

PARLIAMENT OF KENYA**THE NATIONAL ASSEMBLY****THE HANSARD****Wednesday, 6th April 2022**

The House met at 9.30 a.m.

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

Hon. Deputy Speaker: Hon. Members, we do not have quorum at all. It is actually one of the lowest turnouts in a long time. So, I order that the Quorum Bell be rung for 10 minutes. I request the Whips to work very hard.

(The Quorum Bell was rung)

Order, Members! Order! We are almost hitting the target. I will give another five minutes. We are very close to our target and if we have a few more Members, then we can start off.

*(The Quorum Bell was rung)**(Several Members stood in the gangways)*

Hon. Members, take your seats to enable us verify the numbers because I see we are just about to reach our target. Let us get two more and we are good to go.

Take your seats, Hon. Members, particularly a Member standing right in front of me whom I am able to recognise very easily.

(Laughter)

Do not allow any Member to go out because we are making good progress.

(The Quorum Bell was rung)

Well, let us proceed.

PAPERS LAID

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Hon. Deputy Speaker: Chairman of the Departmental Committee on Administration and National Security, Hon. Mwathi.

Hon. Peter Mwathi (Limuru, JP): 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 its consideration of the Huduma Bill (National Assembly Bill No. 57 of 2021) and the annexures.

I thank you.

Hon. Deputy Speaker: Very well. Is that the only Paper you have?

Hon. Peter Mwathi (Limuru, JP): Yes

Hon. Deputy Speaker: Are you sure?

Hon. Peter Mwathi (Limuru, JP): Yes

Hon. Deputy Speaker: Okay. So let us proceed. Next Order!

BILLS

Second Reading

THE INFORMATION COMMUNICATION TECHNOLOGY PRACTITIONERS BILL

(Hon. Godfrey Osotsi on 2.3.2022 – Morning Sitting)

(Debate concluded on 30.3.2022)

(Question put and agreed to)

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

Second Reading

THE INSURANCE PROFESSIONALS REGISTRATION BILL

(Hon. Benjamin Washiali on 30.3. 2022 – Morning Sitting)

(Debate concluded on 30.3.2022)

(Question put and agreed to)

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

First Readings

THE PUBLIC AUDIT (AMENDMENT) BILL

THE CHILD JUSTICE BILL

(Orders for First Readings read - Read the First Time and ordered to be referred to the relevant Departmental Committees)

Hon. Deputy Speaker: Just a minute. Hon. Members, take your seats. Okay, call the next Order.

COMMITTEE OF THE WHOLE

(Order for Committee read)

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

IN THE COMMITTEE

[The Temporary Deputy Chairman (Hon. Christopher Omulele) took the Chair]

THE COMMUNITY HEALTH WORKERS BILL

The Temporary Deputy Chairman (Hon. Christopher Omulele): Order, Members! We are now in the Committee of the whole House to consider the Community Health Workers Bill (National Assembly Bill No.30 of 2020). Hon. Members, the correct citation for this Bill is “The Community Health Workers Bill (National Assembly Bill No.30 of 2020)” currently in consideration.

(Clauses 3 and 4 agreed to)

(Loud consultations)

Order, Members! Your consultations are a bit high. It is not noise. I can see some very useful consultations between Hon. Washiali, Hon. Maanzo, the Member for Makueni, and Hon. Osotsi. Those are Members who must be consulting on very serious matters. Keep the consultations slightly low so that we can also take care of business here.

Clause 5

The Temporary Deputy Chairman (Hon. Christopher Omulele): There is an amendment to this. Yes, Hon. Martin.

Hon. Martin Owino (Ndhiwa, ODM): Hon. Temporary Deputy Chairman, I beg to move:

THAT, Clause 5 of the Bill be amended in paragraph (g) by inserting the words “and county governments” immediately after the words “the Cabinet Secretary”.

The justification for this is that the amendment seeks to ensure that both the national Government and county governments benefit from the advice of the Community Health Workers Council.

(Question of the amendment proposed)

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The Temporary Deputy Chairman (Hon. Christopher Omulele): Hon. Kingi Thuyah, Member for Magarini, do you have something to say to this?

Hon. Michael Kingi (Magarini, ODM): Thank you, Hon. Temporary Deputy Chairman. I support the amendment by the Hon. Chair.

The Temporary Deputy Chairman (Hon. Christopher Omulele): Very well.

*(Question, that the words to be inserted
be inserted, put and agreed to)*

(Clause 5 as amended agreed to)

The Temporary Deputy Chairman (Hon. Christopher Omulele): Hon. Members, I have just realised that we skipped Clause 6. Though we have dealt with Clause 7, we will call Clause 6 so that we deal with it.

Clause 6

Hon. Martin Owino (Ndhiwa, ODM): Hon. Temporary Deputy Chairman, I beg to move: THAT, Clause 6 of the Bill be amended by deleting sub-clause (1) and inserting the following new sub-clause-

“(1) The Council shall consist of—

- (a) the Director General of health or a representative designated in writing;
- (b) the Head of Primary Healthcare from the ministry for the time being responsible for matters relating to health;
- (c) the Director of Education or a representative designated in writing;
- (d) one person from a non-governmental organisation in the health sector nominated by the Non- Governmental Organisation Coordination Board;
- (e) one registered community health nurse nominated by the Nursing Council of Kenya;
- (f) one lecturer in community health from the department dealing with community health, nominated by the Kenya Medical Training College;
- (g) one community health worker nominated by the Cabinet Secretary;
- (h) one community health worker nominated by the Council of County Governors; and
- (i) the Registrar who shall be an *ex officio* member of the Council”

The import of this amendment is that it seeks to ensure that the Council is adequately represented by persons with knowledge in community health and also to ensure that county governments are represented in the Council.

(Question of the amendment proposed)

The Temporary Deputy Chairman (Hon. Christopher Omulele): Hon. Sankok, do you have something to say to this?

Hon. David ole Sankok (Nominated, JP): Hon. Temporary Deputy Chairman, I support the amendment because it is very important. I support because health is a devolved function. It is very important for us to have the county governments come in and also have the Council represented.

I support, Hon. Temporary Deputy Chairman.

The Temporary Deputy Chairman (Hon. Christopher Omulele): Very well.

*(Question, that the words to be left out
be left out, put and agreed to)*

*(Question, that the words to be inserted
be inserted, put and agreed to)*

(Clause 6 as amended agreed to)

*(Clauses 7, 8, 9, 10, 11, 12, 13,
14, 15, 16 and 17 agreed to)*

Clause 18

Hon. Martin Owino (Ndhiwa, ODM): Hon. Temporary Deputy Chairman. I beg to move:
THAT, Clause 18 of the Bill be amended—

(a) in paragraph (b) by deleting the words “in any of the courses outlined in the Second Schedule”; and

(b) in paragraph (c) by inserting the words “in community health” immediately after the words “ten years’ experience”

The import is that the amendment seeks to ensure that a person shall qualify for appointment as a registrar if the person has any of the degrees recognised in Kenya and must also have a minimum of 10 years’ experience in Community Health.

I move.

(Question of the amendment proposed)

*(Question, that the words to be left
out be left out, put and agreed to)*

*(Question, that the word to be inserted
be inserted, put and agreed to)*

(Clause 18 as amended agreed to)

*(Clauses 19, 20, 21, 22, 23, 24, 25, 26,
27, 28, 29, 30, 31, 32 33 and 34 agreed to)*

New Part VII

The Temporary Deputy Chairman (Hon. Christopher Omulele): Chair, move the Second Reading for that clause.

Hon. Martin Owino (Ndhiwa, ODM): Hon. Temporary Deputy Chairman, I beg to move that the New Clause 35 be read the Second Time.

Hon. Temporary Deputy Chairman, the amendment seeks to introduce a transitional provision.

The Temporary Deputy Chairman (Hon. Christopher Omulele): Hon Owino, we are dealing with New Part VII.

(Loud consultations)

Hon. Martin Owino (Ndhiwa, ODM): Hon. Temporary Deputy Chairman, I beg to move: THAT, the Bill be amended by inserting the following new Part immediately after Part VI—

Transitional provisions.

PART VII- TRANSITIONAL PROVISIONS

35. Within twelve months after the enactment of this Act, all persons performing the functions of a community health worker and who have not undertaken the courses prescribed shall undertake any of the courses prescribed in the Second Schedule to be eligible for registration as a community health worker under this Act.

The Temporary Deputy Chairman (Hon. Christopher Omulele): Yes.

Hon. Martin Owino (Ndhiwa, ODM): The amendment seeks to introduce a transitional provision to ensure that after 12 months of enactment of the Act, all persons currently working as community health workers will be required to attain the academic qualifications prescribed in the Second Schedule so as to be eligible for registrations under this Act.

I move.

(Question of the new part proposed)

(New part read the First Time)

(Question, that the new part be read a Second Time, proposed)

(Question, that the new part be read a Second Time, put and agreed to)

(The new part was read a Second Time)

(Question, that the new clause be added to the Bill, put and agreed to)

The Temporary Deputy Chairman (Hon. Christopher Omulele): Hon. Members, we will have a retake of New Part VII. I have just realised when I was putting the global Question, I said clause instead of part. So, I will have to retake it for purposes of proper recording. Therefore, Hon. Members, allow me to retake.

(Question, that the new part be added to the Bill, put and agreed to)

(First Schedule agreed to)

Second Schedule

The Temporary Deputy Chairman (Hon. Christopher Omulele): There is a proposal to amend.

Hon. Martin Owino (Ndhiwa, ODM): Hon. Temporary Deputy Chairman, I beg to move:

THAT, the Second Schedule to the Bill be amended by—

- (a) deleting paragraph (b); and
- (b) deleting paragraph (c).

This is about qualification of community health workers. This amendment seeks to ensure that all persons performing the functions of community health worker will have a minimum of a certificate qualification to be eligible for registration under this Act. I move.

(Question of the amendment proposed)

The Temporary Deputy Chairman (Hon. Christopher Omulele): I see interest from Hon. Sankok and Hon. Maanzo.

Hon. Daniel Maanzo (Makueni, WDM-K): I want to support that amendment. There has to be at least minimum qualifications for a person dealing with health. So, they should have minimum knowledge in this area and a little bit of training and understanding about health or first aid. I support.

(Question, that the words to be left out be left out, put and agreed to)

(Second Schedule as amended agreed to)

Clause 2

The Temporary Deputy Chairman (Hon. Christopher Omulele): There is a proposed amendment by Hon. Nyikal.

Hon. (Dr.) James Nyikal (Seme, ODM): Hon. Temporary Deputy Chairman, I beg to move:

THAT, clause 2 of the Bill be amended by—

- (a) inserting the following new definition in its proper alphabetic sequence—
“community health unit” means a health service delivery structure within a defined geographical area covering a population of approximately five thousand people;”
- (b) deleting the definition of the term “community health worker” and substituting therefor the following new definition—
“community health worker” means a person who—
 - (a) resides in a particular community health unit;
 - (b) is selected by the members of that community health unit;

- (c) undergoes a prescribed course of training in a training institution, is a holder of a certificate issued by that institution and is registered under this Act;
- (d) after the prescribed training, continues to reside in that community health unit while offering services to that community health unit.”

In (a) we are defining the community health unit because we make reference to it in the Bill and this is where the community health worker will be working since it was not defined.

In (b) we want to define a community health worker since it does not include the fact that this person resides and is selected by that community and continues to reside even after being selected and trained. The essence is to engrain the residence of the community health worker in the unit.

Thank you, Hon. Temporary Deputy Chairman.

(Question of the amendment proposed)

The Temporary Deputy Chairman (Hon. Christopher Omulele): Hon. Sankok.

Hon. David ole Sankok (Nominated, JP): Hon. Temporary Deputy Chairman, I support this amendment because we cannot use words like “community health unit” without having definition. Again, the community health workers should be within the community so they can resolve matters arising in that particular community. You cannot be a community health worker of a community in Isiolo while you reside in Kisumu.

