



REPUBLIC OF KENYA

ELEVENTH PARLIAMENT – (FIFTH SESSION)

THE NATIONAL ASSEMBLY

ORDERS OF THE DAY

WEDNESDAY, MAY 24, 2017 AT 9.30 A.M.

ORDER OF BUSINESS

PRAYERS

1. Administration of Oath
2. Communication from the Chair
3. Messages
4. Petitions
5. Papers
6. Notices of Motion
7. Statements

8* . THE NATIONAL POLICE SERVICE (AMENDMENT) BILL (NATIONAL ASSEMBLY BILL NO. 43 OF 2016)

(The Hon. Abdullswamad Sheriff Nassir, M.P.)

Second Reading

(Mover to reply)

9* . COMMITTEE OF THE WHOLE HOUSE

The Traffic (Amendment) Bill (National Assembly Bill No. 33 of 2014)

(The Hon. Joseph Lekuton, M.P.)

10* . MOTION – ROAD DESIGNS AND CONSTRUCTIONS TO INCORPORATE RUN-OFF WATER HARVESTING AND MANAGEMENT MECHANISMS

(The Hon. Joseph M'eruaki, M.P.)

THAT, aware that Article 43 of the Constitution provides that every person has the right to clean and safe water in adequate quantities; further aware that water harvesting is an important practice for water management; cognizant of the fact that earth-dams and water-pans would play a key role in water harvesting especially in arid and semi-arid areas; noting that a large quantity of run-off water goes to waste in most parts of the country;

further noting that this run-off water if properly harvested and managed would be useful for domestic, livestock and irrigation purposes; appreciating that increased infrastructural development especially in roads has led to the mobilization of machineries and human resources in most areas; further appreciating that these civil engineering machineries and personnel can be useful in the construction of earth-dams and water-pans; this House **resolves** that the Government through the Ministry of Transport, Infrastructure, Housing and Urban Development ensures that all road designs and constructions incorporate run-off water harvesting and management mechanisms.

11* . THE OCCUPATIONAL THERAPISTS (TRAINING, REGISTRATION AND LICENSING) BILL (NATIONAL ASSEMBLY BILL NO. 41 OF 2016)

(The Hon. Leonard K. Sang, M.P.)

Second Reading

12* . THE CANCER PREVENTION AND CONTROL (AMENDMENT) BILL (NATIONAL ASSEMBLY BILL NO. 51 OF 2016)

(The Hon. Gladys Wanga, M.P.)

Second Reading

13* . THE BREASTFEEDING MOTHERS BILL (NATIONAL ASSEMBLY BILL NO. 13 OF 2017)

(The Hon. Sabina Chege, M.P.)

Second Reading

*** Denotes Orders of the Day**

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N O T I C E S

THE TRAFFIC (AMENDMENT) BILL (NATIONAL ASSEMBLY BILL NO. 33 OF 2014)

- I. Notice is given that the Chairperson of the Departmental Committee on Transport, Public Works and Housing (The Hon. Maina Kamanda) intends to move the following amendments to the Traffic (Amendment) Bill 2014 at the Committee Stage—

CLAUSE 2

That Clause 2 of the Bill be amended in the new sub-clause (3A)-

- a) by deleting the word “thirty” appearing immediately after the words “speed exceeding” and substituting therefor the word “fifty”;
- b) in paragraph (d) by inserting the following words “as may be designated as a pedestrian crossing by the highway authority” immediately after the words “from school”; and
- c) by deleting paragraphs (b), (c) and (e).

CLAUSE 3

That Clause 3 of the Bill be amended by deleting the existing clause 3 and substituting therefor the following new clause (3)-

“(1A) A person who contravenes the provisions of section (3A) shall be liable to a fine not exceeding twenty thousand shillings.

(1B) A police officer shall serve upon the person driving or in charge of a vehicle and who commits an offence under section 42 (1), (2) and (3), with a police notification of traffic offence in the prescribed form charging the person of having committed the offence under the section.

(1C) The police notification served under subsection (1B) shall require the person to attend court to answer such charge as may be preferred within forty eight hours of service of the notification.

(1D) The procedure stipulated under section 117 (4), (5), (6), (7), (8), (9) and (10) shall apply to this section."

