity has been reduced, it minimizes your chances to break even. If you do not break even, the business will collapse. If that happens, there are those people that you have employed such as drivers and conductors who are likely to lose their jobs. We humbly request the Government to look for measures that will help cushion those farmers.

When you listen to the response that has been given by the Cabinet Secretary (CS), it is high time he should be summoned. If a CS - in one way or another does not give a satisfactory answer - allow us to impeach that particular CS to serve as an example because he or she has taken Parliament for a ride. Many times, the way they respond to our Questions is in such a sketchy manner and with an "I do not care" attitude. At times, when they are supposed to appear before the Committee, they send the Chief Administrative Secretaries (CAS). Some of them do not understand their mandate and the court ruled about this matter. Parliament represents the people. The sovereign power belongs to the people which can be exercised directly by the people or indirectly by their democratically elected leaders who are Members of this House. The way

forward is to give a thorough warning that CSs should not take this House for granted. We must start with this matter that Hon. Nassir has brought on board.

I thank you, Hon. Speaker.

Hon. Speaker: Hon. Kangogo

Hon. Kangogo Bowen (Marakwet East, JP): Thank you, Hon. Speaker, for giving me this opportunity.

Hon. Nassir has just singled out the transport sector which is very important and is employing many Kenyans. Other sectors such as the hospitality are suffering the same fate. The Government has put lockdowns everywhere and it is not giving alternatives on how those people can be cushioned.

A number of the Form I students who were supposed to join schools the other day were not admitted because their parents who used to work as conductors or drivers could not take them to school because the vehicles are carrying half their capacity. The answers given by the Ministry are very shallow.

Hon. Speaker, I think it is high time you intervened and asked the Chair to bring a comprehensive Report and solution to this.

Hon. Speaker: Hon. Mohamed Mohamud Sheikh.

Hon. Mohamed Mohamud (Wajir South, JP): Thank you, Hon. Speaker. Although this is not meant to be debated, it is important we contribute to important factual matters. Therefore, unless we get immunity in this country, have more people vaccinated and those exposed can defend themselves naturally, there will still be challenges. We all need to consider ways of getting out of this. The best way is to have the entire population vaccinated or at least a threshold of it, so that we can be comfortable. This should suffice to protect our people. Unless this happens, we will have this challenge continuously. We also need to meander through and ensure we provide better facilities like masks, sanitisers and other items. This will enable transport and life to continue. That is all I wanted to add.

Hon. Speaker: Hon. Melly.

Hon. Julius Melly (Tinderet, JP): Thank you, Hon. Speaker. The issues that have been raised by Hon. Abdullswamad Nassir are very vital. I want to ask the Chair of the Departmental of Health to take this response back to the CS. He should know that if other sectors are closed, that is not the solution.

This is very simple. For example, if the Government has one million doses to vaccinate people in the matatu sector, why not have people in every stage to do that job. This is because most times, the number of Kenyans travelling is almost the same. There are businessmen, parents taking students to school or people running up and down. If a tout is stopped from working, what is his alternative? He will steal, commit crime or engage in other illegal activities. I want to urge the CS and the Ministry of Health to come out very clearly on COVID-19 so that we can get herd immunity and save our people. Thank you.

Hon. Speaker: Finally, Hon. Adagala

Hon. (Ms.) Beatrice Adagala (Vihiga CWR, JP): Thank you, Hon. Speaker. I also want to add my voice on this pandemic issue which Hon. Nassir has put across. To say the truth, Kenyans are suffering. The COVID-19 is devastating and I think the best thing to be done by the CS and Ministry of Health is to devise a method of ensuring every Kenyan is vaccinated so that we can go back to our normal lives. We have been masking our mouths and noses every now and then, washing our hands and keeping distance. What will make us move as a country because the economy is down, many people are dying, families do not have food on the table and the situation

is dire. We need a solution to all this and heal this country. It is high time the Ministry took the necessary precaution and ensured that, through the Government, every Kenyan is vaccinated.

Hon. Speaker: Hon. Members, remember this was a request for a statement. The issues you have raised are quite pertinent; they are coming because you wanted to be allowed to make some comments, express your anger, frustrations and commiserate with those who have lost their loved ones. That is all.

As Members, you know how best to compel action. I want to encourage you - including Hon. Abdullswamad - that this can come through a Committee's proposal for a Motion and the House is able to resolve the matter in a particular way. This includes having to call the CS for Health alongside the CS for Transport, Infrastructure, Housing, Urban Development and Public Works to appear before the Committee so that certain decisions can be taken. Then a report will be tabled here, debated and possibly adopted as a resolution which will give you the teeth to bite. I do not think it is fair for the House to express frustration all the time. Earlier on, when Hon. Chachu Ganya read the Statement about Compensation, the Member for Voi, Hon. Mlolwa, was just lamenting. For how long will we lament?

We better think of ways of getting action and that can be through Motions. If you bring appropriate Motions, we will prioritise them and suspend other business so that we can debate those issues and resolve them in a particular way, to hold other people accountable. This is because statements are not sufficient. The answer is shallow and it ends with lamentations. I think as a House we should not be lamenting. Hon. Sabina, do not express frustration as the Chair.

Hon. (Ms.) Sabina Chege (Murang'a CWR, JP): Thank you, Hon. Speaker. It also happens that last week, I met more than 30 Chairs of the *Matatu* Savings and Credit Co-Operatives (SACCOS). What Members have expressed here is the true reality. Majority of those *matatus* are on loans and they take care of many families, including those of the drivers and conductors. This matter affects the entire public service vehicles and not just the buses as the Hon. Member has pointed out. This needs to be addressed.

I went ahead to reach out to the CS for Transport, Infrastructure, Housing, Urban Development and Public Works and the CS for Health. They have a very busy schedule and we hope to have a meeting with them to sort out this matter. That is why I want to make a commitment as a Chair, even if it takes my Committee to invite both CSs, plus the National Transport and Safety Authority (NTSA). It seems all the protocols were agreed, but the ball is lying at the NTSA court. We will take up the matter as the Departmental Committee on Health and invite the Hon. Member and others who have asked similar questions so that we can save the public transport, especially *matatus* and buses. Although Members are frustrated, there is some hope that in the next two weeks, we can have a better report to table in this House.

Hon. Speaker: Just to encourage you, invite all the stakeholders in the public transport sector plus regulatory authorities like NTSA and other agencies. Unfortunately, there is a lot of overlap about their reporting places. But if they tell you they report to the CS for Interior and Coordination of National Government, invite him so that this matter can be solved. You know it is for the benefit of Kenyans and it is not a laughing matter.

Hon. Pukose had a very good proposal that we should encourage people to get vaccinated. They must take initiative to know where the people are. If they are in the transport sector, they should take the vaccine there. I can see the Chair of the Departmental Committee on Transport, Public Works and Housing. We are not talking about just the transport sector, but the concern raised by Members here is that some of the protocols agreed on are not being implemented.

Hon. Sabina Chege, you can arrange and invite as many people as possible on that day. I had already encouraged that there be some notices, including at the entrance, of which Committee is meeting where and about what. I do not know why it is not there because in a meeting like that one, it is important that as many Members as possible are made aware so that they can attend. Just get as many ideas as possible coming to the table so that some firm decision, in the interest of the country, can be reached. Hon. Sabina, when you call the meeting, please, get in touch with the Clerk. The Clerk should notify Members on that particular day so that as many Members as possible can attend. It is a serious matter.

You had some other response, Hon. Sabina. Did you say you have already discussed with the Members?

Hon. (Ms.) Sabina Chege (Murang'a CWR, JP): Yes, Hon. Speaker. We have a request for Statement from Hon. Gideon Koske, regarding the classification of Bomet County as a COVID-19 hotspot zone. He attended in person and he got the response. Unless he has a comment, I do not think I need to go through it.

Hon. Speaker: That is the Member for Chepalungu, who is also a Vice-Chair of some Committee. He normally sits not too far away from where the Whip of the Majority Party is sitting. I think that is the Member who had sought the Statement. Since he is not present and you say he appeared to have been satisfied, you do not need to.

Hon. (Ms.) Sabina Chege (Murang'a CWR, JP): Thank you. I am well advised, Hon. Speaker.

The other response was to a Statement regarding the COVID-19 pandemic situation in Homa Bay County and its environs by Hon. Peter Opondo Kaluma, who I also do not see in the House. He also attended the Committee meeting and he got the answer.

Hon. Speaker: He got the answer from the horse's mouth?

Hon. (Ms.) Sabina Chege (Murang'a CWR, JP): Yes.

Hon. Speaker: That is like what you would call in evidence *drive vos*, having received it directly. Maybe, that is why he is not present.

Hon. (Ms.) Sabina Chege (Murang'a CWR, JP): He has already received the answer. Thank you, Hon. Speaker. That is all.

Hon. Speaker: Let us have the Whip of the Majority Party.

BUSINESS FOR THE WEEK COMMENCING 10TH TO 12TH AUGUST, 2021

Hon. Emmanuel Wangwe (Navakholo, JP): Hon. Speaker, on behalf of the Leader of the Majority Party and, pursuant to the provisions of Standing Order No.44(2)(a), I rise to give the following Statement on behalf of the House Business Committee (HBC).

Hon. Speaker, let me take this opportunity to welcome Members from the short working recess. As Members may recall, the House resolved to alter its Calendar to extend the recess period by one week to allow Committees more time to consider all pending business, especially individual Members' Bills. I hope Members found the extra period granted useful to expedite any pending business and also interact with the constituents.

Hon. Speaker, on Tuesday, 10th August 2021, next week, the following business has been tentatively scheduled for consideration:

1. The following Bills have been scheduled for First Reading:

(a) The Public Service Internship Bill (National Assembly Bill No.25 of 2021) by Hon. Naisula Lesuuda, MP.

(b) The Asians, Widows and Orphans Pension Repeal Bill (National Assembly Bill No.29 of 2021) by the Leader of the Majority Party.

(c) The Provident Fund Repeal Bill (National Assembly Bill No.30 of 2021) by the Leader of the Majority Party.

2. The following Bills have been scheduled for Second Reading:

(a) The Irrigation (Amendment) Bill (National Assembly Bill No. 12 of 2021).

(b) The Social Assistance Repeal Bill (National Assembly Bill No. 16 of 2020).

(c) The Landlord and Tenant Bill (National Assembly Bill No. 3 of 2021).

3. In addition, the House is also scheduled to consider Sessional Paper No.1 of 2021 on the National Water Policy.

Hon. Speaker, in accordance with the provisions of Standing Order No.42(a)(5) and (6), I wish to convey that the following Cabinet Secretaries are scheduled to appear before Departmental Committees as follows:

1. The Cabinet Secretary for Devolution, Arid and Semi-Arid Lands, will appear on Monday, 9th August 2021 before the Departmental Committee on Administration and National Security to respond to Question No.221/2021 by Hon. Tom Odege on the occurrence of flooding in Nyatike.

2. The Cabinet Secretary for Public Service and Gender will appear on Monday, 9th August 2021, before the Departmental Committee on Administration and National Security to respond to Question No.232/2021 by Hon. Samuel Gachobe, regarding the payment processes under the NYS empowerment programme.

3. The Cabinet Secretary for Interior and Coordination of National Government will appear on Monday, 9th August 2021, before the Departmental Committee on Administration and National Security to respond to:

(a) Question No.193/2021 by Hon. Alfred Agoi, regarding measures to control heavy vehicle traffic in highways.

(b) Question No.204/2021 by Hon. Joshua Kimilu on occurrence of landslides in Nduu Sub-Location and the measures the Ministry is taking to assist the residents.

(c) Question No.224/2021 by Hon. Victor Munyaka, regarding the operationalisation of Kalama Sub-County Administrative Unit.

(d) Question No.249/2021 by Hon. Peris Tobiko, regarding the rampant theft of livestock in Kajiado East.

(e) Question No.227/2021 by Hon. Halima Mucheke, regarding the unexplained disappearance of Dennis Kinoti.

(f) Question No.244/2021 by Hon. William Kamket on the removal of police roadblocks along Marigat-Chemolingot Road in Tiaty Constituency.

(g) Question No.203/2021 by Hon. Omboko Milemba, regarding the recent incidences of insecurity in Emuhaya.

Hon. Speaker, the HBC will reconvene on Tuesday, 10th August 2021 to schedule the business for that week.

I hereby lay the Statement on the Table of the House.

