

PARLIAMENT OF KENYA**THE NATIONAL ASSEMBLY****THE HANSARD****Wednesday, 23rd June 2021**

The House met at 2.30 p.m.

*[The Speaker (Hon. Justin Muturi) in the Chair]***PRAYERS****QUORUM****Hon. Speaker:** There is no quorum. Ring the Quorum Bell.*(The Quorum Bell was rung)*

We have quorum now.

PETITIONS**REVIEW OF GOVERNANCE FRAMEWORK FOR PETROLEUM DEVELOPMENT LEVY FUND**

Hon. Speaker: Hon. Members, pursuant to Standing Order 225(1)(b), I wish to report to the House that I have received a Petition from one Charles Wanguhu of National Identification Card No.22205895, praying that the National Assembly reviews the governance framework for management of the Petroleum Development Levy Fund.

Hon. Members, the petitioner states that, vide the Energy (Petroleum Pricing) Regulations 2010, published as Legal Notice Number 196 of 2010, the Government introduced petroleum price controls at the pump for imported petroleum as a measure to mitigate exploitation of consumers by private oil companies. However, the petitioner alleges that effective implementation of the said regulations has been impeded by the review of the taxation policy, particularly over the past two years, thereby resulting in disproportionate contribution of taxes and levies at the retail pump price of petroleum fuels to almost Ksh50.

Hon. Members, the petitioner states that through Value Added Acts enacted between 2013 and 2021, the VAT on petroleum fuels has been steadily increasing, thus occasioning an increase in the contribution of VAT to the retail price of petroleum fuels. Further, he avers that the Tax (Amendment) Act, 2020 increased the contribution of VAT to the retail price by increasing the vatable base by Kshs5 through Legal Notice No. 174 of 2020. The petitioner claims that a combination of the foregoing changes resulted in the increase in prices of petroleum fuels to a nine-year high in February 2021. Consequently, Kenya currently has the highest pump

prices for petroleum fuels in East Africa, even way above the prices in landlocked countries whose imported petroleum products traverse through Kenya.

The petitioner believes that the abovementioned increase of prices of petroleum fuels could be because of a lacuna in the governance framework for the Petroleum Development Levy Fund Act, 1991. He claims, for instance, that while the Act provides for the establishment of a petroleum development levy Fund and the imposition of a Petroleum Development Levy, the Act does not clearly elaborate the purpose of the Fund, the formula for determination of the levy, and its utilisation. Further, the Act does not contain any provisions for petroleum price stabilisation fund or any other fund in that case, with an objective of stabilising petroleum prices. Additionally, the petitioner claims that even the Petroleum (Pricing) Regulations, 2020 do not encompass proposals for the enforcement of diesel subsidy.

Hon. Members, the petitioner avers that following the assent of the Finance Act, 2020, VAT on the supply of liquefied petroleum, gas was revised upwards from a zero rate to a standard rate, effective 1st July 2021. This revision, in his view, will inhibit the uptake of LPG and works against the global commitment by governments to reduce carbon emissions by encouraging poor households to revert to cheaper fuels with high carbon and other greenhouse gases.

Hon. Members, it is on account of the foregoing that the petitioner is calling upon this House to review the governance framework for the management of the Petroleum Development Levy Fund, and in particular –

- (i) Reviews the applicable tax laws to reduce the taxes and levies charged and revokes or halts the intended commencement of the implementation of the 6 per cent VAT on petroleum products from 1st July 2021, with a view to easing the burden on consumers;
- (ii) Proposes a review of the Value Added Tax on liquefied petroleum gas from the current standard rate to the previous zero rate;
- (iii) investigates the utilisation of the revenue raised through the Fuel Levy Development Fund with a view to ascertaining whether or not the funds were utilised in accordance with sound financial management procedures; and,
- (iv) makes any other order it deems fit for the protection of public interest.

Hon. Members, having determined that the matters raised in the Petition are well within the authority of this House, pursuant to the provisions of Standing Order 227, the Petition stands committed to the Departmental Committee on Finance and National Planning. The Committee is required to consider the Petition and report its findings to the House and the petitioners in accordance with Standing Order 227(2).

The Committee may also consider proposing amendments to the tax regime through the Finance Bill, 2021, if it deems appropriate.

I thank you, Hon. Members.

Hon. Mwadime, you may have the Floor.

IRREGULAR ESTABLISHMENT OF DIASPORA UNIVERSITY

Hon. Andrew Mwadime (Mwatate, ODM): Thank you, Hon. Speaker.

I, the undersigned, on behalf of residents of Mto Mwangodi, Mgeno area, Rong'e Ward in Mwatate Constituency, draw the attention of the House to the following:

THAT, over 664 residents have lived in Mgeno area of Rong'e Ward in Mwatate Constituency from time immemorial, and are fully dependent on the land for their livelihood.

THAT, to the dismay of the residents, several proprietors have encroached onto the disputed parcels of land located between Ndara B and Mgeno Reserve and have commenced the construction of an institution known as Diaspora University.

THAT, the County Government of Taita Taveta is on record having opposed the project owing to lack of transparency, accountability and viability of the project as well as unresolved land ownership issues, and has further denied granting the university's proprietors consent to commence the construction of Diaspora University.

THAT, contrary to the law, the Diaspora University proprietors have commenced the development of the project without public participation, acting with impunity and overseeing the demolition of residents' houses, and employing the services of security guards who regularly harass and threaten the residents with violence.

THAT, efforts to have the matter addressed by local authorities, including reporting to the local police station under Occurrence Book Number 2117/03/2021, have been futile.

THAT, the matters raised in this Petition are not pending in any court of law in Kenya.

Now, therefore, your humble petitioners pray that the National Assembly, through the Departmental Committee on Lands:

- (i) intervenes with a view to securing the restoration of the land encroached upon by Diaspora University proprietors to the residents who are the rightful owners of the land;
- (ii) secures the timely resolution of the matter so as to restore peace and tranquillity in the area; and,
- (iii) makes any other recommendation that it deems fit in the circumstances of the Petition.

And your humble petitioners will ever pray.

Thank you, Hon. Speaker.

Hon. Speaker: Do the Members who have placed intervention wish to comment on the Petitions?

Hon. 001, you are number one.

Hon. David ole Sankok (Nominated, JP): Hon. Speaker, I want to comment on the Petition that you read on behalf of petitioners.

I support the Petition. It is quite urgent. The Finance Bill is already in this House. We debated it yesterday and wanted to amend the taxation proposed on LPG. In our rural areas, people have embraced...

Hon. Speaker: Hon. Sankok, yesterday was debate in Second Reading. When you say that, you confuse Kenyans. You actually misinform Kenyans! During the Second Reading, there are no amendments. It is debate. When you go to Committee of the whole House tomorrow, amendments can happen. I have actually received a proposed amendment to that effect.

Hon. David ole Sankok (Nominated, JP): From me.

Hon. Speaker: So, yesterday, it did not happen. But you are not alone in that. Millions of Kenyans think that when they see debate... Even the media in Kenya, sometimes, is so ignorant. They say a particular Bill is going to pass when it is in the Second Reading. They say Members are going to pass a Bill when it has just been listed for debate in Second Reading stage.

Hon. David ole Sankok (Nominated, JP): It was Second Reading yesterday. But because you have directed the Committee, if it can bring the amendment, the better. That is why I am saying it is quite urgent.

Hon. Speaker: I want to confirm to you that I have actually approved the proposed amendments subject to Article 114 of the Constitution.

Hon. David ole Sankok (Nominated, JP): It is so that we can reduce destruction of forests. Otherwise, people will destroy forests because they have to get a source of energy. Their alternative source of energy is firewood. In Narok, they threatened that if the tax laws pass on LPG, they will invade Mau Forest to get firewood.

Thank you very much, Hon. Speaker. I support the Petition. Already, you have my proposed amendment. I thank you because you have approved it.

Hon. Speaker: Subject to compliance with Article 114 of the Constitution. Hon. Barasa.

Hon. Didmus Barasa (Kimilili, JP): Thank you, Hon. Speaker. I also rise to support the Petition to review VAT on fuel. The Petition will answer the many questions people from the western part of this country, the ones who neighbour Uganda, have been asking themselves. Why is fuel in Uganda cheaper than in Kenya and yet Uganda gets its fuel through the Port of Mombasa? Maybe, it will also stop some of us, including my constituents, from going to fuel in Uganda because fuel there is cheaper and cleaner than what we have in this country.

This is a very good Petition and I support it. Thank you.

Hon. Speaker: Hon. Esseli.

Hon. (Dr.) Eseli Simiyu (Tongaren, FORD-K): Thank you, Hon. Speaker. I want to comment on the Petition by the MP for Mwatate.

As he read the Petition, I felt a cold chill down my spine because as we read the history of minerals in Africa and how they are exploited, it sounds almost like what he has read out. The Committee should move with haste to find out exactly who are moving people from their ancestral land and taking it away. We know very well that in Taita Taveta, there are a lot of minerals that are yet to be exploited in that region. I suspect that this move could be to get hold of the minerals that are underground. So, I urge the Committee to move very fast and safeguard the interests of those dear Kenyans who are about to lose their ancestral land to some people who are acting with impunity, perhaps, with a sole purpose of exploiting the minerals that are underground.

Thank you, Hon. Speaker.

Hon. Speaker: Member for Nakuru Town East.

Hon. David Gikaria (Nakuru Town East, JP): Thank you, Hon. Speaker. I want to comment on the first Petition that you read on behalf of the petitioners. I totally agree with what the petitioners have requested. We have had quite a number of questions by Members of Parliament in the Committee. That Petition will address, effectively, what ails the sector. As much as we have the open tender system (OTS) for petroleum, the Petition will address that too. Rightly, as you have indicated, Hon. Speaker, they are the right people to address it. Most of the time when we try to address it, we find that the issues are tax matters that the Departmental Committee on Energy cannot address. When it is at the Departmental Committee on Finance and National Planning, things will be sorted out.

Hon. Speaker, I support the Petition.

Hon. Speaker: Member for Bomachoge Borabu.

Hon. (Prof.) Zadoc Ogutu (Bomachoge Borabu, Independent): Thank you, Hon. Speaker. I would like to confine my reaction to the first petition on fuel prices and taxation.

It is very surprising that, as a nation, we have been making efforts to change this country for the better but, most of the time, the complementary sectors that should pull hands together to lead us in that direction have actually been doing the opposite. If you look at the prices of fuel in Kenya over the last few months, you will be shocked that the price of petrol stands at Ksh129.13 per litre while the United States of America sells its fuel at USD1.199 per litre. Europe sells at EUR 1.007 per litre, a price that is far lower than what the Kenyan market is offering. In Kenya, we talk about industrialisation; we talk about the growth of the manufacturing industry and farming. All these sectors will generally be dampened with this kind of trend in the fuel taxation.

I support the Petition strongly and urge the Committee to be given this opportunity to bring on board the necessary tax amendments so that we can talk about what is possible for this country to transform.

Thank you, Hon. Speaker.

Hon. Speaker: Member for Funyula.

Hon. (Dr.) Wilberforce Oundo (Funyula, ODM): Thank you, Hon. Speaker. I stand to comment on the first Petition in respect of fuel costs.

As my colleague, Didmus Barasa has said, fuel is cheaper in Busia, Uganda, than it is in Busia, Kenya. Many times, many trucks that pass through the border prefer to fuel in Uganda and make a return journey to this country. The high cost of fuel is dampening the economic and business spirit in this country. It is important at this particular time to relook at particularly how we tax petroleum products in this country. For many years, petroleum products were not vatable but the introduction of VAT in 2019 has continuously escalated the fuel prices. As the world economy rebounds after the COVID-19, we are likely to have higher costs of fuel in the international market and this will continue to disadvantage the small business operators, matatu operators and those in the transport sector. We hope the Committee will expedite and give us a workable formula to help Kenyans to have decent living standards.

Thank you, Hon. Speaker.

Hon. Speaker: Member for Isiolo North.

Hon. Hassan Hulufu (Isiolo North, KPP): Thank you, Hon. Speaker. I want to comment briefly on the Petition by the Member for Mwatate.

We have a lot of unexploited mineral resources in most of the areas classified as community land and yet, most of these lands have not been registered. It is important to safeguard the interest of those communities. This Petition should be subjected to the Departmental Committee on Environment and Natural Resources so that as we look at it, other areas which have similar challenges can also benefit from what comes out of that particular thing.

In my constituency, we have such challenges. The community land registration has delayed and this has posed a serious challenge in terms of securing the interests of communities which live communally on community-owned land in areas which have unexploited mineral resources in this Republic.

Hon. Speaker: Member for Kilifi North.

Hon. Owen Baya (Kilifi North, ODM): Thank you, Hon. Speaker. I would like to comment on the first Petition on petroleum. Petroleum in this country is one of the major factors of production. The more the taxes and costs go up, the more the production becomes expensive and the cost of living in this country also becomes high.

That, notwithstanding, what we need to do is to bring this thing of the Energy and Petroleum Regulatory Authority (EPRA) back to this House. Before they make any decision

there, they need to consult this House. They should make a decision subject to what the House will say so that we can cushion Kenyans. At the end of the day, tax measures and everything else must come to this House for approval. Why can we not make the regulatory authority to bring their matters here so that we, as the representative of the people, can look at what it is before they make those announcements?

Previously, it took the President's hand to stop what they had proposed. So, if the President can stop that because he had seen the problems it was going to cause Kenyans, we also need to require that regulations be put in this House so that the Energy and Petroleum Regulatory Authority, whatever its new name is, brings those new taxes or new fuel prices they are putting in place to this House so that Members here can deliberate and accept or reject.

Secondly, I would like to comment on the second Petition by my brother, Hon. Andrew Mwandime. The Ministry of Lands needs to up its game. As the population increases in this country, so is the demand for land. When you have the Ministry working as if there is no population increase in this country, you actually end up with the kind of problems that we have. So, they need to up their game. The National Land Commission needs to up its game too so that they move in tandem with the population growth. Otherwise, people will continue to be dispossessed of their lands while the Ministry is chasing the wind that it will never catch up with.

Before I sit, I would like to congratulate my brother, Hon. Gikaria, and tell him that he is welcome to this side of the House.

(Applause)

We will help you to get to the side that I belong. You have our blessings. As you go back to Nakuru, pass our greetings to the people of Nakuru and tell them that you have made the right choice. Welcome my brother.

Thank you.

Hon. Speaker: That last bit was not in any of the petitions.

(Laughter)

However, Hon. Owen Baya, the point you have raised is important because it is within the powers of this House even to determine who sits in that regulatory authority. This House can actually cause an amendment to dictate the people who should sit when they make those regular reviews because, sometimes, it looks like they are not very well informed. If you just put bad people from the Civil Service there to sit and review, they have no feelings. It is my view that this House should actually look at the composition of that regulatory authority so that it also has representatives of key stakeholders when it comes to issues of pricing for fuels and energy. It is an important issue that you have raised. Again, the power is still within your hands.

Member for Kinango.

Hon. Benjamin Tayari (Kinango, ODM): Thank you, Hon. Speaker. I wish to support the first Petition on fuel prices. Every time EPRA looks at ways of making money, the easiest target is always fuel prices. It is high time that the Cabinet Secretary, the National Treasury, came up with better or brighter ways of looking for money to finance our budget because we cannot always hit the easy target because we do not want to think hard. There are so many other areas where we can expand the tax regime to supplement the monies that we are getting from fuel. Therefore, I wish to support that Petition.

In the same breath, as you suggested, we need to know the composition of that regulatory body so that we have people who have the interest of the people that we represent at heart. Therefore, they are not going to unilaterally increase the prices of fuel in this country.

Thank you, Hon. Speaker.

Hon. Speaker: Member for North Imenti.

Hon. Rahim Dawood (North Imenti, JP): Thank you, Hon. Speaker. I want to comment on the first Petition. In the last term of Parliament when Value Added Tax was brought on fuel products, initially it was at 16 per cent. At the time I was in the Departmental Committee on Finance and National Planning, we had objected to that and we did not pass it to Parliament. After that, the President decided to cut it to 8 per cent so that it could pass.