CLAUSE 4

That Clause 4 of the Bill be amended–

(a) by deleting sub clause (2) of the proposed section 105B and substituting therefor the following new sub clause (2)–

“(2) Notwithstanding subsection (1), a motor vehicle designated for transporting children to or from school or for any non-school related activity when they are in a group shall–

(a) be fitted with safety belts designed to be used by children;

(b) be painted in yellow colour and have other signage as may be prescribed;

(c) comply with the conditions imposed on public service vehicles under this Act;
and

(d) not operate between the hours of 10:00 pm and 5:00 am.”;

(b) by deleting sub-clauses (3), (4) and (5);

(c) In sub-clause (6) by inserting the following new paragraph immediately after paragraph (c)-

(d) in sub-clause (7) by deleting the words ‘of fifty thousand’ appearing immediately after the word ‘fine’ and substituting therefor the words ‘not exceeding thirty thousand’;

(e) by deleting sub-clause (8) and substituting therefor the following new sub-clause (8)-

“Notwithstanding subsection (7), a person who being the registered owner or driver of a vehicle used for transporting children, who authorizes or permits the use of a vehicle used for transporting children or is negligent to prevent contravention with this Act

commits an offence and shall be liable to a fine not exceeding thirty thousand shillings or imprisonment for a term not exceeding two months, or to both.”; and

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(f) by inserting the following new sub-clauses (9) and (10) immediately after sub-clause (8)–

“(9) Subsections (1), (2)(a) and (b) shall come into force within twelve months after the enactment of this Act.

(10) The Cabinet Secretary shall, within a period not exceeding twelve months after the enactment of this Act, make the Regulations prescribing matters required to be prescribed under this section.”.

CLAUSE 5

That Clause 5 of the Bill be deleted.



The House resolved on Wednesday, January 25, 2017 as follows:-

- II. **THAT**, notwithstanding the provisions of Standing Order 97(4), this House orders that, each speech in a debate on any **Motion**, including a Special motion be limited in the following manner:- A maximum of three hours with not more than twenty (20) minutes for the Mover and ten (10) minutes for each other Member speaking, except the Leader of the Majority Party and the Leader of the Minority Party, who shall be limited to a maximum of fifteen (15) minutes each, and that ten (10) minutes before the expiry of the time, the Mover shall be called upon to reply; and that priority in speaking be accorded to the Leader of the Majority Party, the Leader of the Minority Party and the Chairperson of the relevant Departmental Committee, in that order.
- III. **THAT**, notwithstanding the provisions of Standing Order 97(4), this House orders that, each speech in a debate on **Bills NOT sponsored by a Committee, the Leader of the Majority Party or the Leader of the Minority Party** be limited as follows:- A maximum of three hours and thirty minutes, with not more than thirty (30) minutes for the Mover, in moving and ten (10) minutes in replying, a maximum of thirty (30) minutes for the Chairperson of the relevant Committee and a maximum of ten (10) minutes for any other Member speaking, except the Leader of the Majority Party and the Leader of the Minority Party, who shall be limited to a maximum of fifteen Minutes (15) each; and that priority in speaking be accorded to the Leader of the Majority Party, the Leader of the Minority Party and the Chairperson of the relevant Departmental Committee, in that order.
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NOTICE PAPER

Tentative business for

Wednesday (Afternoon), May 24, 2017

(Published pursuant to Standing Order 38(1))

It is notified that the House Business Committee, at their last meeting, approved the following *tentative* business to appear in the Order Paper for Wednesday (Afternoon), May 24, 2017:-

A. MOTION – REPORT OF THE PUBLIC ACCOUNTS COMMITTEE ON THE SPECIAL AUDIT OF NYS ACCOUNTS

(The Chairperson, Public Accounts Committee)

(Question to be put)

B. MOTION - SPECIAL REPORT ON THE DUTY FREE SHOPS CONTRACTS AT JOMO KENYATTA AND MOI INTERNATIONAL AIRPORTS

(The Chairperson, Public Investments Committee)

(Question to be put)

C. THE DIVISION OF REVENUE (NO. 2) BILL (NATIONAL ASSEMBLY BILL NO. 22 OF 2017)

(The Chairperson, Budget & Appropriations Committee)

Second Reading

D. MOTION – REPORT OF THE MEDIATION COMMITTEE ON THE HEALTH BILL (NATIONAL ASSEMBLY BILL NO. 14 OF 2015)

(The Chairperson, Mediation Committee on the Health Bill, 2015)

E. MOTION – ELECTION OF MEMBERS TO THE EAST AFRICAN LEGISLATIVE ASSEMBLY (EALA)

(The Co-Chairperson of the Joint Parliamentary Select Committee on the Election of Members to the East African Legislative Assembly)

(Resumption of debate interrupted on Thursday, May 18, 2017)

Eleventh Parliament

(No. 048)



Fifth Session
Afternoon Sitting

(428)

REPUBLIC OF KENYA

ELEVENTH PARLIAMENT – (FIFTH SESSION)

THE NATIONAL ASSEMBLY

ORDERS OF THE DAY

WEDNESDAY, MAY 24, 2017 AT 2.30 P.M.

