

PARLIAMENT OF KENYA

THE SENATE

THE HANSARD

Wednesday, 11th October, 2023

Afternoon Sitting

*The House met at the Senate Chamber,
Parliament Buildings, at 2.32 p.m.*

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

PRAYER

DETERMINATION OF QUORUM
AT COMMENCEMENT OF SITTING

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

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

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

(The Quorum Bell was rung)

Serjeant-at-Arms, I am informed that we now have Quorum. Kindly stop the Bell. Clerk, proceed to call the first Order, please.

PETITIONS

Chairperson, Standing Committee on Labour and Social Welfare, please proceed.

That is deferred.

Senate Majority Leader, are you in a position to table this Report?

Please do.

REPORT ON PETITION: UNLAWFUL SALARY DEDUCTIONS
OF FEMALE TEACHERS BY KEWOTA

The Senate Majority Leader (Sen. Cheruiyot): Mr. Speaker, Sir, I beg to lay the following Report on the Table of the Senate, today, 11th October, 2023-

Report of the Standing Committee on Labour and Social Welfare on a Petition to the Senate by Ms. Tarsila Mwashimba and others, concerning unlawful salary deductions of female teachers by the Kenya Women Teachers Association (KEWOTA).

(Sen. Cheruiyot laid the document on the Table)

The Speaker (Hon. Kingi): Hon. Okiya Omutatah, please proceed.

CHANGARA WATER PAN PROJECT IN BUSIA COUNTY

Sen. Okiya Omtatah: We, the undersigned citizens of the Republic of Kenya and residents of Changara in Teso North Sub-County, Busia County, draw the attention of the Senate to the following particulars of the project -

THAT the Changara Water Pan Project was funded Kshs24.8 million in June, 2019 by the World Bank through the national Government.

THAT the project is being implemented by the County Government of Busia through the Department of Agriculture and Fisheries Development.

THAT the project was to benefit more than 5,000 families living in Changara through clean-piped water and irrigation.

THAT despite the colossal amount allocated, the project, which was to be completed by February 2020, has not been completed.

THAT the project has stalled due to massive irregularities.

Irregularities observed include:

Conflict of interest during awarding of the contract since the contractor was a relative of the then sitting Member of the County Assembly (MCA) of Nambuku-Namboboto Ward, Samia Sub-County, Busia County.

The Project Management Committee was denied oversight documents, Bill of Quantities (BQs) plan, and Environmental Assessment (EA) report.

The size of the approved water pan is unknown to the public, but what was constructed covers a small area and it is shallow, making it unviable.

The pipes drawing water from the water pan to the beneficiaries' farms are all exposed, since they were not laid to the recommended depth.

The project was conceived and implemented without public participation.

The Project Management Committee was ignored by the employees of the Busia County, Department of Agriculture, who were manipulating the project.

The pipes drawing water from the water pan to the beneficiaries' farms are all exposed.

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Most of the pipes are already leaking, despite the project not having been completed.

The people downstream are and will be in considerable danger of being washed away if the embankment walls collapse, since the walls were not properly compacted.

The contractor did not have an independent site engineer, instead relied on the Agriculture Department engineers, who were reasonably compromised.

The contractor did not have an independent site office, making it impossible for any necessary intervention.

The feeder roads passing through the project site were blocked, causing unnecessary inconvenience and accidents to the residents.

The issues have been raised before the County Government of Busia, the Public Procurement Regulatory Authority (PPRA), the Ethics and Anti-Corruption Commission (EACC) and the World Bank, but no solution has been given.

The issues raised above are not pending in any court of law or any other legal body.

WHEREFORE, your humble petitioners pray that the Senate-

(1) Looks into the manner in which the award of tender for the Changara Water Pan Project was awarded to Berodi Company.

(2) Investigates the misappropriation of the project's funds.

(3) Ensures that those who violated the project's intended objectives face the full force of law.

(4) Intervenes to have the project completed because it is beneficial to the community.

The Petition is dated 15th September, 2023 and next to it is a list of the petitioners who ran close to some 76 individuals.

The Speaker (Hon. Kingi): Hon. Senators, pursuant to Standing Order No.238 (1), the Petition shall be committed to the relevant Committee and in this case, I direct that the same be committed to the Standing Committee on Land, Environment and Natural Resources.

Now, in terms of Standing Order No.238(2), the Committee is required in not more than 60 calendar days, from the time of reading this prayer, which is today, to respond to the petitioner by way of a report and lay the same report on the Table of the Senate.

Thank you.

(The Petition was committed to the Standing Committee on Land, Environment and Natural Resources.)

INSECURITY IN TURKANA COUNTY

The Speaker (Hon. Kingi): Sen. Lomenen, proceed. Is the hon. Senator not in the Chamber?

That Petition is dropped.

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(Petition dropped)

Next Order, Clerk.

PAPERS LAID

The Speaker (Hon. Kingi): Proceed, Senate Majority Leader.

The Senate Majority Leader (Sen. Cheruiyot): Mr. Speaker, Sir, I beg to lay the following Papers on the Table of the Senate, today, 11th October, 2023 -

REPORT ON MSMES CREDIT GUARANTEE SCHEME PERFORMANCE

Report on The National Treasury and Economic Planning Micro Small and Medium Enterprises Credit Guarantee Scheme Performance for the period 1st July, 2022 to 30th June, 2023.

REPORT ON THE ANNUAL PUBLIC DEBT MANAGEMENT

Report on The National Treasury Economic Planning Annual Public Debt Management for Financial Year 2022/2023.

LEGAL ORDERS ON PROTECTION OF CATCHMENT/CONSERVATION AREAS

Lake Ol Bolossat Catchment Protection Area Order, Legal Notice No.116 of 2023.

The Karai Wetland Conservation Area Order, Legal Notice No.117 of 2023.

The Mwangea Hills Catchment Protection Area Order, Legal Notice No.118 of 2023.

The Larry Swamp Catchment Protection Area Order, Legal Notice No.119 of 2023.

I thank you.

(Sen. Cheruiyot laid the documents on the Table)

The Speaker (Hon. Kingi): Proceed, Chairperson, Standing Committee on Labour and Social Welfare.

REPORT ON THE CARE AND PROTECTION OF
CHILD PARENTS BILL
(SENATE BILLS NO. 29 OF 2023)

Sen. Murgor: Thank you, Mr. Speaker, Sir. I beg to lay the following papers on the Table of the Senate, today, 11th October, 2023:

Report of the Standing Committee on Labour and Social Welfare on its consideration of the Care and protection of Child Parents Bill, (Senate Bill No.29 of 2023).

REPORT ON THE COUNTY HALL OF FAME BILL
(SENATE BILLS NO.18 OF 2023)

Report of the Standing Committee on Labour and Social Welfare on its consideration of the County Hall of Fame Bill, (Senate Bill No.18 of 2023).

I beg to lay.

(Sen. Murgor laid the documents on the Table)

Next Order, Clerk.

The Speaker (Hon. Kingi): Hon. Senators, for the convenience of the House and pursuant to Standing Order No.45(2), I wish to rearrange the sequence of today's Order Paper, to the extent that we move to prosecute Order No.13, move to Order No.14, then to Order No.15. After that, we can resume the flow of business as contained in the Order Paper.

Clerk, kindly proceed to call the Orders in that particular order.

BILLS

Second Reading

THE DIGITAL HEALTH BILL
(NATIONAL ASSEMBLY BILLS NO.57 OF 2023)

(Sen. Cheruiyot on 11.10.2023)

*(Resumption of debate interrupted on 11.10.2023
– Morning Sitting)*

The Speaker (Hon. Kingi): At the interruption of debate, Sen. Chute was on the Floor. He has a balance of three minutes. Hon. Senators, remember that the debate had

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been limited to five minutes. So, after Sen. Chute concludes his intervention, any Senator taking the Floor to speak will not speak for more than five minutes.

Proceed, Sen. Chute.

Sen. Chute: As you have said, I have got three minutes left. I was at data protection. Now, I will proceed to duplication of information.

Mr. Speaker, Sir, this Bill will help us in identifying duplicated processes. Let us say, for example, in a place like Marsabit and Upper North Eastern, people do not know how to read and write. Therefore, if that data is kept in a system, you can even come after a year and definitely find that your data has been kept well.

The other issue I want to raise is that currently the digital system is helping us also in so many places. As I said earlier, our people are traveling all the way to Ethiopia simply because of inefficiency in the National Hospital Insurance Fund (NHIF).

If this Bill goes through, it will be good for people because they will be able to access their documentation wherever they will be.

Additionally, currently in Marsabit, there is issue on item number eight, on Clauses 46 and 47. This one deals with health tourism. As I said earlier, our people are going to Ethiopia and in some instances India to seek medical treatment. If this Bill goes through, we will have people coming to Kenya, not people leaving Kenya and going to Ethiopia or even India.

Mr. Speaker, Sir, before we got the 2010 Constitution, when the District Commissioners were in charge of the districts, our hospitals were having medication. People were coming all the way from Ethiopia to our hospitals in a place called Sololo, Moyale and as far as Marsabit. Unlike today, our people are doing their tourism health service in Ethiopia and some in India.

Mr. Speaker, Sir, as I conclude, I want to urge my fellow Senators to support this Bill. This is a very good Bill; good for Kenyans and good for where I come from, Marsabit County.

I thank you.

The Speaker (Hon. Kingi): Proceed, Sen. Maanzo.

Sen. Maanzo: Thank you, Mr. Speaker, Sir, for giving me an opportunity to comment on this very important Health Bill, where we are talking of going digital and making sure that hospitals improve in Kenya.

Mr. Speaker, Sir, there has been a need to improve the processes that patients go through in hospitals in Kenya, from the time a patient reports or happens to be an emergency case, in case of an accident, up to the time that patient is referred, transferred or leaves the hospital. In the unfortunate case of death, then the whole process has to be complete.

The use of digitalization or making sure that everything goes electronic enables the records to be retrieved faster. The most important proposal of this Bill is the privacy of the patients. The moment things are digital, there is a likelihood of hacking and leaking of information to the wrong persons and that information may be used wrongly against patients.

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However, the way things are currently, it is very manual and even the past records of the patient cannot be retrieved. The moment everything is in a digital form, you are likely to find out the history of the patient. In the event that particular patient had collapsed or just had an accident and is unable to talk, it is easier to pick that information from data.

Therefore, once you picked that it is easier to know how to treat or deal with that particular patient. The moment things are in a data or digital form, which can be accessed electronically, then it makes it easy also to effect payments. In the event the patient is insured, then it is safer for the hospital and the hospital can proceed without first demanding that money be paid before the patient is attend to.

The moment the hospital is able to get information from the database on the insurance cover of that particular patient, it makes it much easier to process the patient and serve the patient and for the hospital to be paid.

Now, this applies to public hospitals, the referring hospitals and the private hospitals, such that the data of the patient can used in those instances. The whole idea is to make health very accommodating and efficient.

There is also the issue of health tourism where people come to seek medical assistance in our country. This has happened before as we have seen people travel from Burundi and other countries to come and be assisted in our private or public hospitals here.

The moment the patient is treated here, obviously their data will be captured on record. You will be able to know or monitor how many patients have come to Kenya for health tourism.

Therefore, from the service, they have been given, then they may refer the hospital to more people and with that sort of data, then you are able to predict how to improve the health services to make them better.

Additionally, health is very important and in emergency cases, you need to attend to the patient immediately. It really helps when the doctor can get the medical history of that patient as fast as possible, instead of waiting until the relatives come or the patient gains consciousness. I think this is where life matters and is critical.

At the same time, people have lost their lives. One of the biggest challenges in hospitals in Kenya has been cases where patients sustain injuries in an accident and they need to undergo a CT scan. Consequently, they have to be scanned and then that information is processed. The experts of reading scans are very few in the country.

(Loud consultations)

The Speaker (Hon. Kingi): Order, Members. The Senator for Kwale, you may consult, but kindly keep it low so that we can hear the contribution of the Senator.

Sen. Maanzo: Thank you, Mr. Speaker, Sir. So, the moment somebody has gone through a scan, that is what determines whether the patient will be treated at that particular hospital or be transferred to a different hospital.

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Mr. Speaker, Sir, this has to be guided by law because that information is partly electronic and is transferable electronically to the hospital where you will be referred to.

I support this Bill and I thank you for the opportunity.

The Speaker (Hon. Kingi): Proceed, Sen. Mungatana:

Sen. Mungatana, MGH: Asante, Bw. Spika kwa kunipa nafasi ili nitoe maoni yangu kuhusu sheria hii ya Digital Health Bill ambayo tunaita mbele ya Seneti.

Leo niko na furaha sana kuwa kati ya wale wabunge wa Seneti ambao tunajihusisha kujenga hii Kenya ambayo itakuwa baadaye, Kenya mpya ambayo watoto wetu na vitukuu wetu wataishi ambapo sisi hatuishi saa hii.

Nilikuwa naangalia runinga na nikaona gari ndogo ambalo lilikuwa linabeba watu wawili. Hilo gari ndogo walikuwa wanaliita katika runinga hiyo ama *documentary*, e-Shuttle. Hili ni gari ambalo huko mbele wamepanga ya kwamba, ukipiga simu, hilo gari litajua pahali uko na hilo gari linaonyesha uso wako. Hilo gari halina dereva, ni zaidi ya Uber na linatumia umeme.

Bw. Spika, nchi ambazo zimeendelea zinatengeza *data* na taarifa. Sheria hii ambayo tunataka kupitisha inataka kuigeuza nchi hii ili iende mbele kwa mambo ya kuweka taarifa zetu kwenye tarakilishi kidijitali.

Tunafaa kutengeneza sheria hii na tuipitisha kwa haraka sana. Watu wanapoenda hospitali kila mmoja anabeba kijikaratasi au kitabu ili amuone daktari. Daktari anaiandika ili mgonjwa yule apate matibabu. Akirudi siku nyingine kama kitabu kimepotea, basi daktari anauliza maswali mapya kwa sababu hakuna kumbukumbu ya taarifa yake.

Ukipata ajali au mama akienda kujifungua, rekodi yake ya afya haijulikani. Pengine amepolekwa mahali pana matibabu ya juu zaidi kama Hospitali ya Rufaa. Akifika kule historia yake ya afya haijulikani kwa sababu ni kitabu kinachotumika na ni rahisi kukipoteza. Sheria hii itatupeleka mbele kwa mambo ya afya nchini. Miaka itakuja, itaenda na itaisha. Wakati tutakapo staafu mjini kwetu Ngao London, Mwatate katika Kaunti ya Taita-Taveta tutapata magonjwa kwa sababu ya uzee.

Ukienda katika Hospitali ya Umma na rekodi zako zote ulipokuwa unaishi na kuenda ziko, basi yule daktari atakupa utambuzi na dawa zinazofaa na utatibiwa vizuri kulingana na shida uliyonayo. Hayo hayatatekelezwa kwangu au kwa wakubwa na wazee wanaostaafu pamoja na wafanyi biashara pekee, itakuwa kwa kila mwananchi wa Kenya.

Bw. Spika, sheria hii ikipitishwa leo, itaenda kubadilisha kabisa hali ya Kenya kuhusu mambo ya afya. Naomba wenzangu na wote watakao angalia sheria hii, waiangazie na waipitisha kwa sababu itatusaidia sisi na watoto wetu pamoja na kila mtu humu nchini. Hii itakuwa safari ndefu kwa sababu rekodi hizi za afya ni za ma milioni ya wakenya na zitakuchukua muda mrefu kuziweka sawa sawa.

