

NATIONAL ASSEMBLY

OFFICIAL REPORT

Wednesday, 23rd March, 2016

The House met at 9.30 a.m.

*[The Deputy Speaker (Hon.
(Dr.) Laboso) in the Chair]*

PRAYERS

QUORUM

Hon. Deputy Speaker: Hon. Members, we do not have the requisite quorum. I, therefore, order that the Quorum Bell be rung.

(The Quorum Bell was rung)

Hon. Members, please, settle down. Next Order.

PETITION

DELAYED RE-CARPETING OF MAUA-MERU ROAD

Hon. Deputy Speaker: Hon. Kubai Iringo, I am aware that you have a Petition to present.

Hon. Kubai Iringo: Thank you, Hon. Deputy Speaker for allowing me to present this Petition from the residents of Igembe Central Constituency on the deplorable state of the 28 kilometre section of the Maua-Meru Road from Farm to Murera Gate of the Meru National Park.

I, the undersigned, on behalf of concerned residents of Igembe Central Constituency, draw the attention of the House to the following:-

THAT, the 28 kilometre section along the Maua-Meru Road from Farm to Murera Gate, Meru National Park is a critical road corridor that traverses the food basket of Igembe Central, feeds the Meru National Park with tourists and connects Meru County with Isiolo County from the south via Garba Tulla;

THAT, the road was tarmacked about 20 years ago and has been neglected. It has not been regularly maintained thereby degenerating into a pathetic and deplorable state, particularly after the recent *El-Nino* rains;

THAT, the impassable state of the road has drastically reduced inflow of tourists to the renown Meru National Park and cut off residents from accessing markets for their farm produce, consequently, stagnating economic growth and escalating poverty among residents who depend on agriculture and tourism;

THAT, efforts to engage the Kenya Rural Roads Authority (KeRRA) in the Meru region to re-carpet the road have been unsuccessful since the Authority claimed that the Fuel Levy Fund allocated to it was not sufficient for the project;

THAT, in 2014, a valuation was done by engineers from the Meru National Park and KeRRA and estimated the cost of re-carpeting the road at Kshs75 million;

THAT, the Ministry of Transport and Infrastructure only disbursed Kshs5 million of the Kshs75 million without any indication of whether the balance will be available and when it will be disbursed;

THAT, the efforts to have the Government disburse the full amount required for rehabilitating the road have yielded no fruit;

THAT, the matter in respect of which this Petition is raised is not pending before any court of law or constitutional body.

THEREFORE, your humble Petitioners pray that the National Assembly, through the Departmental Committee on Transport, Public Works and Housing:-

- (i) investigates why the Ministry of Transport and Infrastructure has not disbursed the full amount required to re-carpet this crucial road corridor in Meru;
- (ii) ensures that the Government has set aside the remaining Kshs70 million for tarmacking the road in the 2016/2017 Financial Year, establishes when construction work shall commence and the timeline within which construction is set to be concluded; and,
- (iii) makes any other orders or direction that it may deem fit in mitigating the plight of the Petitioners.

The Petitioners will forever pray. The Petition is presented today, 23rd March, 2016 by Hon. Kubai Iringo, Member of Parliament for Igembe Central.

Hon. Deputy Speaker: That Petition will go to the Departmental Committee on Transport, Public Works and Housing. I can see some requests for comments. The first one is Hon. M'eruaki.

Hon. M'uthari: Thank you, Hon. Deputy Speaker. I rise to support the Petition. In fact, the road described by the residents of Igembe Central is very important. It connects very rich agricultural areas and also connects the residents to the Meru National Park, which is also a major tourist attraction. It is sad. This road is very important, but has been neglected by the Government. It should be re-carpeted, so that people can be served. This road connects Igembe Central to Igembe North. I hope this House will give justice to the people of Igembe Central and Igembe North, so that we can transport our goods and services through the road.

Hon. Deputy Speaker: Hon. Wandayi.

Hon. Wandayi: Thank you, Hon. Deputy Speaker. I also wish to support this Petition. I heard the Member talk about the road leading to the park and that it was tarmacked some time back. At least that was tarmacked some time back. To say the least, the state of roads in this country is deplorable. We must also start asking ourselves questions. Remember there was the project of 10,000 kilometres of roads, which was rolled out by the Jubilee Government. That project has since collapsed and no one is coming forth to tell us exactly what is happening or what the road map is. The whole country is in a mess in terms of the road infrastructure. As the Committee delves into that Petition, this House needs to take up the matter of roads even more seriously and look at it more holistically.

The situation of roads in my constituency is terrible. In fact, roads in the entire Siaya County are terrible. If this is a replication of the state of roads across the country, then we are looking at a situation which requires the intervention of the highest possible office in the country. We need to be told what is happening. Is there no money? Since this administration came into power three years ago, no single inch of tarmac road has been done in this country. We are asking ourselves: Where are we heading to as a country? How do we intend to grow our economy if the road infrastructure continues to deteriorate? This is a very important Petition and I suggest that we look into it in conjunction with other road situations across the country.

Hon. Deputy Speaker: Hon. Florence Kajuju. I do not know if the Chairman of the Departmental Committee on Transport, Public Works and Housing or any Member of the Committee is present.

Hon. (Ms.) Kajuju: Thank you, Hon. Deputy Speaker, for this opportunity to comment on the Petition by my brother, Hon. Iringo. I speak from a point of information because I have been on this particular road and I have witnessed and heard the cries of the people of Igembe Central. It is not just Igembe Central that is affected. This road connects Igembe South, Igembe North, Isiolo North and Isiolo South. So, this road leads to the business hub of Meru and Isiolo. We want to grow tourism in Kenya as much as we can. We do not expect tourists to visit places like the Meru National Park when they cannot even connect to the roads that lead to these destinations.

We need to do better. Most importantly, we are just about to go into elections and there are flagship projects especially on roads that were promised one-and-a-half years ago. We have not less than 200 kilometres of roads in Meru County that are supposed to be tarmacked by the Jubilee Government. It is time that is done. This is also a place where a lot of farmers transport their *miraa*. They have a small market for *miraa*. *Miraa* should not be hindered from reaching its destination because of connectivity. We are praying that this happens as soon as possible. We also expect timelines to be placed by the Ministry of Transport and Infrastructure. We are only talking about Kshs.75 million.

Hon. Deputy Speaker, you are the Chair of the Liaison Committee. You know the amount of money that is going to these Ministries. Why can we not have this Kshs75 million being allocated to Hon. Iringo's constituency? We are still asking for the balance of 200 kilometres of roads in Meru County to be done as quickly as possible.

Hon. Deputy Speaker: Hon. Members, please, do not water down the Petition of the people of Maua, Meru by bringing in all the other roads that you want to be addressed across the country. You have the mechanism of calling the Cabinet Secretary and asking all the questions. Allow the Petitioners on the Meru-Maua road to be focussed, so that we can address the issue. They have taken the initiative to bring a Petition to this House. So, let us try and confine ourselves to the Petition before us and not to all the roads across Kenya. Hon. Daniel Maanzo.

Hon. Maanzo: Thank you, Hon. Deputy Speaker. I support Hon. Iringo's Petition. I also want to point out that while the Committee looks at it, right now, KeRRA is involved in a court case. Governors went to court to stop KeRRA from constructing roads. In fact, construction of roads has stopped in most parts of the country including my constituency. We have reinterpreted the court order and realised that KeRRA can participate in some roads and leave others. While we are making roads, the issue of bumps has been brought to this Parliament before and it has not been addressed sufficiently. It is proper for the Committee to make sure that while these roads are being done, they are done together with the necessary areas where bumps need to be

erected. Recently, in my constituency, *wananchi* erected a bump after somebody was crashed by a vehicle. There was even a more terrible accident caused by a truck because of lack of professionalism.

I support and I would like the Committee to look at that. I would like to participate, so that we can assist all parts of the country to benefit.

Hon. Deputy Speaker: Hon. Marcus Muluvi. Members, I can see everybody now wants to talk about all the roads in Kenya. I want to make you the last person to comment on this and then if you really need the Cabinet Secretary to come and talk about roads, the 10,000 kilometres of tarmac and other issues that you want to be given a status report on, please, let us use the channel that we have developed in this House.

Hon. Muluvi: Thank you, Hon. Deputy Speaker. I stand to oppose the Petition. Is it in order for the people of Meru and Mount Kenya region to seek to have roads in the region tarmacked while in counties like Kitui, Makueni and Machakos not a single tarmac road has been done by this administration?

(Loud consultations)

I want to be on record---

Hon. Deputy Speaker: Bring your Petition, Hon. Member! You cannot deny the people of Meru and Maua their right. We do not come to make arguments here. We have forwarded the Petition to the relevant Committee. You cannot oppose a Petition that has been brought by the gracious people of Meru and Maua. Allow them their Petition. Bring yours to complain about Kitui and say what has been done or not been done in Kitui.

Hon. Deputy Speaker: Hon. Mbadi, the very last word on this.

Hon. Ng'ongo: Thank you, Hon. Deputy Speaker. I want to support the Petition by the Member for Igembe Central. I just want to tell my good friend that he has a very valid point, but that should not stop Members from Meru from complaining if roads in the region are dilapidated and need repair. As we push the Government to get new roads done or tarmacked, they should not neglect the roads that were tarmacked and are peeling off.

There is a point I wanted to raise and I wish the Chair of the Departmental Committee on Transport, Public Works and Housing was in. There is this stalemate between the Ministry of Transport and Infrastructure and county governments. If this stalemate is not resolved early enough, it is going to hurt us terribly. Our roads cannot be maintained right now because most of the roads in the countryside are Class "D" roads and below. The money is there, but KeRRA cannot do the roads. At the same time, the Ministry has refused to surrender the money to county governments. At least, a decision needs to be made. If these are to be done by county governments, let it be clear to the people of Kenya that this is the responsibility of county governments. In the absence of that, when you move to your constituency as the Member, you will be questioned by the residents because of the poor state of roads. This stalemate cannot be allowed to go on for ever. It needs to be resolved one way or the other. Let us be clear and if county governments are supposed to do the roads, let the money be given to them and we hold them accountable. If it is the national Government, then let that also be done through KeRRA and other agencies that are supposed to do the roads.

Hon. Deputy Speaker: Do we have anybody from the Departmental Committee on Transport, Public Works and Housing here? Yes, Hon. Member, can you represent your leaders

in that Committee? Have you had occasion to discuss the impasse that exists where the roads belong, whether it is the county or the national Government, particularly Class “D” roads and below?

Hon. Ndiritu: Hon. Deputy Speaker, let me make a correction. I am not a Member of the Departmental Committee on Transport, Public Works and Housing.

First of all, I support the Petition. They have all the rights to petition when roads deteriorate, but there is something that has been happening in my constituency which is a matter of national concern especially to all those who travel to western Kenya. This is with regard to the toll station at Gilgil.

Last Saturday, at around midnight when I had gone to sleep, there was a problem. It has become a security concern. People stay there for hours and hours. This happened last Saturday in the night. Sometimes it happens on Sunday. I am sure those who travel to western, Kisumu, Eldoret all the way to Lodwar, including Hon. Deputy Speaker although I know you changed route and maybe you use the Narok route, use the road between Gilgil and Naivasha. You can all attest that at one time, Hon. Musikari Kombo was calling a former Member and a Cabinet Minister because he had been stuck there for hours. That was the case for many other citizens.

The toll station is located in a private farm, a conservancy and is confined. Those who have been on that route know that we used to take a detour in the bush. I have seen *matatus* use the railway bridge. God forbid, if a train approached, it would sweep all the people. It is completely a security risk and a danger to those who go across the railway bridge.

I wish Members of the Departmental Committee on Transport, Public Works and Housing were here, but I would like to suggest that if the toll station can be relocated to an area near Gilgil Town, there is wide land. This is very important for the Government and the Ministry of Transport and Infrastructure. I hope the message has reached home.

Hon. Deputy Speaker: Your point has been made, but our question has not been answered. Members, it seems you have a lot of questions for the Departmental Committee on Transport, Public Works and Housing. Can we order that the Chair brings a status report on what is really on in the roads sector and all the many issues that are already captured in our HANSARD? That should be addressed as soon as possible, so that we stop all these very many interjections and interventions that are dealing with roads.

Let us move to our next Order.

PAPER LAID

Hon. Deputy Speaker: Yes, we have a Paper by the Public Accounts Committee.

Hon. (Eng.) Gumbo: Hon. Deputy Speaker, I beg to lay the following Paper on the Table of the House today Wednesday, 23 March 2016:-

The Report of the Public Accounts Committee on the Special Audit Report of 14th June 2014 regarding the procurement of electronic voting devices for the 2013 General Election by the Independent and Electoral and Boundaries Commission.

NOTICE OF MOTION

SPECIAL AUDIT REPORT ON PROCUREMENT OF

ELECTRONIC VOTING DEVICES BY IEBC

Hon. Deputy Speaker: Yes, Hon. Gumbo.

Hon. (Eng.) Gumbo: Hon. Deputy Speaker, I beg to give notice of the following Motion:-

That, this House adopts the Report of the Public Accounts Committee on the Special Audit Report of 14th June 2014 regarding the procurement of electronic voting devices for the 2013 General Election by the Independent and Electoral and Boundaries Commission (IEBC), laid on the Table of the House today Wednesday 23rd March 2016.

As I give notice of this Motion, I would request your indulgence, so that the House Business Committee (HBC) prioritises this Report. It is on a special audit which was conducted on the General Election of 2013 and it has been around now for nearly two years. More importantly, I had a discussion with the substantive Speaker and we are generally agreed that we will be defeating the purpose of special audits and special reports if they come to the House and they get delayed before they are debated. I would request that through your intervention, the HBC prioritises this Report for debate.

Secondly, as the Chair of PAC, I have to express my concern for failure by some of us to abide by our rules. This Report is of great public interest. I got a lot of calls from media houses as we were adopting it yesterday. They wanted to get an advance copy of it. I was very specific. In fact, one of the people who tried to contact me was the Chairperson of the Parliamentary Reporters Association. I was categorical that the only time they could lay their hands on this Report would be after it was tabled in the House and it had become public document. I am concerned because I saw some leaked portions of this Report in some newspapers this morning. While it is really difficult to police that kind of action, I call on Members to be confidential. For the Report to have been leaked, it must have come from within the Committee or somebody from the media must have tried to put influence on somebody, like they tried to influence me, to get an advance copy of the Report. Much as the media does not want us to control the way they do things, it is important that they respect our rules of procedure of conducting business in this House.

