REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

NATIONAL ASSEMBLY

THE HANSARD

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THE HANSARD

Wednesday, 3rd May 2023

The House met at 9.30 a.m.

[The Deputy Speaker (Hon. Gladys Boss) in the Chair]

PRAYERS

QUORUM

Hon. Deputy Speaker: Hon. Members, there is no quorum. I direct that the Quorum Bell be rung for ten minutes.

(The Quorum Bell was rung)

Hon. Members, I direct that the Quorum Bell be rung for another five minutes.

(The Quorum Bell was rung)

You may now stop the Quorum Bell. Let us begin.

Hon. Members, for efficiency, I would like to re-order the Order Paper. We will go to Orders 8, 9, 10 and 11in that order, then come back to Orders 5 and 6.

BILL

Second Reading

THE NATIONAL TRANSPORT AND SAFETY AUTHORITY (AMENDMENT) BILL
(National Assembly Bill No. 43 of 2022)

(Moved by Hon. Simon King'ara on 19.4.2023 – Morning Sitting)

(Debate concluded on 26.4.2023 – Morning Sitting)

Hon. Deputy Speaker: We have received a letter from the Mover. Therefore, we are going to defer the putting of the Question and go to the next Order.

(Putting of the Question deferred)

MOTION

OPERATIONALIZATION OF THE BETTING, LOTTERIES AND GAMING ACT AND REGULATION OF THE BETTING INDUSTRY

THAT, aware that the Betting, Lotteries and Gaming Act, Cap 131 Laws of Kenya provides for the regulation of the gambling industry, including the control of betting, lotteries and gaming in the country; further aware that there is an emerging

trend of media houses offering their audiences platforms to participate in betting through lottery-style games, trivia shows, polls, contests and other SMS-based gaming; concerned that the trend was initially perceived as a harmless form of entertainment and audience engagement but has since developed into a problem within our communities leading to many Kenyans getting addicted to this form of gambling and has led to lots of loss; further concerned that there are numerous negative effects of this trend including financial ruin, family breakups, high truancy in schools resulting in high school dropout rates and in some cases, suicide; noting that these games target individuals who can least afford to lose money, mainly the elderly, the youth and low- income earners; cognizant of the fact that the Government has the responsibility of protecting citizens from negative social trends, including gambling and that the proliferation of these games is a violation of the Betting, Lotteries and Gaming Act; now, therefore, this House resolves that the National Government, through the relevant Ministries and agencies:

(i) regulates the running of lotteries and any other forms of betting disguised as polls, contests and other SMS-based gaming by media houses; and,

(ii) ensures strict operationalisation of the Betting, Lotteries and Gaming Act and increase control and oversight of the betting industry.

(Moved by Hon. Duncan Mathenge on 12.4.2023 – Morning Sitting)

(Debate on Motion as amended, concluded on 19.4.2023 – Morning Sitting)

(Question put and agreed to)

The House resolved accordingly:

THAT, aware that the Betting, Lotteries and Gaming Act, Cap 131 Laws of Kenya provides for the regulation of the gambling industry, including the control of betting, lotteries and gaming in the country; further aware that there is an emerging trend of media houses offering their audiences platforms to participate in betting through lottery-style games, trivia shows, polls, contests and other SMS-based gaming; concerned that the trend was initially perceived as a harmless form of entertainment and audience engagement but has since developed into a problem within our communities leading to many Kenyans getting addicted to this form of gambling and has led to lots of loss; further concerned that there are numerous negative effects of this trend including financial ruin, family breakups, high truancy in schools resulting in high school dropout rates and in some cases, suicide; noting that these games target individuals who can least afford to lose money, mainly the elderly, the youth and low- income earners; cognizant of the fact that the Government has the responsibility of protecting citizens from negative social trends, including gambling and that the proliferation of these games is a violation of the Betting, Lotteries and Gaming Act; now, therefore, this House resolves that the National Government, through the relevant Ministries and agencies:

(i) regulates the running of lotteries and any other forms of betting disguised as polls, contests and other SMS-based gaming by media houses; and,

(ii) ensures strict operationalisation of the Betting, Lotteries and Gaming Act and increase control and oversight of the betting industry.

BILLS

First Readings

THE KENYA DRUGS AUTHORITY BILL
(National Assembly Bill No.54 of 2022)

THE ASSISTED REPRODUCTIVE TECHNOLOGY BILL
(National Assembly Bill No.61 of 2022)

Hon. Deputy Speaker: I direct that these Bills be referred to the Departmental Committee on Health.

(The Bills were read a First Time and referred to the relevant Committee)

PAPERS

Hon. Deputy Speaker: You may proceed, Chair of the Departmental Committee on Labour.

Hon. Muchangi Karemba (Runyenjes, UDA): Thank you, Hon. Deputy Speaker. I beg to lay the following Paper on the Table:

Report of the Departmental Committee on Labour on its vetting of a nominee for appointment as a Member of the Salaries and Remuneration Commission (SRC).

Thank you, Hon. Deputy Speaker.

NOTICES OF MOTIONS

CONSIDERATION OF NOMINEE FOR APPOINTMENT AS A MEMBER OF SALARIES AND REMUNERATION COMMISSION

Hon. Muchangi Karemba (Runyenjes, UDA): Hon. Deputy Speaker, I beg to give notice of the following Motion:

> THAT, taking into consideration the findings of the Departmental Committee on Labour in its Report on the vetting of a nominee for appointment as a Member of the Salaries and Remuneration Commission (SRC), laid on the Table of the House on Wednesday, 3rd May 2023 and, pursuant to the provisions of Article 250(2)(b) of the Constitution, Section 7(11) of the Salaries and Remuneration Commission Act, 2011 and Section 8(1) of the Public Appointment (Parliamentary Approval) Act, 2011, this House approves the appointment of Mr. Isaac Kipkemboi Melly as a Member of the Salaries and Remuneration Commission.

Hon. Deputy Speaker: The Member for Mumias East, Hon. Peter Salasya. He is absent. Next is the Member for Likoni, Hon. Mishi Mboko.

PROVISION OF MENTAL HEALTHCARE SERVICES IN SUB-COUNTIES

Hon. Mishi Mboko (Likoni, ODM): Thank you, Hon. Deputy Speaker. I beg to give notice of the following Motion:

THAT, aware that Article 43(1)(a) of the Constitution provides that every person has the right to the highest attainable standard of health, including the right to health care services; further aware that mental health is a key determinant of the overall health and socio-economic development; recognising that the Constitution assigns to the national Government the responsibility of matters of health policy; concerned that according to the World Health Organization (WHO), mental and neurological disorders are common and about 10 percent of the global population suffer from at least one mental health disorder at any given time; concerned that psychiatric units are only available in a few facilities in the country and patients requiring psychiatric services have limited or no access to these facilities; acknowledging that access to healthcare facilities leads to improved overall health, increased economic productivity, social equity, and improved quality of life for all; now, therefore, this House urges the national Government, through the Ministry of Health, to collaborate with the county governments to develop a policy integrating mental health services in all healthcare facilities in the country.

Hon. Deputy Speaker: The Member for Kibwezi East, Hon. Jessica Mbalu. The Member for Kirinyaga County, Hon. Jane Njeri Maina.

INTRODUCTION OF COMPREHENSIVE HEALTH EDUCATION AS A CORE SUBJECT IN SCHOOLS

Hon. Njeri Maina (Kirinyaga County, UDA): Thank you, Hon. Deputy Speaker. I beg to give notice of the following Motion:

THAT, aware that improving public health is a fundamental responsibility of the Government and it is imperative to address pressing health problems faced by young people, including poor sexual and reproductive health, inadequate knowledge and information regarding sexual health and protection against sexually transmitted infections; concerned that the current state of adolescent health training programmes is inadequate and fragmented resulting in limited access to health care information and services by the youth in the country; further concerned that as a result of this, young people face significant barriers in accessing comprehensive health care; cognizant that comprehensive sexual education through school-based programmes, community-based programmes and health care facilities can promote healthy sexual practices amongst young people and reduce the spread of HIV/AIDS and other sexually transmitted infections, lower the incidences of teenage pregnancies thus increasing school attendance and retention; now, therefore, this House resolves that the National Government, through the State Department of Basic Education, introduces comprehensive health, wellness and sex education in the curriculum as a core subject in schools.

Hon. Deputy Speaker: The Member for Teso South, Hon. Mary Emaase.

ESTABLISHMENT OF A NATIONAL FUND TO SUPPORT VICTIMS OF GENDER-BASED VIOLENCE

Hon. Mary Emaase (Teso South, UDA): Thank you, Hon. Deputy Speaker. I beg to give notice of the following Motion:

THAT, aware that Article 29 of the Constitution provides the right of every person to freedom from any form of violence; further aware that Gender-Based Violence (GBV) is a serious violation of human rights with records

indicating that one in every three women will experience sexual or physical violence in their lifetime; noting that according to the United Nations Refugee Agency (UNHCR), gender-based violence includes: Sexual, physical, mental and economic harm inflicted in the public or private and may involve threats of violence, coercion and manipulation in the form of intimate partner violence, sexual violence, child marriage and Female Genital Mutilation (FGM); further noting that timely response to and effective post management of GBV incidences is critical in the curbing the effects of those incidences to victims; concerned that at present there are inadequate GBV response centres and shelters in the country with limited resources being provided for victims seeking assistance; further concerned that there are inadequate rehabilitation and reintegration programmes for victims and perpetrators of GBV; recognising that victims of GBV as well as perpetrators require specialised professional assistance for full reintegration into the community; this House, therefore, resolves that the Government, through the relevant Ministry, should establish a national fund to ensure that all survivors of GBV have adequate, timely and unhindered access to quality services that meet their needs.

Hon. Deputy Speaker: Next Order.

BILL

Second Reading

THE HEALTH (AMENDMENT) (NO. 2) BILL
(National Assembly Bill No. 42 of 2022)

(Moved by Hon. Didmus Barasa on 26.4.2023 – Morning Sitting)

(Resumption of Debate interrupted on 26.4.2023 – Morning Sitting)

Hon. Deputy Speaker: We are resuming debate on this Bill. I now call upon Hon. Caroli Omondi, who had a balance of eight minutes. He is not here. Okay! We shall proceed. I now call upon Hon. (Dr.) Robert Pukose, Member for Endebess.

Hon. (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Deputy Speaker, for allowing me to contribute to the Health (Amendment) (No.2) Bill of 2022. This Bill was considered before our Departmental Committee on Health. We conducted public participation and we got several memoranda. We made the following observations:

First, the development of guidelines for referral within the country are already provided for within the Health Act, 2017, under Section 7 on referrals during emergencies, sections 15 and 20 on the role of county governments in referrals and Section 79 of the Health Act, 2017, which provides for the making of guidelines on referral of patients within the country. The Act also has an input on referral system between the two levels of government.

Secondly, there is no need to legislate on policy issues which are best handled by the relevant Ministry. Legislation on such issues presents a myriad of bureaucracies, which may make it difficult for members of the public to operate with such legislation. Requiring the involvement of registered medical practitioners for referrals outside the country hampers the right to health guaranteed under the Constitution, which encourages the patient's ability to choose a preferred hospital or medical practitioner.

Further, with regard to matters of referral of patients outside the country, we got a memorandum on the proposed Health (Amendment) (No.2) Bill from the Ministry stating that

the Kenya Medical Practitioners and Dentists Council (KMPDC) Rules already provide for a patient being referred abroad. The Rules provide for circumstances under which a patient or client should be referred by a medical or dental practitioner abroad for treatment, qualifications as to the suitability of the preferred medical practitioner, category and accreditation status of the receiving practitioner, the health facility abroad, and the referral process.

In addition, the Rules guide on how to address professional misconduct in the process of referral of patients abroad, including referral of patients whose health outcome may not improve, disclosure of patient information to a third party without consent, and referral of a patient for personal or financial gain.

The Ministry has also established a committee comprised of medical experts to review and vet referrals for medical treatment abroad to ensure compliance with the rules. Further, the process of developing a policy guideline on medical tourism has already been initiated by the Ministry and will guide the establishment of an efficient referral system for both outbound and inbound client-patients.

The Kenya Health Sector Referral Strategy, 2014 guides the health sector in establishing an effective and responsive referral system through various strategic interventions. One of the interventions is the development of guidelines on medical tourism that will guide the establishment of an efficient referral system for outbound and inbound patients, which the Ministry of Health had already initiated.

