



REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

NATIONAL ASSEMBLY

THE HANSARD

VOL. II NO. 87

THE HANSARD

Wednesday, 4th October 2023

The House met at 2.30 p.m.

[The Temporary Speaker (Hon. Martha Wangari) in the Chair]

PRAYERS

QUORUM

The Temporary Speaker (Hon. Martha Wangari): Serjeant-at-Arms, I order that the Quorum Bell be rung for 10 minutes.

(The Quorum Bell was rung)

(Several Members walked into the Chamber)

Order, Hon. Members. We now have the requisite numbers to transact business. Clerk-at-the-Table, proceed with Order No.1.

PETITION

The Temporary Speaker (Hon. Martha Wangari): Hon. Bwire.

ACCESS TO NATIONAL PARKS BY LIVESTOCK GRAZERS DURING DROUGHT

Hon. John Bwire (Taveta, WDM): I, the undersigned, on behalf of the pastoral community from Mata and Challa Wards in Taita Taveta Constituency, draw the attention of the House to the following:

THAT, the pastoral community from Mata and Challa Wards bordering the Tsavo West National Park depend entirely on livestock keeping as their source of livelihood and as such have been forced to graze and water their animals in the park during drought;

THAT, the Petitioners aver that in 2021 and 2022, the President declared drought a national disaster and proceeded to issue a directive to the National Treasury and the then Ministry of Interior and Coordination of National Government to spearhead efforts to assist affected households, including to provide water, relief food and livestock uptake;

THAT, the grazers, through their local leadership, engaged the Kenya Wildlife Service (KWS) over the devastating effects of the drought seeking permission to graze and water their animals in the park. The request was declined on grounds that KWS was yet to make guidelines for accessing the park;

THAT, as a result, the KWS officers in Taveta Constituency have been arresting the grazers who access the park detaining their animals and arraigning them in courts sometimes without the knowledge of their relatives;

THAT, the officers have also been remanding grazers in custody for offences under Section 102 of the Kenya Wildlife Service Act, notwithstanding the provisions

of Article 49(2) of the Constitution that says a person shall not be remanded in custody for an offence if the offence is punishable by a fine only or by imprisonment for not more than six months;

THAT, the aforementioned actions by the KWS violates the grazers' right to fair administrative action, right to access to justice, and right to fair trial;

THAT, efforts to resolve this matter through the KWS and relevant authorities have not resulted in a satisfactory response or action;

THAT, the issues in respect of which this Petition is raised are not pending before any court of law or any constitutional or legal body;

Therefore, your humble Petitioners pray that the National Assembly through the Public Petitions Committee:

1. Recommends the provision of guidelines pursuant to Section 102(4) of the Kenya Wildlife Service Act by the ministry to allow grazers to access the parks during drought.
2. Investigates the actions of KWS officers and recommends necessary action including stopping the detaining of livestock without express orders of courts.
3. Recommends that the KWS be barred from further actions of detaining grazers until the Cabinet Secretary develops requisite guidelines.
4. Makes any other recommendation or action it deems fit in addressing the plight of the Petitioners.

And your Petitioner will for ever pray. Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Thank you, Hon. Bwire. I will give an opportunity to a few Members to comment on this Petition. Hon. Haika

Hon. Haika Mizighi (Taita Taveta County, UDA): Ninashukuru kwa fursa hii, Mhe. Spika wa Muda.

Ninataka kuongeza sauti yangu kwa kujadili suala hili kwa ufupi kwa kuwa limekuwa donda sugu. Tuko na mbuga ya wanyama karibu na sisi huko Taita/Taveta. Mara nyingi, wanyama huvuka na kuchanganyika na watu. Tumeshuhudia wanyama wakiua watu na kuharibu mimea. Wakati wa janga kama vile ukame ulioko sasa, wafugaji hukosa kabisa mahali pa kulisha wanyama. Kwa kweli, KWS hawashirikiani na majirani wake kabisa, haswa wakaazi wa Taita/Taveta. Zaidi ni pale Taveta ambapo Mhe. Bwire amezungumzia. Tumeona mifugo ya watu wengine wakilishwa mbugani na hakuna hatua yoyote imechukuliwa. Lakini, hawa majirani wa mbuga ya wanyama ya Tsavo walioko pale Taveta wanahangaishwa. Wamepata shida nyingi huku wakihangaishwa kwa kushikwa na kutendewa kila aina ya ufedhuli. Wanashikwa na hawaambiwi watalipa faini kiasi gani. Imekuwa shida kubwa kwani wao hushikwa na mifugo wao kuzuiliwa.

Sisi kama viongozi tumepata shida. Hakuna ushirikiano wowote tukijaribu kuzungumza nao. Ninamshukuru Mhe. Bwire kwa kuleta Ombi hili Bungeni. Ninaomba tusaideke kwa sababu ujirani mwema ni kufaana. Tunaumia kila wakati wanyama wakivuka. Tunadhulumiwa. Tumekuwa na changamoto nyingi hasa ukosefu wa chakula cha mifugo. Hata kama mifugo watapita na kuingia kwenye National Park, basi sheria ifuatwe. Haipaswi kushika watu na kuwazuia bila hata faini.

Asante sana, Mhe. Spika wa Muda.

The Temporary Speaker (Hon. Martha Wangari): Asante sana, Mheshimiwa Haika. Ninampa fursa Mheshimiwa Wa Kajiado Kaskazini, Mhe. Kanchori Memusi.

Hon. Memusi Kanchory (Kajiado Central, ODM): Thank you, Hon. Temporary Speaker. It is Kajiado Central, Kajiado ya Kati. Asante sana kwa nafasi hii.

Let me first thank the Petitioner for this very timely Petition. Pastoralists have been suffering from a prolonged drought. Even as we are predicting rain, our people are in trouble.

Unfortunately, KWS has shown to be very insensitive to the plight of pastoralists. It is important for KWS to know that the space available for parks is not even one quarter of the available ranches or private land. All animals that are in parks would normally be grazing on private land. There has been a good relationship between pastoralists and the conservation of animals. Unfortunately, when pastoralists need to graze their animals in parks, KWS has been very insensitive. When they get herders inside parks, they demand money from them and beat them up. We have been going through a lot of agony on this matter.

I urge this House, especially Members coming from pastoral areas, that it is important we come together because of this issue. We should give guidelines on how pastoralists will graze in parks. Already, a relationship exists. When there is plenty, these animals come to our lands because they do not want to be in parks when it is raining. I support the Petitioner. I urge Members, especially those from pastoral areas, to come up with a way that KWS will accommodate our people. They are very insensitive to our people at the moment.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Hon. Members, you know we have very serious business today. Limit your comments to two minutes. We have a maximum of 30 minutes on this Petition. I will indulge a few more Members so that we can get more Members to speak. Member for Nyeri Town.

Hon. Duncan Mathenge (Nyeri town, UDA): Thank you, Hon. Temporary Speaker. For those who are in doubt, Nyeri Town Constituency shares seven kilometres of the Aberdares fence. Unlike pastoralists, my constituents, especially in Kihuya Sub-location, are rendered completely food-insecure because of invasion of their farms by wildlife that cross over the electric fence laid along the Aberdares. Of notoriety are baboons and monkeys. They invade farmlands and consume food when it is just about to get ready for harvesting. On the other hand, when drought strikes, zero-grazing farmers who border the forest cannot even be given access to supervised cut-and-carry grass from the forest. During periods of extreme drought, the monkeys even eat farmers' chicken. Therefore, it is important that we broaden the objective of this mission so that we can draw an entirely new framework for coexistence and benefit-sharing between KWS and neighbouring communities.

I support this Petition. Thank you for the time.

The Temporary Speaker (Hon. Martha Wangari): Hon. Members, for good order and instead of raising your hands, kindly put your cards in the intervention box and I will pick you up. Member for Bura.

Hon. Yakub Adow (Bura, UPIA): Thank you for giving me this opportunity to add my voice to this important Petition. The Bura Constituency I represent is in Tana River County. We have the Kora National Park, which is approximately 1,788 square kilometres. The park was initially gazetted as a nature reserve in 1973. Later, in 1989, it was gazetted as a national park without proper consultation and involvement of the public. Currently, the residents of Asako, Roka and Boka are suffering in the hands of KWS. They are very much caring about wildlife, but not about people or residents of those locations.

Recently, wild animals went into farms belonging to residents of Roka and Balambala, they destroyed crops and left nothing for the farmers. Whenever there is such a kind of destruction, we do not see KWS officers. I am informed that even the officer attached to the area is not facilitated. He does not have a bodaboda to help him reach the affected areas. But whenever a buffalo or a rhino is injured or something happens to it, they come in a chopper. As I said, this is not fair to the people. I support the Petitioner and sentiments by *Mhe. Kanchory* that Members who come from areas where these destructions happen over and over again, should come together and push this agenda.

The Temporary Speaker (Hon. Martha Wangari): Member for Endebess.

Hon. (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Temporary Speaker, for allowing me to contribute to this Petition. From the outset, I support it. This is not the first time this Petition is coming before this House. We have had similar petitions in the past and have been lamenting and nothing is happening. I want to ask the Chairperson of the Public Petitions Committee to invite the Cabinet Secretary for Tourism, Wildlife and Heritage to appear before the Committee. He should also indulge Members from areas bordering national parks.

In Endebess Constituency, there is Mt. Elgon National Park. My constituents in Kiptogot and Chorlim areas have suffered tremendous harm in the hands of KWS rangers who beat up women, children, and the elderly when they find them on the road. I do not know whether they are allergic to people or their way of training makes them not to consider human beings valuable or like themselves. This is an inhumane thing that we should put to an end. I am hoping the recommendations that will come to this House will cover all the areas with national parks or game reserves within their jurisdiction.

The Temporary Speaker (Hon. Martha Wangari): Hon. Adan Yusuf.

Hon. Yusuf Adan (Mandera West, UDM): Thank you, Hon. Temporary Speaker, for giving me this opportunity. I also sincerely thank the Member for Taveta for bringing this crucial Petition. This is a countrywide problem that is causing havoc in most counties with national parks or game reserves. All the wildlife in Kenya is here courtesy of the pastoralists. If they were hunters and did not conserve these animals for all those years, then, today, we could not be having national parks or wildlife conservancies. So, pastoralists have all along, since time immemorial, lived with wild animals, conserved and tried to survive with them. When KWS came into play, the animals became more important than the lives of pastoralists. When a hyena is killed, it becomes news but when a hyena chews a child, it is not news. This is a serious issue.

Thank you, *Mheshimiwa*, for bringing this Petition. We should all join hands and come up with a legislative framework so that human life can become more valuable than wildlife.

The Temporary Speaker (Hon. Martha Wangari): Member for Kilifi.

Hon. Gertrude Mwanyanje (Kilifi County, ODM): Asante Mhe. Spika wa Muda. Ninataka kuzungumzia ardhilhali hii na kuunga mkono Mhe. Bwire kutoka Taveta. Hii ni kwa sababu Taveta inapakana na Jimbo la Kilifi upande wa Ganze na Bamba ambako hakuna mavuno na chakula kwa sababu ya wanyama pori. Kule Palakumi, Jaribuni na Mayowe utapata fisi wanaingia kwenye maboma ya watu na kula mifugo. Ndovu, kule Bamba na Ganze, huharibu na kula mimea yote. Saa hizi watu wetu hawana chakula. Tumekuwa na mvua nzuri sana ya kukuza mazao lakini wanyama pori kutoka Tsavo Mashariki wameingia Kilifi kupitia Bamba na Ganze na kutuharibia mazao yetu. Jambo la kusikitisha ni kwamba maofisa wa wanyama pori ni wavivu; hawasikizi na hawashiki simu wakipigiwa kuambiwa kwamba ndovu wameonekana na wanaharibu mimea. Hawajali na hawatoki mpaka wanyama wamalize kuharibu mimea.

Saa hizi tunalia na wananchi. Ombi langu kupitia hili Jumba ni kwamba watu wetu waweze kulipwa fidia. Wakulima wote ambao mifugo wao imeliwa na kutobolewa na fisi... Saa hizi hakuna mifugo kule Mayowe wala kule Bamba na Vitengeni. Aidha hakuna mimea kwa sababu ya ndovu wanaotoka kule Taveta, Tsavo Mashariki. Tunataka kuona ni vipi hawa maofisa wa misitu...

The Temporary Speaker (Hon. Martha Wangari): Muda wako umekwisha. Nampatia Mhe wa Molo nafasi.

Hon. Kuria Kimani (Molo, UDA): Asante sana Mhe. Spika wa Muda pia Mhe. ambaye ameleta hii ardhilhali humu Bungeni siku ya leo.

Kule Molo kuna ndovu anayesumbua wananchi pale Sachangwan, Kapsoit na Soin. Wakati huyu ndovu alikuja, akina mama wa maeneo hayo walifurahi sana. Hii ni kwa sababu

wazee wao walikuwa wanaenda nyumbani mapema kwa kuogopa kupatikana na yule ndovu. Sasa hatari imezidi hadi wanasema afadhali wazee wachelewe kidogo na huyu ndovu aondolewe kabisa katika maeneo hayo. Saa zingine wananiambia niwapatie nafasi wakabiliane na huyo ndovu. Lakini nimewaambia wakikabili naye, basi watashikwa na askari na kujipata matatani kisheria.

Kwa hivyo, ninawaomba wakati mnaangalia hii ardhilhali, mkumbuke wananchi wa Soin na Sachangwan ambao wanasumbuliwa na ndovu. Wamempatia jina la David. Tafadhali, wana KWS kujeni mchukue David wenu maana tumechoka kwenda nyumbani mapema.

Asante sana Mhe. Naibu Spika.

The Temporary Speaker (Hon. Martha Wangari): Sijui ni ndovu ama ni masaa mnataka yarefushwe. Mbunge wa Kathiani, Mhe Mbui.

Hon. Robert Mbui (Kathiani, WDM): Thank you, Hon. Temporary Speaker. I also rise to support this Petition by Hon. Bwire. I have been to that region of Taveta and it is true there is a real menace of wildlife. My concern is: How come whenever there is any conflict between humans and wildlife, KWS rangers are constantly on the side of wildlife? I mean, it is as if that organisation is run by animals. There is conflict about grazing grounds because our animals feed on the same grounds with wild animals. The KWS always sides with the wild animals.

How do we manage disasters like drought? We should figure out how to deal with the many animals kept by herders. Whenever we have drought, our herders and pastoralists lose many animals. In fact, some pastoralist herds were wiped out completely by the last drought. To replace an animal and get a herd is not easy. This is a major issue that needs to be looked into. I think the Government needs to look into drought management issues so pastoralists do not continue losing animals.

Finally, Hon. Temporary Speaker, there is an issue of grazers who are being arrested and locked up. I am talking about kangaroo courts. Police officers, the KWS officers and other people with some kind of authority, even the Kenya Revenue Authority officers, have decided to have kangaroo courts in Kenya. We need to ask ourselves whether our country really believes in the rule of law or not. Why is it that somebody creates a law and uses it to punish our people unnecessarily? If the law is clear that they should be fined, let them be fined and released. However, being kept in there tells me one thing, that the officer's intention is not to get justice, but money through a bribe. That is where the problem is.

Finally, Members have talked about double standards. Hon. Haika said that there are some people who graze their animals in the reserves, but others cannot. These are double standards. We need to ensure that everyone is treated equally in this country. Let there be no double standards. Everybody is a shareholder who must get his fair share. If we are going to graze our animals, let all of us do it, but not certain 'special' people.

Thank you for giving me the chance to contribute.

The Temporary Speaker (Hon. Martha Wangari): Thank you. Member for Sigor, Hon. Peter Lochakapong.

Hon. Peter Lochakapong (Sigor, UDA): Thank you, Hon. Temporary Speaker. At the outset, I support the Petition by the Member for Taveta. It is unfortunate that the KWS officials are insensitive. Where I come from - Sigor, West Pokot County - we have a national game reserve. Sometimes, when people graze their animals there, they are harassed, which is unfortunate. Those who are mandated to take care of wildlife in national parks and game reserves should know that the communities around them existed even before these areas were earmarked for wildlife management. It is unfortunate that these communities are not allowed to graze their livestock within the game reserves during drought.

There is even a very unfortunate story of a KWS officer within a national game reserve who did not allow the community to get piped water, when they got an organisation that was

willing and ready to get it for them from Lake Turkwel. Remember many of the communities living around game reserves and national parks have challenges of getting water for domestic use. It is about time the KWS officials became sensitive and worked together with the communities that live around the national parks and game reserves. They will help them to ensure that these animals are taken care of.

Hon. Temporary Speaker, when we have human-wildlife conflict, people fill forms for compensation. It takes forever for...

The Temporary Speaker (Hon. Martha Wangari): Your time is up. Member for Tigania West.

Hon. (Dr) John K. Mutunga (Tigania West, UDA): Thank you, Hon. Temporary Speaker. I wish to thank the Member for bringing this particular Petition. Tigania West also borders a national reserve, the South Imenti Forest, which has elephants and other animals. We have frequent visits by the elephants in our constituency. People of Luuria, Kanjai and Kamitonga have been suffering a lot of losses due to destruction of their crops. Coincidentally, when it is about time to harvest the crops, that is when we see these elephants breaking through. Sometimes, we imagine that the electric fence is switched off so as to allow them entry into the farms to feed themselves.

I will give you a classic example of what happened in the last season. There was a bit of drought in that part of Meru. We had rare visitors. Elephants from Shaba National Reserve had come all the way to Tigania West. They visited our farmers and decided to graze on their farms. Incidentally, the game rangers from KWS were accompanying and guarding them to graze on the farms. Peculiarly, they even had carried forms for people to apply for compensation. This was one case of sheer impunity. They graze on the farms to keep the animals alive yet the people are left with hunger. The KWS needs to be serious on compensation and taking care of people's property.

I support the Petition.

The Temporary Speaker (Hon. Martha Wangari): Member for Tharaka.

Hon. Irene Mayaka (Nominated, ODM): Point of information, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Hon. Mayaka, you can only inform a Member who is on his feet. No one has started speaking. Hon. Member for Tharaka, go on.

Hon. George Murugara (Tharaka, UDA): Thank you very much, Hon. Temporary Speaker. This is a very timely Petition that has been brought to the House.

I request the Public Petitions Committee to consider it *vis-a-vis* all the national parks we have in the country. These enumerated facts will actually turn around and defeat the case of Meru National Park which borders Meru County and Tharaka-Nithi County because grazing goes on in there. It is unlawful. It is done by certain communities while others are restrained from doing so.

We also have a lot of human-wildlife conflict. Wildlife cross over the Ura River into Tharaka Constituency from Meru National Park. As it has been said, you cannot kill wild animals because you will be in great trouble with KWS. We are also considering creating corridors in these national parks. So, either livestock can move across or there can be trade between the counties that border these national parks by creating corridors in between in the form of roads or other avenues which can be useful to human beings.

This is a timely Petition and I support it.

The Temporary Speaker (Hon. Martha Wangari): Member for Yatta. Hon. Mayaka, I will indulge you after we finish the comments on this Petition.

Hon. Robert Ngui (Yatta, WDM): Thank you, Hon. Temporary Speaker. I thank my brother, Hon. Bwire, for bringing this Petition. I support it. This issue goes beyond areas with game reserves. I have an area called Mbitu in Yatta where human-wildlife conflict has been a

major problem. This is not the first Petition in this House about human-wildlife conflict. We need to have a regulation to manage it. I support it.

The Temporary Speaker (Hon. Martha Wangari): Member for Maara, Hon. Kareke Mbiuki.

Hon. Kareke Mbiuki (Maara, UDA): Thank you, Hon. Temporary Speaker. I rise to support this Petition. Note that this House is seized of this matter given a number of Petitions. We are all aware that the Cabinet Secretary was seized of this matter last month. This House had more than 20 Questions on human-wildlife conflict. This is an extremely weighty matter. The Chairperson of the Departmental Committee on Tourism and Wildlife is formally seized of this matter. We formed an inquiry which will look at human-wildlife conflict holistically. We need to look at it in terms of mitigations which need to be done to ensure that it is minimised. There must be compensation. At the end of the day, we will ensure that the law is viable, so that it can help us mitigate this matter.

Because the Committee is undertaking an inquiry on human-wildlife conflict, I encourage all the Members who have cases involving it to channel them through the Committee, so that we can look at them holistically and find a permanent solution. At the same time, when it comes to compensation, our biggest problem is the budget. As we sit, we have an outstanding bill of more than Ksh6 billion of verified and confirmed claims. Unfortunately, the amount of money which as a Committee we are able to secure through the Budget and Appropriations Committee (BAC) is less than Ksh1 billion per financial year. I also want to urge the Members when it comes to sourcing finances through the BAC, all of us should be here to support.

The Temporary Speaker (Hon. Martha Wangari): Hon. Members, I would like to bring this to a close but I will give the Member for Isiolo South a chance. The time is up for the public petition comments.

Hon. Bidu Mohamed (Isiolo South, JP): Thank you, Hon. Temporary Speaker for giving me this opportunity. First and foremost, I want to thank Hon. Bwire for bringing up this Petition. My constituency borders Meru National Park. In fact, half of the whole area borders it on the northern side. The eastern side of it borders my constituency. You know very well that Isiolo is purely community land. The western and southern side of Meru National Park is fenced by a small fence belonging to the Kenya Wildlife Services (KWS). So, the open side is my constituency. Every other time we have wildlife moving out of the Parks into my constituency. It is a dispersal area and corridor to my constituency but we have never had any problems about poaching. Our community has been mindful about wildlife whenever they are out of the parks. However, during the drought, the KWS does not care about our livestock going into the park, at least for survival. What they are doing is more than inhuman because they use helicopters to chase those weak animals and sometimes most of them die in the field. So, we need to think about the pastoralists who are neighbouring these protected areas.

We need to come back together and see what we can do about the relations between wildlife and human beings.

The Temporary Speaker (Hon. Martha Wangari): Thank you, we have closed comments on this issue. It will be committed to the Committee on Public Petitions. Before we go to the next issue, allow me to recognise students in the Public Gallery: Dogamano Secondary School from Kigumo Constituency, Murang'a County; Merorere Boys Secondary School from Imenti South Constituency, Meru County; and University students from Kipipiri Constituency who scored straight Grade A. On that, I will indulge Hon. Member for Kipipiri for a minute to welcome all of them.

Hon. Wanjiku Muhia (Kipipiri, UDA): Thank you, Hon. Temporary Speaker. I take this opportunity to welcome all our guests seated in the Public Gallery and Speakers' Gallery. In a special way, I welcome the university students from Kipipiri Constituency who scored

straight Grade A in the KCSE. They are an inspiration to other students. I encourage students to continue performing their very best. One day, they may find their way here in Parliament to observe the proceedings. Thank you, Hon. Temporary Speaker.

Hon. Irene Mayaka (Nominated, ODM): On a Point of Order.

The Temporary Speaker (Hon. Martha Wangari): Hon. Mayaka, what is out of order?

Hon. Irene Mayaka (Nominated, ODM): Thank you, Hon. Temporary Speaker. I am very worried. Today, I went to a public toilet and found that they have condoms for free yet we even have students here crying about lack of pads in their different institutions. I just want to say that we still do not understand why children in our schools cannot have simple things like pads. Why can money not be allocated to purchase pads for school children?

Hon. Temporary Speaker, you can see that women legislatures are very upset because we want to demand and ensure that money for pads comes to County Woman Representative. Hon. Temporary Speaker, that is my point of order.

(Several Members stood in their places)

The Temporary Speaker (Hon. Martha Wangari): Order Members! Order all Members!

(Several Members stood in their places)

Order, Hon. Members. I also use pads, I also have periods. Please, take your seats.

(Loud consultations)

Hon. Oluoch, I will give you a microphone. Let us listen to each other. Hon. Oluoch, Member for Mathare.

(Loud consultations)

Hon. Antony Oluoch (Mathare, ODM): Hon. Members, ladies, I support your quest. Allow me to state my point of order. Pads for our girls. I also have a girl and so, I support. Can you allow me to state my point of order?

(Loud consultations)

Yes, including the daughter of the Leader of Majority Party. We have heard you. We all support your course, including myself. Can you allow me the point of order?

The Temporary Speaker (Hon. Martha Wangari): Hon. Members, The Member for Mathare is supporting you. You have made your point. Please, take your seats. Hon. Oluoch go first.

Hon. Antony Oluoch (Mathare, ODM): Allow me to raise this point of order as I support the “No Pads no Parliament Movement” and I can see the Leader of Majority Party nodding because he always says he has a daughter. So, do I. However, the point raised by Hon. Mayaka is a very serious one which I think this House needs to inquire beyond the pads that must be provided to our school going children. My constituency and informal settlements are worse hit as I am sure the rural areas. Am I in order to ask, and this is a serious problem that needs to be inquired into, what condoms are doing in our ladies’ toilets in Parliament when there are no pads in our schools?

(Applause)

I have not finished, Hon. Temporary Speaker. May I conclude?

The Temporary Speaker (Hon. Martha Wangari): Order Members. The Member for Mathare is on a point of order. Wait until he finishes. You have 30 seconds, Hon. Member, to wind up.

Hon. Antony Oluoch (Mathare, ODM): Am I in order to ask our Committee on Social Welfare of this Parliament to answer the questions? Do you have so much money to waste that you can put condoms in our toilets when Members lack facilities and our girls in informal settlements lack pads? Am I in order to ask that this Committee should be asked to put in a statement to answer the question?

The Temporary Speaker (Hon. Martha Wangari): Hon. Members, remember this issue was raised here yesterday. It has been raised here many times. It is an issue of national importance. On that issue, we are on the same page. I know the Member for Kisii County had drafted a statement on that issue. She did not do it on time, but I will indulge her for a minute, not to make the Statement, but to make a comment and also prepare the House for the actual Statement that will come to the Floor. I hope we can listen to each other so that we can make progress. I will indulge a few more Members and will now give the opportunity to Hon. Kangogo Bowen, and then Hon. Donya Dorice. The issue of pads cuts across both genders. Hon. Kangogo.

Hon. Kangogo Bowen (Marakwet East, UDA): Thank you, Hon. Temporary Speaker. I walked in when lady Members were on their feet and shouting, 'Pads'. I thought they were seeking to be provided with pads, but now I am informed that they are speaking for our girls. I am a father of many girls, that is, my own girls as well as the girls of Marakwet East Constituency. If you go to the constituencies we come from, especially the remote areas, many of our young girls have dropped out of school because of just a simple reason - lack of sanitary pads. So, I support the female Members in this case. Our girls must be provided with sanitary pads given that this Parliament passed the budget for the same.

(A Member spoke off the record)

I am told the budget was Ksh940 million. If that is the case yet our girls go without sanitary pads, then the cabinet secretaries and principal secretaries for the ministries concerned, that is, Education and Public Service, Gender and Affirmative Action, must appear before this House and tell us what happened with the money we appropriated for sanitary pads for our girls. I assure our female colleagues that as male Members, we support them 100 per cent on this issue.

(Applause)

The Temporary Speaker (Hon. Martha Wangari): Thank you, Hon. Kangogo. This issue was raised here yesterday. There was a clear direction by the Speaker to the Leader of the Majority Party that we will need to have the cabinet secretaries of the two ministries appear before the House. Member for Kisii County.

Hon. Dorice Donya (Kisii County, WDM): Thank you, Hon. Temporary Speaker. As you can hear, my voice is hoarse because we want justice for our girls. Girls are lured with love messages like 'I love you'. Those are messages from boys because they know if they tell the girls that, the next question they ask is: 'If you love me, what will you give me?' The answer will be, 'I will buy you sanitary pads.' This is because they cannot afford Ksh70 to buy sanitary pads. In the village, where can you get sanitary pads? When I saw in the news that the Cabinet

Secretary for Public Service, Gender and Affirmative Action is female, I said to myself, “Oh Jesus, our issues will vanish.” But we are still languishing in poverty and suffering. This issue should be solved once and for all. We should not even say that we invite the cabinet secretaries to appear before the House because they have already seen what we are debating and saying, that is, sanitary pads for our school-going girls. I said yesterday that the Cabinet Secretary for Education is a good friend of mine and we come from the same village. Let me tell him: *Omogaka kae abana* sanitary pads...

The Temporary Speaker (Hon. Martha Wangari): Order, Hon. Donya. We only have three parliamentary languages: English, Kiswahili and Kenyan Sign Language. Those are the only languages that can be used.

(Laughter)

I want to close this debate, but before I do, let me give the chance to Member for Buuri.

Hon. Mugambi Rindikiri (Buuri, UDA): Thank you, Hon. Temporary Speaker. I am a proud father of two girls, including a third one, my wife. The dignity of our children...

The Temporary Speaker (Hon. Martha Wangari): Are you saying that you are the father to your wife?