The Temporary Deputy Chairman (Hon. Christopher Omulele): Let us have Hon. Maanzo

Hon. Daniel Maanzo (Makueni, WDM-K): Thank you, Hon. Temporary Deputy Chairman. Other than the definition that has been given, for you to be a community health worker, the people in that area must trust you, know that you have the necessary experience and are available when emergencies occur. Most of these community health workers assist in deliveries or give first-aid in cases of snake bites, probably using traditional methods. Therefore, they need to reside within the community because many times, they are called on during emergencies.

I support the amendment by Dr. Nyikal.

The Temporary Deputy Chairman (Hon. Christopher Omulele): Let us have Hon. Mohamed Sheikh.

Hon. Mohamed Mohamud (Wajir South, JP): It has been raised so, it is fine with me.

The Temporary Deputy Chairman (Hon. Christopher Omulele): Let us have Hon. Kibunguchy, Member for Likuyani.

Hon. (Dr.) Wamalwa Kibunguchy (Likuyani, FORD-K): Thank you, Hon. Temporary Deputy Chairman. I also support this amendment because a community health worker is a very local person. So, we are defining the area where he or she works and also the fact that the community must have a lot of trust in that person.

I support the amendment.

The Temporary Deputy Chairman (Hon. Christopher Omulele): Let us have Hon. Pukose, Member for Endebess.

Hon. (Dr.) Robert Pukose (Endebess, JP): Thank you, Hon. Temporary Deputy Chairman. This amendment by Hon. Nyikal is good. I appreciate Hon. Owino for bringing this Bill because for a long time, community health workers have been neglected and have not been recognised. This very clearly puts them wherever they need to be, so that they are the primary providers of healthcare at Level 1.

This is a very good amendment that we will entrench into our laws and streamline healthcare provision in the country.

The Temporary Deputy Chairman (Hon. Christopher Omulele): Let us have Hon. Martin Owino, Member for Ndhiwa.

Hon. Martin Owino (Ndhiwa, ODM): Thank you, Hon. Temporary Deputy Chairman. I thank Dr. Nyikal for this amendment because the asset these people have is the relationship which they create with their clients. It beats people's notion that they only give two hours to a community. Once they have a relationship with a client, they act 24 hours a day, seven days a week.

This definition will prevent transferring these cadres to other units which are not familiar. Therefore, that will beat the essence of this.

Lastly, I was talking to Dr. Nyikal. When he retires, he will also go to Seme and be a community health worker. He will qualify through those certificates we have mentioned. Anybody else can also qualify. There are teachers and lawyers like Dr. Maanzo.

Thank you, Dr. Nyikal, for this amendment. It is befitting.

*(Question, that the words to be inserted be inserted,
put and agreed to)*

*(Question, that the words to be left out be left out,
put and agreed to)*

*(Question, that the words to be inserted in place thereof
be inserted, put and agreed to)*

(Clause 2 as amended agreed to)

(Clause 1 agreed to)

(Title agreed to)

The Temporary Deputy Chairman (Hon. Christopher Omulele): Hon. Members, we have completed that task. We now move to reporting. Let us have the Mover.

Hon. Martin Owino (Ndhiwa, ODM): Hon. Temporary Deputy Chairman, I beg to move that the Committee does report to the House its consideration of the Community Health Workers Bill (National Assembly Bill No.30 of 2020) and its approval thereof with amendments.

(Question proposed)

(Question put and agreed to)

(The House resumed)

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

REPORT

THE COMMUNITY HEALTH WORKERS BILL

Hon Deputy Speaker: Let us have the Chairperson.

Hon. Christopher Omulele (Luanda, ODM): Hon. Deputy Speaker, I beg to report that the Committee of the whole House has considered the Community Health Workers Bill (National Assembly Bill No. 30 of 2020) and approved the same with amendments.

Hon Deputy Speaker: Very well. Let us have the Mover of the Bill to move agreement with the Report.

Hon. Martin Owino (Ndhiwa, ODM): Hon. Deputy Speaker, I beg to move that the House does agree with the Committee in the said Report.

I also request Dr. Dahir to second the Motion for agreement with the Report of the Committee of the whole House.

Hon. Mohamed Duale (Dadaab, KANU): I second.

(Question proposed)

Hon. Deputy Speaker: Well, I will not put the Question now. We will stop that particular Bill at that point. We will proceed to the next Order.

(Putting of the Question deferred)

BILLS*Second Reading*

THE CRIMINAL PROCEDURE CODE (AMENDMENT) BILL

Hon. Deputy Speaker: Hon. Koech.

Hon. Members: He is not there.

Hon. Deputy Speaker: He must be preparing for the primaries. So, we will put this one down until such time that the Mover is able to do it. It will most probably be after the primaries of next week. We will have it pending.

(Bill deferred)

Second Reading

THE NATIONAL CONSTRUCTION AUTHORITY (AMENDMENT) BILL

Hon. Deputy Speaker: The Member for Nakuru Town East. Hon. Gikaria, from where are you moving that particular Bill?

Hon. David Gikaria (Nakuru Town East, JP): I wanted to sit on the Leader of the Majority Party's seat because that is where I will be sitting in the next Government. I have however decided to sit...

Hon. Deputy Speaker: We do not anticipate positions; we deal with them.

(Laughter)

Proceed, Hon. Gikaria! I just wanted to inform you that where you are standing for the time being belongs to the County of Nakuru. Proceed!

Hon. David Gikaria (Nakuru Town East, JP): Thank you, Hon. Deputy Speaker. I beg to move the National Construction Authority (Amendment) Bill...

Hon. Deputy Speaker, as you are aware the... Sorry, Hon. Deputy Speaker.

(Loud consultations)

Hon. Deputy Speaker: Hon. Gikaria, you are doing very well. Do not be confused by anybody including the Member for Endebess. Just proceed. You are a seasoned Member.

Hon. David Gikaria (Nakuru Town East, JP): I beg to move that the National Construction Authority (Amendment) Bill be read...

Hon. Deputy Speaker: No, please. You are doing very well.

Hon. David Gikaria (Nakuru Town East, JP): Hon. Deputy Speaker, I beg to move that the National Construction Authority (Amendment) Bill (National Assembly Bill No. 45 of 2020) be now read a Second Time.

Thank you, Hon. Deputy Speaker. You know since I was kicked out of the chairmanship, I have forgotten quite a number of these procedures but I am getting...

(Loud consultations)

Hon. Deputy Speaker, mine is very brief. You understand that this Act was brought to try and manage and tame some of these construction works that go around. People must get certificates from the National Construction Authority so that they can do their work. My amendment is related to the special groups; that is women, youth and People Living with Disabilities (PWDs). If you will remember, we passed in the Public Procurement and Asset Disposal Act, the legal requirement for special groups to access 30 per cent of Government procurement opportunities. Those groups have not been benefiting because of some restrictions that are denying them access. Whenever they tender, they are required to have a certificate from the National Construction Authority (NCA) by most tendering entities.

So, from what we heard from the Budget and Appropriations Committee, I seek to assist those groups so that they can be exempted from paying those fees. The women, youth and PWDs who apply for registration as contractors to the board should be exempted from paying the prescribed registration fees in two instances only.

First, when it is a start-up business venture. This is very critical because we know many companies are start-ups. If this Bill goes through and is assented to by the President, in future, any person from those special groups, whenever they get their certificates of incorporation, they can apply for that certificate from the NCA without paying a fee. Secondly, if the fee does not exceed Kshs15,000.

As you will realise, every class or category calls for a particular fee to be paid depending on what somebody has applied for. Again, this will go a long way in addressing the plight of those special groups. Whenever they get certificates of incorporation, they will easily access the 30 per cent requirement by law for those groups. As has been said, the objective of this Bill is to amend the National Construction Authority Act (No. 41 of 2011) so as to assist women, youth and PWDs

with start-up businesses who apply for registration as contractors under categories 6, 7 or 8. As you know, the categories range from 1 to 8. Once this Bill is approved, it will only address those special groups in categories 6, 7 and 8. This is a way of exempting them from paying the prescribed fees.

This Bill seeks to recognise women, youth and PWDs as marginalised groups and cushion them from the burden of paying registration fees. As I stated earlier, it is not very big, but it is something to help those special groups. It does not contain provisions limiting fundamental rights and freedoms. Most importantly, it does not concern county governments and will not go to the Senate.

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

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

Hon. Temporary Deputy Speaker, it is a money Bill and its enactment may occasion additional expenditure. I appeared before the Budget and Appropriations Committee and the gains we will get supersede what we will lose. After all, we are saying it is only for start-ups.

I beg to move and request Hon. Pukose to second.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Dr. Pukose.

Hon. (Dr.) Robert Pukose (Endebess, JP): Thank you, Hon. Temporary Deputy Speaker. I want to second the National Construction Authority (Amendment) Bill, (National Assembly Bill No.45 of 2020) by Hon. David Gikaria, Member for Nakuru Town East.

This is a very important amendment, considering that women, youth and PWDs have been facing a lot of challenges. We should, therefore, make it easy for them to access contracts without making it very expensive because constitutionally, they are recognised as the most vulnerable groups and they must be supported. So, this is a very important amendment by Hon. Gikaria. He is making it easier and friendlier for the youth, women and PWDs of this country to access contracts and any procurement process within the country. By reducing some of the codes and hurdles, it will be easier for them to access jobs.

The law of this land provides that 30 per cent of jobs should be given to the youth, women and PWDs. At the end of the day, when it comes to giving them jobs, they do not benefit from that 30 per cent that is provided for in law. When you go to some of the institutions and ask for the 30 per cent they have given to those groups, you will find a very limited number - insignificant to the 30 per cent. It is not substantial. We need to raise them through what we refer as the bottom-up approach in UDA. We want to support those who are in the lower cadre to invest and rise economically, instead of waiting for the trickle-down effect. In line with the bottom-up economic model, this is a very good amendment. It is a people-friendly amendment, and one that is trying to bring women, youth and the vulnerable in this country to a status that they can compete with the other teams.

With those few remarks, I beg to second.

(Question proposed)

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Dan Maanzo, Member for Makueni, you will have the first go.

Hon. Daniel Maanzo (Makueni, WDM-K): Thank you, Hon. Temporary Deputy Speaker. This is a very important Bill. It is one of the Bills which promotes the creation of jobs in this country. The PWDs have been disadvantaged for a very long time. However, we have noted that many PWDs have abilities and can do many things. My good friend here, Hon. Sankok, is a medical doctor. Ordinarily, when you meet them, they are very determined in what they do. They want to succeed and do better than the people who are not challenged at all. This is one way of encouraging them to start companies, make a life for themselves and create jobs. There is also the issue of youth and women. By waiving those funds, it makes it easier for them to have a start-up or begin a business. Not everybody can fit in the white collar jobs. Many people have a lot of talents. I have a young man in Makueni who has a very big company, and he started it when he was very young. He does construction and he started it as a small company. He went through a lot of challenges. If he was never supported by selling the only cow they had to be able to register his company, he would not be working for county governments in different places of the Republic as he does today. That is a good example of a young person who is very talented in construction, does not have a degree, neither does he speak English very well. However, when he does a construction, it comes out very well and everybody asks who built the house. They always want him to build for them. He was able to do quite a number of NG-CDF projects as well as a number of county projects, and now he is doing national projects.

This applies to women. Most Kenyans are jobless. Women are jobless. Youth are jobless. The PWDs are jobless. However, when you give them an opportunity to explore the talents they have, which is what we are trying to do through this amendment, then you are going to create jobs for many people. The good thing about those construction companies is that they can also employ other people. If a company is coming from a certain village, you will find quite a number of youth from that village being engaged during the day simply because some Kshs15,000 fee was waived. They will be able to employ more and eventually, they will be able to pay taxes. For you to get those contracts, you must show your paper work that whatever you have done, you have filed tax returns. That makes the country's income to grow. Therefore, it becomes easier for us to create jobs instead of promising in political podiums that we will create jobs. This is a practical way of making sure that we have created jobs across the country, and this particular authority, has offices in every sub-county in Kenya. Meaning that it has as many offices as the constituencies around. That means that you have people in the constituencies moving towards constituency centre or headquarters to access those particular offices through other Government offices. Ordinarily, they are housed by other Government offices like Huduma centres. There is an officer of the NCA in every Huduma centre. Therefore, the young people watching this debate in Parliament today will have hope. They are going to visit the nearest Huduma Centre and will seek for a waiver. I am sure they will start their companies. That way, they will be able to exercise what they have learnt in the local polytechnics in the counties, and they will be able to do a lot of work in this time of devolution.