If we are to assist our people, we need to remove VAT completely from fuel products. Otherwise, we are not going the right way. We need to reduce the taxes on fuel products as well so that fuel can become cheaper because that is what is going to move the economy of this country. If we can do that, the Chairperson, Budget and Appropriations Committee, can look at other ways on how we can get more money. However, by taxing people, we are not going the right way. We need to remove VAT completely. We should also not have VAT on LPG.

Thank you, Hon. Speaker. I wish to support the first Petition.

Hon. Speaker: Hon. Mwadime, did you indicate that you wanted to comment?

Hon. Andrew Mwadime (Mwatate, ODM): Yes, Hon. Speaker. I wanted to comment on the first Petition.

Hon. Speaker, as my colleagues have just said, fuel is a very important commodity in the country. It has chain reaction. As we are talking, even the *mama mboga* outside there are suffering because they use *boda boda* for transportation. It is interesting that just across Taita Taveta County to the other side of Moshi, fuel is not as high as compared to our side in Kenya. Even some *boda bodas* are using *panya* routes to move to the other side.

So, it is high time we, as Parliamentarians, took charge to see how we can control this problem because it is actually a problem to Kenyans. That is why even most people who read newspapers today saw that, yesterday, Members of Parliament moved to stop the Treasury from hiking fuel prices to save *boda bodas*. Everybody in the country was very happy with this Parliament. So, it is high time we did our duty and stopped hiking the price of fuel.

Thank you, Hon. Speaker.

Hon. Speaker: Very well. The first Petition is referred to the Departmental Committee on Finance and National Planning.

Hon. Mwadime, was your Petition directed to the Departmental Committee on Environment and Natural Resources?

(Hon. Andrew Mwadime spoke off-record)

Very well. It is directed to the Departmental Committee on Lands.

Next Order!

PAPERS LAID

Hon. Speaker: The Leader of the Majority Party.

Hon. Amos Kimunya (Kipipiri, JP): Hon. Speaker, I beg to lay the following Papers on the Table of the House today, Wednesday, 23rd June 2021, in the Afternoon Sitting:

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The Kenya County Budget Transparency Survey, 2020, for the following counties: West Pokot, Wajir, Tharaka-Nithi, Turkana, Tana River, Kwale, Makueni, Meru, Kericho, Laikipia, Kakamega, Kisii, Kirinyaga, Marsabit, Baringo, Bomet, Kajiado, Bungoma, Busia, Elgeyo-Marakwet, Embu, Garissa, Migori, Mombasa, Homabay, Isiolo, Kiambu, Trans Nzoia, Taita Taveta, Nyeri, Samburu, Nyamira, Nairobi, Murang'a, Nakuru, Narok, Nandi, Nyandarua, Lamu, Kitui, Vihiga, Uasin Gishu, Kisumu, Machakos, Siaya, Kilifi and Mandera.

This is basically all the 47 counties.

Thank you, Hon. Speaker.

Hon. Speaker: Very well. The Chairman, Budget and Appropriations Committee.

Hon. Kanini Kega (Kieni, JP): Thank you, Hon. Speaker. I beg to lay the following Paper on the Table of the House:

The Report of the Budget and Appropriations Committee on the Second Supplementary Estimates of the Financial Year 2020/2021.

Thank you.

Hon. Speaker: Very well. Next Order!

NOTICE OF MOTION

APPROVAL OF SECOND SUPPLEMENTARY ESTIMATES FOR FINANCIAL YEAR 2020/2021

Hon. Kanini Kega (Kieni, JP): Thank you, Hon. Speaker. I beg to give notice of the following Motion:

THAT, this House adopts the Report of the Budget and Appropriations Committee on the Second Supplementary Estimates for the Financial Year 2020/2021, laid on the Table of the House on Wednesday, 23rd June 2021, and pursuant to the provisions of Article 223 of the Constitution of Kenya, Section 44 of the Public Finance Management (PFM) Act, 2012, Public Finance Management Regulation 40 and Standing Order No.243:

- (i) approves a decrease of the total recurrent expenditure for Financial Year 2020/2021 by Ksh16,657,599,945 in respect of the votes as contained in the First Schedule of the Report;
- (ii) approves an increase of the total development expenditure for Financial Year 2020/2021 by Ksh8,480,922,681 in respect of the votes as contained in the First Schedule of the Report;
- (iii) approves an overall decrease in the total budget for Financial Year 2020/2021 by Ksh8,176,677,264 in respect of the votes as contained in the Second Schedule of the Report; and,
- (iv) further, makes the policy resolutions contained in this Report.

Thank you.

Hon. Speaker: Next Order!

QUESTIONS AND STATEMENTS

ORDINARY QUESTIONS

Hon. Speaker: The first segment is Questions. The first Question is by the Member for Kaiti, Hon. Joshua Kimilu.

Question No.175/2021

DELAY IN COMPLETION OF SULTAN HAMUD - KASIKEU – WAUTU
- KYAMBEKE – KIKOKO ROAD

Hon. Joshua Kivinda (Kaiti, WDM-K): Thank you, Hon. Speaker. Pursuant to the provisions of Standing Order No. 42A, I stand to ask Question No. 175/2021 to the Cabinet Secretary for Transport, Infrastructure, Housing and Urban Development and Public Works.

- (i) Could the Cabinet Secretary explain why the contractor awarded the works for the construction of Sultan Hamud - Kasikeu - Wautu - Kyambeke - Kikoko (D515) Road is yet to complete the Kyambeke – Mitini section, which is approximately 7.1 km, since 2016 despite the Kenya Rural Roads Authority (KeRRA) indicating in its Annual Report for the year 2019/2020 that the said road was completed?
- (ii) What measures is the Ministry putting in place to ensure that the said road is completed as soon as possible?

Thank you

Hon. Speaker: The Question will be replied to before the Departmental Committee on Transport, Public Works and Housing. The next Question is by the Nominated Member, Hon. Godfrey Osotsi.

Question No.191/2021

CIRCUMSTANCES THAT LED TO DEATH OF
MS. MELVINE KANG'EREHA IN SAUDI ARABIA

Hon. Godfrey Osotsi (Nominated, ANC): Thank you, Hon. Speaker. I wish to ask Question No. 191/2021 to the Cabinet Secretary for Labour and Social Protection.

- (i) Could the Cabinet Secretary explain the circumstances that led to the death of Ms. Melvine Kang'ereha, of Passport No. AK0379826 in Saudi Arabia in 2020 and what assistance the Ministry extended to the family following the unfortunate incident?
- (ii) Could the Cabinet Secretary provide a list of Kenyans who have lost their lives in Saudi Arabia and other Gulf States in the last five (5) years and in particular, those from Vihiga County, indicating the circumstances of each death?
- (iii) Could the Cabinet Secretary explain the status of statutory compliance, including registration of employment agencies in the country and in particular, M/s. United Manpower Services Limited?
- (iv) What urgent steps did the Ministry take against M/s. United Manpower Services Limited, the agency that allegedly recruited the deceased and will the Ministry cause the agency to compensate the family?

- (v) What specific plans does the Government have to end the apparent torture, molestation, sexual harassment and killing of Kenyan workers in foreign countries, particularly in the gulf region?

Thank you.

Hon. Speaker: The Question will be replied to before the Departmental Committee of Labour and Social Welfare. The next Question is by the Member for Lamu, Hon. Ruweida Obo.

Question No.198/2021

RESTORATION OF HISTORICAL MONUMENTS IN COASTAL AREAS

Hon. (Ms.) Ruweida Obo (Lamu CWR, JP): Thank you, Hon. Speaker. I wish to ask Question No. 198/2021 to the Cabinet Secretary for Sports, Culture and Heritage.

- (i) Could the Cabinet Secretary explain the plans in place to rehabilitate and restore ancient and historical monuments of national importance to their original form and stature?
- (ii) What measures is the Government putting in place to ensure that buildings that are on the verge of collapse due to adverse weather, age and natural deterioration in Lamu Old Town, Lamu County and other coastal monuments with status of national or world heritage are restored to their original form and properly maintained?

Thank you.

Hon. Speaker: The Question will be replied to before the Departmental Committee on Sports, Culture and Tourism. The next Question is by the Member for Changamwe, Hon. Omar Mwinyi.

Question No.205/2021

STATUS OF DEVELOPMENT OF DONGO KUNDU SPECIAL ECONOMIC ZONE

Hon. Omar Mwinyi (Changamwe, ODM): Thank you, Hon. Speaker. Pursuant to the provisions of Standing Order No. 42A, I stand to ask Question No. 205/2021 to the Cabinet Secretary for Transport, Infrastructure, Housing, Urban Development and Public Works.

- (i) Could the Cabinet Secretary provide details of the status of the development of the Dongo Kundu Special Economic Zone (SEZ) Project in Mombasa County?
- (ii) What other short-term and long-term plans does the Government have with regard to the said SEZ project including infrastructural development, recruitment and training of the necessary human resource, amongst others?

Thank you.

Hon. Speaker: Very well. The Question is to be replied to before the Departmental Committee on Transport, Public Works and Housing. The next Question is by the Member for Vihiga County, Hon. Beatrice Adagala. She has requested the Question to be asked on her behalf by Hon. Ruweida Obo.

Question No.209/2021

REHABILITATION OF KISUMU-BUTERE RAILWAY

Hon. (Ms.) Ruweida Obo (Lamu CWR, JP): Thank you, Hon. Speaker. On behalf of Hon. Adagala, I wish to ask Question No. 209/2021 to the Cabinet Secretary for Transport, Infrastructure, Housing, Urban Development and Public Works.

Could the Cabinet Secretary specify any plans the Government has to repair and operationalize the Kisumu-Butere Railway Line in order to promote economic growth in the area and state the timelines for the same?

Thank you.

Hon. Speaker: Very well. The Question is to be replied to before the Departmental Committee on Transport, Public Works and Housing. The Last Question is by the Member for Nakuru Town East, Hon. David Gikaria.

Question No. 210/2021

Hon. David Gikaria (Nakuru Town East, JP): Thank you, Hon Speaker. I need your guidance. I want to withdraw the Question because of the way it is framed so that I can go back to...The issue was compensation for a road that was a diversion and people were affected. That was the essence of my Question. Allow me to go back to the Table Room to redraft it.

Hon. Speaker: Very well. The Question is withdrawn. You will go and redraft it.

(Question withdrawn)

The next segment is on Statements.

The first request is by Hon. Duale, Member for Garissa Township.

STATEMENTS

FAILURE BY CAPITAL MARKETS AUTHORITY TO REGULATE CAPITAL MARKETS

Hon. Aden Duale (Garissa Township, JP): Hon. Speaker, pursuant to the provisions of Standing Order 44(2)(c), I rise to request for a Statement from the Chairperson of the Departmental Committee on Finance and National Planning regarding the Capital Markets Authority's failure to regulate capital markets, leading to loss of funds and investments of many innocent Kenyans.

The CMA is established as an independent capital markets regulatory agency to supervise, license and monitor activities of market intermediaries that include stock exchange and the central depository and settlement scheme, including all other persons licensed under the CMA Act. The principal objective of CMA is to create, maintain and regulate capital markets where securities issued are traded in an orderly, fair and efficient manner through the implementation of a system in which the market participants are self-regulating to the maximum practicable extent as provided for under the CMA Act. Further, the Authority is required to ensure protection of investor interest under section 11(1)(b) of the Act.

In the recent past, the capital markets industry has experienced failure, including the proliferation of unregulated and illegal investment funds, and loss of funds by innocent investors. This has brought into question the effectiveness and efficiency of CMA in regulating capital

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markets in Kenya. Some of the instances which point to failure of CMA to regulate capital markets industry effectively, in total disregard of section 11 of the Act, include:

In 2005, the Imperial Bank Limited allotted Kshs2 billion to bondholders despite having ongoing financial fraud within the bank. The bank eventually collapsed, together with investor funds, under the watch and licensing of CMA.

In 2005, CMA cleared Chase Bank to issue Kshs4.8 billion bonds, which subsequently fell into receivership with investor funds, and later sold to SBM Holdings from Mauritius as a result of poor regulatory oversight by CMA.

In 2018, Nakumatt Holdings Supermarket issued a Kshs4 billion commercial paper and thereafter defaulted on the same, resulting in the write-offs by banks and suppliers. And thousands of Kenyans lost billions of shillings to Nakumatt. Nobody has paid them their money. All this under the watch of CMA.

In 2019, Cytonn Investments further issued, through CMA, a Cytonn High Yield Solution, with an attractive 18 per cent returns per annum, collecting over Kshs10 billion from investors, only for CMA to last week issue a statement that Cytonn is not a licensed and approved entity, knowing all along that they were in the market.

Talk of the Ekeza SACCO of the famous Bishop Gakuyo. Talk of Suraya Investments. Talk of the DECI pyramid scheme. In all these, Kenyans lost huge resources.

Despite CMA securities, public offers, listings and disclosures regulations which restrict private offers to 100 members, Cytonn High Yield Solution is unregulated but ironically approved collective investment vehicle of 4,000 members who invested Kshs10 billion. Moreover, despite the requirements of the Capital Markets Act on disclosure obligations, which require a fund manager or an investment adviser to fully disclose to any client or prospective client the nature of the advisory service offered or fees to be charged in such service, Cytonn Investments breached this provision of the law by providing to investors two products with similar names while one was without regulatory approval.

Lastly, despite the requirements of the Act, which prohibits investment funds from guaranteeing clients that a specific result will be achieved arising from the rendered advice, Cytonn has continued to promise innocent Kenyans a return of 18 per cent in the Cytonn High Yield Solution under the watchful eye and ear of CMA.

The estimated total loss of investment by innocent Kenyans due to the negligence of CMA in terms of regulation is approximately Kshs36.8 billion. To put this into perspective, the figure is equivalent to one-half of the total capital, which is Kshs72.5 billion, of customers' deposit currently held at Family Bank Limited, a second-tier bank as of 31st March 2020. It is on account of these grave concerns relating to the efficiency of CMA in regulating the capital markets industry and the continued loss of investments by innocent Kenyans that I seek for a statement from the Chairperson of the Departmental Committee on Finance and National Planning on the following:

(i) What is the total number of all unregulated capital markets products in the country and the number of investors in the said products?

(ii) What is the role of CMA in the proliferation of illegal investment funds in the capital markets in Kenya?

(iii) What is the effectiveness and efficiency of CMA in regulating capital markets in Kenya?

(iv) What is the total number of funds penalized by CMA in the last five years and the remedial action taken on behalf of investors who lost their funds?

Thank you, Hon. Speaker.

(Applause)

Hon. Speaker: The Chair or the Vice-Chair of the Departmental Committee on Finance and National Planning, how soon do you think you can bring a response? Hon. Waihenya.

Hon. Isaac Ndirangu (Roysambu, JP): Hon. Speaker, it is true that this House is concerned about the failure of CMA to perform its mandate of bringing to book schemes that have conned Kenyans of millions of shillings. On our own motion when we saw this, we have elected to meet the CMA immediately we are done with the Finance Bill. That should be the earliest week of July, between 3rd and 6th July 2021. So, if you can allow us, we may be able to respond to Hon. Duale then.

Hon. Speaker: Very well. The next request is by Hon. Didmus Barasa.

RAPE AND MURDER OF MRS. NANCY NASIMIYU BARAZA

Hon. Didmus Barasa (Kimilili, JP): Thank you, Hon. Speaker. Pursuant to the provisions of Standing Order 44(2)(c), I rise to request for a statement from the Chairperson of the Departmental Committee on Administration and National Security regarding the recent rape and murder of Mrs. Nancy Nasimiyu Baraza in Kimilili Constituency, Bungoma County.

Hon. Speaker, on the dawn of Monday 14th June 2021, Mrs. Nancy Nasimiyu Baraza of ID No.23487645 was raped and murdered in cold blood at her home in Sawa Village, Kimilili Constituency by unknown people under unclear circumstances. The matter was immediately reported to the police under OB Number 14/2021/0100.