ORDER OF BUSINESS

PRAYERS

1. Administration of Oath
2. Communication from the Chair
3. Messages
4. Petitions
5. Papers
6. Notices of Motion
7. Statements

8* . MOTION – REPORT OF THE PUBLIC ACCOUNTS COMMITTEE ON THE SPECIAL AUDIT OF NYS ACCOUNTS

(The Chairperson, Public Accounts Committee)

THAT, this House adopts the Report of the Public Accounts Committee on the Special Audit Report of May 2016 on the accounts of the National Youth Service (NYS), Volumes I and II, laid on the Table of the House on Thursday, March 16, 2017.

(Question to be put)

9* . MOTION - SPECIAL REPORT ON THE DUTY FREE SHOPS CONTRACTS AT JOMO KENYATTA AND MOI INTERNATIONAL AIRPORTS

(The Chairperson, Public Investments Committee)

THAT, this House adopts the Special Report of the Public Investments Committee on Kenya Airports Authority Duty Free Shops contracts at Jomo Kenyatta and Moi International Airports: 1989 to 2015, laid on the Table of the House on Tuesday, December 01, 2015.

(Question to be put)

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10*. **THE DIVISION OF REVENUE (NO. 2) BILL (NATIONAL ASSEMBLY BILL NO. 22 OF 2017)**

(The Chairperson, Budget & Appropriations Committee)

Second Reading

11*. **MOTION – REPORT OF THE MEDIATION COMMITTEE ON THE HEALTH BILL (NATIONAL ASSEMBLY BILL NO. 14 OF 2015)**

(The Chairperson, Mediation Committee on the Health Bill, 2015)

THAT, pursuant to the provisions of Article 113 (2) of the Constitution and Standing Order 150, this House adopts the Report of the Mediation Committee on its consideration of the Health Bill (National Assembly Bill No. 14 of 2015) laid on the Table of the House Wednesday, May 17, 2017, and **approves** the mediated version of the Bill.

12*. **THE CONSTITUTION OF KENYA (AMENDMENT)(NO. 6) BILL (NATIONAL ASSEMBLY BILL NO. 65 OF 2015)**

(The Leader of the Majority Party)

Second Reading

13*. **MOTION – ELECTION OF MEMBERS TO THE EAST AFRICAN LEGISLATIVE ASSEMBLY (EALA)**

(The Co-Chairperson of the Joint Parliamentary Select Committee on the Election of Members to the East African Legislative Assembly)

THAT, pursuant to Article 50 of the Treaty for the Establishment of the East African Community and Rule 13(5) of the East African Legislative Assembly Elections (Election of Members of the Assembly) Rules, 2017, this House adopts the Report of the Joint Parliamentary Select Committee on the Election of Members to the East African Legislative Assembly on its *consideration of the nominees for election as Members of the East African Legislative Assembly*, laid on the Table of the House on Wednesday, May 17, 2017.

(Resumption of debate interrupted on Thursday, May 18, 2017)

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N O T I C E S

I. THE MEDIATED VERSION OF THE HEALTH BILL (NATIONAL ASSEMBLY BILL NO. 14 OF 2015)

The Mediated Clauses 5, 15, 16, 17, 18, 19, 20, 24, 25, 30, 31, 46, 48, 67, 73, 89, 91, 112 and the FIRST SCHEDULE

CLAUSE 5

Standard of health.

5. (1) Every person has the right to the highest attainable standard of health which shall include progressive access for provision of promotive, preventive, curative, palliative and rehabilitative services.

(2) Every person shall have the right to be treated with dignity, respect and have their privacy respected in accordance with the Constitution and this Act.

(3) The national and county governments shall ensure the provision of free and compulsory —

(a) vaccination for children under five years of age; and

(b) maternity care.

(4) For the purposes of implementing subsection (3), the national government shall in consultation with the respective county governments provide funds to county governments.

CLAUSE 15

Duties of national government.