During devolution, many things have been devolved to the counties. Nursery schools are being built by the counties and they need contractors and people who know something to do with construction. We are doing NG-CDF, and having received just a billion in the last 10 years, the impact of NG-CDF has been felt. It, therefore, means that a local villager is the one with the biggest access. A lot of work has been done, more than what we have seen with the Kshs90 billion which has been received by the counties. Even if we were to go by the sub-counties, you will find about Kshs30 billion, but the NG-CDF with less money is in touch with the community. This is a way

of promoting people with talent from the community so that they can do something useful for themselves and their families. Once they create jobs for themselves, they create jobs for others.

By not requiring it to go to the Senate and requiring a little bit of financing from this House, this is the right time for this Bill to pass. It is at a time when we are discussing the Budget so that we can be useful as we move closer to the next election.

I thank you, Hon. Temporary Deputy Speaker and I beg to support.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Very well spoken, Hon. Maanzo. I will never tire of saying this: The NG-CDF that works in our constituency is the best form of devolution. Can you imagine or take a trajectory of what we would call the ‘wondering mind’ in law, and one day we decide to give each of those constituencies Kshs1 billion every year. Would Kenya not be a wonderful place to live in?

Hon. ole Sankok.

Hon. David ole Sankok (Nominated, JP): Thank you very much, Hon. Temporary Deputy Speaker, for giving me this opportunity. Before I even go the nitty-gritties of this Bill, let me commend you, because the NG-CDF has done a lot. As a PWD and having been the Chairman of the National Council for Persons with Disabilities, I have seen special schools being built by the NG-CDF. I have seen children with disabilities going through primary schools, secondary schools and even universities courtesy of NG-CDF. I, therefore, ask Members of this House to increase NG-CDF ten-fold. We have the power and the will to do so. We can easily do that.

Hon. Temporary Deputy Speaker, I support this important Bill. It is a form of bottom-up economic model. It empowers the vulnerable, the special interest groups, and those that are at the bottom of the economic pyramid who face a vicious cycle of poverty among them. Our constitutional framework came up with the affirmative action funds to try and bring them at par with others. Hon. Gikaria must have been God-send to target that group.

Today, PWDs smile because there is a Member of Parliament, among others, who remembers that they do not need sympathy but opportunities. We need to be empowered rather than being given handouts. I speak with authority about the MP for Nakuru Town East, because in 2015, he started a school known as St. Maria Veronica Centre of Excellence. In 2019, the school registered 5 plain “As” in its first Kenya Certificate of Secondary Education (KCSE), whereas both Nakuru Boys High School and Nakuru Girls High School did not have a single A, despite them being national schools.

Nakuru Town East Constituency is an urban centre – *ni shamba la mawe*. They only survive on businesses. Hon. Gikaria has built 1,500 well-equipped stalls, and 30 per cent of that went to the affirmative action groups, and 10 per cent specifically went to PWDs. This man is a governor material. I am sure that the people of Nakuru Town East Constituency are watching us. On behalf of the 6.5 million Kenyans living with disabilities, I may not have flowers or any present to give Hon. Gikaria, but I have a basket full of prayers for you and your family. May you be blessed for thinking about PWDs.

Hon. Temporary Deputy Speaker, the entry point of Access to Government Procurement Opportunities (AGPO) by women, youth and PWDs is through registration. This noble idea of empowering affirmative action groups and allowing them to do business is through the certificate of incorporation. This is what Hon. Gikaria is targeting. If these Chambers did not have that door, we would not know how to come here and discuss the important issues that we do here. The entry point to AGPO by PWDs, women and youth is by them acquiring certificates of incorporation. Hon. Gikaria wants to make sure that all of us have access to opportunities. We are targeting those groups because of the vicious cycle of poverty among them. If we give them a platform, but they

do not have the door for getting into those government procurement opportunities, then we will have done nothing. Most of them use other people's companies to apply for contracts, and those cartels end up making profits on behalf of those that the Government actually targeted.

In contracting, we are saying that class 6, 7 and 8 should be exempted if they are PWDs, women and youth. They should not pay any registration fee that exceeds 15 per cent. By doing so, we will empower a certain category of PWDs, women and youth, and they will now have the financial muscles to sponsor themselves to graduate into class 5, 4, 3, 2 and 1. We will have jump-started them to succeed. Once they are given those opportunities, I am sure that those people will work extra hard to prove that their ability is beyond their disability.

The only thing I would want to address in this Bill is the issue of equality within the affirmative action groups. I would like Hon. Gikaria to help us with this in the Committee of the whole House. Currently, the 30 per cent allocated to women, youth and PWDs, women, by the help of their husbands, take 25 per cent of the contracts. The youth, being faster than PWDs, take 4.5 per cent, and the PWDs are left with 0.5 per cent. Most of the time, PWDs are left to supply toothpicks, toiletries, newspapers and certain materials that do not economically empower them, as envisaged in this Bill. I want Hon. Gikaria to help me on this. For example, if we have three affirmative action groups that have AGPO, 10 per cent should go to women, 10 per cent to PWDs and 10 per cent to the youth. This is simple mathematics, 30 per cent divided by three, each of them should get 10 per cent so that we can empower all of them equally.

Hon. Temporary Deputy Speaker, this Bill is very important and it has come at the right time. It has also been brought by a very competent leader of this House. How I wish that I was a citizen of Nakuru East Constituency. Now that I am not, there are other PWDs there who in the 9th August election can put such leaders in this House to prosecute more important Bills that will assist all of us, especially those at the bottom of the economic pyramid. Hon. Gikaria is a true hustler who has been practising the bottom-up economic model as a leader, long before we came up with it. Thank you very much and may God bless you Hon. Gikaria.

May God bless you too, Hon. Temporary Deputy Speaker, for giving me this opportunity to contribute to such an important Bill. I wish you well and I am sure you will be in this House as a Deputy Speaker or the Speaker.

(Laughter)

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Sankok, you are very generous today. I have also become a beneficiary of your goodwill. I am very grateful. I hope that your prayer will find fertile ground to grow.

Hon. Mbogo Menza, Member for Kisauni.

Hon. Mbogo Ali (Kisauni, WDM-K): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to contribute to this important Bill that has been brought to the Floor of the House by the able Member, Hon. Gikaria, the former Chairperson of the Departmental Committee on Energy. I wish he was still the Chair of that Committee, because what we have experienced recently would not have happened. It has never happened during his tenure. This demonstrates that he is a capable Member of this House.

Hon. Temporary Deputy Speaker, this is a timely Bill. It is extremely important to the marginalized groups and interested groups like PWDs, the women and youth. The NCA is a key component if you want to venture into the construction industry today. This is because you will not be awarded any tender if you have not been registered as a contractor by the NCA, or if you

have not been provided with the NCA certificate, depending on the level you want to practise. It may be level 8, 7, 6, 5 and 4, all the way downwards.

The Government has come up with so many initiatives that are meant to help interested groups. We have the Youth Fund, the National Government Affirmative Action Fund (NGAAF), the NG-CDF and the Uwezo Fund. All those Funds were earmarked to help improve the livelihoods of people who are living below the poverty line. But, when you look at all those funds and the facilities that are available, it is really disappointing to see today that the youth, women and persons with disabilities are still suffering because they cannot access the 30 per cent of the tenders that have been provided. The reason is very simple but most of them have complied. You will find a youth has all the documents and certificates that are required for him to access tenders or to be awarded that tender. Most of the time, you will find that the youth may apply and is awarded the tender. However, the challenge is when it comes to capital to start executing that award.

What has happened over time is that the same big boys and rich people have registered companies using the youth and at the end of the day, it is them who mint money. The youth, woman or PWD just end up getting something small to keep him or her moving. The bigger chunk of the margin that is realised from the tender still ends up with the big boys. This is something that has to be re-looked into very seriously.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Menza Mbogo, what you are saying is very important. It is true. But you may recall that we recently made an amendment to the Companies Act. It requires that we have a declaration of the beneficiaries and owners of every contract. Will that be useful, as you continue with your submissions?

Hon. Mbogo Ali (Kisauni, WDM-K): Hon. Temporary Deputy Speaker, all that can happen. But, the main challenge for the youth, women and PWD is not the documentation. Documentation could just be a tip of the iceberg. The main challenge is the working capital to do those jobs. Although we have the Youth Fund, we all know that it is just centralised. It is a real challenge for somebody living in Kisauni, somewhere in Mwakirunge-Maunguja, to access the Youth Fund. The Uwezo Fund is so little. Yes, we are the patrons of the Uwezo Fund, but if you look at the amount of money that has been allocated to Uwezo Fund, it is so little. It cannot assist our people.

The only area that we can help our people is through the NG-CDF. We have, as MPs, done extremely well in complying with the 30 per cent rule. We have awarded contracts and tenders to women, PWDs and the youth without favour. This has worked very well. I will just speak about my constituency. When I took over Kisauni Constituency in 2017, it had only 11 public schools since 1963. However, over a period of five years, I have constructed seven new schools in Kisauni. That has brought the number of schools from 11 to 18 over a span of five years. Most of those schools were done by women, PWDs and the youth.

We know the NG-CDF has really worked. It has done miracles in this country. We know that from the Budget we passed the other day, the NG-CDF allocation has been increased from the 2.5 per cent of the national budget to 4.5 per cent. I think we will see more miracles happening on the ground. The NG-CDF is the only programme that connects with the common *mwananchi* down there. We have seen what counties have done. Counties have been receiving billions of shillings every year, but when you look at what they have done, you will be shocked. You cannot even put their programmes *in tandem* with those of the NG-CDF. Maybe you have performed better than the Governor in your county. It is because the NG-CDF money has proper audits. We have Project

Management Committees (PMCs) that monitor the projects on the ground. We have seen value for the NG-CDF money. This is also what has helped PWDs, the youth and women.

So, I fully support what Hon. Gikaria has brought to the House. It is really timely. As a House, when we come to the Committee of the whole House, we need to factor in things like what my colleague, Hon. Sankok, has just put in. That is because we will also have to protect PWDs. Even though we are aware that advertisement done for any tender is clearly earmarked if it is for special groups, we have to be vigilant. You will find that a certain road is earmarked for the youth; this school is earmarked for women and this project is earmarked for PWD. It is clearly stated. Nevertheless, we need to protect those special groups. The bottom line is the funding to those special groups. If we do not address the issue of funding, even if we do anything and say the certificate of incorporation is free, the NCA registration is free and all the certificates are free, the same big boys will use the youth, PWDs and women as fronts. They will take everything home at the end of the day.

I fully support. Thank you.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Menza, that is very well-spoken. Indeed, the work that the NG-CDF has done gives me a lot of solace in Luanda, where I come from. I am proud of the work that has been done through the NG-CDF.

Hon. Kiai Githiaka, Member for Mukurweini, just hold on. Hon. Murugara, you have been on top of this list, but I had noted that you seemed to be scribbling away furiously. I will give you an opportunity as soon as I can. Let Hon. Kiai proceed first.

Hon. Anthony Kiai (Mukurweini, JP): Thank you, Hon. Temporary Deputy Speaker. I stand to support this very credible and important piece of legislation.

You will realise that the amendment is intended to make sure that women, the youth and PWDs are exempted from paying the prescribed fees for categories 6, 7 and 8. It also recognises women, the youth and PWDs as a marginalised group. In essence, this is affirmative action to ensure that there are opportunities available in the construction industry, and they are well spread out. Currently, the situation is that only the big boys are involved in those big tenders in Government and in the public sector. The legislation gives an opportunity to the youth, women and PWD to have a bite at the piece of the pie.