Upon considering the Health (Amendment) Bill, 2022, the Committee recommends that the House rejects this Bill in its entirety. The justification for it is that the referral within the country is already provided for within the Health Act No.21 of 2017 and it is a matter of policy.

Secondly, referral outside the country is also a matter of policy that is best handled by the Ministry of Health and does not need to be legislated upon. Legislating on the same would cause unnecessary bureaucracies to the detriment of Kenyans seeking treatment abroad, and create a lot of challenges. If you have a patient who wants to seek treatment abroad, you will have to wait for the approval process to take place before you are able to take that patient abroad. More often than not, by the time you get approval from that body, the patient might even be dead.

As a Committee, we felt that we should not legislate too much and make it very difficult. More often, you will find that somebody will seek treatment after you have discussed as a family and decided that you want to take the patient to a certain country for treatment. You then have to initiate a process for approval to take the patient abroad. You then request for a meeting to be held. You also move from one office to another seeking approval and yet, it would have been easier for you as a family to sit down with your local doctor and agree to refer the patient to India, Europe or even the United States of America. That makes it much easier.

As a Committee, we felt that this Bill should be rejected by the House in its entirety, as it is already provided for under the policy and rules of KMPDC.

With those few remarks, I reject the Bill.

Hon. Deputy Speaker: Member for Tharaka, Hon. Sir George Gitonga.

Hon. George Murugara (Tharaka, UDA): May it please you, Hon. Deputy Speaker. Allow me to make a few submissions as regards the proposed amendment Bill. I do this with tremendous respect to the medical doctors that we have here such as Dr. Pukose, Dr. Nyikal and others.

First and foremost, as committees, we should, as much as possible, allow legislation to come to the House of Parliament for debate. It is not fair for a Committee to sit out there, come up with a report stating that we should reject a Bill in its entirety, while the report that has been brought to us does not clearly show how the proposed law is contra-distinct with what is already in law.

I have read the Committee's Report *vis-à-vis* the proposed amendments. I am unable to find sections in the Health Act that are an exact replica of what is being proposed. In fact, if anything, what is being proposed is possibly contained in some rules and regulations. If that is the case, Hon. Didmus Barasa is correct to bring the Bill because rules and regulations are subsidiary legislation. Substantive legislation is found in an Act of Parliament, as it is being proposed here. Unless we are clearly shown that there are sections in the Heath Act which cover the topics that have been brought before this House by Hon. Didmus Barasa, the Report that is calling for a rejection is not well-founded and we should reject it.

One, I have said that if there are rules and regulations that govern this sector, then the right thing to do is to incorporate them in the substantive Act. That will create room for the making of further rules, guidelines and policies pursuant to an Act of Parliament. Two, if what we propose to do through this Bill is covered by another Act of Parliament, it shall be brought to our attention at the Committee of the whole House and we will remove the proposed amendment. This has not been covered in the Report. What the Committee is doing in particular is trying to kill the Bill before it is even taken to the Committee of the Whole House.

Hon. (Dr.) Robert Pukose (Endebess, UDA): On a point of order, Hon. Deputy Speaker.

Hon. Deputy Speaker: What is your point of order, Dr. Pukose?

Hon. (Dr.) Robert Pukose (Endebess, UDA): Hon. Deputy Speaker, with all due respect to my colleague, I think he is misleading the House. The Bill is an amendment of an Act of Parliament. It seeks to amend Section 79 of the Act. It introduces a new section after Section 79. You can look at Section 79. It is a new amendment to Section 79.

Hon. Deputy Speaker: You may proceed, Hon. Murugara.

Hon. George Murugara(Tharaka, UDA): Hon. Deputy Speaker, I agree the Bill is a proposed amendment, but it does not seek to amend Section 79. It seeks to introduce a new Section 79A, totally distinct from Section 79. If there is any repetition, we should be informed in this Report which sections of the Act cover areas that are being proposed to be introduced. We are not being told that. We are simply being told the Health Act covers the areas that are proposed to be introduced and that there are rules and regulations that cover the same areas. The issues being raised by the Departmental Committee on Health will come up at the Committee of the Whole House. That is when we shall consider the Bill clause by clause, making a contra-distinction between the existing sections and what is proposed. Therefore, it is not right for the Committee to kill this Bill at this stage. Let us get to the Committee of the whole House and we deal with it.

That notwithstanding, some of the arguments that are being raised, especially by the Memorandum from the Ministry of Health, are not convincing. There are rules and regulations under the Medical Practitioners and Dentists Council Act, the Referral of Patients Abroad Rules. That is not the Health Act! It is a totally different Act. We are dealing with the Health Act itself. That is where we want to anchor Section 79A. We are also told that there is an ongoing process of developing policy guidelines with regard to medical transfer and medical tourism, which was started in 2014. That is almost 10 years ago and nothing has been done. The work of this House is to ensure that all spheres of our lives are covered by the necessary legislation. This is what Hon. Didmus Barasa is trying to do.

We ought to disagree with the Departmental Committee on Health and allow Hon. Didmus Barasa to prosecute this proposed amendment at the Committee of the Whole House. We will all look at it and see what suits our country best. If there is any repetition, especially in the Health Act, we shall deal with it. I am not 100 per cent sure that what is under the Medical Practitioners and Dentists Council Act applies to the Health Act. If it does, then it will be brought to our attention. As it stands today, the proposal is a very good amendment, so that when referrals are made from one hospital to another, it is clear to everyone - medical

practitioners, patients and their relatives - that there is a law that guides the process to ensure that there are no cartels in the process. No one should tell you that they can refer you to India or Uganda because they have some special connection there or have an institution where they have an interest. The process will be properly governed by the law, ethics, practice of medical practitioners, and whatever else we think is necessary to come under this Act and in the rules and regulations, which will be developed as soon as the Act is in operation. An Act of Parliament is operationalised by rules and regulations, which are committed to the Committee on Delegated Legislation.

With those remarks, I support the proposed amendment. I urge the House to disregard the Report by the Departmental Committee on Health and proceed to pass the Bill as proposed. After that, we shall get to the Committee of the Whole House and scrutinise the Bill further to make it even a better law.

Hon. (Dr.) Robert Pukose (Endebess, UDA): On a point of order, Hon. Deputy Speaker.

Hon. Deputy Speaker: What is your point of order, Dr. Pukose?

Hon. (Dr.) Robert Pukose (Endebess, UDA): Hon. Deputy Speaker, I want to refer the House to Section 79 of the Health Act on referrals. It says:

> "The national Government Department for Health shall develop policy guidelines for referral mechanisms and a system of referrals from practitioners of traditional and alternative medicine to conventional health facilities and may prescribe regulations for incidental and connected purposes, which shall be implemented by county departments."

Section 20(c) provides the duties of a county government. It says:

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

The amendment being proposed seeks to amend this section. I just wanted to make that clear.

Hon. Deputy Speaker: Let me give an opportunity to another speaker. We will give you an opportunity to respond. Hon. (Dr.) Nyikal.

Hon. (Dr.) James Nyikal (Seme, ODM): Thank you, Hon. Deputy Speaker, for giving me the opportunity. The Chair of our Committee has indicated the decision of the Committee. Mine is to emphasise some of those decisions. In general principle, this is a Bill that would be very important for the country, but in reality, the issues it raises are covered in Section 79 of the Health Act and regulations made under that Act. There is need to refer patients because of absence of services and sometimes because of cost.

Hon. Deputy Speaker, the greatest issue we have with this Act is that once you bring in procedures, it is quite common that they will start to delay the referral of patients; such that when practitioners decide to refer, you will find that patients are still held up. To that extent, we will have incidences where patients lose their lives while people are referring to these procedures. Once we have Section 79 of the Health Act and the link with the county governments, it is important that we make this as easy as possible without over-legislating by putting in place structures and processes that will delay the referral process.

People do not go outside the country because it is sometimes very expensive. You can imagine the cost of care of the patient, the caregiver they go with, and the cost of a donor in case of a donation. It is not something that people take for granted. If we further put in more regulations, then we have to extend to cases of donation to start the issue of handling donors. That is a very sensitive issue across countries. We should have laws that bring us across countries in relation to that. We felt that to facilitate patients to get referral as soon as they can,

we should not go into new processes and structures that will delay the patient from going abroad.

Section 79 of the Health Act gives that provision. The Medical Practitioners and Dentists Act also give provisions that regulate, to a large extent, the behaviour and conduct of health professionals, including the doctors that are making referrals. If they are nurses, they are regulated under the Nurses Act. There is an Act that regulates whoever is referring the patient. To that extent, it is the Committee's feeling that we are going to bring in a lot of obstacles to the referral of patients.

When it comes to the cost of care, the Medical Practitioners and Dentists Act also provides guidance. In the 12th Parliament, you will remember that this House forced the Council to show the guidelines that they had put in place and those they intended to have, and the areas we felt they needed to make provisions. The Committee feels that we are probably over-legislating; we are putting in too many structures and, perhaps, many obstacles to the free flow of patients when they need care elsewhere. I do not support and I stand by the decision of the Committee.

Thank you.

Hon. **Deputy Speaker:** Member for Kipipiri, Hon. Wanjiku Muhia. Member for Nambale, Hon. Geoffrey Mulanya.

An Hon. Member: They are not in the House.

Hon. Deputy Speaker: Member for South Mugirango, Hon. Silvanus Osoro.

Hon. Silvanus Osoro (South Mugirango, UDA): Thank you, Hon. Deputy Speaker. This is a very important Amendment Bill by Hon. Didmus Wekesa Barasa. Health matters form an integral part of our structure. Our laws also provide that health is essential. After reading and internalising what Hon. Didmus is proposing, it is clear that medical centres and owners of those businesses take advantage of the lacuna in law and the regulations that are not provided for in the Act; they refer patients unilaterally to particular clinics or hospitals without following the due process. They take advantage of the fact that patients are ignorant, or at that particular time, they are very desperate. For instance, an expectant woman walks into a certain hospital for a review, but because the medical doctor runs a private hospital somewhere across the road, he will tell her that her case is very sensitive and will need a referral. He will then refer her to his private hospital and tell her that it is because this hospital does not have proper equipment to treat her.

As much as there are regulations to such effect, Hon. Didmus Barasa is seeking to have those regulations provided for in a particular Act. He is also seeking to give a principal guideline to the Cabinet Secretary to provide policy, and develop the guidelines to referrals so that poor people are not taken advantage of. We have seen such cases where someone goes for a simple dental review in a public hospital but because a doctor has a private clinic or hospital, they refer the patient there. They will tell the patient that their teeth do not look very okay and the Government facility does not have proper equipment to refill them. They will then write a simple note for referral. They are taking advantage of the lacuna in law.

The regulations that provide for referrals are merely regulations, but Hon. Didmus Barasa is seeking to have those regulations in the Act. He is also seeking to give the integral part of the policy development of such regulations to the Cabinet Secretary. This does not mean it will bring an element of ambiguity in the movement of patients. His proposal simply means that we need a formulation that is very clear in the Act that cannot be changed overnight. You will all agree that if it is a mere regulation that is just a page of an Act or some notes of a Cabinet Secretary, then people will take advantage of that. However, when we put such laws in the Act, they will come with retributive measures in case they are defied. It is very important for us to review this matter. I do not understand why the Chairman of the Departmental

Committee on Health is really against this proposal. We should allow this process to proceed to the last stage.

Hon. (Dr.) Robert Pukose (Endebess, UDA): On a point of order, Hon. Speaker.

Hon. **Deputy Speaker:** What is your point of order, Hon. Dr. Pukose?

Hon. (Dr.) Robert Pukose (Endebess, UDA): Thank you, Hon. Deputy Speaker. Since the Majority Whip has asked why I am against this proposal, I want to state as follows: Clause 79 of the parent Act, not the amendment, provides that the national Government Department of Health shall develop policy guidelines for referral mechanisms and system of referrals from practitioners of traditional and alternative medicine to conventional health facilities, and may prescribe regulations for incidental and connected purposes which shall be implemented by county departments.

Hon. Didmus Barasa is a traditional doctor. The Act provides for traditional and alternative medicine. In China, traditional medicine and alternative medicine go side by side. In Kenya, we also have people who practise traditional medicine. The Health Act provides for the traditional medicine practice. I do not see the difference with what you are saying because the Health Act already provides that the Cabinet Secretary shall develop policy guidelines for referral. Policy guidelines are already provided for in the Act. Whatever he is amending is already provided for.

Hon. Deputy Speaker: Yes, you may proceed.

