

NATIONAL ASSEMBLY

OFFICIAL REPORT

Wednesday, 13th March 2019

The House met at 9.30 a.m.

*[The Temporary Deputy Speaker
(Hon. (Ms.) Soipan Tuya) in the Chair]*

PRAYERS

QUORUM

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Let us have the Quorum Bell rung for 10 minutes.

(Quorum Bell was rung)

We are good to go.

PETITIONS

FUNDING OF CO-CURRICULAR ACTIVITIES IN PUBLIC PRIMARY SCHOOLS

Hon. Robert Mbui (Kathiani, WDM-K): Hon. Temporary Deputy Speaker, I rise to present this Petition, which I had presented in last Session but it lapsed because of time, regarding funding of co-curricular activities in public primary schools.

I, the undersigned, on behalf of primary school parents, draw the attention of the House to the following:

THAT, Article 43(1)(f) of the Constitution of Kenya and Section 28 of the Basic Education Act, 2013, entitles every Kenyan child to free and compulsory basic education and obligates the state and parents to facilitate access to quality basic education;

THAT, co-curricular activities are an integral part of the education process that not only ensures that the education process produces all-round persons but also serves as an income earner to learners who pursue co-curricular related careers;

THAT, Section 54(7)(r) of the Basic Education Act recognises the importance of co-curricular activities by obligating the County Director of Education to manage it alongside other sports education, talent development among others, in counties;

THAT, in furtherance of Government's policy to provide free basic education, the Ministry of Education via a circular dated 7th February 2017 banned charging of extra levies in primary schools and provided capitation of Kshs76 per pupil to fund co-curricular activities;

THAT, the said capitation is remitted to schools for utilisation at various sporting levels as indicated as follows:

- (i) School level - Kshs46 per pupil;
- (ii) Sub-county level - Kshs15 per pupil;
- (iii) County level - Kshs10 per pupil, and;
- (iv) Regional level - Kshs5 per pupil.

THAT, the meagre funding of Kshs46 per pupil left to schools under the financing arrangement is not adequate to sustain the mandatory co-curricular activities in primary schools and the regular purchase of consumable co-curricular equipment;

THAT, if the situation is not mitigated, many budding talents in public primary schools may fail to blossom for lack of the opportunity to go beyond school level;

THAT, efforts to have the Ministry of Education review its capitation on co-curricular activities upwards or approve supplementary levies to be charged by schools have not yielded satisfactory action, and;

THAT, the matters presented in this Petition are not pending before any court of law or independent body.

Therefore, you humble Petitioners pray that this National Assembly through the Departmental Committee on Education and Research:

- (i) recommends to the Ministry of Education to consider upscaling of Government capitation for co-curricular activities in public primary schools from Kshs76 to a minimum of Kshs150 per pupil or more with a view to avail sufficient activity fees at school level;
- (ii) causes the Ministry of Education to initiate an audit of the cost of co-curricular activities per pupil at school level with a view to recommending a reasonable capitation for co-curricular in subsequent sporting years;
- (iii) recommends that the share of the said capitation of sub county, county and regional levels be submitted directly to the relevant offices, and;
- (iv) makes any other order or direction it deems fit in the circumstances of the matter.

And your humble petitioners will ever pray.
Thank you, Hon. Temporary Deputy Speaker.

DISPLACEMENT OF RESIDENTS OF NTORONI SUB-LOCATION FOLLOWING LAND CLASHES

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): I think I will go on to have Hon. George Murugara present his Petition on displacement of residents, loss of property and closure of schools in Tharaka Constituency following politically instigated land clashes.

Hon. George Gitonga (Tharaka, DP): Thank you, Hon. Temporary Deputy Speaker. I rise to present this Petition on behalf of the residents of Ntoroni Sub-Location in Tharaka Constituency following their loss of property and land due to politically instigated land clashes.

I, the undersigned, on behalf of residents of Ntoroni Sub-Location, Ntorori Location, and Tharaka North Sub-County in Tharaka Constituency draw the attention of the House to the following:

THAT, ownership and access to land as a factor of production is an essential enabler of economic empowerment of citizens;

THAT, between 1995 and 1997, residents of Ntoroni Sub-Location, previously known as Macabini Sub-Location were displaced from their land due to politically instigated communal clashes;

THAT, as a result of the displacement, residents lost their property and other basic social amenities including the following nine registered primary schools that were razed down during the clashes:

- (i) Karimba Primary School;
- (ii) Kibangua Primary School;
- (iii) Mpunguru Primary School;
- (iv) Machabini Primary School;
- (v) Kanjoro Primary School;
- (vi) Riamwanki Primary School;
- (vii) Kioru Primary School;
- (viii) Riamikuu Primary School, and;
- (ix) Kiumbe Primary School.

THAT, since then, only two schools, Kioru and Riamwanki, have been re-opened hence denying a majority of children the right to access basic education;

FURTHER THAT, victims of the communal clashes have been rendered internally Displaced Persons (IDPs) and are perching as vagrants in deplorable conditions on any available public land;

THAT, the matter was conclusively investigated by the Government through a Commission of Inquiry led by Mr. Zachary Ogongo and a Report published in 2007;

THAT, 12 years since conclusion of the inquiry neither the Commission Report nor its recommendations have been acted upon;

THAT, if the matter remains unresolved, victims' inalienable constitutional rights to property, access to education and access to basic social amenities shall remain at the risk of grave violation, and;

THAT, the matters presented in this Petition are not pending before any court of law, constitutional or legal or any other independent body.

Therefore, your humble Petitioners pray that the National Assembly, through the Departmental Committee on Lands:

- (i) investigates the circumstances under which the Zachary Ogongo-led Commission Report on the matter has never been implemented;
- (ii) intervenes through the relevant Government ministry and agencies to cause expeditious implementation of the recommendations of the said Report;
- (iii) causes investigation into historical injustices committed to the displaced residents of Ntoroni Sub-Location with a view to recommending appropriate remedies and compensation for the losses incurred as a result of deprivation of livelihood;
- (iv) recommends to the relevant Government Ministry and agencies to fast-track resettlement of Internally Displaced Persons on their

land or any other alternative land set aside by the Government for that purpose, and;

- (v) recommends any other relief it deems fit in the circumstances of the petition.

And your humble petitioners will ever pray.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): I can give chance to one or two Members to say something about the two Petitions. I have so many requests. I do not know what they are for. We are not yet in substantive business. If anyone is wishing to say anything on the two Petitions, please put in a request for intervention.

Let us have the Leader of the Minority Party, Hon. Mbadi.

Hon. John Mbadi (Suba South, ODM): Thank you, Hon. Temporary Deputy Speaker. I want to make my contribution to these Petitions, especially the first one by Hon. Mbui regarding issues of amounts advanced to schools to take care of co-curricular activities.

Co-curricular activities are very important for the development of our children. If we have, as a country, decided that we want to give our children either free primary education or subsidised secondary education, we must invest in that education. We should not play PR with education. Many Members will agree that a lot of times Members of Parliament become donors when our children are going for sports. It is putting a strain. It sometimes causes friction between MPs and the teachers because they need the money and MPs are probably not financially prepared. It is very difficult for them to understand.

More importantly and I think this House will again find time to discuss this, the Ministry of Education is conning the country.

(Technical hitch)

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Order Members. I do not know whether it is the machines or a lot of consultations....

Hon. John Mbadi (Suba South, ODM): Do you mean all I have said is not on record?

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): The technicians should look into the machines. Members should also consult in low tones so that we can hear the Leader of the Minority Party. Go on.

Hon. John Mbadi (Suba South, ODM): *Sijui Wambui amepata kamti wapi hapo!* Anyway, I hope I am audible enough.

I wanted to conclude by saying that what is happening in the Ministry of Education is to me close to conning the public. The ministry is conning the public because it has talked about 100 per cent transition to high school from primary school which is a good idea. But we need to prepare and plan for some of these policy directives. When you talk to principals or heads of our high schools, they will tell you the Kshs22,000 capitation per student which the ministry has been giving to schools over the years since the advent of subsidised education has now been cleverly reduced. The ministry is slashing above Kshs6,000 per student to go to infrastructure development leaving the schools with less than Kshs10,000 to cater for the support of students in schools.

I was discussing with the chair of the Kenya Union of Post Primary Education Teachers (KUPPET). It is something we are going to bring up to this House and discuss; we need to allocate resources. We are going to the season of budgeting. If it is the question of lack of resources, there is nothing as important as education. This House must prioritise education so that we give infrastructure funds separately from the money or capitation that is being given per student. I urge the Committee to look into this matter of supporting the co-curricular activities.

Thank you very much.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Let us have Hon. Dawood Rahim.

Hon. Rahim Dawood (North Imenti, JP): Thank you, Hon. Temporary Deputy Speaker. I want to go the second Petition by my neighbour, Mheshimiwa Murugara.

It is good the Member has brought this Petition where he implores that the Zachary Ogongo Report should be implemented. But he should be mindful that the Zachary Ogongo Reports does not just cover one section. As we stand, the constituents of the Hon. Member for Tharaka have expanded into the whole of Meru County. They are not in just one constituency but many. So, the Zachary Ogongo taskforce Report should be implemented in full, not just for one sub-location or location. It should cover all the constituencies. My good friend should be ready for that.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Hon. Dawood, you are speaking about a Report and I am not sure that is the item.

Hon. Rahim Dawood (North Imenti, JP): He has just mentioned it.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Is it mentioned in the Petition?

Hon. Rahim Dawood (North Imenti, JP): That is part of the Petition. He has asked for that Zachary Ogongo taskforce Report to be implemented. He wants it implemented in one corner of his constituency.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Hon. Sankok, what is out of order? Let us give Hon. Sankok the microphone.

Hon. David ole Sankok (Nominated, JP): Thank you very much, Hon. Temporary Deputy Speaker. I think our dear Hon. Member is bringing Meru politics into the House. This is just purely politics. I think he is out of order to bring those little clashes and Meru politics into the House.

Hon. Rahim Dawood (North Imenti, JP): I am not bringing Meru politics because Tharaka Nithi County is not part of Meru. Meru is a different entity than Tharaka Nithi. Even though we speak nearly the same language, we are not one and the same people.

I also want to talk about the first Petition where we are talking about free secondary and free primary education and funds to the schools. We do not have free primary or free secondary education in this country at all. The Government is not giving funds for primary or secondary schools for food. They should cater for the food and then it will become free primary or free secondary education.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Okay. I will give chance to two more Members. Let us have Hon. Milemba Omboko.

Hon. Omboko Milemba (Emuhaya, ANC): Thank you, Hon. Temporary Deputy Speaker. I want to add my voice to that of the petitioner on education issues, especially the primary school co-curricular activities together with secondary school co-curricular activity so that the Committee looks at it entirely when it will be looking at this.

Currently, the Government has moved from the cognitive curriculum that was mainly giving a lot of emphasis to the cognitive skills to the competence based curriculum (CBC). In the CBC co-curricular activities become extremely important because they are developing the learner's skills on psychomotor and other level of skill development which are important. Unfortunately, these co-curricular activities are not funded.

If they are funded like the petitioner has put, they are poorly funded. Currently, the little funding that goes to the co-curriculum activities in both primary and secondary schools is taken to schools but the head teachers are asked to return it to the ministry officials. So, it is the ministry officials who are actually controlling these funds. That is why Members of Parliament and parents are later on asked to give money to support these activities, when the original capitation for co-curriculum is with the ministry officials. This is an issue that will be very important for this country as we move forward the CBC curriculum.

I support that Petition.

Thank you.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Before we go on, let us take this opportunity to welcome the students from St. Ann's Preparatory School in Westlands Constituency, Nairobi County and Light International School from Karen, Nairobi County in the Speaker's Gallery. You are all welcome to watch the proceedings of the House.

Hon. Maoka Maore.

Hon. Maoka Maore (Igembe North, JP): Hon. Temporary Deputy Speaker, it is about the Petition.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Yes, you are the second last person to contribute on the Petitions.

Hon. Maoka Maore (Igembe North, JP): The Ogongo Commission largely resolved an issue just before the Tharaka Nithi was hived off from the larger Meru District in Meru County. If you followed the sentiments by Hon. Rahim, you would note that anybody who neighbours Tharaka has been a victim of serious expansionist tendencies. Those who will be examining the Petition need to worry about fulfilling an urge for expansion at the expense of all the neighbours. Even Meru National Park has been a victim.

That is what I wanted to raise.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): The last one on this is Hon. Hassan Maalim.

(Hon. George Gitonga spoke off record)

Hon. Murugara, remember the Petition still has a long process. So you can still interact with it. I am not letting you speak on this. You will have a moment to interact with it at various stages. Hon. Hassan Maalim.

Hon. Kulow Maalim (Banissa, EFP): Thank you, Hon. Temporary Deputy Speaker. I rise to support the Petition on education that talks about funding co-curricular activities.

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

Funding co-curricular activities through education is a problem. The 100 per cent transition to secondary school has created a backlog of students who do not have infrastructure in schools and this has affected many constituencies. We only have the NG-CDF funding for infrastructure development which is not enough for schools. Apart from...(*Technical hitch*)

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Hon. Maalim, please come to the Dispatch Box. We can hardly hear you.