What this Bill will do to our economy is to expand the employment opportunities and space. You will realise that when the youth are starting up businesses, they face a myriad of challenges, one of them being that they do not have the necessary capital to start up a business. Two, there are too many hurdles before you register a company or anything that is business-oriented. By removing this big burden from them, it ensures that the money that is saved from that can be utilised as part of start-up capital. For PWDs, what we have done in Mukurweini is to have the best persons with disability project in Kenya. One of the ways of doing this is ensuring that the opportunities afforded by the NG-CDF are available to the PWD so that they enjoy the piece of the pie when it comes to tenders given out by the NG-CDF. We have constructed schools, roads and many other institutions in my constituency. A percentage of 30 per cent has been done by PWDs.

The PWDs are a marginalised group right from the national Government all the way down to the grassroots level. What we need is not to pity them. What we need is to create an environment – legislative or otherwise – that makes sure that they access the opportunities. After all, most of them are like me and you, only that they have one handicap or the other. It is only that our handicaps are invisible; they cannot be seen. Otherwise, they are as good as we are. We have seen 001 in this Parliament as one of the most active MPs despite his handicap. That does not mean that

he is less competent. That is what this amendment Bill is trying to do. We need to ensure that we bring them to a level playing ground, where they will have easy and equitable access to opportunities that are accorded by the construction industry. As for women, they are an integral part of our society. When it comes to the construction industry, most of the work is done by men. You cannot compete with men when it comes to building and construction. It is only fair that women are afforded an opportunity to compete effectively with men in the construction industry.

We have to appreciate that being a young person and a PWD in this country comes with a lot of challenges. Being a woman also comes with a lot of challenges, especially when it comes to accessing opportunities. This amendment Bill by Hon. Gikaria is one of the best ways of addressing this imbalance that seems to have been perpetuated since independence. So, I support.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. (Dr.) Kibunguchy, the Member for Likuyani.

Hon. (Dr.) Wamalwa Kibunguchy (Likuyani, FORD-K): Thank you, Hon. Temporary Deputy Speaker. Before I support the amendment, I would like to join you and the rest of the people who have compared the work that has been done by the NG-CDF with the county governments. Sometimes in my fantasies, I fantasise that Kakamega County which is given approximately Kshs12 billion each year and it has 12 constituencies, each constituency has been given Kshs1 billion. Looking at the rough figures that go towards many of the things that are done in this country, like tarmacking roads and the low seal volume technique, I think a lot would have been done. I agree with you when you said that probably the NG-CDF is the best form of devolution. I wish that as we go forward, we think through how we cannot give county governments blank checks, so to speak, and try to put them in a strait jacket so that they have parameters within which they operate. The way things are, county governments operate like they are a law unto themselves. I want to commend you on what you have said, and agree with you 100 per cent that we would have done more if this kind of money had been channelled through the NG-CDF.

On the amendment Bill by my friend, Hon. Gikaria, I agree with him 100 per cent. Like all my colleagues have said, it is a simple amendment, but it has very deep ramifications. It will make a lot of difference as we go forward. I have seen groups, especially in my constituency of Likuyani that are given projects, but because of just one requirement of having a certificate from the NCA, they do not move forward. So, if we will be able to open this door and make it easier for groups, especially the affirmative action groups of women, youth and PWDs, it will be a wonderful way of getting those people to have a start. They can move forward on their own from there.

If we are not able to get most of the money that comes through the NG-CDF, we would like, as a Parliament – because this Bill has originated from the Senate – to establish a ward development fund. As you may have realised, most of the basic functions of county governments are functions that touch on the *mwananchi* directly. They are functions that the *mwananchi* will feel. Those are functions like availability of water and hospitals. Most people who have problems accessing hospitals are small children. Issues like nursery schools, small markets and people doing small businesses are all under county governments. What am I driving at? If we have a ward development fund at the ward level – I know some counties have established this, but others have not because of the excuse that it is not in law. We will be able to deal with these basic problems at the grassroots level; like the establishment of dispensaries and water points where women can get water easily. I am thinking about revamping and putting together springs. In my constituency, we have so many springs. This is something that is very useful. I keep telling people who want piped water that as much as it is nice to have piped water, it comes with a cost. Some of those costs may

not be much. It may be Kshs200 or Kshs300 per month, but many people in the rural areas cannot afford it. So, we should put up facilities like springs or wells for our people to use so that we can protect them.

If I may digress a bit, I basically agree with what *Mheshimiwa* Gikaria has proposed, but some of the ideas that can improve the livelihoods of our people are what I want to touch on. Devolution is here to stay. As we go forward, we should think through and see how best we can have devolution, the best server of the people. These are some of the things I am thinking about.

Coming back to the Bill, I agree with Hon. Gikaria and support him 100 per cent. This is the best way to go.

I support.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Kibunguchy, you did not digress at all. The matters you have spoken to are the real issues that concern our people at the village level. That is what we are all about, and it is very important. Finally, let us hear Hon. Murugara.

Hon. George Gitonga (Tharaka, DP): Thank you very much, Hon. Temporary Deputy Speaker for allowing me to support this timely Bill brought by Hon. Gikaria. Allow me to also say a few words about him towards the end of my speech. I never miss something to say about the Temporary Deputy Speaker from time to time.

The Bill is timely in that we must continuously look at the vulnerable groups in our society and do all it takes to ensure that we protect them unreservedly. As we develop our country, we must also focus on vulnerable groups. They are ladies, youth and persons living with disabilities.

The Act provides for payment of fees or charges when applying for licences and certificates or even registration. When we were enacting this law, we were oblivious of the fact that vulnerable groups - groups that require affirmative action - needed to be considered. That has been going on for a long time in this country. It is not the best of practice. I am happy to note that political parties, especially my UDA Party, have considered these groups in their nominations.

The NCA must move with speed to ensure that we protect the vulnerable groups by, first and foremost, exempting them from paying any registration fee as they fall within the lowest cadre that comprises of hustlers. These are the people we find at the bottom layer of our society - the people we must always strive to take up the socio-economic ladder of our society through the bottom-up economic model. We started with bottom-up narrative, but we were told, "No." So, we now refer to them as vulnerable, sufferers and by other names. However, all this boils down to one thing that the affirmative action groups include women, youth and persons living with disabilities.

When it comes to registering these people, we must take time to train them, especially now that we have technical and vocational training institutes in almost all the constituencies of Kenya.

We have favourably talked about NG-CDF, which constitutes only an iota of the funds we have in this country, but whose effect and visibility is all over the country. Let us extend the use of these funds to training of women, youth and persons with disabilities in our technical and vocational training institutes so that they can also qualify for registration by the NCA. When we train women, youth and persons with disabilities, we improve their lives and the lives of those who depend on them as we do so for everyone else. Let us not always train our eyes on people who are at the top of the socio-economic ladder, those who have made it in life, those who claim to be well educated, and those who claim to be rich. Every Kenyan must have an equal opportunity to improve their lives. Let us spend our resources to benefit every Kenyan irrespective of one's economic status. We are all important. That is why this morning we are discussing the vulnerable

members of our society. We must also encourage the Women Representatives in this House to articulate issues of welfare of vulnerable groups.

Thank you, Hon. Gikaria. This Bill is timely. We must uphold accolades to him because he is a great leader. The people of Nakuru Town East must be looking upon him for further leadership. I remember the days of Hon. Gikaria as the Chairman of the Departmental Committee on Energy with nostalgia. That was before the unwarranted disparages that befell the Jubilee Party and the other parties that thought the best way to deal with things was to purge the Members they felt should be purged. I had problems with energy in Tharaka and Hon. Gikaria would sermon the relevant agencies. As a result of his action, today, I can proudly speak about what he did. Thank you, Hon. Gikaria. I wish you well.

Hon. Temporary Deputy Speaker, I thank you for allowing me speak on this Bill. I have known you from the time you were a young boy in high school. You became a young lawyer. Believe me, I mentored the Temporary Deputy Speaker. He was a nice and obedient young man in high school. I was in Form Five when he was in Form One. He became a young lawyer and found me in the profession. I absolutely mentored him. He is one of the best lawyers we have in the country. When I came here, I found that he had already done his first five years. He now becomes my senior in parliamentary practice. He is now a Temporary Deputy Speaker, and hence my boss. I wish you well. Let the people of Luanda continuously look upon you with favour. For you and Hon. Gikaria, may God bless you and grant you victory as we all go back to the people in August to ask for fresh mandates.

I also pray for myself. The people of Tharaka must be watching me as I seek favour from them.

With those remarks, I support.

(Applause)

The Temporary Deputy Speaker (Hon. Christopher Omulele): Thank you, Hon. Gitonga. I recall when I joined that great school in Form One, you took me under your wing and allowed me to share your Milo beverage, which was a rare commodity in those days, in the evenings.

(Laughter)

You broke bread with me when I was absolutely undeserving of it. Thank you. May God bless you too. Hon. Muhamed Sheikh, Member for Wajir South.

Hon. Mohamed Mohamud (Wajir South, JP): Thank you, Hon. Temporary Deputy Speaker. Before I contribute to this Bill, it is quite interesting to hear from Hon. Gitonga about his early days in school. It does inspire many of us to hear the journeys that you both took together and eventually landed in this honourable House.

Coming back to my contribution, it is important that we acknowledge the amendment to the National Construction Authority Bill that the Member has brought to this House. He has highlighted the critical issues that are there. It is quite important that I highlight that consideration of young people in this Bill is what inspires me. The rights of young people who are in business, particularly those in the construction business and the like, need to be looked at. What is really valuable is that opportunities accorded to young people at this juncture will contribute to wealth creation efforts and growth of this country.

Therefore, I support this important Bill.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Safia Sheikh, Member for Marsabit.

Hon. (Ms.) Safia Sheikh (Marsabit CWR, JP): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity. Women, persons with disabilities and the youth have been facing a lot of discrimination in many different ways. Giving opportunities to these groups of people will empower them economically, emotionally and socially. They go through a lot of challenges because of how communities treat them. They are the neediest and marginalised people in Kenya. It is, therefore, important to give them economic opportunities and empower them so that they can fit in the society like other people.

Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Ngugi Nduati, Member for Gatanga. Hon. Kevin, you have just walked in. You cannot protest. Just hold on. All these Members were here before you.

Hon. Joseph Nduati (Gatanga, JP): Thank you, Hon. Temporary Deputy Speaker. He has no right to protest because he came after me, although he is a great friend of mine. I appreciate that he is always in Parliament to contribute to debate.

From the outset, I support the Bill. It is a good one. I will always support anything that goes towards supporting our youth. It is very expensive for young people to join the construction industry. To conduct a search for a business name and register a business costs Kshs200 and Ksh600, respectively. If you want to register with the National Construction Authority, the lowest category costs Kshs8,000 and you will have to come to Nairobi. Those services are not readily available in rural areas. It is not just about the cost. Even filling the forms is very complicated. Young people cannot do so. That is why I support what Hon. Gikaria has proposed. Even when you register, there are other requirements. Of course, you have to register with the National Social Security Fund (NSSF), the National Hospital Insurance Fund (NHIF) and acquire a Kenya Revenue Authority (KRA) Personal Identification Number (PIN). All these things are complicated for young people.

Looking at the construction of the Competence Based Curriculum (CBC) classrooms that the Government undertook recently, there are very many requirements for one to tender. To fill the tender document, even for someone who is as educated as you are, will take you a day. As we talk about the NCA, we also need to look at the tendering conditions which are not favourable to young people. It is high time the Public Procurement Review Board (PPRB) came up with a simplified document which can be used by young people and women. Capital is also a problem. Starting a business is not easy. If you are awarded a tender worth Kshs500,000, it is very difficult to raise even Kshs100,000 as a young person. I have a proposal which I have discussed with Hon. Gikaria. There is something that used to happen in the 1970s that when you were awarded a tender, you were advanced money, which would be deducted in three equal instalments. This is something that we need to bring back if we are going to create jobs and encourage young people to join this industry. Tomorrow, we will be here for the budget highlights. You will realise that a lot of money goes towards infrastructure; power, roads, health, schools, but our young people are not able to participate in the projects because of lack of capital. My proposal is that we bring back advance payment, which can be deducted from the second certificate. It used to happen in the past and it really promoted Kenyans.

