

NATIONAL ASSEMBLY

OFFICIAL REPORT

Wednesday, 22nd August 2018

The House met at 9.30 a.m.

[The Deputy Speaker (Hon. Moses Cheboi) in the Chair]

PRAYERS

QUORUM

Hon. Deputy Speaker: Order, Members! Since we do not have the required numbers, I order that the bell be rung for 10 minutes.

(The Quorum Bell was rung)

Order, Members. We now have the numbers. Therefore, business will begin. Proceed.

PAPER LAID

Hon. Deputy Speaker: Chairman of the Departmental Committee on Administration and National Security, Hon. Koinange, are you ready? You were supposed to table some report.

Hon. Paul Koinange (Kiambaa, JP): Thank you, Hon. Deputy Speaker.

I beg to lay the following Paper on the Table of the House...

Hon. Deputy Speaker: Where is that Paper? I have not seen it. I know you are holding one. Do you have another copy?

Hon. Paul Koinange (Kiambaa, JP): Yes, I have.

Hon. Deputy Speaker: Okay. Proceed, anyway.

(Laughter)

Hon. Paul Koinange (Kiambaa, JP): Thank you, Hon. Deputy Speaker. I beg to lay the following Paper on the Table of the House:

Report of the Departmental Committee on Administration and National Security on the Vetting of Nominees for Appointment as Chairperson and Members of the Independent Policing Oversight Authority.

Thank you, Hon. Deputy Speaker.

Hon. Deputy Speaker: Very well. Now, you must table it, Hon. Koinange.

(Hon. Paul Koinange laid the Document on the Table)

That is okay, but before we proceed to the next Order, sign the document first. That is the reason I was saying you probably had not completed the process. Otherwise, I would have seen. You must do the needful first.

What is your point of order, Hon. Mbadi, Leader of the Minority Party?

Hon. John Mbadi (Suba South, ODM): Hon. Deputy Speaker, I can see you are struggling. I am just wondering whether you have changed the rules. I thought there is a process every Paper goes through before it is tabled here. One should follow that process. The Speaker needs to see it and have it approved. The Chairman is a very good friend of mine, but I think he does not have to lay the Paper if it is not ready. He can do it in the afternoon.

Hon. Deputy Speaker: That bit about being ready or otherwise is not captured in the Standing Orders. Therefore, I used Standing Order No.1 to allow him to be ready. But of course, the rules have not been changed. That is why I asked. I understand this is a very serious Report that really needs to be worked on quickly. That is why I gave him some leeway. It is now fine.

(Hon. Paul Koinange signed the document)

We are now in the next Order. You had started the process.

NOTICE OF MOTION

REPORT ON VETTING OF NOMINEES FOR APPOINTMENT TO THE INDEPENDENT POLICING OVERSIGHT AUTHORITY

Hon. Paul Koinange (Kiambaa, JP): Thank you, Hon. Speaker. I beg to give notice of the following Motion:

THAT, taking into consideration the findings of the Departmental Committee on Administration and National Security in the Report on the Vetting of Nominees for Appointment as Chairperson and Members of the Independent Policing Oversight Authority, laid on the Table of the House on Wednesday, 22nd August 2018, and pursuant to the provisions of Article 250(2)(b) of the Constitution and Section 11(6) of the Independent Policing Oversight Authority Act, this House approves the appointment of the following persons to the Independent Policing Oversight Authority:

- | | | |
|-----------------------------------|---|-------------|
| 1. Ms. Anne Makori | - | Chairperson |
| 2. Ms. Doreen Nkatha Muthaura | - | Member |
| 3. Ms. Fatuma Mohamud Mohamed | - | Member |
| 4. Dr. Walter Owen Ogony | - | Member |
| 5. Mr. Jonathan Lodompu Ltipalei | - | Member |
| 6. Hon. Waiganjo John Muriithi | - | Member |
| 7. Ms. Praxedes Chepkoech Tororey | - | Member |
| 8. Dr. Jimmy Mutuku Mwithi | - | Member |

Thank you, Hon. Deputy Speaker.

Hon. Deputy Speaker: Hon. Members and especially chairs of committees must be reminded that... I understand that we had a holiday yesterday that was not foreseen in good time,

but let us always be prepared so that some of these things can be thrashed before they are brought to the Floor.

Next Order!

MOTIONS

ESTABLISHMENT OF SPECIAL NEEDS UNITS IN EVERY PRIMARY AND SECONDARY SCHOOL

THAT, aware that Article 53(b) and 54 of the Constitution guarantees the right to free and compulsory basic education for every child and provides for persons with disabilities respectively in that persons with disability have a right to access educational institutions and facilities that are integrated into society to the extent compatible with their interests and needs; further aware that the Government provides for education to children living with disabilities through integrated units in primary schools; cognisant of the fact that lack of a clear implementation framework of the Special Needs Education policy, inadequate funding, and inadequate teachers with the right skills to teach children with disabilities across the various regions of the country hampers access by children with disabilities; deeply concerned that there are few designated special education schools in the country hampering access by those children living with various disabilities including and not limited to autism, dyslexia, down syndrome, cerebral palsy and physical disabilities and therefore there is need to provide special attention to these children; this House urges the Government through the Ministry of Education to establish a special needs unit in every primary and secondary school.

(Hon. (Ms.) Mishi Mboko on 8.8.2018)

(Debate concluded on 15.8.2018 - Morning Sitting)

Hon. Deputy Speaker: Order Members, this one had been finalised. What remained was the Question to be put.

(Question put and agreed)

PROVISION OF FINANCIAL SUPPORT TO COCONUT FARMERS IN KILIFI COUNTY

THAT, aware that agriculture is the mainstay of the Kenyan economy, contributing to food security and employment of rural households; further aware that the recurrent drought being experienced in many parts of the country has adversely affected this sector leading to a worrying drop in production particularly among the coconut farmers in Kilifi County; noting that farmers in Kilifi have not only suffered losses of income for their livelihood due to the drought but are also faced with huge debts resulting from high interest levied for

default on loans advanced to them for coconut production; recognising that the Government of Kenya in 2016 launched the Kenya National Agricultural Insurance Programme, which is designed to among other things, address the challenges that agricultural producers face when there are large production shocks, such as droughts and floods with focus on livestock insurance, and maize and wheat insurance; this House urges the Government to provide financial support as disaster relief to the affected coconut farmers in Kilifi County and put in place sustainable measures to mitigate future drought related losses through inclusion of coconut insurance under the National Agricultural Insurance Programme.

(Hon. Owen Baya on 15.8.2018)

(Resumption of Debate interrupted on 15.8.2018 – Morning Sitting)

Hon. Deputy Speaker: On this particular one, remember a Member had spoken to the proposed amendment. Therefore, I want to ask Hon. Stephen Tayari to reply so that we can put the Question. Then we can dispense with it so that as we proceed, we do so on the basis that it will either be in the amended form or otherwise.

Just to bring you up to speed, Hon. Tayari wanted the words, “the coast region, particularly in”, to be inserted after the words “coconut farmers” in the fifth line and also by deleting the words, “Kilifi County” in the fourteenth line and substituting thereof the words “counties in the coast region”.

What Hon. Tayari should do is to reply and probably refresh the memory of Members in just a minute.

Hon. Benjamin Tayari (Kinango, ODM): Thank you, Hon. Deputy Speaker. I rise to reply to the proposed amendment to the Motion which was brought to the House by Hon. Owen Baya.

We discussed this Motion last week. As we were discussing, every Member who was rising was talking about the coast region instead of Kilifi County. Therefore, we agreed, as Members, from the coast region to bring an amendment and delete the words, “Kilifi County” and substitute with the words, “coast region”. By bringing this amendment, it will help not only farmers from Kilifi County, but all the farmers from the coast region. That is why we brought this amendment. Therefore, since we have very little time for the Motion, I beg to reply.

*(Hon. William Cheptumo and
Hon. (Ms.) Catherine Waruguru consulted loudly)*

Hon. Deputy Speaker: Order Hon. Cheptumo and the Lady from Laikipia.

*(Question of the first part of the amendment, that the
words to be left out be left out, put and agreed to)*

*(Question of the second part of the amendment, that the words
to be inserted in place thereof be inserted, proposed)*

(Question of the second part of the amendment, that the words to be inserted in place thereof be inserted, put and agreed to)

(Question of the Motion as amended proposed)

Now we resume the debate with the 23 minutes remaining.

[The Deputy Speaker (Hon. Moses Cheboi) left the Chair]

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

The Temporary Deputy Speaker (Hon. Patrick Mariru): We have 23 minutes left. We shall start with Hon. Maanzo Kitonga.

Hon. Daniel Maanzo (Makueni, WDM-K): Thank you, Hon. Temporary Deputy Speaker for giving me an opportunity to contribute to this very important Motion. Agriculture is the mainstay of the economy of this country. I have worked in the Department of Agriculture when I was working in the Government. I would also like to confirm that every part of Kenya is arable and there is a crop that can grow in any particular part of Kenya, which can sustain Kenyans in such areas. Besides, pastoralists are able to survive in any single part of the country. Kilifi County is where my former classmate in Law School, Hon. Kingi is the governor. I had opportunity to visit the coastal area when I was working in the Government. The Government had introduced initiatives to ensure that coconut seedlings, which are very hard to grow, were available. Growing a single coconut tree takes very many years and for it to become useful economically, it takes quite a while. That is why coconut farming is challenging.

Although the coastal region has many other plants, the coconut farmer is really in trouble in terms of input and loans. In many other parts of the country, loans were cleared. When I was at the agricultural department, we were able to clear quite a number of loans for coffee farmers. So, there is nothing wrong with the Government assisting coastal coconut farmers. Money should be put in place so that we can develop serious coconut plants like other countries in the Far East that farm coconuts. In such countries, people's livelihood is purely dependant on coconut. They even export.

The coconut tree is very useful in very many aspects. First, it has nutritional value. Secondly, every bit of a coconut tree has one use or another including being used as a form of energy. There is no single part of the coconut plant that goes to waste. It can be fed on, its juice can make coconut wine which is used in traditional weddings and that in itself is an economic activity which can be financed. It can even be packaged for sale even abroad. It is used locally as *madafu*, which is very nutritious. When you tour the Coast, I encourage you to enjoy *madafu* because it gives you very special nutritional value which you may not find unless you are at the coastal region.

Therefore, it is proper to move this Motion. I want to congratulate Hon. Stephen Tayari. We should support this region so that farmers can make good use of this product. The most important thing is to make sure this is in the budget. The Departmental Committee on Agriculture and Livestock should lobby so that a certain amount of money is allocated, whether in the supplementary or future budgets, so that these farmers can rekindle their farming and the ones who do seedlings, which are very difficult to grow, can develop sufficient seedlings so that we can cover as much land as possible with coconut trees in the coastal region. It will even

change the climate because these trees are big and the farmers grow quite a number, not only in Kilifi, but in the whole coastal region. We should make proper utilisation of this very useful crop.

Hon. Temporary Deputy Speaker, because I can see there are only few minutes left and there could be other Members with useful information, I beg to support. I thank you.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Before I give opportunity to the next speaker, allow me to recognise, in the Public Gallery, the presence of Chepkereteret Mixed Day and Boarding School from Keiyo South Constituency, Elgeyo-Marakwet County, as well as Busy Bee School from Mvita Constituency, Mombasa County.

