

# PARLIAMENT OF KENYA

## THE SENATE

## THE HANSARD

Thursday, 23<sup>rd</sup> May, 2024

*The House met at the Senate Chamber,  
Parliament Buildings, at 2.30 p.m.*

*[The Deputy Speaker (Sen. Kathuri) in the Chair]*

### PRAYER

#### DETERMINATION OF QUORUM AT COMMENCEMENT OF SITTING

**The Deputy Speaker** (Sen. Kathuri): Clerk, confirm whether we have quorum. Serjeant-at-Arms, ring the Quorum Bell for 10 minutes.

*(The Quorum Bell was rung)*

Hon. Senators, we now have quorum. Call out the first Order.

*(Loud consultations)*

### COMMUNICATION FROM THE CHAIR

#### VISITING TEACHERS AND STUDENTS FROM KITURO HIGH SCHOOL IN BARINGO COUNTY

Hon. Senators, I would like to acknowledge the presence in the public gallery this afternoon of visiting teachers and students from Kituro High School in Baringo County. The delegation comprises three teachers and 97 students who are in the Senate for a one-day academic exposition.

Hon. Senators, in our tradition of receiving and welcoming visitors to Parliament, I extend a warm welcome to them. On behalf of the Senate and on my own behalf, I wish them a fruitful visit.

I request the Deputy Majority Leader to welcome the visitors in one minute.

**Sen. Tabitha Keroche:** Mr. Deputy Speaker, Sir, thank you for giving me the opportunity to welcome the Baringo students. Baringo and Nakuru counties used to be one district. I am happy to welcome them. I know it is a very good school. Baringo is a very beautiful county and a tourist destination just like Nakuru.

I know your Senator may not have come, but I welcome you on his behalf. You are the future, so learn from here. I can guarantee you that you have the best opportunity that we did not have during our time. Take use of this opportunity and become the next leader when your time comes.

All the best. Thank you.

**The Deputy Speaker** (Sen. Kathuri): Next Order. Proceed, Deputy Senate Majority leader.

### PAPERS LAID

**Sen. Tabitha Keroche:** Mr. Deputy Speaker, Sir, I beg to lay the following Papers on the Table of the Senate today, Thursday, 23<sup>rd</sup> May, 2024.

#### LEGAL NOTICE ON CLIMATE CHANGE (CARBON MARKETS) REGULATIONS

The Climate Change (Carbon Markets) Regulations, Legal Notice No.84 of 2024.

#### REPORT OF EACC ON ITS ACTIVITIES AND FINANCIAL STATEMENTS FOR FY2022/2023

Report of the Ethics and Corruption Commission, EACC on activities and financial statements for the Financial Year 2022/2023.

#### REPORT OF THE AUDITOR-GENERAL ON FINANCIAL STATEMENTS OF GATANGA WATER COMPANY

Report of the Auditor-General on financial statements of Gatanga Water and Sanitation Company Limited for the year ended 30<sup>th</sup> June 2023.

*(Sen. Tabitha Keroche laid the documents on the Table)*

**The Deputy Speaker** (Sen. Kathuri): Next Order.

## QUESTIONS AND STATEMENTS

### STATEMENTS

#### DEVASTATION CAUSED BY HEAVY RAINS AND FLOODING IN FP-ICGLR MEMBER STATES

Hon. Senators, under Standing Order No.52(1), the Senator from Mandera County, Sen. Ali Roba has a statement to make concerning the devastation caused by the heavy rains and flooding in several member states of the Forum of Parliaments of the International Conference on Great Lakes Region (FP-ICGLR).

*(Sen. Tabitha Mutinda stood in her place)*

Yes, proceed.

**Sen. Tabitha Mutinda:** Sen. Ali Roba is my Chair in the Committee of Finance and Budget.

**The Deputy Speaker** (Sen. Kathuri): That matter has nothing to do with finance. It is different.

**Sen. Tabitha Mutinda:** Very correct, but it is in that honour that I do so.

**The Deputy Speaker** (Sen. Kathuri): That is the spirit.

**Sen. Tabitha Mutinda:** Yes, Mr. Deputy Speaker, Sir.

On behalf of Sen. Ali Roba for Mandera County, I seek a Statement pursuant to Standing Order No.52(1) concerning the devastation caused by the heavy rains and flooding in several member states of the Great Lakes region.

Mr. Deputy Speaker, Sir, the Forum of Parliamentarians of the Member States of the International Conference on Great Lakes Region (FP-ICGLR) is an inter-parliamentary organization composed of 12 national parliamentarians of the ICGLR member states, namely; the Republic of Angola, the Republic of Burundi, the Central African Republic, the Republic of Congo, the Democratic Republic of Congo, the Republic of Kenya, the Republic of Rwanda, the Republic of South Sudan, the Republic of Sudan, the United Republic of Tanzania, the Republic of Uganda and the Republic of Zambia.

The main objective of the FP-ICGLR is to make a significant parliamentary contribution to the implementation of the Pact on Security, Stability and Development in the Great Lakes region.

Mr. Deputy Speaker, Sir, the FP-ICGLR is deeply saddened by the recent reports of widespread devastation caused by heavy rains and flooding in some of its member states, resulting in the loss of hundreds of lives and displacement of thousands of others.

The FP-ICGLR has noted with grief that the recent floods have claimed the lives of over 400 people, displaced more than 234,000 people, with the Republic of Kenya being the most affected country with at least 228 reported deaths.

The disaster has highlighted the Great Lakes region's susceptibility to the impacts of climate change and is a reminder for the regional and international community at large,

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alongside FR-ICGLR member states and parliamentarians, to come together, play their role and support long-term efforts to help communities to adapt to these changes.

Displacement in climate change fuel crisis is already a global reality; a reality that reflects and implies the deep inequalities and injustices. The climate crisis exasperates vulnerability, leading to displacement, which affects inter alia the rights to a decent standard of living, health and education for those displaced.

Lastly, at the just concluded 14<sup>th</sup> Ordinary Session of the Plenary, Assembly and Related Meetings of the FP-ICGLR, which took place from 15<sup>th</sup> to 19<sup>th</sup> April 2024 in Livingston, Zambia, the role of the parliament in adapting to climate change in the Great Lakes region was the theme of the event.

This theme would not have come at a better time considering the recent weather changes owing to climate change. The discussions revolved around recognising and addressing the impact of climate change within the Great Lakes region.

The plenary assembly underscored the pivotal role of parliamentarians in the foundation of crucial decisions and effective solutions for adaptation and climate actions in the region. This shows the endeavour of the region to tackle the challenges presented by climate change.

In conclusion, the forum extends its heartfelt condolences and stands in solidarity with the governments, parliaments, and people of Kenya, Tanzania, Rwanda and Burundi who are currently grappling with the devastating effects of the heavy rains and flooding.

**The Deputy Speaker** (Sen. Kathuri): Thank you.

Senator Osotsi, do you want to comment on this Statement?

**Sen. Osotsi:** Thank you, Mr. Deputy Speaker, Sir, for this opportunity. This Statement is very important and very timely. It is talking about matters of heavy rains and flooding within the Great Lakes region. The issue of flooding has not just affected Kenya, but quite a number of countries have been affected. In fact, last year, we had a very serious problem in Malawi and Mozambique.

I think this is a wake-up call that Africa needs to take matters of climate change very seriously because this flooding is one of the consequences of the climate change. So, African countries, Kenya included, need to take the issue of climate change, afforestation, and human interference in critical water catchment areas very seriously.

Mr. Deputy Speaker, Sir, this statement by the Chairperson of Finance and Budget is very timely. I wish that the countries that are members of this forum would have a collective response towards matters of climate change and of flooding in our region. Most importantly, the issue of dealing with the humanitarian situation that arises as a result of this flooding. I saw on television that some countries that have been affected have been unable to deal with the humanitarian situation that has arisen out of this crisis.

*(Loud consultations)*

Mr. Deputy Speaker, Sir, Members are consulting loudly.

**Sen. Oketch Gicheru:** On a point of order, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kathuri): Sen. Eddie Oketch?

**Sen. Oketch Gicheru:** I heard that no Member shall be standing in the House unless they are speaking. I am seeing many Members on the aisle and speaking as if this is a market. It is interfering with my friend, Sen. Osotsi. Kindly protect him?

**The Deputy Speaker** (Sen. Kathuri): Hon. Senators, if you look at the Standing Orders keenly, you will understand how you should conduct yourselves in the House. When a Member is up and making his contribution, no other Senator should be either standing at that particular time or conversing on the aisles. You should sit down and discuss with your colleague.

Thank you, Sen. Eddie for bringing these Members to order.

Sen. Osotsi, proceed and conclude.

**Sen. Osotsi:** Mr. Deputy Speaker, Sir, you know Members are excited because Sen. Keroche is in Orange Democratic Movement (ODM) and AZIMIO colours. So, I think they are excited about that. Welcome home, Sen. Keroche.

Mr. Deputy Speaker, Sir, allow me to wind up my contribution to this by saying that a humanitarian situation in some countries is wanting. Therefore, this forum should seek support from the global community in addressing the humanitarian situation arising from flooding and related risks.

This statement from my friend Sen. Ali Roba is timely and I support it. He has been very vocal on matters of division of revenue. He is against the proposal of one man, one shilling, one vote. However, we will have an opportunity to talk about this. The other regions will also have a say. It is not a matter of Mt. Kenya and Northern Kenya alone. Other regions will also have a say on how we want our revenue to be shared.

I support the statement.

**The Deputy Speaker** (Sen. Kathuri): Sen. Onyonka, proceed.

**Sen. Onyonka:** Mr. Deputy Speaker, Sir, I would like to reiterate what my brother Osotsi has raised about the important matters affecting our environment, including the issues of flooding. The reality on the ground is that we do not know whether we will have a typhoon or whether we will have excessive amounts of rainfall and all that.

I think it is something that this House should be engaged in. Even when my colleagues have discussed issues about what is supposed to be done in relation to global warming and the challenges coming out of it, I feel that our country is not prepared for eventualities like this.

I would like to persuade my colleagues who sit on the Standing Committee on Land, Environment and National Resources in the Senate to make sure that we can even set up a task force. The task force is supposed to be engaged in discussing the rural areas where our people live and not only Nairobi.

We are having challenges and it looks like nobody is aware or will give a way forward on what we should do. If you discuss issues pertaining to emergency funding, whether the county government should engage or not, what are the percentages and emergency funding from the national Government? We do not have clarity on those matters.

Mr. Deputy Speaker, Sir, I hope this House can proactively engage itself and set up a committee. I would recommend that it stays in office the whole final year even if it means we draft legislation on that.

I think it is an important part that in our country we now need to have an emergency committee, if possible, which will be given assignments, not an emergency when we are having floods only. You notice we have people who die because of these emergencies whether it is the building collapsing or vehicles running and ramming into each other.

So, these are things that I think we need to proactively engage ourselves with and I say thank you for giving me this opportunity.

Hon. Osotsi agrees that I give my Chairman, Sen. Roba, and Vice-Chairperson, immense credit despite not pronouncing herself. However, she quietly whispered to me that she agrees with me. We cannot discuss issues about one man, one shilling, one vote, without considering the views of all the Kenyans. Otherwise, we will consider it a nullity.

Thank you.

**Sen. Wakili Sigei:** Thank you, Mr. Deputy Speaker, Sir. I would like to also applaud the Hon. Chairperson of the Finance and Budget Committee for such a timely statement. The situation in the places affected by the heavy rains is bad. This situation has affected the whole country.

Some schools have yet to open. Some might not open because the entire structures of the institution have been washed away or are still in the floods. We are talking about roads that are no longer accessible. The road from Mai Mahiu, Narok to Bomet County, which I represent for a long time has met this situation.

Mr. Deputy Speaker, Sir, this has affected almost the country's economy. As we look through the mitigation measures that the Government is taking as Members of this House, environmentalists and members of the public should continue with the conversation about the effects of climate change.

As we deal with the issue of planting trees that the Kenya Kwanza Government is pushing, this is for the long term. What options do we have in the short term to ensure we support the effects of climate change and ensure we are prepared for such situations?

As I speak, the typhoon that was in the coastal region has taken away the lives of people. Were we not prepared? Had we been notified? What action did we take?

This statement is timely and helps us to look beyond the rain. Let us also look at other devastating natural calamities that could come. We are being warned that a long dry spell is possible after July. This should be a sound warning to the Government and all those responsible for making sure that in terms of preparedness and reaching out to partners to support us, we prudently utilize our resources. Therefore, when that time comes, we are not in a situation where we cannot support, protect ourselves and sustain the livelihoods of the vulnerable people like those in schools who need our support.

The Chairperson Committee on Finance and Budget has issued an important statement. We look forward to having everyone involved in supporting it.

Thank you.

**The Deputy Speaker** (Sen. Kathuri): I will allow a few more Senators to comment on the statement. Now I need timing for two minutes. You do not need a lot of time to

comment on it. Those who have spoken before this decision is made are lucky. Clerk, each Senator should use two minutes.

Sen. Oketch Gicheru, proceed.

**Sen. Oketch Gicheru:** Mr. Deputy Speaker, Sir, are you timing me? You are my Chairperson in the Mediation Committee.

I wish anything that takes away the lives of our people could be declared a national disaster. In the same way, we saw the magnitude of handling COVID-19 pandemic as a national disaster. This is when we expect these floods to be treated in the same magnitude as any invasion in the country.

We wish we could have seen people in the Ministry of Environment, Climate Change and Forestry, led by Cabinet Secretary Soipan Tuya, updating the country on the happenings.

There are Senators like Sen. Mungatana whom I am emphasizing, who, like in Migori County, is facing challenges because of floods and disasters in his county, which are not brought to national awareness. I know several Senators who are affected in different counties.

I come from Migori County, one of the rural counties that does not get a proper spotlight on the effects of the floods. Sometimes, people think these floods happen only in well-developed infrastructure. However, the disruption of infrastructure in rural communities is massive.

For instance, if you go to Nyatike, you will find that people in places like Luanda, Konyago and Modi do not have a life. If this was declared a national disaster, a place like Luanda, Modi and Kabuto in Nyatike would be considered for serious interventions like building dykes and polders in those areas.

In places like Uriri, in North Kanyamkago, which is a ward in Uriri Constituency--

**The Deputy Speaker** (Sen. Kathuri): Your time is up, but I will add you 30 seconds to conclude your contribution. Nonetheless, the next Senator will get two minutes. Sen. Oketch Gicheru, please conclude your contribution in 30 seconds.

**Sen. Oketch Gicheru:** Mr. Deputy Speaker, Sir, I encourage Senators to look at those interventions. Some monies are stuck, such as Financing Locally-Led Climate Action (FLLoCA). I am in the Finance and Budget Committee. Migori County got Kshs83 million of this fund from this fund. However, some counties have not gotten their money for FLLoCA. Kiambu County where my friend Sen. Thang'wa comes from, money is held here, a sum of Kshs403 million that could help intervene in different areas.

Lastly, the Emergency Fund must be run properly. There are emergency funds in counties that hold a lot of cash. Senator of Nyeri, your county has Kshs20 million in the Emergency Fund that is not utilized because there is no proper legal framework to utilize it.

In Machakos County, there is money that need to be spend in order to mitigate the effects of floods. This money could help to access FLLoCA.

Notoriously, Nairobi City County has not received money for FLLoCa. This is the county where most people are suffering. People's houses are being destroyed. However,

the County Government of Nairobi has not organized its people to take the money and intervene. Our people who are in Mathare, Mkuru kwa Njenga, Embakasi East and South are suffering. As senators, we should push our governors to start supporting them to get the cash.