I also propose that we find ways of financing jobs for young people. We can encourage NG-CDF committees to team up with local suppliers. When a young person is given work, the committee can give irrevocable authority, so that the supplier is paid directly. We must look for

models that will encourage young people to join the industry. We train very many young people at the technical and vocational education and training institutions, but they are discouraged. When they come out of training, there are no jobs for them. All the big construction works are being undertaken by the Chinese. We have pushed out local people and given all jobs to the Chinese. We appropriate funds, but our people cannot benefit from the same. It has been said that 30 per cent to 40 per cent of contracts should be set aside for locals, but that has not been documented anywhere. When the documents are being prepared, there is no provision on the 30 per cent to be done by a local person. I propose that when we award big tenders, it should be clear in the tender document what will be done by a local contractor. The mode of payment should be direct to the local contractor. If it is Nduati Ngugi doing the job, it should be known that once I finish, I am paid directly, so that we can benefit our people. There are some Chinese who come here to undertake one particular contract, but they overstay. They start competing with locals. They push out our people.

There is something that Hon. Sankok has been talking about. I also want to talk about it. Hon. Sankok, the idea of calling people “hustlers” is not good. Some people from Murang’a came to Nairobi just to polish shoes. Others came from villages to sell newspapers while others came to sell vegetables. I am a product of *mama mboga*. When you say that *mama mboga* is a hustler, it is bad enough. You cannot call my mother a hustler. She took me to school from primary to university, and I am here with you. I would encourage you to stop using that term. If you want to encourage our young people, do not use the term “hustler.” You can encourage them without calling them “hustlers.” We are fighting for them to join the industry.

Hon. David ole Sankok (Nominated, JP): On a point of order, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Sankok, please, allow Hon. Nduati to finish his submission. I discern his intentions are noble.

Hon. Joseph Nduati (Gatanga, JP): That is what I wanted to say, Hon. Temporary Deputy Speaker. I wanted to tell Hon. Sankok that I am a product of *mama mboga*. She used to make a lot of money. When she was working, she used to earn more money than what I earn in Parliament today. We were a family of nine children and she did her work and maybe even much better than some of us here.

Coming back to the Bill, I want to encourage Members to support the youth through the NG-CDF, which is a great kitty. It has been of much assistance to our people. It is one of the ways we can promote our people to join the industry, which is good. I belong to it. I started as a young person. Hon. Sankok, I started at category eight. I went to lower class and then I built up. I am now just one class below the Chinese.

(Hon. David ole Sankok spoke off record)

(Laughter)

As a young person, I built the company that I use today from a small one to an award-winning company. I won an award as the third best performing contractor in Kenya in 2007. That is a good thing. I want to encourage our young people wherever they are, do not agree to be called “hustlers.” Work hard. I know you can achieve whatever I have achieved.

Thank you very much, Hon. Temporary Deputy Speaker for giving me the opportunity to contribute.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Sankok, just relax. I want to confirm to you that Hon. Nduati has done well. I am a witness to what he has done. I want to advise him that the word “hustler” in the Kenyan nomenclature has attained certain notoriety in the political space. So, you do not use it in the usual ordinary way that is in the dictionary. It has attained a different class of recognition in the country. It has become a political word. We have accepted it. So, Hon. Sankok relax. There is no harm.

(Hon. David ole Sankok spoke off the record)

You have contributed to the Bill. So, I will allow Hon. Wanyonyi to make his contribution.

Hon. Ferdinand Wanyonyi (Kwanza, FORD-K): Thank you, Hon. Temporary Deputy Speaker for giving me a chance to contribute to this very good Bill. I want to thank Hon. Gikaria for coming up with it, which is home-made. There are realities in the whole Bill. One, the youths and women are the majority in this country. This Bill will help us and open ways and means for the youths and women to get some contracts and employment. I read the newspapers yesterday, population-wise, the youth and women are the majority in this country. Women are almost 7 per cent more than men. The youths are more. Therefore, we will create time and space for youths to get jobs.

Secondly, I support the Bill. When women, youth and people with disabilities apply for contracts, their details must be there. When you look at the company’s profile, you should see whether it is made up of women, women groups or youths. The ages must come out very clearly. If it is a company for disabled brothers and sisters, it should also come out very well. When you look or evaluate it, they should be given the first priority in terms of awarding the contracts.

The other thing is that we have the NG-CDF. We have the Constituency Project Management Committees. Once we pass this Bill, the issue of marginalised groups should come out very clearly. When we evaluate the companies that have applied for a specific job, we have to consider people with disabilities. The company shows the profile and level of education of the main directors. That should come out very clearly, so that the management committees of the NG-CDF can award the group given it is made up of disabled persons. Such groups should be given opportunity to do the work. Some people are disabled in road accidents. My friend had an accident the other day and his hands were cut off, who was a member of the County Executive Committee (CEC) in one of the disciplines in Trans Nzoia County. Some of them are born with disabilities. Therefore, disability is God’s creation, but not a person’s own making.

Hon. David Gikaria did very well to come up with this Bill. We will look at it from the NG-CDF point of view. I want to make it very clear that once you have a project, whichever magnitude it is, you should look at the directors of the particular company you are giving the tender. The first priority should be given to our brothers and sisters who are disabled, women and the youth, because we know they are the majority.

Last but not least, we should make the Bill very clear. During the Committee of the whole House, we will introduce amendments to the Bill, so that it is acceptable across the board.

Hon. Temporary Deputy Speaker, once again, I thank you for giving me the chance to contribute. I also thank Hon. David Gikaria for coming up with this very good Bill that is home-made. It is not theoretical. It is something that affects you and me in our day-to-day activities in building this nation.

I support the Bill.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Member for Karachuonyo.

Hon. Adipo Okuome (Karachuonyo, ODM): Thank you, Hon. Temporary Deputy Speaker for giving me the opportunity to contribute. Let me start by saying that I support the National Construction Authority (Amendment) Bill. When NG-CDF is touched, I know that we touch the heart of this country in terms of development at the grassroots. It has done a lot. Its achievement is probably comparable to no other system that the Government uses for development.

The NG-CDF must be inclusive, so that people with disabilities, women and the youth, who are disadvantaged in one way or the other, can find solace in it. It can develop them. It delivers projects. They have delivered quite a lot. Anywhere you go...

Hon. David ole Sankok (Nominated, JP): Hon. Temporary Deputy Speaker, on a point of order.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Member for Karachuonyo, just hold on. Hon. Sankok has a point of order.

Hon. David ole Sankok (Nominated, JP): Hon. Temporary Deputy Speaker, I respect the Member for Karachuonyo very much. He is one of the active Members. In terms of relevance, he is talking about the NG-CDF yet we are talking about the NCA in reference to access to Government procurement opportunities by the youth, women and persons living with disabilities. I raise my point of order in terms of relevance.

Hon. Mwambu Mabongah (Bumula, Independent): On a point of order, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Sankok, you are harassing the Member for Karachuonyo. The point of order by Hon. Sankok is out of order. You are quite within your space to discuss the proposed amendments. The NG-CDF does a lot of procurement. This particular Bill touches on it.

Member for Bumula, Hon. Mabongah, what is out of order? Hold on, Member for Karachuonyo.

Hon. Mwambu Mabongah (Bumula, Independent): Hon. Temporary Deputy Speaker, I have been in this House throughout. Listening to all the contributions, I realise that we are repeating the same things about empowerment, registration of our youth, *et cetera*. I have been consulting with the Mover, and he says he has enough information on how he can improve this Bill to assist our young people. Looking at the mood of the House, and rising under Standing Order No.95, I request that you call upon the Mover to reply.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Very well. You are within your rights to call for the Mover to reply. Let the Member for Karachuonyo finish and then I will consider your request.

Hon. Adipo Okuome (Karachuonyo, ODM): Thank you, Hon. Temporary Deputy Speaker. I just wanted to say a word. Hon. Sankok is a friend of mine, as he has said. However, he is normally full of harassment. I am not the first Member he has rubbed shoulders with. Be friendly. Just keep your cool. You will get a lot more.

The NCA is the main issue. It is true that we are talking about them in relation to the NG-CDF. However, the NG-CDF has a lot of limitations. We only have two things to do, namely, education and security. When doing a number of things in terms of constructing classrooms and other facilities, then the NCA comes in. That is why I was talking about these other things. See the connection, my friend. We will be together. I like to be with you. You must give capacity to those

who are disadvantageded. If we do that, we will be carrying everybody along with us. The people who are disadvantageded need to be helped. That is why I am supporting the Bill. It is trying to ensure that we help them. I am happy with what the NG-CDF is doing. We all need to increase its capacity to enable it do more than what it is currently doing. By extension, we will do more for the disadvantageded groups than we are doing today.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Thank you, Member for Karachuonyo.

Hon. Members, the Member for Bumula stood in his place and requested that we consider Standing Order No.95. I want to find out if it is, indeed, the mood of the House that the Mover be now called upon to reply.

(Question, that the Mover be called upon to reply, put and agreed to)

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Gikaria.

Hon. David Gikaria (Nakuru Town East, JP): Hon. Temporary Deputy Speaker, I want to thank you. As it has been said, you are a great man. Hopefully, we will meet in the next Parliament. You have been a friend for quite a long time, *isipokuwa siku moja tu ndio ulinikosea, lakini nilikubali*.

I want to thank the Members who have contributed. This is how great this House is. I had a very small version of what I was thinking, but from the contributions I have received from the Members, it has widened my thinking and given me other inputs. Members have indicated very clearly that it is one thing to give that waiver, but even after giving the waiver, what next? We go to the aspect of the vulnerable groups not getting enough financing. How best can we address that challenge? I want to agree especially with what Hon. Nduati, the Member for Gatanga, has indicated, that there are ways that were used in the past that we can revert to and give disadvantageded groups opportunities, to actualise the 30 per cent procurement from all Government institutions. As indicated by the Member for Kisauni, cartels have taken over and are exploiting this weakness to use the youth. While the youth get only peanuts, the bigger chunk of money goes to the cartels. It is something we need to look into.

More importantly is what you have spoken to, the NG-CDF. It is an integral devolution unit that we need to think about. If the NG-CDF could be used to actualise some of the functions of the national Government at the grassroots, there would be so much improvement and economic empowerment in the country.

There are a few officers within the NG-CDF who have not been using the money properly. However, 99.9 per cent of the NG-CDF has gone into proper and effective use for purposes of education. You can see that education has thrived and is improving on a day-to-day basis. If you look at the documentary of every Member of Parliament, you can see the improvement that has come along with the NG-CDF. I agree and hope that the President will find favour and assent to this Bill.

I have started over 50 companies for these groups. The challenge is that as you try to open up space for them, they get blocked in some ways because of lack of the NCA certificate, lack of funding or being marginalised. I hope this amendment Bill will go a long way to ensure that there is empowerment and narrowing of the unemployment gap. We can reduce unemployment by encouraging vulnerable groups to do the right things.

I thank Hon. Sankok for his contribution. The Bill before us talks about youth, women and people living with disabilities. This House has a sizeable number of youthful Members, but they are not here. It is sad that not a single lady Member has contributed to this Bill. This Bill affects women, who are by far the biggest number among the vulnerable groups.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Gikaria, the Woman Representative for Marsabit County, Hon. Safia, contributed to this debate.

Hon. David Gikaria (Nakuru Town East, JP): I am sorry. I must have been thinking about my constituency. My appreciation goes to the Woman Representative for Marsabit County.

With those remarks, I beg to reply.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Very well done, Hon. Gikaria and the Members who have contributed to this debate. Hon. Yusuf, Member for Mandera West, I am sure you would have supported this Bill. I think it is a job well done. I will not undertake the next step in regard to this proposal by Hon. Gikaria. I direct that the next step be undertaken when the matter is next set out on the Order Paper.

(Putting of the Question deferred)

Let us move to the next business on the Order Paper.

