



REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

NATIONAL ASSEMBLY

THE HANSARD

21st October 2026

Vol. V No. 95

THE HANSARD

Wednesday, 21st October 2026

(The House met at 9.30 a.m.)

*[The Temporary Speaker
(Hon. David Ochieng') in the Chair]*

PRAYERS

QUORUM

The Temporary Speaker (Hon. David Ochieng'): Good morning, Hon. Members, and happy Mashujaa Day to you all. I request the Serjeant-at-Arms to ring the Quorum Bell for 10 minutes.

(The Quorum Bell was rung)

The Temporary Speaker (Hon. David Ochieng'): Hon. Members, let us all take our seats. Hon. Members, I can confirm that we now quorate and we can proceed.
Deputy Whip of the Majority Party.

PAPERS

Hon. Naomi Waqo (Marsabit County, UDA): Hon. Temporary Speaker, I beg to lay the following Papers on the Table:

1. Host County Agreement between the Government of Republic of Kenya and the Novo Nordisk Foundation (NNF) Kenya AAA/S on establishment of regional office in Nairobi and the explanatory memorandum from the office of the Prime Cabinet Secretary.
2. Annual reports and financial statement for the year ended 30th June 2026 of the Social Health Authority (SHA) on the following:
 - (a) Emergency Chronic and Critical Illness Fund (ECCIF);
 - (b) Primary Health Care Fund (PHCF);
 - (c) Public Officers Medical Scheme Fund (POMSF);
 - (d) Social Health Authority Car Loan and Mortgage;
 - (e) Social Health Insurance Fund (SHIF) and; and,
 - (f) Social Health Authority (SHA).
3. Succession management policy for the public service for October 2025 from the Public Service Commission.
4. Annual performance report for the Financial Year 2025/2026 for the Ministry of Defence.
5. Reports of the Auditor-General and financial statement for the year ended 30th June 2026, and the certificates therein in respect of the following:
 - (a) ADB African climate summit project, the National Treasury;
 - (b) African Environment Health and Pollution Management Project No. P167788. Grant No. PFOB3322, National Environment Management Authority;

- (c) Development of utility run super ESCO in Kenya project AFDB, Grant No. 559015500051, Kenya Power and Lighting Company PLC;
- (d) Drought Resilience Programme in Northern Kenya, DRPNK, Project Loan No. BMZ201365360 County Government of Marsabit;
- (e) East Africa skills for Transformation and Regional Integration Project EASTRIP, AIDA Credit No.6334KE, Kisumu National Polytechnic;
- (f) East African Centre of Excellence for Skills and Tertiary Education on Biomedical Science Phase I, Project Loan Nos.2100150031997 and 2100150043449, Ministry of Health;
- (g) Global Fund to contribute to achieving Vision 2030 through universal access to comprehensive HIV preventive treatment and care KENHTNT No.4147, Ministry of Health, NASCOP;
- (h) Integrated Programme to build resilience to climate change and adaptive capacity of vulnerable communities in Kenya, Project No. KEN/NIE/MULCI 2013/1, National Environment Management Authority;
- (i) Intelligence Service Development Fund;
- (j) Kenya Development Response to Displacement Impacts KDRDIBIDA Credit No.626021KE and Grant No. TFOA7762KE, Ministry of East African Community (EAC) ASALS and Regional Development;
- (k) Kenya Devolution Support Programme KDSB2IDA, Grant Credit No.7447KE, County Government of Siaya.Kenya Devolution Support Program IDA-7447-KE - County Government of Mandera;
- (l) Kenya Digital Economy Acceleration Project-KDEAP (Credit Numbers 7289-KE and 7290-KE)-Information and Communications Technology Authority;
- (m) Kenya ETF Reporting Programme to the UNFCCC Project - State Department for Environment and Climate Change;
- (n) Kenya Petroleum Refineries Limited - Subsidiary of Kenya Pipeline Company PLC;
- (o) Kenya Social and Economic Inclusion Project No. P164654 IDA Credit No. 63480-KE and Grant No.TF0A9527 - National Drought Management Authority;
- (p) Kenya Space Agency;
- (q) Kenya Towns sustainable water supply and sanitation programme (AfDB Loan No. 2100150036294)- Tana Water Works Development Agency;
- (r) Kenya-EU Partnership for the Implementation of the National Strategy to Counter Violent Extremism in Kenya, Grant Contract No. EUTF05-HoA-KE-34-01- National Counter Terrorism Centre;
- (s) Lake Naivasha Basin Ecosystem Based Management Project (Grant No. CC15346) - National Environment Trust Fund;
- (t) Last Mile Connectivity Project I (ADF Loan No: 2100150032195) - Kenya Power and Lighting Company PLC;
- (u) Promoting of Youth Employment and Vocational Training in Kenya (PHASE II) Project Grant/Credit Number. BMZ NO.2018 65 120-Ministry of Education (State Department for Technical, Vocational Education and Training);
- (v) Public Debt Management Support Project (ADB Grant Agreement No.5500155013708) - The National Treasury;