Tukiipitisha sheria hii leo, miaka 10 au tano kuendelea mbele tutakua tumechukua hatua kubwa sana. Naomba wenzangu tushirikiane na tuipitisha katika Seneti hii kwa uharaka sana. Vile vile, wakati serikali ya kaunti inaelekea kufanya---

(Sen. Mungata's microphone went off)

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The Speaker (Hon. Kingi): Sen. (Prof.) Tom Odhiambo Ojienda, SC, proceed.

Sen. (Prof.) Tom Odhiambo Ojienda, SC: Mr. Speaker, Sir, I rise to support the enactment of the Digital Health Bill (National Assembly Bill No.57 of 2023) as proposed. The world over; Canada, United Kingdom (UK) and the United States of America (USA)---

The Speaker (Hon. Kingi): Sen. Joe Nyutu and the Senators who are upstanding, kindly take your seats.

(Several Senators took their seats)

Sen. Mandago, you are out of order.

(Sen. Mandago walked toward his seat)

Sen. (Prof.) Tom Odhiambo Ojienda, SC: Electronic Medical Records (EMR) and electronic health records are the only way that countries ensure that not only do they engage and make sure that patients get the best of health care because of their records, but also, it is easy to preserve diagnose and prevent certain illnesses arising from the electronic data. Where the law is progressive in the nature that we see in the current Bill, the only way to go is to protect it, so that this country can advance to the second or third level, and use technology and telemedicine to ensure that the lives of the citizens of this country are protected in a preventive manner.

Preventive medicine is the way to go for this country, so that patients are able to know the conditions they are likely to suffer after a number of years given their records. Health centres and dispensaries together with those who give preventive medical care are also able to access data that can be used to ensure preventive medicine is actualised.

Mr. Speaker, Sir, the COVID-19 pandemic claimed many lives. The medical records of those who suffered and were vulnerable would have led to more preventive decisions had we enacted the nature of laws we have in Parliament today. Then, you would predict and know who is more vulnerable than the other. That is what electronic medical data is all about.

I support. This Bill is timeous. It will help this country move to the next step and place us at the level of all civilized countries such as Canada, the UK, United States of America (USA), Australia and other democracies.

I thank you.

The Speaker (Hon. Kingi): Proceed, Sen. Wafula.

Sen. Wafula: Asante Bw. Spika kwa nafasi hii ili nichangie kuhakikisha kuwa mfumo wa kidijitali wa afya unaafikia malengo ya wakenya. Kwa muda mchache ambao nimepitia Mswada huu, nimeona kuwa Mswada huu utahakikisha kuwa mfumo huu una uwezo wa kuhusisha zahanati au hospitali nchini ili zitambulike. Vile vile, wauguzi katika sekta mbali mbali watawajibika kwa sababu taarifa yao itakuwa katika mfumo huu. Itahakikisha kuwa madawa yanaoyotoka katika viwanda husika na kupekela katika hospitali pamoja na wanazozitumia watanaswa katika mfumo huu.

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Madawa mbali mbali yataafikiwa ama kupatikana kutokana na mfumo huu. Utahakikisha kuwa ujumbe wa kibinafsi na arafa za kidaktari pamoja na mapendekezo ya madawa yatawekwa vizuri dhidi ya wale wanaonyemelea magonjwa au maarifa ya watu binafsi kwa minajili ya kupata wanachotaka.

Mengine ambayo yanaafikiwa katika mfumo huu ni kuwa yote yatafanywa kidijitali na kupitia mfumo wa kiteknologia ili kuhakikisha kuwa nyenzo au taasisi za kifedha zinazo shiriki kuhakikisha mfumo huu zitaafikia malengo ya serikali. Wakati pesa zitakapo lipwa kwa watu hususan, wanaswa katika mfumo huu ili pasiwe na mambo kama ilivyokuwa ada; watu kutozwa malipo ya juu kinyume cha sheria ama taasisi za kifedha kupata mapato kinyume na matarjio ya wagonjwa na serikali.

Naunga mkono Mswada huu kuhakikisha kuwa Kenya inasonga mbele. Ningependa kuongeza kuwa nimeyaona mapendekezo hapa kuwa Waziri husika atakuwa anapeana mwelekeo jinsi ya kuitumia *data* itakayopatikana kutoka kwa wakenya ili kuafikia au kufanya mazuri katika nchi ya kenya. Ningependa iwekwe katika misingi mathubuti, kwamba *data* hii ni ya wagonjwa ama wahusika wa sekta ya afya na itabaki kuwa hivyo. Isije ikatumika vingine pasipo idhini ya mgonjwa ama mhusika. Jinsi tunavyo elewa Kenya hii, japo wanasema itasaidia katika utafiti na *data*, inafaa watuambie ni utafiti upi. Kama ni utafiti wa kuleta madawa ya kukimu mahitaji ya wakenya ni sawa, lakini si kutumiwa kujulikana kuwa mheshimiwa fulani ama mtu fulani, iwapo ni mgonjwa ukitaka kumfinya unatumia mbinu hii. Hili jambo hatutakubali.

Naomba tutakapounda sera, iweze kuzingira na kuweka *data* ya wakenya vizuri ili tusije tukajuta siku zijazo. Kwa mafupi hayo, naungo mkono Msada huu.

The Speaker (Hon. Kingi): Sen. Wambua, proceed.

Sen. Wambua: Thank you, Mr. Speaker, Sir. I support the Bill. I must admit that I have interacted with a number of Bills and cannot remember having come close to a Bill with detailed definitions in Part One. I am not sure whether it is a good or bad thing. It is heavy on those definitions.

(Sen. (Dr.) Khalwale spoke off record)

I will ignore Sen. (Dr.) Khalwale. The bottom line is that it is a good Bill within the context of a wider information technology regime. It plugs into attempts to develop an electronic medical record in our country. Those who have interacted with the health sector for a long time---. I believe the Senator for Kakamega County has done this. The idea behind the Managed Equipment Services was creation of a centralized hub for communication between hospitals, dispensaries and health centres, so that at the click of a button the data concerning ailments in Kakamega County can be read, interpreted, analysed and feedback given from Nairobi, Mombasa and other counties.

It is also within the regime of telemedicine, as we know it and the use of drones to drop drugs in remote areas. This Bill must be appreciated within that context. I like the Bill's proposal on the use of Information Technology (IT) to ensure efficiency in healthcare. I am impressed by the concept of anonymization of data to ensure that

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patients are protected from unnecessary exposure within the context of sharing information within health facilities.

The Bill states explicitly that data relating to health is a strategic national asset. In which case, this is a security Bill, which once enacted it has to be properly protected. The problem I have with this beautiful Bill is on the membership of the board of the agency. We have to get to a point where we move from generic membership to boards. The members of the agency as anticipated in this Bill are Principal Secretaries responsible for certain Ministries. This Bill gives us an opportunity to get our young IT personnel sit in such an important Board as opposed to just saying, simply because you are suited for health, you become a member of the board or the agency. I say this because one of the responsibilities of this Bill is to develop a fresh register of our health records. I have nothing against the sitting or the future Principal Secretaries, however, we might end up in a situation where at the top of the leadership of the board we have people that are ---

(Sen. Wambua's microphone went off)

(Interruption of debate on Bill)

The Speaker (Hon. Kingi): Hon. Senators, before I allow Sen. Mariam Omar to make her contribution, allow me to make the following Communication.

COMMUNICATION FROM THE CHAIR

VISITING DELEGATION FROM THE COUNTY ASSEMBLY OF NANDI

I would like to acknowledge the presence in the Speaker's Gallery this afternoon, of a visiting delegation from the County Assembly of Nandi Staff Advisory Committee. The delegation is undertaking a benchmarking visit with their counterparts in the Senate. I request each Member of the delegation to stand when called out to stand, so that you may be acknowledged in the Senate tradition.

- | | | |
|-------------------------------|---|--|
| (1) Hon. Eliud Kirongo | - | Leader of Minority/Member of the Board |
| (2) Mr. Gideon Kisorio | - | Commissioner/Chairperson |
| (3) Ms. Clara Melli Chepkemei | - | Board Member |
| (4) Mr. Henry K. Tarrus | - | Deputy Clerk HR, Finance and Accounts |
| (5) Mr. Philemon K. Maiyo | - | Director and HR Administration |

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

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(Applause)

I will allow the Senator for Nandi County, under one minute, to extend his word of welcome to the delegation.

Sen. Cherarkey: Thank you, Mr. Speaker, Sir, I would like to extend a warm welcome to the team from Nandi County Assembly, led by Minority Leader and Kapkangani Ward Member of County Assembly, Hon. Kirongo.

I know almost know all of them personally. Commissioner Kibet was my senior in Law School in Moi University. Clara Meli was the contestant for the Women Representative position. I welcome them and wish them fruitful engagement.

I thank your office for facilitating the capacity building of our county assemblies across the country. We do not take it for granted. It is an honour for them to learn best practices in Parliament. We are still building the capacity of most of the county assemblies.

In our local language, we normally say *Otogotin Tugul*.

The Speaker (Hon. Kingi): Sen. Mariam Omar, you may have the Floor.

(Resumption of debate on the Bill)

Sen. Mariam Omar: Thank you, Mr. Speaker, Sir, for giving me this opportunity to add my voice to this Bill. I stand to support the Bill. We need change in our institutions. This Bill brings changes in our health sector. The objective of the Bill is to provide framework for our health services.

If this Bill goes through and we have to accept it will, because all the stakeholders we have listened to have accepted it.

(Sen. Tabitha Mutinda and Sen. Wamatinga stood in their places and consulted loudly)

The Speaker (Hon. Kingi): Sen. Tabitha Mutinda and your colleague---

Sen. Mariam Omar: Mr. Speaker, Sir, this---

The Speaker (Hon. Kingi): Sen. Mariam Omar, just a minute.

Hon. Senators, there is a tendency that is gaining a lot of currency as we go about our business in the Senate. Many a times we see Senators roaming around the Chamber while a Member is contributing. We are a House that is guided by standing Orders. I draw your attention to Standing Order No.118 -

“That except where passing to and from his or her seat or when speaking, every Senator when in the Chamber shall be seated, and shall not at any time stand in any of the passages and gangways.”

Unless you are moving from Point A to B, you are supposed to be seated. Hon. Senators, let consultations not go to the extend where then you interfere with the Senator who is contributing. Kindly let us all be guided.

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Proceed, Sen. Mariam Omar.

Sen. Mariam Omar: Thank you, Mr. Speaker, Sir, for protecting me. If this Bill goes through, so many issues will be solved. One will be disease surveillance. With the health databank, we will know the population of Kenya with chronic diseases such as cancer.

It will also help in diseases research and their medications. During pregnancy, on the first clinic visit, women normally undergo some checkups. If this Bill goes through, there will be no need of doing it over and over. The data will be recorded and the doctor concerned will just prescribe the medicine straightaway.

Mr. Speaker, Sir, it will also help in our pharmaceuticals. We will know the amount of drugs we have imported or manufactured and their distribution in the counties. We will also know the expiry dates of the batch we have through this Bill.

Consultation costs will reduce. It will be easier for people to do consultations wherever they are and get prescriptions through telemedicine. You will not be required to go physically to the hospital.

This Bill will provide data governance and the protection of personal health information. In other countries such as Turkey, all their citizens are given a card allowing them to go to any hospital and any doctor paperless. There is no misdiagnosis by any doctor. They are given drugs straightforward. If we go for this Bill, that system of doctors misdiagnosing patients and prescribing the wrong drugs will reduce.

Thank you.

The Speaker (Hon. Kingi): Sen. Osotsi, you may have the Floor.

Sen. Osotsi: Thank you, Mr. Speaker, Sir for the opportunity to comment on this Bill. I start by appreciating the spirit of this Bill. Apart from this life of politics, I am an Information Communication Technology (ICT) practitioner. One of the solutions I have provided is integrated hospital solutions. I know what it takes to have that system and its benefits.

This Bill is proposing that we have one such system for the entire country, which is a good idea. I think it is long overdue. As Members have said, it will allow sharing of data and things like telemedicine, which are very important. It will stop our Kenyans traveling all the way to India to seek medication when they can still get the same services online. There are good things about it.

Mr. Speaker, Sir, however, this Bill is akin to a *soda* like Fanta, but with some small poison in it, which I think, it is important to talk about as a House. We exist in this House to protect our counties and devolution. When I read through the Bill, though I agree with the spirit of wanting to manage data better, that must be done bearing in mind that we are in a devolved system of Government.

When I look at the entire Bill, it is completely transferring the management of data to the national Government. Data is now the engine of everything we do. So, if we allow one arm of Government to control data, we are simply saying that we are now taking back health to the national Government, which I think, is one of the challenges I am seeing in this Bill.

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If you look at the proposed Digital Health Agency, it is populated by the representative from the national Government. Even with the proposal to have three members from the Council of Governors (CoG), the Cabinet Secretary still has powers to appoint those members. Therefore, this digital health agency contradicts the Constitution.

Mr. Speaker, Sir, I also have a problem with the roles of the Agency, the Cabinet Secretary and the Director General for health; they are jumbled up. The Cabinet Secretary is going to handle matters, which I think, are routine such as, managing data in all the life cycle of data. That should be the role of the agency. The agency has been established, but the Cabinet Secretary for Health is undertaking routine roles that are supposed to be taken by the Agency.

This Bill ignores Senate and refers to the National Assembly. I think it should talk about Parliament so that health being a devolved function, Senate must have a say.

This Bill also talks about establishing registries in counties and the national level, but it does not talk about the involvement of our governors or county governments. That is why I find it very offending to the Constitution.

Mr. Speaker, Sir, as I wind up, this Bill is going to help us manage data, yet, nowhere in this Bill does it talk about the very important aspect of cybercrime. This is because, you are going to put peoples' data out there, but how are you going to manage cybercrime? It talks about data being strategic national data, but it does not refer to computer---

(Sen. Osotsi's microphone went off)

The Speaker (Hon. Kingi): Sen. Abass, you have the Floor.

Sen. Abbas: Thank you, Mr. Speaker, Sir. I wish to support this Bill, which is long overdue. The world is going global and everything is digital. Going digital in terms of health will show the history of patients from the time of birth to death. It will make work easy for ---

(Loud consultations)

The Speaker (Hon. Kingi): Senate Majority Leader, we honestly expect better from you.

Sen. Abbas: Today, people have to carry papers and X-ray images from one corner to another. However, the digitization of services will make it easy for patients to travel without any documents and make reference.

This country has experienced a lot of emergencies and accidents. Going digital will make it easier to identify a person when they are involved in an accident. Instead of looking for their fingerprint or DNA, it is going to be easy to identify persons when involved in accidents. Also, hospitals will be able to get the blood group or contact immediate relatives.

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Patients will also be able to seek highly skilled references from various doctors in different parts of the world. A doctor in Germany, South Africa or anywhere in Kenya, can treat a patient using that data from where he or she is.

It will also reduce the paperwork. These days, we use a lot of paper. Even in this House, there are so many papers. It is time this House goes digital to save our trees. We can get all that we want from our computers *et cetera*.

Digitization of health services will also help doctors to get patient's DNA easily. The penalty for not maintaining a patient's privacy is 15 years or Kshs1 million. This is applicable. However, the penalty should be higher because some of the people who access this data have a lot of money. So, getting Kshs1 million is not a problem. There is need to review that part.

Health is a devolved function. However, little has been said about the counties. So, I do not know where counties will fall and the role they will play in digitization. All hospitals will have to go digital. However, the Bill has not mentioned anything to do with the counties.

As the Chairperson of the Committee on Devolution and Intergovernmental Relations, the Bill needs to involve not only the Cabinet Secretaries, but also Governors and health personnel in the counties.

The Speaker (Hon. Kingi): Sen. Olekina, you have the Floor.