Hon. Kulow Maalim (Banissa, EFP): Hon. Temporary Deputy Speaker, I beg to support the Petition which talks about funding of co-curricular activities in schools. As far as I am concerned, that is a noble idea that the petitioners have prayed for. However, we have a major problem in terms of funding for infrastructure activities for schools because the 100 per cent transition to secondary schools has affected schools in terms of capacity for infrastructure. There is serious lack of classrooms, dormitories and where students can be accommodated in schools. It is therefore my prayer that the plea by the petitioners is really looked into, not only on the issue of co-curricular activities but funding for infrastructure in schools.

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

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): We will stop there. I therefore order that the Petition by Hon. Robert Mbuyi is committed before the Departmental Committee on Education and Research and the second Petition by Hon. Murugara is committed before the Departmental Committee on Lands.

Next Order.

NOTICES OF MOTIONS

DEVELOPMENT OF EXAMINABLE CURRICULUM FOR TRAINING OF STUDENTS ON ROAD SAFETY

Hon. Silvanus Onyiego (South Mugirango, KNC): Hon. Temporary Deputy Speaker, I beg to give notice of the following Motion:

THAT, concerned that available reports indicate that on average road traffic accidents in the country cause an estimated 3,000 deaths with very many other victims injured and maimed as a result, and placing Kenya among the countries with the highest road carnage globally; further concerned that it is estimated that the cost of economy from road carnage accident is in excess of about Kshs300 billion annually according to the National Transport and Safety Authority (NTSA) Road Safety Status Report 2015; and aware that legislation and policies in place to a large extent address key road safety risk factors and challenges in its implementation and enforcement; cognizant that road safety awareness would help in combating road accidents in the country, acknowledging that Section 4(2) of the NTSA Act mandates the NTSA to develop and implement road safety strategies and facilitate education of members of the public on road safety; recognising that schools provide the largest and most concentrated group of members of the public who can benefit from road safety education; this House resolves that the National Government urgently develops and implements a mandatory and examinable curriculum for training of students and pupils in primary and secondary schools on road safety.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Next, we have Hon. Omboko Milemba.

ENHANCEMENT OF FUNDS FOR IMPROVEMENT OF INFRASTRUCTURE IN PUBLIC DAY
SECONDARY SCHOOLS

Hon. Omboko Milemba (Emuhaya, ANC): Thank you, Hon. Temporary Deputy Speaker. I beg to give notice of the following Motion:

THAT, aware that Article 53(1)(b) of the Constitution provides that every child has a right to free and compulsory basic education; further, aware in addition to providing free and compulsory education the Government is also implementing the free tuition secondary education; appreciating the Government's policy of achieving 100 per cent transition of pupils from primary to secondary schools; concerned that this policy has resulted in a stretch and strain on school infrastructure and facilities as a result of the large numbers of students admitted in secondary schools; cognisant that this is strong evidence that adequate high quality infrastructure facilities and better instructions improve students' outcome and reduces dropout rates among other benefits; further, cognizant that day secondary schools could be the key to ensuring widest access of secondary education especially from pupils from humble backgrounds due to their reduced costs in comparison with boarding schools; this House urges the Government to ensure that at least, 70 per cent of the total funds allocated under secondary schools infrastructure improvement programme is allocated to public day secondary schools to cater for improved infrastructure and further that this funds be allocated as capitation grant.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Before we have Hon. Waluke, if he is in the House, let us take time to welcome students from the following schools seated in the Public Gallery:

1. Kamuiru Boys' High School – Kirinyaga Central, Kirinyaga County;
2. Kirimunge Primary School – Kirinyaga Central, Kirinyaga County; and
3. St. Claire Butula Girls' High School – Butula, Busia County;

You are welcome.

(Applause)

Is Hon. Waluke in the House?

Hon. John Waluke (Sirisia, JP): Thank you, Hon. Temporary Deputy Speaker. I am not ready to contribute on that.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): I did not get what you said, Hon. Waluke. You are not ready to give notice, I understand. That is in order. Take your time. So, the two Motions whose notices have been given will then be placed before the House in due course through the House Business Committee.

Next Order.

ORDINARY QUESTION

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Let us have Hon. Babu Owino.

Question No. 101/2019

WATER SHORTAGE IN EMBAKASI EAST CONSTITUENCY

Hon. Babu Owino (Embakasi East, ODM): Thank you, Hon. Temporary Deputy Speaker. Water is a major challenge in Embakasi East Constituency. What is the CS doing to curb water shortage in Embakasi East Constituency? Housing is one of the Big 4 Agenda that the President...

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Hon. Babu Owino, I cannot see whatever you are saying in the Order Paper. Confine yourself to what you have in the Order Paper.

Hon. Babu Owino (Embakasi East, ODM): I am bringing it, Hon. Temporary Deputy Speaker, because it was not well written. I know my Question. Nobody knows my Question. So, just be easy. I am trying to prepare it and bring it out the way my people need to understand.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Hon. Babu Owino, I know your Question because it is before the House. So, just confine yourself to the Question, please.

Hon. Babu Owino (Embakasi East, ODM): Okay, Question No. 2 before I finish, Hon. Temporary Deputy Speaker: When will the Ministry commence drilling and equipping boreholes in the constituency to curb water shortage? There is one fundamental thing that is happening, that is demolition of houses in Embakasi East, as we speak.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Hon. Babu Owino, you are out of order. Your Question has been heard. It is on record. It shall be replied to before the Departmental Committee on Environment and Natural Resources by the Ministry concerned.

Hon. Members, just so that you know, we have no debate around Questions. You just precisely present your Question. This is the initial stage, then it goes to the relevant committee and before the relevant ministry.

Let us have Hon. Danson Mwashako.

QUESTION BY PRIVATE NOTICE

Question No. 009/2019

ARREST AND DETENTION OF CHARLES SALIM MWADIME IN FRANCE

Hon. Danson Mwashako (Wundanyi, WDM-K): Thank you, Hon. Temporary Deputy Speaker. I rise to ask Question by Private Notice No. 009 of 2019:

(i) Is the Cabinet Secretary for Foreign Affairs aware of the arrest of one Charles Salim Mwadime, a Kenyan of Passport No.A1247191, from Wundanyi Constituency by the French Authorities at Remiremonte Town in France and subsequent detention since 28th August 2018?

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

(ii) Could the Cabinet Secretary inform the actions taken by the Kenya Embassy in France to secure the release of Mr. Charles Salim Mwadime and further ensure that he gets legal representation?

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): The Question will be replied before the Departmental Committee on Defence and Foreign Relations. We go to Ordinary Question No. 099 by Hon. Joseph Tonui.

ORDINARY QUESTIONS

Question No. 099/2019

EXPLOITATION OF POTATO FARMERS BY MIDDLEMEN

Hon. Joseph Tonui (Bomet Central, JP): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to ask Question No. 99 of 2019. I am directing my Question to the CS for Agriculture, Livestock, Fisheries and Irrigation:

(i) Is the Cabinet Secretary aware that potato farmers are facing massive exploitation by middlemen who use unregulated packaging bags commonly referred to as *tusura*?

(ii) What measures is the Ministry putting in place to ensure regulated and standardised packaging and weights of potatoes by potato farmers in the country?

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): The Question will be replied before the Departmental Committee on Agriculture and Livestock.

We have students from Grandstar Junior Academy in Embakasi West Constituency in Nairobi. Welcome.

Next Question is by Hon. Haika Mizighi but I am made to understand that she is out on official duties, so we shall defer it to a later time.

Question No. 100/2019

STATUS OF CONSTRUCTION OF IKANGA AIRSTRIP IN TAITA TAVETA COUNTY

(Question deferred)

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Question No. 102 is by Hon. Michael Thoyah Kingi.

Question No. 102/2019

HUMAN-WILDLIFE CONFLICT IN MAGARINI SUB-COUNTY

Hon. Michael Kingi (Magarini, ODM): Thank you, Hon. Temporary Deputy Speaker. I rise to ask Question No. 102 of 2019 directed to the CS for Tourism and Wildlife:

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

(i) Is the Cabinet Secretary aware of the increased human-wildlife conflicts in Bombi, Chakama and Garashi areas of Magarini Sub-County which has led to loss of lives and destruction of crops thus affecting livelihoods?

(ii) What measures has the Ministry put in place to end the rampant occurrences of human-wildlife conflicts considering that the affected areas are bordering the Tsavo National Park?

(iii) What measures is the Ministry putting in place to expedite compensation of victims of human-wildlife conflicts in Magarini Sub-County?

Thank you.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): The Question will be replied to before the Departmental Committee on Environment and Natural Resources. Question No. 103 by Hon. Kipsengeret Koros.

Question No. 103/2019

ENVIRONMENTAL POLLUTION BY PRIME STEEL MILLING COMPANY

Hon. Kipsengeret Koros (Sigowet/Soin, Independent): Thank you, Hon. Temporary Deputy Speaker. I rise to ask Question 103 of 2019 directed to the CS for Environment and Forestry:

(i) Could the Cabinet Secretary explain the measures put in place by the National Environment Management Authority (NEMA) to ensure that Prime Steel Milling Company Ltd., a manufacturing plant in Ngomwet-Pala area in Sigowet/Soin Constituency does not illegally dump hazardous waste materials and other pollutants in the environment?

(ii) When will the Ministry respond to various complaints regarding the activities of the milling company that have had huge negative impact on the health of the population and earlier numerous complaints addressed to the Director-General, NEMA, notably in October 2018?

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): The Question will be replied to before the Departmental Committee on Environment and Natural Resources. Let us have the Member for Alego-Usonga, Hon. Atandi.

Question No. 104/2019

NON-INSTALLATION OF APPROVED TRANSFORMERS IN ALEGO-USONGA

Hon. Samuel Atandi (Alego-Usonga, ODM): Thank you, Hon. Temporary Deputy Speaker. I rise to ask Question No. 104/2019 on the Order Paper today. The Question is directed to the CS for Energy:

(i) Is the Cabinet Secretary aware that during the Financial Year 2017/2018, the Rural Electrification Authority (REA) had not installed the approved electricity transformers meant for the people of Alego-Usonga Constituency?

(ii) What steps is the Cabinet Secretary taking to ensure that the transformers are installed, and by when will this be done?

Thank you.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): The Question shall be replied before the Departmental Committee on Energy. Let us have Question 106 by Hon. Andrew Mwadime.

Question No. 106/2019

CONSTRUCTION OF DAMS AND PANS IN MWATATE CONSTITUENCY

Hon. Andrew Mwadime (Mwatate, ODM): Thank you, Hon. Temporary Deputy Speaker. I rise to ask the Cabinet Secretary for Water and Sanitation the following Question:

What plans has the Ministry put in place to construct dams and pans in Mwatate Constituency for provision of water for livestock and for household use?

I thank you, Hon. Temporary Deputy Speaker

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): The Question shall be replied before the Departmental Committee on Environment and Natural Resources.

Hon. Washiali, you need to do the necessary for purposes of the next Order.

Next Order.

MOTIONS

DEVELOPMENT AND IMPLEMENTATION OF REGULATIONS ON FARES
CHARGED BY PUBLIC SERVICE VEHICLES

THAT, aware that road transport is the most widely used means of transportation in Kenya; further aware that *matatus*, motor omnibuses and buses provide service to millions of people in a day and are the backbone of Kenya's public road transport services; cognisant that the National Transport and Safety Authority (NTSA) Act is mandated by law to, among other things, come up with conditions as it may consider fit for the purposes of ensuring that the fares imposed for the carrying of passengers are reasonable and ensure fair competition within the transport industry; concerned that companies, associations or Savings and Credit Co-operatives (SACCOs) under whose umbrella the said public service vehicles (PSVs) operate, and which are required to prescribe fares for its members tend to take advantage of non-existence of regulatory policies in the sector thus prescribing exorbitant fares which puts a lot of strain on commuters and customers; further concerned that for a long time, commuters have suffered at the hands of merciless PSV crews who charge exorbitant fares where on many routes, fares are hiked on reasons as flimsy as change of weather, forcing commuters to spend more than what they intended to; this House resolves that the Government develops and implements regulations on the amount of fare to be charged by PSVs for their services to protect customers from exploitation.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Hon. Members, we are putting the Question on Motion No.8

(Question put and agreed to)

INSTITUTIONALIZATION OF DIAGNOSTIC TESTING FOR DIABETES IN
WORK PLACES AND COMMUNITY SETTINGS

THAT, aware that the prevalence of diabetes in the country has been on the increase with approximately 458,900 cases reported in Kenya according to the International Diabetes Federation Report of 2017, representing two per cent of the total adult population; deeply concerned that many people with diabetes continue to lose their lives each year due to lack of awareness of the disease, inability to afford management of the condition and the expensive medication; noting that people living with diabetes can live longer and lead comfortable life if they receive the right medical care and support to help them manage the disease; further noting that there remains inadequate funding for the implementation of the effective strategy for the prevention, detection and management of diabetes thus hindering Kenya's achievement of the Sustainable Development Goal 3 and Vision 2030; recognizing the importance of early diagnosis of diabetes, aiding treatment, monitoring treatment progress, monitoring recovery and preventing life threatening and expensive complication, this House urges the Government to institutionalize diagnostic testing for diabetes in work places and community settings, provide for education, prevention and subsidised routine diabetes screening and treatment and put in place and put in place measures to ensure an effective diabetes care system at all levels of health care.

(Hon. (Ms.) Ruweida Obo on 6.3.2019)

(Resumption of Debate interrupted on 6.3.2019)

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuyu): Hon. Members, we are resuming debate on this particular Motion. The Mover, Hon. Ruweida, has a balance of 10 minutes to complete her moving of the Motion. Hon. Ruweida, you can come down to the Dispatch Box. You seem to have a hitch.