Hon. Mugambi Rindikiri (Buuri, UDA): Yes, I have three girls in my house, two daughters and one by marriage. We must ensure that the dignity of our children, specifically the girl child, is maintained and preserved. In as much as we feel for our girls, there are some people who have no feelings at all yet they head ministries in the name of cabinet secretaries and permanent secretaries. The first thing that these people should have done...

Hon. (Dr) Rachael Nyamai (Kitui South, JP): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): What is out of order, Hon. Nyamai?

Hon. (Dr) Rachael Nyamai (Kitui South, JP): Thank you very much, Hon. Temporary Speaker, for giving me a chance. I rise on a point of order. I would like to find out whether it is in order for the Member for Buuri to say that he is a father to his daughters and wife. Is he in order?

The Temporary Speaker (Hon. Martha Wangari): Hon. Member, I think the Member for Buuri already clarified and said he has three women, including the daughters and the wife in the house. So, allow him to finish.

Hon. Mugambi Rindikiri (Buuri, UDA): I have a lot of reservations for my senior. I am sure she was asleep. She was dreaming about what will happen in Kitui Central because the girls will revolt against her. What I am saying is that...

The Temporary Speaker (Hon. Martha Wangari): Do not cast aspersions, Member for Buuri. Her constituency is Kitui South.

Hon. Mugambi Rindikiri (Buuri, UDA): I am sorry, it is Kitui South. I correct that. I withdraw; she was not asleep.

The Temporary Speaker (Hon. Martha Wangari): Hon. Member for Buuri, finish your statement.

Hon. Mugambi Rindikiri (Buuri, UDA): I am talking on behalf of girls...

(Hon. (Dr) Rachael Nyamai spoke off the record)

The Temporary Speaker (Hon. Martha Wangari): Hon. Member, he has already withdrawn.

Hon. Mugambi Rindikiri (Buuri, UDA): You see, she was not listening again. That is another problem that I have with her.

(Laughter)

We have to guarantee the dignity of our women and daughters. As a father, I have a moral responsibility to ensure that the money that have been set aside by the Ministry are disbursed. With all due respect, fellow Members, this is not an issue of women. It is an issue of a sector of our society that is being downgraded by an insensitive administration under the Ministry.

The Temporary Speaker (Hon. Martha Wangari): Hon. Chikati.

Hon. John Chikati (Tongaren, FORD-K): Thank you, Hon. Temporary Speaker. On my right are around six female Members. They want my voice on this matter. Around one million girls miss school every month in Kenya because of lack of sanitary towels. That is a very big number of girls that do not attend school at different intervals because of lack of sanitary pads.

Two, in my constituency, I have around 170 schools. Ninety per cent of those schools have girls. We are headed to the exam period, starting from the end of this month to the end of the year. Many girls will miss exams because of menstrual hygiene. Therefore, I support this cause fully. Money which was appropriated needs to be disbursed through female Members. The female Members can distribute the sanitary pads directly to the concerned targets.

(Applause)

Thank you, Hon. Temporary Speaker. I speak as the Member for ‘Yesu wa Tongaren’, who cares a lot for girls.

(Laughter)

The Temporary Speaker (Hon. Martha Wangari): Nominated Member, Hon. Sabina.

Hon. Sabina Chege (Nominated, JP): And the Party Leader. Thank you, Hon. Temporary Speaker, for giving me this opportunity to add my voice on this issue. I want to remind this House that in the 11th Parliament, we moved the budget of sanitary pads from the Ministry of Education to the Ministry of Public Service, Gender and Affirmative Action so that the County Woman Representatives in this House can distribute the sanitary towels to schools. What advised us then was because at the Ministry of Education, we could not trace where the sanitary pads went to. I hope that as the Leader of the Majority Party summons the cabinet secretaries here, not only do we need these sanitary pads to be purchased, but also the County Woman Representatives to be given the responsibility to take them to schools so that all girls can benefit and we can trace and see which constituencies are not benefitting.

(Applause)

We cannot afford to have our girls get teenage pregnancies and some of them fail school because of sanitary towels. If they cannot afford, then why should we, and I know somebody mentioned, have condoms in the toilet?

(Hon. Junet Mohamed spoke off the record)

Who? It is not the man. Again, I want to clarify that in every public place, you will find condoms. It is not in Parliament only.

The Temporary Speaker (Hon. Martha Wangari): Order, Members. Hon. Member, do not respond to Hon. Junet. I want to confirm it is not only men who use condoms, even women use condoms.

Hon. Sabina Chege (Nominated, JP): Exactly. What we are saying is that this issue of sanitary towels should be taken with the seriousness it deserves and our girls should be given sanitary towels today, not tomorrow.

The Temporary Speaker (Hon. Martha Wangari): Thank you, Hon. Members. I will give the Chairman of the Departmental Committee on Education to say something, then the Chairperson of the Kenya Women Parliamentary Association (KEWOPA) and then we will close this matter.

Hon. Julius Melly (Tinderet, UDA): Thank you, Hon. Temporary Speaker. I want to support the women Members of Parliament who have just spoken. The issue of sanitary pads is an issue affecting every family, child and home and it is a right of every young girl in this republic. As Hon. Sabina Chege has just put it, we agreed in the 11th Parliament that sanitary pads be distributed, taken to the Ministry of Public Service, Gender and Affirmative Action and given to the County Members of Parliament.

About two weeks ago, the Cabinet Secretary for Education was in this House and he actually said the same thing - the Cabinet Secretary for Public Service, Gender and Affirmative Action is responsible for this. I think the two need to come here. The Cabinet Secretary for Public Service, Gender and Affirmative Action is a former women Member of Parliament and she is supposed to come here and tell us where the sanitary pads are, what they are doing and why they are delaying with it. In fact, we voted about Ksh940 million for this and, therefore, this thing needs to be taken seriously. We support you and we want our girls to have sanitary towels immediately.

The Temporary Speaker (Hon. Martha Wangari): KEWOPA Chairperson, Hon. Leah Sankaire.

Hon. Leah Sankaire (Kajiado County, UDA): Thank you very much, Hon. Temporary Speaker. I take this opportunity to also add my voice to the same. The issue of sanitary towels is a national issue that we all need to see how we are going to work on it so that the sanitary towels can get to our girls. It is unfortunate that this is the third time or so, that we are raising this matter in Parliament. We have been raising it outside Parliament, we have gone to the corridors of the cabinet secretaries and the principal secretaries with no fruitful results. We have decided to bring this matter today before the House because for us, it is not just a girls' issue, it is a national issue. The issue of sanitary towels does not only affect the girls, but also our families wholesomely.

A girl missing school for three or four days every month simply because they cannot afford sanitary towels is not a small issue; it is a national issue that we need to discuss as Members of Parliament. When we passed the budget in this House, we appropriated Ksh940 million towards the purchase of sanitary towels for our girls and it is unfortunate that about four months down the line, the sanitary towels are not yet with us. Every single day, when we, the Women Representatives, go back home, we get calls from the village, head teachers, right, left and centre, telling us the number of girls who are staying at home because they cannot afford the sanitary towels and we have no answer because someone responsible on that is not doing their job.

We are simply asking: Can the Ksh940 million be channelled to the Women Representatives so that they can procure these sanitary towels? They are conversant with their counties.

The Temporary Speaker (Hon. Martha Wangari): Hon. Members, we will put a close to the debate on this issue. The Chairmen of the Departmental Committees on Health and

Education and the Leader of the Majority Party will give a commitment on when and how we resolve this issue.

Leader of the Majority Party, give a way forward on that issue.

(Hon. Irene Mayaka spoke off the record)

Hon. Kimani Ichung’wah (Kikuyu, UDA): Thank you. Hon. Temporary Speaker. I hear Hon. Irene Mayaka saying I am a father to girls, which is true. I am a father to four very beautiful girls, and two of them are teenagers. I want to believe they need sanitary towels. Their father is able to provide for them, but there are millions of other Kenyan girls whose fathers and mothers cannot afford to provide sanitary towels for them. We cannot overstate the need to get sanitary towels to our young ladies in schools and, if possible, even to mothers in markets who cannot afford.

Many people in Government take it that the political class ask for these things for the sake of it, but the political class including our very gracious Women Representatives ask for these things because they are in touch with the people and they know the problems that the people are living with. This function has been a see-saw as Hon. Sabina Chege has said. She has been the Chairperson of the Departmental Committee of Education. She also chaired the Departmental Committee on Health in the last Parliament. Now I know we have the Departmental Committee on Social Protection in our Standing Orders, but there has been a see-saw between the Ministry of Education and the Ministry of Public Service, Gender and Affirmative Action.

At one point, this function was in the Ministry of Public Service, Gender and Affirmative Action, and then it was moved to the Ministry of Education. Now I am told it is back to the Ministry of Public Service, Gender and Affirmative Action. I cannot speak with certainty where the funds currently reside. Therefore, I will commit to get a joint Statement by the cabinet secretaries for Education and for Public Service, Gender and Affirmative Action. We appropriated money in the last financial year for sanitary towels. In this financial year, we have also appropriated money and so we must know from the last financial year, what did that money do if it is true there are no sanitary towels in our schools?

In this financial year, have they procured? Have they delivered? What are they doing to make sure that that last mile delivery to the girls happens in due course? I will commit, hopefully by Tuesday next week, to give a Statement to the House.

The Temporary Speaker (Hon. Martha Wangari): It is well directed. Note my direction. It is not the Departmental Committee on Health, but the two ministries of Public Service, Gender and Affirmative Action and the Education one. Thank you, Leader of the Majority Party.

Next Order.

PAPERS

The Temporary Speaker (Hon. Martha Wangari): Chairperson, Diaspora Affairs and Migrant Workers Committee.

Hon. Haika Mizighi (Taita Taveta County, UDA): Hon. Temporary Speaker, I beg to lay the following Paper on the Table:

1. Report of the Diaspora Affairs and Migrant Workers Committee on the study visit to Ethiopia from 7th to 14th May 2023.

The Temporary Speaker (Hon. Martha Wangari): Chairperson, Select Committee on National Government Constituency Development Fund (NG-CDF).

Hon. Musa Sirma (Eldama Ravine, UDA): Hon. Temporary Speaker, I beg to lay the following Paper on the Table:

The Report of the Select Committee on National Government Constituency Development Fund on its consideration of nominees to the National Government Constituency Development Fund Committee for Balambala, Gatanga and Nyeri Town Constituencies.

The Temporary Speaker (Hon. Martha Wangari): Chairman, Departmental Committee on Finance and National Planning.

Hon. Kuria Kimani (Molo, UDA): Hon. Temporary Speaker, I beg to lay the following Papers on the Table:

Reports of the Departmental Committee on Finance and National Planning on its consideration of the following:

- (a) The Insurance (Amendment) Bill (National Assembly Bill No.18 of 2023);
- (b) The Public Procurement and Asset Disposal (Amendment) Bill (National Assembly Bill No.62 of 2022); and,
- (c) Consideration of Sessional Paper No.1 of 2023 on Kenya National Population Policy for Sustainable Development.

The Temporary Speaker (Hon. Martha Wangari): Chairperson of the Select Committee on Parliamentary Broadcasting and Library.

Hon. Daniel Nanok (Turkana West, UDA): Hon. Temporary Speaker, I beg to lay the following Paper on the Table:

Report of the Select Committee on Parliamentary Broadcasting and Library on Enhancing Reporting of Parliamentary Business on Online Platforms.

The Temporary Speaker (Hon. Martha Wangari): Chairperson of the Departmental Committee on Sports and Culture.

Hon. Daniel Wanyama (Webuye West, UDA): Hon. Temporary Speaker, I beg to lay the following Paper on the Table:

Report of the Departmental Committee on Sports and Culture on the Collaboration and Partnership Meetings on Sports and Education held in London, United Kingdom from 16th to 23rd June 2023.

The Temporary Speaker (Hon. Martha Wangari): Chairperson of the Departmental Committee on Education.

Hon. Julius Melly (Tinderet, UDA): Thank you, Hon. Temporary Speaker. I rise to issue a Statement from the Departmental Committee on Education. I rise to give the following Statement pursuant to Standing Order 44(2)(c) regarding infrastructure development funds for junior secondary schools.

The Temporary Speaker (Hon. Martha Wangari): Hon. Melly, we are not yet on that Order. Hold on. We are still on Papers.

Next Order.

NOTICES OF MOTIONS

The Temporary Speaker (Hon. Martha Wangari): Chairperson of the Select Committee on National Government Constituencies Development Fund.

APPROVAL OF NOMINEES FOR APPOINTMENT TO NG-CDF COMMITTEES

Hon. Musa Sirma (Eldama Ravine, UDA): Hon. Temporary Speaker, I beg to give notice of the following Motion:

THAT, this House adopts the Report of the National Government Constituencies Development Fund on three Constituency Committees laid on the Table of the House on Wednesday, 4th October 2023, and pursuant to the provisions of Sections 43(1) and 43(2) of the National Government Constituencies Development Fund Act, 2015, approves the list of nominees for appointment to the following three Constituency Committees of the National Government Constituency Development Fund.

1. Balambala Constituency;
2. Gatanga Constituency; and,
3. Nyeri Town Constituency.

The Temporary Speaker (Hon. Martha Wangari): Next is Hon. Gathoni Wamuchomba, Member for Githunguri.

ESTABLISHMENT OF A NATIONAL POLICY TO COMBAT
OBSTETRIC VIOLENCE IN KENYA

Hon. Gathoni Wamuchomba (Githunguri, UDA): Hon. Temporary Speaker, I beg to give notice of the following Motion:

THAT, aware that, Article 43(1)(a) provides for the right of every person to access the highest attainable standard of health; further aware that poor quality of health services especially maternal care has been a recurring concern among women in the country; noting that there is increased pre-partum and post-partum mistreatment and dehumanised care of women by healthcare providers, also known as obstetric violence; further noting that obstetric violence includes, but is not limited to, disrespectful and abusive behaviour, physical and verbal abuse, neglect, forced medical procedures, humiliation and assault in healthcare settings; concerned that sustained class-based disparities shape different maternal and infant health outcomes with women of low socio-economic status experiencing greater levels of obstetric violence; further concerned that these not only affect women's physical and mental health, but also impacts on the overall health outcomes of mothers and their newborns, significantly contributing to high maternal mortality rates; cognisant of the fact that there exists no national policy or framework to address and prevent obstetric violence; now therefore, this House resolves that the national Government, through the Ministry of Health, develops a policy on prevention of obstetric violence in healthcare facilities in the country and provides for a framework for regular monitoring and reporting of cases to curb incidences of pre-partum and post-partum mistreatment of women seeking health services.

The Temporary Speaker (Hon. Martha Wangari): Next is the Chairperson of the Select Committee on Parliamentary Broadcasting and Library.

ADOPTION OF REPORT ON ENHANCING REPORTING OF
PARLIAMENTARY BUSINESS ON ONLINE PLATFORMS

Hon. Daniel Nanok (Turkana West, UDA): Hon. Temporary Speaker, I beg to give notice of the following Motion:

THAT, this House adopts the Report of the Select Committee on Parliamentary Broadcasting and Library on Enhancing Reporting of Parliamentary Business on Online Platforms, laid on the Table of the House on Wednesday, 4th October 2023.

The Temporary Speaker (Hon. Martha Wangari): Next is the Chairperson of the Departmental Committee on Finance and National Planning.

ADOPTION OF SESSIONAL PAPER NO.1 OF 2023 ON KENYA NATIONAL
POPULATION POLICY FOR SUSTAINABLE DEVELOPMENT

Hon. Kuria Kimani (Molo, UDA): Hon. Temporary Speaker, I beg to give notice of the following Motion:

THAT, this House adopts Sessional Paper No.1 of 2023 on Kenya National Population Policy for Sustainable Development, laid on the Table of the House on Wednesday, 4th October 2023.

The Temporary Speaker (Hon. Martha Wangari): Hon. Members, for the convenience of the House, we will change the order of the Order Paper. We will go to Order No.8 and then revert to Order No.7.

BILL

Second Reading

THE STATUTE LAW (MISCELLANEOUS AMENDMENTS) BILL
(National Assembly Bill No.60 of 2022)

(Moved by Hon. Kimani Ichung'wah on 3.10.2023)

(Debate concluded on 3.10.2023)

(Question put and agreed to)

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

QUESTIONS AND STATEMENTS

The Temporary Speaker (Hon. Martha Wangari): Order, Members. Before we get to the Cabinet Secretary, a few Members will make Statements. Hon. Njeri Maina, Member for Kirinyaga County.

PERSONAL STATEMENT

ASSAULT ON HON. NJERI MAINA BY KNOWN
ASSAILANTS IN KIRINYAGA COUNTY

Hon. Njeri Maina (Kirinyaga County, UDA): Thank you, Hon. Temporary Speaker. Pursuant to Standing Order 44(2)(e), I wish to make a Personal Statement regarding an assault on me by known assailants in Kirinyaga County.

On 22nd August 2023 while on duty in Kirinyaga County, I became the target of a politically instigated assault that resulted in severe injuries and immediate hospitalisation. This

Disclaimer: *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor.*

harrowing incident has left a lasting effect on me and the people of Kirinyaga, and brought alive the reality of our tumultuous political landscape.

As a young leader, I have always believed in the power of politics and its potential to bring positive change in the society. I have dedicated myself to making a difference in the lives of my constituents through my political participation. However, the events of that day shattered my idealistic view of politics and exposed the dark underbelly of power struggles and political rivalries in Kirinyaga County. Notably, the planners, facilitators, and executors of this heinous attack are well known to me, led by Governor Anne Waiguru. The pursuit of political power should never come at the expense of human life and dignity. It is unfathomable that some individuals are willing to go to extreme lanes including resorting to violence to achieve their political ambitions and neutralise perceived threats. The attack serves as a stark reminder that the space for young leaders in politics is often under attack and fought with danger. Nevertheless, we must not be discouraged. We must remain resilient. Our voices have to be heard. As young leaders, we have fresh perspectives, innovative ideas and the passion to effect real change. It is time for us to step up and take our rightful place in the political arena.

My predicament is a call to action for all leaders. We must advocate for political tolerance and create space where differing opinions cannot co-exist. Violence should never be used as an option for settling political scores. Together, we can shape a brighter future for our nation; one that is built on the principles of tolerance, inclusivity and progress.

As I conclude, I extend my sincere appreciation to my constituents and colleagues in Parliament for the overwhelming support during the difficult period. To the people of Kirinyaga, I want to assure you that I am committed to serving you diligently and in articulating your interests and concerns without fear or favour, come whatever may.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Thank you, Member of Parliament for Kirinyaga. This being a Personal Statement, no comment will be made. The next Statement will be made by the Member of Parliament for Tinderet. Hon. Members, I know you wanted to speak to this as I can see the interest, but read your Standing Order 44(2)(e). You cannot make any comments on a Personal Statement.

Chairperson, Departmental Committee on Education and Research.

INFRASTRUCTURE DEVELOPMENT FOR JUNIOR SECONDARY SCHOOLS

Hon. Julius Melly (Tinderet, UDA): Thank you, Hon. Temporary Speaker. I rise to give the following Statement, pursuant to Standing Order 44(2)(b), regarding the infrastructure development for Junior Secondary Schools (JSS).

You may wish to note that the National Treasury allocated the Ministry of Education, State Department for Basic Education Ksh3.379 billion in the 2023/2024 Financial Year for construction of classrooms and integrated learning resources centres within the JSS. The amount is a conditional grant and as proposed to be jointly managed by the Ministry of Education and the NG-CDF to ensure synergy and timeless implementation of the programme.

The amount is allocated to all constituencies based on Grade Seven enrolment and each will merge a shilling for a shilling as a requirement. The 2023/2024 constituency proposals must have a Ministry of Education input approved by the board. In addition, as a further requirement, the NG-CDF should incorporate Sub County Education Officers and Deputy County Commissioners in identifying the beneficiary schools and implementation of projects.

In this Statement, there is an attachment of all the money that will be wired to all constituencies across the country and will be based on the number of classrooms of Grade Seven every constituency is going to have.

I thank the Chairman of the Budget and Appropriations Committee because in my presentation the Committee, during the 2023/2024, proposed that these infrastructure funds be taken to every constituency so that the Member of Parliament can manage it and stop Members from going to the Ministry to plead for these resources. These resources have been subdivided to go to every constituency based on the population or county. As indicated in the table, it shall be divided based on the number of schools and population.

The Departmental Committee on Education and Research also saw it wise that in future, when we have more infrastructure funds, it shall be channelled through the NG-CDF where the Member of Parliament is able to make sure that the money is given to specific needy areas.

I have sat in this Parliament for the last 10 years and I have realised that certain Members of Parliament would go line up at the Ministry of Education, pleading for infrastructure funds and they could not get it. This time, however, with the wisdom of the Government of the day of His Excellency President William Ruto, we have seen it right that this money be taken straight away to the constituencies and every constituency Member. It shall be ringfenced to build Grade Seven, Eight and Nine classrooms or laboratories and the Ministry is asking that you add the shillings that you have been given and for those who have got other amounts.

From this document, I have seen that areas with more population get more money, which is the reason why even in our last discussion, in NG-CDF, the higher the population, the more the amount.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Before I call for the next Statement, allow me to recognise PCEA Ibiriga Church Women's Guild from Chuka/Igambang'ombe Constituency, Tharaka Nithi County. They are seated in the Public Gallery. On my own behalf and that of the House, we welcome you to observe the proceedings.

We will give the next opportunity to the Member of Parliament for Mathare. Before you make your Statement, I would like Members to be very aware of Standing Order 43, that when you want to make a General Statement, it is after 6.30 p.m. on Tuesday. Yours has been allowed by the indulgence of the Speaker.

DEPLOYMENT OF ONE THOUSAND KENYA POLICE OFFICERS TO HAITI

Hon. Anthony Oluoch (Mathare, ODM): Thank you, Hon. Temporary Speaker for the indulgence. I wish to make this General Statement pursuant to Standing Order 43(1) regarding the planned deployment of 1,000 Kenya Police officers to the Republic of Haiti.

As a House, we appreciate that as part of fulfilment of international obligations to the international course, Kenya, as a member of the community of nations is obliged to take certain measures, including security interventions abroad. It is against this backdrop that the Government of Kenya is believed to have committed to deploy 1,000 police officers to the Republic of Haiti to assist in restoring law and order. Kenya's police mission to the Republic of Haiti has since been ratified by the United Nations Security Council (UNSC).

Hon. Temporary Speaker, service of Kenya Police officers outside Kenya on reciprocal arrangements with reciprocating countries is guided by Part XIV of the National Police Service Act, 2011. Of note, sections 107 and 108 of the Act presuppose three conditions that must prevail before the President orders any such number of police officers to proceed to another country for service. First, there must be in place a legitimate Government; second, there must be reciprocity and third, there must be a request from the reciprocating country. The Government ought to assure Kenyans that the planned deployment meets the conditions set out in the Act.

In addition, there have been sad reports of Kenya police officers falling victim when combating local criminal gangs in the country. There is need for the country to be assured that the Kenya Police is adequately suited to undertake the foreign mission in terms of technical preparedness and capabilities; knowledge of the Haitian terrain; and language and cultural awareness. It is also important that the nation at large and families of officers who will be selected to undertake the mission in Haiti be guaranteed that adequate measures have been put in place to mitigate casualties and to cushion families of the deployed officers from psychosocial trauma associated with the deployment, including the sad eventualities of losing their loved ones abroad.

The Constitution envisages national security as the protection against internal and external threats to Kenya, territorial integrity and sovereignty, its people, their rights, freedom, property, peace, stability and prosperity, and other national interests. The country has been experiencing an increase in the number of insecurity cases in several parts of the country where hopeless Kenyans continue to bear the brunt of attacks by criminals and terrorist gangs. It is a concern because the Government ought to first assure security and its surplus before deploying to missions abroad. In fact, stabilising homeland security takes precedence over committing police officers abroad.

Finally, I call on the Government to treat the deployment of Kenya police officers to the Republic of Haiti with an abundance of caution and exercise a well-calculated balance between national and global interests so as not to jeopardise national security.

I thank you, Hon. Temporary Speaker. This is signed today, by the Member of Parliament for Mathare Constituency.

The Temporary Speaker (Hon. Martha Wangari): Thank you, Member for Mathare.

Hon. Members, you can read Standing Order 43 all the way to 43(3). It has given leeway to the Speaker to exert discretion. I will give permission for three comments to a maximum of three minutes each then we will get to the Cabinet Secretary because she is already here. I will give a chance to the Leader of the Minority Party first.

Hon. Opiyo Wandayi (Ugunja, ODM): Thank you very much, Hon. Temporary Speaker, for using your discretion very wisely in the manner you have done.

The issues raised in Hon. Oluoch's Statement are grave. They are extremely weighty issues that this House must get seized of. Even as we speak and from what we are reading and hearing on international media, it is not clear who made the request for the Government of Kenya to send police officers to the Republic of Haiti. We do not know whether it is the Government of the United States, the Government of the Republic of Haiti or the United Nations. Although the United Nations passed a resolution at the Security Council later on, that was a very general resolution. It did not specify that Kenya was even to lead that mission. I was very keen. That Security Council resolution did not name Kenya as the leader of that very dangerous mission. Even as we wait for the Cabinet Secretary to come here next week to explain, it behoves us to express ourselves as a House. This is an extremely dangerous adventure - an extremely dangerous adventure that is ill-thought. It is reckless and very careless. It is extremely careless of whoever has conceived of this very ill-conceived notion. I conclude that let the House register its feelings even as the Cabinet Secretary comes.

(Hon. (Dr) Robert Pukose Spoke off the record)

There is no point in trying to say no. Just wait. You will talk, Hon. Pukose. Yes. As far as I know, you have no expertise in Haiti matters. Just relax and deal with health issues.

(Laughter)

I am speaking from a point of authority and knowledge. Yes. We cannot use our children as guinea pigs in an international arena. Our children cannot be used as guinea pigs in an international arena. Why can the United States not send its policemen to Haiti which is next door? Haiti is just next door. They can even go by boat.

The Temporary Speaker (Hon. Martha Wangari): Thank you, Leader of the Minority Party. Hon. Member for Endeless.

Hon (Dr) Robert Pukose (Endeless, UDA): Hon. Temporary Speaker, I want to make a comment on the Statement by Hon. Anthony Oluoch on Kenya taking its police officers to Haiti. I want to dissociate myself from the comments made by the Leader of the Minority Party, with all due respect. Kenya has been known to participate in international peacekeeping missions whether in Somalia, Namibia, Darfur, and many other places. It is because of the distinguished service of our servicemen, whether the military lately in the Goma area of the Democratic Republic of Congo or even our police officers.

I think it is not in good faith to condemn a noble action which our police officers are going to carry out in Haiti. When the United Nations discussed and made resolutions, it was unanimously passed to support Kenya's mission of 1,000 police officers to the Republic of Haiti.

(A Member spoke off the record)

I know China and Russia abstained. I am well informed about that. It was unanimous because abstaining does not mean opposition. Therefore, I think we should respect the decision of the Government and give all the support necessary to our police officers to carry out peaceful missions in their new mandate that is under the United Nations in Haiti.

With those few remarks, Hon. Temporary Speaker, I support the decision by our police officers.

The Temporary Speaker (Hon. Martha Wangari): Hon. Junet.

Hon. Junet Mohamed (Suna East, ODM): Thank you, Hon. Temporary Speaker. This is one of the most dangerous missions the Government of the Republic of Kenya has ever sent outside this country. Numbers do not lie. The statistics are very clear. About 2,400 people were killed in Haiti by guns, 900 women were raped and 900 people were maimed in the last nine months. The statistics are there in black and white. This country has killed its three or four presidents.

(A Member spoke off the record)

It is four presidents. Now we are sending people who normally carry *jembe rungus* to beat us Azimio people in the streets.

(Applause)

Do you think Haiti is a business of the *jembe rungus* in town here? This is a serious matter and I thank Hon. Oluoch for bringing it up. This is a matter that requires deep thought. Look, as a neighbour, we are dealing with Al-Shabaab insurgents from Somalia. We are having casualties every day. The shores of Florida are just two hours from Haiti by boat. Two hours only, by boat, to Florida. Why are you not helping those people? Why do you want to send Kenyans there? I strongly oppose this one, Hon. Temporary Speaker. This matter should be brought to Parliament first, for debate and ratification, before any police officer leaves this country.

(Loud consultations)

The Temporary Speaker (Hon. Martha Wangari): Your time is up, Hon. Junet. I will indulge the Leader of the Majority Party. Hon. Members, also remember that the Member for Mathare has made a General Statement. There are other avenues of bringing this issue to the Floor. I will give the Leader of the Majority Party a chance and then we will close it at that and go to the Questions.

Hon. Kimani Ichung'wah (Kikuyu, UDA): Thank you, Hon. Temporary Speaker.