Sen. Olekina: Thank you, Mr. Speaker, Sir. I rise to make comments on the Digital Health Bill. One of my pet peeves is working hard to propose legislations and seeing them collapse in the 'Lower House.'

The three arms of Government have their distinct roles. The main role of this arm of Government is to develop legislation. I speak as a Member of the Committee on Health. In July 2023, my colleague in this Committee, Sen. Kibwana, proposed an E-Health Bill. It was tabled in this House for First Reading and published on the 27th July.

If you look at the Order Paper, there is the order of preference. Any Bill that is proposed by the Majority or the Government, has three stars. A Bill which is proposed by a legislator has one star. The one which is moved by a Chairperson of a Committee has got two stars.

If we compare apples to apples and take the E-Health Bill, which was proposed by Sen. Kibwana, and the Digital Health Bill, which has been drafted by the Ministry of Health, you will find 85 per cent plagiarism.

Of course, the Majority will always have their way and the minority will have their say. What will happen when we sit down to consider Sen. Kibwana's E-Health Bill, which, in my view, took care of the data protection issues that were raised by Sen. Osotsi?

The loopholes in the plagiarized Bill are very serious. Recently, we were all entertained by advertisements from clubs, where people complained that their pictures were being used. They went to the Data Protection Agency and some are being paid about Kshs1.8 million.

This Bill is now going to jeopardize the future of our data. Today, data is the most expensive commodity in the world. This Bill, because of the way it is being rushed, has serious loopholes.

I just want to beseech my colleagues, that if we are now going to use public funds, we go through the process. This is because Sen. Kibwana's Bill will come here and go through the three processes. It will go through public participation and that is public money that we are spending.

Why do we not have some common sense to prevail? We bring the two Bills, sit down, merge them, and allow the distinguished Senator to also be recognized. When she was nominated to come to this House, it was one of our desires to ensure that she passed legislation.

Let us not become a House that just rubberstamps. We will pass this. We know these Bills are going to be assented into law in 10 days. However, do we think about the actions and unintended consequences?

It is about time, that we become future-centric in our thinking, in terms of drafting legislation. When we have issues, we should not just put them under the rug. The rug has got so much which is hidden there because we cannot talk.

Mr. Speaker, Sir, I am---

(Sen Olekina's microphone went off)

The Speaker (Hon. Kingi); Sen. Munyi Mundigi, you have the Floor.

Sen. Munyi Mundigi: Asante Bw. Spika. Ninaunga mkono Mswada huu wa mambo ya afya. Hii ni kwa sababu afya ni kila kitu ulimwenguni. Tukipitisha Mswada huu, tutafanya vizuri kwa sababu Serikali ya Kenya Kwanza iko na maono.

Nchi za ngambo kama vile Marekani, Turkey, Dubai na zinginezo zilishapitisha mambo haya. Kwa hivyo, sisi pia tuko katika mstari wa kuyakupitisha.

Tunapofanya mambo haya, tunafaa tuangalie wafanyikazi ambao walijajiwa wakiwa na miaka 20 na sasa wako na miaka 60. Mswada huu utatusaidia. Hii ni kwa sababu, kwa mfano, mtoto akizaliwa, rekodi yake yote itakuwa kwa mitambo ya kidijitali.

Swali langu ni ikiwa mtu atasitafu atafaidika vipi? Nchi za ng'ambo, mtu akifika miaka sitini huwa anaangaliwa na Serikali. Gharama yote ya maisha yake akiwa amestaafu huwa ni juu ya Serikali. Ningeomba, hata kama tunapitisha, tuweze kuangalia wale wafanyikazi na akina mama wazee. Pia sisi tukizeeka, itatusaidia na njia gani?

Upande wangu wa Kaunti ya Embu tunaunga mkono mambo ya hayo ya *machine*.

The Speaker (Hon. Kingi): Sen. Kibwana, please proceed.

Sen. Kibwana: Mr. Speaker, Sir, I have nothing much to say. I had already chipped in while we sat with the Ministry of Health and I gave my observation. I will send my amendments for them to be filled in where I have seen some deficiencies. I have many observations and five minutes will not be enough for me.

So, I will file the amendments and make sure everything is put in place. I strongly feel there is a grey area that has not been covered when it comes to medical tourism and telemedicine. However, I am happy to be able to add my voice on this.

The Speaker (Hon. Kingi): Sen. Joe Nyutu, please proceed.

Sen. Joe Nyutu: Thank you, Mr. Speaker, Sir, for an opportunity to make my contribution to this Bill. I support this Bill because of several reasons.

One, in this country, we have had problems not only in health, but also in each and every other sector about misplaced files. Medical data being as important as it is, is data that we may not afford to lose. That is why I support this.

We have had instances in hospitals where doctors prescribed medication that was not fit for people living with some conditions. I say so, because I am a victim. I lost my father in 2014 when a doctor prescribed drugs that were not supposed to be consumed by a patient with diabetes. Had there been information digitally, the doctor would not have made that mistake. When we have medical records digitised, this will translate to the safety of patients. Some people have allergies. Again, when this information is not captured, it affects patients.

When we have information brought together digitally at the click of a button, any medic will be able to see the history and conditions of each and every patient that they are treating. If not for anything else, this is a good Bill for that.

Mr. Speaker, Sir, some illnesses are hereditary. When information is on paper, sometimes this information could get lost and doctors will struggle taking the history of a patient every time. It will also save on doctors time, that they do not have to take history all the time. That every different doctor that sees a patient that has been seen by another doctor will not have to take history again. It will just be there. This will be of utmost importance.

Many people will acquire knowledge and information and die with it when their time comes. It is appointed for every man to die one day. I wish I could be excluded from that. We have people who have information. If they do not put the same in books, they die with it.

When we digitise this medical information, it means that any knowledge that has been in possession of any medic and so captured will benefit others that come later and we will not have to keep re-inventing the wheel.

Mr. Speaker, Sir, we have seen old people. Some people may not be very old, but some may not be very literate. When they have conditions, they just produce cards and tell you they are the records from hospital. Information regarding their conditions is not confidential. Nothing can be more embarrassing---

(Sen. Joe Nyutu's microphone was switched off)

The Speaker (Hon. Kingi): Sen. Omogeni, please proceed.

Sen. Omogeni: Thank you, Mr. Speaker, Sir, for giving me an opportunity to make my contribution to this Bill. I assure the Majority whip that when the President

makes a proposed law that I believe is not progressive, I will oppose vigorously. However, where the proposal is progressive ---

(Loud consultations)

Mr. Speaker, Sir, can I be protected?

The Speaker (Hon. Kingi): Order, Senators! Let us have order. The matter of oversight is not on the hands of Sen. Omogeni. Allow him to represent the people of Nyamira County adequately.

Sen. Omogeni: Mr. Speaker, Sir, between oversight and the money in the account is one Sen. Cherarkey. If he can withdraw the case he has filed together with Sen. Dullo--.

The Speaker (Hon. Kingi): Sen. Omogeni, stop drawing yourself to that debate. You will not win it. Proceed to make your contribution.

Sen. Omogeni: Speaking on behalf of the people of Nyamira County, this is a very progressive Bill.

Sen. Cherarkey: On a point of order, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): What is your point of order, Sen. Cherarkey?

Sen. Cherarkey: Mr. Speaker, Sir, I know the Commissioner might have landed today. He has been away for too long.

Under Standing Order No.103, is it in order to discuss matters that are in court and even point me out? It is not me, it is the institution that is in Parliament and in which matter. He is a learned senior that should be well vast in such matters. Can he withdraw and apologise to me?

The Speaker (Hon. Kingi): Senator for Nandi County, I believe Sen. Omogeni's statement was prompted by you and Sen. (Dr.) Khalwale. If anything, Sen. Omogeni did not discuss the merits or demerits of the matters that are before court. He merely made an observation that they have proceedings which are active, which is a statement of fact.

Sen. Omogeni, proceed to make your contribution on this matter.

Sen. Omogeni: It is a good thing to have a lawyer as our Chair so that you advise colleagues like Sen. Cherarkey.

The Speaker (Hon. Kingi): Sen. Omogeni, your colleague, Commissioner, wishes to inform you.

Sen. Omogeni: I had lunch with him. If he had anything to inform me, he should have informed me at that time. So, I decline.

(Laughter)

Mr. Speaker, Sir, speaking as a person who wants to have laws that are beneficial to the people of Nyamira County, this is a progressive Bill. I have read it. We have had problems of medicines being stolen from our hospitals. Three weeks ago in Nyamira County, the Governor launched empty boxes in form of drugs.

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I hope once this Bill is passed and the records of patients in counties, including Nyamira are stored, we will have data where we can project the medicine requirements in our hospitals.

Sen. (Dr.) Khalwale: Point of order, Mr. Speaker, Sir.

Sen. Omogeni: Mr. Speaker, Sir, you know I only have five minutes.

The Speaker (Hon. Kingi): What is your point of order, Sen. (Dr.) Khalwale? Kindly, halt the time for Sen. Omogeni.

Sen. (Dr.) Khalwale: Mr. Speaker, Sir, you heard the Senator for Nyamira County. He has very useful information, that the Governor of Nyamira County is corrupt and has been launching empty boxes for medicines. Since those pharmaceuticals are bought by funds that are appropriated in this House, could the Senator for Nyamira County be invited, under Standing Order No.105, to substantiate?

The Speaker (Hon. Kingi): Sen. (Dr.) Khalwale, what more would you require the Senator to substantiate? He has already stated the fact. It is upon the relevant Committee to proceed and swing into action. The good Senator has told you exactly what he saw in Nyamira.

Sen. Omogeni, proceed to conclude your contribution on this.

Sen. Omogeni: Thank you, Mr. Speaker, Sir. This Bill is good. I am impressed that my records are going to be stored for the next 25 years. When I retire from Nairobi City to my village in Nyamira and I am consulting a doctor in my primary health care, he or she will just touch the computer and my records will come out. What else would you want in this error of technological advancement? That is what we want.

I do not know about your counties, but from Nyamira County, there are so many patients who travel all the way to India just for a doctor to look at an MRI. With teleconference, a patient from Nyamira can take an MRI in Nairobi and send it to a doctor in India. The doctor in India will look at the results and discuss with the patient. I urge my colleagues, including my friends from these side, that this is one of those Bills that bi-partisan support is essential.

Mr. Speaker, Sir, we spoke about issues of health and Baba Care. This is the time that we need to come together and support this great idea. I am sure it will be transformative. It will transform the way we deal with the people we represent at our counties. I fully support.

Sen. Cheruiyot, I hope once this Bill is enacted, my people in Nyamira can go to the hospital and be attended to. If there is consultation, that doctor in Nyamira can call a specialist in Nairobi and send an x-ray for the doctor to look at. Both doctors can then discuss and prescribe medicine. You do not need to wait for results in a hospital. You can go to a hospital for an x-ray and have the results sent to the doctor on the other side.

This Bill is progressive and I fully support the Senator for Nandi County on this. The only issue is that once we have passed it, later on after maybe seven months or so, we can revisit to look at a few clauses that may not be right. For now, I fully support. This is a good idea and I hope once it is enacted, we shall implement it and change the way we deal with patients.

After this, I hope Sen. Cherarkey, Sen. Dullo and another Senator who has filed a case, will create time we sit and talk. You can see the mood in the House. You cannot resist the wish of the Senators. They want oversight funds like yesterday.

(Applause)

I urge Sen. Cherarkey on behalf of the people of Nandi County, to wake up tomorrow and withdraw that case, so that I can give Senators oversight money.

I support.

The Speaker (Hon. Kingi): Proceed, Sen. (Dr.) Murango.

Sen. (Dr.) Murango: Asante, Bw. Spika. Nimesimama kuunga mkono Mswada huu. Ni kwa sababu sisi watu wa mashambani tulikuwa tunapitia mambo magumu sana hapo awali. Ukienda kwa daktari, huitwi jina lako bali unaitwa kulingana na ugonjwa wako. Kuna magonjwa mengine ambayo hayafai kutajwa. Mswada huu---

(An Hon. Senator spoke off record)

Wewe wacha mambo yako.

(Laughter)

Bw. Spika, nilinde kutokana na watu wenye---

Mswada huu utasaida sana kuhifadhi *data* za wagonjwa. Jambo la pili, kuna kaunti ambazo hazina wauguzi na wataalamu wa kutosha. Utapata kwamba kaunti zenyewe ni kubwa pia. Hapo kuna uwezekano wa kuwa na daktari mtaalamu mmoja katika eneo moja. Mgonjwa anapohudumiwa katika zahanati ambazo ziko katika wadi, yule mtaalam mmoja anaweza husishwa. Ikiwa mtu amevunjika mguu, atapigwa picha ambayo itatumwa kutafsiriwa, kisha ripoti kurudishwa na mgonjwa apate matibabu. Itapunguza msongamano katika hospitali zetu.

Sasa hivi, ripoti zetu za afya huandikwa kwa karatasi na daftari.

(Sen. Nyutu and Sen. (Dr.) Khalwale consulted loudly)

The Speaker (Hon. Kingi): Hold on, Sen. (Dr.) Murango. Sen. Nyutu and Sen. (Dr.) Khalwale, how many times will I read Standing Order No.118?

Proceed, Sen. Murango.

Sen. (Dr.) Murango: Katika enzi hizi, ukienda kwa daktari unaandikiwa madawa na ugonjwa wako kwa karatasi ambayo huenda utembe na ikatapakaa kila mahali.

Ninadhani umefika wakati ambapo *data* ya mgonjwa inapaswa kuhifadhiwa kwa njia inayofaa. Sio lazima kila mtu ajue unagonjeka wapi, hususan wakati huu ambapo kuna magonjwa mengi ambayo yanaleta unyanyapaa. Unaenda kutafuta kazi, stakabadhi zako zilionekana huko ilhali unaugua ugonjwa kama wa mnyama, kisha unaelezwa hayo yote. Mwishowe, unabaguliwa.

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Nikimalizia, hata nchi ambazo zimeendelea zaidi zinatumia teknolojia ya kisasa. Wagonjwa wanatibiwa na daktari aliye mbali kabisa kwa sababu yule daktari ambaye yuko karibu, anapewa muongozo. Kwa hivyo, itapunguza gharama ya kusafiri hadi nchi za mbali kama India. Daktari atakuhudumia hata ukiwa tu hapa nchini.

Ninaunga mkono. Sidhani kamwe kutakuwa na shida wakati Mswada huu utapita. Ninasema hivi kwa sababu hata Serikali ya kitaifa iko na vitambulisho vyetu. Hayo haimanishi kwamba hatuwezi kutumia vitambulisho vyetu na stakabadhi katika kaunti zetu.

Ni vizuri kuunga Mswada huu mkono ili tupige hatua katika nyanja za matibabu.

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

Sen. Onyonka: Thank you, Mr. Speaker, Sir, for the opportunity to contribute to this important Bill. First, I would like to basically adopt what Sen. Omogeni said; this is a very progressive Bill. I wish to echo what my senior brother, Sen. (Dr.) Khalwale, has said about the Bill.

Mr. Speaker, Sir, you know about the reality of life; anything nice sometimes will have its shortcomings. One of the issues that I would like to emphasize on, is that let this team of fellow Senators, understand that the Kenyan public has very high expectation as to what we are going to do so that we disentangle and recalibrate some of the issues that are disturbing the public.

Mr. Speaker, Sir, in Kisii County Level 6 Hospital, the names of individuals who visit the hospital are written in an exercise book. Some of those exercise books are just pieces of paper. Once someone leaves the hospital, those papers lose meaning. The data issue being discussed on the Floor of the House is a new recalibration of where we are heading as a country on medical provision and services. However, the reality is that we are lagging behind.