(Hon. Emmanuel Wangwe laid the Statement on the Table)

Hon. Speaker: Next Order!

CONSIDERATION OF REPORT AND THIRD READING

PARLIAMENTARY PENSIONS (AMENDMENT) (NO.3) BILL

Hon. Speaker: Hon. Members, I put the Question.

(Question put and agreed to)

Hon. Speaker: Let us have the Mover.

Hon. Andrew Mwadime (Mwatate, ODM): Hon. Speaker, I beg to move that the Parliamentary Pensions (Amendment) (No.3) Bill (National Assembly Bill No.57 of 2019) be now read a Third Time.

I request Hon. Teddy Mwambire to second.

Hon. Speaker: Member for Ganze.

Hon. Teddy Mwambire (Ganze, ODM): Hon. Speaker, I do second.

(Question proposed)

(Question put and agreed to)

*(The Bill was accordingly read the
Third Time and passed)*

Hon. Speaker: Next Order.

BILLS

Second Reading

THE WAQF BILL

(Hon. Emmanuel Wangwe on 3.8.2021)

(Resumption of Debate interrupted on 4.8.2021)

(Question put and agreed to)

*(The Bill was read a Second Time and committed
to a Committee of the whole House tomorrow)*

THE NATIONAL HOSPITAL INSURANCE FUND (AMENDMENT) BILL

Second Reading

(Hon. Emmanuel Wangwe on 4.8.2021)

(Resumption of Debate interrupted on 4.8.2021)

Hon. Speaker: There was nobody on the Floor and so, I am at liberty to give opportunity to any Member. The Chair of the Departmental Committee on Health, you have not spoken.

Hon. (Ms.) Sabina Chege (Murang'a CWR, JP): Thank you, Hon. Speaker. I rise to support the NHIF (Amendment) Bill, the National Assembly Bill No. 21 of 2021. Before I give my contribution, I want to thank all the stakeholders who came after we published on print media on 10th June, 2021 requesting for comments on the Bill, from the members of the public and relevant stakeholders, pursuant to the provisions of Article 119(1)(b). We had stakeholders who came from the Ministry of Health and NHIF; the Kenya Medical Practitioners Board, Dr. Kahura Mundia, the National Gender and Equality Commission, Central Organisation of Trade Union, Federation of Kenya Employers, British American Insurance Company, Kenya Association of Private Hospitals and Kenya Union of Nutritionists and Dietitians. Though others came late, those ones were able to thoroughly go through the Bill.

I also want to take this opportunity to thank the Members of the Committee who burnt the midnight oil to make sure that we were able to handle several amendments that were here and also the amendments that we had tabled today.

This Bill seeks to amend the National Hospital Insurance Fund Act of 1998 to establish the National Health Scheme and to ensure that the mandate and the capacity of the National Hospital Insurance Fund, which is famously known as NHIF, will facilitate and deliver the Universal Health Coverage (UHC). This is one of the Big Four agenda item. To my colleagues who normally take to the political podiums to say the Big Four agendas are dead, they need to be in the House at a time like this. I cannot see the yellows. I had seen one before. They need to know that we are still pursuing and those agendas are so much alive. Hon. Speaker, please advise them.

The Government of Kenya adopted the UHC as one of the Big Four priority agenda with an aspiration that by 2022, all citizens will have access to quality healthcare services that they need without getting into financial difficulties. For the Government to realise and sustain UHC, there is need for development and implementation of adequate policy, legal and institutional frameworks, including the transformation and repositioning of the national NHIF as the key driver and the strategic choice of health care services for Kenyan residents. Among the key recommendations, there is a proposal to reposition NHIF as a key driver for youth in Kenya, in this amendment.

The Bill proposes one of the concepts that is practiced globally, where the private health insurance is the primary player, while the social health insurer becomes the secondary player. This will allow the social insurer to cater for the cost of treatment more comprehensively for the vulnerable population and society with a limited ability to purchase insurance or even health services. If they thoroughly go through this, then we can understand what bottom up means. We are taking care of the vulnerable in the society and so, this is not just theoretical. We are practicing it in this House, and not the one that will be there next year.

Some of the critical amendments that we have done in this Bill is to propose that employers match their employee's contribution. This is one of the proposals. However, the Committee amended this provision due to the tough COVID-19 times that we have and this would have heavily affected the private sector. We, therefore, propose that the national and county governments to lead and they shall be responsible for paying an equal contribution to any NHIF, in respect to all public officers and state officers. Further, the private employer shall be obligated to top up the employee's contribution who pay the minimum contribution to NHIF, to ensure that the cumulative amount for each employee to the Fund is not less than Kshs500. I just want to explain

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to the House that part of the lower cadre is the employees because the NHIF do calculations per the percentage.

We have the lowest paying at Kshs150 and all the way to the maximum for people who earn more than Kshs100,000 to the millions paying Kshs1,700 as their monthly contribution. So, to make sure that we lift the ones who are down there who are at 13 per cent and about 5 percent in the private sector, we have recommended that their employers tops up so that every Kenyan who is now accessing NHIF will be paying Kshs500. For the national and county government, to match the contribution so that if in Parliament we are limiting our money, we are also able to support the most vulnerable in the society who are not able to pay for NHIF services.

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

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

Once they get the card, they will be able to access services. Currently, I would want to inform the House that we have already given a budget of a million households to be taken care of and they will get the cards and access healthcare without pay. We are also concerned about the quality and, of course, the access and to make sure that once they get treatment, they will also get the drugs. So, this is a journey that we have started and we are committed to making sure that it is sustained.

The Committee also proposed reduction of the penalty for non-remittance of special contribution by self-employed persons from 5 per cent to 10 percent of the amount of contribution due. This is necessary so as to ensure a realistic payment of penalties. Sometimes, it is not that the ones who are not able to pay are not willing. They may not have had the money. This has happened even in this Parliament when we delay payments for our staff, hence the penalties that had been proposed were really not favourable; especially to the most vulnerable in the community.

As to the non-remittance by the contributor, it may be occasioned by lack of funds occasioned by lack of income. The amendment further seeks to eliminate the double penalty for non-remittance. The Committee also proposed an amendment to allow for a provision of voluntary contribution to be made by the youth so as to ensure that any youth who may not have a stable source of income, but wishes to make contribution to the fund, is allowed to do so.

I would want to explain this point. At the age of 21, you stop being covered by your parents. Remember the Kshs500 that is voluntary covers both parents and their children who are below the age of 21 years. If our young people, even the ones who are at the university, would wish to make a contribution to NHIF, they will still be forced to pay the Kshs500. There is no special consideration for the youth.

As we know, the definition of a youth is anyone who is between the ages of 18 to 35. We have therefore tasked NHIF to come up with an amount - hopefully Kshs200 - where one can pay per month and will be able to access services. The Bill proposes that households with the ability to pay must contribute to the kitty.

However, for those who are unable to pay, the national and county government will step in and pay. Approximately 20 per cent of the 5.1 million in poor and vulnerable households have been identified across all the 47 counties.

Finally, to reduce the turn-around time in service delivery and to deter fraudulent activities, the Bill proposed a complete digitalisation of the NHIF processes. So, as I wind up, I would like to say I support as I thank my colleagues.

I want to urge this House that, as we debate, we should support the amendments so that the Universal Healthcare Coverage (UHC) can become a reality. We have done several reforms to the National Health Insurance Fund (NHIF) where there was a lot of fraud. Things are now in order and we are hopeful that all Kenyans will now finally enjoy UHC services.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Let us have Hon. Sheikh Mohamed, Member for Wajir South.

Hon. Mohamed Mohamud (Wajir South, JP): Thank you, Hon. Temporary Deputy Speaker. I stand to support the National Hospital Insurance Fund (Amendment) Bill (National Assembly Bill No. 21 of 2021) that we considered in the Departmental Committee on Health. I support it for various reasons, some of which are quite compelling because public health insurance is the cornerstone of society and the health of communities across the world. It is not a new thing for us. It has been here for many years, particularly the NHIF. It used to be called the National Hospital Insurance Fund, but is currently called the National Health Insurance Fund.

Health is a very important point that is not just about the hospitals. It is about healthcare. It is about looking at the health of our community wholesomely, be it physiotherapy, radiotherapy, direct medical intervention, psychotherapy, psychology, medical admissions in hospitals and many other things that are outside the hospital vicinity that could be utilised in various institutions that specialise in those particular areas. Therefore, that is the main reason why it carries the term health. That gives a prerogative that can stand across various disciplines within the health service or the health of the individual.

The Bill went through public participation that did not necessarily involve individuals who were coming to contribute to why the amendment Bill was necessary. It was also about the shoe-wearer. The shoe-wearer could be the individuals, the particular patient that utilises the NHIF, the doctor that uses it to ensure that patients are covered or the hospital that will ensure that it has delivered the service and is paid accordingly. Therefore, we have engaged those public and private individuals to come and tell us that.

I joined the NHIF on 24th March 1993. That is a long time ago. That is what my card shows. That means that the NHIF has been providing services for many years, even way before me. As days go by, change is very necessary.

Quality healthcare is a universal human right for one and all. It is an important thing that is required by everybody across the world. It is a fundamental human right to access healthcare services. Therefore, for us to get there, there has to be a funding body that pools funds to be utilised by individuals that require that service.

The particular reason as to why we are making these amendments is because equitable health services must be obtained by everybody, if we are to look after the human rights of everyone. The poor and the rich should be able to access that pool of funds, so that they can utilise it at the time, hour and period of need for themselves and their loved ones. Therefore, unless we have those checks and balances that are put in place to ensure that this is universally provided to the poor and the rich equitably, we will not be able to achieve that universal human right that I began my statement with.

Hon. Temporary Deputy Speaker, the point that we really looked at and dug into - and I really argued it in my discussions and debates when we were processing these amendments - is that there are public workers who work in public and Government institutions and private workers

who work in the private industries such as the hotel industry and others. Those are the two types of workers. If the county governments or the national Government are giving a particular amount of money, why should private workers also not be given a substantial amount? We have pegged that to about a minimum of Kshs500, which every worker must get.

I want to use a simple example. It would be unfair for a teacher to get the best services while an industry or a hotel worker gets lesser service. If someone is given a service equivalent to Kshs150,000 - and that is a public worker or someone working for the Government - a worker in the private sector should not get any less than that. That is where that universal human right comes in. It must be within that range.

We are also trying to ensure that this Bill repositions the NHIF as the driver of UHC. The UHC is one of the cornerstones of this Government's decision to make sure that healthcare is an important element that the Uhuru Government wants to leave as a legacy. If we strengthen and support the process that the NHIF takes to contribute to the healthcare of our society, we must do so through UHC. That is why it is important.

The UHC is universal health coverage. I prefer to call it universal healthcare. I debated about this so much. The word "coverage" is not very important to me. I have to live with it simply because it has been used, but I would rather say universal healthcare. I include the bedside nurse, the public health technician and the doctors. Those are the people to be applauded rather than a plastic card that denotes coverage. That will be a debate for another day, but I really wanted to mention that point.

The unemployed and the vulnerable have been taken care of in this Bill. Individuals have been given an independent prerogative to contribute to this scheme. Reduction of penalties was another thing that was quite advantageous in this Bill to assist communities and societies that are at the peril of poverty. When I say peril of poverty, I am indicating that there are people who have been challenged by life through unemployment for a very long time, have never been employed in their lifetime or may never get employed because of their age and where they are in this country; especially in the far-flung rural areas. There should be no penalties. That will be too much for everybody. We have reduced the penalty to about 5 per cent. Those are some of the things that we looked into.

The amendment Bill sets a cut-off for the contribution, namely, the Kshs500 that I mentioned and so, I do not need to repeat it.

The growth of our public and private healthcare sectors will be enhanced when we have a bigger pool of resources that can be accessed by every Kenyan. Public and private institutions will be working hand-in-hand. They will also be able to provide similar services, so that they can compete for that pool and create a competitive health sector, both for the private and public sectors. That is very important. It actually affirms better performance of the health sector industry, be it public or private. Therefore, the NHIF will be required to look at the best service that is provided to the patients and the clientele. That is what we are looking at.

Another thing is means-testing. Means-testing is a very important thing. I would have suggested that it be included into this. The reason I am talking about means-testing is because there are people who are quite poor and earn small amounts of salaries and, therefore, those salaries may not be sufficient enough for their other livelihoods. Therefore, healthcare becomes a third option for them. We want to discourage that. We want healthcare to become the first option for everybody. Through that, we look at the means-testing and say that individuals can only pay this amount where they are required to be able to sustain themselves in accessing the healthcare. That is where we are now going to the aspect of the Universal Health Coverage (UHC).