Thank you, Hon. Deputy Speaker, for giving me the opportunity to move this Motion.

Hon. Deputy Speaker: Hon. Eseli, what is your point of order?

Hon. (Dr.) Simiyu: Hon. Deputy Speaker, what the Chairman of PAC has said is very important. I respect media freedom and the freedom that we have allowed our media to enjoy. I will protect them with whatever I can to ensure that they continue to enjoy that freedom. However, they also must exercise some responsibility. They know very well what our Standing Orders say. They cannot go public on a Report that has not been made public by this House. It is up to this House to ensure that media houses exercise restraint. We cannot just let them get away with that because we support media freedom. They must exercise some responsibility. They should follow our Standing Orders. I believe something can be done through your office to ensure that media houses respect our Standing Orders. Respect is mutual. It is two-way.

Hon. Deputy Speaker: I could not have put it better than the Member. We will endeavour to see how we can control. Hon. Members also have a responsibility, as the Chairman said. That information must have come from somewhere. It is our responsibility to guard our

documents, so that we do not expose them until the right time, like now. The Report is now a public document because it has been tabled. It is now the time it can be discussed publicly.
Next Order!

MOTIONS

DECENTRALISATION OF REGISTRATION OF NATIONAL IDENTIFICATION CARDS

(Hon. Wakhungu on 16.3.2016)

*(Resumption of Debate on the Motion as amended
interrupted on 16.3.2016)*

*(Question of the Motion as amended
put and agreed to)*

Resolved accordingly:

THAT, aware that devolution was meant to devolve governance and public services across the country, including access to basic services like acquisition of identity cards, passports, birth certificates, voters cards, among others; further noting that currently all registration of national identity cards only happens at one centre in Nairobi; cognizant of the fact that this delays the acquisition of identity cards, thus denying Kenyans their right to employment, ability to vote, access to public funds like Uwezo Fund and other crucial services, this House resolves that the Government decentralises the registration of national identification cards and passports to the county level to expedite the process and allow Kenyans to access public services in a timely manner.

IMPROVING MANAGEMENT OF CANCER IN THE COUNTRY

THAT, aware that cancer is a leading cause of death globally with more than 70 per cent of all cancer deaths occurring in developing countries; further aware that in Kenya, the disease ranks third among the main causes of death after infections and cardiovascular diseases and accounts for up to 18,000 deaths annually, with over 82,000 new cases reported annually; noting that over one-third of cancer patients experience clinical anxiety and depression, profoundly affecting the families psychologically and economically; cognizant of the fact that some of the patients travel up to 600 kilometres to Kenyatta National Hospital (KNH), the only public hospital that hosts most of the oncologists in Kenya; further cognizant of the fact that the remaining small number of oncologists are mainly based in Nairobi; deeply concerned that only a few patients get admission or outpatient treatment due to monetary constraints; this House resolves that the

Government mitigates the situation by offering scholarships to at least one (1) Medical Masters student per county to study oncology, and signing contractual agreements with them to serve in designated cancer treatment and management centres; building partnerships with existing medical institutions in local public universities for provision of training opportunities; and emphasizing on the use of telemedicine and E-Medicine to eliminate distance barriers and improve access to medical services.

(Hon. (Ms.) Nyasuna on 16.3.2016)

(Resumption of Debate interrupted on 16.3.206 - Morning Sitting)

Hon. Deputy Speaker: Hon. Members, this is an ongoing Motion with a balance of two hours and 50 minutes. The Mover was still moving and had a balance of 10 minutes. Can you continue moving debate, Hon. Gladys?

Hon. (Ms.) Nyasuna: Thank you, Hon. Deputy Speaker. I began moving this Motion last week. I have moved for 10 minutes and there is a balance of 10 minutes. I hope I could get a few extra minutes. I would like to recap what I said then for the benefit of the Members who were not here.

Hon. Deputy Speaker: You are finishing your minutes. Just go on with your moving.

Hon. (Ms.) Nyasuna: This Motion is seeking approval of the National Assembly for the Government to offer scholarship to, at least, one Medical Masters student in each county to study oncology. They shall be further compelled to serve in county hospitals.

Let me just give a brief recap of the statistics. Globally, cancer causes more deaths than HIV/AIDS, tuberculosis (TB) and malaria combined. It is also said that 70 per cent of the cancer burden is in low and middle-income countries. These statistics go against the normal thinking that cancer is a rich man's disease. It has come across the board. The old, young, rich, the poor and everybody is affected.

To quickly run through the numbers of deaths registered in Kenya, 11,995 people died from cancer in 2010, 11,500 in 2011, 12,500 in 2012, 13,720 in 2013 and 14,175 in 2014. I just want us to note the rising trend of cancer-related deaths occurring in this country.

Also, here is a quick review of the availability of services for members of the public. In terms of health facilities, we have very few hospitals. In public hospitals' realm, we only have Kenyatta National Hospital (KNH). We have Aga Khan University Hospital, Nairobi Hospital and MP Shah, which are private institutions mainly in Nairobi. They are not only far from most of Kenyans, but also very expensive. To just have one session of radiotherapy, you need to pay at least Kshs10,000. Sometimes, you need to have 30 or 60 fractions. Imagine that cost. If you go to KNH, the queuing period is now 18 months long. This is completely out of reach of Kenyans.

Oncology is the study of cancer. Cancer is a disease characterised by abnormal cell growth in the body. There are three main sub specialties of oncology. We have surgical, medical and radiation oncology. In this country, we currently have four radiation oncologists, six medical oncologists, four paediatric oncologists, five radiation therapy technologists, three oncology nurses and two medical physicists to serve the entire population. That is data of the current situation.

Many of our people cannot afford treatment. Even when you can, we do not have sufficient specialists to offer treatment. Our oncologists have to run from KNH to Aga Khan University Hospital and to Nairobi Hospital. They move around Nairobi. Last week, I gave an example of a constituent of mine from Nyadhiwa-Gwasi or Kiwa and the situation is difficult. Today, I have a circulation on social media of citizens' initiative to raise money to treat one of our constituents called Steven Wasonga, a 26 year old young man from Kiwa Island and a student at the University of Nairobi (UoN). He needs Kshs3 million to go to India for treatment. These appeals come to us all the time. This evening, we will be having a fundraiser for Steve Wasonga at Garden Square to get the Kshs3 million. If this young man from Kiwa needs to access radiotherapy here at KNH, if he cannot travel, then he is just doomed to die. This is the gist of this Motion.

The Motion proposes to have oncologists in our county referral hospitals to attend to patients from all across Isiolo, Garissa, Wajir, Tana River, Meru, Nyamira, Lamu Marsabit, Kisii and everywhere in this country. What costs are we talking about? Given the fact that this Motion has financial implications, it went through the Budget and Appropriations Committee. The Budget Office analysed what it would cost to train these oncologists as has been proposed in terms of one oncologist per county.

These are the assumptions that the Budget Office used. First, a full scholarship is offered to those who have been considered for the course. The course as per the research of the Budget Office would cost Kshs3 million per person for the entire course which is two years in the United Kingdom, the United States of America, India or here in Kenya. The scholarship will be available to, at least, one candidate per county thus we will have 47 scholarships. We are proposing that the scholarship opportunities can be staggered in phases, so that we have, at least 10 chances every year. Then we add a 10 per cent to the Kshs3 million for continuous medical education.

If we are looking at that 2016/2017 Budget, we will be looking at Ksh30 million for 10 scholarships to be offered in that year and Ksh3 million for continuous education which would result to Kshs33 million added to the 2016/2017 Budget. If you look at the 2017/2018 Financial Year, if you take Kshs20 million in that year, you will have Kshs60 million and another Kshs6 million for continuous medical education. That would result to Kshs66 million and a similar number in the subsequent financial years.

There have been questions as to whether this would be an affordable cost. However, if you break it down in that sense and you look at our Budget and the wastage that sometimes we have, then this money is a small drop in the ocean for a very good course. When implementation begins, we could be looking at setting up a possible fund linked to the KNH or the University of Nairobi Medical School, so that students can come through and get the scholarships and proceed to study oncology.

If you look at the international comparison in the management of cancer, in the UK, there are several institutions that train oncologists. We have Oxford University and the Institute of Cancer Research which is part of the University of London. In the USA, we have Stanford University, Division of Oncology, which offers an intensive three year programme. We have the University of Colorado, Yale University, School of Medicine at the University of North Carolina, University of Minnesota and University of Wisconsin. In India, we have Jawaharlal Institute of Post-Graduate Medical Education. We have several institutions including our own local institutions that train oncologists. Cancer is a time bomb. I am sure all the Members of this

House, if not personally affected, have relatives and friends who are affected by cancer. We need a very broad based intervention.

The training for oncology is only a small part.

Hon. Deputy Speaker: Okay. Give her a minute to conclude and then she will tell us who is seconding her.

Hon. (Ms.) Nyasuna: Thank you, Hon. Deputy Speaker for your indulgence. I call upon the Members of this House to support this intervention and to bring in other interventions particularly our Departmental Committee on Health, so that we can ably tackle cancer.

I beg to move and call upon Hon. (Prof.) Nyikal, given his wide experience, to second the Motion.

Hon. Deputy Speaker: Let us have Hon. (Prof.) Nyikal.

Hon. (Prof.) Nyikal: Thank you, Hon. Deputy Speaker for giving me this opportunity. I congratulate Hon. Wanga for proposing this Motion and for the detailed amount of work she has done in looking at all aspects that are necessary in the management of cancer. Non-communicable diseases referred to as NCDs are a major problem and this is something that was predictable from as far as five years ago. Due to the changing lifestyles and the increasing life expectation, a lot of people are affected. Unfortunately for this country, this is coming at a time when developing countries have not got rid of infectious diseases. We are having a double burden of disease. Whereas we have infectious diseases still ravaging us, cancer cases are also coming up.

This is a danger that we need to look at as a country. Although the Member said that cancer is affecting everybody, but to a large extent, people who are well to do will control with their resources and if you are not careful, we can avert all the resources. However, that is not to say that we cannot put a programme for cancer. As a country, we need to look at the area of early screening and early detection. Most of the common cancers such as breast and cervical cancer in women are treatable with early detection.

Therefore we need to have a programme that will lead to early detection, so that we do not put so much money in expensive treatment. As it is now, cancer is killing many people. Hon. Wanga has gone into the details of the number of people dying from cancer. It is not just about dying, but also the amount of suffering that people go through in the late stages of cancer is immense. People suffer yet the access to treatment is limited. You have people travelling from all over the country coming to Nairobi. Even for those who can afford, it is expensive. It is one of the diseases that will cause catastrophic spending in a family. Even a family that is well to do and a middle income family with one case of cancer leading to late treatment will wipe out their resources and by that time, insurance companies will have abandoned them.

So, it is important that we do something about this. We can develop a programme that has emphasis on early detection. It is not expensive to detect cancer early. Cervical cancer screening can be done at a health centre and simple treatment can be done at the district hospitals. Breast cancer can also be detected early. I will ask any of my colleagues here, particularly those who are over 45 and 50 years, to get checked for prostate cancer, at least, once in a year because if it is detected early, you will be cured. Early detection is important.

While Hon. Wanga is calling for training of one person from each county, I am not looking forward to that person going to treat people at the county level, but to set up centres in the counties where people can be treated. You need somebody who is well trained and experienced to put in place the kind of programme that is needed. The programme will look at

the needs of the country, the types of cancers and how we can put in place a simple detection programme. This is the kind of person who will tell you the equipment that you need for detection, late treatment and the treatment protocols that you need.

Hon. Deputy Speaker, this country seems to be going backward. There was a time when cancers could be treated even at provincial hospitals. The late Prof. Kasili had developed very comprehensive treatment protocols that could be used with supervision even at provincial hospitals, may his soul rest in peace. This is where we need to go. We need to train paramedics at the county level, so that they can set up extensive programmes to cater for the needs of cancer patients, human resources, financial reporting and treatment regimes that are simple and the needs of supervision.

You do not have to be an oncologist to treat cancer all the times. With good supervision and treatment protocols, well trained medical officers can be of great help in managing cancer. We will need specialised nurses and nutritionists. All this cannot be done if we do not have leadership at these centres. The real purpose of training is to get people who will set up centres in the counties and provide the leadership that is required. If we do this, we will improve access to cancer treatment locally. People do not have to travel all the way from Migori to Nairobi, where there is a list of people who have been waiting for over a year to undergo certain therapies. If you are diagnosed with cancer and you are told to wait for one year, you have been declared dead. Cancer cells will spread within that one year and you cannot be treated.

If you have cancer, you do not have to be in hospital all the time. You can be treated as an outpatient or go to a nearby place. That can only be done if you are near a facility that treats cancer. A lot of people travel out of this country to seek treatment. We discussed the matter of treatment abroad the other day. We are not sure whether it has been commercialised. There are people who have put up facilities, but they are not medical officers. They have sidelined doctors in the process of referral outside the country. From our data, the truth is that most of the people who go out of the country do not benefit. We should look at the cost that we forego as a country in all ways if we have to access treatment here.

We talk of affordability of cancer treatment. If you can detect cervical cancer in its early stages, so that it can be treated at a district hospital, you save a lot of money compared to when it reaches the late stages when you need complex equipment and therapies, including C-Arms, chemotherapy and laboratory support. Whatever the figures are, this is something affordable that we need to pursue.

I hope this Motion will progress to a Bill on cancer treatment. Our Departmental Committee on Health will be willing to work with Hon. Wanga, so that we improve the management of cancer in this country.

With those few remarks, I second.

(Question proposed)

Hon. Deputy Speaker: Hon. Francis Njenga is the first one on my list, but first, there is an intervention by Hon. Onesmus Njuki.

Hon. Njuki: Thank you, Hon. Deputy Speaker. Looking at the interest the Motion has attracted, would I be in order to suggest that we reduce speaking time for each Member from the normal 10 minutes to five minutes, so many of us can get a chance to contribute? I can see that all the request buttons in this House are on this morning. That is my request.

Hon. Deputy Speaker: Hon. Members, the Member is asking that we reduce our interventions to five minutes instead of 10 minutes. He has done it at the right time, which is at the beginning of this debate.

(Question, that debating time be reduced, put and agreed to)

Every Member will contribute for five minutes, starting with Hon. Njenga.