I emphasize to my colleagues that what we did in Turkana was brilliant, was bipartisan and there was a lot of consultation. We should go that way. The idea of trying to pass a Bill because we have certain vested interests should be a thing of the past.

Mr. Speaker, Sir, on any of the challenges we face on who is going to be on the hierarchy and whether we are removing the responsibility of the health sector or industry which is devolved to the county government; this House is seized with qualified senior lawyers and experienced people like some of us, to sit and explain to them to not pass the Bill, which if it goes to the High Court or the constitutional court, will fail. Let us make sure that we pass a Bill with minimum thresholds so that if it goes to the constitutional court, it will pass with flying colours.

With those remarks, I am sure that this Bill will go a long way in solving the problems of our people, whether it is providing them with medicine, procurement of medicine, records of children who are born and their mothers or records of parents or male patients who are suffering from diabetes, hypertension or other diseases. I believe this will go a long way in solving the problems of health that our country has faced from 1963.

With that, I support.

The Speaker (Hon. Kingi): Sen. Gataya Mo Fire.

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Sen. Gataya Mo Fire: Mr. Speaker, Sir, I stand to support this important Bill. I have gone through this important document and the country is going to see very serious changes in the health sector. This will be a one-stop shop in matters related to treatment. A doctor should not misdiagnose a patient because he does not have your history. This time round, it will be easy for a doctor across the world and by a click of a button to know what you have been suffering from all your life.

We have had many issues in the health sector where patients get treated wrongly and doctors give wrong prescriptions because they do not have any history. This Bill will bring a lot of changes in this country and it is also a way of saying that the country is growing because we are trying to do exactly what other developed countries are doing. This is the one of the best things that is going to happen in this country.

I thank you, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Sen. Oketch Gicheru.

Sen. Oketch Gicheru: I thank you, Mr. Speaker, Sir. From the onset, I do support this Bill because the future of medicine must be digitized. This will ensure that you curate and tailor medicine and healthcare to individuals. Such that individuals can take control of their prevention measures on healthcare as well as deal with issues of cost in the best way possible. It even thinks about health providers who assist our people.

In the spirit of standing for devolution as we have always done, with fully devolved functions to counties, this House must always rise to protect devolved functions. We cannot sponsor a Bill in this House where we are creating anything like a national agency, a national department or national councils. We have a unique opportunity with this Bill given that data management and protection is a different animal altogether.

Mr. Speaker, Sir, the provision of this Bill that gives the function for the digital health agency should be revisited and we move an amendment to ensure that instead of a national digital health agency, we have county digital health agencies. That will be standing for devolution. This Bill provides for board of directors of the digital agency. This goes without saying that it is either we have that board of directors dominated by county officials or people who protect devolution, but not nationally or we have that board at the county level.

This Bill does establish a comprehensive health information system. There needs to be a clarification to make the methodology of this system to incorporate an Information and Communication Technology (ICT) element in counties for better data collection and protection.

This Bill also provides for a consent to *e-health* services, but it does not give a comprehensive protection of rights of both patients as well as give obligations to people who are taking data from patients to protect those rights. This is something we can amend and make this Bill better. The Bill talks about health tourism. It is also important that there is harmony so that health tourism is well regulated.

Mr. Speaker, Sir, Senators have stood up and raised a very serious issue and I have seen you deal with such before in this House. This is about plagiarism of a Bill of another Senator in this House. I did not want to rise on a point of order to seek your

pronouncement on it when Sen. Olekina raised this issue. However, when I checked on it, I realized that Sen. Kibwana's Bill had been gazetted as Gazette Supplement No.177 and this Bill that we are discussing was gazetted as Gazette Supplement No.164.

This is understood that Sen. Kibwana's Bill was the first one and is still our Senate Bills. Indeed, if this is true, then I beseech you to make a pronouncement on this matter because we have seen this before. Sen. Wambua raised a point of order some time back about a Bill that was purportedly plagiarized and you gave guidance to the House. I would not vote consciously knowing that there is such kind of contention and some Senators hold the same view.

Mr. Speaker, Sir, for purposes of harmony in this House and to bring this Bill to light, kindly pronounce yourself on this matter of a plagiarized Bill so that we see whether we can harmonize the two Bills and help our country have something profound.

Otherwise, I do support the Bill, but with caution on the issue of plagiarism.

The Speaker (Hon. Kingi): Thank you. I am taking it from where Sen. Oketch Gicheru has left it and considering the statement by Sen. Olekina.

Sen. Olekina, you are a member of the Senate House Business Committee (SBC) that looks into business that must be transacted on the Floor of this House. How I wish that this particular matter could have been brought to the attention of that SBC because a pronouncement would have been done by the SBC in terms of how to move forward. Where we have a Bill from the National Assembly that takes 85 per cent of a Bill that has already been proposed and has become a property of the Senate. I believe next week when the SBC sits, Sen. Olekina, if you could have the opportunity to put this across so that the SBC can look into it and pronounce itself on this matter.

I do not think it is a matter that can attract the ruling of the Chair. It is administrative and squarely lies within the mandate of the SBC.

Proceed, Sen. Tabitha Mutinda.

Sen. Tabitha Mutinda: Thank you, Mr. Speaker, Sir, for this opportunity. I rise in support of this very good Bill.

I am coming from a point of being a digital literacy ambassador. In 2023 as we are, I really do advocate for matters digital. Also coming from the medical space of having been a pharmacist by profession and having studied pharmaceutical studies and practiced pharmacy, I am very happy that I have an opportunity as a legislator at this time to be in this 13th Parliament and pass this E-Platform on medical services.

It is high time and the correct time that we are moving to a digital space, whereby all medical records will be easily accessed, both long-term and short-term, because now, there will be data.

My concern would just be on the confidentiality of this data. Data protection is very key because medical issues are very personal issues to anybody, anywhere. It is very key that this information in as much as it is coming aboard, should be protected at all times for the interest of its own people.

Mr. Speaker, Sir, issues of tele-sales have been there for quite a long time, looking at where we are. I would also want to urge the inclusions in terms of the telemedicine factor.

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We have companies that are offering the same, but coming from a national outlook whereby these services now would be also offered within our local hospitals, it is the way to go.

Mr. Speaker, Sir, I also do not want to leave what my colleague Sen. Kibwana has pointed out in terms of the medical tourism. I do highly support and believe her point of trying to have more input in this very passionate Bill that she had put a lot of input.

I am happy and I want to really appreciate your maturity, leadership and wisdom in terms of how you responded to this issue. I know and I am very happy to note that you had this Bill not just for yourself, but for the benefit of the people of this country. Therefore, for the maturity and leadership that you have shown, I applaud you for that.

I want to support what she talks about, the medical tourism factor. Most of us are privileged as Members of Parliament to be able to have access to medical services out of this country. It is always very important that the medical tourism factor applies at this particular point.

We have private hospitals like Aga Khan. I am aware they also have a digital platform where all your medical records are stored. You are able to have them even in your phone because they have a very good *App*. So, this being extended to the Government institutions, then it is a way to go.

Mr. Speaker, Sir, as Kenya Kwanza I want to note, we are also coming from a point where by the ICT Ministry has really focused on ensuring that there are more digital hubs and at the same time increasing the number of digital services in this country.

When we started, we had about 320 digital services. As I speak, currently we are over 5,000 and our target is over 15,000. I believe this is one of the platforms that is going to ensure that we increase the digital services in this country.

Mr. Speaker, Sir, where we are in terms of more technology and cost-cutting, as the Vice-Chairperson of the Committee on Finance and Budget, I am happy because this is one of the areas that that the Government would be able to cut cost in ensuring that the services are all in one space.

On delivery of the services, the lead time definitely will be shortened when we have this kind of service because it is all in one database. We urge the youth to come out and be able to get these opportunities to be able to participate and handle the digital space because they really fit well in it.

I know moving forward, we are going to sort much more complicated medical issues that different hospitals have not been able to sort correctly because one has to move from one hospital to the other and yet you always have to start afresh as you do not have that information and---

(Sen. Tabitha Mutinda's microphone went off)

The Speaker (Hon. Kingi): Proceed, Sen. (Prof.) Kamar.

Sen. (Prof.) Kamar: Thank you, Mr. Speaker, Sir, for the opportunity to contribute to this Bill.

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From the onset, I want to say I support the Digital Health Bill. I support it because I think it is a Bill whose time had even come and passed. We should have done this long time ago. There are so many countries that are benefiting from telemedicine currently and we are very far from it.

Mr. Speaker, Sir, I support specifically the issues of telemedicine electronic health records. I know I had worries and I wanted to look at what has been used to protect personal data. It is very clear from this Bill that the only people who will handle this are healthcare providers who have valid licenses.

Additionally, it is very clear that health facilities that will be allowed to handle the E-Health Service Delivery must be licensed. That means that all other portions would be done.

Last week I had a call from a Kenyan who is in the USA, who had a challenge. The issue was that she wanted to travel to Kenya, but she has a health condition and the doctors were very worried. They had discussed this for almost a month and at some point the doctor said: “You know if you leave, we must send your data out to Kenya” but they could not access hospitals that were handling E-Data. For that reason they said: “We are going to put it in a format such that we will allow any practioners who will be in Kenya to be able to access your information from our system.”

It was then that I realized that we have challenges. No wonder we have our people going to India and yet it is possible for any other test to be done and confirmed before you even leave for the second visit. So, this is a very important thing.

I also support the fact that it is actually going to enhance the health services. The issue of equitable access is one that is very important. When India started telemedicine a few years ago, I was then a Minister of Science and Technology and we went as African Ministers to be trained on this.

The whole idea was that they wanted to reach the rural parts of India. They wanted their experts to treat all their people. I want to support the fact that there will be equitable access. An expert in Nairobi Hospital, will be able to give a recommendation to somebody who is in Eldoret, Mandera and one is in Lamu within a very short time.

In the telemedicine system, you can be prescribed for tests to be done and they can be interpreted by a doctor who is virtual as far as you are concerned. Additionally, the nurses will be able to implement and execute the instructions that they are given.

Mr. Speaker, Sir, this is really going to completely transform our health sector. This is because of the ability to reach experts doctors. As we know, we do not have as many experts’ doctors as we should. Most of our referral hospitals have them because of the teaching facilities that they have.

However, how many teaching hospitals do we have? We only have three strong ones currently and that is where the highest concentration of our doctors are.

Mr. Speaker, Sir, this is something that is going to transform this country. Integrating e-solutions in health will be the way to go. I really laud the government for coming up with this.

I strongly support it.

The Speaker (Hon. Kingi): Proceed, Sen. Miraj.

Sen. Miraj: Asante, Bw. Spika, kwa kunipa fursa hii ili nuinge mkono Mswada huu ambao unazungumzia kuwekwa kwa *data* katika mfumo wa kidijitali. Nampongeza aliyekuja na fikra kama hii. Mimi ni Naibu Mwenyekiti wa Kamati ya Information, Communication and Technology (ICT).

Tukiwa katika vikao vya Seneti Mashinani kule Kaunti ya Turkana, tuliweza kuizuru hospitali moja na tukapata kuonyeshwa jinsi *data* inahifadhiwa na huduma kupeanwa. Watu wa Lodwar wako mbele zaidi kuliko gatu zingine kama yangu, Kaunti ya Mombasa, 001.

Pale picha za wagonjwa zinapigwa na zinayotumwa kwa daktari ambaye anasoma taarifa yake na inapunguza ile safari ya kupeleka na kurejesha. Picha inatandazwa kutumia vyombo vya kidijitali na huduma inapatikana. Naipongeza Kamati ya afya katika Bunge la Seneti kwa kuleta wazo hili ambalo litawasaidia akina mama wajawazito wanaohitaji huduma mara kwa mara.

Mara nyingi akina mama kama hawa wanapoenda hospitalini katika maeneo mengine huwa wanapata shida kwa sababu wanaanza ule mchakato mpya. Hivi sasa, data yao itakuwa ina hifadhiwa kidijitali. Itakuwa rahisi kwa daktari atakaye tembelewa kupata taarifa ya mama kama yule bila kuanza upya.

Kwa hayo, mengi au machache, naomba kuunga mkono Mswada huu.

Asante.

The Speaker (Hon. Kingi): Proceed, Sen. Faki.

Sen. Faki: Bw. Spika, najiunga na wenzangu pia kuunga mkono Mswada huu wakuweka stakabadhi za afya katika njia ya kidijitali. Sheria hii imechelewa sana katika nchi hii. Tayari madaktari kwenye hospitali nyingi wanafanya vile bila ya kuwa na hii sheria.

Madaktari wengi wanaofanya kazi ya kupiga picha kwenye radiolojia, wanayo nafasi ya kusoma ripoti kwa mfumo huu. Pia wanaweza kuandikia daktari ripoti akiwa pengine Kaunti ya Kisumu na yeye akiwa katika Kaunti ya Meru. Sheria hii imechelewa sana kwa sababu mambo ambayo yanazungumziwa tayari yanatumika na madaktari na wahudumu wengine wa afya.

Pia sheria hii itasaidia kupunguza msongamano wa wagonjwa katika hospitali zetu. Baada ya daktari kupata ripoti, mgonjwa hana sababu ya kurudi hospitalini. Daktari anaweza kumpa maagizo ya dawa anazohitaji kununua kutoka duka la dawa. Mswada huu una mambo mengi mazuri na singependa kuongeza zaidi ya hapo. Hii sheria imekawia kwa muda mrefu wakati sisi kama taifa tulihihitaji.

Asante.

The Speaker (Hon. Kingi): Proceed, Sen. Kinyua.

Sen. Kinyua: Asante, Bw. Spika, kwa kunipa fursa hii. Nataka kuungana na wenzangu ili kuunga mkono Mswada huu. Kwa kweli teknolojia iko nasi sasa. Hatuwezi kuiepuka. Ndio maana nasimama kuunga mkono Mswada huu kwa sababu ukipita, wagonjwa wetu watapata afueni.

Sehemu nyingi vijijini kama Rumuruti, Dodo na Kimanju katika Kaunti ya Laikipia zina wagonjwa ambao wanafaa kuja hospitali zilizo Kaunti ya Nairobi. Tukitumia mitambo hii ya kidijitali, daktari katika zile sehemu ataweza kufauatilia vizuri

hali ya mgonjwa huyu. Taarifa ya mgonjwa inaweza kusomwa na daktari mkuu au mzoefu wa kazi aliye Kaunti ya Nairobi na kumsaidia mgonjwa yule bila ya kusafiri.

Huu Mswada utasaidia kuinua uchumi wetu. Watu wengi hawana hela na wanatarajia kuchangiwa na watu ili wasafiri kutoka sehemu mashinani hadi mjini ili wapate matibabu. Mswada huu utasaidia kuwapatia wagonjwa afueni.

Wakati stakabadhi za mgonjwa zimehifadhiwa vizuri daktari atapata historia ya mgonjwa wake. Historia inahifadhiwa vizuri katika ufuo huo. Daktari wa kwanza, pili na wa tatu watafuatilia bila kukosea utambulizi wa mgonjwa. Tukiwa na stakabadhi zilizohifadhiwa kidijitali, Serikali itapata ujuzi wa mgonjwa ambayo yanadhiri sehemu tofauti.

Ninaunga mkono Mswada huu ambao umechelewa. Ungekuwa umepita awali ili Wakenya wapate afueni kiuchumi na hata maradhi yao yashugulikiwe na madaktari hata wakiwa nchi za ng'ambo.

Nashukuru na kuunga mkono.

Sen. M. Kajwang': Mr. Speaker, Sir, I rise to support the Bill. However, I wish to make a few observations that I feel must go on record even as this House considers the Bill. We should stop treating public participation as a suggestion. This House sought memoranda from the public and other parties via newspaper notice on the 4th and closed submission on the 7th October, 2023.