Members who have registered interest to speak, please, note that you can speak to this Motion only once. Members are known to be very honest, although I have my records as well. You cannot speak twice on the same Motion.

Hon. Andrew Mwadime (Mwatate, ODM): Hon. Temporary Deputy Speaker...

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Mwadime Andrew, my record tells me you spoke to this particular Motion.

Hon. Andrew Mwadime (Mwatate, ODM): I want to support the amendment.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Are you saying you want to speak to the amendment? The amendment has been carried. You cannot support it. The House has already made a decision on the amendment, so it does not exist now.

Hon. King'ola Makau, Member for Mavoko, I suppose you have not spoken.

Hon. Patrick Makau (Mavoko, WDM-K): Hon. Temporary Deputy Speaker, I have not spoken to it. I support this Motion, particularly knowing that coconut is a very difficult tree to grow. For it to grow and start producing coconuts, it takes six to seven years and most of them are naturally grown. The best place to plant or grow it naturally is along the coastal line.

I agree with the Mover of the Motion that the Government has to take this seriously by compensating farmers, given that drought took away most of the trees, which was their livelihood. The benefits of coconut range from oil, building materials, soap and local brews. For the coastal people, coconut is like coffee in the former Central and Eastern provinces. In fact, the inclusion of the amendment is so good because it takes care of the whole coastal region. I am sure that is why Hon. Mwadime wanted to speak to it. He has to be heard by the people of Taita that he also supports them, that they can also plant coconut trees in their region.

Sometimes back, I saw farmers in Nyeri wanting to start growing coconut. That speaks to the range of benefits. If the coconut tree and its products are well managed, Kenya can rely on it. India is a big economy and when you look at the ranking of its economic income, coconut is number four. They have industries making soap and oil. We can also learn from such a country and, in fact, improve and promote the coconut industry. So, the Government should take this Motion seriously.

Most farmers in the tea and coffee growing areas have shifted to growing maize and beans because of lack of markets and funding by the Government. Most farmers in this country have gone to sleep. It is high time this country woke up and realised agriculture is the in thing. Even the youth of this country need to be introduced to - and given funds to start - farming, particularly in produce like coconut. We cannot all be white-collar jobseekers. We can put the youth in the agriculture sector. We can begin doing that by implementing such a Motion.

I like it when this House supports everything that comes here. We do not have to look at coconut as a coastal produce. I know drought has affected areas across Kenya, but we are supporting farmers from the coastal region. If we were to be selfish, I would speak about our

cows and maize farmers that also need to be compensated or supported. This Motion has come at the right time and it is important for us to support it as a House. The Government should consider supporting these farmers because we need to promote the coconut produce. So, I support and I want to thank the Mover.

Thank you very much.

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

Hon. William Mwamkale (Rabai, ODM): Asante sana, Mhe. Naibu Spika wa Muda, kwa kunipa nafasi hii. Kwanza kabisa, namshukuru Mhe. Owen aliyeleta Hoja hii. Ni Hoja ambayo kweli wakati wake umefika. Nataka niambie Nyumba hii ya kwamba jimbo la Pwani ndilo jimbo ambalo kwa sasa tunaweza kusema halina mmea ambao umeorodheshwa kama mmea wa kuboresha uchumi wa nchi hii. Kwa Kimombo wanasema *cash crop*. Hakuna. Hiyo inasikitisha sana. Imefanya mpaka ukulima umedorora kwa sababu si mkorosho wala mnazi. Hii ni mmea ambayo wakulima wanapozingatia kilimo chake, hawaoni faida. Hakuna soko ambalo Serikali inagharimia.

Hoja hii kwa ufupi inasema kwamba kiangazi kinapouma nchi hii, basi kule Pwani ambako wanategemea sana mnazi, hasa Rabai ambapo mnazi umekithiri, mnazi huwa unakatika vilele. Na mnazi unapokatika, huo ndio mwisho wake. Mnazi unapokatika, yule mkulima aangaliwe kwa sababu mnazi unachukua miaka 15 kulelewa mpaka uanze kuzaa nazi. Mahali mnazi unapandwa, hakuna mti ama mmea mwingine unaweza kufanya vizuri. Kwa hivyo, huwa ni tegemeo la yule mkulima.

Matarajio ya mkulima ni kwamba baada ya hiyo miaka kutimia, ataanza kuvuna na aendelee kuvuna. Lakini kwa bahati mbaya, kiangazi kinapoinjia na mti huu kukatika, mkulima hupata hasara kubwa. Tuko katika nchi moja. Inafaa Serikali, kupitia Wizara ya Kilimo, iangalie kule ambako kiangazi kilikithiri iwafidie waathiriwa. Tumshaona ng'ombe wanapofariki wakati wa kiangazi, Wizara ikiwajibka na kuchukua orodha ya watu waliopoteza ng'ombe wao kwa kiangazi na kuwafidia. Fidia hiyo pia tunaiona wakati mkahawa unapoathirika. Serikali huingilia. Lakini mti wa mnazi unapoathirika na kiangazi na kukatika, Serikali haishughuliki. Ukweli ni kwamba mkulima huwa amepata hasara. Huu ni mti ambao umemchukua mkulima zaidi ya miaka 10 kuulea. Hakuna vile anaweza kupanda mti mwingine ufanye vizuri baada ya miaka michache. Kwa hivyo, mkulima wa mnazi anastahili kupewa fidia kama vile wakulima wengine wanavyoangaliwa kiangazi kinapowaathiri.

Kama Wapwani, tunaamini kwamba kama mnazi ungeangaliwa vizuri, haungepandwa katika eneo la Pwani peke yake. Juzi nilikuwa Taveta, ambako niliona minazi mingi. Hata Kisumu kuna minazi. Mnazi ni mti ambao kama utaangaziwa vizuri kupitia utafiti wa kutosha, unaweza kuiokoa Kenya nzima kiuchumi.

Kwa hivyo, ombi letu ni kwamba, kwanza, mnazi uorodhoshwe kama mti wa kuboresha uchumi wa nchi.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Very well, Hon. Member. Point made. Let us have Hon. Jaldesa Dida.

Hon. (Ms.) Rehema Jaldesa (Isiolo CWR, JP): Hon. Temporary Deputy Speaker, I want to be honest with you. I have contributed to this Motion. My request is for the next Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Very well. I have checked my record. Thank you for being honest. Hon. Mwambire Ngumbao, my record indicates that you have not spoken to this Motion.

Hon. Teddy Mwambire (Ganze, ODM): Asante, Mheshimiwa Naibu Spika wa Muda kwa kunizawadia fursa ya kuunga mkono Hoja iliyoko mbele ya Bunge.

Mimi siongei tu kwa sababu natoka Pwani, ama kwa sababau ninawakilisha wakulima. Mimi ni mmoja wa wakulima na watumizi wa bidhaa zinazotoka kwa mnazi. Mimi ni mshirikishi mkuu ambaye niko hapa kwa hisani ya mnazi. Kumbukumbu zinasema kwamba kabla Kenya ipate Uhuru, mnazi ndio mmea ambao ulikuwa unashamiri zaidi kule Pwani. Ulikua mmea uliosisimua uchumi. Lakini kukawa na matatizo baada ya Kenya kupata Uhuru. Mimea yote iliyokuwa imepewa umuhimu wa kiuchumi kule Pwani, ukiwemo mnazi, iliondolewa umuhimu wa kiuchumi, na Wapwani wakakosa mmea wa kutegemea. Wengi wametoa faida na thamani za mnazi, ambazo hivi sasa ziko kwenye kiwango cha zaidi ya asilimia mia moja .

Nchi mbalimbali, kama vile Seychells, India, Malaysia na zinginezo, zimeendelea sana kwa sababu zimeupatia shime mnazi kama mmea wenye bidhaa mbalimbali zenye uwezo wa kuleta msisimko wa kiuchumi.

Ninaunga mkono Hoja hii kwa asilimia mia moja. Wakati umefika wa Serikali kuangazia mmea wa mnazi ili iweze kuwafidia wakulima ambao minazi yao imeangamia. Wakulima hao wanastahili kupewa fedha ambazo zitasaidia kuendeleza ukulima wa mnazi kule Pwani na katika sehemu nyingine ambako mnazi unaweza kukuzwa. Hata katika sehemu za Ukambani kuna minazi. Kule Kisumu na katika sehemu nyingine nchini, minazi inaweza kukua vizuri.

Nina uhakika kwamba Serikali ikiwekeza kwenye mnazi, tutaweza kununua minazi aina ya michikichi ili tuweze kupata mafuta mengi, ambayo yatatwezesha kuokoa zaidi ya Ksh12 bilioni, ambazo tunatumia kila mwaka kuleta mafuta kutoka nchi za nje ili tukimu mahitaji ya viwanda mbali mbali. Nina uhakika kwamba utafiti ukiendelea kufanywa kama ulivyokuwa ukifanywa katika miaka ya 2004 na 2005 – wakati Serikali ilipoangazia zaidi mmea wa Mnazi – wakazi wa Pwani wataanza kuhisi kwamba wao pia ni miongoni mwa watu katika nchi yetu ya Kenya. Ie hisia kwamba wao hawatambuliwi, na kwamba wanavumilia kuwa Wakenya, itaondoka. Wao pia watajivunia kuwa Wakenya kwa sababu kutakuwa kumetokea sababu mwafaka ya wao kuweza kupata maendeleo.

Kwa hivyo, ninaunga mkono na kuwaomba Wabunge wenzangu tushirikiane na Mheshimiwa Owen Baya, ambaye amelea Hoja hii Bungeni – na Mhe. Tayari, ambaye aliifanyia Hoja hii mabadiliko – ili tuweze kuipitisha na kuweka msukumo Serikalini ili iweze kutekeleza ombi hili ndiyo wakaazi wa Pwani, na Wakenya kwa jumla, tufaidike kikamilifu kutokana na maendeleo na tuondoe ile dhana ya kwamba tumetengwa kiuchumi.

Asante.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Very well. Let us hear Hon. Abdulla Sheikh.

Hon. Mohamed Mohamud (Wajir South, JP): Thank you, Hon. Temporary Deputy Speaker. I wanted to speak on the Motion on youth employment.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Members, from my screen, I am not able to tell which Motion a Member wants to speak to. Nevertheless, it is fine if you do not want to speak on this one. I can see Members booked themselves early for the next Motion. It is an interesting phenomenon. Nevertheless, let us hear the Member for Lurambi. I hope you registered to speak on this particular Motion.

Hon. Titus Khamala (Lurambi, ANC): Thank you, Hon. Temporary Deputy Speaker. I want to comment on this Motion because I was born in Mtongwe and I grew up eating coconuts. I realised that coconuts are very important, especially to our economy. It is used to make cooking oil. It is like an industry and not just where they sell in retail form. We should support coconut farmers in the Coast region. In Kakamega, where I come from, coconuts are sold in markets. This can contribute to our economy.

I stand here to support this Motion because coconut farmers in Kilifi need to be supported. We need to diversify and widen the scope of growing coconuts. There are areas where coconut farming has been neglected. Coconut farming is not done as well as it ought to be done. When we sit in this House after being elected from different constituencies, we become national leaders. We do not just confine ourselves to be vibrant and active politicians.

