

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

Wednesday, 7<sup>th</sup> August 2019

The House met at 9.30 a.m.

*[The Temporary Deputy Speaker  
(Hon. Christopher Omulele) in the Chair]*

### PRAYERS

### QUORUM

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Serjeant-at-Arms, we shall ring the Quorum Bell for 10 minutes.

*(The Quorum Bell was rung)*

Hon. Members, I direct that the Quorum Bell stop ringing now. We have quorum. We may proceed. We are properly constituted. Order Members.

### PAPERS LAID

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): The Leader of the Majority Party.

**Hon. Aden Duale** (Garissa Township, JP): Hon. Temporary Deputy Speaker, I beg to lay the following Papers on the Table of the House:

The Report of the Auditor-General and the Financial Statement in respect of the revenue statement for the year ended 30<sup>th</sup> June 2018 from the Judiciary and the certificates therein.

The Report of the Auditor-General and the Financial Statement in respect of the Amani National Congress Party from January 2016 to December 2017 and the certificates therein.

The Reports of the Auditor-General and the Financial Statements in respect of the following institutions for the year ended 30<sup>th</sup> June 2018 and the certificates therein:

- a) National Construction Authority.
- b) State Officers House Mortgage Scheme Fund – State Department of Housing and Urban Development.
- c) Kenya Slum Upgrading Low Cost Housing and Infrastructure Trust Fund – State Department of Housing and Urban Development.
- d) State Department of Public Works Vote 1095.
- e) Roads Annuity Fund.
- f) Receiver of Revenue (State Department of Housing and Urban Development).
- g) Stores and Service Fund.
- h) Kenya Seed Company Limited.
- i) Masinde Muliro University of Science and Technology.

- j) Bukura Agricultural College.
- k) Kenya Accreditation Service.
- l) Micro and Small Enterprises Authority.
- m) Tourism Fund.
- n) Bomas of Kenya.
- o) Orange Democratic Movement (ODM).
- p) Wiper Democratic Movement.
- q) Trade Network Agency.
- r) Bomet University, and
- s) Kisii National Polytechnic.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Next is the Vice-Chairperson of the Departmental Committee on Agriculture and Livestock.

**Hon. Emmanuel Wangwe** (Navakholo, JP): Hon. Temporary Deputy Speaker, I beg to lay the following Paper on the Table today Wednesday, 7<sup>th</sup> August 2019:

Report of the Departmental Committee on Agriculture and Livestock on the Vetting of Hon. Ochieng' G. Mbeo, Nominee for Appointment as the Chairperson, Board of Directors of the Kenya Fish Marketing Authority.

Thank you, Hon. Temporary Deputy Speaker.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Next Order.

### NOTICES OF MOTIONS

#### APPROVAL OF NOMINEE FOR APPOINTMENT AS CHAIRPERSON OF BOARD OF DIRECTORS OF KENYA FISH MARKETING AUTHORITY

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): The Vice-Chairman of the Departmental Committee on Agriculture and Livestock, Hon. Wangwe.

**Hon. Emmanuel Wangwe** (Navakholo, JP): Hon. Temporary Deputy Speaker, I beg to give notice of the following Motion:

THAT, taking into consideration the findings of the Departmental Committee on Agriculture and Livestock in its Report on the Vetting of Hon. Ochieng' G. Mbeo, the Nominee for Appointment as the Chairperson Board of Directors of the Kenya Fish Marketing Authority, laid on the Table of the House on Wednesday, 7<sup>th</sup> August 2019 and pursuant to Section 201(1)(a) and (2) of the Fisheries Management and Development Act, 2016 and Section 8 of the Public Appointments (Parliamentary Approval) Act, 2011, this House approves the appointment of Hon. Ochieng' G. Mbeo as the Chairperson of the Board of Directors of the Kenya Fish Marketing Authority.

Thank you, Hon. Temporary Deputy Speaker.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Leader of the Majority Party.

#### KENYA SOMALIA MARITIME BOUNDARY DISPUTE RESOLUTION

**Hon. Aden Duale** (Garissa Township, JP): Hon. Temporary Deputy Speaker, I beg to give notice of the following Motion:

THAT, aware that in 1924, the Anglo-Italian Treaty delineated the Kenya-Somalia boundary with 29 identifiable boundary pillars starting from the tri-point with Ethiopia on River Dawa in Mandera County to the Indian Ocean at Ishakani, in Lamu County;

Acknowledging that the 1964 Organisation of African Union (OAU) Resolution 16(1) urging member states to preserve the colonial boundaries and cognisant that the Federal Republic of Somalia attained independence in 1960 but did not subscribe to the said OAU resolutions, therefore claiming territory beyond its border with Kenya through successive regimes;

Further aware that Article III, paragraph 3 and 4 of the Charter establishing the OAU provides that African States, unanimously, through the African Union (AU), resolved to respect the sovereignty and territorial integrity of each state and for its inalienable right to independent existence and further by peaceful settlement of disputes by negotiation, mediation, conciliation or arbitration;

Cognisant that the Federal Republic of Somalia's rejection of the OAU/AU decision on boundaries was in furtherance of its expansionist ideology of the time of achieving a Greater Somalia and its engineering of irredentism in Kenya's North Eastern Province and hence the *Shifita* war of 1963-1967;

Recalling that the settlement of the war was acceptance of Federal Republic of Somalia to recognise Republic of Kenya's territorial boundary by way of the Arusha Accord signed by the then Somalia Prime Minister, Mohamed Egal and further that, his successor, President Gen. Siad Barre, subsequently rejected the Accord leading to deterioration of relations between Republic of Kenya and Federal Republic of Somalia;

Further recalling that President Siad Barre denounced territorial claims of the Republic of Kenya through a declaration at the 1981 OAU's Heads of State Summit and leading to normalising of the relations between the two nations;

Cognisant that the current dispute regards establishment of the coastal states maritime zones in accordance with the United Nations Convention on the Law of the Sea which both countries became parties to in 1982, which allows states to establish an Exclusive Economic Zone (EEZ) of 200 nautical miles and a potential continental shelf of up to 350 nautical miles;

Cognisant further, that the Republic of Kenya proclaimed her maritime zones including the maritime boundary in 1979 when United Nations Convention on the Law of the Sea was still under negotiation;

Further recognising that in order to domesticate the United Nations Convention on the Law of the Sea, the Parliament of Kenya enacted the Maritime Zones Act (Cap. 371) Laws of Kenya whose objective is to consolidate the law relating to the territorial waters and continental shelf of the Republic of Kenya;

Recalling that in 1991, the Federal Republic of Somalia descended into civil conflict resulting in the emergence of terrorists groups and organisations such as the *Al Shabaab* and other groups affiliated to international terrorist groups like the *Al Qaeda* and the Islamic State for Iraq and Syria (ISIS), mass displacement of millions of Somali people most of whom are hosted in Kenya, piracy on the Western Indian Ocean close to Kenya, and terrorist attacks in Kenya that have adversely affected our tourism industry, among others negative effects;

Concerned that since 1991, the Federal Republic of Somalia has not had an effective government and hence lack of a peaceful environment for the Republic of Kenya to engage it in negotiations to agree on the demarcation of their maritime boundary in the Indian Ocean; the Federal Government of Somalia having not raised any objection with the boundary as

established until 2014, claiming a part of Kenya's maritime zone by filing a case against Kenya at the International Court of Justice (ICJ) without giving an opportunity for a negotiated settlement or any other alternative dispute resolution mechanism, including negotiations as provided for under the United Nations Convention on the Law of the Sea of which both the Republic of Kenya and Federal Republic of Somalia are signatories;

Further concerned that the Federal Government of Somalia has sought provisional measures against Kenya for unlawful operations in her maritime territory and concerning the establishment of a maritime boundary between the two countries in the Indian Ocean, delimiting the territorial sea, Exclusive Economic Zone and continental shelf, including the continental shelf beyond 200 nautical miles;

Concerned further that in November 2018, during the Africa Oil Week in Cape Town, South Africa, Somalia informed that it was in the process of mapping its offshore oil blocks and preparing to offer the blocks for auction; and on 7<sup>th</sup> February 2019, Somalia hosted the Oil and Gas Conference in London and revealed the plan to offer for auction oil blocks 230, 231, 232 and 233 that are within Kenya's maritime zones and that the Federal Republic of Somalia anticipates that the signing of the final production sharing agreement by the winning bidders will be on 9<sup>th</sup> December 2019 with an effective date of 1<sup>st</sup> January 2020;

Considering that the determination of the case will be made in September 2019 and that Kenya is exposed to irregular loss of up to 26 per cent of its Exclusive Economic Zone and 85 per cent of the continental shelf and access to international waters; further considering that the possible delimitation of the maritime boundary on the basis of the equidistant principle sought by the Federal Republic of Somalia will have the effect of extending its territory by up to 50 miles from the Kenya' tourism resorts in Lamu and adjacent islands including the strategic Lamu Port, therefore, threatening to expose Kenya to further terrorist attacks and long-term insecurity;

Cognisant that the border dispute between the two countries may hamper current efforts in the continuing construction of a border wall between Kenya and Somalia, and the fight against piracy in Kenya's waters and fight against *Al Shabaab* in the region;

Recognising the dispute resolution mechanism under the African Union (AU), Inter-Governmental Authority for Development (IGAD) and the East African Community (EAC) as the first point of call on such disputes.

Now therefore, this House resolves that the Government of the Republic of Kenya:

- (a) Upholds and protects the boundaries of the territory of Kenya, unless the people of Kenya resolve by way of referendum, to alter the territory of Kenya as contemplated under Article 255(1)(b) of the Constitution as read together with Section 3(3) of the Treaty Making and Ratification Act (No. 45 of 2012).

The Constitution is very clear. Unless Article 255(1)(b) is implemented, for you to alter the boundaries of Kenya...

*(Hon. (Ms.) Zuleikha Hassan entered the Chamber with a child in her arms)*

**Hon. Peter Kaluma** (Homa Bay Town, ODM): On a point of order, Hon. Temporary Deputy Speaker.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Kaluma, let him finish. He will not be interrupted. I know what you want to do, but hold your horses. We will deal with it. Hon. Leader of the Majority Party, please, proceed.

**Hon. Aden Duale** (Garissa Township, JP): That for you to alter the boundary of the Republic of Kenya...

There is a serious point of order.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Kaluma, you may raise your point of order.

*(Loud consultations)*

Hon. Members, allow Hon. Kaluma to prosecute his point of order.

**Hon. Peter Kaluma** (Homa Bay Town, ODM): Hon. Temporary Deputy Speaker, unlike before, in our Constitution, the family has been placed at the very centre of the society. This is beginning in Articles 45 and 53. The right of the child has been sanctioned by our supreme law. We have been advocating, as a National Assembly, that we must secure places for proper care of children more so for women who are working. I am urging you not only to direct, but also to find that if you are a Member of Parliament who is breastfeeding, in the best interest of the child, that child cannot be separated from you when you are in the course of your duty in the Assembly. I am saying that on condition that Parliament, the law-making institution, is creating a place for breastfeeding. We are the law-making institution.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): What is your point of order, Hon. Kaluma?

**Hon. Peter Kaluma** (Homa Bay Town, ODM): My point of order is that I am seeing a child protected by the Constitution being separated from the mother who is a Member of Parliament. Is it in order, Hon. Temporary Deputy Speaker?

**Hon. Aden Duale** (Garissa Township, JP): On a point of order, Hon. Temporary Deputy Speaker.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Leader of the Majority Party, you may want to assist Hon. Kaluma.

**Hon. Peter Kaluma** (Homa Bay Town, ODM): Hon. Temporary Deputy Speaker, sitting here and listening to the Leader of the Majority Party...

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Kaluma, hold your horses. You know the law and sometimes when you want to prosecute a case, you cannot use the shield as the spear. You are defending rather than prosecuting.

Hon. Leader of the Majority Party, what is your point of order?

**Hon. Aden Duale** (Garissa Township, JP): Hon. Temporary Deputy Speaker, constitutionally and in our Standing Orders, you are the one presiding over the House this morning. This House is composed of 349 Members and the Speaker. The administrative position of Parliament is different from the way this House is constituted. All of us have children. There is a stranger in this House. This has never happened since 1963. This is an abuse of the House. That Member must be cited for gross misconduct. We must protect the dignity of the House.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Order, Members!

**Hon. Aden Duale** (Garissa Township, JP): We cannot have 349 and a half Members.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Order, Members! The Leader of the Majority Party is on a point of order.

**Hon. Aden Duale** (Garissa Township, JP): Whether Parliament creates a place for lactating mothers to breastfeed their children or for us fathers to bring our children when their

mothers are not around, I have never seen this. That is an abuse and that Member must be cited. She ashamed the people of Kwale.

Let me finish my Motion.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): The Leader of the Majority Party, you have raised a point of order.

Hon. Members, order!

**Hon. Aden Duale** (Garissa Township, JP): Hon. Temporary Deputy Speaker, this is a very important Motion. Let me finish and then we can deal with that Member. She must be told she is not the only parent here.

*(Loud consultations)*

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Order! Hon. Members, it has come to the attention...

*(Hon. Kaluma shouted from his seat)*

Hon. Kaluma, there will be no shouting match in this House.

Order, Hon. Members! This is the determination of the Speaker. It has come to the attention of the Speaker that a Member, Hon. Zuleikha, is in the debating Chamber of the National Assembly with a child in her hands.