- (w) Reproductive Health - Output Based Approach (RH-OBA) Project Number (Credit BMZ No. Kenya 2010 65 853) - Ministry of Health;
- (x) Sound Chemicals and Waste Management Project No. 2023/M99/MI-32CML - State Department for Environment and Climate Change;
- (y) Strengthening Forest Management for Improved Biodiversity Conservation and Climate Resilience in the Southern Rangelands of Kenya (IUCN Project No. AVCH-000981 And GEF ID/10292) - National Environment Management Authority;
- (z) Technical and Vocational Education Training and Entrepreneurship (TVETE Project PHASE III) (Loan No. 2100150042254) - State Department for Technical, Vocational Education and Training;
- (aa) The Project for the Improvement of Power Distribution System in and Around Nakuru City and Mombasa City (JICA GRANT No:1860780) - Kenya Power and Lighting Company PLC;
- (bb) Transforming Health systems for Universal Care (THS-UC) Project Grant IDA Credit No. 5836-KE, TFOA2561, TFOA2792 and CR. P152394 - Ministry of Health;
- (cc) UNICEF Country Programme Document 2024-2026-PFMR: GRANT/CREDIT NUMBER: UNICEF CPD Kenya-PFMR Project E/ICEF/2022/P/L.16 - The National Treasury;
- (dd) Witness Protection Agency Staff Housing Mortgage Scheme Fund; and,
- (ee) Witness Protection Agency Staff Motor Car Loan Scheme Fund.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Well done. It was a very long one. Next Order.

QUESTIONS AND STATEMENTS

I think we just have one in that stead today. Member for Nyamira County, Hon. Jerusha Momanyi, you have a request for a statement.

CHILD PROTECTION UNITS IN JUVENILE HOMES

Hon. Jerusha Momanyi (Nyamira County, JP): Thank you. Hon. Temporary Speaker, I rise to request for a statement regarding the status of child protection units under juvenile homes in Kenya.

Hon. Temporary Speaker, pursuant to the provisions of Standing Order 44(2)(c), I wish to request for a statement from the Chairperson of the Departmental Committee on Social Protection and the Departmental Committee on Justice and Legal Affairs regarding the status of child protection units under juvenile homes in the country.

Hon. Temporary Speaker, Article 53 of the Constitution guarantees every child protection from abuse, neglect, harmful cultural practices and all forms of violence. Child protection units and the juvenile homes play a critical role in protecting children, child victim of abuse, violence and exploitation. They also facilitate the care, rehabilitation and reintegration of children in conflict with the law.

However, concerns have been raised regarding the inadequacy and even distribution and the deteriorating condition of those facilities across the country. Their limited capacity has contributed to delays in the administration of justice, reintegration of services and the child victims, over-crowding, restricted access to rehabilitation and reintegration services.

Hon. Temporary Speaker, it is against this background that I request for a statement from the Departmental Committee on Social Protection and the Departmental Committee of Justice and Legal Affairs regarding the following:

1. The number and the geographical distribution of child protection units and the juvenile homes currently operational across the country;
2. The current operational status, capacity and the physical condition of the facilities and social resources that are required for effective service delivery; and,
3. The measures that are being taken to strengthen the facilities, enhance the service delivery, improve access to child-friendly justice and ensure the timely protection, rehabilitation and the reintegration of children in need of care and protection, as well as children in conflict with the law.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Are the Chairpersons of Departmental Committee on Justice and Legal Affairs or the Committee on Social Protection in the House? Whip of the Majority Party, please take up this matter and place it before the two Committees.

Hon. Naomi Waqo (Marsabit County, UDA): Noted, Hon. Temporary Speaker. I will do so. There will be a response two weeks after the recess.

The Temporary Speaker (Hon. David Ochieng’): Okay. Hon. Jerusha, follow up with the two Committees.

Hon. Jerusha Momanyi (Nyamira County, JP): Thank you. We shall wait for the two weeks to get the answers. Thank you.

The Temporary Speaker (Hon. David Ochieng’): Thank you. Next Order.