I come from a sugarcane growing area, but when there are issues to do with farmers who grow other crops, I also support them. It is my duty, as a national leader, to stand up for all the farmers of this country. We need to support farmers in the coastal region, so that this can be an industry in itself. Oils from coconut can be used in this country as well as exported to the entire East and Central Africa region.

With those remarks, I support.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Before I get to the next speaker, I would like to recognize in the Public Gallery, pupils from Lower Sagana Primary School from Ndia Constituency, Kirinyaga County. They are welcome to follow the proceedings of the House. On this particular Motion, the remaining 23 minutes are gone. We have to call the Mover to reply at this point.

Mover, Hon. Baya.

Hon. Owen Baya (Kilifi North, ODM): Thank you very much, Hon. Temporary Deputy Speaker. I would like to take this opportunity, in reply, to thank the Members who contributed to this Motion and the overwhelming support that it received. Therefore, I thank you very much. I also want to take note of several things that have been talked about on this Motion and which Members have contributed.

One, the coconut tree is an important oil crop. This country imports huge tonnage of oil for cooking and other things and yet the coconut tree can replace all the imports if the Government takes cognisance of the fact that the tree is important.

Secondly, there was once a tree in the Coast region called bixa. The bixa tree was one of the economic mainstays of Kenya, especially in Kwale. It even had a huge factory which employed thousands of people, but because the Government neglected bixa, you do not see it again at the Coast. The factory was closed down. The farmers do not get any income and others lost their jobs. Why? There was neglect.

Again, in the Coast region, there was a plant called castor, which produced the famous castor oil. It was used as an oil crop, a medicinal crop and many things. It was a huge industry at the Coast, but because the Government ignored the castor tree, our children and the grandchildren that will come will never even know what a castor tree is. It disappeared from the face of the Coast because there was sheer neglect.

These two trees are now being followed very closely to demise by the coconut and the cashew nut trees because Government is not concerned. Two to three years ago, drought hit the Coast. Coconut has suffered immensely, but the Government is not concerned. If another drought occurs, probably all the coconut trees within the Coast region will be wiped out. We are saying that the Government can take steps towards the recovery of this tree and one of the steps is to ensure that we compensate farmers so that they can pay for their loans and buy new plants and varieties and ensure that we have coconut trees in the farms of these people.

I want to speak for the poor farmers of the Coast region and those that felt that the Government has not come to their aid for many years. The farmers at the Coast feel that the Government has watched bixa and castor oil getting lost and now it is watching the coconut tree. However, I think this Government can redeem its image and itself, the way the people of the

Coast look at it, by ensuring that for the first time the farmer at the Coast is treated the way the coffee or tea farmer and the pastoralists and their cows are treated, so that they can feel they are part and parcel of a country that cares not only for them, but for their economic mainstay.

Just like Hon. Mwamkale has said, we need to make the coconut tree a cash crop. We hope the Departmental Committee on Agriculture and Livestock in this House will not only wait for the ministry to implement this, but will be proactive in terms of relooking at the coconut tree and the crops at the Coast so that this 12th Parliament will be counted as the institution that helped the people of the Coast to regain an economic mainstay, and, therefore, be economically empowered like any part of this country.

I thank the Members who contributed and I urge this House that we pass this Motion and subsequently, within six months as it is demanded by the Standing Orders, the State Department on Agriculture should take up this matter and ensure that it is implemented and the farmers at the Coast can smile like they used to do.

I beg to reply.

The Temporary Deputy Speaker (Hon. Patrick Mariru): What is it, Member for Ndia? What is your point of order?

Hon. George Kariuki (Ndia, JP): Thank you, Hon. Temporary Deputy Speaker. I stand under Standing Order No. 53(3) and request that you defer the putting of the Question to another day.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Very well. That is okay. You can assume your seat now.

Hon. George Kariuki (Ndia, JP): Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Member, I see the wisdom of that particular Member to ask the Chair to defer putting of the Question.

(Hon. (Dr.) James Nyikal spoke off record)

The Temporary Deputy Speaker (Hon. Patrick Mariru): Order, Hon. Nyikal! It is not obvious. Anyway, I concur with the Member that we defer putting the Question to a subsequent time

(Putting of the Question deferred)

Next Order!

PROVISION OF SPECIALISED TRAINING AND SUBSIDISED
COSTS RELATING TO FISTULA SURGERY

Hon. (Ms.) Janet Nangabo (Trans Nzoia CWR, JP): Hon. Temporary Deputy Speaker, I beg to move the following Motion:

THAT, aware that Article 43 of the Constitution provides that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; further aware that Obstetric or Vesical Vaginal Fistula (VVF) is a devastating condition that affects women and girls across the country and which has seen many of the patients victimised, abandoned and ostracised by their communities; deeply

concerned that it is estimated that more than two million women and girls live with Obstetric Fistula, and that four out of every 1,000 deliveries in Kenya result in fistula which results in between 50,000 to 100,000 new fistula cases every year; alarmed that according to available reports, though Obstetric Fistula is treatable with proper medical attention, only 7.5 per cent of patients with fistula are able to access medical care for the condition mainly due to the related costs and lack of suitably trained surgeons; this House urges the Government to provide specialised training for fistula surgeons and subsidises costs for fistula surgery in all health facilities in order to make treatment accessible and affordable.

Hon. Temporary Deputy Speaker, I have come across so many cases of fistula in our country. Many women and girls that are affected by this disease are being intimidated by the community. Men have run away from their wives because they cannot afford to stay with them because of the condition they are in. When they pass urine or go for long calls, somebody cannot stay with them because of the bad situation the women and girls that are affected go through. So, I urge the Departmental Committee on Health to team up with the Government to make sure that these women and girls are treated. Some of them come from very poor families. They cannot afford to even go to the hospital. Some of them come from areas like Trans Nzoia County, where I come from, and where we have a lot of squatters. They cannot even afford to purchase drugs.

I urge Members to support this Motion, so that we can help these Kenyans who are suffering. I call upon my brother, Hon. Tim Wetangula, to second the Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Do you beg to move?

Hon. (Ms.) Janet Nangabo (Trans Nzoia CWR, JP): I beg to move, Hon. Temporary Deputy Speaker, and call upon Hon. Tim Wetangula, to second.

The Temporary Deputy Speaker (Hon. Patrick Mariru): I guess Hon. Tim must be Hon. Wetangula Wanyonyi.

Hon. Wetangula Wanyonyi, you have the Floor.

Hon. Tim Wanyonyi (Westlands, ODM): Thank you, Hon. Temporary Deputy Speaker. I am referred to as Tim Wanyonyi. That is my preferred name.

I beg to support and second the Motion. I am not a medical doctor, but I know that there are some things that go on in our healthcare that require the Government to intervene. Some complicated issues like fistula can be treated by corrective surgery. However, because of prohibitive costs, you find that most Kenyans cannot afford to go through the process. They choose to stay with the condition and live a painful life. Some are even rejected, as the Mover has said, and find themselves in very awkward situations. The Government should subsidise the treatment of fistula and completely support the patients who have this kind of condition so that they can get corrective surgery. It is not good for somebody to go through such a situation when the Constitution provides that everybody should have access to healthcare of the highest level possible. Most of the time, you find that people have even succumbed to opportunistic diseases because of conditions that have not been treated. Most of these conditions just require simple surgeries to correct them.

You can see the numbers. Out of every 1,000 deliveries, four result into fistula, which results to between 50,000 to 100,000 new fistula cases every year. This is a worrying situation and if not taken care of, it will escalate and might become very dangerous. Because of the cost of delivery, most of our women end up in very substandard clinics where they are treated by quacks who perform surgery on them during deliveries resulting into these kinds of situations. If this

situation is taken care of by the Government through the Ministry of Health, I am sure the already bad situation will be arrested and patients suffering from this condition will get help.

There are many other conditions that also require intervention from the Government. There are people living with conditions that can be corrected by surgery. I am sure the doctors who are in this House can speak more competently on this Motion than us, laymen. I know there are situations that can be corrected simply, but because of the cost element, people do not go to hospital. We have seen people who are even suffering from Malaria, but are unable to seek medical help from our hospitals because the doctors will just tell them to go and buy drugs. Those are some of the things that should be addressed as a fundamental right of the citizens of this country so that people are given an opportunity to access medical care.

I support the Motion and thank Hon. Janet Nangabo for coming up with it.

I beg to second.

(Question proposed)

The Temporary Deputy Speaker (Hon. Patrick Mariru): Let us have Hon. Rono Kipkosgei, Member for Keiyo South.

Hon. Daniel Rono (Keiyo South, JP): Thank you, Hon. Temporary Deputy Speaker. I wanted to speak to the Motion on declaration of youth unemployment as a national disaster, but I will certainly contribute to this one because these chances very rarely come by.

I support the Motion by Hon. Janet on fistula. We know how people who suffer from fistula are treated. It is very important that the people suffering from fistula are treated in a specialised way. It is like suffering from a disease which makes people run away from you. We need specialised doctors who can deal with this matter. There should be certain facilities to deal with this disease so that patients are treated in a more specialised way.

For every 1,000 births, as we have just read...

*(Hon. Owen Baya consulted with
Hon. (Ms.) Rehema Jaldesa)*

The Temporary Deputy Speaker (Hon. Patrick Mariru): Order, Hon. Baya! That is completely out of order. It is not possible to do that. Nevertheless, I am not stopping you from conversing with Hon. Jaldesa, but you can go outside and do so, then come back.

Hon. Rono, you have the Floor.

Hon. Daniel Rono (Keiyo South, JP): As you have seen, Hon. Temporary Deputy Speaker, out of every 1,000 deliveries, four suffer this condition, which is a worrying scenario. I support the Member who has tabled this Motion. Victims of fistula are normally discriminated against. Most of them come from poor backgrounds and end up not getting proper medical care.

I beg to support.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Let us have Hon. Adagala. What are you saying, Hon. Lodepe?

Hon. Lodepe Nakara (Turkana Central, ODM): I just heard you call out, 'Nakara', and my name is Nakara.

(Laughter)

The Temporary Deputy Speaker (Hon. Patrick Mariru): That is what you heard, but it is not what I said. I can tell that your card is a bit down but it is okay. Hon. Adagala, you have the Floor.

Hon. (Ms.) Beatrice Adagala (Vihiga CWR, ANC): Thank you, Hon. Temporary Deputy Speaker, for giving me time to contribute to this Motion that has been brought here by Hon. Nangabo.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Order, Hon. Adagala. What is it, Hon. Mohamed Osman? You have pressed the intervention button. You can only catch the Speaker's attention through the intervention. Hon. Adagala.

Hon. (Ms.) Beatrice Adagala (Vihiga CWR, ANC): I also want to add my few comments to this Motion on provision of specialised training and subsidised costs relating to fistula surgery, which was brought by Hon. Nangabo. The situation is alarming. There are so many people in this nation who undergo that embarrassing situation, but they do not talk about it. That is the case especially with women in the villages.

