

PARLIAMENT OF KENYA

THE SENATE

THE HANSARD

Wednesday, 28th May, 2025

Afternoon Sitting

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

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

PRAYER

DETERMINATION OF QUORUM
AT COMMENCEMENT OF SITTING

The Speaker (Hon. Kingi): Clerk, do we have quorum?

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

Serjeant-at-Arms, kindly ring the Quorum Bell for 10 minutes.

(The Quorum Bell was rung)

Hon. Senators, we now have quorum. Clerk, you may proceed to call the first Order.

The Chairperson Liaison Committee to lay their Paper. The Chairperson is normally the Deputy Speaker or any other Chairperson of a Standing Committee.

PAPERS LAID

REPORT ON ACTIVITIES AND OPERATIONS OF SELECT
COMMITTEES DURING THE THIRD SESSION (2024)

Sen. Mandago: Mr. Speaker, Sir, on behalf of the Chairperson of the Senate Liaison Committee, I beg to lay the following Paper on the Table of the Senate today, 28th May, 2025-

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Report of the Liaison Committee on the activities and operations of Select Committees during Third Session of 2024.

(Sen. Mandago laid the document on the Table)

The Speaker (Hon. Kingi): Proceed, Chairperson Standing Committee on Justice, Legal Affairs and Human Rights Committee (JLAHRC). Any Member of JLAHRC present?

REPORT ON CONSIDERATION OF THE COUNTY GOVERNMENTS
ELECTION LAWS (AMENDMENT) BILL
(SENATE BILLS No.2 OF 2024)

Sen. Chimera: Mr. Speaker, Sir, I beg to lay the following Papers on the Table of the Senate today, being the 28th May, 2025-

Report of the Standing Committee on Justice, Legal Affairs and Human Rights on its consideration of the County Governments Election Laws (Amendment) (Senate Bills No. 2 of 2024).

REPORT ON CONSIDERATION OF THE CONSTITUTION OF KENYA
(AMENDMENT) BILL (SENATE BILLS No.17 OF 2024)

Report of the Standing Committee on Justice, Legal Affairs and Human Rights on its consideration of the Constitution of Kenya (Amendment) Bill (Senate Bills No. 17 of 2024).

REPORT ON PETITION: IMPLEMENTATION OF AWARD BY ENVIRONMENT
COURT FOR COMPENSATION AND RESETTLEMENT

Report of the Standing Committee on Justice, Legal Affairs and Human Rights on its consideration of a Petition to the Senate by Mr. Bakari, Halifan Munge and three others, being residents of Kwale County, regarding the implementation of an award by the Environment and Land Courts for compensation and resettlement to the owner of Ramisi Phase 1 Block 5056 in Kwale County.

REPORT ON PETITION: INTRODUCTION OF A FRAMEWORK
FOR RECALLING NOMINATED MCAs

Report of the Standing Committee on Justice, Legal Affairs and Human Rights on its consideration of a Petition to the Senate by Mr. Laban Omusundi regarding the introduction of a framework for recalling Nominated Members of the County Assembly's (MCAs).

Thank you, Mr. Speaker, Sir.

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(Sen. Chimera laid the documents on the Table)

The Speaker (Hon. Kingi): The Chairperson, Standing Committee on Devolution and Intergovernmental Relations, proceed.

REPORT ON INQUIRY INTO THE STATE OF GOVERNANCE IN
GARISSA COUNTY GOVERNMENT

Sen. Abass: Mr. Speaker, Sir, I beg to lay the following Paper on the Table of the Senate today, 28th May, 2025-

Report of the Standing Committee on Devolution and Intergovernmental Relations on its inquiry on the state of governance in the County Government of Garissa arising from the Statement sought by Sen. Abdul Haji, MP.

Thank you, Mr. Speaker, Sir.

(Sen. Abass laid the document on the Table)

The Speaker (Hon. Kingi): Next Order.

NOTICES OF MOTIONS

NOTING OF REPORT ON ACTIVITIES AND OPERATIONS OF
SELECT COMMITTEES DURING THE THIRD SESSION (2024)

Sen. Mandago: Mr. Speaker, Sir, I beg to give Notice of the following Motion-

THAT, the Senate notes the Report of the Liaison Committee on the activities and operations of Select Committees during the Third Session (2024) pursuant to Standing Order 224 (2), laid on the Table of the Senate on Wednesday, 28th May, 2025.

ADOPTION OF REPORT ON PETITION ON IMPLEMENTATION OF AWARD BY
ENVIRONMENT COURT FOR COMPENSATION AND RESETTLEMENT

Sen. Chimera: Mr. Speaker, Sir, I beg to give Notice of the following Motion-

THAT, the Senate adopts the Report of the Standing Committee on Justice, Legal Affairs and Human Rights on its consideration of a Petition to the Senate by Mr. Bakari Halifan Munge and three other residents of Kwale County regarding the implementation of an award by the Environment and Land Court for compensation to and resettlement of the owners of Ramisi Phase 1 Block 5056 in Kwale County, laid on the Table of the Senate on Wednesday, 28th May, 2025.

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ADOPTION OF REPORT ON PETITION ON INTRODUCTION OF A
FRAMEWORK FOR RECALLING NOMINATED MCAS

Sen. Chimera: Mr. Speaker, Sir, I beg to give Notice of the following Motion-
THAT, the Senate adopts the Report of the Standing Committee on Justice, Legal Affairs and Human Rights on its consideration of a Petition to the Senate by Mr. Laban Omusundi regarding the introduction of a framework for recalling Nominated Members of the County Assemblies (MCAs), laid on the Table of the Senate on Wednesday, 28th May, 2025.

I thank you.

The Speaker (Hon. Kingi): Proceed, Chairperson, Standing Committee on Devolution and Intergovernmental Relations.

ADOPTION OF REPORT ON INQUIRY INTO THE STATE OF
GOVERNANCE IN GARISSA COUNTY GOVERNMENT

Sen. Abass: Mr. Speaker, Sir, I request the Senate to adopt the Report of the Standing Committee on Devolution and Intergovernmental Relations on its inquiry into the state of governance in the county---

The Speaker (Hon. Kingi): Sen. Abass, you are giving notice.

Sen. Abass: Mr. Speaker, Sir, I beg to give Notice of the following Motion-

THAT, the Senate adopts the Report of the Standing Committee on Devolution and Intergovernmental Relations on its inquiry into the state of governance in the County Government of Garissa arising from a Statement sought by Sen. Abdul Haji, MP, laid on the Table of the Senate on Wednesday, 28th May, 2025.

RESOLUTION ON REVIEW OF GUIDELINES OF THE PUBLIC
SERVICE COMMISSION INTERNSHIP PROGRAMME

Sen. Cherarkey: Mr. Speaker, Sir, I beg to give Notice of the following Motion-
THAT, AWARE THAT, the PSC has provided internship opportunity to many youths in various Government departments and agencies for a period not exceeding one year pursuant to Guidelines on Management of the Public Service Internship Programme of October, 2019;

APPRECIATING THAT, since its inception, the internship programme in Kenya has been instrumental in providing practical experience to graduates, enhanced employability, offered networking opportunities and has on a number of occasions led to full-time jobs to graduates;

CONCERNED THAT, internship opportunities are limited in number, skewed in distribution across Government departments and agencies, lack clear pathway to permanent employment, have inadequate opportunities for skill development due to the short duration that they are offered and that the stipend offered to PSC interns is

insufficient with an average stipend ranging from Kshs15,000 to Kshs30,000 per month which is not sustainable, especially to interns living in major cities like Nairobi where the cost of living is too high.

NOW THEREFORE, the Senate resolves that the Cabinet Secretary for Public Service and Human Capital Development in consultation with the Public Service Commission (PSC), review the guidelines for the Public Service Internship Programme of October 2019, with a view to:

- (1) increase the stipend offer to interns to cushion them against the high cost of living; and,
- (2) put in place mechanisms to promote and reward innovation by the interns.

Thank you, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Hon. Senators, before the Clerk calls the next Order, allow me to make this communication. Rev. Murgor, kindly take your seat.

(An hon. Senator spoke off record)

He is a man of God, nevertheless.

COMMUNICATION FROM THE CHAIR

VISITING TEACHERS AND STUDENTS FROM FRITHJOLF EUGENE BYES ACADEMY IN KAJIADO COUNTY

The Speaker (Hon. Kingi): Hon. Senators, I would like to acknowledge the presence in the Public Gallery this afternoon, of visiting teachers and students from Frithjolf Eugene Byes Academy in Kajiado County. The delegation comprises 25 teachers and 73 students who are in the Senate for a one-day academic exposition.

Hon. Senators, in our usual tradition of receiving and welcoming guests to Parliament, I extend a warm welcome to them. On behalf of the Senate and on my own behalf, I wish them a fruitful visit.

Extend your welcome, Sen. Seki, the Senator who was elected by many people if I can recall.

Sen. Seki: Thank you, Mr. Speaker, Sir. I also join you in congratulating and welcoming the students from Kajiado.

I wish you well and welcome you to the Senate of Kenya. I believe that you will learn more by the time you leave this place. Otherwise, thank you very much for coming to take notes on issues being debated in this Senate. I believe that as you go back home, you will have a story to tell your fellow students and pupils.

We will definitely join hands and greet each other when we go back to Kajiado and outside here. It is good that you came. There are three Senators here in the Senate from Kajiado County that is, Hon. Montet, Hon. Peris Tobiko and myself, the elected Senator for the people of Kajiado.

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Thank you very much.

The Speaker (Hon. Kingi): Next Order.

QUESTIONS AND STATEMENTS

STATEMENTS

Statements pursuant to Standing Order No.52(1) by Sen. Hamida Kibwana.
That Statement is dropped.

INTERNATIONAL DAY TO END OBSTETRIC FISTULA

(Statement dropped)

Statements pursuant to Standing Order No.53(1) by Sen. Essy Okenyuri.

IMPLEMENTATION OF NEW TICKETING AND QUEUING SYSTEM AT NAIROBI NATIONAL PARK

Sen. Okenyuri: Thank you, Mr. Speaker, Sir. I rise pursuant to Standing Order No.53(1) to seek a statement from the Standing Committee on Trade, Industrialisation and Tourism on a matter of national concern on the implementation of a new ticketing and queuing system by the Kenya Wildlife Service (KWS) at Nairobi National Park rolled out on 5th February, 2025.

Mr. Speaker, Sir, although introduced as a pilot initiative to improve efficiency and streamline visitor access, the system has resulted in prolonged delays, visitor dissatisfaction and concerns over possible misconduct by staff. If these challenges are not addressed, they may negatively affect our tourism revenue and Kenya's image as a preferred tourism destination.

In the Statement, the committee should address the following-

(1) The rollout and technical implementation of the upgraded ticketing and queuing system at Nairobi National Park, including the objectives of the pilot phase and how it was structured.

(2) The reasons for the continued delays and inefficiencies experienced by park visitors since the launch of the system, identifying whether these are due to technical, operational or human resource challenges.

(3) Reports or investigations into cases of misconduct involving KWS staff, particularly concerning irregular entry procedures.

(4) The impact of the new system on visitor numbers, satisfaction and revenue collection at the Nairobi National Park since February, 2025.

(5) The internal assessment and feedback mechanisms established by KWS to monitor system performance and the steps being taken to resolve the current inefficiencies and ensure a smooth visitor experience going forward.

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Thank you.

The Speaker (Hon. Kingi): Proceed, Sen. Richard Onyonka.

CRITERIA FOR DESIGNATION OF POLLING
STATIONS OUTSIDE THE COUNTRY

Sen. Onyonka: Mr. Speaker, Sir, thank you for your indulgence. I rise pursuant to Standing Order No.53(1) to seek a statement from the Standing Committee of Justice, Legal Affairs and Human Rights (JLAHRC) on a matter of international concern regarding the criteria used in the designation of polling stations outside our country, Kenya.

The Independent Electoral Boundaries Commission (IEBC) by Article 88(4) of the Constitution and Regulation 34 of the Election Voters Registration Regulation, which was done in 2012, is responsible for ensuring continuous registration of Kenyan citizens locally and abroad.

In the Statement, the Committee should address the following-

(1) The criteria applied in the choice and appointment of locations for polling stations globally during the coming elections.

(2) The procedures for voter registration, voter education and casting of votes by diaspora citizens, including provisions in place for ensuring transparency, accountability and access to information for Kenyans abroad regarding their eligibility, voting rights and where polling stations are going to be located in their areas.

The Speaker (Hon. Kingi): Hon. Senators, if you look at your Order Paper, Order Nos.8 to 13 are up for Division. Therefore, we will call them at once.

Clerk, call those Orders.

(The Clerk-at-the-Table called out Order No.s 8 to 13)

Serjeant-At-Arms, kindly ring the Division Bell for five minutes.

(The Division Bell was rung)

Serjeant-At-Arms, you may now close the Doors and draw the Bar.

(The Bar was drawn and Doors closed)

Hon. Senators, before we do the actual voting, kindly log out. Pull out your cards from the delegates unit. Serjeant-At-Arms, go around and pick the unattended cards and let me know when ready.

Are we ready? Thank you.

Hon. Senators, you may now log back into the delegate units. Before you vote, allow me to put the question on Order No.8.