BILL

Second Reading

THE HARM REDUCTION BILL (National Assembly Bill No. 37 of 2025)

(Moved by Hon. Esther Passaris on 7.10.2026 – Morning Sitting)

(Resumption of Debate interrupted on 7.10.2026 – Morning Sitting)

The Temporary Speaker (Hon. David Ochieng’): Hon. Esther Passaris, you were on the Floor moving this Bill. Please proceed. You have 15 minutes to wind up.

Hon. Esther Passaris (Nairobi City County, ODM): Thank you. Hon. Temporary Speaker. I rise to continue moving the Harm Reduction Bill, 2025 for Second Reading, having commenced on 7th October. Then, I had taken Members through the various clauses of the Bill, and had reached clause 11, which creates offences relating to the provision of harm reduction services. The published clause provides upon conviction for a fine not exceeding Ksh200,000, imprisonment for a term not exceeding two years or both. There was resistance to this particular clause because they felt that medics should not be the ones to be fined. I agree to that, where we have the structures in place to ensure that you provide harm reduction, more like post-abortion care, and I will tie the two. When a patient is in a hospital having procured an abortion illegally, when they are under your care, your personal opinions on abortion care should not determine how you treat that patient.

When we say that drug users should be supported, counselled and treated with compassion, we want to make sure that no medic will go against what the Government says. This is because drug users are people who require assistance through the various programmes that the Government puts in place in line with human rights programmes across the world. Harm reduction is about people who use drugs. The first harm reduction was the needle and syringe exchange. When they share needles, they spread Hepatitis B, C and HIV. Community-based organisations and people who work in the dens should take the bad needles without judgement and give good ones, and as such meeting them at their point of need. At the same time, you introduce them to the fact that there are such programmes in our hospitals. Here in Nairobi, the programme is offered at the Mathari National Teaching and Referral Hospital, and also at Ngara Health Centre, which is a county hospital. However, this has been a donor-funded programme. Currently, it is so disheartening to see that, out of the 700 patients who were on the methadone harm reduction programme, 400 have dropped out, and many are not able to access that service.

If that service was like Beyond Zero... When I was in the Departmental Committee on Health in the last Parliament, I went to Portugal with the Committee, and I became the champion for UNITE Parliamentarians Network for Global Health. While we were there, we saw that ambulances go all over, and stop at places where they know there is heavy drug use problem. They talk to people about the programme, and sign them up. If you have HIV, they make sure that you get into the programme and you are able to get medication. If you are dependent on heroin, opioids or even painkillers like Tramadol, they get you on the methadone programme and make sure that every week you get medication and counselling. When I went to Ngara, I met children of this nation, who were on a successful methadone programme. I signed them up for driving lessons. Some of them wanted to make furniture, and we equipped them. Today, they are responsible citizens of the society.

When I talk about harm reduction, initially, this Bill was about drug users. If you go to the dens and find a drug user who has been injecting, and they have wounds that could become gangrene, you treat the wounds. You get them on the programme, make sure they stay, and counsel the families into accepting them back. It is a programme that lets you meet a user at their point of need. Once we have that programme in place, and fund it adequately, we shall have outreach programmes that will reduce drug and substance abuse.

Alcoholism is a big problem in this country. There are interventions that can stop people from taking alcohol. If we come up with a harm reduction programme, even for alcohol, we will make sure that people who consume alcohol out there know that the Government cares for them. There is also a drug called naloxone. If we had naloxone stocked in every hospital, it would reduce the pressures on the emergency and make sure that a person who has overdosed survives. That is a harm reduction drug. There are also other areas. We start off with drug and substance use, then we take it to the next level.

I wish to talk about a programme for Cochlear for children that this country has partnered with Morocco, where children are taken to Morocco. A Moroccan team of doctors came to Kenya, and 40 children were identified for that operation. When you undergo a cochlear operation which will enable the children to hear, but then you do not follow up with vocal or speech therapy, what happens? There are 40 children that were operated but dropped out of the programme. We are not in any way reducing the harm of them becoming deaf in the future.

We also have another problem. For instance, if we look at harm reduction in terms of glaucoma, how many citizens in this country are becoming blind because we are not doing an outreach programme to test people who are glaucoma positive. It is an inherited disease, and if you have it, the chances of you going blind are 100 per cent. However, if you put eye drops every day, you will not go blind. That is harm reduction.

When it comes to rape, if you continuously monitor, counsel and give women in our society who have been raped medications on depression, that is harm reduction. They will not be prone to commit suicide. The whole idea of harm reduction is to stand with families that are in dire need, and that require the Government to do more to save their children. There are many people out there who are addicted to hard drugs like fentanyl, cocaine and cannabis. There are cookies that are being sold in schools, and children are collapsing on a daily basis. Harm reduction is about going and meeting the citizens at their residences. It is about understanding their needs and not being judgemental.