Hon. Njenga: Thank you, Hon. Deputy Speaker. I rise to support this Motion because I have had friends who have suffered from cancer. I also agree that we should have a preventive strategy because cancer is a serious problem that is affecting many families in the country.

The Government has intervention and some equipment has been taken to some county hospitals. However, equipment alone can take us nowhere. We need trained medical personnel to use the equipment for the equipment to assist us. If a preventive mechanism is put in place, we can probably minimise the risk of getting cancer and the suffering that comes with it.

I also take into consideration the cost involved because I have seen it practically. Sometimes it costs over Ksh1 million to aid a cancer patient. If you consider that about 80,000 people seek financial assistance for cancer treatment each year, you will realise that we are losing a lot of money as an economy. Despite losing so much money, families continue to suffer from depression, anxiety and stigma. Most of the people suffering from cancer are young people with high potential to contribute to the growth of our country. Some are professionals who are working for the welfare of this country while others are already in business. Once they get this disease, they travel out of the country to seek treatment. While outside the country, they spend a lot of money, in effect, exporting so much foreign currency that we need to save in order to avoid trade deficit.

Hon. Deputy Speaker, this is something that should be done. Once it is done, the Government should try to give incentives to private investors both local and international to invest even in small towns in our communities. With that, they can transfer technology to our people, so that the cost of training becomes lower. Technology transfer is something that we need to think about as a country. Today, with modern means of communicating in the e-world, everybody should be able to transfer technology with ease.

I also look at our hospitals. As Hon. (Dr.) Nyikal said, in our hospitals, simple things like testing, education and basic research can be done. I believe if this is done, besides employing oncologists, our country should be able to fight this menace.

My friend was in Italy for one year and every other day, people were travelling to Italy and spent a lot of money. I imagine the instability that was in that family. One of the sons decided not to follow the norms of the family and became a very difficult person to live with just because the parents were away. Such costs could be avoided if we have technology right at the doorstep.

The time for telemedicine is today. If proper and adequate measures are taken to train our people not only oncologists, but even nurses who can handle cancer cases, I believe we can save our families from suffering. They can save their money, time and other costs that cannot be quantified. I, therefore, support this Motion and wish that the Jubilee Government, which I am associated with, can make this a reality as soon as possible.

I support.

Hon. Kombe: Asante Mhe. Naibu Spika kwa kunipatia nafasi hii ili nichangie Hoja hii.

Kwanza, ningetaka kumpongeza Mhe. Wanga kwa wazo lake zuri la kuweza kuokoa maisha ya Wakenya wengi. Kwa hakika, moyoni ninaona kwamba mtu mmoja katika kila kaunti ni idadi ndogo. Lakini kulingana na maelezo ya Mhe. Wanga, si neno maanake ni chanzo. Safari ndefu huanza na hatua ya kwanza. Hivyo basi, ningependa pia wenzangu waweze kuunga mkono Hoja hii ili tuweze kubuni vituo katika kila kaunti ambavyo vitakuwa vikifanya uchunguzi wa mapema ili kung'amua saratani aina mbalimbali na itibiwe mapema.

Ni dhahiri kwamba sote katika Bunge hili tunaelekea huko kwa sababu chanzo cha saratani huwa ni vigezo tofauti hasa wale ambao hupenda kutumia chai moto sana. Chai moto sana inapotumika kwa muda mrefu husababisha saratani ya koo. Hivyo basi, ni muhimu sana kwamba vituo hivi vibuniwe katika kila kaunti. Vilevile, wakati umefika wa nchi hii kujitegemea kwa wataalam. Mara kwa mara, tunatuma wagonjwa wetu nchi za ng'ambo ili kuenda kuhudumiwa na wataalam. Wakati ni sasa wa kuwa na wataalam wetu wenyewe na mtaalamu mmoja kwa kila kaunti kila mwaka sioni kwamba itakuwa sehemu kubwa katika makadirio ya mwaka katika Serikali.

Vilevile, tungepanua zaidi mbali na kuangalia Serikali ya kitaifa kusimamia mtaalamu mmoja kwa mwaka katika kila kaunti. Serikali za kaunti kulingana na kima zinazopata, zingesimamia mwingine kwa sababu wataalam wa saratani ni wataalam aina tofauti wanaohitajika. Hata katika mfuko wetu wa Hazina ya Eneo Bunge, tungeweza kusimamia mtaalamu wa tatu hivyo tungekuwa tunapata watu watatu katika kila kaunti ambao wana utaalamu wa kutosha wa kufanya utafiti wa mapema wa hizi saratani na kuanzisha matibabu ya mapema.

Ningesisitiza kuwa vituo vyetu vya utafiti na vyuo vyetu vinavyotoa mafunzo haya vinafaa kuzingatia somo hili la *reflexology*. Somo la *reflexology* hutumika kutibu saratani. Mwanzo inaweza kutibika pasi na kutumia dawa yoyote. Vilevile, saratani inaweza kusimamishwa katika ngazi ambayo imefika tukitumia njia ya *reflexology*. Inaweza kusimamishwa palepale hadi panapopatikana matibabu. Ningependa vyuo viweze kufanya utafiti huo na kujumuisha somo hilo katika vyuo vya matibabu.

Ninaunga mkono. Asante.

Hon. Mulu: Thank you, Hon. Deputy Speaker, for giving me the chance to add my voice to this important Motion. I want to start by thanking Hon. Wanga for this very important Motion. This Motion was discussed by the defunct Budget and Appropriations Committee. After analysing the Motion, we discovered that the benefits which are going to accrue as a result of it are so much high compared to the costs. That is why we thought it wise to have this Chamber discuss this important Motion.

When you look at the statistics as have been presented by Hon. Wanga, you realise that this country has a serious shortage in terms of specialists who can treat cancer. This Motion proposes to have more oncologists trained by the Government, so that each county has, at least, one oncologist. It is very important.

Where I come from, when a family member is diagnosed with cancer, the whole family gets into a panic mode. Everybody in that family starts panicking. Why do they panic? They panic because cancer can easily move a family from middle level income assessment to a very poor family assessment. It is very expensive to treat cancer. Families have to sell their land, livestock and other assets in terms of plots and whatever investments to take their family members for treatment.

They also panic because if the treatment is going to be undertaken in a public institution like KNH, the waiting period before it starts is more than a year. If you are diagnosed with cancer, you will stay for more than one year to get treatment. By the time you access treatment, it is late and you eventually die. This is what causes panic.

The other thing is us, as Kenyans. In addition to training oncologists per county, it is very important that as a country, we start educating our people to appreciate the issue of early screening and detection of cancer, so that every year, people are screened to find out whether they are sick or not. Although this is expensive, it is something we need to encourage. I want to urge the Government to see if there is a possibility of making it free. In some hospitals like Mater, there is a cancer month when they do screening. This can also be done in public hospitals. If this is done, it will go a long way in assisting Kenyans in detecting cancer earlier and as a result they can be treated.

As Parliament, we are allocating a lot of resources to our county governments to take care of the health sector. As we urge the national Government to train one oncologist per year, the county governments should also train one person.

As we protect Kenyans against deaths from cancer, it is important to do all it takes to protect them from dying from tear-gassing. On Monday, I had a nasty experience where an errant Officer Commanding Police Division (OCPD) in Kibwezi instructed his officers to tear gas us. If we are not careful Kenyans will soon be dying more from tear gas than cancer. These errant policemen must be warned and told that Kenya has changed. We are not going to entertain tendencies which take us back to the old days when police took instructions from higher authorities and acted without reasoning.

Hon. Deputy Speaker: Hon. (Dr.) Robert Pukose, you have the Floor.

Hon. (Dr.) Pukose: Thank you, Hon. Deputy Speaker for allowing me to contribute to this Motion. At the outset, I want to support the Motion by Hon. (Ms.) Gladys Wanga. Training of oncologists is just the basic but not the solution. Management of cancer is wide and is both preventive and curative. When you talk of prevention, what are we able to do and how do we strengthen our public health so that the causative factors associated with cancers can be highlighted to the public, for example, smoking, alcohol consumption and exposure to radiation? An Hon. Member talked of consumption of hot tea being one of the causative factors but I think he must have said so on a light touch because that is a joke.

We face quacks in the management of cancer. More often, people seek treatment from unqualified persons who are doing trial and error. We are aware of herbalists who give medication which can assist in management of cancer but other people are taking advantage of that situation. They advertise their medicines and say that it cures cancer and yet it is not true. They are doing business which is making management of cancer expensive.

Given the epidemiology she has given about cases of cancer in the country, you would also like to know its spread within the various counties. Is distribution the same all over the country? Are other areas more affected than others? That will give us an impetus in determining where we put money. For example, if cancer of the oesophagus is more pronounced in certain areas, then county governments must also be involved in dealing with the situation. If we talk about the Government, are we talking of the national Government or the county governments to invest in oncologists? As Hon. (Prof.) Nyikal had mentioned earlier on, this must be accompanied by other resources such as laboratory and medical support services to make this a reality.

In this country, we are talking about cancer treatment centres concentrated in Nairobi but we forget that the Jaramogi Oginga Odinga Hospital initially had a radiotherapy machine and no one is thinking about reviving it. Kenyatta National Hospital (KNH) and Nyanza Provincial Hospital used to have radiotherapy machines. What happened to the Kisumu machines? We now have the Moi Teaching and Referral Hospital (MTRH) with oncologists setting up a cancer treatment centre. How do we make sure that these cancer treatment centres are spread all over the country? We can have one in Jaramogi Oginga Odinga Hospital, the MTRH, North Eastern Province and Coast so that they are distributed across the country to make accessibility a reality.

With those few remarks, I support.

Hon. Deputy Speaker: Let us hear from Hon. Opiyo Wandayi.

Hon. Wandayi: Thank you, Hon. Deputy Speaker. I want to support this important Motion and thank Hon. (Ms.) Gladys Wanga for thinking wise to initiate it.

It is a fact that cancer is a leading cause of deaths not only in this county but in the whole world. As was aptly put by Hon. (Prof.) Nyikal, cancer can be detected earlier, and if so, it can be treated and managed. We are in a stage in this country where when one is diagnosed with cancer, it is like a death sentence and one resigns to fate and waits for death. That should not be the case. The fact that we do not have enough oncologists in this day and age, very many years after Independence is a great indictment on us in terms of our priorities in manpower development.

I totally support this Motion because if we can spare some money either from the national Government or the county governments and ensure we train enough manpower in the field of oncology, we shall have made a very big stride in as far as addressing and containing cancer is concerned.

Hon. Deputy Speaker, because of prevalence of cancer amongst our people, it has also become a cash cow to quacks going around as medical experts. We have had a lot of referrals to hospitals in India of late. Unfortunately, these referrals have ended up in deaths. In fact, these days it is said that when one is referred to India for treatment of cancer, it is like you are sent on a final vacation that ultimately one has to die. It is a sad state of affair. This Motion has come at an opportune moment in our times.

Cancer is a disease that is not reserved for a specific group of people or a category of citizens. We have of late learnt that it is affecting everyone; the young, old, women, men, poor and the rich. It is a disease that should concern all of us. I appeal to my colleagues to look at this matter more seriously and support it.

With those few remarks, I support.

Hon. Deputy Speaker: Hon. Ali Rasso, take the Floor.

Hon. Dido: Thank you very much, Hon. Deputy Speaker. I rise to support this Motion by Hon. Wanga. To say that cancer is not an epidemic is an understatement. In the constituency I come from, over the few years I have been the Member of Parliament, out of 10 deaths, six or seven are cancer related. That is a serious state of affair. What Hon. Wanga has raised, particularly in the area of training oncologists, is very important. We need to go further than that and task the Government to set up machinery or network so that our people are screened for cancer at every centre that is close to our people, either at the district or sub-district level. This will ensure that there is that strategy of early detection.

Nowadays, the fear of diseases like HIV or TB is not that much but as soon as somebody has been detected to have cancer, people consider it as the disease of death. This is because most

are normally referred to the major and expensive hospitals in Nairobi or India. The Departmental Committee on Health should take up this particular Motion and convert it into a Bill so that funding and management will be easy. The budgeting process of cancer research centres will also be easy and technicians can be trained based on the availability of that funding.

The other suggestion I have on this particular Motion is that we should look at not just the oncologists and specialists but also look at technicians who can be trained abroad for short courses such as six months so that we can have many hands that can be deployed across the district and sub-county hospitals. That way, the specialists will be able to look at the bigger picture while at the grassroots technicians can help our people.

Finally, one of the major issues about the treatment of cancer or screening for cancer-related ailments is that people must come to Nairobi. To make that easier, the national Government must begin to attract investors. They can set up cancer screening and treatment units in Marsabit, Lowdar and in other far flung areas so that people do not travel to Nairobi when they actually cannot afford.

With those remarks, I support.

Hon. Deputy Speaker: Yes, Hon. Stephen Karani.

Hon. Karani: Thank you, Hon. Deputy Speaker. I also join my colleagues in thanking Hon. Gladys Wanga for bringing this Motion. It is a very important Motion especially for me. In my constituency of Laikipia West, hardly a week passes without my constituents calling upon me to assist in settling bills for cancer patients. I, therefore, think that this is a very important and timely Motion. When I was reading this Motion, I realised that we have 18,000 deaths every year as a result of cancer. In fact, I divided that with 365 days and I realised that 49 people die every day in Kenya. That is not a small number. As a country, we have to take this very seriously and see how we can address it.

My sister passed on early this year on 6th January after being diagnosed three years ago of stomach cancer. She was staying at my place because she had come to Nairobi to seek medical attention for the same. Therefore, I was very close to her. I know the pain she underwent for those three years. We spent quite a substantial amount of money. I know there are families in this country that cannot afford to pay such an amount of money. They are suffering a lot.

I commend the Ministry of Health for what it is doing in the leasing of medical equipment. However, I challenge the Cabinet Secretary (CS) and his Principal Secretary (PS) to make sure that in the leased medical equipment, we also include the cancer screening equipment. I am a member of the Departmental Committee on Health. We have visited some hospitals that have been equipped like Machakos Level 5 Hospital and I am disappointed that cancer screening equipment is not among the equipment that was leased. It is high time that the CS and his PS make arrangements to also include the equipment. Otherwise, I support.

Thank you.

Hon. Deputy Speaker: Hon. Ferdinand Wanyonyi, you have the Floor.