Hon. Silvanus Osoro (South Mugirango, UDA): Thank you, Hon. Deputy Speaker. I still do not understand what the point of order by Hon. (Dr.) Pukose was about. We are not debating the Act per se. We are only challenging the preliminary objection that is being raised by Hon. (Dr.) Pukose even before the Bill gets to the Committee of the whole House. Be that as it may, he has actually read Section 79 where it says the National Government shall provide policy guidelines.

We agree with him and because this is a House of debate, we keep on changing things. I know that he knows but if he does not know, I will tell him that even a single word in law brings a different definition of a whole phrase. Even a spelling. The imagination of a word in the Act can change the entire Act. If you agree that the Act provides for the National Government to develop policy guidelines, then we are making it even more specific for you so that people can understand that the National Government has structures for operation purposes, and that the main representative of the health function in the National Government is the Cabinet Secretary.

Hon. Didmus is being specific in the Act. Instead of the ambiguity of just stating that the National Government shall provide guidelines, let us say that the Cabinet Secretary shall develop a policy so that we have a particular person with such an obligation. When you say "the National Government", it is so general that even a junior national Government officer working in a clinic somewhere will make a decision and say they have come up with a particular directive. Hon. (Dr.) Pukose, we are saying this should be very particular.

I do not know why Hon. Dr. Pukose is so agitated. We will provide mechanisms for referral of patients to the health institutions. It is also very particular that it is within the country and outside the country. I do not know why you are sad. Is it because of the fact that we are talking about within and outside the country? We are being specific. You are a medical practitioner, Hon. Dr. Pukose. I know that you are part of the players in this whole thing. I am sure that sometimes you refer patients within or outside the country because you are a medical practitioner. As a medical practitioner, this amendment will help you so that when you send patients out of the country, you do so in accordance with the provisions of the law, and not on the basis of a mere blanket declaration in the regulations. That is why you do not need to worry.

As medical practitioners, at times you take advantage. In saying so, I am not referring to you in particular. I am referring to the medical practitioners in general. You take advantage

of the ignorance of patients because you run private clinics across the road. I am saying sometimes you do so. You could be a medical practitioner who is employed at Kenyatta National Hospital (KNH) but you also run a clinic somewhere in Kilimani or Upper Hill areas of Nairobi. You attend to a patient at KNH and tell him that a certain test can only be done by a particular clinic. Then you refer that patient to your clinic. We are saying "No!" They charge exorbitantly!

Hon. (Dr.) Robert Pukose (Endebess, UDA: On a point of order, Hon. Deputy Speaker.

Hon. Deputy Speaker: What is your point of order, Hon. (Dr.) Pukose?

Hon. (Dr.) Robert Pukose (Endebess, UDA: Hon. Speaker, the Majority Whip is a leader. As a leader, he must be able to address other professionals with decorum. You cannot make a blanket statement with reference to doctors who are practising and saving lives in this country. The doctors have taken the Hippocratic Oath to save lives. To me, that is a reckless statement from a leader of his calibre. He should withdraw his remarks and apologise.

Hon. Silvanus Osoro (South Mugirango, UDA): Hon. Deputy Speaker, kindly, we need to debate this whole thing without personalising things. If somebody raises an issue to do with lawyers, and I am an advocate of the High court, it does not mean that the whole thing about advocates refers to me or you, Hon. Deputy Speaker.

Hon. Deputy Speaker: I think his point of order and objection has to do with your casting aspersions on medical doctors.

Hon. Silvanus Osoro (South Mugirango, UDA): Let me rephrase my statement. I said sometimes some rogue medical doctors or practitioners take advantage of the ignorance of patients. I gave an example. I mean, we all live in this country. We all have patients and sometimes we face these challenges at home where a patient goes to a public hospital and there is a small note written "whatever you want, get it in this particular clinic." If you go to that private clinic, even before you see a doctor, you will spend close to Ksh50,000. We are talking about a villager who has left home in some village in Kisii, about 500 kilometres away and travelled all the way to Nairobi. He has been referred somewhere and told that he should deposit a consultation fee of Ksh50,000 before he is even seen by a doctor. After being seen by the doctor, he is referred to some other ten medical centres for tests.

This particular proposal by Hon. Barasa seeks to set regulations to compel a medical practitioner to justify why he decided to refer a patient to a particular clinic. Hon. (Dr.) Pukose, this will help you because I know that you are a sharp person. This will help you even in your private practice. Please, convince your colleagues in the medical fraternity to agree. You could be running a private clinic. Even if you do so, convince them.

Thank you very much, Hon. Deputy Speaker.

[The Deputy Speaker left the Chair]

[The Temporary Speaker (Hon. David Ochieng') took the Chair]

The Temporary Speaker (Hon. David Ochieng'): Hon. Osoro, did you finish your contribution?

Hon. Johana Kipyegon (Emurua Dikirr, UDA): I am on a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng'): Okay, go ahead. What is your point of order?

Hon. Johana Kipyegon (Emurua Dikirr, UDA): Hon. Temporary Speaker, you know there are two professions in this country that take a Bible when they are either being admitted

to the practice or they are doing something important - lawyers and doctors. Is it in order for the Member who just spoke to state that a doctor who asks for Ksh50,000 consultation fee is wrong yet when you seek legal representation some lawyers ask for Ksh500,000 as consultation fee? Is it in order?

The Temporary Speaker (Hon. David Ochieng'): What is out of order?

(Laughter)

Hon. Johana Kipyegon (Emurua Dikirr, UDA): It is out of order for the Member to cast aspersions on medical doctors who are practising their profession. He is also a lawyer and he has been charging exorbitant fees!

The Temporary Speaker (Hon. David Ochieng'): Member for Emurua Dikirr, I am sure you will have a chance to debate and be able to make that point.

(Hon. Silvanus Osoro spoke off the record)

Order, Hon. Osoro! Take your seat. No, it is not done like that. You do not have the microphone, do you?

Hon. Kaguchia John (Mukurweini, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng'): Is that the Member for Mukurweini?

Hon. Kaguchia John (Mukurweini, UDA): Yes.

The Temporary Speaker (Hon. David Ochieng'): Go ahead.

Hon. Kaguchia John (Mukurweini, UDA): Thank you very much, Hon. Temporary Speaker. I am wondering whether it is right for the Chairperson of the Departmental Committee on Health to keep on interrupting Hon. Osoro as he makes his contribution. Decorum dictates how Members should behave in this House. Hon. Members should listen to other Members in silence. The Chairperson of the Departmental Committee on Health seems to have personalised the matter. He seems to be loudly making interjections while Hon. Osoro is making a very important contribution. The Hon. Members who are bidding on this Bill do not have anything to do with Dr. Pukose as a person. This is a professional issue.

The Temporary Speaker (Hon. David Ochieng'): Okay, Hon. Gichohi. I will have my eyes on the Chairperson of the Departmental Committee on Health and ensure that he does the right thing. Hon. Osoro, go on.

Hon. Silvanus Osoro (South Mugirango, UDA): Hon. Temporary Speaker, I wanted to clarify a point that has been raised by the Hon. Member, who is also a lawyer like myself. He happened to be my classmate. I am talking about some rogue doctors who take…

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

Hon. Speaker, please protect me from Hon. Pukose. I do not know why…

The Temporary Speaker (Hon. David Ochieng): Hon. Osoro, you shall proceed with your debate regardless of what the Chairman of the Departmental Committee on Health does.

Hon. Silvanus Osoro (South Mugirango, UDA): He is shouting at me as I speak. In every profession, we all must agree that we have rogue people. We have rogue lawyers and rogue police officers. We also have rogue politicians, some of who carry stones and *sufuria* on their heads. We have rogue people in every profession. Hon. Pukose should not take offence when I say some doctors are rogue.

The Hon. Member should also not impute improper motives on me by claiming that I charge a legal fee of Ksh500,000 for consultation. That is a lie, Hon. Temporary Speaker. As

a lawyer, he knows that there is a remuneration order that we follow as advocates. I have never charged Ksh500,000 as consultation fee. That is wrong. He needs to apologise. I have clients watching me and they imagine if tomorrow they come to my office, I will be asking them Ksh500,000. I am not a rogue lawyer.

The Temporary Speaker (Hon. David Ochieng'): It should be known that we are discussing a Bill related to healthcare. We are not discussing lawyers' fee. I direct you to proceed with your contribution the way it was going on before the interruptions.

Hon. Silvanus Osoro (South Mugirango, UDA): Very true. Those people who take advantage of the poor should know that in this particular amendment, we will save the face of this nation. It seeks to bar rogue doctors who take advantage of ignorant patients. It will help to strengthen the laid down policies, especially the regulations to the Act so that we streamline the health sector in our country.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng'): This chance goes to the Member for Mandera South. He is the first on the requests list. I will not encourage Members to raise their hands. I have a list that I will follow. Do not raise your hand and do not come to me. Let us just follow what is here so that everyone gets a chance to contribute. Go ahead, Member for Mandera South.

Hon. Abdul Haro (Mandera South, UDM): Thank you, Hon. Temporary Speaker. I stand to support the Amendment Bill proposed by Hon. Didmus Barasa. It is a good amendment. If there were regulations in existence before, like it has been argued in this House, no sensitisation about those regulations had been done for people to know how they operate as many Kenyans are unaware of the regulations, especially those in the rural areas. Introducing an amendment like the one proposed by Hon. Didmus Barasa to require the Cabinet Secretary for Health to come up with regulations for referrals both internally and outside the country is a very welcome thing. Healthcare has been a very expensive venture for many Kenyans. We always say that Kenyans are just one hospital admission away from poverty. Referrals have been abused in the past and this amendment, according to me, is not reinventing the wheel. It will help us to reflect on what already exists. There is reference to the idea of bringing together all the stakeholders to discuss how efficient and how effective referrals can be made both inside and outside the country.

This is an opportunity for us to reflect on what has been in existence and see how we can cure the problems that we have been having with the existing regulations, if they exist. Therefore, it is not a good idea for this amendment Bill to be killed at this stage by the recommendation given by the Departmental Committee on Health. Debate on this Bill should go ahead. Hon. Didmus Barasa should be given opportunity to execute it to the fullest.

With those remarks, I support.

The Temporary Speaker (Hon. David Ochieng'): Thank you. Member for Uasin Gishu.

Hon. Gladys Boss (Uasin Gishu County, UDA): Thank you, Hon. Temporary Speaker for giving me an opportunity to lend my voice to this particular debate.

This is the most interesting debate I have heard since I came to Parliament. This is really what we are supposed to be doing. Even though we do not agree with each other, the fact that we are interrogating laws that affect Kenyans is what we are hired by the Kenyan people to do. My reading of Section 79 is that it already provides for referrals not in great detail but loosely. That is not a bad thing. Over-regulation is the danger we are going to face should this amendment be approved by this House. When we over-regulate, we run into the danger of some bureaucratic processes getting involved in critical life and death or health situations that may require faster decision making by medical practitioners.

Historically, the Ministry of Health has even had problems transferring medicines from the national Government down to the county government level or to the village dispensaries. We are now introducing an extra bureaucratic process that will require them to make rules on how you decide to seek medical attention. If we allow those regulations to be made, several people will die while seeking medical help. Just getting someone to see a doctor at a public hospital or even getting a patient into theatre at a public hospital is already a nightmare. You are now telling me that they will be deciding who travels to whichever country to seek medical attention. They do not have the bureaucratic machinery to do so to that detail.

Why do people seek treatment overseas? They seek medical attention abroad because we lack the technology or the know-how or costly treatment in the country. The decision on what kind of medical attention I would like to have is between me and my doctor. If my doctor does something wrong, there is the Kenya Medical Practitioners and Dentists Board (KMPDB) that can discipline him. We do not need the Ministry of Health to manage him. As proposed by Hon. Didmus Barasa, if there is need to rein in rogue doctors who are referring people unnecessarily, that can be dealt with by KMPDB. It does not have to be by the Ministry of Health because that is a problem of an individual doctor. It is not a national problem. We cannot get national policy solutions for professional individuals. That is the wrong way to go. In that case, we will now begin to say that the...

Hon. Silvanus Osoro (South Mugirango, UDA): On a point of information, Hon. Temporary Speaker.

Hon. Gladys Boss (Uasin Gishu County, UDA): Okay. You can express your point.

The Temporary Speaker (Hon. David Ochieng'): Do you want to be informed by Hon. Osoro?