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We can borrow a leaf from other Commonwealth countries like the United Kingdom, Australia and New Zealand. Those are countries that I have worked in and I have seen that Universal Health Coverage is a very important aspect for everybody. For example, there is the Medicare levy in Australia where 47 per cent of the Commonwealth budget of health goes into. Medicare is a kind of insurance pool where everybody is covered through it. For those having higher income, they may go for private health insurance or may contribute...

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Sossion.

Hon. Wilson Sossion (Nominated, ODM): Thank you, Hon. Temporary Deputy Speaker. I rise to support the NHIF (Amendment) Bill, 2021. From the Report of the Departmental Committee on Health, this is, indeed, part of the alignment of the health sector to the implementation of the Big Four Agenda. One of the Big Four Agenda is the healthcare system.

Since the inception of the NHIF in this country in 1966, it has basically served the interests of Kenyans who are actively employed in various sectors and are able to statutorily contribute to the scheme. The fact of the matter is that millions of Kenyans are unable to meet their healthcare needs. Of course, the active debate to ensure that all citizens are brought on board is noble. As Kenya aspires to be a middle-income country, it cannot be without ensuring that its population is healthy. It should not just be healthy, but the healthcare system should be strong and delivering. That is one of the key indicators of any economy that aspires to improve the livelihoods of citizens. The healthcare of households will really be very critical.

Through this amendment, a number of issues have been addressed. One of them is the management of the Fund. With the experience of working with the Fund, we have witnessed several challenges of the Fund over the years, and I believe that this is what the amendment is seeking to address - the management. It is one thing to fund the Fund and it is also another huge and completely different business to ensure that the Fund is managed well. Therefore, stating the minimum qualifications of the Chief Executive Officer (CEO) and the general structure of the Fund is good. That is because, at the end of the day, it is the leadership of the Fund that will deliver the intended services.

There is also another key challenge. It is easy to talk about the Big Four Agenda while the key aspect of driving the Fund is not addressed, and that is basically funding. The key thing is funding. All the Big Four Agenda is about funding. If we get the fund and manage it well, then we will definitely deliver. I would like to concentrate on the funding. With experience of working at NHIF and, of course, the approach of Government, it must address the aspect of funding. If the NHIF is intended to cover all Kenyans, then those who can contribute through statutory deductions and through voluntary contributions should be compelled to do so mandatorily through this Bill.

We cannot have a UHC if it does not cover all Kenyans. The last category of Kenyans that are unable to pay, that is, the indigence, is what the Government must finance. Therefore, it has to be very clear that in every annual budget, the Government must be very clear about the funding to the indigence. The number of the indigents and the allocation per person must be known so that it is not just the participation of contributors, workers and voluntary contributors. We risk overburdening the Fund by rolling in indigents who are not properly covered.

For the first time, the Bill is mentioning the issue of the Government supporting the indigents. However, it will be necessary to move forward at the implementation level now that there is a piece of legislation so that the Treasury can always set aside funds to cover the indigents.

If this is done, then all Kenyans will be covered through the UHC system. Indeed, the name has changed from NHIF to National Health Insurance Scheme (NHIS). Being a scheme, it means that all Kenyans are invited. I caution that the role of Government must be made clear, particularly in funding the indigents who have been marked out.

We have destroyed institutions in this country through mismanagement. The history of NHIF is clear. It has been one of the greatest victims of corruption in terms of mismanagement and also the greatest source of wastage of funds. Hopefully, through prudent management and responsible CEO and board of management, the operation cost of the Fund should be rationalised. Most of the resources collected or the funding channel to the NHIF goes into operation and employment. There is need to restructure and review the operations of the NHIF in terms of human resource so that we reduce the cost of expenditure in payment of salaries and other operations. This will ensure that most of the money can directly go to the funding of the citizens.

Finally, health services are procured from good, well equipped and well supported healthcare facilities. This is one area that the Government cannot avoid in ensuring that even in partnering with the private entrepreneurs, our public healthcare systems should be one of the best. We cannot talk of an insurance scheme without ensuring that we have state of the art healthcare facilities. Examples have been given in many countries. There are many models that different civilisation and democracies do follow.

When I recall the Malaysian system of healthcare, the point of success is the quality healthcare facilities to the extent that in a country like Malaysia, you can hardly find a private healthcare facility. This is because all the existing healthcare facilities are public. They are well managed and well-funded to the extent that almost all the citizens, regardless of their status and class in the society, can be attended to.

Other than developing a universal healthcare scheme, we must also upgrade and ensure that our healthcare facilities, particularly the public ones, are of good quality with adequate drugs, adequate personnel and good management.

Hon. Temporary Deputy Speaker, I support this amendment because it is progressive. It is going to help this country achieve universal healthcare system. That is if it is properly managed and supervised.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Sossion, I agree with you that it is imperative that public health facilities are number one in providing this universal healthcare. I think it is a misnomer when private institutions are perceived to be better than the public ones. The public institutions must be the number one goal of any serious Government in providing healthcare. I agree with you.

Hon. Tuitoek Kamuren, Member for Mogotio. Is he there? He is not in at the moment. We shall then have Hon. Milemba Omboko, Member for Emuhaya.

Hon. Omboko Milemba (Emuhaya, ANC): Thank you, Hon. Temporary Deputy Speaker, for giving me a chance to make just a few comments on this Bill that concerns the NHIF and health cover.

Health is so fundamental, especially having gone through the COVID-19 period. We realised that the strength of the national health system is extremely very important because nobody was able to move from our country to any other to get health care. Even as we stand today, it remains vital and a realisation to all the communities of the world that universal health care system

is important. Therefore, the public facilities within the Ministry of Health or health care are very vital.

This is generally a holistic and very good Bill because it tries to expand the healthcare coverage system to reach out to every Kenyan so that everybody will benefit.

However, I would wish to raise a few issues which could help to make the Bill even stronger. The NHIF was established way back by workers. It is just the workers who established the NHIF. It was formalised in 1966 by an Act of Parliament, which was Cap 255 of the Laws of Kenya. We have moved with it such that, with the formalisation, it was able to provide healthcare insurance, including to those in the informal sector.

Originally, the workers who founded NHIF were those that were salaried. The core mandate was basically to provide insurance cover to members. Later on, the Fund was also changed using a law which allowed all the other people to participate at a minimum monthly fee of Kshs500, which we were told very clearly by the Chair of the Departmental Committee on Health that this is on-going. Later on, the Government included other players in this Fund, like students, who are now enjoying the cover from the NHIF together with the Linda Mama Programme, which is also within the scheme. So, those were the earlier attempts to expand this scheme.

As a matter of fact, the NHIF has about 10 million members countrywide or about 10.4 million members. Of those members, because we have been close to this Fund, coming from the background of teachers, only five million are active. The other five million are not very active for reasons not known to me. I am sure that the Committee will be looking at this so that we also ensure that we make it stronger as we expand it. It should not be left bare to everybody, finally leading to vulgarisation of the Fund.

Hon. Temporary Deputy Speaker, the NHIF as it is today, has so many assets, some of which were founded by the workers. I hope during the Third Reading, we will be able to address the issue of its assets and where the place of the workers will be. They are the main contributors to this Fund. By opening it completely, if the Government does not send its part of what is required, especially the funds that are meant for the indigents, the contributions of the workers will be used to foot all the bills.

This Bill talks about the indigents, who will benefit from this Fund. The Government will be liable to pay for them. The Bill does not define how we shall identify the indigents countrywide. Above all, should the Government not send funds, like the earlier speaker said, given the history we have of how funding has been done not only in a situation like this, but the National Government Constituency Development Fund (NG-CDF), which we are managing, there is a risk that there will be too much pressure on the core contributors of this Fund, who are the workers of Kenya. If we do not take good care, the Fund could actually collapse.

Indeed, as Hon. Sossion has mentioned, we have had many institutions in this country which have failed because of a system that almost borders on nationalisation. When you look at this Bill, it opens it up completely and nationalises the NHIF. Unless this Fund is managed well, unless the Government sends funds for the indigents and for the vulnerable, because they are also mentioned here, then in as much as it is a very good law, finally, the core contributors who are just about five million, may realise that the services of this Fund are not good for them. We may also end up just collapsing the entire Fund.

There are also good examples which I would like the Committee to look into. They could especially look at the good example of Britain with its national healthcare system, which is working with a membership of more than 1.3 million and a budget of over 90 billion pounds. It

may look foreign when you look at the example of Britain. You could also compare it with that of Rwanda. After the genocide, Rwanda built a very good healthcare system. If you look at the two healthcare systems, you may notice that the Government still has a chance of organising such a Fund without dealing with the NHIF. I also know that the NHIF would be a stepping stone upon which the Government could take off to get universal health care. It is because further facts are that, all the health insurance schemes in this country – they are 32 or 33 – take care of only 1 per cent of the health insurance in the country. The NHIF takes care of about 16 per cent because only about 19 per cent of Kenyans enjoy health insurance services. During the Committee of the whole House, I will look at all those facts and see how we can make sure that the expanded NHIF will be stronger and more sustainable in order for it to discharge its mandate effectively. If you go back in history, you will realise that many such organisations have gone under. Currently, as workers we boast of only two remaining ones, namely, the NHIF and the NSSF. That is where we are currently, and so, I caution to that extent.

With those few remarks, I wish to support the Bill. I look forward to the Committee of the whole House where we shall make some amendments which can protect the interests of the core-funders, who are the workers, and possibly even structure the insurance scheme, so that it operates at different cadres for different contributors in order of their contributions.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Wanga, what is burning? Let us have the Member for Homa Bay.

Hon. (Ms.) Gladys Wanga (Homa Bay CWR, ODM): Thank you, Hon. Temporary Deputy Speaker. I rise to support the National Hospital Insurance Fund (Amendment) Bill. The COVID-19 Pandemic has really exposed the failures and challenges of our health system. It has affected all of us, whether or not you can get the best healthcare in this country and abroad.

First, it confined everybody to the country, so there was no moving out of the country to seek healthcare anywhere else. Secondly, if COVID-19 catches up with you in the heart of Homa Bay County, there would be no time to take you elsewhere. It has really exposed the need for us to strengthen our healthcare system, the failures of the current system and ways through which we can strengthen it.

Despite the fact that the Constitution of Kenya, 2010, gives every Kenyan the right to the highest attainable standard of healthcare, it is still a far cry. It is a far dream and that is the reason we are amending the National Hospital Insurance Fund Act. It is meant ensure that every Kenyan above the age of 18 years is a member of the NHIF compulsorily. It should be supported. Compulsory health insurance is an idea whose time has come. Like the French Poet, Victor Hugo said, there is nothing more powerful than an idea whose time has come.

From the perspective of the Departmental Committee on Finance and National Planning, we deal with matters of insurance and how secure Kenyans' money is within the insurance sector. As we look at the NHIF becoming a compulsory fund and everyone putting their money there, we must also think about the NHIF possibly becoming a victim of its growth and success. When we make it compulsory, the amount of money that will go into the NHIF as far as contributions are concerned will be humongous. I am sure when the Departmental Committee on Health was doing a review of this Bill, they probably looked into just how much the NHIF will grow as soon as the Bill is passed. What mechanisms are we putting in place to ensure that Kenyans' funds are secure within the NHIF structure?

There is an age-old principle in insurance of risk-spreading. This Bill must take into consideration the principle of risk-spreading. We must look at ways through which the NHIF can

spread the risk and deal with the possibility of what will come upon it. They will possibly have very high claims. They will possibly have increased instances of fraudulent claims and high chances of depleting the Fund's savings as a result of those increased claims. One of the things that I will possibly propose as we go to the Committee of the whole House is how we can spread the risk. For instance, will we consider re-insurance as a way of spreading the risk? This is so that as we put our money into the NHIF and it comes down, we have somewhere to fall back. Re-insurance is the insurance of insurance. As we move forward, we should not close our eyes to the fact that there is a possibility that the portfolios within the NHIF are subject to abuse. The issue of re-insurance should be considered.

The issue of partnerships should also be considered, as well as investment in ICT. When you manage the kind of portfolio that the NHIF will be managing, you must invest in top of the range ICT, so that we are not back to carrying forms or cards. That is why I am happy that the NHIF is doing biometric registration, so that when you arrive at the hospital, you just put your finger.