**The Deputy Speaker** (Sen. Kathuri): Sen. Wafula, proceed.

**Sen. Wafula:** Asante, Bw. Naibu Spika, kwa nafasi hii. Ningependa kuendelea na mchakato wa majidiliano kuhusiana na fedha za dharura na changamoto za dharura zinazokumba nchi hii.

Ni jambo la muhimu Seneti, kando na kuzungumza kila uchao kuhusiana na utepetevu wa serikali za kaunti kupambana na majanga haya, lazima tumulike matumizi ya fedha zilizowekwa katika bajeti za kaunti tunazotoka.

Maeneo mbalimbali hupata majanga ya moto. Kufumba na kufumbua, kabla ya wawekezaji kuzima moto huu, moto huwa umechoma kila kitu. Unapata magari ya wazimamoto yanakuja baadaye, masaa 12 baada ya janga kuharibu mali ya umma.

Bw. Naibu Spika, ukifuata vitabu vya hesabu unapata kuna fedha zinatumiwa kudhibiti hali hizi. Naomba uamrishe viongozi wenzangu wawe na nidhamu katika jumba.

**Sen. Faki:** Hoja ya nidhamu, Bw. Naibu Spika.

**Sen. Wafula:** Bw. Naibu Spika, yule anayeomba nafasi ni kiongozi wa walala hoi. Nashukuru kwa nafasi hii na naomba kwamba, katika msimu huu wa mvua nyingi---

**The Deputy Speaker** (Sen. Kathuri): Kuna hoja ya nidhamu kutoka kwa Seneta wa Mombasa.

**Sen. Wafula:** Bw. Naibu Spika, sihitaji mwelekeo wake

**The Deputy Speaker** (Sen. Kathuri): Hoja yako ya nidhamu ni gani?

**Sen. Faki:** Bw. Naibu Spika, namsikiza ndugu yangu Sen. Wafula, lakini anazungumzia masuala ya moto na wazima moto. Kauli iliyoletwa Bungeni na Sen. Ali Roba ni kuhusiana na mafuriko na tabia nchini inavyoadhiri nchi zetu na zile za bonde la ufa.

**The Deputy Speaker** (Sen. Kathuri): Sen. Faki, hiyo siyo hoja ya nidhamu. Ulitaka kumfahamisha, sivyo?

Endelea Sen. Wafula.

**Sen. Wafula:** Bw. Naibu wa Spika, inaashiria kuwa Seneta alikuwa anasinzia nilipokuwa natoa hoja zangu. Ndio mkoko unaalika maua.

Mafuriko nchini humu yameathiri familia nyingi. Jana jioni kwenye Wadi ya Chesikaki katika Eneo Bunge la Mlima Elgon, kulikuwa na maporomoko ya ardhi ambayo yalifunika watu wanne wa jamii moja. Mmoja alipata majeruhi makubwa sana.

Tunaeleza athari za mafuriko. Lazima serikali za kaunti ziwajibike katika matumizi ya fedha ambazo tunapeleka mashinani. Tunataka zionekane kuwa zinafanya kazi. Isiwe kwamba ni fedha ambazo zinatumiwa kufurahisha na kufanya viongozi kuishi maisha ya starehe.

Kuanzia sasa, naomba sisi kama Seneti tuweze---

**The Deputy Speaker** (Sen. Kathuri): Your time is up. Proceed, Sen. Wambua.

**Sen. Wambua:** Mr. Deputy Speaker, Sir, I also join my colleagues to thank and congratulate Sen. Ali Roba for bringing this statement. I will just say a few things.

First, let us agree that climate change is real and its effects are being felt across the region. Another point which I must add is that expecting county governments to use meagre emergency funds to respond to effects of climate change is courting disaster.

I am reminded that just a few days ago, we had serious landslides in Kiambu and we lost lives there. Yesterday and today, we have had very strong winds at the coast and we have lost lives there.

We are reminded of what happened in Naivasha and Nairobi. We know the situation that is obtaining in Tana River. There is need for concerted national efforts to deal with this matter in a more proactive manner.

It has become a norm that every time it rains, we expect there will be disaster in Tana River Kano and Naivasha. Why can we not adopt a proactive approach to dealing with disasters caused by floods and heavy rains?

**The Deputy Speaker** (Sen. Kathuri): Clerk, you need to reset the timer to one minute, after which you switch on the red light. Sen. Wambua, you have 30 seconds to conclude.

**Sen. Wambua:** Mr. Deputy Speaker, Sir, in conclusion, we have a climate caucus in this Senate led by Sen. M. Kajwang'. I urge Members to join that caucus for purposes of giving more and better direction on how to deal with effects of climate change brought by heavy rains.

I am told and believe that in the next four months, that is from June to September, we are going to have heavy rains at the coast region. What are we doing in preparation to deal with that eventuality when it happens?

I thank you.

**The Deputy Speaker** (Sen. Kathuri): Hon. Senators, the tradition of Parliament allows ranking Members to be given priority. I am comparing two Senators; that is, Sen. Cherarkey and Sen. Dullo. I have realised that Sen. Cherarkey is junior to Sen. Dullo. Therefore, Sen. Dullo, you have the Floor. The junior one can wait.

**Sen. Dullo:** Mr. Deputy Speaker, Sir, I am happy about this decision and I hope it will continue in future.

Let me start by thanking Sen. Ali Roba for this statement. I am disappointed with the Government on this particular issue of climate change. It has become a song year in, year out, as far as floods and droughts are concerned. It is a song that we sing every day.

I must thank the Government for the interventions. However, that is nothing compared to challenges that Kenyans are going through. Running around with one or two bags of *maharagwe na mchele* is not helping our people.

We must have a proper strategy to ensure that we solve this problem, once and for all. Kenyans are losing lives. Some of us from pastoral communities normally lose animals during drought and rainy seasons. We have many challenges.

Mr. Deputy Speaker, Sir, those who are closer to the power should advise the Government of the day that we need a solution. We have children who have not gone to school and some have not paid school fees, but all those schools are left on their---

**The Deputy Speaker** (Sen. Kathuri): Your time is up. Proceed, Sen. Cherarkey.

**Sen. Cherarkey:** Mr. Deputy Speaker, Sir, I agree that the issue of climate change is challenging even in the developed countries. While we agree that there are challenges, we should be careful with how we make our comments in this House, so that we do not mislead the public.

Managing disasters is a shared function. As a Senate, we should be telling the country what our counties are doing in terms of disaster management because it is not an exclusive function of the national Government. Let us not make comments for political expediency or social media attention, but bring solutions that will assist our people.

While we agree that there are challenges in implementing the disaster management plan, the Government has done more. As you are aware, the Bottom-Up Economic Transformation Agenda (BETA) of the Kenya Kwanza Government of His Excellency President, (Dr.) William Ruto and His Excellency the Deputy President, Hon. Rigathi Gachagua, is about issues of climate change.

Counties must also take their rightful share. We have 2 per cent of the budget going to every county for disaster mitigation and management. I expect the Committee on Land, Environment and Natural Resources and the Committee on Finance and Budget to present reaction and action measures by county government in terms of mitigating disaster across the region.

As we sympathise and empathise with many Kenyans who have lost their loved ones, we also ask the Kenya Meteorological Department to be predictable, because we are now experiencing winds at the coastal region and unprecedented levels of floods.

I want to assure the nation that through the Office of the Deputy President, which has been assigned the role of disaster mitigation and management--- Senators in this House, you cannot have your cake and eat it. They should go back to their counties.

In conclusion---

**The Deputy Speaker** (Sen. Kathuri): Your time is up. Hon. Senators, we should conclude on this matter. Before we do that, I want to give the Senator for Tana River a chance to comment because his people were affected by floods. Thereafter, we will proceed to the other statements.

**Sen. Mungatana, MGH:** Mr. Deputy Speaker, Sir, I thank you so much for accommodating me. I will take just two minutes to make my comments.

Yesterday, I spent the better part of it with a very hardworking Cabinet Secretary, hon. Peninah Malonza who toured the entire Tana River County and its three constituencies. We were accompanied by the area Members of Parliament (MPs) distributing food to various places.

I stand here to say that I am happy with the work some of our female Ministers are doing in the Cabinet of President (Dr.) William Ruto. Compared to Cabinet Secretary, hon. Machogu, who has never stepped in Tana River County. I can only wonder what is happening to the Ministry of Education.

We went to several camps and the Cabinet Secretary was almost in tears because at least 30 schools have been swallowed up in Garsen constituency. In Makeremilulu, the school is breaking down. If you go to a place like Mgarashi, you will find entire villages that got buried. However, hon. Machogu has never found time to come to Tana River

County. It is wrong for Cabinet Secretaries to operate on theory when the country is suffering as it is now

Mr. Deputy Speaker, Sir, I take this opportunity to tell hon. Machogu to please wake up and come to Tana River County. We are suffering and we need the Ministry---

**The Deputy Speaker** (Sen. Kathuri): Sen. Mungatana, just a minute. I will add you another minute, but you must first listen to me.

*(Laughter)*

Please have your seat because I want to give you some advice.

Sen. Mungatana, you know how to get the Cabinet Secretaries on this Floor any time you need them. I, therefore, request you that if there are issues in Tana River, kindly bring a substantive question for the Cabinet Secretary to appear before the Senate. Right now, he has no advantage of coming to this Floor.

*(Sen. Mungatana spoke off record)*

I might decline that one minute because you should be attentive to the Chair and listen to my advice. Do not mention the Cabinet Secretary because you have the power to bring him to the Senate. You have one minute.

Proceed, Sen. Mungatana.

**Sen. Mungatana, MGH:** Mr. Deputy Speaker, Sir, I am just saying that here is a Minister who is aware of the disaster and I am not mentioning any name. He is aware of the disaster that is affecting the education sector, but he is not bothered to tour Tana River County and yet, there is another Cabinet fellow who is moving day and night to assist us.

I am urging the Ministry of Education to wake up. Our children are having a problem and that Ministry should wake up.

**The Deputy Speaker** (Sen. Kathuri): Sen. Eddy Oketch, what is your point of order?

**Sen. Oketch Gicheru:** Mr. Deputy Speaker, Sir, I am standing under Standing Order No.1 and I would like to plead with the Chair.

**The Deputy Speaker** (Sen. Kathuri): Sen. Eddy, do you have powers to exercise Order No.1?

**Sen. Oketch Gicheru:** Mr. Deputy Speaker, Sir, to wish you courage. Also, under Standing Order No.101 on content of the speech of my colleague, Sen. Mungatana.

The ultimate interventions on the issue of floods that we are discussing here lie with the Cabinet Secretaries and to some extent, the executives in the counties as Sen. Cherarkey has said.

If we do not call them out on this Floor just because we are waiting for them to be called during questions, then we will be doing a disservice to them and not to us. If we do not question them on the laziness, they have on serious issues that affect this country---

**The Deputy Speaker** (Sen. Kathuri): So, what is your point of order?

**Sen. Oketch Gicheru:** Mr. Deputy Speaker, Sir, I am requesting you to allow Sen. Mungatana to call out these Ministers for not effectively taking their role in responding to this crisis. If you stifle that conversation by Sen. Mungatana---

**The Deputy Speaker** (Sen. Kathuri): Sen. Eddy, you have made your point. Resume your seat.

**Sen. Oketch Gicheru:** Thank you, Mr. Deputy Speaker, Sir.

**Sen. Mungatana:** Mr. Deputy Speaker, Sir, I will conclude by saying that we appreciate the work some of the Cabinet Secretaries are doing. However, we ask some of the other Cabinet Secretaries sitting in Nairobi to come out.

For example, the Cabinet Secretary for Education should come out and visit and tell us what we shall do with the children who are in camps. He should come with canvas because the teachers are ready.

I congratulate teachers who work in these hardship areas. They are ready and they are there. You cannot do anything under the circumstances the children are. We ask for the Cabinet Secretary to use his power and authority to make sure that the children in those areas that have camps are getting education under those tents so that the teachers who are ready to teach, can go and occupy those children. Otherwise, we shall lose a whole generation.

I thank you.

**The Deputy Speaker** (Sen. Kathuri): Thank you. Let us go to the statements under Standing Order No. 53(1).

The Senator for Elgeyo Marakwet has requested for deferment of his statement and then we will go to the Senator for Machakos.

#### DELAYED PAYMENTS TO DAIRY FARMERS BY KCC

*(Statement deferred)*

#### ALLEGED ILLEGAL ACQUISITION OF LAND FOR PUBLIC UTILITIES IN SYOKIMAU ESTATE

**Sen. Kavindu Muthama:** Thank you, Mr. Deputy Speaker, Sir. I rise pursuant to Standing Order No.53 No. (1) to seek a statement from the Standing Committee on Land, Environment and Natural Resources regarding the illegal acquisition by private individuals of land set for public utilities in Syokimau Estate in Machakos County.

In the statement, the committee should:

(1) Cause an inquiry into the acquisition by private individuals of parcels Nos., 12715/190, 12715/267, 12715/207, 12715/255, 12715/256, 12715/409, 12715/414, 12715/447 and 12715/700, located in Syokimau Farm Ltd, Syokimau Mavoko Sub-County in Machakos County; providing details of the current owners and indicate how they acquired the said parcels of land meant for public utilities.

(2) State reasons for the delay by the National Land Commission (NLC) to conclude investigations on the disputed parcels and provide timelines for the conclusion of investigations.

(3) Spell out plans, if any, by the Government to construct public schools and other social amenities in the area.

**The Deputy Speaker** (Sen. Kathuri): Sen. Samson Cherarkey.

THE FIGHT AGAINST ALCOHOL  
AND DRUG SUBSTANCE ABUSE

**Sen. Cherarkey:** Thank you, Mr. Deputy Speaker, Sir. I rise pursuant to Standing Order No.53 (1) to seek a statement from the Standing Committee on National Security, Defence and Foreign Relations on the fight against alcohol and drug substance abuse.

In the statement, the committee should:

(1) Detail the current state of the fight against alcohol and drug abuse in the country, detailing the number of companies and alcoholic products that have been banned from the market.

(2) Outline measures the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) has put in place to curb substance abuse and avoid future recurrence of the vice.

(3) State the number of perpetrators that have been apprehended and prosecuted providing the number of court cases either completed or ongoing.

(4) Shed light on the measures taken by the State Department for Internal Security and National Administration to support addicts through rehabilitation centers, indicating the number of addicts that have been assisted and those that have been recovered from drug abuse since the beginning of the fight.

(5) Disclose which counties are most affected, explaining the roles played by the county governments in the fight against alcoholism and substance abuse.

(6) State whether the Ministry collaborated with relevant youth agencies to set youth programs and activities to engage them positively eradicating drug abuse and alcohol among the youths in this country.

Thank you.

**The Deputy Speaker** (Sen. Kathuri): The next Statement is by Sen. Mbugua.

STATUS OF THE TOURISM SECTOR  
IN THE COUNTRY

**Sen. Mbugua:** Thank you, Mr. Deputy Speaker, Sir. I rise pursuant to Standing Order No.53(1) to seek a statement from the Standing Committee on Trade, Industrialization, and Tourism regarding the status of the tourism sector in the country.

In the statement, the committee should-

(1) Provide data on the tourist facilities that have closed over the past three years and state the reasons for the closure.

(2) Elucidate the performance of the sector over the last three years, highlighting investments into the sector and any measures put in place to promote recovery of the sector post the COVID-19 pandemic.

(3) Outline any strategies put in place to promote investments in and diversification of tourist products, as well as to support medium, small, and micro enterprises operating in the sector.

(4) State any measures put in place to enhance sustainability of the tourism in light of the emerging and extensive threats to tourism, such as climate change, terrorism, and human-wildlife conflicts, among others.