If you move around in my county, you will find a woman who is seated in the village. When you talk to her, she will say easily that she has a problem only if you probe her more. Most of them shy away from the public and refuse to talk to people about the situation. I want to thank the Hon. Member for bringing this Motion. It will open the eyes of so many people in Kenya who are undergoing fistula, but they are quiet. As the Government implements the Big Four Agenda, I urge it to look into this issue urgently. If it is possible, it should make fistula surgery free of charge because the affected people are those who cannot afford to pay for it. That surgery should be accessed in every county, so that patients are not forced to travel to very far areas to get the required treatment. Most of the women and school-going girls do not go to school because that situation is terrible and terrifying. I support this Motion. The Government has to look into this issue very urgently. It should be treated as urgent, so that it can assist those women who are suffering quietly in the villages at home.

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

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

Hon. (Ms.) Dennitah Ghati (Nominated, ODM): Thank you very much, Hon. Temporary Deputy Speaker, for giving me this opportunity to support this Motion by Hon. Janet Nangabo. Allow me to say that Hon. Janet Nangabo is speaking on behalf of so many millions of women and girls. I am happy because of the support that has come from Hon. Wanyonyi and Hon. Rono. Fistula is not a women's issue only. Before I joined Parliament, I worked for the Population Council which is an international Non-Governmental Organisation (NGO) that does a lot of research on sexual reproductive health. Fistula is one of the issues that we tackled. It causes a lot of untold suffering to women and girls in Kenya and Africa. It is a reproductive health issue. The Constitution of this country says that every person has the right to the highest attainable standard of health. Article 3 of the Sustainable Development Goals talks about the requirements and how nations are supposed to provide healthcare, and especially maternal healthcare. There are millions of women not only in urban areas but also in rural areas, who are suffering in silence because of fistula.

For those who do not know, fistula is a condition where you have a hole between the urethra and the vagina. Vesicovaginal Fistula (VVF) is a devastating condition that generally puts women in uncontrollable situations. Health is a devolved function in this country. Therefore, we want to ensure that we train more specialised surgeons who can handle fistula and reproductive health in rural settings. You are very much aware that the doctor-patient ratio in this

country and in most of our countries in Africa is still wanting. We are yet to invest in attainable and sustainable healthcare where the doctor-patient ratio is balanced. We should know that fistula is usually caused by lack of access to healthcare. Maternal health in this country is wanting.

Female Genital Mutilation is the norm in the areas where we come from. There are cultures in this country that contribute to fistula like FGM and early marriages, which are common in some communities like Kuria. How then do we urge this Government to address fistula which is causing unnecessary suffering to our women and girls in rural setting? We need to have specialised healthcare and doctors. We should provide enough funding to hospitals in our counties and constituencies, so that fistula can be addressed at that level. Women should not be chased or ostracised from their communities because of fistula. We are discussing issues of sexual reproductive health in this august House - which is good.

I want to thank the Member for bringing this Motion. There are topics that are usually taboo but they affect women in this country. Therefore, we should provide funding and curriculum that basically goes a long way to train our healthcare providers in our various hospitals. I want to urge this country to invest and save women who are suffering from fistula in this country.

I support the Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): I can tell that Hon. Nyikal wants to contribute to this Motion. We know his expertise. Hon. Nyikal, it is good to listen to other Members. I am sure you will put things into perspective based on your experience and training. Before I give the opportunity to Hon. Nyikal, let us have Hon. Gitau.

Hon. (Ms.) Faith Gitau (Nyandarua CWR, JP): Thank you, Hon. Temporary Deputy Speaker. I rise to support this Motion and congratulate the Mover, Hon. Janet Nangabo, for bringing to the attention of this House and Kenya at large, the suffering that fistula patients go through.

Vesico-vaginal Fistula causes urine and stool to mix. It causes infections, pain and bad smell. It often triggers stigma and break down of families because of the smell that the patient produces. Some families do not work anymore. Their community life is interrupted.

As the Mover has put it, more than 2 million women and girls live with obstetric fistula, most of which occur as a result of complicated deliveries. Women with obstructed labour, which can lead to fistula, need emergency obstetric care such as caesarean sections. Inadequate access to emergency obstetric care, especially for poor rural women, is a long outstanding problem in this country. In my county alone, I have 10 fistula cases I am dealing with. I would like to inform you that it is very frustrating because their treatment is not forthcoming. Therefore, the Government should urgently train fistula surgeons and doctors. Currently, we only have 15 fistula surgeons in this country. Fistula services, in both county and national hospitals should, therefore, be made affordable or free of charge. There is also need for institutional preparedness that will see an improvement in quality of care at health facilities as well as effective referral systems. We also need more awareness campaigns at community level.

With those remarks, I support.

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

Hon. (Dr.) James Nyikal (Seme, ODM): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to talk about the serious problem of vesico-vaginal fistula. This is a serious problem that arises from difficult and prolonged labour, which causes damage to the bladder and to the vagina, therefore causing a direct connection between the urinary bladder and

the vagina. Therefore, urine, henceforth, moves directly from the bladder into the vagina and out without any control. Affected women continuously leak urine and they cannot control it. If it happens backwards, the same happens with the rectum and so; once again, faeces pass out in the same way through the vagina. Because of that, women suffer terrible social problems. They are wet all the time. They try to dress appropriately, but the urine continues to leak and they have a terrible smell. Because of that, they get frequent infections.

That aside, the social stigma associated with it leads to many married women to be divorced. Often nobody says why. Even the women themselves hide this. Therefore, the social suffering may even be greater than the physical suffering. It is a big problem. Four out of 1,000 women who deliver get into this problem basically because they had difficult labour and took a long time to deliver, therefore, damaging the structures in the birth canal. That is what happens. It is directly as a result of poor healthcare, particularly obstetrics care. In a few cases, it may be damage due to Female Genital Mutilation, but the main cause is lack of obstetrics care. It is even worse if it happens to girls that get pregnant early when the structures are not adequate to accommodate the birth process. It can be repaired but because of the damage to the tissues, it is very difficult. In fact, all obstetricians, with a little bit of training, can do this repair.

I support that we should have a programme that deals with it. We need data and there is a process to get it, so that all women that are affected are in a programme and can be taken care of. More importantly, this is a preventable condition. If we have proper obstetrics care, attending ante-natal clinics, delivering in situations where caesarean section can be done, this should not happen. I assure you that if we can go into universal healthcare, where every woman can deliver in a hospital, and where caesarean section can be done - and it can be done by any medical officer - we shall eliminate this problem.

So, as much as we put a lot of emphasis in starting a programme of training surgeons, the most important way to address this would be to improve our ante-natal and obstetrics care so that no woman gets it. Programmes such as Linda Mama will go a long way in eliminating this problem. I do not think we should have a big programme to its treatment. We need a programme of eliminating it. If every woman delivers in a hospital and gets appropriate care, fistula will be a thing of the past. That is where we should be. We should support universal healthcare, support programmes like Linda Mama and start good ante-natal care so that every woman gets the delivery they deserve. With that, there will be no...

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Nyikal, your five minutes are gone. I take the liberty to add you more time partly because of your expertise in this area. I also notice that you are a Member of the Departmental Committee on Health and the Chair of the Committee is not here. So, for those two reasons, I add you four more minutes.

Hon. (Dr.) James Nyikal (Seme, ODM): Hon. Temporary Deputy Speaker, I am almost done.

In summary, our mobilisation of communities, support of health services, the availability of care and implementation of universal health coverage, particularly focusing on deliveries, will actually eliminate fistula. In the meantime, there are a large number of women with the problem. What we need is comprehensive data. We need to put up a two-pronged programme to take care of the women already affected, and to make sure that no other women gets the problem.

Hon. Temporary Deputy Speaker, I take cue from the Mover and from you. This is a matter we should look into in the Departmental Committee on Health and support the programmes that are already in existence. The public should be made to know that the woman affected has not done any wrong, and that the stigma should be removed. Many do not even say

that they are sick. They are people who need empathy, sympathy and care. We will then be able to deal with the fistula issue.

Thank you.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Jaldesa Dida.

Hon. (Ms.) Rehema Jaldesa (Isiolo CWR, JP): Thank you Hon. Temporary Deputy Speaker for giving me an opportunity to contribute to this important Motion. I also join my colleagues in thanking Hon. Janet Nangabo for bringing this critical Motion touching on the lives and dignity of women.

Obstetric fistula is the most devastating and serious of all childbirth injuries. It is a human rights issue. Obstetric fistula is a hole between the vagina and the rectum or the bladder, which causes leaking of urine and sometimes faeces. This is caused by obstructed or prolonged labour of like seven days or more. It is caused by neglected labour or sometimes labour that is left unattended, which in itself is negligence and demeaning of a human being.

Fistula occurs among women who give birth without proper medical care, coupled with some traditional practice such as FGM and early marriages. This is an issue that is very common in areas like Isiolo County where I come from, where women have to trek kilometres to access even a small health centre. Given that health is a devolved function, two sessions down the line, we are yet to see the benefits of devolution in the county. Therefore, women keep on suffering. The county I represent of Isiolo is one of the counties that are generally not very receptive to women issues because of its traditional setup. When women suffer from fistula, they are completely ignored, stigmatised and isolated by the communities and their families. They are regarded as bewitched or as witches.

I have encountered in the last one year women who have been chased away from their homes by their husbands who are supposed to give them love and care just because of a special condition which is not of their making. Therefore, I am contributing to this Motion with a very heavy heart.

Having said that, we also appreciate the Government of Kenya for some positive steps it has taken to improve the reproductive and maternal welfare of women. However, I believe much needs to be done. I am proposing, on top of what *Mheshimiwa* Nangabo is proposing, that the Government needs to come up with strategies to improve maternal healthcare to make sure that patients have access to information, so that they can make an informed decision such as where they can go for their post-natal and ante-natal care.

Further, the World Health Organisation (WHO) has developed an important recommendation for clinical management of fistula as well as programmes to address issues of fistula prevention and rehabilitation. However, Kenya has not adopted this recommendation. I, therefore, propose that the Government develops and implements a national fistula strategy in accordance with WHO. I also urge the Government to carry out awareness programmes that raise information to the public.

Lastly, there is the community midwifery model to cover the whole county and to address the payment of those midwives who are the traditional birth attendants.

Therefore, I support. Thank you.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Tandaza Sawa, Member for Matuga.

Hon. Kassim Tandaza (Matuga, ANC): Thank you, Hon. Temporary Deputy Speaker. I take this opportunity to thank the Mover of this Motion, Hon. Janet Nangabo, for highlighting some of the issues that are considered very private in my community. Matters private parts are

very private to the extent that I am alarmed by the statistics that have been given here. If for every 1000 births there are four cases, then you can imagine how private my people are because one would have imagined we do not have such cases in my constituency of Matuga. Simply because they are issues dealing with private parts, then you realise nobody, as other Members have said, has heard of any case. But from the statistics, they are there.

In fact, I am further alarmed in the sense that it is caused by issues like delayed labour. In my constituency, for sure, while others are talking of lack of Level 5 hospitals, we do not have even a Level 4 hospital, despite the fact that the county headquarters is in my constituency. So, you can imagine how many cases we could be having in my constituency.