Governance issues must be looked at in a big way. From the perspective of the Departmental Committee on Finance and National Planning, we should look at the issue of securing this exponential growth within the NHIF. We must consider re-insurance and partnerships that will strengthen governance and management at the NHIF. We must consider risk-spreading, so that we are not in a situation where, if the NHIF goes down, everything goes down with it.

Thank you, Hon. Temporary Deputy Speaker. I beg to support the Bill.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Let us have Hon. Rasso, Member for Saku.

Hon. Ali Rasso (Saku, JP): Thank you very much, Hon. Temporary Deputy Speaker. I support this Bill. I thank our Departmental Committee on Health for coming up with what I consider to be formidable.

Living in Kenya, the NHIF is actually like the last frontier. When we go to our constituencies, we are normally faced by two tasks. One is a parent coming to talk to you about education and the second is health. The health one is mind-boggling. Someone comes to you and says that they have someone in hospital and have run a bill of Kshs4 million or Kshs5 million or a very poor family has run a bill of Kshs300,000. On many occasions, I have realised that the NHIF comes to the aid of many of us and families that take their loved ones to hospital.

The reason we are celebrating the NHIF is because our health system has crashed. It is there and not there. It is there for those who have money, resources and can use a logbook or a title deed to secure their treatment. For many who do not have jobs, are in low-paying jobs or are hustling, this scheme comes in handy all the time. More than at any time in the history of our country, health will become a premium area of concern to the citizenry of this country. Going forward, the needs and requirements for health services will go up and escalate all the time.

I like the contribution of the former Principal Secretary, our Member over there, that during their time, the health system was not devolved. They controlled it from the centre and managed it to some extent. With devolution, we are seeing all the gaps. Doctors tend to take one direction of going to private hospitals. Many regions that do not have medical personnel end up taking their patients to other areas. Today in Marsabit, a lot of work has been done through devolution, but still most patients end up in Meru, Nyeri, Embu or Nairobi for specialised treatment because many of the special fields in medicine are not locally available.

I want to borrow the words of the Member who spoke before me, Hon. Wang'a. A healthy nation that must create wealth, the NHIF scheme should be compulsory to every young person

above 18 years, just like you are entitled to an identity card. When an accident happens or somebody gets sick, you just flash the NHIF card, and the next hospital becomes your rescue centre.

I like this Bill as it has been designed to ensure that the NHIF is efficient, sustainable, available and accessible. What we are not saying is how we can invest in our health system because at the end of the day, the NHIF becomes a Governmental organisation or a parastatal. The drafters of the Bill should ensure that in the long run, the NHIF becomes the umbrella body that streamlines the Kenyan health system, so that the Government invests in it. Money from the National Treasury should be put in the health system so that we do not see the NHIF just as another parastatal that people go there to loot, but functions like the British, Australian or American system. The danger we are running into is that as Members of Parliament, we are lucky to have a health cover, but a majority of our population cannot afford to join any insurance scheme. For that reason, to remove the burden of citizens from the leadership and the haves, so that everybody can carry their burden, we need to invest in a system that will eventually take care of all.

Hon. Temporary Deputy Speaker, going forward, any system that we craft where public money goes into must be efficient, have prudent management, no corruption or people who prey on the organisation for theft. So far, any system that is associated with the Government is normally referred to as “*mali ya umma*”, a public entity and so, it belongs to nobody. When we come up with this Bill and this House agrees, we will ensure that the NHIF does not become a system that is always bailed out like the Kenya Airways; the Pride of Africa. Many of us would like to fly with the Kenya Airways irrespective of which other airlines are flying out of Kenya, but the question is: Where does that investment go to? What happens to our money?

I would like to say that just like Safaricom advertises to get more customers, there must be a deliberate effort by the NHIF to go out there to Kenyans and ask them to join and become members.

With those remarks I beg to support

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Rasso, you are onto a good thing. We shall now have contributions from Hon. Adagala, Member for Vihiga.

Hon. (Ms.) Beatrice Adagala (Vihiga, CWR, ANC): Thank you, Hon. Temporary Deputy Speaker, for giving me this chance to also air my views concerning the National Hospital Insurance Fund (Amendment) Bill.

I wish to say that health institutions in this country are in a terrible mess especially in my county where most of the people cannot afford to pay for medical services. People cannot afford to go to hospitals, and even if they do, the hospitals do not have medicine. This amendment is noble and has to be made. I know Members will bear me witness that people in the villages are suffering and especially during this COVID-19 period. So many *WhatsApp* groups have been created and all of them are to raise medical bills which is a big problem. Most Members can concur with me unless it is just in my area and county where all this is happening.

I wish to ask the NHIF management, as the Member has said, to be aggressive like other organisations and do marketing. Apart from members' contributions, they should be aggressive and get other members to join. Since the NHIF is the saviour of most of our people, let it be a vibrant institution. They have to do marketing to ensure that many members join it, so that it can assist most Kenyans with hospital bills which are overwhelming. We have seen bills go to over Kshs2 million and the person in question has land less than an acre. So, you wonder whether that person will sell land to pay the bills. Right now, during the COVID-19 Pandemic, the NHIF is not catering for such yet Kenyans are suffering.

Hon. Temporary Deputy Speaker, the Government should look for ways of supporting Kenyans in accessing healthcare. There is an arrangement about indigents being identified, so that they can be covered under the UHC. This needs to be done right from the villages. Searching of indigents should be done by Members of Parliament because they know the needy people in their various constituencies and counties. I support these amendments to the Bill and further amendments should be done to ensure that contributors and non-contributors benefit from the Fund.

Corruption is also rampant in this country. Let the money contributed towards the NHIF not be embezzled. The Fund should do its work and be well taken care of to ensure Kenyans enjoy health facilities and are given proper treatment and drugs. People should not just go to hospital yet they cannot afford and are not attended to or given medication.

For example, there is a case in my county which most of you have seen going round in the media. I wish to tell the Mwenesi family from Kivagala, North Maragoli, sorry for the loss of their loved one. She was a nurse. How can a medical practitioner be mishandled in a hospital facility? We need to do something because there is a problem in the health sector. The Government has to fast-track the UHC. It has to be worked on very fast, so that Kenyans do not suffer. Our people are suffering and something has to be done. This Bill has come at the right time. I have heard Members saying that we bring amendments on some of the issues. It has to be fast-tracked, so that we can pass it for our people to benefit.

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

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Pukose.

Hon. (Dr.) Robert Pukose (Endebess, JP): Thank you, Hon. Temporary Deputy Speaker, for allowing me to contribute to this very important National Hospital Insurance Fund (Amendment) Bill. From the outset, I want to support it.

You know Jubilee in its second term came up with the Big Four Agenda to implement the UHC as one of those anchored in the agenda. In 2019, a pilot project was started in Nyeri, Machakos, Isiolo and Kisumu targeting a population of 3.2 million Kenyans. The Government intended to roll out this programme, but we know what happened after that. The Chair has said that the Big Four Agenda is continuing, but from the pilot project, we expected the programme to be rolled out in the country. Unfortunately, in November 2020, the pilot project came to an end. It was under the Cabinet Secretary, Sicily Kariuki, and after that, the programme was never rolled out anywhere.

We have not asked ourselves what we achieved from that pilot project. The other day, I saw the Governor for Nyeri, Mutahi Kahiga, complaining that they are worse than when the pilot project started because they expected to register up to 750,000 people to the NHIF in Nyeri. The numbers have dwindled and people continued hoping for free services to be provided by the Government. Unfortunately, that programme came to an end and nobody went back to look at the achievements of the pilot project that we had rolled out in the four counties.

In this Amendment Bill, the Committee is proposing the penalty to be reduced from five times to 10 per cent. I would have expected the Committee to remove the penalty especially during these hard times of COVID-19. Why should there be a penalty? If you have people paying through their hard-earned money and somebody loses a job and is not able to make contributions to the NHIF, the person looks for money and after two months or so, rejoins the NHIF because he feels the need for having it, why should we punish that person? So, there should be no punishment for rejoining the NHIF. I think that fine should be deleted altogether.

We have said that the *mama mbogas* and *boda boda* riders, that we call in our movement the “hustler nation”, should pay Kshs500 per month. I saw Dr. Peter Kamunyo, the Chief Executive Officer of the NHIF the other day complaining that a huge number of the people are defaulting. They mainly pay when they are seeking treatment and once treated using thousands or millions of shillings, they do not continue contributing towards the NHIF. They go home and do not understand why they should be paying Kshs500. As Parliament, we should review and say that the team of *mama mbogas*, *boda boda* riders; the hustler team, should pay Kshs300 per month and reduce it from Kshs500. We have a huge bracket and I am sure if we reduce that amount to Kshs300, we will get a bigger number of people joining the NHIF and defaulting will be reduced.

I want to urge the Committee that for us to have a bigger number of people joining the NHIF and contributors who are consistent and non-defaulters, we should reduce the amount to Kshs300. This way, we will make it more affordable and accessible to many Kenyans. Another issue that I want us to address in this Bill is the NHIF in the era of COVID-19. With the reforms we are doing in the NHIF, the initial pilot project was to look at the primary healthcare. How should the NHIF support primary healthcare? This is the biggest problem. Therefore, if we have a huge number of people failing sick, instead of us just thinking about treatment, why not think of preventive methods? How do we use the NHIF to come up with prevention methods? This should be supported, so that they can provide the services.

Hon. Ferdinand Wanyonyi (Kwanza, FORD-K): On a point of order, Hon. Temporary Deputy Speaker.

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

Hon. Ferdinand Wanyonyi (Kwanza, FORD-K): On a point of order, Hon. Temporary Deputy Speaker. I think this is a matter of information. I know Hon. Pukose is a Member of the Departmental Committee on Health. In the proposed amendments, the proposer was talking about Kshs100 to Kshs150 for the youths and vulnerable groups. I do not know if I have the right information, but I think he needs to expound on this.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Wanyonyi, you are out of order. Proceed Hon. Pukose.

Hon. (Dr.) Robert Pukose (Endebess, JP): Hon. Kevin Ferdinand Wanyonyi, the Member for Kwanza is my neighbour. I am not a Member of the Departmental Committee on Health. Apparently, you know that most of us who are in the *tangatanga* movement were de-whipped even from some committees and taken to where none exist. That is beside the point. I know Hon. Mbui next you will be de-whipped from being the Deputy Leader of the Minority Party. You already got your gratuity.

Hon. Temporary Deputy Speaker, I am saying that we need to look at the role the NHIF can play in primary health care, especially in sensitisation of Kenyans on preventable lifestyle diseases. Where does the NHIF come in? As much as we look into that, I would ask the Committee that when we do amendments and reforms the NHIF, it should go with reforms on the Kenya Medical Supplies Authority (KEMSA). That is the supply chain for hospitals. You get drugs from KEMSA and the NHIF pays. We must make sure that Government institutions are also working. My friend, Hon. (Dr.) Nyikal, will say that during those times it was better to be admitted in Government hospitals than it is today because things were working in Government institutions. Even during my training, things were working better at the Kenyatta National Hospital. I can remember that. So, Government institutions have all the best services. They have the best brains

and all the consultants. The only thing is that we reform them and make sure they get the necessary support and equipment to perform their duties.

With those few remarks, I support the amendment.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Nyikal.

Hon. (Dr.) James Nyikal (Seme, ODM): Thank you, Hon. Temporary Deputy Speaker. I support the National Hospital Insurance Fund (Amendment) Bill. The purpose of this Bill is basically to mandate the NHIF and to give it structures to deliver universal health cover. Universal health cover means that all citizens can get care which they can afford. It can be done if the Government has enough money. Just put the money out there and treat people. That is all. That is what they do in Britain in the NHS System. Since we do not have enough money, we have resolved, as a country, that we are going to use social health insurance as a means of delivering universal health cover. The main parts of the amendments in the Bill are doing just that.

What are the components of universal health cover if it is based on insurance? One, you have to pool funds. Money must come from somewhere. That is what we are looking at the NHIF to do. Having got the money, then you have to design. What services are people going to get? The basic benefit package that meets the health cover. Then you have to say who is going to provide this service and then you say how the payment is going to be made. In this case, if you are using the NHIF, it pools money. We decide what people are to be given, who is to give it and the NHIF pays. So, how is this Bill addressing that? First, one is actually pooling and getting as much money in the NHIF as possible. If you look at Clause 11, which seeks to insert Section 15A, it makes it mandatory that every Kenyan above 18 years of age makes a contribution to the NHIF. That is the first main thing that comes.