**The Deputy Speaker** (Sen. Kathuri): Sen. Okiya Omtatah, proceed.

#### MISMANAGEMENT OF FUNDS IN KUSCCO

**Sen. Okiya Omtatah:** Mr. Deputy Speaker, Sir, thank you for the opportunity. I rise pursuant to Standing Order No.53 (1) to seek a statement from the Standing Committee on Trade, Industrialization, and Tourism regarding the mismanagement of the cooperative funds in the Kenya Union of Savings and Credit Co-operatives (KUSCCO).

In the statement, the committee should-

(1) State the circumstances that led to the loss of cooperative savings over a period of 10 years, as depicted by the recent audit undertaken by the Ministry of Cooperatives and Micro, Small, and Medium Enterprises (MSME) Development.

(2) Disclose the regulatory and oversight measures the Ministry undertook in respect of KUSCCO to address and prevent mismanagement of funds over the 10-year period.

(3) Report on the status of compliance by KUSCCO over the past 10 years in keeping proper books of accounts, undertaking annual audits, and submitting annual returns to the Ministry of Cooperatives and MSMEs Development.

(4) Provide the loan portfolio of KUSCCO, including a breakdown of the loans advanced to the board of directors and senior staff that were dismissed following the findings in the special audit commissioned by the Ministry in October, 2023.

(5) Indicate the status of the undischarged fixed deposits to members that fell due but had not been duly remitted as of the date of the audit report.

(6) Detail actions taken by the Ministry to recover the funds alleged to have been misappropriated by the board of directors and senior staff, and measures to ensure that such misappropriation does not occur in the cooperative sector.

Thank you.

**The Deputy Speaker** (Sen. Kathuri): Sen. Wafula, proceed.

STATUS OF MANAGEMENT LEVEL STAFF  
AT KENYA SEED COMPANY

**Sen. Wafula:** Thank you, Mr. Deputy Speaker, Sir. I rise pursuant to Standing Order No.53 (1) to seek a statement from the Standing Committee on Labour and Social Welfare regarding staff at the management level at Kenya Seed Company.

In the statement, the committee should:

(1) Provide a detailed report of personnel at management level, including the current heads of departments at the Kenya Seed Company, their academic and professional qualifications, employment dates, the employment terms and disaggregated into contracts, permanent and pensionable as well as casual staff. Further, highlighting the ethnic composition within each category.

(2) State the criteria used for the recruitment and appointment of senior management staff at the company.

(3) Present documented evidence regarding the extent to which the current workforce of Kenya Seed Company adheres to the legal requirements regarding regional and ethnic diversity.

**The Deputy Speaker** (Sen. Kathuri): Sen. Wamatinga, proceed.

VISA-FREE REQUIREMENT FOR PERSONS  
TRAVELLING TO KENYA

**Sen. Wamatinga:** Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity. I rise pursuant to Standing Order No.53 (1) to seek a statement from the Standing Committee on National Security, Defense and Foreign Relations regarding the visa-free requirement for persons travelling to Kenya with the visa free policy.

In the statement, the committee should:

(1) Outline the regulatory and oversight measures the State Department for Immigration and Citizen Service has put in place to ensure that visa-free policy is not abused and does not pose security risks to the country.

(2) Provide a statistical analysis detailing the impact the policy has had on trade, industrialization, and tourism sectors in the country.

(3) Disclose the total revenue generated by the Government since the commencement of the policy on 1<sup>st</sup> January ,2024.

(4) State measures put in place to ensure compliance by travelers with the requirements of entry into Kenya.

(5) Explain the challenges in operationalizing the policy, such as reiterations from countries that previously enjoyed visa exemptions to enter Kenya and the measures in place to address such challenges.

**The Deputy Speaker** (Sen. Kathuri): I want to give a few Members a chance to make comments on the statements. Let us start with Sen. Tabitha Keroche.

**Sen. Cherarkey:** On a point of order, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kathuri): Proceed, Sen. Cherarkey.

**Sen. Cherarkey:** Mr. Deputy Speaker, Sir, I have an issue of national importance. I rise under Standing Order No.1. I beg your indulgence on Article 41 on labour rights.

Yesterday, out of your indulgence, I read a statement on Junior Secondary Schools (JSS) interns who are currently on industrial action, wanting to transit from internship to permanent and pensionable terms. Section 35 of Public Service Act provides that no one should act beyond six months. That is the law. Majority of the interns have acted more than that time. I received this information yesterday.

I seek your indulgence that you direct that next week between Tuesday and Thursday, the Teacher Service Commission (TSC) and the Cabinet Secretary for Education to appear before the House, since the Chairperson for Standing Committee on Education, Sen. Joe Nyutu is here. I wish he is listening---

I am receiving information that the TSC has issued disciplinary letters to the JSS interns who are rightfully undertaking their industrial action as per Article 41 on the labour practices to show cause why.

Mr. Deputy Speaker, Sir, I seek your indulgence that you direct the Education Committee to invite the TSC in the earliest opportunity, even by Tuesday. You have the power. I remember in the last session; the former Speaker Emeritus directed a Cabinet Secretary to appear within 30 minutes.

I beg your indulgence. I suspect - you can hear - that they have come to present their memorandum at the gate of the Senate. If you can make a pronouncement on the direction so that they know the Senate is aware that the JSS interns are undergoing problems.

The TSC should avoid being draconian. We are not running a dictatorial country.

**The Deputy Speaker** (Sen. Kathuri): Sen. Cherarkey, I have heard you, but I am not aware whether those are JSS interns outside the gates. Unless you have a mechanism to know that I direct that you draft your Question and push it to the office of the Clerk to process your request.

*(Sen. Cherarkey spoke off record)*

**The Deputy Speaker** (Sen. Kathuri): Kindly give him 30 seconds.

**Sen. Cherarkey:** Mr. Deputy Speaker, Sir, yesterday you allowed me to read a statement on the issue of JSS. The TSC has now issued show cause letters to all the JSS interns across the country. I am requesting that since I had made a similar request yesterday, you direct the Standing Committee on Education to invite the TSC and the Ministry next week so that I do not need to come back.

**The Deputy Speaker** (Sen. Kathuri): I have directed that you draft your Question and take it to the office of the Clerk, which will be very happy to process it with the urgency that it deserves. However, for it to be neat, you need to raise the matter through the official way.

Even the Chair of the Committee on Education was not interested in knowing what you were talking about.

Sen. Tabitha Keroche I had requested you to make your comment.

*(Sen. Tabitha approached the Dispatch box)*

Sen. Orwoba proceed.

**Sen. Orwoba:** Thank you, Mr. Deputy Speaker, Sir. I would like to support the statement raised by Sen. Cherarkey on alcohol and substance abuse and the fight against the same. It is funny that he has brought up the issue of the JSS teachers. One of the questions he is asking for someone to shed light on the measures being taken by the State Department of Internal Security and National Administration in the affected areas.

In most of these affected areas you will find that the issues being raised or making young men and women drink are because of the frustrations, including what we are seeing with the JSS interns. We are also not getting the formula right because in the fight against alcohol and substance abuse, it is assumed that people are drinking because they have nothing else to do.

There are a lot of underlying issues in the community. This statement and the specific pointers that Sen. Cherarkey is asking for from National Agency for the Campaign Against Drug Abuse (NACADA) and the Ministry of Interior and National Administration will shed some light.

The issue of the JSS interns is an underlying one that is being ignored. I support what Sen. Cherarkey is saying because the TSC is now trying to put disciplinary measures on people who are coming out to say that there is a problem. We need to summon these authorities so that they can come tell us whether they will deal with this issue or want to keep punishing the teachers for speaking up on what they need to fix.

I also support what Sen. Mungatana said. Probably you did not want to say this, but we call upon the Cabinet Secretary for Education, Hon. Machogu to take some of these sentiments seriously. It is not an issue of whether he is available or not. Every part of Kenya must be given priority, even Tana River County.

Hon. Machogu, it is time you wake up and do better. If he is not able to deal with this issue of the JSS interns, some of us can step in and assist him. He needs to take his job seriously even in Tana River County

I thank you.

**The Deputy Speaker (Sen. Kathuri):** Sen. Tabitha Mutinda proceed.

**Sen. Tabitha Mutinda:** Thank you, Mr. Deputy Speaker, Sir. I want to comment on the statement by Sen. Mbugua on the status of the tourism sector. This sector brings high levels of income to the country amounting to close to over Kshs400 billion. During the COVID-19 pandemic, we faced challenges as a country together with many other countries across the world.

Mr. Deputy Speaker, Sir, narrowing back to our country, you realise we have hotels which have shut down, for example, the Hilton, Intercontinental, Kenyatta International Convention Center (KICC) and Mombasa Beach Hotel. This has led to unemployment and many other challenges that come with the same. At the same time issues of lost investments comes up. I do not know what is happening with the Intercontinental Hotel, which was closed. We would like to know who the current owner is and the way forward.

These are great investments that have high incomes. I support this statement and hope it will be expedited because these are areas where people have lost jobs and are high income areas. Further to that, there is the Statement by Sen. Wamatinga in terms of the visa free issue. It is very key and important to note the data and how much revenue it has used.

I thank you.

**The Deputy Speaker** (Sen. Kathuri): Thank you. Let us proceed to the statement under Standing Order No. 57(1) Senate Deputy Majority Leader.

BUSINESS FOR THE WEEK COMMENCING  
TUESDAY, 28<sup>TH</sup> MAY, 2024

**Sen. Tabitha Keroche:** Mr. Deputy Speaker, Sir, on behalf of the Senate Majority Leader, pursuant to Standing Order No.57(1), I hereby present the business of the Senate for the week commencing Tuesday, 28<sup>th</sup> May, 2024.

The Status of Legislative business before the Senate is as follows:

(1) Fourty two Bills are pending conclusion in the Senate of which 38 are at the Second Reading Stage while four are at the Committee of the Whole stage.

(2) Fifteen Motions are pending conclusion.

(3) Seventeen Petitions are due for reporting by the respective Standing Committees.

(4) Three hundred and sixty Statements are pending before the respective Standing Committees.

During the afternoon Sitting of the Senate held on Wednesday, 15<sup>th</sup> May, 2024, the Chairperson of the Standing Committee on National Security, Defence and Foreign Relations tabled three reports on Petitions.

I take this opportunity to laud the committee for the progress made in considering petitions referred to it and reporting thereon. I urge other Standing Committees to follow suit and expedite consideration of the Petitions before them and table reports accordingly.

In accordance with the Calendar for the Third Session, the Senate is scheduled to proceed on recess from 30<sup>th</sup> May, 2024 and resume regular sittings on 25<sup>th</sup> June, 2024. As Senators look forward to the upcoming recess, it is important to recognize that the pending business before the Senate is still high, which also includes mediation on critical Bills.

That being said, I wish to implore Senators to prioritize plenary sittings in the Chamber in order to ensure progress is made on the business scheduled on the Order Paper.

Mr. Deputy Speaker, Sir, the Senate Business Committee (SBC) will meet on Tuesday, 28<sup>th</sup> May, 2024 to consider the business for the week.

The tentative business for Tuesday will include business not concluded from today's Order Paper as well as the business indicated in the Notice Paper, which include Bills at the Second Reading stage and Motions.

The tentative business for Wednesday, 29<sup>th</sup> May, 2024, morning sitting will include the schedule of Questions as approved by the SBC as well as Motions. The summary of the Questions is as follows:

(1) Question No.021 to the Cabinet Secretary for National Treasury and Economic Planning by Sen. Edwin Sifuna, MP.

(2) Question No.037 to the Cabinet Secretary for Foreign and Diaspora Affairs by Sen. (Dr.) Boni Khalwale, CBS, MP.

(3) Question No.040 to the Cabinet Secretary for Foreign and Diaspora Affairs by Sen. (Prof.) Tom Ojienda, SC, MP.

(4) Question No.057 to the Cabinet Secretary for Environment, Climate Change and Forestry by Sen. (Prof.) Tom Ojienda, SC, MP.

(5) Question No.060 to the Cabinet Secretary for National Treasury and Economic Planning by Sen. Catherine Mumma, MP.

(6) Question No.072 to the Cabinet Secretary for Environment, Climate Change and Forestry by Sen. James Murango, MP.

Mr. Deputy Speaker, Sir, the business for Wednesday, 29<sup>th</sup> May, 2024, afternoon sitting will include business not concluded in the Order Paper for Tuesday, 28<sup>th</sup> May, 2024 and the following:-

Bills at the Second Reading stage-

(i) The Public Finance Management (Amendment) Bill (Senate Bills No. 40 of 2023).

(ii) The Wildlife Conservation and Management (Amendment) Bill (Senate Bills No. 46 of 2023).

(iii) The Wildlife Conservation and Management (Amendment) Bill (Senate Bills No. 49 of 2023).

(iv) The Local Content Bill (Senate Bills No. 50 of 2023).

(v) The Co-operative Societies (Amendment) Bill (Senate Bills No. 53 of 2023).

(vi) The Early Childhood Education (Amendment) Bill (Senate Bills No.54 of 2023).

The projected business for Thursday, 30<sup>th</sup> May, 2024 will be business not concluded in the Order Paper for Tuesday, 28<sup>th</sup> May, Wednesday, 29<sup>th</sup> May and any other business scheduled by the SBC.

I thank you and hereby lay the statement on the Table of the Senate.

*(Sen. Tabitha Keroche laid the document on the Table)*

**The Deputy Speaker** (Sen. Kathuri): Thank you, Deputy Majority Leader.

Let us go to the next order.

## BILL

### *First Reading*

#### THE LAW OF SUCCESSION (AMENDMENT) BILL (SENATE BILLS NO. 20 OF 2023)

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*(Order for First Reading read - Read the First Time and ordered to be referred to the relevant Committee)*

**The Deputy Speaker** (Sen. Kathuri): Hon. Senators, I reorganize the Order Paper. Orders appearing from No. 9 to 17 are deferred. We will go to Order No.18.

## **BILLS**

*Second Reading*

THE HOUSES OF PARLIAMENT (BICAMERAL RELATIONS) BILL  
(NATIONAL ASSEMBLY BILLS NO.44 OF 2023)

*(Bill deferred)*

*Second Reading*

THE METEOROLOGY BILL  
(SENATE BILLS NO.45 OF 2023)

*(Bill deferred)*

*Second Reading*

THE NATIONAL CONSTRUCTION AUTHORITY (AMENDMENT) BILL  
(NATIONAL ASSEMBLY BILLS NO. 59 OF 2022)

*(Bill deferred)*

*Second Reading*

THE NUTS AND OIL CROPS DEVELOPMENT BILL  
(SENATE BILLS NO.47 OF 2023)

*(Bill deferred)*

## **COMMITTEE OF THE WHOLE**

THE GAMBLING CONTROL BILL

(NATIONAL ASSEMBLY BILLS NO. 70 OF 2023)

*(Committee of the Whole deferred)*

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**COMMITTEE OF THE WHOLE**

THE TEA (AMENDMENT) BILL  
(SENATE BILLS NO. 1 OF 2023)

*(Committee of the Whole deferred)*

**COMMITTEE OF THE WHOLE**

THE MATERNAL, NEWBORN AND CHILD HEALTH BILL  
(SENATE BILLS NO. 17 OF 2023)

*(Committee of the Whole deferred)*

**BILLS**

*Second Reading*

THE FIRE AND RESCUE SERVICES PROFESSIONALS  
BILL (SENATE BILLS NO. 55 OF 2023)

*(Bill deferred)*

*Second Reading*

THE NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES (CONTROL)  
(AMENDMENT) BILL (SENATE BILLS NO.1 OF 2024)

*(Bill deferred)*

**The Deputy Speaker** (Sen. Kathuri): Next order. Sen. Cherarkey, proceed.

*Second Reading*

THE CANCER PREVENTION AND CONTROL (AMENDMENT)  
(NO. 2) BILL (NATIONAL ASSEMBLY BILLS NO.45 OF 2022)

**Sen. Cherarkey:** Thank you, Mr. Deputy Speaker, Sir, for this indulgence.

I beg to move that The Cancer Prevention and Control (Amendment) (No. 2) Bill, (National Assembly Bill No. 45 of 2022) be now read a Second Time.