Hon. Gladys Boss (Uasin Gishu County, UDA): No. I doubt there is anything he can inform me on. I was his law teacher. So, I doubt that he has any superior knowledge. I taught him whatever he knows.

(Laughter)

Whatever he does not know, I plan to teach him. We will continue with the lesson. That is the challenge. We agree that there are challenges of rogue doctors and unnecessary referrals. However, trying to get another bureaucratic machinery to regulate it is getting us into deeper problems. The Ministry of Health does not have the capacity. You cannot tell me that they will start supervising the doctors that 50 million Kenyans go to when they cannot even give them access to medical care as we speak today.

Let us not put more burden on this Ministry. For that reason, I support the decision by the Committee.

Thank you.

The Temporary Speaker (Hon. David Ochieng'): Well said. Member for Funyula.

Hon. (Dr.) Ojiambo Oundo (Funyula, ODM): Thank you, Hon. Temporary Speaker for giving me an opportunity to comment on the Health (Amendment) (No.2) Bill (National Assembly Bill No.42 of 2022).

The cardinal role of a legislator is to pass laws. From a practice point of view, we should allow any legislative proposal as far as it is constitutional - as far as it does not in any way infringe the current law, is within public policy and is well-researched and thought-out, to go all the way to the far end. On the other hand, as Kenyans, we are at a dilemma for fear of over-regulation. Looking at the provisions which our Hon. colleague intends to amend, Section 79A brings to the fore a very subtle debate that seems to have not been settled in this country and probably elsewhere. What comes first? Is it policy framework, legislation or subsidiary

regulations? I imagine that within the fraternity of the medical field, there are very clear policy regulations concerning treatment, referral and all those kinds of processes up to the far end.

Secondly, I believe and trust that the medical profession has practising notes that clearly state when a matter is to be referred, the process of referral and the rest of the things. As far as we allow our medical doctors to be registered, thoroughly and adequately trained probably for longer periods than most professionals in this country, which is five or six years of general medicine training and then going through internship and clinicals up to the time they are registered and given authority to practice. We must have some confidence and trust in the process. If we do not trust the process that leads to registration and certification of our doctors, then that is where we need to train our eyes on and resolve the matter.

I will be very afraid to go to hospital because my heart has stopped pumping for one reason or another - probably the poll results are not good or something has happened. My heart stops pumping and I am in Sio Port Health Centre, which has no facilities. For me to be referred to Busia County Referral Hospital, there must be another bureaucracy to approve it. It is normally very good politically to bring to the House some legislative proposals that give us political platform and airtime. However, let us look at things from a practical point of view. We are calling it a bureaucracy. The MPDB is responsible for registration and licensing of medical practitioners and dentists. The gentleman in charge has either travelled to Siberia or is asleep or has taken one too much for the road and is unable to make rational decisions. What happens? We need to be very careful. In any case, we are going to a regime where we need to have less regulations and allow the professionals to make professional decisions and be held accountable for those decisions. All these doctors are registered by their professional bodies. So, their duty of care is to the patients and stakeholders. I do not know how and where stakeholders get involved in my personal medical problem.

Secondly, Clause 2(b) of the Bill says that the policy guidelines for referral mechanisms developed shall provide for consultations with the National Health Insurance Fund (NHIF). What happens to those who are not members of NHIF and are going to fund their medical bills or they have separate medical scheme covers? When you legislate, the guiding principle is that you must legislate for the entire country, and not just for a subset of a particular people. Naturally, the Cabinet Secretary or Member of the County Executive Committee (CEC) for Health makes regulations and policy statements pursuant to Section 79 of the Health Act. Adding Section 79A is superfluous. We are adding layers of bureaucracy upon existing ones. I know that our colleague has very good intentions. However, this is a matter that he did not have deeper thought on. Whoever assisted him to develop the legislative proposal or Bill did not mention to him the existing technical framework in this area.

As we say, it is the Members of this House who have the final say on this Bill. Let it face its fate in the Committee of the whole House and Third Reading so that Members can apply their knowledge and proposals on it. I am very reluctant to put down a colleague who has brought a legislative proposal. At the end of the day, his constituents and members of the public will judge him by the number of Bills proposed and passed by this House. As the Member for Funyula Constituency and a Kenyan who is involved in policy formulation and review, I do not support the Bill as drafted because it is usurping the administrative function of the medics' professional bodies.

The Temporary Speaker (Hon. David Ochieng'): Hon. Oundo, there is a request by the Member for Uasin Gishu County to inform you. Do you want to be informed by her?

Hon. (Dr.) Ojiambo Oundo (Funyula, ODM): With due respect, I will allow her to inform me on law matters and the rest of the issues. If it is not, then I will respectfully decline to be informed. She was my Chairperson and she is the Deputy Speaker. Allow her to inform me.

The Temporary Speaker (Hon. David Ochieng'): Okay. You have to inform him in a minute because you have already contributed.

Hon. Gladys Boss (Uasin Gishu County, UDA): Thank you, Hon. Temporary Speaker. The point of information here is that Parliament does not legislate in futility. Should this amendment be approved, the problem is what people will do. They will simply fly to India as visitors and then go and seek medical treatment. The whole process of referral will fall apart. It is incapable of implementation. On that reason alone, it is not something that we should even look into.

Thank you.

The Temporary Speaker (Hon. David Ochieng'): Back to you, Hon. Oundo. I think you are winding up.

Hon. (Dr.) Ojiambo Oundo (Funyula, ODM): Thank you for the information. I am just being polite and sympathetic to the promoter of the Bill. Obviously, being a young man, where I come from in our community, we do not put down a young man with harsh words. You allow him to ventilate and talk his heart out. Then, we, the elders, sit down and tell him he has spoken very well but that might work or not work and he needs to modify it in one way or another.

I would suggest that the Hon. Member, through the Departmental Committee on Health, probably impresses upon the Cabinet Secretary or a medical body to clarify the practicing notes of the medical fraternity on the best way to actualise this process instead of bringing an unnecessary layer of bureaucracy. On this account, I am in pain but allow me, Hon. Temporary Speaker, to make a reservation about the workability of the process that is being proposed here and probably request the promoter of the Bill to relook at it. Now that he has heard Members and the Committee that received the report from the expert's contribution, let him consider those issues as he rethinks this proposal. This is so that, as the Deputy Speaker has said, we do not legislate in futility on things that cannot be implemented.

In this country, we have a problem where we pass many laws that even the implementation becomes difficult and they just hang around. You are aware that there is a Bill concerning Non-Governmental Organisations (NGOs) that we passed sometime back in 2013, which has never been operationalised because it is impossible to do so. You remember the regulations about *"Askari Rungu,"* I mean the private security guards which we cannot operationalise because it is practically impossible. Let Parliament not become a body that legislates in futility.

With those few remarks, I beseech the Hon. Member, who is still young with hot blood running in his veins, to relook at it so that we also, as elders in this House, can have an opportunity to scrutinise and fashion it properly. I sincerely thank the contribution by Sir George, which is in good defence of the proposer. However, he has now metamorphosed so much because when I was with him in the former Parliament, he was a very sober and objective man. You know absolute power makes people forget where they have come from. This happened even to Saul but on his way to Damascus, he changed tremendously.

Thank you, Hon. Temporary Speaker. With those few remarks, allow me to have my reservations. I ask that we proceed not just for the wonderful contribution; let us not pass the Bill as it is.

The Temporary Speaker (Hon. David Ochieng'): Member for Dagoretti South.

Hon. Beatrice Elachi (Dagoretti North, ODM): Thank you, Hon. Temporary Speaker. It is Dagoretti North.

First, as I appreciate the Bill, I want to proceed in the same lane the last speaker has taken and to appreciate that there is need for us to look at the many issues that are affecting Kenyans within the medical field. If you talk about health, it is a very personal issue and Kenyans have gone through a lot of challenges, sometimes ending up in poverty. If we want to

enrich this Bill with amendments, we need to restructure it and see a better way of addressing the suffering that Kenyans go through when it comes to referrals. It is not just about referrals outside the country, but also within the country. When you come from a place like Gatina Dispensary and you are referred to a place like Mbagathi or Kenyatta National Hospital (KNH), should you get a good and understanding nurse, then they will admit you. Similarly, the opposite is true.

In our amendment, what we should be talking about is not how referrals are done by doctors but whether I get the treatment or admittance at the place I have been referred to. If you give the Ministry of Health the power to decide how and when people will travel to other countries, you will finish Kenyans. Even for us as Members of Parliament, our constituents just travel on their own only to inform us once they have arrived because it is a very personal thing. What we should be talking about is how to look at the cost. It has become very expensive. We may be arguing and laughing here, as colleagues in Parliament, about the fee charged to ordinary Kenyans for treatment but is there a day we shall talk about prevention. It is like it is okay for people to get sick and we should have very interesting hospitals all over yet nobody comes to this House to talk about a mechanism of prevention. There is a hospital in Westlands called 'Jalaram', which is very modest. When you walk in, you will find Kenyans from all walks of life, including Asians, being treated there. They will charge you a reasonable price that you will be left wondering what is happening in these other hospitals where Kenyans go for treatment. I know many Kenyans do not know about it, but it has been in existence for roughly three to four years. It is an outpatient hospital but the charges there for all services, including imaging and MRIs, are very affordable until you wonder what the difference is.

The other day I went to a hospital which I would not say is high-end. They have this new MRI machine that will even play you music but I wish there was a different way of doing this instead of just investing in expensive equipment and machines, which is probably just a way of making maximum profits from patients. It is like a social need and nobody will love to be in a hospital. While I appreciate my senior Hon. Didmus, as we talk about referrals, this Bill will be misused and Kenyans will start begging in long queues at the Ministry of Health. Doctors will also take advantage of the same situation, the same way they have taken advantage of Kenyans referring them to clinics they have interest in. More importantly, I want to deal with referrals by making it easier for a Kenyan with a referral letter, for example, to leave Kawangware and go to KNH, be received and treated well there.

Even when you are involved in a road accident and you are taken to the emergency section, you find yourself lying in bed in the casualty area without being attended to. The doctors just pass you without telling you anything. Many patients have ended up dying just because of carelessness and negligence from doctors. I am sorry to say this because I really respect doctors. I once took care of a young baby for about six months. I took her to Mediheal Hospital where the infant was treated very well and we returned home. The infant developed a problem in the intestines, which is very common in children. At a hospital whose name I will not mention, the nurses took about six hours to attend to us only to say that the doctor was unable to treat the infant. The patient was referred to KNH. Unfortunately, by the time they arrived at KNH, the baby was dead. This was something very simple - it was just a matter of a simple referral. Those are some of the challenges Kenyans face at our medical facilities.

As much as we say that we will not look at the mechanisms of referrals, I urge the promoter of this Bill to do more research. You will find that there are challenges in our referral system. The referrals should not be under the Ministry. They should be referrals whereby small clinics, Level Four Hospitals, or Level Five Hospitals are allowed to refer patients to Level Six Hospitals. When such patients arrive, the hospitals must appreciate referral letters and treat the patients like any other Kenyan.

It is time we tried to push the NHIF to cater for chronic diseases. Most of our women, men, children and orphans go through treatments of chronic diseases. We need NHIF to take care of chronic medical conditions. We have to request the Government to look into this aspect. There is no need of pushing for some of these things yet we cannot help. We have to relook at how we treat our people. The NHIF must come in to support even those going for treatment outside the country. I know it supports some but all the time patients have to go to NHIF offices to request for approvals. During this back and forth process, we lose patients. I request that we relook at this process before we bring this Bill back to the House. Let us look at the best way of handling such situations, bearing in mind the suffering Kenyans have endured with regard to referrals within our country.

With those few remarks, I urge the promoter of this Bill to look at it and do more research before bringing it back to the House.

The Temporary Speaker (Hon. David Ochieng'): Member for Kipipiri Constituency.

Hon. Wanjiku Muhia (Kipipiri, UDA): Thank you, Hon. Temporary Speaker, for giving me the opportunity to say something on this Bill.

When you listen to all of us speaking, one may somehow get lost. When drafting any Bill, Motion or any indication of any legislation, the drafter must have some ideas to table. As such, I believe that the drafter of this Amendment Bill had good intentions. What we should do is look at this amendment in depth to find out the good intention that the Mover had and build on it rather than condemn it.

Firstly, we have rogue professionals in all cadres—be they legal professionals, church people, politicians or other professionals. We recently had the Shakahola horrors. I think that is the sole reason as to why the Mover of this Bill made these amendments to regulate referrals. Time and again, we have seen doctors who own hospitals and pharmacies referring patients to personal premises and hospitals.