Hon. (Ms.) Ruweida Obo (Lamu CWR, JP): Thank you, Hon. Temporary Deputy Speaker. Diabetes affects people from all walks of life. From the young baby that has just been delivered to the old men and women in their early 90s. There are three types of diabetes with the most common in Kenya being Type 2 which accounts for up to 90 per cent of those living with diabetes. It affects mostly people from the age of 40 to 45 years and above. Then there is Type I diabetes which mostly affects children from age zero and is also common among teenagers with the chances of diagnosis reducing past the age of 25 years.

Hon. Temporary Deputy Speaker, Type 1 Diabetes has no known cause. Doctors say that children develop what is known as auto-immunity such that instead of the immune system fighting the disease-causing agents such as bacteria and viruses, it destroys its own healthy body cells also known as insulin producing cells in the pancreas.

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

The last one is the Diabetes Type 3 also known as gestational diabetes. This is diabetes that presents itself during pregnancy. It affects expectant mothers due to hormonal imbalances during pregnancy. Doctors say if it is not controlled or diagnosed, it can lead to loss of pregnancy and can persist and develop to Type 2 Diabetes, yet if it is detected on time and managed well, the pregnancy will survive and it tends to disappear after six weeks.

Hon. Temporary Deputy Speaker, blood pressure can lead to diabetes. This seems like what befell Esther from Lamu. She did not know that she could easily manage the disease or screen to find out whether she was asymptomatic and she was likely to have diabetes.

Diabetes is less in rural areas compared to urban areas though currently it is on the rise in both areas more than it has ever been seen before. Diabetes management is still very expensive.

Hon. Temporary Deputy Speaker, an individual suffering from diabetes has to eat three meals a day. Those on insulin injection must have at least three snacks in between the three meals. Otherwise, low sugar level can make it challenging for them to carry out daily activities. Imagine the likes of 65 year-old Esther who has no source of income and needs money to buy snacks.

If a child is living with diabetes then he or she may be unable to concentrate and stay in school, because lack of snacks increases the risk of low sugar levels. If an individual is diagnosed with diabetes they will be put on lifelong medication. If a one week old child is diagnosed with type 1 diabetes they will receive injection until they are 101 years, if they make it to that age.

Once diagnosed with diabetes an individual will need insulin and syringes. The insulin goes for Kshs1,000 and lasts for one month on average. It could even last for a shorter period like two weeks depending on the dose as prescribed by the doctor. That means, if a child is diagnosed at one month by the time they are 65 years of age, they shall have spent Kshs780,000 on insulin alone.

Those living with diabetes also need needles to inject the insulin. One needle goes for Kshs20. Type 1 diabetes will need a minimum of two injections per day with a single needle for a single injection meaning that if they live for 65 years, an individual shall have spent Kshs936,000 on needles alone. For those living with Type 2 diabetes the cheapest tablet is Kshs10, for the first line. However, as they progress, they will need to change or top up with another tablet. They take two tablets per day at early stages and after 10 years living with diabetes, they need to add a minimum of two injections per day to top up the tablet, coupled with visits to the hospital once a month on average.

To manage diabetes, a patient needs a combination of education, physical activity, healthy balanced diet and medication. A healthy diet is very expensive and needs an active person who can work to afford it. The individual living with diabetes also needs self-blood monitoring and to do that, they need a glucometer worth Kshs3,500. That takes an average of five years and has to be replaced. A strip for the glucometer costs Kshs70, with over five strips needed per day for every frequent blood test per day.

Major public hospitals store two types of insulin of the five available major ones. This limits people living with diabetes as the treatment of this disease is highly individualised. As I was preparing to table this Motion, I saw many Kenyans posting a petition to His Excellency the President on their *Facebook* pages. I would want to quote their plea in this House, and it reads...

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Hon. Ruweida, you have a minute to wind up.

Hon. Ruweida Obo (Lamu CWR, JP): “I would like to petition the Kenya Government and His Excellency President Kenyatta to remove taxes on blood glucose test strips. Diabetes needs very frequent blood testing a day and the cost of one strip is Kshs70. The outcome of the non-frequent testing of your blood will mean more hospital admission from hype to hypoglycemic episodes. I am asking if everyone could put this on their status.”

This is the desperate measure that Fatuma has taken to plead with us to subsidise medication and care for diabetic patients. On the same breath, I want my fellow Members in this House to join me in supporting this Motion, urging the Government to institutionalise diagnostic testing for diabetes in work places and community settings, and increase funding for education and prevention of diabetes. In the same line, I want to urge the Government of Kenya to subsidise routine diabetic screening, treatment and put in place measures to ensure an effective diabetes care system at all levels of health care.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): I will add you one more minute. So, you can move.

Hon. Ruweida Obo (Lamu CWR, JP): Thank you, Hon. Temporary Deputy Speaker. I am very confident that if this Motion gets support of this House, five years from now, we will be better off as a country with very productive citizens who shall contribute to the economy of this great country, yet living with diabetes.

This Motion is for those Kenyans who work in small businesses and cannot afford health insurance. It is for those farmers who, due to climate change, can no longer depend on their farms. It is for those fishermen whose security is not guaranteed and after several days in water come back with no fish. Lastly, it is for kids living in slums who are diagnosed with diabetes Type 1 but still dare to dream that they can become a pilot like me.

Thank you, Hon. Temporary Deputy Speaker. I beg to move and ask Hon. Kubai Iringo of Igembe Central to Second.

Hon. Kubai Iringo (Igembe Central, JP): Thank you, Hon. Temporary Deputy Speaker. My neighbour and cousin is amusing me because he thought he would get the opportunity. However, he has just walked in and did not know what has been transpiring. I would like him to pay attention so that he can contribute later.

I stand to second this Motion and thank my sister Hon. Ruweida for bringing it to this House. More so, she has highlighted with sensitivity the problems Kenya citizens are facing because of this dangerous and bad disease which afflicts many, whether young, middle-aged or old.

Diabetes can be rated as one of the most chronic and expensive diseases to treat in this country. More so, most victims end up losing their lives because of poor management and lack of funds to treat the same and other infections which occur as a result of diabetes. If we do not keep our population healthy, and the citizens of this country do not get proper treatment, they will be weak and unhealthy. So, we cannot achieve our national goals and Vision 2030 without human labour. We cannot even achieve the Big Four Agenda because if we do not have people to help us achieve this or are sickly, we cannot move ahead.

Therefore, it is very important as the Motion is requesting that the Government initiates programmes and puts in funds to ensure we have diagnostic equipment in each and every health

center in our localities. More so, we need mobile clinics whereby people can be tested and get diagnosed early enough. Once a disease is diagnosed early, I strongly believe it can be managed to some level and many can be cured. Unfortunately, here in Kenya, people realise that they are sick when the disease has already entrenched itself and, therefore treatment becomes very difficult. As the saying goes, prevention is better than cure. We better start looking for ways and means of preventing these diseases. We have high blood pressure which is a big problem in this country. We have cancer, a deadly disease which is affecting each and every person in this country. By the time these diseases are discovered, that is the time we are arranging to send these people off because already they will die. If we had those measures put in place, community health workers in our localities and nurses in our small hospitals and other places can be trained and people can get sensitised to have themselves checked so that once we discover that these diseases are there, then one can be treated. This will need facilitation and funds.

I do not see why as a Government, we can pitch tents in markets to give people voting cards but we cannot pitch tents in markets to request people to be tested for these diseases. We keep talking of medical camps. Once you go to a village, out of 100 people, five are diagnosed with cancer and from there things are left until those people go to their graves because the Government does nothing. It is high time we invested in the insurance of our people through the Government. When somebody is affected by these chronic diseases, the Government should step in to save that life and, more so, to cater for the expenses. Once cancer afflicts a person, it will affect the whole family, clan and community at large. There will be fundraisings left, right and centre; cows will be sold; businesses will fail to perform; and *shambas* will be sold but the person will die. You lose the person and property. It is high time we invested in our people through an insurance programme whereby if one is accidentally affected by this disease, then the Government can step in. If early testing is done and the disease is discovered, it can be managed. We shall save lives and also save the properties which could have been lost.

We need community health workers and programmes where people can be educated on the need to get this testing. Some people are ignorant. They say: "I am healthy. I have no problem. I do not see why I should go and get tested." We need counsellors in our communities. We can even have our chiefs trained so that when they go to their *barazas*, they have a way of selling the idea to the people to get tested so that once the disease is discovered, we save many.

We are talking about putting up schools and other facilities around us but sometimes we ignore the construction of health facilities near the people. You find that some diseases can only be tested at Level 5 hospitals or here in Nairobi, but we need facilities in Turkana, down in the northern area, in Lokichoggio and anywhere in this country so that one can walk to a facility and get tested. With this, we can save a lot in terms of loss of human life and loss of property hence improve our economy. I do not see why one can insure a vehicle for Kshs300,000 or Kshs400,000 a year and it is just a machine but we cannot go that direction to save our population. This country is losing many people who are in the prime of their life. Every day we mourn our people who die because of these diseases. It is high time we stopped keeping quiet. We should move forward and have laws which will entrench this in our laws and be implemented to the letter.

I second the Motion.

(Question proposed)

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Let us start with Hon. Maanzo Kitonga, Member for Makueni.

Hon. Daniel Maanzo (Makueni WDM-K): Thank you, Hon. Temporary Deputy Speaker, for giving me an opportunity to contribute on this very important issue. Health is very important in a nation and a healthy nation is a wealthy nation. We are spending a lot of money as a country dealing with healthcare. There are two types of diabetes and one type is genetically generated or one is born with it while the other one is acquired in one's life. As the doctors in this House will tell us, this disease can be managed very well because it is largely a lifestyle disease. It is good when the Government or institutions invest in a system so that we can avoid lifestyle diseases.

I really thank the Mover, Hon. Ruweida. Blood pressure and diabetes are related and one can cause the other. Blood pressure largely has something to do with the pumping of blood by the heart. The heart pumps because of a component called potassium. When one takes a lot of salt or generally has salt... If you boil it you break it into components. You still have the taste but when it goes to the body, it is digested differently. If you just add it to food, it goes wholesomely into the body and because of chemical reactions of sodium chloride and potassium chloride, the potassium is worn out by the chloride. I am sure Hon. Sankok 001 knows this very well as a doctor. Then you slowly lose potassium from your heart and by 20 years, your heart cannot pump and, therefore, you develop hypertension or blood pressure. To regain what you had originally will also take very many years of self-control and limiting salt and other many things which cause diabetes and blood pressure.

It is more of one's behaviour, first and foremost. If, while training their staff institutions can have a component on training on health, we will build our nation and many people will be aware of what is happening with their bodies and take care of them. Eventually, we will have fewer sick people and fewer expenses for the nation and insurers. Even if we insure everyone and they all live a careless life, do not exercise or walk around, they move from a car to the office and back to the house, diabetes and blood pressure will obviously catch up with them. I agree with the Motion. Recently, Parliament conducted tests on the Members and it was very good. Other Government institutions should have a programme on health for their people so that they learn.

Yesterday, I was training my NG-CDF team. I got trainers to train them on health habits and healthy living so that I have effective employees who are not always in the hospital for one reason or another. As a nation, if we do that and if Government departments take this as a serious policy that once in a while you train the officers on health habits, we will reduce cases of diabetes. That particular act alone will reduce this disease by half or three quarters because it is more of a lifestyle issue.

Secondly, when it comes to medication after contracting the disease, it is important that we deal with it. Government institutions have the best programmes to make sure that the unreachable are reached and especially, the poor people as the Mover said, people who have no knowledge or money to treat this disease. If we reach those children who are born with it and those who are already sick and can be helped, it is much better.

There should be a bit more research. Apples are very important in one way or another and especially when they are fermented to form apple cider vinegar, which when used once in a while with hot water in the morning helps reduce chances of one getting cancer and ensures

sufficient digestion. People who use apple cider vinegar hardly get blood pressure problems. It is a habit and knowledge thing. It can save a lot of lives. If you use apple cider vinegar which is very cheap in our supermarkets especially if it is organic, there is no chance that you will get diabetes in your life. You will stay healthy for a long time. It will save you from the doctor. We have to balance our diet and make sure we take enough vegetables and fruits. We balance our diet as we were taught in schools. There is nothing out of order, my good friend. This is just pure science.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): What is out of order? I thought he is giving very useful information.

Hon. Elisha Odhiambo (Gem, ODM): Hon. Temporary Deputy Speaker, is it right for Hon. Maanzo to act as if he is a doctor, talk about apple cider and lie to Kenyans that if you take it you will not get cancer? Is it right? Does he have concrete data that would, otherwise, dispute what we are talking about? Please, table the data.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): This is information going out to the public. I did not know the nutritionist side of you. I am just getting to learn that. You should not use prescriptive words. Just be careful.

Hon. Daniel Maanzo (Makueni, WDM-K): Hon. Temporary Deputy Speaker, I must put a disclaimer on that. He is right in that. Even if you Google the information available, it will tell you that it is subject to consultations with your doctor.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): You might find yourself incurring some liability that you cannot handle.

Hon. Daniel Maanzo (Makueni, WDM-K): I agree with you. It is just informative. It is good to put a disclaimer. Ordinarily, this goes with a rider. In fact, I thank the Hon. Member for that. It comes with a rider that you must consult with your doctor and read widely. I am sure my good doctor, the Member for Seme, will agree with me. If you are already sick, you need to consult your doctor. Diet goes a long way. Any doctor will tell anyone that if you have the right diet you are likely to be better.