All of us are aware that cancer is the biggest challenge in this country. If you are not a victim, you are associated with it.

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I know a number of Members of the Senate who during the weekend, are either doing a fundraiser or are in *WhatsApp* groups to pay cancer hospitals bills. Majority of harambees that we do across the country are for cancer cases.

This disease continues to ravage and kill our people. The sad thing about cancer is that it does not only kill a person, it also impoverishes families. There are many families who lose their loved ones and resources because it is expensive to treat cancer.

I know we have had a discussion on cancer treatment across the country.

Cancer is the third leading cause of death in Kenya. For example, in 2020, we had 42,000 cases of cancer and 27,000 cancer related deaths were reported in Kenya. As far as the statistics of the Ministry of Health is concerned, there are counties that lead in death related to cancer complications. That is Nairobi, Kiambu and Nakuru.

The cancer challenges continue to bedevil us in one way or another. Apart from financial distress to the families, it also affects us. I know a number of Members of Parliament (MPs) who have been diagnosed with cancer and are on treatment.

Mr. Deputy Speaker, Sir, cancer eats the body and the resources of a family. Many people travel to India or other developed countries for cancer treatment and it costs millions of shillings.

With the modern era of technology, I am aware that in 2023, Jaramogi Oginga Odinga Referral Hospital had a pilot project on Artificial Intelligence (AI) that is trying to treat cancer.

The essence of this amendment in Section 2 is the import of E-medicine and telemedicine in terms of diagnosis, treatment and possible prevention of cancer in the country.

Telemedicine means introduction of an electronic way of engagement. For example, if you go to Moi Teaching and Referral Hospital (MTRH), through E-medicine and telemedicine, you will do a teleconference with your consulted in India. In fact, they can guide the doctors in MTRH, Kenyatta National Hospital (KNH), Aga Khan, Nairobi Hospital and all our facilities. This has been done.

What we have been trying to do is entrench it in the law. We are trying to amend the Cancer Prevention Act, CAP 246(B) as revised in 2012.

As a country, we need to incorporate the issue of telemedicine so that we also prevent people from traveling to India or other parts of the world. I know medical tourism has become one of the biggest sources of revenue for India and other nations. For example, Eldoret prides itself as one of the hospital cities because you find a number of them there.

Mr. Deputy Speaker, Sir, I am aware that there is a new Chief Executive Officer (CEO) by the name Dr. Kirwa at MTRH. These referral hospitals must be updated. This is a challenge to counties to do telemedicine.

I know there is a crisis at KNH. There are allegations that the Ethics and Anti-Corruption Commission (EACC) is investigating the CEO. However, we challenge our referral facilities to borrow on telemedicine in dealing with cancer.

The annual projection of cancer cases from 2012 has increased from 37,000 to 47,887. This AI will continue. When people are doing Anterior Cruciate Ligament (ACL)

or any other procedure, they are doing the current mode of engagement to ensure one is able to see.

Mr. Deputy Speaker, Sir, many prominent people have died of cancer and I have mentioned one of them before. Cancer does not select a family, age or who you are. The Reggae icon Bob Marley died of cancer at the age of 36. Many people have died because of it.

This issue of e-health means the combined use of electronic Information and Communication Technology (ICT) in the health sector. Telemedicine means the provision of health care services and sharing of medical knowledge over distance using telecommunication and includes consultative, diagnostic and treatment services.

*[The Deputy Speaker (Sen. Kathuri) left the Chair]*

*[The Temporary Speaker (Sen. Abdul Haji) in the Chair]*

What we are trying to do is to amend Section 2 to ensure that when you are somewhere in Garissa County Referral Hospital, you can engage your doctor in Kenyatta National Hospital (KNH) or Moi Teaching and Referral Hospital (MTRH) or even outside the country.

It also says:

“Promote the use of e-health and telemedicine for the prevention and management of persons with cancer and promote treatment of persons with cancer as a component of primary health care.”

This is very simple.

My opening remarks was that cancer continues to be the greatest killer in the country, but I am not only talking of cancer. We must put in place the necessary mechanisms. The e-health strategy is anchored on the achievement of Vision 2030 whose overall goal is to have an affordable health care of the highest achievable standards.

Mr. Temporary Speaker, Sir, the reading of our Constitution is very clear. This should have started with my submission. Article 43(1)(a) on economic and social rights talks of the highest attainable standards of health, which includes the right to health care services, including reproductive health care. We are calling for implementation of Article 43. We are ensuring that health care is accessible and practicable. The Constitution is very specific when it says: “highest attainable standards of health.”

You do not need to buy a ticket to fly to India, America or anywhere else. You can contact the hospital you want to engage with your consultant here in Nairobi, Kapsabet or any other county. I am saying this with an effort that we have invested so much in ICT infrastructure in the country. We are laying the cable across the country.

Other than South Africa, Kenya has one of the biggest access to internet in Africa. Therefore, we must use the internet. The president has been pushing for ICT hubs in more than 290 constituencies. At Taptengelei in Tinderet sub-county, young people are going to a tertiary college to work online. If we can work online to earn money from Taptengelei, in Kaiboi, and across the nation, it means it is possible to use telemedicine and e-health.

I wish Sen. (Dr.) Khalwale was here. I thank the head of Public Service, Felix Kosgei, Cabinet Minister, Mama Waziri Susan Nakhumicha and a retinue of Government officials, including the Cabinet Secretary in charge of labour, Florence Bore, for ensuring that the issue of the doctors' strike was amicably resolved.

I challenge the same team because now the laboratory technicians and clinical officers are still on strike. I wish those issues could be addressed because we need human resources to run these hospitals at the end of the day.

The moment human resource within the health sector is in dire straits, it is a clarion call to Council of Governors (CoGs). We send our condolences to people who have lost their loved one whilst trying to climb Mt. Everest without supplemental oxygen. As governors try to go to the highest possible point, somewhere in Mt. Everest that health is devolved. They should also walk the talk. They should address human rights and human resource by ensuring our doctors, clinicians, laboratory technicians and clinical officers are well remunerated in terms of access.

The issue of ICT will create employment. I will run through in the interest of time to allow my colleagues to contribute. With the national ICT policy and e-government strategy, we will now have citizen services. Nowadays, you must apply everything through E-Citizen. We must ensure we put the ICT policy in place. The President is very keen on the ICT labs. Let us use it to prevent cancer.

Through e-health, the health sector in Kenya envisions efficient, accessible, equitable, secure and consumer-friendly healthcare services enabled by ICT. Can you imagine having your doctor in India, but you are being told to go to KNH, MTRH, Coast or Garissa County Referral Hospital and consult with your doctor in India via a huge screen. You will have saved the cost of flight tickets and accommodation as well as fatigue because this is somebody who is sick.

This is very important. I ask my colleagues to rally around it so that we can fight cancer.

Mr. Temporary Speaker, Sir, the biggest challenge on the fight against cancer is late diagnosis. A friend the other day told me that they realized their cancer is at stage four, yet there is little that one can do. The patient undergoes pain and resources that belong to the family are few. This e-medicine and telemedicine will assist in cutting the cost of health care services in this country. I hope counties will engage.

After we amend the Cancer Prevention Act, counties must put e-health and telemedicine within their infrastructure so that somebody in Habaswein, Kapkangani, Emgwen, Kaptumo sub-county hospital, Kapsabet or MTRH, Kilome and across the country can access it.

It is a global trend and the World Health Organization has defined the combined use of electronic communication and information technology in the health sector. So it borrows from e-health.

Mr. Temporary Speaker, for benefit of members and the debate ahead, e-health has already been adopted by World Health Organization. Even in the fight against COVID-19 pandemic, e-health was being used on telemedicine because at that time, there was less movement.

We need to amend the law such that in future, if we encounter a challenge such as COVID pandemic, where there is lockdown, patients will not die or suffer. Remember at that time, there were no admissions in hospital. You would be told to take your patient home. Most of the patients suffering from cancer have a challenge of being taken home for palliative care.

For somebody who is terminally ill, palliative care becomes the only option. So, imagine treating your patient at home or somewhere in my village called Kapkeben or in Mosoriot and you can do teleconferencing with your doctor on the go.

This also about meeting the Sustainable Development Goals (SDGs) in Vision 2030. I know we have moved to Vision 2050. It will revitalise the health structure.

Mr. Temporary Speaker, Sir, let me say this. You know I was with you when the Garissa Health issue happened. You know, many governors think health is the hardware, but it is the software. It is the service you get when you go to see a doctor. Governors are busy building infrastructure as opposed to providing services.

We have a Newborn Facility Unit within Kapsabet County Referral Hospital. It cost almost Kshs600 million. So, we have to revitalise the health infrastructure to allow service delivery.

My fifth point is we use telemedicine nowadays. When you are sick, you can write something on *WhatsApp* and your doctor responds. It is part of the e-Health that we have.

A study published in the National Library of Medicine shows that Artificial Intelligence (AI) can also help in diagnosis because of its precision. There are cases in Kenya Medical Practitioners and Dentist Union (KMPDU) where a wrong diagnosis has been prescribed and lives have been lost. You go to a hospital, receive the wrong diagnosis, wrong prescription, wrong drugs and you end up dying.

If we introduce AI telemedicine and e-Health, we will be precise like the eye of a military marksman. That will be the precision when AI comes into place. We will not do guesswork.

Where I come from, the elderly people do not describe. They say I feel the thing of the heart. When the doctor asks, what the thing of the heart is. They cannot describe it. They call it in my language *kiitab ingwo'ny*. So, it becomes a challenge when they go to see a doctor. Now, the AI will ensure there is military precision. I am happy you are resonating with what I am saying because all our people will get prescriptions.

For us who watch sniper movies on either Netflix, Amazon, or any other place, we know the essence of precision. Therefore, AI will ensure the use of military marksman precision. AI have been used in startup and monitoring in oncology.

I wish the Senator for Kisumu were here. I do not know how far Jaramogi Oginga Hospital has proceeded with the issue of AI. I also hope the problems that Nakuru Memorial Hospital have will be resolved soon so that we can introduce AI.

I can see my leader is very keen, especially on telemedicine and e-health. I hope she sees it in terms of service. You know she is an entrepreneurial lady, maybe she is asking herself where the money will come from. Anyway, that is a story for another day.

This has led to 60 per cent of duty oncology calls by enabling patients to interact directly with AI-driven systems for real-time monitoring by oncologists, assessing patients

symptoms and being able to interpret them. The World Health Organization (WHO) is encouraging countries to do this.

I am happy that the President is in the USA. I am also happy because my brother Sen. Sifuna yesterday asked why part of the Government delegation was in the country. Without the prejudice of Standing Order No. 101, I would have wished he were here. However, in our culture, you leave the son or the daughter, you trust to care for the home. You do not go with them away.

Yesterday, I also saw that AZIMIO issued a statement saying that they are also part of the delegation that went to the USA. I have also seen the Minority leadership. Although they are talking about bipartisanship in that team, I am aware that Sen. Sifuna is in the country. That reflects on his standing within his party. However, that is a story for another day.

Mr. Deputy Speaker, Sir, on e-health patients, it will ensure timelines and communication. I am happy because in your gallery, there are students. Some of them would want to pursue medicine. This will also be part of the learning. I hope after the passage of this, even in the training of medicine among doctors, the issue of tele-medicine and e-health will feature prominently going into the future of medicine in this country.

There are some key results of the common use of M-Health or Mobile health, like the one I was using. We also have tele-health or telemedicine. Telemedicine is where you call your doctor and tell him how you are feeling. It is associated with the e-computing of big data and security. These stakeholders continue to be involved in many of the issues that we continue to have challenges.

When change comes to a sector, there is always resistance. I hope the medical world, especially in Kenya, will be ready. We are not taking away the role of anybody, but ensure that we are there. On the issue of the National Health Survey - and I have indicated this - can you believe, that in 2021, 37.5 per cent of the nation were using telemedicine for 12 months?

All of us use it including myself. When I am unwell, I call my doctor and tell him I am feeling this way. That is what we call telemedicine. About 37 per cent of Kenyans are using it. Among women, telemedicine use increased with age. I do not know whether women care so much about their health.

I think as you get older, you become keen on health. You also choose what you eat. You start eating less sugar. Nutritionists advise us not to take a lot of sugar, salt, meat or overdrink the other hard stuff. We have even been told not to take a lot of tea, to take one glass or two of wine and so forth. You know, Jesus took wine. Let us take everything in moderation.

That notwithstanding, 42 per cent of women, compared to 31.7 per cent of men use telemedicine. I always see some funny things on social media, where men are normally accused of being careless about their lives and health. Therefore, women are doing a good job of ensuring that they keep themselves healthy. I would have expected the Deputy Majority Leader to applaud that.

While telemedicine refers specifically to remote clinical services, telehealth can refer to non-clinical services. I think primary health care is a term of technology.

I do not want to go through the notes that I had prepared. However, we can ensure that we prevent cancer in this country through diagnosis. I do not know whether colleagues here have noticed this; sometimes you go to see a doctor and they make a diagnosis and get the wrong thing.

After some time, you are told that it has metamorphosed into something cancerous. So, with the introduction of telemedicine and AI services, it will be very easy to properly detect cancer. I am happy Kenyans are industrious. We have Mass Institute, Faculty of Information Technology of Strathmore University, which is trying to innovate in treating cancer.

In the last session, as a Liaison Committee, we visited Kuala Lumpur in Malaysia. This was during those days when I was very powerful as the Chairperson of the Justice Legal and Human Rights Committee (JLAHR). I went with other colleagues including the Chairperson of the Standing Committee on Energy, former Senator for Nyeri, former Senator of Baringo and several chairpersons, including our former famous *Kwafela* Speaker Kenneth Lusaka. I am forgetting the name that he is nicknamed in the village.

We went there and after some time, we visited the doctor. They told us that if your family's DNA is predisposed to cancer, you should at least take regular check-ups within a year. We met the former Director of the Directorate of Criminal Investigation (DCI) Mr Ndegwa Muhoro. He is the current Ambassador there. His call of duty is soon coming to an end. He took us there for body check-ups and they were using AI.

Ultrasound is done on women who are pregnant. Can it be done to men also? I am unsure of the one they use to check your internal organs, but you can see them. You can decide whether your lower body is paralyzed or the upper part or use anesthesia drugs. Alternatively, you can watch your body organs from the screen. This is the future.

Mr. Temporary Speaker, Sir, I had the Anterior Cruciate Ligament (ACL) operation after we were elected with your father, Sen. Haji Snr. I heard your colleague Speaker referring to me as a junior Senator. I am a ranking Member of this House. You should not do this. I am currently serving with you, and God has been faithful.

Health continues to be the biggest expense for most families. Apart from food, 60 per cent of any household income in this country is spent on food. The next expenditure for a family in this country is health. We must do something about this as the President reforms the National Health Insurance Fund (NHIF) and counties must take the lead.

Instead of county hospitals becoming a source of protection, there was an attempted rape case within Kapsabet County Referral Hospital. Where will our women and girls run to? There are allegations of sexual offenses at Garissa County Referral Hospital.