It is on this account that I seek a Statement from the Chairperson of the Departmental Committee on Security and National Administration on the following:

What measures have been put in place by the Government's investigative agencies to ensure that thorough investigations are carried out and those responsible are brought to book?

What measures has the Ministry put in place to ensure that the family of the deceased is duly compensated for the loss of their loved one?

What steps is the Government taking to deal with increasing cases of killings and overall insecurity in Kimilili Constituency?

Hon. Speaker, indulge me for about 20 seconds to bring the Chairman up to speed. For the last six months, we have had a number of people losing their lives. I have since requested for two Statements from the same Committee, but I have not gotten any reply. Allow me to read one SMS from a concerned constituent who is saying:

"Mheshimiwa, tunashukuru kwa juhudi zako za kuwashawishi polisi wafanye kazi yao ya kulinda usalama. Na kama polisi hawatafanya haraka uchunguzi wao kuhusu kifo cha mama Nasimiyu, sisi kama wakaaji tutafanya uchunguzi wetu na tutamfanya vile tulivyofanya yule mwanaume ambaye alimbaka na kumuua mtoto huko Marofu."

For avoidance of doubt, the citizens went and lynched the people who were suspected to have been involved in the murder. As a Member of Parliament, I am also getting tired of the police. If we are not going get a substantive answer to these questions, I will allow the citizens to do what they are saying, that is, showing those suspects the short-cut to hell.

Thank you, Hon. Speaker.

Hon. Speaker: You seem to know the route, is it not?

(Laughter)

Hon. Mwathi, how long do you think you will take to respond?

Hon. Peter Mwathi (Limuru, JP): Thank you, Hon. Speaker. Going by the fact that the matter has been reported to the police, I intend to get the response within two weeks. Regarding the other Statements that he placed before the Committee, we had a whole day sitting on Monday, in which the Hon. Member was invited, but he did not attend. The response to the Statements was tabled by the Cabinet Secretary and you can find them in our records.

Thank you.

Hon. Speaker: Very well. You have said two weeks. We are through with that Order. Before we go to the next Order, I can see an intervention from Hon. Waluke.

(Loud consultations)

He seems not to be in. He pressed the intervention button and left. I can take one from Hon. Pukose. Kindly, have the Floor.

Hon. (Dr.) Robert Pukose (Endebess, JP): Thank you, Hon. Speaker. I am standing on behalf of my Chair, Hon. Shakeel Shabbir, who is the Chair of African Parliamentarians Network Against Corruption Caucus (APNAC), which was founded in 1979. You, Mr. Speaker, were the African President. You were also the world's Vice-President of APNAC among other titles which you hold.

(Loud consultations)

Yes, the spokesman for Mt. Kenya.

(Laughter)

We celebrate the Whistle Blowers Day on 23rd June every year. It is a very important day for us to recognise those people who do whistle blowing, especially on matters relating to corruption. Our celebrations today were held at the Hilton Hotel. Four of our colleagues attended, including the Chair, Hon. Omar Mwinyi and the County Woman Representative for Nairobi.

One of the key issues that came up is the issue that happened in Maasai Mara University where one ole Sankale raised an alarm about the theft of millions of shillings by the Vice-Chancellor and other people. As we speak today, ole Sankale has been dismissed by the University Council of Maasai Mara University. I think that is setting a very bad precedent that, if a whistle-blower raises an issue then you have them punished...

We are also asking the DCI and the Inspector-General of Police that ole Sankale and his family must be protected. When they give this kind of information to fight corruption, it is important that they are protected. It is the responsibility of this House to make sure that this is brought to the attention of various authorities that are responsible.

We are also asking the University Council of Maasai Mara University that ole Sankale should be reinstated as an employee and be given all his full benefits because he deserves that. That was just a brief to honour the World Whistle Blowers Day.

Thank you, Hon. Speaker for allowing me to make that statement.

Hon. Speaker: As earlier mentioned, did you say Maasai Mara University? I can see Hon. Sankok has a natural reason to contribute.

Hon. David ole Sankok (Nominated, JP): Thank you very much, Hon. Speaker for giving me this opportunity.

I am a Member of the APNAC of which you were the Chair. We were celebrating the World Whistle Blowers Day. Mr. Spencer Sankale Ololchike brought to light the theft of more than Kshs160 million and matters corruption in employment. Maasai Mara University Council had five Members from one community. With regard to departmental heads and heads of schools, four out of six came from one community and are actually related. It became an island of somewhere in Narok. The case is still alive in court. How the council fired Mr. Spencer, we do not know.

Hon. Speaker, I call upon you, because you are third in command in this country, to use this House and direct Maasai Mara University Council to reinstate the whistle blower and give confidence to other public servants of goodwill who want to save public funds from such heinous acts. It was shocking. For us, we are mourning because very soon we shall witness the death of Maasai Mara University if we do not come out to save it.

I support Hon. (Dr.) Pukose.

Hon. Speaker: If you want the House to express itself, you know how to go about it. The House should be in a position to resolve in the particular manner that you desire. Hon. Millie, kindly, have the Floor.

Hon. (Ms.) Odhiambo-Mabona (Suba North, ODM): Thank you, Hon. Speaker for giving me this opportunity.

As a Member of APNAC (Kenya) that fights corruption, and also as a member of Parliamentarians for Global Action (PGA) that also works on human rights and rule of law, I just want to stand with other Members of Parliament, even as we are celebrating the whistleblowers day, and condemn what is happening at the university.

Hon. Speaker, we as a Parliament must ensure that we protect every whistleblower because corruption will not end as every person who is brave enough to come forward is the one who gets victimised. Even now I am dealing with a case where someone reported to me a case of purported theft and it is the whistleblower who is being harassed by Ethics and Anti-Corruption Commission. We must stop and shame people when situations like that happen because we are not going to deal with corruption unless we deal with the real culprit. We must demand not only reinstatement but also to ensure that he has a salary increment. This is to ensure that other people know that there is a benefit when you report corruption; not that you will be the one victimised for reporting corruption. Otherwise, as a House, we must continue to be vigilant and I am happy even as we are celebrating the whistleblower's day.

Hon. Speaker: Hon. Millie Odhiambo, do all that is possible to tweak the law to bring this possibly under witness protection.

Hon. Maanzo.

Hon. Daniel Maanzo (Makueni, WDM-K): Thank you Hon. Speaker. I am also a member of APNAC and also happen to be a legal counsel to one of the witnesses in that case of Maasai Mara. This House has allocated a lot of money to the witness protection this week under the Office of the DPP. I thought as a House we must come out very strongly to defend witnesses in the country.

Recently, you remember a lady from the lands office who was about to testify in a major case. In fact, she was due for cross-examination and died mysteriously and investigations are already closed. Therefore, witnesses especially in corruption cases in this country need protection. In the case of Sankale who has just been fired, we have taken him to the witness protection team and the terms offered to them were not befitting and were not secure enough. I think we need to relook at that particular law as a House and ensure that witnesses, especially under corruption cases in this country, are properly protected and they do not lose their lives. This is because as soon as they lose their lives, obviously, those cases are lost.

I support this statement by Dr. Pukose and I thank you Hon. Speaker.

Hon. Speaker: Hon. Duale.

Hon. Aden Duale (Garissa Township, JP): Hon. Speaker, first under your leadership, I would like to thank members of APNAC. I really follow their activities under the leadership of Hon. Shakeel Shabbir. This is not the whistle that Hon. Wandayi, my chair, brought to the House. We have to be very careful about which whistle blowing? It is not the one that we see in other places.

We have a number of laws during even your tenure that are domiciled in various laws even in the Witness Protection Act. I think this House is under obligation to put in place a whistle blower policy under a whistle blower protection Act. That is what we should do. With a lot of respect to Hon. Sankok, I have seen many Members asking you to do this and that. The Speaker cannot do anything. You have the power of oversight and representation. I think Hon. Sankok, either you do it or I do it as the patron of the pastoralists. That Sankale issue must be brought before the Committee on Education and Research. You know you can file a question or you can file a statement. Even the Cabinet Secretary for Education and Research will come and then another statement is filed before the Committee on Labour and Social Welfare so that we protect Sankale, and even Hon. Maanzo on a light note. You know in October of 2007, we were together in ODM-K and he was a good friend of mine. Therefore, I also did whistle blowing because I saw you wanted to disappear with ODM-K certificate, which eventually he did.

(Laughter)

Eventually, he disappeared with the ODM-K certificate. Under the leadership of Hon. Raila Odinga, the current Deputy President and Hon. Musalia Mudavadi, we had no party for three months until we were saved by another man called Mugambi Imanyara. So, as he lectures us on whistle blowing, I also whistle blew on him in 2007 for the disappearance of our party and so, I should be protected. Many of us told ODM this group coalescing around the former Vice-President is not up to anything good. They will keep us without a party and they did it.

Hon. Speaker: Hon. (Ms.) Ochieng Awour.

Hon. (Ms.) Pamela Ochieng (Migori (CWR), ODM): Thank you, Hon. Speaker. Allow me to applaud Hon. Duale. He always brings laughter to my heart in *Bunge*. I remember that time though I was not an MP and thank you for saving our party.

Hon. Speaker, I am, at heart and in action, a woman and a leader against corruption of all forms. I want to join my colleagues in celebrating all whistleblowers. This particular case of the young man in Maasai Mara University is pertinent to my heart because that man sacrificed his own life to save the little resources that our Government, through the Ministry, sends to our universities. As a member of the Departmental Committee on Education and Research, I am so sad because actually we are watching slowly the death of our public universities due to poor

funding. When that little funding goes into the hands of the very top notch of this society calling themselves professors - the ones who have the whole knowledge, the doyens and mentors of everybody - and it gets lost again, it is so painful.

This young man, whatever the reason the council of this university is sacking him for, leaves a lot to be desired. I call upon this nation to change the attitude. This is because every time people talk about loss of money and corruption, they point their fingers to the MPs, the Executive of this country and the National Treasury. I am here to confess and ask Kenyans: What about the small offices where we are? Are we buying the biro pens in those offices at the rate of the retail market? Those are some of the reasons why we are ailing as Kenyans and suffering.

I wanted to remind the dons and doyens that there are some little people feeling like those who have knowledge and some of them who claim to be born again are looked upon by the ones who do not know. It is a matter of thinking like Jeremiah, confessing at some time that God sent him to the streets of Jerusalem. He went to the slums to look for a righteous person and there was none. He went to the villages to look for one and there was none. Then he came to the nobles. It was even worse and so this old man had to strip himself naked in the streets of Jerusalem to say how bad it was. We do not want to strip ourselves naked but we are calling upon Kenyans to change their attitude and let every small and big person in their offices do what is right with the money we have so that everybody can benefit from the little cake especially now that COVID-19 is living with us. Otherwise, I support and also call upon reinstatement of that young man and total protection for him and the family.

We have lost many lives of the people in Kenya who shun evil. When they speak about that evil, the story goes like: "Oh! They have gone missing." Then two seconds again: "Their vehicles have been discovered with their bodies." These stories must come to a stop in this country in the name of Jesus. I support.

Hon. Speaker: Well, I think we end there and congratulate APNAC. For those who may not be familiar with it, it was started in February 1999 in Kampala, Uganda, and registered in Kenya. The current headquarters is in Accra, Ghana.

Very well. Congratulations Hon. Pukose and APNAC team.

Next Order!

BILLS

Second Reading

FINANCE BILL

(Hon. (Ms.) Gladys Wanga on 22.6.2021)

(Debate concluded on 22.6.2021 - Evening Sitting)

Hon. Speaker: Order Members! I notice that debate on this Motion was concluded last Evening Sitting. But before I put the Question, Hon. Members, some particular aspect on how we deal with issues of quorum has been brought to my attention. I need to direct that starting tomorrow, the Serjeant-at-Arms and other staff of Parliament serving in the National Assembly

are not to record any Member as being present before this House has accommodated 112 Members.

This is because so many of you are making telephone calls and sending Short Message Services (SMSs) to the staff, requesting to be marked as present and when they do so here in the House, we have to ring the Division Bell for 10 or 15 minutes trying to get quorum. Yet at that same time when you go to check the records, they show 50 Members recorded as being present. Yet we just require 50 of them here. So, Serjeant-at-Arms, other staff and the clerks are directed not to mark anybody as present until the Chamber has 112 Members and whoever will be presiding confirms and then authorises other Members desiring to be marked as present in the tents or other places.

This is to commence tomorrow and it is not rocket science, is it? If 112 Members are not present in the Chamber, no Member should be marked as being present. You must appear in person until we have 112. You will not be registered if you are out there making telephone calls, sending SMS and *WhatsApp* messages indicating you be marked present. Sometimes people are in the villages and ask to be marked present. Let us not take advantage of technology. This is not going to be debated. Anyway, this is for information. Obviously, it does not affect those of you who are present here. It affects those of us who even before we sat here at 2.30 p.m. had already been marked as being present, yet when we sat here, we had to ring the Division Bell to attain quorum. How do we know if they were present? This will be implemented by staff.

Hon. Members, debate having been concluded and having confirmed that there is more than sufficient quorum I will, therefore, put the Question.

(Question put and agreed to)

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

Hon. Speaker: Next Order!

Second Reading

THE KENYA NATIONAL BLOOD TRANSFUSION SERVICE BILL

Hon. Speaker: The Mover of this Bill is the Chairperson, as the case may be, or the Vice-Chair, Hon. Joshua Kutuny, proceed.

Hon. Joshua Kutuny (Cherangany, JP): Thank you, Hon. Speaker. I rise to move the Kenya National Blood Transfusion Service Bill, 2020 for Second Reading.

The Kenya National Blood Transfusion Service (KNBTS) Bill, 2020 underwent the First Reading on 14th April 2020 and thereafter was committed to the Committee on Health pursuant to Standing Order 127(1). The Bill seeks to provide for regulation of activities related to blood donations, testing, processing, safeguarding, transfusion and quality control.

Pursuant to Article 118(b) and Standing Order 127(3) which require public participation and involvement in the legislation and other business of Parliament and its committees, a notification was placed in the mainstream print media on 21st April informing the public that the Committee was considering the Kenya National Blood Transfusion Service Bill, 2019 and inviting them to submit any representation they might have on the Bill.

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Consequently, the Committee received submissions and memoranda from the following stakeholders:

- (1) The Ministry of Health;
- (2) Association of Kenya Medical Laboratory Scientific Officers;
- (3) Mr. Jeff Mukwa;
- (4) Ms. Grace Muburi;
- (5) Mr. Simon Mueke; and
- (6) Blood Link Foundation among others.

The Committee held 11 sittings with the Ministry of Health and other stakeholders to consider pertinent issues that the Bill was seeking to address and table a report before this august House. During consideration of the Bill, the Committee made the following observations:

- (i) There is lack of legislative framework governing blood transfusion service in the country. This, therefore, compromises the safety, quality and availability of blood in the country.
- (ii) The Kenya National Blood Transfusion Service as currently constituted is in a dire straits which includes all its six regional blood transfusion centres and satellite centres. The centres are in a very bad state, lack enough personnel, operational support, transport, reagents and other materials and donors withdrawing their support.
- (iii) The KNBTS is currently operating at 25 per cent of its staff establishment with only 144 staff against a need of 600 staff.
- (iv) Due to bureaucracy, the service is facing prolonged delays in procurement of essential items to assist blood donations, drive and screening.
- (v) Annually, the country requires at least 500,000 units of blood. However, due to bureaucracy and inefficiency in KNBTS, the service collected only 93,000 units of blood out of the required 500,000 units.
- (vi) The KNBTS in its 33 sites in the country including the eight regional sites has only 10 motor vehicles majority of which are grounded due to lack of funds to service them impeding collection of blood donations.
- (vii) The currently computerised blood management system is down due to non-payment of software licences.
- (viii) There are two cold rooms for blood storage that are not operational in the country due to breakdown and lack of service.
- (ix) There is an ongoing effort to privatise blood management services at Mama Lucy Hospital to a Nigerian outfit, Life Bank.