Second Reading

THE CHILDREN (AMENDMENT) BILL

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Members, since Hon. Kaluma is not here, as per the direction of the Speaker, that business is taken off the list of items for consideration. It queues for consideration later on.

(Bill deferred)

Let us proceed to the next item on the Order Paper.

Second Reading

THE PUBLIC PROCUREMENT AND ASSET DISPOSAL (AMENDMENT) BILL

The Temporary Deputy Speaker (Hon. Christopher Omulele): The Hon. Gathiru Mwangi. He is not in the House. I direct that this business be taken out and goes to the queue again, after the very last.

(Bill deferred)

The next business.

Second Reading

THE PHARMACY AND POISONS (AMENDMENT) BILL

The Temporary Deputy Speaker (Hon. Christopher Omulele): The Hon. Alfred Keter. He is not in the House. I direct that this business be taken out and goes after the very last on the list for consideration of Private Members' Bills.

(Bill deferred)

The next business.

Second Reading

THE COMPUTER MISUSE AND CYBERCRIMES (AMENDMENT) BILL

The Temporary Deputy Speaker (Hon. Christopher Omulele): The Hon. Aden Duale. He is not in the House. I direct that this business be taken out to line up from the bottom of Private Members' Bills. Yes, Hon. Duale is one of the ardent Members of this House. He must be held up for a good course. But, the directions of the Hon. Temporary Deputy Speaker are that it will be listed.

(Bill deferred)

So, we will move on to the next business.

Second Reading

THE HEALTH (AMENDMENT) BILL

The Temporary Deputy Speaker (Hon. Christopher Omulele): The Hon. Mwambu Mabongah. He is in the House. Proceed, Hon. Mwambu Mabongah. It is your time on the stage.

Hon. Mwambu Mabongah (Bumula, Independent): Thank you, Hon. Temporary Deputy Speaker. I beg to move that the Health (Amendment) Bill (National Assembly Bill No. 14 of 2021) be read a Second Time.

The main objective of this Bill is to amend the Health Act (No. 21) of 2017 to provide the national Government and the county governments a room for consultation through existing intergovernmental relationships so that they establish regional cancer centres.

We all agree that cancer is the third leading disease in the world. It is causing many problems in our villages because most of the patients are innocent or green. We go for funerals and, from the history of sickness, even a layman can conclude that a person has been suffering from cancer. It is important to note that a lot of billions are being spent on unnecessary functions and events in this country yet the primary duty of the Government is to provide good health to its citizens. That is important. If we have regional cancer centres, screening will be done early and people will know the problem early enough. By doing early screening, we will save a lot of costs when it comes to treatment.

I am reliably informed that this is a treatable disease in developed countries, whenever it is identified early enough before it spreads to other parts of the body. I say so because I was in Malaysia when we were discussing this thing or animal called cancer. In this country, the only proper screening you might get is in three places, majorly in Nairobi. It is important that the Government sets aside the required amount to establish regional cancer centres, not necessarily in every county the way I had proposed earlier. These centres can save many perishing lives. If screening of cancer is done early, medics in this House can confirm, there are better chances of people surviving. Whenever the screening is done when a person has gone to the very late stage, chances of survival are minimal and the costs that are involved in treatment are quite high. New research is indicating that new signs or cases of cancer are emerging. With research in our regions, we are likely to curb this menace in our society.

The Bill also seeks to amend the principal Act to make it an offence for a person in charge of a public health facility to demand a permit or payment in advance as a precondition to provide medical services. I know it is a worldwide tradition that all medical doctors take an oath to save life. I am not just saying this. I have seen many cases because there are small payments that are required even when a person cannot afford the payment. It has been ruled even in the courts. It is in the Constitution. We are here to make sure that we reinforce what is in the Constitution. We should reinforce it and make sure people who have been tasked to be in charge of our health facilities prioritise saving lives. If you walk in public hospitals, I am sure you have seen people who die even at the reception. Because there is no clear punishment that is attached to some of these sections in the Constitution, people take advantage to misuse people in such public facilities.

This Bill further proposes that the principal Act be amended to provide a punishment that makes it an offence for any person in public health facilities to detain a deceased person as means of enforcing settlement of any outstanding bills.

I have a concern. I come from a rural constituency. On a daily basis, even when I am seated here, I send money. Of course, it cannot be enough to facilitate a body from a public morgue to be buried. I attended a funeral where a person had a quarter an acre of land. That person was forced to sell the piece of land to secure a body so that they could conduct a decent send off. It is just a moral duty. We are again just confirming the obvious because the courts have ruled that it is illegal to detain a dead person. If we can find other mechanisms of settling such cases and release the person to be buried, it would save many families a lot of agony. Even if you detain a body for years, that body cannot be converted into a property to be sold so that you settle the bills that you are looking for. You will in most cases realise that the person who has passed on is in charge of almost all the properties. It is very difficult for such a person to enforce whatever payment that is required. It is the responsibility of the Government to ensure that we get some funds. If not, we in the meantime should agree with the courts that once a person passes on and the family is ready to conduct the burial, a body should be released to the family and other mechanisms put in place. That should be in consultation with national Government and the county governments.

This Bill further seeks to amend the principal Act to provide some regulations on levying charges for the practice of conventional medicine. I know you come from a rural constituency just like me. There are notorious public servants who have been employed in medical facilities who find ways of ensuring that medicine is not in hospital or those clinics in rural areas. They direct patients to buy medicine at specific chemists or stores. When you move from one shop to another, the prices for the same medicine are different even if it is Panadol. Is there a way we can regulate this so that the common *mwananchi* can be served? We are talking of empowering people at the lowest point or lowest level of the pyramid.

I do not need to belabour this. I am sure you come from a constituency where a person cannot even afford to buy Panadol. A Panadol tablet is Kshs5, Kshs10 or Kshs20 in one shop, but you go to the next shop nearby where you have been referred and you realise that the same medicine costs almost Kshs100. We must find a way of having a balance.

Hon. Temporary Deputy Speaker, this Bill does not in any way delegate legislative powers, neither does it limit fundamental rights and freedoms of any citizen.

The Bill concerns county governments in terms of Article 110(1) of the Constitution as it affects the functions and powers of the county governments as set under part two of the Fourth Schedule of the Constitution. I wish to bring to your attention that the enactment of this Bill will definitely occasion additional expenditure of public funds. However, even if money is going to be involved in this Bill, in Section 5 of No. 21 of 2017 of the principal Act, I propose the following amendment:

“Every person has the right to the highest attainable standard of health which shall include progressive access for provision of promotive, preventive, creative, palliative and rehabilitative services.”

It is in the Constitution and it is the responsibility of every government to ensure that her citizens enjoy this kind of benefits in all health facilities.

We should not be waiting for emergencies so that we act. I am sure that it is only in this country that some things happen. If I may refer to what is happening now in this country about fuel: Parliament discussed it before the Cabinet Secretary of Energy came out to address the nation. The Government is waiting for such a thing to become an emergency so that it can come out with a long statement to address the nation. It is important that we put some measures in place so that we curb these kinds of problems that many citizens are going through at the moment.

“Every person shall have the right to be treated with dignity, respect and have their privacy respected in accordance with the constitution and this Act.”

When we talk of dignity, you and I have insurance covers that can take us to some medical facilities that the common *mwananchi* cannot access. The Government talks of the national insurance cover but if you go to the villages today, you will be surprised. Some of those cards have been given to old *mamas* and men in the village who do not know how to use them. When they go for medication in any facility, they realise that some of those cards have no money. I have such cases. That is conmanship in the Government systems. We must bring that to an end.

“The national and county governments shall ensure the provision of free and compulsory—
(a) vaccination for children under five years of age; and
(b) maternity care.”

These things are in the Constitution but how can we enforce them? If you go to the clinics in the village, the people in charge ask for fees. That is why some of our children die at a young age. They are not given the attention they require. The mothers in the House, maternity care should be provided for free in all our medical facilities, especially public facilities.

For the purpose of implementing Subsection (3), the national Government shall in consultation with the respective county governments provide funds for the county governments to implement the amendments that I have just proposed.

In Section 7 of No. 21 of 2017, I propose to amend and have that every person has the right to emergency medical treatment. We have private and public medical facilities. If you walk to the emergency areas of our public hospitals or private health facilities, you will be shocked. Is there a way that we can ensure that when an accident happens, you can run to a facility and get emergency services? One time, on a Sunday, I had a patient who was close to me, I walked into one of the big

hospitals – I do not want to mention the hospital – and their credit card machines were not working. Therefore, my ATM card could not work but they demanded payment before they could attend to my patient. I almost lost the patient at that very point. This proposal is in the law and we want to re-enforce it. Anybody who denies a person emergency services and deliberately refuses to stabilise the patient and make arrangements for a referral commits an offence. I will be making proposals on the kinds of offences.

With the recommendations and input of this House on this Bill, I will appreciate if we get it right on this Bill and ensure that our public hospitals and medical officers work. Medical officers do a lot of work. At times when you go to the reception of public hospitals, you are handled by subordinate staff who may not understand the conditions of a patient. We may end up losing a life.

For the purpose of Section 7, emergency medical treatment shall include the following:

- (a) Pre-hospital care;
- (b) stabilising the health status of an individual; or
- (c) arranging for referral in cases where the health provider of first call does not have facilities or capability to stabilise the health status of the victim.

I propose that any medical institution that fails to provide emergency medical treatment while having the ability to do so commits an offence and it is liable upon conviction to a fine not exceeding three million shillings.

If these amendments are captured, I am sure we will provide just the basic of what the citizens of this country require most. If we build good roads and schools then we have a sick nation, who will use those good facilities? We must have proper medical care for all citizens in this country for us to be proud as Kenyans.

With those few remarks, I beg to move and request my good friend, Dr. Robert Pukose, the Member for Endebess to second.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Pukose.

Hon. (Dr.) Robert Pukose (Endebess, JP): Thank you, Hon. Temporary Deputy Speaker. I beg to second The Health (Amendment) Bill, 2021 by Hon. Mwambu Mabonga.

This is a very important amendment and basing on what he has presented, it intends to establish regional cancer treatment centers. When we talk of regional, we mean where you have the country divided into various regions. Apparently, we have a model that is working for blood transfusion. We have regional blood transfusion centers within Nakuru, Eldoret, Kisumu, Nyeri, Embu, Nairobi, Mombasa and other places. In a way, it makes it easier and accessible for the sick to access healthcare by establishing these regions and providing them with the necessary support.

One of the biggest challenges that we face as a country after health was devolved is its implementation. Apparently, when we were devolving healthcare, the Transition Authority never did a proper costing of the devolved functions. The Constitution talks of functions and the funds that must be devolved in a commensurate way. This is such that when you devolve a certain function, it must be followed by funds. One of the biggest challenges that we need to look back as a country is if we are going to have these regional centers for cancer treatment. Apparently, cancer has become one of the biggest challenges in our modern days. People with cancer are being taken to India when the disease is at an advanced stage. That means that if this person had an early diagnosis and treatment, the person would have got better. You hear of cases where people have been diagnosed and have lived their full lives. A case in mind is the late Rev. Desmond Tutu. He was diagnosed with cancer at the age of around 70 but lived up to around 105 years. That means, once you do an early diagnosis, one can get proper treatment and the disease cannot progress.

We have cases of our citizens who have confessed to having cancer at an early stage. They are now leading normal lives because it was diagnosed early enough and they had access to proper treatment. This Bill states that we need to have regional devolved centers. However, it will also be very important that those regions must have good facilities. When we have regional cancer centers, we must provide expertise in terms of human resource and equipment for them to make early diagnosis and treatment.

The same amendments talk of having consultations with healthcare practitioners and the relevant statutory bodies. This is where you levy charges on the practice of conventional medicine in consultation with relevant statutory bodies and stakeholders.