We have fairly amended the Facilities Improvement Financing Act to allow hospitals to spend their revenue at source. We expect better health services in Mashinani, Kobujoi, Kapsengere, Mosoriot, Kabiyet and Chepterwai. We expect better services in Marmanet and Garissa County. We have allowed county hospitals to spend at source under Sections 21 and 22 of the Facilities Improvement Financing Act that the President signed in 2023.

Hospitals cannot say that there is no fuel for ambulances. In Nandi County, you have to pay Kshs2,000 or Kshs5,000 to get an ambulance to the referral hospital. When

you visit the hospital, you are informed that there is no medicine. Through cost sharing, we have allowed them to spend at source.

Finally, the proposed cancer institute shall collaborate with the national Government department responsible for health to promote the training of human resources for oncology services.

You have seen the challenges of the Integrated Financial Management Information System (IFMIS). I have had the privilege of sitting on the Committee on County Public Accounts for some time now. When IFMIS and the Integrated Personnel and Payroll Database (IPPD) were introduced, most counties struggled with these systems. This is why the National Treasury has put in place the necessary mechanisms for training and capacity building.

The reason we are amending Section 31 is to create a bipartisan approach. Health is devolved. Nevertheless, as we devolve health, we need collaboration with the national Government. As per the Fourth Schedule of the Constitution, the work of the national Government is policy formulation and setting standards. The soft part is for the national Government. However, the real deal of implementing health services is on the county governments.

I implore my colleagues that no one is clawing back devolution. I know Senators will ask why we are proposing to collaborate with the national Government. We are collaborating with the national Government because it has the capacity, referral hospitals and finances.

In this Bill on Cancer Prevention, I am not an expert in this field. However, as a country, we should speak the language of the people who continue to suffer because we violate Article 43 of the Constitution. Cancer is a dangerous killer disease that we must put concerted efforts as a country and proper human resource infrastructure going into the future.

One of the icons that I celebrate is Bob Marley. At 36 years of age, Bob Marley died of cancer. If today he was still alive, apart from singing "One Love" and other songs-- Peter Tosh also succumbed to cancer-related complications.

Our artiste here, Sen. Crystal Asige, is excited that I know music. She might be a guru in music. Are you aware that I attended the launch of one of her best albums at Ngong Road? Since I am a fan of Reggae music, she should start singing reggae tunes so that some of us can listen to Rastafarianism.

**The Temporary Speaker** (Sen. Abdul Haji): Sen. Cherarkey, do you want to be informed?

**Sen. Cherarkey:** Yes, Mr. Temporary Speaker, Sir.

**The Temporary Speaker** (Sen. Abdul Haji): Sen. Crystal Asige, proceed.

**Sen. Crystal Asige:** Thank you, Mr. Temporary Speaker, Sir, for this opportunity to inform Sen. Cherarkey of a fact that he may not have been aware of before. As an award-winning musician, I have composed and produced many albums and songs.

It will be of great enjoyment for the Senator to know that one of my upcoming albums will be a reggae album. I would hope that he will attend the launch of this album.

I invite any Member of Parliament who enjoys reggae music because we cannot stop reggae music. I appreciate.

**Sen. Cherarkey:** Thank you, Mr. Temporary Speaker, Sir. That was useful information. I will attend the launch. No one can stop reggae. Those who supported the Building Bridges Initiative (BBI) used this slogan. However, BBI was stopped, but not reggae. Reggae is a way of life. BBI was stopped, but reggae was not stopped. Reggae will continue. I hope to listen to that album when you launch it.

I hope Sen. Gataya Mo Fire, who is used to listening to Rhumba and Kanda Bongo Man songs, will attend so that we can teach him the way of Rastafarians. He only listens to Kanda Bongo Man and Rhumba songs. Some people only listen to kapuka. Nowadays, some people only listen to Mejja's songs. There is a young man who sings called Mejja. I know Sen. Crystal Asige understands.

Your visitors' generation has its own way of listening to songs. This era of TikTok still behooves us. Sen. Crystal Asige, I hope you will share your presentation on TikTok and social media so we can listen.

The Gen Z generation in the public gallery only listens to music through TikTok. Facebook, I am told, is archaic.

The aspect I am trying to conclude is the issue of cancer institute. We must ensure we give the necessary resources in the future. We should put resources through the cancer institute. The issue of boards continues to be a problem. We should put the cancer institute in place and allocate resources to it. There are many partnerships in funding, but we should ensure we put enough resources into the institute as per the aspirations of Clause 31 of the Bill.

The Cancer Institute is critical for research. I do not know whether it was Bomet County where people were alluding that some of us drink mursik, which is mixed with some - I know Sen. Lemaletian understands that we take mursik, which is sometimes mixed with a special tree.

The other day we celebrated International Tea Day. Sometimes the temperatures could be too high and perhaps cause throat cancer.

We need the National Cancer Institute of Kenya (NCI-K) to tell us why, for example, Kiambu, Nairobi and Nakuru where the Deputy Majority Leader comes from, are leading in cancer cases, so that we do not create wrong perceptions. The NCI-K must be given the necessary resources to research, so that we understand why we are losing over 27,000 Kenyans every year through cancer.

Cancer is one of the technical subjects. So, we must put more resources into it. The reason the Senate wants Kshs415 billion to go to the counties up from about Kshs390 billion proposed by the National Assembly is to enable them have enough resources to fight cancer in our villages. Our people are painfully suffering. Out of Kshs4.2 trillion, we are only requesting for Kshs415 billion to go to the counties to assist in the provision of healthcare services in this Republic.

I am happy because I have seen a number of Members of the Mediation Committee. They should not move an inch before ensuring that Kshs415 billion is in place. As a Senate,

the reason we are pushing for more resources to go to the counties is to ensure that we put in place the necessary healthcare infrastructure.

I am allowed one hour and still have 30 minutes to go, but I want to end there, so that I allow my colleagues to also contribute to this. I expect all Senators to contribute to this Bill and I will be patient to listen on the issue of cancer prevention.

Cancer is a serious problem. When you go to Kisii, where Sen. Orwoba comes from, I can assure you that she might be in 50 *WhatsApp* groups fundraising for cancer patients and so on and so forth.

Mr. Temporary Speaker, Sir, with those many remarks, allow me to invite the Vice Chairperson of the Committee on Finance and Budget and a Member of Nairobi City County Delegation, Sen. Tabitha Mutinda--- I know we have another Tabitha, but the one and only Sen. Tabitha Mutinda, to second.

I thank you.

## POINT OF ORDER

### PRIORITISATION OF BILLS FROM THE NATIONAL ASSEMBLY

**Sen. Orwoba:** On a point of order, Mr. Temporary Speaker, Sir. I would like to pass some information.

This is an important Bill which we support. However, we have highlighted the issue of our Order Paper always prioritising Bills from the National Assembly, when Senators sitting here have so many Bills queueing in the National Assembly.

I have raised this issue with the SBC. It is demoralising that we come here as Senators to transact business from the National Assembly hence the reason you can see the lethargy in the House.

It is not that we do not support the contents of the Bill. Senators in the House have so much pending business. Sen. Wamatinga here has a Motion that has been pending for over three weeks without even being put on the Order Paper. I urge the SBC to consider that this is the 'Upper' House. Hon. Senators have business that we would like prioritised on the Order Paper.

This is a menstrual hygiene month. We will celebrate the Menstrual Hygiene Day on May 28<sup>th</sup>, which is next week on Tuesday. My Bill has been sitting in the National Assembly for one year pending concurrence. Yet in this House, we prioritise Bills from the National Assembly.

Mr. Temporary Speaker, Sir, I want to make it clear that it is not that we do not support this Bill, but it is disappointing for Members. We were trying to tell Sen. Cherarkey to cut short his comments because it is a Bill we would like to discuss after we have prioritised our Bills.

I thank you.

**The Temporary Speaker** (Sen. Abdul Haji): Sen. Orwoba, we have Members of the SBC here. Sen. Tabitha Keroche is the Deputy Senate Majority Leader. Sen. Tabitha

Mutinda is also a Member of the SBC. They will pass the information to the Speaker who shall give a ruling on your point of order.

Hon. Senators, before this Bill is seconded, I have a Communication to make.

*(Interruption of debate on Bill)*

### COMMUNICATION FROM THE CHAIR

VISITING DELEGATION FROM MOI GIRLS' HIGH SCHOOL  
ELDORET, UASIN GISHU COUNTY

**The Temporary Speaker** (Sen. Abdul Haji): Hon. Senators, in the Public Gallery, we have 156 students and three teachers from Moi Girls' High School Eldoret in Uasin Gishu County, who are undertaking an education visit to the Senate.

Hon. Senators, in our usual tradition of receiving and welcoming visitors to Parliament, I extend a warm welcome to them. On behalf of the Senate and on my own behalf, I wish them a fruitful visit.

I thank you.

*(Applause)*

I will allow two Senators to welcome the students. I will give Sen. Crystal Asige a chance because among the 156 students, we have those who are Persons with Disabilities (PWDs). I think our own Very Important Person (VIP) should welcome them. I will also allow Sen. (Prof.) Kamar to say one or two things as she welcome the students.

Proceed, Sen. Crystal Asige.

**Sen. Crystal Asige:** Thank you very much, Mr. Temporary Speaker, Sir, for the opportunity to welcome the delegation from Moi Girls' High School this afternoon.

I understand what it is like to be a young student with dreams and ambitions. Trips like these to Houses of Parliament here in Nairobi are very important for you to have a glimpse of what may be your future if you decide to become a leader in this country to represent your counties and the country at large.

I give special thanks and welcome students with disabilities who decided to join the delegation and be part of this crucial experience to the Senate. To those learners with disabilities who are here, I am the Senator who represents PWDs, women and the youth. I am a PWD because I am visually impaired. I am also a woman and a youth just like some of you.

I have several Bills with you in mind specifically, so that your future can be as inclusive and as equitable as possible. You do not have to struggle like I had when I was a learner at your age. I grew up in Mombasa County. I tried to fight discrimination, stereotypes and non-inclusive environments, so that I could at least get an education and come to this place.

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I am sponsoring a Bill on PwDs. There is another one about learners with disabilities, which I am sponsoring with a colleague behind me, Sen. (Prof.) Kamar. I am also sponsoring the Kenyan Sign Language Bill.

I hope you will engage with those Bills even though they might be a little bit complicated with the language. However, your teachers will definitely support you in trying to understand what they will do for you in future once assented to by the Executive.

Once again, welcome to the Senate. Especially to the PWDs in the group, remember that this mountain has been given to you so that you can show others that it can be moved. Feel encouraged and pursue your education with everything that you have because you never know what is in the future.

I thank you.

**The Temporary Speaker** (Sen. Abdul Haji): Thank you, Senator. Let us now listen to Sen. (Prof.) Kamar.

**Sen. (Prof.) Kamar:** Thank you, Mr. Temporary Speaker, Sir, for giving me the opportunity to welcome the girls from Eldoret.

I am an old girl of Moi Girls' High School Eldoret. I was in Moi Girls' High School in 1977 to 1978, probably before their mothers were born. I want to encourage them that the sky is not the limit when it comes to education.

I first congratulate them for getting the opportunity to go to that wonderful school. I have also interacted with their teachers and I know that these students are set for higher grounds. Moi Girls, like the highlands which was there before has produced leaders and professionals of all kinds.

You have the opportunity to be anything that you want to be because of the way that school has been designed. You have a swimming pool for relaxation and wonderful houses. I was in Sergoit House.

I would like to encourage these students to use every minute they are in school. Girls from that school wake up and run. They do not just walk and they do not laze around. I remind them that any behaviour they inculcate in high school will follow them for the rest of their lives.

Mr. Temporary Speaker, Sir, I am here as an example that I became who I am from the moulding I got in high school. I also encourage them that they can be anything. You can be an MP like I was or a Senator, like I am today. You can also be a minister like I was. You have everything.

Those of us who are the alumni of that school are proud and we encourage you and your teachers to push on because you what it takes to be the best. Thank you for coming here and I welcome them on behalf of my colleagues.

I thank you, Mr. Temporary Speaker, Sir.

**The Temporary Speaker** (Sen. Abdul Haji): Thank you, Sen. (Prof.) Kamar. Secunder, you can move the Bill.

*(Resumption of debate on Bill)*

**Sen. Tabitha Mutinda:** Thank you, Mr. Temporary Speaker, Sir. I will put myself on record that I do rise to second the Cancer Prevention and Control (Amendment) (No.2) (National Assembly Bills No.45 of 2022) that is being co-sponsored by Sen. Cherarkey from the National Assembly.

Before I proceed further, I acknowledge the statements that have been mentioned on the prioritization of Senate Bills and I agree with that. That is very important. Yesterday, you, Mr. Temporary Speaker, Sir, were seated on your seat and with the help of the Clerks, you had to re-arrange the Order Paper because three Bills had to be skipped considering the owners were not present. Today as well, you have stated that you have to re-arrange the Order Paper.

I would like to urge colleagues that we should prioritize our Bills on the Order Paper by making the effort to be on the Floor and discussing them. I also support that Senate Bills should be prioritized.

Embarking on the amendment that talks about e-health on cancer prevention, two key words come aboard - prevention and control. Like a medical student, I did my first practice in the medical industry at the pharmacy. I have dispensed and I am still in a position to dispense, prescribe and read a prescription. I pride in having interacted with patients and having had the opportunity to offer my medical services at that level.

Mr. Temporary Speaker, Sir, prevention and control are key. This is because treatment is done at the dispensing level of a prescription. However, if prevention had been done, probably earlier then, a patient would not have gotten to the level of a treatment at that time.

The issue of e-health brings about the digital aspect. As a digital ambassador of the International Computer Driving License (ICDL) in this country, I advocate for digital services and transformations. This is an ideology that Kenya Kwanza also supports; it is a priority in our manifesto.

Through the hon. Owalo, the Cabinet Secretary for Information, Communication and the Digital Economy, we have seen a number of improvements on digital services. From about 300 Government services to over 15,000 services on the e-platform. This is a great stride and improvement.

When it comes to the medical industry, all public and private hospitals should also adapt e-platforms. This technology is important in this time and era. If you look at where we are, we use our gadgets like laptops or mobile phones and these has enhanced quick responses and communication. We have speedy responses because of these gadgets.

Mr. Temporary Speaker, Sir, when it comes to this amendment on e-health, it plays a key role when we acknowledge that digital gadgets that we have and use, play a very important role. We can use them to make money transfers like Mpesa and this has really changed lives, both at personal and business levels. Mpesa came and transformed the money industry.

It is a paperless money industry which has helped families and business people to save a lot of time. When it comes to money matters, it has security because one can put their money in a digital form and transact. Therefore, it is in this transformation with the case example of Mpesa that we should open up and allow for this change to happen.

As a student of business, change comes with a lot of difficulty. Not only in organizations, but also to individuals who before believed that things can only be done in a certain way. We have believed in a big percentage that the traditional way of doing things is the best way and we had a feel that it was the best way to get results because there is that mentality that you have to physically go and see a doctor in order to feel that you have gotten the medical treatment you deserve.

Times have changed. The same way you do not need to go to a bank and check the bank balance, but you can use your phone on the many digital platforms. We have on banking, check your balance and make bank transfers. It is the same way you can liaise and communicate with a medical practitioner on your illness and get guidance on time.

This brings about the title of the Bill which talks about prevention. If you do not use the speedy mode of technology, then it might delay and bring more issues later. If you look at cancer, it comes in different stages. There is stage one, two, three and four. Stage three and four are serious. They are said to be the stages when you are almost at your final stage. However, if you can note cancer at an early stage, then it becomes easier to get treatment at the earliest time possible.