This is part of the observations that the Committee found during the ongoing programmes.

Therefore, the Bill seeks to:

1. Establish the Kenya National Blood Transfusion Service as an autonomous centrally coordinated entity to carry out its mandate effectively and eliminate unnecessary bureaucracies.
2. Improve capacity in the National Blood Transfusion Service by ensuring that they maximise the utilisation of all blood components by being able to separate the various components within a blood sample.
3. Provide for the role of county governments in blood transfusion in terms of liaising and cooperation with the service in activities related to blood transfusion.

4. Provide for blood donor management which includes eligibility of a blood donor as well as the need for education, mobilisation and recruitment of blood donors.
5. Provide for the collection, testing, utilisation and disposal of blood and blood products.
6. Provide for the rights and responsibilities of blood donors by providing for the right to information and consent, the duties of the donors as well as confidentiality requirement.
7. Provide for transitional provisions from the old service to the new service.
8. Provide for the offences related to blood and blood products as well as penalties for the various violations.

Finally, the Committee will be proposing amendments to the Bill during the Committee of the whole House.

With those few remarks, on behalf of the sponsor of the Bill, Hon. Sabina Chege, the Chairperson of the Committee, I beg to move the National Blood Transfusion Service Bill, 2020. I ask Hon. Eseli to second.

Hon. (Dr.) Eseli Simiyu (Tongaren, FORD-K): Thank you, Hon. Speaker. I rise to second the Vice-Chairperson on moving this National Blood Transfusion Service Bill. What is happening in this country is very sad. We have had occasion to tour some of the blood transfusion service centres in Mombasa and Nairobi and what we found was a terrible situation in the sense that things are no longer working. The donors have pulled out. In fact, it is a shame that as a country, in something essential like blood donor services, we should rely on donors to fund it for us. It is a shame.

This Bill is long overdue. If we continue the way we are going such that we cannot provide an essential service like blood transfusion, which is most of the times a life-saving emergency kind of thing, then we are exposing our citizens to real suffering in hospitals. Blood transfusion is an essential life-saving medical intervention. In fact, what blood transfusion services are undergoing in this country is what we term in medical terms as Tuskegee study neglect. Tuskegee neglect came about when some rogue people in the United States of America decided to infect black men with syphilis and then refused to treat them and watched the progression of the disease as they documented it so that they could know the various stages until the person eventually died. That is Tuskegee neglect. What our blood transfusion services are going through in this country is Tuskegee neglect from the Executive and the counties. It is very sad if we continue this way. In fact, in most developed countries, blood transfusion services are stand-alone services which are well resourced. In countries like Israel, blood transfusion services are put together with ambulance services such that if there is a need for an ambulance, as it leaves with paramedics, there is also provision for blood transfusion just in case there is a need for it. It is so essential to the medical services that the way we have handled it is really a shame.

If this stand-alone Bill is passed by this House and it becomes an Act of Parliament, it will actually bring sanity to that area. There has been talk that they want to put blood transfusion together with tissue transplant in another Bill that is expected in the House. Blood transfusion should not fall among the tissue transplant issues because blood itself is not one component. Blood has got so many components. There are the red blood cells, the white blood cells, the platelets for clotting, the clotting factors and immunoglobulins in the blood. All these can be separated and given separately. So, we feel that blood transfusion should have a stand-alone Bill that governs it so that we, as Parliament, can appropriate adequate funds to that group and improve our blood transfusion services.

Hon. Speaker, if you look at the kind of infrastructure that is available for blood transfusion in this country, you will wonder how we have survived. I think we have survived by the grace of God. As the Mover said, there are about 10 vehicles that are hardly moving. When you go to their place of work, even separating the various components of blood to be given where it is relevant is becoming an issue. They cannot do that. Blood transfusion is an essential part of medical services that we have to look at very keenly. You find that there are emergencies where you need certain components of the blood. If we do not have a structured way of doing this, then you might find that we will not save very many people. If we have survived this far and allowed donors to fund our blood transfusion services, we should get out of it. In fact, I wish this Bill had come before the Budget. We would have tried to appropriate some money to the blood donor services because we are in a situation where slowly the country is privatising healthcare. If you go around major towns, there are all sorts of private hospitals cropping up. We are privatising amidst the poverty in the country. So, the poor are no longer affording healthcare. A poor person falling sick and ending up in private or even a public hospital, it means bankruptcy for the family for the rest of its life. If we cannot do the right thing with blood transfusion, we are condemning the majority of Kenyans to live a life of penury. You will find that in some places, the kind of charges that are put on the whole blood transfusion are unbelievable. When you want blood components, you are talking of stratospheric kind of prices that these people are charged yet we have a public responsibility to ensure that this service is available and it is responsive to the needs. Once we set up a blood donor service properly, it will also mean that there is better training for the people that work in the blood transfusion services. We will allocate resources to the blood transfusion services and make it better. If we continue the way we are doing, and some people wanted to lump it together with other transplant tissues, we will be heading for trouble.

As I second this, I would urge that perhaps, the Ministry of Health should send some people to look at how countries like Israel run their blood donor services and their ambulance service. That way, they will understand what is very key about blood transfusion that we should have a stand-alone Act of Parliament to run it. If we do not do that, with our health care slowly decaying, we will have a big problem. There are many things that we can say about this, but allow me to end by saying that I urge the House to pass this Bill urgently. Let us not delay any further. It is about two years since we went to the Coast General Hospital and the Kenyatta National Hospital to look at the blood donor services. When we were there, things were very bad. I wonder how they are now. They must be worse. I, therefore, urge the House that we pass this Bill urgently, so that we can start a proper blood transfusion service in this country and ensure that counties are brought on board, so that they can also contribute adequately, but with regulation set up by the blood transfusion service.

I second.

(Question proposed)

Hon Speaker: Hon. Rahim, you have the Floor.

Hon. Rahim Dawood (North Inmenti, JP): Thank you, Hon. Speaker. I would like to support this Bill. On 5th March 2014, I brought to this august House a Motion that was meant to set up Intensive Care Unit and blood transfusion units in every constituency in this country. Like the Secunder, Hon. Eseli, has said we should have put it in the Budget long time ago. Blood transfusion is an essential provision of health care especially for vulnerable people such as women who experience haemorrhage during child birth, children suffering from severe anaemia

due to malaria, malnutrition and victims of trauma, accidents and other disasters. Patients who are suffering from sickle cell disease need blood transfusion too.

In every 10 minutes, one Kenyan needs blood in this country. A man can donate blood after every three months and a woman can donate blood after every four months. It is a fact that after 120 days, our blood gets spoilt and new blood is required. Like the Mover of the Motion has just said, we collect less than 100,000 units of blood every year and we need more than 500,000 units of blood. That says that we have a shortage of blood. Often, if a hospital were to give blood to your patient, they would ask you to bring other people who can donate blood so that they can give the blood to your patient. Otherwise, you would have to procure the blood with money. What if the relatives of the patient do not have the money to pay for blood? We need to get over this. We need to establish in every constituency a blood donation centre. We need devolution to work. What has happened is that we are still being told from Independence, we only have six units in the country for blood donation.

In the year 2007/2008, a bus from Loreto overturned near Subuiga in Meru and we lost about three girls and some lost their limbs. At that time, I was in the council and I tried to arrange to get blood for them. I had to call Embu and Nyeri because that is the closest we could get blood from. You can imagine the anguish the parents were in because we could not get blood for their children for them to be operated on. That should be a matter of the past. If we are talking about a healthy Kenya and a healthy future for our people, we need to allocate money for this. We need a budget for blood transfusion units.

Hon. Speaker, if blood gets spoilt, it can still be used for plasma and other things. So, we need to urgently pass this Bill and see how we can establish these centres in every county. We should even rope in county governments to allocate some money and even the facilities because we cannot just be saying that we will establish the units when the equipment and the personnel are not there. We need to go out and not just be waiting for the Kenya Red Cross to arrange for blood drives for us to collect blood. As a country, we need to have a good programme. When I studied overseas, we used to have a donation card. We need to encourage something similar in Kenya. If you have a donor card, you can be called and told when they are due to give blood. That is the way to go.

The other thing is the confidentiality. Last week was the blood donor week. There were issues of stigma, that if you give blood, you are scared you will be told your HIV status or any other status. We need to be very careful. Confidentiality of donors should be maintained. It should not have data breach like we have had with political parties where people are being put in parties which they never registered in. I hope the same will not happen to blood donors because somebody might be told that they are HIV positive when they do not have it at all. So, I want to support this Bill and at the soonest, we should give it budgetary allocation.

Thank you, Hon. Speaker.

Hon. Speaker: Let us now hear the Member for Kilifi North.

Hon. Owen Baya (Kilifi North, ODM): Thank you very much, Hon. Speaker. It is a pleasure to contribute to this Bill. I had done a similar Bill, but I had to give the Committee the opportunity to do it. That notwithstanding, this Bill is long overdue. This country has for many years lost people because of lack of blood. I would like to point a case in which we lost a very new Assistant County Commissioner in Kilifi because of pregnancy and blood related issues. When she was admitted at the Kilifi County Hospital, she had a baby and then she lost a lot of blood. We had to get blood from Mombasa. A car had to leave the Kilifi County Hospital, drive to Mombasa to get blood and by the time they got to Mombasa, there was a problem and when

they arrived back in Kilifi, the young lady had died. We need to start devolving blood transfusion centres and blood centres to the counties. Every county hospital or a referral hospital should have a centre. These centres should undertake blood processes and do all these things. The question is who will regulate all the services. When we have the blood transfusion service, they will manage all of these because the current situation is that we have blood transfusion officers who are only managing six centres in the whole country. It makes it very difficult to ensure that we have blood in every level of hospital in this country.

Hon. Speaker, this Bill provides that county governments will be involved. The Kenya National Blood Transfusion Service will ensure that blood is collected, processed, distributed fairly and transfused in a more professional way. This is very important. I support this Bill that was brought to the House by the Committee.

The other important thing is the availability of blood. Like the previous speaker has said, currently, we rely on philanthropy of other organisations like the Kenya Red Cross. They collect blood and give it to the Government. When we have the Kenya National Blood Transfusion Service, they will assess the needs to know that this country requires a certain amount of blood. They will also have their drives that will collect enough blood, bank it and then distribute it and make it available to entities that are allowed to distribute and transfuse blood. Therefore, it is very important that we pass this Bill as soon as possible.

There is also the issue of quality of blood. Many times when blood transfusion takes place, its quality is poor. So, the patient dies because he was given poor quality blood because of lack of ability to process it. If the Kenya National Blood Transfusion Service is not properly funded as it is currently, then it will not do the tests that are available to look for pathogens and all other materials that can be in the blood. Therefore, they will not classify it as good or bad. What is done currently is that you do blood transfusion and in one hour's time, the blood is given to your father. There are tests that require two or three days before you can ascertain if the blood is of good quality. Blood is transfused. After some time, you are told to bring five people to donate blood. You bring them and blood is taken from them. Then it is given to a patient in the next one hour. That is poor quality blood which causes more deaths than the disease which the person has.

I would like to make another contribution on funding. The blood services that we have currently lack adequate funding. Because of that, they do not have enough vehicles to collect blood. When I was in the university, my duty was to donate blood every year. When I was in high school, one of my duties was to donate blood. However, you need transport facilities. You need logistics and packets to put blood. There are many Kenyans who are willing to donate blood. However, the logistics of blood donations are missing because there is no enough funding.

As Parliament, we should appropriate funds for blood transfusion and donation because they are important. Therefore, let us allocate enough money. The Principal Secretary allocates the funds and he can even remove them. So, you are told to bring five people to donate blood. You have to look for them. They tell you to give them Kshs5,000 for one pint of blood. However, this is a poor person who cannot afford medical services in a small private hospital. He has to pay Kshs30,000 to buy blood from people. If blood donation service goes on in this country, I am sure the cost of blood for families will go down. Therefore, people will be safe because of the availability of adequate blood.

Like I said earlier, my last point is that we need to develop these centres. We should equip them with logistics. I have a vision in this country that we will have a properly equipped blood transfusion centre in every county which is managed by the Kenya National Blood

Transfusion Service, so that we can save lives. Therefore, I support this Bill. I wish we had considered this Bill before the Budget because we could have appropriated funds for blood services, so that we can save Kenyans from death that come because of lack of blood.

I thank you, Hon. Speaker, for giving me the opportunity to speak.

Hon. Speaker: Leader of the Majority Party.

Hon. Amos Kimunya (Kipipiri, JP): Thank you, Hon. Speaker. I rise to support this Bill. The Committee prevailed on us because of the urgency of creating the Kenya National Blood Transfusion Service. I want to congratulate them for working on the Bill. The Bill belongs to the Committee. However, they have too many amendments which look like they are almost recreating a Bill. This shows that the Bill was done in a rush. However, we will look at that in the Committee of the whole House.

First of all, let me allay the fears that people have. We have a blood transfusion service already in operation. This is not new. It was started in 2001. There were some discussions with the World Health Organisation (WHO) in 1994, and they prescribed what should happen in terms of the standards. This House passed the Health Act, 2017, which provided for the establishment of the Kenya National Blood Transfusion Service as a State entity. I believe that it did not take off. This Bill attempts to operationalise the intentions of the House within the provisions of the Health Act, 2017, by creating the Kenya National Blood Transfusion Service as a stand-alone entity, complete with its board, management operations and with the powers to oversee and regulate blood transfusion within the country. It also creates the structure all the way from the low service delivery point to the regional level. A county will have two service delivery points. One is countywide, which is high level, preferably at the hospital level. Some will serve the health centres mainly for sorting out the issue of donations and then the blood is taken to where it is preserved. You do not expect people to be transfused at a dispensary. It is a highly technical procedure that requires equipment.

This Bill provides for the regulation of what you do when a donor comes in, which information he is given and how he is protected, in terms of his confidentiality, which is what Hon. Baya talked about. When somebody donates blood, he should not be flashed in the newspapers that he did it and it was found with something. This is one of the fears that discourages people in Kenya from donating blood.

I am a regular blood donor. At one point, I was donating blood at the Mater Hospital and people were told that HIV would be tested. Some of the people whom I had gone with started panicking. They were also told that they would not be allowed to donate blood if their blood pressure was high beyond a certain point. Two chaps started running up and down the stairs. When blood pressure machine was put on them, they were told that their pressure was too high and that they would not donate that day. They excused themselves. We were doing it for a very worthy cause. There was a patient who was at the hospital. They feared that their status would be known. That fear factor will be sorted out through this regulation in terms of what one can do and cannot do. What can medical service providers do to encourage as many people as possible to donate blood?

The Mover and the Seconder gave the people out there some scary information that could discourage our medical personnel. Since time immemorial, blood transfusion in Kenya is better than in other countries within the region. But even as we discuss it here, I am sure it is dilapidated and in a very poor state. We could give people the impression that it is a hopeless situation. I actually want to congratulate the medical personnel for working within the

environment they are working in and yet they have been able to save lives. You only find the rare blood...

Hon. Speaker: Sorry, Leader of Majority Party. Let me interrupt you. There is a Member who just walked in about three minutes ago and he has no mask. Do you know who he is?

An Hon. Member: He has a black mask!

Hon. Speaker: Oh! He has a black one. Who is this? The Member for Laikipia East, your mask resembles you. I was just apprehensive that you did not appear to have a mask and you are moving close to the Member next to you. Very well. You may proceed.

Hon. Amos Kimunya (Kipipiri, JP): Thank you, Hon. Speaker for trying to protect the Members of the House. We need to protect ourselves and others.

I was saying that our medical personnel have done very well. We have seen that in the management of this pandemic, even with limited resources, they have contained the virus. I have seen responses in road accidents and the appeals that are made. Even when you have people with a rare blood type - Hon. (Dr.) Eseli and Hon. (Dr.) Pukose might know better - such as the rhesus negative blood type, they still make appeals and get people to donate blood and save a life.