Looking at this Amendment Bill and reading it together with Section 79, there are two different issues. First, Section 79, which is being amended, speaks of the national Government Department of Health developing policy guidelines for referral mechanisms and a system of referral for practitioners of—let us underline this—traditional and alternative medicine. I very strongly oppose when Members say that this is already catered for or this regulation exists. This is because Section 79 clearly says that the national Government Department of Health shall prepare guidelines for practitioners of traditional and alternative medicine. Practitioners in medical health are not provided for.

Two, is the issue of referrals. I happen to be a victim in one way or another. I do not mind saying it on the Floor of this House. One time I was expectant and I visited my gynaecologist. He had a private business and I was seeing him there. He was the head of Kiambu District Hospital then. It is one of the biggest referral hospitals in Kiambu. He referred me to a hospital under his care in Kiambu because I had a good insurance package. He took me to the theatre. The following morning he told me, "I am sorry. This scan was not as clear as we had expected. We are sorry." That time I had gone through the theatre.

Let us take this matter very seriously as Hon. Members. We are here to protect the vulnerable Wanjikus, Ochieng's and all vulnerable people in Kenya, who cannot come to this House to seek or guide the Government on how they should be taken care of. When we talk of referrals, maybe we miss the point when we say that the issue of referrals will bring bureaucracy. I do not think that is the intention at all. The intention is to task the Cabinet Secretary because the original Section 79 speaks of the national Government Department of Health. To me, that is vague. When we speak of a Cabinet Secretary, it makes him solely responsible. Again, we also miss the point when we say that we will create bureaucracy when someone is dying and authority is needed. This amendment is not speaking of giving authority. It aims at regulating how to do referrals.

Let me give an example relating to costs even if that is not what we are debating. We cannot avoid it. Let us consider a case where a patient in Ol Kalou could have been referred to JM Hospital in Ol Kalou but is referred to MP Shah Hospital, where the consultation fee is very high yet the patient comes from a poor background and cannot afford even half of the amount. These are the regulations the drafter means. Again, if the Cabinet Secretary makes these guidelines, they must come to the House. When they do, we shall refine them during Departmental Committee consideration. We shall make them what we want them to be.

In another event, I happened to be in India, where I found stranded Kenyans. It is because they were being referred to India for medical treatment and the cost of the invoices they were given back in Kenya were not beyond Ksh200,000. Those Kenyans were stranded there with bills of close to Ksh6,000,000. The ambassador there was holding meetings every morning with the hospitals' management in a bid to have the patients released. I do not see any problem when these regulations task our embassies to take care of patients who plan to travel overseas for medical treatment. Any regulation is free at will. If I can afford to go to India or abroad for medical treatment, I do not have to pass through the embassy if I do not wish to. Overall, it should be indicated in black and white that it is the mandate of the embassy to take care of those who seek information. Over and above, we should not kill this Amendment Bill here. Let us analyse and enrich it, only for the benefit of Wanjiku.

With that, I oppose the Report of the Committee. I support this amendment. I hope Hon. Members will make even more fundamental amendments during the Third Reading.

Thank you, Hon. Temporary Speaker.

(Applause)

The Temporary Speaker (Hon. David Ochieng'): Member for Nyeri Town Constituency.

Hon. Duncan Mathenge (Nyeri Town, UDA): Thank you, Hon. Temporary Speaker.

I am a member of the Departmental Committee on Health. While I congratulate my senior, Hon. Didmus, on the thought behind this Amendment Bill, I will highlight two things. Number one, the introduction of the NHIF into decision making in the referral system is not desirable. Today, the NHIF, after collecting money from Kenyans, goes ahead and accredits health facilities where the members seek services. You go to the same health facility that is accredited by the NHIF where you are designated to obtain your primary health services, and you find out that the only guarantee that you have in that facility is a prescription of either to go to a pharmacy, medical laboratory or an imaging centre. Then when you get there, you do not get the medicine, laboratory tests and x-rays. If the NHIF cannot assure us on the quality of services in institutions that are in this country, then what capacity does it have outside our country? Already, we are giving a weak institution a responsibility over a service where a delay of a single day could have life-changing effects.

At the same time, we have to sympathise with Kenyans who, after entering the clinic of a medical service provider, are literally held captive there until the disease has progressed to the point of causing lifelong disabilities and permanent effect on their health before they are released and referred to higher level facilities or personnel of service provision. To me, that is where this Bill should be taking us.

The organisation of our health systems should come into focus because we start from Level I, who is a community health volunteer who is not on pay; to Level II hospital, which is a dispensary and most likely managed and run by un-enrolled community health nurse; then to a health centre, where we will be lucky to find a clinical officer who has a higher national diploma; then to the Level IV hospital, which was supposed to be a sub-district hospital where

we will have a medical officer (MO); and thereafter to the Level V, where we are supposed to find a registrar.

In that continuum, in every facility, there is a delay and a time lag, whereas the disease is progressing and the damage continues to become worse. If that is where we are going, then we need to look at exactly where to vest that power. The internal referrals within our country and the referrals outside the country, if this Bill was asking the Ministry of Health to liaise with our missions abroad so that we can have the specialist hospitals available at the click of a button for my mother in the village in case she needs a referral, then I would be supporting this Bill. However, today, the introduction of another desk at the Ministry of Health – which we refer to as "Mafia House" – is putting our people in the hands of the mafia at "Mafia House." Those people ran our country down in the face of our people dying from *COVID-19*.

Hon. Jayne Kihara (Naivasha, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng'): Member for Naivasha Constituency, what is out of order?

Hon. Jayne Kihara (Naivasha, UDA): Is Hon. Mathenge in order to call Afya House a "Mafia House?" What exactly does he mean?

The Temporary Speaker (Hon. David Ochieng): Hon. Mathenge, explain to the Member for Naivasha what "Mafia House" means.

Hon. Duncan Mathenge (Nyeri Town, UDA): Thank you, Hon. Temporary Speaker. I was a young employee with a personal number at the Ministry of Health, having graduated from the Kenya Medical Training College (KMTC) at the age of 20 years. For me to get my first salary, I had to bribe somebody or I would have waited for more than a year. I left public service without being promoted despite serving for five years, while I was supposed to have been automatically promoted after three years. The reasons why the health sector employees refer Afya House as "Mafia House" is because of the stories that happen there.

The Temporary Speaker (Hon. David Ochieng'): Hon. Kihara, now you know.

Hon. Duncan Mathenge (Nyeri Town, UDA): Today, the NHIF pays a provider for rescue services or ambulance services based on the total number of NHIF members, instead of the number of individuals who have utilized this service. Consequently, it is necessary to improve our referral system. This Bill does not go far enough in sorting the real issues. However, it is an issue that we, as legislators, have to grapple with.

As a member of the Departmental Committee on Health, I stand by the decisions of our Committee to oppose this Bill in its present format.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng'): Member for Karachuonyo.

Hon. Adipo Okuome (Karachuonyo, ODM): Thank you, Hon. Temporary Speaker for giving me this opportunity to air my views on this topic. The first question we must ask is why individuals are referred, and there are many reasons. The first compounding factor is the nature of the patient's illness or problem. It must be a severe condition that the referring physician cannot treat. He should acknowledge that he cannot treat the patient because he lacks the necessary equipment, machines, or medications. If we subject that patient to bureaucracy prior to transfer, we would be adding to the patient's difficulties. I believe it is crucial that if someone needs to prolong his life, he or she should be given the chance to do so, and that his doctor should also be given the chance to take immediate action. I have never heard of a case in which a patient has died because he was referred. However, I am aware of instances where patients have died because they were not given adequate medical care due to the treating institution's lack of capacity. Reasons are there for transfer. Unless this amendment is going to improve the treatment of the patient in terms of quality and time, I will not support this Bill. But if it can prove that the patient is going to benefit from these amendments, I will support it.

From what it looks like, we are trying to inject some political consideration in the existing Bill before the amendment in order to control how things are happening. If a patient is sick and needs to be taken to India, then you will not want to go through all the bureaucracies which may be on the way. We will be adding problems to patients who might say *kwaheri* to us and yet, their death could have been prevented.

Hon. Temporary Speaker, we all know what happens if a patient dies because of lack of quick action by a doctor. There are cases where treatment and urgent action is required like yesterday. I am aware referrals are done because a patient is not getting good treatment where they are. As a relative of that person, you know that hospital is not good enough. If you feel concerned that a patient must be taken to another hospital where treatment is better, bureaucracy should not come your way. This Bill is dealing with human life and so, we should treat it as such. Anything that is dealing with human life must be given the best and quickest consideration. We all know when a patient needs quick treatment and relevant medicine that will work positively against the progression of the disease they are suffering from.

If this bill entirely supports my position that patients, including those who require treatment abroad, require prompt action, I will support it. However, I can see that it adds steps before sending a patient to the hospital for emergency care. It creates administrative procedures that I do not believe are necessary for a dying patient.

Thank you, Hon. Temporary Speaker. With those concerns, I am uncomfortable with the Bill.

The Temporary Speaker (Hon. David Ochieng'): Next is the Member for Narok North.

Hon. Agnes Mantaine (Narok North, JP): Thank you Hon. Temporary Speaker, for giving me an opportunity to add my voice to this amendment Bill by Hon. Didmus Barasa. I was seated here listening to professionals talk about health and other issues including the law which, to me, is not the issue, but the common person we represent in this House.

I listened to the Chairperson of the Departmental Committee on Health saying that we have a Bill in place. I do not think it is proper for us to add another Bill to the existing one. We should look at the existing Bill to see what it lacks so that we can add our needs, and this will be better for us.

As Members have said, our people down there are undergoing very many problems in terms of getting proper treatment and referrals to hospitals. Doctors refer people to their clinics where they attend to them and tell them to buy medicine from a certain chemist. They go to an extent of telling patients to rush because the medicine may be over tomorrow. How do they know the medicine is in that chemist only? There is a problem, and we need to look at what is happening in this sector because our people are not getting proper treatment and medication when they need it.

To my mind, the current policy is sufficient and so, we need the Mover to reconsider the amendments he is proposing so that we can strengthen them. We must strengthen proper medical care and treatment for our people, and not the current policy. We need to discuss the most effective means by which people can get appropriate medication and referrals to hospitals where doctors have no interest. In terms of obtaining referrals and treatment for our clients, we are experiencing a multitude of difficulties. I have reached the conclusion that devolving health care to county governments was a mistake. This is because they appear un-prepared and do not care for our people properly. They are promoting their own health facilities rather than strengthening the existing ones. Our people are becoming more disoriented as a result. So, I believe the current policy is adequate.

On the other hand, the Mover had excellent intentions, as he was concerned about the difficulties our people are experiencing. So, I urge him to go back to his Amendment Bill to see what is lacking, and then we can re-look at it together. County governments are lacking

capacity and will soon collapse. I do not know whether your constituencies are like mine, because referral hospitals will collapse soon. They lack medicine, are congested and if you go to the wards, you wonder what is happening. I think it is time Parliament looked at what is happening in the referral hospitals. I am not sure whether I support this Bill or not. Let us look at the policy in place and see how best it can serve our people.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng): Next is Hon. Makilap.

Hon. Joseph Makilap (Baringo North, UDA): Thank you, Hon. Temporary Speaker. First and foremost, I want to congratulate my good friend, the servant of the people, *Mhe.* Didmus Barasa, for identifying a gap in our hospitals.

The fact that he was able to identify what is wrong in our referral hospitals internally and externally is a very good idea. This can only be enriched by Members and experts to make it much better. His idea of amending the Health Bill is correct. My question is: Is this adequate to address the myriad of challenges that are facing our referral system? What do we refer? A doctor refers a patient when his training or professional competencies are inadequate to handle a particular matter. The capacity, competence and training you have to handle that matter is inadequate and so, you refer to the next person or professional with the knowledge to handle such a matter much better so as to rescue a patient. You can also refer a patient to another hospital, if the equipment in a particular hospital is not sufficient or good enough to handle the matter.

Notwithstanding the comments by the Chairperson, when the Constitution devolved the health function to counties, hospitals in counties were given big names. You hear every district health centre being called a referral hospital, and the big hospitals in counties being called Level 4 or Level 5 hospitals. Truly, do those hospitals merit or qualify to be called Level 4 or Level 5 hospitals? The answer is a big no. We have hospitals with big names such as Level 4 or Level 5, which do not have the capacity to handle cases that are referred to them.