Even if you do not have cancer cells, you will know how to prevent it in the event you have symptoms that lead or show that this could be the case. If it is not the case, then you are in a position to be well-advised medically on how to prevent this disease.

Mr. Temporary Speaker, Sir, matters of technology and e-health are critical. For you to be a fully pledged medical practitioner like a doctor, you have to be a graduate from a recognized university in this country or any other that is recognized worldwide as far as medical matters are concerned so that you get certified and can practice as a medical doctor.

It is at this point of the discussion of e-health that it is important for the doctors to not only concentrate on the theory and practical part of it, but also start doing Information and Communication Technology (ICT) studies. One of the things I champion is certification of ICDL. It is an internationally recognized certificate that you can acquire as you pursue your doctorate degree. It should be mandatory on all medical studies, be it lab technician, pharmacy, nursing, nutritionist and all courses in the medical field.

It is very important to be certified as an ICT person, both the knowledge and the practicability part of it. This is because we cannot achieve e-health if we do not have doctors or medical practitioners who do not understand the basics of an ICT gadget and how to use the technology of different applications that are available, such as logging in to a system to communicate with your doctor as far as a consultation is concerned, accessing your prescription and accessing a pharmaceutical or a chemist in order to dispense and get drugs.

Mr. Temporary Speaker, Sir, within the pharmaceutical sector, there is tele sales, which has been there. As I said, I have practiced pharmacy. Business and transactions have been done through what we call tele sales. However, what has not been there and emphasized on is the e-health and telemedicine factor, which plays a very key role.

Allow me to touch on the issue of disbursement of funds by the National Treasury. I am talking as a Member of the Committee on Finance and Budget on why we came about and settled on the Kshs415 billion. As I said before, this is not a figure that we woke up as

finance team and just put in place. It has been brought about by different factors that range from inflation costs, commercial interest rates, as well as the cost of the Community Health Promoters (CHPs) and cost of health.

Like you have seen, doctors from different departments have been on strike and you know very well health is devolved. So, the justification of the Senate to allocate the Kshs415 billion to counties is to ensure that the bigger chunk goes to health.

One of the key areas that our committee considered to come from Kshs385 billion to the Kshs415 billion was the medical costs. Look at the role that the CHPs are doing. They go door to door. The Government through the Ministry of Health has also equipped the CHPs in the different counties, so that they are able to assist people at the lower level in order to help them at an early time.

I have always said that a healthy nation is a wealthy nation. Looking back and remembering my undergraduate degree studies that most of us have done, and looking at the pastel factors that range from political stability, economic stability, social, technological, legal aspect and a conducive environment, there is nothing that stops this country from ensuring that we have e-health in place, putting in mind that the factors that I have stated are all in place and at a well-placed position.

There are no issues, including the social perspective. We are now socialising digitally. We are now using the digital technology to do a lot, such as using the Amazon application to make purchases among many other things. What we have not prioritized and I am backing it up, is the issue of the e-health service because all these other things are sorted.

For example, in transport, we have the Uber sector. From where I am seated, I can get my transport from point 'A' to point 'B'. There is availability of the Uber services because the technology is in place.

As I have said, in the banking sector, I am able to sit down and do my transaction. I can pay for my goods from where I am seated and many others across that as far as the technology is concerned. However, as far as the health is concerned, we have lagged behind. However, this Bill comes at a very good time because the e-health factor is a very key and important factor.

I do not want to ignore the issue of the interns that have been mentioned earlier. They play a key role in this country. The education system that we have, requires our students in the upper learning level to undergo the theoretical part of studies and also have an opportunity to practice and understand how the industry works.

I remember during my studies as a pharmacy student then before I changed my career, I did an internship. Without that, I could not qualify to move to the final level and graduate if I had not done the internship. So, internship plays a key role.

Mr. Temporary Speaker, Sir, let us consolidate matters of the JSS interns, which I heard today. How do we have competent personnel from the legal sector, medical sector and any other sector, if we do not allow them to be much more practical and give them opportunities, which should not come free? They need to be paid.

I am happy because Parliament has been fair. It gives young people an opportunity to be interns in this institution and pays them. It is not free. There are institutions that do

not pay attachee even a single coin. It is still an expenditure to you, but Parliament remunerate the students and it is a plus. The same should be emulated to the other interns like the lab technicians and other students that are within these industries.

I am seeing my time is up. I seem to have a lot, but I will just try to sum it up. It is high time we adapt. I urge the mediation committee that has been put in place to defend the Kshs415 billion revenue allocation for counties. We have seen that the National Government Constituency Development Fund (NG-CDF) in National Assembly has been increased. Most of these monies that we are asking for the Governors, the bigger chunk of the additional fund we gave is mostly going to the health sector, putting in mind that health is devolved.

It is very sad to be entering into the precincts of Parliament and meet our young medics who play a very key role. There is no way you will go to a hospital and see the doctor directly. There is a channel you follow. You have to do the lab tests and do different consultations before you get to the final part. So, everyone within that industry plays a key role. Most of these funds are to take care of our people at the lower level, for example, the role that the CHP plays. These monies that we allocated as a Committee should be taken seriously.

During the COVID-19 pandemic time, it was a worldwide effect, we changed and adapted a technology of Zoom very fast. This is an indication that we do not have to wait when things are critical for us to act. It is high time we embrace and move away from the old formula of having to physically go see the doctor so that you can get your medication and use technology.

Mr. Temporary Speaker, I heard Sen. Cherarkey talk about women that they have the highest percentage when it comes to taking care of their health. It is very true. Men have lagged behind when it comes to the issues of health because the rate of ignorance even for a small headache is very high. The higher rate of death today is more in men than in women. Women are so talented because we are multitaskers. We are able to do so many things. You could be having a headache and still running around the house taking care of the children. However, we still do not forget to take care of ourselves.

That is what brings much difference. We have said that women like shouting and talking too much; it is what we run around with unlike men who are just focused on one item. When it comes to their health, their rate of ignorance has been very high. We urge men to prioritize because we need you in this country for the roles that you play and continue playing.

This technology will also help our children. Cancer had been known to affect the elderly, but nowadays even children of less than one year are getting it. The earlier we embark on these new technologies then the better it is for us to have a healthy and wealthy nation.

I thank you and do second.

*(Question proposed)*

**The Temporary Speaker** (Sen. Abdul Haji): Hon. Senator, I will now allow debate on this Bill. Senator for Nyeri County, proceed.

**Sen. Wamatinga:** Thank you, Mr. Temporary Speaker, Sir. I rise to support. For those of us who have chosen to remain with our people after elections, one of the major issues we have been fighting is contributions in aid of people seeking treatments both within and outside our boundaries. Indeed, it has become one of the major challenges because of facilities we have in the country.

Mr. Temporary Speaker, Sir, a proposal to have e-health; application of artificial intelligence to not only collect data, but also use the same to work towards a prevention, early treatment or a detection mechanism has come at an optimum time.

Mr. Temporary Speaker, Sir, I want to start by thanking the President, His Excellency William Samoei Ruto for directing the members of the National Assembly to introduce intended taps in all the wards across the country. This will allow increment in the rate of IT literacy. It is also a plus from the Kenya Kwanza Government to have the CHVs who have been well equipped with kits to collect data. We know early detection of cancer can save a life. If cancer is detected at an early stage, it is curable.

Mr. Temporary Speaker, Sir, we know that one of the sectors that has been affected by limitation of resources and lack of allocation is the health sector. In almost all the 47 counties, there is a uniform cry about the standards of our health facilities. Indeed, the improvement and availability of technology will enable us to detect and cure or treat cancer. As a result, we are conducting various fund raising to take our patients to India and south Africa. Those who can afford it go to London and the United States of America (USA).

It is high time that as we move toward the Social Health Insurance Fund (SHIF), we ensure it becomes affordable to every Kenyan. This cannot be done without creating an interface and leverage with modern technology that is available across other countries and platforms. Therefore, introduction of e-health will give us opportunity to leverage the available data related to those who have genetically passed down the traits in families.

Mr. Temporary Speaker, Sir, application of artificial intelligence not only in the health sector, but the electricity and water sector will ensure we do a most needed thing towards achieving economies of scale. It will also allow us to share technologies across platforms and use the expertise in other parts of the world. This will ensure that our health services are available and most importantly we have the appropriate application of technology that will be geared towards improving the livelihoods of Kenyans.

Health is a devolved function. We, as Senators, should continue to fight for the allocation of the Kshs415 billion as proposed so that as we develop the platforms to be applied by the county and national governments, we can allow easy data interchange between counties.

Most of the referral facilities are abused by different counties and communities. Therefore, having easily accessible data about the patients who come to this hospital will ensure they get the best services. It has been reported previously that people have been misdiagnosed. We know that even amputations have been conducted wrongly largely because of lack of information.

Using the e-platform there is a possibility to use a doctor in India to conduct an operation using technology that is used in the UK. This will ensure that we get maximum benefits of our health services while ensuring that the cost benefit is also ascertained.

Mr. Temporary Speaker, Sir, we know that this country is one of the many in Africa that suffers from low technology. Therefore, the application of e-Health, will ensure the transferability and mobility and application of e-services through Artificial Intelligence (AI) is enhanced. Therefore, our people will enjoy more advanced services from our hospitals.

*[The Temporary Speaker (Sen. Abdul Haji) left the Chair]*

*[The Temporary Speaker (Sen. Wakili Sigei) in the Chair]*

Mr. Temporary Speaker, Sir, we know that Kenya has produced some of the best doctors. However, after their studies and work experience, they end up going to foreign countries to work there. This brain drain can only be stopped if we compensate them appropriately. That cannot happen so long as we do not have the right technology that will ensure our people get the right services.

As I wind up so that I can give my colleagues a chance to also contribute, It is important to note that the success of devolution cannot be ascertained, fulfilled or met unless we ensure that services delivery in health are efficient. We can leverage this from lessons learnt and we do not need to rediscover the wheel. We know that most of the western countries, especially India have specialized in medical tourism.

We can make Kenya a medical destination by ensuring that we have the right technologies. This can be leveraged by using AI. I would like to commend Kenyatta University Teaching and Referral Hospital (KUTRH) because in a short span of time we have seen them employ technologies that have reduced the number of Kenyans seeking treatment abroad.

Mr. Temporary Speaker, Sir, we need to bridge the gap for the people who are going there at stage three and four of cancer. We should ensure we get early discoveries through getting information from family trees and putting technologies in place to ensure testing is done at the appropriate time to arrest cases that would otherwise be fatal.

Mr. Temporary Speaker, Sir, is it the duty of every Senator to support this because health being a devolved function will ensure we give better services to all people. That being the case it will also save a lot of money which we are paying to foreign hospitals by taking our patients. We will also ensure that the country earns more resources by having the neighbouring countries enjoy our health services, which apply the appropriate technology which is the AI.

I support.

**The Temporary Speaker** (Sen. Wakili Sigei): Sen. Orwoba proceed.

**Sen. Orwoba.** Thank you, Mr. Temporary Speaker, Sir. I would like to support the Cancer Prevention and Control (Amendment) Bill from the National Assembly.

Mr. Temporary Speaker, Sir, my submissions are from a personal experience. In 2022, right before we conducted party primaries, my father succumbed to cancer. It was very shocking because we had just got the right diagnosis of cancer four weeks before.

Since he was diabetic and an elderly citizen, we had gone to many hospitals to get the right diagnosis. Eventually, we were told that it was cancer, but they were not quite sure of which type. Therefore, we were told to put him on a diet to gain back his strength, so that they can know the particular cancer when they do proper diagnosis.

We did not even get to that point. It was a time when there was also COVID-19 and we were not quite sure. If you got sick, they would say that maybe it was COVID-19 and you needed to isolate. Unfortunately, when we were trying to get to the bottom of the type of cancer or how to approach the treatment, he passed on.

Mr. Temporary Speaker, Sir, two things were clear. One, in Kenya, getting the proper diagnosis of the type of cancer one has is a problem. It takes a lot of consultations, many appointments and waiting in queues in KNH, Coptic, other private hospitals and even the Level 4, 5 or 6 hospitals.

When I was looking at this Cancer Prevention Control Bill, my first thought was that perhaps as we are push to have a digital approach and devices on how to look at the healthcare system, and cancer in particular, there should be specific data showing which institution or medical centre specializes in which type of cancer. Perhaps this should be an amendment.

That way, you will not be moving from one hospital to another trying to figure out the right diagnosis. The truth is in the data. There are certain healthcare providers who are specializing in certain types of cancers. It would be an added advantage if, in the event a doctor suspects a certain type of cancer, based on the available data and previous records, they refer you to a particular hospital to get a proper diagnosis.

One of the reasons I support this is that until now, in 2024, we do not seem to have a centralized and true source of data where you can go in as an end user or Kenyan and know the hospital or specialist to see in the unfortunate event that you are suffering from a particular kind of disease.

I think the introduction of e-health, digital systems and platforms that are easily accessible by Kenyans can help cure that particular issue of how to get an early diagnosis, without having to travel to different cities, relying on information by well-wishers or people who do not have the required data.

Mr. Temporary Speaker, Sir, as I said, this is very personal to me. This is because until today as a family, we are still trying to figure out if there is anything that we could have done that, probably would have helped that particular situation.

I do not think that any family that has ever lost a family member to cancer ever gets closure. We only talk about early diagnosis and treatment. However, the truth of the matter is that sometimes you get your diagnosis late. They then tell you that you are at stage four and you have one or two weeks to live. Does that mean that the dignity of Kenyans should not be looked into in the management of the cancer in their final days? As Africans, these are some of the conversations we shy away from.

As we look at all these very exciting opportunities to revolutionise our healthcare sector by digitizing the platforms, we should also remember that cancer is a reality. We have cancer survivors and people living with cancer for many years. Therefore, the issue of managing the symptoms or situation should also be factored in. When data is being collected or the platform is being given, it should offer an opportunity for people who choose not to go for treatment to understand that there is an option of going to a specific healthcare facility to get quality of life as they prepare to meet their maker.

Mr. Temporary Speaker, Sir, this Bill talks about how to ensure that Kenyans have that direct access through the digital platforms. However, I have to highlight the fact that the Kenya Kwanza Government has facilitated and empowered our CHPs with digital devices that have specific applications to manage the communities.

Every CHP gets about 20 families to deal with. They are able to do routine calls even without them being called by that specific family or member on that platform. They are able to do routine checkups for different types of diseases such as high blood pressure.

The Bill highlights the e-health and the digital platforms. The mover should also consider that we have an existing application under our CHPs that can benefit immensely from the proposals here. It is about synergizing with the existing platform available that includes the CHPs. It is not creating new platforms and then have to move people from one place to another.

For those of us who have lived abroad, we know the advantage of being in this country. That is why we came back. One of the advantages is that Kenya is very advanced in terms of e-commerce. It is probably only in Kenya where you can order anything online that can be delivered to your house. I know many people do not know this, but most of these platforms and e-commerce activities that we have the privilege to access do not even exist in countries such as Denmark and Sweden.

In 2024, Kenya is probably one of the first countries in Africa where you can go on a platform such as *My Dawa* and order for painkillers or any other medicine you need. This is something that we do not celebrate enough.

In fact, to an extent that when we are talking about the Cancer Prevention and Control Bill in terms of telemedicine, I doubt that many people are aware that telemedicine is already happening. It is just that maybe we have not regularised it with a legal framework.

Mr. Temporary Speaker, Sir, we have platforms such as Uber, which have so many pharmacists listed on. Not only that; on other platforms, they even have doctors who are giving *WhatsApp* services. Not really diagnosis, but consultation on management of long-term illness or situations such as diabetes.