I, as the Speaker today, determine that the membership of the National Assembly is 349. As much as she might want to take care of her child, this is not the place for it. I, therefore, direct that she immediately withdraws. She may return to the Chamber after she withdraws the child. Those are the directions of the Chair. Hon. Zuleikha, kindly withdraw immediately.

Those members who are crossing the Floor without observing the rule governing it must note that they are out of order. Hon. Zuleikha, kindly, withdraw with decorum.

Hon. Zuleikha, withdraw from the Chamber. Serjeant-At-Arms! Hon. Zuleikha! Serjeant-At-Arms! Serjeant-At-Arms! Hon. Zuleikha, you are out of order.

**Hon. Members:** No! No! No! Throw her out!

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Atandi, you are out of order! Order, Hon. Members! Order! Hon. Atandi, you are out of order. Serjeant-At-Arms!

In accordance with Standing Order 107, Hon. Atandi and Hon. Zuleikha, you must get out of the House immediately. Hon. Atandi, you are out of order! Hon. Atandi, withdraw from the Chamber. Order, Members!

*(Hon. Bowen Kangogo stood on a point of order and pointed at Hon. Joshat Kabinga)*

Order! Order, Hon. Kangogo! You cannot point at the Member for Mwea. Members, you may resume your seats. Hon. Atandi, you are out of order. I have already directed that you leave the Chamber for being disorderly, in accordance with Standing Order 107. Hon. Atandi, kindly withdraw from the Chamber. Hon. Atandi, you must leave the Chamber. Hon. Atandi, I have already directed that you leave the Chamber for being disorderly.

*(Hon. Samuel Atandi and Hon. (Ms.) Zuleikha Hassan withdrew from the Chamber)*

Hon. Members, let us have order now. I believe that the drama that has happened in this Chamber is unprecedented,

*(Laughter)*

No, just hold on, Leader of the Majority Party. Let us calm down. Hon. Members, what has happened has not happened before, and that was totally out of order. The Parliamentary Service Commission has provided sufficient facilities for Hon. Members who are lactating to be able to take care of their children and their babies within Parliament Buildings, but not within the Chamber. So, those who wish to come with their children or babies to Parliament may do so, but not into the debating Chamber.

*(Hon. Bowen Kangogo stood on a point of order)*

Hon. Kangogo Bowen, there is nothing you are going to tell the Speaker. Resume your seat. Resume your seat. You cannot interrupt the Speaker when he is speaking.

Hon. Members, the debating Chamber is sacrosanct and it cannot be taken as a matter of a joke. The people of Kenya have designated 349 places for elected and nominated Members of Parliament through a known process of the law. We cannot, and we will not, allow Members to come and abuse the Chamber of the Parliament of the people of Kenya. We recognise that Members may have babies they might want to take care of, but not within the debating Chamber. That cannot be, and it will not be done under my watch. Those who stand in the way of the orders will definitely face the full wrath of the law as it is in the Standing Orders. So, Hon. Members, that drama was totally unnecessary, and the Member is advised accordingly. I am sure she has been a competent Member of this House. She has been a follower, but today she has chosen to disgrace the Floor of the House and the proper action has been taken. Therefore, Hon. Members, there is no further point on this one.

Hon. Members, we will allow the Leader of the Majority Party to complete his submission on what he was doing before we were interrupted.

Leader of the Majority Party, proceed.

**Hon. Aden Duale** (Garissa Township, JP): Hon. Speaker, once I finish, allow me to make a serious comment on this matter. This is a very serious Motion concerning the people of Kenya. So, let me, first, finish.

THAT, this House resolves that the Government of the Republic of Kenya:

(a) upholds and protects the boundaries of the territory of Kenya, unless the people of Kenya resolve by way of referendum, to alter the territory of Kenya as contemplated under Article 255(1)(b) of the Constitution as read together with Section 3(3) of the Treaty Making and Ratification Act (No. 45 of 2012).

(b) take urgent steps to implement in full the provisions of the Maritime Zones Act, Cap.371 with regard to the delimitation of the Northern Boundary of the Exclusive Economic Zone with the Federal Republic of Somalia through the agreement as envisaged by the United Nations Convention on the Law of the Sea;

(c) as a first and most preferred option, engages the Federal Government of Somalia to resolve the boundary dispute for the benefit of both countries and the region, through diplomacy

and dispute resolution mechanisms available under the African Union (AU), the Intergovernmental Authority for Development (IGAD) and the East African Community (EAC);

(d) expresses to the United Nations, the Republic of Kenya's protest against then assertion of jurisdiction by the International Court of Justice over the maritime boundary conflict between the Federal Republic of Somalia and the Republic of Kenya noting Kenya's express reservation to jurisdiction made in 1965 and the provisions of Kenya's Maritime Zones Act to delimit the maritime boundary through agreement as envisaged by the United Nations Convention for the Law of the Sea; and,

(c) explores other lawful and constitutional mechanisms for protecting the territory of the Republic, including deploying the Kenya Defence Forces to the subject boundary to undertake the responsibility of protecting the sovereignty and territorial integrity of the Republic as contemplated under Article 241(3) of the Constitution.

Hon. Temporary Deputy Speaker, if you allow me, now that I have given notice, we have Serjeant-at-Arms in this House and, every Member is checked in the morning when entering the Chamber. I want Members to listen to me. Members are frisked. Members who have licensed guns leave them in their offices. We are frisked. The only person who is not frisked is the Speaker. We need the Serjeant-at-Arms of the National Assembly to tell us how that Member and the baby ended up in this Chamber. We must be told. Hon. Kaluma has a lot of sympathy for children. He must declare his interest as to whether he is the father of that child. He must declare! Being the grandson of Akuku Danger - we know the history of Akuku Danger. From how Hon. Atandi and Hon. Kaluma were protecting that child, we must know their relationship with the child. If it is true that one of them is the father, they must pay child benefits.

Hon. Temporary Deputy Speaker, can you order the Serjeant-at-Arms to...

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): The Leader of the Majority Party, you have made your point.

**Hon. Aden Duale** (Garissa Township, JP): Hon. Temporary Deputy Speaker, can you order the Serjeant-at-Arms to file a report to this House on how that child ended up in this Chamber?

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Leader of the Majority, you have made your point. That particular matter has been dispensed with. The horse has fled. There is nothing more to flog. That matter is closed. The Leader of the Minority Party, unless you want to speak to a different matter, the matter of the child and Hon. Zuleikha has fled. It is not available for further debate.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): The Leader of the Minority Party.

**Hon. John Mbadi** (Suba South, ODM): Thank you, Hon. Temporary Deputy Speaker. First of all, I want to make a correction. As you know, when a lie is repeated many times, it may appear as the truth. I have heard the Leader of the Majority Party say that Hon. Kaluma is a grandson of Akuku Danger. I want to make that right. Akuku Danger comes from Kanyamwa Kologi Ward in Ndhiwa Constituency. Up to his death, he was residing in a place called in Aora Chuodho which is in Kwabwai. You may not know that my mother comes from Kanyamwa. I know all the descendants of Akuku Danger and Hon. Kaluma is not one of them.

*(Laughter)*



Hon. Kaluma has been masquerading as Akuku Danger's descendant, which he is not. I want that correction to be on record. It has been mentioned many times. I know Hon. Kaluma is not related to Akuku Danger because he is not related to me. If he was related to Akuku Danger, he would be related to me.

Finally, something that I would request the Chairperson to be alive to is that we have been deteriorating as a House in terms of discipline. Look at, for example, the dressing code. Previously, it was not an issue. Members of Parliament knew how to dress when coming to the Chamber. It has moved a step farther where one time I saw a Member carrying what would be described as a bag and not the lady's bags that we are used to and which we allow. It was something like a rucksack. Today, we have seen something so unique that I do not think has happened in any Parliament. Let us hold this House with the dignity it deserves. We may want to create drama, but I do not think at this time Members of Parliament want this kind of publicity especially when you read what is on the front page of the *Daily Nation*. We are still gathering facts about it. It is misplaced and it is presenting Parliament in bad light for no reason. When you do something like what the Member from Kwale County has done, it is a shame. As the Chairman of the Orange Democratic Movement, I will talk to her and try to counsel her to understand that, that drama was not necessary.

Thank you.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Leader of the Minority Party, I gave you an opportunity to speak because the Motion that has been proposed by the Leader of the Majority Party is jointly sponsored by the two of you. That is the rubric under which I was giving you an opportunity to speak. All the same, you have spoken well.

Hon. Members, the Chairperson of the Departmental Committee on Finance and National Planning.

**Hon. Peter Kaluma** (Homa Bay Town, ODM): On a point of order.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Kaluma, this is a House of rules. Hon. Kaluma, resume your seat. We have dealt with that matter sufficiently.

**Hon. Peter Kaluma** (Homa Bay Town, ODM): On a point of order.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Members, later on in the course of this morning session, we shall have a Notice of Motion from the Chairperson of the Departmental Committee on Finance and National Planning. He will move a Notice of Motion. So, prepare for that. He will lay a Paper and move a Notice of Motion. Can we proceed?

Next Order!

## ORDINARY QUESTIONS

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Order Members, the first Question will be by Hon. Peter Kaluma.

*Question No.333/2019*

DELAYED GRANT OF UNIVERSITY CHARTER TO TOM MBOYA UNIVERSITY COLLEGE

**Hon. Peter Kaluma:** (Homa Bay Town, ODM): Hon. Temporary Deputy Speaker, I beg to ask the Cabinet Secretary for Education:

(i) What are the reasons for delays in elevating and granting Tom Mboya University College a full university Charter?

(ii) When will the University College be elevated and granted a Charter in line with the Ministry's previous undertakings to do so?

Thank you.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Very well. That Question will be responded to before the Departmental Committee on Education and Research.

The next Question is by Hon. John Oroi Oyioka.

*Question No.366/2019*

OCCUPATION OF SUNEKA SPORTS GROUND BY STATE DEPARTMENT FOR PUBLIC WORKS

**Hon. John Oyioka** (Bonchari, PDP): Hon. Temporary Deputy Speaker, I beg to ask the Cabinet Secretary for Lands and Physical Planning the following Question:

(i) Could the Cabinet Secretary confirm that the State Department for Public Works has been occupying the Suneka Sports Ground in Bonchari Constituency for the last 40 years?

(ii) When is the said State Department expected to vacate the ground to pave way for renovation and subsequent use by the public?

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): That Question will be responded to before the Departmental Committee on Lands. The next one is by Hon. Moses Malulu Injendi.

**Hon. Moses Injendi** (Malava, JP): Thank you, Hon. Temporary Deputy Speaker. Before I raise my Question, I would like to bring to your attention that these four gadgets we use here are not working. When you place your card, instead of the password coming on, the letters get mixed up. This needs your attention.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Injendi, are you saying there is a technical problem with the gadgets there?

**Hon. Moses Injendi** (Malava, JP): Yes, these four.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): It is noted, Hon. Injendi.

*Question No.367/2019*

APPOINTMENT OF OFFICERS TO GAZETTED ADMINISTRATIVE UNITS IN  
KAKAMEGA NORTH SUB-COUNTY

**Hon. Moses Injendi** (Malava, JP): I rise to ask Question No. 367 to the CS for Interior and Co-ordination of National Government:

When will the Ministry appoint substantive officers to these administrative units: Mukhuyu, Kuvasali, Bunuku, Indulusia, Timbito, Shivagala, Mundoli and Bukhakunga sub-locations and Inguvuli, Ikoli, Chevoso, Shamberere and Shikutse locations in Kakamega North Sub-County which were published vide *Gazette* Notice No. 5853 of 21st June 2017 and operationalised in 2018?

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): That Question will be responded to before the Departmental Committee on Administration and National Security. The next one is by Hon. Halima Mucheke.

*Question No.368/2019*

## PAYMENT OF VILLAGE ELDERS ACROSS THE COUNTRY

**Hon. (Ms.) Halima Mucheke** (Nominated, JP): Thank you, Hon. Temporary Deputy Speaker. I stand to ask Question No. 368 of 2019 to the CS for Interior and Co-ordination of National Government:

Considering that in 2016, during a meeting at the Kerugoya Catholic Church grounds in Kirinyaga County, the Ministry through the then Principal Secretary, stated that Kshs1.2 billion had been set aside to pay village elders across the country;

- (a) Could the Cabinet Secretary explain the progress in payment of the village elders?
- (b) How many village elders are there in the country?

Hon. Temporary Deputy Speaker, this is the second time I am asking this Question. I asked it last year but it was overtaken by events. I am very concerned because I realise that the Kshs1.2 billion is enough to pay an amount of about Kshs5,000 a month to every village elder in the country.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Mucheke, you are out of order. The next Question is by Hon. Paul Nzengu. The Question is deferred.

*Question No. 369/2019*

## TARMACKING OF ROAD BETWEEN KAMUWONGO AND KANDWIA MARKETS

*(Question deferred)*

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): I direct that we move to the next order of business.

**BILLS***Second Reading*

## THE INSTITUTE OF DIRECTORS OF KENYA BILL

*(Hon. (Dr.) Chris Wamalwa on 31.7.2019)*

*(Debate concluded on 31.7.2019)*

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Members, I direct that this business be undertaken at such time as the requisite quorum will be present. I direct that putting of the Question be deferred to such a time. I direct that we move to the next order of business.