This will basically transform the National Blood Transfusion Service which is a Department within the Ministry of Health into a fully-fledged authority with its own budget and management structure. It will be devolved or removed from the bureaucracies of the Ministry and thus react faster in sorting out its needs. It will obviously need more money in terms of the overheads and all that, but it is a worthy thing to do. Health is a devolved function and I am sure by the time this Bill will have gone through the Senate, it will have got extra amendments.

When I looked at the Committee Report, I also noted that the Ministry of Health has proposed a lot of amendments to the Bill. What I am not sure is why the Departmental Committee on Health has not told us what they did. The Vice-Chair is not listening, and I do not know how he is going to reply.

(Laughter)

An Hon. Member: Do you want him to listen?

Hon. Amos Kimunya (Kipipiri, JP): It would be good if he was listening because he is the one who will be expected to reply.

When you look at the Report, the Committee identifies a heavy contribution by the Ministry of Health. One of the proposals to be included in the Bill was an amendment to bar the sale of blood products. However, when I look at the amendments that the Committee picked, I do not see that critical proposal. I would like to urge the Committee to relook at the stakeholder recommendations that were brought in. When you look at the Report, it does not say why a certain amendment has been rejected, which is the standard in committee reports. Committees discuss the recommendations and pick what is necessary and leave out what is not.

So, there are some recommendations from the stakeholders that are very good, but then the Committee, in its summary, has only picked a few and left out some of the fundamental ones. I would like to encourage the Committee, because this is your own Report on your Bill, to go back to it before we come to the Third Reading and reconcile some of the issues that they identified as a hitch in their own moving, for example, selling of blood. When we come to the Bill and on the Committee amendments, that issue has not been addressed yet the Ministry of Health had brought that as part of the amendments that the Committee should consider. This basically involves all the other amendments that were brought by the stakeholders. They are not

many. Just about five stakeholders appeared during public participation. We all have to go through all of them.

I would just like to ask the Committee to reconsider its own Report. There are very good recommendations therein that should be captured in the Third Reading to enrich the Bill, so that we are not just creating a body for the purpose of transforming the Blood Transfusion Service from a Government department to a body corporate and then they continue with business as usual. This is unfortunate as it is what we have been seeing with most parastatals that have been created. We need to make a fundamental shift in line with the post COVID-19 recovery which is coming out with 'building back better'.

We learnt our lessons because we never did things right. Can we now do it better for the purposes of posterity? In the event COVID-19 causes another lockdown and we cannot access blood from another country, or we cannot travel to another country to seek treatment, we should be self-contained as a country. This is the lesson that we are learning from the recent pandemic, be it in terms of blood transfusion, preparation of production of personal protective equipment (PPEs) and all the other things. Hon. (Dr.) Eseli has given us the example of Israel. Israel realised that because of their unique situation as a country that is bombarded and surrounded by political enemies and unending wars, unless they were able to be self-contained in the production of their food, health and security devices, they would constantly be at risk.

Now, Kenya must understand that as much as we are a regional power, we do not have the monopoly of protection on pandemics. If a pandemic comes and we are locked in, we need to start thinking of how we are going to protect ourselves from some of these things, and we cannot afford to do away with blood. I know we have been importing and the law is clear on who can import and who cannot import, not only blood, but blood products. It is time we started doing all that ourselves.

I could go on and on, but suffice it to say that this is a good thing. I want to thank all the Members. I know many Members of Parliament have attempted to bring forth this matter, the likes of Hon. Owen Baya. I also know Hon. Kiarie, who is still here, had a similar initiative and, perhaps, he will be telling us more. They have all been talking to me separately asking that we can discuss this matter. So, I want to give the maximum time to this discussion. Most importantly, if we could concentrate on the mechanics of getting these things right, the funding will follow the functions, especially with county governments.

Sadly, as much as this is a devolved function, and it will happen in the counties, none of them appeared during public participation. I hope when this Bill goes to the Senate, at least, the Council of Governors (CoG) or the Committee on Health will appear before the Senate to give input on how county governments will operationalise this very needful service.

Hon. Speaker, with those remarks, I beg to support.

Hon. Speaker: Let us now have Hon. Makali Mulu.

Hon. Makali Mulu (Kitui Central, WDM-K): Thank you, Hon. Speaker, for also giving me this opportunity to contribute to this important Bill. I want to start by appreciating the Committee, the Mover and the Seconder, because this is an important Bill. It has come quite late. Although the Majority Leader has indicated that it is part of what is in the Health Act, I think making it operational has been an issue of concern.

To me, the reason this stand-alone Bill becomes important is because it provides a legal and institutional framework for managing issues of blood transfusion. When we talk about this service, through this Bill, if it becomes an Act of Parliament, it will be very clear how issues will be sorted out. These are issues to do with the legal framework, how the institution will be

conducted and how the institutional framework matters of human resource and finances will be sorted out.

I see it as a Bill which is going, in the long run, to assist this country achieve effective planning for a healthy nation. There is the common saying to the effect that failure to plan is planning to fail. The fact that this Bill will put structures in place in an organised way means that this country will be planning for a very health nation.

I have been imagining that we have very practical examples in our constituencies in matters relating to blood. There are cases where our voters come to the office and tell us that they have a patient at the Kenyatta National Hospital and blood is required. They mobilise members of their clan and friends who come all the way to Kenyatta National Hospital, blood is taken, but some are told that they are very weak to donate blood when they have spent money to come to Nairobi. These are the issues which affect our people. Cancer patients sometimes also go through very hard times when they go through chemotherapy. These are the matters we are talking about. Anytime a patient is to go for a surgery, at times doctors say that the patient does not have enough blood. If you look at our history as a country, it is very rich. I remember when we were in secondary school, we would be expected to donate blood. People from the Ministry of Health would give us a soft drink called Fanta and a slice of bread, and then we would donate blood. In those early days, there was always blood in our hospitals. Anytime you were sick, you would get treated and if there was need to replace blood that had been given to you, your people would come later to donate just for purposes of replacing what was used. This is what I call serious planning. I do not think it is an expensive exercise, on a serious note. If you look at the kind of money we appropriate as a House, the budget for this important national activity will be minimal. It can easily be accommodated so that our people are assured that when they get sick, they will get blood.

Another important thing in this Bill is that it will lead to highest professional management of our blood in hospitals. I like what one Hon. Member said that you donate blood in the morning and in the afternoon, because the patient is in a critical state, he gets the blood. So, the question I always ask myself is whether we conduct all the necessary basic tests on that blood before it is pushed to another person. In this era of many complicated diseases, it is important that before you get this blood to your body, all the tests are conducted, so that you are sure to get the right blood.

The HIV has complicated matters. As the Leader of the Majority Party said, people are scared to donate blood because some are not sure of their status and do not want their status to be confirmed. The assumption is that anytime you go there and you are told your blood is not good for a patient, then automatically the conclusion is that you are HIV positive. These are the challenges we are facing as a country. We need to get enough blood in our reserves and as a result, when one is donating, it will be for purposes of replacing what was used by another patient after it went through all the necessary testing. Even if it is not used, you will get to know why it was not used because your patient would have been given blood. That is why the Committee needs to push this matter very hard. As a House, we need to take it as our responsibility and get this Bill through the process.

Hon. Speaker, I am happy that you, Chair of the House Business Committee and everybody appreciates the importance of this Bill. It is important that once we go through the Second Reading, it is slotted for the Committee of the whole House and the Third Reading, so that it becomes an Act of Parliament. Then we can get this process cleared and our people can start benefitting.

I also like the idea of people visiting out there. They might not have to go to Israel, but the reason the Seconder of the Motion said that they can go to Israel is because it has been in a situation where every time they are bombed and lose a lot of blood. Even in the last two weeks, we have been seeing what has been happening. As a result of that, they might be having a very effective way of ensuring that when one needs blood, he gets it in good time. I support a situation where people go out there to see what is happening so that we do not have to reinvent the wheel, but learn the international best practices. Then we can also become a country that takes care of her people.

The cost should be minimal. I have seen the Chairman of the Budget and Appropriations Committee walking into the Chamber, and I am sure if he is presented with a request to make sure the item receives a budget, it should be very easy.

With those many remarks, I support this Bill. I urge my colleagues that we fast-track it, so that it becomes an Act of Parliament. I really appreciate. Thank you.

Hon. Speaker: Hon. ole Sankok, you have the Floor.

Hon. David ole Sankok (Nominated, JP): Thank you very much, Hon. Speaker, for giving me time to also contribute to such an important Bill. The Kenya National Blood Transfusion Service Bill (National Assembly Bill No.6 of 2020) is very important and that is why you see a lot of interest from Members. Kenyans are one blood transfusion away from poverty because what they charge when you go for blood transfusion is exorbitant. The work of the Government is to protect its citizens.

When our forefathers fought for Independence, one of the things they wanted to kick out of Kenya was diseases. Blood loss due to haemorrhage in road accidents, from haemophilia, sickle cell anaemia and other forms of anaemia, make us lose many Kenyans. If you talk of a country that only has 64,000 units of blood against a need of one million that is less than 10 per cent. It means we may only be saving less than 10 per cent of Kenyans who would have been saved if there was enough blood.

We must be aware, as we set up this State corporation that Kenya is overburdened with many State corporations which earn and duplicate jobs. Some of them are not very relevant, but this one is very important. We must also be aware that this is a devolved function and we should align it properly so that it works even at the county governments. We must make sure that we do not only have shells of State corporations which do not work, and we only create jobs for our friends to sit in the board yet sometimes they do not achieve the intended purpose.

Many contributors have talked about donor protection, which I have seen in this Bill. I cannot over-emphasise the importance of donor protection. When you go for blood donation, are you told why sometimes your blood may not be used? Sometimes it is because it is not compatible with the recipient because of the blood group or the rhesus either negative or positive. But when you are told that your blood is not used because it is not good and reasons are not given, you may think you are suffering from HIV/AIDS.

The issue of blood being tested for diseases scares away potential donors. I remember there were days they used to say that they would test for syphilis. It used to scare away many potential donors. So, as we support this, we must know that Kenyans need to be protected, and since this House has the mandate of budgeting, we must put money there, so that we can save more Kenyans.

I congratulate the Departmental Committee on Health because it has done what many Members wanted to do including Hon. John Kiarie who wanted to bring such a Bill. They have brought something that many Members tried to do in form of Motions.

I know many Members want to contribute to this. So, I want to stop at that. I would like to inform you that there is a stampede in Karen and that is just a tip of the iceberg. From December, there will be a 2022 political mass exodus.

Thank you, Hon. Speaker.

Hon. Speaker: Let us hear the Member for Funyula.

Hon. (Dr.) Wilberforce Oundo (Funyula, ODM): Thank you, Hon. Speaker. I do not know whether it is an exodus from a promised land with honey and milk that Hon. Sankok is talking about. The other side is drier and has more hyenas than those other places.

Hon. Speaker, I stand to support the Kenya National Blood Transfusion Service Bill, 2020. I must say that this has come timely and probably, as we often say, it is long overdue. I am sure many of us can recall that we have a certain department in the Ministry that has been handling blood transfusion matters. As all of us know, their services have not been equal to the task. That is why you find too many debts and medical problems as a result of inadequate blood or cases where there is no blood at all.

The cases requiring blood are very many. Allow me to basically talk about sickle cell anaemia cases. I come from Funyula Constituency where there seems to be inordinately high distribution of sickle cell cases. Many times, we spend a lot of money looking for blood for purposes of treating those cases. Therefore, it is important that we, as a community and society, look for blood which is a basic requirement.

[The Speaker (Hon. Justin Muturi) left the Chair]

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

Hon. Temporary Deputy Speaker, I have had a chance to skim through the Bill. I must admit that I have not read the Report of the Committee, but I just want to point out a few issues here. Quite a number of my colleagues have said that many of us who grew and drank President Moi's milk, namely, *maziwa ya Nyayo*, were always enticed with bread and *soda ya Fanta*. When we were growing up in the village, sodas were a delicacy that we could only see once a year during Christmas and Boxing Day. So, when we had opportunity to be given a soda and a slice of bread we would, gladly and without hesitation, commit to donate blood. Probably, that is where the rain started beating us. Those incentives, however rudimentary they might be, used to play a big role in getting enough blood to populate our blood bank.

When the relevant department became a department in the Ministry of Health...

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

Hon. Aden Duale (Garissa Township, JP): Hon. Temporary Deputy Speaker, Hon. (Prof.) Oundo is a very good friend of mine, but is he in order to say that bread and milk were incentives? Bread and milk were given to the donor after donating blood to sustain his or her energy. It was not an incentive for you to donate. I think he needs to make that correction.

Hon. (Dr.) Wilberforce Oundo (Funyula, ODM): Hon. Temporary Deputy Speaker, it is just a matter of semantics. It depends with what comes first.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Also, where you come from.

Hon. (Dr.) Wilberforce Oundo (Funyula, ODM): Yes, Hon. Temporary Deputy Speaker. It also depends on where you come from.

(Laughter)

Hon. Temporary Deputy Speaker, looking at the Bill, there are still great challenges. Unless the Committee goes into details or unless we find a way of mobilising, educating and enticing people to donate blood, the full-fledged department or corporation will be a continuous addition to the very many State corporations that do not seem to add any value to the lives of Kenyans. Therefore, I urge the Committee to relook at the Report and the Bill to find some ways - I am sure there are best practice cases all over the world on how we can entice, encourage and generally support those who are willing to donate blood. They are very many, but they are never reached and enticed.

That is why when you look at the services or the functions allocated to county governments, they are so shallow and underwhelming. Considering the fact that county governments run most of the hospitals in this country because almost 80 or 90 per cent of health services are devolved functions, I hope when we come to the Committee of the whole House, we will give them more work in respect of blood transfusion. You cannot talk of universal healthcare and improved health services if you are unable to provide blood in the event of emergencies or crisis. So, there must be a way of making counties centres of blood donation, so that they can mobilise people to donate blood.

When you go to Clause 28, which sets out the assignable services, I suppose that at that particular moment, we will have to deal with that matter because, again, it is inadequately drafted. It requires more meat and to be more amplified. As we assign several functions to various organs or institutions to provide blood, the Bill seems to have no reference to unethical practices. There have been too many unethical practices in this country. Sometimes back, blood donated in Kenya was found in Somalia. Many times, blood donated in Kenya is found in Uganda.

Many times, when people are requested to donate blood in the event of emergencies, they require financial incentives yet the Bill seems to provide that blood donation should be voluntary and there will be no remuneration. What do you expect one to do in the event of an emergency when all his or her relatives and friends are unwilling to donate blood by coming up with excuses like they are intoxicated, creating false high blood pressure or that they are a category that cannot donate blood? Probably, there must be a provision in this Bill to allow commercialisation of blood donation because we are going to an era where you have private hospitals and it would be unfair for them to participate in a public blood bank yet they do not wish and are unwilling to participate or support the infrastructure.

I would also expect the Bill to create a fund where private medical practitioners, since they will have to tap into the blood bank, will be required to pay something towards the fund to assist in the mobilisation of donors and storage of the blood that is donated by people of various categories.

One of the issues that my colleagues have indicated on why many people fear to donate blood is the stigma associated with blood tests and being told that you are either HIV positive, your blood is contaminated by hepatitis or whatever it is. Unless you communicate to potential donors that whatever information they will give you will be maintained in strict confidence, many of them will be willing to donate blood where they are not known, so that whoever will test their blood will not go home to a *chama* or a bar and say: "Today I tested the blood of so and so and he is HIV positive. It is just a matter of days." This causes panic all over.

On the issue of data confidentiality, as my colleagues have stated, in the past few weeks, we have been humiliated in the national newspapers and social media. People tapped into private data and registered people to some moribund political parties that are non-entities to save their numbers. What confidence do we have? Where is the assurance that the information gathered as a result of blood donation will not be shared out there? That must be clear in this Bill. The blood that is collected shall enjoy the same protection that is accorded to any other form of data. Otherwise, we will continuously miss the target. The stigma associated with blood donation and the possibility of information being leaked will be a big issue.