We must be able to consult the doctors, patients and those who are involved in providing this healthcare in terms of how much we charge for certain services. For example, we must have uniformity in charges. The biggest challenge is that when somebody goes to a private hospital, charges are exorbitant while the same treatment offered in a Government facility attracts less charges. For example, you hear somebody was in Intensive Care Unit in one of the hospitals and was charged millions of money while another in a different facility was charged less. We therefore, need to have at least... If there is going to be a variation, it must not be exorbitant. It must not be a big variation in terms of charges. We must, at least, have conventional medicine which is the modern traditional medicine. We are differentiating it from the herbalists because they can charge any figure. Whatever they give you might be placebos – something to just treat you psychologically. However, in terms of practice of conventional medicine, we need to have uniformity. If somebody's appendix is removed in Nairobi Hospital and for another in Kenyatta National Hospital, there should not be a big difference. It should be a small variation that allows everybody to have affordable health care.

The other important issue is that somebody should not pay a deposit before getting treated. Let that person be treated, thereafter look for the money. If you are working in a public facility built with taxpayers' money know that the drugs you are using are bought by taxpayers' money and the staff working there are paid salaries by taxpayers' money. So, why detain a body until they bring money to pay for the medical expenses? This Bill should criminalise that kind of practice such that any public officer working in a Government institution, a public facility, detaining a body for people to go and look for money should be surcharged or even be dismissed from that position. They are not worth it! Anybody working in a Government facility should not demand from persons a deposit before they are attended to. Admit the patient, let him or her start getting treatment then the relatives can look for money to pay for the treatment.

Hon. Mwambu is responding to his constituents, the ones in Endebess and everywhere else. Hon. Temporary Deputy Speaker, your constituents too want to go to hospital, be treated and then look for money to pay medical fees. They should not have a situation where a body is detained for people to look for money. To me, this is a good Bill. It responds to the wishes of many Kenyans. I hope this House will support it.

With those few remarks, I second.

(Question proposed)

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Member for Bumula, Hon. Mabonga, it is true that the courts have decreed that there is no property in a dead body in this country. However, the way we go about this, keeps me worried. This is because the troubles that you face from your constituents are the same ones I face. We seem to have more

value in the dead than the living. The colossal sums of money we have spent on the death industry is amazing. If we deployed the money to other things we would really... But, that is the debate.

The first go on this is Hon. Mbui, Member for Kathiani.

Hon. Robert Mbui (Kathiani, WDM-K): I rise to support this Motion by Hon. Mabonga.

First, I would like to thank him for coming up with a great Motion. One of the responsibilities of Members of Parliament is to legislate. Coming up with such great amendments to the Health Act is commendable. What Hon. Mabongah has done is to represent his people by dealing with issues of concern to them. At the same time, he is legislating by proposing amendments to the law. That is excellent. This is the kind of leadership that this country requires—people that react to the problems of the nation. And they not only react but provide solutions, whether legislative or otherwise. It is not just about complaining. I listened to him—he did not complain or lament. He talked about real issues and he is providing solutions through legislation. If all of us, from the President to his deputy to Members of Parliament and to governors would do the same, this country would be far. We would not continuously complain on the streets about things that are going wrong.

Upon independence, our forefathers identified three issues that they had to deal with: ignorance, poverty and disease. Disease is what we are dealing with now. It is a major problem that continues to affect Kenyans. In fact, it has become worse than when we got independence. The types of diseases prevalent now are advanced. They are many more. Maybe it is because of the diet we eat or lifestyles we live. People now live luxurious lifestyles. We are prone to major lifestyle diseases. There is a big healthcare problem. That is why the Constitution addresses the issue of health. The Bill of Rights in the Constitution provides that everyone has a right to proper medical care. That means we have to access quality care so that we can live healthy lives. Setting up cancer centres in every region answers the question of providing proper medical care for our people. It is a very good proposal.

I have listened to the seconder who said that not only do we require these centres to be set up but they have to be properly manned and equipped. You can put up a building and say it is a centre. Nothing will happen there. If you visit our constituencies, you will notice that before we were stopped from dealing with healthcare, we had put up dispensaries, which are still there. They are just buildings. There are no doctors, no equipment and no medicine. There is no treatment that takes place there but people still call them hospitals. We need to come up with cancer centres that are properly equipped, properly manned and functional. In fact, we must provide the exact standards in legislation so that we ensure that we do not just put up buildings in order to respond to what has been said.

The Constitution also provides that no one should be denied emergency medical treatment for any reason. I guess that is to do with first aid. From the proposal I have heard, the Member proposes it should not just be about emergency treatment. No one should be denied medical treatment. We need to figure out if it is possible. In private hospitals, it might be difficult to enforce. But in public hospitals, no one should be asked to make a payment before they are treated. I have heard the analysis that all these doctors are paid by taxpayers and the medicine is paid for by us. Why would people go to a hospital and be told to make a payment before they are treated? I think the proposal in the Bill makes sense, so that Kenyans can get value healthcare. The Universal Health Coverage (UHC) programme, where those who are able to pay for their healthcare pay while those unable to pay are paid for, will go a long way in ensuring that the problem the Bill seeks to address is sorted out. Going forward, we must ensure that the health of our people is properly taken care of.

I like the penalties proposed. If we had a way of making them heftier, I would propose that we increase the penalties. This is the problem that we face. People become sick, they are treated and get better. But people do not leave the hospital when they are completely well. They leave hospital to have bed rest at home. After being released, a doctor tells you that you cannot go home because you have a bill of Ksh50,000 or Ksh20,000 or Ksh10,000 or Ksh5,000. Patients are detained. You turn sick people into prisoners. The medical problem now becomes a mental issue. Can you imagine the anguish of struggling with a medical condition while figuring out where to get money from? That is a problem that starts affecting the mind. You have seen cases where people go and sneak out with their loved ones from hospitals. We need to figure out how to protect hospitals and how to protect patients. I support the proposal that anyone found culpable should be punished severely. But we must also figure out how to protect hospitals so that people do not go in, refuse to make payments after treatment and walk out because the law says they do not have to pay. We need to marry these proposals with the NHIF Act so that we are sure that whatever happens in every hospital is safe for Kenyans.

We legislate for posterity. There was a proposal in this House to cushion oil marketers. We set aside some money from the levies to cushion oil marketers. Suddenly, it has become a problem because it is not sustainable. In the next one or two months, if prices of fuel keep going up, it will be impossible to cushion the marketers. Kenyans will have to pay much more for fuel. Clearly, when we come up with legislation, let us think far ahead. Let us look at the worst case scenario, so that we do not come up with legislation that becomes impossible to implement.

There is also the issue of detaining bodies. People say that bodies have no value. Hon. Temporary Deputy Speaker, you mentioned that Africans have a way of valuing the dead. In fact, some communities value people more when they are dead than when alive. I have gone to funerals where the dead is dressed up in a brand new suit, brand new shoes, brand new socks and brand new underwear. But when they were alive, the family never even gave them food to eat. That is the reality. We have also seen places where when someone passes on, their relatives rush home to put up a house so that the deceased can be buried where there is a house yet the dead had nowhere to call home before. It is a fact that Africans have a way of dealing with the dead. Let us find a way of protecting them. Those are our voters. How do we protect them? Once a person is deceased, detaining the body is a problem. Eventually, the bodies are disposed of in mass graves. Why keep the body and deny the family opportunity to bury their dead and then throw away the body? Let us come up with a way of releasing such bodies for decent burials to appease families.

If there is a debt, just like any other debt, we can pursue it into the future. Can you imagine a body as collateral for a bank loan? That is incredible. We need to figure out how to get the money paid and what can be written off. In government hospitals, some of these are our money. We should write them off so that we do not have to struggle. Members will tell you what they go through. The Mover has just confessed that he has sent funeral money. I want to tell him he should not say that on *The Hansard*. This is not the right time to send any money. The law says we should not make contributions. We can send money after the election. Be careful not to be seen to be sending money because it might be construed to mean you are inducing a voter to support you. Other than that, it is important to note that this is something we need to figure and sort out once and for all. I support the hefty penalties.

With those few remarks, Hon. Temporary Deputy Speaker, I support and thank the Mover.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Mbui, you are now asking Hon. Mabongah how he is going to induce a body to vote for him. He is just helping and this is our problem really. Apart from Hon. Yussuf Haji, who does not have the problem of

contributing to funerals, I am sure any Member who does not come from a Muslim constituency will part with some hefty sum of money every weekend for these purposes. We should get out of it soon. We need to relook at the whole of philosophy of life and the dead, so that we divest ourselves from that. We should give a decent burial. However, we should not spend too much money in that process.

(Hon. Rahim Dawood spoke off record)

Hon. Yusuf Haji, I will give you space before Hon. Sankok because we cut you out. The Member for North Imenti, you are out of order!

Hon. Rahim Dawood (North Imenti, JP): Hon. Temporary Deputy Speaker, I have been here for one hour.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Member for North Imenti, you are out of order! You have not even keyed in.

Hon. Rahim Dawood (North Imenti, JP): I have keyed in here for one-and-a-half hours.

Hon. Yussuf Adan (Mandera West, EFP): Thank you very much, Hon. Temporary Deputy Speaker for giving me this opportunity to contribute.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hold on, Hon. Haji. Member for North Imenti, we will not allow this. I will do this just once. Kindly, approach the Speaker's bench here. Please do. Proceed Member for Mandera West.

Hon. Yussuf Adan (Mandera West, EFP): Thank you very much, Hon. Temporary Deputy Speaker for giving me this opportunity to contribute. I sincerely thank the Mover of this Bill which is timely. It is the real issue that this country requires today.

Cancer is a killer disease, like few other diseases. However, its early detection is normally not there because the facilities are not well spread all over the constituencies and country. Hence, to detect whether a patient suffers from cancer at an early stage is a big problem. The Bill proposes establishment of cancer centres in various places: regional or even up to constituency level. That will help cancer patients to detect their condition early. When this happens, you are assured that patients will be attended to properly and they will survive. Early detection of cancer is very important. I support the idea of having cancer centres spread all over the country. This can be up to the constituency level. Cancer is a very expensive disease because it is detected when it is too late.

I also suggest that every cancer patient who does not have a medical insurance should be insured by the Government. These are very few people and some of them are already insured through their insurance systems. However, I suggest that the Government should insure the few who are not insured. It will not be very expensive. Many patients will get the necessary medical support that they require.

There is the issue of bodies being detained at the hospitals. This is not fair. When a patient goes to the hospital, he or she has no intention of dying there. The intention is to get treated, cured and go home. Diseases do not give notice, as you can be sick at midnight. You do not prepare that you would be sick the following day and have some money ready somewhere so that you go to the hospital the following day. Unfortunately, the person dies and then the body is detained by the hospital. That is a very unfortunate situation as diseases do not give notices. Hence, bodies should not be detained.

When people die in the Muslim culture, their bodies are disposed of immediately. You do not clothe bodies with very expensive clothes. You wrap them with a white cloth like the one I am

putting on. This is done, even if the person was a Cabinet Secretary, rich or poor; once you die, you have to be disposed of immediately, at the least cost. You put a piece of white cloth round the body and dispose it immediately. Every Kenyan should follow that culture, though it takes time to adopt. Since your neighbour practises that very good culture, you should adopt it slowly. You do not need to buy shoes, watch and other expensive ornaments for a body. He or she does not need them at all.

Hence, I support this Bill which is very timely. It is not only for his constituents, but for all Kenyans. If it goes through, the Member will have contributed to the welfare of all Kenyans. Thank you very much.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Member for Mandera West, probably, the watches are for the dead to keep time with their fate elsewhere.

Hon. Dawood, it is true that you were here. I noticed that you were seated there. However, the gadget that you are using is not working. That is why you did not catch my eye. You were here. It is noted. I give you this opportunity to speak now.

Hon. Rahim Dawood (North Imenti, JP): Thank you, Hon. Temporary Deputy Speaker. I apologise. However, it was not my fault. I wanted to contribute to the National Construction Authority (Amendment) Bill as well. I waited until Hon. Mabongah asked for the closure of debate. The second time I wondered when I would contribute. Members came after me and contributed. I thank you for giving me this space.