*(Putting of the Question deferred)*

*First Reading*

## THE CONSTITUTION OF KENYA (AMENDMENT) (NO.2) BILL

*(Order for First Reading read – Read the First Time  
and ordered to be referred to the relevant Departmental Committee)*

**MOTION**CERVICAL CANCER SCREENING SERVICES AND  
ISSUANCE OF THE HPV VACCINE TO BOYS AND GIRLS

*(Hon. (Dr.) Tecla Tum on 31.7.2019)*

*(Resumption of Debate interrupted on 31.7.2019)*

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Members, this particular Motion had started on 31<sup>st</sup> July 2019 and it has a balance of two hours and nine minutes. I am informed that the Member for Kajiado East, Hon. Peris Tobiko, had a balance of eight minutes. If she is in the House, she may wish to proceed. She is not present and, therefore, her time lapses. I, therefore, will give the next opportunity to Hon. Pukose, the Member for Endebess.

**Hon. (Dr.) Robert Pukose** (Endebess, JP): Thank you, Hon. Temporary Deputy Speaker. I stand to support this Motion on cervical cancer screening services to all women and issuance of the HPV vaccine to boys and girls by the national Government. Issues to do with health in this country have had a challenge when it comes to implementation. First, the devolved health services were never costed. The Level 6 hospitals like Kenyatta National Hospital, Moi Teaching and Referral Hospital, National Spinal Injury Hospital, Mathari Mental Hospital and the rest have always got inadequate funding.

Screening is where you are able to do a pap smear and screen women. It is a service that can be simplified and made accessible to all women in this country. This is where issues to do with universal healthcare, which is one of the Big Four Agenda, should be considered. When it comes to the Big Four Agenda that the President is talking about, I think healthcare is the one that is achievable compared to the other three agendas. Universal healthcare is something that is achievable with adequate funding, proper planning and proper management.

Cancer is a huge issue that can only be managed by the national Government. We have seen attempts by county governments to put up cancer centres. This is a very complex issue. You need good manpower, good facilities and good resources. One of our biggest problems in this country has been diagnosis. Without early diagnosis or with misdiagnosis, we end up with mismanagement of patients. We have had cases in this country where somebody is diagnosed with cancer, put on treatment and when he gets to better facilities the diagnosis turns out to be negative; that the patient does not have cancer. You can imagine the resources that person has used. We first saw this in the instances where people were misdiagnosed to have HIV/AIDS and then put on anti-retroviral treatment.

This is a very good Motion to me and to the country. What needs to be done is that the national Government, through the Ministry of Health, should look at how to apportion the resources to meet the challenges that face our country, especially with regard to diseases that can be treated upon early detection. Cervical cancer is treatable when it is diagnosed early. The survival rate for cervical cancer patients is very high when detected early and managed. There are other associated factors. It is preventable, especially when you talk of causes that are commonly associated with it like HPV16 and HPV18, which constitute about 70 per cent. And it is sexually transmitted.

So, when we say we want to prevent both boys and girls, the HPV is sexually transmitted from one woman to another or from a man to a woman. By having vaccines and putting in detection methods, screening, pap smears and others, we can control and give quality care to Kenyans.

With those few remarks, I support this Motion and thank you.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Very well, Hon. Nguna Ngusya, Member for Mwingi West.

**Hon. Charles Nguna** (Mwingi West, WDM-K): Thank you, Hon. Temporary Deputy Speaker for the opportunity. I rise to support the Motion brought by Hon. Tecla for free screening of this type of cancer in women. I have always longed to hear from the President and the stakeholders in the Ministry of Health declaring cancer a national disaster.

Just two weeks ago, we lost one great Chief Executive Officer in Africa to cancer. We lost our colleagues just last week because of this menace of cancer. That is why anything to do with cancer must be supported and is emotional.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Nguna, just give me one second to recognise our students in the right place within the National Assembly.

I wish to recognise the presence of the following students in the Public Gallery: Students from Londiani Central Primary School, Kipkelion East Constituency, Kericho County; students from AIC Kapkatet Secondary School, Moiben Constituency, Uasin Gishu County; Eldoret Educational Resource Centre, Ainabkoi Constituency, Uasin Gishu County. Ainabkoi is represented by Hon. Chepkut who is properly in the House. Students from Lubua Primary School, Igembe North Constituency, Meru County and students from Kimaruandi Progressive School, Konoin Constituency, Bomet County. They are welcome to observe proceedings of the National Assembly.

Thank you. Proceed, Hon. Member.

**Hon. Charles Nguna** (Mwingi West, WDM-K): Thank you, Hon. Temporary Deputy Speaker. Cancer is a worldwide issue. It is high time every country in the world declared cancer a disaster. The HPV vaccination that Hon. Tecla is trying to bring here... We know this disease is very common among young people, especially our daughters in secondary schools and universities.

It will be a good idea if we subject our daughters to this free vaccination since we know their economic status does not allow them to carry out such an expensive exercise. That is why the introduction of free vaccination will help many people. Each Member has lost a relative to cancer. I have lost many relatives and that is why this issue must be addressed seriously. There have been a lot of theories regarding the causes of cancer. We have been advised not to expose ourselves to extreme sun heat, to eat well and do many things to prevent ourselves from getting cancer. However, we have seen many healthy people even sportsmen who do not have high fat content in their bodies suffer from cancer.

That is why I am here to support this Motion. Our women must be subjected to free vaccine, so that we can prevent cancer. We are not only talking about women. Everybody must have free access to cancer screening in this country. The last Parliament set aside money to start cancer centres, but so far, there have been no updates. What is happening in this country despite allocating a lot of money to deal with this issue? That is why I am suggesting that we introduce a Motion of Adjournment to know the status of the cancer facilities for which we have allocated money because there is a lot of confusion.

We only have the Kenyatta National Hospital, but when you get there, you find many queues of patients who want to access free screening of cancer. There are no other places. I do not even know if counties have facilities to test for cancer. So, it is a national disaster and we are calling on the Government to introduce, at the county levels if not at the constituency levels, free screening facilities to all types of cancer, and not only cervical cancer. We should screen others like prostate cancer, which is common in men.

With those few remarks, I support. I look forward for proper implementation of this legislation. Let us not just legislate, but follow up to ensure that all what we are legislating is properly implemented. I am calling on the Committee on Implementation to ensure that what we pass in the House is fully implemented.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Wachira Kabinga.

**Hon. Josphat Kabinga** (Mwea, JP): Thank you, Hon. Temporary Deputy Speaker. I also support this Motion by Hon. Tecla Tum. As I do so, we need to urge the Ministry of Health to intensify its efforts in documenting curable, preventable and manageable diseases in this country so that we can address them early enough and not just wait to see what the country went through the last one month when we lost prominent people.

The proposal by our Member is on HPV, which is the main cause of cervical cancer. The proposal to have early vaccination for boys and girls would go a long way in preventing the virus.

As we do so, it is important that we intensify creating awareness on some of these diseases. While this virus is one of the causes of cervical cancer, there are many other known and documented reasons why one would get cervical cancer. One of them is having many sexual partners, smoking, use of oral contraceptives over a long period of time and engaging in early sexual behaviour. These are not acquired in hospitals or clinics and we should intensify creation of awareness to our people. This is especially during early childhood stages in our educational institutions. Those topics should be taught. That will save this country a lot of resources.

Therefore, I urge that, as we look at such Motions on prevention and management, we also intensify on creation of awareness so that our people may live better healthy lives. As I support this Motion, I recognise that cervical cancer is one of the problems that we have in this country. There are many other cancers. On the side of men, we have prostate cancer which also needs screening during early stages and should be managed similarly to other types of cancers. So, I urge the Ministry of Health to put more efforts on documentation of diseases which need early detection, management and prevention. This will save the enormous resources that are used for treatment.

It is high time that, as a country, we relooked at our medical services and especially on management. We need to review how our counties are capable of managing health services. We also need to relook at the budget that we attach to our health services so that, as we look for preventive ways, we see what we have at hand. Health Services are devolved. We need to assess

how long those services have been in the hands of counties and ask ourselves whether they have the capacity or whether we have capacitated them to manage health services.

When we talk about early cancer screening, do our 47 counties have the capability and capacity to provide those screening services? As a House, are we providing them with enough budgetary resources so that they can provide the services we are recommending? We have made many recommendations through such Motions in this House. Most of them are passed, but they are not implemented. They are not given any budgetary allocation and so, they go down to the dustbins. Therefore, for this particular area of health, we need to act differently. As a country, we need to review and relook at what we have given our counties to expect them to work. We need to ask ourselves if we have given them enough resources to handle that.

In most counties, health services have deteriorated. The counties talk about resources in terms of budgetary allocation and human capacity. That is why I am saying that it is high time we removed politics from those important services. We need to look at the capacity that our counties have in order to manage health services. If they are not capacitated, it is high time we relooked at our Constitution, centralised health services and provided enough budgetary allocations.

We should not blame counties because I believe we have not given them enough resources in that particular area. As we focus on health services, it is high time we looked at the best way of management by moving those services from the counties and centralising them. The House should also focus on this issue and add resources so that all the diseases are detected at an early stage to prevent the menace that we are in.

I want to over-emphasise again that we need to relook at creation of awareness, especially in early childhood stages in our schools. In secondary schools, our children transit from one stage to another and they are involved in vices like smoking, having many sexual partners and using contraceptives over a long period of time. Our children should be informed that the moment they start indulging themselves in sexual activities at early stages, they are registering chances of getting some of those diseases, including cervical cancer.

Hon. Temporary Deputy Speaker, I support and urge that this Motion be amended to include other types of cancers like prostate cancer. Also, it should relook at the issue of creation of awareness in addition to the proposed vaccine for HPV. Most of the Motions that we discuss, especially on Wednesdays, are important. But I do not see much implementation. For the two years that I have been around, I have seen many Motions being discussed, but I have not seen any of them being implemented over this period. So, I urge the Committee on Implementation to start being serious and have some of these Motions taken up by the relevant ministries for implementation.

I thank my colleague Hon. Tum for bringing this Motion and I support.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Members, allow me to recognise, in the Speaker's Gallery, students from Chepsir Primary School, Kipkelion East Constituency, Kericho County. I also wish to recognise students from Hekima Kipsitet Academy, Sigowet/Soin Constituency, Kericho County. They are welcome to observe the proceedings of the National Assembly.

We shall have contribution from Hon. Mbui Robert, Member for Kathiani.

**Hon. Robert Mbui** (Kathiani, WDM-K): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity. I want to begin by thanking Hon. (Dr.) Tecla Tum for coming up with such a timely Motion on screening, timely treatment and prevention of the spread of

cervical cancer. This comes at a time when we have just lost three prominent Kenyans and many others who have not been talked about, to cancer.

When Kenya lost prominent leaders to cancer, it made me go around and ask many questions. I did a bit of research. So, I will be contributing from a point of knowledge. The first thing we need to understand is what cancer is. Apparently, it is the abnormal cells which are divided uncontrollably and destroy body tissues. There are over 100 types of cancers in the world, cervical cancer being one of them. Cervical cancer is a malignant tumour that grows in the cervix and its effect on the victims are really astronomical.

It obviously reduces the quality of life of the patient. The cervix is located at the lower part of the uterus or womb and, obviously, it complicates the possibility of one being able to conceive or bear children. Also, there is an uncomfortable discharge from a woman who is suffering from that disease. They also suffer from pain and, at the end of the day, it can lead to death. I have also checked the statistics of cervical cancer.

Breast cancer seems to be the second most common type of cancer that is found in women. It affects over half a million women worldwide, and it is frequent in women aged between 35 and 44 years. But it is very rare in women younger than 20 years. If it is diagnosed early, there is a 90 per cent chance of survival. But only 45 per cent of the cases are normally diagnosed early. If it has spread to other tissues, then the survival rate is only 56 per cent. The most interesting part of this, which is really connected to what we are discussing here, is that 90 per cent of deaths occur in low or middle-income countries. Malawi has the highest incidence of cervical cancer. That, obviously, tells us that as a country, we fall within that category in the world where 90 per cent cases of cervical cancer are prevalent. So, it is important that we debate these issues with a view to looking for solutions that can help to safeguard the health of our people.

The causes of cancer are not yet 100 per cent known, but majority of the ones that are found on the internet are smoking, alcohol, obesity, lack of exercise and poor nutrition. Some of it is generic. Of course, there is also the HPV virus. Apparently, the HPV virus seems to have a vaccine and that is what the good doctor, Hon. (Dr.) Tecla, is proposing. She is proposing that, as a nation, we ensure that this vaccine is provided to our boys and girls so that the future of this disease is compromised. If we can eradicate this disease within the youth bracket, then it means in the future, it will no longer be a problem.

The treatment of cancer is very expensive. There are three ways by which it can be treated. One way is the use of a cocktail of medicines in chemotherapy. The other one is use of high doses of radiation to kill the cancerous cells. The third way is surgery, which is basically the removal of the affected tissues. When you talk about treatment of cancer, it is one of those things that affect the people we represent in such a big way. Almost every weekend, we attend functions where we raise money for the citizens of this country to seek treatment in India. I ask myself one question: How come this country boasts of high levels of education and medicine schools that are supposed to be some of the best within the Continent and yet, we do not seem to have perfected or found out ways by which we can treat this menace? If we could have sorted out that problem; if we had cheap ways of treating the disease, or we had good doctors trained on it, then we would not have a lot of money being spent in India. We spend a lot of money on air tickets, paying doctors and buying medicines from Indian hospitals so that our population can continue to live. The right to life is guaranteed.