Let me thank the Member for Mathare, Hon. Anthony Oluoch, for that General Statement. I must commend him because it was done in a rather professional manner; not in a manner to disparage our officers or in an unpatriotic manner as the Leader of the Minority Party and the Whip of the Minority Party have endeavoured to show their *unpatriotism* in disparaging our officers - your sons and daughters in uniform.

Hon. Temporary Speaker, we also cannot use this Floor to discuss a friendly nation like the United States of America unless we bring a substantive Motion. I believe the Statement by Hon. Anthony Oluoch had nothing to do with the United States. Therefore, it is wrong even to impute improper motives on the United States or, indeed, our officers who are being deployed in different parts of the world. We are part of the global world and the nations of this world. I have heard what Hon. Junet is asking. Of course, they share borders with other countries just like the Kenyan State does not share a border with the Democratic Republic of Congo yet our officers are there with the approval of this House.

Therefore, we must act as part of that community if we are part of the community of nations. Today, it is Haiti. Who knows? Tomorrow it could be one of our neighbours or us if we allowed Hon. Junet and Hon. Opiyo Wandayi to continue with the reckless civil riots they were engaging in earlier this year. That is how countries degenerate to become what Haiti is today. Therefore, being part of the global community of nations, we must be patriotic enough to support our men and women in uniform.

Hon. Temporary Speaker, if we are sending our sons and daughters to a faraway country to serve in the community of nations, the best we can do is to encourage them and not instil and sell fear to them and their families. That is the height of being unpatriotic and reckless as leaders.

Hon. Wanami Wamboka (Bumula, DAP-K): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Hon. Wamboka, what is out of order?

Hon. Wanami Wamboka (Bumula, DAP-K): Hon. Temporary Speaker, is Hon. Ichung'wah in order to continually place Azimio Party leaders in bad light, knowing that the Kenya Police are not trained in military affairs and are going to die in Haiti?

The Temporary Speaker (Hon. Martha Wangari): Leader of the Majority Party.

Hon. Kimani Ichung'wah (Kikuyu, UDA): Hon. Temporary Speaker, please, allow me to ignore Hon. Jack Wamboka, Member for Bumula because he does not understand some of these things. As I was saying, the police are going to Haiti on a policing mission, to restore law and order like they do every day. They are not going to a nation where there is war. There is a difference between restoring law and order... That is why we are not sending the Kenya Defence Forces but the police to deal with gangs. Protect me from these unnecessary interjections by people who are...

The Temporary Speaker (Hon. Martha Wangari): Leader of the Majority Party, we had capped contributions at two minutes. Kindly wind up.

Hon. Kimani Ichung'wah (Kikuyu, UDA): Let me finish. It is only that I am being interrupted by reckless shouting from the people on the front bench. Let us be patriotic enough

not to sell fear to our officers and encourage them. Many young men and women in this country are waiting for police recruitment to join these forces.

The Temporary Speaker (Hon. Martha Wangari): Leader of the Majority Party, do you want to be informed by Hon. Junet?

Hon. Kimani Ichung'wah (Kikuyu, UDA): I definitely would not desire to be informed on any subject touching on security by Hon. Junet.

The Temporary Speaker (Hon. Martha Wangari): You have 30 seconds. Wind up.

Hon. Kimani Ichung'wah (Kikuyu, UDA): As I was saying, let us allow our officers as many young Kenyans wait to join our forces, be it the police service or military. As leaders, we must be in the forefront showing patriotism, support, encouragement and pray for them as they go to serve the community of nations. The leaders discouraging our police officers are the same ones who were crying like small babies to have their security restored, including their top leadership. You should be ashamed of yourselves to be discouraging...

(Loud consultations)

The Temporary Speaker (Hon. Martha Wangari): Order, Members! We will not indulge more than that on this issue. The Cabinet Secretary for Health is in the House. We will go to the Questions. We have already overshot the time we would have had the Cabinet Secretary start. We will have the first Question. Hon. Mishi Mboko, ask your Question.

(Hon. Jared Okello stood in his place)

Member for Nyando, take your seat. Hon. Mishi, ask your Question.

QUESTIONS

QUESTION BY PRIVATE NOTICE

QPN 009/2023

EFFECTIVE DISTRIBUTION AND ADMINISTRATION

OF CHOLERA VACCINES

Hon. Mishi Mboko (Likoni, ODM): Thank you, Hon. Temporary Speaker. I beg to ask Question 009/2023:

Could the Cabinet Secretary -

- (a) Enumerate the data analysis in respect of cholera cases in areas where Oral Cholera Vaccination (OCV) exercise was conducted in February 2023?
- (b) State the contributions of International Coordinating Group (ICG) in the cholera vaccination campaign including the number of vaccine doses and the conditions associated with this support in the country?
- (c) Elaborate on the strategies that the Ministry in collaboration with county governments have put in place to ensure effective distribution and administration of cholera vaccines in the most affected counties in the ongoing Oral Cholera Vaccination drive?
- (d) State the number of personnel involved and resources allocated to the ongoing Oral Cholera Vaccination drive?

The Temporary Speaker (Hon. Martha Wangari): Hon. Cabinet Secretary, please, note that we have a number of Questions. So, keep your answers short and precise so that we can make progress. Please, take the microphone.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you very much, Hon. Temporary Speaker and Members. It is, indeed, an honour and privilege for me to appear before this honourable House today to respond to the various Questions that have been raised by Hon. Members. Indeed, it is my first time to appear before the full House to directly interact with Hon. Members as my previous engagements have been through the committees.

I, therefore, submit as follows on the Question raised by Hon. Mishi Mboko. As a country, we suffer from periodic cholera outbreaks every five to seven years since the first cases were reported in 1971. The current cholera outbreak has been ongoing since October 2022. To date, we have reported 12,000 cases and 197 deaths.

To mitigate this, the Ministry of Health in conjunction with other sectors of the Government, including the Ministry of Water, Sanitation and Irrigation, the Ministry of Environment, Ministry of Interior and Internal Affairs, development partners, religious leaders, the media and the county governments, have developed 2022-2030 National Multi-Sectoral Cholera Elimination Plan, which my colleague, Cabinet Secretary for Water, Sanitation and Irrigation and myself have endorsed and it is due for a launch this month. The plan aims to implement several promotive, preventive and response interventions before and during outbreaks.

The main interventions include engaging communities to use latrines, practice hand washing with soap and water, use treated or boiled water for drinking and keep their environments clean. The Government is also expanding safe water and sanitation infrastructure across the country.

In addition to these traditional cholera prevention and control measures, the country conducted its first oral cholera vaccination campaign in February 2023 in the highest risk sub-counties in line with our National Multi-Sectoral Cholera Elimination Plan (NMCEP). The goal of NMCEP targets to reduce local transmission of cholera cases to zero by 2030 and reduce cholera deaths to zero by 2030.

We have just concluded the second phase of the campaigns, which were done in August 2023 this past weekend in eight sub-counties of Embakasi Central and Kamukunji in Nairobi, Kajiado East in Kajiado, Wajir North in Wajir, Suba South in Homa Bay, Moyale in Marsabit and Mandera East in Mandera. We also targeted institutions in Machakos and new arrival refugees in the refugee camps within Garissa. The August 2023 campaign targets 1.7million people.

The February campaign involved nine sub-counties in four counties namely, Embakasi East and Mathare in Nairobi, Wajir East and Wajir South in Wajir, Garissa Town, Dadaab, Fafi, Lagdera including the refugee camps and Bura in Tana River County. We targeted to reach 2.2 million people and we vaccinated 99.2 per cent of them. As a result of the campaign, we saw a drastic reduction in cholera cases in the affected counties and also nationally as per a Table I have attached to my presentation.

On contributions of International Coordinating Group (ICG) including vaccine doses and conditions, the international consortium brings together four-member agencies, namely, International Federation of the Red Cross and Red Crescent Societies (IFRC), which has a strong country presence for community health promotion, local social and resource mobilisation and provide support to States during disasters and epidemics. The second agency is Médecins sans Frontières, which is an independent field-based Non-Governmental Organisation (NGO) that provides health care to vulnerable populations in emergency settings.

The third agency is the United Nations Children's Fund (UNICEF), which conducts wide-scale vaccine procurement and shipment and provides technical support on campaign

planning and implementation in-country, focusing specifically on social mobilisation and cold chain.

The fourth agency is the World Health Organisation (WHO), which provides global public health advice and technical support to countries. During outbreaks, it focuses on vaccine stockpile management, surveillance, preparedness and response to disease outbreaks. It also functions as the Secretariat of the ICG. Vaccine manufacturers, vaccine equipment providers and financial donor institutions are also engaged in the ICG operations. The core mandate of ICG is to make available and ensure equitable access to licensed vaccines for Cholera, Meningitis, Yellow Fever, and Ebola virus disease during outbreaks.

The ICG manages the global emergency vaccine stockpiles and works with partners, donors, manufacturers and determines their size and composition with the goal of ensuring that adequate stocks of emergency supplies are accessible for emergency response. Vaccine security stocks can be accessed by any country facing an epidemic anywhere in the world, as long as the country's request fulfills ICG's criteria for the release of vaccine stocks.

As a first step, a country must complete and submit a request to the ICG Secretariat using the standard application form. The annexes and other relevant documents should be submitted with the application. Countries are encouraged to submit the request to the ICG Secretariat within seven days after confirmation of the outbreak. The ICG Secretariat at WHO then circulates the request to the ICG members from the four agencies within one day after reception and reviews the country's submission. Additional information can be requested from the country, if need be.

Requests are evaluated considering the epidemiological situation, vaccination strategy, vaccine availability in the emergency stockpile, pre-existing stocks in the country and operational aspects of the epidemic response. The GAVI, the Vaccine Alliance, finances the ICG's stockpiles of Cholera, Ebola, Meningitis and Yellow Fever vaccines. The GAVI eligible countries can receive the vaccines free of cost. Non-GAVI supported countries are responsible for reimbursing the cost of the vaccines and its transport, and for finding a source for the operational costs of the campaign.

Once the request for vaccine supplies has been approved by the ICG members, a process is put in place to ship the vaccines and supplies. Prior to shipment, the recipient country must demonstrate that there is sufficient cold chain capacity to receive and store the vaccines and supplies. Additionally, customs and regulatory approvals must be granted and provided to UNICEF.

As a country, we have categorised all counties according to their cholera risk status as part of our national plan. For the February campaign, we received 842,952 doses of the vaccine which were sent to Dadaab and Fafi sub-counties, and refugee camps. We also received 1,370,991 doses of the Euvichol Vaccine which we sent to Bura, Lagdera, Garissa, Wajir East and South, Embakasi East and Mathare. The GAVI Alliance supported the vaccine and operational costs of the campaign. The WHO was responsible for funds administration in-country.

During the current round, we targeted 13 counties based on their confirmation of outbreaks. However, only 5 high-risk counties namely: Nairobi, Kajiado, Marsabit, Homa Bay and Wajir were approved, including institutions in Machakos and new arrival refugees in Garissa. Mandera East was also considered in the Mandera Triangle Application that had included all the counties bordering Somalia and Ethiopia. A total of 1, 710, 900 vaccine doses were approved for August 2023 campaign.

From the foregoing, only small fractions of our requests are approved for outbreak response. This is because of the limited global stockpiles. There are many ongoing Cholera outbreaks in many parts of the world, including our neighbouring African countries.

Hon. Temporary Speaker, however, the Ministry is working with ICG, Global Task Force on Cholera Control (GTFCC) and GAVI to finalise the multi-year preventive Oral Cholera Vaccine Plan to ensure we protect the high-risk counties. I would like to emphasise that Oral Cholera Vaccine is a complementary intervention that must be implemented alongside basic water, sanitation and hygiene measures.

On the third part of the Question, there are strategies that the Ministry, in collaboration with county governments, has put in place to ensure effective distribution and administration of the vaccine. The Ministry, in conjunction with participating counties, has established incident management structures at both levels that comprise teams responsible for coordination, planning, and logistics management and operations. To ensure effective distribution of vaccines, national and county teams have been trained on all aspects of the campaign which not only include vaccine administration but also surveillance, case management, prevention, risk communication and community engagement.

Granular micro-planning at the county level has ensured that all households and other areas of community congregation have been mapped and are being visited by vaccination teams. Our primary vaccination strategy is through house-to-house visits. However, we are also vaccinating in health facilities and temporary fixed posts such as markets and schools in the participating counties. We also have teams specifically trained to reach hard-to-reach areas and transit areas in the counties. To support these efforts, transportation and facilitative field allowances are supported by the GAVI Alliance through ICG. The Ministry and county Departments of Health have trained and deployed supervisors at all levels. We have also deployed innovative Information and Communications Technology (ICT) supervision tools to monitor the campaign. We are also reviewing daily campaign performance through daily review meetings at both national and county levels.

There is a Question on the number of personnel involved and resources allocated to the ongoing oral Cholera vaccination drive. A total of 14,812 personnel are involved in the campaign directly. This number includes community health promoters, healthcare workers acting as vaccinators, field team supervisors, sub-county supervisors, county supervisors, national supervisors and partners supporting the field teams. The total operational cost of the campaign is Ksh129,422,534.

I submit, Hon. Temporary Speaker and Hon. Members.

The Temporary Speaker (Hon. Martha Wangari): Thank you, Cabinet Secretary. We will allow the questioner the first chance to ask a follow-up question and then one more as I have been guided by the House. Hon. Mishi.

Hon. Mishi Mboko (Likoni, ODM): Thank you, Hon. Temporary Speaker. I appreciate the Cabinet Secretary for a detailed response to my Question. I want to ask a supplementary Question on what she has just answered.

The El Nino is around the corner. I want to understand whether you have started engaging the county governments to ensure that El Nino will not affect most parts of this country. I am thinking of areas with poor drainage and sanitation facilities. Which measures have been put in place to protect us from El Nino?

Now that you are through with the pilot programme on the Cholera vaccination, when are you going to roll out the full vaccination to all counties? All the counties may be affected by waterborne diseases because of El Nino. Cholera is among them.

I also want to understand whether there is a component of training for the officers who will be conducting outreach programmes, in terms of the oral Cholera vaccination. Right now, there are still some offices in Mombasa which are complaining that they were not paid or trained, yet they were involved in this process.

I thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Hon Cabinet Secretary, note the follow-up questions then you will respond once. Hon. Members, if you want to ask a follow-up question, kindly, indicate that by use of the intervention button.

Member for Yatta.

Hon. Robert Basil (Yatta, WDM): Thank you, Hon. Temporary Speaker and Cabinet Secretary. My question ties with what Hon. Mishi has asked about medical supplies. How much are you budgeting for medical supplies in most of the constituencies?

The Temporary Speaker (Hon. Martha Wangari): Cabinet Secretary, please, answer those follow-up questions.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Hon. Members. On the preparedness for El Nino, we have a multi-agency and multi-sectoral committee chaired by the Deputy President. We had our first meeting on preparedness last week. Equally, at the Ministry level, we have a committee working on preparedness. We submitted our budget to the joint multi-agency committee and it is being discussed this evening.

Regarding payment to the staff who worked on the cholera vaccination campaign, I have confirmed that we have made all payments at the Ministry level. However, this exercise was undertaken in collaboration with the county governments. I will need to verify if all county governments have paid their staff who participated in the vaccine campaign.

Lastly, on the issue of supplies, we do our annual budgets for health commodities and supplies. So far, we have tendered supplies worth Ksh5 billion which will cater for all the facilities. However, it is the responsibility of the county governments to make their order to the Kenya Medical Supplies Agency (KEMSA) for the supplies to reach them. We shall work closely with them to ensure that all facilities are well-equipped with healthcare commodities.

I submit.

The Temporary Speaker (Hon. Martha Wangari): Thank you, Cabinet Secretary. We will now move to the next Question by the Member for Ikolomani. Hon. Bernard Shinali had written to the Speaker and requested Hon. Titus Khamala to ask the Question on his behalf.

QPN 011/2023

DISBURSEMENT OF FUNDS FOR LINDA MAMA BORESHA JAMII
PROGRAMME AND ENROLMENT OF POOR HOUSEHOLDS TO NHIF SCHEME

Hon. Titus Khamala (Lurambi, ODM): Thank you, Hon. Temporary Speaker. I am standing in for Hon. Shinali.

Could the Cabinet Secretary –

- (a) provide details on the amount of money in respect of the National Hospital Insurance Fund (NHIF) that has been disbursed per county with respect to Financial Years 2020/2021, 2021/2022 and 2022/2023 towards the implementation of the Linda Mama Boresha Jamii Programme and enrolment of the poor households to the NHIF scheme?
- (b) explain the measures that the Ministry has put in place to ensure timely disbursement of funds to the NHIF in order to guarantee seamless access to services under the Fund.

The Temporary Speaker (Hon. Martha Wangari): Waziri.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker. This Question got to me this morning while I was actively participating in the Public Investments Committee (PIC). I have done a response, but I also seek more time for my office to submit other comprehensive documents.

For the three financial years requested by the Member of Parliament for Ikolomani, the NHIF disbursed a total of Ksh14,550,650,327 broken down as follows: In the 2020/2021 Financial Year, Ksh4, 950,996,788. In the 2021/2022 Financial Year, Ksh4, 659,611,252 and in the 2022/2023 Financial Year, Ksh4,940,042,287. More so, for the 2022/2023 Financial Year, 253,400 persons were supported under the health subsidy programmes for orphans and vulnerable children. In the same year, 587,900 people were supported under the health subsidy programme for older persons and persons with severe disabilities. In the same year, 978,484 persons were supported under the Universal Healthcare (UHC) programme.

On the second part of the Question, since April 2023, my Ministry has endeavoured to reach out to all Government entities that owe money to the Fund. Of the Ksh26 billion owed to the Fund, we have received Ksh13 billion from other Government agencies at the close of the 2022/2023 Financial Year. This is a continuous exercise and I will not tire of reminding all agencies that owe money to the Fund to meet their obligations for effective and efficient service delivery to all Kenyans, who depend on us.

Hon. Temporary Speaker, I have the tabulation per county but it is a huge document of about 20 pages. If I went through the entire document I would take a lot of time but I stand guided. I have it with me here.

The Temporary Speaker (Hon. Martha Wangari): Hon. Titus.

Hon. Titus Khamala (Lurambi, ODM): Thank you, Hon. Temporary Speaker. I have a follow-up question for the Cabinet Secretary. Are you aware that we still have a lot of challenges with NHIF where accredited hospitals still turn away patients using NHIF cards? I went to a clinic at Gateway Mall, Mombasa Road, and I was told that my card only catered for consultation fees. Are you aware of this?

The Temporary Speaker (Hon. Martha Wangari): Mheshimiwa Zamzam.

Hon. Zamzam Mohammed (Mombasa County, ODM): Ahsante sana Bi Spika wa Muda. Sote tunajua kuwa NHIF itagawanywa kuwa vitengo vitatu. Mumeweka mipango ipi kwa wafanyakazi wanaofanya kazi katika Idara ya NHIF? Tunasikia kuwa wengine watafutwa kazi. Hawa ni wafanyakazi wa Serikali na uchumi wetu si mzuri hivi sasa. Je, mmepanga vipi kuhusu wafanyakazi hawa?

Ahsante sana.

The Temporary Speaker (Hon. Martha Wangari): Cabinet Secretary, on Mheshimiwa Zamzam's question, the Bill is still in Parliament. Respond to the question by Hon. Titus. The Bill has not even passed yet. Let us avoid pre-empting Bills that are still before the House. I also direct that the document you have, be submitted to the questioner so that he can follow up.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker. I appreciate the question. It highlights the many challenges that we have at NHIF. Hon. Titus has mentioned that patients are being turned away from hospitals. You have also highlighted that you were told that the NHIF card can only cover the consultation fees. We have a myriad of challenges with NHIF. That is why we are working on reforms. We have now defined the essential benefits package where all Kenyans can access services without limit or exclusion. I would like to seek your indulgence to allow us to go through the reforms we have proposed at NHIF so that we can put all these challenges behind us.

I submit.

Hon. Omboko Milemba (Emuhaya, ANC): On a point of order.

The Temporary Speaker (Hon. Martha Wangari): Hon. Omboko, what is out of order?

Hon. Omboko Milemba (Emuhaya, ANC): Hon. Temporary Speaker, with a lot of respect, I see danger in the Cabinet Secretary telling the House that people will not receive medical care until when we do the reforms. I totally agree with you that in terms of the reforms, the Bill is here; it is now the property of the House. Meanwhile, as a follow up on what Hon.

Khamala was saying, does it mean that no NHIF services will be provided until when we transit? That is dangerous given that there are people out there who are sick.

Thank you.

The Temporary Speaker (Hon. Martha Wangari): Thank you, Hon. Member. Hon. Cabinet Secretary, can you clarify?

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you Hon. Temporary Speaker and Hon. Member. Services at NHIF are continuing to be offered and we continue to work. We have just finalised a governance issue where we now have a Chief Executive Officer (CEO) whom we shall be announcing in the next few days. We have directors who are now going to ensure that management of NHIF, as it is, even as we plan for the transition, operates optimally.

We are also leveraging on technology so that NHIF, in its current form, can provide services. We have a whole year in terms of planning and providing services to Kenyans. We will continue to take feedback and to tighten where we receive feedback that we have loose ends that need to be tightened, and specifically on these issues. I will do a follow up with NHIF.

I submit Hon. Temporary Speaker and Members.

The Temporary Speaker (Hon. Martha Wangari): We will now go to Ordinary Questions, starting with the one by the Member for Masinga, Hon. Joshua Mwalyo.

ORDINARY QUESTIONS

Question 108/2023

PAYMENT OF PENSION BENEFITS TO RETIREES BY KNH

Hon. Joshua Mwalyo (Masinga, Independent): Hon. Temporary Speaker, could the Cabinet Secretary for Health:

- (a) Explain the reasons for failure by the Kenya National Hospital (KNH) Superannuation Scheme (DB Scheme) to settle pension benefits owed to retirees; its noncompliance with updated and applicable calculations of such pension benefits; and state the genesis of the miscalculations?
- (b) Provide details on the status of implementation of a decision of the Retirement Benefits Authority of 18th April, 2019 on a pension dispute and a subsequent ruling by the Retirement Benefits Authority Appeals Tribunal (RBAT) dated 21st April 2021?
- (c) Provide a definite date when the affected retirees will be paid their dues, which have been pending for years and continue to attract interest to date?

The Temporary Speaker (Hon. Martha Wangari): Hon. Cabinet Secretary.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Members. On that Question, I will respond to part one. On parts two and three, I will give explanation.

The KNH Pension Scheme, that is the Defined Benefit Scheme (DB Scheme), has endeavoured to pay pension promptly without default. I would like to clarify that, on a monthly basis, the retirees get their pension. This scheme was closed to new entrants vide a Government directive through Treasury Circular No.18/2010 Ref: EPN 171/07 Vol.P(64) dated 24th November, 2010. There have been concerns, however, on how the benefits have been calculated especially after the closure of the Defined Benefit Scheme (DB Scheme) to new entrants. As stipulated by the Retirements Benefits Authority (RBA), schemes are guided by the trust deeds and rules and as such, the KNH DB Scheme is guided by the trust deeds and rules.

At the point of closure, the trustees amended the trust deeds and rules to allow the closure with effect from 30th June 2011 with the following amendments:

1. Pensionable emoluments were to be increased at a fixed 5 per cent per annum with effect from 30th June 2011 and that was considered as the closing date.
2. Pensionable service for all members would be frozen at the closing date and future service would be accrued in the new Definition Contribution Scheme. This amendment was rejected by the RBA indicating that it did not conform to the existing laws in the following ways –
 - (a) Members aged 45 years or above as at the closing day were to be given an option of remaining in the scheme and continue to earn benefits in respect of pensionable service after the closing date. The evaluation rate of 5 per cent per annum did not meet the minimum threshold of 7 per cent as set out in Clause 321 in the Prudential Guidelines for scheme conversion. Guided by RBA, the trustees amended the TDR and the closure terms of the scheme were then revised to ensure compliance and members above 45 years were given the option of remaining in the scheme.
 - (b) The change of the evaluation rate from 5 per cent to 7 per cent led to the first re-computation of benefits in 2017 for all members who had left and benefits were calculated in line with the original closure terms and shortfalls were paid with interest from the original date of calculation. In 2017, the trustees received complaints from pensioners that the salary applied in the re-computation was not the salary at the point of exit but rather the salary at the closure date of 30th June, 2011, which grew at 7 per cent. The re-computation of the benefit was done and the additional benefits paid. In 2019, the retirees petitioned the RBA questioning the trustees' use of pensionable salary capped as at June 2011 and not salary preceding retirement date. These complaints have developed and led to a decision by the RBA dated 18th April, 2019 and the tribunal case.

Hon. Temporary Speaker and Members, I have learnt this morning that we have a new direction from the RBA. I would like to seek your indulgence – that, you allow me to go and look at the new regulations that have been issued and provide a substantive report as to the effective dates. That will address parts two and three of the Question in a future date, when I am allowed to do so.

Thank you.

The Temporary Speaker (Hon. Martha Wangari): Hon. Mwalyo, I will give you the first chance, noting the explanation by the Cabinet Secretary on parts two and three of the Question.

Hon. Joshua Mwalyo (Masinga, Independent): Cabinet Secretary, in your written response, you indicate that the settlement would be done on 30th November 2023. Are you saying that the directive that you have now is different from what you have written here? If 30th November 2023 remains as the date, can you commit to this House that 30th November 2023 will be the final day for them to be paid?

Secondly, this scheme is regulated by RBA. Why can the scheme not heed to the advice of the RBA and settle these dates once and for all?

I rest my case.

The Temporary Speaker (Hon. Martha Wangari): We will have one more question from the Member for Tetu.

Hon. Geoffrey Wandeto (Tetu, UDA): Thank you, Hon. Temporary Speaker. I would like to ask the Cabinet Secretary to clarify on the many organisations that are being set up by Acts of Parliament but remain in-operational within her ministry. Specifically, I would like her

to tell us the status of the Mental Health Board given that mental health is a serious and emerging issue in this country. I know that there is also the Psychiatrists and Psychologists Board and a few others that have not been operationalised. That is in essence affecting service delivery. How do we organise our professionals in this country to effectively offer services?

Thank you.

The Temporary Speaker (Hon. Martha Wangari): Thank you, Hon. Member even though the matter you have raised is not related to Question 108/2023.

Hon. Cabinet Secretary, respond.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Members. As I requested earlier, it is true that I had a written submission giving the settlement date as 30th November, 2023. However, based on the new advice we have received from RBA, I would like to seek for more time. I can only advise as to when we can substantially close that matter after I have read through the advice. Since this matter came up, we have had advisory from the RBA four times; in 2019, 2021, 2022 and 2023. I request for your indulgence that you allow me to look at the new advisory that has come and see how best we can take care of the retirees. However, I would like to clarify that on a monthly basis, the retirees receive their money. It is an ongoing exercise. The monthly pensions have not been locked up somewhere, waiting for the conclusion of this matter. The retirees receive their dues on a month-to-month basis.

I would also like to say that the same RBA has also given a directive that it is important that even as retirees continue to petition for extra benefits, the scheme currently has an actuarial deficit of Kshs7.5 billion and the funding level is at 50.1 per cent. Further recalculation of the benefit is likely to bring this funding to below 50 per cent. The RBA itself has advised that whenever the funds are below 50 per cent, the trustees will be expected to process benefits to the extent of the funding level with a requirement of the sponsor to cover the balance. The National Treasury has been supporting the scheme annually with Ksh100 million. However, this still does not meet the requirement. We have so far put in a request of Ksh300 million from the National Treasury to support the pensions scheme. I will, therefore, wait to be able to advise the House at a future date once we have harmonised with the new advisory that we have received.

On the issue of mental health, I seek your indulgence that I respond to the question later because there is a related Question. I will be able to respond to it then.

I submit.

The Temporary Speaker (Hon. Martha Wangari): That is well noted and agreeable. I also note that it is not part of this Question. The Next Question will be by the Member for Kiambu, Hon. Machua Waithaka.

Question 111/2023

UNAVAILABILITY OF ANTI-EPILEPSY DRUGS IN PUBLIC HOSPITALS

Hon. John Waithaka (Kiambu, UDA): Hon. Temporary Speaker, could the Cabinet Secretary for Health:

- (a) Explain why anti-epilepsy drugs are not readily available in public hospitals, forcing patients to source for the drugs from outside the said hospitals at exorbitant prices?
- (b) State the measures the Ministry has put in place to ensure that the drugs are accessible and affordable?

- (c) Indicate what the Ministry is doing to reduce the existing stigmatisation and enhance public support for persons suffering from epilepsy?

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Is it leprosy or epilepsy?