Hon. F.K. Wanyonyi: Thank you, Hon. Deputy Speaker, for the opportunity. I also thank Hon. Wanga for coming up with this Motion. I was recently in India and I got very disappointed. I went to a hospital where almost 80 Kenyans were waiting to be treated. I had two people from my constituency. A lady passed on from breast cancer. This is because she was not able to get early treatment. Because we could not bury her there, the cost of bringing the body from India was another problem. I had to be involved in getting the body here. The figures given by Hon. Wanga on training local specialists are very minimal compared to the money that we are

wasting on corruption. I am a member of the Committee on Implementation. As soon as this Motion is passed, I will ensure that it is fast-tracked so that it can be implemented to the letter. This will enable us to have specialists trained locally to assist bring the cost of treatment for cancer down as soon as possible.

I have a case in my constituency where a patient was referred to the KNH. I personally went and saw the KNH Chief Executive Officer who tried to book a bed for the patient. I was given a bed that would be available 18 months down the line. As Hon. (Dr.) Nyikal mentioned, keeping the patient suffering without treatment for 18 months is like telling him or her to wait for death. I do not know whether the child has now been admitted but that is what we are going through.

Hon. Deputy Speaker, the figures given by Hon. Wanga were very minimal. I suggest that the Ministry of Health quickly helps us to start training local technicians and at the same time get the equipment that can help us detect some of these problems. As the Member from Laikipia said, at the end of the day it is a Member of Parliament who is going to be involved in fundraising either for the treatment or for the burial. All those things are becoming a nuisance.

I support the Motion and hope that this will be fast-tracked. I want to assure Hon. Wanga because of what I have gone through, I will take part in the *Harambee* for her constituent who is calling for help to save her. I have been doing this every day. We never know. So, list me as one of the Members who will come to assist you in this *Harambee*.

Lastly but not least, we should also have some civic education and programmes to assist Kenyans to detect early warnings. I am told that if you go for a check up early enough cancer can be treated. Therefore, we should have civic education so that people can go for early detection particularly for prostate cancer. Men who are over 40 years should go to hospital to be checked so that they can be treated early. Cancer is treatable.

Hon. Deputy Speaker, I support the Motion. It should be fast tracked so that it is implemented as soon as we pass it.

Thank you very much for the chance.

Hon. Deputy Speaker: Yes, Hon. Partrick Ntutu.

Hon. ole Ntutu: Thank you, Hon. Deputy Speaker, for also giving me this opportunity to comment on the Motion that has been brought by Hon. Gladys Wanga. I rise to support the same and I want to congratulate my sister for thinking about this issue of cancer.

Indeed, there is a rise in cancer patients as shown by the statistics that she read. I must admit that when we were growing up, we did not see cancer patients but lately it has become very common in our rural areas. Most of us, as leaders, are really concerned not just about training personnel but also in getting to know the cause of cancer. We have funerals almost every weekend. When you ask the cause of the death, we are told that it is mostly cancer. In my honest opinion, we should declare cancer a national disaster.

If you look at the cost of treating a patient with cancer, you will find that it is 10,000 per session. This is the case and yet 75 per cent of Kenyans live on less than a dollar per day. So, you can imagine which family can afford cancer treatment. I totally support that we must, as a country, look for means and ways of training personnel so that they can go to our counties not only to treat cancer but also to detect this disease early enough for it to be treated.

For some reason cancer has become very common in the rural areas than even in urban areas. Therefore, I totally agree with the Member that we must, as a country, train these personnel. As Parliament, we must also think widely and not just support Hon. Wanga's Motion.

We must try and see whether we can come up with an Act of Parliament so that we can force the Government to train these personnel. The same thing applies to our county governments. A lot of money is being wasted in our counties. We must also come up with ways of making sure that county governments train these personnel and provide for machines for treatment right at the source.

With those very few remarks, I support. I ask my colleagues to support this Motion.

Hon. Deputy Speaker: Yes, Hon. Michael Onyura.

Hon. Onyura: Thank you very much, Hon. Deputy Speaker. I also rise to support this Motion. I thank Hon. Wanga for bringing it up. It is very timely. In fact, it should have come yesterday. I also thank Hon. Nyikal for his input in this Motion arising from his wide experience in the medical area. Even the limited statistics Hon. Wanga has used in this Motion are moving and mind boggling seeing that over 18,000 people die from cancer annually in Kenya. Over 82,000 cases are reported annually. If you look at the colossal amount of financial demands that normally face families whose member has cancer, you will realise that it is a matter that calls for a very urgent response. The cause needs to be dealt with very urgently.

As we keep talking about universal medical care, this is one of the areas that need to be given priority. I feel one of the most successful programmes this country has ever had in areas of medical care has been the approach on HIV and AIDS. This is because everybody took it seriously. Elaborate programmes were done. The programmes were properly facilitated and resources were set aside to do it. That is the sort of seriousness and approach that we need to give to the programmes on cancer. If we do that, we will achieve what we are aiming.

Even the issue of education and awareness which was articulated very well by Hon. Pukose needs to be done in an elaborate and a properly programmed manner right from primary school through our education system so that our people are aware of both preventive and curative approaches to cancer.

As has been said, we know that with early detection, cancer can be dealt with and can even be cured. What that means is that we should have screening equipment and screening centres all over the country. In fact, every county hospital should make sure that it has a facility that will only be screening for cancer and encouraging our people to go for the screening.

I support the recommendations, particularly on the issues of scholarships and networking with local and international institutions. We should also consider the issue of public-private partnerships so that we can mobilise resources from our development partners and set up the centres. As we invite them to invest in various economic areas, we should also invite them to invest in medical programmes.

Hon. Deputy Speaker, I thank you for the opportunity.

Hon. Deputy Speaker: Yes, Hon. Onesmus Njuki.

Hon. Njuki: Thank you, Hon. Deputy Speaker for giving me the opportunity to contribute to this Motion. I thank Hon. Gladys Wanga for bringing this important Motion to the House.

A lot has been said about cancer. There is no doubt that it is currently the leading killer disease. We are losing very many lives unnecessarily because of late detection of the disease. The disease is detected late because Kenyans have not developed the culture of going for medical tests. They go to hospital only when they are sick. If we had embraced the culture of going for routine medical tests, most of the cases could be detected early. However, it will not be

possible if we do not have the necessary equipment, technology and knowledgeable personnel to carry out the tests.

This brings me to the pertinent issue of the human resource that is entrusted with this very noble job of ensuring that the disease is detected in patients early. That is why this Motion is very important. Training of relevant personnel or what Hon. Gladys is calling “oncologists” will resolve this problem. However, as much as we want to give scholarships to medical personnel to be trained and bond them, so that they can come back and serve Kenyans, we have a serious problem of brain drain in this country. This is normally brought about by mistreatment of health workers in this country. Since the health function was devolved to the county governments, we have had endless strikes. It is because medical personnel have not been paid their dues or promoted, among other issues.

I support the idea of training Masters students in the field of oncology but it will be prudent for us to try and see if we can bring trainers to train our medical staff locally. Once people get trained abroad and find a better working environment with better pay, they remain there even if they are bonded by the Government of Kenya. Some go to work in other countries like South Africa where they earn better salaries. Even as we pass this Motion, it is important that we look for ways and means of treating our medical personnel better than we do currently.

I am very saddened to hear from one of the Members of the Committee on Health that the county governments have leased equipment from the national Government but cancer screening equipment is not part of the equipment. That is a very sad story because cancer is one of the leading killer diseases in this country. I hail the national Government for taking that route. One of the biggest problems at most of our medical facilities is malfunctioning equipment. I have been to Chuka District Hospital, which is now a county hospital. It is like a junkyard where a lot of equipment has been dumped. Sometimes equipment is dumped for minor malfunctioning. Unfortunately, we do not have technicians to fix such minor problems.

The route of leasing makes it a bit economical in the long run. The person who has leased the equipment will ensure that it works all the time. By servicing the equipment regularly, the owners will ensure that it is always functional because they are paid for it to function. They are also supposed to organise for replacement of equipment when such equipment malfunctions beyond repair. They will always provide another equipment to relieve the one that is due for repair to ensure that service delivery continues. With that kind of arrangement, we may not lose lives. It is very economical for us. We get impoverished when we lose working personnel and people who are highly trained in certain professions.

Lastly, there is the issue of diagnosis and misdiagnosis in this country. I know people who have been misdiagnosed with cancer. Some people have been told that they would die after six months, but they did not die---

Hon. Deputy Speaker: Your time is up, Hon. Njuki. Remember, you are the one who asked for five minutes.

Hon. Timothy Wanyonyi, you have the Floor.

Hon. Wetangula: Thank you, Hon. Deputy Speaker. I rise to support the Motion but, first, I would like to thank Hon. Wanga for bringing it to the House. It is a very important Motion.

One of the areas in which we have not done very well as a country is that of health. We have not invested wisely in the health sector. If we do better, we can save many lives. Financially able Kenyans use our foreign exchange to travel abroad for treatment of cancer-related ailments.

The highlighted figures are conservative. I am sure that the actual figures are larger. If we prioritise our investment in the health sector, we can equip all our Level 5 hospitals across the country and minimise the cost occasioned by long distance travel to KNH and MTRH in Eldoret. Many other institutions that are able to treat cancer are very expensive for an ordinary Kenyan because they are private hospitals.

We know that Kenya trains personnel for many countries. We must address the issue of brain drain. We train our personnel but because we cannot employ them, they find their way to other jurisdictions where they are employed and offered better pay. We have seen doctors going on strike. The Government is unable to absorb those doctors. So, we lose them. If we address that problem and invest in appropriate equipment, we will deal with cancer problems.

I have watched many of my constituents and friends suffer and succumb to cancer. As it has been said, early detection can save lives. In most cases people die because the disease is detected too late. If we can do something about it, with the help of universities and trained personnel that we have, we will make it. We can even send many of our personnel abroad to specialise in cancer-related diseases. We know that if we save on foreign exchange which we use--- A few years ago, we witnessed Prof. Anyang'-Ny'ong'o then the Minister for Health travel abroad for treatment. I am sure it cost him a lot of money.

If we could have used that opportunity when he was still there, the Government could have brought in some investors and we could have started from that point to build centres where we can treat Kenyans. The numbers that Hon. Wanga has highlighted of those---

Hon. Deputy Speaker: Let us have Hon. Alice Chae.

Hon. (Ms.) Chae: Thank you, Hon. Deputy Speaker for giving me this opportunity to voice my sentiments regarding this Motion that has been brought before us by our dear lady, Hon. Gladys Wanga. The Motion is about establishment of cancer centres in the country. The centres have been proposed and I know that they will be equipped with very many radiotherapy machines. The facilities in our referral hospitals have been overused and are aging. It is time we ensured that our county hospitals are catered for. This is the only way that we can decongest KNH. You have heard that many cancer patients are dying before they access doctors. When patients line up and are blocked by hospital staff, they do not know what is happening. They look for those services but they cannot see the doctors because their appointments are not due. A patient's life is endangered when he or she is told to wait for 12 or 18 months before seeing a doctor.

According to my statistics, about 41,000 new cases come up. These are the patients who access medical facilities. There are those dying in their homes. After screening, they are told it is cancer and they are supposed to go for further medication. This is the case and yet they cannot come to Nairobi. That is why many Members say that they have been called to ensure that they fundraise for their constituents to go to hospitals and most of them do not make it. Going by the statistics that Hon. Gladys has given, that the people who have been tasked to ensure that Kenyans are treated are below 20, it is shocking.

People will continue losing their lives if we do not ensure that the Government invests in manpower so that our counties have specialists who will give proper treatment. The specialist will manage these centres so that our people access treatment at the right time.

*[The Deputy Speaker
(Hon. (Dr.) Laboso) left the Chair]*

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

I am wondering why no medical training institution in Kenya is training oncologists at the moment. The University of Nairobi, Aga Khan University and MTRH are now developing a curriculum to ensure that they train cancer specialists who are going to treat our population.

Believe you me there will be the licence they will require to enable them undertake this noble exercise of training local students so that they can acquire the right skills that they need to treat our people. So, I request the Director of Medical Services and the county governments because health has been devolved, to ensure that they put aside money to train personnel who are going to handle cancer cases which are all over.

Screening is normally done. We have had major medical camps where people are screened. However, after they have been told that they have cancer which may be leukemia, cervical or breast cancer, it is a problem for them to access medication. So, the only way is to go with the proposal of the Motion.

The Temporary Deputy Speaker (Hon. Cheboi): Order! Your time is over. I notice that there is a lot of interest. So, Members should not repeat themselves. I am giving an opportunity to the Member for Wajir East, Hon. Abass.

Hon. Mohamed Abass: Thank you, Hon. Temporary Deputy Speaker for your concentration. You have been fair. I support the Motion by Hon. Wanga. It is appropriate and timely and I hope it will be translated into a Bill. Cancer has become endemic of late. In my area many people are affected and are dying of esophagus cancer. Once people are diagnosed they get psychologically affected. They get into depression because the cost of treatment is just too high for them. This mostly kills the poor people who cannot afford chemotherapy.

It is high time cancer was declared a national problem. It should be added into universal medical treatment so that patients can be supported and get subsidized treatment. This is because facilities are minimal and are not available in most parts of the country. Kenyans travel from far places such as Wajir and Mandera which are about 600 kilometers to Nairobi. It will be fair if we have chemotherapy equipment at regional hospitals.

The rate at which Kenyans are dying is alarming and needs attention from all those who are concerned. Training the experts only will not help this country. I request the Mover to also consider the low cadres like nurses for training for management purposes when it is diagnosed that patients need chemotherapy.

Due to the lifestyle of Kenyans today and getting exposed to radiation, they get affected especially in the northern parts like Wajir and Marsabit where I have one of the highest number of cancer patients. We need to provide specialist training to most of our clinical officers such as nurses to access the rural areas otherwise we will lose many Kenyans.

Given the statistics by the Mover, Hon. Wanga, last year alone we had 14,175 cancer patients and many of them died because of depression and psychological effects. Those with esophagus cancer could not eat. So, they had to be given specialised treatment for them to eat. Most of them in the far-flung areas who could not be given food through the mouth, had to be given food through other parts of their bodies.

With these few remarks, I beg to support the Motion.

The Temporary Deputy Speaker (Hon. Cheboi): Let us have the gracious lady from Garissa.