I think the honourable doctor has come up with a very timely intervention for us, as a nation, to think very clearly about the issue of cancer and to figure out how, as a legislative



House, we can propose solutions to this problem. As I finish, I want to say that prevention is obviously better than cure. If we have realised that there is a vaccine for one of the viruses that cause cervical cancer, HPV, I do not see why, as a House, we should be debating this issue. Honestly, the Ministry of Health should have taken this upon itself. They should have gone to our schools and done public awareness so that Kenyans are made aware that this is one of the viruses that spread cervical cancer, and it can be treated and prevented. Kenyans would obviously have no issues.

As I support this Motion, I propose that screening centres for cervical cancer be increased and vaccination be provided. Over and above that, I wish to say that it is important that further research is conducted on the issue of cancer. This is because when you open our social media pages, almost every Tom, Dick and Harry seems to have ideas of what causes cancer. You remember when some supermarkets were found to be selling meat that was laced with chemicals for longevity and also for it to look good. Apparently, that has gone awash and people are saying it is obviously one of the causes of cancer, and that is why we are dying. A story seems to have leaked out – I do not know how true it is – that there is a lot of maize that was imported into the country a few years ago, which had aflatoxin and, therefore, that was consumed and we are expecting to see more cases of cancer spreading amongst us. I think the Government needs to do proper research. Let us use the Kenya Medical Research Institute (KEMRI) or any available State agency that can help to do more research so that we can spread proper awareness to avoid the scare that is going on around. This is because right now, Kenyans are probably not going to be able to buy meat from supermarkets anymore. People are saying they need to go to butcheries where there are flies flying all over the meat because they believe that, that is safe meat. Unfortunately, they forget that, again, flies spread germs.

Let the Government do further research and give us information, as citizens, so that we can support them in whatever they come up with. Otherwise, I support the Motion and thank the honourable doctor.

Thank you, Hon. Temporary Deputy Speaker.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Mwangi Gathiru, Member for Embakasi Central.

**Hon. Benjamin Mwangi** (Embakasi Central, JP): Thank you, Hon. Temporary Deputy Speaker. At the outset, I support this Motion, which has been brought by Hon. Tecla Tum. The cancer issue is very serious and it is really affecting Kenyans. I would like to urge my colleague, Hon. Tecla Tum, not to just look at a boy and a girl, but also look at everyone and include all types of cancers. The Government should make cancer treatment free. In case one is found with cancer at an early stage, the cost of treatment is cheap. I would also like to urge the national Government and the county governments to work together and ensure that all the hospitals in our country are well equipped with cancer screening machines and also medicines to treat the disease, to ensure that all Kenyans living in this country are safe and secure from this disease.

We know that, as a country, we are losing many people. People are dying every day because of this killer disease. If we will not be able to take care of this, it will end up affecting each and every one of us. I believe it is good for the Government to invest a lot of money, especially in hospitals, to ensure that all the affected persons get good medical care.

*(Hon. John Waluke consulted loudly)*

Hon. Waluke is interfering with my contribution. I join all my colleagues in supporting this Motion. When we legislate, we should ensure that we push the Government to implement the Bills that we pass here in Parliament. If I remember well, we had a Motion which was brought by Hon. Mohamed Ali which said that every county should have, at least, a hospital that is fitted well with cancer screening and treatment machines. Since that Motion was passed, it has never been implemented. We should urge the Hon. Members and the Budget and Appropriations Committee to ensure that they provide the budget for what we legislate to ensure that it is implemented.

I support this Motion. I thank you, Hon. Temporary Deputy Speaker.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Members, allow me to recognise the presence of the following students in the Public Gallery: Dawn Vision Primary school, Mwea Constituency, Kirinyaga County and students from St. John's Academy in Konoin Constituency, Bomet County. They are welcome to observe the proceedings of the National Assembly.

We shall now have contribution from Hon. Njiru Muchangi, Member for Runyenjes.

**Hon. Eric Njiru** (Runyenjes, JP): Thank you, Hon. Temporary Deputy Speaker, for giving me the opportunity to contribute. I want to start by saying that this Motion is coming to us at a time when we have a serious conversation in this country about cancer and the deaths that have occurred as a result.

I said in this House that the greatest gift that a person can have in life is good health. It is better to be healthy than wealthy. I wish to support this Motion on provision of free screening for cervical cancer to the women in this country. Statistics show that cervical cancer is one type of cancer that is causing many deaths in this country. Research has indicated that we can prevent up to 75 per cent of women from developing cancer in their bodies, if screening is done right on time. Unfortunately, it has become extremely difficult for the majority of women, especially those who live in rural areas and those who are not in places where they can get information on screening. I wish to join Hon. Tecla Tum in urging the Ministry of Health to offer free screening for cervical cancer, so that majority of our women in this country can get a platform to get more information and be screened for this deadly disease.

As we do this, it is also important for us to remember that it is not the only type of cancer that is causing death in this country. We have prostate cancer which is so common now in men and throat cancer. It is important for the Ministry of Health and even the county governments to invest more of their resources in this area of combating the disease.

With those few remarks, I wish to support the Motion.

*[The Temporary Deputy Speaker  
(Hon. Christopher Omulele) left the Chair]*

*[The Temporary Deputy Speaker  
(Hon. Patrick Mariru) took the Chair]*

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Hon. Nguna Ngusya, Member for Mwingi West. Why is your name still here? Do you want to contribute to the next Order? The next one is Hon. Ogotu Abel, Member for Bomachoge. That Member has left. Hon. Kibunguchy Wamalwa.

**Hon. (Dr.) Wamalwa Kibunguchy** (Likuyani, FORD-K): Thank you, Hon. Temporary Deputy Speaker. I also take this opportunity to thank the Mover of this Motion that is timely, considering what has happened in this country lately.

First of all, cervical cancer is now recognised as a sexually transmitted disease. It is one of the diseases that we recognise as sexually transmitted because in the majority of the cases with cervical cancer, the conceptive organ is HPV. When we tie up the two and say that on one hand, we want to give a vaccine and on the other hand we want to do preventive measures or screening, then we are tackling the cervical cancer from two different angles and that is the appropriate way to go. As some Members have alluded said, cervical cancer is usually associated with very early sexual contact usually by the teens. Once we have this conceptive organism which is HPV at that time, then it causes fundamental changes to the cervix that normally takes many years before the actual invasive cancer is detected. During that transition period when those changes are taking place in the cervix, we can detect them through screening.

We are talking about possibly a period of two decades. Once we have conceptive agent at a very early age, which is about 11 or 12 years old, then the changes take place very slowly. There comes a time when we can pick those changes through screening, for example, what has now been known as pre-cancerous conditions or Cervical Intraepithelial Neoplasia (CIN). If we pick up the condition at that stage, it can be treated 100 per cent and we have 100 per cent cure rate. Once it gets to the stage where it now becomes frank cancer where you can see a lesion or growth on the cervix, then you are getting to a stage where the survival rate is markedly reduced.

I agree and support this Motion. For us to implement this Motion properly, we must re-think strongly whether what we are having now in the country in terms of medical care or healthcare is adequate for our people or not. I am of the view that it was premature and we did not think through it very well. If we will have a referendum in this country, we need to seriously think about reverting the health function back to the national Government. Massive screening is only possible when it is being coordinated from one centre - that is the national Government. If we fragment it into so many different counties which have priorities which are sometimes upside down, we will not succeed very well. For us to put this Motion into perspective that will help our people, we have to be courageous and proactive enough to say that time has now come. This experiment of the health function being handled by the counties has gone on for too long. It has shown us that it cannot work. We cannot flog a dead horse that is already down on the ground. We need to start thinking seriously about it. I urge my colleagues that this is the time for us to seriously think about reverting the health function back to the national Government for us to implement this Motion.

We have seen an upsurge of deaths in the country. We are burying our people more frequently than we used to sometime back. I attribute that to the fact that we devolved the health function to the counties. Counties need to come up and say that they do not have the capacity to handle health. It will be okay if we go that way.

The universal healthcare the President has talked about, in my view, will only be possible if health is handled from one centre. That is because the priorities of the counties are totally different. They may ask to be allocated more financial resources. That is the argument of the governors and their committee executive members. But the problem is that, once we allocate them the resources, their priorities in terms of where to apply those resources gets completely lost. Most counties have become like employment bureaus. They employ more people and spend a lot of money to pay salaries as opposed to providing essential services like health. As much as I agree with my sister Hon. Tecla Tum that this is a good idea, we can only do this prudently if it

is handled from one centre - the Ministry of Health - which should co-ordinate the screening so that it is done in every corner of this country. If we decide to give HPV to the seven or eight-year olds, it can only happen when co-ordination is from one centre so that all boys and girls get it. But if, for example, Mombasa County does it but Vihiga County does not, and our people move, we will completely lose the essence of the screening.

If we have the referendum, time has come to revert the health function to the national Government and let counties deal with other functions. In any case, most of them cannot even handle some of the other functions.

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

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Before I give a chance to the next speaker, allow me recognise, in the Speaker's Gallery, pupils from Mbari ya Ruga Primary School, Gatanga Constituency, Murang'a County and Furaha Primary School, Kipkelion East Constituency, Kericho County. In the Public Gallery, we have Kaptororgo Academy, Konoin Constituency, Bomet County. The three schools are welcome to watch the proceedings of the National Assembly.

Let us have Hon. Wamaua.

**Hon. (Ms.) Mary Njoroge** (Maragwa, JP): Thank you Hon. Temporary Deputy Speaker for giving me a chance to contribute to this Motion and commend Hon. Tecla Tum for bringing it at the right time. It was supposed to have come like yesterday, but we recognise and commend what she has done.

When we talk about cervical cancer screening services to all women and issuance of HPV to boys and girls by the national Government, we are only introducing awareness and early treatment of the concerned cells before they become cancerous. I support screening which, in the spirit of the Mover of the Motion, should be done early so that we detect the cell changes in the body and treat them immediately and successfully before they develop to cancer. This will help to save our girls and women and achieve a higher survival rate of those affected.

We also know that much of the awareness is supposed to be done to people in rural areas to promote a higher survival rate. As the saying goes, prevention is better than cure and that is why I highly support the Mover of the Motion. In rural areas, many of our people die of cancer. It has become a big killer. Sometimes, we come to realise how important it is deal with cancer when some of our top leaders die. With data available of people who are dying of cancer at the rate of six to eight people per day, we should realise that cancer has become a killer.

Cancer is very expensive for people in rural areas, who live from hand to mouth. The expense the person is supposed to incur is the same as that of those who have means. So, when we support screening, we are talking about saving our people who have little resources. We will be saving lives. If cancer is detected early, there is a better chance of survival of the affected.

The drugs that we use to treat cancer, even in our Government hospitals, are worrying. Therefore, if screening can be done in stages one and two – cancer is treatable at these stages - we will save on the money that we allocate to hospitals.

Cervical cancer is one of the most preventable cancers if it is detected early. That is why we call for awareness amongst our people and screening of boys and girls so that we can treat it early. The fight against cancer should be waged against all cancers because, according to the American Institute for Cancer Research, around 40 per cent of cancer cases can be prevented through proper diet. So, in creating awareness through education, we should instruct our people on proper diet and physical activities which will make the cancer cells dormant and not develop into cancer. We also request the Ministry of Health to take up the task of educating people on

proper nutrition. We have some personnel in the Ministry who are idle and yet, quite a lot needs to be done. We should also sensitise those who have been diagnosed with cancer to help prolong their lives by giving them good nutrition, care and a proper support system. That is why I am in support of the statement which was issued by the Governor of Kisumu County, Prof. Anyang' Nyong'o that the Government needs to empower more of our personnel in research. If we are able to research well, we can prevent HPV by giving out HPV prevention vaccines.

In rural areas, you find people sleeping in a house with no drugs to take and no fare to go to the hospitals for treatment. It is a worrying and pathetic situation. That is why we support Hon. Tecla Tum for coming up with this Motion. Our people cannot afford some of the screenings we are talking about. When you talk of Kshs100 or Kshs200 that is requested at the time of screening, a person who does not have food to cook at home for her children cannot afford. By the time you start feeling the pain, the cancer is already in stage three or four. This person will not go for that screening. But if it is made free, followed by civic education by personnel from the relevant Ministry, we shall be able to prevent and minimise the cases that we have today.

Other than the cervical cancer which is treatable, we have cases of other cancers which can go along with research that we are calling for. For those who are diagnosed with the same, the Government can also pump in a lot of resources in radiology and chemotherapy in rural areas so that our people are able to access treatment services.

With that, I support the Hon. Member and also request the Committee on Implementation and Budget and Appropriations Committee to allocate a big share of money in the budget to screening services, so that we can assist what is being done by the county governments in order to cure our people. A sickly nation cannot produce anything. Therefore, in support of one of the Agenda Four on universal healthcare for all, we are advocating that this is the time we are supposed to implement it. Otherwise, more of our people will die of cancer like cervical cancer which can be screened and treated early. We can also reduce it by making sure that the boys who have started engaging in sexual intercourse are free of those germs because we know HPV is mostly spread by boys who are already mature.

Therefore, we are giving a great deal to the nation and our girls so that we do not become a nation that is always treating diseases, but one that is preventing diseases.

I support.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): We will have Hon. Gogo Achieng.