The other issue is storage of blood. I have been told by my medical friends that to store blood, you need refrigeration. To have refrigeration, you need secure power supply. In a country where we have irregular power supply, we shudder and hope. We fear that there will be a lot of wastage when we allow many storage facilities in far flung areas that do not have standby generators. Many Government hospitals have standby generators, but they have no fuel because the fuel that is supposed to go to them is misappropriated by other people. I support this Bill and hope the Vice-Chair of the Committee has listened to our presentations. When we move to the Committee of the whole House, we will make those corrections so that we can strengthen the services.

Thank you.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Let us have Hon. Keter who has been unusually patient this afternoon.

(Laughter)

Hon. Alfred Keter (Nandi Hills, JP): Thank you, Hon. Temporary Deputy Speaker. For your information, I was here yesterday up to around 10.00 p.m.

From the outset, I support this Bill. It is going to address many issues that were left out by the Senate that we expected to be functional. Unfortunately, it resorted to duplicating the responsibilities of the National Assembly and play different roles. In a functional Senate, this issue should have been addressed by 2013, a long time ago. I first want to thank the Committee that sat to interrogate this Bill. The Kenya National Blood Transfusion Service Bill is long overdue. The many issues it is raising are because of lack of a framework which is part of the issues that I have raised about a Senate that is not functional. I remember a time when it was all over news outlets that we had lost blood. That points out many things. It points out that the Senate as it oversees counties, and health being a devolved function, is not doing its mandate. County governments are not functional. In a functional county government, we cannot have a situation where we have only six regional transfusion centres. Can you imagine? Even if we were to go by the previous eight provinces before we had the 47 counties, two of them are without a blood transfusion centre. That is grave.

We are supporting this Bill with amendments that have been proposed by various stakeholders. I thank the Committee for exercising its power and using provisions of the Constitution to engage the members of public. On public hearing, most people have never understood why it is important to involve other stakeholders. As representatives, some people believe that because we represent Kenyans, we can handle all issues. There are many stakeholders in this field who understand these things more than the majority of us. I saw many organisations, including the Bloodlink Foundation that brought their submissions and memoranda.

If you look at any Bill, the input of stakeholders is almost 40 per cent of the output that you get from the Bills. I remember the Bills that were before us yesterday like the Finance Bill that is still before us. Many issues were raised by the members of the public through different organisations and individuals who appeared before the Departmental Committee on Finance and National Planning to present their issues.

It also points out to me the failure of our society which has collapsed and needs legislation to stop people from stealing blood. You do not need to have a legislative framework to stop anybody from misusing, capitalising or making blood an enterprise. Sometimes I find it inappropriate when a patient gets to hospital and he is told that unless 10 of his relatives donate blood, there will be no surgery for him. That is grave. The society is too rotten that you need to legislate to stop someone from thinking. In a morally upright society, you do not need anybody to tell you as a doctor or an owner of a hospital that a patient needs emergency attention. If it is about blood, you hear people making it an enterprise. That is not only criminal, but immoral. When you need blood, it will not be like diesel or petrol that you can postpone and say you will not drive your car for a week before you fuel it again. When you need blood, it is a matter of life and death.

This Bill, as I have said, is long overdue. It should have come like five or seven years ago. It is still addressing many challenges that we are having with devolution. In an environment where health is a fully devolved function, every county government should take it as its responsibility to have a blood transfusion centre to manage their own blood and have satellite centres in sub-counties. This is the only product that most people donate for free. We were doing it when we were young and we are still doing it now. It is always free. We need to reorganise. This Bill is addressing that. You just need to organise. This Bill is addressing the challenges of safety and privacy so that donors are not mistreated in any way.

As I summarise so that I do not take much time, this Bill points out many issues. It points out issues to do with devolution which is not properly managed and issues to do with the Senate, which is trying to duplicate the roles of the National Assembly while forgetting their mandate. You remember when we came here in 2013, they were trying to use Standing Orders to create positions like the Leader of the Majority Party. There is no constitutional provision for a Leader of the Majority Party in the Senate, because the Senate represents county governments. The Senators sit as 47 votes, not 67, so that if there are three or four senators from one county, it is the substantive Senator who has a vote. So, the Senate cannot have the same functions as the National Assembly. The architects of the Constitution knew that. When the Senators realised their mandate was minimised and they wanted to be like an upper House, they tried to compete with the National Assembly. That is the reason we have such challenges. If they were carrying out their mandate, by 2014 we should have had blood centres in every county.

We have allocated a lot of resources to county governments to establish blood centres, including cold rooms, only to be told that there are only two cold rooms in Kenya—not within Nairobi or North Rift or western Kenya, but in the entire country—and this is unfortunate. These are services which are rendered in every county across the Republic.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Pukose Robert.

Hon. (Dr.) Robert Pukose (Endebess, JP): Thank you, Hon. Temporary Deputy Speaker. Allow me to contribute to this important Bill. I was listening to some of my colleagues making contributions and there is some bit of confusion. Some are talking of counties yet this

Bill establishes a national blood transfusion service. This is a cross-cutting service for the whole nation. We are creating a corporate body that will operate throughout the country.

I come from the medical field. Initially, the Government of Japan, through Japan International Cooperation Agency (JICA), supported national blood transfusion services by setting up eight blood transfusion centres within the country: in Mombasa, Kisumu, Nairobi, Eldoret, Embu, Nyeri and Nakuru. The centres were also supported by the United States Agency for International Development (USAID) before devolution. When devolution came in, these services were left hanging, because it is a service that transcends across counties. It is not possible for every county to have a national blood transfusion centre because the service is a very expensive affair. You need to screen all the blood to make sure that it is fit for transfusion. What used to happen is that the centre in Eldoret would serve the entire North Rift, while the one in Nakuru serves the whole of South Rift. Institutions collect blood on demand. We say first in, first out. All the hospitals within those regions were being supported to put up blood transfusion departments. Those departments should have all the necessary reagents for grouping and cross matching, testing and making sure that every patient coming in is fit for transfusion.

In developed countries like Japan, 98 per cent of donors are walk-in donors. You just walk in to the regional blood transfusion centre. Japan has eight regions called prefectures. Each prefecture has a blood transfusion service run by the Red Cross. You can walk in and say you want to donate only red blood cells or plasma or white blood cells. In our setup, we need to train our personnel to understand what it is to transfuse. It is not necessary that you have to transfuse whole blood. You can only transfuse whole blood in case of acute haemorrhage or if you are doing exchange blood transfusion. But there are other blood products.

Essentially, a blood transfusion department should be able to support itself without receiving exchequer resources. It should be able to generate its own appropriations-in-aid (A-in-A), because in cases such as haemophilia, you do not transfuse blood; you give them what we call factor concentrates.

You can have a patient with haemophilia A or haemophilia B. The factor concentrates for each of them are different. The factor concentrates that we use on haemophilia patients in our country are imported from other countries. But it is possible that, with a national blood transfusion service, we can have units to manufacture the factor concentrates within the country. The same blood transfusion service can separate what we call the cryoprecipitate. They can have plasma and red blood cells concentrates. These can be given to various departments on demand.

For example, I trained in blood transfusion in Japan and got a post-graduate diploma. When you are in the laboratory operating, you can use an air shooter. You make your demand of what you want to transfuse to the patient you are operating on. You make your requisition. You put a sample from the patient in an air shooter and shoot to the laboratory. The laboratory technologists will conduct grouping and cross match, get the correct blood and shoot back to you while you are operating in a theatre. It is that kind of advancement which we should be aiming for.

We have had cases of terrorist attacks or mass loss of lives during which we make blood appeals. We should not be a nation of reaction. We should be a nation that is prepared to deal with various cases. That is why what Hon. Eseli was talking about concerning Israelis is true. They are experienced because they live in a war zone. They have developed a situation whereby they have well organised ways of collecting blood and how to make it reach various centres.

Essentially, if you have a well-organised regional blood transfusion centre, it should have its own vehicles. Hospitals can make their requisitions to the regional blood transfusion centres.

Once a hospital has made its requisition, the regional centre should be able to package what you need and send a vehicle to bring it to you.

I heard the honourable Member, the good professor, saying that when you donate blood, you get worried about people saying that this person has, say, HIV, Hepatitis and all those things. That should not worry you. When you donate blood, you are allowed not to disclose who you are. We want to have more people donating blood. Institutions like Parliament should have a day for blood donation. For example, the National Blood Transfusion Service can come and set camp here in Parliament so that Members can walk there to donate blood. We can have the camp at the car park. We shall be setting a good example to the rest of Kenyans.

An adult male can donate blood every three months while an adult woman can donate every four months. This is because women have other cycles like menstrual periods and all those other things. That is why they have a longer waiting period before they can donate blood.

The National Blood Transfusion Service, through this Bill, is the way to go for us. We should look at other areas which we can also support like the Kenya Food and Drugs Authority. We can also establish a national drugs authority that can look at other areas in as far as medicine is concerned.

With those few remarks, I support.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Odhiambo Akoth, Kindly, have the Floor.

Hon. (Ms.) Odhiambo-Mabona (Suba North, ODM): Thank you, Hon. Speaker for giving me this opportunity. I stand to support.

This is a Bill that is timely. Very recently, about a year or two ago, I had a niece who was sick with Leukaemia at Kenyatta National Hospital (KNH). At some point, we were asked to go and donate blood. Many people came forward to donate blood. It was, however, a challenge for the blood to reach her. The KNH shared with me the challenges that they are facing and, unfortunately, she eventually died. One thing was clear: that we need a well-managed body to ensure that when people donate blood, it reaches the intended individuals.

Hon. Baya narrated how they lost a woman who was having a baby. For women, given their reproductive health issues, it is important we have blood available for them. Sometimes, when they deliver it does not go as planned. They need blood transfusion very quickly. We have many people suffering from different conditions who rely on blood donation. If we do not manage our own systems well, then it becomes a challenge.

It is embarrassing that as a country we are still relying on foreign donations when it comes to addressing diseases that we frequently deal with. We must prioritise financing health, including blood donations. I sit in the Budget and Appropriations Committee and this is one of the things I have said many times. There are things that we should know. It is even embarrassing. Even if you look at how we budget in our own families, you have money to buy a television, but no money to buy food. I mean, you must be having a problem. If you have money to buy a car, but none for healthcare or rent, then there is a problem. So, there is a general problem with our own budgeting system.

Parliament has greater power in the budgeting process. We need to make sure that the international standards that we adhere to as a country, we conform to them. We must take responsibility of our own well-being. Look at how embarrassed we are even with COVID-19 pandemic. Many people are dying because they are not even able to reach or access health facilities. At this point of devolution, already we should be having facilities that deal with people at that low level. I am very happy...

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Sankok, what information do you have and to whom?

Hon. (Ms.) Odhiambo-Mabona (Suba North, ODM): I have to agree to be informed.

Hon. David ole Sankok (Nominated, JP): To Hon. Millie Odhiambo.

Hon. (Ms.) Odhiambo-Mabona (Suba North, ODM): Okay, I accept. You can inform me.

Hon. David ole Sankok (Nominated, JP): Hon. Millie has given us something to do with budgeting and yet we are discussing the issue of blood transfusion. It is also embarrassing that citizens in this country do not...

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Sankok, be careful. Do not contribute. Give out the information that you have.

Hon. David ole Sankok (Nominated, JP): Kenyans, when donating blood, do not sell it to hospitals, but I do not know why the hospitals sell the same blood during transfusion. That is also an issue of budgeting.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Sankok that was a secondary input.

Hon. (Ms.) Odhiambo-Mabona (Suba North, ODM): Well, it is not too bad because he is raising a significant issue. He is saying that when we give our blood, we donate for free, but then for people who are getting it, they have to pay. Why should they pay when we have given our blood for free? So, I think this body must also take that into account.

Thank you, Hon. Sankok, for informing me.

I am glad with the person who drafted this Bill. From a governance perspective, they have put in very good standards. They are saying that recruitment should be open, transparent and competitive. I think that is very good because you can be open and not competitive, or you can be transparent but not competitive. I want to congratulate the drafter for ensuring and factoring in gender inclusion in the board. Perhaps, the people we have not been kind to is the youth. We hope the Committee will mainstream them.

I have noticed that counties are being encouraged to do one or two things. I wish these centres we are talking about would be available at the county level. All counties should be self-sufficient. I do not even know why we keep referring to the national Government for things that are missing when we have money. Sometimes the money delays the way it has now because of Exchequer issues. However, when they receive money, most countries should be self-sufficient now. We can do an amendment to ensure that all these centres that we are saying that would be added in the Schedule should be per county and not per Level 4 or Level 6 because this blood transfusion is needed at the county headquarters.

This Bill also protects children. If a child is donating blood, a guardian must give consent. The first time I donated blood I was in Form Two and nobody advised me what it entailed. After donating, I was very happy, went to the field and started playing. That is the first time I fainted in my life. I had no clue that after donating blood, I was supposed to go and relax. Instead, I went to play. Suddenly, I was down. You may not know that you have a condition and you go to donate blood and you die. Your parents may know that, but not the school. So, the protection of children is very important.

I am very happy that you have also included the issue of confidentiality. We are giving responsibilities, rights and duties to the person who is donating. If a person donating blood is HIV Positive, he or she should declare his or her status. It is not only HIV, but also other circumstances where you, probably, need to let the health care facilities understand that you may

have a pre-existing condition. The facility should know about it for purposes of your blood donation. It is so that we do not go to a different level of again testing... The blood may be defective and then we end up creating another secondary programme. Otherwise, this is a timely Bill.

I support. Thank you.

The Temporary Deputy Speaker (Patrick Mariru): Let us now give to Hon. Dennitah.

Hon. (Ms.) Dennitah Ghati (Nominated, ODM): Thank you very much Hon. Temporary Deputy Speaker for the opportunity to support the Kenya National Blood Transfusion Service Bill 2020. I support this Bill because I want to say like many other Kenyans that I am a beneficiary of blood transfusion. I am a beneficiary of blood donated to me several times like many other Kenyans in this country. I owe it to so many Kenyans. When I came into this House in 2013, I suffered a road accident and I remember during my admission at the Nairobi Hospital my doctors wanted blood. I owe this to my relatives and so many Kenyans who came and donated blood to me. Therefore, for many of us who have been beneficiaries of blood donations, this is a great Bill because it saves Kenyans.

This Blood Transfusion Bill also comes at a time when this country is actually facing a shortage of blood. The National Blood Transfusion Service Bill actually puts it that Kenya requires about half a million to one million units of blood a year, yet it collects about 200,000 units. It is clear that Kenya still needs blood. I like the Bill because it provides a framework for ensuring that this blood collected is blood treated in a manner that is a bit more dignifying and that actually benefits the people that it is supposed to benefit. Therefore, for me this is a good Bill.

I also like the framework because it ensures that even despite the fact that we do not have enough blood in this country, we are protecting the little blood that is going to save the lives of Kenyans. That is why if you look at the law the way it says – there have been a lot of illegal trade with blood itself. We have seen situations where you are told that there is no blood then in the media, you will hear that some Kenyans were engaged in blood business in Somalia, Sudan and wherever. That kind of business with blood is what the Bill is trying to regulate. If someone, for instance a doctor or a quack or whoever it is, because anybody who engages in blood business is a quack, is found guilty, he should be charged over Kshs20 million. That is a good law that protects the people that actually donate blood.

The first time I ever donated blood was in New York City. I was a student in New York. You know in developed countries you are actually told to go and donate blood because there is incentive for blood donation in those countries. I do not know how that works. This is because here with our blood donation you are told it is voluntary. However, in developed countries you realise that you go there as students and you could actually donate blood and you get incentives for that donation. Therefore, it is somewhat normal for them. I do not know how then the law puts that. However, for me I feel the normal way of donating blood is so that it becomes just as a natural way of saving a life.