Every Tom, Dick and Harry goes to our referral hospitals without a letter of referral. I understand that because when it comes to matters of life and death, you rush to the nearest place that will save your life. However, as Hon. Barasa envisaged in this Amendment Bill, there is need to put the health sector in order, and the people to do so are the Members of Parliament (MPs). This is because the pain that patients undergo on the ground is huge. You go to a Level 5 Hospital and the doctor refers you to a clinic to go and buy medicine.

The Member for Nyeri has said that there is a cartel in the health sector. He talked about the mafia that was devolved from Afya House. It is now in the counties and it is called County Management Teams (CMTs). That is another cartel in our county governments. The CMTs micro-manage doctors until they lose morale, and they resort to engaging in business. How does that happen? A doctor with a private hospital coordinates with those in Government facilities and instructs them to refer patients with excellent insurance coverage to his or her hospital, so that he or she receives something and those in Government facilities receive their commission. You realise that doctors refer patients to various private hospitals in order to collect commissions at the end of the day. Perhaps, even those private institutions are owned by the same physicians. I am thinking of a doctor who owns a very serious hospital, but when he falls ill, he or she goes to a hospital abroad rather than to his own hospital. What does this mean? It means that he lacks confidence in his own medical practice and its personnel.

I call upon Hon. Didmus Barasa to sort out the health sector by amending the Health Act. In fact, I encourage my brother Hon. Didmus Barasa to table legislation to bring back health workers under the national Government. Nurses, clinical officers and doctors should be under the national Government, just like teachers. Teachers' unions were clever enough to retain the Teachers Service Commission (TSC) and the management of teachers at the national

level, so that they get better conditions of service. Our doctors are very demoralised in county governments to an extent that they are unable to optimally operate in Government hospitals.

Additionally, there is the problem of external referral. Today, there is a great deal of technology, such as telemedicine. You can consult with a physician at a hospital in India or the United States of America (USA) while receiving services at the KNH. Why do investors from India, China, Japan, Germany and the United Kingdom (UK) not engage in foreign direct investment in Kenya? This is so that we can visit nearby institutions.

Previously, Cuban doctors were introduced to this country. Why can the Government, through the Ministry of Health, not reserve land for investors? I travelled to the United States where I met Kenyan physicians requesting for land to build private referral hospitals in our counties. We can also encourage India, Germany and Japan to invest directly in hospitals in our country so that, instead of us referring patients to them, they come to us and provide the services that we would have flown across the globe to obtain.

Currently, it is necessary to organize that particular sector. I wish to enrich my brother's amendment to the bill. Why do we not exempt from taxation those who suffer from chronic and lifestyle-related diseases such as diabetes and cancer? This is so that they can use their limited resources to obtain medical attention for themselves. We can do this as a nation, so that there is some order and the poor receive the finest medical care in Kenya.

Many people are suffering in rural areas because many county governments invested in dispensaries and health centres without providing medicine and personnel. It is high time that the Ministry of Health ordered county governments and governors to stop further building of dispensaries and hospitals without equipping the ones that are already built, and ensuring that there are sufficient personnel. We should ensure that there are experienced and qualified people on the ground so that we reduce the number of cases being referred to our referral hospitals like the Moi Teaching and Referral Hospital (MTRH), KNH and other referral hospitals at the headquarters of county governments. This is the only House that can put the healthcare sector in order so that we stop the cartels and minimise corruption.

The Temporary Speaker (Hon. David Ochieng'): Member for Kamukunji.

Hon. Yusuf Hassan (Kamukunji, JP): Thank you, Hon. Temporary Speaker, for giving me the opportunity to contribute to this particular Bill. I oppose it on the grounds that successive governments in Kenya have failed to provide health services to Kenyans. As a result, our health services are not adequate, affordable and of the quality that is required to deal with the health challenges that we have in our country.

Kenyans struggle daily with poor medical services and facilities, and exorbitant medical charges and costs. That is the problem that is sending thousands of Kenyans to their early deaths. That is the crisis that we have. This particular amendment Bill is just an indictment of the terrible health conditions and medical situation in our country. This is a well-meaning Amendment Bill from Hon. Didmus Barasa, but it is not a problem that you solve through legislation, which is a knee-jerk reaction to a deeper ailment that is afflicting our health services. To a certain extent, some of the things he suggests in the Bill could be done by the Ministry of Health through policies and regulations. Internal referrals can be done with legislation. We cannot legislate on everything. I am surprised that he includes external referrals. I wonder under what legislation or international agreement the Government can regulate referrals outside the country.

I have already said that, in fact, the first problem is inadequate healthcare infrastructure. That is what we should emphasise as legislators. We should provide more money so that more Kenyans can have access to basic health facilities such as hospitals and clinics. We also need to address the shortage of health workers like doctors, nurses and midwives. According to the World Health Organisation (WHO), Kenya provides only less than half of the required medical

personnel and practitioners nationally. That is an issue that this House can address by providing more funding.

By passing this amendment, we are going to create a new layer of bureaucracy and corruption, which will create a cumbersome process that will slow down and cripple the normal work of medical practitioners. That can lead to delays and bottlenecks which can make life even more difficult for a patient and their family. The bureaucracy that we are trying to put in place through this amendment will put lives at risk and lead to unnecessary deaths of many patients. Therefore, we should reconsider the Bill. The amendment is trying to address an issue that requires a much stronger intervention in improving health services and providing more money. Creating another bureaucratic layer is only going to make it more difficult when in a situation of life and death. When you are taking a loved one to hospital, you want him or her to get the best treatment possible. Because public health facilities cannot cope, there are many private health facilities in the country. In Kenya, because of misguided policies, almost all the good health services have been privatised. Ordinary poor people—rural people and the urban poor—cannot access private health facilities. They cannot afford medicine in private facilities.

The discussion in the House provides us with an opportunity to re-think what kind of health services we want. Even the most advanced countries in the world have affordable public health services – and in fact, free in some countries. The British National Health Service (NHS) and all European countries have heavily subsidised public health services of good quality. We are a developing country with a large number of very poor people. If we cannot finance and improve health services, many poor people are likely to die of diseases that can be prevented or cured. This amendment should jolt our minds to make sure that we look at alternative ways other than regulation. Some of the problems that have been raised by the amendment can be cured through internal mechanisms. Kenya medical services have professionals and professional institutions. Medical practices at universities and medical centres can incorporate stronger ethical practices that can overcome some of the problems that have informed this amendment to the House.

This amendment is trying to overcome many of our national problems, which is purely firefighting. It cannot resolve the bigger problem which is about the mindset and culture and everything related to them. The bottom-line is that our infrastructure is not good enough. Our medical services are not good enough. Our health services are not financed enough. We have a serious shortage of professionals. And many good professionals, because of poor wages, opt to go and work outside the country. Our nurses have been recruited in foreign countries. Our doctors are going to foreign countries. What we need to do is to give them good terms of references and good salaries so that they can stay in this country and provide the services required.

Hon. Temporary Speaker, I oppose this amendment and support the decision of the Departmental Committee on Health. Thank you.

The Temporary Speaker (Hon. David Ochieng'): The Member for Naivasha.

Hon. Jayne Kihara (Naivasha, UDA): Hon. Temporary Speaker, thank you very much for this time. When I listened to the Chair of the Committee, it was not clear whether we were discussing whether the Bill was admissible in the House or its content. I believe every Member of this House who comes up with a Bill, especially on health, means well for this country.

Health services in this country are wanting. Health service being a devolved function, we have a problem giving it the attention it needs financially. As a Member of Parliament, you cannot miss to have a message asking you to pay a hospital bill, or on a death notification from a sugar disease. *Harambees* are what we do. We have not addressed the budget of the health sector and, more so, for the county governments. There are very many things that need to be done. This is what the Mover of this Bill is trying to address. Sometimes, it is just about communication. I have had communication from Naivasha Hospital to Kijabe Hospital. A

doctor at Naivasha Hospital would call Kijabe Hospital to tell them he is referring a patient there. By the time the patient gets there, there is a bed. Referrals are done because of incapacity, and not because of a doctor. It is because of equipment and the expertise required on a patient.

The most unfortunate thing - and I have just checked with Hon. Didmus Barasa - is that the Chairman of the Departmental Committee on Health comes to the Floor to reject the amendment and yet, they did not call the Mover to the Committee. We need to be responsible. If a Member moves a Bill on health or any other matter, let the relevant Committee call the Member so that they can iron out the issues together. They need to understand where the Member is coming from and what exists. It is confusing to the House. I have heard three doctors who belong to the Committee reject the amendment and yet, they would be the best people to advise the Mover of the Bill on how it should be done.

The Temporary Speaker (Hon. David Ochieng'): Hon. Jayne Kihara, you have said that the Mover of this Bill was not called to appear before the Committee. Is it the factual position? Have you checked with the Mover?

Hon. Jayne Kihara (Naivasha, UDA): I said I checked with him unless he did not tell me the correct position, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng'): It cannot happen. But proceed with your contribution.

Hon. Jayne Kihara (Naivasha, UDA): I do not know where he is. I actually checked with him. This is a serious matter.

(Hon. Didmus Barasa spoke off-record)

The Temporary Speaker (Hon. David Ochieng'): Hon. Didmus Barasa, is it true that you did not get a chance to appear before the Departmental Committee on Health on this Bill?

(Technical hitch)

Do you have your card? Just put it in somewhere. Okay. Go ahead.

Hon. Didmus Barasa (Kimilili, UDA): Hon. Temporary Speaker, it is very true that I did not appear before the Departmental Committee on Health. They never invited me. It is true.

The Temporary Speaker (Hon. David Ochieng'): The issue is not whether you appeared or not. The issue is whether you were invited to appear before the Committee. Did you get any invitation?

Hon. Didmus Barasa (Kimilili, UDA): I did not get any invitation to appear before the Departmental Committee on Health.

The Temporary Speaker (Hon. David Ochieng'): Okay. That is well noted.

Go on, Hon. Kihara.

Hon. Jayne Kihara (Naivasha, UDA): Thank you, Hon. Temporary Speaker. I had cleared with him, because I thought this is an important amendment that should have been discussed properly with the Mover.

Hon. Temporary Speaker, this is a country of brokers at all levels; land, health and many other areas. And for purposes of protecting the people that we represent, we need to have a good flow in the medical centres, referrals and all the other places. We have overturned a Committee Report in this House before. I want to propose that we allow the Committee of the whole House to deal with the Bill. You will recall that we had a Committee Report that rejected the appointment of a Cabinet Secretary, but when it came to the House, it was overturned. Can we leave this Report to the Committee of the whole House? This is because it will be better understood when we have many Members so that it is properly debated here.

Health is very important. We have doctors who are moving out of this country. We are experiencing a lot of brain drain because of budgetary implications. It looks like the country has never given the health sector the necessary attention in terms of funding.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng'): Member for Kigumo.

Hon. Joseph Munyoro (Kigumo, UDA): Thank you, Hon. Temporary Speaker. I rise to oppose the Amendment Bill. From where we sit, we know that health is a critical area in this country. While it was devolved with very good intentions, we have had very many problems in our hospitals. The amendment seeks to add another bureaucratic desk, which may not augur well given that the Bill of Rights guarantees the right to life under our Constitution.

As a human being, when you have a problem, you tend to think that it can be handled in a certain jurisdiction. I think that is an area that should be left to an individual to decide. While we might agree that controlling or having the referral system in the country is ideal, we also know how under-funded and poor we are in stocking medicine and having the right expertise in our health facilities. I come from an area where we have a lot of chronic illnesses like diabetes and high blood pressure. While a lot goes into trying to control the same, we have realised that, sometimes, the capacity in that hospital is not enough. Therefore, those who are suffering should be at liberty to decide whether they need to be in that dispensary, or go elsewhere where they can get better attention.

We know that the training of our nurses is top notch. That is because every time they go abroad, those countries absorb them. We have a lot of brain drain because we have not been very good at managing our human resource capacity. Therefore, issues of referrals should come after facilities have been looked into. If we are able to equip our health facilities with good and enough facilities; which include the doctors, nurses and equipment, then we can start creating laws. We can then decide that if you cannot be treated in a certain facility, then you can be referred to another facility. But while we are still struggling with all manner of issues in our hospitals, creating a bureaucracy to stop people from seeking further attention elsewhere is just worsening a problem that is already there.