**Hon. (Dr.) Lilian Gogo** (Rangwe, ODM): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to make my contribution on this very important Motion. I rise to support it. I thank Dr. Tum for bringing this Motion to the House. In the wake of the very many deaths of senior members of society and the unrecorded cases of deaths that arise from cancer, it is important that we put in some serious debate around issues of cancer. Those who have spoken ahead of me have indicated that cancer of the cervix is a sexually transmitted disease. This must come out clearly - that cancer of the cervix, anal cancer, cancer of the throat and even cancer of the penis are sexually transmitted diseases. One of the predisposing factors is exposure to HPV.

As we discuss this matter, lifestyle change is more important than even vaccination. Most of the people who transmit this cancer are not young boys. Most of the people who transmit it and are mainly sexually active are people who are a bit economically endowed. They think that they should sleep around anywhere anytime with anybody. These are the people who are causing trouble in this nation. These are the people who go sleeping around with young girls. If you see

yourself as a man having genital warts, that is a clear indication that you have HPV. People should be advised, especially in such cases, to reduce their sexual activities. Men are carriers, but women are sufferers. You may think that you have tested yourself for HIV/AIDS and you are safe, but you are a carrier of HPV and you are going to kill your wife. It is important that we are serious about matters sex. It is important that we seriously relook at our sexual behaviours even as leaders in this country. There are people who think that when they have one or two shillings, they can go sleeping around with any woman. Unless we address our sexual activities as Kenyans, then the cancer is going to hang around with us for a very long time.

I want to say this on record: If we do not bring in sexual education at its earliest time in our education system and we discuss this matter with our boys and girls, certain cancers are going to stay with us for quite a long time and we are going to die as Kenyans. It is important, other than the vaccination that we give against HPV, that we tell our boys and girls without any matter of doubt that when they go having early sex, one of the things that they are going to predispose themselves to is certain aspects of cancer. We are not going to dwell so much on vaccination. Vaccination is an important aspect of prevention, but why vaccinate and go spreading cancer through sex? Members, we know ourselves in this House. We know our leaders who are outside there, and even business people who have a lot of money. My friend, go sleeping around with everybody everywhere, but you will be predisposed to cancer of the penis. It is not only about cervical cancer, since you are going to predispose yourself to cancer of the anus. HPV has also been found to be a problem with cancer of the breast. So, it is not only about cancer of the cervix that we are talking about here. It is a serious matter that we need to address as the leadership of this country and as people who are serious about reducing the mortality rate in Kenya.

It is also very important that we relook at our healthcare system. It is only primary healthcare that is devolved. The national Government should take up its role of addressing the issue of healthcare seriously. Only the hospitals that were being run by the councils were left for the counties. This should come out very well as it is in the Fourth Schedule. I rise to support this matter but, at the same time, I want to give a strong warning to those of us who think that they can just go sleeping around. You will sleep around my friend, you are going to have sex everywhere and you are the one who is going to kill very many Kenyans. We should be able to identify those kinds of people, put them down and give them advice. There are people who are everywhere having sex as if sex was a toy for playing around. It is high time as Kenyans that we got sexually responsible. It is high time as Kenyans we taught and respected our children at the time that you are able to. As it right now, there is a very simple kit for testing HIV. You take a bit of blood, put it on that kit and then you find out whether you are HIV positive or negative.

Any other sexually transmitted disease or infection will predispose you to cancer. The medics here can give us advice. The issue with Kenya is not about the personnel that can handle cancer. We have very many oncologists in this country. The county governments are not able to engage our oncologists. We have highly trained oncologists who can handle cancer. We have highly trained oncologists who can detect cancer early. We have highly trained medical personnel and paramedics. It is important that we have appropriate equipment that they can use for detection and even for radiation. Chemotherapy can be done in this country. I advise Kenyans that before you run out of the country and use a lot of money on flights and accommodation, please check with our cancer specialists and let them make referrals. The first thing people or families think of doing when they are told they have cancer is to raise money to go for treatment abroad. The lapse of time that is used for raising money for treatment abroad could be used for

early treatment. So, it is my contribution to this matter that Kenyans should avoid, at their best, rushing for treatment abroad. That money can be used for mitigating the effects of cancer early enough.

As I sit down, I want to advise that we come up with systems that zero-rate cancer detectors. It is important that we come up with such systems. Like when one goes for treatment and they have cancer, consultation fees or doctor's charges should be reduced. That is so that more and more people can access treatment. I want to thank His Excellency the President, Hon. Uhuru Muigai Kenyatta, for his seriousness in taking up healthcare issues. I address the President at this time: Please, prioritise cancer treatment. You are a hands-on person. The way you have tried to run this country and bring peace, also bring medical peace in this country. One of the areas you should concentrate on, Hon. President, is this scourge of cancer.

With those very many remarks, I support.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Hon. Achieng, that was a pretty deep contribution. I could tell from this end. Members were nodding. Even your neighbours there were nodding in agreement to what you were saying.

Next is Hon. Noor Sophia, the Member for Ijara. That Member seems to have taken leave. The next one is Hon. Murugara Gitonga.

**Hon. George Gitonga** (Tharaka, DP): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity...

*(Hon. (Dr.) Otiende Amollo interjected)*

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Order, Hon. Murugara. What is it, Hon. (Dr.) Otiende Amollo? What is out of order? Order, Hon. (Dr.) Otiende Amollo! You seem to have pressed the intervention button and you are still busy following up the conversation with Hon. Gogo. What is out of order?

**Hon. (Dr.) Otiende Amollo** (Rarieda, ODM): Hon. Temporary Deputy Speaker, I had pressed the intervention in terms of a discussion that has gone on in terms of the provisions of the Constitution. I had wanted to point out a very important fact as we are debating this. Many Members are blaming the Constitution for devolution of health. I wanted to point out that, as we go on with this discussion, we should place the blame where it lies. That is because, under the Constitution, health was not devolved.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Order, Hon. Otiende Amollo. You know I am trying to prevent you from contributing to this debate through the backdoor. What is out of order, Hon. Otiende? Or, is it a point of information?

**Hon. (Dr.) Otiende Amollo** (Rarieda, ODM): Hon. Temporary Deputy Speaker, I think it was a point of order so that Members do not misdirect their wrath to the Constitution. I am happy to explain it when my turn comes. I thought it would save a lot of Members the energy of that misdirection. I will hold my horses.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): I could tell, Hon. Otiende, that you were gravitating towards contributing to this debate. You will get a chance, for sure. It will be soon because I can tell where you are on the screen.

Hon. Murugara!

**Hon. George Gitonga** (Tharaka, DP): Thank you, Hon. Temporary Deputy Speaker, for giving me an opportunity to chip in to this great debate that we are having this morning. It regards what is ailing our country in terms of a disease known as cancer.

Let me thank the Mover of this Motion, Hon. (Dr.) Tecla Tum. It is the appropriate time to keep on discussing about cancer, which is an epidemic in this country. It threatens to kill most of us purely because we are either ignorant; we have not been informed or there are no sufficient facilities to ensure that we learn of our status in time.

Recently, we debated at length on the establishment of cancer screening and treatment centres in the constituencies. We passed that Motion. It is a Motion that awaits implementation by the Ministry of Health, through the Committee on Implementation. We debated and agreed that, in every constituency, it is now appropriate for the national Government, through the Ministry of Health, to establish a cancer screening and treatment centre. I still believe and reiterate that this is the position of this House. We must, at all times, urge our Government to ensure that centres are set up, and our people are given appropriate treatment.

It is also very important, especially where there can be vaccines, to have all the children that are likely to be affected by cervical cancer, especially girls, vaccinated. Let us, through the Ministry of Health, roll out a vaccination programme that will go to the grassroots and have children vaccinated. In so doing, we would definitely arrest and ameliorate this problem, which is devastating our country. I can confirm that I would be prepared to take part in the smallest of ways to ensure that such a programme goes to my constituency of Tharaka, and that I am able to receive those vaccines in their truckloads so that I have every child vaccinated. I will also be prepared to ensure that the public is informed as regards what the Government is doing and, more so, on the importance of doing it so that it can be embraced without hesitation. We have heard of cases where vaccination exercises are rolled out by the Government and propaganda sets in immediately with all manner of negative publicity, innuendos and what else we cannot understand.

One aspect that must be explained to our citizens is that cancer is an epidemic. It now needs to be arrested. We have watched. As I speak, I have many of my constituents lying in various hospitals ailing from cancer related ailments. It is not just cervical cancer which affects women. We have other types of cancer which have been stated in this House and have been explained to the country. People are aware of what is ailing us. The solution is not anything else but early cancer screening of every Kenyan. Let us have treatment whenever it is possible. Our country is doing very well. As Hon. Members have said, we do not have to go to India or any of the hospitals out of Kenya. We have oncologists here who are trained properly and are qualified to give medical treatment. Therefore, it is my humble submission that we support this Motion. Let us have cancer taken as one of the diseases that are negatively affecting our country. It is reducing our population in spite of whatever age one is; whether it is productive or old age. It is now creeping slowly into children and it needs to be arrested.

So, in support of this Motion, I urge the Government, through the Ministry of Health and this House, to pass and adopt this Motion, so that cancer patients, wherever they are, in hospitals or at home, are able to access proper medical attention in regard to cancer, whether cervical or another type. I, therefore, beg to support this important Motion.

Thank you.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Very well. Before I go to my right, let us have Hon. Maanzo Kitonga on my left.

**Hon. Daniel Maanzo** (Makueni, WDM-K): Thank you, Hon. Temporary Deputy Speaker, for giving me a chance to contribute to this very important Motion. I have listened to the previous contributions and cancer is coming out as one of the biggest medical problems in the world now. There have been many debates on what causes cancer and whether Genetically



Modified Organisms (GMOs) cause cancer or not. Many scientists have not been able to agree on this one. As one of the MPs has stated, almost every MP has a relative or a friend who has been affected by cancer. Personally, my father died of cancer. Two of my uncles died of different types of cancers, including the cancer of the teeth. By the time those cancers were discovered by medical experts, it was difficult to treat them. Its causes are known. In fact, in some products, for example, cigarette packages, it is written that smoking is likely to cause mouth and throat cancer and, therefore, whoever uses it is pre-warned.

This Motion is dealing with cervical cancer and the possibility of being prevented through a vaccine. Before you gave me the Floor, I Googled – although one has to contact his doctor and have one or two more doctors for a second opinion – cervical cancer can be prevented through a vaccine. The only precaution given is that, at all material times, you must consult your doctor. This Motion has been sponsored by a medical doctor and a number of medical doctors in this House have contributed to it. It will be great for us, as a country, to come up with a strategy on how to deal with cancer. It is an expensive disease to treat. Once detected in a person, it can render their family bankrupt. Many people have had to sell their property to take care of their children, spouses or relatives who are seeking cancer treatment. Very rich people who have money have been unable to treat this disease sufficiently. Therefore, I believe, as a country, we should come up with a strategy. One of the encouraging things is that, if detected early, cancer can be treated. It is, therefore, good to encourage as many Kenyans as possible to go for cancer screening. The question is: How many Kenyans can afford those tests and how can this message be sent to every village in this country? How can we have a balance – as my learned senior, Hon. Otiende was saying – between the national Government and county governments?

As Parliament, what is our role? Have we set aside funds to enable Kenyans to undergo free tests and free treatment to some extent, so that we save the lives of many Kenyans who are likely to perish from this disease? When you look at the causes of cancer, most of them are lifestyle related. It depends with the type of diet you take and the preservatives in our foods. Recently, there was a scare on the preservatives used in meat, whether they are safe or not, and if they are likely to excite cells to grow unnaturally. In the case of cervical cancer, what can be done at the early stage? As one of the contributors has said, we can be carriers of cervical cancer for our spouses. Can this knowledge reach the common Kenyan at the grassroots? This knowledge can help people to be careful with their diets and habits which are the biggest causes of cancer. People who are careful do not smoke, drink alcohol and eat meat. Research on foods like fermented apples has it that when they are consumed, they help with oxidation in the system of the body and, therefore, somebody who takes that fruit even when it is fermented together with apple cidar vinegar, has lower chances of contracting cancer because of the oxidation. After digestion, it turns to acetic acid and diseases do not attack the body when it is acidic in the gastric system.

Research is important. There are all manner of theories. We have to wake up as a nation and share research findings with people so that they have this kind of knowledge. Once they have this knowledge, it will be easier to present information on habits. That knowledge should be medically proven. Although the story of apple cidar vinegar is historical and doctors have supported it, I still encourage that we consult a doctor because of one's current health status. One could be using the wrong prescription or they could have been diagnosed with the wrong disease and yet something else is ailing them. There is hope. Some cervical cancers have been treated and others prevented. Cancer of the colon, in some cases, has been treated successfully because

of the methods the doctors in this House have told us. They have told us what happens and the methods of elimination of cancerous cells.

If we share knowledge on prevention of cancer, we will save a lot of money. Nothing can be equated to a life saved. As we pass this Motion, it is important that, as a nation, we keep sharing this message. I wish there were television talk show programmes where doctors can talk to Kenyans to pass this knowledge. We need to co-operate with communication agencies, radio stations and television networks so that instead of political debates, we have doctors talking to people to convince them. Is this drug for prevention going to work on everyone? We have seen situations where people have been inoculated but then there are certain percentages of deaths. Where has it been tested? Where is the research? Where is this information? As we debate here, we should not just tell Kenyans that they can prevent cervical cancer through an injection. Where are the tests? Some people go through it and probably get the cancer.