If we really want public participation to inform what we do as a House we must live up to the principles of the Constitution. It is for that reason that Sen. Crystal Asige and I are working on a legislative proposal to ensure that public participation is not treated as a suggestion. To give this particular Bill two or three days of public participation; advertising on Wednesday, 4th and closing on 7th Saturday, that appears as if we did the public participation to tick a box.

Secondly, on the report of the Committee, the Senator for Nyamira County had beseeched us that this becomes a bipartisan Bill. Unfortunately, the signatures on the Bill do not denote bipartisanship because it is only one coalition that has signed the report. The other coalition, including the distinguished Sen. Omogeni, did not append their signature to the Bill.

I wish we knew the reasons why they did not put their signatures on the Bill. Even though I understand that Sen. Omogeni must have been in the sky team flying from one country to the other. That is why his signature was not there.

The Speaker (Hon. Kingi): Sen. M. Kajwang' would you wish to be informed by Sen. Omogeni?

Sen. M. Kajwang': Yes. He might want to tell us which country he was in.

(Laughter)

Sen. Omogeni: Mr. Speaker, Sir, I would like to inform my neighbour and good friend of Homa Bay County that I actually participated in the last meeting that prepared the final report yesterday. The meeting was digital and we all agreed that we shall append our signatures this morning. In terms of approval, it was bipartisan. Sen. M.

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Kajwang’, the spirit in the Committee was bipartisan and I fully endorsed the report with a few observations.

I thank you.

Sen. M. Kajwang’: I would like to thank Sen. Omogeni even though he did not address the location from which he attended the virtual sitting.

This Bill is long overdue because we have had the Kenya Health Management Information System (KHMIS) in existence. People who have worked in public sector, particularly in hospitals and dispensaries across the country, know that if you want to get raw data on health indicators and statistics in Kenya, the place you go to is the KHMIS.

This Bill puts in place a legal framework for provision of digital health services and establishes a comprehensive integrated digital health information system. This is something that many insurance companies have done. However, they are doing it in silos because each insurance company that offers medical insurance has developed data warehouse and systems. Through this legislative initiative, we are saying that we need to have one national integrated database of data warehouse, which will allow us to have a picture of the health indicators of our nation.

I agree with intention and the spirit. However, we must observe a few pitfalls. In Clause 16 we have tried to be prescriptive on components of an Integrated Health Information System. We should not make the mistake of legislating technology.

This is the mistake we made with electoral laws. We legislated the kind of technology and the manner in which technology would be used in our elections. As a result, we are stuck with systems that have been passed by advances. There is something in technology we call Moore’s law that says, “computing power doubles every two years.”

If we are going to maintain Clause 16, which should have been best served by regulations, we might end up with an outdated Health Information system because of the complications of amending laws. How I wish we were more descriptive rather than prescriptive on those technical aspects of the Health Management System.

Secondly, we must have a candid conversation on management of information systems in Government. This is an additional integrated system; we already have Integrated Financial Management Information Systems (IFMIS). For those who have been in county governments and some of the Committees we sit in, we have seen that whereas the system can work, the biggest problem is the end user capacity and readiness to use it.

We have had systems like Integrated Personnel and Payroll Database (IPPD), I talked of the KHMIS that does what we are trying to do here. Government must look at Information Communication System from an integrated perspective. We must strengthen the agencies particularly the ICT authority of Kenya to ensure that ICT is treated as a shared service across all Government departments rather than having ICT departments running integrated data bases in different Ministries; this leads to duplication and increases expenses.

Thirdly, in terms of data security, the National Health Service (NHS) in the United Kingdom is said to be the richest data bank in the world. The NHS has maintained

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a digital record over tens of years. There was a certain incident where there was a data breach on the NHS. It was quite embarrassing. We must invest in security. I wish we were articulate, clear and elaborate on the security measures that should be put to ring-fence and build firewalls around the Kenyan digital health systems.

The cybercrime situation in Kenya is extremely grave. Banks and financial institutions are losing money every day. Unfortunately, they cannot announce because they are listed in the stock exchange. If they say they lost Kshs1 million through a data breach, there will be reputational risk and perhaps the share prices will go down. If we are not careful, we will get teams of hackers from Russia, Gaza and Israel and hit this database.

All over sudden, you will establish when Sen. Osotsi got his syphilis or when Sen. Chimera got his gonorrhoea because all that information will be sitting in one place. We need to invest strongly and seriously on ---

(Sen. M. Kajwang's microphone was switched off)

The Speaker (Hon. Kingi): Sen. Tabitha Keroche, your name has disappeared from the dashboard. Did you do that deliberately? Is it an error of the system?

(Sen. Tabitha Keroche spoke off record)

Sen. Tabitha Keroche: Thank you, Mr. Speaker, Sir, for giving me this opportunity. I rise to support the Digital Health Bill. This is one of the Bills that this House will state that it came together to pass for the benefit of our people on the ground.

It will ensure efficiency when our doctors are treating their patients. We have seen some shocking headlines where somebody is admitted to be operated on their knee and end up on the theatre table with his head being operated on.

It will also aid in reducing the cost of treatment to the patient. When a patient visits a hospital, the doctor will have all the records of the patient on their history and will not need to tell him to visit the next hospital. This will reduce the cost and time doctors take when treating patients, especially places where there are no hospitals.

We have visited places with few hospitals and witnessed long queues of people waiting for days to be treated. A good example would be the Kenyatta National Hospital. This will reduce the queues drastically.

When we pass this Bill, it will indicate a sign that Kenya is joining the developed world. Africa is developing. By passing this Bill, we will ensure we are joining the developed world. The shortage of medicine we witness in hospitals where patients line up to be treated and, in the end, they are told to go home because of lack of medicine. This Bill will ensure we maintain the stock levels of medicines in our hospitals. All what our people want to hear is that they can walk in a hospital and get treatment within few minutes and leave hospital with the medicine they went for.

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Private hospitals are ahead. Majority of us visit the private hospitals and not to the public ones. We should support this Bill to ensure that everybody enjoys health service like in any other parts of the world.

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

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

Thank you, Madam Temporary Speaker, for giving me this opportunity, I support the Bill.

The Temporary Speaker (Hon. Veronica Maina): Sen. Crystal Asige, proceed.

Sen. Crystal Asige: Thank you, Madam Temporary Speaker for allowing me to add my voice to this debate. This is not my own voice, but of those I represent. I am here to amplify it.

We are all aware of the data breaches and security risks in the ICT and tech world. We have heard about World Coin, E-Citizen and the Kenya Ports Authority (KPA) breaches and the different fraud risks brought by Artificial Intelligence (AI) that have been cycling in the news. It also has been discussed here already by several Members of Parliament (MPs) on this Bill.

Madam Temporary Speaker, I want to jump to another issue that I have been thinking about as well as I read through the Bill. We also have the Women Empowerment Fund (WEF). It has stalled in its implementation unfortunately, because of the issues and the small gaps that had not been thought about in terms of implementation of a digital platform in our current state as Kenya is today.

The spirit of this Bill is of course good and I agree with it. However, apart from the spirit and soul of a Bill, we also need to look at the meat and bones of it. We need progressive legislation. That is why we are here in this House and across Parliament because we do not want Kenya to remain where it just is but take it where we want it to go. However, I believe that every cloud has a silver lining. I wish to play the devil's advocate for just a few more of my minutes.

Cyber security has been mentioned here as an issue. It is a huge issue that needs to be addressed by this Bill. What are the provisions for it? Are there even provisions that ring-fence and enhance cyber security because we cannot describe the measure of havoc that can be caused if there are breaches in this kind of legislation.

Madam Temporary Speaker, where will the data warehouses be located? Will it be within Kenya or outside? Will it be outsourced as we have seen in many other functions, systems and services when looking at the digital and tech economy in Kenya?

Next, I ask the House about the consideration of job loss. Many people will lose their jobs when this Bill is enacted into law and comes into effect. However, I do not see a place where there is a provision for what will be done for the secretaries, the receptionists, the different nurses and administration staff that will have to live through the reality of losing their jobs.

They will be unable to feed their families if this Bill goes through. In my view, job loss has not been addressed adequately. I wish that this Bill would have done so.

Also, I would have loved to see a digital literacy Bill go hand in hand with this Bill. As you know, as much as Kenya we are ahead in terms of the region and Africa as well in literacy and the tech world, we are not yet close to being able to fathom the issues that will come about due to lack of digital literacy in this country.

I would have wished that the digital literacy Bill would have come together with this particular Bill so that we could have considered them together and been able to fill in gaps that would have come about.

Madam Temporary Speaker, what I am basically saying is that we should not put the cart before the horse. Accessibility has also not been addressed adequately. We have to think about internet connectivity. Are we ready in Kenya since most Kenyans are not actually on the internet?

We also see in Kenya that most of us do not have access to smart devices, and yet this Bill will rely heavily on our citizens being able to access, use and understand such devices.

We also need to address the design development and delivery of the Bill. All the technology and services that we will have to be addressed therein. We need to include our citizens in all these processes because we cannot have a platform or a technology without having---

(Sen. Crystal Asige's microphone went off)

The Temporary Speaker (Sen. Veronica Maina): Clerk, give her one more minute to finish her sentence.

Sen. Crystal Asige: Thank you, very much Madam Temporary Speaker. Also, there is a report that shows that 98.1 per cent of the one million top digital platforms across the world are not accessible to all its users. How are we to address this 98.1 per cent deficiency in this Bill?

Madam Temporary Speaker, affordability is also an issue. Like I said, many Kenyans are dealing with poverty, food and basic goods and services that they are lacking. How are we supposed to ensure that they will afford going on the internet, having smart devices and access this digital health service?

Acceptability is also an issue. As Kenyans, unfortunately, it is like teaching old dogs new tricks. Many of our citizens, myself included, when something new comes along, we need more time. We need a lot of sensitization and education on how to use it safely and efficiently---

(Sen. Crystal Asige's microphone went off)

The Temporary Speaker (Sen. Veronica Maina): Sen. Kisang, you may have the Floor.

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Sen. Kisang: Thank you, Madam Temporary Speaker. I rise to support this Digital Health Bill. Kenya is way ahead in terms of technology. It is only that the medical field looks like it is still behind in embracing technology. However, when it comes to research, they are ahead. I am happy that this particular Bill has come to the House especially, when we are going to have a National Health Information System that will be used by our doctors across the country to share information to save lives.

Madam Temporary Speaker, in the morning and even this afternoon, some Members have said that in case anybody is involved in an emergency and they require help, you do not need those small cards in your pocket to show what you are suffering from. The doctor should be able to see what you have been ailing from by just keying your identification number into the system and give you the right treatment.

One of the issues that I believe this Bill will help is cost. Sometimes, you can go from one doctor to another and be asked the same questions. You will be told to take X-rays and Magnetic Resonance Imaging (MRI) by all of them, instead of them sharing what had already taken earlier by a different facility. This, basically, will reduce the cost of consultation and unnecessary tests.

Madam Temporary Speaker, if you check, I know Members have raised this issue of data security. I remember, in 2019, we passed a law on data protection. Already, we have a Data Commission in place.

I am happy that among the Board members of this particular agency, is the Data Commissioner. He or she will, basically, bring on board issues such as data privacy, protection, control and processors to ensure our patients are better secured. The Data Commissioner will also place very serious penalties in place in case there is a breach of data.

This is a good Bill. I know people might lose jobs but it will also create opportunities. This is a new entity that will create employment for people, especially, those who have knowledge in ICT. It means there will be a lot of ICT capacity building even for our medical personnel.

Madam Temporary Speaker, I wish to support this Bill and urge Members that as it has been said, we can come back and check for weaknesses within six or seven months. If there are issues that we need to amend, maybe issues in terms of cyber security protection and others, we can bring amendments then. For now, let us allow the Bill to go on so that our people can enjoy, embrace this law and benefit from it.

When we were in Turkana two weeks ago for Senate *Mashinani*, we visited Turkana County Referral Hospital. The doctor told us that he is really getting a lot of help from Moi Teaching and Referral Hospital (MTRH). This is because, they installed a medical system about six months ago and they are able to consult the experts in MTRH. The people of Turkana are benefiting from the expertise as far as Eldoret and KNH. So, this is long overdue.

I support it.

The Temporary Speaker (Sen. Veronica Maina): Sen. Sifuna, you have the Floor.

Sen. Sifuna: Madam Temporary Speaker, I have noticed a very worrying pattern with the Bills that have been coming from the legislative drafters in Government offices. This is a matter that we have raised previously when we were debating other Bills that have come before us.

The most recent one was the Community Health Promoters that we dealt with while in Turkana. This concern is that every time we see these Bills, they are creating agencies that are going to oversee devolved functions.

If you look at the composition of that agency that was created, it is very heavy on national Government appointees. I can see that pattern repeated in this particular Bill. There is an agency created under Clause 5 of this Bill called the Digital Health Agency.

If you go to Clause 8 of this Bill, it tells you who the Board of Directors is going to be composed of. They have been enumerated there from Clause 8(a) to (h).

I can count that out of the nine people who are supposed to be on this Board, six are appointees of the national Government, to essentially oversee what is a devolved function.

What is more worrying is that if you go through other clauses in the Bill, you will notice this pattern being repeated. I honestly cannot sit here as a Senator to allow even an inch of what is devolved to be taken away.

I can see that we are slowly by slowly, by some of the legislation that is being introduced here, chipping away the functions of the county governments and planting them in national government agencies.

If you look at Clause 7(2)(a) of this Bill, it talks about management and control of the assets of that agency which will oversee devolution. However, there is a proviso to that particular clause that says that if that national agency that is managing a devolved function requires to charge or dispose of any immovable property, it can only be done with prior approval of the National Assembly, not of the Senate.

That tells you that that spirit of clawing back slowly at things that should essentially fall under the mandate of the devolved units is continuing.

In Clause 15, you will see that in establishing a framework for the administration and management of the health system, the Comprehensive Integrated Health Information System, the agency is only required to consult, not with the governors, Council of Governors (CoG), the Senate or anybody else in devolution. The clause speaks of the agency consulting with the Cabinet Secretary, who is an official of the national Government.

There are more problems that I have seen in this particular Bill. Clause 17 sets out the main objectives of the system under this Bill is to make sure that they facilitate data processing and use for informed decision-making at all levels, including for resource allocation and management in the health sector.

If, indeed, this is one of the jobs that the agency is supposed to oversee, and if you are using it to determine resource allocation, the people with the resources under devolution are the county governors. If you do not involve them, how are they going to allocate those resources?

To demonstrate that point even further, Clause 23 (2) says that-

“The agency shall provide health data to the Cabinet Secretary for relevant action.”

I have a problem with that. Health data should be given to the primary executors of health services or function, which is the devolved units.

Finally, there was one more issue that I wanted to raise but it has escaped me.

Clause 26(1)(a) gives the Cabinet Secretary a role in the establishment of county health data banks. I do not believe that this is something that Cabinet Secretaries should be involving themselves in.

So, we are hoping that in the spirit we saw in Turkana, the Majority side will allow Members, in consultation with the Minority side to propose amendments. This is because we would want to end up with a law that leads to the spirit of devolution. That makes sure that there is purity in the execution of each function that has been given to the national Government and the county government. So, Madam Temporary Speaker, I am hoping that when we come to the Committee of the Whole, there will be---

(Sen. Sifuna's microphone went off)

The Temporary Speaker (Sen. Veronica Maina): Hon. Senators, we are done with the debating part of the Bill. I will invite the Mover of the Bill to reply.

The Senate Majority Leader (Sen. Cheruiyot): Madam Temporary Speaker, I want to thank all colleagues who have taken their time to contribute to this Bill. I have listened to their comments, many of them in support, as it is the nature of law-making.