Hon. John Waithaka (Kiambu, UDA): Apologies. I meant epilepsy.

The Temporary Speaker (Hon. Martha Wangari): Cabinet Secretary.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Hon. Temporary Speaker, epilepsy is one of the non-communicable diseases (NCDs) that is a top priority for the Ministry of Health. Objective two of the Kenya Health Policy 2014-2030 has prioritised interventions to halt and reverse the rising burden of NCDs.

Management of epilepsy is multi-modal, including the use of medicines; that is, anticonvulsants, surgery to remove the part of the brain responsible for the seizures and placing a small electrical device inside the body that can help control seizures. Drugs for epilepsy management are offered at Level 4 Hospitals and higher-level health facilities according to the Kenya Essential Medicines List. This is because such medicines need to be prescribed by specialists; namely, psychiatrists, physicians, neurologists or senior medical officers, whose numbers are limited in public health facilities. As more specialists are trained and eventually deployed by the county governments, access to anti-epileptic drugs will improve.

In line with our task-sharing policy, we have embarked on training of medical officers and clinical officers to manage persons living with epilepsy. This will ensure that patients have access to anti-epileptic medicines as the facilities will have trained healthcare workers to prescribe and monitor the use of these medications.

On the second part of the Question, my Ministry is working with the pharmaceutical sector and other stakeholders on pricing guidelines for health products and technology to address the uncontrolled mark-up on pharmaceutical products, which is a major driver of increasing costs of medicines along the supply chain. Additionally, we are working on strategies for pooled procurement targeting expensive medicines that may not be accessible to a critical segment of the population. The long-term plan is to promote local manufacturing of health products and technologies and prioritise preferential procurement of locally manufactured medicines and medical commodities.

To increase access to anti-epileptic medicines, my Ministry has been holding consultations with the county governments on the need to enhance availability of NCDs medicines, including anti-epileptic drugs. Improving access to anti-epileptic medicines will improve the quality of life of patients suffering from epilepsy, leading to better productivity.

On the third part of the Question, stigma against epilepsy is real and is mainly due to lack of information by the general public about the disease. Epilepsy is a priority NCD for my Ministry as captured in the National Strategy for Prevention and Control of NCDs 2022-2026. My Ministry has undertaken the following interventions towards epilepsy management and support:

1. Developed Epilepsy Management Guidelines that will guide healthcare workers on the prevention, control and management of epilepsy. These Guidelines are important in ensuring uniform standard quality care is offered along the continuum of care. The Guidelines also include aspects of patient education and self-care that will enable patients to manage their condition better at home.
2. Included epilepsy in the training manual for Community Health Promoters (CHPs). In this module, CHPs are trained on early detection and referral of patients suspected to have epilepsy. They are additionally trained on how to educate and sensitise the public on epilepsy, hence reducing stigma about the disease.

3. In order to raise the profile of the disease, the Ministry of Health has been encouraging counties to commemorate the World Epilepsy Day on the 2nd Monday of February to raise awareness among the public and reduce stigma. Indeed, this year several counties commemorated the day.
4. Sensitisation on epilepsy through strategic partnerships with patient groups, media, academia, county governments and other non-governmental organisations like the Kenya Association of Welfare for People with Epilepsy.

In conclusion, prevention and control of epilepsy has already been integrated into the Kenya Health Policy as one of the priority areas for the Ministry. Further, the Ministry has developed a National Strategy for Prevention and Control of NCDs, including epilepsy, which outlines priority activities for the period between 2021/2022 and 2025/2026. These activities include health system strengthening, advocacy, research and surveillance, partnership, and advocacy on epilepsy. There is a designated focal person to handle matters related to epilepsy at the Division of Non-Communicable Diseases at the Ministry. We do, however, request for increased financial support to enhance prevention and control activities for epilepsy.

(Loud consultations)

Hon. Ferdinand Wanyonyi (Kwanza, FORD-K): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Hold on, Cabinet Secretary. Member for Kwanza, what is out of order?

Hon. Ferdinand Wanyonyi (Kwanza, FORD-K): There is a bit of disruption at the back yet the presentation by the Cabinet Secretary is on a very serious matter. Could you, please, intervene because they are actually distracting us?

The Temporary Speaker (Hon. Martha Wangari): Order, Hon. Members! The ongoing *kamukunji*, led by the Member for Kabete, please, do not distract the Member for Kwanza. Keep the tones of your consultations low. He wants to hear.

Proceed, Cabinet Secretary.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Hon. Members. I was actually finalising on that Question. I was putting a request to this honourable House. You are the House that passes our budgets. We have provided budgets for NCDs in our work plans and my request is for you to consider them favourably when the next budgeting cycle comes into place.

I thank you, Hon. Temporary Speaker and Hon. Members.

The Temporary Speaker (Hon. Martha Wangari): Thank you. I will give the first chance to the Member for Kiambu and thereafter Hon. Gikaria.

Hon. John Waithaka (Kiambu, UDA): Thank you, Hon. Temporary Speaker. Madam Cabinet Secretary, you have said that these drugs are available. I have a concern from one of my constituents from Ting'ang'a, namely Elizabeth Njeri Gituku, who has visited Kenyatta National Hospital twice; once in July and she has not been able to access the medicines. I would, therefore, urge you to make sure that we have these drugs because it is becoming very frustrating for our people to access these drugs. Most of them are from very humble backgrounds. Data from the Ministry of Health indicates that Kenya has about 3.4 million people living with epilepsy, with about three million adults and 470,000 children aged between the ages of zero to 17 years...

Hon. Temporary Speaker (Hon. Martha Wangari): Hon. Machua, ask a follow-up question, do not debate it.

Hon. John Waithaka (Kiambu, UDA): Yes, Hon. Temporary Speaker. I would urge the Cabinet Secretary for Health to, please, if she can give us timelines of when we shall have enough drugs to alleviate these problems.

Thank you.

Hon. Temporary Speaker (Hon. Martha Wangari): Thank you. As we get Hon. Gikaria, Hon. Cabinet Secretary, ensure that you give correct, timely and updated information in your responses.

Hon. Gikaria.

Hon. David Gikaria (Nakuru Town East, UDA): Thank you, Hon. Temporary Speaker. Mine is just a follow-up on what my colleague, the Member for Kwanza Constituency, said. When responses come from the Cabinet Secretaries in this very important session, sometimes they are very fast. We could have these responses in writing so that we also read. I am not a very fast learner. If the responses were here with us, we could also be following. That would really assist us in making a very meaningful debate and asking follow-up questions when we want.

Secondly, the Cabinet Secretary said that as they try to address the problem, one of the mitigation measures is to have local manufacturing companies for these drugs. She said that, that is their focus or vision. By what time are they expecting to have that kind of initiative?

My third follow-up question is that she has also said that she is in touch with counties to be able to provide these medicines. What has been the actual response? Is the Ministry getting positive feedback from the counties in providing the same? If the counties are unable to even give painkillers at our local dispensaries, how will they be able to do this? If the response is negative, what is the Ministry doing?

Lastly, it is about the Community Health Promoters (CHPs) she says they have been trained to handle epileptic patients. We all live in this country, and more so in our constituencies. We do not leave our constituencies. Most of the time, when we go out there to see what the CHPs are doing, we are told that epilepsy is one of the diseases that is always avoided; it is never spoken about. Can the Ministry do some further training of the CHPs, so that they can be in a position to create public awareness on how you can handle an epileptic patient?

Thank you, Hon. Temporary Speaker.

Hon. Temporary Speaker (Hon. Martha Wangari): Thank you, Member for Nakuru Town East. You have raised a very important issue. Because I have seen the copy of the responses, I think it should be tabled so that the Table Office can make copies on request by Members if they would like to indulge further.

Hon. Cabinet Secretary, kindly note the discomfort of Members in accordance to Article 189 on cooperation between the national government and the county governments so that you also respond to the issue on the many areas you are collaborating with the counties, stating how effective the county governments are.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Hon. Members.

On the issue of availability of anti-epileptic drugs, I would like to answer it together and generally in terms of availability of all drugs at health facilities. We have had challenges in our supply chain. We have had challenges in our key institution, Kenya Medical Supplies Agency (KEMSA), in terms of being able to meet all the essential drugs and supplies to avail them to the country. Our fill rate has been very low, reason being that we have never received payments in time from the county governments whenever they ordered for supplies. Equally, we have a dead stock of COVID-19 supplies that we are struggling with. We have had a conversation with the Executive Office of the President, and we are in the process of recapitalising KEMSA with Ksh2 billion to ensure that it buys the essential medical supplies

so that we can get 100 per cent fill rate for all the essential supplies that are ordered by the counties.

On the issue of local manufacturing, the Hon. Member asked by what time. We are already implementing this. In the ongoing tender at KEMSA, 50 per cent of the tender was ring-fenced for local manufactures. That is to ensure that we get good quality products at an affordable price so that we are able to increase our stock availability. Equally, this month of October, we are launching Universal Health Coverage (UHC), and we will start from the 13th to the 20th. In two of those days, we are having an expo of local manufacturers who shall be showcasing the products that are manufactured locally, and that are available for use within the facilities in the country.

On the question of the responsiveness of our counties, primary health care services are primarily a function of the counties and we have a shared responsibility in ensuring that we direct the policy, do the training and we do capacity building. So far, the relationship through the Council of Governors has been cordial and we are giving them training in terms of supply chain management. This is for them to be able to do timely ordering, to manage their stock levels to ensure they are stocked up on whatever is required at the facility level.

On the training of Community Health Promoters (CHPs), they are trained in order for them to refer patients to facilities, not to treat. Like epilepsy cannot be treated by a CHP. Theirs is to refer. But equally, we have trained them to provide education to families and communities so that we reduce the stigma that people that suffer from this condition receive within the communities.

I submit, Hon. Temporary Speaker and Hon. Members.

Hon. Temporary Speaker (Hon. Martha Wangari): Thank you, Hon. Cabinet Secretary. We will now progress to the next Question by Hon. Sabina Chege.

(Hon. Harrison Kombe spoke off the record)

Hon. Kombe, maybe you were not here when we gave the direction. We said it is one follow up question by the questioner, and one more from a Member. That has already been done by Hon. Gikaria.

Hon. Sabina.

Question 157/2023

REGULATORY MECHANISM TO RESTRICT ACCESS BY
MINORS TO VELO NICOTINE POUCHES

Hon. Sabina Chege (Nominated, Jubilee): Hon. Temporary Speaker, could the Cabinet Secretary for Health:

- (a) Outline the pharmaceutical composition of Velo, a nicotine drug packaged in pouches, including the addictive nature and side effects of the said drug as well as the regulatory mechanisms that the Ministry has put in place to restrict access to or the sale of Velo drug to minors?
- (b) Clarify whether the Velo drug has been sneaked back to the market as a rebrand of Lyft, a similar drug that was banned in 2020 by the Ministry of Health for not meeting Section 23, Parts I and Part II of the Pharmacy and Poisons Act?
- (c) Explain whether the said drug is locally manufactured in Kenya and by whom and if not, provide details of the licensed distributors in the country, including whether the manufacture or distribution in Kenya is legal?

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Cabinet Secretary, as you respond to this one, Members were asking what Velo is. Include that answer in your response.

Please, wait a bit, Cabinet Secretary.

Hon. Sabina Chege (Nominated, JP): Hon. Temporary Speaker, I brought samples of Velo for the sake of Members. I have not opened them. They are easily accessible in Kenya. Members can cross over to see a sample but they cannot open it because it is addictive.

The Temporary Speaker (Hon. Martha Wangari): Hon. Sabina Chege, I just want to confirm that you have not opened or used it at all.

(Laughter)

Alright, Hon. Members. Let us hear from the Cabinet Secretary on this product. Those who want to see it can talk to Hon. Sabina Chege.

(Several Members consulted with Hon. Sabina Chege)

Order, Members! You are now becoming disorderly. Kindly, let the Cabinet Secretary respond to the Question. Hon Sabina Chege, kindly refrain from showing the product to Members so that we can hear the response from the Cabinet Secretary. You can do that later after the Cabinet Secretary responds to the Question.

Hon. Cabinet Secretary, proceed.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Hon. Temporary Speaker and Members, Velo is one of the tobacco products that the tobacco industry has introduced into the market as countries tighten regulations on tobacco smoking.

The Tobacco Control Act of 2007 requires all manufacturers and importers of tobacco products to provide the content, ingredients and emissions of their products. Velo, which is a brand name for British American Tobacco (BAT) nicotine pouches, is a non-pharmaceutical substance but a nicotine derivative substance composed of organic nicotine derived from tobacco leaf. Hence, Velo is a tobacco product as defined under the Tobacco Control Act, 2007, and as directed by the Ministry Correspondence Ref: MOH/BOARDS/ 13/ I/ 150 VOL I (83), dated 21st January 2021.

The chemical profile of the contents, constituents, ingredients and emissions of Velo is varied. I can quickly read through the ingredients. It contains micro-crystalline cellulose, which is a bulking agent. It also contains water and sodium chloride, which is a salt. Other ingredients include xylitol, which is a sweetening flavour; sodium alginate, which is a gelling agent; propylene glycol, which is a humectant; nicotine; sucralose, which is a sweetener; and sodium bicarbonate, which is an acidity regulator.

The nicotine content of Velo can be as high as the nicotine content of other tobacco products such as conventional cigarettes, traditional smokeless tobaccos and heated tobacco products. Existing literature shows that for comparison purposes, conventional cigarettes typically contain an average of 12 mg/g to 19 mg/g of nicotine/g of tobacco while heated tobacco products typically contain on average 14 mg/g to 18 mg/g of nicotine/g of tobacco. Users can potentially consume up to 90 per cent of the nicotine, given that it is taken orally.

These new product variants contain different flavours and additives which suppress the strong smell of tobacco and also makes them attractive and acceptable to users. These flavours include berry, strawberry, menthol, mint, peppermint, lime and spearmint. Besides nicotine, some of these novel tobacco products may contain other analytes such as heavy metals, which may be toxic to the body.

There are regulatory mechanisms to restrict access to or the sale of Velo. Nicotine and its salts are classified as Part 1 Poisons under the Poisons List Confirmation Order. Under Cap

244, the Pharmacy and Poisons Board (PPB) regulates nicotine and its salts. This informed the initial basis for regulation of nicotine pouches by the brand name Lyft. However, Cap 244 excludes nicotine that occurs naturally in tobacco. Therefore, the then Cabinet Secretary for Health, on 21st January 2021, directed that nicotine pouches, including Lyft, be regulated as tobacco products under the Tobacco Control Act of 2007, and required that they meet the requirements for tobacco products. Lyft is no longer in the market but nicotine pouches by the brand name Velo, manufactured by the same manufacturer, BAT, are regulated as a tobacco product under the Tobacco Control Act, 2007.

The Ministry, in collaboration with other ministries and State agencies, is in the process of reviewing legislative and regulatory frameworks to address new and emerging tobacco products. This will include development of legislative and administrative instruments for regulation of tobacco products, contents and emissions, testing, and disclosure of contents to Government authorities and the public.

On restriction of access to Velo by minors, the sale of tobacco products to and by minors is prohibited by the Tobacco Control Act, and all sellers of tobacco products are required to verify the age of a young purchaser. Further, the Tobacco Control Act prohibits the manufacture or sale of objects which resemble tobacco products, which would reasonably appeal to persons under the age of eighteen years. The sale of tobacco products via automated vending machines (self-service machines) is also prohibited by law to prevent access to these products by minors. Offering tobacco products for free or by sales promotion is also prohibited by law.

The Tobacco Control Act prohibits all direct and indirect forms of advertising and promotion of tobacco, tobacco products or tobacco-related brand elements, including sponsorship associated with young people by the tobacco industry. Further, the law prohibits false promotion by means of packaging that is misleading or deceptive, or that is likely to create an erroneous impression about the characteristics, health effects, health hazards or social effects of tobacco products or their emissions.

In addition, it is prohibited to advertise or promote tobacco products by means of testimonials, for example, by role models or persons that could influence young people, or an endorsement in any manner, including that which is misleading. The law also prohibits the advertisement of tobacco products by means of organising, promoting or sponsoring of sporting, cultural, artistic and recreational trade fairs, exhibitions, shows, educational or entertainment programmes, events or activities. Display of tobacco brand elements on a non-tobacco product is prohibited, including on clothing.

The Government, through the Ministry of Education, in collaboration with the Ministry of Health, has integrated information on the dangers of tobacco and tobacco products in the education curriculum. This is intended to inform our children on the effects of tobacco and is aimed at discouraging initiation, motivate quitting tobacco use and create change agents in the society for tobacco control, including at peer and household level.

The second part of the Question was whether Velo has been sneaked back to the market as a rebrand of Lyft, which is a similar drug that was banned back in 2020 by the Ministry of Health due to not meeting Parts I and II of the Pharmacy and Poisons Act.

Hon. Members, I confirm that Velo is a rebrand of BAT's Lyft, which was recalled from the Kenyan market by BAT following a directive by the immediate former Cabinet Secretary. Velo hit the Kenyan market in June 2022 following a moratorium that was issued on 15th June 2022 by my immediate predecessor. Notably, the said Lyft was not banned but its registration and regulation were changed from the Pharmacy and Poisons Act, Cap 244 to regulation under the Tobacco Control Act, 2007.

The third part of the Question requests that I explain whether the drug is locally manufactured in Kenya and by whom, and if not, provide details of the licensed distributors in the country.

Velo is imported from Hungary and distributed by BAT Kenya Limited, who are licensed as tobacco product manufacturers in Kenya and have sought to manufacture nicotine pouches in Kenya but this has not yet started. There is no local manufacturer of nicotine pouches in the country. Therefore, all nicotine pouches are imported.

I submit, Hon. Temporary Speaker and Members.

The Temporary Speaker (Hon. Martha Wangari): Thank you, Cabinet Secretary. Hon. Sabina Chege.

Hon. Sabina Chege (Nominated, Jubilee): Thank you very much, Hon. Temporary Speaker. I want to thank the Cabinet Secretary for confirming what was banned in Kenya has come back as Velo. I want her to clarify the moratorium given by her predecessor to lift this product in June 2022 and allow it back into the market.

Again, it is not manufactured in Kenya but comes from Hungary. Why would we allow an addictive drug to come to this country? I am a mother. I can tell you that we only have a slight warning at the back 'Over 18 only.' The Tobacco Act states that the side effects of any nicotine product should be printed on the package in both English and Kiswahili - halfway on the back. Looking at this Velo packet, the effects are quarter way written on the back and the front in a very tiny writing - 30 per cent. They have only stated that this product contains nicotine which is addictive.

Cabinet Secretary, having come from a health background, you know that nicotine affects various parts of the human body. For instance, it brings cardio-vascular diseases, it affects reproductive health, among many other side effects. Why should the Ministry allow this drug to be sold in the Kenyan market? Why did we allow BAT, which is not producing this product here, to import a drug into the Kenyan market? In our areas of jurisdiction, we are talking about fighting drug addiction. That is why we have the NACADA. This is a drug because it contains nicotine, which is addictive. I walked out here and sent my driver to buy it. It is readily available everywhere. Our school going children buy it as they go to school.

The Temporary Speaker (Hon. Martha Wangari): You have made your point.

Hon. Sabina Chege (Nominated, Jubilee): So, I humbly ask the Cabinet Secretary to re-consider their decision. The sale of Velo should be banned in Kenya until the product is properly investigated, so that we save our future generations.

Thank you, Hon. Temporary Speaker. I submit.

The Temporary Speaker (Hon. Martha Wangari): Thank you. Hon. Irene Mayaka.

Hon. Irene Mayaka (Nominated, ODM): Thank you, Hon. Temporary Speaker. I want to emphasise that comparing the kind of Velo sold in Kenya with the ones sold in countries like Australia, the one sold in Kenya has a higher level of addiction than those sold in other countries. You can walk to a petrol station or chemist and buy it. They do not ask for an identity card when buying it. Therefore, I ask the Cabinet Secretary to re-consider and have a total ban on Velo. I can tell you out of experience and experiments conducted to understand what Velo does to users. In five minutes, it takes you to heaven and then quickly brings you back down to earth.

(Laughter)

For sure, it is not a good product.

The Temporary Speaker (Hon. Martha Wangari): Hon. Mayaka, I do not want to ask how you know that. Cabinet Secretary, there is a lot of interest in this matter. One important issue you need to address is why re-introduce to the Kenyan market an already withdrawn

product despite it bearing a different brand name. There was a reason why it was withdrawn. I will indulge the Chairperson of the Departmental Committee on Health for two minutes.

Hon. (Dr) Robert Pukose (Endebess, UDA): Thank you, Cabinet Secretary for your responses. In your response, you referred to the Tobacco Control Act, 2007. This Act only talks of tobacco at the time we only had cigarettes. Nowadays, there are various forms of smoking. We have electrical cigarettes and pouches. As Members have said, the onus is on this House to amend the Tobacco Control Act. I want to inform the Cabinet Secretary that the Tobacco Fund is supposed to introduce tax measures to include Velo and other tobacco products considered to have nicotine or tobacco like substances. When do you intend to bring amendments to the Tobacco Control Act, 2007 to the House for that purpose?

The Temporary Speaker (Hon. Martha Wangari): Thank you, Hon. Chairperson. Cabinet Secretary, as you respond, note that the Departmental Committee Chairperson has alluded to the fact that law-making is not done outside this House. I hope we take up our responsibility.

Member for Thika, I will indulge you for one minute to ask a follow-up question, and not debate.

Hon. Alice Ng'ang'a (Thika Town, UDA): Thank you, Hon. Temporary Speaker. The product being discussed on the Floor of this House is harmful. It does not matter whether it is coming through BAT or whatever channel. The Departmental Committee on Health should invite them so we can know what we are dealing with. We should not waste a lot of time. We need to discipline BAT because at the end of the day, they are harming our children. Looking at the way that drug is packaged, it is clear that it is intended to hoodwink young users.

The Temporary Speaker (Hon. Martha Wangari): Thank you very much, Member for Thika. I need to have a copy of that response to refer to. Member for Navakholo, please, close this session of questions so that the Cabinet Secretary can respond.

Hon. Emmanuel Wangwe (Navakholo, ODM): Thank you, Hon. Temporary Speaker. I would like to thank the Cabinet Secretary for her submissions. Does the Ministry of Health work hand-in-hand with other Government departments, especially Kenya Bureau of Standards (KEBS)? Looking at this package, it has a KEBS stamp. From the narration by the Cabinet Secretary, it automatically shows that this product is not supposed to be in the country.

Hon. Temporary Speaker, can you order that this substance be removed from the shelves, the reason being that for girls, it can be sniffed or inserted in other parts of the body? It is important you order that this product be removed from supermarket shelves in Kenya.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Hon. Members, I want to close this matter. Hon. Ruweida Obbo, what is out of order?

Hon. Ruweida Mohamed (Lamu East, ODM): Asante sana, Mhe. Spika wa Muda. Ninataka kusema kwamba huku wakiendelea kuuza *velo*, kule Lamu tunatafuta dawa ya kuondoa hamu ya matumizi ya madawa ya kulevyu. Kutoka Bunge la 12 mpaka sasa hivi nimeandika barua nyingi ili tuletewe *methadone* na hatujaletewa. Huku wanaendelea kuuza *velo* na sisi tunamalizwa na *cocaine*. Tunataka *Ministry* itulettee *methadone* kule Lamu East. Kwa hivyo, mna mipango gani ya kuleta *methadone* ambayo nimeomba kwa muda mrefu na mpaka leo haijaletwa pale Faza Hospital?

The Temporary Speaker (Hon. Martha Wangari): Hon Cabinet Secretary, please, respond.

The Cabinet Secretary for Health (Dr Susan. Nakhumicha): Thank you, Hon. Temporary Speaker. If you are able to make a declaration that velo be removed from the market, as the Ministry of Health, we will be the happiest lot. This is because we will save many lives of Kenyans. As it is, we are relying on the Tobacco Control Act of 2007. So, we

have put together a technical team that is reviewing that Act. We will then bring it to the Departmental Committee on Health so that they can bring it to the House.

With regard to methadone, it is a big value chain. I seek your indulgence that I do a specific response on that question and share it with the Member.

I submit

The Temporary Speaker (Hon. Martha Wangari): Thank you, Cabinet Secretary. Hon. Members, however powerful the Speaker may be, I cannot speak for you. There are available avenues for doing this through a Motion to be a declaration or resolution of the House. I urge you, Hon. Members, to pick it up.

The next Question is by the Member for Kaiti, Hon. Joshua Kimilu. Is he in the House? Has he written to Hon. Speaker on its deferment?

Hon. (Dr) Robert Pukose (Endebess, UDA): No.

The Temporary Speaker (Hon. Martha Wangari): This Question will be dropped.

(Question 214/223 dropped)

The next Question is by Nominated Member, Hon. Irene Mayaka.

Question 306/2023

NATIONAL HEALTH SURVEY ON MENTAL ILLNESS

Hon. Irene Mayaka (Nominated, ODM): Hon. Temporary Speaker, could the Cabinet Secretary for Health:

- (a) Clarify whether the government has conducted a National Health Survey to better define the burden of mental illness in the country, provide details of the funds available or allocated for the implementation of promotional, preventive, and curative measures to alleviate the burden of mental illness, and clarify whether there is an inter-agency approach to deal with mental health in the country?
- (b) State the measures the ministry has put in place to establish a mental health and happiness commission, including the creation of annual national happiness index to be included in the presidential annual report, as well as whether the State has any plans to provide psycho-social services in learning institutions and to capacity build teachers to identify and assist impacted students?
- (c) Clarify whether psychological services are provided in the various security service institutions, whether regular mental health support sessions for personnel are held in the workplace and further disclose institutions, if any, that serve persons who have conquered mental illness in order to follow their development and ensure they do not relapse?

I submit.

The Temporary Speaker (Hon. Martha Wangari): Thank you, Hon. Irene. Cabinet Secretary.

(Hon. Harrison Kombe spoke the record)

Hon. Kombe, you can only ask a follow-up question after the response. Hold on.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Hon. Members. According to the Kenya Mental Health Policy 2015-2030, the national government estimates the burden of mental illness at 25 per cent among

outpatients and 40 per cent among inpatients in different health facilities, with an estimated prevalence of psychosis stated as 1 per cent of the general population. Despite substantial research being undertaken in Kenya to examine the burden of mental illness, the majority of these are region or population-specific. Thus, they may not be generalised to the entire country.

The Task Force on Mental Health recommended that the Government conduct a National Mental Health Survey to better define the burden of illness in the country. On the progress that we have made so far, plans are underway to conduct the country's first National Baseline Mental Health Survey. The Ministry appointed a Technical Working Group in March, 2022 to spearhead this survey. It is composed of officials from the Ministry of Health, Kenya Medical Research Institute (KEMRI), academia, county governments, development partners and the Kenya National Bureau of Statistics (KNBS). It developed the study proposal and got ethical approval to conduct the National Baseline Mental Health Survey. It also engaged the World Mental Health Survey Consortium for capacity building on research assistants, using the appropriate study Composite International Diagnostic Interview (CIDI) tool for assessing mental disorders at the community level. This survey has been included in the division of Mental Health Annual Work Plan for Financial Year 2023/2024. Currently, the Ministry of Health is working on mobilising resources to commence the survey.

The Ministry of Health has included mental health burden indicators in the sector surveys, particularly the Kenya Adolescent Health Survey 2019 which examined the symptoms of mental health, alcohol and substance use and the risk factors, including adverse childhood experiences among adolescents.

The Ministry of Health is currently piloting the inclusion of disease specific mental health indicators in the Kenya Health Information System in 14 counties to better understand the burden of mental illness at health facility level.

Hon. Temporary Speaker and Hon. Members, part one of the Question is on implementation of promotional, preventive and curative measures to alleviate the burden of mental illness. The Ministry of Health has made significant efforts towards strengthening the country's mental health system. It has developed national mental health policy documents, including:

1. Kenya Mental Health Policy 2015-2030.
2. Kenya Mental Health Action Plan 2021-2025.
3. National Suicide Prevention Strategy 2021-2026.
4. Kenya Mental Health Investment Case 2021.
5. Mental Health Training Manual for Community Health Volunteers 2021.

Furthermore, the Ministry has finalised the first national mental health standards and clinical guidelines for use in building the capacity of primary healthcare workers to identify and manage people living with mental illnesses.

Additionally, the Ministry of Health has provided technical support to counties in the implementation of national policy documents. In this regard, it has supported counties in development of their county-specific costed mental health action plans to drive the agenda of mental health at the county level. At present, four counties have developed and are implementing county-specific mental health action plans. These are: Nyeri, Kilifi, Kajiado, and Murang'a. The counties are at different levels of implementation of measures to alleviate the burden of mental illness. Nyeri County has made significant strides in mainstreaming mental health through its inclusion in the County Integrated Development Plan (CIDP).