As we speak now, in our Constitution, Article 43(1) (a) actually guarantees the right to health. That every Kenyan has a right to the highest attainable standards of health in this country. This is a Bill that is helping shape health in this country. Moreover, we are aware that health is a devolved function.

Moreover, I did not object when Hon. (Dr.) Pukose was speaking, I know that this is a national kind of Bill. It is a national function, strengthening the national blood transfusion services. He said every region has a regional blood transfusion center. What is the point of

talking about national issues when health is a devolved function? Why are we not talking about strengthening our counties? Why are we budgeting for health in our counties when we cannot afford to strengthen our counties and enable all our referral hospitals like Migori Level 5 have services that actually donate blood in the most efficient manner?

It was only yesterday that we actually debated the Finance Bill. You saw services to do with healthcare in this country, you know those machines for health, cancer, HIV/AIDS and so on, are services as per the Finance Bill, which have been zero rated. This is to mean that health is a function being strengthened. What is the point of us strengthening nationally when we cannot strengthen the various functions at the devolved units that we have?

I want to say that this is a good Bill and as you are aware, Kenya is a signatory to the World Health Assembly. Now, the World Health Assembly urges countries to put together mechanisms that ensure that healthcare is guaranteed especially healthcare equipment that deals with blood transfusion. Therefore, I know many of us here have received blood in one way or the other or have actually donated blood in one way or the other. Moreover, you can see the pain in this country and especially during this period of COVID-19 when the country was locked down and when you are told that you need blood in Nairobi and your relatives are in *mashambani* and they could not afford to come to Nairobi to offer blood.

Therefore, for me this is a good Bill and it is one that will ensure that our healthcare system is working. A healthy nation is a working nation or a working nation is a healthy nation. Therefore, for me the Departmental Committee on Health has literally spoken to so many Kenyans who are suffering. Kenyans are suffering in hospitals. When you get admitted in a hospital by virtue of you being an MP in a VIP lounge and you see families struggling to mobilise one another to donate blood in this country, it is pitiful. It is annoying and it is not good. I have been seeing those situations so many times when I am at the hospital.

What we need to do now as Dr. Pukose was saying is to create that awareness. How do we ensure that we create awareness around issues of blood transfusion and blood donation so that Kenyans really know that it is okay to donate blood? It is okay to give blood. In addition, how then can we also ensure that even as we strengthen the healthcare system we are ensuring that the eight regional blood transfusion centers are effective and working 24/7? This is because it is one thing to say we have six referrals hospitals in every province in this country, yet a person in Migori for instance cannot access the nearest service in Kisumu. Therefore, what we want to do is to reduce the time. How then can we reduce the time that our people waste and spend between being sick and going to Kisumu or Mombasa?

I want to say that this is a good Bill. It is one that is protecting the interests and it is one that is coming at a time that we are talking COVID-19. Healthcare has been affected by COVID-19. It is a Bill that has just come from when we are reading the budget. It is one that has come when we are talking about the Finance Bill that has actually tried to zero rate on healthcare equipment and healthcare material.

This is a good Bill and allow me to support it. Thank you.

The Temporary Deputy Speaker (Patrick Mariru): Hon. Duale.

Hon. Aden Duale (Garissa Township, JP): Thank you Hon. Temporary Deputy Speaker. I have stayed long because I waited for this Bill. It is an important Bill. I had the chance to read through the Bill and I really want to commend the Departmental Committee on Health for coming up with this very important Bill. It is coming at the backdrop of a Bill that was supposed to be brought by the Ministry concerned, that is the Ministry of Health; but anyway, the most important thing is the piece of legislation before this House.

A national blood bank is very critical for the health of our country and our people. It is important that we create a dedicated body and it be put in place to deal with issues of standards and safety of blood. This afternoon many Members are very general, but let me be specific on this Bill. We must deal with safety and control in terms of blood donors, how to recruit them, collection, testing, processing, storing, importing or exporting of blood, issuing and distribution of blood and blood products, as well as disposal of blood waste. This is what this Bill should deal with and I am sure it is dealing with it because I have read it.

All these aspects are important in the establishment of a national blood bank. It is good now we are putting a law to regulate the activities relating to blood donation and quality control. So, it is not only about donating, but the type and quality of the blood. Indeed, I see this Bill as having come at the right time. This is because we passed the Health Act in 2017 and I remember Hon. Millie Odhiambo participated that time. In fact, that Health Bill which is now an Act in 2017 called for the establishment of a law that will lead to the creation of a National Blood Transfusion Service. I think all of us are very glad.

Hon. Speaker, you know there are very important things we need to deal with here. These are the rights, responsibilities and duties of blood donors as Hon. Millie Odhiambo said. In my opinion their rights have been misused in this country. I hope this Bill will provide for matters relating to the need of an informed consent of the donor. This Bill must find a way in its current state. We will bring amendments that the donor does not just walk in and give blood. There must be a procedure, regulation and law that you must seek the consent of the person donating prior to a blood transfusion and there must be a counselling process.

We are talking about people who once they donate are told their blood cannot be used. This requires a counselling session for that person and disclosures before donating. As a person you must disclose the ailments you have and ask if you can donate. So, there must be disclosure on the part of the donor, confidentiality of the results and issues of conditions. This must be in confidence and when you donate and your results are different, the doctor or person there must give you that confidence.

We have been told that as a country we have 64,000 pints annually against a demand of one million pints. This is very serious and calls for a national health crisis. Imagine your annual need is one million pints and currently you only have 64,000 pints. Imagine if a national emergency occurs where we need blood transfusion for many Kenyans, God forbid. You know we have a culture of waiting for donation. I saw the Principal Secretary (PS) Health and Government getting excited about 354,000 vaccines, it is in media. Where is the responsibility of the Government to vaccinate the 45 million Kenyans?

A country like China has vaccinated 1 billion and the United States of America has done 70 per cent. So, we are waiting for donation and a whole Government is in the airport past midnight waiting for a donation from Denmark and saying we are waiting for another donation from the USA. What is Government's responsibility to the healthcare of its citizens in vaccinating? Why are we focusing on donations? I hope this Government is not going to wait for blood donations when there is an emergency. We have been told that there is an illegal export of blood pints in thousands and millions to neighbouring countries. We should not defend our neighbours, but say which countries and name public officers involved. The CS, Kagwe cannot just throw words that our blood is going to our neighbouring countries, he must say which country, at what time and hold the public officials under his watch to account.

In my opinion, the Committee should look farther and propose ways of ensuring there is integrity by public officers who shall sit in the management of the Kenya National Blood

Transfusion Service. We must not allow cartels to siphon blood donated by Kenyans and sell it to other countries according to the CS, this Bill must find a way of addressing this. How do we deal with public officials who have been given the responsibility and custody to manage our national blood banks, if there is foul play?

We are setting the Kenya National Blood Transfusion Service in order to create a national blood bank. So, we must have regulation of blood donation. I have heard many Hon. Members talking about counties and here we must be serious. This is because since we devolved, apart from very few counties which I can mention like Kakamega and Makueni, in the rest of the counties, healthcare has collapsed at the Level 5 hospitals. You are talking about taking national blood labs... I will give you an example, the Kenya Red Cross brought a modern blood bank in Garissa, but they did not run it and today it is full of cobwebs and the refrigerators are not working.

Healthcare has collapsed and we must have a discussion. In fact, this country instead of discussing this animal called BBI, should have a three-month discussion on the success and failures of devolution because we are going towards 10 years. You have seen how doctors are recruited based on nepotism and bias. Before devolution there was a doctor called Musa a Nubian surgeon in Garissa Provincial General Hospital (PGH). Before him all the other heads of that hospital were non-locals. But with the advent of devolution, you will find a nurse supervising a medical officer. The Kenya National Blood Transfusion Centre is a function of the national Government. Read the Schedule, it is a policy decision and cannot go to counties.

I beg to support.

The Temporary Deputy Speaker (Hon. Patrick Mariru): To my left now is Hon. Nassir Sheriff.

Hon. Abdullswamad Nassir (Mvita, ODM): Thank you, Hon. Temporary Deputy Speaker. I have heard my colleagues speak very loudly on this matter of blood transfusion, donation and centre. I speak as a donor because I am a regular one and donate blood once in every three months.

As much as I congratulate the Departmental Committee on Health for coming up with this Report, we most importantly must congratulate Kenyans for the close to 160,000 pints that are collected every single year. Kenyans actually donate that blood. The Vice-Chair was indicating that the current figures – and it is due to COVID-19 – are at about 64,000 pints. On average, the country collects about 160,000 pints *vis-a-vis* what is actually required, one million pints annually. I have heard everyone talk about what happens in the case of a disaster. I have lived through it when we had the Mpeketoni terror attack in Lamu and the Dusit attack in Nairobi. I am so honoured, privileged and proud to be a life member of the Red Cross and equally a patron of an organisation formed by very young Kenyans called Red Splash where we have been able to donate blood regularly for such causes.

When you look at the figures, during the holy month of *Ramadhan*, we always have a low number of people donating blood. It is because people prefer not donating blood during *Ramadhan*. However, we have come up with campaigns which have been able to save lives. This is something that needs to be taught to every single person regardless of what your religion, tribe, creed or financial standing in society is. I do not know who the blood I donate will save. The blood that has been donated by someone else who comes from a very vast and different background could save my life tomorrow.

This is a culture that we need to inculcate in our people. We need to tell our people and show them what it means to have that level of humanity. As much as we are talking and

discouraging discrimination based on matters nepotism and different religious beliefs, as much as every single day we talk about not having that notion that a tribe is more superior to another tribe, we equally need to tell Kenyans out there that your blood will be able to save someone as much as someone else's blood will be able to save you. The Red Cross in Mombasa does about 6,000 pints annually. Red Splash does about 5,000 pints annually. This is about 11,000 pints out of the 160,000 that is collected. I am honoured and blessed once again to be part and parcel of an organisation that looks at me and I look at them without regard to the title that I hold when I represent them in the National Assembly. We look at it in terms of humanity. Close to 10 per cent of the country's blood is actually done by organisations that I am associated with. So, I congratulate the Red Cross team in Mombasa and the Red Splash team too.

Hon. Temporary Deputy Speaker, just to give you and other Kenyans what can be done, the Red Splash introduced a phone app which can be downloaded. I recommend to everyone who is listening right now to download this particular app. Once you download it, you can give your details as a donor. So, it gives you reminders. Not only that, but it will give you an alert in the event there is an accident or there is someone in a certain hospital who needs blood. It will give you an alert that you are closest to a certain person and urge you to please go and donate blood to that particular person. It even gives you updates on hospitals on a regular basis to advise you on the blood levels in those different hospitals. I intend to take this Bill and have a sitting with the people that I can comfortably say are part of those who made me who I am today, that is, the Red Cross and the Red Splash. We will go through this Bill. By virtue of being a donor and having associated with teams that are very keen in blood donation, I want to go through this Bill and see what amendments we can propose. This is because at the end of the day, they are the wearers of the shoes and they are the ones who know where the shoe pinches most.

We no longer have to depend on donors like JICA and USAID. Let it be a situation where we will have blood from one of the very few centres within the country. I wish to support the Bill. I congratulate every blood donor in this country. You have saved a life.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Kiarie.

Hon. John Kiarie (Dagoretti South, JP): Thank you very much, Hon. Temporary Deputy Speaker. Finally, this Bill is here on the Floor of the House. Some of us can actually shout Hallelujah because it has been long in coming. After many false starts and a very long delay, it is now on the Floor of the House. I dare say that this Bill is urgent. If there was ever an urgent piece of legislation, this is a text book definition of an urgent piece of legislation. It is because the issues being canvassed in this Bill were urgent many years ago. Two years ago when we were initiating the process of introducing this Bill to the House, the matters were urgent. So, it begs the question: how much more urgent are these issues that we are prosecuting here?

At the outset, I would like to thank the Departmental Committee on Health represented by the Vice-Chair, Hon. Kutuny Joshua. I would like to also say that there has been some great work that has been put in by many other people, including the Leader of the Majority Party in prioritising this Bill so that it gets to the Floor of this House. The blood transfusion situation in this country is desperate. That is why some of us are rising to support this Bill. This Bill will bring some sanity in the entire blood transfusion space within the country by actually regulating the service. As it is, any hospital, individual, clinic, dispensary or even quack doctor can collect, transfuse and transport blood and even prepare blood products without regard to a proper legislation. This Bill is giving that much needed legislative framework.

As we discuss this, the elephant in the room, as was raised by the much esteemed Hon. (Dr.) Eseli, is the issue of whether we should be having a stand-alone legislation on blood

transfusion or whether we should bring it together as part of the organs and tissue legislation. However, I would like to say that even when the public participation was being conducted by the Committee, the issue of organs and tissues transfer was addressed. That is why the amendments that the ministry brought were dropped. The Health Act, as it exists today, does give provision for the CS to attend to matters organs and tissues.

There is a crisis in this country. There is dire shortage of blood in this country and that has also led to criminal activities. Quacks trade in blood. In Clause 8 of this Bill, which is on penalties and offences, trading in blood has been outrightly criminalised. It will now be a criminal enterprise for anyone to collect and transfuse blood, or prepare anything without the necessary clearances. The issues that we are dealing with are critical. I have been hearing figures being mentioned here. Hon. Dennitah mentioned a figure, Hon. Abdullswamad mentioned another figure. I would like to mention with authority that last year, we were able to get 93,000 units of blood against a target of over 500,000 units. Meaning, that the shortage is real. If we do not manage blood transfusion in this country, we shall be living on a deficiency that will occasion a disaster at a time when blood is needed in bulk in case of an emergency or otherwise. The blood transfusion space today is manned to the tune of 145 individuals against over 800 people who are needed to be able to conduct proper blood transfusion services.

Today, if you needed blood, it can only be sourced from volunteers. Anyone who wants to donate blood can only volunteer. With this Bill we bring a framework as to how we move blood donation from voluntary to a place where it is structured, in such a way that we can meet the target that we need. In this body that is called blood transfusion services, there has been a big turnover of CEOs, meaning that there has been lack of visioning and strategic planning; there has been low morale among the staff and that is why it is important that we build this body corporate by the name of the Kenya National Blood Transfusion Service.

The shortage of blood in hospitals is real. Today, there are patients at the Kenyatta National Hospital who will have to wait for over three weeks or a month and ultimately, they might be discharged to other health centres so that they can get blood. This piece of legislation is critical. It is critical because we shall finally be able to give autonomy to the Kenya National Blood Transfusion Service to enable it to even manage its finances better. It might source for help elsewhere as a body corporate, unlike the situation we are in where it is dependent on a Ministry that has actually, in the real sense of the word, starved it leading to the situation that I had described earlier. This Bill seeks to spell out a process of recruitment and management, especially at the top level to strengthen collaboration at all levels of devolved governance and that will provide better service in this whole blood transfusion space.

Since I know the interest is high, I want to summarise before my time is over. It will be sacrilegious of me, to sit without acknowledging very many patriotic Kenyans who have put in a lot of effort, and burnt the midnight oil to ensure that this Bill lands on the Floor of this House today. I would like to make a special mention of an individual, a Kenyan patriot by the name of Joe Wang'endo, very well known to many Members of this House, because of the amazing work that he did in the organisation called, Bloodlink. He has been the man who has been whipping us to push this blood transfusion Bill to be a priority so that it can be canvassed in this House and passed in order to start reaping the benefits. Mr. Wang'endo has since gone to the Africa Centres for Disease Control and Prevention (Africa CDC) and that should be a good career progression for him, and we are proud of the work that he has done in that blood space, because as far back as I can remember, he was the man who was manning the voluntary blood donations that I have participated in.

I am honoured to be supporting and contributing to this Kenya Blood Transfusion Service Bill. I pray that Members will see the urgency and pass it.

Thank you, very much, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Ochanda, Member for Bondo, you have the Floor.