Even as we are talking about this, maybe we need to streamline on how we will bring all these digital platforms; the e-health systems and telemedicine proposals into one regulatory authority because that is what is lacking.

Today, if you order medicine from an online platform, unfortunately, they could be expired or not approved by Kenya Bureau of Standards (KeBS). You do not know where to start because the platform is legal, but you do not know who to hold accountable in such a situation.

I hope that part of the amendments that could come here is on safeguarding the lives of Kenyans as we move to digital platforms and all these advanced systems, such as AI in the digital world. At the end of the day, it is our duty as legislators to ensure that we are introducing laws or amendments that will not be harmful to Kenyans, but I support this Bill.

Mr. Temporary Speaker, Sir, for purposes of the Ministry of Health, I would like to highlight that there is a big problem of the queues in public hospitals on cancer treatment and diagnosis.

As I speak and it is probably why Sen. Cherarkey highlighted that; I am dealing with a family that is trying to take their father to a hospital. He needs urgent medical care in terms of cancer treatment. He is in stage four. All the public hospitals he goes to state that they have a six-month waiting. Kenyatta National Hospital (KNH) in terms of the treatment he needs, has up to two years waiting for you to be taken in.

Imagine having been diagnosed with stage four cancer and you are told that to get the immediate treatment, for instance, at KNH, you will have to wait two years. When we tried to get the option of a private hospital because the gentleman is insured under National Health Insurance Fund (NHIF), we got a clear written feedback that treatment can start immediately, but they do not accept NHIF and all the proposed medical covers from Government.

To the Ministry of Health, particularly to our Cabinet Secretary, we have to be intentional on how we are dealing with this waiting time in our public institution for cancer treatment. I do not know whether it is too much to ask, but a special working group should be put together to see how we can solve by subsidizing for some to go to private hospitals to reduce the waiting time.

It does not sit well that we, the legislators and leaders, are okay, knowing that the waiting time for anyone coming in for any cancer treatment at KNH is two years. We always have *ad hoc* committees and special committees to deal with pending bills, for example, on Kenya Airways *et cetera*. We now need a committee to sit down with the Ministry of Health to deal on how to cut down all that waiting time and long queues of cancer patients waiting to be treated in public hospitals.

I know that the proper way would be to bring a statement or maybe I will find another channel, but it is something that we need to highlight. It has been going on for years and nobody is doing anything about it.

I support Bill. I hope that this will be the beginning of the end of all the frustration that Kenyans go through to deal with cancer treatment.

**The Temporary Speaker** (Sen. Wakili Sigei): Proceed, Sen. Mungatana.

**Sen. Mungatana, MGH:** Mr. Temporary Speaker, Sir, I thank you for the opportunity for me to contribute to this Bill. This is not the primary Bill on cancer prevention and control, but an amendment because when they passed the initial legislation to set up the Cancer Institute, they left out the question of e-health and telemedicine.

Mr. Temporary Speaker, Sir, the primary purpose of this Bill is to amend Section 5 of the parent Bill. Section 5 was set up, but in reality, this amendment would make sure that the National Cancer Institute and its functions would be expanded to include the

promotion and use of e-health and telemedicine for the prevention and management of cancer.

It would include the management of persons with cancer as a component of primary healthcare, secure and regulate the use of e-health in cancer management and the provision of cancer diagnosis, treatment and rehabilitation services and other medical care related to cancer. So, the actual purpose of this amendment is to support the primary cancer law that had already been passed and had not taken care of the use of e-health.

Mr. Temporary Speaker, Sir, every time we hear about cancer, from my own experience, I would want to state clearly that I would support anybody and anything that says we are going to fight cancer. This is because cancer took away one of the most important people in my life.

It was a very tough situation for me when I lost my father. I grew up watching this old man who was there for me. I failed in many ways to live to his expectations. However, he influenced my life in a way that I would do anything to help him be comfortable.

I did not know he was suffering from cancer. My younger brother who is a doctor knew the facts, but decided for his good reason, to keep it away from us. Those of us who are not very learned matters of medicine did not know. I remember my father was in pain and had graduated from using mild painkillers to very strong ones. He was this kind of total African man who would not show any weakness.

All my life, I had never seen my father sick. One day, I heard him make his normal prayer. He used to wake up at exactly 5.10 and would pray for everyone. On this particular day, I heard him pray, "Lord, if it is possible, take this pain away from me. Let me rest."

I realized we were in the final stages of spending the time we had with this old man. My father left us when he was 72. It was a very painful experience for all of us in the family because we were close to him. So, on anything to do with fighting this burden of cancer, I would be the first person to support.

Mr. Temporary Speaker, Sir, cancer is a great burden in this country. When you look at the status report of 2023 in Kenya, it says that five types of cancers bear 48 per cent of the burden of cancer disease in Kenya. They include breast cancer, cervical cancer, prostate cancer, cancer of the oesophagus and non-Hodgkin's Lymphoma type of cancer.

If you look at breast cancer, for example, and we have heard here that when it reaches stage four, there is very little that one can do. This is the case for most other cancers. However, if we have e-health and telemedicine, it is possible to educate people and let them know what can be done at the stage that it is still curable.

So, like breast cancer, if we have enough e-health interventions at the family level and the health promoters' level, and if we have enough information trickling down to that very level, people would know that they have to check themselves. Those who have husbands will check for anything abnormal, so that it becomes preventable, treatable and detected at a stage where it can be dealt with.

With regard to prostate cancer, if you have e-health and telemedicine reaching places and areas where even doctors do not normally go, it will be possible to deal with it at an early stage and treat it. I believe this amendment is very good for us and it is helping us take this fight to where cancer is.

Information is power and we need it. Every time you use the information to reach people, they can then deal with the situation. E-health gives us certain interventions that can be very useful and lifesaving, whether you are already going through treatment or at the stage of preventing or using preventive medicine. For example, if you have gone for your normal check-up, e-health is there to give you reminders on your phone through *WhatsApp*, text messages, or even over your email. You get reminders that you need to do certain things. Therefore, e-health has become your lifesaver. Some of these things, if you have reminders, they can come in to assist you.

Sometimes there is direct online support from some of these applications. The Senator who spoke before me has just told us how various applications that exist in Kenya can support treatment, diagnosis or early interventions through e-health.

Thirdly, you would find that within the space of e-health, there is a lot of web-based technology and information that one can go and start reading on these matters. The only problem is that most Kenyans would not be bothered about anything to do with a heart attack or the potential for a heart attack until a family member, including a wife, a child or somebody suffers from it. That is when everybody goes to read and take information from the internet.

Nobody bothers about that information unless it is directly affecting them. However, with these e-health interventions, people have become tecno-savvy to even count the steps they have taken in a day and even do the number of calories they have burned in a day

So, within that space, if e-health is promoted as this amendment proposes, we will be able to have the information coming to us, including where we are seated here debating. Somebody teaching in a classroom at the university at primary school, or even treating somebody else, a prompting can come to your phone to tell you that it is time to go and do this and that for the sake of your health. So, this Bill ought to be supported by the Senate. It should be given all the support so that we can promote e-health and e-medicine.

Before COVID-19 pandemic came, we never used to think beyond the traditional methods of treatment. If you were feeling unwell, you would want to go to the doctor. However, when COVID-19 pandemic came, we realized that it is possible to treat yourself by just logging in to a doctor or having a virtual appointment with him. You did not have to go to him or her. They could give you directions from where you were and how to treat yourself. It is something that saved many lives. It takes time, but eventually, we will get there.

I know that even here in Nairobi, many people have not quite gotten into telemedicine. However, we will get there. I know that people even in rural setups, like in my county, would take those images for X-rays when they were working. Nowadays, they are not working. However, when they used to work, they would take those images and ask somebody to read them.

So, you do not have to travel all the way to get an interpretation of the X-ray image. Appropriate treatment is given even from a very far-off place. For those of us who are practitioners of the law, you would remember very well because you are also one of us,

there was a time if you had a court case in Mombasa or Kisumu, you would not be able to take a golden, well-paying brief in Garissa.

You were not able to combine those briefs because you had to travel there physically to go and attend court. However, nowadays, you can be here in Nairobi and you are addressing a judge who is seated in Malindi at the Court of Appeal, finish your case and also address a judge in the High Court in Kisumu or the High Court in Nakuru because of the intervention of the internet. So, in the same manner, it took a long time.

Those old guys like ourselves who were used to physical court and still believed that there was no real court until you go there yourself in person, it took some time, but we adjusted. So, the encouragement here is that even Kenyans may take some time on this telemedicine and concepts of e-health, especially in fighting scourges like cancer.

This may take some time, but we will get there. A few people will adapt, especially the younger ones. It will grow, and finally, it will be normal for us to obtain treatment and have consultancy over the phone. We will depend on our phones for the necessary promptings for the sake of our good health and well-being.

This is a good amendment. I urge every person who will be speaking to it to support it. Then we can have a better way of fighting cancer. For those of us who come from rural counties, patients have to travel to Hola, Madogo, or Garsen which is an expensive affair. However, a specialist in Nairobi can advise a doctor to interpret a situation in Hola Referral and administer treatment. We support the benefits of telemedicine and e-Health in this Bill.

Many cancer patients in the future will benefit from this legislation. They will not have to pay so much to travel from rural areas to come for diagnosis and specialist advice. In places where they are located like Mombasa or Nairobi counties, I believe with all my heart that this is the Bill we should support. I pray that every person who will speak to it will support it.

I beg to support this amendment.

**The Temporary Speaker** (Sen. Wakili Sigei): Thank you, Sen. Mungatana.

I now call upon Sen. Kibwana.

**Sen. Kibwana:** Thank you, Mr. Temporary Speaker, Sir. Sen. Mungatana has taken all my words. Much has been said about this Bill. I have been the crafter of the e-health Bill. I was looking at e-health and focused on telemedicine. I was in another meeting, but when I realized the Cancer Prevention and Control Bill was being discussed, I said I must chip in. This is a dear topic to me. I am in the Committee on Health and have brought up this issue.

I have lost many members of my family to cancer. Early screening for cancer should be sensitized. Cancer is largely a disease that is inherited. Looking at mapping out families early enough will prevent this. We have a genomics lab near KNH. Most people do not make use of it. We also have the Kenyatta Cancer Centre. They can do early screening. If you go deeper into family history, it will knock out the early stages of cancer.

Young people are dying of cancer. The other day, I lost my nephew, who was 30 years old. He had just gotten married and was eight months into marriage when he died. Unfortunately, he did not have any children. It was really sad to see him go through the pain. His pain only lasted for eight months and this is when we knew that he had cancer.

He passed on without us getting to understand when the pain started and how it progressed to his death. Li-Fraumeni Syndrome is something I learned about. This syndrome predisposes people to multiple cancers. Once you get it, there is 100 per cent chance for the woman that it is a death sentence. For men, it is 75 per cent. This syndrome is not known to many doctors. This country does not have a policy or screening protocol for Li-Fraumeni Syndrome.

Such kinds of syndromes could be the reason we are seeing a high rate of cancer. I remember there was a documentary on Meru County. They did some research on Meru County. Many men were dying of throat cancer. The researchers found that chemicals were being sprayed on the *miraa*. When they pluck out the *miraa*, they chew it simultaneously. They do not clean it. You found a whole area where men who were diagnosed with throat cancer were dying.

Nowadays, the chemicals we use in our hair have cancer. Many other things predispose someone to cancer like using sugar, white flour and other eating habits.

Our young people need to have testing kits at all times. The Government should invest in and build capacity on genomic equipment. The footprint is big since there is no need to bring new equipment. The country invested so much during COVID-19 pandemic in genomics. The systems are there, and we only have to use them. It only buys the cancer screening kits and capacity training required for cancer.

I hear there is a Rapid Diagnostic Kit (RDK) that has come. Nonetheless, they are still being tested. I urge the Government to invest in this. Once made available, you will not need to go to the hospital; you will have the RDK. I want to believe it is like the pregnancy and COVID-19 tests we had.

We should use biomedical engineers to operationalize, install and train Kenyans. This should be done across the country. I am sure we will achieve our goal. The equipment is there, but it is not serviced.

We need to invest in doctors. I will speak on genomic testing. This should be the national algorithm for early screening. Someone told me that the second or third killer disease in Kenya is cancer. We are not even talking about HIV/AIDS. Our focus is just on cancer. We are told that if you do not get enough sleep, you are bound to get cancer. The same applies to your eating habits. We have to go back to our traditional foods to avoid such.

There is also precision medicine, which generally identifies specific drug targets. Once we have the genomic map of the country, this will help in terms of precision medicine. Precision medicine targets specific drugs. It leads a doctor to exactly what they want to test or diagnose. People from 28 to 51 years are the ones who drive our economy. About 20 per cent of those who die are young people.

There is a time when most Kenyans were rushing to India to go and do Positron Emission Tomography (PET) scans. It is unfortunate that it is only Aga Khan University Hospital and Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) that do PET scans. It is painful and sad at this time and era. I am wondering what the Government is doing about it.

Most of our people used to die because they had to travel to India to do PET scans. One of my brothers was almost 40 years old. He started having back pain, which became severe. When we took him to hospital, he was told he had cancer. They said it was at stage one and advised that he needed to get treatment as soon as possible.

We decided to take him to India, but three weeks did not even pass. You cannot believe what we were told when we got there. After doing the PET scan, they found that it was stage four and he passed on.

I feel sad that Kenya is still lagging behind on this issue of cancer. I strongly feel that this is the number one killer disease. This is because when you get cancer, you do not feel the pain. It is only after it has advanced that you start feeling the pain. You can imagine if we do not have these kits, how will you know? My eight-month old nephew died of cancer. His was fully blown, but how did he get it? He was not in pain. It was the same case for my brother.

Mr. Temporary Speaker, Sir, cancer is generic. That is why you need to get into family history and understand the issues. Once you know that it is in the family history---

In the United Arab Emirates (UAE), the Government has a policy that every two years, you have to go through colonoscopy and endoscopy tests. If that is done, it becomes clear whether you have it or not. It is the same case for prostate cancer. Telemedicine and e-medicine will help to control cancer once we have them in place.

I would like to conclude by saying that the Government has to invest in cancer, just the way we invested in COVID-19 pandemic because we are losing lives. We are losing our young ones nowadays. Instead of children burying their parents, it is parents who are burying their children, probably due to cancer and other diseases. It is quite painful. I said they are between 16 and 50 years. Going by the data, 51 per cent of them have these cases, yet that is the most active stage in life. That has a direct economic impact.

I support these amendments that there is need to have Cancer Prevention and Control Act. We need telemedicine and regulate the use of e-health. I had my Bill on e-health, which has been taken by the Government. I take pride in that. I have decided that it will not move without putting a fight on amendments because I realised such amendments are not in the Digital Health Bill.

Mr. Temporary Speaker, Sir, I support this Bill. I thank you for giving me this time.

**The Temporary Speaker** (Sen. Wakili Sigei): Thank you, Sen. Kibwana. Let us now listen to Sen. Tabitha Keroche.

**Sen. Tabitha Keroche:** Mr. Temporary Speaker, Sir, I also rise to support the Cancer Prevention and Control (Amendment) (No.2) Bill (National Assembly Bills No.45 of 2022).

Prevention is better than cure. This is one of the best Bills we have had. We should all support it because, as Sen. Cherarkey put it, all of us have been affected in one way or another. If it is not you, it could be a member of your family, a neighbour or a friend. It is a disease on the rise because of lack of prevention and control.

If everybody does the right thing, we can achieve what we are looking for. The Government should make it a priority to ensure that anything that Kenyans consume meets the standards required; be it what we drink or eat.