What is happening in the NHIF is employers are just collecting money from employees and forwarding it to the NHIF. It was also proposing that employers make a matching contribution, but that has met a lot of opposition, particularly from employers. That is something the Committee is going to make amendments on, so that we do not push employers too far at this time of COVID-19. If you say that everybody is going to pay, obviously, there are people who cannot be paying. These are the indigents. So, this Bill, in Clause 10, is providing that the national Government will pay for the indigents who will be identified by a relevant Government body. I would appeal to my colleagues that this is going to be extremely important. Some people are going to be identified because they are unable to pay and the Government is going to pay for them. The process and how that will be done is going to be extremely important. It is left to the board, but it is extremely important. In the Committee, we felt that that is an area where Members of Parliament should take part on who is identified as indigent and paid for by the Government.

You see what you have done with the customs purse of old persons, orphans, vulnerable people and people with disabilities. There has been a problem of who is identifying them. So, there are some people getting there who need not get. That is also an extremely important part for the board. The law cannot go into those details. That is going to be extremely important. Now, having got the money, if everybody is going to pay and for those who cannot pay, the Government pays, we are definitely going to get a lot of money for the NHIF. If employees also start to pay, and that in my view should be done gradually, eventually employers must match what employees pay. That can be done gradually over time.

Hon. Pukose was referring to voluntary contributions. People used to pay voluntarily. The problem is that they do what is called “advanced selection.” People pay when they are sick. In the concept of insurance, that is like insuring your car when it has already got an accident. That is exactly what paying when you are sick is. Actually, there has been evidence that people who are

making voluntary payments are taking a lot more money out of the NHIF than they are putting in. The Bill is removing voluntary payments and taking care of indigents. I think it is a good way to go. When we get this big pool of money in the NHIF, there will be a big problem of management. There have been efforts to reform the NHIF. If there is a lot of meat, there will be a lot of flies. So, we have to really work as the management and look at ways of stopping graft and fraud. Efforts have been made to do that.

Now we have the money and we are managing it well, but then we have to decide what our people are going to get. What services? The benefit package. What is happening in the NHIF is that we have very many benefit packages. Some are financed differently. We can do MRIs and surgery in some cases. We can do dialysis in some conditions. There is even money we are pooling from civil servants. All that is making the whole thing complex. We can even take people abroad. It is making the whole thing very complex to be managed and, therefore, it will be important that we get a proper benefit package that is clear and easy to manage. Efforts are there to work on that.

If you have decided that this is what our people need, for which the NHIF is going to pay with the money that you have pooled, then we have to decide who is going to provide the service. In this country, basically, you have private health service providers and Government health services. This is where the problem is. If Government services were run well as before and the NHIF was paying for them, it would be easier because Government facilities even at the county level are funded from the Exchequer before they even get money from the NHIF. So, we should get better services there. It is possible because it has been done before. It is only from 1982 that services in the Government started to go down. In 1979, maternity services at Kenyatta National Hospital, which is now where the Kenya Medical Training College (KMTTC) Headquarters is, was definitely better than the Nairobi Hospital maternity services. I know it can be done. So, we must work to make Government services work. Most of our people go to mission hospitals and the small and medium-sized private hospitals. The big hospitals are only about 12. If we did not have them, the health indices would not change, but you would have a lot of political problems because the guys who go there are very powerful. We should target those that most of our people go to, so that they can provide services.

You have to then decide on how you identify them. This Bill provides a criterion for accreditation of hospitals that will be paid for giving these services. That is extremely important. Then we have the mechanism of payment. We have a problem because for outpatient, you can do capitation. The problem with capitation is that you are given a pool of people to look after and you are given a pool of money, but at the end of the year, you make a profit.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Nyikal, you must use your time prudently. All these Members are waiting to speak. You only have one minute.

Hon. (Dr.) James Nyikal (Seme, ODM): That is something we should look at. The accreditation is, therefore, important.

The other thing that is important is that we must look at the cost of healthcare, the management of human resource, the improvement of infrastructure and primary healthcare. I will tell Dr. Pukose that in most countries, primary healthcare at the prevention level is left out. That is where you put public money. Therefore, the NHIF just pays for people who are sick and that is covered. This Bill is on the right direction. We will look at it and propose amendments as it is taking us to UHC. It is a long journey, but must be done with diligence and patience.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Manje Wathigo, Member for Kajiado North.

Hon. Joseph Manje (Kajiado North, JP): Thank you, Hon. Temporary Deputy Speaker for giving me this chance to contribute to this Bill. I support this amendment Bill, the National Hospital Insurance Fund (Amendment) Bill, 2021, because it anchors the health sector properly and it gives the legal structure for the National Hospital Insurance Fund card to function properly on the ground.

From Independence, our founding fathers were talking of providing health and making sure that we reduced poverty and illiteracy. We have been fighting for these three issues all along. To some extent, we have succeeded on illiteracy because our education system is functional and we have so many educated Kenyans. We are struggling with poverty and health as a country. So, I think we should try to use any method, any means to alleviate ill health from our people. When we go to the ground, Kenyans are suffering. Most Kenyans currently are vulnerable. If you go to your office today to see your electorates, most of the issues that they have, apart from bursaries for education, is health. They will tell you they have people in hospitals, their relatives went to hospitals and died and they cannot get their bodies. So, we have to do something as a country to alleviate this problem. One of the ways is to ensure that the kitty that we give towards the NHIF is catered for. Then we can put it under proper management. So, I tend to think that if we follow the proposal in the Bill properly, we can do that.

The Bill is proposing that the minimum contribution by Kenyans should be Kshs500, especially for those who are employed. If somebody contributes Kshs150, the employer should match by contributing Kshs350 to make a minimum of Kshs500. This will make sure that there is enough pool to make sure that the accredited hospitals have drugs. The Bill is also proposing that everybody who has attained the age of 18 years will pay towards this kitty. It will be compulsory for anybody who is 18 years and above to contribute towards this kitty.

We would want the board to do civic education because many Kenyans do not have good information on what this kitty does. You get somebody who has a card, he goes to hospital and does not know what it caters for. So, I tend to think that the board has to do a lot of civic education by using any forum. Wherever there is any forum, the management of the board should send officers to go and educate Kenyans on this issue. Also, we should make sure that we accredit as many hospitals as possible at the grassroots and make sure the accredited hospitals are properly evaluated and have medicines. Once you contribute that amount and your card is up to date, you expect that if you go to hospital, you will get treatment. So, this is another area the board should check. This Amendment Bill is giving the board powers to get good CEOs through competitive recruitment and the CEO will be reporting directly to the board. I think this is a good arrangement because when such a thing happens, the board will be in a position to supervise the management.

So, I support the Bill and hope it will alleviate the poverty that we have on the ground. There is no much pain as somebody who is sick and cannot go to hospitals because he cannot afford. Those who manage this kitty should also be human enough not to pocket the money. Do not eat from the poor and the sick. Make sure that you manage this kitty properly so that we can alleviate illness from our countrymen.

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

The Temporary Deputy Speaker (Hon. Christopher Omulele): Very well spoken Hon. Manje. The Hon. Odhiambo Akoth, Member for Suba North.

Hon. (Ms.) Odhiambo-Mabona (Suba North, ODM): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity. Let me say that at the outset, I support the Bill. I just want to say that even as I support the Bill, it is a fulfilment of Article 43 of the Constitution that talks about the right to the highest attainable standard of health care including reproductive

healthcare. It is also in tandem with the international convention on economic, social and cultural rights.

I agree with my dear sister, Hon. Sabina Chege, that if we were focused enough, we would see that this Bill seeks to support the Big Four Agenda and to further on the platform that had already been set. That is one of the reasons I support it. If we politicked less and focused more in the House, we would see that there is a lot that is going on.

Hon. Temporary Deputy Speaker, one of the reasons I support this Bill is that it expands the age of coverage, brings other categories within the bracket and acknowledges our realities that at the age of 18, many people are still being taken care of by their parents because they are in school.

The other reason I support it is that it protects persons with disabilities, especially those with mental health problems. If we leave that to parents alone, we have seen horrifying scenes where we find patients tied to trees because there is nobody to take care of them. It also acknowledges the need to protect indigent persons, which is very good. The only concern that other Members have raised and which I am also raising is that it does not define indigent and vulnerable persons. Perhaps, it can borrow a leaf from Chapter 10 of the Children Act that indicates who those categories of persons are. The reason is that if we leave it that way that is when we will hear that this has become another Kimwarer and Arror dams, in that it becomes a cash cow that people will use by defining for themselves who those indigents are.

Hon. Temporary Deputy Speaker, I am also happy that the Committee is moving to amend this Bill to cushion employers. There are many of us here who are both employees and employers because we are also employed. However, because of COVID-19, times are very hard. If we get employers to give those contributions at this time, it might be very difficult. I am happy the Departmental Committee on Health is moving in that direction to bring the amendment.

One of the things that has come out is that we must make devolution work. Already, there is a lot of money that is going to the counties. Our governors have failed us because if they had not, people would not come up with economic ideas that they cannot even explain, some called bottoms-up and bottoms-down. If governors were effective in their work, devolution would reach people at all levels. It would reach the *boda boda* riders, fishermen and fisherwomen, hawkers and everybody in that category. We need to strengthen devolution and not come up with theories that nobody understands and even the proposers themselves do not understand.

I just want to raise some concerns that I have with this Bill. In Clause 10(1), there is a lowering of governance standards in the hiring of the chief executive officer. What is provided in the current Act is stronger because it provides for a competitive process that also involves the Salaries and Remuneration Commission (SRC) in establishing salaries. I have no clue why that is being removed. It is the same for the board. It does not state that the setting of allowances shall be done in consultation with the SRC. Again, I do not know why that is being done because it is now very clear in almost every law.

I am trying to determine whether in the prose amended in Clause 14, the punishment at 50 per cent is more punitive. We should take an approach that is less punitive because employers are struggling to even pay salaries. At this point, if we take a more punitive approach against employers, it will not be very good, especially if they delay.

Hon. Temporary Deputy Speaker, the other concern for me is Clause 22(2) that states that the National Hospital Insurance Fund covers both inpatient and outpatient. That is proposed to be deleted. I wish the Mover was here to clarify. Does it, therefore, mean that we are not covering inpatient or do we want to leave it vague? If it is left vague, it will be problematic.

The amendment in Clause 17(3) that deletes areas covered by the NHIF is not good. If you look at the current Act, it states that the areas that are currently covered include drugs, laboratory tests, diagnostic services, surgical, dental, medical procedures, equipment, physiotherapy care, doctors' fees and boarding costs. The Bill proposes to give that mandate to the Cabinet Secretary to make regulations on what areas to cover. We are putting our faith in the wrong place. The reason I say so is that the Cabinet Secretary may as well widen the area of coverage. At the same time, the Cabinet Secretary may reduce the area of coverage. So, when we leave it to the whims of an individual that is a challenge. I would have preferred a situation where we look at areas that are probably not currently covered like maternity care, so that we include more people. We tend to make reproductive health, especially as it relates to women, a punishment. Giving birth should not in itself be a punishment.

Hon. Temporary Deputy Speaker, the other area of concern to me in Clause 17 that seeks to delete Section 22 of the principal Act. I am just trying to get to Section 22. Section 22(2) states that subject to such limitations as may be imposed under sub-section 3, the medical healthcare expenses referred to in sub-section (1) shall cover both inpatient..." Sorry, that is one of the issues that I have already spoken to.

Otherwise, I support the Bill. We must take care of people who are struggling, especially in these difficult times. There are many who are dying because they cannot access healthcare. Beyond that, I wish that what we have provided in this Bill is creating awareness of the NHIF. Many people still do not know about the NHIF, especially in the rural areas. We give that mandate to the Ministry of Health, not Members of Parliament. We are making Members of Parliament a government in themselves, but without money. We are taking care of the NHIF, we are a social safety net, and we are all manner of things. Members of Parliament handle funerals, healthcare and even things which county governments are supposed to, but without the requisite money. Our National Government Constituencies Development Fund (NG-CDF) only deals with brick and mortar issues.