Turning to the issue of specialised training, the main problem is the issue of medical training in general. In Kenya, it is very expensive and not as paying as the other professions. For instance, if you were to pay for somebody to do a medical course, you would be talking of upwards of Kshs1 million per year and yet, to do other courses, it is about Kshs70,000 to Kshs80,000 per year. When it comes to payment after college, despite the fact that a medical practitioner could have undergone training up to 10 years and above, it is not a lot different from the other courses.

I propose a situation whereby the Government lowers the cost of training for medical practitioners because it is out of that that you are going to have specialised medical practitioners in this field of fistula.

The other issue that I would want addressed through this Motion is medical cover. When you talk about universal healthcare, one would have imagined that NHIF, which takes care of medical cases, would adequately and very fast cover such cases. Unfortunately, it is for those who subscribe and, therefore, pay. We know that in Kenya, we have a very high rate of unemployment. Through this Motion, it has also come out that it is mainly women from the rural areas who are affected; meaning that they are not in any gainful employment. Therefore, they are not able to register with NHIF, which would have covered some of those cases.

I propose that this Motion goes further to urge the Government, through the Departmental Committee on Health, to see to it that those cases are covered by NHIF. The NHIF should probably be expanded to cover cases such as a devastating situation that is not catered for by the normal contributions.

With those few remarks, I support.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Hulufu Oda.

Hon. Hassan Hulufu (Isiolo North, KPP): Thank you, Hon. Temporary Deputy Speaker, for giving me the opportunity to contribute to this Motion. I support the Motion.

Fistula is a very devastating condition for our women. As Members who have contributed have indicated, the statistics of women who have suffered fistula in our country is worrying. In fact, there are a number of socio-economic factors which contribute to our women and girls suffering that condition. In our areas, particularly in the pastoral areas, we have harmful cultural practices like Female Genital Mutilation and early marriages. When girls are married at tender ages and put in the way of child bearing – because their biological systems have not developed sufficiently enough to nurture the baby and facilitate delivery – they end up with that condition. Many of those cases go unreported. In fact, the statistics on fistula indicate that for every woman that receives treatment in Kenya, 50 others go untreated. Those 50 are the ones that are silent. Of course, it is a very humiliating and stigmatising situation.

As has already been indicated, there is continuous passing of urine and, at times, a mixture of urine and faeces. The foul smell that emanates from that condition forces those

women to hide. If they are married, their marriages break up because they can no longer stay with their husbands. Even for those who are treated, there is very little care in terms of what is done for them to get rehabilitated and get integrated back into the society. Once the corrective surgery is done, more is needed in terms of psychological counselling and providing support so that their confidence, as women, is developed. Then, they will go back to the society and start interacting with its members.

I would like to agree with many of the speakers who have said that, in as much as we support the Motion we need to strengthen our preventive programmes. Actually, one of the major reasons we are having cases of fistula is because of lack of access to quality obstetric care by our women. There are many programmes like the one which the First Lady rolled out in the first term of His Excellency Hon. Uhuru. It continues up to now. It has gone a long way in improving maternal care. We need this to be strengthened.

Again, one of the major things which needs to be done is to enhance awareness amongst women and girls on the fact that fistula is a condition which can be treated. Even for those who suffer the condition, many are not aware that it is treatable. For those who are aware, they do not know where to access those services. For those who know where to access them, unless it is supported or sponsored by Government or some other organisation, whether private or public, they cannot afford the cost of undergoing corrective surgery. As a country, we need to emphasise the fact that access to the highest attainable healthcare for women is a matter of human rights. Therefore, we must endeavour and encourage the State Department of Health, as well as the county governments, to make sure that all our women have access to the highest quality of maternal care attainable, given the resources at the disposal of the Government agencies.

At the same time, we as leaders have a responsibility. We need to work with all the stakeholders to make sure issues like early or childhood marriages are eliminated in all its forms, once and for all. That is one of the major causes of fistula.

With those remarks, I support.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Muhanda Busihile.

Hon. (Ms.) Elsie Muhanda (Kakamega CWR, ODM): Thank you Hon. Temporary Deputy Speaker for giving me a chance to add my voice to this very serious situation in our country.

If you look at the Bill of Rights, every citizen has a right to live in dignity. But you will find that those women are dejected, they are not accepted in the society and they cannot even enjoy conjugal rights. With urine and faeces coming together, those women cannot live a total life. You will also find that even the right of those women to breastfeed their children is troubled. How can you breastfeed your child when you are faced with those problems? For those women to have dignity in life, the fistula issue must be attended to.

We have the Big Four Agenda. How can those women contribute to the Big Four Agenda if they are in that state? How can those women even go to the fields or be empowered? In Kenya now, women are supposed to be empowered. For economic empowerment, a woman must be fit. But, those women are just dejected in the society. They cannot do anything. When they go to sit with other women, the other women and people reject them. Their families reject them.

I support this Motion for the sake of those women to be total women in the society. Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Mohamed Osman.

Hon. Mohamed Abdikhaim (Fafi, KANU): I want to contribute to the next Motion, which is about youth unemployment.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Very well. I cannot know that. I just saw you on top of the request list here. That is fine, Hon. Member. When that time comes, you may catch the eye of the Speaker.

Hon. Nakara Lodepe, I hope it is for this one and that you also did not book for the next Motion.

Hon. Nakara Lodepe (Turkana Central, ODM): Hon. Temporary Deputy Speaker, I stand to support this Motion, and join my colleagues who have given some statistics. Some have given proposals on how to tackle this problem.

According to the statistics given here by African Medical Research Foundation (AMREF) Health Africa, Kenyans who suffer from fistula are 6 million in this country. Imagine that! Six million women in this country are suffering from fistula. Those who visit Kenyatta National Hospital (KNH) know that men are at 10 per cent of those patients. That means that, for every 10 patients with fistula in this country, one is a man. This means our people are suffering. This is a life-threatening disease which we need to see how to tackle to help our people.

They have given some causes of that disease. Those causes can be avoided by having specialists in our hospitals where our women go to deliver. We need to provide specialised training and subsidise its treatment because most Kenyans are poor. The Government should come up with a programme that can provide specialised training to specific people on that disease. As you know, treatment in this country is very expensive. Some people cannot afford it. Unfortunately, most of the people who suffer from that disease are poor. They cannot afford the expenses. I agree with Members that the cost needs to be subsidised so that even the poor can afford. More than that, we need a cover that can be given free to anybody suffering from that disease so that we can save lives in this country.

Despite what we have heard from other Members, we lack specialists in this country. One of the Members has said that we have only 15 specialists of that disease in this country. Compare the 6 million people who are suffering from that disease in this country with 15 specialists. That number cannot add up. So, we need to train more specialists on that area because we are losing lives. This is a life-threatening disease.

We also cannot afford to lose our people through lack of access to maternity care. This is by providing skilled care and making facilities available, especially for people who are suffering from that disease. We can afford as a country. Another cause of that problem is poverty. We can afford that by giving every person who suffers from that disease a medical cover. We can include it in the NHIF or the Government pays or the county governments provides or even the NG-CDF. That is so that we can save lives.

We need to discourage harmful traditional practices like FGM; we need to discourage them. You will find somebody practising that traditional ritual at this age. Such people need to be dealt with so that we can save lives.

In conclusion, we also want to deal with people who commit sexual violence. When rapists do harm to our young girls, they go on with life without any problem. The laws of this country need to be tightened so that whoever destroys a person's life through rape is dealt with seriously, so that we can save the lives of our young girls.

With those few remarks, I support. Thank you.

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

Hon. Anthony Kiai (Mukurweini, JP): Thank you, Hon. Temporary Deputy Speaker. I stand to support the Motion.

Fistula affects both gender, but it is more pronounced in women than in men. Fistula usually comes from obstructed labour. It is also caused by early marriages, sexual violence, lack of maternity care, harmful practises like FGM and poverty. Poverty is a factor because it gives stunted growth to affected children. There are various diverse factors that cause fistula.

Fistula is a hole that develops between the vagina and the rectum, which causes the mixing of stool and urine. It causes a stigma which makes men to not want anything to do with a smelly woman. It is not because of their own making, it is because of that condition. The rate of divorce to a woman who is suffering from fistula is high. It is not because of the making of the lady and, therefore, this Motion is timely and it will ensure that such stigmatisation of women will go away. Also, it is important that we create civic education to teach men that those things are there. Time and again, we have been told to be present during the birth of our children to witness the kind of situation that our women go through.

About four women out of every 1,000 women suffer from that condition. It is only fair and right that those services that cure that situation are extended to all hospitals, dispensaries, health centers and referral hospitals in Kenya. That way, we will bring back the dignity of women who suffer from it. We will also ensure that women go about building the nation in a manner that is respectable and in a manner that ensures that they do not get stigmatised. As I finish, it is also important knowing that the most affected gender - the women - are the drivers of the economy. They are the people who put together our families and we need to support them to ensure that they have that dignity of a woman. The essence of a woman is hygiene. I support.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Oduol Ombaka.

Hon. (Dr.) Christine Ombaka (Siaya CWR, ODM): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity. I would like to contribute to the problem of fistula that affects women. As you know, women have a lot of health problems that are quite distinct and very expensive. We are told that fistula is caused by obstructed labour and early pregnancy. When a girl is very young and she gets pregnant chances are very high that she is going to experience obstructed labour and may end up with fistula. I believe that there is lack of information on health education for the girl-child. Many of them get pregnant without knowing their bodies and the effect of premarital sex. When they get pregnant, most of them do not even visit hospitals for antenatal care. Some religion does not allow sick people to go to hospitals. So, sometimes, that is also a factor. Cultural issues, including religion, may bar women from visiting hospitals. As a result, women suffer from fistula. Many times, I have been hearing announcements on radio that there are certain areas and hospitals asking women with those problems to visit so that they can be helped. It is also very expensive for them to travel to those areas. There has been one that has been announced several times in Kisii area and people from Siaya, whom I represent, find it very difficult to reach Kisii. I am, therefore, requesting that opportunities such as those where there are certain doctors who are ready to support women in this area and are probably giving free medical treatment or subsidised treatment should spread out to many hospitals in different counties.

I appreciate the effort that they are trying to give. I know it is an expensive exercise but, when you are dealing with little girls who get pregnant, then you can also begin to imagine that those little girls cannot access the treatment because they cannot afford to have even the medical insurance card. One has to pay Kshs500 for the NHIF card per month. Those girls cannot afford that kind of money and so, they cannot have the card. So the treatment becomes very difficult to access. I think there is need for us to give free treatment in some of those cases requiring special

attention. Fistula requires special treatment and a lot of money and, therefore, there is need to have or make it free for more women to be able to access it.

Finally, health education is critical. Every girl, boy and teenager should be given education about their bodies so that they know how to avoid early pregnancies. They can avoid many other diseases that come through sex such as HIV and AIDS and Sexually Transmitted Infections (STIs). Those are problems that are facing young people and many of them do not access health services. If you are going to improve on giving health services to everybody, then we need to begin by giving young people information about sexual diseases and prevention as well as care.

Thank you very much. I support this Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Very well. Before I give a chance to the next Member, let me recognise three schools in the Public Gallery.

Kithunguri Primary School from Imenti South Constituency, Meru County, Ndelekeni Primary School from Masinga Constituency, Machakos County and Kivi Primary School, Kangundo Constituency, Machakos County. The three schools are welcome to follow the proceedings of the House.