The story about apple cider vinegar is just historical. It has been a long-held practice. Scientists have some data on some people who have used it and have found themselves in very good way. It is not a cure in itself. I must rectify that. I must put a disclaimer and people should verify that information because it is going to the public.

The long and short of it is that diabetes and blood pressure are lifestyle diseases. If we educate each other through Government institutions and pass as much information as possible as Parliament through this debate, people will be wiser. People will take care of themselves and we will have fewer people going to doctors with regard to this particular lifestyle disease. It is good for Government institutions to ensure that it is a priority. Now that health is devolved to the counties, health officers should disseminate information. Printed materials can be picked up from health centres whenever people visit. While people engage in public participation on other things, health officers in the counties can pass information on how to handle people with diabetes and that information will help. Call upon people to visit their health centres and have the medication there...

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Hon. Cecily, are you on a point of order?

Hon. Daniel Maanzo (Makueni, WDM-K): Thank you Hon. Temporary Deputy Speaker. Urge Members and people at the county level so that information flows because information is power. The Bible even says that people perish for lack of knowledge and information. Cleanliness and use of clean water is also important. Sufficient water reduces diseases by half. If a person suffers from diabetes and takes enough water, it still helps. It is worse than somebody taking dirty water or water which is contaminated by minerals. It will help.

In conclusion, proper use of medication and diet helps with lifestyle diseases such as cancer, blood pressure and diabetes. I beg to support.

The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya): Well said, Hon. Maanzo. You have given very useful information but as I said, as representatives of the people, we have to be very careful not to give prescriptions. The people of Makueni have a lot of trust in you. When you say something they may follow it as Bible truth. We have to be very careful.

Let us have Hon. Cecily Mbarire.

Hon. (Ms.) Cecily Mbarire (Nominated, JP): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity to contribute to this Motion.

From the outset, I congratulate Hon. Ruweida Obo for finding it fit to table this particular Motion.

[The Temporary Deputy Speaker (Hon. (Ms.) Soipan Tuya) left the Chair]

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

Madam Speaker...Oh it is now, Mr. Speaker. I realise the Chair has changed. The biggest burden in this country is the disease burden. There is no better person to talk about the disease burden than this House because we know a week never passes without a Member of Parliament doing on average two or three *harambees* per week in relation to either a person who is gone because of disease or one who needs to pay medical bills after treatment. Therefore, anything that will help to reduce the disease burden must be supported in earnest by this House.

The issue of diabetes affects us in a very big way especially in the rural areas. It is hardly possible to have a family that is not affected by diabetes at a personal level. Especially in the rural areas, one of the biggest challenges with regard to diabetes is either late or poor diagnosis because many people are not able to go to hospital and get properly diagnosed. The cost of treatment is also pretty high. There are many times I have had to send certain people money to buy their medication because they cannot afford to go a single day without diabetes medication.

The third thing is the challenge of eating the right food when one is diabetic. The cost of feeding also goes up. Therefore, it is important that the Government comes up with a policy that aims at preventive measures so that we are sure that we can create awareness amongst the populace and also among parents because diabetes also affects little children so that they can stay away from things that may lead to diabetes, one of them being healthy lifestyles.

I was in Rwanda about three months ago. It is a Government policy that on Friday from 2.00 p.m. onwards, every Government officer must go for a sports activity. They organise themselves in their offices and form football and netball teams or whatever sport. So, usually

they are very busy on Friday afternoons playing certain forms of sports. One may wonder why their Government has come up with that kind of a policy. It is compulsory. This is because they realised the cost of managing some of the lifestyle diseases and so they want people to live healthy.

The same Government has car free day when everybody including the President walk to work. All these measures are meant at ensuring that we reduce chances of people getting sick because of lifestyle diseases and start challenging people to live healthy lifestyles so that in the case of Kenya with a culture of alcohol and *nyama choma* which leads a lot to these lifestyle diseases can reduce. We can even make it mandatory, for example, that every Tuesday morning before Members of Parliament come back to the House, they all go to Nyayo Stadium and play some serious sport because we want to reduce that. We must lead by example, Madam Speaker.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Mbarire, did you say “Madam Speaker?”

Hon. (Ms.) Cecily Mbarire (Nominated, JP): I am very sorry, Hon. Temporary Deputy Speaker. Earlier on we had a Madam Speaker on the Chair. I apologise, Hon. Temporary Deputy Speaker. I still have her in my mind by thinking that she is still sitting there.

The other thing is awareness creation. One of the biggest challenges that causes children to have diabetes pretty early is parents feeding them with the wrong kind of foods, especially in urban centres where we overfeed them with French fries and processed foods like sausages and bacon. We think that it is very good thing. Although that is what children want, it takes upon us as parents to make conscious decisions and realise that these processed foods contribute to unhealthy lifestyles and, therefore, diseases in our children at pretty early ages. We need a holistic approach by Government to ensure that prevention happens.

We have a very good structure at the community level in the community health workers, who in my view, are grossly underutilised. Community health workers go door to door checking on sick people especially the very old and poor who cannot go to hospital and who do not have the energy or cannot afford the money to move from where they live to a nearest hospital. We need to empower the community health workers, pay them well and make them the people who move from one homestead to another checking on patients, making sure that people are tested, creating awareness and ensuring they eat well so that we prevent deaths caused by these diseases. As Hon. Maanzo said, it is just about how you manage the disease once you have it. It should not lead to death. We know that when diabetes is not well taken care of, it leads to kidney failure. We know the number of *harambees* we do every week to take care of patients who need kidney transplants and we know the number of Kenyans going to India every day for kidney transplants. Therefore, there is obviously need for a serious policy decision made by Government to take care of the disease and come up with serious intervention measures all the way from the grassroots to the top to take care of this issue.

With those few remarks, I beg to support. I thank my sister, Hon. Ruweida for finding it fit to bring this important Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Let us have Hon. Gogo Achieng’ Member for Rangwe.

Hon. (Dr.) Lilian Gogo (Rangwe, ODM): Thank you very much, Hon. Temporary Deputy Speaker. It is a fine morning to give my contribution on this important Motion that has been brought by an Hon. Member in this august House.

Before I proceed, I want to give some highlights on the use of apple cider. It is not from a prescriptive point of view but when we mention certain things in the House, they form a basis for research out there. I honestly, do not see why Hon. Maanzo would be put to task to say that he is not a doctor to prescribe. Apple cider is useful nutritionally in management of aspects of certain diseases.

I also want to bring forth the use of processed foods and lifestyle diseases. Food is processed mainly for it to be used when there is no glut, to increase its value and also to be used where such food does not exist. It not in the processed foods that we get diseases, but on the amount we take that can bring about diseases. So, sausages are not bad and they do not cause diabetes neither do potato chips.

I want to talk about neonatal diabetes mellitus and its consequences especially in the later ages. When we do not diagnose diabetes in the neonates, it can bring about morbidity and diabetes among adults in later ages. It is important we have health audits especially that are community based. It is also important that we have health audits at places of work targeting many other diseases other than diabetes. Diabetes is literally coming to replace HIV and AIDS. We find that communities that were earlier on not predisposed to diabetes are currently high diabetic sufferers. Management of diabetes in communities is very important. As a country, it is high time we came up with proper guidelines which I believe have been established by people in the health profession for the management and care of diabetes but the challenge we have as a nation is that we have the guidelines but following them is a big issue. We have various community interventions which we could follow or look at. As it has been earlier mentioned and I want to overemphasise it, there is need for education especially among poor communities because up to now there are people who do not know what to do when they are diagnosed with diabetes. We need to have education on self-management, which is a problem, and change our lifestyles especially when we are already diagnosed.

We need to improve early screening and management of diabetes because many people have lived with diabetes for very many years. If management is not done properly, then complications are bound to come up. We also need to assess the impact of social support networks. On this, I propose that we probably code sufferers so that we are able to follow in time and give them proper medical care. We also need to look at the nature of doctor and patient relationship. Often times, and with the devolved health system that we have, we do not have doctors to move to where the communities are. It is, probably, because of the shortage of doctors. Doctors and others in the medical fraternity, that is, nurses, health workers and health support staff do not want to move down to communities because of, probably, poor payment. We have had several nurses' strikes in this country. These are the people who would help with management and care of diseases like diabetes. It is important that we look at the patient and his or her medical needs.

Other than suffering from the conditions that they have, they also face food insecurity. One of the best ways of managing diabetes is through nutrition, but you cannot manage nutrition if you are not food secure. As we address the issue of screening and management, it is also important that we look at the issue of food security with regard to the management of diabetes.

There is also need for communities to be largely educated on the management of diabetes, especially at the lowest level. There is need to train village elders who always hold *barazas*. They are in a position to talk about issues on management of diabetes at the village

level. There are many cases of people suffering from the disease who are now faced with amputation of limbs or other appendages of the body. Now, this cannot be done because of the beliefs and fears that people have. So, if you were to have this one done on time, that would mitigate many of the problems that we have with the consequences of diabetes.

People have the privilege of having a few meals here in Parliament. You can do breakfast, 10.00 a.m. tea, lunch and also 4.00 p.m. tea, but the biggest and worst enemy of diabetes and high blood pressure is the food that we eat. Allow me to warn Members of Parliament that the food that we are predisposed to here in Parliament can be a big source of diabetes. If you take tea, several *mandazis* and maize and you also take sweet potatoes, my friend, know very well that you are predisposed to diabetes. Just eat a little bit at a time per day. When we eat all the time, that could expose us to diabetes. It is important that we reduce on salt intake. We also need to generally do exercises. I know Members of Parliament have opportunities to do exercises in the gym but we need to advise our constituents also that as much as they may not access gyms to do exercise, it is important for them to have a life where they are able to sweat each and every day. That for any work that one does, one must sweat. The sweating makes us avoid high blood pressure and even diabetes.

It is important I support that we develop management and screening systems at places of work. The same should apply to those who are not in places of work. We should take that down to the community level.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Gogo, that sounded quite like an expert prescription. I could tell Hon. Nyikal was shaking his head. He will get his chance at some point. Hon. Ogutu Abel, Member for Bomachoge Borabu.

Hon. (Prof.) Zadoc Ogutu (Bomachoge Borabu, Independent): Thank you, Hon. Temporary Deputy Speaker. I want to take this chance to contribute to this noble Motion that comes at a time when the nation of Kenya has health as one of its four pillars. Therefore, it is an opportunity that we need to seize and see how best we can engage ourselves to make sure that the tenets of health are well captured in the programmes that are going to be implemented.

We are talking of diabetes which has been described as a slow killer, but it is now being seen as one of the most serious killers in this country. I want to talk from the perspective of my Gusii community where diabetes has become very rampant with people dying immediately after being diagnosed. Indeed, the disease has gone too far. The Motion in discussion is that we want to improve our testing, screening and also the treatment of diabetes. Why do we need to do all these things? In most cases, people walk thinking they are healthy until the day they are diagnosed to be diabetic. It is normally very late then. We want to limit the number of people who are joining the diabetic club. So, we need good screening in various centres that are accessible to our populations.

I want to look at this screening in terms of involving institutions like Parliament. People find it hard to walk to health centres to look for facilities. If the screening facilities can be inbuilt within the settlements and market centres, people would find it easier to access them. We are also looking at an opportunity that we are now experiencing as a nation. The Government has embarked on improving the National Hospital Insurance Fund (NHIF) because it is going to enable patients access those facilities we are talking about here. We need to put the facilities in strategic places where they can easily be accessed.

The population that is affected comprises of people who have retired and people who live in rural areas who cannot afford to do screening of diabetes. We want to assume that now that we have NHIF cards, it will be easier for anybody to access these facilities should they be within reach.

Diabetes is also very expensive in terms of dietary requirements. I want to imagine that screening and testing centres will have cheap and relevant foodstuffs. We know that a diabetic person needs to eat well. A diabetic person needs to eat specific foods and they might not be easily available in the rural areas. The diet in the rural areas is normally simple. People have to remain healthy, especially those who are affected by diabetes and those who are potential recruits. Diabetes has tremendously increased because of new lifestyles. It has increased because of imported diets that we are now being exposed to. It has also increased because of lack of screening that can prepare people to undertake necessary precaution to avoid being diabetic. I therefore suggest that as we engage with the agenda under Universal Health Care (UHC), we should think of how we can reach those who have been already affected by diabetes, those who are potential candidates for diabetes, but also to provide resources in our schools and institutions so that people can easily access the facilities for testing and screening of diabetes. The most crucial part of diabetes for those who are affected is monitoring it. You will find that it will be very difficult for somebody from the rural areas to go all the way to sub-county and county clinics for screening and testing.

I would recommend that as we engage in this discussion, we allocate funds that can introduce small kiosks to cater for monitoring of diabetic cases and even of blood pressure which are closely related with diabetes. This will be an opportunity to create jobs but it will also be an opportunity to have a healthy population and to reduce the most vulnerable groups from losing their lives. So, I want to suggest that as we engage in this discussion, let us all agree that diabetes is a serious problem right now in this country and we need to access facilities to those who are affected and those who are vulnerable. But more importantly, we need to enhance monitoring of diabetes.