The other day I was surprised to see the issue of aflatoxin in maize. We can dry maize well. However, you will hear people saying that we need *ugali* very fast. Therefore, people take maize to the market knowing well that it has not dried well. When samples are taken to Kenya Bureau of Standards (KeBS), they might see that aflatoxin levels are high, but still release it to the market.

This is one of the issues that the Government needs to give priority and ensure that whatever Kenyans eat meets the right standards. Pesticides that are used to preserve our food should also meet the standards. Even pesticides that we use to kill insects in our homes must meet the standards that are set internationally.

As Sen. Kibwana put it, we should have machines for early diagnosis in every Level 5 and Level 4 hospital to ensure that is part of the routine for our people. They should be made to understand that it is good when they are diagnosed early.

Mr. Temporary Speaker, Sir, even if you do not have a family history of cancer, we should take the initiative to ensure that county governments put all those machines in Level 4 and Level 5 hospitals. Doctors too should also keep reminding people if they look through records and see that one has not been tested for over a year.

They have to keep reminding people to do those tests every year, the way we do with other diseases for prevention purposes. The Government should prioritize treatment of cancer in its budget. We can pass a Bill and people are not aware of it, then it will not help. We should ensure we have the right equipment in our public hospitals.

If you look at the developed world, you can see where everyone is going to look for medical care. This is because they have taken care of their hospitals. If you go to London, India or America, you will see that they have taken care of their hospitals. We should do the same.

Our 47 counties should ensure that we have the right hospitals and doctors in order to treat our people. This is so that when we are talking of prevention and control of cancer, we are already equipped from the county governments to the national Government. However, we cannot be just telling our people about prevention and yet, we do not have the right things put in place to ensure that prevention and control is taken care of.

Mr. Temporary Speaker, Sir, we should encourage private investors to put up hospitals. With the support of the national Government and county governments, the private investors can put up hospitals with the right equipment. This is the only way we will be able to do prevention and control at an early stage.

As brothers and sisters, we should become our brother's keeper to ensure that whatever we do, we do it, as we would want it done to us. I am speaking to the farmers in the farm. You know the steps you need to take to ensure the food you are growing is safe. I am also urging them to dry well their maize before taking them to market.

Mr. Temporary Speaker, Sir, you will see that someone has injected a cow. They know very well that this cow should not be eaten, but they still take it to the butchery. We are alive because of God's grace. You see a farmer with a sick animal, but since he is not ready to lose it, he slaughter it and it is eaten by people.

We should become our brother's keepers, so whatever we do, we do it as we would wish it done to us. When you go to a shop, you do not know whether commodities there

meet standards. You only buy because it has a diamond mark or simply because it is in shop. If everybody took care and did prevention and control as you would want done to you, then we would ensure that cancer is controlled in our country like other parts of the world.

Mr. Temporary Speaker, Sir, we do not want to see our brothers, neighbours and families dying from diseases that should be prevented. I know people have suffered. As Sen. Cherarkey put it, any time we go back to our villages, we always see people doing *harambees* to support families pay medical bills.

I urge the Government can put up with a kitty to assist people who cannot afford medical services. I am happy to know that the Universal Health Coverage (UHC) will help a lot. The Government came up with that Bill and we passed it here. The Government has put up an insurance fund that will ensure the people with terminal diseases will get medical support when they need it. The main thing is to prevent diseases, so that our people do not suffer.

Hon. Senator for Tana River narrated to us how he saw his father suffering. If the father was given free medical treatment and there was something that could be done to prevent him from not getting that disease, that would have helped. This is the main thing in this Bill.

My opinion is that the national Government and county governments should do what is supposed to be done to prevent and control these diseases. I know people in the developed world do not suffer the way we do in Africa.

Mr. Temporary Speaker, Sir, it is our time to take measures to ensure that we prevent and control cancer. With that, our family members will not suffer. When a family member is suffering, all family members suffer as well. Be it a parent, a brother, a sister or yourself, you will always suffer together.

When we take prevention and control measures, it will bring us a lot ease. Diseases prevent people from moving forward. When you see a suffering dad or a mom, it seems like it is the end of the world. You start asking yourself many questions. For a healthy nation and healthy generations, we need to ensure that we prevent and control all diseases.

I support this Bill. We should all support it and ensure that our people will continue to be healthy and will not go through the suffering of cancer the way we have seen. When our hospitals are equipped and have early diagnostics machines, then we will do prevention through our hospitals and from what we eat and drink.

Mr. Temporary Speaker, Sir, with these comments, I thank you and give the next opportunity to the last person.

**The Temporary Speaker** (Sen. Wakili Sigei): Sen. Tabitha, it is the prerogative of the Chair to say who speaks last.

Sen. Crystal Asige.

**Sen. Crystal Asige:** Thank you, Mr. Temporary Speaker, Sir, for giving me the opportunity. They say the last shall be the first. I appreciate that even though I am the last person to speak on this important amendment, my suggestions and thoughts will be on record.

**The Temporary Speaker** (Sen. Wakili Sigei): Sen. Crystal, there are Members of the House who still want to speak to this Bill. You are not the last person.

**Sen. Crystal Asige:** Fantastic, Mr. Temporary Speaker, Sir. I rise to support this amendment to the Cancer Prevention and Control (Amendment) (No.2) Bill (National Assembly Bills No.45 of 2022).

This is not a new Bill. The Act is already in place. All that we are debating here this evening is this amendment that has been put before the House.

It is important that the Bill is seeking to align itself with digital and technological advancements in the health sector as well as other sectors seeing the boom in the digital industry across the world. Adding telemedicine as well as e-health to this Bill will absolutely make it possible to reach more people who are fighting cancer, have cancer in their family and need the support that cancer medication and treatment will provide them wherever they are in the country.

Mr. Temporary Speaker, Sir, it is something that I have been talking about for a very long time. Since I began my advocacy in my work in disability in this sector, I have always spoken about the importance of digital technology and digital accessibility to support persons, who are vulnerable. My work primarily focuses on people with disabilities, but we are seeing more and more, as we continue debating.

Seeing innovations growing in our country and abroad, the digital space will be the solution to so many of our problems. So many of the things that plague us as human beings, there is a solution that lies in the digital space. This is one of them. Cancer treatment, doctors and interventions, being able to reach rural areas and people who are across Kenya will absolutely change the game in terms of early intervention and management of cancer conditions, and hopefully reversal, so that more people in Kenya can go through remission. We can be celebrating more cases of remission in the future.

This week, I met somebody. His name is Martin Imbalambala. Many people might know him and others might not know him. He was a former captain of Abaluhya Football Club (AFC) Leopards. He played for the team for seven years. Unfortunately, in 2018, he had a sports injury that gave him a disability, which is visual. He is now completely blind, like myself. He is a Very Important Person (VIP). He has been trying to figure out how to rehabilitate himself and bring his life back to his control.

As I have been speaking with Martin Imbalambala and consoling with him, having meetings and conversations with him, his wife and his family, realized that digital access and being able to rehabilitate himself through the technology space, innovations and accessible devices, has been the solution for him.

He has gone to the Kenya Society for the Blind and taken courses in braille, computer science and technology and how to use his smartphone with a screen reader like my own that I use here in Parliament. He is now in a much better place, not just as the sole breadwinner, a man who is supposed to be a protector and provider, but also as a father of his children.

He has now gained back his confidence because of digital innovations and the device that he is been able to access. I am happy that I have been able to support him in his journey to give him softwares on his laptop that will continue to help him reach a level that

is not quite the same as where he used to be when he had his full sight. However, he is able to take control of his life.

The reason I gave this story is because I am underscoring the importance of the internet, technology and assistive devices, not just in the case of persons with disabilities, but everyone is now seeing the same. These amendments to the Bill that we are discussing here, will also prove to be as beneficial to non-disabled people seeking help, treatment, medication as well as disabled people in the country.

It is important to understand that cancer even though it is said to be genetic and somebody in your lineage must have it, or must have had it for it to exist or manifest in you; to be quite honest, we are discovering every single day that medicine, our medical doctors and professionals may not know everything about these very complex conditions and diseases.

Every single day as human beings, we are discovering one more thing. We are discovering that we do not know what we do not know. We only can move in a direction that we pick up small pieces of the puzzle to try and figure out interventions through research and experimentation.

We are told that cancer is genetic. Even though we are being told that we may have it because it is in our family tree, sometimes cancer is caused by lifestyle; foods that we eat, trauma and different types of psychological challenges that maybe stem from birth or in your young age.

For me, I want to narrow down on the matter of food. It is really fascinating to think about Kenya and how we could transform our approach to food and health. Instead of imposing Value Added Tax (VAT) on things like bread at 16 per cent, we could delve into sustainable agricultural practices. We can take a leap from the USA Farm Bill of 2023, focusing on sustainable farming to empower local farmers and ramp up the production of healthier food choices.

This is not just about money, but about getting to the core of health problems like cancer by pushing for fresh, nutrient-packed foods, rather than processed junk. Communities could tackle a whole host of health issues tied to cancer, diet, weight problems, lack of exercise, insulin problems and other genetic conditions that come along. Shifting our resources from old school farming to programmes backing sustainable practices and teaching about nutrition, could be a game changer in dealing with health and environmental hurdles that we are seeing.

It is heartening to see this global shift in mindset that recognizes how food systems is important to looking after human well-being and health. I just wish that we would also take a step further and not just look at cancer prevention in terms of what we can do with medicine, but what can we do with improving our health systems and health habits? What laws can this Parliament think of and put forth as proposals to improve our lifestyle choices?

This is because we are here as leaders and have knowledge, connections and can go and benchmark in different countries and come back with solutions that do not always have to come about at stage three or stage four of cancer. What if we do not even have to

get to stage one of cancer by going to the root and looking at our lifestyles and the foods that we are importing into the country to feed our fed our children.

It is very often that you see parents give their child sweets, processed foods, meats and sifted grains, and believe because of maybe lack of or poor education, that it is good for their child. At least, so long as my child has a full belly, then he or she will be fine. However, what are you doing to that child when they are two years or three years old and what kind of future are you giving them by feeding them what you are feeding them today? Like I said, we need to think in those kinds of terms, so we do not have to get to stage one or two or three of cancer cases.

Mr. Temporary Speaker, Sir, I also wanted to talk about how this Bill would be well placed if it also went *vis-a-vis* digital skills training. We need digital skills training. It is all well and good to say that we are going to introduce telemedicine and e-health systems when most of our country does not have digital skills. They do not know how to use smartphones and laptops to the best of their ability.

How do you access the internet and make the most out of it apart from going on social media and *TikTok*? We also need to think about how we will train our people to use the online services that we are seeking to provide within this Cancer Prevention and Control (Amendment) Bill. It could be there, but as they say if you do not use it, you lose it.

We need to understand how we are going to have digital skills piggyback these amendments we are talking about today. We also need to talk about affordability and accessibility of the internet. That is the next part of this equation for me. How are we, as Parliament or the Government, thinking about making the internet more accessible? Cancer patients, sick people and People with Disability (PWD) will need a way to access the internet. They will need to have affordable and stable internet. Otherwise, this is just a nice piece of legislation that we shall pass here and will be assented into law, but will not be useful on the ground.

What are we doing to reduce cost of data, internet accessibility, mobile phones and mobile applications? You have to buy most of these apps even the medicine company apps that some of us use. You have to download them and sometimes they charge a monthly fee. How do you expect somebody in Tana River County who has just lost everything that they have worked and lived for in the floods to afford a subscription of Kshs1,000 for a telemedicine app in order to manage their cancer condition?

We need to think about questions like these holistically. It is good to come up with one amendment, but you have to think of it as a domino effect. There is a pathway to any solution. We need to look at every single stage of that solution, not just jumping from point 'A' to 'Z', to state that we have the answer, this is a good Bill and Kenya is ahead, when you have not thought about all the parts of the puzzle in the middle of the solution.

Mr. Temporary Speaker, Sir, I wish that moving forward as Parliamentarians and Senators in this House, distinguished colleagues, we could start thinking of things outside medicine. Issues regarding wellbeing and mental health because that also goes hand in hand with cancer. Many doctors will tell you that if you are going through chemotherapy sessions, you will need to have a strong will and mind.

Social media is fantastic; it connects people. We are able to speak, communicate and do so much more through the internet and social media. The other side of the coin is that we are seeing higher levels of loneliness and isolation in our communities. People think because I am on the internet, I am okay.

Really the people behind those mobile phones, laptops---

**The Temporary Speaker** (Sen. Wakili Sigei): Sen. Crystal Asige, you still have five minutes of your time to conclude.

**Sen. Crystal Asige:** People who are behind the laptops are not okay. We cannot assume that just because I see Sen. Cherarkey update his *WhatsApp* status or *Instagram* reels, he is fine today. We have to also think about how to connect human beings together. I am concerned that if we focus on e-health and telemedicine alone, we will rely fully on that. A doctor seeing a patient virtually and diagnosing them through a screen or speaker on the phone and that is it. We forget that human touch is absolutely necessary and vital in recovery and management of any condition, so that we do not adopt one and forget the other.

Mr. Temporary Speaker, Sir, they have to go hand in hand. Even as we support this Bill, we need this amendment. We need to figure out how to ring-fence these cancer patients and not just say that because we have internet problems will be easier to solve. Yes, they will be easier, but also how do we keep the human connection that is extremely vital between patient and doctor? Even if it is a case of being treated and seen virtually through e-Health and telemedicine, we also need to make sure that there are sessions that will be done in person.

We should not lose the walk-in mechanisms in hospitals or clinics even as we do support the amendment to this Bill. I submit.

**The Temporary Speaker** (Sen. Wakili Sigei): Sen. Cherarkey, how much time do you need to conclude your reply?

*(The Clerk-at-the-Table approached the Chair)*

Sen. Cherarkey, you may proceed to reply.

**Sen. Cherarkey:** Mr. Temporary Speaker, Sir, a lot has been said and I want to thank colleagues for the wonderful contribution to this Bill that we have debated today.

The conclusion has been done by the gracious lady, Sen. Crystal Asige, Sen. Tabitha Mutinda, the seconder and Sen. Tabitha Keroche. The weekend is approaching and I hope that she has prepared something for us, as the Acting Senate Majority Leader. There is also my senior brother, Sen. Mungatana, *mila mamba* and many others.

I know that you would have contributed, but because of your unique position, it would not be in order. We agree that cancer is a serious disease. We must be ready to tackle it through legislation and allocation of resources. I call upon any member who has further amendments to ensure they bring them up, so that in the Third Reading and Committee of the Whole, they can present them.

Mr. Temporary Speaker, Sir, I empathize and sympathize to the many victims of cancer. We call you heroes. For those who have lost their loved ones, we empathize and

pray for you. We are doing everything we can to fight the cancer menace, which continues to not only kill our people, but also deteriorate them by making them lose their property and wealth. We pray, support and wish you all well.

Mr. Temporary Speaker, Sir, in that same breadth, pursuant to Standing Order No.66(3), I request that the putting of the question be deferred to a later date for division.

I thank you, and I beg to reply.

**The Temporary Speaker** (Sen. Wakili Sigei): Thank you, Sen. Cherarkey. Pursuant to the Standing Order No.66 (3), the request is granted and putting of the question will be when the House resumes.

*(Putting of the Question on the Bill deferred)*

### ADJOURNMENT

Hon. Senators, it is now 6.30 p.m., time to adjourn the Senate. The Senate, therefore, stands adjourned until Tuesday, 28<sup>th</sup> May, 2024, at 2.30 p.m.

The Senate rose at 6.30 p.m.