Hon. (Ms.) Gure: Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to contribute. I rise to support the Motion on improving the management of cancer in the country. I want to thank my sister, Hon. Gladys Wanga, for bringing it to the House. Cancer is a leading cause of death in the world. According to the statistics that our sister has given, cancer is 70 per cent in developing countries. I read an article in the *Daily Nation* about a health research that had been done. The health data shows that the rate of death from cancer in Kenya is far out pacing the population growth and it may double in the next 11 years. That is what I read from the newspaper.

In this country, between 2010 and 2014, the rate of people dying from cancer increased from about 31 deaths per 100,000 people to 33 deaths per 100,000 people. That statistic is telling us that the death rate associated with cancer has surpassed the population growth rate in our country. I am glad that this Motion is before the House. If we pass it, the 11th Parliament will go into the annals of history of Kenya. We have ignored or forgotten this killer disease, which can cause a lot of problems to our country.

Our sister, Hon. Wanga, felt that we should discuss it today. Newly reported cancer cases annually stand at 82 per cent. This is according to the findings of the research that she has done. We have to think about this as Kenyans and legislators. This disease will not only affect the patients but also the entire nucleus and extended family. If the mother or father develops this disease, it will affect the entire family psychologically, emotionally, financially and physically. We need to come up with a coping and counselling system that will help the family.

The budget that Hon. Gladys Wanga has given us for offering scholarships to one medical Masters student per county to study oncology is Kshs3 million. How many billions of shillings do we lose through looting and corruption? That is just a piece of cake and it is not something we should take a second to think about. Every year in my county, we have a number of patients who are diagnosed with throat and breast cancer. If we get a system of detecting the disease in its early stages, we will save the patients.

I support the Motion with the strongest words. If we care about our people, we should pass this Motion because it captures the aspirations of the people living in the rural areas, like the ones I represent in this House. They cannot come to Nairobi. They do not even know the direction to Nairobi, in addition to the treatment of cancer being very costly. The people out there are very poor. Instead of contributing for patients to go to India, we should come up with a way of treating the disease in Kenya.

The Temporary Deputy Speaker (Hon. Cheboi): Your time is over!

Let us listen to the Member for Kuresoi South.

Hon. Cheruiyot: Thank you, Hon. Temporary Deputy Speaker, for giving me the opportunity to contribute to this debate.

I want to thank the gracious lady for passionately moving this Motion. It is very important for this country. Kenya is becoming famous worldwide for churning out consultancy papers on management of situations like the one we are discussing. I believe that there is a body within Kenya which recommends how to manage this kind of situation but we are not very strong on implementation.

I would like to urge the House to implement this Motion fast. Kenya has the capacity to build institutions to handle cancer, particularly the training aspect, which the Member has

mentioned. I would like to urge the Member to consider incorporating alternative medicine. If 1.2 billion Chinese benefit from herbal medicine, can they be wrong? We have a lot to learn from them.

With those remarks, I support.

The Temporary Deputy Speaker (Hon. Cheboi): Let us hear the Member for Mwatate.

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

Lifestyles have over time really changed both medically and environmentally. Therefore, it is better for us to change the way we combat these issues. Due to change in lifestyle, diseases like cancer, diabetes and many others have increased. Therefore, it is high time we came up with a comprehensive programme to put the situation under control. Detecting cancer during its early stages can highly assist in alleviating the situation. Statistics given are alarming. I normally receive reports on cancer cases after a short period of time in my constituency. Therefore, the number of cancer patients in the country must be big.

Training one person per county in oncology with a view to setting up cancer treatment centres in the counties will go a long way in addressing some cases because the distances involved are quite long. The principles of the Constitution got it very well with these constituents. For somebody from Mwatate Constituency in Taita Taveta County or Lamu County, KNH is quite far. Therefore, implementing this Motion will be cost-effective to the Government and its people.

Kudos to Hon. Wanga for the good work!

The Temporary Deputy Speaker (Hon. Cheboi): Let us listen to the Member for Mwala.

Hon. Musau: Thank you, Hon. Temporary Deputy Speaker. Some time back HIV/AIDS used to be the most feared cause of death.

All Kenyans must have reason to believe that cancer should take that position. If you look at the statistics of the World Health Organisation (WHO), you will be shocked. The organisation is warning of a tidal wave of cancer; that in 2035, 24 million people will have cancer. If you do simple mathematics that will mean about one in every five people will have cancer. If you do simple mathematics in our current Parliament, cancer has the potential of killing 20 Members of Parliament out of the total 400.

Cancer is not just about the disease and the deaths but also the economic loss that is caused by it. This is because vast amounts are lost through treatment. People are also incapacitated to the extent that they cannot perform their normal duties. Therefore, as a country, we also lose a lot economically through cancer than any other disease.

As we invest in specialists, we also need to invest in civic education. Most of the cancer cases can be treated if detected early. A lot has been done with regard to other diseases but little has been done to sensitize Kenyans on the dos and do nots to ensure that Kenyans are safe from potential causes of cancer that can be avoided and early detection so that they get an opportunity to be treated.

As we move towards training our people to be proficient in cancer training, we should be worried, as a country, because I do not think that Kenyans are not taking courses in cancer treatment. I strongly believe that we have Kenyans who are training as oncologists but the question is: Do they find Kenya or outside to have better pastures? As we talk about training people by taking them out of the country, the question is: Do we really have incentives? Do we

have enticing packages that will make these people come back? Even if they come back, you cannot force them under those contractual obligations. Somebody may just decide that he or she is not in a position to treat.

Therefore, alongside this very good Motion that has been proposed by Hon. Gladys, and I must thank her for that, we also need to look at its implementation. Do we also wrap some incentives so that we train these people and keep them for long?

As I conclude, one of the causes of the expenses in treating cancer is limited supply. If the supply is limited with an equal amount of demand, the price is likely to go up. Therefore, we must invest more by ensuring that we have enough technicians who can work in public hospitals because Kenyans can only get affordable treatment in those hospitals. Most treatment centres for cancer are now in private hospitals which tend to be very expensive for the common Kenyan.

I support the Motion.

Thank you.

The Temporary Deputy Speaker (Hon. Cheboi): Let us have the Member for Kinango, Hon. Gonzi Rai.

Hon. Rai: Mhe. Naibu Spika wa Muda, ninaomba kuchukua nafasi hii kukushukuru na kumshukuru aliyelea Hoja hii. Ni wakati mwafaka kwa sababu baada ya miaka 50 tangu tupate Uhuru, itakuwa ni jambo bora kama tungeanza kuangazia masuala ya afya kuwa muhimu sana katika maisha ya jamii. Kadri tunavyoendelea kumuunga mkono Mhe. Wanga kwa sababu ya Hoja hii, lingekuwa pia wazo bora kama pengine baada ya haya yote ya kuwatuma wataalam kwenda kusomea na kuja kuleta mwelekeo bora, ingekuwa bora kujua baadhi ya wataalam fulani kielimu ili kuhakikisha kwamba masuala ya elimu katika jamii yameangaziwa. Hii ni kwa sababu punde saratani inapomkumba mwanadamu, huwa maisha yamekwisha.

Nimewahi kumpoteza mzazi wangu kutokana na saratani na rafiki yangu moja wa karibu aliyekuwa akiitwa Prof. Juma Lugogo. Ninakumbuka kabla Prof. Lugogo kuondoka duniani, aliinita hospitalini na kuniambia:-

“Nimepigana na matatizo ya saratani kwa muda wa mwaka moja na nusu na hivi sasa nimefika kiwango ninainua mikono kwa sababu ninajua kwamba mambo yameshindikana na inalazimika niondoke duniani.”

Alisema kitu ambacho kinaniumiza mpaka sasa kwamba:

“Mimi ninaondoka na niliweza kuhimili kupigana vita hivi vya saratani kwa muda wa mwaka mmoja na nusu. Je, mtu yule wa kawaida ambaye yuko kule mashambani ataweza kuishi muda ambao nimeishi kwa sababu mimi nilikuwa ninajiweza na ninaweza kufanya mambo fulani yanayoniwezesha kuishi na kupata matibabu yanayotarajiwa?”

Hili ni suala nyeti kwa sababu zamani ugonjwa wa kifua kikuu zamani kilikuwa kikitisha watu. Sasa kifua kikuu kinaweza kupata tiba hospitali fulani na hatimaye ukarejeshwa nyumbani ili uendelee kupewa dawa ukiwa huko.

Saratani imefika kiwango ambacho kinachukua watu wiki baada ya wiki lakini miaka 15 ijayo huenda tukawa tulikuwa tunamsubiri Yesu Kristo kuja duniani kumbe saratani ndiyo itakuwa kiama cha mwanadamu kupoteza ama kuangamiza maisha yake katika ulimwengu huu.

Unapoambiwa kuwa saratani imepatikana katika mwili wako, mara nyingi kinachokuja ni kwamba umebakisha kama miezi minne ama sita kuondoka duniani. Sisi kama viongozi ama kama watu tuliopewa majukumu, na hasa zaidi kwa sababu ya utafiti ambao umefanywa na Mhe. Wanga, nina imani kwamba takrimu hizi ambazo zimewekwa wazi kwetu--- Iko haja baada

ya kupitisha Hoja hii, kuifuatilia kwa karibu sana ili kuona kwamba matokeo yake yamesaidia jamii ya Wakenya na kuleta afueni katika maisha ya mwanadamu.

Kimekuwa kitu cha kawaida, pengine tumwuulize Mhe. Wanga ilimchukua muda gani kufikiria suala hili na hasa baada ya suala kumalizika pengine aangazie pia kufanya utafiti. Hii “saratani” ya ufisadi ataweza kuitumia tiba gani ama kuiletea Hoja gani kwa sababu pasipo sisi kupata suluhisho la kudumu--- Mara nyingi suala linaloulizwa ni kwamba wakati tunapohitaji msaada wa aina yoyote, huambiwa kwamba Serikali haina pesa. Lakini haijapata jibu la wale watu wanaopoteza pesa za Umma kwa sababu anayekula pesa nyingi mara nyingi huambiwa bondi yake ni shilingi 500,000. Mwenye kula shilingi kumi, bondi yake ni shilingi milioni mbili.

Kwa hivyo, ninamwomba Mhe. Wanga arudi tena kizimbani afanye utafiti wa kutosha ili ajue kwamba hawa wafisadi atawapatia adhabu gani ili tupate kujua kwamba mwisho utakuwa nini kwa sababu masuala ya saratani kama tutayapitisha jinsi yalivyopendekezwa huenda tukapata afueni.

Kwa hayo machache ama mengi, ninaunga mkono. Mungu atubariki.

The Temporary Deputy Speaker (Hon. Cheboi): Let us have the Member for Kisauni, Hon. Rashid Bedzimba.

Hon. Bedzimba: Asante sana Mhe. Naibu Spika wa Muda kwa kunipa fursa ili pia nipenyeze sauti yangu kwenye Hoja hii. Ninasimama kuunga mkono Hoja hii. Karibuni, kulikuwa na matokeo yaliyoonyesha kuwa Wakenya wengi wanatumia pesa nyingi kwa matibabu ya saratani ng'ambo.

Ni vyema Serikali itilie maanani jambo hili ili iweze kujenga sehemu ambazo saratani itatibiwa katika sehemu zote za ugatuzi. Hata tukiwaelimisha watu kwamba wapimwe mapema wajue kama wana saratani ili watibiwe, wengi wanaogopa kupimwa kwa sababu wana hakika kwamba hakuna pahali watapata matibabu.

Ni vyema Serikali itenge fedha na ihakikishe kwamba kila eneo la ugatuzi lina vifaa maalum vya saratani ili watu wapimwe pale na waanze matibabu pale. Ikiwa litakuwa jambo nzito, ndipo wanaweza kwenda kwa Hospitali ya Kitaifa ya Kenyatta. La muhimu ni kwamba kila sehemu ya ugatuzi yafaa ijitegemee kwa matibabu ya saratani.

Ugonjwa wa saratani umepoteza maisha ya watu wengi sana. Imekuwa sasa kama jambo la kawaida. Mtu anafikiria anapopatikana na ugonjwa wa saratani, tayari amepata tikiti ya kuelekea ahera. Ni vyema Serikali itilie mkazo jambo hili.

Namshukuru Mhe. Wanga kwa kuleta Hoja hii. Hajaileta hapa Bungeni ichangiwe tu. Hatakosa kitu kutoka kwa Mungu kwa sababu saratani imewadhuru wanannchi wengi, haswa katika mashinani.

Nakushukuru Mhe. Naibu Spika wa Muda na kila anayesimama kuunga mkono Hoja hii. Naunga mkono Hoja hii kwa dhati ili Serikali iwe tayari kutenga fedha ili wagonjwa wanaogua saratani watibiwe hapa kwetu na kwa njia rahisi.

Asante sana, Mhe. Naibu Spika wa Muda.

The Temporary Deputy Speaker (Hon. Cheboi): Very well. The Gracious Lady from Kisumu County.

Hon. (Ms.) Nyamunga: Thank you, Hon. Temporary Deputy Speaker for giving me the opportunity to add my voice to that of my colleagues.

I stand to support this Motion. All of us are aware that statistics on cancer are very high. Secondly, we are also aware that cancer treatment is way beyond many families. Many people cannot afford the treatment of cancer. It is like a death penalty whenever a family member is

diagnosed with cancer. It is my humble prayer that the Government takes cancer treatment as an important and crucial part of the management of health in this county. It is not only about cancer because we suffer from many diseases that are not curable. Most of those diseases result from lack of awareness. We do not know how to take care of ourselves so that we do not get high blood pressure, diabetes and cancer. We cannot be cancer-proof. From the little that I know about medicine, all human beings have cancer cells. How you lead your life prompts cancer. Some people suffer from cancer at their earlier stages. For others, it comes at later stages of their lives.

Health care in Kenya should be taken very seriously because many people cannot afford treatment and medicine. More oncologists should be trained to help our people who are suffering from cancer. It will be a worthy course. I would like to support my sister Hon. (Ms.) Wanga for bringing this Motion. It is important that we reach as many Kenyans as possible and make sure they do not suffer from diseases that come from time to time.

It is not only the treatment of cancer that is crucial but, in my view, we should look at our lifestyles. If we want to take care of cancer, we must also take care of our lifestyles. How active and obese are we? Obesity is one of the breeding factors for cancer. We are prone to cancer if we do not exercise and eat the right foods. We are now advised to turn to traditional vegetables like *managu*, *osuga* and *akeyo*. That is what we call them in my community. Those are medicinal vegetables and we should encourage our people to eat them.