In July 2023, the Ministry of Health held a consultative meeting with various stakeholders on children and adolescents' mental health. It highlighted the fragmentation of school mental health interventions within the Government by various stakeholders. To address this, the Ministry of Health plans to establish a national school mental health technical working

group to improve the collaboration and coordination of school mental health interventions, including development of national guidelines on school mental health.

Part two of the Question is on the measures the Ministry has put in place to establish a Mental Health and Happiness Commission, including the creation of an annual national happiness index to be included in the presidential annual report, as well as whether the State has any plans to provide psycho-social services in learning institutions and to capacity build teachers to identify and assist impacted students.

Hon. Temporary Speaker and Hon. Members, the Task Force on Mental Health, 2019 identified the absence of a unified mental health leadership and governance structure in the country. It made a recommendation for the establishment of the National Mental Health and Happiness Commission which will be the overall mental health authority in the country. It will be tasked with monitoring the state of mental health and happiness among Kenyans using an annual national happiness index to help guide public policies. This Commission is not in place presently. However, progress has been made towards strengthening the mental health leadership and governance structures in the country. This has been undertaken through the following:

(i) The creation of the office of the Presidential Advisor on Mental Health (PAMH) which was done in 2021. It is tasked with the implementation of the recommendations by the Task Force on Mental Health. However, the term of the first Presidential Advisor on Mental Health ended in August 2022. The office is vacant. Names have been submitted for possible consideration.

(ii) The Kenya Mental Health (Amendment) Act, 2022 provided the legal framework for the establishment of mental health leadership and governance structures at national and county level. At the national level, this led to the appointment of the Kenya Board of Mental Health through Gazette Notice No.8818 on 28th July 2022 and Gazette Notice No.9284 on 5th August 2022. It serves as the oversight authority for mental health. It has an important responsibility towards improving the mental health of the population and safeguarding the rights of persons with mental illness.

Hon. Temporary Speaker and Hon. Members, at this point I would like to respond to a Question that had been raised earlier regarding the operationalisation of the Mental Health Board. We have made strides in it. We are waiting to inaugurate the Board upon approval of our supplementary budget that has put in place the funds that it will use.

At the county level, the Act gives provision for appointment of county mental health councils mandated to spearhead all matters relating to the status of mental health and mental illness in the counties. However, the counties are yet to appoint their county mental health councils. Therefore, the Ministry is currently planning on disseminating the Kenya Mental Health (Amendment) Act 2022 to the County Executive Committee members for health, who are mandated by law to appoint the councils through the Council of Governors.

On provision of psycho-social services in learning institutions, globally, it is estimated that 50 per cent of mental health conditions develop by the age of 15, and 75 per cent of mental health conditions have developed by the age of 25. Furthermore, the Task Force on Mental Health identified children and adolescents as a special population in mental health who require targeted intervention. In this regard, the following recommendations were made:

(i) Youth counsellors should be employed in primary schools to provide counselling services.

(ii) School nurses should be required to undertake training on youth and adolescent health in order to better meet the needs of adolescents.

(iii) Build capacity for teachers to identify and help affected children in schools.

In implementation of these recommendations, the Ministry has made progress. In 2022, the Ministry, in collaboration with the Office of the Presidential Advisor on Mental Health,

was able to support an initial multi-sectoral workshop towards development and implementation of mental health literacy curriculum for teachers. The Ministry of Education is represented also in the National Mental Health Stakeholders Forum and National Multi-Sectoral Suicide Prevention Committee to enable collaboration on safeguarding the mental health of students in learning institutions. In July 2023, the Ministry held a consultative meeting with stakeholders on children and adolescents' mental health. This meeting highlighted the fragmentation of schools' mental interventions within the Government's stakeholders. To address this, we have established National School Mental Health Technical Working Group to improve the collaboration and coordination of school mental health interventions, including the development of national guidelines on school and mental health.

The third part of the question seeks clarification as to whether psycho-social services are provided in various security service institutions, whether regular mental health support sessions for personnel are held in the workplace; and whether institutions, if any, that serve persons who have conquered mental illness follow their development to ensure that they do not relapse.

Hon. Temporary Speaker, the Task Force on Mental Health identified security personnel as a special population who require consideration and attention as their needs may not be fully addressed by primary health services. In this regard, the task force has made the following recommendations:

1. Different security service institutions must provide psycho-social services for both managers and staff of disciplined institutions.
2. The institutions should establish regular staff support sessions on mental health in workplace for the officers.
3. The Ministry should continue mainstreaming mental health in all sectors, including the disciplined forces.

On implementation of these recommendations, we have made the following progress. The National Workplace Mental Wellness Guidelines were developed with input from the National Police Service. These guidelines have been finalised and due for launch this October. The implementation of these guidelines by the security apparatus is key to the promotion of mental wellness, prevention of mental illness and support for officers with mental problems.

Hon. Temporary Speaker and Hon. Members in the Shakahola incident, the Ministry of Health nominated seven psychologists and two psychiatrists to support the Directorate of Criminal Investigations in provision of mental health and psycho-social support services to those affected, including security officers. The National Police Service is represented in the National Mental Health Stakeholders Forum and National Multi-Sectoral Suicide Prevention Committee to enhance collaboration on mental health matters.

I submit.

The Temporary Speaker (Hon. Martha Wangari): Thank you. Hon. Mayaka, proceed.

Hon. Irene Mayaka (Nominated, ODM): Hon. Temporary Speaker, I would just like to thank the Cabinet Secretary for her very comprehensive responses. I, however, have a follow-up question, especially on the recommendation that she has shared in terms of having youth counsellors in schools. Madam Cabinet Secretary, I am asking this because we have had too many cases of suicide in schools. In Nyamira and Kisii, where I come from, on a daily basis, we have had news of reported cases of children who have committed suicide. We have Physical Education (PE) as part of timetables in schools. Why not have guidance and counselling also being part of the timetable so that it does not become optional? In most cases, it is very hard for you to find someone volunteering to go and see a guiding counsellor because they have a problem. In most instances, people with mental health issues do not even know they are suffering from it. Case in point, Madam Cabinet Secretary, is like yesterday when we had an issue about Eregi Girls High School. As of today, that mysterious disease has affected

95 students. My question is: Who is ensuring that a guidance and counselling expert is speaking to the rest of the students who are not affected in school so that that does not then affect them mentally?

Two issues there. One is why not make mental health, guidance and counselling become part and parcel of the timetable in schools? Secondly, it is about proactive measures when issues like what happened in Eregi Girls High School affect schools. Thank you.

The Temporary Speaker (Hon. Martha Wangari): Those are enough. Hon. Kombe.

Hon. Harrison Kombe (Magarini, ODM): Thank you, Hon. Temporary Speaker. Mental disorders and epilepsy can be cured easily. I am not sure as to whether the Cabinet Secretary is aware that reflexology can be used to cure mental disorders and epilepsy. Alongside that, suicide can also be prevented by the use of reflexology when it is applied to the adrenal gland.

The Temporary Speaker (Hon. Martha Wangari): Ask the question.

Hon. Harrison Kombe (Magarini, ODM): I have already asked the question. Now I want to add. Are there any plans for reflexology to be taught in our Kenya Medical Training Colleges (KMTCs) alongside physiotherapy? Thank you.

The Temporary Speaker (Hon. Martha Wangari): Hon. Members, let us not answer for the Cabinet Secretary. Just ask follow-up questions. Hon. Cabinet Secretary, please respond.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Hon. Temporary Speaker and Hon. Members, the youth counsellors in schools was out of a working collaboration between my ministry and the Ministry of Education. Curriculum development is a function of the Ministry of Education. We shall be working together with them to see how we integrate guiding and counselling specifically to work on mental health and see how it can be put into the curriculum. However, as a function, it lies with the Ministry of Education. Through our one government approach, we shall approach the ministry so that we work together.

The other is counselling, specifically for the case of Eregi Girls High School that you have mentioned. We dispatched officers from the Ministry of Health yesterday evening. They are in the school. One of their primary responsibilities is to ensure that there is proper counselling of not just the students but also the teachers and the community around them as we wait for the final results from Kenya Medical Research Institute (KEMRI). We have a division of traditional and alternative medicine at the Ministry of Health. This division works together with those who provide traditional and alternative medicine, and alternative ways of healing, to regulate them. I will ask my Director-General who is here with me to make sure we beef up and understand reflexology and how it can be incorporated in training at the Kenya Medical Training College.

I submit, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): All right. Thank you, Cabinet Secretary. We will go to the next Question by the Member for Kabete Constituency, Hon. James Wamacukuru. Members, we already gave guidance on the number of Questions I have even indulged you. Therefore, I will not give you more chances.

(Hon. Geoffrey Wandeto spoke off the record)

Member for Tetu, you were actually on your phone when the Cabinet Secretary responded to your issue directly. So, Hon. Wamacukuru, take the Floor.

Hon. Githua Wamacukuru (Kabete, UDA): Thank you, Hon. Temporary Speaker. This is Question No.307 of 2023. Could the Cabinet Secretary explain why the National Health Insurance Fund (NHIF) does not provide a medical insurance health cover to facilitate intersex persons undergoing gender transformation.

The Temporary Speaker (Hon. Martha Wangari): While at it, Hon. Cabinet Secretary, please, educate these Members on what an intersex person is because I can already hear the Member for Nyando shouting LGBTQ. Kindly educate the House on who an intersex person is.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Members. The National Hospital Insurance Fund procures benefits for its members irrespective of their status, gender, sex, race, age, marital status and pregnancy, as per the provision of the Bill of Rights. In this regard, a medical insurance cover and the scope of benefits there in, are available to all members as guided by the policy provisions on the strategic procurement of medical benefits. The current scope of procedures covered under the surgical benefit package includes surgeries related to intersex persons. The healthcare provider is required to give clinical justification of the procedure to be undertaken. The request is taken through a preauthorisation process to verify the clinical indication. This scope of cover has been contracted since July 2022. We have a specialty which is paediatric surgery procedures for urethroplasty for hypospadias and epispadias. It is a complexity major and currently the NHIF is doing reimbursements of Ksh120,000 for those surgeries. Other procedures related to intersex persons that are covered are urological surgery, orchidectomy and excision of the spermatic cord, urological surgery, orchidopexy bilateral and neurological surgery combined abdominal and vaginal operations on the bladder. The other intersex medical interventions like hormone treatment are not comprehensively covered.

Hon. Catherine Omany (Busia County, ODM): On a point of order.

The Temporary Speaker (Hon. Martha Wangari): Hold on please. Member for Busia, is it the English that is too tough? What is out of order?

Hon. Catherine Omany (Busia County, ODM): I want *Wanjiku* to understand. The Cabinet Secretary is not communicating.

The Temporary Speaker (Hon. Martha Wangari): What is your point of order, Hon. Catherine?

Hon. Catherine Omany (Busia County, ODM): I am just hearing *ochipode* something...

(Laughter)

It is not in the dictionary. She is even struggling to pronounce it, so, that means it is not even clear to herself.

The Temporary Speaker (Hon. Martha Wangari): Hon. Cabinet Secretary, I know these are medical terms. Please continue with your answer. If any Member will need clarification, I am sure there are doctors in the House led by the one Member for Endebess Constituency, to clarify.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you. Those are medical terms that a tongue may not easily pronounce. I am struggling, indeed, but in short, one of them is excision of the spermatic cord and the other one is combined abdominal and vaginal operations on the bladder. Intersex persons are persons who are neither male nor female.

(A Member spoke off the record)

The Temporary Speaker (Hon. Martha Wangari): Hon. Members, I can hear you shouting very derogatory terms to the Cabinet Secretary and you are distracting her. Member for Buuri, and by the way, just for your information, in the last census, we had a column for

intersex persons in this country and they were registered; over 1,400 of them. So, let us give the Cabinet Secretary a moment to finish and then we will ask a few follow up questions.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you. The other intersex medical interventions we have like hormone treatment are not comprehensively covered under the NHIF. The Fund will conduct a benefits review process in October 2023 to see if there is a possibility of inclusion of common treatment. We request your input on enhancing the scope of the cover for intersex persons based on the 12-point prioritisation criteria and health technologies assessment evaluation. However, I need to mention that we have developed an essential benefits package. This package does not discriminate against anyone; it has no limitations and exclusions. Therefore, I seek the support of this House to deal with reforms at the NHIF.

I submit, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Thank you, Cabinet Secretary. Hon. Wamacukuru, do you have a follow-up question? If not, I will give your chance to the Member for Endebess to make a point of information. Hon. Pukose, be quick, please.

Hon. (Dr) Robert Pukose (Endebess, UDA): Hon. Temporary Speaker, when we talk of intersex persons, this is a congenital malformation. In this case, someone is born with an abnormality within the genitalia where you cannot determine whether they are male or female. This happens sometimes. When we say hypospadias or epispadias, it depends on the position of the urethra. This information is for Hon. Omanyo yet she is not paying attention. When we talk of surgeries in terms of orchiopexy, in Tanzania they say *operesheni teremsha kende*, that is surgery to bring undescended testicles down because they are up. So that happens from the socket downwards. I think you now get what those terms mean.

(Laughter)

The Temporary Speaker (Hon. Martha Wangari): We get it, Member for Endebess. I think that was for Hon. Omanyo. I hope you can get *The Hansard*, if you did not hear everything, so that you can refer to the explanation. Let us have the follow-up question by Hon. Umulkher.

Hon. Umulkher Harun (Nominated, ODM): Thank you, Hon. Temporary Speaker. In the same breath of NHIF cover for vulnerable people, I also want to ask the Cabinet Secretary what the benefits are for persons with invisible disabilities like autism, dyslexia and Attention Deficit Hyperactivity Disorder (ADHD) because the cost of therapy is very high.

The Temporary Speaker (Hon. Martha Wangari): Thank you. That was very quick and precise. Member for Funyula.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): I also wanted to follow up on the same NHIF issue. Does the NHIF cover matters related to treatment of infertility in both men and women?

The Temporary Speaker (Hon. Martha Wangari): Hon. Gikaria, I want you to be the last one. Cabinet Secretary, I hope you have noted the question by the Member for Funyula on whether infertility is covered. Hon. Gikaria, one minute.

Hon. David Gikaria (Nakuru Town East, UDA): Thank you, Hon. Temporary Speaker. In law, we have the Alternative Dispute Resolution (ADR) where you can resolve disputes through other means without trial. Is the doctor talking to a patient to dissuade from operation and just remain the way they were born an alternative?

The Temporary Speaker (Hon. Martha Wangari): Cabinet Secretary, kindly respond.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker. In terms of the NHIF benefits for persons with invisible disabilities, where Hon. Umulkher cited autism and other conditions, we have a guideline at the Ministry and all

the benefits are within the guidelines that have been provided. As long as this has been clinically proven, then they are covered under the NHIF. However, we have people who request for other services, like stem cells, which we consider cosmetology hence not covered under the NHIF.

With regard to ADR, I believe that would be an individual responsibility. Once a person appears at the facility seeking guidance, we have experienced and trained officers to handle such cases.

I submit, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Thank you. We will go to the next Question by Member for Subukia. We have a letter of deferment and so, we will defer that Question to the next time that the Cabinet Secretary appears because the Member is not in the House.

Question 308/2023

CIRCUMSTANCES LEADING TO DEATH OF LOISE NJOKI

The Temporary Speaker (Hon. Martha Wangari): We will go to the next Question by the Member for Mumias East, Hon. Peter Salasya.

Question 309/2023

AVAILABILITY OF LECTURERS AT THE KMTC

Hon. Peter Salasya (Mumias East, DAP-K): Hon. Temporary Speaker, I rise to ask the Cabinet Secretary for Health the following Question:

Could the Cabinet Secretary explain the steps taken by the Kenya Medical Training College (KMTC) to secure the uninterrupted availability of lecturers in each of its campuses?

The Temporary Speaker (Hon. Martha Wangari): Cabinet Secretary.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Members. The Kenya Medical Training College has put in place measures to ensure there is uninterrupted learning in all the campuses in the country. Thanks to this honourable House, in the Budget Estimates for the Financial Year 2023/24, the college was allocated Ksh804 million to address the staffing shortage.

Following this allocation, the college has begun the recruitment process. Currently, the college contracts part-time lecturers to bridge the shortfall. On this, we are clear that we should bridge it after we have finished with the current recruitment that is ongoing. Before this is finalised, we also work and collaborate with county governments who second staff to the colleges in many discipline areas to support learning of students.

Moreover, the college has an e-learning platform where lecturers across campuses share teaching and learning materials. However, the college requires additional 483 lecturers for the new 13 completed campuses and eight satellites at a cost of Ksh985 million. That we shall be bringing in our supplementary budget.

I submit, Hon. Temporary Speaker and Hon. Members.

The Temporary Speaker (Hon. Martha Wangari): Hon. Salasya, do you have a follow up question?

Hon. Peter Salasya (Mumias East, DAP-K): Yes. I want to thank the Cabinet Secretary for the good response that she has given to us. There is one concern that I would wish her to address. As Members of Parliament, we have put a lot of resources in the KMTCs across the country. Like in my place, I have invested a lot and I want to see it break even.

You realise that if I can have only 400 students, it is not enough for me. I have the classes and everything. Can the Cabinet Secretary assure us that we are going to have students, because we know that health has very marketable courses which should be given priority? Cabinet Secretary, you can explain to us that you are going to give us more students. Personally, I need 2,000. Will you give me 2,000? Thank you.

The Temporary Speaker (Hon. Martha Wangari): We will have one more follow-up question by Hon. Sunkuli.

Hon. Members, you know we have business to transact up to 9.00 p.m. I will give Hon. Sunkuli a chance, then I will give the Cabinet Secretary a chance to respond.

Hon. Julius Sunkuli (Kilgoris, JP): Hon. Temporary Speaker, I just want to ask the Cabinet Secretary to confirm that, in fact, Medical Training Colleges have been overdeveloped. The development of MTCs is not matched by the availability of trainers to train the students and whether the Ministry will consider in future concentrating on quality rather than quantity. Most of these so called newly built MTCs are structures with no content.

The Temporary Speaker (Hon. Martha Wangari): Cabinet Secretary

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Hon. Members.

On the issue of availability of students to the existing MTCs, I would like to seek the indulgence of Members that we look at this as a production and development value chain of health professionals in the country.

Hon. Members, the courses that are being taught at KMTC are technical courses, and for us to have competent and quality trained health professionals, we need to have a patient to trainee ratio that is optimum. These students need hospitals where they can go and do their practicum. We do not want to have half-baked trainees and, therefore, it is a delicate balance. We do not pray that Kenyans get sick so that they can go to hospitals for us to achieve the patient to trainee ratio, but we shall work within the existing facilities. I seek the indulgence of Members to allow us to equip and operationalise the existing colleges without starting new ones so that we can improve on the quality. This will ensure that even as students come out of training colleges, they can access employment.

The Temporary Speaker (Hon. Martha Wangari): Hon. Members, I would like us to go to the next Question 310/2023 by the Member for Kabete, Hon. James Wamacukuru.

Question 310/2023

MEASURES TO FURNISH APPROPRIATE AUXILIARY AIDS TO DEAF AND HARD-OF HEARING INDIVIDUALS

Hon. Githua Wamacukuru (Kabete, UDA): Hon. Temporary Speaker, I rise to ask the Cabinet Secretary for Health the following Question:

Could the Cabinet Secretary –

- (a) enumerate measures that the Government has put in place to ensure deaf and hard-of-hearing individuals are furnished with appropriate auxiliary aids and services in order to ensure effective communication in healthcare facilities?
- (b) provide a timeline within which the Government will deploy sign language interpreters in public healthcare facilities to facilitate communication with deaf and hard-of-hearing individuals?
- (c) expound on the treatment and intervention options that the Government has employed to assist deaf and hard-of-hearing children?

The Temporary Speaker (Hon. Martha Wangari): Cabinet Secretary.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Members. The Kenya Health Policy (2014-2030) and the Kenya Health Sector Strategic Plan (2018-2023), in line with Articles 7(3)(b) and (54)(1) of the Constitution of Kenya, 2010, and the United Nations Convention on the Rights of Persons with Disabilities aim to protect, promote and fulfil the health rights of the deaf and hard-of-hearing.

The Disability Mainstreaming Strategy (2018-2022) outlines the need for external disability mainstreaming measures in various thematic areas, including health. It emphasises the need for information on health services to persons with disabilities in accessible formats such as Kenyan Sign Language and other augmentative methods of communication. The Ministry of Health has prioritised this to ensure that the deaf and hard-of-hearing do not face barriers in communication at healthcare facilities.

The Ministry of Health, guided by policies, strategies, and guidelines, is capacity-building health workers across all levels of service delivery, including training in speech pathology and sign language communication. This critical intervention is bridging the gap in access to trained and registered sign language interpreters who are few in the country. As of 2019, the Kenya Medical Training College has offered a higher national course, that is, a Diploma in Audiology and Hearing Care Technology, to improve access to sign language interpreters at public health facilities. Sign language courses are also offered at KMTC colleges in Nairobi, Murang'a, and Molo campuses, with further plans to integrate sign language into the training of all healthcare workers. Some healthcare workers stationed in various hospitals such as the Kenyatta National Hospital, the Kenyatta University Teaching and Referral Hospital, and Mbagathi Hospital have been trained in sign language communication. Some county government health facilities such as the Kisumu County Referral Hospital and the Jaramogi Oginga Odinga Teaching and Referral Hospital have also employed sign language interpreters to offer auxiliary services to deaf and hard-of-hearing patients.

The Ministry of Health also collaborates with the Ministry of Education through programmes with local Education Assessment Resource Centres (EARCs). These link county health facilities and people with hearing disabilities in the community by providing sign language interpreters. In one of the most significant strategic linkages and partnerships in rehabilitative services, the Ministry of Health has partnered with ATscale, which is a global partnership for assistive technology, making Kenya the first country to receive catalytic investment from ATscale. ATscale will fund the Government-owned joint investment of US\$7.5 million spread over three years, from 2023 to 2025. Part of the most pressing assistive technology needs and interventions targeted are in hearing and communication. This collaboration seeks to have:

1. Pre-service and in-service training of healthcare workers in sign language.
2. Provision of hearing-assistive and captioning devices in health facilities to enhance communication with people with hearing impairment.
3. The establishment of the first regional assistive technology centre of excellence in collaboration with the WHO.
4. Strengthening of the supply chain of assistive technology and local production of the same.

In the second part of the Question, the National Strategic Plan for Ear and Hearing Care (2023-2028) focuses on enhancing capacity building and training of healthcare workers to deliver ear and hearing care over the next five years as one of its objectives, including sign language. Upon graduation, the Ministry of Health will deploy these healthcare workers to public health facilities.

The integration of sign language into the curriculum in all institutions offering health sciences is vital in helping build a proficient workforce in communicating with and serving the deaf and hard of hearing individuals. There are four speech and language pathologists in

the public sector and six in training. The Ministry has prioritised training of more healthcare workers in sign language and numbers will improve in the coming years.

As you can see, the six and the four are not able to be in all facilities within the Republic of Kenya.

On the third question, to expound on the treatment and intervention options that the Government has employed to assist deaf and hard of hearing children, the NHIF covers hearing aids for students in public secondary schools under the EduAfya Scheme.

We also have treatment like hearing aids and “co-chair” implants among other assistive devices. “Co-chair” implants are available, which are surgically implanted devices that provide sound signals to the brain for people with severe hearing loss in one or both ears.

Hon. John Kiarie (Dagoretti South, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Hon. Cabinet Secretary, there is a point of order. Hon. KJ.

Hon. John Kiarie (Dagoretti South, UDA): Hon. Temporary Speaker, I want to just come in like Hon. Catherine Omanyo did, to understand some of these jargon being spoken. I know we have doctors in the House like Dr Pukose, who can clarify to us whether it is a co-chair or a cochlear implant. This is because a co-chair might be something that we have never heard of or never knew what would ever be called a co-chair. We would want to know if it is a cochlear implant or something else that we do not know of.

The Temporary Speaker (Hon. Martha Wangari): Hon. Cabinet Secretary, I would not ask the Member for Endebess. Kindly just go on and clarify along the way.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Members. It is an influence of my mother-tongue and inability to say cochlear, so I am reading it as “co-chair”. It is the word that you are referring to; cochlear.

The Temporary Speaker (Hon. Martha Wangari): Hon. KJ, you are comfortable because if you knew there was a difference, then you know what it means. He is more confused. It is the one. Go on Cabinet Secretary.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Members. These cochlear implants are available, which are surgically implanted devices that provide sound signals to the brain of people with severe hearing loss in one or both ears. However, they are costly, and only two surgeons, based at the Nairobi Hospital and MP Shah Hospital, perform this surgery in the country.

The Ministry has trained healthcare workers deployed in the ENT departments of the national referral hospitals such as at Kenyatta National Hospital and Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) in sign language, therefore, ensuring that healthcare workers can communicate effectively with patients who are deaf and hard of hearing.

Through streamlining the referral pathway and links between the schools for deaf students and the local health facilities, sign language interpreters can accompany them as they seek medical services.

The Kenya National Ear and Hearing Care Strategic Plan (2023-2028), among its objectives, provides the establishment of Comprehensive School-Based Ear and Hearing Care Programmes over the next five years with referral pathways linking them to the appropriate ear and hearing care centres.

I submit.

The Temporary Speaker (Hon. Martha Wangari): Hon. Wamacukuru, do you have a follow up question?

Hon. Githua Wamacukuru (Kabete, UDA): Hon. Temporary Speaker, I have donated to my friend.

The Temporary Speaker (Hon. Martha Wangari): You do not have the capacity to donate, but I will give Hon. Bisau who has been on the queue to ask a follow up question. We will then have Hon. Alice Ng'ang'a.

Hon. Bisau Kakai (Kiminini, DAP-K): Thank you, Hon. Temporary Speaker. Mine is quite brief. Is it only two doctors who can do the specific operation you talked about, in a country of over 50 million people, since Independence? What are you doing about it?

Lastly, when talking about insurance covers, could the Cabinet Secretary tell us what can be done to include persons with disabilities as one of the Kenyan tribes without people to speak for them? That is to ensure there is mandatory coverage for this lot.

Last is on last respects. I see that all conversations about medical cover are about treatment. What about last respects where most Members here spend very considerable amounts and time, trying to fundraise for last respects to people we represent?

Thank you, Hon. Temporary Speaker.

*[The Temporary Speaker
(Hon. Martha Wangari) left the Chair]*

*[The Temporary Speaker
(Hon. Omboko Milemba) took the Chair]*

The Temporary Speaker (Hon. Omboko Milemba): Very well. Hon. Alice Ng'ang'a.

Hon. Alice Ng'ang'a (Thika Town, UDA): Thank you, Hon. Temporary Speaker.

I just want to ask the Cabinet Secretary whether she is aware that only the media provides sign language interpreters. The rest of the country and institutions assume that every person can hear. Can you clarify what you are doing about it, especially coming from the Ministry of Health?

The Temporary Speaker (Hon. Omboko Milemba): Let me give one more.

Hon. Umulkher Harun (Nominated, ODM): Thank you, Hon. Temporary Speaker.

I also wanted to ask the Cabinet Secretary a question. Is she aware that hearing equipment is not covered by the NHIF? Most of them are very expensive due to taxes. Institutions are also turning away many deaf learners. Maybe she could tell us if there are any interpreters at the Kenya Medical Training Colleges and whether some surgeries for the deaf are oftentimes considered cosmetic. The NHIF does not cover. The challenge here comes down to the NHIF cover. It is not just for persons with disabilities, but the country at large. We cannot stand here as Members and cabinet secretaries to say that the public enjoys the same cover that we do. That is the biggest challenge because most of these patients are turned away from many hospitals.

The Temporary Speaker (Hon. Omboko Milemba): Finally, the Member for Nyando. Then I will call in the Cabinet Secretary to answer.

Hon. Jared Okello (Nyando, ODM): I thank you very much, Hon. Temporary Speaker.

Madam Cabinet Secretary has endeavoured to explain measures being undertaken to incorporate interpreters within our doctors. However, that feeds into one thing. Since time immemorial, I have people with hearing impairment. You ask yourself what happens if they present themselves to hospitals. They do. Not all of them have the capacity to write down the symptoms or signs they experience. I think we have let them down. We have disenfranchised them and if there are remedial measures to be employed in that regard, it has to be done like yesterday.

The Temporary Speaker (Hon. Omboko Milemba): What is your question? Please ask your question.

Hon. Jared Okello (Nyando, ODM): I thank you.

The Temporary Speaker (Hon. Omboko Milemba): Okay. Thank you very much. Let us go for the questions because interest can be very high. Hon. KJ, take the last one. Members, remember we are supposed to have only one joyrider. I have really opened up the leverage. Proceed, Hon. KJ.