I support this Bill by Hon. Mabongah which is very timely. I paid for one lady who had been detained in the hospital yesterday. We need to amend this Bill. We should not only criminalise detention of the dead, but also those who have hospital bills. They are detained in hospital against their will because they cannot pay off the Bills. There are people who cannot afford to go to private hospitals, but they have to go there. They cannot even pay a bill of Ksh20,000. They are detained there for long. When that happens, Ksh20,000 goes up to Ksh40,000. Initially, they could not even pay Ksh20,000. How will they pay Ksh40,000? I wish that Hon. Mabongah can make a few changes in this Bill. We should allow not only admission to public hospitals, but also when the patients are ready to go home, they can do it, despite the bills. If they are treated, what is the need of detaining them in the hospital? What purpose will it serve?

There is a body which was lying at Kenyatta National Hospital. Villagers were unable to bury the person for one month. They came to me. We worked it out and took the body home to bury it. That gives a lot of anguish to the people who are bereaved. Instead of mourning they are now running around looking for ways to sell their cows, goats, their parcels of land or get money from a shylock which will affect them in future. So, it is very important. Like you have mentioned, there should be a court ruling that bodies should not be kept in hospitals. However, hospitals still keep those bodies.

In the last Parliament, I had brought a Motion to set up ICU units together with blood donor units in each and every constituency. However, to date, the Government has not done anything about it. I hope, with this Bill, if signed to law, we will have those regional centres. As regards the cancer regional centres, we should not just have regional centres; we should have it down to the constituency level. Even if we get those regional centres, let us have oncologists on call, let us have proper machinery like the one at the Kenyatta University Hospital, in each and every regional centre.

Cancer is a scourge, especially in Meru County. Twenty-five per cent of the patients who go to Kenyatta Hospital come from Meru County. That informs my decision to put up a clinic for Meru Hospice where I was a patron a couple of years back. I did establish for them a hospice with

my own money not from NG-CDF. Even yesterday, we had cancer programme in the county. The previous governor, Cabinet Secretary Munya and Governor Kiraitu Murungi tried to establish a cancer centre where South Koreans are supposed to come and install machinery. We need to go further. Cancer treatment is very expensive. The Government needs to come up not just to establish those cancer centres, we need to subsidise the cost. Most of the poor people cannot pay the costs charged for cancer treatment. If we do not do that, we will not be doing much.

We also need to equip each and every regional centre or county centre. If for instance we have eastern regional centre and that would be Embu, how will it serve the whole of eastern province? That will not work at all. So, it needs to go down to devolved units which are the counties. That is what needs to be done.

The last one is the amendment which Hon. Mabongah has talked about; the fair charges. Like Hon. Pukose has said, the differences between a public and a private hospital are like day and night. Most of the times, machinery in public hospitals break down, so people do not have a choice. They have to go to a private hospital. When they go to a private hospital, the costs are prohibitive. I do not know if we can introduce an amendment at the Committee of the whole House to put a limit of between 10 and 20 per cent above the charges or the charges are printed through regulations of each and every service offered by a public, private or medical facility so that people know.

The charter is there. The charges are on a board, so people know what they are supposed to be paying. Charges need to be put on a board so that somebody does not get hijacked when they reach there and they do not have that kind of money.

The other thing which we need as Parliament in the next Session, is to move the health workers to a health commission. We have issues with health workers who are under county governments. We need to retake the burden of health workers. What is happening at the moment is that many counties cannot handle health workers. There are normally many strikes. So, we need to do something like what the Teachers Service Commission (TSC) is doing. We need a Health Service Commission to take care of the needs of health workers. If we do not do that, we are falling apart.

We need to think of hospitals. If they are Level 5 and above, they need to go back to the national Government. That is how we can make services much better. It is not that they are not good. Some hospitals are falling apart. The services offered are mediocre. We cannot do with that. There are many dispensaries in our counties which do not have personnel. We need personnel in those dispensaries. There is no point in establishing a dispensary if personnel and medicines are not there.

I join my colleagues in congratulating Hon. Mabongah. With those few points, we need to make sure we always improve. We may always put a Bill and a law in place but, implementation is the main issue. We need to get implementation up to notch so that people who are retaining bodies do not continue. They will not get anything out of the body. By retaining it they are adding mortuary expenses. We need to see how we can do it. Admissions into hospitals should be free and not chargeable before entry.

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

The Temporary Deputy Speaker (Hon. Christopher Omulele): Member for North Imenti that is a very good contribution. It gives us a chance to reconsider the structure of our devolution and Constitution. Some of these counties need to be clustered because some of the equipment that needs to be set up is quite expensive. We may not be able to do it across the 47 counties at once. We need to think on how to reach people in some of these counties.

The staff that are in charge of the gadgets in the House should up their game so that it is through when Members key in. Hon. Dawood has been here with this Temporary Deputy Speaker from 9.30 am. I was wondering whether he just wanted company and not to speak. But all is well that ends well.

The Hon. Koyi Waluke, Member for Sirisia.

(Hon. David ole Sankok spoke off the record)

Hon. Sankok, just hold on. You have also been with me here, but let us give Hon. Waluke a chance.

Hon. John Waluke (Sirisia JP): Thank you very much, Hon. Temporary Deputy Speaker, for giving me a chance. I rise to support this Bill. It is timely. If we as a House pass it, it is going to help this country.

There are people in this country who are poor and they suffer because they do not get proper medical care. It is due to lack of resources or finances. This Bill is considering so many issues that it can solve for us as a nation. Cancer is the main killer these days. I do not know whether it is because of the food that we are eating. Very many people are suffering from cancer. It is one of the most expensive diseases. It is really killing people. Health workers in this country are human beings like others, but some are inconsiderate because they are after money, especially in private hospitals. One month ago we raised money to pay for the hospital bill of one of our colleagues who died, the former MP for Mt. Elgon. His hospital bill was Ksh500 million and the hospital had refused to release his body before clearing the bill. If the bill was not cleared, the body of the late Hon. Serut could not be released for burial. Imagine if he was not a former MP. Many of us participated in raising money to pay for the hospital bill for the body of the late Hon. Serut to be taken home for burial.

This Bill is going to solve problems like this one. To refuse to release a body until hospital bills are paid is not fair. Members of this House should pass this Bill. However, it is going to be a problem for hospitals to claim their money after they have treated patients and they die. Some of the hospitals are too expensive. The Government should take care of the medical bills, especially through the NHIF. There are people who cannot afford five shillings and others who cannot afford a meal. Because they are human beings, when they become sick and in need of treatment, they should be treated like human beings. If they do not have the NHIF card, the Government should intervene because eventually if such people die, hospitals will refuse to release their bodies.

I urge the House to pass this Bill so that it can help us. The people who suffer in this country with patients and bodies are us MPs because they are our voters. If somebody dies, the family will call an MP every day to seek for help. What we do is to assist them to pay for the release of the deceased bodies. This Bill has come at the right time. As a House, we need to consider and pass it so that we give the huge burden of handling hospital bills of patients and dead persons to the Government.

I support the Bill.

Thank you.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Sankok, you should know that sometimes I give the Floor to a Member who is not necessarily on top of my list. There are many other considerations. Have a go at it, Hon. Sankok.

Hon. David ole Sankok (Nominated, JP): Thank you, Hon. Temporary Deputy Speaker. We were dealing with the issue of the MP, Dawood whose delegation box was not working. That

could not be your mistake because there was no way you could know that it was not working. I wish he was here. Normally I call him MMN. I will tell you the meaning when we are alone.

I rise to support this important Bill. It has come at the right time. Cancer is a disease that not only eats our flesh, blood and bones but also, our resources at a rate that we can only equate with the appetite of broiler chicken.

I would like to congratulate Hon. Mwambu Mabongah from Bumula for bringing this important Bill to this House because it will sort out so many issues.

Cancer unlike other diseases that are caused by organisms that are frail like viruses, bacteria and fungi in our body cells that have behaved abnormally, multiply uncontrollably and destroys other body tissues. So, dealing with it requires a lot of medical expertise because you have to know when to kill the abnormal body cells without touching the ones that are normal. Chemotherapy or radiotherapy have a lot of side effects to our bodies.

Kenyans are one disease away from poverty. Many families are one cancer patient away from becoming destitute because of the skyrocketing cost of treatment in Kenya. When this Bill was first brought to enable us have ways of controlling the said skyrocketing medical bills, how then can we come in? Should we do so through universal healthcare, NHIF so that we can cushion our poor families? Those of us who are privileged to be Members of Parliament, Members of County Assemblies and top civil servants can access best medical services and be able to pay for them. However, remember that our constituents and voters are also human beings with feelings and are suffering down there because they cannot afford medical bills. Most of them have lost their lives and loved ones because they are not able to access proper medical care.

It also beats logic that a patient must pay before admission and treatment. A medical condition is an emergency. You can faint while in this House. You may have money, but not in your pocket. You may have money, but in assets and need to dispose them first to be able to pay. However, when you are told you can die as you wait for payment or when you are told you cannot be treated until you dispose your assets or you get the money, it then beats logic. It beats morality and all known medical oaths. When Clause 3(4) therefore propose a Kshs3 million fine for any medical practitioner or doctor who refuses to treat a patient until they pay, then, we should support.

Where did the rain start beating us on issues of our health sector? I was a student leader at the University of Nairobi during the introduction of parallel degree programme. I was suspended, jailed and tortured for saying that when you charge your potential workers while training them, they will come and pass that fee to the common *mwananchi*. I remember complaining on a Kenya Television Network News talk show that you cannot have a grade C topped with money becoming grade A. When the parallel degree programme was introduced, when you had grade C and fortunate enough to have money, approximately Ksh4 million, you could train to be a doctor. What happens to the doctor who has trained using Ksh4 million? They will need a return on their investment. That is what we witness currently. You end up having half-baked doctors, because they paid for their degrees. But are they the best? Are they knowledgeable enough? That is what we witness and that is why there is medical tourism to India.

Talking about India, there is no university there that is better, in terms of ranking, in training doctors than the University of Nairobi. But we go there because their health system is mainstreamed. We have to go further and deal with the issue of training of medical personnel. I saw it coming. I knew one day I would be vindicated. Charging while training not only medical personnel, but also engineers and architects would bring us to this quagmire. So many buildings are collapsing in the hands of half-baked engineers and architects. You see medical misdiagnosis courtesy of the parallel degree programme. Apart from what Hon. Mabongah has proposed, we

should also include the issue of NHIF, the issue of training and the issue of mainstreaming the health sector.

As Hon. Dawood proposed, we should have a Health Service Commission just like the Teachers Service Commission. We should also rethink devolving the whole health sector. We may consider having health as a national government function. The county governments have failed. They have ended up with so many buildings without personnel or requisite equipment.

Hon. Temporary Deputy Speaker, with those many remarks, I do support. I hope that the House will fast-track and pass this Bill so that we start benefitting from it. Thank you very much.

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Wanyonyi Kevin, Member for Kwanza.

Hon. Ferdinand Wanyonyi (Kwanza, FORD-K): Thank you very much, Hon. Temporary Deputy Speaker, for the chance. First of all, I want to thank Hon. Mwambu for coming up with this very important Bill. The main objective of the Bill is to establish regional cancer treatment centres so that we can detect the killer disease early. I hope we will be able to pass the Bill in good time so that we can set up the regional centres with facilities capable of detecting this monster. As many Members have said, cancer is a major killer of our people. The facilities should be adequate.

Normally, when cancer is detected in the first or second stage, it is treatable. If it goes beyond that, it becomes a problem. Therefore, it is good to have the centres close to people so that one does not have to travel all the way from western or north-eastern Kenya to Nairobi to check whether or not the facility is available because Hospitals demand payment before a person is diagnosed.

ADJOURNMENT

The Temporary Deputy Speaker (Hon. Christopher Omulele): Hon. Wanyonyi, I will stop you. It is 1.00 p.m. This Bill has a balance of 2 hours 17 minutes. You have a balance of eight minutes to prosecute your presentation, when it is set down again on the Order Paper.

Hon. Members, the time being 1.00 p.m., this House stands adjourned until today, Wednesday, 6th April 2022 at 2.30 p.m.

The House rose at 1.00 p.m.