MOTION

ADOPTION OF REPORT ON COUNTY GOVERNMENT
(ADDITIONAL ALLOCATIONS) CASH DISBURSEMENT
SCHEDULE FOR FY 2024/2025

THAT, the Senate adopts the Report of the Standing Committee on Finance and Budget on the County Governments (Additional Allocations) Cash Disbursement Schedule for the Financial Year 2024/2025, laid on the Table of the Senate, today, 27th May, 2025, and that pursuant to Section 17 (7) of the Public Finance Management Act, the Senate approves the County Governments (Additional Allocations) Cash Disbursement Schedule for Financial Year 2024/2025.

(Sen. Tabitha Mutinda on 27.5.2025)

(Resumption of debate interrupted on 27.5.2025)

You may proceed to vote.

(Technical hitch)

Clerk, what is wrong with the system?

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

All right, hon. Senators, you may now proceed to vote.

(Hon. Senators proceeded to vote)

(Voting in progress)

We will announce the results at the end.

I will now put the question for Order No. 9.

BILL*Second Reading*

THE DIVISION OF REVENUE BILL (NATIONAL
ASSEMBLY BILLS NO.10 OF 2025)

(Sen. Cheruiyot on 20.5.2025)

(Resumption of debate interrupted on 22.5.2025)

May you put the system up and running?

Hon. Senators, you may now proceed to vote.

(Voting in progress)

Hon. Senators, we are now moving to Order No. 10.

BILL

Second Reading

THE SPORTS (AMENDMENT) BILL (SENATE
BILLS NO.33 OF 2024)

(Sen. Sifuna on 16.4.2025 - Afternoon Sitting)

(Resumption of debate interrupted on 17.4.2025)

You may proceed to vote.

(Voting in progress)

Hon. Senators, we will now move to Order No. 11.

Senate Majority Leader, kindly take your seat.

BILL

Second Reading

THE SPORTS (AMENDMENT) (NO.2) BILL
(SENATE BILLS NO.45 OF 2024)

(Sen. Chimera on 17.4.2025)

(Resumption of debate interrupted on 7.5.2025 - Afternoon Sitting)

You may proceed to vote.

(Voting in progress)

Sen. Onyonka and Sen. Wafula, kindly proceed to the Clerk's Table and cast your vote.

(Sen. Onyonka and Sen. Wafula approached the Clerks-at-the-Table and registered their votes)

Hon. Senators, we are now moving to Order No.12 and I will put the question. You may proceed to vote.

(Sen. Wakili Sigei consulted with Sen. (Dr.) Khalwale)

Sen. Wakili and Sen. Boni, please take your seats.

(Sen. Wakili Sigei and Sen. (Dr.) Khalwale sat at their places)

Hon. Senators, I will proceed to put the question, which is that the Creative Economy Support Bill (Senate Bills No.30 of 2024) be now read a Second Time. You may proceed to vote.

BILL

Second Reading

THE CREATIVE ECONOMY SUPPORT BILL (SENATE BILLS NO.30 OF 2024)

(Sen. Oketch Gicheru on 7.5.2025)

(Resumption of debate interrupted on 22.5.2025)

(Voting in progress)

Sen. Mundigi, Sen. (Dr.) Murango and Sen. Wafula, proceed to the Clerk's Table.

(Sen. Munyi Mundigi, Sen. (Dr.) Murango and Sen. Wafula approached the Clerks-at-the-Table and registered their votes)

Hon. Senators, we will now move to Order No.13. I will proceed to put the question, which is that the Cooperatives Bill (National Assembly Bills No.7 of 2024) be now read a Second Time.

BILL*Second Reading*

THE COOPERATIVES BILL (NATIONAL
ASSEMBLY BILLS No.7 OF 2024)

(Sen. Cheruiyot on 22.5.2025)

Resumption of debate interrupted on 22.5.2025)

You may now proceed to vote.

(Voting in progress)

The Speaker (Hon. Kingi): Sen. (Dr.) Oburu, Sen. Abass and Sen. Wafula, proceed to dispatch desk and cast your vote.

*(Sen. (Dr.) Oburu, Sen. Abass, and Sen. Wafula
walked to the dispatch desk and voted)*

(Voting in progress)

*(Sen. Munyi Mundigi and Sen. Cherarkey
stood in their place)*

The Speaker (Hon. Kingi): Order, Sen. Mundigi and Senator for Nandi County. The results for the Divisions are as follows-

MOTION

ADOPTION OF REPORT ON COUNTY GOVERNMENT
(ADDITIONAL ALLOCATIONS) CASH DISBURSEMENT
SCHEDULE FOR FY 2024/2025

DIVISION

ELECTRONIC VOTING

(Question, that the Senate adopts the Report of the Standing Committee on Finance and Budget on the County Government (Additional Allocations) Cash Disbursement Schedule for the Financial Year 2024/2025 laid on the Table of the Senate on Tuesday 27th May, 2025 and that pursuant to Section 17(7) of the Public Finance Management Act, the Senate approved the County Governments (Additional Allocations)

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Cash Disbursement Schedule for Financial Year 2024/2025, put and the Senate proceeded to vote by county delegations)

AYES: Sen. Abass, Wajir County; Sen. Boy, Kwale County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chute, Marsabit County; Sen. Faki, Mombasa County; Sen. Gataya Mo Fire, Tharaka Nithi County; Sen. Joe Nyutu, Murang'a County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kinyua, Laikipia County; Sen. Kisang, Elgeyo Marakwet County; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Mandago, Uasin Gishu County; Sen. Methu, Nyandarua County; Sen. Mungatana, MGH, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.) Murango, Kirinyaga County; Sen. Murgor, West Pokot County; Sen. Mwaruma, Taita Taveta County; Sen. (Dr.) Oburu, Siaya County; Sen. Oketch Gicheru, Migori County; Sen. Onyonka, Kisii County; Sen. Osotsi, Vihiga County; Sen. Seki, Kajiado County; Sen. Sifuna, Nairobi City County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; and, Sen. Wambua, Kitui County

NOES: Nil

ABSTENTIONS: Nil

The Speaker (Hon. Kingi): Hon. Senators, the results of the Division are as follows-

AYES: 28

NOES: Nil

ABSTENTIONS: Nil

The "Ayes" have it.

(Question carried by 28 votes to Nil)

BILL

Second Reading

THE DIVISION OF REVENUE BILL (NATIONAL
ASSEMBLY BILLS NO.10 OF 2025)

DIVISION

ELECTRONIC VOTING

(Question, that The Division of Revenue Bill (National Assembly Bills No. 10 of 2025) be now read a Second Time, put and the Senate proceeded to vote by county delegations)

AYES: Sen. Abass, Wajir County; Sen. Boy, Kwale County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chute, Marsabit County; Sen. Faki,

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Mombasa County; Sen. Gataya Mo Fire, Tharaka Nithi County; Sen. Joe Nyutu, Murang'a County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kinyua, Laikipia County; Sen. Kisang, Elgeyo Marakwet County; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Mandago, Uasin Gishu County; Sen. Methu, Nyandarua County; Sen. Mungatana, MGH, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.) Murango, Kirinyaga County; Sen. Murgor, West Pokot County; Sen. Mwaruma, Taita Taveta County; Sen. (Dr.) Oburu, Siaya County; Sen. Oketch Gicheru, Migori County; Sen. Onyonka, Kisii County; Sen. Osotsi, Vihiga County; Sen. Seki, Kajiado County; Sen. Sifuna, Nairobi City County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; Sen. Wambua, Kitui County

NOES: Nil

ABSTENTIONS: Nil

The Speaker (Hon. Kingi): Hon. Senators, the results of the Division are as follows-

AYES: 28

NOES: Nil

ABSTENTIONS: Nil

The "Ayes" have it.

(Question carried by 28 votes to Nil)

BILL

Second Reading

THE SPORTS (AMENDMENT) BILL (SENATE
BILLS NO.33 OF 2024)

DIVISION

ELECTRONIC VOTING

*(Question, that The Sports (Amendment) Bill (Senate Bills
No. 33 of 2024) be now read a Second time, put and the Senate proceeded to vote
by County by delegations)*

AYES: Sen. Abass, Wajir County; Sen. Boy, Kwale County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chute, Marsabit County; Sen. Faki, Mombasa County; Sen. Gataya Mo Fire, Tharaka Nithi County; Sen. Joe Nyutu, Murang'a County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kinyua, Laikipia County; Sen. Kisang, Elgeyo Marakwet County; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Mandago, Uasin Gishu County; Sen. Methu, Nyandarua County; Sen. Mungatana, MGH, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.)

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Murango, Kirinyaga County; Sen. Murgor, West Pokot County; Sen. Mwaruma, Taita Taveta County; Sen. (Dr.) Oburu, Siaya County; Sen. Oketch Gicheru, Migori County; Sen. Onyonka, Kisii County; Sen. Osotsi, Vihiga County; Sen. Seki, Kajiado County; Sen. Sifuna, Nairobi City County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; Sen. Wambua, Kitui County

NOES: Nil

ABSTENTIONS: Nil

The Speaker (Hon. Kingi): Hon. Senators, the results of the Division are as follows: -

AYES: 28

NOES: Nil

ABSTENTIONS: Nil

The “Ayes” have it.

(Question carried by 28 votes to Nil)

BILL

Second reading

THE SPORTS (AMENDMENT) (No.2) BILL (SENATE
BILLS No.45 OF 2024)

DIVISION

ELECTRONIC VOTING

(Question, that The Sports (Amendments) Bill (Senate Bills No.45 of 2024) be now read a Second Time, put and the Senate proceeded to vote by county delegations)

AYES: Sen. Abass, Wajir County; Sen. Boy, Kwale County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chute, Marsabit County; Sen. Faki, Mombasa County; Sen. Gataya Mo Fire, Tharaka Nithi County; Sen. Joe Nyutu, Murang’a County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kinyua, Laikipia County; Sen. Kisang, Elgeyo Marakwet County; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Mandago, Uasin Gishu County; Sen. Methu, Nyandarua County; Sen. Mungatana, MGH, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.) Murango, Kirinyaga County; Sen. Murgor, West Pokot County; Sen. Mwaruma, Taita Taveta County; Sen. (Dr.) Oburu, Siaya County; Sen. Oketch Gicheru, Migori County; Sen. Onyonka, Kisii County; Sen. Osotsi, Vihiga County; Sen. Seki, Kajiado County; Sen. Sifuna, Nairobi City County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; Sen. Wambua, Kitui County

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NOES: Nil

ABSTENTIONS: Nil

The Speaker (Hon. Kingi): Hon. Senators, the results of the Division are as follows-

AYES: 28

NOES: Nil

ABSTENTIONS: Nil

The “Ayes” have it.

(Question carried by 28 votes to Nil)

BILL

Second Reading

THE CREATIVE ECONOMY SUPPORT BILL
(SENATE BILLS NO.30 OF 2024)

DIVISION

ELECTRONIC VOTING

(Question, that The Creative Economy Support Bill (Senate Bills No.30 of 2024) be now read a Second Time, put and the Senate proceeded to vote by county delegations)

AYES: Sen. Abass, Wajir County; Sen. Boy, Kwale County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chute, Marsabit County; Sen. Faki, Mombasa County; Sen. Gataya Mo Fire, Tharaka Nithi County; Sen. Joe Nyutu, Murang’a County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kinyua, Laikipia County; Sen. Kisang, Elgeyo Marakwet County; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Mandago, Uasin Gishu County; Sen. Methu, Nyandarua County; Sen. Mungatana, MGH, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.) Murango, Kirinyaga County; Sen. Murgor, West Pokot County; Sen. Mwaruma, Taita Taveta County; Sen. (Dr.) Oburu, Siaya County; Sen. Oketch Gicheru, Migori County; Sen. Onyonka, Kisii County; Sen. Osotsi, Vihiga County; Sen. Seki, Kajiado County; Sen. Sifuna, Nairobi City County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; Sen. Wambua, Kitui County

NOES: Nil

ABSTENTIONS: Nil

The Speaker (Hon. Kingi): Hon. Senators, the results of the Division are as follows: -

AYES: 28

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NOES: Nil
ABSTENTIONS: Nil
The “Ayes” have it.

(Question carried by 28 votes to Nil)

BILL

Second Reading

THE COOPERATIVES BILL (NATIONAL
ASSEMBLY BILLS NO.7 OF 2024)

DIVISION

ELECTRONIC VOTING

*(Question, that The Cooperatives Bill (National Assembly Bills No. 7 of 2024)
be now read a Second Time, put and the Senate
proceeded to vote by county delegations)*

AYES: Sen. Abass, Wajir County; Sen. Boy, Kwale County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chute, Marsabit County; Sen. Faki, Mombasa County; Sen. Gataya Mo Fire, Tharaka Nithi County; Sen. Joe Nyutu, Murang’a County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kinyua, Laikipia County; Sen. Kisang, Elgeyo Marakwet County; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Mandago, Uasin Gishu County; Sen. Methu, Nyandarua County; Sen. Mungatana, MGH, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.) Murango, Kirinyaga County; Sen. Murgor, West Pokot County; Sen. Mwaruma, Taita Taveta County; Sen. (Dr.) Oburu, Siaya County; Sen. Oketch Gicheru, Migori County; Sen. Onyonka, Kisii County; Sen. Osotsi, Vihiga County; Sen. Seki, Kajiado County; Sen. Sifuna, Nairobi City County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; Sen. Wambua, Kitui County

NOES: Nil
ABSTENTIONS: Nil

The Speaker (Hon. Kingi): Hon. Senators, the results of the Division are as follows-

AYES: 28
NOES: Nil
ABSTENTIONS: Nil
The “Ayes” have it.