We shall have Hon. Liza Chepkorir.

Hon. (Ms.) Liza Chelule (Nakuru CWR, JP): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to also contribute to this Motion. Before I contribute, I want to thank the Mover of this Motion, Hon. Nangabo, for bringing it to the Floor of this House. We all know that this is a vulnerable situation for women who are affected. This is a problem that affects all of us. If you are not suffering from it and other women are, we are all affected.

The Mover of this Motion is requesting the Government to provide specialised training on fistula to surgeons and subsidise the cost of fistula treatment. I would like to add that we need to educate people about the cause of fistula. The Government should give free treatment of fistula and not subsidised fee for treatment of fistula.

We should have fistula treatment service being given at sub-county hospitals, instead of patients travelling from rural areas and very long distances to get treatment. I believe that it is the responsibility of the Government to look into the issues of health services in our hospitals. The people of this country should get quality services in our hospitals. As we are talking about fistula, there are so many issues that the people of this country do not know. Information is power. There should be information available on fistula.

So, it is very important for women to be educated about the causes of fistula. I am so happy that this Motion has been brought to the House. I am happy with the way Members who have talked before me are supporting this Motion. I also support.

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

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Okelo Odoyo, Member for Nyando.

Hon. Jared Okelo (Nyando, ODM): Thank you, Hon. Temporary Deputy Speaker. I rise to support this timely Motion on provision of specialised training and subsidised cost relating to fistula surgery. We cannot delve very much into the description of what fistula basically means because most of the speakers have properly given its description, which is caused by prolonged and protracted labour by women trying to deliver. This affects a woman's life physically; it affects her psychosocially and it affects her economically. When a woman is undergoing fistula challenges, she is denied an opportunity to have self-esteem and self-confidence. Therefore, this

Motion ought to have also included the need to have Level 5 hospitals in various counties staffed with doctors or obstetricians who have the capacity to handle issues related to fistula.

Fistula denies women an opportunity to engage in economic activities, because the condition that they are in may not permit them to fully exploit their potential to create wealth. Hence the need for surgery to repair the physical damage of fistula and the devastating consequences that affects a woman's quality of life, which may persist when she re-integrates back into her community.

We have been told that they experience urinary incontinence and this creates a lot of discomfort to women. It also affects their relationships, because no man would have the confidence and the wherewithal to relate with a woman who is undergoing all those challenges. We know how they have to use pads, clothes and other materials to protect themselves from the stench and the wetness that they experience. So, this Motion is meant to repair and resolve many of the concerns that women have when they experience vesico-vaginal fistula. The repair will improve quality of life at individual level, including the feeling of freedom, confidence, personal growth and improved income-earning ability. This will create inter-personal growth, improved income ability, inter-personal quality of life and improved relationships with family and friends, hence reducing stigma and increasing participation within their communities.

The victims desire more children, but the fear for recurrence is always a deterrent. Women should be well informed about vesico-vaginal fistula development because, in other communities, this is misinterpreted to mean witchcraft. Therefore, proper knowledge about fistula, its causes and the underlying factors would help eradicate those fears which have become quite rampant. Therefore, I rise to support this Motion.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Noor Sophia.

Hon. (Ms.) Sophia Noor (Ijara, PDR): Thank you, Hon. Temporary Deputy Speaker. I want to add my voice in support of this Motion. It is a Motion that is familiar to me. I have worked in this area for many years. I am a founder and CEO of an NGO called Womankind Kenya, which did a lot in the areas of reproductive health. I have been running an integrated programme. I have met physically with women and girls who suffer vesico-vaginal fistula. I have counseled, sat and ate with women who are despised by their communities, who do not feel like part of the community because of fistula. Because of that, I have been able to interact with doctors within this country and beyond.

I want to salute some great men in this country. There is a man called Dr. Mohamud, the Governor of Red Cross Kenya, and Dr. Aden Abdullahi. Those are two great men who have supported fistula programmes in some parts of this country. While the women were suffering and crying, I did not know where to go to for help. If you go to health centres, there are no specialised people who can help them. If you go to the general hospital, you will not find a specialised doctor who can treat them. Those two great men, when I sat, interacted and discussed the problems the women were facing, went out of their way to do their own research and find a solution that could help those women. They connected me to doctors in Spain who came all the way to Garissa and Ijara, in particular. They did many fistula repairs in Ijara. When I was in the 10th Parliament, I was a champion of fistula issues. I had many meetings at KNH and down in my constituency of Ijara.

I know the psychological problem women face when they suffer from fistula, particularly the girls who go to school and who cannot control their urine or faeces. Going to school becomes a problem and so, they drop out. That is a major psychological problem. Those doctors supported

that programme. They went out of their way to conduct health education to tell people the causes of fistula. I have been doing many programmes on female genital mutilation and the effects of early child marriages, which are some of the factors that contribute to fistula.

As a nation, when we have 6 million of our women and girls affected by fistula in one way or another, we cannot take it for granted. It is a big population. It is a group we cannot just ignore. The Constitution is very clear on the provision of healthcare. It is compulsory free universal healthcare for every person in this country. So, it is crucial that the Ministry of Health critically looks at how they can positively and indiscriminately recruit doctors who are specialised in fistula repairs. They can help this country. If we are serious as a House, we must set aside resources and train personnel who can serve this nation. If we do not allocate resources for a problem like fistula and we do not have special...

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Sophia, time is up for you. Hon. Kihara Kimaru.

Hon. Peter Kimaru (Mathioya, JP): Thank you, Hon. Temporary Deputy Speaker. I also support this important Motion by Hon. Janet.

I do not want to belabour the issues that have already been mentioned by those who have talked before me. However, it is clear that the numbers are extremely worrying. Hon. Janet talks of an upward of over 2 million women having this condition. Hon. Sofia has said the numbers could be much higher. If you look at the numbers that are also getting affected by fistula annually it is close to 100,000 women. This, to me, is a national disaster that ought to be addressed. The numbers are alarming. We are saying upwards of 10 per cent of our women are silently suffering from this condition. It is important that, as a country, we ensure we have enough doctors who are properly trained to treat fistula patients. Universal healthcare being one of the key pillars of the current Government, this is something we cannot take for granted. We need to ensure that this issue is properly addressed. The psychological effect on women with this condition cannot be overemphasised. As I support this Motion, I pray that fistula treatment will be substantially subsidised or made free. More importantly, we need to talk about this condition during public meetings so that women can appreciate that this is just a condition that can be treated – that it is something which should be followed through so that women can stop suffering in silence.

With those remarks, I support.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Let us hear Hon. Gogo Achieng. I can see that you have relocated to another place. Are you surrendering your space and opportunity?

Hon (Dr.) Lilian Gogo (Rangwe, ODM): Thank you, Hon. Temporary Deputy Speaker. I have not relocated to another place. My sister had made a very good contribution on the Motion whose debate is currently ongoing. I had gone to congratulate her. Besides that, she is unwell. She broke her leg. So, I had gone to empathise with her. Having said that, I rise to support the Motion.

Fistula is a big problem in this country. For women, especially those with this condition, it is something that requires attention. It must be declared a national disaster. It mainly affects young and middle-aged women. This is the time when women are at their productive stage. As indicated by the Mover, more attention should be paid to fistula. I do not want to belabour the points that have already been made by my colleagues but we should subsidise treatment for fistula.

A fistula patient suffers from a lot of smelling from urine and faeces. It is a problem that brings about segregation and isolation of the patient. As my colleagues have suggested, we should give this condition the seriousness it deserves. Taking care of young women is taking care of our nation. We should treat young women. The ones who are affected by fistula are mainly from rural areas. Rangwe, my own constituency, has this problem. It is important that we look into the matter seriously. For every constituency, whoever is volunteering...

The Temporary Deputy Speaker (Hon. Patrick Mariru): Order, Hon. Gogo! What is it, Hon. Leshoomo? You seem to have pressed the intervention button.

Hon. (Ms.) Maison Leshoomo (Samburu CWR, KANU): Ilikuwa ninaomba nafasi.

The Temporary Deputy Speaker (Hon. Patrick Mariru): You know, you are minimising your chance because you are next on the request list appearing on my screen. Do not cause me to reconsider.

Hon. Gogo, please proceed.

Hon. (Dr.) Lilian Gogo (Rangwe, ODM): The urgency shown by Hon. Leshoomo in terms of wanting to contribute to this Motion is a clear indication that it is a very important Motion for women and the general public. It is important even to our male colleagues because this condition affects all of us when it affects a woman, girl or sister.

Before Hon. Leshoomo pressed the intervention button, I was saying that this mainly happens in the rural areas. I make a special appeal to medical personnel; that, we should have interventions at the constituency level because when it happens, at times it becomes difficult for affected women to travel long distances to access treatment, given the condition they find themselves in.

I request that as much as we may not, as a country, put specialised medical personnel by way of obstetricians and gynaecologist in every sub county hospital, we should have a system that reviews, probably on a monthly or bi-monthly basis, so that we give attention to this problem that affects women.

A part from that, I would like to emphasise on education. Whenever this happens, women shy away. They do not want to be assisted. They lock up themselves in their rooms. It is a medical condition like any other. They should come out for help. I am sure that help will be given.

With those many remarks, I support.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Let us have Hon. Leshoomo.

Hon. (Ms.) Maison Leshoomo (Samburu CWR, KANU): Asante sana, Mheshimiwa Naibu Spika wa Muda. Mimi pia ninaunga mkono Hoja hii.

Nchini Kenya tuna shida ya huo ugonjwa unaoitwa *nasur* kwa lugha ya mama. Ninaunga mkono ili tupate madaktari mashinani. Mambo haya ni mabaya zaidi kule mashinani kwa sababu ya ukosefu wa hospitali na madaktari wa kuhudumia akina mama ambao wako na shida hiyo. Hii ni shida kubwa kila mahali, haswa miongoni mwa jamii za wafugaji. Inakuwa aibu kubwa mpaka unaona wasichana hawaendi shuleni. Tunapochunguza tunapata wako na hiyo shida.

Vile vile, akina mama wanapojifungua hujipata kwenye hali hii. Unapata mama amekiti, na mkojo unatoka. Unapotaribu kuuliza, unapata hakuna daktari ambaye anaelewa ni kitu gani kinaendelea. Kwa hivyo, mimi pia naunga mkono ili jambo hili liweze kuangaziwa kwa kina kwa sababu ni jambo linalowaumiza akina mama. Limenyamaziwa kwa muda mrefu.

Akina mama wengi wanaona aibu kusema wako na shida hiyo. Watu wanaogopa. Tunaomba tuwe na madaktari mashinani. Tunawashukuru madaktari ambao Serikali imewaleta kutoka nje. Tunaona sasa wanaelekea mashinani kwenda kutibu magonjwa tofauti. Ninaomba

huo pia uwe ugonjwa mojawapo wanaenda kuangalia na kushughulikia, hasa huu ugonjwa unaitwa saratani. Madaktari wanarudi mashinani kwenda kutibu magonjwa.

Naunga mkono na kusema madaktari hawa wanaotembea mashinani pia waende na wajaribu kuuliza kina mama ile shida wanapata kwa sababu shida hii iko hasa kwa kina mama wanaojifungua mara ya kwanza.