I once heard a seasoned legislator before I joined Parliament say that just as it is unpleasurable to watch sausage being made, the work of law-making also is not a very beautiful exercise. You will hardly agree on everything.

There are many things that people view differently. By and large, I agree with the words of Sen. Omogeni, a Member of the Committee on Health. When he rose to contribute, he said that these Bills should take a bipartisan manner given their nature and importance. They have taken time to explain many of the concerns that Members have on data protection, including the laws that have been laid.

I listened to Sen. Osotsi--- If he was here, I would have helped him appreciate that we make laws because there is no one law which is self-sufficient in as far as meeting or mitigating whatever undesired effects that could come out of it. For example, there are issues of how this data will be protected. You must remember that in the year 2019 in this same House, we passed the data protection laws. On matters of protecting data that have been set out for a particular purpose, that is a superseding or overarching law in terms of providing for that, we do not have to put it in every law. I have heard him make that comment on almost every other Bill that we pass here. He asks how this data will be protected.

There are many such instances. I could even close with the comments by Sen. Sifuna, which I have listened to, about the composition of many of these agencies. We could debate, improve and make it better.

When we were in Turkana, for example, I saw the proposals that came from Members. However, Sen. Sifuna, you will appreciate the position that we find ourselves in as a Senate. If it was up to us alone, we would go the route that you are proposing. However, this is a bicameral system of Parliament. We have our colleagues on the other side whom each time we propose things that are provided for in the Constitution, sometimes find difficulty with. We end up stagnating very important legislative business, haggling and arguing over certain matters.

Sen. Sifuna, I have served in boards. We must equally begin to demand, from the Council of Governors (COGs), the quality of the people that they send to represent us in these boards.

It is important to have many. This is not to make light of your point. However, sometimes when you do not have that opportunity, you would rather send somebody whose mind, from start to finish, will be to ensure that the interests of devolution are protected in this particular Bill.

However, look at how CoG sometimes nominate some of these people. I have seen boards make certain decisions and wonder about the person we gave the opportunity.

We have passed many Bills in this House over the years and said that CoG shall send a representative. However, in the operations of those bodies, we do not see the change and sense in which they appreciate the tenets and the dictates of devolution.

So, I appreciate colleagues who have taken their time. This is the third legislation. Shortly, upon the conclusion of this, I will equally be moving on to the fourth Bill. This will, therefore, culminate the exercise that we began a few weeks ago of trying to give life to Universal Health Coverage (UHC). A call that we have had.

I mentioned when we were in Turkana that since the third President of this Republic, we have been trying to ensure that all Kenyans enjoy good and quality healthcare.

I remember when we were doing this present Constitution, those that were in the 'No' Camp told us there is a portion of it they do not agree with therefore we should bury the entire document. Those that had been in the struggle for many years trying to get Kenya a new Constitution told us 'we can live it, do not worry. Once we get the many good fruits of this Constitution, the rest will find ways.' Today, we bear testimony sitted as a House. Devolution is a creation of this new Constitution and many other good things that you can enlist.

Therefore, in the process of law-making, I convince my colleagues that there is no given time that you will have a Bill that will come to this House and we agree on everything 100 per cent. People have different perspectives on things. However, if the spirit, the letter, intent and content makes the lives of the people that you represent better, then give it your stamp of approval and satisfaction.

With those many remarks, I appreciate and thank all our colleagues that have taken time and hope that we can progress to this Bill.

Under Standing Order No. 66 (3), I beg to request that the putting of the question on this be deferred until later on today. There is a Bill which is in the Order Paper that

we want to consider equally. If we can move on with it, then we will put the question jointly at the end of transacting this business. It can make our work easier if you so agree.

The Temporary Speaker (Sen. Veronica Maina): That is in order.
Next Order.

BILL

Second Reading

THE SOCIAL HEALTH INSURANCE BILL (NATIONAL ASSEMBLY BILLS NO. 58 OF 2023)

The Temporary Speaker (Sen. Veronica Maina): I invite the Majority Leader to move this Bill.

The Senate Majority Leader (Sen. Cheruiyot): Madam Temporary Speaker, I beg to move that the Social Health Insurance Bill (National Assembly Bills No. 58 of 2023) be now read a Second Time.

This Bill was published on 11th September, 2023 and passed by the National Assembly on 27th September, 2023. Thereafter, the Bill was referred to the Senate for consideration.

The principal objective of this particular Bill is to put in place a legislative framework to regulate the provision of social health insurance, promote the implementation of Universal Health Coverage (UHC) and ensure that all Kenyans have access to affordable and comprehensive quality healthcare service. I listened to somebody from the Minority side speak, Sen. Sifuna was not there then. They reminded us that even in the manifesto of our colleagues in Azimio, they had something that was referred to as *babacare* which was akin to the organs that we have been trying to pursue the last few weeks.

Madam Temporary Speaker, when I rose to move the first of the four Bills at the Turkana County Assembly, I did mention that overall, of these four Bills, each serves a distinct purpose. The underlying principal is that we want to move as a country from being reactive in how we manage healthcare to being proactive by providing additional resources to preventive medicine.

Ensuring that we set in place systems and early warning mechanism that can help us, as a country, respond and react early to the challenges of diseases and healthcare so that you have healthier citizens that have more fruitful and better lives. It is better than having to pursue it in the means we have done in the last 60 years where we wait until you become sick. By the time you go to hospital, some of the challenges you are facing that will easily have been prevented if you had early warning will find ways of containing it.

As it is right now, we, as a country, continue to spend colossal amounts of money treating Kenyans. One of the biggest challenges that Members in this House know is that

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no single day, unless you are an animal from another planet, you cannot be a leader in this country and wake up by 6.00 a.m. and by 8.00 o'clock, that you do not have a message from your phone from a Kenyan trying to reach out to you and saying 'I went to this hospital, this is what they want, I cannot afford or we lost a relative and did this or the other.'

Therefore, over and above the good intentions of this Bill, it is in our best interest as leaders and those that are elite in society, that we make this enabling legislation that provides a national social health insurance that will ensure quality healthcare is affordable to those at the lowest of the pyramid. This is about a shared responsibility and burden so that people like you and I who earn better can pay more. Feel the pain slightly but ensure that while I pay more for it, millions of the people I represent in this House are brought onto the national health system and are able to take care of themselves.

Remember that part of the laws that we passed in Turkana County Assembly are community health volunteers; people that will be going around people's homes training, looking after them and teaching them healthy habits about how to live their lives and ensure they have long fruitful healthy lives. We have already passed an enabling legislation for that as a House.

Many of our local hospitals will be generating sufficient resources because many people will be sent--- We must find ways because this is part of the spirit of ensuring that devolution succeeds in the comments that we have just made. We will tie and ensure that those resources are tied to that same dispensary or health centre. We did that under the Primary Healthcare Bill.

This afternoon, we have just come from debating the Digital Health Bill ensuring that your data is properly captured. We are able to analyse you and know which part of the country or region suffers from what particular disease and deploy the proper resources in terms of health facilities. This is the last of the four Bills. This is because at the end of the day, somebody must pay since we are not equally blessed as a country but we believe in equity.

We went to the campaign and pledged to ensure that we build a nation and a society where even those that are not endowed with much resource feel proud to be part of this society. That is part of the organs and tenets that are being pushed by this Bill; having a social health insurance that ensures that the villagers that wake up so early to vote for us and find us representing them in this House have some form of comfort and cover. This is the enabling legislation that is coming onto it.

Therefore, we are providing a safety net against the financial burden of medical expenses. It is a fact that is proven. Many families are just one illness away from poverty. Sometimes, all it takes to knock people from living a normal decent life where they are able to fend for themselves is a member of their family falling ill because of how our healthcare system is organised.

That is why every President and presidential candidate that has participated in the last four or five presidential elections from 2002, 2007, 2013, 2017 and 2022 has been pledging UHC. This is because people appreciate and they know that it is important for us, as a nation, to build a different healthcare system separate from what we have. What

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we have is a capitalist healthcare system where it is only accessible to those that can pay. We cannot continue that way.

We need to build and give enabling conditions for UHC as provided in this Bill so that we provide the safety net for all Kenyans and they can feel proud to be part and parcel of us.

Further, Madam Temporary Speaker, this social health insurance promotes fairness and social cohesion by redistributing the financial burden across the different income groups. That is a point that I have ably explained. We have a petition going round about NHIF, saying that some people will lose jobs and so on. I have seen it and it will be part of what I will respond to later. However, we all appreciate that NHIF as presently constituted needs re-engineering. As it is, it is a bedrock of impunity and corruption. It is unsustainable and not financially viable despite all the resources that they collect.

All other health insurances are flourishing and making money but the one that has the most customers cannot turn up profit because of so many inbuilt inefficiencies. A premium buyer is a customer just like in all these other health insurance service providers. Therefore, issues of fraud, misuse of the funds, misreporting, paying other clinics earlier than the rest was just a whole idea about NHIF.

As it is, the NHIF needs reorganisation. I have seen in the transitional clauses of the Bill, how the Bill intends to request the staffers that are served therein, to apply. They will go through a vetting. If you know for sure that you have done nothing, there is absolutely nothing to fear, I do not think there will be prejudice on anyone who will say that they have served the institution well to the best of their abilities; and ask to be allowed to serve in the new institution. I do not think there will be trouble for it.

Madam Temporary Speaker, I saw a petition from retired civil servants circulating. They were saying that they used to have a special package, which they were now going to lose and many of them will die. First of all, I find it to be a very selfish petition. I am sorry to say that to the retired civil servants that are watching.

However, we are trying to put in place a social health insurance that brings in place all the 50 million Kenyans. For you, your only concern is about you and how you can be safe. First of all, we have paid you your entire adult working life, ensuring that you have good healthcare at the expense of other Kenyans, including the very poor villagers in farflung villages from Vanga all the way to Turkana County where we were.

They all contribute to you, as a civil servant, living well when you were in office. When you are in retirement, you still want to tell them at a time like this when we are trying to ensure that every Kenyan is now put--- This Bill does not exclude anyone, including those retired civil servants.

However, the problem that they have, is that they are telling us that it be put in writing that they will be part and parcel. They are not thinking about the people that have been paying taxes for them to enjoy a good life in their productive years. They want the same people to still pay for them in their retirement. I do not think that is right.

Madam Temporary Speaker, misinformed as their petition is, I wish to inform them for the record, that the social health insurance that is being provided here, covers every Kenyan up to the age of 100. So, unless we have retired civil servants who are 101.

If they are there, we are willing to listen to them and perhaps have a discussion with them. Every other Kenyan will be covered by the provisions of this Bill.

What we are not willing to do – and I plead with you, my colleagues – is to create special groups for any kind of Kenyans. I thought we all went to the campaigns and promised people to find ways to make life bearable for every Kenyan.

Therefore, it is on that platform that we are moving and proposing to the House, that we move and change the administrative inefficiencies and lack of transparency, that have hindered the funds efficiency and effectiveness by creating this new body.

Madam Temporary Speaker, Part One of the Bill provides the purpose and objects, creating this social health authority that will ensure standards. Sen. Sifuna, I do not know if you know this; that if you went with your NHIF card for a scan at Mbagathi Hospital, there are clinics within the same proximity that will charge you double the amount for that same scan? Chances are that because of these same inefficiencies that I am talking about, those private hospitals will be paid faster than Mbagathi Level 5 Hospital. This is despite the fact that they are earning more. Mbagathi Level 5 may wait even up to one year, before NHIF compensates them.

That is why we are setting up this Social Health Authority to standardize. It will now be impossible to charge extra for the same procedure, whether you do it in a private hospital or a hospital of a similar standard. The Social Health Authority will not give the approval for anything to be charged extra. This is because we are making one large contribution as a country, to ensure that we carry and share the burden.

Lastly, Madam Temporary Speaker, Part Five of the Bill is extremely important. I have personally treated a relative when they faced chronic illness. I know how many other families have to carry that burden. I know how difficult it is for those in retirement or for any other reason, when you are faced with critical or emergency chronic diseases. The previous provisions of NHIF did not provide mechanisms through which such emergencies could be created.

Part Five of the Bill now creates a fund. That as long as all Kenyans are covered under this provision, this pool of resources will be deployed to handle emergencies; and ensure that a family does not get to a point where they sell everything and eventually lose out. Sometimes even after selling all those things, there is no guarantee that your relative will survive that particular disease. This fund is being created to handle such situations.

Therefore, there are many other very productive provisions on Part Six on the claims management and so on. I wish to state that this Bill is an instrument for attainment of Universal Health Care (UHC). I urge Hon. Senators to support this important Bill, whose passage will ensure accessible, affordable and quality healthcare for all Kenyans. As long as you are Kenyan, you are part and parcel of those that are covered under this Bill. Do not accept to be misled by any other person trying to claim otherwise.

With those many remarks, I beg to move and request the Chairperson of the Committee on Health, Sen. Mandago, to second.

The Temporary Speaker (Sen. Veronica Maina): Thank you, Senator. Proceed, Sen. Mandago.

Sen. Mandago: Thank you, Madam Temporary Speaker and Senate Majority Leader. First and foremost, I wish to second this Bill. The Bill has been well elaborated by the Senate Majority Leader.

However, allow me in my seconding, to make a few remarks and concerns that have been raised. I think it is because of the information that probably has not gone out to the public and citizens of this country.

Madam Temporary Speaker, this Bill seeks to ensure that every Kenyan in any part of this country is able to access healthcare. As the Government strives to roll out UHC, we must create a situation that enables that UHC to be rolled out, by making sure that all the functional attendant facilities that go with the rolling out of UHC are in place.

This Bill seeks first to make sure that there is sufficient funding for us to roll out UHC and also create an enabling environment in the management of those funds. Thirdly, this Bill seeks to make sure no Kenyan is excluded from accessing health services in any public institution.

We wish to communicate to the public and generally all of us, that the difference between the new Bill, the new Authority and the new social health insurance that will be established; is that every Kenyan will access health services under the package that has been prepared.

Madam Temporary Speaker, realizing that most Kenyans when diagnosed with chronic diseases that are costly which the private insurance companies and even the National Insurance Health Fund (NHIF) could not cover; this Bill ensures that from the Social Health Insurance Fund, access is guaranteed, where a citizen who exhausts their social insurance cover will graduate to the next level provided for under the chronic illness fund.

Once a Kenyan is registered under the Social Health Insurance Fund, they automatically qualify to access treatment for chronic diseases under the chronic fund without being asked to top up any funds. Those who are asking why we do not have enhancements in this Bill is because, the enhancements we had in the past were creating classes of citizens in this country; where those who were earning, had an income and were paid by the Government could enhance the services they are going to access by paying additional premium.

The Social Health Insurance Fund is making sure that with no additional premiums, you are able to access the health services that you require. I assure those who are retired, whether in public service or private sector or are elderly, that for the first time, they will have healthcare that will take care of them until *hapo kwa mambo ni matatu, hiyo ya tatu – ukisafiri*.

As a Kenyan citizen, and for the first time, you are guaranteed that once you are a contributor and are registered, you will access primary healthcare facilities and should you be diagnosed with any disease that is lifelong, the Chronic Health Fund will take care of that and will make sure you receive treatment throughout the period when you need to access treatment.

I therefore ask and plead with my colleagues that we support and pass this Bill so that we begin the roll out of the Universal Health Coverage (UHC). With those few remarks, I beg to second, Madam Temporary Speaker.

(Question proposed)

The Temporary Speaker (Sen. Veronica Maina): Sen. Wakili Sigei, what is your point of order?