(Question carried by 28 votes to Nil)

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The Speaker (Hon. Kingi): Serjeant-at-Arms, you may now withdraw the Bar and open the doors.

(The Bar was drawn and the doors opened)

Next Order.

COMMITTEE OF THE WHOLE

(Order for the Committee read)

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

IN THE COMMITTEE

[The Temporary Chairperson (Sen. Wakili Sigei) in the Chair]

THE DIVISION OF REVENUE BILL (NATIONAL
ASSEMBLY BILLS NO. 10 OF 2025)

(Several Senators stood up in their place)

The Temporary Speaker (Sen. Wakili Sigei): Order, hon. Members. Please, do not leave the Chamber. Let us take our seats.

The Senate Majority Whip and Sen. Sifuna, let us resume our seats.

(Loud consultations)

The Temporary Chairperson (Sen. Wakili Sigei): Order, Hon. Members. Kindly let us take our seats.

Hon. Senators, we are now in the Committee of the Whole to consider the Division of Revenue Bill (National Assembly Bills No.10 of 2025). We will proceed to the division at the end, but we will first go through the clauses.

I will start with Clause 3

Clause 3

The Temporary Chairperson (Sen. Wakili Sigei): I will ask the Chairperson, Standing Committee on Finance and Budget, Sen. (Dr.) Khalwale, to proceed.

Sen. (Dr.) Khalwale: Mr. Temporary Chairperson, I beg to move-
 THAT Clause 3 of the Bill be amended by deleting the expression “203(2)” appearing immediately after the words “accordance with Article” and substituting therefor the expression “202(1)”.

(Question of the amendment proposed)

The Temporary Chairperson (Sen. Wakili Sigei): Division will be at the end.

Clauses 4 and 5

(Question, that Clauses 4 and 5 be part of the Bill, proposed)

The Temporary Chairperson (Sen. Wakili Sigei): Division will be at the end.

The Schedule

Sen. (Dr.) Khalwale: Mr. Temporary Chairperson, I beg to move-
 THAT the Bill be amended by deleting the Schedule and substituting therefor the following new Schedule -

SCHEDULE (s. 4)
ALLOCATION OF REVENUE RAISED NATIONALLY BETWEEN THE NATIONAL GOVERNMENT AND COUNTY GOVERNMENTS FOR THE 2025/26

FINANCIAL YEAR

Type/ level of allocation	Amount in Ksh.	Percentage (%) of the FY 2021/22 audited and approved Revenue of Ksh.1,920,434,085,078
A. Total Shareable Revenue	2,756,978,546,059	
B. National Government	2,279,638,176,610	
C. Equalization Fund	12,338,909,776	
<i>of which, 0.5 Per Centum</i>	9,602,170,425	0.50%

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<i>Arrears</i>	2,736,739,351	
D. County equitable share	465,001,459,673	24.21%

(Question of the amendment proposed)

The Temporary Chairperson (Sen. Wakili Sigei): Division will be at the end.

Clause 2, the Title and Clause 1

*(Question, that Clause 2, the Title and Clause 1
be part of the Bill, proposed)*

The Temporary Chairperson (Sen. Wakili Sigei): Division will be at the end.

Hon. Senators, we will immediately proceed to division. I direct that the bell be rung for five minutes for us to get the numbers to proceed to division.

Serjeant-at-Arms, please, ring the quorum bell for five minutes.

(The Division bell was rung)

Hon. Senators, we now have a quorum.

I direct that the bar be drawn and the doors locked.

(The Bar was drawn and the doors closed)

Hon. Senators, take your seats. We are ready to vote. Serjeant-at-Arms, remove the cards from unattended delegate units. Senators, you may now log out.

DIVISION

ELECTRONIC VOTING

*(Question, that Clause 3 be amended as proposed, put and the
Senate proceeded to vote by County Delegations)*

AYES: Sen. Abass, Wajir County; Sen. Ali Roba, Mandera County; Sen. Boy, Kwale County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chute, Marsabit County; Sen. Faki, Mombasa County; Sen. Gataya Mo Fire, Tharaka Nithi County; Sen. Githuku, Lamu County; Sen. Joe Nyutu, Murang'á County; Sen. Kathuri, Meru County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kisang', Elgeyo Marakwet County; Sen. Kinyua, Laikipia County; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Lomenen, Turkana County; Sen. Mandago, Uasin Gishu County;

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Sen. Methu, Nyandarua County; Sen. Mungatana, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.) Murango, Kirinyaga County; Sen. Mwaruma, Taita Taveta County; Sen. Onyonka, Kisii County; Sen. (Dr.) Oburu, Siaya County; Sen. Oketch Gicheru, Migori County; Sen. Osotsi, Vihiga County; Sen. Seki, Kajiado County; Sen. Sifuna, Nairobi City County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; and, Sen. Wambua, Kitui County.

NOES: Nil

The Temporary Speaker (Sen. Wakili Sigei): The results of the Division are as follows-

AYES: 31

NOES: 0

ABSENTIONS: Nil

The “Ayes” have it.

(Question carried by 31 votes to Nil)

The Temporary Speaker (Sen. Wakili Sigei): Hon. Members, we are now proceeding to the next clause.

Sen. Chesang’, take your seat and vote. Sen. Joe Nyutu, approach the desk to vote.

(Voting in progress)

DIVISION

ELECTRONIC VOTING

(Question, that the Schedule be amended as proposed, put and the Senate proceeded to vote by County Delegations)

AYES: Sen. Abass, Wajir County; Sen. Ali Roba, Mandera County; Sen. Boy, Kwale County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chute, Marsabit County; Sen. Faki, Mombasa County; Sen. Gataya Mo Fire, Tharaka Nithi County; Sen. Githuku, Lamu County; Sen. Joe Nyutu, Murang’á County; Sen. Kathuri, Meru County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kisang’, Elgeyo Marakwet County; Sen. Kinyua, Laikipia County; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Lomenen, Turkana County; Sen. Mandago, Uasin Gishu County; Sen. Methu, Nyandarua County; Sen. Mungatana, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.) Murango, Kirinyaga County; Sen. Mwaruma, Taita Taveta County; Sen. Onyonka, Kisii County; Sen. (Dr.) Oburu, Siaya County; Sen. Oketch Gicheru, Migori County; Sen. Osotsi, Vihiga County; Sen. Seki, Kajiado County; Sen. Sifuna, Nairobi City County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; and, Sen. Wambua, Kitui County.

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NOES: Nil

The Temporary Speaker (Sen. Wakili Sigei): The results of the Division are as follows-

AYES: 31

NOES: 0

ABSENTIONS: Nil

The “Ayes” have it.

(Question carried by 31 votes to Nil)

The Temporary Speaker (Sen. Wakili Sigei): We now proceed to the next Division.

Hon. Members, you may now proceed to vote.

(Voting in progress)

DIVISION

ELECTRONIC VOTING

(Question, that Clauses 3 (as amended), 4, 5, the Schedule (as amended), Clause 2, the Title and Clause 1 be part of the Bill, put and the Senate proceeded to vote by County Delegations)

AYES: Sen. Abass, Wajir County; Sen. Ali Roba, Mandera County; Sen. Boy, Kwale County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chute, Marsabit County; Sen. Faki, Mombasa County; Sen. Gataya Mo Fire, Tharaka Nithi County; Sen. Githuku, Lamu County; Sen. Joe Nyutu, Murang’á County; Sen. Kathuri, Meru County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kisang’, Elgeyo Marakwet County; Sen. Kinyua, Laikipia County; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Lomenen, Turkana County; Sen. Mandago, Uasin Gishu County; Sen. Methu, Nyandarua County; Sen. Mungatana, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.) Murango, Kirinyaga County; Sen. Mwaruma, Taita Taveta County; Sen. Onyonka, Kisii County; Sen. (Dr.) Oburu, Siaya County; Sen. Oketch Gicheru, Migori County; Sen. Osotsi, Vihiga County; Sen. Seki, Kajiado County; Sen. Sifuna, Nairobi City County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; and, Sen. Wambua, Kitui County.

NOES: Nil

The Temporary Speaker (Sen. Wakili Sigei): The results of the Division are as follows-

AYES: 31

NOES: 0

ABSENTIONS: Nil

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The “Ayes” have it.

(Question carried by 31 votes to Nil)

Order, hon. Members. Sen. Mo Fire, take your seat.

I now call upon the Mover. The Chairperson is present, Sen. (Dr.) Khalwale.

(Loud consultations)

Order, hon. Members. Can we have the Chairperson or Sen. (Dr.) Khalwale?

Sen. (Dr.) Khalwale: Mr. Temporary Chairman, Sir, I beg to move that the Committee do report to the Senate its consideration of the Division of Revenue Bill (National Assembly Bills No. 10 of 2025) and its approval thereof with amendments.

Thank you.

(Question proposed)

(Question put and agreed to)

(The House resumed)

[The Deputy Speaker (Sen. Kathuri) in the Chair]

The Deputy Speaker (Sen. Kathuri): Hon. Senators, kindly, do not leave the Chamber. We have another division, the last one. Let us have Order, Sen. Chute. Sen. Osotsi. I do not know the campaign you are having this afternoon.

Let us go to the reporting of the Bill. Can we hear from the Temporary Chairperson, Sen. Wakili Sigei?

REPORT AND CONSIDERATION OF REPORT

THE DIVISION OF REVENUE BILL (NATIONAL ASSEMBLY BILLS NO.10 OF 2025)

Sen. Wakili Sigei: Mr. Deputy Speaker, Sir, I beg to report that the Committee of the Whole has considered the Division of Revenue Bill (National Assembly Bills No.10 of 2025) and its approval thereof with amendments.

The Deputy Speaker (Sen. Kathuri): Can we hear from the Mover?

Sen. (Dr.) Khalwale: Mr. Deputy Speaker, Sir, I beg to move that the House doth agree with the Committee in the said report.

The Deputy Speaker (Sen. Kathuri): I beg your pardon? What did you say?

Sen. (Dr.) Khalwale: Mr. Deputy Speaker, Sir, I beg to move that the House doth agree with the Committee in the said report.

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The Deputy Speaker (Sen. Kathuri): Now, let the Senate Majority Leader move because you are misleading us with your doth.

Sen. (Dr.) Khalwale: Mr. Deputy Speaker, Sir---

The Deputy Speaker (Sen. Kathuri): The Mover is the Senate Majority Leader. Let him do his work.

Sen. (Dr.) Khalwale: Mr. Deputy Speaker, Sir, the correct reading is doth and not do. It is doth. The House is so informed.

The Deputy Speaker (Sen. Kathuri): I am not ready for any lessons this afternoon.

(Laughter)

Can we hear from the Senate Majority Leader?

The Senate Majority Leader (Sen. Cheruiyot): Hon. Deputy Speaker, Sir, I beg to move that the House do agree with the Committee in the said report.

I request Sen. Wambua to second.

Sen. Wambua: Mr. Deputy Speaker, Sir, I second.

The Deputy Speaker (Sen. Kathuri): Proceed to your seat.

(Question proposed)

(Question put and agreed to)

The Deputy Speaker (Sen. Kathuri): Can we hear from the Mover?

The Senate Majority Leader (Sen. Cheruiyot): Mr. Deputy Speaker, Sir, I beg to move that the Division of Revenue Bill (National Assembly Bills No.10 of 2025) be now read a Third time.

I request Sen. Githuku to second.

Sen. Githuku: Thank you, Mr. Deputy Speaker, Sir. I second.

(Question proposed)

The Deputy Speaker (Sen. Kathuri): I thought that one Senator wanted to give some input.

We are going to Division. Do we have numbers or we ring the quorum bell? We will ring the quorum bell for two minutes. Two minutes is okay. Let us sanitise the process. Serjeant-at-Arms, ring the quorum bell for two minutes.

(The Division Bell was rung)

You should also take out the unattended cards. You can now close the doors and draw the bars.

(The bars were drawn and doors closed)

Hon. Senators, proceed to vote. You can now vote. You are not voting on your phones. Proceed to vote.

(Voting in progress)

Sen. Chute and your group, I hope you are voting. Sen. (Dr.) Khalwale, you are out of order. You should be ready to vote. You should also be very attentive.

Sen. Oburu Odinga, Sen. Onyonka, and Sen. Mungatana, approach the Table.

(Sen. Oburu Odinga, Sen. Onyonka and Sen. Mungatana approached the Clerks-at-the-Table)

THIRD READING

THE DIVISION OF REVENUE BILL (NATIONAL
ASSEMBLY BILLS NO.10 OF 2025)

DIVISION

ELECTRONIC VOTING

(Question, that the Division of Revenue Bill (National Assembly Bills No.10 of 2025 be now read a Third Time put, and the Senate proceeded to vote by County Delegations)

AYES: Sen. Ali Roba, Mandera County; Sen. Boy, Kwale County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chute, Marsabit County; Sen. Gataya Mo Fire, Tharaka Nithi County; Sen. Faki, Mombasa County; Sen. Githuku, Lamu County; Sen. Joe Nyutu, Murang'a County; Sen. Kathuri, Meru County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kinyua, Laikipia County; Sen. Kisang, Elgeyo Marakwet County; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Lomenen, Turkana County; Sen. Maanzo, Makueni County; Sen. Mandago, Uasin Gishu County; Sen. Methu, Nyandarua County; Sen. Mungatana, MGH, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.) Murango, Kirinyaga County; Sen. Mwaruma, Taita Taveta County; Sen. (Dr.) Oburu, Siaya County; Sen. Oketch Gicheru, Migori County; Sen. Onyonka, Kisii County; Sen. Osotsi, Vihiga County; Sen. Seki, Kajiado County; Sen. Sifuna, Nairobi City County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; and Sen. Wambua, Kitui County.