With those few remarks, I support the Bill, but with proposed amendments.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Millie, it is true that there is too much weight being placed on the NG-CDF narrative and the backs of Members of Parliament for no good reason at all. The NG-CDF is barely two per cent of the national Government's share, and then you share it across 290 constituencies. You then hear the Cabinet Secretary for Education speaking as if that is the entire budget for building school infrastructure in this country and the Cabinet Secretary for Health also talking about social cushioning of the indigents through the same funds. It is a shame. So, Members of Parliament, it is time you stood up. You must inform the Government it has the social contract to do those things. The NG-CDF comes in to assist in the extreme cases that the Member of Parliament can see. This narrative must get out there.

Let us have Hon. Garane Hire, Member for Lagdera.

Hon. Mohamed Hire (Lagdera, KANU): Thank you, Hon. Temporary Deputy Speaker. First, I wish to support the National Hospital Insurance Fund (Amendment) Bill. In a country where majority of the population is out of reach of proper healthcare, it is prudent to have a more vibrant, modern, effective and efficient healthcare delivery system. The NHIF, which is the main delivery of healthcare insurance services to the Kenyan population has been lacking some of these attributes.

Many rural folks cannot access healthcare services mainly due to the economic problems in this country. It is a toll order for them even to make the minimum contribution to the NHIF.

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Therefore, if we need to achieve the universal healthcare, we need to have a modern and transparent healthcare delivery system.

These amendments to the Bill are a welcome move. I would like to touch on a few of them. Aligning the NHIF with the global practice where private health insurance is the primary player while the social insurer becomes the second player is a welcome move. It will ensure that the vulnerable population in the society is catered for.

Making it mandatory for all persons above the age of 18 years to make contributions is also a noble idea. However, the concern is: Do we have the health infrastructure, namely, the hospitals, to match? When you make it mandatory for everybody above the age of 18 years, it means that the contributions will be more. Those people seeking healthcare services will increase meaning that you need to have adequate health infrastructure facilities that are able to cater for this increased population. You also need to have personnel to offer the services.

If you go to the rural areas, you find that most of the health centres such as dispensaries are either understaffed or have no staff at all. You also find that there is little or no medicine in the facilities. Therefore, if we are going to make contribution mandatory for all persons above the age of 18, then we need to also be prepared for the increased population that will be seeking healthcare services.

Reduction of the penalty for the self-employed people is also a good thing. These are people who do not have a constant stream of income because they are self-employed and their income is seasonal. One time they have money and another time they do not. So, if you impose penalties on them whether they have some income or not, which is actually exorbitant in my opinion, it will be detrimental and this will probably discourage them even from seeking healthcare services.

The voluntary contribution by the youth is also a nice amendment because you find that there are some youth out there who may be having some disposable income. So, they should be encouraged to enrol. If you need to enrol in the NHIF, you must have the national identity (ID) card. That is a mandatory requirement. However, when you encourage the youth out there who are above the age of 18 years to enrol for the medical scheme, then it is also a good amendment.

Finally, digitisation of the processes of the NHIF is one of the biggest problems that the NHIF has been having. If you seek services of the NHIF, what you normally produce is the card. There is no way to authenticate whether the card is yours or for someone else. That is one of the leaking points for the NHIF where they have been losing lots of money. You also find that in this age of technological advancement, the NHIF is still stuck with some analogue systems of identifying health service seekers. They are not using biometric identification. You only produce the card. This is one of the areas that they need to improve on.

The NHIF has been riddled with a lot of scandals. I am a Member of the Public Investments Committee and we have been auditing their books. All the issues that bedevil the NHIF are related to either management or the processes they use. The processes are not fraudulent-proof. If you digitise and seal all the loopholes including the contributions, payments and all the procurement processes, then we can achieve the desired proper healthcare system delivery through the NHIF.

I have one concern in Clause 24 of the amendment where the Bill mandates the board of the NHIF to procure and acquire essential medical equipment and supportive infrastructure for provision to empaneled and contracted healthcare providers. This means that the Bill mandates the

board to procure private healthcare facilities. It is a good thing, but it is also a loophole for fraudulent activities.

With those few remarks, I support the amendments.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Oduor Ombaka, Member for Siaya.

Hon. (Dr.) Christine Ombaka (Siaya CWR, ODM): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to contribute to this very important amendment Bill which is related to health. Health is a very important aspect of our lives and it has been riddled with so many challenges in this country for several years. This is one opportunity that we have to improve the health system and the NHIF in particular.

I look back at how the NHIF has been utilised and I still see so many challenges. Many people do not know about the NHIF and this should be looked at before we get to how to improve its management, as explained by Hon. Sossion and Hon. (Dr.) Nyikal. People are so sick, but they fear going to hospital because it is too expensive. They imagine that it is extremely expensive even before they visit the hospital. It is expensive because they do not have cards. They do not know that there is such an insurance fund that can be utilised and they can be members of.

(Hon. David Pkosing did not wear a mask)

The Temporary Deputy Speaker (Hon. Christopher Omulele): Just hold on, Hon. Ombaka. Hon. Pkosing, kindly just have your mask on.

Proceed, Hon. Ombaka.

Hon. (Dr.) Christine Ombaka (Siaya CWR, ODM): Thank you. I am saying that most people especially in the villages are not aware that there is NHIF to which they should be members and contributing to. However, even the contribution of Kshs500 is just way above what they can afford. Majority of them are not employed. Others are very old people who retired a long time back and some of them never worked and are not retired. Many of them have no income. So, even if you reduce this to Kshs300, it is still going to be expensive. I still wish we could reduce further to Kshs100, so that they can, at least, struggle to contribute that. Otherwise, an amount of Kshs500 or Kshs300 is too way above that.

On the NHIF card, even if you enrol today to become a member or to contribute to it, you will have to use it six months down the line. That is what people tell me. That: "Mummy, I would like to enrol into this but I will not be treated for the next six months as I continue to contribute." So, the waiting time needs to be reduced so that one gets treatment as soon as he or she enrolls and starts contributing. It is wrong to deny someone treatment, especially now that people are becoming sick and dying of COVID-19. A disease does not give room for one to wait for six months. Those are some of the areas we need to think about.

There is the issue of the management of NHIF. The Government will contribute to the Fund and individuals will also do the same. There will also be voluntary membership for those who will be interested in contributing to it. When it comes to money in this country, we have to be careful. We have to be very strict and make sure that when it comes to healthcare and the Government is paying for it; individuals are also contributing, including employers, the money that is collected must be properly utilised so that it does not get lost through corruption like we normally see where a lot of money is involved. This is a lot of money that is going to be collected to improve healthcare.

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If it gets lost, we lose. We will be contributing so much money and still we will not be getting that care that we need because there will be no funds. If you look at hospitals, they do not have resources. The doctors and nurses are so few. Even the equipment that they need is hardly there.

The other day, we had a big tragedy in Siaya where people got burnt as a result of a fuel tanker accident that occurred at Malanga. I went to visit the sick in hospital. I must admit that the hospital is very clean, but the nurses and doctors were helpless. They did not have medicine. They did not have gloves. I do not know! How do we collect so much money from the NHIF and still not have services like those? Individuals contribute Kshs500 on a monthly basis but we still do not have basic things like gloves. I get heartbroken about this whole thing.

Finally, Dr. James Nyikal has mentioned quite a number of diseases that will be taken care of, or services that will be provided when the NHIF is paid for. We have new diseases that keep on coming up. We will be adding them on the list of what the NHIF card can cover every now and then. As new diseases come up, we must be prepared to keep adding them on the list of the services that we will be receiving. Let us be flexible when it comes to the amount or areas that the NHIF can cover.

How much is the maximum amount of money that can be spent on a sick person who is a member or is contributing to the NHIF? Can somebody or some young man who is very ill be treated in hospital and the NHIF covers the whole amount of the bill? That can even be Kshs1 million or Kshs2 million. How much is the NHIF card going to cover? I think those are some of the areas that we need to address.

Lastly, it is about information, as my colleague has already mentioned. People are not aware of that card. They do not know its benefits. All that they know is that the public healthcare system is not efficient; that hospitals lack medicines, and that the entire system is poorly run. People have a wrong image about the hospitals that we have. We need to clean that image. We need to get rid of it and ensure that we do proper civic education and mobilisation. We must educate people that they cannot just be at home. Even if we do not have enough services in hospitals, there are still certain things that can be addressed very well. Let people have faith; that our health system can work and that they too, can visit hospitals and be treated. Let us also improve the image that we already have on the facilities that we have. Many people say: "You want me to go to that hospital where I am going to die?" Already, people have negative perceptions. They just think they are going to die and that they cannot benefit anything from there. Those are the areas we need to clean for us to start benefiting from the NHIF card.

With those remarks, I support the Amendment Bill.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Mutunga Kanyuithia, Member for Tigania West.

Hon. John Mutunga (Tigania West, JP): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to also add my voice to the debate on the NHIF (Amendment) Bill.

Healthcare is important. It has been a major issue in this country. That is probably why we had it included in our Constitution. Under Article 43 of the Constitution, we are, as a country and Government, mandated to provide the highest standards of healthcare services, including reproductive healthcare. Also, Article 46 of the Constitution looks at the kinds of food we eat and how we grow them. I am saying this to underline the fact that healthcare is key even as we grow as a country. The NHIF, as a scheme, has been running for a while. It has assisted many people. It has assisted in many situations. It has also improved from a very simple cover to a fairly complicated cover – a cover that even takes people out of this country for treatment. It is a cover that is even increasing the scope of diseases that it will support. It is a cover that is being a lot more

accessible. However, this cover is not very much known. Many of my colleagues have spoken to that fact. I remember when we were talking about universal healthcare, the NHIF was considered as one of the major solutions. We went round educating people on the importance of having the NHIF medical cover; and the importance of paying for that cover. Each household is supposed to contribute Kshs500 a month. We even demystified the fact that Kshs500 is not a lot of money because somebody can earn that money or even much more from casual labour.

Many people do not know about the NHIF. The first thing I wanted to see in this Amendment Bill is whether the Committee has looked at the possibility of ensuring that the NHIF has a huge component of sensitisation and public training or exposure on what it is, what it can do, where it can be accessed and how that can be done. I appreciate the fact that it is expanding the scope of coverage, including people who are even not in employment or those who are in their first employment. This is very important because it will deal with the danger that there is for young people who may be confronted with difficult situations arising from diseases and they do not have a way out.

I am happy to note that there will be voluntary coverage of the youth. I would like to take this opportunity to appeal to our youths to look at this cover as an important one. It will help them in situations that may demand serious medical attention.

One of the things that have come out clearly this afternoon is the need for primary healthcare sensitisation, and the need for taking up primary healthcare as an important precursor to ideal health. Primary healthcare has to do with hygiene, what we eat, and the nutritional components of the food we eat. It also has to do with knowledge of what people would get into if they do not take serious care of themselves. It has to do with the choices and preferences that we have or make in terms of food. If we look at many countries in the world today, the rich countries have peculiar diseases that their children or younger people suffer from. There are diseases like obesity. A country like ours, which we may say is not rich or is maybe average, we have sections of the community where people suffer from lack of food. Based on the constitutional provisions and the fact that we are a growing and developing nation, one of the key components that we need to look into and that needs to be highlighted in this Bill is the need to provide proper nutrition for our people, so that we can prevent diseases instead of having to cure them. Curing a disease would require professionally trained people to diagnose it. It would require drugs or medication which we would have to import from outside the country. It is possible for us to save as a nation if we had serious and strong primary healthcare programmes that would enable our people to understand and also if we had provision of nutritional requirements for bodies, so that people can be protected from nutritionally-related illnesses.

Why do we call this particular insurance service a fund? This is because our Government contributes some money into the scheme. It is also because there are contributions by both the people who are beneficiaries of the scheme and the employers who give people working opportunities. It is a fund. That particular fund also needs to be looked into very carefully. We are aware of the realities that there have been many huge scandals of monies being misused, misappropriated or taken away and put into processes that are not necessarily in support of the growth and development of the fund. I do not know what the amendments proposed by the Committee will do to ensure that the management structure and architecture of that fund and the way it will be handled will be fool-proof and will close up the loopholes that have been there in terms of ensuring that it is not easy to get the funds stolen.