I just want to say this is a very important debate in the nation. I want to support this Motion and urge Members to do so.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): I will first recognise three schools. At the Speaker's Gallery, we have pupils of Bungoma Primary School in Laikipia East, Laikipia County. At the Public Gallery, we have pupils of Wahu Primary School in Kandara, Murang'a County; and, pupils of Biftu Elite Academy in Isiolo North, Isiolo County. The three schools are welcome to follow and watch the proceedings of the National Assembly.

I will now give opportunity to two lady Members in a row. First shall be Hon. Wangari from Gilgil and then Hon. Kasalu from Kitui.

**Hon. (Ms.) Martha Wangari** (Gilgil, JP): Thank you, Hon. Temporary Deputy Speaker. I rise to also support this Motion. Before I go into the substantial Motion, I wish to note that today coincides with the end of the breastfeeding week, which is celebrated between 1<sup>st</sup> and 7<sup>th</sup> of August every year. Though the matter has been settled, I wish to note and notify the House that, in 2013, I petitioned the PSC to put up a crèche for Members of Parliament and staff who are young and still giving birth. In August 2013, that was assented to and a paper was churned out. But six years later, we still do not have a place where we can sit with our children and breastfeed or express milk for the child to take later. It may look like a small issue, but it really affects the work of Members and that of the staff.

Under Article 127 of the Constitution, it is very critical that that is provided. The PSC is actually mandated to ensure that we are able to do our work uninhibited. Six years have already gone. People have come to this House and 70 per cent of them have left. We are generally a young nation. Let that crèche be put up for Members and the staff. Though Hon. Zuleikha has already been ordered out of the House, I hope that will be heeded so that Article 127 of the Constitution is taken care of.

I want to congratulate Hon. (Dr.) Tum for bringing forth the Motion. I do not think there is any Member of this House who has not been affected by cancer. Every week we have fundraisers. Every week we have funerals. This 12<sup>th</sup> Parliament has lost four Members—one Senator and three Members of the National Assembly—to the scourge of cancer. So, in terms of how deep it cuts, we have already felt it. Early detection is key. The decisions we make today, especially for our children, protect the future that we will be dealing with in 20 years.

I know there is a Bill that has been proposed on making sure that cancer is declared a national disaster. When that is done, we will put money where our mouth is. We will allocate proper resources for education, not just on HPV, but a global view of the cancers that affect this country. We will allocate money for education. Donors will be able to put money for early

detection of cancer. Unless we are able to do that, we will keep yapping and it will just be a talk show.

I am very apprehensive of Motions in this House. This goes to the Committee on Implementation. We pass Motions in this House, but how do we follow up to ensure that they are implemented? If it is a Bill, it becomes part of the laws of the country. If it is a Motion, people talk to it and it just stops there. I hope that we get the Committee on Implementation to follow up on this matter.

Recently, the country ran out of polio vaccine. Can you imagine that happened? You would go to hospitals and they would say the vaccine is not available, maybe because we are over-dependent on donors or for lack of better planning. We are endangering a whole generation when we joke with vaccination. We hope that this HPV vaccination could be included with others, even meningitis vaccine which is very expensive to access. If we are able to look at the school-going children, we will be able to save generations.

The other issue is to the county governments. I know they are struggling with issues of Recurrent Expenditure, but I hope we will eventually implement the Abuja Declaration so that not less than 15 per cent of the county allocations go to health. That will ensure that the random check-ups some governors are organising are continuous. If you do check-ups once because there is a lot of noise in the media and some high-flying people have died, after two to three weeks that story dies off. It should be a continuous process. I am also looking at the other techniques that we can use to detect cancer, like Positron Emission Tomography (PET) scan, which is a nuclear imaging technique. It is only one hospital that has it in this country and it costs Kshs100,000. We are talking of people who live on less than US\$1 a day. How many can afford Kshs100,000 in order to go through a body check-up to see whether you have cancer? It will not be possible.

I pray that, even as we pass Motions in this House, we are able to do an overview, a global look, not just for HPV, but for every other cancer so that we are able to prevent more than cure. This will also make it manageable in cases where it has gone beyond cure. That touches on palliative care. I am saying that because I have had a cancer patient. The pain gets to some level that it is almost impossible to bear. Palliative care is where you will need a nurse to come to your home because keeping patients in the hospitals will not add more life to them. I know many families have suffered when it gets to that level. Palliative care needs education. Doctors need to tell people the truth.

Even the chemotherapy we are using, we need to do proper investigation to see whether it is the right one, so that we can advise patients. At some level of cancer, chemotherapy will just worsen the situation; I am told as much. It is not just about impoverishing families. As it is today, you spend everything. You sell your property like land and livestock, but the patient ends up passing on even after going broke and suffering in the hands of this monster. I hope we can invest more on research in this disease. I hope the universities can also take it up in terms of study and research so that they can advise the government and the Ministry of Health on how we can do better screening, treatment and palliative care to cancer patients.

With those few remarks, Hon. Temporary Deputy Speaker, I beg to support.

Next is Hon. Kasalu.

**Hon. (Dr.) Irene Kasalu** (Kitui CWR, WDM-K): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity to add my voice to this very important Motion. I want to thank Hon. Tecla Tum for bringing this very important Motion which has come at a time that, as a country, we have seen how terrible cancer is. It has taken quite a number of our colleagues. I

have experienced cancer: I lost my mother-in-law to cancer of the cervix. I am very sure that if it had been detected earlier, my mother-in-law would be alive today.

According to the United States of America Cancer Institute, cancer is a term used for diseases in which abdominal cells divide without control and can invade other tissues. Cancer cells can spread to other parts of the body through blood and lymph systems. Cancer is not just a disease, but many diseases. There are over 100 kinds of cancer. Cancer of the cervix is one of the many types of cancer; if it is diagnosed early it is treatable. Getting tested regularly may find breast cancer, cervical cancer and cancer of the colon. That way, we can easily get the best way to treat them.

Hon. Temporary Deputy Speaker, this Motion also seeks to have our girls and boys vaccinated. Vaccination helps lower cancer risks and prevents many cancers including cervical cancer. As a nation, we need to come up with ways of preventing cancer and not just wait to be tested and go for treatment, but even advocate for healthy choices. We have heard from medical researchers and many bodies that are mandated with research of cancer. If you live a healthy life and make healthy choices such as having healthy weight or keeping the recommended weight for your body, avoiding tobacco, limiting alcohol amounts and protecting your skin, you minimise chances of contracting cancer. Many colleagues have said here also that through research, we should avoid multiple sexual partners. We need to adhere to this. We also need to have this taught to our pupils in schools.

My 10-year-old son is already aware that there is a disease called HIV and how it is spread. So, we need to as well advocate for civic education so that we can take cancer seriously as we have taken with the education on HIV/AIDS. Our children understand about cancer and how you can get it, prevent it or how to have early detection. We are aware that this detection is not easily available to everybody. That is why we thank the Hon. Member for coming up with this Motion because it seeks to have this detection, vaccination for our boys and girls. I also call upon the Member to include all the types of cancer. Everybody should be included in this Motion because it is very important. It touches on everybody and not just our boys and girls.

This type of cancer is sexually transmitted so, the reason why we need to add other people other than our boys and girls is because they are already sexually active and more at risk. So, it is very important to have everybody on board so that we can fight this disease.

As I finish, I propose that we need to have fully equipped hospitals in every county that can carry out early detection and treatment of cancer. In the last few weeks, after we lost our Hon. Members, we have had medical professionals coming out and say that one of the challenges that we have in this country is the number of oncologists. They are about eight. So, it is very important that the Government puts money to have more oncologists trained so that they can be posted to every county hospital. When our people go to the hospitals, get treated and have the diagnosis done, they will have the right knowledge to look at their analysis. That way the disease will be well picked at an early stage.

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

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Let us have Hon. (Dr.) Otiende Amollo.

**Hon. (Dr.) Otiende Amollo** (Rarieda, ODM): Thank you, Hon. Temporary Deputy Speaker. I support this Motion under advisement. This is because, whereas the Motion is well placed, I feel it does not go far enough.

I will not repeat what the Hon. Colleagues have said. I think that to the extent that cancer is admittedly the third most serious killer in this country and to the extent that cancer has

affected very many people, I think that when we talk about cancer, a Motion about cancer ought not to be titled “Screening for women”. It should be screening for men and women including boys and girls. Only then do we treat it seriously. I also think that it should not just be restricted to cervical cancer but cover all forms of cancer.

Thirdly, whereas screening is a good thing, screening without more can be a bad thing in my considered opinion. Screening must be accompanied by treatment or management to the extent that up to certain stages, cancer can be treatable and beyond certain stages, it may be managed. Any recommendation on screening must come hand in hand with a recommendation for free treatment and management by the Government. In this case, whether it be the national or county governments, it must be clearly stipulated so. Only then can we meaningfully deal with the scourge of cancer in the present time.

Hon. Temporary Deputy Speaker, in addition to that, it has been suggested that perhaps it would aid in this process if cancer was declared a national disaster. We have previously declared national disasters including HIV/AIDS which after it was declared a national disaster, it was followed by certain actions including free treatment and legislation. I would suggest that alongside a Motion such as this and all other measures that we consider, we should also consider that idea of declaring cancer a national disaster if for no other purpose but to draw the attention of Kenyans generally to the issue of cancer. I also think on that point that we have failed our people especially the national Government. We cry about cancer but we seem not to have invested sufficiently to find out where there is such an incremental number of cancer cases in the last two or so decades. All the reasons that have been stated as causes of cancer are reasons that have always been there and so it cannot explain the exponential increment in the number of cancer cases.

Lastly, I wish to make it clear that whereas cancer is a problem and whereas we have urged the Government to act, there are those who have said that health is devolved and so there is only so much that the national Government can do. It has led to the suggestion that as we are re-thinking about re-working our Constitution, we should reconsider the idea of devolution of health. I must say that there are some constituencies that have done very well in terms of health and the idea of devolving health may have worked in some constituencies. However, looking at the country as a whole, it has not generally worked because there are many more constituencies where it has failed than where it has worked.

I must say that the blame on the Constitution is not entirely well grounded. It must be remembered that the idea to devolve health as a Big Bang Theory came after the first summit in 2013 where the President and governors met and it was resolved to devolve health. It was not a requirement of the Constitution. It is still not a wholesome requirement of the Constitution.

Hon. Temporary Deputy Speaker, we are suffering the decision that was made at the summit and we are suffering the misinterpretations by the bodies that were charged to implement the Constitution that misled people to believe that health was devolved. I wish to draw the attention of my colleagues to the Fourth Schedule Part 2 (2) of the Constitution which defines the respective functions. Where you will find the only things which were devolved were county health facilities. When we were writing the Constitution, we contemplated the county health facilities to be those which were previously run by the municipal councils including dispensaries. Primary healthcare is also devolved since it was always run at that level including ambulances, licensing and dispensaries.

The national Government retained the primary domain of dealing with health. That is why in the Fourth Schedule Part 1(23) of the Constitution, the national referral health facilities

are retained by the national Government. It was contemplated that in each county what is currently called the county health facilities would be converted to national referral health facilities. The Fourth Schedule Part 1(28) of the Constitution, the Health Policy is still retained by the national Government. It is up to the national Government to bring a detailed Health Policy to this House on what they would want the county governments to retain in terms of primary healthcare and county health facilities.

As we speak today, there is nothing in the Constitution stopping the national Government from recalling and dealing with the scourge of cancer. More importantly Article 186 (3) of the Constitution makes it very clear that any function that is not expressly devolved is retained by the national Government. To that extent, all the general issues of health have not been expressly devolved to the counties. I support this Motion and advise that we need to do more generally as Parliament, and as a country, if we want to contain the scourge of cancer. We need to disabuse ourselves of the supposition that the provisions of the Constitution can constrain us because they do not.

Hon. Temporary Deputy Speaker, with that I support.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Very well. I want to recognise in the Public Gallery, students from Kamasai Education Center from Tinderet Constituency, Nandi County. The students are welcome to watch the proceedings of the National Assembly. Next is Hon. Liza Chepkorir from Nakuru County.

**Hon. (Ms.) Liza Chelule** (Nakuru CWR, JP): Thank you, Hon. Temporary Deputy Speaker for giving me an opportunity to contribute to this Motion that was brought to this Floor by Hon. (Dr.) Tecla Tum. Before I do so, on behalf of Hon. MPs, I want to take this opportunity to welcome all the students and pupils attending this session. I believe what they will learn here will add value to their studies in the various institutions.

I want to congratulate all Members who have spoken to this Motion. Today as we talk, we are the representatives of the people back home who are really suffering because this disease is sweeping them away. They are not only dying, but also losing their resources because of the high cost of treatment. On the treatment done abroad, at the time of need, people of this country should receive treatment in this country rather than travel abroad. This is because it is very expensive and causes patients many problems.

Hon. Members have also spoken about early cancer screening which is of paramount importance. We need to sensitise the community on its importance and it ought to be done in each and every sub-county hospital to ease transport costs. As we discuss HPV, which causes cervical cancer, it came to my mind that sensitisation should be done at the community level because many people do not know about it. So, there is need to do a lot of civic education and sensitisation. This should be enhanced by the Government just like Polio and HIV/AIDS eradication exercises. This has brought about reduction in the number of infections since sensitisation was thoroughly done in an organised manner by the Government.