NOES: Nil

ABSTENTIONS: Nil

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The Deputy Speaker (Sen. Kathuri): Hon. Senators, these are the results of the Division-

AYES: 31

NOES: Nil

ABSTENTIONS: Nil

The “Ayes” have it.

(Question carried by 31 votes to Nil)

(The Bill was accordingly read a Third Time and passed)

The Deputy Speaker (Sen. Kathuri): You can now open the doors and bars drawn.

(The Bars were drawn and doors opened)

(Loud consultations)

Order, hon. Senators. We will reorganise the business of the day. We defer Orders No.15, 16 and 17.

COMMITTEE OF THE WHOLE

THE EARLY CHILDHOOD EDUCATION (AMENDMENT)
BILL (SENATE BILLS NO.54 OF 2023)

(Committee of the Whole deferred)

COMMITTEE OF THE WHOLE

THE LOCAL CONTENT BILL (SENATE BILLS
NO.50 OF 2023)

(Committee of the Whole deferred)

COMMITTEE OF THE WHOLE

THE STREET VENDORS (PROTECTION OF LIVELIHOOD)
BILL (SENATE BILLS NO.41 OF 2023)

(Committee of the Whole deferred)

We will proceed with Order No.18.

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MOTION**ADOPTION OF REPORT ON PETITION: DEATH
OF MS. ANNITA JEPKORIR AT MTRH DUE TO
ALLEGED MEDICAL NEGLIGENCE**

THAT, the Senate adopts the Report of the Standing Committee on Health on a Petition to the Senate by Ms. Mercy Jepchirchir regarding alleged medical negligence and staff incompetence which led to the death of Ms. Annita Jepkorir at the Moi Teaching and Referral Hospital, laid on the Table of the Senate on Wednesday, 7th May, 2025.

(Sen. Mandago on 27.5.2025)

(Resumption of debate interrupted on 27.5.2025)

The Deputy Speaker (Sen. Kathuri): Sen. Cherarkey Samson, proceed.

Sen. Cherarkey: Thank you, Mr. Deputy Speaker, Sir. I do not know why Sen. Sifuna is uncomfortable about nurses, yet he was proud of them the other day.

I rise to support the Motion regarding alleged medical negligence and staff incompetence, which led to the death of Ms. Annita Jepkorir at the Moi Teaching and Referral Hospital (MTRH). I pass my deepest condolences to the family and friends of Annita Jepkorir, whose unfortunate death in 2021 resulted from medical negligence at the hospital. I remember this young girl, only six years old, full of life, but due to medical negligence, we lost her. The doctors failed to locate the foreign object she had swallowed, leading to tragic consequences.

This is deeply saddening. Medical negligence is becoming a predominant problem, especially in our hospitals. The procedure performed did not remove the foreign object. In the process of surgery, the doctors, led by Dr. Ondigo and his team, accidentally removed two teeth instead. The foreign object remained lodged in her lungs even after bronchoscopy and thoracotomy, and over time, it led to severe pneumonia that ultimately caused Annita Jepkorir's death.

This was a clear violation of the law. Under Article 43 of the Constitution, every Kenyan has the right to affordable and quality health care. As much as we celebrate medical practitioners in this country, we recognize the challenges they face. They play a crucial role. They do a lot in Meru, Migori, Nandi and Nyandarua county hospitals.

In as much as we are blaming them for medical negligence, I also acknowledge the difficulties our medical practitioners go through. Some, particularly those under the Universal Health Coverage (UHC), have yet to be confirmed as permanent and pensionable employees, which is unfortunate. During the COVID-19 Pandemic, they

were the ones who rose to fight the crisis while guns, bullets and heavy artillery remained in the barracks. It was the UHC staff who stood at the forefront.

I am pleased that, today, I have seen comments by the Chairperson of the Budget and Appropriations Committee of the National Assembly, the Member of Parliament (MP) for Alego Usonga. He said that they will budget for absorption of the UHC staff on permanent and pensionable terms or pay them gratuity and ensure proper transfer to the county governments across the nation. That is the issue I was talking about yesterday. Let us be fair to our medical staff.

Mr. Deputy Speaker, Sir, I once visited Malava Sub-County Hospital. They do not have Protective Industrial Products (PIPs). I visited one of the rooms where they perform caesarean section. It is sad that they do not have even gloves. They do not have protective gear for performing surgical procedures to our mothers across Malava. The same case applies to Nandi Hills County Hospital and Kapsabet County Referral Hospital. You will find the same situation in Mosoriot Sub-County Hospital. When I went to the kitchen of Mosoriot Sub-County Hospital, it was embarrassing because it was very dirty. You could see cockroaches walking all over. Remember that is where food for sick people is prepared. Our medical practitioners always have a challenge especially when it comes to issues of health in this country.

I now want to talk about the issue of negligence that happened to Annita Jepkorir at Moi Teaching and Referral Hospital (MTRH). We have to appreciate that apart from the Kenyatta National Hospital (KNH), there are other two referral hospitals outside Nairobi. It is sad when you listen to the story. The management of MTRH and the people who did the operation, led by Dr. Ondigo, did not even have empathy to the parents of Annita Jepkorir. In as much as some deaths are not preventable, that case was preventable.

I am happy that Members of the Committee on Health, led by Sen. Mandago who happens to hail from the same county where that death happened--- He was the Governor at that time because it happened in 2021. It is unfortunate that there was disjointed communication before, during and even after the operation.

It should be noted that MTRH, which is one of the biggest referral hospitals outside Nairobi, has poor record-keeping by the people who admitted and those who released the girl. There was no proper trail of records since the patient was admitted, during the surgical procedure and recovery period and after the patient was released from the hospital. That is embarrassing! In this era of technology, I would have expected the Sen. Mandago-led Committee to call out MTRH for having a poor record-keeping practice.

In fact, the young people who insult, demean and criticize leaders on social media should get jobs at MTRH to keep health records, so that we are not embarrassed by deaths that occur out of medical negligence. I would have expected the committee led by Sen. Mandago to indicate in this report that MTRH must be called out for poor record-keeping. In this era of technology, it should have been easy to do referrals and ensure that the patient is well taken care of. That death should have been prevented.

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When you read the report, Dr. Ondigo and company--- After the young girl was released, no one referred to the team that did surgery. They did not even do a Computerized Tomography (CT) scan after the surgery, yet a foreign substance was still inside her body that later caused pneumonia, which killed the young girl who was only six years old. As we empathise and sympathise with the family, it should not happen in the modern-day Kenya. Today, we had the National Prayer Breakfast. We can only do some things after praying. This report by the Committee on Health should be amended to ensure that MTRH comes up with a proper way of keeping records.

Mr. Deputy Speaker, Sir, quickly so that I cede ground for my colleagues, under the Constitution, human rights are basic rights. The pleas by the mother called Mercy Kipchirchir were ignored. MTRH has a Public Relations (PR) Department. The complaints by the complainant were ignored until she sought assistance from the Senate. In this Report, the Committee on Health should have recommended administrative action against the PR Department of MTRH in Eldoret to explain why.

Most of us here are parents. I do not know about Sen. Methu and Sen. Eddy, unless they tell us if they are parents. We know the pain of losing a child. Imagine she went to complain, but there was no one to listen to her and she lost her child. I expected the Committee on Health to recommend administrative action to be taken against PR officers at MTRH. That is the least thing we can do. If that can happen at the MTRH, how many people have lost their lives in other hospitals?

There is a girl who delivered well in Kabiyet Sub-County Hospital. She was later transferred to Mosoriot Sub-County Hospital where she bled to death, but the County Government of Nandi did nothing. They did not even give counseling or a listening ear to the complaint of negligence where she had gone to deliver through caesarian section. We must be empathetic. I hope there are Members of the Committee on Health here. In this Report, they have not even recommended socio-psychological support to the parent. After losing a child, one is stressed and they could even have suicidal thoughts.

Mr. Deputy Speaker, Sir, you are one of the longest serving MPs in this House. Parliament enjoys a High Court status. Therefore, we can make recommendations like a High Court.

Let me quickly look at the recommendations by the Committee. I am happy, but equally sad. What the Committee has recommended is both sweet and sour, like a Chinese dish, trying to run away from responsibility, but at the same time, apportioning blame. The reading of Section 20 of the Medical Practitioners and Dentists Act, Cap. 253, as revised in 2012 and 2019, is very clear on disciplinary procedures. You can issue caution or reprimand. You can also order for remedial courses for doctors or medical practitioners.

Two procedures were done. There was trichotomy and another one known as tracheostomy. Two procedures were done, but they never removed the foreign object. Dr. Ondigo and his team must be ordered to go back for remedial courses because after performing two procedures, they could not trace the foreign object inside that young girl. You can imagine the pain she underwent during that surgical process.

The Kenya Medical Practitioners and Dentists Council (KMPDC) did not even order for remedial courses. I expected the Senate Standing Committee on Health to recommend remedial courses. God forbid, how many patients have gone through their hands and had negligence as this? They were even supposed to suspend the license of these doctors and medical team, including the nurses. They should have even given penalties and fines. Under Section 20 of Medical Practitioners and Dentists Act, Cap. 253, which was revised in 2019, there must be a proper penalty. I know, Sen. (Dr.) Boni Khalwale understands this. We should have had a fine against this medical team.

One is caution and another one is reprimand. I expected a probation. They should have done a probation, for this medical team, including the team leader, Dr. Ondigo and company. They should have been taken for probation for six months, for remedial courses, also be supervised by the KMPDC, so that we are certain. If today this Report is public, if today a patient is supposed to go through a procedure of by a team led by Dr. Ondigo, do you still have the confidence that the procedure will be successful?

So, the reading of Section 20 of the Medical Practitioners and Dentists Act, Cap. 253, is clear on disciplinary. I would have expected that this should have been done.

Mr. Deputy Speaker, Sir, the third recommendation speaks to establishing clear protocols of surgical procedure. I agree that they must be clear. I am told in the second operation, there was no consent from the family or guardian. They did the second operation without the consent of the family. This is a clear violation and medical negligence. How can you perform a procedure without the consent of the guardian or the family? The law is clear. That is why I am saying Section 20 of the Medical Practitioners and Dentists Act, Cap. 253, should have come heavy and ensure that there was at least proper punishment. However, by saying disciplinary procedures to be reviewed, investigate professional conduct, it means that after the disciplinary action, the only recourse is that after 30 days you can appeal at the High Court, as per the law.

On issues of surgical medical procedure, therefore, it must be followed, so that we ensure that critical medical procedures are all taken care of. This medical negligence of Annita should be the last one. You saw Dr. Chacha who was a doctor at the Kenyatta National Hospital, but he could not be treated because he did not have money, yet he was a doctor working in the same hospital.

When you look at patient advocacy, I disagree with this recommendation. You cannot tell us that in regards to the patient advocacy, Moi Teaching and Referral Hospital (MTRH) should have been the one to advocate for the rights of the victim, yet we know this is a conflict of interest. How do you expect patient advocacy within to support?

Mr. Deputy Speaker, Sir, I agree with the recommendations of this Motion and report. However, in the future, I would like to appeal to the KMPDC to come back and ensure that they arrest the rising cases of criminal medical negligence in our facilities. We are losing many mothers during Caesarean Section (C-section) procedures in most of our facilities. When a mother goes to give birth, you are told she underwent a C-section then complications arose, and she died. It cannot be. The KMPDC must come to the rescue of Kenyans.

I know in every profession, there are crooks within the profession, including my own profession of law, engineers, medical practitioners or even structural engineers. However, we must punish, so that we do not lose lives.

Mr. Deputy Speaker, Sir, as I have been saying, when you are handling human life, it is so sensitive because when you lose somebody, you never recover them. Other things can be recovered. For instance, when a building collapses, you can rebuild and when a road stalls, you can rebuild.

As we pray for this nation in the national prayer breakfast, we must confront serious challenges that are facing us, including medical negligence, corruption, bad governance and poor development. That is why the Governor of Trans Nzoia County was charged the other day. One of the court orders say you cannot access the office. Today, he was in office. So, there is impunity in this country. He was in the *huduma mashinani* office, yet the courts ruled in the court order that he should not step in the Office of the Governor until the corruption allegation of Kshs1.2 billion is cleared or upheld. This is a country of impunity.

I would like to thank the President because he was gracious today. I would have expected the Senate Majority Whip would do that, but let me do the honors. I thank the President for asking for forgiveness from our neighbours, Tanzania and Uganda, and also from Gen-Zs. It takes a real leader to seek for forgiveness. Now that the President has requested and prayed that we forgive each other, as a nation, we should forgive each other and move forward, so that we can have one nation.

I would like to appeal to Tanzania's Members of Parliament that, even if English is not their priority, they should not insult us in Kiswahili. We are also telling them, let us have one united East African Community (EAC), which we are proud of. That is my appeal as we go into the future. With this Motion, let us ensure that we finish issues of medical negligence in this country.

I support this Motion.