Sen. Wakili Sigei: Madam Temporary Speaker, I would like to raise a point of order under Standing Order No.113 to limit debate on this Bill to a maximum of five minutes per Member. Sen. Cherarkey will second me.

The Temporary Speaker (Sen. Veronica Maina): Sen. Cherarkey, Have you seconded? I did not see that.

(Sen. Cherarkey stood in his place and bowed)

You have seconded.

(Question proposed)

(Question put and agreed to)

The Temporary Speaker (Sen. Veronica Maina): Each Senator will not go beyond five minutes. Sen. Cherarkey?

Sen. Cherarkey: Thank you, Madam Temporary Speaker. Mine is to support the Social Health Insurance Fund Bill (National Assembly Bills No. 58 of 2023). This Bill is one of the enablers of UHC which includes the discussion we have just had. I am happy because this Bill gives each and every Kenyan the opportunity to receive insurance cover.

For very long, insurance cover has been the privilege of the chosen few, but every Kenyan born at the commencement of this Bill will have the opportunity to be registered and be part of the medical insurance cover. Every farmer is one illness away from poverty. Therefore, this is one of the bottom-up economic models, the better model that the President is espousing.

Secondly, the contributions towards this medical insurance scheme is based on the ability of each and every member. At the NHIF, everyone used to pay equal amounts of money but now we are using pro-rata; the more you earn, the more you contribute and vice versa. This is the cushion that the President and the Government has espoused. Many Kenyans were uncomfortable with high contributions raised by the NHIF. However, at this point, every Kenyan will pay according to their ability.

Madam Temporary Speaker, the third point I want to make quickly is that there is a specific provision to cover chronic and critical illnesses. There is an Emergency Chronic and Critical Illness Fund. Our people are ravaged by chronic diseases like

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cancer. Whenever you go for funerals and harambees of cancer victims and other illnesses, the clarion call by *wananchi*, the ordinary *Wanjiku* is to ask what the insurance fund is doing to insure Kenyans. Treating cancer and other chronic diseases is very expensive. You lose life and property and the family goes back to poverty.

I support the issue of chronic and critical illnesses fund and it will assist in curing such. I hope we can invest in research in this Fund because some regions have high cancer cases. I also agree that some employers have been doing statutory deductions but not remitting to NHIF. I am happy that they will not run away.

Madam Temporary Speaker, yours truly deputizes one of the powerful Committees in this House called the Public Accounts Committee (PAC) and most of the culprits are counties. They do statutory deductions including contributions to NHIF and they do not remit. I am happy that the cure is in this law and it is exciting. For every employer, the writing is on the wall, *mene mene tekel*, that anyone who takes money through statutory deductions must remit. I am happy that penalties have been enhanced. Madam Temporary Speaker, you and I are lawyers and we should propose even the lifting of the veil of the owners of those hospitals.

The fifth point is on fraudulent claims. There was a hospital that was being owed by NHIF almost Kshs2 billion yet we know it is not that much high. I am happy that a claim fund has been put in place. For any right-thinking Kenyan, this is the Bill of hustlers. Hustlers will receive redemption after today. This is what the President has been espousing on bottom-up economic model. Every hustler today should celebrate because freedom is here with us, where they can walk to a medical health centre somewhere in Mosoriot, Kipteren, Marsabit, Chomoi, Lwanda and other areas and receive medical care.

Finally, on the issue of employees of NHIF, they should be free to subject themselves to the process. No one is being fired. I thank you and I support.

The Temporary Speaker (Sen. Veronica Maina): Hon. Senators, I have Communication from the Chair.

(Interruption of debate on Bill)

COMMUNICATION FROM THE CHAIR

VISITING DELEGATION FROM MELELO PRIMARY SCHOOL, NAROK COUNTY

In the Public Gallery, we have 53 pupils accompanied by two teachers from Melelo Primary School, Narok County who are in the Senate on an educational tour.

In our usual tradition of receiving and welcoming visitors to Parliament, I extend a warm welcome to them and on behalf of the Senate and on my own behalf, wish them a fruitful visit.

Thank you.

I want to request Sen. (Dr.) Lelegwe Ltumbesi to welcome them.

Sen. (Dr.) Lelegwe Ltumbesi: Thank you, Madam Temporary Speaker. I want to take this time to join you and colleagues to welcome the pupils and teachers from Narok County to the Senate.

You are welcome to the Senate. This is the upper House of Parliament and I want to invite you to learn what we do here in the Senate.

Thank you so much and welcome again.

**PROCEDURAL MOTION UNDER
STANDING ORDER NO. 34(4)**

EXTENSION OF SITTING TIME

Sen. (Dr.) Lelegwe Ltumbesi: Madam Temporary Speaker, I want to move a Motion Pursuant to Standing Order No. 34 (4) (a).

I beg to move the following Motion:

THAT the Senate resolves to extend its sittings until the conclusion of business listed at Orders No. 13, 14 and 15 in today's Order Paper and until the conclusion of all business listed in today's Order Paper.

I request Sen. Chute to second.

Sen. Chute: Madam Temporary Speaker, I beg to second.

(Question proposed)

(Question put and agreed to)

(Resumption of debate on Bill)

Sen. Wakili Sigei: Thank you, Madam Temporary Speaker, for giving me this opportunity to also rise to support this Bill.

Madam Temporary Speaker, a healthy nation is a wealthy nation. The Bill speaks to the wealth of this nation by making sure that it supports the health of the people that live within this country.

Madam Temporary Speaker, because of time, I will go straight to the very specific aspects of the Bill that I must comment on. Clause No. 3 lays out the objectives of this particular Bill.

This Clause seeks to improve the management of the healthcare resources of the country. By so doing, it takes us back to an appreciation of the fact that previously and even as we speak right now, we have had health insurances which are run by private sectors thriving, whereas those run by the Government have had challenges, which is all over in appreciation of the need to make sure that we transform this particular health sector, in order to make sure that our people are supported by the Government.

This is a realization of the commitment that the Kenya Kwanza Government made in the course of it seeking to be put into power by the people of Kenya. That particular

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objective, under Section 3 (a) seeking to realign the healthcare systems, processes and programmes for purposes of immediate response to the needs of the people and to ensure that there is an element of reliability and sustainability of the healthcare in this country is a very important aspect.

Should we pass this Bill, I believe we will be speaking to the millions of Kenyans who are struggling to sustain themselves by the demands of health and the cost of the medical demands that all of us at any given time in our life seeks to get.

Madam Temporary Speaker, the desire of the provision of the Bill to ensure that it pulls resources and risks that are based on principles of solidarity, equity and efficiency is a guarantee to the people of Kenya that once passed into law will ensure access to healthcare services to all Kenyans irrespective of their economic, social or otherwise political status. That is one core aspect of this Bill that we must be encouraged to support in order to give Kenyans part of the promise that was made.

I will go straight into Part IV of the Bill that seeks to establish the Social Health Insurance Fund. This is under provisions of Section 25(1) and (2). Of key importance is the provision of monies which shall be placed into the fund shall comprise those appropriated by the National Assembly for the vulnerable and indigent people.

Healthcare is supposed to be available to each and every Kenyan irrespective of their economic status. We are talking of various classes in the currently available health sector; if and when the Bill is passed, it will ensure that every Kenyan, as long as he or she has registered, can benefit from the fund provisions that are provided and established in Section 25 (b) of the Bill.

Part V provides for the establishment of an Emergency Chronic and Critical Illness Fund. This is one of the key provisions. I must commend the Government together with the Mover of this Bill for making sure that we honor and give priority by establishing a specific fund for this particular group of people. Under Section 28(a), it is specifically provided that the fund will be available after the depletion of the Social Health Insurance cover. This is a top-up to the entitlements that you get by the mere fact of being a beneficiary of the Fund.

Whereas you are under a condition that is chronic---

(Sen. Wakili Sigeis' microphone went off)

The Temporary Speaker (Sen. Veronica Maina): Senator, your time is up. Sen. Sifuna, proceed.

Sen. Sifuna: Madam Temporary Speaker, allow me to begin with some things that have been said on this Floor, first, by my colleague Sen. Cherarkey. On the First Schedule of this Bill, I shall read it word by word so that nobody accuses me of bringing in things that are not here, they are stating that the current staff of the National Health Insurance Fund (NHIF) are eligible to apply for the advertised positions by the Authority and may be considered for appointment where they are suitably qualified for the positions advertised.

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There is a depletion of trust in this country. If people were already working for an organization, they were vetted and are qualified. Why would you subject them to a re-application process? This is what is causing jitters within NHIF. If these people were competitively recruited, they should automatically be absorbed into the new fund. Some of us get very jittery around recruitment in this Government because we have been told of the story of shareholding.

Many of us are not shareholders in this Government. We have been told we cannot be given positions. What happens to the non-shareholders who applied and are working for NHIF, in the event they meet the person who has been auditing the shareholding of people during recruitment? It should be clear that the people working for the NHIF now having been recruited, knowing they are qualified, should automatically be absorbed into this Fund.

The second concern: I heard the Senate Majority Leader speak about the people who are elderly and retired. Those people are not saying that the Bill does not take care of them. They are saying they need some specificity. In fact, when you are above the age of 65 years, even though you are eligible to get private insurance, the prevalence of chronic and terminal diseases is in that age group; from 65 to 100 years. Many of the private medical insurance do not like to insure this age group. If they do, the premiums are high. I know this because my parents are in that category and the premiums are extremely high. However, I confirm here that I support the establishment---

The Temporary Speaker (Sen. Veronica Maina): What is your point of order Sen. Cherarkey?

Sen. Sifuna: Madam Temporary Speaker, I did not interrupt Sen. Cherarkey, I do not know why he wants to interrupt me.

The Temporary Speaker (Sen. Veronica Maina): Let us hear what is out of order.

(Sen. Abass spoke off record)

Sen. Cherarkey: Madam Temporary Speaker, protect me from Sen. Abass. My point of order is pursuant to Standing Order No. 105. Is it in order for the Senator for Nairobi and my senior brother Sen. Edwin Sifuna to indicate that this is a shareholding country yet it is a sovereign entity. Should he cast aspersions and creating jitters about the transition period under National Health Insurance Fund (NHIF)?

The Temporary Speaker (Sen. Veronica Maina): Sen. Sifuna, clarify about the 'shareholding' and the debate on the category of the elderly. He is within his rights.

Sen. Sifuna: Madam Temporary Speaker, it is a matter of public record that somebody as senior as the Deputy President of this Republic has said openly that the Government that is running this country is a private company with shareholders. If you do not have shares or they are minimal, you get nothing. Allow me to proceed because these are matters of public record that are known. We should take judicial notice of them.

The second concern I had is with regards to benefits---

The Temporary Speaker (Sen. Veronica Maina): Sen. Cherarkey, are you okay with the response that has been given?

Sen. Sifuna: Madam Temporary Speaker, my job here is not to make him okay. This is a matter of public record that this House has taken judicial notice.

The Temporary Speaker (Sen. Veronica Maina): Sen. Sifuna, I asked you to clarify.

Sen. Cherarkey: Madam Temporary Speaker, Sen. Sifuna is a practitioner of law. Kenya is not a private shareholding company. You can state those words in public rallies and funerals. This is a House of record and the President said in Siaya County that every Kenyan will be served by Government regardless of how they voted. Is it in order for Sen. Sifuna to bring statements made in baby showers and funerals to the Floor of the House?

Sen. Sifuna: Madam Temporary Speaker, I do not know what about me looks like somebody who attends baby showers. Sen. Cherarkey, you are wasting my time. The most critical concern I have – I hope my time has been paused – is under Clause 31 and 32 of the Bill. It appears there will be different categories of packages that people are entitled to based on the premium they are paying.

The problem I have is that this Bill does not disclose to us the tariffs that will be applied to Kenyans in this scheme. We have not been told if it will be Kshs2000 or Kshs3000 as opposed to the current situation where we know everybody pays the same amount of money. There is no clarity and it is being left to the Cabinet Secretary to set that tariff.

The Act states that every beneficiary shall be entitled to an essential healthcare benefits package. This means that everyone is going to be entitled to a base package. We have not been told about the other packages. Is there going to be a premium package for dynasties?

I am sure this essential healthcare benefit package is for the hustlers. Let them be clear about the benefits. We do not want to be sold hope then we are informed that our contributions only entitle you to essential healthcare benefits and if you want anything else you have to add money. We want clarity on the packages and contributions. It cannot be left to the whims of the Cabinet Secretary.

I would like to finish by stating that I am happy with one provision, on the establishment of an emergency fund. As a Member of the *Azimio la Umoja* One Kenya Alliance, we promised that if we formed Government, we would implement the provision in the Constitution that entitles everybody to emergency healthcare. We have seen cases of people dying in ambulances in Nairobi County because the hospital you have been taken to will not admit you until they know the person who will pay for the admission.

I would support the emergency chronic and critical illness fund. This money will guarantee the cost of emergency treatment will be covered. If you find yourself in an accident and people do not recognize you – you might have your premium private insurance, but people do not recognize you. Also, while driving alone and you are unable to retrieve your card. There should be guarantee that every person who is taken to any hospital in the country under emergency circumstances will receive---

The Temporary Speaker (Sen. Veronica Maina): Sen. Abass, you may have the Floor.

Sen. Abass: Madam Temporary Speaker, thank you for giving me the opportunity. The Social Health Insurance is actually an appropriate insurance for Kenyans health cover. This replaces the old National Health Insurance Fund (NHIF).

As you are aware, in the past, NHIF has been giving health covers to this country. There has been a lot of abuse of the official services and payments. There are many cartels involved in these things.

Having said that, hopefully as it is said in the Bill, the current Social Health Care Services will have a lot of checks and balances to minimize abuse of the health insurance.

Madam Temporary Speaker, primary health care is a very important facility for Kenyans. Most of the Kenyans cannot afford to pay for the premiums given by the private insurances. The social health care now becomes a safety measure for the Kenyans so that at least they can be able to access appropriate health services.

However, there are two concerns. One was actually said by Sen. Sifuna. The Bill says that the current staff will be retired or moved to other Ministries. This is going to be very unfair to this logistical staff. They have built enough capacity and knowledge.

If there are any anomalies with the existing staff, the best thing is to vet them. They should not just be sacked or sent away home the way it is being said that the current authority will recruit its own staff. These are also Kenyans and they have the right to be employed. They should be given the first priority.

Madam Temporary Speaker, as you are aware, the Senate Majority Leader was saying that this covers everybody. What happens in Kenya is that Kenyans above 65 years are really having a lot of challenges.

Most of the insurances do not like to give them covers. They subject them to a lot of examinations and most of them do not qualify because of their age. These are Kenyans who have served this country in their lifetime until they attained 60 years old.

I think in the past, there was a special case for those cadres. They have associations such as the Kenya Association of Retired Officers. At least that was an association that was helping and when registered through the NHIF, they were able to access a cover. That helped so many Kenyans and their families who could not afford. These things have been overlooked.

Two, the school going children need to have a free cover. This has not been set anywhere. I think there are a lot of gaps that we need to discuss more so that at least these people are not left out. This is because the children going to school, are our next generation and the elderly have served this country. Some of us here were beneficiaries of that cover through what we call the former Parliamentarians Association.

Therefore, I wish to ask the Mover to look into these issues so that we can be able to save the elderly Kenyans who have served this country dedicatedly for 60 years and our children who are growing up so that they can at least have a better health care.

Thank you.

The Temporary Speaker (Sen. Veronica Maina): Sen. Murgor, you may have the Floor.

Sen. Murgor: Thank you very much Madam Temporary Speaker, for giving me the opportunity to also raise my voice along with my colleagues. Social Health Insurance or coverage is something that is basic. It goes in handy to help in situations and goes along with the bottom-up philosophy of our government now.