With those few remarks, I support this Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Before I give this opportunity to Hon. Mutua Barasa, Member for Kimilili, allow me to recognise students from Mutungoni Academy, Mavoko Constituency, Machakos County at the Speaker's Gallery. I also wish to recognise Acacia Crest Senior Boys School from Kajiado East Constituency, Kajiado County, University of Nairobi, Nairobi County and Utafiti Day Primary School, from Kibwezi West Constituency, Makueni County. They are all welcome to follow the proceedings of the National Assembly. Hon. Mutua.

Hon. Didmus Barasa (Kimilili, JP): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity also to add my voice on this very important Motion. I want to state at the outset that I support and I want to congratulate Hon. Ruweida. Indeed, she has demonstrated that women are coming to take their rightful positions. Gone are the days when the only thing that would make you realise that a woman was around was the smell of a very nice perfume. This is very good. I also want to tell the Government and the policy makers within Government that this is a very important aspect of ensuring a healthy population in this country. They should therefore consider spending more money in early testing of diabetes and cancer and make it mandatory. There is a lot of wastage in Government. There are misplaced priorities that are

upside down where the Government is funding things which are not really important. Health is a very important aspect of human life. These terminal diseases such as cancer and diabetes are impoverishing Kenyans. Kenyans are spending all their life savings, selling their property, cows and land to treat these diseases. For some people, instead of getting loans to boost their businesses, they are taking them to service hospital bills. We have title deeds being held by hospitals because of bills emanating from such diseases. I think if this House approved this Motion and the Government implemented it, it is going to provide a lifeline to very many Kenyans.

I expect that those who are involved in policy formulation in the health sector are going to use what Members are contributing today and by resolution of this House come up with something in the budget so that we can look at it and approve. We will be happy as Members of Parliament to appropriate money that we are completely aware that is going to set up cancer and diabetes diagnostics centers in this country. A country that does not invest in early testing is a country that will not have a future. The future of this country lies in a healthy population. It is a healthy population that will give a great service to this country and assist it going forward. As we advocate for this kind of early testing and early diagnostic centers being established, we know that it is the only way we will spur economic growth of this country. This is a very important Motion and this Government must take it seriously once approved.

I also want to ask the Committee on Implementation to ensure that whatever this House resolves or approves, they should follow it up through implementation. It should form the basis of what is brought to this House for the purposes of budgeting and approval. We are a representative of the people and we think on behalf of the Kenyans and once we have pronounced ourselves on a matter, the policy makers and the Government must take it seriously. Whatever comes out of this House must be given priority in funding within the Budget.

With those few remarks, I want to reiterate my congratulations to Hon. Ruweida that it is a very good Motion and I support it wholeheartedly. I pray that those who have the responsibility of implementing it do so within the shortest time possible. This is a Motion whose time has come and we just have to approve it and forward it so that the Government can implement it.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Next is Hon. Martin Owino.

Hon. Martin Owino (Ndhiwa, ODM): Thank you, Hon. Temporary Deputy Speaker. A lot of information has been given so I will not go that line but I want to highlight some things which we have as assets in this country and we are not using them. There is a policy paper called community strategies. This is a paper that elaborates how we should do our primary health care. As I congratulate Hon. Ruweida, screening comes out of education. When people are aware, they will yield to be screened. All this is in the strategy paper for community health. It is clear that the most effective point of health intervention is a household. Each community health worker where they are well structured and functioning oversees about 50 households. So they know who may be having frequent urination, thirst, weight, fatigue — all these symptoms of diabetes.

If we can resource community health workers - I have a Bill on this coming up and I hope Members will support it - these people will not just work as volunteers. The problem we have in this House is that we are investing in wrong strategies and priorities. Instead of putting money in cost-effective priorities where the Government is going to save money, we use money in higher ends which I am going to allude to in a few minutes.

We have Level 1 which is the household level; Level 2 which is a dispensary; and Level 3 which is a health centre. If resourced well, as asked by Hon. Ruweida, most of the diabetes problems will be well managed right there. Right now we have amputations going on in households, and sometimes of a breadwinner and that house plunges into poverty. A case that would have been prevented and life elongated. If we can empower the cadres of community health workers, they will motivate people to have self-seeking behaviour and urge people to go to a health centre or a dispensary just to check whether everything is alright. You are not sick but just concerned about your health status. It is very paramount. The only person who can do it better is a community health worker, who sits down with these people and talks to them. I have had a scenario where you can even organise a medical camp or equip a facility, but people do not come because of the health-seeking attitude.

Number two, if we get the management set right, if there is no misdiagnosis, if there is no delay and we have early detection of that disease then we come to the management part of it, which is very expensive for Ndhiwa people. I am talking for poor people who are impoverished and in disenfranchised communities that do not even know where Kshs100 will come from the next day. The testing kits are very expensive. I am supporting several of them. It is very expensive to have. That is why the Government should put money. The education part of it is also there. Somebody also talked about the tax. We do not have to ask the President to remove the tax; that is the House's decision, whether to add or remove tax. So, the onus is on us to look into these commodities not to be taxed.

I would like to agree with the Mover. I think the Government does not really have to subsidise these stuff. They have to fund it. If they fund it they will save money in the end. The reason people show up with complications in high end institutions is that cases were misdiagnosed, neglected or they do not know. That is the problem we have. What I am trying to say is that instead of buying a dialysis machine which takes care of a complication of diabetes, renal failure, why do you not use much of that money in screening and educating and paying community health workers? It is a simple math. We neglect it down there, we pay expensively, including loss of lives and loss of livelihoods.

As it is well structured in the information the Mover provided, prevention is key but our people have to be enabled; they have to be supported. As we talk of fruits and vegetables, there is somebody out there who cannot even buy a piece of orange. We talk of exercise. We, parliamentarians, talk of gym. In Ndhiwa, even a field to run is not there. That is why we said each constituency should have a sports academy. In the olden times when estates like Jericho and Makongeni were coming up there were recreational facilities but since the onset of grabbers, these disappeared. It should be a policy that when you are putting up an estate or anything there should be those facilities, then you can tell people to be active. Now, you tell them but where are they going to run? It is our undoing.

Sometimes it is lack of water in the body that predisposes people to this condition. In my constituency there are areas where access to clean water is 20 per cent, and that is the role of the Government. So, as we talk about people's lifestyles, we have to know that many people still need an enabler, which is the Government, to provide water, where people can exercise, enabling factors for mothers to visit clinics four times as required for early detection. Early detection is also very paramount. Screening for blood pressure and for diabetes itself is important. These are easy exercises that can be done by community health workers. I think we should do more in

schools because the juvenile diabetes that we know, type 1, is no longer the only one. Even type 2 in kids and teenagers is really taking a toll on them. So screening kids in schools and working places is one of the things we should do. When it comes to treatment and self-management, insulin is very expensive for our people, just like antivenoms which people pay for yet they should not pay. These are basic public health requirements. They should be given these things free.

I want to close by saying if the Government wants to save money, let it invest in Levels 1, 2 and 3 hospitals for all NCDs, because we walk with all these diseases but we do not know. The earlier it is detected, correct diagnosis is made and proper treatment is prescribed, then that person will live longer. I will end there. I support this Motion. I donate some of my time to Dr. Nyikal because we are going somewhere.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Martin Owino, you are out of order. There is no way you are going to donate time to Hon. Nyikal because I can tell his name is on the screen here and he will get a chance. To my right now, Hon. Hassan Maalim, Member for Mandera East. That Member must have taken leave. Hon. ole Sankok David. He has also taken leave. Shall we have Hon. Jaldesa Dida, Member for Isiolo.

Hon. (Ms.) Rehema Jaldesa (Isiolo CWR, JP): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to add my voice to this very important Motion. As I do that, I would like to join my colleagues in congratulating my sister, Hon. Ruweida for always being proactive and bringing issues that are important to the ordinary citizen of this country.

Diabetes is one of the most chronic diseases affecting Kenya today. The prevalence of diabetes in Kenya has more than doubled in the last three decades, accounting for 20 per cent of deaths in this country. Today, one in every 17 Kenyans has diabetes. This situation is so alarming that there is need to set up prevention and treatment of this disease. Prevention and treatment can be achieved through regular screening and testing as proposed by Hon. Ruweida.

Hon. Temporary Deputy Speaker, according to experts, the causes of diabetes are attributed to lifestyle, stress, obesity and some other factors which are generic. People are not getting screened as often as required. I am glad we have our able doctors who double up as MPs, and whose contributions have enriched this debate.

Hon. Temporary Deputy Speaker, you can bear me witness that if you are not regularly screened for diabetes you are likely to carry a disease that is incurable. Doctors advise that if you are not diabetic, then you ensure you go for screening at least once in a year. If any of the Members of your family has diabetes, then you should be screened two or three times in a year for purposes of detection and possible early treatment.

If not controlled, diabetes has its consequences, including possibilities of heart attack, stroke, blindness, kidney failure and other scenarios that can lead to other complications. Talking of exercise, I have a personal testimony to share. When I joined this Parliament, I was overweight and when I went for a regular medical check-up, the doctor told me that I was on the borderline and that if I did not work on my weight, I was a candidate for diabetes. I had other family members who were diabetic and that forced me to take action. I can confirm, and Members, you included, can agree with me because we have had serious exercises of running. Today I can stand here and tell this House that I managed to shed off the excess weight within a span of one year and two months and attained the required weight.

Now, I have moved from borderline to being very normal. It is not only exercises; in exercises, you can only achieve 20 per cent of that goal. The other 80 per cent needs to come from a healthy, balanced diet. Therefore, I advise this House and Kenyans to look at what we are eating.

The most contributing factor of diabetes is carbohydrates, if you do not eat the required quantities. Doctors advise that you should avoid unnecessary sugar. We need to eat more fruits. The items I have just mentioned are not cheap. Therefore, Kenyans need to be given reprieve through the Big Four Agenda, especially the one on food security.

We must encourage the Government to invest in food that will contribute towards building a healthy nation. I am a very worried representative of the people of Isiolo County, where the issue of diabetes is on the rise because we seem to be losing focus on this Big Four Agenda and concentrating so much on unnecessary politics and side shows. As I contribute, I want to urge my colleagues who are here; let us see what we can do. We should not just be coming here every Wednesday morning to supporting Private Members' Motions. Supporting alone will not help.

I also want to echo what one of the contributors has talked about on the importance of community health workers. In that regard, I want to congratulate my county of Isiolo for partnering with Living Goods to ensure that we have resourced and enhanced community health workers. These are the first contacts with the people in the rural set up. They can advise and encourage people to go for regular screening. Therefore, as I echo my colleagues' contributions, those are the areas that the county governments and the national Government ought to focus on.

With those few remarks I support this very important Motion and congratulate my sister once again for bringing it to the House.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Next is Hon. Wambura, Member for Seme.

Hon. (Dr.) James Nyikal (Seme, ODM): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity. I support this Motion although it urges the Government. We, in the health community, will keep on bringing these issues to the ministry, as we have always done, so that what is discussed here is implemented. May I also start by appreciating the research that was done by the Mover. I was impressed by the three types of diabetes that she mentioned.

There is the fourth type that Hon. (Dr.) Gogo mentioned, neonatal diabetes; but it should not worry us. It is transient as it occurs soon after birth. The only problem we have with it is that it may be an indicator that it is in the family, and that later on diabetes may appear in that same person. So, it is probably the earliest screening but it is not in itself a public health problem.

Hon. Temporary Deputy Speaker, diabetes, together with other non-communicable diseases are a major public health problem in this country. That is diabetes itself, high blood pressure, heart diseases, obesity and the associated problem of kidney failure. These are conditions which become very expensive to treat at a later stage as they require expensive equipment like dialysis machines.

Unfortunately, these diseases have caught up with us in Kenya and other developing countries even before we got rid of infectious diseases or put them under control. So, such countries have what we call "double burden" of disease. We have infectious diseases like HIV and AIDS and malaria while at the same time we take up the non-communicable diseases, which are lifestyle diseases. Unfortunately, the non-communicable diseases affect fairly influential

members of the society. So, unless we are careful, all the money will shift in the direction of high-level technical treatment, which is expensive – dialysis machines, heart treatment and so on.

Therefore, I support this Motion because it is talking about health promotion, and screening and early detection of such diseases. That is exactly what we should do. The Motion is talking about the work place and the community-level but that ends up at the community. The work place is also part of the community. This is in line with the principle and policy of primary healthcare. This is the most effective way we can go.

What is the best way to approach it? It is to have a national programme to take care of non-communicable diseases like cancers, diabetes, obesity and heart disease. For diabetes in particular, the programme must look at lifestyle starting with food. The worst foods are sugars and fats that are readily available. The best foods to eat are vegetables and fruits. I am also impressed by the research that has been done by my colleagues on the apple cider vinegar.

Yes, they are not off the mark. The main content in apple cider vinegar is acetate acid which is known to lower cholesterol, blood pressure and is useful in the treatment of diabetes. Perhaps, it is thought to prevent diabetes. Many things are said about many foods. However, what science has brought out is that apple cider vinegar has effect on blood cholesterol, sugar and diabetes. This is real, but we must look at how to utilise it.

Most often, it is used as a dressing in salads, you do not find people seated somewhere with a bottle of vinegar drinking it. However, it is an important additive in foods. I think it helps those who like eating uncooked vegetables. However, when added to salads it makes them more palatable. It also offers better digestion and improves gut mobility so there is good motion, which is very important in diseases like colonic cancer. I appreciate the research my colleagues have done.