Thank you.

The Deputy Speaker (Sen. Kathuri): Next is Sen. Oketch Eddy.

Sen. Oketch Gicheru: I thank you, Mr. Deputy Speaker, Sir. This is a hard Motion to contribute to because one life lost in the hands of caregivers, and in places of recourse in a country like Kenya today, is way too many. Therefore, allow me above everything I will say today, to, first of, all pass my deepest condolences to the family of Ms. Annita Jepkorir, who unfortunately died at the Moi Teaching and Referral Hospital in the hands of caregivers.

Mr. Deputy Speaker, Sir, I celebrate caregivers, doctors, nurses and clinicians, who work tirelessly to make sure that when we get sick and find our way to hospital, we come back home safe. What happened at the MTRH is unfortunate because there are caregivers who work tirelessly every single day to make sure that we are safe as Kenyans. They do this with zeal and zest despite the fact that our country does not give them the best compensation, support and care, to be able to get the same medical support that they give us. Doctors today in Kenya sometimes cannot even afford insurance to get the healthcare that the people that they give do get. So, in no way is this a small matter.

Mr. Deputy Speaker, Sir, I am drawn to the attention of this Petition by virtue of it not being a random Petition. It was sent to this House by one Ms. Mercy Jepchirchir, who reported to the Senate of Kenya on this issue on 10th July, 2024. That was last year. First, I want to thank her because without her, we would not have been able to know what happened to this promising soul of Ms. Annita, who unfortunately lost her life in the course of getting attention at the Moi Teaching and Referral Hospital (MTRH).

What is even wanting that I would like to talk about today, is how many people and cases are unreported. How many deaths could we be having in our different medical facilities that are not reported? I had the advantage of studying in the United States of America (USA). In the USA, every year, on average, about 600,000 cases of deaths are reported in hospitals. The USA is one of the countries that has made strides in medical advancement. However, at any given time, you will find that the third-largest cause of death in the USA is always medical errors. Those medical errors in a world-leading economy have become a public health problem.

When this petition was brought to us, I wondered, if in the USA we can end up having this issue of medical errors in facilities of medical attention becoming a third-leading cause of death, what about in our borders where, if it were not for somebody like Ms. Mercy Cheronu bringing this to the attention of the Senate? I will not belabour the point. I strongly believe that even though the recommendations here have called for compensation of Ms. Jepkorir's family, the compensation cannot be enough for this family. Compensation cannot be enough to bring back this life that was very important and promising. However, more can be done in terms of ensuring that there is transparency and accountability in terms of being able to arrest the number of deaths that could be happening in our medical facilities without our watch and knowledge as lawmakers and as citizens of this country.

That is why I wanted to spend a little bit of time on this. I hope that this Committee will hold the MTRH to account. I hope that they will not just be dealing with this one case that might easily pass as an isolated case after our debates have subsided and we have adopted this Report. The investigations that were done professionally here will have tried to hold MTRH to account.

The question that we would be asking is: How can we make sure that we have a more comprehensive risk analysis of what is going on within our borders with regards to this kind of medical errors and gross negligence that happens in our medical institutions? I wish that this Report could have forced the institution in question, the MTRH, to further provide the different medical errors and medical negligence cases that might have occurred in the past and make sure that we, as a country, juxtapose this with the kind of impact it might have had in this hospital in terms of patient care. Whatever happened at the MTRH should be a case study for any other hospital in the country, not only referral hospitals and Level 6 hospitals, but even the lower cadre hospitals. They should be able to glean some morals, if there is any moral to glean in the first place.

Secondly, what happened that got the attention of the Senate on this one case should be an issue that we must look at in terms of the loss we have in this country. We can get from this Report and figure out how we arrest reporting systems by clinical

providers on the medical errors in our hospitals. The senior, Sen. (Dr.) Boni Khalwale, who was once a very good doctor, will tell you that this idea of getting these reports involves a strategy that is informed by law. It is very important that we do not just have our sight in dealing with one institution and holding that one institution to account, but also hold ourselves to account as lawmakers. For the first time, we can put in place laws that are implementable in terms of putting up strategies that will ensure that when medical errors arise in hospitals, they are dealt with.

This is a question where a medical error happens, then a misdiagnosis follows and then the handling of the patient continues. The patient then suffers subsequent errors until she meets her death. It means that there is a very serious substantive problem of recording and reporting of a medical error from the first instance to the last not only by the doctors in question, but also the clinical providers. That is something that we must examine as a House from this case study and ensure that we can put serious laws that will ensure that when a medical error occurs, it is properly recorded and addressed before subsequent handling of a patient. This should not only happen in MTRH, but across all our hospitals in the country.

I am worried because this is an adverse event. The medics in the House will understand that there is always a difference between adverse events in terms of medical errors, sentinel events, active events as well as just latent errors that sometimes happen. The reason I bring this up is because if we do not put up proper laws that can arrest all these kinds of events that happen in our hospitals, some might not lead to death, but lead to patients getting into a serious problem in their lives.

Sometimes those issues can go unattended in a hospital and then they develop complications later in life. This includes things like infections that can occur because of negligence and medical errors while handling a simple medical procedure. If all these are not captured, then we have a sick nation; a sick nation in that, if it is not an adverse event that can lead to death, then any other complication does not matter. It should matter that when you leave a medical institution, you should have a better life than when you went there.

Mr. Deputy Speaker, Sir, my worry here is that if we do not have a proper legal framework that allows for reporting then if there is no situation whereby somebody has died, any other complication will not matter. It is important that this recommendation from the Committee on Health informs our action as policymakers, to ensure that we arrest other forms of medical errors that could lead to other complications that are not only death scenarios. This also calls on us as policymakers, legislatures and Government to rethink the kind of collaborative platform that we try to put for inter-professional teams in our entire medicare.

This is where I passionately come again on this Floor to talk about the issue of the Universal Health Coverage (UHC) workers. Sometimes, it is very easy for political leaders to just make reckless statements that we do not have money to take care of UHC workers, mainstream them into permanent and pensionable contracts or put them into the payroll of counties and follow that with money.

Saying that is very simple, but have we ever taken just a pause to think about any level of hospital in our communities whether a dispensary or a Level 1, Level 2 or Level 3. After any kind of medical procedure, who ends up handling your clinical waste? What is the life of that person who ends up picking the clinical waste from the point where the waste is given to the last point where it is disposed? Where is that waste disposed?

Think about the ecosystem of clinicians, nurses, pharmacists, specialists, simple laboratory technicians and anybody who is handling any kind of medical issues in the hospital. If we do not think about this as an entire ecosystem that needs collaboration among all people who are inter-professionals in this docket, then medical errors are bound to happen in any way that leaves our sick nation worse off than when people get to hospital.

I wish we can listen as a country. When our doctors say that they do not have proper payment, we must listen to them. When our UHC workers say that they do not have enough compensation to make them work in these medical institutions, we must listen and support them. It is lack of commensurate investment in these inter-professional teams that sometimes leads to some of these errors that are very costly, that lead us to a number of deaths that are never reported.

If there was no one to bring this Petition to the Senate, perhaps we could have never heard about Ms. Annita's demise in our borders. I encourage us, as a people, and mostly the National Assembly teams that usually have got control over allocating money to different institutions, including in the healthcare system, that for once, listen to the entire ecosystem. Do not just think that when you solve the issue of doctors or nurses, then the issue of medical provision and all others are solved. This is an entire ecosystem. Every single person who works in our hospitals, from the sweeper, the person who feeds us, the person who handles clinical waste, the person who brings medicine, to the pharmacist, all these inter-professional teams are important. We must invest in them and make sure that there is no chance for error in a place where people go to get recourse to get better health care.

I hope that other institutions will be able to glean some lessons from what happened here, and if possible, we all work together to avoid such kinds of losses in the lives of our people. Most importantly, we must hold MTRH properly to account.

I support.

Sen. Munyi Mundigi: Asante Bwana Naibu Spika kwa kunipa ruhusa nichangie mjadala unaoendelea kulingana na uchunguzi uliofanywa na Kamati ya Afya kuhusu mtoto aliyefariki katika MTRH.

Tumesikia mambo mengi hapa Kenya katika mfumo wa hii serikali ya Kenya Kwanza. Tumekuwa tukipigania wizara zote na hasa Wizara ya Afya iwe ikipata pesa nyingi kuliko wizara zingine zote. Huu ni wakati katika ulimwengu ambapo masuala ya afya yanaangaliwa. Serikali ya Kenya Kwanza imekuwa ikirekebisha mambo mengi iwe kwamba Social Health Authority (SHA) itakuwa ikifanya kazi usiku na mchana ili kila mtu akae maisha yanayofaa.

Katika nchi za ng'ambo, mambo ya afya huangaliwa kupita mengine yote tangu kuzaliwa mpaka uzeeni na hata kufariki. Sote, hata mimi nikianguka hapa saa hii ni

lazima nisaidiwe na daktari. Tunajiuliza, kama mambo haya yanatendeka katika hospitali kubwa, je, mashinani kwa mwananchi, ni wangapi wameteseka na kuumia? Tunajua wakati huu kuna shida za fedha na hospitali zinahitaji fedha. Jana tulilkuwa tunajaribu kupitisha hela za malipo ya madaktari yaliyochelewa.

Ni mpaka tuwe na utu kwa madaktari kwa sababu tunapomba tunaamini daktari ni kama Mungu wa pili. Hata kama kuna dawa, huwa tunaomba Mungu asaidie na pia aongoze daktari ili ajue mtu ameugua wapi au atapewa dawa zipi. Naomba tuangalie ili uchunguzi ulete mwelekeo na ukweli. Pia, familia hii ihudumiwe kwa njia ifaayo. Huenda ikawa familia itapata fidia ya pesa lakini uhai ulioondoka hautarudi ulimwenguni. Yafaa tujiangalie tukiwa *human beings*, awe ni daktari ama mtu yeyote.

Daktari ni mtu muhimu sana. Kwa muda wa miezi miwili sasa, madaktari wamekuwa wakija katika lango la Seneti na tumekuwa tukiongea nao. Hata kama kuna shida ya hela, tunaomba madaktari muwe mkiangalia binadamu kwa sababu pesa haziwezi kulinganishwa na kazi mnayofanya. Ni mpaka muwe na roho ya Mungu na muwe mkisaidia binadamu.

Bw. Naibu Spika, kuna magonjwa mengi katika ulimwengu. Binadamu ana shida nyingi na *stress*. Hata kama familia hii itapata fidia ya pesa haiwezi kuridhika. Madaktari hata kama wako na shida waangaliwe ili hospitali zetu za kaunti zipate dawa na pia ziwe na vifaa vya kazi na vile vitu vingine vinahitajika.

Bw. Naibu wa Spika, kule mashinani, kuna shida nyingi. Magavana wako na shida na wizara pia ziko na shida. Miezi miwili iliyopita, Serikali ya Kenya Kwanza iliweka Waziri wa Afya na tunaona vile anajaribu kulainisha maneno ya afya. Karibu wiki mbili zimezipita, ninakumbuka kuna *Director General* aliyeajiriwa kwa hiyo Wizara. Kwa hivyo, ni mambo mengi yanayofa kuangaliwa. Hata kama pesa si nyingi, ningeomba daktari yeyote ule, awe mkubwa au mdogo, aliye kazi usiku au mchana, waangalie mambo ya binadamu. Kulikuwa na kisanga kule kaunti ya Embu Hospitali ya Level 3 miezi miwili iliyopita.

Pia, miezi minne iliyopita, kulikuwa na kisanga kingine katika hospitali ya Kiritiri Level 3 ingawaje, huyo mtoto hakufariki. Huo wakati, mama alikuwa karibu kupata mtoto na hakuna daktari alikuwa karibu. Hakuna askari alikuwa karibu na hakukuwa na stima pia. Mambo ya ajabu ni kuwa yule mama alijifungua lakini watu wengi na familia nyingi zimeteseka. Huenda ikawa hawa watakuwa na fikira ya kushtaki kitendo kama hiki lakini vitendo vingi vimefanyika.

Bw. Naibu wa Spika, jana nikiangalia kwa mitandao, kuna kisanga kingine kilifanyika. Kuna mama alikuwa anapata mtoto na kwa bahati nzuri, kulikuwa kina mama wanampeleka hospitali. Alilemewa kwa njia na kulikuwa na kijana, mwenyewe hiyo familia. Alipoonyeshwa kwa runinga, alisema alikuwa anapeleka bibi yake hospitali kupata mtoto na kufanyiwa upasuaji. Huyo kijana alikimbia, mambo ya ajabu lakini sikuangalia ile *video* vizuri. Alisema alikimbilia kule hospitali na daktari akamwambia ana kazi nyingi. Lakini baadaye, yule kijana akapewa vifaa vyote vya kuzalisha. Wale kina mama walikuwa karibu, walitoroka na yule kijana alisaidia yule mama kupata mtoto.

Bw. Naibu wa Spika, akina mama wengi wajawazito wameteseka. Kwa hicho kitendo cha jana, watu wengi hawajahudhuria vile madaktari wanafanya kazi. Wanaume

wengine, hata sisi wazee, tuko na uoga. Inamaanisha ya kwamba, kitendo kama hicho kiko kwa mitandao, katika ulimwengu huu na binadamu ameletwa na Mungu, mambo ya afya yanafaa kuangaliwa na ile njia inafaa.