In my opinion, we should let people, especially those going outside the country, to decide where they want to be treated. If they are capable and feel they are not getting the attention they need in this country, then they should go without having to refer to anyone. Creating a desk might be introducing a further place for people to seek rent.

Finally, I have heard that the Member has not been consulted. I have sat in committees here, and anytime you are looking at an issue that has been raised by a Member, we normally invite them to present. This is necessary so that they can explain and justify where they are coming from. I think it is a bit unfair that Hon. Didmus Barasa was not invited by the Departmental Committee on Health to give his views or explain. It is an issue that needs to be looked into by the Speaker.

I oppose the amendment. I also wish Hon. Didmus Barasa well as he continues to explore this area of health.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng'): Thank you. Member for Makueni. This Member is in the House!

Hon. Suzanne Kiamba (Makueni, WDM): Hon. Makueni or Hon…

The Temporary Speaker (Hon. David Ochieng'): I called out the Member for Makueni, who I think to be you.

Hon. Suzanne Kiamba (Makueni, WDM): Thank you, Hon. Temporary Speaker, for giving me this opportunity to contribute to this worthwhile Motion by Hon. Didmus. Whenever we are making a Bill, we should ask ourselves what problem we are trying to solve by having a law in place. The problem we are trying to solve should be the real problem that is affecting

our people in this country. As other Members have said, we realise that the problem we have in this country has nothing to do with adding additional referrals. It is a situation where our referral and health systems are not working, right from the health worker.

At the basic level of the health worker, he/she is supposed to educate the citizens to avoid situations where they get sick because of ineffective diet or mismanagement of their diet. That area is wanting, because as it is today, our health workers are volunteers. And we have not even checked their knowledge levels. Therefore, right from the community level, we have a system that is not working to the expected levels. Why would we think of adding another layer of bureaucracy to a referral system that is not delivering the health services that we expect in this country? It is not only retrogressive, but also a way of punishing our citizens. The biggest problem we have in our health sector, which most of the Members have commented on, is the issue of inadequate capacity right from the health workers to most referral hospitals in this country. It will be of value if we direct efforts to correcting what is not working as opposed to having an additional policy that limits the few of us who have money to take our people away for treatment. As Members of this House, who make decisions on behalf of those we represent, we should be apologetic because we have a health system that we have promoted for years that cannot deliver the basic services that our people deserve.

Hon. Temporary Speaker, I, therefore, oppose this Bill and support the Committee's recommendations. This proposal wishes to put bottlenecks on those who wish to access medical care elsewhere. This will only add injury to the already ailing health sector in this country. I oppose this Bill. We should have a Bill that tries to fill the gaps that all of us seem to understand.

Many of my colleagues have mentioned the bureaucracy in the health system. You will realise that the referral system in the health sector seems to lack capacity. To me, this is more of lack of commitment. For example, nurses at health centres refer patients not because they do not have the competence to handle the issues, but because of serious lack of commitment. In my opinion, instead of coming up with additional policies that will bar people from accessing healthcare services, we need to have a Bill that will help us reflect more on how to strengthen the referral system. The major issue is where to place the referral system, whether in the county governments or the national Government.

The major problem is devolving functions and not devolving resources adequately. The growing population in this country raises the demand for health, but the resources allocated to the health sector right from the health workers level are very inadequate. We are in trouble. I wish to encourage Members to come up with a Bill that tries to cure this problem. It is not fair to our people that we keep talking in this House and do not address the burning issues. This is especially because even the NHIF is also failing. This area needs a lot of surgery and reflection.

With those few remarks, I oppose this amendment.

The Temporary Speaker (Hon. David Ochieng'): Member for Kisumu East.

Hon. Shakeel Shabbir (Kisumu East, Independent): Thank you, Hon. Temporary Speaker. I am very concerned. The main objective of this Bill was to introduce a section for the development of policy guidelines…

The Temporary Speaker (Hon. David Ochieng'): Hon. Shakeel you only have two minutes.

Hon. Shakeel Shabbir (Kisumu East, Independent): The objective of this Bill was to introduce a section for the development of policy guidelines to regulate the referral of patients to health institutions. This is a section that will set out and write proposals that the health authorities and those in the health sector will have to comply with in terms of referrals.

At the moment, the referral process is a hotspot. It is a mess. Patients who do not need to be referred are being referred. We have problems with our health service. We do not have enough Level 6 hospitals. We only have two Level 6 hospitals. We have people being referred to these hospitals for an ordinary cold. Those who are opposing this amendment may not have

understood that this is a Bill to develop policy. In the health sector and other sectors, bureaucracy is a very big riddle. If you leave the health care providers to make their own guidelines and regulations, that will never happen.

I have an amendment before the Departmental Committee on Health to have Level 6 hospitals in every county. I have been the Chairman of the Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) for twelve years and we paid all our workers and did everything in time. I have sent the proposal to the Committee to take JOOTRH to Level 6. The KNH and the MTRH should be exempted from the county bureaucracies and county mafia. I say this with great concern. When I was the Chairman of JOOTRH, we did very well. Unfortunately, we now have CEC members who are colluding with mafias. We cannot even access drugs. My proposal is that decentralisation of health to counties was not the wisest thing to do. We want the Level 6 hospitals to come back to the national Government.

I strongly support this Bill. I also feel like those who are opposing it perhaps did not understand or look at it carefully. This is a development of policy guidelines to regulate referral of patients to health institutions.

The Temporary Speaker (Hon. David Ochieng'): Thank you very much. Hon. Members, the debate on this Bill is done. The time allocated to it has lapsed. I have asked the Mover to reply the next time this Bill will be called out. Therefore, the Mover will reply next time the Bill is listed in the Order Paper.

Next Order.

MOTION

DEVELOPMENT OF COMPREHENSIVE POLICY ON JUNIOR SECONDARY SCHOOL

Hon. Ruku GK (Mbeere North, DP): Thank you, Hon. Temporary Speaker.

I beg to move:

THAT, aware that communities have continuously established learning institutions within their localities to address the inadequate physical facilities to support the attainment of universal access to education; noting that the Kenya Vision 2030 envisioned progressive establishment of more schools, expansion and rehabilitation of existing ones in order to improve access to education; further noting that huge sums of funds, particularly under the National Government Constituencies Development Fund (NG-CDF), have been invested in improving infrastructure in primary schools; acknowledging that in the recently introduced Competency Based Curriculum (CBC) education system, pupils will transition from primary school at Class Six and not Class Eight as was the case under the 8-4- 4 system; concerned that basing Junior Secondary Schools (JSS) in selected primary schools will render classroom facilities that previously housed classes seven and eight redundant and that the arrangement would compel students to travel for longer distances to access institutions where Junior Secondary Schools are based; further concerned that the guidelines recently issued by the Government directed that Junior Secondary Schools be domiciled in the existing primary schools, yet most primary schools lack the capacity to accommodate and effectively offer Junior Secondary School curriculum; deeply concerned that the guidelines were hurriedly developed and operationalised; this House urges the Ministry of Education to –

(i) urgently develop a comprehensive Junior Secondary Schools Policy in order to regularise and anchor the guidelines under the Basic Education

Act, 2012 to ensure that Junior Secondary Schools are established and operated in every primary school; and;

(ii) develop a clear implementation framework for the Competency-Based Curriculum at Junior Secondary School level and provide for a funding plan for successful implementation of the Curriculum.

Hon. Temporary Speaker, education is a vehicle for economic and social change. It is, therefore, important that any curriculum be constantly reviewed to keep abreast with the globalisation of the labour market and the demand for acquisition of the 21st Century skills. Many countries have shifted knowledge-based curricula to competency-based teaching and learning approaches.

In Kenya, specifically, the 8-4-4 system was introduced in 1985, but over time, it became apparent that the system had noticeable faults and one of the main problems with the system was that it was very theoretical and with emphasis on passing examination rather than developing practical skills. It is against this background that the Government of Kenya introduced the CBC under the 2-6-3-3 system in 2017. The CBC approach to education aims at providing students with practical skills and the knowledge that they can apply in the real-world situation. It is designed to focus on developing competence of leaners in a broad sense than just theoretical knowledge. The system also aims at equipping learners with skills, knowledge, attitude and values that are relevant to the 21st Century.

The new CBC specifically focuses on seven fundamental competencies namely:

1. Communication and co-operation
2. Creativity and imagination
3. Critical thinking and problem solving
4. Digital literacy
5. Citizenship
6. Learning to learn
7. Self-efficacy.

Hon. Temporary Speaker, the start of 2023, the school calendar in Kenya, indeed, marked a very occasion with the first cohort of the CBC learners to adopt the new curriculum in 2017 entering Junior Secondary School (JSS) at Grade Seven. The implementation, however, has been met by a number of challenges and it is important that we give a critical look into some of these challenges.

One of the challenges is inadequate infrastructure. I am sure almost every Member in this House does not have a laboratory for the JSS in any of the JSS in our constituencies. I am sure, at the same time, no Member has a workshop for JSS in any of the primary schools in our constituencies. Therefore, inadequate infrastructure can affect the implementation of this very critical and important curriculum. The infrastructure plan by the Government has not been able to address the big enrolment and transition from Grade Six of a total of 1,287,597 candidates who sat the Kenya Primary School Education Assessment (KPSEA) for the first time in 2022.

All these students are expected to join JSS, but they have been faced with insufficient classrooms, laboratories, stationery, workshops and libraries needed for the use by learners. This can limit the ability to learn and experiment which can affect academic performance adversely.

Another challenge is inadequate teachers training. We realise that the teachers we have in our primary schools today were trained to teach the old curriculum. Most of them have not gone through the training conducted by the Ministry of Education in conjunction with the Teachers Service Commission (TSC) so that they can handle CBC at the JSS level. The massive training and retraining of JSS teachers are a major problem in the Ministry of Education that must be urgently dealt with.

The other challenge is the limited access to technology. One of the key requirements in this curriculum in the focus of the seven fundamental competencies is digital literacy. In my constituency of Mbeere North, there is no primary school which has a laboratory with computers. This cuts across the Republic of Kenya. Many JSS in Kenya have limited access to technology making it difficult for the students to be abreast with the latest education trends and development as required by the curriculum.

The other challenge is lack of parental and community involvement in implementation of this curriculum. Some of the parents are not actively involved in their children's education which can negatively impact on their children's academic performance and overall education outcomes.

We have also realised another challenge that is over-burdening the parents. The curriculum at the moment requires a learner at Grade Seven to take 12 compulsory subjects and two optional choices summing up to 14 subjects. This is a very heavy workload that can put a huge amount of pressure on students and it may be difficult for them to keep up with the demands of their studies. This may make the students struggle to balance the academic work and other activities such as extracurricular activities or even rest, and can also lead to burnout and poor academic performance. Many subjects taught at junior secondary level may make it challenging for the teachers to provide in-depth instructions and personalised attention to each student. This can result in superficial understanding of topics limiting students' ability to apply knowledge in real-life situation.

Hon. Temporary Speaker, with these challenges, we need to have a way forward for the Junior Secondary School so that we are sure that our children at the Junior Secondary Schools are getting the desired results from this education system. For Junior Secondary education to effectively be implemented, there is a need to ensure that the following issues are entrenched in the implementation framework. One is curriculum development, which of course the Kenya Institute of Curriculum Development (KICD) should highly involve teachers, experts and other policymakers during the curriculum change and the process to create a positive attitude and energy among them for the smooth transition of the Grade Six pupils to Junior Secondary. This involvement process would help in ensuring that the curriculum developed is not only up to date, but also in line with the national education objectives.

The other important issue is that of the teachers. The TSC should deploy, recruit and post teachers to Junior Secondary Schools. At the moment, that is a big challenge. Teachers in Junior Secondary Schools will perform duties as per the Basic Education Act. Adequate and qualified teachers should be recruited and trained to teach in Junior Secondary Schools and they should be fully prepared for the transition on how to handle the Grade Six pupils transiting to Junior Secondary Schools with regard to the CBC. This training should focus on methodology, content and assessment of the CBC considering that the primary schools' teachers are more familiar with the CBC than the newly recruited secondary school teachers who have no clue of the CBC. The TSC should come up with a remuneration package for the primary school teachers teaching at Junior Secondary School by appreciating them with a token, even if it is a small one. This will be a stop-gap measure to manage teachers' shortage in the initial years. This will also help to avert redundancy of primary school teachers due to the shifting of two classes to secondary schools.