On lifestyle we have looked at food, let us look at physical activity. I want to tell my colleagues that I do not meet many of them in the gym. This is free treatment we are avoiding or not using. Physical activity is most important in non-communicable disease, particularly diabetes, hypertension and obesity. This alone will save many of us. In fact, this was a resolution in the World Health Organisation (WHO), I think in the year 2004/2005 on physical activity and lifestyle. Countries like Rwanda have taken it to a level where they have policies on people to do physical activities. Some of you have travelled to China and in the morning you have seen people in the parks doing exercises. This is a national policy.

So, let us not downplay physical activity. The cars are good but in fact, if you are in six storey building you should walk up and down every day. That may be quite useful. So, physical activity is extremely important. Also on the consumption of alcohol and tobacco, the main effect people see is being an addict or alcoholic. However, it has other subtle side effects you do not see on a daily basis. So, if you can reduce your alcohol consumption, you are better off. Also leave cigarettes, there is nothing they do other than cause illness.

If you look carefully at tobacco, it is the only plant which animals do not eat, they know it is bad. We are the only ones who are using it as Shisha and other items. So, people should quit using it. We must also improve our work situations. For people who work in factories and in farms using chemicals, we must have a policy that ensures the chemicals and machines they use do not expose them to non-communicable diseases.

Screening is also extremely important, not only for diabetes but also for cancer. For diabetes, it should be done early, for example, diabetes type 2, which for our age is the most

troublesome. Both type 1 and 2 are problematic, but with type 2 you just need to reduce your weight once you are screened and they find you have slightly raised blood sugar. Sometimes, you may not need any treatment but just reducing your weight will be adequate.

Cancer of the cervix screening can be done in health centers and dispensaries. My colleagues here should know that we have facilities and they should screen early for cancer of the prostate, because it is helpful. I think this is a very important Motion.

Finally, we wrote the community strategy in 2004/2005 with Prof. Miriam Were and Prof. Kaseje with support from the WHO, but it has been lying idle. However, I am happy that people are taking it up and using it. It is the only way. We are talking of UHC, but we do not have enough money to treat people with expensive machines. However, if we use the...

The Temporary Deputy Speaker (Hon. Patrick Mariru): I will give Hon. Nyikal one minute so that he can finish his point. I am appreciating your expertise.

Hon. (Dr.) James Nyikal (Seme, ODM): If we use screening, promotion of physical activity and advice on food, we will be well. The best way to make people aware of this is at the community level. So then, we should use the community strategy and pay the community health workers. I am happy that some counties are trying and Ethiopia is doing it. We started with Ethiopia and they have gone a long way in reducing all these issues.

So, let us have a national programme based on community strategy which will reduce our cost and make UHC a reality and affordable. I support.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Chepkut Chirchir, what is it you have placed an intervention. What is out of order?

Hon. William Chepkut (Ainabkoi, Independent): I just want to concur with Dr. Nyikal.

The Temporary Deputy Speaker (Hon. Patrick Mariru): What is out of order? Hon. Chirchir if you want to contribute you will get a chance much later. You had placed an intervention.

Hon. William Chepkut (Ainabkoi, Independent): It was a very important Motion. So, I just want it to be compulsory that all cancer diseases be treated by...

The Temporary Deputy Speaker (Hon. Patrick Mariru): Order, Hon. Chirchir! You cannot contribute through the back door. You will get a chance. Hon. Mbogo Menza.

Hon. Mbogo Ali (Kisauni, WDM-K): Thank you, Hon. Temporary Deputy Speaker, for giving me this opportunity to contribute to this important Motion brought to the House by my sister, Hon. Ruweida. This Motion is very timely because as MPs we are facing these issues on a daily basis.

Every week, we are invited to many fundraisings to solicit and raise funds to cater for medical bills for our constituents. So it is important for us as a House to come up with policies that will support and encourage our people to develop better cultures to support them in their habits. If you look at diabetes, cancer and blood pressure, they are lifestyle diseases. Many years ago, these diseases used to be associated with the rich. But, today, they cut across and affect the poor more than the rich because they can afford expensive testing, screening, syringes and medicine.

However, for the poor it has become a toll order and for most of them it is beyond their reach. The lifestyle diseases are associated with our culture and diet. What we eat contributes about 70 to 80 per cent of these diseases. I agree with what Hon. Dr. Nyikal has put across.

Hon. Temporary Deputy Speaker, if you look at what we eat, it is really dangerous because most of us do not... We were taught in lower classes in school that we need to have a balanced diet and that when you are taking a meal, it has to be balanced. You must have proteins, carbohydrates and vitamins in it. However, when you look at the composition of what we take daily, you will find it is more of one area and one area being left out. I am a Muslim and my religion teaches me that when you want to eat, you have to make sure what you take in your stomach is divided in three options. One portion of the stomach has to take the food. Another portion has to be left for air and the other for liquids. However, most of the time we end up taking the entire space of the stomach and this ends up contributing to many other related diseases because of that composition.

If you remember, many years ago, HIV and AIDS was a serious disease in this country that made the Government and other stakeholders come up with serious policies and programmes to prevent it. Down the line, you will find that we have managed to bring HIV and AIDS to some acceptable levels. This was achieved through the various programmes and policies including testing and screening. Today when you walk around, you will find there are so many free testing centres for HIV. There are so many advertisements out there inviting people to come for free testing and screening of HIV. The same needs to be done for these other lifestyle diseases like diabetes, cancer and others, whereby our people can go out there and they are tested for free so that they can know their health status at any one time.

Out of these programmes, we came up with so many community health workers who are volunteers at the village level. These community health workers do a very important and critical job in educating our people about the health related matters. However, we need to go a step further because what these community health workers have been trained in is mostly on HIV and AIDS and related diseases. However, cancer, diabetes and high blood pressure have been left out and they do not have expertise on that angle. It is important for the Government to come up with policies whereby we can have refresher courses or we can have these community health workers being taken through that training so that they can go back to the village level and educate our people to be prepared for such an eventuality. We even need to go a step further and have our community health workers to be visiting our schools. We need to start early at the Early Childhood Development (ECD) levels and the primary level whereby our pupils can be trained on cultures and diets. Here we do not only depend on the teachers but we need the experts. The experts could be the community health workers or the doctors at the sub-county level visiting these schools and training our sons and daughters on good eating habits, good diets and cultures.

I want to give a practical example. Last year, I had an education walk in my constituency and I invited so many students from the constituency. When we were doing this walk, on the way, one of the pupils collapsed and because of our bad cultures in our area where we believe in *jujus* and *jinis*, the parent came out and said the boy had been affected by the *jinis*. Coincidentally in that walk, I had a diabetic patient who was participating and he was carrying around his testing gadgets. When he saw this young boy collapse, he rushed to him and took a blood sample. Immediately, he confirmed that the boy was actually suffering from diabetes. That is when the parents came to know that it was not *juju* or *jinis* but the boy was actually diabetic. Immediately, they started taking preventive measures and the boy is back in school and continuing with his studies.

I support this Motion and I really urge my sister and colleague to push it forward. We have heard a lot of contributions from many Members which shows the sensitivity and importance of this Motion. Exercise is critical. If we do not exercise, for sure we are just causing problems for ourselves. As Members, we are privileged with an opportunity to go to the gym, but out there, when you go to many schools in urban centres today, many of these academies that have mushroomed all over the place, you will realise they do not have space for the kids to exercise during the physical education lessons because of lack of space. The high appetite of grabbers who have been grabbing land wherever they see space has actually contributed to all these challenges.

So, we need to cultivate the culture of training. I agree with my colleague, Hon. Cecily Mbarire, when she mentioned that in Rwanda, it has become a culture whereby it is being led by the Head of State himself. Every Friday at 2.00 p.m., it is training and exercising time. It started with the civil servants. Here, we also need to exercise. We, as Members of Parliament, are highly respected at the constituency level. Maybe we need to go a step further and demonstrate that we as Members... On weekends, you can call your constituents – start with a few by walking or jogging around and many more will join. This will go a long way in doing this prevention. As the saying goes, prevention is better than cure.

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

The Temporary Deputy Speaker (Hon. Patrick Mariru): We will have Hon. Gitonga.

Hon. George Gitonga (Tharaka, DP): Thank you, Hon. Temporary Deputy Speaker. I have sat here for quite some time. I am told the gadget had misbehaved as usual but I am happy I have caught your eye. I rise to support this very important Motion that touches on the healthcare of Kenyan citizens. Diabetes is one of the diseases that are really affecting our people and it is important that it is actually addressed in a manner that makes our lives to be in uniform with the cardinal agenda we have in the Big Four Agenda, which is universal healthcare. It has been argued and it is a statement of fact that this is a lifestyle disease which really can be prevented or tackled in a manner that is more humane than most of the diseases that we suffer from.

However, the biggest problem we have is lack of medication and the medication we have is also very expensive. As part of the universal healthcare in the Big Four Agenda, we should lessen the burden of medication on all diseases, including diabetes such that Kenyans are able to afford these medicines without digging deeper into their pockets. We also need health facilities, especially in the less fortunate and marginalised areas where you can find that one dispensary is far away from another dispensary and the citizens have to walk long distances to have their medical needs attended to. I have in mind my constituency, Tharaka, where I have constantly informed the Government that there is need for intervention and that intervention may be affirmative or otherwise to ensure that we have sufficient health facilities from the local authorities, the county government and also from the national Government.

It is also important to note that food is important especially in curbing diseases like these. Where there is food scarcity or where those affected by diabetes do not have the right type of food to consume, it aggravates the problem. Therefore, it is the duty of the Government to ensure that food is provided in all quarters, schools and areas that are affected so that we tackle this problem. When we were in school, we learned that there were two types of diabetes. There is diabetes mellitus and diabetes insipidus. Today, I may not be able to tell with a lot of accuracy what the difference was but I was told that one is in respect of low blood sugar and the other one

was high blood sugar in human beings. Those are conditions. They may not be diseases. They are conditions that require expertise to manage. This is important.

The Motion tabled by Hon. Ruweida Obo urges the Government to set up institutions for diagnostic testing in respect of diabetes in all work places and community settings and to provide education. We do not have sufficient education. We do not know what these are especially in the rural areas where it is almost certain that whenever you have any ailment, you walk into a dispensary, you are given some tablets which you take without knowing what they are and in the process you may aggravate your situation. It is, therefore, important to have lessons on how we can prevent and subsidise whatever diabetes comes along, how we will be screened so that you know your position as you go along in life and what treatment is best for you when it is established that you have this condition.

This is a very important Motion. Once we pass it, it is upon the Committee on Implementation to ensure that our Government, through the Ministry of Health, and our county governments, through their health ministries, move speedily and ensure that diabetic victims are taken care of in manner that is proper, deserving and less expensive.

I support this Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Let us have Hon. Oyioka Oroo, Member for Bonchari. That Member has clearly taken leave as well. Let us have Hon. Atandi Onunga, Member for Alego-Usonga. That Member has also taken leave. They were on top of the list. Next is Hon. Mukwana Khamala, Member for Lurambi. I hope I pronounced that correctly. Use the next microphone. Did you say I tried?

Hon. Titus Khamala (Lurambi, ANC): You tried. If you go with Bishop it is easier. I will not ask for an offering from you.

Thank you, Hon. Temporary Deputy Speaker for giving me the opportunity to contribute to this important Motion on diagnostic testing, screening and treatment of diabetes in work places and community settings. I agree with the honourable Members that have already contributed on the Floor that our lifestyle in this country has really changed. Looking around, most families do not cook food. Many of them depend on fast foods. I am not trying to demonise any food chain in this country but there are many food chains mushrooming today like Kentucky Fried Chicken (KFC) and other places. If we keep visiting those fast food chains every day, there will be a problem with our health. Many parents do not want to cook at home. They prefer to bring food home. Our children are obese because they feed on fast foods every day. The issue of diabetes begins with our lifestyle, namely, the way we live and what we eat. I concur with Dr. Nyikal who spoke just a few moments ago and explained a few things from his professional point of view.

Apart from just walking, we must go back to what we used to eat. My grandmother did not know fried chicken. There was no way we could get high calories from sugar and fat content from the foods that my grandmother prepared. For us to fight diabetes and save our generation, our children and future generations, we must go back to healthy eating. As we think about what we can do in our work places and communities, we should not just be thinking about intervention measures because a situation has occurred. We tend to be more reactive than proactive.

Diabetes is a monster. It is a painful disease. A patient with diabetes has to go through a lot of pain, not only in Kenya but even in places where there are modern health facilities and medication like the United States of America. People still struggle with insulin and with taking

care of themselves. We must be at the forefront in making sure that as leaders, we are out there trying to help our people. It will be very important if we equip our community health workers, train them more and give them what they need so that they can go to the grassroots and teach our people how to conduct themselves. Those who already have diabetes should be trained more on how to take care of themselves, what they need and need not do and what they should or should not eat. Those who are free from diabetes, apart from just adopting exercises, we should rethink our lifestyles, what we eat and consume.

Living in Nairobi, I have found myself being tempted. I live on Mombasa Road. There is a KFC at Total and when driving back to the house, it is easier for me to go in and pick a few chicken drumsticks. Being a Luhya, I like chicken. We keep consuming all these deep-fried foods and *nyama choma*. Our lifestyles have to change. As leaders, we must be at the forefront even when we have gatherings at home and at our functions to try and teach our people how to take good care of themselves. Back at home in the villages, I do not foresee much of a problem like in the cities. Life in the city is very fast and busy. In the city, we do not have gardens like the people at home. At home, there is a garden. People grow potatoes, cassava, yams and vegetables of their own. It is easier to adopt a healthier eating style in the village than in the city.