Ninaunga mkono Hoja hii na ninamshukuru dadangu kwa kuileta na tutazingatia kuwaelimisha kina mama wetu na wasichana ili mtu akiwa na shida hiyo afike hospitalini kwa haraka ili shida yake ipate kujulikana na kutatuliwa mara moja.

Asante na ninaunga mkono.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Yes, Hon. Malimo, Member for Laisamis.

Hon. Marselino Arbelle (Laisamis, JP): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity. I also rise to support this Motion that provides for specialised training and subsidised costs relating to fistula surgery.

My colleagues who spoke before me had actually explained in detail what fistula is. Having known that it is a condition that affects women and girls due to unattended labour at birth, or as a result of, maybe, rape I think it is important that we support our women countrywide so that they can get subsidised medical care in all our health facilities. As a matter of fact and as many women undergo birth in our hospitals, they undergo a lot of labour and this fistula is also associated with women undergoing labour for long. Therefore, because of this suffering that our women go through, it is important that we try to put some measures in place of creating awareness through awareness programmes throughout the country so as to alleviate suffering of our women.

Instead of subsidised medical care, it is better if full medical care is given to women and girls across the country, particularly those in the rural areas who succumb to this suffering compared to those who live in urban areas. Our women in this country really suffer a lot. It is for this reason that women in this country should be given an upper hand in this matter. The Government of Kenya has given women a special day that is called Mothers' Day. I think it is good because we know women in this country succumb a lot to labour pains.

Women are the ones who cook food; look for firewood and water in the rural areas. They are the ones who actually bear children. With this load on their back, it is important that we give our women some care, particularly in cases of fistula which is rare and many women are suffering in silence at home without actually exposing this problem even to health personnel.

Hon. Janet has introduced this Motion asking for specialised training in our training institutions. It is very important that people who are pursuing courses like midwifery are given special training on how to handle women during child birth.

With those few remarks, I stand to support this Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Arbelle, I am not sure that it is the Government that has given the women the Mothers' Day. I heard that statement. You may need to recheck that fact. The Mothers' Day must have been given by someone else. I am not sure if it is the Government.

Anyway, shall we have Hon. Nyenze Edith?

Hon. (Ms.) Edith Nyenze (Kitui West, WDM-K): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to support this important Motion. I also congratulate Hon. Janet for this good Motion which has come in time. I am just imagining young girls who

have just been married and then they are supposed to really enjoy their marriage. They are very excited about marriage and then they are exposed to this embarrassing condition.

You can imagine how such a girl would feel or even someone who is not married and then they have this condition and they cannot even disclose. They are embarrassed to even talk about it. They are not confident enough to even share it with anyone because most of the time it affects mostly girls who are not even educated. Therefore, they are really ashamed about it and they do not know who to share it with and they cannot even disclose it to a doctor. I encourage nurses and doctors who treat such girls or people with this condition to inquire further because even when they go to hospital, they might not disclose the condition.

The good thing is that our Constitution provides that every person has the right to the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare. What I would encourage is prevention which is better than cure, since we now have people with fistula. So, to prevent this fistula, it is good to ensure that our young people are made aware and educated on how to understand this condition and other reproductive health conditions. It is important to disclose the problem than keeping it to themselves and suffering in silence.

I have said prevention is better than cure and to prevent this, it is good to educate our girls and also young men on how to wait longer before they have children. This one is trying to aid child marriages and early pregnancies. This will go a long way in ensuring that this disease does not affect young girls and young mothers. Understanding how to prevent fistula will help them. For those people who get it, they will talk about it and they will be attended to in good time because information is power.

We also know that rape cases can be a cause of such a disease. Our girls and young men should also be assisted on how to actually try to avoid such things. Treatment in our public hospitals should be made free especially for reproductive health diseases. Mostly, this disease affects women in the rural areas and most of the time these people have no money, no employment and no knowledge. So, if free treatment is introduced for such diseases in public hospitals and then nurses and doctors are properly trained in this area, it will go a long way in preventing and treating fistula disease.

With those remarks, I support the Motion. Thank you.

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

Hon. (Ms.) Cecily Mbarire (Nominated, JP): Thank you, Hon. Temporary Deputy Speaker. I rise to support this very important Motion. Let me first begin by really congratulating Hon. Janet Nangabo for bringing this Motion whose time is well overdue. Let me begin by telling you just how serious this problem is. The World Health Organisation (WHO) calls fistula the single most traumatic aftermath of neglected childbirth. This unfortunate disease affects over 2 million mothers in the world. Two to three out of every 1,000 childbirths result in fistula. A lot of women are suffering in silence in the villages because it mainly affects women and girls from poor backgrounds in the villages. It is caused by obstructed labour, extreme sexual violence, early marriages, child birth when a girl is not fully formed for reproduction and extreme cases of Female Genital Mutilation. As a result, in Kenya, three to four women out of every 1,000 deliveries suffer from this disease. That is a very huge number.

There have been interventions done especially in places like Kenyatta National Hospital (KNH) where about 100 to 200 women undergo surgeries. I am aware that this has been going on for a while but if you are talking about 100 to 200 cases being sorted per year, that is just a drop in the ocean. Therefore, I support this Motion. There should be more training because in the

whole country, there are only 10 surgeons that deal with fistula surgery. I hope that we can train more surgeons in the area of fistula and make sure that we save women from this unfortunate condition that brings down their self-esteem. They can hardly even go to public places because you have no control of your bladder and vesico strength. It is a shameful disease. Many women are suffering in silence.

I hope that we can pass this Motion with the help of the female Members of Parliament and also the male MPs because they know women who are suffering back in their constituencies. We can push for real budgetary allocation for this particular condition in the supplementary budget so that we make sure that there is enough money that can be given out even at Level 5 hospitals and Level 4 hospitals. This will ensure that those surgeries take place at the grassroots level in the devolved units.

With those few remarks, I support the Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Let us have Hon. Mwambire Ngumbao.

Hon. Teddy Mwambire (Ganze, ODM): Thank you very much, Hon. Temporary Deputy Speaker for giving me an opportunity to contribute to this very important Motion.

I fully support this Motion because it has come at the right time when we can make considerations in the Supplementary Budget as proposed by Hon. Mbarire. It has been a big challenge for very many women especially in the Arid and Semi-Arid Lands (ASAL) areas. The Government has shown some interest in addressing a number of issues, especially health issues. We have seen the Government distributing sanitary towels through the County Women Representatives. I feel that the Government should go an extra mile to invest more in such issues so that at least women can get the right medication. Very many women are suffering.

As MPs, sometimes it is very difficult for us to extend our contributions to such treatments. I believe if the Government puts in more effort, it will be very easy even for the county governments, right from the Level 4 hospitals to undertake such operations so that all those women are treated probably on a quarterly basis. Since we have very many technicians or professionals who can undertake these operations, at least very many women can get this relief.

I support this Motion. Even after passage, I believe the Government will take it very seriously so that at least we can get relief in the society.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Let us have Hon. Yussuf Haji.

Hon. Yussuf Adan (Mandera West, EFP): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity. Like all my colleagues who have spoken all morning, I support the Motion. I think everybody has supported the Motion. The mood of the House is such that everybody supports this Motion. That is because of its importance and the effect that it has within the society.

Majority of the women who suffer from this condition are from poor communities. This is because, as it has been said, a lot of them do not even go to school. Therefore, they enter into early marriages and are subjected to those conditions. Since they are a poor lot, treating this condition is very expensive. They might not only lack the opportunity to get treatment but also lack the knowledge that this condition is treatable or can be corrected at some stage. Therefore, it is very important that we package some information at our rural hospitals and health centres so that people are aware that this condition can be corrected and treated at some level.

I beg for the support of the Government to make sure that we have some specialised health personnel who can attend to those conditions and who can go down to the rural areas. We have talked and talked. We talk so much in this House because it is a talking House. We should

go a step ahead and not only talk as some of my colleague have suggested here. Action should be taken. We should ensure that this Motion is passed, enacted and the necessary financial support is given. Since the health function is already devolved, action should be devolved further to make sure it goes to the very rural areas where this is very much required.

There are people in this House with a lot of expertise, for example, Dr. Nyikal and Hon. Sophia. They have a lot of knowledge and have told us a lot about this condition. I do not have to dwell on the details about fistula, its causes and all that. I should stress that it is a very serious condition and, therefore, we should walk the talk.

With that, I support the Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): What is it, Hon. Jaldesa? You have pressed the intervention button.

Hon. (Ms.) Rehema Jaldesa (Isiolo CWR, JP): Hon. Temporary Deputy Speaker, judging from the mood of the House, it seems this Motion has overwhelming support. I, therefore, propose that you call the Mover to respond.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Jaldesa, it is a good point of order but you spoke on this particular Motion. If you had not spoken, I would have considered your request. Because you had spoken, I will not consider your point of order. From the screen, I can tell quite a number of Members are still interested in speaking to this.

Before I give an opportunity to Hon. Mbui, let me give a chance to Hon. Ibrahim, Member for Wajir North.

Hon. Ibrahim Ahmed (Wajir North, ODM): Thank you, Hon. Temporary Deputy Speaker. Despite the fact that the Hon. Member has spoken on the issue, I strongly support her that the mood of the House is that Members are in support of this Motion.

Just to add my voice to the same, I agree with the Member for Mandera West that Obstetric Fistula mostly affects the poor lot in the community. More so, it affects areas with poor health facilities and areas with unskilled health workers. We are talking of high maternal mortality rates in this country. I can assure you that Mandera County is one of the counties with the highest maternal mortality rates in this country.

Hon. Temporary Deputy Speaker, one of the factors that have contributed to these high maternal rates is obstetric fistula. A patient travels all the way from Banissa Constituency to Mandera Town which has poor road network. A mother is always in labour pain for more than six or seven days. That definitely results to maternal deaths and loss of the newborns. In this era when we are talking of Vision 2030 and attainment of Sustainable Development Goals (SDGs), it is unfortunate that we are still losing mothers and children. We need to carry out massive health education, so as to ensure that we end it.

We always pass Motions. This Motion is urging the Government to provide specialised training for fistula surgeons and subsidise costs for fistula surgery in all health facilities in order to make treatment accessible and affordable. I feel that at this juncture we should compel the Government to ensure that the necessary financial and human resource allocation is made to health facilities so as to ensure that we do not lose more mothers and newborns as a result of obstetric fistula. It is my hope that the Ministry of Health and the Committee on Implementation will ensure that they walk the talk because this is a serious case.

Members have said that early marriages, sexual violence and FGM are some of the factors that contribute to this obstetric fistula which is very common in the northern part of Kenya. There is need to address the factors which cause it. We need to address issues of sexual violence, early marriages and FGM. If we carry out the necessary health education, these issues

will be addressed well. This should cascade down to the village level. I am aware that this is a function of the national Government. We must be in a position to link with the Senate, so as to ensure that the county governments are obliged to implement this Motion.

Finally, we must also uphold the International Day to End Obstetric Fistula. There is need for us to ensure that hope, healing and dignity are upheld. We must have colourful International Day to End Obstetric Fistula so as to inform our communities on issues related to this disease.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Mbui, Member for Kathiani.