Hon. John Kiarie (Dagoretti South, UDA): Hon. Temporary Speaker, I appreciate this opportunity to joyride on this Question. Mine is a technical question. Before I ask it, I commend the Cabinet Secretary for a very spirited presentation today and great responses.

I would like to know if the Ministry of Health is taking note of some of the endorsements that are coming up on television in adverts. We have been seeing advertisements of products that might be medical or of medical nature coming up on television. Some of them are consumer products like soap and toothpaste, which are advertised on our televisions with endorsements from organisations whose identity we do not know. There is a campaign currently running on television on a consumer product that should be used in our homes, which is endorsed by an entity called the Kenya Progressive Nurses Association (KPNA). We would like to know if there is any such association, whether it is verified by the Ministry, and whether it has been given any mandate to endorse products on television. Those endorsements are supposed to induce consumers to buy products. That brings in issues of consumer protection, standards and approvals. We would like to know if the Ministry is seized of such situations and whether they are on top of the matter.

The Temporary Speaker (Hon. Omboko Milemba): Cabinet Secretary, you may take those supplementary questions.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Members. In my submissions, I talked about two cochlear surgeons. Is there a need to increase their number? Yes, there is. We have a shortage, not just of cochlear surgeons, but of many other specialists. We have a shortage of anaesthesiologists and specialists to manage the increasing cases of noncommunicable diseases (NCDs). We offer postgraduate training to doctors who are willing to go into the sub-specialties. However, that is done on application basis through their counties, but their fee is paid by the Ministry of Health. We continue to encourage qualified doctors to undertake sub-specialty trainings. However, they have to be released by their counties for us to support them.

I mentioned that we are training and mainstreaming sign language interpreters into the training curriculum at the KMTC and other training curriculum for healthcare workers. That is the solution for our current problem. Most deaf and hard-to-hear cases can be prevented if they are detected early during pregnancy, at birth and early in childhood. Our masterstroke as the Ministry of Health is that we are shifting from focusing on curative services to preventive, promotive and rehabilitative services. We are starting with community health promoters who can bring expectant mothers to clinics for ante-natal check-ups. Such cases can be picked out early. That is how we will fight this challenge and ensure that fewer people end up deaf. It would be sad if a person became deaf yet the condition could have been rectified had it been detected early enough.

The National Health Insurance Fund covers hearing aids and other assistive technology as long as they are clinically diagnosed and approved by a health professional, but not for cosmetic purposes. You will agree with me that many people would like to change their physique. There are many people who do not like themselves so they introduce all manner of forms to obtain coverage for cosmetic purposes. We cannot cover that under the NHIF. I seek the indulgence of Members that if somebody has a disability, even if it is not visible, but it is clinically diagnosed by a medical practitioner, it can be covered by the NHIF.

The Ministry is aware of the KPNA. However, endorsement of products is not part of their mandate. We will get back to them and tell them that they are dealing in activities that are not within their mandate. Hopefully, we will put a stop to that and to any other associations

that may want to get into such activities. The Pharmacy and Poisons Board regulates all health products that come into the country. They also regulate marketing promotions. However, we have a shortage of inspectors for implementation and enforcement.

Hon. Temporary Speaker, now that I have the advantage of standing before you, I ask that when our budget comes, especially for the Pharmacy and Poisons Board that is supposed to regulate the substandard and counterfeit products that we have in this country, ensure that you give us the amount we need. This will enable them to execute their mandate of implementation and following up on all the products that are within the country.

I submit.

Hon. Alice Ng'ang'a (Thika Town, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): What is your point of order, Hon. Member?

Hon. Alice Ng'ang'a (Thika Town, UDA): Hon. Temporary Speaker, she did not clarify when we expect sign language interpreters in hospitals, so that when the patients go there, they will find somebody to interpret to them. Since they cannot speak, they will find somebody to talk to, so that the doctors can understand them. That is what I asked. I said that the only place I know has sign language interpreters is the media.

The Temporary Speaker (Hon. Omboko Milemba): Your point is made. Cabinet Secretary, you can easily react to that.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Hon. Temporary Speaker, the issue is not placing them. Are they there? We want to build capacity, in terms of training to ensure that we have adequate number of sign language interpreters. Once we have them, then we will talk about how to deploy them.

There is another angle to it. Only Level 2 to Level 5 health facilities are county hospitals. Therefore, in terms of being able to deploy them, it has to be a conversation with the Council of Governors, so that the governors can recruit and deploy the sign language interpreters in their facilities.

However, I have a responsibility of ensuring that we have them at the referral hospitals. Kenyatta National Hospital, Kenyatta University Teaching, Referral and Research Hospital and Moi Teaching and Referral Hospital have sign language interpreters. They may not be adequate, but this is something we will build progressively.

I submit.

The Temporary Speaker (Hon. Omboko Milemba): I think the answer is done.

(Hon. Alice Ng'ang'a stood in her place)

Hon. Member, take your seat, please.

What we have seen out of your question is an existing gap. The Cabinet Secretary has accepted it. That is the business of this session. She has obliged to do something about it. I am sure she has noted it. The matter is rested.

The next Question is by the Member for Shinyalu, Hon. Fred Ikana. Sorry, Hon. Members, before we go to Hon. Ikana's Question, the next Question No.355 of 2023 is by nominated Member, Hon. Dorothy Ikiara. Proceed.

Question 355/2023

REDUCTION OF PREVALENCE OF TEENAGE PREGNANCIES

Hon. Dorothy Muthoni (Nominated, UDA): Hon. Temporary Speaker, I rise to ask the Cabinet Secretary for Health the following Question:

Could the Cabinet Secretary provide a robust strategy that the Ministry intends to implement so as to tame the menace of teen pregnancies that account for 21 per cent of all pregnancies recorded in Kenya and explain the modalities aimed at equipping adolescents with appropriate information and impact skills that will help them make informed choices about their sexuality.

The Temporary Speaker (Hon. Omboko Milemba): Cabinet Secretary.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Hon. Temporary Speaker and Members, the Ministry has made significant efforts in reduction of teenage pregnancies, as evidenced in the recent Kenya Demographic Health Survey of 2022 from 18 per cent in 2014 to 15 per cent in 2022. That is not good enough. We are working on it. The report is being reviewed with counties and strategies tailored to be county-specific, focusing on counties that have the highest burden of teenage pregnancies. Samburu County has the highest at 50 per cent. Nyeri County has the lowest at 5 per cent.

The Ministry continues to monitor these indicators through the Kenya Health Information System. We have reporting tools to ensure that we monitor. The Ministry is finalising the development of Adolescents and Young Person's Reproductive Health Policy, 2023, which will address the various facets of adolescence and reproductive health including teenage pregnancies and age-appropriate culturally sensitive reproductive health information and sexuality. Its launch was planned for the month of September but it did not happen. It is in the plan.

As part of the implementation to increase awareness of age-appropriate information amongst adolescents, last year, the ministry developed and launched a guide titled: Understanding Adolescence, A Guide for Adolescents. Its dissemination is ongoing in the counties through the schools and the communities. The guide, which is also available in braille, can be accessed online with plans to provide print versions as well.

Consequently, my Ministry has identified gaps in the lack of accurate information among parents and caregivers for the adolescent cohort as the main drivers of teenage pregnancies, new HIV infections, Gender Based Violence (GBV), female genital mutilation (FGM) and other risks. In this regard, the Ministry is in the final stages of developing the Adolescents Sexual and Reproductive Health, Parents and Caregivers Guide. This guide will assist parents and caregivers in providing and communicating with adolescents and young people on matters of sexual reproductive health. Its launch is planned to take place this month of October.

In addition, there is an ongoing rapid results initiative roll-out with the Ministry of Education on HPV Vaccination among adolescent girls aged 10 to 14.

I submit.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Dorothy.

Hon. Dorothy Muthoni (Nominated, UDA): Hon. Temporary Speaker, I am satisfied.

The Temporary Speaker (Hon. Omboko Milemba): I will take any joyriders.

Proceed, Member.

Hon. Mugambi Rindikiri (Buuri, UDA): Thank you, Hon. Temporary Speaker. What I am hearing from the Cabinet Secretary are the things they will do tomorrow. I see a total disconnect between the practicalities and the implementation of the various programmes. The Ministry of Education already has a deficiency in terms of personnel. The Teachers Service Commission also has a shortage of teachers. How will these programmes in conjunction with the Ministry of Education be implemented? My concern is that the Ministry should train its personnel to go to schools or to be stationed in schools.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Rindikiri, this is Question Time and not time for proposals.

Hon. Mugambi Rindikiri (Buuri, UDA): This is not a proposal.

The Temporary Speaker (Hon. Omboko Milemba): Ask the question.

Hon. Mugambi Rindikiri (Buuri, UDA): The question is: what has the Ministry done to build capacity for health-informed personnel who will disseminate this knowledge to help our teenage children?

The Temporary Speaker (Hon. Omboko Milemba): Cabinet Secretary,

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker. This is a shared function in terms of implementation. As a Ministry, we have developed the necessary documents, which we will be launching. These documents will then be used by different stakeholders to manage the issues at hand. I am sure that the Ministry of Education has a budget towards this, however, small. Also, the county governments play a critical role in implementing these programmes.

I submit that matters of implementation of health programmes have to be a joint effort between the national Government and county governments. I cannot talk exhaustively about the plans by the county governments and how they plan to implement these.

The Temporary Speaker (Hon. Omboko Milemba): Let us move to the next Question.

(Loud consultations)

This is a House of rules and order. We agreed that we would only have one joyrider. Sometimes, I open up the space a little bit. We are on course. Let us move to Question 358/2023 by Hon. Fred Ikana.

Question 358/2023

OUTBREAK OF UNKNOWN DISEASE AT MUKUMU GIRLS HIGH SCHOOL

The Temporary Speaker (Hon. Omboko Milemba): The Member being absent and having not written any document or letter that any other Member can ask the Question on his behalf, the Question is dropped.

I would wish to tell Members that it is important that you be in the House when you ask these Questions because, for instance, this particular Question was going to be of great importance. It is touching on the outbreak of the disease at Mukumu Girls High School.

(Question dropped)

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): On a point of order.

The Temporary Speaker (Hon. Omboko Milemba): What is your point of order Hon. Oundo?

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Yes, we agree we have made rules and the rules must be respected at all costs and time, but I have sat here the whole afternoon because of this particular Question. We, the people of Samia in Funyula Constituency have immense interest in this matter because the teacher referred to, Madam Juliana Brenda of TSC No. 467050 ID No.1870916, hailed from Funyula Constituency. Unfortunately, she was the only teacher who lost her life. That is why I really sat here throughout so that I could listen to the response by the Cabinet Secretary. If she has no response, she should be kind enough to offer any kind of response to the family so that they can close the matter. They have been agonising for so long.

Disclaimer: *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor.*

The Temporary Speaker (Hon. Omboko Milemba): Hon. Oundo, you have just brought back the same Question through a point of order. Honestly, that is not the way to go and therefore the Question is dropped. I would then advise that you can have time with the Cabinet Secretary of which I am asking her to give you a little time to see what response she had on that particular matter.

Let us move to Question 372/2023 by the Member for Thika Town, Hon. Alice Ng'anga. Proceed.

Question 372/2023

ILLEGAL DUMPING OF CONTAMINATED MAIZE FLOUR AT KANG'OKI DUMPSITE

Hon. Alice Ng'ang'a (Thika Town, UDA): I rise to ask the Cabinet Secretary for Health the following question:

Could the Cabinet Secretary:

- (a) Indicate the identity of the company that dumped contaminated maize flour at Kang'oki dumpsite in Kamenu Ward, Thika Town Constituency, that left two people dead and scores hospitalised after consuming ugali cooked from the maize flour on 12th August 2023?
- (b) State the action that has been taken against the company for dumping contaminated maize flour at Kang'oki dumpsite all the way from Nairobi where it allegedly came from?
- (c) State measures that the ministry has instituted to ensure the dumpsite where all garbage from Kiambu County is dumped and hence posing a safety and health hazard will be relocated to?
- (d) Clarify whether the company that dumped the contaminated maize flour will compensate the lives lost and hospital bills incurred by the affected families?

The Temporary Speaker (Hon. Omboko Milemba): Cabinet Secretary.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker and Members. On the issue to indicate the company that dumped contaminated maize flour at Kang'oki dumpsite in Kamenu Ward in Thika Town, my Ministry reached out to the county for more information on the said dumping of flour at the dumpsite in Kamenu Ward. We were informed that they received communication that a lorry carrying industrial waste on Saturday, 12th August 2023, dumped toxic waste at the dump site. Part of it being a substance suspected to be flour, that is *unga*, that was dumped at Kang'oki located in Makongeni Thika Town. It was reported that the residents of the area, while scavenging for food, came across the said flour and prepared food with the same. Following consumption of the flour, 12 patients exhibiting signs and symptoms of food poisoning presented at Thika Level 5 Hospital within Kiambu County and they were attended to. Unfortunately, two patients succumbed to this. The surveillance team visited the site to establish the facts about the incident and to disseminate public health information to the community residing near the dumpsite. Dumping of the toxic waste is illegal and thus the surveillance team set out to investigate the source of the toxic waste.

My team and the county team obtained samples from suspected toxic flour and food remains from the victims and submitted them to the National Public Health Laboratory (NPHL) and the Government Chemist for analysis. The samples underwent bacteriological analysis, particularly for the cooked ugali, and toxicological and aflatoxin content for the suspected maize flour. The bacteriological analysis was negative per the NPHL report. The certificate of analysis from the Government Chemist reported the coarse ground maize flour sample was found to contain non-chemically toxic substances.

On the measures that the Ministry has instituted to ensure the dumpsite, where all garbage from Kiambu county is dumped and hence posing safety and health hazards, is relocated, we are in discussion with the county government and they have notified us that due to land scarcity, the plan for relocation is on hold, but have put in place measures to ascertain waste dumped at the dumping site. We are in discussions with the Member of the County Executive Committee for Health from the county to report to my office as soon as they are ready to move the dumpsite and equally in case of dumping of a substance or anything that needs to be brought to our attention.

This is the difficulty of the two levels of government. As much as my Ministry has the responsibility of ensuring that all matters of public health are handled adequately, county governments hold a level of responsibility and we are not able to police them to ensure that they do it effectively. Matters of land are quite emotive. The County Government advised that it will take some time before they are able to identify land where they can relocate the dumpsite.

Hon Members, as previously mentioned, the preliminary analysis showed no toxic substances from the flour, hence no action has been taken on the company by the Ministry. The company is so far unknown to us. We are waiting for the County Government to give us the details of the company.

I submit.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Alice Ng'ang'a.

Hon. Alice Ng'ang'a (Thika Town, UDA): Thank you, Hon. Temporary Speaker. I only wish to add that people go to all dumping sites, not only in Kiambu County, to look for food which we know is contaminated. We cannot wait because the County Government of Kiambu said it will take long before they get somewhere else to relocate the dumping site. What would the Ministry of Health advise to ensure that people going into dumping sites know that the food there is already contaminated? The Ministry should talk to people to prevent them. We lost two lives in Thika and we all know it is because they ate food from a dumping site. We also know that it was a truck that dumped that *unga* there. People who were hungry ate that food and died.

The Temporary Speaker (Hon. Omboko Milemba): I can take two joyriders. First will be the Member for Kibra. Proceed.

Hon. Peter Orero (Kibra, ODM): Thank you, Hon. Temporary Speaker. I am surprised today that the Cabinet Secretary for Health said that there was no toxic substance found in the samples after an analysis in a lab yet people died. Even in her explanation, she is not giving direct information on what the Government is doing. I wish the Cabinet Secretary, through your agencies, shows us the analysis of the lab so that we can know that this test was actually done. It is pathetic that we can lose lives yet the Ministry of Health is not doing enough on this matter.

Again, the Cabinet Secretary said that a lorry was seen. All over this country, you have all the ability to track the lorry and bring those concerned to book, but up to now, you have not relocated the dumping site in Thika, Makongeni. I think you are being lazy in your work, and I want this House to pass that next time, we need to look at this analysis from the lab and the Cabinet Secretary must come with satisfying answers to this House.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Kawanjiku.

Hon. Njuguna Kawanjiku (Kiambaa, UDA): Thank you, Hon. Temporary Speaker. I also wanted to echo what my colleague has said. This goes to the Cabinet Secretary because you cannot tell us that two people died because of eating contaminated flour, and at the same time you are telling us that there was nothing faulty with that flour because you did your own lab test, which showed that there were no bacteria or anything else. What killed those two people? So many were also hospitalised on the same premise that they ate that *unga*. Also, if a

lorry was seen dropping that *unga*, how come you are telling us that you have not been able to apprehend that company? Because you can also read whether the *unga* is packaged hence identify and say ‘this company is the one that dumped that kind of flour to a certain dumpsite.’

The Cabinet Secretary should do a thorough job on this question, and also report to the House if possible.

The Temporary Speaker (Hon. Omboko Milemba): Order, Member. You have done very well, and the last question you are belabouring is exactly what was asked by the Member for Kibra. Could we hear Hon. Gikaria as the last joy rider?

Hon. David Gikaria (Nakuru Town East, UDA): Thank you, Hon. Temporary Speaker. To be honest, today’s afternoon is the saddest. This is a climax to the last question. It is very sad. The Question that was asked by Hon. Alice is to identify the company. That Question has not been answered. I am trying to look for that Question. The Question was ‘indicate and identify the company that brought that *unga*.’ It is very unfortunate to hear a Cabinet Secretary before Parliament, telling us that there is nothing and they cannot identify.

Secondly, in the first place, what was the reason of coming to dump the *unga* if it was of proper usage? That *unga* must have had a problem for it to be taken to the dumping site. That is the height of impunity that has occurred today on this Floor this afternoon.

Lastly, why is it that they never brought the National Environment Management Authority (NEMA) on board because these toxic issues are also related to NEMA? Why did they leave it to the County Government of Kiambu which is headed by another very incompetent governor?

The Temporary Speaker (Hon. Omboko Milemba): Cabinet Secretary. Chairman, let me bring you after the Cabinet Secretary.

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

Okay, proceed Chairman.

Hon. (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Temporary Speaker. Listening to the Cabinet Secretary, I do not know whether the officers were able to go and look at the medical reports of those who had been admitted in the hospital, and the post mortem reports of the two who died. What were their post mortem findings? When you say the Government Chemist together with the National Public Health Laboratories tests are coming negative with the pathological results and no toxins detected, what were the post mortem results of the two people that died? What were the clinical findings and lab investigations in the hospital for those who had been admitted?

I just wanted to seek that clarification. Maybe it can give us some light.

The Temporary Speaker (Hon. Omboko Milemba): Thank you, Chairman, you have done well. Let us get the answer from the Cabinet Secretary. There are gaps. You had done very well, but look at this particular one in terms of answering the real Question. Which company? What have you undertaken? Remember again that even if it was not because there was lack of toxic or whatever in that particular flour, people died. So, what killed them? The Chairperson of the Departmental Committee on Health, Dr Pukose, has brought that up very well.

Remember that such matters are of great concern of late given the fact that there was almost a similar incident at Eregi Girls High School. We would welcome it if you were magnanimous enough to speak on that issue. Please, proceed.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker. In response to Hon. Alice Ng’ang’a on what we are doing as a Ministry, first, we are engaging in risk communication, sensitisation and creating awareness around the

neighbourhood on the practicality of looking for food in dumping sites and the risks associated with it.

We are launching 100,000 community health promoters. One community health promoter is attached to 100 households. They cover the whole country. We expect to pick out such matters, disseminate information and create awareness of such situations through community health promoters. I believe that the situation is not unique to Thika. Kenyans might be going through such situations in many other places.

The Chairperson of the Departmental Committee on Health has taken the words out of my mouth. My response was that a post-mortem of the bodies would have given us better results in terms of the exact cause of death. Unfortunately, that was not done. I will speak to the Director-General of Health to pick up on that matter and peruse the files. That will inform our future decisions.

(Hon. Alice Ng'ang'a spoke off the record)

The Temporary Speaker (Hon. Omboko Milemba): Please, take your seat, Hon. Alice. I know that the matter has attracted a lot of attention. Let us hear one more question from Hon. Bisau.

Hon. Bisau Kakai (Kimini, DAP-K): Thank you, Hon. Temporary Speaker, for giving me this opportunity.

I see the Chairperson of the Departmental Committee on Environment, Forestry and Mining, Hon. Gikaria, really pushing the Cabinet Secretary of Health. I do not know if it is the Ministry of Health which manages the dumpsites. That is the work of the Ministry of Environment and Forestry. I expect comprehensive answers with very clear terms of reference on who handles what when cabinet secretaries come here.

Secondly, dumpsites in counties are managed by county governments.

The Temporary Speaker (Hon. Omboko Milemba): No. You are out of order, Hon. Bisau. The Cabinet Secretary has not asked you for help. Now that you are unable to ask any question, let me give the last opportunity to another Member. Yes, Hon. Alice Ng'ang'a. That is the last one.

Hon. Alice Ng'ang'a (Thika Town, UDA): I do not think the Member holds brief for the Cabinet Secretary. The Cabinet Secretary is here to answer questions, and that is why I asked my Question. Do not tell us who should do what.

I asked a Question. Two people died because they ate contaminated *unga*. That falls under the Ministry of Health. I do not want to be told that there are two levels of government - county governments and the national Government. We make policies as Parliament and that is why we invited the Cabinet Secretary. Whatever happens at the county level also happens at the national level. The Cabinet Secretary says that they got the information and that they were in contact with the CEC for Health in Kiambu County. What did they find out? Could we see proof of every piece of evidence that was brought forth from that case through the Departmental Committee on Health? Even if those two people who died were buried, I will still follow up to know exactly what was in that *unga*, what happened to the two who died and those who were hospitalised. We do not know whether the people who were discharged continue to have health problems. We need to be given answers. The Cabinet Secretary is here and I want to know whether she spoke to the CEC Member for Health in Kiambu County, as a representative of the people of Thika. I need to know exactly what happened, evidence should be provided and answers given today.

The Temporary Speaker (Hon. Omboko Milemba): You have made your point. I know there is the issue of identity. Looking at the first Question, it is asking about the identity of the company. Cabinet Secretary, that is the Question and what killed the people. As you

answer, we are a friendly House. You can seek for more time and use a Government integrated approach by borrowing from what Hon. Bisau indicated, that other ministries may assist and you can answer later. Other questions dealing with this issue will be raised. Proceed Cabinet Secretary.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker. I would like to confirm that I have copies of certificates from Government Chemist and equally, the analysis report we received. I will table them as what informed the response I have given.

Hon. Temporary Speaker, from where I sit, I think the Ministry would have done a better response. So, please, allow me time to check with my team so that we can bring a better response. You can see in the case of velo, we gave you names because we did our homework very well. So, on this one, I want to agree we did not do our homework very well. We will do it and bring a very good response to this House by working jointly with other Government agencies.

Hon. Temporary Speaker, I submit.

The Temporary Speaker (Hon. Omboko Milemba): Perfect. The matter has rested there and like the substantive Speaker said, 'let the chips lie where they fell for now'. The leadership of the House will appropriate the right time for the Cabinet Secretary to come back and deal with that question together with others.

I asked if the Cabinet Secretary could be magnanimous to speak about what is happening at Eregi Girls High School given it is a matter of national concern. If you are not ready because this is not a substantive Question, I will release you.

The Temporary Speaker (Hon. Omboko Milemba): Yes, Hon. Rindikiri.

Hon. Mugambi Rindikiri (Buuri, UDA): Thank you, Hon. Temporary Speaker. I seek your indulgence about the issue of drugs and substance abuse. There are too many rehabilitation centres coming up, some of them are private, and if I am not wrong, a few are Government sponsored. I have realised that in rehabilitation centres, there are cases which require medical attention although there are no medical facilities to assist those being rehabilitated. I want to ask the Cabinet Secretary what plans she has to provide medical facilities and personnel for cases which come up like HIV, sexually transmitted diseases and suicide.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Rindikiri, ask your question.

Hon. Mugambi Rindikiri (Buuri, UDA): Yes. What plans does she have to provide medical facilities and personnel in rehabilitation centres?

The Temporary Speaker (Hon. Omboko Milemba): Cabinet Secretary, you may take that one. Then, I will give the Chairperson of the Departmental Committee on Health a chance to give the last remarks before I release you.

The Cabinet Secretary for Health (Dr Susan Nakhumicha): Thank you, Hon. Temporary Speaker. On the last question raised, rehabilitation centres are supposed to refer people with conditions they are unable to handle to the nearest health facilities. They are not supposed to manage those conditions on their own.

Hon. Temporary Speaker and Hon. Members, if there is any rehabilitation centre that operates without regulation, then that is a matter that my Ministry needs to handle. In terms of managing diseases and other conditions, they are supposed to refer them to the nearest available facility.

I would like to update the House on the issues at Eregi Girls High School. We received a report from the County Government on 2nd October regarding the outbreak of an acute illness among the students at Eregi Girls High School. They said 101 girls out of a population of 1,700 girls had been affected.

The first case was suspected to be a student who had travelled from Nairobi in August and developed weakness of legs. She was released for treatment at Kenyatta National Hospital (KNH). On 29th September, several students began developing similar symptoms. The students presented with weakness of the limbs and frequent passing of urine. However, they had no fever, abdominal pain, diarrhoea or vomiting. Most of the students were managed in the nearby health facilities: Shibwe Sub-County Hospital, Iguhu Sub-County Hospital, Mbale Regional Referral Hospital and St. Elizabeth Mission Mukumu Hospital. As at yesterday evening, a total of 95 students were admitted in various hospitals in Kakamega County.

The Ministry, in conjunction with the county government, have established the following response measures. The county and sub-county rapid response teams in Kakamega and Vihiga have been deployed to the affected school to respond to the outbreak. I had a discussion with the Governor yesterday in the evening and he confirmed that there is deployment of the county representative. All hospitals in the vicinity of the school have been activated to receive and manage the students. Samples that include blood, urine, stool and throat swabs have been taken from students. Environmental samples such as water and food have also been taken to Kenya Medical Research Institute (KEMRI) in Nairobi. We are waiting for them to analyse the samples. As soon as we have the results, we shall share them. So far, five samples have tested negative for pathogen organisms in test that were done at KEMRI, Kisumu.

The County Health Department met the school board and initiated risk reduction activities, including water treatment, hygienic preparation of school meals, and isolation and treatment of sick students. County public health officers have been dispatched to conduct environmental risk assessments and decontamination of water sources as a precautionary measure. The Ministry is working jointly with the County Health Department to investigate and control the outbreak. A national rapid response team was dispatched to Kakamega last evening by my Ministry. We appeared before Public Investments Committee (PIC) today and we are here now. We have not received the feedback. I am sure as soon as we leave, we shall get the latest feedback from the team that we dispatched last evening.

We would like to advise the parents and the general public to remain calm as the Ministry and the County Public Health Department work around the clock to unravel the cause of the outbreak. All students are being managed by competent health officials to ensure the best health outcome. Comprehensive testing of students presenting with symptoms and also water and food is being undertaken. We shall release the results as soon as we have them. The Ministry of Health will keep the public continuously updated on the outbreak situation and any new information that we may receive.

Hon. Temporary Speaker and Hon. Members, I submit.

The Temporary Speaker (Hon. Omboko Milemba): Thank you very much, Cabinet Secretary. Chairman of the Departmental Committee on Health.

Hon. (Dr) Robert Pukose (Endebess, UDA): Hon. Temporary Speaker, I want to thank the Cabinet Secretary for the responses she has given. On the last one, normally when we have an outbreak, the first thing to do is quarantine. I hope they will not repeat the mistake they did in Mukumu Girls High School where students were released to go home. That way, they will spread the infection to those who are supposed to be safe. We should look for a method to quarantine the students who are at Eregi Girls High School, so that we do not spread the infection. We should also ensure that the anxiety of the parents is addressed.

Secondly, Hon. Temporary Speaker, on those matters that have not been responded to, although the Leader of the Majority Party is not here, I undertake to inform him accordingly

so that the Cabinet Secretary can be given another opportune time to respond to the questions that have been asked by the Members.

Thirdly, on the response on promotion of local manufacturing for pharmaceutical products, in our Finance Bill, we had proposed that there should be zero rating of the production of pharmaceutical products, but that was not done. Instead, exemption was done. We are hoping that this House will in the next Finance Bill look into how to promote local manufacturing so that we can lower the cost of drugs within our country. It is upon us as a House to take it up and see that we do zero rating so that the cost of production and inputs by the manufacturers are not taxed. That will lower the cost of medicines and that can also promote local manufacturing because we have some pharmaceutical companies which look at the cost of production of medicine in our country as being high.

The Temporary Speaker (Hon. Omboko Milemba): I was giving you this opportunity so as to indicate that you are standing in for the Leader of the Majority Party. You have already done that.