Parents have to play a big role in taking care of our homes - both men and women. I do not want to think that I am excluded but I can do better. We must think of going back to the kitchen to cook. Majority of parents do not want to cook. They want easy food so it is easy to pick up food in fast food chains and bring it home. That is why our kids have more weight on them than they should. Exercising is a discipline because you can do it today but find out that you are not able to do it tomorrow. Apart from exercising, we should mostly think about changing our lifestyle. We should also take education and awareness to the grassroots. As leaders, we spend so much time on politics. When we go to a funeral at home, we talk politics but forget the real essence of life. As leaders, we must be there helping our people to live right and eat right. At every funeral and at every gathering we must have things we can communicate to our people or electorate.

Hon. Temporary Deputy Speaker, we should also think about our village elders. In fact, I have seen there is a Motion on village elders. They can disseminate information effectively. We should be thinking and when we get to the other Motion we will talk about it, but in this situation, village elders and community workers are very important people and component of our society.

Therefore, I stand to support this Motion because diabetes used to be an alien ailment. Diabetes was something that was foreign, but today, in every village and in every town we have victims of diabetes or people who live with diabetes. It is becoming a catastrophe and a horrible disease claiming people's lives and making it hard for them. Such people would have been more productive but have to fight diabetes day to day yet we have measures we can put in place such as giving educative lessons or things we can do to combat diabetes. I pray that God helps us, we of today's generation. We need to go back to the kitchen where you find many of our children under the mercy of househelps. A househelp will get a *mandazi* and feed a baby. You find a baby of six months looking like he is five years old. When you lift such a baby, they are very heavy because of being fed on potato chips as mothers are busy with phones and televisions. People should go back to the kitchen and cook the way Africans used to.

I support the Motion. Thank you.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Let us now have Hon. Okoume, Member for Karachuonyo.

Hon. Adipo Okoume (Karachuonyo, ODM): Thank you, Hon. Temporary Deputy Speaker, for giving me the opportunity to contribute to this important Motion.

Looking at the Motion, almost 500,000 people suffer from diabetes which is 2 per cent of adults. That is an extremely high figure. Indeed, if we do not take action immediately, we may find Kenya becoming a sick society, which will be very unfortunate indeed.

I want to look at the Motion in two parts: the preventive and the treatment side. The preventive includes a number of things my colleagues have spoken about especially eating habits or food. One encouraging point is that food is covered in the Big Four Agenda of the Government. I therefore urge the Government to take care of the first step by ensuring that the crops we grow cater for the Motion we have. We should not grow maize alone. We should include, in our farming, maize, potatoes, carrots, pawpaws and all kinds of crops. If we do that, we will encourage balance in our eating system.

I also see that the ratio of our doctors to the number of people is very low; the number of Kenyans per doctor is too high. For preventive purposes, it is difficult for us to use doctors. I would like to see a situation where we emphasise on community health by training community health workers well so that they can be part of our preventive actions for this bad disease. I feel that if we have community health workers, we can use them in rural counties and constituencies. I am one of the MPs who would use them if only we can be given enough money to do that. We are in a better position of reaching all corners of the counties than the county governments can. If our National Government Constituencies Development Fund could have a budget line for it, it would help and it would be one first step of taking care of this disease. Since my colleagues have spoken much about the preventive side, I have spoken about the useful things.

On the treatment side, matters may be more complicated because we need experts for treatment. We can use community health workers and also try to use our dispensaries for screening purposes. Once the screening has been done and if it is still on the preliminary stages, community health workers can be told what to do to contain the situation and even eliminate it.

As we speak, there are a number of injections given to infants when they are about four months old. That kind of preventive care should include diabetes so that it is checked early enough. I am sure if it is diagnosed, it will be easier to treat it than when it is discovered at a much later time in life. These are the kinds of things we need to contain the situation.

I am talking about diabetes because that is what is in the Motion, otherwise the kind of screening I have in mind should include other diseases as well. If the Government takes care of that, then we will be okay because we will take care of it through screening.

The good thing is that food and health are part of the Big Four Agenda. Those two are very important in controlling the disease and they are in the Big Four Agenda and because of that, I urge that steps are taken to include diabetes and perhaps other diseases which are preventable in the food and health component.

Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity. I do not want to repeat what others have said. I support the Motion.

The Temporary Deputy Speaker (Hon. Patrick Mariru): The next one is Hon. Nyagaka, Member for Nyaribari Chache.

Hon. Richard Tong’i (Nyaribari Chache, JP): Thank you, Hon. Temporary Deputy Speaker, for giving me an opportunity to contribute to this Motion. It is a Motion whose timing is long overdue considering the kind of challenges that we have had to go through. Health is a basic requirement in any society. Most countries which have succeeded have given priority to health. We have a vision going forward to be one of the middle income countries and eventually super power. So, we need to manage our health issues ahead of time. It is unfortunate that sometimes we have given audience to things which are important but not very critical. If you do not have good health, everything else does not matter. If you do not have good health, nothing else counts in life. That is why as a country, once we get our health issues right, then we will be able to fix the concerns and the challenges that almost account to 50 per cent of our needs as human beings. When you are healthy, you can function properly even if you do not have enough food. When you are healthy, you would be able to do your duties as a normal person a lot more than when you do not have the health and you have the money.

There are many things countries which have succeeded have done it well. They have given priority to health management and we all know prevention is better than cure. If we manage our health ahead of time, that can only be achieved by doing screening and this screening can be done in schools. If screening is to be done in colleges, universities, public places including market centres, then we will manage a lot more but it should not be a one-off affair. It should not be a strategy where when we are campaigning or when our competitors are campaigning, they mobilise a few medical people to come and do a screening in a shopping centre. We need to have a strategic and consistent practice as a Government. We must have a policy in place to ensure that screening will not just be a one-off affair but a continuous process. People should know that every year or after a given period of time, there will be screening. We need to sensitise the community and the people so that they can appreciate the need for screening. Our people are scared of screening. When I was working in the insurance industry, AAR, one of the greatest companies in Africa, the hardest challenge we ever had was asking our members to go and do a screening yet we know that whatever it is in your system, you already have it. So, it is better if you know you have it so that you can manage it. Initially, people had fear about HIV and AIDS but when we did civic education, our people were educated and they got information. We all know information is power. They changed the attitude. Now screening has almost become a lifestyle but that is only at the higher level of the society. I wish to have a situation where this is cascaded downwards so that every other person in the society would be able to have an opportunity to do screening not because they are sick but because it is a good thing to do it. It is a way of preventing the health challenges which would come much later if you have not done screening.

We have clinics which are being set up by the Government. We are happy that there is an initiative to have container clinics. My understanding of container clinics which are not still functional was to bring services closer to *mwananchi*. The way they are going to position those container clinics will somewhat help to ensure that the services are going to be accessed by a majority of Kenyans who will not be able to get screening done ahead of time. We need to come up with a policy and I am sure this Motion will be able to address that concern. Screening should be made free because if you charge people money for screening, not so many of our people will afford. Because of that barrier, majority of the needy cases will end up missing out on the screening and we know its importance. When that condition is detected at the formative

stage, your challenges are less than when it is detected at a later stage, when there is a likelihood of another complication. I am hoping that the container clinics that we are having in the country together with other clinics that we have set up using the NG-CDF money will be able to help and address the concern we have as a nation.

Treatment is not just the only solution to this concern. We listen to the teachings of the experienced people such as the speakers who have spoken about this topic. The SDA teachings on health matters have taught extensively on matters health. They have taught us about the food we need to eat. There is a lot of teachings by Ellen G White on health matters and healthy foods. The teachings ensure that the people we are serving in our society are healthy. She understood that at a very formative stage that when people are healthy, we are able to serve them well and even as a Government we are able to function a lot better than when people are not healthy. So as leaders, we need to embrace this and make it part of the agenda. We need to have it as one of our deliverables. When we go to the constituencies, alongside talking politics, since we are influential and we are opinion shapers, we need to talk to our people about health. We need to refer to these teachings which have been done. There is a lot of research and data and we have seen this data being used and people have reciprocated very well. When people receive good health and change their way of living, the consequence is that the Government saves a lot of money which would have gone into treatment. This money will be used to serve the society by ensuring that we have roads, good health facilities and clean water. That can only be possible if as a community and as leaders we go out of our way not just to give lip service, but to make it our topic.

My colleagues have talked about Burundi and Rwanda. These are countries whose Gross Domestic Product (GDP) is much less than ours but they appreciate the power of exercise. Very early in the morning you will find people jogging and it is a policy from the Government. It is a policy from the President down to everybody else.

I am also happy with the First Lady. She has led by example. I wish that can be cascaded down so that our women, governors' wives, Members of Parliaments' wives and even Members of County Assemblies' wives could do it at the local level with a view of ensuring that we are keeping our people healthy by exercising. Exercise mitigates most of these conditions and controls the development of these conditions ahead of time. We know diabetes has been a killer disease. It has killed a number of people in the world. It is killing even more in Kenya because people do not have enough information and they end up dying as they claim it is witchcraft.

We all know that it is not witchcraft; it is simply that we do not know what it is because we have not inculcated in us the culture of doing medical checkups and tests so that we are able to unearth the complications in our systems. There are major complications which can be caused by diabetes. Stroke is one such. We have seen a number of cases of stroke in our society. Sexual dysfunction has been a cause of breakup in marriages. Families are breaking up because of diabetes. We have seen people losing memories, hearts failing and kidney failure cases rising. This can only be because our people have not taken the initiative to do screening so that they can know their diabetes levels and manage it when they still have a chance to do it.

I support this Motion and appreciate the initiative taken by my colleague, Hon. Ruweida. She has done good research on this topic. We hope the Government and the Committee on Implementation will ensure that our deliberations will be implemented. Let us give diabetes the same keenness that we have given HIV. The kind of attention that HIV has received in the

country has worked hence reduced the HIV cases. If we can give the same attention to diabetes, I am sure we will have a healthier nation, if we go by the known cases of about a half a million people suffering. There are so many other cases which are not known because they have not gone for tests required to establish whether they have diabetes or not.

So, if we can ensure that this is done, we will have served our society in a better way to ensure that complications that come with diabetes are stopped or controlled at a very early stage when we still have a chance to do it as a nation or as individuals. I encourage Members to do this screening ahead of time so that they have a chance of managing this health challenge ahead of time. This is because, diabetes should never kill. Once you understand it and manage it, there is no reason why you should die.

With those many remarks, I support this Motion and urge our Government to put into practice the policies and proposals that have been put forth to ensure that the Big Four Agenda of the President which includes health succeeds and we have a healthy nation called Kenya. That is the strength of any nation which is going to succeed. When we have healthy people, our issues will be addressed in a more sober way and people will be strong enough to do other things that are required of them. This will ensure that the society is growing in leaps and bounds.

With those many remarks, I support the Motion. Thank you for the opportunity.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Very well, next is Hon. Mboya.

Hon. Tom Odege (Nyatike, ODM): Thank you, Hon. Temporary Deputy Speaker for the opportunity.

At the outset, the figures given here as the statistics we currently have in the Government are not even half of the people suffering from diabetes in this country. I will try not to repeat what my colleagues have said but first allow me thank my sister, Hon. Obo for what she has pointed out here. This is a real condition we are facing in this country but it is a clear pointer that we have been living in denial as a country when our people are suffering.

The truth is we are leading a sick population in this country and we have not come out clearly on how we can avert this challenge that is before us. When you look at the health system in this country, we have about three diseases which can be avoided and contained, diabetes being one of them, but we have not done much as a country to ensure that everything is brought in conformity with the policies which we need to guide the treatment in this country. Diabetes is not a killer disease but has been made in this country a situation whereby we intervene in diabetic cases when it is too late and it becomes too expensive for our people to contain it.

Let us re-examine the health system which we have in the country currently as being managed by the county governments. I can authoritatively tell this House today that we are failing as a country when it comes to the management of diabetes, hypertension and cancer. All these diseases have made our people to suffer. We intervene very late. We cannot afford early intervention because of the resources we have in this country. It is high time we looked at our health system. If all these diseases cannot be contained at the earliest time possible, we need to come and review the current Act of Parliament and separate the three key killer diseases in this country. Those diseases should be managed by the national Government.

Look at what is available in the dispensary nearest your home. You will agree with me that even those people who live around that dispensary do not have faith in that dispensary because many times when they go there they do not get what they want. So, this should be a

wakeup call to the county governments. If they cannot manage the three diseases I have mentioned, as the national government we need to come out very strongly because we cannot sit back and see our people die because of diseases which we can avoid. Look at the situation of diabetes today. We are talking of a half a million people who are affected, but the reality, and I can state it authoritatively, is that those Kenyans suffering from this disease and are not known are double this figure. They are suffering down there and nobody can reach them. These cases have never been reported anywhere and yet we talk about half a million people when we know over a million people are dying in silence. The people who have come out to report their cases or go to the facilities for treatment are very few. In rural areas, such people come out when it is too late and the drugs are too expensive for them. So, as a House that makes laws and represents people, we need to come out and declare that diabetes treatment in this country should be made free. Examination or tests for diabetes should be made free and mandatory so that we can intervene at an opportune time and manage these conditions.