Mambo ya ajabu, huku Kenya na pia ulimwenguni, ni watoto wangapi wanafaa kuwa Seneti, kama wewe au mimi ambao wameondoka humu ulimwenguni kwa njia ambayo haifai kwa sababu, mtoto amezaliwa kwa njia? Huku Kenya yetu, tuko na shida.

Tukiachana na mambo ya madaktari, utakuta mahali pako mbali na hospitali, barabara ni mbaya. Mvua ikinyesha na kuna mama mjamzito, akipata mtoto usiku, hakuna gari au *boda boda* ya kumsaidia. Mambo mengine hata kama tunaangalia, tungeomba Serikali ya Kenya Kwanza ipatie wizara zote pesa ili barabara zitengenezwe. Pesa ikipatikana na barabara zitengenezwe, magavana pia wapeleke wizara ya afya kule mashinani ili kusaidia wananchi.

Bw. Naibu wa Spika, ninashukuru Serikali juu ya *Community Health Promoters (CHPs)* kwa sababu tunaona ile kazi wale wako mashinani wanafanya. Jana, tumepitisha fedha za CHPs na ningewaambia wasijali, pesa zao zinakuja na watalipwa fidia. Ningewaomba wafanye kazi kulingana na vile Mungu amewapatia.

Tunajua kuna shida kwa sababu, asilimia hamsini inatoka kwa serikali za kaunti na hamsini hiyo nyingine inatoka kwa Serikali Kuu, lakini bado, pesa inakosekana. Ningeomba serikali za kaunti zipewe fedha za wale watu wako mashinani katika hospitali zote.

Bw. Naibu wa Spika, tunajua kaunti nyingi hazina pesa za kusaidia mambo ya barabara, afya na mishahara, imesaidia ni kwa sababu sisi Maseneta, tunaongea mambo ya ugatuzi. Ndio maana tunasema, wakati mgao wa pesa utakuja, tungeomba kaunti zote zipewe pesa ambazo zinafaa. Na wiki ijayo, zile pesa zitapitishwa na Bunge, kaunti zilizo na shida, kama Embu na kule *North Eastern*, tutasema hakuna kaunti itapata pesa kidogo kuliko Shilingi 6 bilioni. Tutasikizana kutoka Shilingi 6 bilioni na hizo zingine, tuweze kuona vile tutaleta kaunti zetu pamoja.

Tumeona kaunti nyingi zikifanya kazi na ziko na pesa nyingi, lakini hawangalii mambo ya *audit*. Mambo ya *transparency* yanatakikana kwa ugatuzi na pia serikalini. Tukifanya hivyo, watu wengi watafaidika.

Watoto wengine wanazaliwa bila kufikisha miezi inahitajika. Utapata wengine wako miezi saba au nane. Ningetaka kusema, Bw. Naibu wa Spika, wazee waheshimu kina mama. Utapata mama ako na mimba lakini utapata kule nyumbani ni *stress* tu. Huyu mama ndiyo anaenda kutafutia watoto wale wengine chakula na kufanya kila kitu. Lakini huku Kenya, utapata mama wanakosana na mzee ilhali yule mama ni mjamzito na hii inafaa iangaliwe, ili tusaidie kina mama.

Bw. Naibu wa Spika, nikimalizia, hata kama hii familia italipwa pesa, haitasaidia. Ningeomba pia, hata kukiwa namna gani, hiyo hospitali ama yule daktari aliyefanya hiki kitendo, tunajua wako na shida na pesa na mishahara lakini pia, walikubali kazi. Inafaa Serikali iwachukulie hatua ndio iwe funzo kwa madaktari wale wengine.

Mimi kama “daktari” Alexander Munyi Mundigi, Seneta wa Embu, ninaunga mkono na haya mambo yaangaliwe na yalainishwe. Ningeomba SHA ifanye kazi katika hospitali zote na Wakenya wote wajiandikishe.

Nikitoa ushuhuda, sisi Maseneta na wanasiasa, miezi mitatu iliyopita, tumekuwa na harambee nyingi lakini kwa sasa, hiyo imepungua. Ningewaomba watu wetu wajiandikishe kwa SHA kwa sababu inafanya ya kazi ili tulainishe mambo ya afya ile kusiwe na malipo yeyote.

Ningeomba Serikali iangalie magonjwa ya saratani, kifua kikuu na pia ugonjwa wa sukari ili matibabu yawe *free and fair* na hakuna kitu mtu atakuwa analipa. Ninapea serikali ya Kenya Kwanza heko.

Asante, Bw. Naibu wa Spika.

The Deputy Speaker (Sen. Kathuri): Next is Sen. Veronica Nduati. She is on duty.

(A Senator spoke off record)

The Speaker does not follow your method.

Sen. Veronica Maina: Thank you, Mr. Deputy Speaker, Sir, for protecting me and giving me an opportunity to address the House.

There is something the Senators need to know that the Speaker could be nearing the moment when he needs support and leave the Chair. That is why he has fast-tracked my request.

The Deputy Speaker (Sen. Kathuri): Sen. Veronica, they should know that you are one of the Speakers who chairs this Session.

(Sen. Kavindu Muthama spoke off record)

Sen. Kavindu, you are out of order.

Sen. Veronica Maina: Hon. Deputy Speaker, Sir, I will now proceed with the submissions.

I want to first congratulate the Committee on Health for undertaking this important inquiry following a Petition that was brought to the Floor of this House upon the death of Ms. Annita Jepkorir at the Moi Teaching and Referral Hospital. After thanking the Committee for taking the bold move to investigate this case of medical negligence, I want to also take this opportunity to offer my sincere and belated condolences to the family of the young Annita who is now late. It is unfortunate that we lost such a young, beautiful child at a tender age. She must have had a very promising future. She died in the hands of adults who were competent enough to handle medical crisis and medical issues.

I am not blind to the fact that doctors in this country have done a lot of good work. Indeed, Kenya offers some of the best doctors in the region. The findings of the Committee on Health must serve as a mirror to the doctors in this country. While they are best in the region, they need to think of how much more they need to do to improve their standard of care and their standard of provision of the services to the people of Kenya. They should also know that people in the neighbouring nations also depend on them.

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Kenya is known to supply doctors and nurses to South Sudan, the United Kingdom and the United States of America. So, to whom much is given much, much is expected.

This Report should be studied by the Kenya Medical Practitioners and Dentists Council, the Kenya Medical Association and associations that bring doctors, nurses, laboratory technicians and all health service providers together. It should not be looked so much with a critical eye, but they should reflect on the service that they offer. If they are the lead in the region and get to serve in the international level, then much more will be demanded of them. When they do that, we can fly our flag high and say that both our legislation and the practice they are doing in Kenya and outside is acceptable and meets the international standards.

I once again want to recount the provisions of Article 43 of the Constitution of Kenya that provides that every person has the right to the highest attainable standard of health. This includes right to health care services and reproductive health care. I also want to note that in the Republic of Kenya, we have a national patient's rights charter that holds that all people have the right to good health and quality health care. This includes right to access health care, right to receive emergency treatment in any health facility, right to be informed of all the provisions of one's medical scheme or health insurance policy like Social Health Authority (SHA). That is why the public has been informed about the services provided under SHA or TAIFA Care.

They also have the right to choose a health care provider and right to the highest attainable quality health care products and services. The last right I have mentioned talks to the quality of drugs we should have in the country. They also have the right to refuse treatment though I do not know how far that right can be pushed because one must caution themselves. One can probably refuse treatment because they do not believe in it.

They have a right to confidentiality, right to informed consent to treatment, right to information concerning one's health and health care and right to be treated with respect and dignity. At this point, I am thinking of women who give birth in hospitals. Many women complain of being mistreated or not being handled properly in labour wards. Some even say that they do not feel fully supported during the process of childbirth.

They have a right to be treated with respect and dignity, right to second medical opinion, right to complain about health care, right to have their complaint investigated and to receive a full response thereafter, right to insurance coverage without discrimination and right to donate their organ or other arrangement they would wish to have upon their demise. There are people who will that on their demise, their bodies can be used for research or anything else and that is noted under the National Patients' Right Charter.

I have seen the investigation that was carried out by the Committee on Health and it has laid out a very sad story of how the young Annita was handled. We have seen how she went through different processes, procedures, tests and scans. On 9th January, 2021 a bronchoscopy was done to remove the seed that was stuck on her airways. They apparently did not find it and she was adjudged as not having anything blocking her airways. As a result, she was discharged but quickly readmitted on the same day.

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When she was returned back to hospital, there was now some tooth that had been swallowed and was to be removed from the system. The whole thing looked untidy. If you look at page 8 of that Report, it appears that Annita lost two of her upper incisor teeth while in theatre. Upon inquiry, Dr. Nishon confided to them that he removed the two teeth because they were wobbly during bronchoscopy procedure. In total, they removed three teeth, including the one from the lung yet the hospital could not account for those teeth. When they were asked by Annita's mum where those teeth went to, they only produced one or two. They could not account for the teeth that were removed from the child in the theatre yet the child had gone to theater to be removed a black seed that was stuck in hear airway.

It is sad that when this matter was finally brought to the Kenya Medical Practitioners and Dentists Council, it took so long for a determination to be done. It look long for them to determine whether the hospital and the doctors were negligent or not. This thing was so dramatic. After a long process and a long wait, they finally found that Dr. Stephen Odingo and Moi Teaching and Referral Hospital were negligent and each was fined Kshs200,000 and Kshs350,000 respectively. I do not know if that money was paid but it is what I would call peppercorn. We had needless loss of life.

Our Government spends quite a substantial amount of money to take us through university education. Most doctors in Kenya have been trained in our public institutions, just like many of us who have gone through public institutions at the university level. Our doctors are well trained. Many sick people have gone to hospital and have recovered fully after five or six operations. We appreciate the doctors for the successful procedures they have done.

We have delivered in those hospitals, and the babies were okay. There are many good things in our hospitals, but we only focus on what has not gone well. Why? This is because medicine is not like engineering, where a mistake can be corrected or a house can be demolished, and rebuilt. Medical negligence, once committed, is often irreversible. It destroys the patient, the family and many others along the line.

That is why we insist that the findings of this Report must mark the end of the widespread negligence we see in hospitals. Hospitals must conduct self-inspections and doctors must take responsibility for managing medical negligence in Kenya. Annita is not the only one who has suffered. There are many people who do not know what to do, how to petition Parliament, or where to seek help. If there were proper self-governance within the doctors' boards and medical boards, it would be much easier to manage cases of negligence.

I also recognize that doctors and hospitals are overwhelmed. Doctors are overworked. It calls for an integrated, thorough and multifaceted approach to ensure we have doctors who are not only well-remunerated, but also not overworked. When they are in the theatre, their decisions should not be compromised by exhaustion or long working hours.

We urge the Standing Committee on Health not to let this Report gather dust on the shelves of the Senate. It must be reviewed by the Cabinet Secretary for Health, and all hospitals to help reduce instances of negligence. Of course, Annita's family should be

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compensated, not because it will bring her back, but as a way for the institution to acknowledge and show remorse for the negligence.

To the Kenya Medical Practitioners and Dentists Council (KMPDC), if you truly want to support the medical profession, do not cover up cases. Instead, help those working in theatres and hospitals improve their practices. There should also be an emphasis on seeking second opinions for patients with complex or technical ailments. Why is there no second opinion? If one doctor makes a serious mistake, why they do not involve another doctor to provide oversight? Have senior doctors taken the responsibility of instructing younger doctors?

We urge the KMPDC and the supreme committee from the Senate to wake up and refine their skills. You are relied upon not only by our country but also by neighboring nations. Many people depend on the Kenya Medical Association, its personnel, doctors, nurses, and all those trained within the Republic of Kenya.

Otherwise, I want to say *pole sana* to Annita's family. I pray that justice will be served, not just for the doctor responsible for this incident but for all doctors who have acted negligently toward patients. It is time to acknowledge our mistakes, correct them, and improve our medical institutions to ensure every patient receives the best possible care. Show me a nation with bad doctors, and I will show you a nation whose future is in jeopardy. Doctors, you have done a lot, but continue refining your skills. Reduce the incidences of negligence and do not cover them up.

In my practice as a legal practitioner, one of the hardest cases to prove is one that involves medical negligence. Finding one doctor to testify against another doctor is usually very difficult because they do not want to put their colleagues in trouble. That is understandable because those are their colleagues. Sometimes they say there was no intention of being negligent.

The point is, to improve the skills, let doctors be more careful and seek for medical opinions even from their colleagues. There is no shame in asking your colleague what their opinion is on a case which appears complicated. Let us safeguard life and ensure dignity of patients.

For mothers who have suffered in labour wards while giving birth and those who have had sad medical incidences with medical support around them, that should never happen. It is unfortunate because when mothers walk out of labour wards, they usually speak about very bad experiences they had.

Mr. Deputy Speaker, Sir, since I am a mother and I have also been to labour wards several times, there is nothing as bad for a woman in that moment tutting between life and death for a health practitioner, who is supposed to assist and make it easy, to harass a mother who is delivering, whether in a private or public hospital. That is sadistic and very wrong. It is a gross abuse of human rights. Let us safeguard life. Let us have dignity for patients who walk through the doors seeking for treatment and support.

Thank you, Mr. Deputy Speaker, Sir. I support this report.

The Deputy Speaker (Sen. Kathuri): Next is Sen. Crystal Asige.