Therefore, this will target the very poor people who cannot afford the other medical insurance coverages because they are very expensive. The poor people who are living in poverty and deploring situations, who do not have the financial muscle will benefit from this fund.

Also, it will help the elderly. As many have expressed, the elderly in most cases are in dwindling financial or economic situations. Therefore, this kind of insurance, basic or social, will help to give them, the ability to be able to purchase drugs and go to hospitals that can be affordable to them.

Also, it will help the vulnerable, like children of the poor who need medical attention. This kind of coverage will help them because they cannot afford to go to the other health facilities and settings that are there.

It will also spread job opportunities to the real rural so that those who are in those rural areas can have health attention and help from nurses and so on. It will also mean that we have a healthy nation because when the bottom of the pyramid is helped, it covers the whole nation, and therefore a nation that is healthy and able to work hard will be economically strong.

So, this insurance is very suitable for a nation such as ours. I support.

The Temporary Speaker (Sen. Veronica Maina): Sen. (Prof.) Kamar, you have the Floor.

Sen. (Prof.) Kamar: Thank you Madam Temporary Speaker for giving me the opportunity to join my colleagues in strongly supporting the Social Health Insurance Bill. Because of time, I will go straight to Part V: The Emergency, Chronic and Critical Illness Fund.

When this Bill is passed and assented to, this is going to be the biggest benefit as far as I can see. Some people have suffered from chronic diseases like kidney diseases. People who have had transplants and have to have lifelong treatments have suffered.

We know families that sometimes skip medication. It has been a disaster. So, this is the best benefit to me, and I want to laud the framers of this Bill because of this very important proposal.

The other thing is the Emergency Fund. It is very sad to live in a country where, in an emergency, a hospital rejects you. You are already bleeding because you have been found on a road having been knocked by a motorbike, and you cannot go in because of lack of money.

We know this because a lot of people have been turned away by hospitals. So, the creation of a fund that is national, the creation of a fund that we can call our fund, is very important in this Bill.

I support everything in this Bill, and to note finally that, we have a solution for the chronic illnesses that our people have suffered. People have died prematurely because of

a lack of support when they had these kinds of illnesses. This is going to be a thing of the past. We look forward to this Bill being assented to.

I support.

The Temporary Speaker (Sen. Veronica Maina): Sen. Mungatana, please proceed.

Sen. Mungatana, MGH: Asante Bi. Spika wa Muda kwa kunipa nafasi. Nitasema matatu haraka kwa sababu ya muda.

(Loud consultations)

Madam Temporary Speaker, I cannot be heard. I want to be protected.

The Temporary Speaker (Sen. Veronica Maina): Can Sen. Mungatana be heard in silence please. Consult in low tones.

Sen. Mungatana, MGH: Bi. Spika wa Muda, jambo la kwanza, ninaunga mkono kipengele hicho cha kuambia watu wa *National Health Insurance Fund* (NHIF) waombe kazi mara ya pili. Kama wako *qualified*, waombe kazi. Imeandikwa kama hawatapata hizo nafasi, wako na nafasi ya kuomba *retirement* ama wapelekwe kwa nafasi zingine za Serikali.

Muhimu ni, saa hii, NHIF vile ilivyo, imetudhulumu sana sisi watu wa kutoka kaunti ya kando. Kwa Kaunti kama Tana River, utakuta watu ni wachache sana ambao wameandikwa kwa NHIF. Kwa hivyo, wacha hii NHIF ivunjwe na hii mamlaka mpya iandike watu kutoka kaunti zote. Hivi ilivyo, ni kama NHIF ni jopo la watu wa Kaunti ya Nairobi pekee yake.

Kwa hivyo, wacha hii ivunjwe, watu waandikwe wakitoka kaunti zote kwa sababu hii ni bima ya watu wote wa kaunti zote. Tunaomba ivunjwe, haswa NHIF, tupate nafasi na sisi watu wa kutoka Kaunti ya Tana River tuandikwe.

Pili, imesemekana hapa kwamba hii mamlaka mpya ambayo inatengenezwa itakuwa na nafasi ya kuandikisha watu wapya kutoka sehemu mbalimbali watoe hizo huduma za afya. Tunataka watu wakienda kutafuta watu wakija Kaunti ya Tana River, waangalie wale ambao tayari wanasaidia watu. Pale chini, kuna watu ambao wanasaidia watu sana.

Nurses, madaktari wa kawaida na *Chief Clinical Officers* wamefungua vituo vyao vidogo lakini unapata NHIF hawawaandikishi. Inakuwa kwamba vituo vikubwa kutoka Kaunti ya Nairobi ndio vinapeleka *branches* Kaunti ya Tana River na zinanyima watu wa afya kutoa nafasi kwa wafanyibiashara ambao wako na nafasi ya kusaidia watu wetu. Ninaunga mkono wapewe nafasi ya kuandikisha watu wapya ambao watatoa huduma za afya. Waangalie wale ambao tayari wanasaidia wananchi huko chini.

Mwisho, nilikuwa naomba kipengele kimoja kiingizwe. Ya kwamba wafanyikazi wa Serikali, baada ya kupitisha hii na ile sheria ya *digital*, Wabunge, Maseneta na wakubwa wa Serikali wasipewe nafasi ya kuenda kwa *private hospitals*. Sote tuwe tunaenda kwa *public hospitals*. Tukifanya hivyo, hizi pesa ambazo tunatoa sasa kwa hii mamlaka mpya zitatumika vizuri. Tunataka watu waanze kusema ukweli sio kudanganya

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wananchi alafu sisi tunaenda kwa hospitali kubwakubwa za *private*. Kipengele hicho kingewekwa, watu wangechukulia hii mambo na uzito zaidi.

The Temporary Speaker (Sen. Veronica Maina): Sen. Abdul Haji, please proceed.

Sen. Abdul Haji: Madam Temporary Speaker, I rise Pursuant to Standing Order No.109, that the Mover be called upon to reply.

The Temporary Speaker (Sen. Veronica Maina): Do you have a seconder for that?

Sen. Abdul Haji: Sen. Kinyua can second.

The Temporary Speaker (Sen. Veronica Maina): Sen. Kinyua.

Sen. Kinyua seconded.

(Question proposed)

The Senate Majority Leader (Sen. Cheruiyot): Madam Temporary Speaker, given that I have now been told ---

(Question put and agreed to)

The Senate Majority Leader (Sen. Cheruiyot): Madam Temporary Speaker, I know there are those who maybe wanted to say one or two things about it. However, like I said, this is one in a series of four related Bills which you cannot separate.

If you had a chance to speak on primary health care Bill, you have said most of the things that you want to say about Universal Health Coverage (UHC). If you spoke on social health, it is the same. If you spoke on the Digital Health---

Sen. Osotsi, when I was replying previously, I responded to your concern on data and said there is something you need to appreciate about the Data Protection Bill that we passed in 2019. That it is so elaborate in terms of how it relates with other Bills such as the one we were passing on digital health to a point that your fears that perhaps that data is not secure needs to be laid to rest because it is properly protected.

I appreciate, that it has been properly explained to those who had one or two issues that they wanted to raise on issues of staff and personnel. That all staff are eligible to apply. For sure, if you have worked at an institution and they are creating a new one and you have been given an opportunity to apply, why should you be worried?

To the best of my knowledge, you will even have undue advantage over those that are just trying to seek employment, unless, you are part of the cartels we are trying to destroy it. Everybody in this House know the challenge that we have at National Health Insurance Fund (NHIF) and what we are trying to resolve.

Sen. Omogeni told us earlier that even in Azimio la Umoja One Kenya Alliance manifesto, you had something that was called Baba Care which involved re-engineering of NHIF as presently is.

With those many remarks, I beg to reply.

(Loud consultations)

The Temporary Speaker (Sen. Veronica Maina): I had initially directed that we defer the Division on Order No.13 and No.14. Before we resume for Division, I request the Clerk to call Order No.15.

BILLS

Second Reading

THE COUNTY GOVERNMENT ADDITIONAL ALLOCATIONS BILL
(NATIONAL ASSEMBLY BILLS NO.23 OF 2023)

(Sen. (Dr.) Khalwale on 03.10.2023)

(Resumption of debate interrupted on 05.10.2023)

(Division)

I request the Serjeant-At-Arms to ring the Division Bell for 5 minutes.

(The Division Bell was rung)

The Temporary Speaker (Sen. Veronica Maina): Hon. Senators, it is time for Division. I will request the Serjeant-at-Arms to close the doors and draw the Bar.

(The Bar was drawn and the Doors closed)

(The Senators proceeded to vote by Electronic voting)

(Voting in progress)

The Temporary Speaker (Sen. Veronica Maina): The following Senators, please proceed to the Clerk's desk for assistance - Sen. Githuku, Sen. Methu and Sen. Osotsi.

(Sen. Githuku and Sen. Methu approached the Clerks-at-the-Table)

Where is Sen. Osotsi? He is not in.
Sen. Tobiko, please approach the Clerk.

(Sen. Tobiko approached the Clerks-at-the-Table)

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THE DIGITAL HEALTH BILL (NATIONAL
ASSEMBLY BILLS NO. 57 OF 2023)

DIVISION

ELECTRONIC VOTING

(Question that, the Digital Health Bill (National Assembly Bills No.57 of 2023) be now read a Second Time put and Members proceeded to vote by County Delegations)

AYES: Sen. Abass Sheikh Mohamed, Wajir County; Sen. Abdul Haji, Garissa County; Sen. Ali Roba, Mandera County; Sen. Cheptumo, Baringo County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chesang, Trans Nzoia County; Sen. Chute, Marsabit County; Sen. Dullo, Isiolo County; Sen. Gataya, Tharaka Nithi County; Sen. Githuku, Lamu County; Sen. Joe Nyutu, Murang'a County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kinyua, Laikipia County; Sen. Kisang, Elgeyo Marakwet County; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Lomenen, Turkana County; Sen. Mandago, Uasin Gishu County; Sen. Methu, Nyandarua County; Sen. Mungatana, MGH, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.) Murango, Kirinyaga County; Sen. Murgor, West Pokot County; Sen. Oketch Gicheru, Migori County; Sen. Sifuna, Nairobi City County; Sen. Tabitha Keroche, Nakuru County; Sen. Thang'wa, Kiambu County; Sen. Tobiko, Kajiado County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; Sen. Wamatinga, Kitui County; and Sen. Wambua, Kitui County.

NOES: Nil

The Temporary Speaker (Sen. Veronica Maina): Hon. Senators, resume your seats. Hon. Senators, these are the results of the Division -

AYES:32

NOES: Nil

ABSTENTIONS: Nil.

The 'Ayes' have it.

(Question carried by 32 votes to Nil)

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

Next Order.

Hon. Senators, we are proceeding to the next Bill for Division. We are voting electronically and I will request you to log out and log back in ready to vote.

The Temporary Speaker (Sen. Veronica Maina): Hon. Senators, you may proceed to vote. Please cast your votes.

Sen. Gataya Mo Fire and Sen. Chesang, please approach the Clerks to be assisted.

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(Electronic voting in progress)

THE SOCIAL HEALTH INSURANCE BILL
(NATIONAL ASSEMBLY BILLS NO. 58 OF 2023)

DIVISION

ELECTRONIC VOTING

(Question that, the Social Health Insurance Bill (National Assembly Bills No. 58 of 2023) be now read a Second Time put and the Senate proceeded to vote by County Delegations)

AYES: Sen. Abass Sheikh Mohamed, Wajir County; Sen. Abdul Haji, Garissa County; Sen. Ali Roba, Mandera County; Sen. Cheptumo, Baringo County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chesang, Trans Nzoia County; Sen. Chute, Marsabit County; Sen. Dullo, Isiolo County; Sen. Gataya, Tharaka Nithi County; Sen. Githuku, Lamu County; Sen. Joe Nyutu, Murang'a County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kinyua, Laikipia County; Sen. Kisang Elgeyo Marakwet; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Lomenen, Turkana County; Sen. Mandago, Uasin Gishu County; Sen. Methu, Nyandarua County; Sen. Mungatana, MGH, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.) Murango, Kirinyaga County; Sen. Murgor, West Pokot County; Sen. Oketch Gicheru, Migori County; Sen. Sifuna, Nairobi City County; Sen. Tabitha Keroche, Nakuru County; Sen. Thang'wa, Kiambu County; Sen. Tobiko, Kajiado County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; Sen. Wamatinga, Nyeri County; and Sen. Wambua, Kitui County.

NOES: Nil

The Temporary Speaker (Sen. Veronica Maina): Hon. Senators, can you resume your seats?

These are the results of the Division-

AYES:32

NOES: Nil

ABSTENTIONS: Nil.

The 'Ayes' have it.

(Question carried by 32 votes to Nil)

(The Bill was accordingly read a Second Time and committed to the Committee of the Whole tomorrow)

Next Order.

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We are moving to the next Division. We will be voting electronically. Please log out and log back in.

Sen. Tobiko, can you approach the Clerk?

(Sen. Tobiko approached the Clerk-at-the-Table)

(Electronic Voting in progress)

THE COUNTY GOVERNMENTS ADDITIONAL ALLOCATIONS BILL
(NATIONAL ASSEMBLY BILLS NO. 23 OF 2023)

DIVISION

ELECTRONIC VOTING

(Question, that the County Governments Additional Allocations Bill (National Assembly Bills No.23 of 2023) be now read a Second Time, put and the Senate proceeded to vote in county delegations)

AYES: Sen. Abass, Wajir County; Sen. Abdul Haji, Garissa County; Sen. Ali Roba, Mandera County; Sen. Cheptumo, Baringo County; Sen. Cherarkey, Nandi County; Sen. Cheruiyot, Kericho County; Sen. Chesang', Trans Nzoia County; Sen. Chute, Marsabit County; Sen. Dullo, Isiolo County; Sen. Gataya Mo Fire, Tharaka Nithi County; Sen. Githuku, Lamu County; Sen. Joe Nyutu, Murang'a County; Sen. (Dr.) Khalwale, Kakamega County; Sen. Kinyua, Laikipia County; Sen. Kisang', Elgeyo-Marakwet County; Sen. (Dr.) Lelegwe Ltumbesi, Samburu County; Sen. Lomenen, Turkana County; Sen. Mandago, Uasin Gishu County; Sen. Methu, Nyandarua County; Sen. Mungatana, MGH, Tana River County; Sen. Munyi Mundigi, Embu County; Sen. (Dr.) Murango, Kirinyaga County; Sen. Murgor, West Pokot County; Sen. Oketch Gicheru, Migori County; Sen. Sifuna, Nairobi City County; Sen. Tabitha Keroche, Nakuru County; Sen. Thang'wa, Kiambu County; Sen. Tobiko, Kajiado County; Sen. Wafula, Bungoma County; Sen. Wakili Sigei, Bomet County; Sen. Wamatinga, Nyeri County, and, Sen. Wambua, Kitui County.

NOES: Nil

ABSENTIONS: Nil

The Temporary Speaker (Sen. Veronica Maina): Hon. Senators, the results of the Division in respect of the County Government Additional Allocation Bill (National Assembly Bill No.23 of 2023) is as follows:

AYES: 32

NOES: Nil

ABSENTIONS: Nil

The "Ayes" have it.

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(Question carried by 32 votes to nil)

(The Bill was accordingly read a Second Time and committed to a Committee of the Whole tomorrow)

ADJOURNMENT

The Temporary Speaker (Sen. Veronica Maina): Hon. Senators, the Senate had earlier on resolved to extend time till the conclusion of business at Order No.13, 14 and 15. We have now done so. Therefore, the Senate stands adjourned till tomorrow, Thursday, 12th October, 2023 at 2.30 p.m.

The Senate rose at 6.37 p.m.