The learning resources is a big challenge and we need to take care of it. Learning resources such as textbooks, repository equipment and technology should be provided to enable effective delivery of the CBC in Junior Secondary School. The Ministry of Education should develop a framework to facilitate sharing and management of infrastructure among primary and secondary schools that will be established in the same compound.

Monitoring and evaluation is another thing which should be properly anchored by the Ministry of Education to ensure the curriculum is properly implemented and it should be a course in every Junior Secondary School in the Republic of Kenya.

The involvement of the community and parents is an important component for the acceptability and proper implementation of this curriculum. Teachers and parents can collaborate to encourage student participation in extra curriculum activities such as sports, music, drama and crafts. Regular parent-teacher conferences can provide an opportunity for teachers and parents to discuss students' academic progress, behaviour, attendance and other issues. Additionally, parents and teachers can work together to promote health and wellness of students. This can involve encouraging healthy eating habits, physical activities and regular medical check-ups. Regular parent-teacher conferences could provide an opportunity for parents and teachers to discuss the progress and challenges of their children. Parents can share any concerns they have with the teachers and work together to find solutions. They can also collaborate to promote positive behaviour and social skills among students. Teachers can share information on behavioural issues with parents and work together to address them, while parents on their part should also reinforce good behaviour and values at home. In many of the schools in our constituencies, this is something which is not happening.

There are policies required to be created by the Ministry of Education. There are quite a number of factors which need to be considered by the Ministry of Education when coming up with a comprehensive Junior Secondary School policy. Among these factors include the legal framework. The curriculum reform should be undertaken within the national legislation informed by Article 53 of the Constitution, which recognises free and compulsory basic education as a right for every child in the Republic of Kenya. Article 43 on economic and social rights states that every person has a right to education. The Fourth Schedule mandates the Ministry of Education to undertake education policy standards and curriculum to actualise this provision.

Various legal documents have been deployed and ought to be followed accordingly in the implementation of the Junior Secondary Education. These include the Basic Education Act Session Paper No.14 of 2012, the Kenya Institute of Curriculum Development Act No.4 of 2013 and the Kenya National Examination Council Act of 2012. In addition, the country provision for education should be guided by international pacts such as Sustainable Development Goals, 2015. The highlight of these policies includes the provision of free and compulsory basic education that is reformed to inculcate interest and skills in science, technology, innovation, as well as environmental concerns for a vibrant economy.

What should also be considered by the Ministry of Education in coming up with a comprehensive Junior Secondary policy is assessment and evaluation. A system of assessment and evaluation that is fair and transparent should be developed and implemented to monitor the progress of Junior Secondary Schools' learners to develop more complete and fair learner evaluation process. There is need for focusing on both cognitive and non-cognitive attributes with fair balance between formative and summative assessments of learners.

Another very important issue when considering this policy is funding. At the moment, the funding of Junior Secondary School in the Republic is one thing. Adequate funding should be provided by the Government to ensure successful implementation of the policy. Many headteachers in our primary schools, especially in my constituency, the great Mbeere North, have a problem of funding and there is no way we can be talking about the NG-CDF if it is unable to fund primary schools. It funds secondary schools, tertiary colleges and universities. The Government policy provides free primary education. However, if you talk to teachers in primary schools, you will discover there are serious problems there. Funding is one of the greatest factors which needs to be well focused by the Ministry of Education.

Sustainability is another factor. The policy should be designed to ensure sustainability by ensuring that there are clear guidelines for management and maintenance of Junior Secondary Schools. Governance policies should be adopted by the implementation of the curriculum reform. The Ministry of Education should streamline governance structures to support the implementation of the curriculum. It should also establish mechanisms for effective consultation, coordination and evaluation of the curriculum. Most of the sub-counties in the Republic of Kenya have only one Education Director who is in charge of supervising or ensuring the governance of more than 100 primary schools in a constituency. There is need to increase the levels of governance within the Junior Secondary Schools education curriculum.

There are issues of access to curriculum support materials, public-private partnerships (PPP) and equity in education. The Government should promote inclusive education to ensure equity in education and training. This will help to address needs of learners with disabilities and vulnerable groups in nomadic areas, arid and semi-arid lands (ASAL) and those living in extreme poverty and informal settlements.

Hon. Temporary Speaker, in conclusion, it is worth noting that the implementation of the CBC, specifically transitioning to JSS, continue facing the following challenges: Lack of adequate learning facilities, lack of adequate training of teachers on CBC, large class sizes, lack of adequate teachers, lack of adequate teaching, ignorance and lack of involvement by parents. There is need for the Ministry of Education to ensure that there is a Junior Secondary Schools education policy that is well grounded under the Basic Education Act of 2012 and implementation framework for sustainability. It is against this background that I seek the support of this House on this definite matter of urgent national importance regarding the development of policy and implementation framework for JSS, as well as regarding their funding in the Republic of Kenya.

Hon. Temporary Speaker, I beg to move the Motion. I request the Member for Kamukunji to second. I thank you.

The Temporary Speaker (Hon. David Ochieng'): Hon. Hassan, Member for Kamukunji. We cannot see your card. Go ahead.

Hon. Yusuf Hassan (Kamukunji, JP): Thank you, Hon. Temporary Speaker. I second this important and timely Motion which has been presented by Hon. Geoffrey Ruku, Member for Mbeere North. I congratulate him for taking this important task. The issue of the JSS has not been brought to the attention of this House in the way it should have been. I thank him for that. In all the 290 constituencies of our nation, I am sure we are all grappling with the major challenges brought about by the rapid introduction of the JSS system. This is a top-down policy which involves elites who are our top education minds, but somehow it does not trickle down as it is required.

Hon. Temporary Speaker, the introduction of the JSS has been a rapid move that is crisis-ridden and has come with chaos. The Motion's Mover adequately expressed some of the inadequacies including infrastructure, teacher training, facilities, lack of parental and community involvement and putting an extra burden on already heavily burdened parents. As a result, in my neighbourhood of Kamukunji, we have congested classrooms with students who had not been planned for, overloaded desks and overworked teachers. If this not corrected with the proper framework and policies, it could lead to the deterioration of the quality of education that we are providing to these youngsters. I would have thought that when one is introducing major projects like the CBC and the JSS, they would plan or pilot it so that once it is launched, everybody is on board and it works well.

Unfortunately, during the introduction of the JSS, which is yet to happen and is unsuccessful, it is important to have a framework and a policy that guides the introduction and the future development of this particular process. I think it is important to address these multiple challenges and urgently introduce a framework and a wholistic policy that can deal

with all the challenges that have come about. This will put the JSS on the right track to give our children the best opportunity for developing through this new curriculum. I, therefore, second this important Motion.

I thank you, Hon. Temporary Speaker.

(Question proposed)

The Temporary Speaker (Hon. David Ochieng'): Debate on this Motion is now open and the first person to contribute is the Member of Parliament for Bureti, Hon. Kibet Komingoi.

Hon. Kibet Komingoi (Bureti, UDA): Thank you, Hon. Temporary Speaker.

First, I want to congratulate the Member for Mbeere North, Hon. Ruku for thinking about our children in schools. We are aware about the change of the system and introduction of the CBC programme in our schools. Secondly, we are also aware that implementation commenced.

In the Motion before us, we note that there has been a trial run or what we call a learning curve on the issues the parents and the children are facing in schools. While the CBC programme has been haphazard, there are challenges the learners, parents and teachers are facing on how the programme was brought about. I wish to support the Motion on the development of the policy on three grounds.

The first one is on access to the JSS during the interim period that has passed because not all primary schools were designated as JSS. This denied some learners or created distance from their homes to the new designated JSS without a policy governing the distance between one school to another and how the whole framework on CBC continuation and implementation will affect our children.

Secondly, is the question of commercialisation of our education sector. As we can remember, one of the major setbacks of the 8-4-4 system was the commercial nature in which it was being implemented. The buying of books, materials, requirements of schools and many things which our children need for purposes of implementing the system are being taken into the CBC programme. We need to develop with the thinking brought here before about the school feeding programme combined with the school uniform programme. We discussed it previously to achieve de-commercialisation of our education system. This does not mean that we remove the private sector involvement in our schools. Without policies, we will not have a clear path through which to set the school system.

Thirdly is facilitation of the private sector to invest in the JSS. I come from Bureti Constituency and a few centres were approved as JSS with no policies to guide in registration, identification and inspection of our institutions to check whether they can provide JSS. It is my opinion that with a proper policy and framework in place, Kenyans will invest in junior secondary schools and uptake some of the populations in our regions. This will foster the economic growth of the education sector in those areas.

Hon. Temporary Speaker, with that, I beg to support the Motion. I want to ask the Government to move quickly and provide direction, a policy framework and guidance, so as to streamline the education sector and ensure that the provision of education is seamless from the Early Childhood Development (ECD), through primary schools under the JSS and the tertiary institutions. Further to this, we should remember that we need to develop our children and create a seamless way in which to invest, register schools and produce people who are responsible and educated enough to develop this country.

The Temporary Speaker (Hon. David Ochieng'): Member for Kisumu East, you want to contribute on this?

Hon. Shakeel Shabbir (Kisumu East, Independent): Thank you very much, Hon. Temporary Speaker. Our education system is the bedrock of our future. For the 15 years I have

been in Parliament, and even when I was a mayor, I have been shocked and I am still shocked. When I was a mayor, I was shocked by the callous way stakeholders looked at the future of our education. Ten years ago, there was a proposal to bring laptops to our Standard One students. That was kneejerk and it died. A number of primary schools got computers that are sitting in stores. It was a mess. We spent billions of shillings on this project that was ill thought of. The CBC is a good idea, but the JSS is a bad idea. The issue is that you cannot have a junior secondary school in a primary school. Junior secondary was initially meant to be part and parcel of secondary school. At the moment, we have children in Standard Seven with different uniforms from Standard Eight. Who are senior? Is it the Standard Eight children or the Standard Seven children? We have secondary school teachers who have been posted to primary schools to teach junior secondary children. Who do they report to? Do they report to the primary school head teachers or to somebody else? What has happened?

In the last Parliament, the last Government told us that it will construct 25,000 new classrooms and 25,000 new laboratories. Where are they? The former Minister for Education, the late Professor Magoha – may God rest his soul – was a very good and committed man. He went out of his way to build classrooms for JSS in secondary schools. I do not know what happened there after so that junior secondary schools were transferred to primary schools. If you go to your primary schools, students of junior secondary school have different uniforms and they are taught by secondary school teachers who have no idea who they are to report to. The curriculum is upside down.

This proposal to develop a comprehensive JSS policy and have order in JSS is a good idea. However, it falls short in proposing a corrective action to be taken. Junior secondary schools should not – I repeat – should not be in primary schools. They must be in secondary schools. That is what we must do. It is easy to move junior secondary schools to secondary schools. We cannot have a primary school doubling up a junior secondary school with a primary school head teacher who has no idea what secondary school teaching is all about. What will happen next year when we have the second level of junior secondary school children? We have a big problem. There is no single laboratory in a primary school in Kenya. That does not make sense. We have done this. We have worked with the NG-CDF and we have built laboratories in secondary schools. Many secondary schools and primary schools are next to each other.

It is about time the Ministry realises it made a huge mistake. It has cost parents lots of money to get different uniforms and desks. In my constituency, many children have been sent home because they do not have uniforms. A primary school head teacher is sending a junior secondary school student back home. Where does such a student belong? We have Form One students who have reported in secondary schools. Where does a junior secondary student fall? Ideally, he should be transiting to the secondary school system. As much as we want to have a policy and agree that we need to sort out this thing, it is a big mess. It is the same mess that was created by the laptop project.

Hon. Temporary Speaker, I am on record informing high-level members of the last Government about it, but I was humiliated. I told them that I was working on One Laptop Per Child Programme in Rwanda which is working very well and the Government officers felt that this was their job. They humiliated us. We are in a mess now.

The Temporary Speaker (Hon. David Ochieng'): Hon. Shakeel, I will interrupt your presentation.

(The Temporary Speaker (Hon. David Ochieng') spoke off record)

Hon. Shakeel Shabbir (Kisumu East, Independent): Sorry, I cannot hear you.

The Temporary Speaker (Hon. David Ochieng'): When the Motion comes up next, you will have a balance of five minutes.

ADJOURNMENT

The Temporary Speaker (Hon. David Ochieng'): Hon. Members, the time being 1.00 p.m., this House stands adjourned until this afternoon at 2.30 p.m.

The House rose at 1.00 p.m.

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