Cancer treatment should be free and the Government should do a lot of research on this disease. We are not aware what causes it. Some of us are guessing it could be farm chemicals. So, we need a lot of research done on the farm chemicals used in this country. For example, there is the issue of using roundup herbicide in our farms and other chemicals. The use of the roundup herbicide has been stopped in developed countries and other chemicals suspected to cause cancer. I do not know why in Kenya we are still using these chemicals. There is need for a lot of research about the chemicals used by farmers when they need to mitigate farm issues.

On research there is a process in cancer treatment called chemotherapy which is a very tedious to patients. During this process all the cells are attacked and not just cancer cell. I am a lay person and not a doctor, but I wonder why doctors choose to use chemotherapy since it kills all the cells in the body rather than targeting the cancer cells only. We wonder why such a process should be applied to a patient. So, there is need for thorough research.

We bring Motions and Bills to the Floor and every time we pass them there is a probability they are not implemented. Of importance is that every Motion or Bill brought to this Floor should be implemented. The only way we can achieve what we debate on this Floor on behalf of those who elected us is through implementation. As we pass this Motion today, though I do not know whether we will exhaust it, but the moment it is passed it should be implemented.

As we stand here, we are crying on behalf of our people because they are dying since cancer treatment is very expensive. Most families spend all their resources and at the end the patient dies. So, it becomes a double loss because the probability of the patient surviving is very minimal. I fully support this Motion brought by Dr. Tum.

Thank you, Hon. Temporary Deputy Speaker.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Next is Mwale Tindi, Member for Butere.

**Hon. Nicholas Mwale** (Butere, ANC): Asante sana, Mhe. Naibu Spika wa Muda. Nimeona nichangie kwa lugha yetu ya kitaifa kwa sababu wenzangu wamechangia kwa lugha ya kimombo. Kila Mkenya anajua ya kwamba hili janga la ugonjwa wa saratani limetishia Wakenya wengi sana.

Mhe. Naibu Spika wa Muda, naanza kwa kukwambia asante kwa kunipa fursa ya kuchangia Mswada ambao unahusu uchunguzi wa saratani ya kizazi. Kwanza, nataka kuwajulisha Wakenya kwamba ukiangalia utafiti uliofanywa na Serikali, utaona kwamba ugonjwa wa saratani ni ugonjwa wa tatu unaosababisha vifo vingi katika nchi yetu ya Kenya. Asilimia saba ya vifo nchini vinasababishwa na ugonjwa wa saratani. Nataka kuwajulisha Wakenya kwa jumla kwamba ugonjwa wa saratani unafaa upewe utafiti unaofaa, na pia Serikali inafaa izingatie kununua vifaa ambavyo vitawasaidia Wakenya haswa kwa kupimwa mapema ili wajue mbinu watakazotumia kutibu ugonjwa wa saratani.

Nawaunga wenzangu mkono kwa kusema kwamba Serikali inafaa iongeze vifaa katika hospitali. Pia, Serikali inafaa izingatie kuwaelimisha Wakenya kuhusu ugonjwa wa saratani na kuwahamasisha kuhusu jinsi ya kuepuka ugonjwa huo, kama vile kutotumia vyakula ambavyo vinaleta dalili za ugonjwa wa saratani. Pia naihimiza Serikali ifanye uchunguzi na kuwaelimisha wananchi jinsi ya kuepuka ugonjwa wa saratani na pia njia mwafaka ambazo wanaweza kutumia kutibu ugonjwa wa saratani. Nakumbuka mwaka wa 1992, Serikali kuu ilisema kwamba ugonjwa wa malaria ni janga la kitaifa. Naiomba Serikali kuu ifanye vivyo hivyo. Tumefikia kiwango ambacho inafaa itangaze kwamba ugonjwa wa saratani ni janga la kitaifa ili kila Mkenya apate nafasi ya kuelimishwa, na hospitali zetu zipewe vifaa na wagonjwa wapewe matibabu ambayo yana teknolojia ya juu zaidi ili Wakenya waishi bila uoga na pia tuone kwamba ugonjwa wa saratani hautasababisha vifo vingi katika nchi yetu ya Kenya.

Kwa hivyo namshukuru Mhe. (Dkt.) Tecla Tum kwa kuleta Mswada huu ambao unaongea kuhusu saratani ya kizazi. Ninaonelea kwamba kwa vile ameleta saratani ya kizazi, tuchukue tu saratani kiujumla kwa sababu saratani katika nchi yetu ya Kenya iko na njia nyingi ambazo zinawadhuru wananchi. Kama tutasema tu twende na saratani ya kizazi peke yake, basi tutapoteza watu wengi ambao wanaugua saratani ambayo si ya kizazi.

Mhe. Naibu Spika wa Muda, nakupa shukrani kwa kunipa nafasi ya kuchangia Mswada huu. Nampa Mhe. Tecla Tum shukrani kubwa.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Hon. Members, I was very keen to have, at least, two other lady Members of Parliament to contribute to this debate based on the subject, but it is now 12.25 p.m. We have more than 15 Members who want to speak to this debate but, as you know, within our rules, this Motion is time bound. It was started at 10.25 a.m. So, at 12.24, the Mover shall have 10 minutes to reply. However, the Mover could be gracious enough to donate part of those 10 minutes to any Member.

Mover, it is your time to reply. I am told it is Hon. Halima for and on behalf of Hon. Tecla Tum.

Hon. Halima Mucheke.

**Hon. (Ms.) Halima Mucheke** (Nominated, JP): Thank you, Hon. Temporary Deputy Speaker. Before I reply, I wish to donate two minutes to Hon. Jonah Mburu, and another two minutes to Hon. Janet.

**Hon. Jonah Mwangi** (Lari, JP): Thank you, Hon. Halima Mucheke. I am not the one who is donating. It is Halima who is donating.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Hon. Mburu, you know you have limited time.

**Hon. Jonah Mwangi** (Lari, JP): I am in support of this Motion. Hon. Temporary Deputy Speaker, you should protect me. This one is making noise to me. You know we are in support of this Motion. I have been going around, and I have seen many doctors...

**Hon. (Ms.) Beatrice Nyaga** (Tharaka Nithi CWR, JP): On a point of order, Hon. Temporary Deputy Speaker.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Order, Hon. Mburu! What is out of order, Hon. Nyaga Nkatha?

**Hon. (Ms.) Beatrice Nyaga** (Tharaka Nithi CWR, JP): Thank you, Hon. Temporary Deputy Speaker. I wanted to request Hon. Halima that instead of giving two minutes, she should give one minute to each Member so that we can also have an opportunity to speak to the Motion, if possible.

Thank you.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Order, Hon. Nyaga. She has already given. We cannot take that back but...

**Hon. Jonah Mwangi** (Lari, JP): I think Hon. Halima has the discretion.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Order, Hon. Mburu! Hon. Halima could possibly still donate to you one more minute after the two have spoken, but for now we have Hon. Mburu to speak.

**Hon. (Ms.) Beatrice Nyaga** (Tharaka Nithi CWR, JP): Thank you, Hon. Temporary Deputy Speaker.

**Hon. Jonah Mwangi** (Lari, JP): I hope that mine has not started counting yet because they are interrupting me.

We are in support of this so much. We are in support of early screening of cancer. I have seen doctors going with some gadgets. Some international standard gadgets for screening of cervical cancer and breast cancer are coming to Kenya. I hope the Government will monitor the gadgets that are coming in. They are saying that they can move around with them so that you can be tested on the spot anywhere. Then we will also have a lot of fake testing and fake



screening. Therefore, we should have a process of making sure that the gadgets that are coming in are well checked so that they do not give false alarms and false reports.

However, I am in support that we should have early screening for cancer. We should teach our children to have hygiene. We should also be against early sex and also sex everywhere because the HPV virus is transmitted through sex. We should also teach our children that when they have sex, they should have safe sex. I support Hon. Lilian Gogo when she said that we should have sex education. I think it is an issue of priority today so that we can protect them from cervical cancer and other cancers.

Thank you, Hon. Halima and God bless you.

**Hon. Deputy Speaker:** Hon. Sitienei.

**Hon. (Ms.) Janet Sitienei** (Turbo, Independent): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity. I thank Hon. Halima for giving me one minute. I also stand to support this Motion. At the outset, I thank Hon. Tecla Tum for bringing this important Motion.

Most of the poverty that is in the villages at the moment is because of the bills that are incurred by our people because of this disease called cancer, which is one of the leading causes of death in our nation today. Cervical cancer is also one of the leading causes of death to women. Therefore, I support the Motion and request the Government to allow free cancer screening for women and also issuance of the HPV vaccine to our boys and girls in school to be able to prevent the onset of cancer and also for early treatment of cancer. At the same time, I request the Government to put aside some money for research on cancer in this nation.

The Kenya Bureau of Standards (KEBS) should up their game because cancer is one of the lifestyle diseases. They should maintain standards of the foods that are imported into our country and even the inputs that we use in planting our crops. The KEBS should take lead in maintaining those standards.

Finally, we want to request that we set aside money to help reduce the cost of drugs for treatment of cancer, but more so for preventive measures.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Very well. Hon. Halima, did you donate any further?

**Hon. (Ms.) Halima Mucheke** (Nominated, JP): Hon. Temporary Deputy Speaker, the demand is too high. I am not sure that I am able to donate further. I can donate half a minute each to Hon. Nzambia, Hon. Haika and Hon. Nkatha.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): What will they say in half a minute? Hon. Nzambia.

**Hon. Thuddeus Nzambia** (Kilome, WDM – K): Thank you, Hon. Temporary Deputy Speaker. Let me thank my colleague for donating a minute to me to contribute to this Motion.

First, everybody is now aware that we have this cancer epidemic. It is high time that the Government is involved to conduct civic education up to the village levels so that people can understand better what cancer is. As a Government, we need to invest a lot in research. I urge the Government to set aside some money so that we can conduct enough research and create awareness. There are a lot of narratives which are going around about cancer.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Hon. Mizighi Haika.

**Hon. (Ms.) Haika Mizighi** (Taita Taveta CWR, JP): Shukrani sana, Mhe. Naibu Spika wa Muda kwa kunipatia fursa hii. Asante sana, Mhe. Mucheke, kwa kunipatia pia fursa hii niweke sauti yangu kuhusiana na masuala haya ya saratani.

Nitasema kwa ufupi kwamba namshukuru Mhe. (Daktari) Tum, kwa kuleta Hoja hii. Huu ndio wakati mwafaka wa kuongelea masuala ya saratani kwa sababu tumepoteza wenzetu kwa sababu ya saratani.

Kila mtu apimwe saratani; sio vijana ama wasichana pekee. Hata wazee na akina mama wapimwe pia. Serikali inafaa iwekeze zaidi kwa masuala ya saratani ili tuweze kupata madaktari na wauguzi wenye ufahamu wa mambo ya saratani na tuwe na vifaa thabiti vya kuweza kutusaidia katika matibabu. Pia, kutengwe pesa kwa ajili ya...

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Hon. Nyaga. I am afraid 30 seconds is quite little time.

**Hon. (Ms.) Beatrice Nyaga** (Tharaka – Nithi CWR, JP): Thank you, Hon. Temporary Deputy Speaker and Hon. Halima for giving me the opportunity to contribute. It is very important to screen cancer before it spreads. It is said that prevention is better than cure. We need to do exactly that.

The Government of Kenya does not have enough resources to cater for either cervical cancer or any other cancer. Kenyans are suffering and they cannot afford cancer treatment because it is quite expensive. We need to support Kenyans and do a lot of civic education and train them so that they can know when to go for screening. It is also important to talk to our young boys and girls because cancer is affecting everyone: the old and young. The Government is supposed to have enough resources so that we can take care of Kenyans.

Thank you, Hon. Temporary Deputy Speaker.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Shall we now have Hon. Halima? I can tell that Hon. Nzambia walked all the way to thank you for donating a bit of time to him. Hon. Halima, you have the Floor.

**Hon. (Ms.) Halima Mucheke** (Nominated, JP): Thank you, Hon. Temporary Deputy Speaker. I wish to also add my voice to this very important Motion that was brought to the Floor of this House by Hon. Tum, who is away on official duty. As all the Members have put it, cancer has become a monster that is so scary and needs to be faced with all the might and resources.

I remember when the HIV/AIDS became so serious, we used to be told that you are either affected or infected. The same can be said about cancer today. Early screening is very important. This can help curb most deaths that are caused by the cancer that is detected at the third and fourth stage. Early screening also makes treatment easy.

Recently, I travelled to India on official duty, but I took time off to seek treatment and for check-up. I met very many Kenyans there. Most of them were there due to cancer. It is very expensive and draining emotionally. Most people go to India with their relatives or aides and are forced to seek accommodation for them despite the expenses they incur for treatment. I also got to learn that there are particular pain killers that we self-prescribe here that are very dangerous. There is a particular painkiller that I do not want to name that causes kidney failure. Whoever wants to know more about it can see me and I will inform them privately.

As we have heard from most of the speakers, cancer is preventable, especially cervical cancer. I think that is why the Mover of the Motion decided to isolate it. There is a vaccine for cervical cancer and it is preventable. According to researchers affiliated to the National Cancer Institute of Kenya, the cost of vaccination against cancer could average at Kshs15,000 for all the three injections per person, while the cost of treating cancer ranges between Kshs172,000 to Kshs759,000. When surgery is involved, the cost ranges between Kshs672,000 to Kshs1.25 million.