15. (1) The national government ministry responsible for health shall —

(a) develop health policies, laws and administrative procedures and programmes in consultation with county governments and health sector stakeholders and the public for the progressive realization of the highest attainable standards of health including reproductive

- health care and the right to emergency treatment;
- (b) develop and maintain an organizational structure of the Ministry at the national level comprising of technical directorates;
 - (c) ensure the implementation of rights to health specified in the Bill of Rights, and more particularly the progressive realization of the right of all to the highest attainable standard of health including reproductive health care and the right to emergency treatment;

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- (d) ensure, in consultation and collaboration with other arms of government and other stakeholders, that there is stewardship in setting policy guidelines and standards for human food consumption, dietetic services and healthy lifestyle;
- (e) offer technical support at all levels with emphasis on health system strengthening;
- (f) develop policy measures to promote equitable access to health services to the entire population, with special emphasis on eliminating the disparity in realization of the objects of this Act for marginalized areas and disadvantaged populations;
- (g) develop and promote application of norms and standards for the development of human resources for health including affirmative action measures for health workers working in marginalized areas;
- (h) provide for medical audit of deaths with a special emphasis on maternal and neonatal deaths as a tool for the further development of obstetric and neonatal care;
- (i) put in place policy intervention measures to reduce the burden of communicable and non -communicable diseases, emerging and re-emerging diseases and neglected diseases;
- (j) develop, through regulatory bodies, standards of training and institutions providing education to meet the needs of service delivery;
- (k) set guidelines for the designation of referral health facilities;
- (l) through respective regulatory bodies to develop and ensure compliance on professional standards on registration and licensing of individuals in the health sector;
- (m) coordinate development of standards for quality health service delivery;
- (n) provide for accreditation of health services;
- (o) coordinate through the established inter-governmental relations mechanisms all health aspects of disaster and emergencies;
- (p) ensure through intergovernmental mechanisms that financial resources are mobilized to ensure uninterrupted access to quality health services country wide;
- (q) promote the development of public and private health institutions to ensure their efficient and harmonious development and in the common interest work towards progressive achievement of the right to health;

- (r) provide for the development and expansion of a countrywide national health information management system;
- (s) facilitate all forms of research that can advance the interests of public health;
- (t) develop and manage the national and specialized health referral facilities;

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- (u) promote the use of appropriate health technologies for improving the quality of health care;
 - (v) provide policy guidelines and regulations for hospital waste management and conduct of environmental health impact assessment;
 - (w) collaborate in the common interest with the health authorities of other countries and with regional and international bodies in the field of health;
 - (x) establish an emergency medical treatment fund for emergencies to provide for unforeseen situations calling for supplementary finance;
 - (y) provide policy guidelines in public-private partnerships for health to enhance private sector investment; and
 - (z) provide policy and training, maintenance of standards and co-ordination mechanisms for the provision of emergency healthcare.
- (2) The Cabinet Secretary responsible for health in consultation through the established inter-governmental relations mechanisms shall make regulations on any matter where it is necessary or expedient in order—
- (a) to implement any provision of this Act; and
 - (b) to implement within Kenya measures agreed upon within the framework of any treaty, international convention or regional intergovernmental agreement to which Kenya is a party.

CLAUSE 16

Office of the
Director -
General.

16. (1) There shall hereby be established the office of the Director-General for Health.

(2) The Director General for health shall be recruited by the Public Service Commission through a competitive process, vetted by Parliament and appointed by the Cabinet Secretary.

(3) A person appointed under subsection (2) must—

- (a) be a medical practitioner registered by the Medical Practitioners and Dentists Board;
- (b) at least be a holder of a Masters degree in public health, medicine or any other health related field;
- (c) have experience of at least ten years in management of health services, five of which must be at a senior management position; and

- (d) meet the provisions of Chapter Six of the Constitution of Kenya.
- (4) The Director-General shall hold office for a term of five years renewable once.

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CLAUSE 17

Functions of the
Director-General.

- 17.** The Director-General shall—
- (a) be the technical advisor to the Government on all matters relating to health within the health sector;
 - (b) be the technical advisor to the Cabinet Secretary of health;
 - (c) be responsible for preventing and guarding against the introduction of infectious diseases into Kenya;
 - (d) promote the public health and the prevention, limitation or suppression of infectious, communicable or preventable diseases within Kenya;
 - (e) advise the two levels of Government on matters of national security on public health;
 - (f) promote and facilitate research and investigations in connection with the prevention or treatment of human diseases;
 - (g) prepare and publish reports and statistical or other information relative to the public health;
 - (h) obtain and publish periodically information on infectious diseases and other health matters and such procurable information regarding epidemic diseases in territories adjacent to Kenya or in other Countries as the interests of public health may require;
 - (i) provide guidelines for registration, licensing, certification and gazettelement of all health facilities;
 - (j) be responsible for internship program for health workers;
 - (k) supervise the directorates within the national Ministry of health; and
 - (l) perform any other duties as may be assigned by the appointing authority and any other written law.

CLAUSE 18

Directorates.

- 18.** For purposes of section 15(1)(b), the Cabinet Secretary shall —
- (a) form directorates to deal with the following matters —

- (i) medical services;
- (ii) nursing;
- (iii) pharmaceutical services;
- (iv) public health; and
- (v) administrative services;

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- (b) notwithstanding paragraph (a), form directorates based on policy priority areas in consultation with the Director-General.