Sen. Crystal Asige: Mr. Deputy Speaker, Sir, I would like to thank Members of the Committee on Health for the report they have tabled before us to consider today.

It is always painful to read these kinds of reports and hear about these kinds of accounts. This one here is not different; a devastatingly painful narrative of a young girl called Annita who needlessly lost her life in the care of a facility that is supposed to safeguard life. It must have been very difficult for Members of the Committee on Health to go over the harrowing story and account that they have put down in this report. However, I thank them for their effort in the recommendations and findings therein. Death need not be this way. The young girl called Annita was just a little baby.

We had a few students today in the Public Gallery, I think of that age group as the chosen generation who are here to live out their purpose and assignment. Therefore, their lives like that of Annita being cut short is unforgivable under any circumstance. As a young person who deals with many young people and the youth by listening to their goals and dreams, I am just beside myself having to read this Report, especially when it is under the circumstance of gross negligence by MTRH.

Though it is painful to read through and debate this evening, I am happy to at least hear colleague Senators empathise with the narrative in this Report. They have empathised the pain and grueling experience Annita must have gone through before succumbing to her unfortunate death in that medical facility. That was flagged off by Sen. Cherarkey who made the first submissions.

I was surprised to hear him speak so passionately about human rights, compassion, empathy and matters of safe guarding life because the tone from him last week, and the HANSARD will bear me witness, did not track with what was said here today.

[The Deputy Speaker (Sen. Kathuri) left the Chair]

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

Last week, I remember hearing Members of Parliament applauding, almost celebrating, the violent attack and detention of one of our own Kenyan nationals, Boniface Mwangi, and our neighbouring national, Agatha Atuhaire. Just as we have seen in this Report, Annita's death was needless, just like Boniface's detention and violent beating was needless, and just like Agatha Atuhaire's violent rape and detention was needless. If we are talking about compassion and empathy, we must talk about it across the board. You do not speak from one side of the mouth in one week and from the other side of the mouth the next week.

Perhaps, this morning's national prayer breakfast has convicted some Members of Parliament, and they now see the importance of being compassionate and taking life as something sensitive, whatever the circumstance. If that is the case, I am glad that there are some who have been convicted. I hope that we continue as leaders to apologise for the misgivings and the shortcomings that we continue to perpetuate.

I am glad for the findings in this Report. I do wish that there would be more harsh consequences or recommendations having been put in this particular Report, because there is a family and community that Annita belonged to, who are in pain right now. Even

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though we are debating this, and yes, it is our job to stand as legislators to represent and oversight matters of the sort, it does not take away from the results that we are staring at, which is that a young girl has gone because of gross negligence. Just like it was said by a good man of God this morning at the prayer breakfast, we must apologise if we are to seek any kind of freedom or forgiveness for transgressions.

Let me be clear. Leaders in this country, including doctors in this facility that handled Annita, have not only sinned against God, but they have sinned against man. Even if today's prayer breakfast convicted some of us and their grievous transgressions, as I said, and they felt led to come into agreement with the different prayers prayed, remember, we have not only sinned against God, but we have also sinned against man. This is greater than an Act of Parliament. It is greater than this Report and the Constitution that we serve. This is God's law. As lawmakers, we ought to be the ones to understand more than most, the importance of following the letter of the law.

Mr. Temporary Speaker, Sir, I would like to also, apart from giving my condolences---

The Temporary Speaker (Sen. Veronica Maina): Sen. Crystal, it is Madam Speaker now.

Sen. Crystal Asige: Thank you. I thought I just said Speaker, I do not think that I said Madam or Mr., but I will continue.

Madam Temporary Speaker, we have this Report that we are debating on, and I think we have all concluded that it is a good report, and the Committee has done a good job. I do think that there needs to be more stringent recommendations. A fine is not enough. In my opinion, disciplinary action should be to the highest degree for the result that we are seeing here today, which is loss of life.

Madam Temporary Speaker, it is not enough for a Kshs200,000 or Kshs350,000 fine to be set upon a doctor. The entire facility should pay on account for this negligence, because Annita was so brave. I can only imagine she was so brave, being taken from medical room to medical room, doctor to doctor, test to test with no answers. She even left the facility and came back later that day, still in pain and agony. She must have been so brave, trying to hold on to her life, but doctors did not try as hard as she was trying, because when it comes to the relationship between doctor and patient, it has to be a mutual collaborative relationship. The patient has to try just as hard as the doctor has to try to preserve life. In this case - and according to this report - the doctors did not do their part in preserving life.

Annita was left alone for all those hours, through all those tests, through all that waiting; she was left alone, just like many young children and many young youths in this country have been left alone by the people who are supposed to serve and protect them. Young people are going through far too much.

This morning when we had the national prayer breakfast, I was so happy to hear young people being affirmed and validated and being seen and being given a voice. It is comforting and reassuring that at least one or two people understand the importance of youth, the promise that young people have. Unfortunately, Annita will not get to see

another day to fulfill her promise as a young person because of the negligence that we are seeing here.

As I close, I also want to take the opportunity to convey my condolences to her family, friends and community. It is heartbreaking and it was needless, like I said, preventable under every single circumstance, according to this Report. So many things went wrong and it was not just one action; it was a slew of different failures by this particular facility.

I hope that the Kenya Medical Practitioners and Dentists Council (KMPDC) will do their job, as well as our Senate Standing Committee on Health, to continue to pursue this, not just let this Report be tabled and then have it as done and dusted. We need to do far more to ensure that this does not continue because youth are relying on us on all fronts, whether it is in education, healthcare, governance, in the judicial system, even here in Parliament, to be represented fully and to be safeguarded without fear or favour of any kind of failure from us.

We are the head and not the tail, as youth. We are a holy nation, as the youth. Like I said, we are the chosen generation as the youth. We are lenders and not the borrowers. These are the things that were talked about and are continuing to be talked about in the wake of this morning's National Prayer Breakfast.

I want young people and even the precious memory of Annita to take comfort in that; that we will continue whatever work she was assigned to do here on this earth.

I thank you.

The Temporary Speaker (Sen. Veronica Maina): Thank you, Sen. Crystal Asige. For those who missed the prayer breakfast, I think you can already hear it has changed people. We hope next year, you will not miss the prayer breakfast.

Proceed, Sen. John Methu.

Sen. Methu: Thank you very much, Madam Temporary Speaker. I am one of those who missed the prayer breakfast. I am very happy to hear that those who attended are changing. I hope they will really change because they really require that change. I specifically think that the people who attended, were required to attend; not those of us who did not attend. The change is needed by those who attended.

I first want to thank the Standing Committee on Health. I think they have done a very good job. This is a good report, considering that the tools of trade they were working with in terms of their recommendations were not very broad. The spectrum upon which action can be taken on such a difficult and sad case, I have seen that the tools that they were using, the rules that they were depending on, I really do not think that those were the tools that they would require.

May I say this; this is an extremely painful and difficult petition that has come to the Senate. I do not think it can be more painful. I do not think the Senate can debate a more painful petition than this. I agree with Sen. Asige that baby Annita Jepkorir needed not go through such a difficult and painful ordeal, especially the people whom she and her parents sought help from, the ones who were supposed to help her after this very unfortunate incident.

Having lived through this ordeal for the four months since she started her medication, it tells that baby Annita Jepkorir was a brave young girl. She really wanted and even fought to live. Despite the negligence of the doctors, she fought on. From the observations that have been made by the Committee on the day that she collapsed, she was playing outside. I mean, that tells you that the baby was fighting to keep her life.

There is a very thin line between doctors' negligence and the recommendations that have been proposed by law of what should be done to a doctor who is negligent. Of the many professions that we have, if anything goes wrong, there are many ways of remedying but for a medical doctor at an operating table, one wrong move, we have lost a life.

If it was an engineer, maybe even if they had built a five-storey building, it could be brought down and something can be corrected. If it was a mechanic, the part they have put in that engine can be corrected. For a medical doctor, once you do the wrong diagnosis, we have lost a life.

I wonder whether you watched a video that was in the social media yesterday of a parent who was in deep pain from Igegania Hospital in Gatundu. You saw a father holding his daughter. Doctors want to come and pick the body of the daughter from the father. The father is asking the doctors, "I have been here the whole day. My daughter has died in my hands. What have you been doing the whole day and you are saying that you are on strike? What would be more precious than a human life? That father was literally fighting the doctors in that hospital. Can you imagine the pain that was in that father? Do you imagine if your parent was to die in your hands and you are saying that we were supposed to help you in this kind of a situation?"

Madam Temporary Speaker, many people have spoken about what we in Government and leadership ought to do. There are many things that we ought to do. Of the many things and of the many services that we ought to think and plan in terms of offering services to the people of Kenya, if there is one area that we must be very deliberate and put as much effort and resources as possible, it will be in the healthcare system.

Madam Temporary Speaker, I am happy that you are on that seat. I do not want to share the story with you because you were there yourself when one of us got herself in a situation where she needed medical attention in some place around Ukambani. When you were taking her to Machakos Level 4 or Level 5 hospital, you felt that she could not even make it to the other hospitals that we come to in Nairobi such as the Nairobi Hospital. She really required medical services there and then. The closest medical facility that was there was Machakos Level 4 Hospital. Had that facility not had the services that that Senator required, you can imagine what would have happened. If we cannot invest in the healthcare - you have put it well - if we have a sick nation, then we do not have a nation.

We have seen the UHC staff for the last about two or three months. They are always here at the gate. We pass them. Sometimes we speak to them and sometimes, we run away from them. The other time, we go through the Parliament's Tunnel because we

do not want to meet them at the gate. They come to the gate of the Senate and then go to the National Assembly.

Madam Temporary Speaker, I wonder if you have read the headline for today's *Daily Nation*, so that we can understand the anguish that is with the people of Kenya. I wonder what we as leaders, politicians and us who have been given authority over the people of Kenya think when we read such things and see such kind of issues; when we watched the video of that father who was holding a dead child and when we look at this Petition of baby Annita Jepkorir.

How does it make us feel? We are telling the UHC staff that we do not have money for them to be permanent and pensionable and to give them gratuity for the five years they have worked. They are asking themselves; five years ago when they were being employed, the budget of the Republic of Kenya was at Kshs2.4 trillion. This year's budget has gone beyond the Kshs4 trillion mark. Even after the budget has grown with Kshs1.6 trillion, there is still no money to take care of our UHC staff.

The *Daily Nation* headline was – *Patients Abandoned*. You could see a sad photo of patients in hospitals. There is no one to attend to them because the UHC medics have been on the streets for weeks and doctors have boycotted duties citing pay delays. We want to blame doctors for negligence. No one should watch people lie there in anguish because they require services and you are the only one who can offer those services.

Madam Temporary Speaker, to be the devil's advocate, what do those medical practitioners feel when we cannot process their allowances and we are not working on their promotions? The problem we have in the county where that dad was screaming yesterday is arbitrary transfers of doctors. They have no certainty in terms of the services they offer.

When we tell the UHC staff that we do not have money for their allowances or have them on permanent and pensionable, then they look at the budget of the State House at the time when they were employed and look at the same budget now and also look at the other things that we in the Government feel that we need to invest a lot of money on and yet, in one supplementary budget, we can give the National Intelligence Services (NIS) a whopping Kshs10 billion as additional funds because they are working on serious security installations. It is not bad to invest in serious security installations, but one would wonder; now I am secure but sick and I do not have anyone to attend to me when I go to hospital. It beats logic. We want to preserve life because we are working on security but we also want to expose our people into losing the same lives because we are not offering the services that they require.

Madam Temporary Speaker, I have also looked at the recommendations that have been made. This is where we have a gap in law. It is something that Parliament needs to look at. The KMPDC should in three months after adoption of this Report issue a caution or a reprimand. That is the law.

The reading of Section 26(a) says that the only tools KMPDC has is to caution and reprimand. If I am disorderly in this House, you will caution me once. The second time, you will chase me out. However, for a medical doctor who is negligent and has caused loss of life and it has been verified and found out that it is out of the negligence of

that doctor that a person died, the only thing we can do is reprimand or caution. If we are to take adverse step in punishing this doctor, then he should be asked to go back to school. It should not about taking account of what they have done already. The other thing that we can do which Sen. Cherarkey has talked about is to ask that doctor go back to school.

So, what is the fate of the people who have suffered in the hands of this particular person? We must make it stringent. Think of the parents of Annita Jepkorir and the kind of suffering they underwent. They really suffered when that baby was alive. A foreign object was in their daughter's respiratory system and it was not removed. To conceal the negligence of the doctor, they removed the teeth of the girl. When they asked for the teeth, it was not available and they were not allowed to insist on asking.

Those parents have also suffered after the death of their daughter. Do we really appreciate that this girl died three years ago yet justice has not been served to these parents? They had to come to the Senate because nothing has happened in the last three years. When they sought for information to lodge this complaint, the Moi Teaching and Referral Hospital did not come through for them.

The Moi Teaching and Referral Hospital, Kenyatta National Hospital and Kenyatta University Teaching and Referral Hospital are at the top in terms of the health facilities that we have in the Republic. Sen. (Dr.) Khalwale, imagine what would happen in a hospital like J.M Kariuki, which is not even a teaching and referral hospital, if people can suffer like this in the Moi Teaching and Referral Hospital. We usually expect the best of the best to be found in the level six hospitals. But what do we get? This kind of a problem.