Hon. Robert Mbui (Kathiani, WDM-K): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to rise and support this Motion by Hon. Janet that seeks to provide specialised training and subsidised costs relating to fistula surgery.

First, I want to thank Hon. Janet for coming up with this Motion because she is carrying out her representation role. That is what this House is meant for. When we got our Independence so many years ago, we swore to fight ignorance, poverty and diseases. We are still here talking about diseases so many years later. Are we winning this fight or we are still going to continue fighting? It is important for us to fight against diseases as a nation. Our current Constitution provides for the highest sustainable standards of health and also free emergency treatment. We must enforce what is in our Constitution. We must ensure that citizens of this country get quality health services.

One of the four development pillars of the Jubilee administration is the provision of universal healthcare. As a House, it is important to support the development agenda. When we talk about universal healthcare, we talk about provision of health services. We cannot afford to have diseases that defeat the system. That is one of the reasons it is important that we support the Motion. It says that we subsidise costs which relate to fistula surgery. When we talk about the acquisition of universal healthcare, it means that those who can afford it to pay for it and those who cannot to get it for free. That is my understanding. So, we should remove the issue of subsidising costs and say that it should be provided by the country. We, as a country, have a responsibility towards our people. This will help us to do away with *Harambees*. Every weekend, Members of this House attend them for medical purposes. That will be a thing of the past.

It is also important to do away with people who are suffering in silence. The problems which they have are embarrassing, so, they hide them. As we deal with this, we should carry out very serious public awareness, so that we can ensure that we remove stigma associated with this disease. This is not something that one wishes to have. It is a disease like any other. From what I have heard from the experts who have spoken before me, a lot of people hide the disease because of the stigma. They do not want it to be exposed. So, it is important for us to support this Motion, so that as we move forward, we can also carry out very serious public awareness when funds will be available.

Thank you, Hon. Temporary Deputy Speaker, for giving me the opportunity to contribute. I support the Motion.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Mohamed Osman, Member for Fafi.

Hon. Mohamed Abdikhaim (Fafi, KANU): Hon. Temporary Deputy Speaker, I wanted to contribute to the youth employment earlier.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Jeremiah Kioni.

Hon. Jeremiah Kioni (Ndaragwa, JP): Thank you, Hon. Temporary Deputy Speaker, for giving me the opportunity to contribute to this Motion. At the outset, let me start by saying that if you notice, this is the third Motion that we are discussing which was introduced in the House by our able women leaders. It underlines the importance of having women in leadership positions, including this House.

The Motion before this deals with establishment of special needs units in every primary and secondary school that was introduced by Hon. Mishi Juma Mboko. Before that, we had another Motion which was moved by the Member for Kibwezi East which deals with establishment of trauma care centres for the victims of gender-based violence. These are areas that men are concerned with, but they do not come on top of their heads when they are talking about issues that affect our people. If you go through the Motions, you find that women leaders introduce issues relating to the economy like coconut farming. It is for such reason that we need to look for ways to ensure women are present across the other leadership positions.

Having said that, it is important to note that there are four issues that have been highlighted in the Motion. One, four deliveries in every 1,000 result in this medical condition that is traumatising. We have 50,000 to 100,000 new cases of this condition every year. We have been told that 7.5 per cent of our patients suffer from the same condition. I mentioned those percentages because they are not small but worrying. It is of concern that as a nation, we have not given this issue the attention and serious that it deserves. I want to thank the Member who introduced this Motion because even if it is urging the Government to provide funds for training, it has helped to bring the issue for discussion. So, all is not lost. We are discussing it here which is not a waste of time. There is something that we gain because the Government is also listening.

Like the other Members have said, this is an issue that affects every corner of this country. I come from Nyandarua County, which is in the Central Region of this country. A mention of Central Region gives many people the false impression that communities in that area have developed beyond some basic needs. Nyandarua is one such area that requires the attention of the Government when this proposal comes to fruition. We need specialised persons to handle women while delivering, or persons who may have gone through gender-based violence. When we have specialised medical persons in rural areas, many of those conditions will be treated and people will go back to normal life. That is the most encouraging thing. When we call upon the Government to provide funds so that this condition is attended on time, it is because it is a solution to the embarrassing situation some women find themselves in. Women with this condition cannot contribute economically within a community, the national and home levels. It is for this reason that I support the Motion and ask that we provide money in the Supplementary Estimates to implement this Motion.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Odege Mboya, Member for Nyatike.

Hon. Tom Odege (Nyatike, ODM): Thank you, Hon. Temporary Deputy Speaker. Allow me to also add my voice on the same.

First, I thank Hon. Janet Nangabo for thinking wide. At some point in time, I learnt that one of my stepmothers had been avoiding public functions for close to 10 years because she was suffering from the same condition. This made me aware that the majority of women affected by this condition are not ready to come out in public and seek medical attention. It is now very important for us, as a House, to articulate it up to the lowest level possible and ensure that all women suffering from this condition benefit from the medical facilities in the country.

My second point on the same is about the capacity of our medical facilities to handle these conditions. You will agree with me that the majority of people suffering from this condition are spread all over the country, and mostly in the villages. However, facilities with the ability to treat this condition are very limited. So, this is a very important Motion, especially now that it is before us. We need to move further and demand that the Government trains enough health workers and post them in medical facilities across the country. The Government should also put in place facilities capable of managing this kind of conditions.

On top of that, we need to create awareness centres where women can access information so that they do not suffer in silence like my stepmother, who had suffered for more than 10 years. What made us realise that there was a problem is that the lady was avoiding public functions. Little did we know that she was suffering that much. I am sure there are a number of ladies suffering the same way. They are spread all over the country, and they cannot reach medical facilities where they can be helped.

After strengthening health facilities, we need enough manpower. After getting enough manpower, we need enough resources to make sure that expertise treatment is spread across the country. At the same time, we need resources to create awareness up to the lowest level possible so that we do not allow a segment of this country to continue suffering when the condition can easily be managed at health facilities.

With those remarks, I support the Motion.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Kimilu Joshua, Member for Kaiti.

Hon. Joshua Kivinda (Kaiti, WDM-K): Thank you, Hon. Temporary Deputy Speaker for giving me an opportunity to support this important Motion.

Fistula is a very common disease affecting women. Most of them are in the village. They do not know what to do. It is becoming a very dangerous disease. It high time we took some of the things we discuss here seriously. Like HIV and cancer, fistula is a very serious disease, and we need to be serious about it. We also need to create awareness amongst our people. While in my constituency, I heard people talk about a disease but they gave it a name that suggested they did not know what they were talking about. We need to, first, create awareness on this disease.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Member for Kaiti, is fistula a disease or a condition? It is not a disease, it is a condition.

Hon. Joshua Kivinda (Kaiti, WDM-K): Thank you, Hon. Temporarily Deputy Speaker for the correction.

The Government needs to establish clinics to create awareness of this condition. Most people affected by this condition fear coming out to explain to the community their condition. Once we create awareness and establish clinics in all counties, it will help the affected people. Our communities will know more about this condition.

It is also good for us to set aside money through the National Government Constituencies Development Fund (NG-CDF) so that, as Members of Parliament, we act in our constituencies. This is a serious condition and we need to be serious about it.

With those remarks, I support the Motion.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Members, it is within your capacity to make provision for funds to deal with this condition. You have made good contribution.

We shall now hear Hon. Kiarie. After he is done, we shall have the Mover to reply.

Hon. John Kiarie (Dagoretti South, JP): Thank you very much, Hon. Temporary Deputy Speaker. Much has been said about this Motion that has been presented by Hon. Janet Nangabo. I still take the opportunity to congratulate her for a job well done. This is a well thought out Motion that is important and timely.

I will not go to the details of the condition because its descriptions have been made here. Beyond the physical attributes of this condition, there are some very dehumanising, emotional and un-dignifying effects that come with the condition. As such, it becomes a matter of national interest.

More important, the numbers are very high. Because of that, it becomes an issue that this House needs to apply its mind on. One critical thing that is obviously missing in the wording of the Motion is “provision of free healthcare through insurance cover”, especially the National Hospital Insurance Fund (NHIF). It is important that we find a way of ensuring that there is provision within the NHIF cover to deal with this condition as a special case even as we push for cases like cancer and liver conditions to be covered in a special way by NHIF.

Beyond that, it is also a good time for this House to revisit the matter of healthcare in this country. We gave ourselves a Constitution and in our common wisdom, we decided that health will be devolved. However, six years down the line, we can take stock of how we are conducting affairs of health in this country. The picture of health in this country is bleak and this is the right opportunity for this House to reopen the debate on some of the functions that we devolved. Health is critical, even appearing as one of the big pillars of the Big Four Agenda by His Excellency the President, needs to be revisited and be discussed so that we determine whether we were right in devolving health as a function or wrong.

The handling of health issues within the counties is, to say the least, deplorable. Our people are suffering. If you visit any of the constituency offices, especially when Members of Parliament are meeting their constituents - I would imagine that is either Friday or Monday - you will find that most of the cases that Members of Parliament deal with are issues to do with healthcare. Some of these conditions will require us to pay for our patients out of pocket. That is why I thought it would be a good time to raise the issue of us reopening the discussion on the decision that we made to devolve healthcare.

I support this Motion. Thank you.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Very good contribution, Hon. Kiarie. Hon. Nangabo.

Hon. (Ms.) Janet Nangabo (Trans Nzoia CWR, JP): Thank you, Hon. Temporary Deputy Speaker. I just want to register my appreciation to my colleagues who have contributed to this Motion. Outside there, the people who are affected most are the very poor who cannot afford to go to hospital.

I want to echo the sentiments of Hon. Cecily Mbarire that, when we will be doing a Supplementary Budget, at least, we should give them something. I am very happy and I thank my colleagues for supporting this Motion.

I beg to reply.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Members, subject to Standing Order 53, I direct that the next steps in this Motion await the next time when the matter will be set for consideration.

(Putting of the Question deferred)

Next Order!

BILL

Second Reading

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

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Chris is not in the House, I direct that the business be deferred.

(Bill deferred)

MOTION

DECLARATION OF YOUTH UNEMPLOYMENT A NATIONAL DISASTER AND ESTABLISHMENT OF A NATIONAL YOUTH FUND

THAT, aware that Seventy-five per cent of Kenya's population is under 35 years of age and that, overall unemployment among youth is at 55 percent; cognisant of the Government's plan in the Big Four Agenda aimed at creating 1.3 million manufacturing jobs by 2022; appreciating that Article 260 of the Constitution of Kenya and the Public Finance Management Act (National Government Affirmative Action Fund) Regulations, 2016 supports the affirmative action for the youth; aware that in the Appropriation Act, 2018, youth empowerment programme was only allocated a total sum of Kshs.7,352,220,651; this House urges that the Government declares youth unemployment as a national disaster and further establishes a National Youth Fund of at least 5 percent of the national revenue collected each year to be administered by an Authority or Commission for purpose of youth empowerment and employment.

The Temporary Deputy Speaker (Hon. Christopher Omulele): I also see that the Hon. Oluoch, Member for Mathare, is also not in the House. I direct that the business be deferred.

(Motion deferred)

ADJOURNMENT

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Members, the time being 12.30 p.m., this House stands adjourned until this afternoon at 2.30 p.m.

The House rose at 12.30 p.m.