CLAUSE 19

19. (1) There shall be established with respect to every county, a county executive department responsible for health, which shall be in line with the health policy guidelines for setting up county health system and shall in all matters be answerable to the Governor and the County Assembly subject to the provisions of the Constitution and of any applicable written law.

(2) There shall be established the office of the County Director of health who shall be a technical advisor on all matters of health in the County.

(3) The County Director of health shall be recruited through a competitive process in conformity with the rules and regulations set from time to time by the County Public Service Board.

(4) A person appointed a County Director of health shall—

- (a) be a medical practitioner registered by the Medical Practitioners and Dentists Board;
- (b) be at least a holder of a Masters degree in public health, medicine or any other health related discipline; and
- (c) have at least five years' experience in management of health services.

(5) The County Director of health shall—

- (a) be the technical advisor on all matters relating to health within the County;
- (b) be the technical advisor to the County Health Executive Committee member and the Governor;
- (c) supervise all health services within the County;
- (d) promote the public health and the prevention, limitation or suppression of infectious, communicable or preventable diseases within the County;
- (e) prepare and publish reports and statistical or other information relative to the public health within the County;
- (f) report periodically to the Director-General for health on all public health occurrences including disease outbreaks, disasters and any other health matters; and

- (g) perform any other duties as may be assigned by the appointing authority and any other written law.

CLAUSE 20

Duties of county
government.

20. The county government in furtherance of the functions assigned to it under the Fourth Schedule of the Constitution shall be responsible for ——

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- (a) implementing the national health policy and standards as laid down by national government Ministry responsible for health;
- (b) service delivery, including the maintenance, financing and further development of those health services and institutions that have been devolved to it;
- (c) coordination of health activities in order to ensure complementary inputs, avoid duplication and provide for cross-referral, where necessary to and from institutions in other counties;
- (d) facilitating registration, licensing and accreditation of providers and health facilities respectively according to standards set nationally by the national government department responsible for health and relevant regulatory bodies;
- (e) designation of county referral hospitals according to criteria agreed upon by the intergovernmental health coordinating mechanism;
- (f) developing and implementing, in consultation with the Salaries and Remuneration Commission, such policies as may be necessary to guarantee the staffing of the public health service in marginal areas including taking into account the use of equalization fund;
- (g) procuring and managing health supplies;
- (h) maintaining standards of environmental health and sanitation as laid down in applicable law;
- (i) providing access and practical support for monitoring standards compliance undertaken within the county by the national government department responsible for health, the Authority and professional regulatory bodies established under any written law;
- (j) providing access and practical support for technical assistance, monitoring and evaluation, research for health by the national and county government department responsible for health;
- (k) developing supplementary sources of income for the provision of services, in so far as these are compatible with the applicable law;
- (l) making due provision and develop criteria to compensate

health care facilities for debts arising through failure to secure payment for bills for non-payment of treatment of indigent users;

- (m) reporting, according to standards established by law, on activities, development and the state of finance within the county health services;

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- (n) making known to the public at all times the health facilities through which generalized or specialized services are available to them;
- (o) developing and promoting public participation in the planning and management of local health facilities so as to promote broad ownership;
- (p) ensuring and coordinating the participation of communities in the governance of health services at the county level so as to promote a participatory approach in health care governance.

CLAUSE 24

Retention of service provision.

24. Without prejudice to the distribution of health functions and services between the national and county levels of government as set out in Fourth Schedule of the Constitution, the national government shall manage and be responsible for—

- (a) any public health institution classified as a national referral facility under this Act;
- (b) any institution or service dependent for its function on expertise that is a shared resource as classified from time to time in regulations under this Act
- (c) laboratories and other institutions designated as serving a national rather than a regional purpose;
- (d) regulation of health products and health technologies including assessment, licensing and control of commercial and industrial activities;
- (e) facilitation through inter-governmental institutions, procurement and supply chain management of public health goods including vaccines, pharmaceutical and non-pharmaceuticals for the purpose of ensuring control of highly infectious and communicable health conditions, putting measures for quality assurance and standards as well as measures for guarding against resistance strains in the interest of public health; and
- (f) any health care function or service that is not otherwise assigned to the county government.

CLAUSE 25

25. (1) The technical classification of levels of health care shall be as set out in the First Schedule.

(2) Subsection (1) shall not apply to a health facility under the management of a county government at the commencement of this Act.

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CLAUSE 30

Establishment of the Council.