Screening and creating awareness of the kind of lifestyle we should lead is important. Cancer is a killer disease. There are so many other diseases that we should take very seriously for Kenya to move forward. There are diseases that put us at bay and prevent us from moving forward economically. If the nation is sick, there will be no economic growth.

The statistics on HIV/AIDS in some parts of this country are very high. Some cancer types are HIV/AIDS-related. As we treat cancer, what about other diseases? We should take care of all the diseases that are plaguing our county so that we can have the right personnel and equipment. We should also sensitise our people.

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

The Temporary Deputy Speaker (Hon. Cheboi): Member for Samburu County.

Hon. (Ms.) Leshoomo: Ahsante, Mhe. Naibu Spika wa Muda kwa kunipa nafasi kuunga mkono Hoja hii. Wenzangu wamezungumzia ugonjwa huu na kwa kweli, umeathiri watu wengi. Tunaomba Serikali iangalie njia zinazoweza kutumika kuzuia ugonjwa huo. Watu wengi nchini Kenya hawaelewi chanzo cha ugonjwa huo. Watu wengi wamekufa. Wakati watu wanaenda kutafuta matibabu, wanaambiwa kuwa hakuna njia ya kutibiwa kwa sababu ugonjwa umeenea sana.

Kwa sasa, HIV/AIDS ni afadhali kwa sababu kumepatikana madawa ya kusaidia watu kwa muda mrefu. Ingefaa tuwe na njia ya kupima watu mapema ili waanze kutibiwa. Tumeleta watu wetu wengi Hospitali ya Kitaifa ya Kenyatta lakini mara nyingi, madaktari wanasema kuwa hakuna njia ya kutibiwa kwa sababu saratani imeenea sana mwilini. Madaktari wanafaa wapime watu mapema kabla saratani haijaenea sana mwilini.

Mhe. Naibu Spika wa Muda, vile vile, kuna ugonjwa wa figo ambao pia umezidi. Unaathiri hata watoto wadogo wa miaka mitatu na mine. Unapata kwamba figo zote zimeathiriwa.

Ningependa kushukuru dadangu Mhe. Wanga kwa kuleta Hoja hii. Magonjwa yamekuwa mengi sana. Kwa mfano, kuna ugonjwa wa figo, ugonjwa wa kisukari na ugonjwa wa shinikizo

za damu. Tunafaa kufanya uchunguzi wa magonjwa haya kwa sababu labda yanatokana na vyakula ambavyo tunavila. Mwanzoni, hakukuwa na magonjwa kama haya. Lakini wakati huu, hata mtoto mdogo wa miaka sita, 10 na hata 15 anaweza kupatikana na ugonjwa wa moyo. Serikali inafaa kuchunguza magonjwa hao yanatokana na nini.

Sisi ni wafugaji na siku hizi, tunaambiwa kule mahospitalini kuwa kuna magonjwa ya nyama na maziwa. Watu wamekuwa wakinywa maziwa kutoka zamani. Kwa hivyo, tuunge mkono Hoja hii ya saratani ili watu waanze kupimwa na kujua hali yao mapema. Zahanati pia zijengwe katika kila mahali ili watu wahudumiwe. Pia, naunga mkono masomo ya wataalamu wa saratani. Hii sheria ipitishwe kwa sababu ugonjwa huo umetatiza watu wengi sana.

Nashukuru na naunga mkono.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Mpuru Aburi.

Hon. Aburi: Ahsante sana, Mhe. Naibu Spika wa Muda, kwa kunipa nafasi hii. Ugonjwa wa saratani ni shetani kwa sababu uliuwa mama yangu. Mimi niliweza kuzunguka na yeye Kenya nzima. Hakuna mahali sikuenda na yeye. Tulikuwa na uwezo wa kumnunulia dawa lakini baadaye, pesa ziliisha kwa sababu ya huo ugonjwa. Kule mashinani, watu wengi hawana uwezo wa kuja huku Nairobi kutibiwa. Saa hizi, mtu akipatikana na huo ugonjwa, anajua ya kwamba yeye anaenda kufariki.

Kama ingewezekana, tungekuwa na madaktari kule kwenye kaunti ambao watawasaidia wananchi ambao hawana uwezo wa kuja Nairobi. Ukiangalia mwaka huu kuanzia Januari, wake wa magavana wa serikali za kaunti wamekuwa wakitembea kule mashinani na magari wakiwashughulikia wagonjwa wa saratani. Zile pesa ambazo serikali za kaunti zimepewa za kuwashughulikia watu hao hawangepatiwa. Pesa hizo zingebaki kwa Serikali Kuu. Serikali Kuu ingeweza kuwachagua madaktari ambao wangewashughulikia watu hao. Tungefanya hivyo kuliko kutuma hizo pesa za ugonjwa wa saratani kwa serikali za kaunti. Serikali za kaunti siku hizi zimekuwa za “wanyama” ambao hata hawajali mambo ya watu. Wanajali mifuko yao.

Namuunga mkono Bi. Wanga kwa kuleta Hoja hii hapa Bungeni. Watu wengi sana wanahangaika kule mashinani. Nikimalizia, ningependa kusema ya kwamba ugonjwa huo ni mbaya sana na kila mtu anauogopa. Nimemsikia Mheshimiwa akisema watu wengi wanaogopa kwenda kupimwa. Ndani ya Bunge hili, tuko Wabunge wengi. Hatuwezi kukosa wawili ama watatu ambao wako na ugonjwa huo. Hata mimi naweza kuwa nao. Lakini naogopa kwenda kupimwa na nipatikane na saratani kama ile ya mama yangu halafu nife.

Kama inawezekana, tuwe na madaktari kule mashinani wa kuwashughulikia watu hao. Nikimalizia, nawaeleza Wakenya ambao wanatusikiliza tukiongea kwamba pesa ambazo zinapelekwa kwa serikari za kaunti zinapatia katika Bunge hili kama Bajeti. Kwa mfano, tunajua pesa za Kajiado, Kilifi, Mombasa, Nairobi, Kericho na Meru ni ngapi. Hizo pesa ni nyingi na zimepewa kaunti ili washughulikie hospitali lakini zikifika huko, hazishughulikii mwananchi wa kawaida aliye na taabu nyingi sana. Ukienda Hospitali ya Meru, haiko vile ilivyokuwa wakati wa Rais mstaafu Kibaki au “Nyayo”. Ilikuwa safi sana na haikuwa na harufu yoyote. Hivi sasa, watu wanaoishi karibu na chumba cha kuhifadhia maiti cha Meru wameanza kuhama. Pesa hizo ambazo Serikali kuu inapatia serikali za kauti ili zishughulikie hospitali za kaunti huenda kwa hospitali za kibinafisi, au kwenye mifuko yao.

Naunga mkono Hoja hii ya Bi. Wanga. Itawezesha kuwa na madaktari kule mashinani.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Eusilah Ngeny.

Hon. (Ms.) Ngeny: Thank you very much, Hon. Temporary Deputy Speaker, for giving me this opportunity to support this Motion. I want to congratulate Hon. Wanga for bringing this

Motion for the sake of cancer patients of this country. About 18,000 deaths annually are on the higher side. As we sit here today, in my village, a Member of Ngoisa Catholic Church lost her life to breast cancer. May her soul, rest in peace.

Training oncologist in this country will increase knowledge on this killer disease and embrace new technology for the sake of all our people. This is the 21st Century, we need to sensitise our people so that they can go for cancer screening. It is high time to support this Motion. I encourage all our Hon. Members to support it for the sake of our people. Supporting county hospitals is our obligation. We need to consider them for better services for our people. In our rural areas, most of the people cannot afford cancer treatment because of financial constraints and many other challenges like poverty.

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

The Temporary Deputy Speaker (Hon. Cheboi): Very well. Let us have the Member for Matuga, Hon. Hassan Mwanyoha.

Hon. Mwanyoha: Thank you very much, Hon. Temporary Deputy Speaker. As you are aware, you and I were the last people to leave KANU. So, whenever I press the button, I expect the same.

The Temporary Deputy Speaker (Hon. Cheboi): I am sure I did not hear that! But if it is correct, you would be on your way out! Proceed.

Hon. Oyoo: On a point of order.

The Temporary Deputy Speaker (Hon. Cheboi): What is your point of order, Member for Muhoroni?

Hon. Oyoo: Hon. Temporary Deputy Speaker, I have been waiting here patiently to get a chance, but I have not been given the microphone. Now, I realize that people from Kenya African National Union (KANU) are being preferred.

The Temporary Deputy Speaker (Hon. Cheboi): Order, hon. Mwanyoha! If I was to go in that direction, you would actually have got a chance by now. That is because you are still a member of KANU. You are No.9 on the line. Hon. Mwanyoha, proceed.

Hon. Mwanyoha: Thank you, Hon. Temporary Deputy Speaker. I stand to support this Motion. I feel very bitter because I am a victim of that disease. I lost my wife, father, two brothers and two sisters to that deadly disease. I feel very bitter because the Government is able to train as many people as possible, instead of leaving those *wanyamas* to steal our money. I am sure the Government has the ability to train not only one person per county as Madam Wanga has proposed, but one person per village. This Government, as I understand, is very rich. But there is a lot of corruption!

I am urging this Government to make sure that it sends not less than two people in a constituency for that education, so that our people can be treated well. People from rural areas cannot travel from their villages to Nairobi because of lack of cash. I am urging the Government to make sure that it changes its habit. If it catches anyone who has stolen money, let action be taken and the money brought back and used to train people on that deadly disease. The Government should not only deal with that disease. There are other diseases like Ukimwi, high blood pressure and many others that are ailing our people. The Government is just keeping cool watching people who are stealing our monies.

I stand to support the Motion. Thank you very much, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Cheboi): Before, I give a chance to Hon. Lentoimaga, let me first give the Member for Sabatia. Order, Members! Your card seems not to be working. Put it at the intervention slot.

Hon. Masadia: Thank you, Hon. Temporary Deputy Speaker. Hon. Members, you need to know that I am an endangered species. *Mzalendo* Kenya is on my case because of not speaking in Parliament. First of all, I want to tell the great people of Sabatia that I am always in this Parliament. I keep on looking for sympathy from the Speaker but, for the first time, he has given me a chance. Thank you.

Let them know that I represent them very well in other Committees---

The Temporary Deputy Speaker (Hon. Cheboi): Order, Hon. Agoi! Now that *umetuma salamu*, proceed.

Hon. Masadia: I stand to support this Motion about cancer and training of oncologists. That is because cancer has become a big problem in our country. It is one of the diseases that have been ignored for a long time. I think when HIV/AIDS came to the scene, people forgot about cancer. They spent all our resources and human capital to fight it. They forgot cancer and it has finished many families. Families have spent enormous resources. When a cancer patient is at home before he or she dies, all the resources of the family are depleted. Emotions are very high.

We need to train more oncologists so that they can help with the cancer cases. We have hospitals in the counties which are trying to put up cancer centres. They cannot operate if they do not have trained personnel. That is why we need to support this Motion so that when personnel are available, they are posted to those referral hospitals in counties. Those facilities are being set up by governors to support cancer cases in counties.

We have a major problem of corruption in Kenya. I heard someone saying that corruption has become cancer. I thought that is very bad because, instead of treating cancer so that we can eliminate it, we are now equating it to corruption. That is very bad for the cancer patients in this country who are suffering. We are equating them to corruption. We need to find out where that money is so that we can re-invest it in cancer institutions, training and spreading cancer centres across the country, so that patients are treated.

We also have palliative care because after treatment, support and medicines are very expensive. As we train oncologists, we need to look at those areas so that the support that is given to cancer patients is real, affordable and within reach. That way, they can move on with their lives. I get cases of patients who are not even able to go for palliative care and it is very painful for their families and themselves.

We have issues about food. We need to know that genetically-modified food such as maize which is coming into our country is one of the causes of cancer. As we know, diet is one of the major issues that is affecting and increasing cancer cases. We need to ask ourselves, as we license the production of genetically modified products in the market and import products that have a lot of chemicals without properly checking, verifying and scrutinizing, if we are doing the right thing. Failure to do that will only increase the burden of cancer cases in this country.

As we think about training oncologists, we should have a strategic programme on how other non-communicable diseases - apart from cancer - can have a strategic programme from the Government on treatment and control, so that Kenya becomes a healthy nation and achieve Vision 2030.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Cheboi): Did you say gender, hon. Fatuma? If you said so, then top on the list is hon. Mishi. So, you will hold on hon. Lentoimaga.

Hon. (Ms.) Khamisi: Ahsante sana, Mhe. Naibu Spika wa Muda. Nashukuru sana kupata---

The Temporary Deputy Speaker (Hon. Cheboi): Order, Hon. Fatuma! What is it?

Hon. (Ms.) F.I. Ali: Hon. Temporary Deputy Speaker, I inserted my card at 10.00 O'clock. I think somebody has switched it off.

The Temporary Deputy Speaker (Hon. Cheboi): There are some who were here from 9.00 O'clock. Proceed, Hon. Mishi.

Hon. (Ms.) Khamisi: Ahsante sana, Mhe. Naibu Spika wa Muda. Hata mimi nilikuwa hapa kitambo sana dada yangu Mhe. Fatuma. Kwanza, nataka kumshukuru Mhe. Wanga kwa kuleta Hoja hii ambayo ni muhimu sana kwa nchi yetu ya Kenya.

Maradhi ya saratani ni sugu sana. Ni maradhi ambayo yamechukuwa maisha ya Wakenya wetu wengi, hasa akina mama kupitia saratani ya matiti na ya kizazi. Pia kwa wanaume, saratani ya kibofu imekuwa mbaya sana na imewapoteza akina baba wetu. Pia, vile vile, watoto wetu wengi wameweza kuangamia na kupoteza maisha yao kupitia saratani ya damu.

Tatizo hili la maradhi haya limekuwa kwa sababu nchi yetu bado haijaweza kuwa na taasisi ama zahanati zinazoweza kupigana na maradhi hayo na kuweza kukimu wakenya wengi ambao wamepata hayo matatizo. Inabidi Wakenya wengi wasafiri kutoka sehemu mbali mbali za Kenya kwenda kwa hospitali yetu kuu ya Kenyatta ili waweze kupata matibabu, na zile huduma ambazo zinafanyiwa wagonjwa walio na saratani sampuli tofauti tofauti. Kuyatambua maradhi ya saratani imekuwa tatizo sugu kwa sababu madaktari wengi hawana taaluma ya kuyatatua. Hivyo basi, wagonjwa wengi wanaotembea kwa hospitali ama zahanati zetu wanakumbana na utata.