I feel that in our recommendations, we apportioned the bigger blame of the death of baby Annita Jepkorir to the legal department of Moi Teaching and Referral Hospital more than the person who was negligent. The recommendations require that disciplinary action and administrative action should be taken on the staff of the legal department of Moi Teaching and Referral Hospital. However, there is nothing like disciplinary or administrative action on the doctor who caused this death.

My question is: who should be apportioned more blame? We have the people who tried to conceal evidence and the person who caused the sin. I am confused. Who should carry the bigger burden of the death of baby Annita Jepkorir? In our recommendation, we have asked for that disciplinary and administrative action be taken upon the legal department because they were supposed to help the parents of baby Annita to the bottom of this. I agree that this is good. However, I believe the bigger blame is on Dr. Ondigo and the team of doctors who were working on this baby.

There is another good recommendation, and I hope that it will be implemented. Recommendation No.4 states that there should be a creation of a formal patient's advocacy within healthcare facilities to assist families in navigating complaints. Imagine people who are languishing in the villages and they do not even know that they can petition the Senate. We have people who have suffered in the hands of doctors, but they cannot get justice. This is because the framework upon which they can seek for this

justice has not been established. We now have a case of the Moi Teaching and Referral Hospital.

What happens to people who have gone through such an experience or have a complaint against a doctor or a health facility? The complaint could be on any type of health facility. It could be a Level 5 or Level 3 health facility, a dispensary or a health centre.

Madam Temporary Speaker, there are many cases of misdiagnosis. Many people have been misdiagnosed and suffered at the hands of doctors. There are many individuals who have been told they have a certain disease, only for it to be later established that they do not have it. The trauma of such experiences is why patients are advised to seek second, third, or even fourth opinions, only to find each diagnosis differing from the initial one.

I wonder, Dr. Boni, as a doctor, do you follow a different syllabus? How is it that one doctor diagnoses a patient with one condition while another gives a completely different diagnosis? In one hospital, a patient is told they have H. Pylori; in the next, they are diagnosed with stomach cancer; and in another, they are simply advised to drink more water. This incompetence must be addressed.

As I see the light beaming, I want to consolidate and conclude. Number five: we need to develop standardised protocols and mechanisms for investigating reported medical negligence cases. Do you see that after the Kenya Medical Practitioners and Dentists Council (KMPDC) found this doctor culpable, they were simply told to negotiate with the family on the action to be taken? Do you see ---

By the way, I also wanted to ask, since these doctors were fined, with one fined Kshs250,000 and another Kshs300,000, who was receiving this money? Was it going to the parents, the hospital, the council itself or someone else? Why do we not have a prescribed list of measures to be taken once someone is found culpable? It should not be left to negotiation with the affected family.

In the hospital's submissions, they are even asking the family to appreciate the many hours worked. They say, "You must appreciate that we worked on your daughter for so long". However, you worked on her like someone heading to Nyandarua but taking the road to Mombasa, driving at full speed and expecting appreciation for how fast you are going. If you are moving in the wrong direction, you will never reach your destination.

Similarly, once a misdiagnosis has occurred, it does not matter how long a doctor works on the baby, the damage has already been done. In fact, the parents of this baby have argued that the prolonged treatment resulted from an initial mistake. Had the doctor correctly identified that the foreign object was merely a swallowed seed, they would not have worked on her for such a long time.

We need to encourage hospitals to engage in mediation with patients' families. However, this mediation must be structured. It cannot simply be a matter of telling the family to negotiate with the hospital. There must be a clear, well-defined mediation mechanism in place. Even in court, there must be mediation. One must meet a mediator to settle matters out of court, not simply be forced to agree with the hospital.

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Every time patients and their families are told to negotiate directly with the hospital, they are the ones who often lose, not the hospital. The hospital will argue that they did their best, that they provided the highest standard of medical care, that they gave the best surgeon. However, the issue is not about having the best surgeon. It is about having done the wrong thing.

Finally, as I conclude, I want to express my appreciation to the Senate. I am truly proud to be a member of this Senate because of the critical issues we address that profoundly affect the people of Kenya. I never hear the Hon. Speaker call for adjournment to discuss individuals; that is simply not how the Senate operates. I am proud that in this Senate, we always focus on meaningful issues. We may not always agree. We may hold divergent opinions time and again. However, even at the height of the Gen Z protests in June, 2024, when others chose to step away, the Senate remained steadfast. We were here addressing the real issues that affect the people of Kenya. I believe that is the Senate I have always aspired to be part of, and I am always proud to be a Member of this institution.

Thank you very much.

The Temporary Speaker (Sen. Veronica Maina): Thank you, Sen. Methu. Let us now have Sen. Hamida. I hope you are not seated in that seat.

Serjeant-at-Arms, you noticed that her seat malfunctioned and made her fall. You should have reacted faster. If that happens next time, the response time should reduce. She was down for a half a minute. She should not be down for over five seconds before you move in.

Proceed, Sen. Hamida.

Sen. Kibwana: Madam Temporary Speaker, the Senate Minority Leader is insisting that I should go to the Dispatch Box. Thank you for your concern. Amen!

Madam Temporary Speaker, today, I feel honoured by this Petition and how my colleagues have contributed. This is a Petition that I read here and it was directed to the Committee on Health where I am Member to investigate. My colleagues have spoken with so much passion about it such that I feel overwhelmed. I could feel the pain. You can imagine what I went through when I was talking to Mama Annita.

Mama Annita came to me crying. It is like she had lost all the hope. Of course, she had lost Annita, but she had also lost the hope of getting justice. It was in that breath that I decided that I needed to follow it up.

Madam Temporary Speaker, you, Sen. Asige, and Sen. Methu among others contributed passionately. I was only waiting for Sen. Khalwale who is a medical doctor to add the flavour.

I really do not have much to add because I am the one who brought this Petition here. This is not the first time I am bringing an issue on medical negligence. I have brought here other Petitions to do with medical negligence, such as the case of that baby whom I cannot remember the name that occurred at the KNH. We also had an issue at Mama Lucy Kibaki Hospital (MLKH) where a mother lost her life after delivering twins.

There were two issues there. I do not know whether there was failure of medical equipment. The report indicated that there was an issue in bronchoscopy and

thoracotomy. Forgive my pronunciation because those are foreign words to me. I know Dr. Khalwale understands them well. Those procedures performed to remove the injected foreign bodies were not done properly. It could be that that mess was messy such that the medical equipment was non-functional.

There is a time I went to the KNH. Out of about 45 dialysis machines, only 20 were working but about 25 were not. They told us that all of them were not working, yet people are being paid for medical equipment.

Madam Temporary Speaker, I brought a Statement here on medical equipment but until now, I am still complaining because nothing has been discussed. That Statement has remained pending to date. We have not gone there for some time. It is now two years down the line but that Statement has not been dealt with. It could have been done intentionally by the Committee on Health where I sit but I am not sure. I feel sad about that.

It could have been because of medical equipment or negligence by one of the doctors, especially Dr. Ondigo and his team, who revisited the CT scan results to confirm retrieval of the foreign object. Imagine the pain that girl was in when they plucked her two teeth out of nothing. Since they did not see a black seed, they had to give an excuse that it was either one tooth that went in; that, she consumed the tooth and that is why she had the failure. However, the post-operative briefings were not done by the medical practitioners and the surgeons who violated the good medical practice by not giving the proper documentation, information shared during different briefings with the patient.

The family members were all frustrated. Nothing was coming forthright, the attendance on the post-discharge complications were managed without consulting cardiothoracic surgeons, which coupled with poor record-keeping procedures, that violated the mis-disciplinary care.

Madam Temporary Speaker, the Petitioner, was denied fair hearing. Mama Annita was denied fair hearing of the death of her child. The dispute resolution of the Moi Teaching & Referral Hospital (MTRH) and Kenya Medical Practitioners and Dentists Council (KMPDC) delayed in addressing the concerns raised in the matters as characters by the extent and the delay between the case and what was filed with the decision and what was rendered.

Madam Temporary Speaker, when we talk about negligence of the doctors, I talk about it in pain, because, I also lost our first-born sister at the Kenyatta National Hospital, through medical negligence. She was given wrong medicine, the steroids, and she had to lose her life. So, I felt for Mama Annita. That is why I had to bring forth the Petition.

Madam Temporary Speaker, our prayers and recommendations in the Committee was that disciplinary action should be taken to ensure full compliance with Section 26(g) of the Medical Practitioners and Dentists Act, which requires fines to be imposed in addition to other appropriate disciplinary measures. However, I feel strongly that, after losing life, paying fines is just not enough. These doctors have to pay for it. We need to create a form of patient-advocacy, a programme where the healthcare facilities can assist families in navigating complaints and grievances related to such cases. This right should be available in of such negligence.

Looking at what Mama Annita went through, we also need to encourage hospitals to engage in medical processes with families and patients who have experience in adverse outcomes, ensuring that these processes are facilitated by neutral third parties to promote fairness and transparency.

Madam Temporary Speaker, Mama Annita was quite frustrated. The KMPDC and MTRH frustrated this lady. Imagine, you are having the same people who are mediating the same issues. So, I feel strongly that we should have had the third-party mediators on such cases.

Madam Temporary Speaker, I also feel that continuous quality improvement practices with such cases should be enhanced on patients with care standards. This could involve routine audits of surgical outcomes.

Madam Temporary Speaker, this is one of those cases that was brought to us. Can you imagine other Kenyans going through the same; other Kenyans who do not have a voice to fight for themselves? Then who does? I feel strongly that the same doctors, through their negligence, should be punished. They should go through the disciplinary measures for others to understand the mess involved.

Also, the staff that handled Ms. Annita, I wonder what happened, because we even expected the nurse, the staff to be competent enough. I feel the staff who handled Ms. Annita Chepkorir were incompetent. That black seed would have been detected with the kind of machines we have now, and thankfully, now we have the AI that could have supported it. The untimely death of Ms. Annita Jepkorir was largely caused by medical negligence and the medical personnel at the MTRH. My prayers have already been put down with the Standing Committee on Health, and the report is there; it is in black and white.

Like I said, I do not have much since I went through the pain of Mama Annita. I am just humbled by my colleagues, and I still want to give space to Sen. Okiya Omtatah and any other Senator to contribute to this, but I feel justice has to be done. Justice delayed is justice denied. So, I feel strongly that the punishment has to be served.

I want to donate my time to my other colleagues. I thank you.

The Temporary Speaker (Sen. Veronica Maina): Thank you, Senator, for your contribution and for bringing the petition.

Sen. (Dr.) Boni Khalwale, you may proceed.

Sen. (Dr.) Khalwale: Madam Temporary Speaker, I want to thank you for this chance. I want to confess from the beginning that this is not an easy debate. It is extremely complex because anything resulting in death is final. It marks the cessation of life that expresses itself through cessation of breathing, cessation of the heartbeat, and death of the brain.

To debate this difficult subject, we must understand, as Parliament, what medical negligence is, because we are about to pass a serious verdict that Dr. Ondigo and the MTRH were negligent. Negligence involves a case where a healthcare provider fails to follow standard methods of providing care ending up causing preventable harm to a patient. This harm to the extreme can be death or various levels of injury. This is where we are that poor little Annita died and the Senate is investigating. Did Dr. Ondigo fail to

provide medical care using standard medical methods? That is what you should respond to. To do this, dear colleagues, to my professional mind, we must stick against six boxes.

The first box is, was there misdiagnosis? Was Dr. Ondigo unable to establish the medical problem of the little girl? In this case, from this Report, no. Dr. Ondigo made the proper diagnosis of a foreign object in the pulmonary system. So, you cannot indict him on that score.

The second one is, was there failure to treat? In this report, I have read it carefully, there was a lot of time spent on attempting to treat this patient so as to prevent this unfortunate outcome. Treatment is not defined as having been done only when the patient has recovered. Even where a patient dies, treatment may have been given. Again, you cannot indict Dr. Ondigo.

The third question is, was there surgical or anesthetic error? Here, you cannot tick it off because we do not know what happened in theatre, whether it is the doctor who got it wrong or the anesthetist who did not give the proper anaesthesia.

The fourth question which we must ask, was the surgery that was given necessary or it was unnecessary? As a medical expert, I can confirm that based on the diagnosis, the surgery which was given in this case was the correct one. So, you cannot indict Dr. Ondigo on this particular score.

The fifth question we must answer is, were there medical errors? On this one, both the hospital and Dr. Ondigo cannot run away. From what we have heard, it looks as if either during theatre, immediately after or the long-term post-operative care, there must have been errors. Here, it is difficult to vouch for the innocence of Dr. Ondigo.

The last one is the timing of the surgery. In this case, was surgery delayed? From the reports I am reading here, it is not too clear the timings of both bronchoscopy and thoracotomy.

Let me spend some time on this one. Sen. Hamida, this big word in English, bronchoscopy, is a simple procedure where using a medical equipment called a bronchoscope, you approach the pulmonary system of the patient, shine the light inside, and view whether you can pick any foreign object---

The Temporary Speaker (Sen. Veronica Maina): Sen. (Dr.) Khalwale, when we resume, you will have a balance of 13 minutes, and this debate will continue tomorrow.

ADJOURNMENT

The Temporary Speaker (Sen. Veronica Maina): Hon. Senators, it is now 6.30pm, time to adjourn the Senate. The Senate therefore stands adjourned until tomorrow, Thursday, 29th May 2025 at 2.30 p.m.

The Senate rose at 6.30 p.m.