Hon. (Dr) Robert Pukose (Endebess, UDA): I have already done that. I am just finalising, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Could you conclude, please?

Hon. (Dr) Robert Pukose (Endebess, UDA): I want to make a request to the House. Lastly, on the Order Paper, without anticipating debate, there is the Kenya Drugs Authority Bill, which I hope the House will support.

The Temporary Speaker (Hon. Omboko Milemba): You are out of order on that one.

Hon. (Dr) Robert Pukose (Endebess, UDA): I have said without anticipating debate.

The Temporary Speaker (Hon. Omboko Milemba): Thank you, Madam Cabinet Secretary. You have done very well. It has been great having you interact with the House. You have also been very strong having stood in your place for over four hours to answer Questions from the Members. We now want to release you. Thank you.

Could you help the Cabinet Secretary and her entourage to proceed out of the chamber?
Next Order.

BILL

Second Reading

THE NATIONAL CONSTRUCTION AUTHORITY (AMENDMENT) BILL. (National Assembly Bill No.59 of 2022)

The Temporary Speaker (Hon. Omboko Milemba): Hon. David Gikaria.

Hon. David Gikaria (Nakuru Town East, UDA): Thank you, Hon Temporary Speaker. I beg to move that the National Construction Authority (Amendment) Bill (National Assembly Bill No.59 of 2022) be now read a Second Time.

The Procurement and Disposal Bill was brought here by Hon. Sakaja, now the Governor of Nairobi, to actualise and legalise the 30 per cent procurement issue related to the special groups; women, youth and people living with disability. We appreciate that law which requires every Government procurement entity to set aside 30 per cent of their procurement under the procurement plan to these very vulnerable and special groups. To that effect, in the 11th Parliament, that was actualised and the Bill was passed.

Hon. Temporary Speaker, the essence of that Bill was to help these very special groups to participate actively in economic development at their level. To be honest, these groups might not have the financial capacity and equipment to participate in economic development effectively. We became quite happy with the passage of that Bill to become an Act or law. Of

course, young people, women and people with disabilities went into top gear to register companies for them to participate. We made it very possible during the 11th Parliament.

Before then, one had to spend over Ksh120,000 to have a company incorporated. One of the issues I remember the former President with is bringing down the cost of registering companies. It was going to be a nightmare. The special groups would suffer. He brought it down from Ksh120,000 to Ksh11,000. Now you just need Ksh11,000 to incorporate a company. You do not need to do a lot of paperwork. All you need to do is to go online because it was standardised - the memorandum of association and articles of association were standardised to one document that is online. That made it very easy for young people.

Hon. Temporary Speaker, one of the main impediments to this very special group from which we needed to cushion them was the National Construction Authority (NCA). An Act of Parliament that came into being sometimes back, I think in 2012, created the NCA. It came with a good vision because you remember buildings in this country were just coming down due to poor workmanship. The NCA was there to address this.

The principal objective of the Bill is to amend the National Construction Authority Act (No.41 of 2011) to ensure women, youth and persons living with disability can have start-up businesses and can apply to be registered as contractors under categories 6, 7 and 8 while being exempted from paying the levy fee that is requested. Some of the benefits of this Bill are that it will enable groups to access business opportunities through the Access to Government Procurement Opportunities (AGPO). It will lock out the very rich people and briefcase contractors who always walk around getting contracts and locking out workers. What they do is that a person like me who has the capacity to register a company uses my wife's name and then calls it a women's company. Then, I register another one under my children and it goes to the youth. These briefcase contractors look for disabled persons within their locality, if they do not have one, register another company using the name of a disabled person so that they can continue minting money.

Hon. Temporary Speaker, we bring this to allow start-ups. It is specifically for start-ups only. It is not meant for big contractors. It is only for start-ups that are exempted once they start their company. One must have these three very important certificates to qualify to participate in a tendering process. One is a civil certificate and the other is from the NCA. Before you get to technical and financial aspects, these are the three certificates that one must have to move to the next step.

I plead with my colleagues to support me in approving and passing this Bill so that the ordinary Kenyan from the Landi Panya Estate, that I come from, will have a registered company and participate effectively by starting to earn and making economic gains.

Secondly, this will lead to a busy life. We have just heard from the Cabinet Secretary of Health that our children abuse drugs and engage in crime. Hon. Speaker, I want to attest that just the other day, through my effort, I started over 50 companies for young people, women and people with disabilities in my constituency to enable them to participate in this. As it is now, none of them have ever got a job for the last seven years since we started the incorporation because of some of those impending issues. This will ensure that our children and women are busy. They will avoid drug abuse and crime.

Thirdly, we are going to empower the young people. My constituency's crime rate has decreased through some empowerment efforts and engagement with other partners. I can tell you the crime rate in Nakuru has reduced by a significant percentage for the period they are occupied. I also want to confess that during the *Kazi Mtaani* period, crime in Kibera and other places was significantly reduced because our young people had already been engaged. Equally, it will reduce reliance on Government programmes for cash transfers and food relief.

Our young people cannot just sit and wait for the Government to come and give them maize and some two kilogrammes of rice. For how long will you eat that maize and rice? This is an opening and opportunity for those young people and women.

Hon. Temporary Speaker, I wish you could see from my point of view, but I know it happens in your constituency. When the food relief is brought, thousands of people line up, almost wanting to fight for the little food they are given, which is less than 10 kilogrammes for a family of 10 people. So, for how long can you take that? This is an opportunity for young people, women, and people with disabilities to be self-reliant in their day-to-day lives. This will also contribute to the Gross Domestic Product (GDP), and thus the national development and financial freedom.

You understand the politics of this country. If you go to your constituency, people line up before you start talking. I wish they could be lining up because there are tenders that are given in a certain Government Institution or Government department, instead of the little handouts.

Hon. Temporary Speaker, this will improve the self-esteem of those young people. We have graduates out there. Some graduated more than 5 to 10 years ago and are still looking for jobs. This is a self-employment aspect; a brother will look at his elder brother, who started a company and is excelling. He will be motivated to learn so much to be like his brother. If you have a brother who did not score a Division I during our A-Levels or a brother who attained a First-Class Honours and they are still at home without employment, what will motivate the younger brother and the sister to emulate what their brother is doing? This will improve self-esteem for those young people and the people with disabilities. Mostly, people with disability will wait and ask for tokens based on their condition.

Therefore, we are giving those people an opportunity to create jobs for the masses and improve their livelihoods. This will also bring about improved standards of living through the income earned. Most importantly, it will instil a sense of responsibility among peers by serving as role models.

I do not want to say much, but I hope my colleagues will support this Bill. As much as we have the certificate of incorporation, we have other impediments by NCA. I have already said that it is for start-ups only. The required amount of money may seem small, only between Ksh5,000 and Ksh10,000, but you have to have three, which means, you will need Ksh30,000. Our people do not have that kind of money. The exemption initiative will help our young people if it goes through. We must note that the initiative is only for start-ups. Once they start and are given the jobs, then they can apply for renewal of licences for subsequent years because, with the job, they will get some income to pay for the same.

Hon. Temporary Speaker, with those few remarks, I beg to move and ask Hon. Kiarie to second.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Kiarie.

Hon. John Kiarie (Dagoretti South, UDA): Hon. Temporary Speaker, I thank you for giving me the opportunity. I rise to second this Bill. As has ably been moved by the Chairman, Hon. Gikaria, this Bill seeks to amend Section 17 of the Act by inserting a new sub-section that will allow for exemption of fees payable by someone applying to NCA to be a contractor. If there is anything meaningful that we can do for our country, it is to empower the young people. Today, the medium age in this country is 19 years. There is a swahili saying that says: *Wengi wape, usipowapa, watajichukulia*. This country is sitting on a time bomb because if there is any employment to be secured in the Government, the employable people are already in office. No one can be employed in the corporate sector because companies have already employed. But still, there are millions and millions of young people who are wallowing out there without jobs.

We usually tell those young people to look for capital and start their businesses, but it is not easy. To someone seated in this House this afternoon, Ksh5,000 might sound like a petty sum, or Ksh15,000 may look like loose change. This House cannot act like the Marie-Antoinette we used to read about in history. This was a very high-nosed lady who, when people were protesting, asked why, and was told that they were protesting because there was no bread. She retorted by saying that if there was no bread, they should have cake. This evening, this House is being asked not to be like Marie-Antoinette. Let us not look at a fee of Ksh5,000 and assume that it is affordable to every Kenyan today. That young person we are asking to look for a registration fee is laden with debts. They could be graduates who were educated under the Higher Education Loans Board (HELB) arrangement. They owe this country money. Those people call or text us every day, requesting Ksh500 to feed their young families. So, this Bill sits well with them. We ask Members to see the need for us to exempt young people from the registration fees.

Even in this City, we have examples of young people who have been given opportunities under NG-CDF to take up construction projects like building a classroom or any other project. Some of those young people got some of the work through exemptions.

Hon. Temporary Speaker, the arrangement saw young people, people with disabilities and women being accorded 30 per cent of the jobs. Some of them have built excellent companies out of that opportunity. But there are many more in the millions who have been locked out because their companies are literally start-ups, and are people who may not even afford the fare to place their bids. I want to request this House to look at this issue, and not wearing the lenses of the children in our houses or the people we associate with. The Government should look at the young people who vote for us and who we seen lining up at the Kenyatta International Conference Centre (KICC) to have their iris scanned for the promise of Ksh7,000. We saw them in their thousands. You and I would never line up in the sun for hours to have our data mined and exported to capitals that we do not know for the promise of Ksh7,000. However, a Kenyan may not be able to afford the little fee that the NCA is asking for registration to become a contractor.

When we get to the Third Reading of this Bill, I shall be coming up with an amendment that shall require that if somebody is awarded a contract under this arrangement, then the registration fees can be retrieved from the payments that are going to be due from the works that they do. Such an amendment will cover the argument that the NCA depends on those fees for survival. I know that some Members will stand here and tell us that NCA depends on fees paid by contractors to survive. I will be coming up with an amendment that requires that if a young person who has a start-up gets a job in this arrangement, then their monies for registration can be claimed back from the job they do when they secure the job.

This is an amazing amendment that we seek to effect this evening, and it will go a long way in providing meaningful engagement for the young people who, today, as we speak, are a ticking time bomb for this country.

I finally end it where I started by notifying Members that each one of us here today is a minority in this country. A minority in the sense that we have a mega youth bulge, young people in their millions, energetic, full of ideas, but are not meaningfully engaged anywhere. Any opportunity that can accord those young people a chance to be part of building their own country should be very welcome.

I shall be looking out for any Member who will oppose such a progressive proposal in this House this evening. It will be important for the people who elect them to see the chance that they are denying the young people in their constituency if they oppose this Bill.

I beg to second. Thank you very much.

(Question proposed)

The Temporary Speaker (Hon. Omboko Milemba): To have the first bite on this one, we have Hon. Ibrahim Saney of Wajir North. Hon. Kibet Komingoi? Hon. Onyango K'Oyoo, are you interested in this one?

Hon. James K'Oyoo (Muhoroni, ODM): Not this one.

The Temporary Speaker (Hon. Omboko Milemba): Let us start with Hon. Ng'ang'a.

Hon. Alice Ng'ang'a (Thika Town, UDA): Thank you, Hon. Temporary Speaker. I rise to support and thank Hon. Gikaria for coming up with this amendment Bill. I represent the youth, women and people living with disabilities in the National Assembly. I also thank Hon. Sakaja, who is now a governor and is not with us, because he thought through this matter, and it has been working.

The only problem that we have been experiencing, as mentioned by Hon. Gikaria, is start-up capital. As the Kenya Kwanza Government, we started with a hustler narrative and the Hustler Fund, giving hustlers amounts ranging from Ksh500 to Ksh50,000. We have now moved from that to businesses receiving Ksh5,000 to Ksh500,000. When a person is starting a business, and they have just finished university or college, you first tell them to register a company. Why do self-help groups for women and youths do very well? This is because they do not have many requirements for registration. Women thrive very well under the *Uwezo* Fund and the Women Enterprise Fund. They do not have many requirements. However, when they want to go a notch higher and engage in business with the Government, it becomes very challenging, especially when registering with the NCA. One does not only register for one unit. You start with civil matters, then roads and then water. You have to pay a certain amount of money for each category.

Let me go on record that I recently called the Chief Executive Officer of the NCA. I told him that most companies were not thriving or doing very well because of the penalties or the amounts of money they asked for from those companies. If you started a company, registered with the NCA, and did not do any project that year, you would be penalised for the year you did not work. It becomes too much for that person to transact business using that company. The company continues lying there, gathering dust only because they do not have that money.

However, if they are encouraged and told that once they register with the NCA, they can look for jobs in different sectors of the Government without paying any money and that the only requirement would be the company registration and clearance from the KRA, and then they would be good to go, that would encourage many women, youths and people living with disabilities. No amount of money will be required from them when they are looking for jobs. That is why I support Hon. Gikaria.

We need to encourage innovative and creative young men and women to bring their creativity to the table. We have seen some who went to university to become engineers, but cannot be hired because there are no job opportunities or white-collar jobs. They can only be self-employed. We need to encourage them to start businesses because if they are water engineers, they will be very good at doing sewerage or water works. If they are civil engineers, they will be very good at construction. If they did other courses, they would be very good at supplying materials to different institutions.

However, once we start asking them for more money, like the Ksh30,000 that has been mentioned, we disadvantage them. Young men and young women are borrowing Ksh1,000 from the Hustler Fund to start businesses. We saw some of them in Kiambu the other day. They began with Ksh1,000 and used it to start second-hand handbag businesses. They are doing very well because they are receiving Ksh20,000 from the Government. What about those who already have a registered company and a certificate from the KRA? They are asking this

institution to allow them to prove their worth. Given that opportunity, those youths will do marvellous things.

I want to ask the Departmental Committee on Housing, Urban Planning and Public Works to look into the renewal of licenses. After you register a company, you do not automatically get a job.

You apply to various parastatals, Ministries and institutions, and you do not get it the first time because it is an open tender. If you do not get it right that year, you will find that your NCA certificate has expired and you try the next quarter of the year. When you go for a renewal that they nowadays do online, they will tell you that there are courses that will be offered online. I want the Departmental Committee on Housing, Urban Planning and Public Works to relook into it because most of the time, they do those training online, and most of our women are very good at businesses, but are not very conversant with ICT. It bypasses them, and they cannot renew their licenses not because they do not want to, but because they do not have the opportunity or capacity to do it online. I want to ask the Committee to relook into it and advise the Ministry that once the renewal time comes up, they communicate to those companies through their directors on the date the training will take place. This communication will encourage many youths, women and people with disabilities (PWDs) to apply. They should not just do it online because not everybody can access things online.

We support this amendment. *Uwezo* Fund is doing very well, and many have benefitted. I also want to commend the National Government Affirmative Action Fund (NGAAF) by our 47 Women Representatives in the House. I have seen them starting groups at ward and constituency levels, and they are doing well. Hon. Gikaria's amendment asks that we give those groups of women, youths and PWDs an opportunity and a conducive environment to thrive in their fields. We are going far with this amendment. I am in total support of this amendment.

Thank you very much, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Emmanuel Wangwe.

Hon. Emmanuel Wangwe (Navakholo, ODM): Thank you, Hon. Temporary Speaker. I rise to support this proposed amendment by the great Member of Parliament for Nakuru East, Hon. Gikaria.

This amendment reflects the actual situation in the country. Kenyan youths are educated and are very many. My constituency, Navakholo, is also affected by the number of youths who need employment. The only way to create employment is to have an environment that enables the youth to stand independently. The only way you can do it is by enabling all the instruments that make one to be a responsible employer or perform a particular function. The proposal by the great Member of Parliament for Nakuru East, going together with what Hon. Sakaja did in the 11th Parliament, is a good thing. He is suggesting that we enable the youths, women and PWDs who intend to start their businesses to do so without being requested by NCA for registration fees for the licenses. Nowadays, when you want to apply for a job, you are told to produce tax compliance, a certificate of incorporation and an NCA certificate, which empowers you to do so. If you allow Kenyan youths, women and PLWDs to get those documents, you simply say that all the functions should be available. The 30 per cent should go to the right people at will.

However, as people who are in the field, what are we experiencing? I wish to draw the attention of the Member of Parliament for Nakuru East that let this not attract Kenyans who want to misuse this opportunity. There is a likelihood that many persons who already have established enterprises want to take advantage of this position. They now incorporate companies and say that those companies are young. I propose tying this up during the Committee of the Whole House. Anyone whose pin shall reflect as incorporating another company will be deemed to have already established an ongoing enterprise. That is so that this goes to start-ups only or those coming out fresh and new. Those people come from universities,

colleges and Technical and Vocational Education and Training (TVET) institutions, and have nothing to start with. This very noble agenda by Hon. Gikaria should serve the right people.

We were taking statistics from the registration that went on. There are very many persons living with disabilities in my constituency. Where do we take those persons? They are Kenyans. They are my voters. They gave me the election. An election card does not display the details of where a vote comes from or the stature of a voter. They must live. Therefore, we must protect them by giving them tools to ensure that they can work.

Therefore, this is a good thing. We should support this Bill, not necessarily by going the way Hon. Kiarie has said. But we must support it. However, it is good to convince your colleagues to support the Bill. The Bill is good. Hon. Gikaria thought it out well for us. Let us support this course so that Kenyans with challenges in what they can do are allowed to do it. However, as I said earlier, it should be with caution so that we can move up together as a country.

I beg to support this Bill.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Geoffrey Mwangi is the next to speak on this. Next is Hon. Rindikiri Mugambi.

Hon. Mugambi Rindikiri (Buuri, UDA): I thank you, Hon. Temporary Speaker. I am the Vice-Chair of the Departmental Committee on Housing, Urban Planning and Public Works. This Bill was subjected to the normal requirement when presented as a draft. As per the Standing Orders, the Departmental Committee on Housing, Urban Planning and Public Works was charged to pick it up. The Committee picked this matter and called for public participation. They received memoranda from the State Department of Public Works and the NCA. We also had the opportunity to receive a memorandum from the Mover of the Bill.

From the onset, the Committee deliberated on this matter. Various observations were made. Section 34(2)(b) of the existing Bill provides that the charge levied on contractual services be given to the Authority as one of their sources of funds. As we speak, the contractual levy for the NCA was suspended. The only other source of revenue for contractors is registration.

Secondly, we observed that Section 42(1) of the Act has given the Cabinet Secretary powers to make Regulations. Regulation 27 of the National Construction Authority Act, 2014 has empowered the Cabinet Secretary to determine fees payable from time to time. So, what are we saying? We are saying that the Committee feels there is no need to amend this regulation given to the Cabinet Secretary through legislation. This is because it helps the Cabinet Secretary to determine fees to be charged. At the same time, it gives the authority to waive fees on a case-to-case basis.

The issue of women, youth and persons with disabilities is a sensitive matter. The Mover of this Bill has not clearly brought the age limit of a youth. A person aged 35 years and below can be called a youth and use those funds to start a business. So, the issue of women and persons with disabilities is open-ended.

We have to understand there is the possibility of abuse the moment we legislate. That is why the Committee has become very sensitive because once we legislate and it becomes law, we need to make amendments from time to time.

The Mover has agreed there is a possibility for abuse, and it cannot be left for start-ups only. Therefore, we need my very good friend to state the conditions for a start-up. The Committee has no problem with this. We also looked at Section 53(6) of the Public Procurement and Asset Disposal Act, 2015, that is associated with Hon. Sakaja. It has given a condition that any Government or *quasi-government* entity should reserve 30 per cent of their budgetary allocations to enterprises that are owned by the youth, women, and persons with disabilities. We need to ask ourselves about the practicability because this area can be abused. This is why, in the 12th Parliament, the same Bill was brought to this House and was rejected

by Members. Nobody can oppose any support that is given to the youth. The impression Hon. KJ gave was that anybody should oppose this Bill. It is a matter of following the law. In fact, the first step the Member should take is...

Hon. David Gikaria (Nakuru Town East, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Yes, Hon. Gikaria, what is your point of order?

Hon. David Gikaria (Nakuru Town East, UDA): Hon. Temporary Speaker, my point of order is that the Vice-Chairperson of the Departmental Committee of Housing, Urban Planning and Public Works should either withdraw or substantiate the fact that this Bill came and was rejected. I brought it last year; it went through the same process and was approved as per the Standing Orders. The last time it was here in the 12th Parliament, it went through the whole process and was approved, but did not reach the end. As per our Standing Orders, I have reintroduced it. So, is it in order for him to mislead this House that this Bill was rejected? Thank you.

Hon. Mugambi Rindikiri (Buuri, UDA): I stand corrected, and that matter is under the carpet, Hon. Temporary Speaker.

Hon. Members: Withdraw.

The Temporary Speaker (Hon. Omboko Milemba): Please pronounce yourself on that because I listened to the point of order very clearly.

Hon. Mugambi Rindikiri (Buuri, UDA): Hon. Temporary Speaker, you did not quote the Standing Order, which I need to reply. I have said it is a matter under the bridge, but he stood on a point of order. I have listened to the Mover of the Bill.

The Temporary Speaker (Hon. Omboko Milemba): Order, Hon. Rindikiri. Take your seat. You want to spoil a good debate. We were listening to you very carefully with our third ear. You have been asked whether this Bill was in the House. Was it rejected? That can influence the thinking of Members. Proceed and pronounce yourself on that.

Hon. Mugambi Rindikiri (Buuri, UDA): I have listened to the Mover of the Bill and taken his word. I apologise.

The Temporary Speaker (Hon. Omboko Milemba): Thank you and proceed.

Hon. Mugambi Rindikiri (Buuri, UDA): I was at the point of the abuse, which is the major problem that the Committee had. Many organisations cannot implement a 30 per cent allocation for people with disabilities, youth and women.

Hon. David Kiplagat (Soy, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Rindikiri, proceed.

(Hon. David Kiplagat spoke off the record)

Order, Hon. Member. I have not given you a chance.

Hon. Mugambi Rindikiri (Buuri, UDA): Which point of order? Please relax. I do not want to tell you to come up with a Standing Order.

The Temporary Speaker (Hon. Omboko Milemba): Proceed.

Hon. Mugambi Rindikiri (Buuri, UDA): Hon. Temporary Speaker, I am saying this because practically, we have seen young people, women and people with disabilities being denied opportunities, yet we have an Act of Parliament. If we have to make legislation, it must be watertight such that it is not circumvented. The Mover agrees that many people use women and youth to register their companies. Some companies are owned by the youth, but the bank signatories are professionals, doctors and engineers.

Our position as a Committee is that we need to amend this Bill to be very clear on the limits we are talking about the youth. Some are millionaires. Those people are required to do

work worth millions - like Ksh10 million, Ksh80 million or Ksh5 million. They cannot miss Ksh5,000. Someone said that this money can be recovered in the renewal process. I like the argument.

(Hon. John Kiarie spoke off the record)

Hon. KJ is harassing me here with a bad spirit, though he is my friend.

If this Bill is amended to incorporate what the Member for Dagoretti has said, it is good. Please let us know that we have regulations that exist already. We do not have to make legislation.

Thank you.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Wilberforce Oundo.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Thank you, Hon. Temporary Speaker, for giving me this opportunity. I also thank my colleague, Hon. Gikaria, for bringing this Bill here. We should never discourage a colleague from presenting Private Member's Bills because this is one of our roles under Article 95 of the Constitution. Once you present a Bill on the Floor of this House, it becomes the property of the National Assembly to deal with it as it wishes.

A few issues are emerging from the plain reading of the proposed amendments to the National Construction Authority Act. The amendments may look innocuous, harmless and well-intended. That is a commendable spirit. There was a reason why the NCA was incorporated through legislation. It regulates or governs the physical process of establishing a physical asset. We have a history of collapsing buildings that are poorly done and stalled projects. The drafters hoped that this Act would address those issues one by one. That is why Section 17 of the parent Bill says:

“A personal firm may apply to the Board for registration as a contractor for the purpose of this Act.”

Sub-section 2 gives a rundown of the qualifications of a firm or an individual who can be registered as a contractor. What does a contractor do? They produce physical assets. Be it a road, a house or a water work, among others.

It calls for the assembly of various factors of production like the stones, cement, sand, water and the technical skills of brick layering, masonry or whatever you like to call it. It also includes financing to ensure the project is completed on time, within cost and expected quality. If you look at the building code and statutes we are trying to come up with now, they infuse a high sense of priority and first consideration on the question of apprenticeship. No one expects a college graduate who has graduated today to manage a project or construct alone. We must never lose that spirit of apprenticeship.

Colleagues, as you seek to concur or discuss with the Committee on the possible amendments, look at it from the theoretical and the practical point of view. We need to infuse professionalism with... Unfortunately, professionalism comes with some element of experience - a positive experience. Hon. (Dr) Pukose will tell you that a doctor will not graduate today and perform surgeries the next day. He will have to do it under the tutelage of an experienced hand. With the valuers, we do not expect graduates who just left class to register and sign on their own tomorrow.

Hon. Temporary Speaker, there is an element of apprenticeship that brings us to the second level. Any person who gets to the point of being registered to build quality structures might not be a person who has no means at all. I want to concur with my friend from Buuri Constituency. Not all women, youths or disabled people cannot afford Ksh5,000. We have so many Members of Parliament who are PWDs. They are young or old and cannot fall into the category. We should look at how we assess the neediness of the applicant so that we do not

give a blanket check. How do you assess the neediness of an applicant? With my youth son, will he ask me for Ksh5,000 or Ksh20,000 to register a company. Will I fail to raise that money? No.

We have this growing misconception that only women are in need. Men the same age as women are languishing and suffering much more than women. When will the discrimination against men come to an end? When will it come to an end if anything we talk about, we talk about women? We could have women and men of the same age and socio-economic status, but unfortunately, we will always find women are favoured. I request Hon. Gikaria to look at the need assessment. I ask him to also look at whether that person is registered in the company...

As Hon. Kiarie KJ has put it, the youth is a ticking time bomb. What benefit is it to give the youth a certificate when he has no technical experience, training or technical ability, and we have not implemented measures to enable him to raise funds to undertake and execute that project? What will he do? He will end up hawking it around; what we used to call during our days - discounting. I have a contract of Ksh10 million. I will sell it to you. Give me Ksh2 million. You will register a caveat on my account so that when the amount comes, I chop up everything and only get your 5 or 2 per cent commission, and your status of un-favourableness and inability to do anything passes forever.

We should never create that. It is always good to talk to the gallery. It is always good to talk about politics and looking for votes. Indeed, it is okay because that is why we are here. We represent the less fortunate and the most fortunate. We represent all, but we should never use the unfortunate situation of the suffering youth, women and PWDs to enrich the disadvantaged. We must be very careful. I do not care about the issue of the fees because the NCA can always mine fees and get its money from the big contractors. This will not end up benefiting the youth. It will benefit the briefcase contractors who will take advantage of the youth. If we are not imposing any pre-qualifications or condition precedent, we are only creating a situation where we will herd youth in our villages and allow them to get jobs.

It is a good Bill, but listen to what other Members are saying so that you can enrich it going forward. The mere spirit that he has gone his way, I support his efforts. However, the efforts might not result in positive results. Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Very well. There are outstanding contributions from every Member who is speaking on this. It is very exciting to listen to those late-date debates. Let us now have the Chairman of the Departmental Committee on Finance and National Planning to also weigh in on this.

Hon. Kuria Kimani (Molo, UDA): Thank you very much, Hon. Temporary Speaker, for giving me the chance to air my views on this proposal by Hon. Gikaria, who is one of the chairpersons of our committees. I have taken my time to go through this Report. Perhaps, Hon. Rindikiri should have provided more insight on the recommendations, which is one of the things I have looked at. To read verbatim on page 13 of the Committee recommendations:

“The Committee, having considered the National Construction Authority (Amendment) Bill 2022 (National Assembly Bill No.59 of 2022), the stakeholders’ comments on the Bill and the above observations, recommend that the House reject the Bill in its entirety.”

The next sentence is quite interesting:

“The Committee shall propose amendments to the Bill during the Committee of the whole House as contained in the Schedule.”

According to the procedure, if we follow the proposal by this Committee to reject this Bill, that means the Bill falls. It means that it will not go to the Committee of the whole House for amendments, which is causing this confusion. We do not know whether the Committee is recommending its deletion in its entirety or it is proposing amendments. The Committee needs to clarify because, if we go by the Report of the Committee, then it is a bit confusing.