Hon. Temporary Deputy Speaker, the turn-around time for the NHIF cover is something that we need to consider very carefully. I hope the Committee has proposed specific guidelines

that will help us reduce the turn-around time. At times, it takes too long for the NHIF to come into effect, especially when there are cases where people have to access treatment outside the country. It takes long. Sometimes, we have heard of cases getting complicated or even people dying before the NHIF can turn around and say: "It is possible for us to support you in so much." It is important for us to have a cover that is not only available to everybody, universal in terms of coverage, disaggregated in terms of socio-economic status, but also one that is efficient and effective to cover our people and can, therefore, be reliable.

We have had cases where people under this cover have not been able to access medical services, especially when they are travelling out of the country. When it comes to the way the cover is supposed to be disaggregated, I hope the Committee has looked into the possibilities of up scaling this particular cover based on the levels of risk that people are exposed to. Levels of risk depend on where one is, what one does and exactly how one does what. In most cases, you realise that people may need this cover.

I have an example of those who protect us and sometimes may not even have a cover. As a Member of Parliament, I wanted to go out of my way to buy NHIF coverage using the National Government Constituencies Development Fund (NG-CDF) for officers of the National Police Service who serve in my constituency. That is because we had cases of some of them dying in response to exigencies, but their families are so poor that they cannot even bury the dead. We had to consider a way of supporting them through the Youth Fund. We requested the Board. I want to thank the Board of the NG-CDF for accepting this particular request to put those people under the NHIF cover. All I am trying to say is that we may have vulnerable groups who support us and play a very significant role that may not be earning them sufficient resources to confront situations and handle them properly. We have been able to support them in one way or another.

When we talk about universal coverage or extending the boundaries, I am happy that this will now cover everyone. I am happy that it will also consider the different socio-economic categories and, therefore, support them with what they need in terms of health coverage.

I know most of my colleagues have spoken to the fact that when we go to the constituencies, we are confronted with two major issues. One is school fees for the children who are unable to go to school and the other one is ill health. This has been an issue for quite some time. It has been a major issue for some of us because the economic background, sometimes, determines how we handle some of those issues.

Hon. Temporary Deputy Speaker, with those few remarks, I support the Bill.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Let us have Hon. Mbui, Member for Kathiani.

(Hon. Wanyonyi raised his hand in protest)

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Member for Kwanza, you cannot operate like that. You must understand that there is a list and your name is on it. There are people who were here before you. This particular Hon. Member has been here since 2.30 p.m.

Hon. Robert Mbui (Kathiani, WDM-K): Thank you, Hon. Speaker for giving me this opportunity to also contribute to this very progressive Bill that seeks to amend the NHIF Act.

Our forefathers' dream upon getting Independence was to fight ignorance, poverty and disease. Even now, that seems to be the current President's dream. That is why in his Big Four Agenda, there is the issue of universal healthcare. We all know that a healthy nation is a wealthy

nation because without a healthy populace that is serving the nation, we cannot have much growth. Matters of health are really dire issues.

I have heard in the recent past people talk about what the Government can do for them. Sometimes, I think that people have been lied to. The role of the Government is to actually provide social services and infrastructure for the nation to grow. One of the roles the Government needs to play very actively is the provision of healthcare, education and infrastructural development. That is really the role of the Government because it does not have enough money to hand out to the public. The Government has no money of its own. The money that the Government spends comes from the people.

This is a very progressive Bill. I have looked at it and seen some areas where, if not carefully handled, we would find the biggest problem in Kenya, which is corruption, rearing its ugly yellow head again. It is very important that we address those matters carefully, so that we do not have a situation of exposure of Kenyans to possible loss of funds.

The first issue I have observed is the identification of indigents. Those are the poor who are not able to pay and who are above 18 years of age. They have been told that they must now mandatorily be members of the NHIF. How do we identify them? If we do not specify and be very strict about their identification procedure, it will happen the same way it does every time we have the social protection nets and other ways through which people are supposed to be supported. We need to be very careful and keen on the identification process. It is now mandatory for everyone above the age of 18 years, according to Clause 11, to be a member of the NHIF.

Previously, it was very unfortunate when you would look at the figures that were being charged. An unemployed person would pay a minimum of Kshs500 and yet, there were employed people paying much less. The lowest amount was Kshs160. It is something that we need to look into. We need to be careful about the amount of money that the unemployed are supposed to pay. We might make it difficult and almost impossible for them to afford it. After all, when you call them indigents, it means that some of them are unable to afford the cost.

The identification of empanelled healthcare providers - and those are the healthcare providers who are able to provide services under the NHIF - also needs to be done very carefully. In the past, we have seen issues of fake claims that some hospitals will attempt to do and inflate bills for patients. Many times, the biggest problem is how those hospitals or the service providers connect with the NHIF. People go to be helped and they cannot even identify themselves as contributors. You give your card and then the hospital or healthcare provider says that they cannot ascertain whether you have actually been contributing.

So, we need to find a way in which we can connect directly every single healthcare provider to the NHIF. In fact, the money that the NHIF would spend in those hospitals should purely be for purposes of connection so that any contributor who seeks attention would be cleared without suffering a lot.

The issue of employers' contributions to match is a very tricky one. It is in the Bill but I have heard from the Report of the Departmental Committee on Health that it is being withdrawn. That is critical because many times people forget that employers also suffer just as much as employees. During this COVID-19 period, the employers are also suffering because there is loss of income from businesses. So, if you start hitting employers with such an indirect tax, we will be messing them up. From what I hear, the Committee has withdrawn that proposal.

That follows closely with the issue of penalties for delayed payments. Delayed remittance currently attracts a bill of five times the amount that is owed. That is 500 per cent. Where in the world is there a taxation, penalty or interest of that kind? We are not talking about someone who

has defaulted for a month. If the debt that is sought is on the 9th of next month and you make the payment on the 10th which is one day later, you are expected to pay 500 times more. I think the penalty has to be thought through. I have seen in this same Bill that they have put two figures, one has 50 per cent and another has 25 per cent, but the Committee Chairperson talked about 5 per cent. So, I do not know which one is the exact amount but, it should be a low figure graduated in terms of how long one is holding that money. Probably 5 per cent per month will make sense so that if it is just one day, you pay 5 per cent. But if you stay another 30 days, then you will be hit with another penalty of 5 per cent. So, we need to be careful so that we do not make it too difficult.

There are times when employers are unable to pay salaries because of those punitive penalties. They end up paying tax and not workers. So, you find workers are employed, the NHIF, NSSF and all those other remittances have been made, but the workers have not been paid. So, we have to be careful not to hit them with huge penalties. The target should be to pay the workers first and if there is any other deduction, then they can go to the State corporations later.

I would want to propose that, as we consider this amendment, let us also look at the possibility of covering people when it comes to issues to do with pandemics. As we speak, COVID-19 is a pandemic that has hit this nation and even people who have been insured cannot access the insurance because they are saying it is a pandemic. So, we need to look at the possibility of ensuring that every single situation that is health-based is covered. Otherwise, the issue of health insurance loses meaning because we insure ourselves against the unknown. A pandemic is unknown and unexpected. So, it is important that they cover even pandemics.

Clause 24 mandates the NHIF Board to procure medical equipment and infrastructure for health service providers. This is an area that I have question marks about. Why would the NHIF, which is supposed to receive funds for the treatment and care of patients, be also giving the same health service providers money to build their own infrastructure and buy equipment? Look at it from this perspective. Some of those health providers are private business people. If you open such a loophole, it means that with good connections, they can get all their equipment purchased by NHIF. This is one area that I do not understand why we would want to have hard earned peoples' money that is for their security and health being used to pay those hospitals.

Finally, we also need to talk to our county governments. I have heard one of my colleagues say that our county governments have a role to play in this issue of health service provision. I attended a meeting today morning where people were complaining that almost all dispensaries that were built under the National Government Constituencies Development Fund (NG-CDF) have not been operational up to now. We need to ensure that Kenyans get health services. So, we must ensure that, that also happens as we build the Universal Health Coverage.

Thank you, Hon. Temporary Deputy Speaker for giving me the opportunity and I support.

The Temporary Deputy Speaker (Hon. Christopher Omulele): The Hon. Wanyonyi Kevin, Member for Kwanza.

Hon. Ferdinand Wanyonyi (Kwanza, FORD-K): Hon. Temporary Deputy Speaker, I was very excited when the Chairlady of the Departmental Committee on Health made these amendments. She was saying there is a turn of events. I have read the proposed amendments. The NHIF started somewhere in 1966 and some people were not even born by then. Basically, I want to support this because she mentioned that the youth could contribute up to Kshs150. If this is true, I will support it because it will be open and accessible to all the stakeholders, particularly the unemployed.

Secondly, there is a saying that a healthy nation is a prosperous nation. We are trying to expand this facility to make people access health care. Today as it is, many diseases are coming

up, including COVID-19 which is a big problem. We do not know its origin and in the Third Reading, we want to mandate NHIF to cater for those who are affected by it. They ought to access medication even if they have tested positive for COVID-19. They are claiming that this is a pandemic. How? I do not have a way of defending myself against a pandemic. Therefore, it is erroneous and we should include it. We never know what other pandemics may come but for this particular time, many people have had this problem.

Secondly, we MPs get many calls from our constituents who are having sick people in need of help. Therefore, we need to have this information accessible to people at home so that they can know the facility. Most people do not know about NHIF. In most cases, when people are sick, they come to you and ask you to pay their NHIF contributions. That is a problem out there. When we go home, we spend a lot. When you have not been contributing, just as the previous speaker has said, the penalty is up to 500 per cent. If one has been unable to contribute because of the hard economic times, how will he get the money to pay the NHIF penalties?

Therefore, we must create awareness so that this facility is known by everybody in the rural areas. We can do this through advertisements or local radios so that people can know that it is very cheap and easy to access NHIF. An amount of Kshs150 as mentioned by the Chairlady is affordable as opposed to Kshs500. So, let us get the people to understand that this facility can be of help in difficult times. Therefore, as we go ahead, I want the Committee to take note. This is because as we pass this Amendment Bill, we expect it to be decent so that our people can understand that NHIF is capable of helping us.

Another problem I have seen is that there is a lot of corruption in this country, especially in the management of some of those funds. I do not know what we will do but, we should be very clear about the management of those funds being above board. So, those who partner with us are encouraged to do so. The risk we have is a facility like this one in the next two to three years being run down due to corruption and somebody is arrested. We want to ensure that the management of those facilities are by people who can be trusted. I do not know how because corruption is here with us.

I take this opportunity to support this Amendment Bill because it has come at the right time. At the same time, we should take some time to explain to our people who are the beneficiaries on how it will help them. That way, they can contribute voluntarily towards NHIF. It should not be punitive if one does not contribute. For example, we want to encourage the *boda boda* riders because they are the ones riding around in a very risky manner. You see them on the roads riding carelessly. The risks they undertake while rushing to make a daily earning are very high.

So, let us help people understand the importance of NHIF so that they can contribute voluntarily and ease the burden on Members of Parliament. For example, somebody breaks his leg... Today I have received four cases from my constituency where some young men had a very serious head-on collision accident. They are now being treated in Eldoret and they are asking to be sent some money because some metals have to be inserted in their legs. The bill is about Kshs1.3 million. Where can I get that kind of money? So, let us pass these amendments and encourage people to contribute voluntarily so that they are covered and the burden is eased.

Hon. Temporary Deputy Speaker, I thank you for giving me this opportunity, I was not just complaining. Equipping our hospitals is another issue. Those facilities should be equipped. I do not want to see a person being transferred from my sub-county all the way to Nairobi because of lack of equipment. Let us have the equipment because the people can pay for the services offered.

With those few remarks, I support this Amendment Bill. We will make some amendments in the Third Reading.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Okelo Odoyo, Member for Nyando.

Hon. Jared Okelo (Nyando, ODM): Thank you, Hon. Temporary Deputy Speaker for giving me the opportunity. I am a bit bewildered by your factual observation on additional responsibilities that have consistently and incrementally been ramped up on the National Government Constituencies Development Fund (NG-CDF). I think this is because Kenyans are yet to internalise the terms of references around NG-CDF. Probably, it is because it was the first devolved money back to the electorate. Health is a devolved function.

Just as you have correctly put it, even cabinet secretaries who belong to the affluent community and are enlightened would still be asking us to shoulder NHIF bills or remissions on behalf of our constituents. This is bizarre. Certain times even issues to do with agriculture, water and roads, which are under the purview of devolved functions, still come to our doorsteps to be handled by us and we ask ourselves: “When will this end so that Kenyans can discern what is under the mandate of the county and those that fall under the NG-CDF?” However, we will not stop carrying out civic education on the same.