Kwa mfano, kwa akina mama, saratani ya matiti, mwanamke anaweza kupata jipu au uvimbe mdogo. Mara nyingi, anapokwenda kwenye hospitali zetu za kawaida, anaambiwa pengine in jipu au uvimbe wa kawaida. Baadaye muda mchache, inapatikana ya kwamba ilikuwa ni saratani wakati ambapo imeshaenea na kumletea madhara makubwa sana. Nataka nitoe mapendekezo machache ambayo yanaweza kutusaidia sisi kama Wakenya kupigana na janga hili la maradhi ya saratani.

Kwanza kabisa, lazima Serikani ishirikiane na mashirika yasio ya kiserikali ambayo yanapigana na maradhi ya saratani. Kwa mfano, kuna hili shirika la wagonjwa mahututi la Hospitali ya Pwani. Shirika hilo linawachukua wagonjwa takribani 2,000 kila mwaka ambao wana matatizo ya saratani. Matatizo ya saratani si tiba peke yake. Wagonjwa wa saratani lazima wapate ushauri na huduma zingine ambazo ni tiba-kemikali na tiba-redio; *chemotherapy and radiotherapy*. Ikiwa Serikali ingeweza kusambasa huduma kama hizo kwa hospitali za kaunti pale mashinani, basi hata wagonjwa hao wangeweza kupata afueni. Itakuwa vizuri kuliko kuwalazimu kusafiri hadi Hospitali ya Kenyatta ama kufanya *Harambee* kuchangisha fedha nyingi ili kwenda nchi za nje kutibu maradhi hayo.

Maradhi kama hayo pia yanasababishwa na ndoa za haraka. Wasichana wetu wanapoozwa wakiwa bado mili yao haijakuwa tayari kuweza kuzaa ama kufanya ngono na wanaume, pia huleta matatizo kama hayo ya saratani ya kizazi. Hivyo basi, sisi kama viongozi pia lazima tuzungumzie swala la ndoa za haraka ili watoto wetu waweze kuiva na kuwa na uwezo wa kuolewa na kuzaa bila matatizo.

Vile vile, pia mambo ya ubakaji na kunajisi watoto wadogo pia inasababisha saratani ya kizazi. Hivyo basi, swala hili pia lazima tuliangalie sisi kama viongozi ili tulitatie. Maradhi ya saratani lazima yachukuliwe kama ya Ukimwi. Hayo maradhi yamekuwa ni janga na Serikali imeweza kuweka bajeti ya kitaifa kushughulikia watu ambao wana matatizo ya Ukimwi. Hivyo basi, wanaweza kupata madawa bure na wauguzi ambao---

The Temporary Deputy Speaker (Hon. Cheboi): Your time is over. Let us have the Member for Samburu North.

Hon. Lentoimaga: Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity. I support this Motion. It has come at the right time. We should have done this long time ago. I also congratulate Hon. Wanga for bringing the Motion. This is a widespread disease. It is traumatising our people. It is devastating. No single place is spared. When we were young, we thought that the disease was only meant for western countries. However, it is deep in our counties, sub-counties and the most remote areas in our country. In Samburu North, I have lost more than four people here in Nairobi because of cancer. Currently, I have another three who are admitted at Kenyatta National Hospital. The worst thing is that we have not really known what the cause of cancer is. When I was a young District Officer in Mandera, we were told that it was caused by nuclear waste. Some companies were coming to do exploration and people said that they had put nuclear waste in the ground and sealed it. We need to do more research to understand what causes cancer. Sometimes, we are told that it is because of processed food. In my constituency, we do not eat processed food. Some of them say that it is relief food. Again, not much of relief food is being given to our people. The critical thing is that we do not have enough equipment in our counties and sub-counties to detect cancer at an early stage. So, our people are actually suffering. They suffer for a long time before they know that they are suffering from cancer. So, we urge the Government to provide equipment in the sub-county hospitals and health centres so that those diseases can be detected at an early stage and action taken. It is so expensive to bring patients to Nairobi, Nakuru, Kisumu or Eldoret. It is so expensive for people who come from far-flung counties and sub-counties. So, we urge the Government to train as many people as possible. It will take time to train a doctor. Initially, we should, at least, train paramedics who can do detection at an early stage so that they can know the causes of that disease.

Most families are devastated. They lose all the resources they have when they discover that somebody is suffering from cancer. They sell animals and all the assets they have. Some of them just abandon the patient because they cannot afford to continue paying. Members of Parliament are bearing the burden because every single day, they are told that somebody in the hospital needs money or somebody suffering from cancer needs to be taken to hospital. We do not have those finances. So, the Government should come out clearly and assist patients who suffer from cancer. Cancer has become a killer disease. Compared to HIV, cancer is at the top.

The other disease that is affecting Kenyans so much is the kidney disease. Renal diseases are on the rise. A lot of investigation, research, equipment and training should be done to ensure that we address the issue of cancer and kidney diseases. I support this Motion.

The Temporary Deputy Speaker (Hon. Cheboi): Let us have Hon. Janet Wanyama.

Hon. (Ms.) Wanyama: Ahsante sana, Mhe. Naibu Spika wa Muda, kwa kunipa nafasi hii kuchangia mjadala huu ambao umeletwa na dadangu, Mhe. Gladys Wanga.

Hoja hii imekuja wakati mzuri sana kwa sababu katika eneo langu la Trans Nzoia, watu wanaumia kwa ajili ya ugonjwa wa saratani. Wiki mbili zilizopita, nilimpoteza mtoto Purity.

Mwenzangu ambaye aliwania kiti katika eneo la Endebes, Jenipher Masis, pia ameathirika na ugonjwa huo wa saratani. Tunapojadiliana katika Bunge hili, lazima tuhakikishe kwamba Serikali imetekeleza kulingana na vile sisi viongozi tunataka katika Bunge hili. Tunaweza kuongea hapa na baada ya kuongea, hakuna kitu chochote kinachotendeka. Najua kwamba Serikali imesikia na itahakikisha kwamba imetilia maanani maoni yetu na inatekeleza maneno haya ya saratani katika nchi yetu ya Kenya.

Namshukuru dadangu, Mhe. Wanga, kwa sababu watu wanalia katika nchi yetu ya Kenya, hasa akina mama ambao wanakatwa matiti yao wakiwa bado wangali wachanga. Hawawezi kuwanyonyesha watoto wao kwa ajili ya ugonjwa wa saratani ya matiti. Wenzangu wengi wameongea kuhusu ugonjwa wa saratani. Watu ambao wanakufa ni karibu 18,000 na wale wameathirika kwa sasa ni 82,000. Hii ni idadi kubwa sana. Tunaomba Serikali ihakikishe kwamba inawahamasisha watu kuhusu ugonjwa wa saratani katika nchi yetu ya Kenya.

Namuunga mkono Mhe. Wanga aliposema kwamba tunatakikana tuwe na afisa mmoja katika kaunti. Afisa mmoja hatatosha. Tunapaswa tuwe na afisa katika kila wodi katika nchi yetu ya Kenya, ili wahamasishe watu kuhusu ugonjwa wa saratani. Sio hayo tu, kuna magonjwa mengi ambayo Wabunge wenzangu wameyasema hapa. Kuna ugonjwa wa Ukimwi. Siku hizi, wengi wakiambukizwa ugonjwa wa Ukimwi au saratani, wanafikiria wamerogwa. Nataka kuwaambia wale walioathirika na hata wale ambao bado hawajaathirika wahakikishe kwamba wametafuta matibabu kwa wakati unaotakikana. Kuna wagonjwa tuliowachangia, lakini kuna wengi ambao hatujawachangia kwa sababu hawajatufikia sisi kama viongozi. Tunawachangia wale ambao wameangaziwa. Asilimia kubwa sana hawatufikii sisi viongozi au hata hospitali kuhakikisha kwamba wamepata nafasi ya kupata matibabu.

Pesa ambazo zimeenda katika kaunti zetu, na haswa zile ambazo zimeenda upande wa afya, hazijwasaidia watu mashinani. Ndiposa viongozi wa kutoka eneo langu tulikuwa tunawaza kwamba sekta ya afya inapaswa kurudishwa katika Serikali kuu ili kuhakikisha kwamba watu wanapata nafasi ya kufikia matibabu kwa wakati unaotakikana.

Heko dadangu, Mhe. Wanga, kwa kuleta Hoja hii katika Bunge hili. Nawaomba Wabunge wenzangu tuipitishie.

The Temporary Deputy Speaker (Hon. Cheboi): Member for Mavoko.

Hon. King'ola: Thank you, Hon. Temporary Deputy Speaker. While I support this Motion, I am just going to hospital. My father is also suffering from the same, though he is 90 years old.

I thank Hon. Wanga for bringing this Motion. However, I want Kenyans to know the causes of cancer. Sometime back, we used to be told that cancer is a disease of the white man. However, it is now everybody's disease. When you look at our rivers and environment, we see heavy metals discharged from the sewer systems from our cities. That water goes downstream. Many Kenyans and people from all over the world who consume that water consume those heavy metals like lead. Lead causes that disease. Again, the agencies that are tasked with controlling the environment are not efficient. The effluence that is being discharged to most of those sewers and ending in our rivers is where some of those diseases are coming from. Even our animals are drinking the same water. There is an increase in cancer because the plants we are growing are taking in those chemicals. That is why we are saying that corruption has eaten to the born because, if you look at the food products that are being produced, some of the imports that are coming into this country are not efficiently or professionally inspected and, hence, they are bringing a lot of radioactivity.

Hon. Temporary Deputy Speaker, it is high time that, as Kenyans and leaders of this country, we addressed corruption. It is not just about corruption. It is about our lives. Cancer is emanating from the proceeds of corruption. We do not even know where the Genetically Modified Organisms (GMOs) are coming from. We do not know where the eggs that are brought to this country are coming from. Even the Kenya Bureau of Standards is not functioning. We should not be asking ourselves where cancer is coming from. We know where it is coming from.

On top of the proposal by Hon. Wanga is that we train oncologists, we should encourage more home-based care givers. I remember some time back that TB was controlled through home care givers. Now TB is something of the past and it is manageable. I hope that this Government could train more home care givers. This will cut down on costs because we should concentrate on prevention. Most cancer patients are going to hospitals when they are on their final stages. If we can start from the early stages and we have cheaper care givers, it is going to help those poor Kenyans and patients. That is because it is going to be cheaper than going to those expensive hospitals.

On training of oncologists, most of the county hospitals, levels 5, 4 and 3 do not have professionalism. We could give them those machines, but are we training them? We might be killing our own Kenyans in the name of training them in those Level 5 hospitals. The Ministry of Health must be tasked to have professionals handling those patients. We now have a trickle-down effect from oncologists to the home care givers. It is going to be very easy. We need to manage cancer more than thinking of treating it. Treating it is very expensive.

In the last three months, I have lost more than five people. We have, in the process, got other doctors who are exploiting Kenyans. I do not want to mention them, but there is Texas Cancer Centre, among others. If you take your patients there, you are taking them to the grave. We need to regulate even the doctors who are claiming to cure cancer or who claim to be professionals in that sector.

I support this Motion and I hope the nation will listen to it. This should not just be a Motion like any other, it should be implemented immediately.

Thank you very much for giving me this chance. I support.

The Temporary Deputy Speaker (Hon. Cheboi): Let us have the Member for Bomet Central.

Hon. Tonui: Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to support this Motion. I also thank Hon. Wanga for coming up with it. It is a very important Motion because cancer is becoming a major threat to all of us. I do not think there is any family which has not been affected by that disease.

I believe that currently, cancer is the major killer in this country. When we will be exiting this planet, I believe majority of us will exit through the cancer route. That is the way it is in terms of probability these days. That is why we need to put our heads together to come up with ways of handling that disease so that we can reduce the deaths from cancer.

When we talk about increasing the number of experts in the medical field dealing with cancer, it is something that needs to be supported. I believe we need to go one step ahead and declare cancer a national disaster - the way we did with HIV/AIDS. When we declared HIV/AIDS a national disaster, it was handled very well. Currently, I believe the deaths from HIV/AIDS have significantly reduced. Very few people are currently dying because of that disease. That is why it is also very important to concentrate on cancer in terms of increasing funding for its treatment. We need to go a step further to strengthen the institutions that are

dealing with research on cancer through more allocation of resources, so that that disease can be handled well. It is unfortunate when a good idea like provision of medical equipment to public hospitals that was initiated by the Government is not accepted by some governors. They have refused to accept the specialised equipment. Those are very key equipment in the diagnosis of that disease. I understand that the best way to treat cancer is to diagnose it very early. If we have specialised equipment, I believe that that disease can be handled well.

It is unfortunate that in my county, we are yet to accept them. Even if there are issues on how the equipment was procured, that should not be a major factor for now. What should be major for now is to ensure that our people get access to treatment to extend their lives. Currently--

Hon. (Ms.) Kajuju: On a point of order, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Cheboi): What is your point of order, Hon. Kajuju? I can see you have placed your card at the intervention slot. What is your point of order?

Hon. (Ms.) Kajuju: Thank you, Hon. Temporary Deputy Speaker. I was checking if I am catching the Speaker's eye because we have a history.

The Temporary Deputy Speaker (Hon. Cheboi): You actually missed it this afternoon. Proceed, Hon. Tonui.

Hon. Tonui: She only wanted to catch your eye? She should have moved in front there. That would have been much better.

Hon. Temporary Deputy Speaker, as I was saying, cancer should be handled in different ways in terms of the right personnel being trained and sponsored. In fact, more resources should be allocated for training of more doctors who are specialised in the field of cancer and nurses who will be handling cancer patients. Remember cancer is also a psychological disease. Once you are diagnosed and you are told that you are in stage three or four, you languish in your home wasting away in your bedroom somewhere. People come to visit you and wish you well, but there is no hope. It is very traumatic. That is why we need to tackle this issue of cancer.

The other issue is about cost. Currently, there are people who have been treated successfully, but the cost is too much. We need to reduce the cost of treating cancer. I believe we can do much better than the way we have moved to the major hospitals in this country. They have posters advertising cancer treatment overseas simply because we have not done anything to bring that treatment to this country and reduce the cost. So, this is one of the key issues which---

The Temporary Deputy Speaker (Hon. Cheboi): Your time is up. Hon. Bady Twalib.