With regard to the diabetes drugs out there, without support from the Government, one cannot afford them. In fact, 99 per cent of Kenyans cannot afford those drugs. Even for those who can afford them, drugs are not available. So, you will find people going for cheap diabetes drugs which do not help them. Look at the drugs we import into this country. Our own way of testing efficacy of drugs is also wanting. Go to the chemists where we buy drugs from majority of the drugs we buy are either expired in the country of origin or are fake. So we end up pumping chalk to our people which does not cure them. We then say people are not responding to treatment while in the real sense we are not treating these people.

I want to suggest here that we should go an extra mile and re-examine the health system in this country. What we feel cannot be managed by the county governments, let us be bold enough and say those functions be taken up by the national Government and we make treatment of cancer, diabetes, HIV and AIDS and hypertension free to be managed by the national Government for the benefit of our people. That way, we will save this country from unnecessary deaths, sufferings and expenditure.

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

The Temporary Deputy Speaker (Hon. Patrick Mariru): Before I give the next person an opportunity, let me recognise a school in the Public Gallery called Miruriiri Secondary School from South Imenti Constituency, Meru County. They are welcome.

Shall we have Hon. Janet? Is she in?

Hon. (Ms.) Janet Nangabo (Trans Nzoia CWR, JP): Asante Mhe. Naibu Spika wa Muda. Nataka kuchukua fursa hii pia kuunga mkono mwenzangu kuhusu mjadala huu kuhusu mambo ya ugonjwa wa kisukari katika nchi yetu ya Kenya. Ni ukweli vile wachunguzi wamesema kuhusu asilimia ya watu ambao wanaugua ugonjwa wa kisukari. Ni ukweli mtupu. Ningeomba kama kiongozi kwamba tuwe na mahali ambapo watu wanaweza kufanyiwa uchunguzi ili wajue hali yao iko namna gani. Vile mwenzangu, Mhe. Tom, amesema, ni kweli ukienda kule mashinani watu hawajui maana ya kupima miili yao. Hivi juzi nilikutana na mmoja wao aliyekuwa akiugua ugonjwa wa kisukari na nikamuuliza kama ameenda kupata matibabu. Alinjibu akasema kwamba yeye hunywa pombe ya chang'aa na ana imani kwamba ugonjwa huo wa kisukari utaisha. Ni muhimu sana tuwahamasishe watu wanaouguua ugonjwa wa kisukari katika nchi yetu ya Kenya kwa sababu kuna wengi wasiojimudu kimaisha ambao wanakaa katika maisha ya upweke na hawana fedha za kwenda kujipima kama ni wagonjwa au si wagonjwa.

Nataka kugusia maneno ambayo wenzangu wameongea katika Bunge hili kwamba ni chakula tunachokula katika nchi yetu na Kenya na maisha tunayoishi sisi kama viongozi na pia watu wanaohudumia nchi yetu ya Kenya. Wenzangu wamesema kwamba lazima tuwafunze watu jinsi ya kujipima katika jamii ili wasikumbwe na ugonjwa huu wa kisukari na wajikute hawajaenda katika hospitali zetu kujipima. Ninaungana na wenzangu. Serikali yetu kuu ichukue nafasi yake kuhakikisha kwamba matibabu ambayo tunayasema kuhusu watu wanaogua kisukari yametiliwa maanani. Wenzangu pia wamesema watu wawe wanaspoti, yaani wafanyie miili yao mazoezi. Ninashukuru kwa sababu wanaspoti katika Bunge hili wakati tulienda mazoezi na viongozi wenzetu, tuliona kwamba nchi zingine zinatenga nafasi za watu wao kwenda kufanya mazoezi. Hiyo inatupatia sisi nafasi ya kuhamasisha watu wajue kwamba miili yao inatafikana ifanye mazoezi ili wasikumbwe na mambo kama haya. Hata katika Bunge hili, kuna wale ambao wameathirika miongoni mwetu sisi kama viongozi. Huenda ikawa wengine hawajajua wachukue nafasi gani ama wafanye namna gani ndiposa angalau wapate nafuu katika miili yao.

Ninamshukuru Mhe. Ruweida kwa kuleta Hoja hii katika Bunge hili nasi pia tutoe maoni yetu. Ninajua kwamba hata tukienda mashinani, sisi pia tutapata nafasi. Ninashukuru kuna madhehebu katika nchi yetu ya Kenya, kama vile kanisa la Seventh Day Adventist (SDA), ambayo yana vipimo vya kupima magonjwa katika kanisa hilo. Ninawasihi wachungaji katika nchi yetu ya Kenya watusaidie katika sehemu zao kuhakikisha kwamba vipimo hivi vimeenda mahali hapo. Jambo hilo litatusaidia sana. Nikirudi kwa serikali za kaunti, katika kaunti yangu, watu wanateseka mno. Ukienda sehemu za Kwanza ambako Mhe. Ferdinand anatoka, unaona kwamba tumepoteza watu wengi mno wanaogua ugonjwa wa kisukari na huenda ikawa viongozi mashinani wanatungojea sisi katika Bunge kuu au Serikali kuu kuhakikisha kwamba tunafikisha dawa kule chini. Sio ugonjwa wa kisukari pekee. Wengi pia wana ugonjwa wa saratani katika miili yao. Itakuwa vyema iwapo tutakuwa na uhamasisho wa watu jinsi ya kujichunga na kujipima. Itakuwa vizuri sana. Inakuja kwa mambo ya maisha kwa sababu wengi wanataka kula chakula cha mafuta lakini hapo awali mababu na mama zetu enzi zile walikuwa wanatafuta chakula cha kujenga mwili wala sio chakula cha kutufanya wanene au wembamba. Wengine hufikiria kwamba ukiwa na ugonjwa wa kisukari utakuwa mnono. La! Kuna wale ambao wamekonda na wana ugonjwa huu wa kisukari. Ndio tunasema ni muhimu tuwe na hivyo vipimo ili watu wajue vile wanaogua. Hii itatuwezesha kuhakikisha kwamba tunaishi maisha mazuri katika nchi yetu ya Kenya. Pia, kama viongozi, tutapata nafasi nzuri na kuhamasisha watu wetu mashinani kuhakikisha kwamba wanapata matibabu.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Order, Hon. Janet! I suspect you are concluding because being 10 minutes to 1.00 p.m., we should be calling the Mover to reply. You have three seconds to conclude your thoughts.

Hon. (Ms.) Janet Nangabo (Trans Nzoia CWR, JP): Asante, Mhe. Naibu Spika wa Muda, niko karibu kumaliza. Nataka kumshukuru mwenzangu na kusema tusiwe tu na mjadala katika Bunge hili lakini alete Mswada ili tukifika kwenye mambo ya Bajeti, tuhakikishe tumetenga pesa. Hii ni kwa sababu katika jamii tuna walemavu ambao hawawezi kutembea mpaka mahali pa matibabu.

Kwa hivyo, ninamsihi alete Mswada na tutauunga mkono ili kuhakikisha tunaendelea mbele. Namshukuru mwenzangu, Mhe. Ruweida kwa maoni mazuri ya Hoja hii.

Asante sana, Mhe. Naibu Spika wa Muda.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Members, this Motion had time limitation. Being 10 minutes to the time the House rises, we must call the Mover to reply. However, she could be gracious enough to donate time to a few Members. It will be good for her to say who they are. Mover, are you gracious enough?

Hon. (Ms.) Ruweida Obo (Lamu CWR, JP): Hon. Temporary Deputy Speaker, I would like to contribute my minutes to a few Members. I will give two ladies, two minutes each: that is Hon. Dennitah and Hon. Gladwell. The men, Hon. Sheriff, Hon. Benjamin Tayari, Hon. Jonah Mburu and Hon. Mabongah, one minute each. I will remain with one minute. We can start with Hon. Mabongah.

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

Hon. Mwambu Mabongah (Bumula, Independent): Thank you, Hon. Temporary Deputy Speaker. Since I have a minute to say something on this Motion, I wish to appreciate my colleague for bringing it. The nation is sick and the observations we have made from the people who are suffering from diabetes is pathetic. You have just heard that this disease causes kidney failure and heart diseases. Since we are investing a lot of money in it, early screening can save a lot.

We also need to note that most of these patients at home are given drugs by doctors and instructed to inject themselves. The same drugs are supposed to be refrigerated, yet some do not have refrigerators or electricity so, managing themselves is a problem. We need to come up with a proper budget...

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

Hon. (Ms.) Gladwell Cheruiyot (Baringo CWR, KANU): Thank you, Hon. Temporary Deputy Speaker. I also want to say something about diabetes type 1 and 2. What affects most adults is diabetes type 2 because of our lifestyle. We have realised that most of us drive and use vehicles and the worst is the *boda boda* in the rural areas. For the people in the villages and especially my home, nobody had diabetes. People use *boda bodas* from door to door. There is a problem everywhere. Mheshimiwa Ruweida, you have done very well. People need awareness. Currently, people take honey even when diabetic. They are taking a lot of fruits which have fructose and milk which has lactose. There is no awareness even for the people who have already been diagnosed as diabetic. It is important that this Parliament sees to it that people suffering from diabetes are considered and budgeted for because the disease is very expensive to manage. Three quarters of the population of this House is either managing diabetic people or some of them are sick. It is an...

The Temporary Deputy Speaker (Hon. Patrick Mariru): Who was the next one? Let us have Hon. Dennitah.

Hon. (Ms.) Dennitah Ghati (Nominated, ODM): Thank you very much Hon. Temporary Deputy Speaker for the opportunity. Allow me to congratulate the Member for Lamu County. She is speaking for many of us. The zeal and determination that we had in fighting malaria should be the zeal directed towards diabetes. Diabetes is killing our people just like cancer and many other diseases. I urge Members of Parliament to take diabetes, cancer, HIV and AIDS and malaria as serious issues in this country that find favour within our campaigns.

It is true that diabetes and cancer, which are diseases that were traditionally for the rich and the royalty, are now affecting the poor people in the counties. The rich and the poor are not spared by diabetes. We are talking too much. It is time to act because diabetes will kill this

country. I support the Member because she is speaking for so many of us. If we are not infected, we are affected, just like with disability. People are amputated due to diabetes. When someone's hand or leg is amputated, it is because of diabetes. They become disabled.

This is a very good Motion. The Member should move it further to see how we can allocate funds and talk about a disease that has not really been discussed. I thank the Member for the opportunity to talk about a serious health issue that is affecting millions in this country.

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

Hon. Jonah Mwangi (Lari, JP): Thank you, Hon. Temporary Deputy Speaker. Thank you, Madam Captain from Lamu for donating your minute to me.

I support this Motion from the outset. There are still myths about diabetes. There are still people who believe that diabetes is purely a hereditary disease, which it is not. People who have no history of diabetes in their families are still getting it. They still believe that it is an old man's disease. Diabetes is also affecting young men who are 20, 30 or 40 years old because of their lifestyles. Diabetes is real.

It is not a killing disease. If diagnosed on time, it is not a killer disease. If you are given proper advice by professionals on eating habits and the workouts that you should do, then it is not a killer disease. Diabetes is affecting people in the villages because we eat carbohydrates day in, day out. In the village they only eat potatoes and *ugali*. We should also change our eating habits. Diagnosis should be done every time you go to a hospital, the same way it is done for blood pressure, temperature and weight. When you go to a hospital, diabetes should be screened immediately.

Thank you, madam for donating the minute and God bless.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Next is Hon. Tayari.

Hon. Benjamin Tayari (Kinango, ODM): Thank you, Hon. Temporary Deputy Speaker and Hon. Ruweida for giving me this time. This Motion is very important because the most important thing is for us to create understanding and awareness in the community. That is the most basic thing which is lacking especially in matters to do with diabetes and high blood pressure. We need to create a structure starting from schools, work places, community centres and places of worship in regard to awareness of diabetes. This will help us create an understanding why many people are suffering from this disease. Currently, my colleague talked about people living in urban centres but people in rural are affected most because they lack

The Temporary Deputy Speaker (Hon. Patrick Mariru): Finally, let us have Hon. Athman Ali.

Hon. Ali Sharif (Lamu East, JP): Thank you, Hon. Temporary Deputy Speaker. I join my colleagues in congratulating Hon. Ruweida, Woman Representative, Lamu County for bringing this important Motion to the House.

As many Members have spoken, this is one of the silent killing diseases. The effect of the disease is that many Kenyans cannot afford its cost. One must control his or her diet or nutrition if one has the disease. You will agree with me that many communities in the country cannot afford to choose what to eat. At the same time, medication for the disease is very expensive.

I urge the Government to

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Obo, you have one minute to reply.

Hon. (Ms.) Ruweida Obo (Lamu CWR, JP): I would like to thank all the Members who have contributed to the Motion especially the doctors.

Through this Motion, we affirm that no illness should lead any family to financial ruin. It will be victory for Kenyans from Lamu to Laikipia and from Kilifi to Kisii whose lives will be secured because of the Motion.

Hon. Temporary Deputy Speaker, pursuant to Standing Order No.53(3), I request you to defer putting the Question to another day.

Thank you, Hon. Temporary Deputy Speaker.

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Members, I will defer putting the Question to the Motion to a subsequent time.

ADJOURNMENT

The Temporary Deputy Speaker (Hon. Patrick Mariru): Hon. Members, the time being 1.02 p.m., the House stands adjourned until this afternoon at 2.30 p.m.

The House rose at 1.02 p.m.