Hon. Gideon Ochanda (Bondo, ODM): Thank you, Hon. Temporary Deputy Speaker. At the outset, we need to correct a few things. One, you allowed Hon. Sankok to inform Hon. Millie and she also swallowed the information directly from Hon. Sankok that the blood is given free, so that we should also give it out free. Blood transfusion is not like shadow of irrigation where you collect in a bucket on this side and pour it on the other side. It is very different. You collect blood from Kaswanga Secondary School from a student, there is the cost in the movement, there is a cost in terms of screening, and there is a cost of movement to where the patients are and stuff like that. It costs money. So, the idea that we collect it free, and we need to give it free is information that ...

Hon. (Ms.) Odhiambo-Mabona (Suba North, ODM): On appoint of order, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Patrick Mariru): What is terribly out of order, Hon. Akoth?

Hon. (Ms.) Odhiambo- Mabona (Suba North, ODM): Thank you, Hon. Temporary Deputy Speaker. If Hon. Ochanda could kindly sit because that is the rule of the House.

(Hon. Gideon Ochanda resumed his seat)

Is my good friend and neighbour, Hon. Ochanda in order to mislead this House by suggesting or implying that the people who donate blood, do not incur cost? Every aspect has a hidden cost. The same way the Government incurs cost in cleaning that blood in order to give. When I leave my house to go to the hospital, the Government does not give me money. That is why Hon. Dennitah said in the USA, you are paid to donate. If I have actually bothered to volunteer and give my blood for free, why should the person I am giving be forced to pay? Is he in order to mislead this House?

Hon. Gideon Ochanda (Bondo, ODM): I think Hon. Millie has accepted that there are costs. That is the bottom line. That is the principle that I was trying to bring around that there are costs; so it is not free. The thing that I wanted to bring out is the whole issue of data. If the Chair of the Committee may, at the point of responding to this, give us a proper data that is in before the Committee... We have heard different figures here; in terms of the blood units we require per year as a country. That has been varying. It is has been varying from Hon. Duale's 64,000 to Hon. Abdullswamad's at 64,000 and now, it has gone to Hon. Kiarie's 93,000. I think what the Committee has is about 164,000 as at last year. So, when the Chair is responding, he needs to bring this data in a proper and correct way. The thing that I wanted to bring in is, the whole issue of blood transfusion, we are dealing with issues of standards. At the moment, we are talking...

(Hon. John Kiarie spoke off-record)

The Temporary Deputy Speaker (Hon. Patrick Mariru): You seem to be oscillating from points of order to point of information.

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Hon. Gideon Ochanda (Bondo, ODM): I think Hon. Kiarie may be running out because of this but I had requested the Chair of the Committee at the time of responding to come up with proper figures where we are. As at now, you have given us a figure of 93,000 while somebody else gave us a figure of 64,000 and another person also gave us a different figure. For us to have clear information, can the Chair give us proper data when he is responding? Not necessarily now. That is what I was asking for.

What is happening now with the issue of blood transfusion is what the Bill is trying to look at. Everybody is doing everything else around blood as they want. The day we were talking about national food reserves is the day we would have started talking about blood reserves. It is late in time. We needed to have done that at that particular time. Many countries have done that. They went from level one like looking at the issue of food strategic reserves, then blood strategic reserves, oils reserves and stuff like that. I think there is something that we have missed as a country over this period of time.

Hon. Temporary Deputy Speaker, as at 2019, the World Blood Donation Day was very clear. The World Health Organisation (WHO) indicated that there must be some standards to handle blood. It gives us international standards, in terms of what happens. Seventy five per cent of the 77 countries that were reported to have come up with blood transfusion services were from developing countries. Kenya was not in it. That is where we are. What am I trying to say? I am saying that we are very late in coming up with a framework of how we are supposed to handle blood transfusion. You should look at that against funding. Things have been very haphazard. Everybody does all manner of things the way he or she wants. There is no way we can allocate money for blood transfusion. After we pass the proposed legislation, we will have a proper Authority in place that has a budget that can be funded.

The funding of blood transfusion comes from external resources. Even this year in our Budget, we budgeted Kshs244 million only for recurrent expenditure for blood transfusion. This means that the rest of the funding comes from external resources. The figures of external resources are dropping. For example, the main source has dropped by USD95 million. This means that as a nation, if we do not allocate resources in strategic blood banking, we will have a problem. That is exactly what this Bill is trying to cure.

I support the Bill in the sense that it gives us a position. We will now fund transfusion services in the country. We will standardise the processes. Standardisation is what we have here. Some think that this role should be done by the counties. They are supposed to do things based on standards that are developed by the national Government like the vaccines that we are rolling out now for livestock and human beings. The standard must be set by the national Government in terms of how it is supposed to be processed and how these things are supposed to be handled. The person who finally handles them in the county government should do it through a framework that we are talking about here. Blood transfusion must have a framework, national policy, legislation and standards in terms of how it is supposed to be done. After that, county governments, private hospitals and any other practitioner can implement it for purposes of moving forward.

I support the Bill. I thank you, Hon. Temporary Deputy Speaker.

Hon. John Kiarie (Dagoretti South, JP): On a point of information, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Unfortunately, the Member is done. Hon. Kiarie, I am sure that you can give him the information over a cup of tea. Hon. Obo.

(Hon. John Kiarie spoke off record)

You can *WhatsApp* him or use any other means.

Hon. (Ms.) Ruweida Obo (Lamu CWR, JP): Asante, Mhe. Spika wa Muda, kwa kunipatia nafasi ili nichangia Mswada huu muhimu wa damu.

Mwanzo, ningependa kupongeza Wizara kwa kufanya majukumu yake. Baada ya wale wanaosaidia kujitoa, walichukua jukumu hilo, wakasimama na wakaanza kurekebisha na kufanya mambo wenyewe. Tumekuwa tukitegemea wafadhili kwa muda mrefu. Ghafila, wafadhili walijittoa. Walijizatiti kusimamia hali ile ngumu ambayo ilikuwa. Damu ni muhimu sana. Naomba wenzangu wapitishie Mswada huu kwa umoja. Wenzangu waliotangulia walisema kwamba hivi vituo vya damu vinafaa kuwa katika kila eneo bunge. Lakini, viko kwa mikoa sasa. Tukisema viwe kwa kaunti, hatusemi tuwapatie. Ndio, viwe vya Serikali Kuu lakini viwe katika kila kaunti kwa sababu kuna kaunti zingine zilizoko mbali na inakuwa vigumu kupata huduma hizi. Damu ni muhimu kwa kila binadamu.

Kwa mfano, kama Lamu, kituo cha damu chetu kiko Mombasa. Gharama za usafiri ni nyingi zaidi. Kuweka kituo kule itakuwa ni rahisi. Kwa hivyo, hatusemi vipewe kaunti bali visimamiwe na Serikali Kuu lakini viwe katika kila kaunti kwa sababu kwa muda mrefu vimekuwa kwa kila mkoa. Tunapaswa tusonge mbele angalau sasa viwe ni kwa kila kaunti kisha baadaye tuendelee viwe katika kila eneo bunge.

Kwa hivyo, bodi inafaa kuhakikisha kuwa hayo mambo mengine yamefanyika. Tunatakiwa kuona maendeleo sio kila mwaka tupo pale pale tulipokuwa.

Bw. Naibu Spika wa Muda, Wakenya wengi wako na hofu ya kuenda kutoa damu kwa kuogopa kuwa hali zao zitajulikana. Wengine wengi wanataka kutoa lakini wanaogopa hilo. Ikiwa itawekwa siri, kama vile Mswada huu unazungumzia, na watu waweze kuelekishwa, watu wengi watatoa damu. Wakenya wengi ni wakarimu na tuko tayari kusaidia wenzetu, lakini wahakikishiwe kuwa wanapopimwa na kupatikana na maradhi fulani, hiyo itakuwa siri yake tu na isitoke kwingine. Ikitoka kwa mmoja, inaharibia hata wengine kuenda kutoa damu.

Narejelea tena kwamba damu ni muhimu na tunafaa kuwa na damu nyingi. Wengine wametoa hesabu ambazo hazina hakika lakini mimi ni mmoja wa wanakamati na Mswada huu ni mzuri. Walikuja wakataeleza na tumeusoma. Kwa hivyo, kuna umuhimu wa sisi kupitisha Mswada huu kwa maana ulipaswa kupitishwa mapema hata kabla ya sasa; ni Mswada muhimu. Langu ni kushukuru sana. Tulikuwa tunaona kuwa kazi hii ilikuwa imechiwa Shirika la *Red Cross* lakini sasa nimeona kuwa Wizara ya Afya imechukulia yenyewe kufanya mambo muhimu na huduma muhimu kama hizi.

Pia, wizara hizi hazifai kutegemea wafadhili sana. Kama kuna huduma yoyote ya afya, Wizara ya Afya inafaa ichukue majukumu hayo. Hili liwe ni funzo maanake tumepata funzo wafadhili walipojitoa kwa ghafila. Tusitegemee sana huduma muhimu zitimizwe na wafadhili.

Sina mengi. Asante sana, Bw. Naibu Spika wa Muda.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Mwabire Ngumbao, Member for Ganze.

Hon. Teddy Mwambire (Ganze, ODM): Thank you very much, Hon. Temporary Deputy Speaker. I take this opportunity to support the Bill. I have heard my colleagues talk about watering down the proposal to have blood banks in each county, but there are a number of set-ups which have trickled down to the counties.

For instance, the Judiciary has been struggling yet we have been allocating them money to establish High Courts in every county. We also have the Kenya Medical Training Colleges (KMTTC) which have also been trying to establish campuses wherever we have Level 4 hospitals.

We should consider having a blood bank wherever we have a Level 4 hospital. This will assist us do away with ambulance chasing services because, for instance, if someone needs blood in Lamu County at the Coast Region, it means a vehicle needs to be sent from Lamu to Mombasa Coast General Hospital and back. The distance is very long and even security is a big challenge. Now that we have County Commissioners in each county, it means the national Government functions are to be effected through counties. It is high time we considered having blood banks in each county so that at least we can have an opportunity to donate blood and also have blood whenever it is required at those levels.

If left the way it is, it means people will be getting a lot of issues and will not benefit. For instance, the issue Hon. Owen Baya raised of a case where an Assistant County Commissioner was in need of blood in Kilifi County Hospital. The blood was to be obtained from Mombasa. From Kilifi to Mombasa and back is 120 kilometres. In that scenario, she lost life because of waiting. Consider if somebody in Taita Taveta, Kwale, Tana River or Lamu requires blood and has to go to Mombasa. Those are the scenarios, as Members, we need to consider when we will be coming up with proposal to amend this Bill to have blood banks in each county or wherever we have Level 4 hospitals so that we can have this service as close as possible to the consumers.

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

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Aseka, Member for Khwisero.

Hon. Christopher Wangaya (Khwisero, ANC): Thank you, Hon. Temporary Deputy Speaker. I also join my colleagues in supporting the Kenya National Blood Transfusion Service Bill, 2020. It is a Bill that seeks to regulate matters of blood donation and transfusion. The Bill also creates an authority within the Ministry or in the Republic of Kenya that will really manage matters of blood transfusion and donation.

The Bill says that it will have a board of management and a budget which creates some autonomy in its financial management.

Kenyans donate blood for free. I agree with my colleagues that blood is donated, transported, kept and administered to patients. However, we need to allow and amend part of the responsibility of the board to ensure that the extra logistical costs that are incurred, from donation, to storage, to hospital and to transfusion, are catered for.

In this country, the Ministry of Health and the Government of Kenya supply condoms free to even the remotest areas in this country. It will not be asking too much to ask this board to take care of these costs: blood bags and blood transfusion sets so that Kenyans who are hospitalised and are in need of the precious commodity are given the commodity for free.

We complain about not having enough units of blood because the people who mobilise for the transfusion are placed in cities. You will find a camp in Kakamega and somebody from Khwisero cannot travel to Kakamega to donate blood. We should decentralise and create more regional offices up from six to 47 and create satellite offices in our sub-counties so that we can mobilise as many Kenyans as possible to donate blood.

Hon. Temporary Deputy Speaker, you will agree with me that sometimes we donate blood within cities and half of it, we are told, is bad, contaminated or infected, but if we want pure quality blood, we should use our villages and we will have this blood in our blood banks.

Lastly, we need to provide more resources to this unit to create more of these centres, to procure more equipment and to ensure it employs more staff. We saw in the Report that the department is really understaffed. So, without enough resources to this unit, we will not attain the objective.

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

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Aseka, is the argument that the blood in the cities is largely unacceptable because of infections, so we should focus on the villages science based?

Hon. Christopher Wangaya (Khwisero, ANC): Hon. Temporary Deputy Speaker...

The Temporary Deputy Speaker (Hon. Patrick Mariru): Do not contribute further to that, but I found that quite an argument and you are entitled to it. Actually, it could be factual. I do not know, but I found it quite interesting.

Hon. Bashane, you have the Floor.

Hon. Ahmed Gaal (Tarbaj, PDR): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity. At the outset, I support this Bill, that is, the Kenya National Blood Transfusion Service Bill, 2020. The nature of Africans is that they have the willingness to assist. When it comes to, for example, blood and water, they are more than willing to assist, generally. However, what we are lacking... I believe we would have even reached the 500,000 units which we require annually, if only there could have been better co-ordination. In relation to the Kenya National Blood Transfusion Service, if they were better in mobilisation, education and sensitisation, I believe we would have met the target we required, but unfortunately, that was not possible.

The other aspect which hindered the process is lack of financing which this Bill is trying to cure. If we get finances that are required, I believe we will also be able to reach the target that is required.

The other aspect which limits blood donation is the stigma associated with blood transfusion. When we normally go to hospital in our communities to donate blood, we go in groups of 10 or 20 people. However, when a donor is told that his or her blood is not suitable, the right information on why his or her blood is not of good quality is not told to him or her. This Bill will now solve that problem where the rights of the donor to information, consent and confidentiality will be adhered to.

One other aspect which hinders blood donation for us to reach the target is the trading of blood. We have realised, and we know, that blood donated in Kenya has been found in several other areas, including our neighbouring countries. We have seen that in the media. That is an aspect of corruption. By having this body in place, I hope this problem will be over.

I do not want to take a lot of time. I support this Bill. Thank you.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Nguna, Member for Mwingi West, you have the Floor.

Hon. Charles Nguna (Mwingi West, WDM - K): Thank you, Hon. Temporary Deputy Speaker, for the opportunity. I congratulate the Committee for the good job that they have done in coming up with this Bill. At the same time, I also congratulate the Mover, my friend, Hon. Kutuny, for a well-moved Bill.

From history, I am a beneficiary of blood donated by several people when I was very young. I know the hectic process that a person goes through when looking for blood for transfusion. It perplexes me sometimes when I see a lot of communication going on through *WhatsApp* and other platforms asking for blood donation for a particular person. You will bear

witness that majority of Kenyans do not know their blood groups as we speak about this Bill. So, this is a very timely Bill which needs support and also proper implementation. We might legislate, but if there is no implementation, this Bill will not help Kenyans.

From the outset, let me say that I recognise the effort of establishing the Kenya National Blood Transfusion Service. The Bill has outlined the functions that the Service is going to undertake. One of the key functions is under Clause 5(c) which states:

“Set standards in respect of blood donor recruitment, collecting, testing, processing, storing, importing, exporting, issuing, distributing of blood and blood products as well as disposal of waste blood.”

This Bill has given this Service a very serious function which actually needs to be implemented. The roles are very clear.

The other thing is the needs. We are talking about the national and county needs. Most of our doctors fail because they do not know the needs based on the national and international guidelines.

One of the key issues which is critical is...

The Temporary Deputy Speaker (Hon. Patrick Mariru): Order, Hon. Ngunu. It is 6.30 p.m. and the House must rise. When this debate is next scheduled, you will have your six minutes. It does not mean that you have lost your six minutes.

ADJOURNMENT

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Members, the time being 6.30 p.m., the House stands adjourned until this evening, at 7.00 p.m.

The House rose at 6.30 p.m.