Hon. Bady: Ahsante sana Mhe. Naibu Spika wa Muda, kwa kunipa nafasi hii ili nichangie Hoja hii. Mwanzo, ningependa kumpongeza Mhe. Gladys Wanga kwa kuja na Hoja hii. Nataka niwe kwa rekodi kuwa nimeunga mkono Hoja hii.

Mambo ya saratani ni mambo ambayo yamesumbua wananchi wengi wa Kenya. Ninavyozungunza, mimi binafsi katika ofisi yangu pale mashinani, nina mmoja wa wafanyikazi wangu anayeugua saratani ya matiti. Ilituchukuwa karibu miaka miwili kumfanyia *Harambee* mpaka akatolewa lile titi na akawekwa lile titi bandia. Jambo hili ni la kusikitisha kwa sababu yeye aliwapata watu wa kumfanyia *Harambee* lakini wengine wasio na uwezo wa kufanyiwa mambo kama hayo, inakua ni shida.

Mhe. Naibu Spika wa Muda, tunaona athari ya ugonjwa wa saratani kwa watu wengi katika sehemu nyingi nchini. Watu wakitaka kupata matibabu, mpaka waje kwa Hospitali ya Kitaifa ya Kenyatta, Nairobi. Kwa Serikali yetu ya Kenya, tunasema kuwe na vifaa vya

kuangalia mambo ya ugonjwa wa saratani na viwekwe katika kila sehemu na nyanja ya nchi yetu ya Kenya.

Mhe. Naibu Spika wa Muda, zaidi, tunaona ugonjwa wa saratani unasababishwa na mambo ya vyakula. Kupitia kwa wizara inayohusika na mambo ya afya, ni vizuri kuona kuwa vyakula vinavyoingia nchini vimethibitishwa kuwa sawa. Isiwe vyakula vinavyowachiliwa kuingia nchini na kusababisha magonjwa kwa wananchi wetu.

Tukiangalia hali ya kutibu magonjwa ya saratani, imekuwa hali ngumu kwa sababu wagonjwa waathiriwa wanapokuja Nairobi, inabidi watafute pesa za kutibiwa kwa kila hatua ya matibabu. Wengi wao hufuata viongozi kama sisi na kuwaambia wanatakiwa kufanyiwa matibabu hospitali fulani kwa wakati fulani. Hivyo, wao hutaka pesa za matibabu na makaazi katika sehemu ya hospitali.

Naomba Serikali iwe na hazina. Kwanza, ingetangaza mambo ya saratani kuwa janga la kitaifa kama ilivyotangaza Ukimwi. Vile vile, Serikali iweke pesa fulani zitakazosaidia kiwango fulani cha waathiriwa wa saratani kujikimu. Hii ni kwa sababu wengi wameharibu maisha yao kwa kugharamia matibabu. Watu wanafanya kazi ili wasomeshe watoto, waweze kujikimu maishani na kwa mambo mengine mbali mbali. Lakini utamuona mtu anafanya kazi na pesa zote zinaenda kwa matibabu kwa miaka mitano, 10 ama 20. Kwa hivyo, twatajikana twende mbele.

Kwa sababu ya ugonjwa wa saratani, maisha ya binadamu ni kama wasemavyo Waswahili: “kiribagoji–gojikiriba.” Yaani, huendi mbele. Mtu huwa yuazungukia hapo hapo. Naiomba Serikali itilie maanani mambo haya ya kutibu saratani. Sisi kule mashinani katika hazina ya Ustawi wa Maeneo Bunge, ni vizuri kuwe na kiwango fulani cha kusaidia kwa matibabu kama hayo.

Mwisho, nataka kumpongeza dadangu Mhe. Gladys kwa kuja na jambo kama hili. Tutamuunga mkono kama Wabunge kuona kuwa tumepitisha Hoja hii kwa njia ya sawa ili wananchi wetu wawe sawa.

Ahsante sana kwa kunipa nafasi, Mhe. Naibu Spika wa Muda.

The Temporary Deputy Speaker (Hon. Cheboi): Okay. This is how the list is so that Members can give an opportunity to other Members to speak. Hon. Kubai Iringo, Hon. Jacob Macharia, Hon. (Ms.) Tiyah Galgalo, Hon. Onyango K’Oyoo, Hon. (Ms.) Hellen Chepkwony, Hon. (Ms.) Christine Ombaka, Hon. Julius Melly, Hon. Bitok and Hon. Kilonzo. It will be up to the Members to contribute as briefly as possible so that other Members can have an opportunity.

We will start with Hon. Iringo. If you can, be brief.

Hon. Kubai Iringo: Hon. Temporary Deputy, thank you for giving me this opportunity to address this important issue which is on the Floor of the House.

First and foremost, let me thank Hon. Wanga for bringing this idea to the House. From the outset, I find it important because we have been talking about diseases and human health in Kenya for many times. We have been doing very little to actualise whatever we have been trying to do. We need to have equipment for treatment of those diseases, the infrastructure, money to buy those equipment and medicine.

Most of all, we have been deficient of personnel who should be working with that equipment or treating those diseases. I was shocked when Hon. Wanga gave the statistics of how many oncologists we have in Kenya, and where we can get them. Given the prevalence of cancer in this country, the few she mentioned are just negligible. At the end of the day, we get people who start becoming quacks. People start treating patients with herbs and other unnecessary medicines. People form cartels and purport to take people to India so that they can get treated

there. They are trading with their person's illness. Some people ask for money for treatment which can be done here.

Unfortunately, those cartels are ruining families. People are languishing in Indian hospitals as we were told. However, if we strongly invest in the right people and personnel who can handle those diseases, I believe we can save a lot for this country. For the sake of my colleagues, I do not want to go further, I do not know if I can donate the remaining five minutes to Hon. Melly.

The Temporary Deputy Speaker (Hon. Cheboi): No donations. That is out of order. Let us have Hon. Tiyah Galgallo and Hon. Macharia very quickly and then we will have the Mover to respond.

Hon. (Ms.) T.G. Ali: Thank you, Hon. Temporary Deputy Speaker. I do not need to repeat the fact that cancer is the leading cause of death in this country. Quite a number of people have died. The statistics show that 18,000 people die annually. Out of those, there are a number of people from rural areas whose deaths are not reported because of lack of information or monitoring tools. A number of them are in villages. Some go to dispensaries and health centers that do not have facilities to support cancer patients. A number of patients that have been referred to Kenyatta National Hospital (KNH) are suffering in this city due to lack of resources for upkeep, transport and treatment. A number of them are accompanied hence increasing the cost that is already high.

We have Vision 2030. It is our country's development programme which started in 2008 to 2030. It does not include cancer as one of the issues that need to be handled in this country. If we do not invest in health, we are going to suffer. We know that health is wealth and a healthy nation is a wealthy nation. We are losing a number of human resources that can contribute to the economy of this country. We have lost a number who would have helped us to invest in this country.

Training cancer specialists is very critical. Having one oncologist per county is not enough. The Government needs to have refresher courses for people who are already in health centers. Quite a number of patients have been misdiagnosed and have not been given proper treatment at the early stages. That is because we do not have qualified people in the hospitals to give direction.

I appreciate KNH. We have had patients from Isiolo who have been in KNH because of cancer. Kenyatta National Hospital has not been given enough resources to manage cancer patients from across the country. It is high time we increased the budget allocation to KNH because it is the only national hospital that is handling patients from across the country.

As I conclude, cancer should be declared a national disaster. There is a lot of fear and panic.

The Temporary Deputy Speaker (Hon. Cheboi): Okay. Let us leave that bit since everybody has said about it being a disaster.

Hon. (Ms.) T.G. Ali: Okay. I support.

The Temporary Deputy Speaker (Hon. Cheboi): Let us give another Member. Hon. Macharia and then we will come back to the Mover who will donate a few minutes to others.

Hon. Macharia: Thank you, Hon. Temporary Deputy Speaker. I support this Motion by Hon. Gladys Wanga. Every year, my constituency loses between 9 and 17 people due to cancer-related complications.

Hon. Temporary Deputy Speaker, the news that you have cancer in this country is almost a death sentence. It is like a curse to a family that has a cancer patient because it is an expensive disease. The majority of cancer patients do not survive. Only a fraction of those whose conditions are detected early survive.

I support the Motion, especially on the part that says the Government should give scholarships to students to study oncology so that they can eventually be stationed in every county. However, we should go deeper than that. We should have such experts going to the sub-counties. The treatment of cancer should be available at the sub-district hospitals, which are very near to the patients.

With those few remarks, I support.

The Temporary Deputy Speaker (Hon. Cheboi): Let us have the Mover to respond. I am sure she wants to donate a few minutes to some Members.

Hon. (Ms.) Nyasuna: Thank you, Hon. Temporary Deputy Speaker. I would like to donate one minute to my Secretary-General, Hon. Ababu, Hon. Oyoo, Hon. (Ms.) Ombaka, Hon. (Ms.) Kajuju, Hon. Tong'i, Hon. Chanzu, Hon. Chepkwony and Hon. (Ms.) Fatuma Ibrahim Ali. I will donate eight minutes to eight Members so that I remain with two minutes.

The Temporary Deputy Speaker (Hon. Cheboi): I will take it from there. I will start with Hon. Namwamba, who will contribute for one minute.

Hon. Ababu: Hon. Temporary Deputy Speaker, when the history of the 11th Parliament will be written, it is legislative measures such as this that will be recorded as landmark pieces of legislation. I thank my sister, Hon. Gladys Wanga, for bringing this Motion.

The greatest challenge with the disease is easy access to early detection and effective treatment by investing in the personnel and technical capacity to detect and effectively treat it. When we ensure that our people can access that service, we will start to win this war.

With those few remarks, I support the Motion.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Oyoo.

Hon. Oyoo: Hon. Temporary Deputy Speaker, the Jubilee Government needs to be very serious. Every serious government must take care of its citizenry. In this quest, I want to ask the Jubilee Government to immediately find ways of sensitising people about that deadly disease. They must also do something about the enhancement of the treatment facilities and centres. With immediate effect, the Jubilee Government must find mechanisms or ways of subsidising the cost of cancer treatment.

I support the Motion.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. (Ms.) Ombaka.

Hon. (Ms.) Ombaka: Hon. Temporary Deputy Speaker, I support this Motion.

Cancer is a national disaster just like HIV/AIDS, which was declared a national disaster in 1999 by retired President Moi.

The recommendation in this Motion is that oncologists need to be trained so that we can devolve them. This is a wonderful recommendation. I would like to add that it should not be a one-time training, but it must constantly go on year in, year out, so that we can build on the oncologists that we have and get more to support the treatment of cancer.

Secondly, home-based care is necessary because many cancer patients are at home. They are suffering and dying at home. Their families are suffering because of the trauma that they go through.

The Temporary Deputy Speaker (Hon. Cheboi): Your minute is over Hon. (Ms.) Ombaka. Hon. (Ms.) Chepkwony!

Hon. (Ms.) Chepkwony: Hon. Temporary Deputy Speaker, I stand to support this Motion, which has been brought by Hon. Wanga. I support what Hon. Namwamba has said we should do. This Motion should be implemented by providing finances.

We should ensure that this Motion is implemented because in Parliament, we get many Motions and debate them, but they are not implemented. For example, if we give counties money for the proposed cancer centres, we will want them to treat cancer patients, and not just taking the machines there. Implementation of this Motion is very important.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. (Ms.) Kajuju.

Hon. (Ms.) Kajuju: Thank you, Hon. Temporary Deputy Speaker. I thank you my sister Hon. Gladys Wanga, for bringing this Motion. Information is very important in the management and treatment of cancer. Our people need to be sensitized so that they are able to go for early detection and be treated as early as possible.

We need to recognise institutions like hospices. In Meru, we have a Meru Hospice that does not receive support from the Government. If we were able to support those institutions, they would do even better in terms of supporting cancer patients. I believe that devolution meant bringing cancer treatment to the people. Cancer centres like the one that has been set up by Hon. Wanjiku in Nyandarua County will be the solution to this problem.

I support. Thank you.

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Tong'i and Hon. Melly. That would be it. She will have her three minutes.

Hon. Tong'i: Thank you, Hon. Temporary Deputy Speaker, for giving me the opportunity to support this Motion which has been brought in by a very able leader, Hon. Wanga.

Cancer is a major killer in this country today. It is not just cancer alone, but even kidney treatment. We need to get a way of managing it at the local level. The trend has been that every patient who has cancer, going to India has become almost normal. We know that people who go to India, most of the times, do not come back alive.

So, we are supporting the idea of having students sponsored so that they can do their Masters and come back and help the country. Now, devolution has not worked. In Kiogoro where I come from, Kiogoro Hospital has not had electricity for more than a month now. The county government cannot even pay for electricity. Surely, how are they going to manage a cancer patient? So we---

The Temporary Deputy Speaker (Hon. Cheboi): Very well. Hon. Melly, you have 30 seconds.

Hon. Melly: Thank you, Hon. Temporary Deputy Speaker. I want to thank Hon. Wanga for bringing this Motion. This is a timely Motion. Cancer has taken the lives of many of our constituents. The only way to finish that problem is to train enough qualified personnel and to look into the environmental causes of the disease.

If you look at the anxiety and the problems that communities go through, both social and economic, that disease has caused a lot to this country. We need to ensure that we legislate and have a law so that we can curb the problem caused by the disease.

I support.

The Temporary Deputy Speaker (Hon. Cheboi): Very well. Let us have the Mover. Three minutes.

Hon. (Ms.) Nyasuna: Thank you, Hon. Temporary Deputy Speaker. I would like to thank Hon. Members very much for their overwhelming support and invaluable contributions. Equipment that was leased by this Government now awaits the human resource to operate them in the various hospitals where they sit in the counties. Therefore, this is timely.

I want to call for the immediate implementation of this Motion if it is approved by this House in the 2016/2017 Budget. I would like to call for a comprehensive and implementable plan to the management of cancer overall. As I said when I moved this Motion, this is a very small part of the broad interventions that are required to effectively manage cancer.

I thank you. I beg to move.

ADJOURNMENT

The Temporary Deputy Speaker (Hon. Cheboi): Hon. Members, I will not put the Question for obvious reasons.

The time being 1.00 p.m., this House stands adjourned until this afternoon at 2.30 p.m.

The House rose at 1.00 p.m.