30. (1) There is established a Kenya Health Human Resource Advisory Council which shall consist of—

- (a) a Chairperson, who shall be appointed by the Cabinet Secretary;
- (b) the Principal Secretary for the time being responsible for matters relating to health or a representative designated by the Principal Secretary;
- (c) one person not being a governor nominated by the Council of Governors;
- (d) the Attorney General or a representative designated by the Attorney General;
- (e) the Director-General for health or a representative designated by the Director-General;
- (f) one representative nominated by the Public Service Commission;
- (g) one person nominated by the county directors of health;
- (h) one person nominated by the county public service boards;
- (i) three persons nominated by the public universities, private universities and mid-level institutions; and
- (j) the Chief Executive Officer who shall be an *ex officio* member and secretary to the Council.

(2) The Council shall be a body corporate with perpetual succession and a common seal, and shall in its corporate name be capable of—

- (a) suing and being sued;
- (b) acquiring, holding and disposing of movable and immovable property; and
- (c) doing or performing all such other things or acts as may be lawfully done by a body corporate.

CLAUSE 31

Functions of the Council.

31. The Council shall review policy and establish uniform norms and standards for—

- (a) posting of interns to National Government and County Government facilities;
- (b) inter county transfer of healthcare professionals;
- (c) transfer of healthcare professionals from one level of Government to another;

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- (d) the welfare and the scheme of service for health professionals;
- (e) management and rotation of specialists; and
- (f) the maintenance of a master register for all health practitioners in the counties.

CLAUSE 46

46. (1) The Authority shall be administered by a Board which shall consist of—

- (a) a chairperson appointed by the Cabinet Secretary who shall be a health professional who meets the requirements of Chapter six of the Constitution of Kenya;
- (b) the Principal Secretary in the Ministry for the time being responsible for health or a designated representative;
- (c) the Director-General for health or a designated representative;
- (d) the Attorney General or a designated representative;
- (e) two representatives nominated by the health regulatory bodies established under an Act of Parliament;
- (f) two representatives nominated by the Council of Governors;
- (g) two representatives nominated by the health professional associations registered by the Registrar of Societies who are not regulated or registered by any regulatory body;
- (h) one representative from the private sector appointed by the Cabinet Secretary;
- (i) one representative from consumer rights bodies appointed by the Cabinet Secretary; and
- (j) the Chief Executive Officer, appointed by the Authority, through a competitive process and who shall be an ex officio member and the secretary to the Authority.

(2) The Authority shall be supported by a Secretariat which shall be headed by the Chief Executive Officer.

(3) The powers of the Authority shall be vested in the advisory Board.

(4) The business and affairs of the Authority shall be conducted in accordance with the Second Schedule.

CLAUSE 48

48. The functions of the Authority shall be to—

- (a) maintain a duplicate register of all health professionals working within the national and county health system;
- (b) promote and regulate inter-professional liaison between statutory regulatory bodies;

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- (c) coordinate joint inspections with all regulatory bodies;
- (d) receive and facilitate the resolution of complaints from patients, aggrieved parties and regulatory bodies;
- (e) monitor the execution of respective mandates and functions of regulatory bodies recognised under an Act of Parliament;
- (f) arbitrate disputes between statutory regulatory bodies, including conflict or dispute resolution amongst Boards and Councils; and
- (g) ensure the necessary standards for health professionals are not compromised by the regulatory bodies.

(2) The Cabinet Secretary shall, in consultation with the Authority make regulations generally for the better carrying out of the provisions of this section and without limiting the generality of the foregoing, the Cabinet Secretary shall make regulations to prescribe—

- (a) the manner and form of coordinating joint inspections with all regulatory bodies;
- (b) the procedure for receipt and facilitation of the resolution of complaints from patients aggrieved parties and regulatory bodies;
- (c) the manner of monitoring the execution of respective mandates and functions of regulatory bodies recognized under an Act of Parliament;
- (d) the mechanisms for arbitration of disputes between statutory regulatory bodies, including conflict or dispute resolution amongst Boards and Authorities; and
- (e) mechanisms to ensure that the necessary standards for health professionals are not compromised by the regulatory bodies.

CLAUSE 67

67. (1) The procurement for the public health services of health products and technologies shall be undertaken in line with the Public Procurement and Disposal Act as well as the inter-governmental arrangements for medicine and medical products agreed upon.

(2) The classes of products procured by Kenya Medical Supplies Authority shall extend to therapeutic feeds and

nutritional formulations.

(3) The Kenya Medical Supplies Authority may be the point of first call for procurement of health products at the county referral level and it shall endeavor to establish branches within each county at such locations as it may determine.