Let me comment on a particular video clip that has been doing rounds. Back in 2010, I watched a video where Hon. Kioni was asking the then CEO of Kenya Bureau of Standards about maize that had been released into the market. The maize was believed to have aflatoxin. Mr. Mang'eli put it that in about 10 years the effects of the aflatoxin that was in the maize would be felt. I think that is what is happening to Kenyans now. We are feeling the effects of the maize that we consumed 10 years ago. Therefore, it is important for our Government to get serious.

With those remarks, I beg to reply.

**Hon. Joseph Nduati** (Gatanga, JP): On a point of order, Hon. Temporary Deputy Speaker.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): What is it, Hon. Nduati?

**Hon. Joseph Nduati** (Gatanga, JP): Hon. Temporary Deputy Speaker, pursuant to the provisions of Standing Order No.53(3), I request that we defer putting of the Question to another time.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Under the prevailing circumstances, I agree with you. We shall pend putting the Question on that Motion to a subsequent time.

*(Putting of the Question deferred)*

Allow me to recognise, in the Speaker's Gallery, Weru Secondary School, from Ol Jorok Constituency, Nyandarua County. In the Public Gallery, we have Rean Academy, Bureti Constituency, Kericho County; Nkuthika Sunday School, Chuka/Igambang'ombe Constituency, Tharaka Nithi County; and, DEB Kathambi Primary school, Igembe South Constituency, Meru County. They are all welcome to follow the proceedings of the National Assembly.

**Hon. Joseph Limo** (Kipkelion East, JP): On a point of order, Hon. Temporary Deputy Speaker.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): What is out of order, Hon. Limo Joseph?

**Hon. Joseph Limo** (Kipkelion East, JP): Hon. Temporary Deputy Speaker, this morning we had requested the Speaker to allow us to table a very important Report. I would like to alert you that I am ready to do so.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): That is in line with the Speaker's directive earlier on. Please, proceed. Was it just tabling or even giving a notice of Motion?

**Hon. Joseph Limo** (Kipkelion East, JP): I will table the Report and give a notice of Motion.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): You may table.

### PAPER LAID

**Hon. Joseph Limo** (Kipkelion East, JP): Hon. Temporary Deputy Speaker, I beg to lay the following Paper on the Table of the House today:

Report of the Departmental Committee on Finance and National Planning on the Acquisition of the National Bank of Kenya by Kenya Commercial Bank Group, Plc.

## NOTICE OF MOTION

## ACQUISITION OF NATIONAL BANK OF KENYA BY KENYA COMMERCIAL BANK

**Hon. Joseph Limo** (Kipkelion East, JP): Hon. Temporary Deputy Speaker, I beg to give notice of the following Motion:

THAT, this House adopts the Report of the Departmental Committee on Finance and National Planning on the Acquisition of the National Bank of Kenya by Kenya Commercial Bank Group, Plc., laid on the Table of the House on Wednesday, 7<sup>th</sup> August 2019.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Next Order!

## BILLS

*Second Readings*

## THE ANTI-CORRUPTION AND ECONOMIC CRIMES

*(Hon. Ndindi Nyoro on 24.7. 2019)*

*(Resumption of Debate interrupted on 24.7.2019 - Morning Sitting)*

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): The Mover of the Bill, Hon. Ndindi Nyoro, had partly moved the Second Reading and he is not present now. So, we will step it down because he needs to complete the remaining part.

In the circumstances, we will put that down and get to the next Order.

*(Bill deferred)*

## THE EMPLOYMENT (AMENDMENT) BILL

**Hon. (Ms.) Martha Wangari** (Gilgil, JP): Hon. Temporary Deputy Speaker, I beg to move that Employment (Amendment) Bill, 2019, be now read a Second Time.

This is a straightforward Bill. It is a Bill that relates to something that has been previously seen as an unconventional way of starting a family. It is a Bill relating to adoption.

The infertility rates in Kenya have not been so documented, but doctors estimate that in every healthy population, 10 per cent suffer from infertility. There are many ways of becoming parents one of them being adoption. The challenge in the Employment Act, as it is, is that if I adopt a baby even if it is six-weeks old or one-month old, I do not get a break at all in terms of maternity leave or paternity leave for men. This is to expand the meaning and the accommodation of maternity and paternity leave. That is guided by Article 53 of the Constitution where the rights of the child – the right to parental care and the right to be protected – have been taken care of. As we speak today, 50,000 children are in children's homes. About 600 of them will eventually be adopted maybe by the end of the year.

So many people fail along the way because the adoption societies require that you stay with the child for a continuous three months' period to be able to be accessed and given the go-

ahead. The adoption process in this country is quite tedious because you have to apply and make a formal application with an adoption agency. You have to declare your financial capacity of taking care of a child, you have to be of proper mental capacity, you must not have been convicted by a court of law or served a jail term, and you must divulge as much information at that stage as possible. After you apply for formal adoption, what happens is that you get a social worker, if the adoption society feels that you could adopt a baby. The social worker will be with you at your workplace. He will talk to your family members and your friends. He will talk to people who know you to be able to say whether you are capable of bringing a child home.

Hon. Temporary Deputy Speaker, after that you will get a counsellor. You have to be taken through what it means to adopt a child who is not biologically yours. This means every member of the family who is expected to stay with that child would be taken through a counselling process and at the end of the day, the National Adoption Committee will select a committee that will actually get the report from the social worker and the counsellor. They may say that so-and-so is not of mental capacity to adopt a child or have a child at home. So, they may reject your application. If they agree that you go on with the adoption process that is exactly where now the process begins.

Hon. Temporary Deputy Speaker, today we have spoken about children a lot in this House. How women sometimes have to choose between having their babies and going to work. If you are living in Rongai and you have been given a go-ahead to adopt a child who is two months old and the adoption society wants to see how you stay with that child, they will want to see continuous interaction. For you to be at work at 8.00 am, you leave Rongai at 5 a.m. By the time you go back it is 10.00 p.m. Most people fail that test not because they are not compatible with the child, but because they do not get the chance to demonstrate that they have the capacity to go ahead with the adoption.

That is where this Bill comes in. If you read Section 29 of the parent Act, you will appreciate that it contemplates leave for only biological children; not the ones that are brought forward through surrogacy. This means someone else renting a womb – If am not able to carry a child I can rent a womb and someone else carries that child for me – is not given maternity leave to bond with her child even when she is the commissioning parent. It also applies to adoptive children. Every time a child stays in a children's home when they are below three months or below six months, they lose one month of development. For that reason, this is to expand that meaning in order to encourage as many people as possible to do the adoption. I know many questions have been raised on how it is done, but I want to say that the laws are very clear.

Our Children Act is very clear. There are people who cannot adopt children. You cannot just come in and adopt a child, if you are a lone person from the USA or outside the country. It is a tedious process and at the end of the day, it ends in court. It is the court that gives a go-ahead to someone to take a child home. It also gives you a time that you cannot travel with that child outside the country. Clause 29 is discriminative to parents who start families through other means. It is discriminative to those who cannot be able to biologically bear children. It does not encourage the taking of the many children we have in children homes to homes where they can be taken care of by proper families.

I know we have societal breakdown in this country. We have children being thrown in pit latrines, and others being killed. People who suffer postpartum disorders and are not able to take care of children just kill them. If we were able to make adoption easier and more straightforward, we would get so many children off the streets. We would get them out of children's homes and give them proper homes where they could grow up to be productive members of the society.

Therefore, this Bill will look into those issues, especially the Children Act No.8 of 2001. Clause 157 clearly says a child to be adopted must be under continuous care of the applicant for a period of at least three consecutive months. That means, if you are not able to take care for three consecutive months you lose out, because you are not able to fulfil that part of Article 157. By having employers recognise that these are also parents, we will be able to open up and give more people the go-ahead to bring more children home.

The issue of placement of a child is very critical. As I was explaining, the process is that when you have been counselled and the report has been favourable to you, they will look for a child that closely resembles you, for obvious reasons. That is what is called matching, so that that stigma associated with child adoption does not arise. You are not allowed to choose as an applicant. The adoption society places a child in your care after they have compared how you look as a couple. They will be able to give you a child that closely looks either like you or your spouse or a combination of both. That is how it is. The reason is that we do not want to give a scenario where people want to choose 'designer' babies. That is what they are called in the adoption world. Some just want very beautiful children. It does not happen. The Children Act is very clear. At the end of the day, that process does not take a day; it takes almost six months, even a year, depending on how the process flows.

I got a lot of interest in this Bill and I want to appreciate the Departmental Committee on Labour and Social Welfare. They sat and scrutinised this Bill. They called for public participation. Adoption societies and adoption parents were able to present their views. What was very obvious and which they brought out in their report, is the need to balance between the employer and the employee in terms of giving breaks. I have also been asked by lawyers; I have one letter here from Anjarwalla & Khanna Advocates and they have shared their views that they feel the fact that we have put in the Bill just married women and men may be unconstitutional and discriminates against single parents from adoption. I tend to agree with them to some extent because most of the people who adopt children are single parents. There are rules for single parents to adopt. If it is a woman, the child must be 21 years younger than her. You must be an adult, at least 25 years and above. And you must demonstrate the capacity to bring up a child. The same applies to men, but of course more women adopt. Because more women adopt, more girls are adopted, because there are tougher rules to adopt a boy if you are a woman or to adopt a girl if you are a man, for obvious reasons. That means more boys are left in the children's orphanages as we speak and they grow up to 18 years. Those are also societal concerns.

This Bill restricts not just the process, but it opens up the issue of maternity leave. We want to make it uniform like other people who get children biologically. That is why we are saying women should get three months and the men two weeks. The issue of age is something that we will also consider at the Committee of the whole House stage. I want to confirm to this House that we do not want to leave it open. We want to say infants of one year and below so that we can avoid abuse of the process. When you are adopting a child of 10 years you cannot claim for maternity leave. This will apply for infants from six weeks all the way to one year as per the law.

We must also look at the adoption process and make it easier. The Child Welfare Society has done a lot of work on churning out statistics, but if you go to Sheria House today, it is very difficult to get these data because it is mysterious. People do not find it conventional. People do not want to talk about adoption. People have stigma against adopted kids. They want to call them bought kids. That happens a lot. We must also protect the right of the child as per Article 53(2) and that data must be available.

The issue of trading in children and child labour has also been raised, especially by the public. I want to confirm that our laws are very stringent. You can be placed with a child for six months, but you cannot travel with it outside the country. You must show in court that you have actually been given the right and that you have processed a birth certificate that includes your name. It is a whole process.

I want to confirm that the fears that have been raised have been addressed. I hope Members will look at this issue. I know the Committee also raised the issue of surrogacy so that we combine it with this Bill. That, if you are the commissioning parent, as they are called; that is, the owner of the child in the rented womb, you also have some rights to bond with your child. That will come during the Committee of the whole House.

With those many remarks, I hope Members will follow this matter and save so many children out there who are languishing in children's homes and yet they could go home; somewhere warm where they can be taken care of and appreciated. That way we will reduce the stigma that is associated with adoption.

I beg to move and ask Hon. Dan Maanzo to second.

Thank you.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Hon. Maanzo.

**Hon. Daniel Maanzo** (Makueni, WDM-K): Thank you, Hon. Temporary Deputy Speaker. I rise to second this very important Bill. It is going to synchronise laws relating to children, including the Constitution. Secondly, the lives of children are supreme.

Thirdly, when parents adopt new children - most of them are in homes and are pretty young - they do not have that particular right as the parents who have got children normally. When the adopted children go to live with the adopting parents, they do not have the time to relate, associate and bond with them. It is the reason this Bill is important and I am seconding it. We need to give equal rights to the adopting parents so that they also get leave within law. That way, they will be in a position to bond with the children. We have a lot of abandoned children. When children are in such a scenario, they need love. They need to be taken care of. That relationship of adopted children with the adopter should be... They are real children of the adopting parents. Nowadays, there are very many people who are adopting children because many of them are unable to have children normally. So, they want to extend their love to others who may not have an opportunity like them.

As the law is now, some rights have been denied the children being adopted and the adopting parents. For that matter, Hon. Wangari seeks to synchronise the law so as to bridge the existing gap. It is the duty of this House to cover it up and ensure that the rights of children and parents are observed; the labour laws and children laws are all synchronised so that we do not leave a gap and also allow laws to have loose ends.

I believe it is a great service to this nation and especially to homeless children, most of whom are abandoned by young mothers and, therefore, lack love. Most of them were either aborted and thrown into pit latrines and later on picked. With the stringent regime of the law of adoption, Parliament has ensured that there are no loose ends. This was the only thing, probably, left, which we now want to tie up as part of our responsibility as Parliament. It is also a way of extending our love to these children God has given us.

So, I beg to second.

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Hon. Maanzo, I was almost telling you that you will have to finish the next time this is slotted, but you quickly concluded, which is fine.

Hon. Members I will propose the Question.

*(Question proposed)*

Hon. Members, I saw you stood because it is 1.00 p.m. but before we conclude, allow me to recognise Heritage School from Kasarani Constituency, Nairobi County.

The Employment (Amendment) Bill having been seconded will proceed the next time it is slotted in the Order Paper by the House Business Committee (HBC).

### ADJOURNMENT

**The Temporary Deputy Speaker** (Hon. Patrick Mariru): Hon. Members, the time being 1.00 p.m, this House stands adjourned until this afternoon at 2.30 p.m.

The House rose at 1.00 p.m.