As a matter of fact, healthcare takes so much. The pandemic has made it even worse. At the advent of the pandemic in the month of March last year, for an admission of a COVID-19 patient in any hospital, an amount of Kshs300,000 must be paid upfront and you ask yourself where Kshs300,000 would be coming from, especially for a disease that never gives any notice. Of course, all diseases never give any notice and Kenyans do not enjoy the latitude that is enjoyed by other nations where there are safety nets in terms of health insurance. America was just grappling with Obama-care which was to provide some safety to the patients who were confronted with other terminal diseases or just any other kind of disease that is coming about. So, we are in a “catch 22 situation.” Our people must get access to healthcare as is espoused in Article 43 of our Constitution. We also have to contend with humongous bills that are sent by different health facilities to patients.

So, I would say this Bill is timely. It is giving more responsibilities and teeth to the NHIF and trying to expand that horizon so that it can incorporate so many people under the same category. As Members of Parliament, I cannot imagine the number of phone calls we get on a daily basis asking for hospital bills for patients to be released from various health facilities. I have a Bill under a conveyor belt that talks about indigents not being arbitrarily detained by various health facilities in the country. I have been looking at how much we spend on matters of health. Even when people retire and they get their pension and they have to get that gratuity, that part of it without any insurance cushioning it, all the money goes towards healthcare and you ask yourself if you were working for your health so that, at the end of the day, you pay to hospitals those huge sums of money. I think people work in order that they can create and build wealth and that wealth is now used to expand it even further, but not to someday take the whole savings to pay for hospital bills. Therefore, this is a Bill that I think we must all universally support so that we have some grounding in terms of our healthcare.

Hon. Temporary Deputy Speaker, I have noted each time I visit a health facility and I use my insurance card, there are security features that are employed on that scheme where you have to use your thumb in order to give them permission to attend to you. Secondly, they have to call your employer for verification. Additionally, they have to call the insurer so that there is concurrence. But in the NHIF – and this is susceptible to abuse and manipulation – there is nothing to counter-check the veracity of that claim and that is what brings about fake claims.

Therefore, the Government, at the end of the day, spends so much money on fake claims

to the detriment of those who really need that healthcare. If the NHIF is going to be something worth talking about, then they must go a step further to incorporate those security features and counter-checking so that we do not spend so much money on people who are not sick and yet, we have the suffering who will be detained in various health facilities or denied access to healthcare in general.

So, Hon. Temporary Deputy Speaker, we all understand that a healthy nation is a productive nation. This Bill will help us address issues of sickness and the pandemic. Now we have Corona Virus, we had Ebola the other time and we know that, as long as we are still on this rough world, other pandemics will come. So, this is a level of preparedness just in case we will be confronted by any other illness.

I want to believe that the remission by various citizens going forward will also be put into an investment programme by NHIF, so that we do not run a risk of lack of funds within that kitty or pool. Hospitals will now have to directly charge patients because their insurance scheme does not have money. So, let us hope that this will be run so professionally because what we have seen in the recent past is nothing to write home about. What we need is a healthy country; a healthy nation where people have access to healthcare; where people who are falling sick will not fear to go to health facilities just because they do not have money. This is going to provide a lasting safety net for our people and my mother who is residing deep down in the village will not have to call anytime she is feeling unwell. At that age, our parents are susceptible to illnesses on a daily basis. Some of them even fear to go for COVID-19 vaccination because of the myths around it. Perhaps, it is also because some people overreact to vaccination and hence become like guinea pigs across the village and people say so and so got ill after taking that jab and, therefore, we are not ready for it. So, the health personnel, together with the Ministry, would also help us pass the right information on this NHIF scheme even as we also persuade our various governors and those working under the health department of our counties to take this responsibility.

Kisumu County, for instance, would be receiving not less than Kshs4 billion annually. The NG-CDF only receives Kshs100 million but believe you me, up to now, if you walk across the counties, you would only see NG-CDF projects. There is nothing to show about the county projects. I am not casting any aspersion on our good governors but I think they need to move a step further to do a lot more for the people that we serve.

With that, I support this Bill and I thank you for giving me the opportunity.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Okelo, I am sure Kisumu County receives in excess of Kshs10 billion because my county, which is one of the tiniest, receives Kshs6 billion and we do not know where it goes to.

Hon. Kihara Kimaru, Member for Mathioya.

Hon. Peter Kimaru (Mathioya, JP): Thank you, Hon. Temporary Deputy Speaker for giving me an opportunity to contribute to this very important Bill and to say, at the outset, that I support it because it is timely. In fact, I think it should have been passed like yesterday. I would like to speak on a number of amendments that I would have wanted to see in this Bill. I am happy that Hon. Nyikal, who is a Member of that Committee, spoke to one that I felt would have been counter-productive, particularly Section 15 of the principle Act. We would have wanted to propose that they drop it because the whole issue of matching contributions for employers at this very difficult time would be counter-productive in many ways and even punitive to our employers. Perhaps, it would even have caused employers to look for ways of cutting those expenses. An employer may have incurred job losses or dropped out of some of the insurance schemes that they had for their employees. I am happy to hear that they have acceded to that. It is extremely welcome.

Hon. Temporary Deputy Speaker, the other important part is Section 22. My feeling is that since the NHIF is now a statutory mandatory cover, it should be able to cater for the primary cover care. The insurance should, therefore, be allowed to pay net of the NHIF. This is extremely important so that there are synergies.

Uptake of insurance has been very low in this country. Medical insurance has actually been a loss-making field for a very long time. I am encouraged to see that with the NHIF Bill, the people we want to net into this will bring in a huge reserve fund that can cater for many. My expectation is that, as the fund expands, the NHIF should also be able to subsequently expand the coverage for its members to ensure that, apart from the inpatient coverage in wards, they can also offer an out-patient medical cover.

The issue of the management of the fund will be critical. It would be good to see them bringing in systems that can ensure accountability.

As employers, we have deadlines within which to pay the NHIF contributions. That is welcome. It should not be punitive to members when they are late. As Hon. Robert Mbuyi has said, perhaps, that should be progressive. On the other side as well, we have noted many instances where claims that are already admitted by the NHIF take too long to be paid to the service providers. I, for one, have been approached by healthcare providers in my constituency like Kiriaini Mission Hospital, who are sometimes owed humongous amounts of money by the NHIF. That now boils down to the services that they can provide. This being one of the hospitals that provides services to my people in Mathioya, we want to ensure that in the same way that the NHIF gives deadlines in terms of payment of contributions, all admitted claims should also be paid within certain periods of time so as to ensure that those institutions are able to run, provide medicine and expand their services. When we see those institutions grow, it becomes extremely welcome.

I know there have been huge concerns about fraudulent claims. I believe the NHIF should be able to determine institutions where fraudulent claims come from and ensure that those are curtailed from the services or, at least, legal action is taken. There should be a way of dealing with those issues so that those that are admitted can be paid on time.

With the expanded room in the NHIF, that should enable the organisation to grow. The funds must be well-managed. We want to ensure that they pay claims on time. We would also want to ensure that there is also healthy competition among the insurers, which are very big bridges in the area of healthcare. With those two and even the other issue that was raised by Hon. Mbuyi on Section 24 on equipping the health service providers, there must be a clear way, right from the outset, on how they will go about that and how they will determine which institution to give kidney machines or those other health facilities. This can be a grey area. It is an area that needs to be managed well and should not be rushed. There must be a clear system. Otherwise, right now, that is an area that should be dropped.

Otherwise, I support.

MESSAGE

NOMINATION FOR APPOINTMENT AS IEBC MEMBER

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Members, allow me to briefly interrupt this debate to just convey this Message. This is a Message from the President

No. 05/2021 with regard to nominees for appointment to the position of member of the Independent Electoral and Boundaries Commission (IEBC).

Hon. Members, pursuant to Standing Order No. 42(1), I wish to report to the House that I have received a Message from His Excellency the President conveying his nomination of persons for appointment to the position of Member of the IEBC.

His Excellency the President, having received the Report of the Selection Panel for the Appointment of Commissioners of the IEBC and in accordance with the procedure set out in Section 7A of the Independent and Electoral Boundaries Commission Act, 2011 (Act No. 9 of 2011) as read together with the First Schedule to the Act and Sections 3 and 5 of the Public Appointments (Parliamentary Approval) Act (Act No. 33 of 2011), is now seeking the approval of the National Assembly on the appointment of the following nominees:

1. Ms. Juliana Whonge Cherera.
2. Mr. Francis Mathenge Wanderi.
3. Ms. Irene Cherop Masit.
4. Mr. Justus Abonyo Nyang'aya.

Hon. Members, Standing Order No. 45(1) requires that, upon receipt of notice of nomination for appointment of a person to such office, the nomination shall stand committed to the relevant Departmental Committee of the House for consideration. Further, Section 8(1) of the Public Appointments (Parliamentary Approval) Act (Act No. 33 of 2011), requires the National Assembly to consider the nominations within 28 days.

In this regard, Hon. Members, pursuant to the provisions of the said law and Paragraph (3) of the Standing Order No. 42 relating to Messages from the President, I hereby refer the Message, together with the Curriculum Vitae of the four nominees, to the Departmental Committee on Justice and Legal Affairs for the Committee to undertake the necessary approval hearings.

The Committee should expeditiously notify the nominees and the general public of the time and place for holding the approval hearings and, upon the conclusion of the hearings, table its Report in the House in good time to enable the House to consider the matter within the stipulated timelines preferably before the long recess which, in accordance with the Calendar of the National Assembly, is scheduled for 20th August 2021.

I thank you.

It is signed by Hon. Justin B.N. Muturi, EGH, MP, and Speaker of the National Assembly on Thursday, 5th August 2021.

Hon. Members, we shall proceed with the business that we were going on with. The next person on my list is Hon. Nangabo Janet, Member for Trans Nzoia.

(Resumption of Debate on Bill)

Hon. (Ms.) Janet Nangabo (Trans Nzoia CWR, JP): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to, at least, contribute to this timely Bill of health concerning the NHIF. This is very important. During those days that people have talked about, like in 1966 – when some of us here had not been born – when I was also an employee of the defunct Kenya Posts and Telecommunication Corporation (KP&TC), the NHIF was not considered for certain cadres of staff. When you were in Scales 10 or 11, you would not be considered for NHIF coverage. When you were in Scales 9, 8 up to 4, you would be covered by the NHIF. When you

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were sick at that time and taken to hospital, the NHIF would cover your hospital expenses. Again, when you got an accident while at work, you could be compensated.

I know my colleagues have exhausted this Bill. I can now go to expectant mothers. We had the Linda Mama Programme. In the last two weeks, I asked the Ministry of Health to bring a Statement on expectant mothers. According to the Ministry of Health, they were paying for their NHIF contributions, but only in particular hospitals. It is not mandatory that you have to go to a certain hospital so that they can pay. They were picking hospitals on the ground. Expectant mothers were supposed to go to that hospital. They were not paying those hospitals. Last week, the Ministry of Health said that they have not been paying those hospitals since 2019. In June, they remitted that money to various hospitals.

So, when we talk about the NHIF, it must be mandatory to all Kenyans, especially those from very poor backgrounds. It is because some of those people who are contributing to the NHIF are very poor. They are the *mama mbogas* and *boda boda* riders. My colleagues have said that you must have a card that is, at least, six months old. I want to persuade my colleagues that, when somebody has been recruited or has been issued with an NHIF card, let him or her be considered for treatment with immediate effect. I am saying this because so many *boda boda* riders and people who have been hired by individuals are not treated when they get involved in accidents. When they get to hospital and talk about having NHIF cards, they are told that they are not eligible for the medical cover because they were registered yesterday or only one month earlier. We should remember that those people have already contributed some money to the NHIF. So, I urge the Departmental Committee on Health to make sure that people who have started contributing to the NHIF or are registered...

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Nangabo, you have been caught up with time. You will have your balance of five minutes when this Bill comes up again for debate.

Hon. Members, I just want to make one correction with regard to the communication I made about the Message from His Excellency the President. I read out that it was Tuesday, 10th August 2021. The correct date is today's date which is 5th August 2021. That correction is to be noted.

ADJOURNMENT

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Members, the time being 7.00 p.m., this House Stands adjourned until Tuesday, 10th August 2021, at 2.30 p.m.

The House rose at 7.00 p.m.