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(4) The national government shall provide guidelines for the procurement, distribution and management of health products and technologies including essential medicines, laboratory chemicals and reagents and non-pharmaceuticals at all levels of the national health system.

CLAUSE 73

Mental health.

73. There shall be established by an Act of Parliament, legislation to—

- (a) protect the rights of any individual suffering from any mental disorder or condition;
- (b) ensure the custody of such persons and the management of their estates as necessary;
- (c) establish, manage and control mental hospitals having sufficient capacity to serve all parts of the country at the national and county levels;
- (d) advance the implementation of other measures introduced by specific legislation in the field of mental health; and
- (e) ensure research is conducted to identify the factors associated with mental health.

CLAUSE 89

Licensing of private entities to operate hospitals, clinics, etc.

89. (1) Private entities shall be permitted to operate hospitals, clinics, laboratories and other institutions in the health sector, subject to licensing by the appropriate regulatory bodies.

(2) The standards to be met in order to qualify for the issue of an operational licence under this section and the conditions that may be attached to such a licence shall be as defined in regulations issued under this Act by the Cabinet Secretary.

CLAUSE 91

91. (1) Institutions licensed under section 88 and private health workers licensed under section 89 shall irrespective of any specific conditions attached to such a licence be bound—

- (a) to permit and facilitate inspection at any time by the Authority and regulatory bodies;

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- (b) to provide emergency services in their field of expertise required or requested either by individuals, population groups or institutions, without regard to the prospect or otherwise of direct financial reimbursement.

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Regulations.

112. The Cabinet Secretary in consultation with the Director General shall make regulations generally for the better carrying out of the provisions of this Act and without limiting the generality of the foregoing, the Cabinet Secretary may make regulations for—

- (a) the fees to be paid to access services in a public health facility;
- (b) the norms and standards for health service delivery;
- (c) specified types of protective clothing and the use, cleaning and disposal of such clothing;
- (d) co-operation and interaction between private health care providers and private health establishments on the one hand and public health care providers and public health establishments on the other;
- (e) returns, registers, reports, records, documents and forms to be completed and kept by national referral institutions and county health institutions, public health facilities and private health facilities;
- (f) communicable and non-communicable diseases;
- (g) notifiable medical conditions;
- (h) rehabilitation;
- (i) emergency medical services and emergency medical treatment;
- (j) health nuisances and medical waste;
- (k) the import and export of pathogenic micro-organisms;
- (l) health research;
- (m) health technology;
- (n) the national health information system;
- (o) the documentation of traditional medicines and a database of herbalists;
- (p) the rendering of forensic pathology, forensic medicine and related

laboratory services, including the provision of medico-legal mortuaries and medico-legal services;

(q) the procurement of health products and health technologies;

(r) grading of health facilities in consultation with the county governments; and

(s) anything which may be prescribed under this Act.

(No. 048)

WEDNESDAY, MAY 24, 2017

(442)

FIRST SCHEDULE

FIRST SCHEDULE

(s. 25)

TECHNICAL CLASSIFICATION OF LEVELS OF HEALTHCARE DELIVERY

LEVEL 1: COMMUNITY HEALTH SERVICES

Functions—

- (a) Facilitates individuals, households and communities to carry out appropriate healthy behaviours;
- (b) Provides agreed health services;
- (c) Recognizes signs and symptoms of conditions requiring referral;
- (d) Facilitates community diagnosis, management and referral.

Note: The In-charge is the community health extension worker.

LEVEL 2: DISPENSARY/CLINIC

Functions-

- (a) This is a health facility with no in-patient services and provides consultation, treatment for minor ailments;
- (b) Provides rehabilitative services;
- (c) Provision of preventive and promotive services.

Note: The In-charge is a nurse or clinical officer.

LEVEL 3: HEALTH CENTRE

Functions—

- (a) It provides out-patient care;
- (b) Provision of limited emergency care;
- (c) Maternity for normal deliveries;
- (d) Laboratories, oral health and referral services;
- (e) Provision of preventive and promotive services;
- (f) In-patient observations.

Note: The In-charge is the clinical officer or medical officer with at least two

years managerial experience.

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LEVEL 4: PRIMARY HOSPITAL

Functions-

- (a) Clinical supportive supervision to lower level facilities;
- (b) Referral level out-patient care;
- (c) In-patient services;
- (d) Emergency obstetric care and oral health services;
- (e) Surgery on in-patient basis;
- (f) Client health education;
- (g) Provision of specialized laboratory tests;
- (h) Radiology service;
- (i) Proper case management of referral cases through the provision of four main clinical specialties (i.e internal medicine, general surgery, gynaecobstetrics and paediatrics) by general practitioners backed by appropriate technical devices;
- (j) Proper counter referral;
- (k) Provision of logistical support to the lower facilities in the catchment area;
- (l) Coordination of information flow from facilities in the catchment area.