Having said that, I have looked at the memoranda by the NCA, and some supplementary information, and the numbers do not lie. If you look at the Appropriations-in-Aid (A-in-A) that has been collected by those AGPO companies that are owned and operated by women, youth and persons with disabilities, in the FY 2016/2017, 2,063 contractors gave NCA Ksh56,258,000. In FY 2017/2018, we saw an increase in the number of contractors by 600 to 2,612, giving us additional money coming to approximately Ksh66 million. In FY 2018/2019, the contractors increased to 3,621, giving us approximately Ksh81 million in A-in-A. In 2019/2020, the contractors almost doubled to 5,408, giving us Ksh113 million. In 2020/2021, the number of contractors dropped by 400 to 5,092, giving us Ksh113 million in A-in-A. In 2021/2022, the number dropped by around 800 contractors to 4,213, giving us Ksh120 million. The scary figure is for 2022/2023, where the number dropped from 4,213 to 853, meaning we have the lowest number of contractors registered at AGPO. We have the lowest collected amount of A-in-A, from Ksh119 million to Ksh16 million. That begs the question: What could have caused such a phenomenal drop in AGPO contractors by such a huge margin? Maybe, that is what Hon. Gikaria is trying to cure. Businesses, especially the ones registered by youth, women or PWDs, bid for different contracts for an average of five years before they get any one job. More analysis needs to be done on those figures. But having looked at them, the first assumption I made is that you registered your business and got the AGPO certification five years ago.

You made my Government gazette your friend. You applied for those jobs in 2017, 2018, 2019, 2020, 2021, 2022 and 2023, but did not get any. You realise that you have been paying all those fees over the years, and even if I would get a contract in the fifth year, I would be required to pay all the outstanding fees for all this time. Therefore, someone will ask themselves: ‘Why do I still need to hold this AGPO certificate and this registration with the National Construction Authority?’

I beg my colleagues in this House to look at this more keenly. I agree with the sentiments of Hon. Oundo and the Vice-Chairman, Hon. Rindikiri, that, that AGPO certification has also been a subject of abuse. We have seen court proceedings where billions of shillings have been lost through misappropriation by some people. We see people being arraigned in court, and they appear clueless. They did not even know their certificates were used to register those businesses. Even in cases where they willingly gave their details for registering those companies, you can be sure that they got a tiny percentage of the proceeds of that particular contract.

When most of us meet people out there, and they tell us: ‘*Mheshimiwa*, I would like your help in getting a tender,’ almost all of them will say to you that they have a youth’s certificate, a women’s certificate and a person with disabilities certificate, which means that we need to do a better job in identifying the people that deserve this certification from the rest that are using this certification to abuse. The fact that some people misuse the youth, women and persons with disabilities in this country to gain this advantage does not mean that we should take away the support we need to give the youth, women and persons with disabilities. The solution to that would be to fix the problem — abuse. I am sure we do not lack personnel, capacity or the techniques that we would need to employ to ensure that those contractors that are registered as youth, women and persons with disabilities are youth, women and persons with disabilities, and that they truly deserve them.

When the question of youth comes in; most of the time, we confuse youth and youthful. Even Hon. Rindikiri was struggling to know who is a youth and who is not. But our laws are very clear that youth is anybody below the age of 35 years. Even if you do not have white hair like Hon. Rindikiri, and you are 50 years old and have taken care of yourself, you are not a youth. You are probably only youthful. Therefore, if we get those people who truly deserve this help, and we considered what Hon. Gikaria was proposing, I am sure we will have many

youths, women and people with disabilities who would benefit and positively contribute to building our nation.

I listened to Hon. KJ and his amendments, which I would like to support. He said that we give this exemption to those people, but once they start doing business, we recover this cost from them. If we do that, then there is no loss. In fact, I propose that once those people start earning, they should pay an extra interest because they were extended a relief. When they get to start doing business and get paid, they can pay the much they owe with a little interest. In the same way we get our Higher Education Loans Board (HELB) loans, and once we start working, we repay our loan with a little interest.

With that, I support Hon. Gikaria's Bill. It is very timely. Let us not kill it because it is subject to abuse. Let us fix the problem, which is the abuse, and support the amendments as proposed by Hon. KJ.

With that, I support.

The Temporary Speaker (Hon. Omboko Milemba): Very well. The Bill is now a property of the House. You do not need to worry. It is the position of the Committee and that is why we are debating.

We may proceed. Let us hear from Hon. Harrison Kombe of Magarini Constituency.

Hon. Harrison Kombe (Magarini, ODM): Ahsante, Mheshimiwa Spika wa Muda. Kwanza, nachukua nafasi hii kumpongeza ndugu yangu, Mheshimiwa Gikaria, kwa kuleta Mswada huu Bungeni. Ni dhahiri kuwa vijana wengi wana matamano ya kujitegemea. Wangependa kuwa wanakandarasi, lakini zile hela zinazotowazwa na ile mikakati ya kuwa mwanakandarasi ndio inawalemea vijana wengi.

Ninazungumza hivi kwa sababu wakati nilipokuwa nikitafuta kura, niliwaambia vijana wajibidiishe na kubuni makampuni ili wawe wanakandarasi. Wenyewe wafanye kazi itakayopatikana, na ile shilingi watakapopata ibaki hapo mtaani. Mama mboga na mama chapati-maharagwe watapata riziki yao.

Kuna mwendo mrefu wa kupata hati ya kuwa mwanakandarasi. Hivyo basi, wapewe hela hizi ili waweze kuanzisha makampuni na kuwa wanakandarasi. Watakapopata kazi baadaye, watazilipa hela hizo. Hakika sitajali hata kama kutakuwa na riba. Itakuwa si neno kwa sababu tayari watakuwa wamepata hizo kandarasi na wakimaliza kazi, wataweza kulipa.

Nimesikia mnenaji mmoja akiuliza kwa nini tunawapa vijana nafasi hizi, ilihali hata hawajajistawisha. Hiyo ni sawa na kutangaza kazi na kusema kuwa unatafuta daktari aliye na ujuzi wa miaka kumi. Ikiwa daktari aliye na ujuzi wa miaka kumi hangekuwa ameajiriwa pale mwanzoni, angetoa wapi huo ujuzi wa miaka kumi? Ni lazima kwanza apate hiyo kazi ili aweze kupata hiyo tajriba akiwa kazini.

Ninaunga mkono Mswada huu. Ikifika wakati wa Kamati ya Jumba Lote, tutafanya marekebisho ili kuhakikisha kuwa nafasi hii inayotolewa haitatumika vibaya. Itabidi tuangalie kiwango cha miaka cha vijana wetu, hata kama ni miaka ishirini na mitano kurudi nyuma. Hiyo itawawezesha vijana wetu kusamehewa na kupata hati hizo bila malipo, kisha walipe baadaye. Hiyo itakuwa ni hali nzuri.

Hivyo basi, ninakushukuru, Mheshimiwa Spika wa Muda, kwa kunipatia nafasi ya kuuunga mkono Mswada huu.

The Temporary Speaker (Hon. Omboko Milemba): Hon. David Kiplagat, I had given you a chance to speak. Excuse me. I had given a chance to another Member. Hon. Kiplagat. Please, take your seat. Hon. Julius Rutto, I gave you a chance to speak but, unfortunately, two microphones went on at the same time and so, Hon. Rindikiri took your place. You may proceed. Hon. Kiplagat. I will still give you a chance.

Hon. Julius Rutto (Kesses, UDA): Thank you very much, Hon. Temporary Speaker, for recognising that challenge. You had given me an opportunity to also weigh in on the Bill before us.

Allow me to first take this opportunity to congratulate my brother, Hon. Gikaria, Member for Nakuru Town East, for being considerate to our youth and women, and the challenges they go through in our society. Most of the Members who have contributed have raised some issues which we could reasonably look into. At the same time, it looked like we were being treated so much on the risks of abuse, more than the current risk of lack of employment in the country. We appreciate the recent events that have taken place - which one which has been quoted by Hon. KJ - of our youth being lured into providing data for Worldcoin just because of some monetary incentives. This tells us of the desperation in our country.

Not long ago, about a week ago, during the Kenya Defence Forces (KDF) recruitment process, they had allocated 350 positions for the National Youth Service (NYS). The turnout in Embakasi was more than 30,000 people, as reported by the media. This tells us about the situation we are in. It is not the duty of the Government to make profit because it is not an enterprise. Instead, the Government is there to provide services. One of the elements of delivering services is enabling our young men and women in society to get employment. I heard Members saying they should be allowed to register for free, and later, it can be recouped.

I want to depart from this and say it is not the responsibility of the Government to make a profit or create a receivable account against our youth and women. My support for this presentation is informed by the direction this Government is taking, especially on matters of the youth. We all appreciate this because this House passed the budget, which focused on training youth in TVET as a county government function.

We need to ask ourselves, after giving the youth technical knowledge and skills, our country cannot absorb all of them. After being subjected to training, it will be unfair to people who took their time attending class to be trained and then unleashed into a market that does not exist. That is why you will not differentiate between trained and untrained youth when you visit our villages and shopping centres. Therefore, this amendment seeks to give policy direction regarding youth training by creating job opportunities for them. It aims to allow young men who are trained in woodwork, plumbing, electrical, technical, and civil works to participate where the Government seeks to spend.

According to macro-economics, the Government expenditure is a function of creating employment or income in the country. The formula used is $Y=C+I+G+NX$. Therefore, why not allow our youth to participate where the Government seeks to put money into water, roads and buildings? One of the policy directions in the country is affordable housing. Why not allow those youths to participate in multi-national contracts like building roads?

We need to improve the Public Procurement and Asset Disposal Act to create a provision that when an international bidder wins a huge contract, they should sub-contract our youths for the specifically tailored work domain so that the Government expenditure can reach our young people and women. This way, we can alleviate poverty and increase household incomes.

The biggest challenge in this nation is not the high cost of living. In as much as we want to complain about the rising cost of food prices, fuel and others, the biggest challenge we have is a lack of disposable income. Even if prices were reduced, Kenyans would not afford to spend because they have no purchasing power. We are now creating a legal framework for the youth to participate in income generation. Then, we can be sure of improved livelihood to support their households, families and lifestyles.

Hon. Temporary Speaker, this amendment is not enough. We still need to look at other laws that I have spoken of, like the Public Procurement and Asset Disposal Act and its regulations, to create more space for youth to participate in the Government sector. Looking at the challenges we face, our youth are seeking employment abroad through recruitment agencies which abandon them. That is because they are vulnerable. They are even using their little

savings. Their parents are losing money. They are selling their land to secure space for those youths. Can we use our laws to accommodate our youth?

Hon. Temporary Speaker, lastly, we need to be sensitive on these issues. We are worried about other issues we looked into and whether they can be abused. What is the purpose of regulations? It is the duty of the Ministry to establish regulations and ensure this Bill is operationalised. I have said much. Let me allow time for my colleagues to contribute.

I support the National Construction Authority (Amendment) Bill without further amendments to it so that it can be executed and allow our youths, women and people with disabilities to register for free and participate. Let the NCA regulate them now because it is their duty.

Thank you very much.

The Temporary Speaker (Hon. Omboko Milemba): Very well. Let me give this chance to Hon. David Kiplagat, after which we will have Hon. Kawanjiku.

Hon. David Kiplagat (Soy, UDA): Thank you, Hon. Temporary Speaker, for allowing me to contribute to this Bill. I also thank Hon. Gikaria for such a wonderful amendment to the Act and support for our youths.

We know very well that we have come a long way in assisting the less fortunate within the business circles so they can also do business and grow until they become billionaires in Kenya. We have very successful ventures that emanated at the bottom until they became magnates, just like the Bill Gates of this world. I support this Bill and urge our institutions to support the youth in ensuring they access the tenders that are marked for the youth, people with disabilities and women.

One obvious thing is that Kenyans are either very smart or cunning. All of us live in this country. Some opportunities have been preserved for the disadvantaged groups - 30 per cent component. You will find that the same businessman over 60 years of age has a company for women, youth and people with disabilities, and another one for any other disadvantaged group, although he is able.

Regarding the requirements of the NCA, you will find that they have NCA 1, NCA 2 to NCA 8. As we look at this amendment, it is important to be cognisant of those cartels that have taken this country hostage in all the departments and corners to the extent that the 30 per cent component that is meant for the youth, women and people with disabilities is no longer tenable. Without loading so much on Hon. Gikaria's Bill, we can look at it in future to ensure that if a certain tender has been preserved for the youth, there is a mechanism to establish that the company and people in the CR12 are youths. Kenyans are very smart. Their smartness corrupts the whole process.

I support this Bill, which has come at the right time to give our youths the chance to access those jobs in our Government. We also need to make sure that people given the task regulate the entire process because there is a need to remove cartels that have taken over those tenders that are meant for those groups.

With those few remarks, Hon. Temporary Speaker, I support the amendment.

Thank you.

The Temporary Speaker (Hon. Omboko Milemba): Hon. John Kawanjiku.

Hon. Njuguna Kawanjiku (Kiambaa, UDA): Thank you, Hon. Temporary Speaker, for allowing me to contribute to this noble Bill. I also want to congratulate my brother, Member for Nakuru Town East, for coming up with this Bill. We need to create employment to support the youth, PWDs and women. They are trying as much as they can to climb the ladder. They are trying to grow to make sure that they come up with companies that can benefit our country in the future. As I support *Mheshimiwa* Gikaria's amendment, I want to agree that our country has many unemployed people. As a House, we must develop legislation supporting job creation. As *Mheshimiwa* KJ had earlier stated, it is very easy to wish away the Ksh5000 or

Ksh10,000 that is requested by the NCA, especially when you are from the background some of us have come from. We tried as much as possible to register companies, but tarmacked for about two years before getting any work.

It is also important to propose an amendment allowing the NCA to verify the period a company has not transacted any business. There are still cases of too many young people who cannot transact for a certain period. We have the digital aspect that can verify whether a Government institution or the private sector has given a particular company any job. If they cannot raise or make money, they can be cleared, and the penalties given by the NCA waived until that group of people get some jobs.

You can have money to register a company, but you still have to try to get a job after that. At that point, you cannot do things as you should. I welcome the proposal by the Member for Dagoretti South that we should anchor it into law and make sure that after some time, if you can make a profit after maybe a year or two, that money can be collected. This is because the company can now pay the kind of money that the National Construction Authority demanded. By doing so, we would have given this person a fair footing whereby he can now be self-employed before he goes ahead to employ the other young people within our country.

We have too many unemployed young people. I have come up with an amendment on public procurement that seeks to protect employment for our young people. We must also put a ceiling on the value of contracts given to local and international companies. We must also cushion young people, local contractors and manufacturers from international competition. This is because some of those international companies that come to our country have easy money, probably from their mother countries, and can easily access financing and those jobs. But our local companies are not able to compete. Once a young person gets a contract, they need to pay some money to the NCA, go to the bank to get a loan and then put in a small profit margin to survive before paying the stipulated taxes by the Kenya Revenue Authority. We must also come up with a law to put a ceiling on the value of contracts to be given to international companies to protect the many able young contractors from our country. That is so that we also protect the many young, able contractors from our country. We must also grow them and create an opportunity to compete among themselves, but not with international companies.

Therefore, we recommend and support this Bill. It will create many employment opportunities. If you give a young person a classroom to construct using the National Government Constituencies Fund (NG-CDF), that person will give casual workers an opportunity. He will employ masonry. A woman will be selling *uji* or porridge or food within that construction site. When we enable and empower women and young people, we empower a generation and this country's future. We must protect the young people by this and ensure we do not demand money from them first. Where do we expect someone who has come from the university to get Kshs30,000 to pay the NCA for a certificate to start working? We must be reasonable as a country and ensure that we first accommodate them in the market. We can even create an authority where they can access funds.

I thank the Government because it has come up with the Hustlers Fund, which gives out loans to young people who want to do farming. Even if the amount is small, they can start from somewhere. They can join hands to form a company and access funds. We need to make it more accommodating whereby even if they get a Local Purchase Order (LPO) of a certain company, those government institutions can fund them. For the first time, they should fund them with zero interest so that they can get a footing so that they can start working by making sure they improve and contribute to our economy even if they make a 30 per cent profit.

What the Member for Nakuru Town East has brought onto the floor of this House is very important. This job will create employment. Number two, we will also ensure we have eradicated idleness and maybe drug and alcohol abuse within our institutions and villages. The moment you give this young person hope, when he goes to the NCA and has a registration

certificate, he will start thinking of how to try to get a job. The moment you make it very difficult for him to access some of those Government documents; you pay a lot of money for to get the licensing and start performing and functioning as a young person, you kill their dream and fail to give them hope.

They have hope the moment they have this certificate and they know that tomorrow will be better than today. They know they will continue putting papers in order. Maybe one day, they will get a job, employ themselves, their brother and sister, and probably extend to the village level. That way, we distribute hope. We ensure that we are a government, an institution, or a country building hope to too many young people who do not have hope today. The moment you make it difficult even to register those companies, those young people will just idle out there. If he knows he has a company, he comes to my office and tells me: "I have this company". The first thing you ask him is whether he has the right documents. How can he have the right document if we are not able to facilitate him as a Government? Probably, he has just come out of the university or Form IV. Two, it is becoming very difficult to access some of those documents.

We must be in a position to support the young people and ensure we distribute and give them hope. As they continue tarmacking to look for a white-collar job, they can also know there is hope. I appreciate what the Government is doing by ensuring we have enough TVET institutions within our constituencies. They have equipped them, especially in areas like Kiambaa Constituency, where you do not have a TVET. I thank the Government because the procurement process is about to start, whereby those young people can go and learn some technical courses. They will use those technical courses to go ahead and apply for that NCA certificate.

I rise to support. This is a very important Bill on the Floor of the House. We have no other obligations apart from supporting it. We will bring some amendments to put checks and balances where we will be so certain that it is the young people, women, and people with disabilities applying for this waiver.

Hon. Temporary Speaker, there are women and people with disabilities. That ICT thing must be brought into check to make sure that nobody else comes to apply for any waiver, but it is a young person. He must be visible, seen, known, and probably get a letter, even if it is from the chief. Let us make it a bit difficult for the cartels and the people who have been using young people to make millions with companies that those young people are not even aware of.

The Temporary Speaker (Omboko Milemba): Let us have Hon. (Dr) Robert Pukose.

Hon (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Temporary Speaker, for allowing me to support this Motion by Hon. David Gikaria, Member for Nakuru East. I remember that this Bill came in the last Parliament and proceeded, only that it did not go to the Committee of the Whole House. I want to thank Hon. Gikaria for picking it up and bringing it back again. I have known Hon. Gikaria for the third time, having been his Vice-Chair in the Departmental Committee on Energy and Natural Resources in the last Parliament, before we were sent to other committees by the powers that were at that time. We were fumigated.

Hon. Temporary Speaker, Hon. Gikaria has always been passionate about the lowly in society, especially in Nakuru Constituency, where he has even had run-ins with the law to protect his constituents.

He has often been sent to the police cells and even ended up attending court cases in Naivasha. I would always step in for him when he attended fabricated court cases against him for defending his constituents. When he came up with this Bill, I knew the intentions were noble; they were good. He wants to assist the young, the women and people with disabilities, especially in this competitive construction industry where you find that even with the opportunities where we say 30 per cent goes to the women, the youth and the people with disabilities are not getting them. As you can read from the report of the Committee, the numbers

have been dwindling. They rose initially, then subsequently, as people continued being in their sector and could not access contracts in the construction industry, the number has gone down. Somebody did not find the need to continue paying to have that certificate.

Therefore, you can see that, at one time, the 'A-in-A' had gone up to around Ksh120 million and has now come down to 16 million. This means that when it goes in that manner, you will find that the numbers will completely dwindle in the long run, and there might even be nobody in that sector. The Committee should have looked at it in that sense during their public participation. There are proposals in their Report to say that we reject this later on. They should have said we amend. I think they might not have understood the concept quite clearly. Since this is the property of the House, I think when we go to the Committee of the whole House, let us bring in amendments that can improve on this Bill.

Let us support it and make it a better Bill. I remember Hon. Johnson Sakaja, now the Governor for Nairobi, having brought a similar Bill in the 11th Parliament to enable the youth to access opportunities in various sectors so that the 30 per cent requirement is realised. As Parliament, it is high time we ensured that the youth, women and PWDs do not only go for low-cost tenders. That is because if you try to analyse the tenders within various Ministries to see what opportunities exist for the youth, women and PWDs, you will find that tenders set aside for them are tokenism. No serious tenders can help them make a living for themselves and be part and parcel of the economic change in this country. It is upon us, the National Assembly, to rise to the occasion and make sure that the youth, women and PWDs in this country access what they need to access rightfully within their abilities and not tokenism.

Hon. Temporary Speaker, with those few remarks, I support.

The Temporary Speaker (Hon. Omboko Milemba): Mover.

Hon. David Gikaria (Nakuru Town East, UDA): Thank you, Hon. Temporary Speaker. First, I thank Members who have contributed to and supported the Bill. I reiterate that when I appeared before the Committee, I made a case for myself on some of those issues which have been raised. The first issue is what Hon. Oundo has talked about. This Bill is just an amendment to Section 17 of the Act. It has nothing to do with the assets a company should have but or about qualifications. A company has to meet the qualifications for tenders. The qualifications that are set out for registration as a contractor are supposed to be met. I agree with what Hon. Pukose has said about the numbers coming down. When I engaged the Committee and NCA, I asked them the highest number they have ever received in a year for AGPO membership. And the numbers were too low. So, collection is not an issue.

Secondly, the construction levy was supposed to be 0.5 per cent. I even raised this issue with the President at one point, and an Executive Order was given to stop the construction levy at 0.5 per cent. That is the amount of money that we need to reinstate. NCA will get a lot of money out of that levy. This was done to cushion those people. Whoever issued that Executive Order was trying to protect a few of his people who were exiting the Government. This is because we could have collected a lot of A-in-A.

Thirdly, and this is for the benefit of Hon. Oundo, though he is not here, NCA Classes 8, 7 and 6 contractors are not awarded the big jobs like the construction of big apartments and other buildings. Those are categories for jobs of up to around Ksh10 million per contract. This is a small amount of money for doing drainage on roads, grading roads and doing minor repairs like plumbing and water works and things like that. The people who do big jobs that would warrant the collapse of buildings are people with Class 1 to Class 4 NCA certificates. They are not in this category.

There was an issue of men, which I do not want to discuss. About experience, where will those young people ever get experience, if we do not give them something that they can start with slowly as they build their careers and continue getting experience?

These days, young graduates are coming together as a pool to be able to start some small companies. One is an engineer, another an electrical engineer, a civil engineer, architects or accountants, and they come together to start something. That is where we will get the experience from.

Alluding to what Hon. (Dr) Pukose has just indicated, those numbers will continue decreasing. Hon. (Dr) Pukose and I, as he had said, were in some committee before the polls, and Hon. (Dr) Pukose can remember very clearly. We had one of the departments within the energy sector, and the 30 per cent for special groups amounted to Ksh4 billion. You cannot believe that in one year in the process of our oversight responsibility and duties, that department could only spend up to around Ksh700 million for the special groups. What was the reason? Because very few youth companies came forth. That was last year. Few companies could go forth and tender because most had already given up. If you pay your registration in the first year, you do not get a job, second year, and you still do not get a job, at some point, you give up.

The Vice-Chairman has indicated the reasons why they had come up with their decision. But I would also want to request him to rethink the Committee's decision and be able to think for the betterment... I would say Ksh5,000 is a little money that everybody should be able to raise. People are sleeping hungry. Those young people are not even getting money. A young man who has finished school, the mother and the siblings expect him to feed the family, and then you tell them to go and contribute around Ksh5,000... If it is three categories, it is Ksh15,000. It is not possible.

I understand it might be abused, and I totally agree with allowing this Bill to go to the Committee of the whole House and maybe bring amendments, as Hon. KJ has indicated. Even if it is all about that, we can cushion or waive once they get a job, and then you can recover if it is all about the money we want. That way, and I can assure you because we will be with you here in the next few months, we will be able to see the rise of young people, women and people with disabilities going to request for that essential certificate, which is the requirement when you are doing that tender.

Within no time, we would have addressed unemployment. If we address that through this process by around 20 per cent, that will be a massive step in the right direction for us to empower our young people.

I do not want to repeat what other Members have said, but as Hon. Kawanjiku has indicated, when he was clearing, if you look at Optiven, you will see queues, hundreds or perhaps thousands of people queuing because they want money. A study was done on young people on how they want to get money, and it was any way that they can get money. As long they can get money, they will go for it. But we can give them an opportunity to earn a living on their own and gain experience for them.

I was sharing a few stories, and Hon. KJ was telling me about one of the young people, a beneficiary of the same, who was assisted to start a small company. Not everybody succeeded, but the few who took off are now huge contractors, and they are still young boys and girls who are now encouraging the other younger people to go their way. They started when they were young, and now they are rising. That is what we want to see. We want to improve the lives of our youths, women, and people with disabilities.

With that, I beg to reply. Thank you, Dr Pukose.

The Temporary Speaker (Hon. Omboko Milemba): We shall defer putting the Question until the next sitting.

(Putting of the Question deferred)

Next Order.

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

The Temporary Speaker (Hon. Omboko Milemba): Mover.

Hon. (Dr) Robert Pukose (Endebess, UDA): Hon. Temporary Speaker, I beg to move:

THAT, the Kenya Drugs Authority Bill, (National Assembly Bill No.54 of 2022), be now read a Second Time.

The Bill has 97 clauses. It seeks to consolidate the regulation of health products and technologies in keeping with international best practices and guidance from the World Health Organisation (WHO). The Bill will promote and guarantee the quality, safety, efficacy and effectiveness of health products and technologies in the country. The Bill also establishes the Kenya Drugs Authority, which will be responsible for regulating, investigating, inspecting and approving health products and technologies and related matters.

Following the placement of advertisements in print media on Monday, 8th May 2023, seeking public and stakeholder views on the Bill pursuant to Article 118(1)(b) of the Constitution and Standing Order 127(3), the Committee received memoranda from 32 stakeholders. The Departmental Committee on Health also invited stakeholders to submit memoranda to the Clerk of the National Assembly, from which we got several submissions.

We also received stakeholder submissions from the following:

1. The Ministry of Health;
2. The Pharmacy and Poisons Board;
3. The National Quality Control Laboratory;
4. The National Gender and Equality Commission;
5. The Kenya Association of Manufacturers;
6. The Kenya Law Reform Commission;
7. The Pharmaceutical Society of Kenya;
8. The Pharmaceutical Association;
9. Agnes Kuvuna Maina, a qualified pharmaceutical technologist;
10. Matthew Wamuiiga Gaturuku, an enrolled pharmaceutical technologist;
11. John Kabui;
12. William Komen;
13. Vincent Gathukia;
14. Robert Ng'etich;
15. Duncan Simwa;
16. Bernard Kariuki;
17. Benjamin Munyao Nthumo;
18. Dr John Ngethe and Dr Naomi Ngethe;
19. Dr Alex Ogero Okaru;
20. Winfred Wambui Ndirangu;
21. Daniel Kiiru Mwangi;
22. The Pest Control Products Board;
23. The Veterinary Medicines Directorate in the Ministry of Agriculture and Livestock Development;
24. The Agrochemicals Association of Kenya;
25. The Kenya National Union of Pharmaceutical Technologists;
26. The Kenya Medical Association;
27. The Law Society of Kenya;

28. The Kenya Association of Pharmaceutical Industry (KAPI);
29. The Kenya Veterinary Board;
30. The Ministry of Agriculture and Livestock Development; and,
31. The Office of the Attorney-General and the Department of Justice.

Hon. Temporary Speaker, as you can see, we have several memoranda and a lot of interest regarding this Bill.

Part I of the Bill, which comprises Clauses 1 to 3, contains the preliminary provisions on the short title, interpretation and application of the Act. The Bill seeks to regulate health products and technologies, including chemical substances, therapeutic cosmetics, herbal medicines and products, medical devices, including radiation-emitting devices, medicines and scheduled substances.

Part II of the Bill, which is made up of Clauses 4 to 21, establishes the Kenya Drug Authority in Clause 4, with its headquarters in Nairobi. The Authority is to be managed by the Kenya Drugs Board, which is established under Clause 8 of the Bill. Part III of the Bill, which is clauses 22 to 36, provides for the regulation of medicine and, therefore:

1. Penalising the sale of adulterated and substandard medicine and those not registered by the Kenya Drugs Authority;
2. It requires compliance with standards of manufacturing, levelling, packaging, sale or advertisement;
3. penalises the manufacture, sale, preparation and storage of medicine, including herbal medicine, contrary to the prescribed standards...

The Temporary Speaker (Hon. Omboko Milemba): Hon. Pukose, you will still have 26 minutes to continue moving this Bill.

ADJOURNMENT

The Temporary Speaker (Hon. Omboko Milemba): Hon. Members, the time being 9.00 p.m., the House stands adjourned until Thursday, 5th October 2023 at 2.30 p.m.

The House rose at 9.00 p.m.

Published by
Clerk of the National Assembly
Parliament Buildings
Nairobi