Note: The In-charge is a registered medical practitioner with a Master's degree in a health related field.

LEVEL 5: SECONDARY HOSPITAL

Functions—

- (a) Provision of specialized services;
- (b) Training facilities for cadres of health workers who function at the primary care level (paramedical staff);
- (c) Serves as an internship centre for all staff, up-to medical officers;
- (d) Serves as a research centre, that provides research services for issues of county importance;

Note: The In-charge is a registered medical practitioner with a Masters degree

in a health related field.

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LEVEL 6: TERTIARY HOSPITAL

Functions—

- (a) Provides highly specialized services. These include-
 - (i) general specialization;
 - (ii) discipline specialization; and
 - (iii) geographical/regional specialization including highly specialized healthcare for area/regional specialization;
- (b) Research centre, provides training and research services for issues of national importance.

Note:

1. The In-charge is a registered medical practitioner with a Masters degree in a health related field and with training and experience of over ten (10) years in senior management.
 2. Level 6 shall be National Referral Hospitals and established in every County.
 3. Facilities from levels 2-5 can be upgraded or downgraded by the Director-General based on a set criteria.
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The House resolved on Wednesday, January 25, 2017 as follows:-

- II. **THAT**, notwithstanding the provisions of Standing Order 97(4), each speech in a debate on **Bills sponsored by a Committee, the Leader of the Majority Party or the Leader of the Minority Party** be limited as follows:- A maximum of forty five (45) minutes for the Mover, in moving and fifteen minutes (15) in replying, a maximum of thirty (30) minutes for the Chairperson of the relevant Committee (if the Bill is not sponsored by the relevant Committee), and a maximum of ten (10) minutes for any other Member speaking, except the Leader of the Majority Party and the Leader of the Minority Party, who shall be limited to a maximum of fifteen Minutes (15) each (if the Bill is not sponsored by either of them); and that priority in speaking be accorded to the Leader of the Majority Party, the Leader of the Minority Party and the Chairperson of the relevant Departmental Committee, in that order.
- III. **THAT**, notwithstanding the provisions of Standing Order 97(4), this House orders that, each speech in a debate on a **Report of a Committee**, including a Report of a Joint Committee of the Houses of Parliament or any other Report submitted to the House, be limited as follows: -A maximum of sixty (60) minutes for the Mover in moving and thirty (30) minutes in replying, and a maximum of ten (10) minutes for any other Member speaking, except the Leader of the Majority Party and the Leader of the Minority Party, who shall be limited to a maximum of fifteen (15) minutes each; and that priority be accorded to the Leader of the Majority Party and the Leader of the Minority Party, in that order.
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NOTICE PAPER

Tentative business for

Thursday, May 25, 2017

(Published pursuant to Standing Order 38 (1))

It is notified that the House Business Committee, at their last meeting, approved the following tentative business to appear in the Order Paper for Thursday, May 25, 2017:-

A. THE COMPANIES (AMENDMENT) BILL (NATIONAL ASSEMBLY BILL NO. 23 OF 2017)

(The Leader of the Majority Party)

First Reading

B. COMMITTEE OF THE WHOLE HOUSE

(i) The Insurance (Amendment) Bill (National Assembly Bill No. 17 of 2017)
(The Chairperson, Departmental Committee on Finance, Planning & Trade)

(ii) The Finance Bill (National Assembly Bill No. 16 of 2017)
(The Chairperson, Departmental Committee on Finance, Planning & Trade)

C. MOTION – ELECTION OF MEMBERS TO THE EAST AFRICAN LEGISLATIVE ASSEMBLY (EALA)

(Co-Chairperson of the Joint Parliamentary Select Committee on the Election of Members to the East African Legislative Assembly)

(If not concluded on Wednesday, May 24, 2017 - Afternoon sitting)

D. THE NATIONAL COHESION AND INTEGRATION (AMENDMENT) BILL (NATIONAL ASSEMBLY BILL NO. 11 OF 2017)

(The Chairperson, Departmental Committee on Justice and Legal Affairs)

Second Reading

E. MOTION – ADOPTION OF SESSIONAL PAPER NO. 3 OF 2016 ON THE NATIONAL HOUSING POLICY

(The Leader of the Majority Party)

F. MOTION – ADOPTION OF SESSIONAL PAPER NO. 5 OF 2016 ON NATIONAL CLIMATE CHANGE FRAMEWORK POLICY

(The Leader of the Majority Party)