A woman who has procured an abortion should be protected, but not taken to court and charged for committing a crime. Understand why she did it, and treat her well while she is in hospital. When I talk about harm reduction, it cuts across the board. As a country, we can start by having a Harm Reduction Bill, and then continuously build on it by adding other things and understanding the needs of our children. When we see our children burning schools or committing suicide, what is the reason? How do we prevent that harm from becoming a death or destroying a family? As I stand here, Parliament has to understand that harm reduction has been adopted in many countries. I visited a hospital in Geneva, and saw them providing clean cocaine to patients who did not want to get into a harm reduction programme, but they also did not want them buying it from the back street which are infiltrated, and that were going to be harmful or kill them.

I saw people come in with wounds from injecting drugs, and they were being treated with dignity and given new needles, in case they were going to use the drugs. We should not judge but rather arrest the situation. The people who should be judged are the peddlers, traffickers and police who fail to make sure that drugs are not everywhere. Even as we try to fight illegal brew, it is everywhere and is happening under our watch. As a Government, we cannot talk about universal health care when we are unable to prevent the harm that is destroying families. There is no mother who wants to see her drug-addicted child not being helped. The help ought to be long-term or life-term. In the end, 400 adults or children dropped out of that programme because they could not afford transport, have the right diet, or could not get reached by the institution, while Mathari is in the centre of town.

At the end of the day, somebody in Embakasi may not have transport to go to Mathari National Teaching and Referral Hospital. A mother whose child has undergone an operation to enable them to hear may not afford transport or speech therapy.

We need to take the first step. I attended a harm reduction conference in Melbourne, which is held every year. I have engaged many donors and partners who appear before the Departmental Committee on Health. Although some argue that harm reduction can be plugged into other laws, we cannot do it. We need to have a stand-alone harm reduction law like other progressive countries, and then we fund it adequately.

We need outreach programmes to reach where drug users are. We need people who can enter the dens. We need adequate stocks of naloxone and training on its use so that anybody who has an overdose can be brought back to life. Many people take overdoses daily. We also need methadone programmes to help people wean off addictions.

I shared a movie, *A Street Cat Named Bob*, with all Members to watch because it shows a harm reduction patient on methadone. It demonstrates what it took for the family, counsellors, medical officers and the government to establish a centre where harm reduction could be provided and people could be treated with dignity. We should not condemn and judge people who use drugs or regard them as people we should not waste time on. Those are citizens. Our laws say that we should not leave anybody behind.

We cannot have Universal Health Coverage without protecting the people who use drugs. They use them because they are readily available and we have failed to address depression. We have the Counsellors and Psychologists Act which we passed in 2014.

However, we have not provided counsellors in every school and institution. We do not have counsellors in Parliament, but we have Members who are going through depression. We do not have counsellors who can sit with them and discuss what they witness.

Some of the issues constituents raise with Members can even make them suicidal. The pressure of dealing with poverty, pain and suffering of our people is very difficult. We need to reduce the harm. The only way to do so is to understand harm at every stage. We have harm associated with drug use, substance use and alcohol. We provide condoms as a form of harm reduction. Why do we provide them? We do it because we do not want people to spread sexually transmitted diseases and Human Immunodeficiency Virus (HIV). We do not want women to have unwanted pregnancies.

We have birth control measures. Are we doing enough to tell people what to do, if they do not want children? I met a woman in Mukuru, Embakasi South, who was pregnant. Her daughter was also pregnant. She told me that she did not want another child, but the birth control medication she was given did not work. She said that all the women who were given the same medication in that clinic were pregnant. I will visit it because it offers birth control medication that does not work. There is a problem. Harm reduction happens when a woman is given birth control medication or is able to access it. If she does not get it, what happens? She will get pregnant, procures an unsafe abortion and end up in hospital. Medical officers must treat her with compassion and understand her circumstances.

When I stand here and say that I want a Harm Reduction Bill, my focus is on people who are addicted to drugs like tramadol, painkillers, opioids, heroin and cocaine. Let us make sure that we meet them at their points of need. Different people have different needs. Those who require needles because they cannot stop using drugs or cannot access a programme should be counselled and helped to join the programme. Mathari National Teaching and Referral Hospital and Ngara Health Centre are underfunded. 400 people have dropped out of the programme which is a serious concern. Are they dead? Are they giving their parents and families a hard time? Are they auctioning everything they own to get their next fix? We have a problem.

As I stand here, I lobby for the support of the entire Departmental Committee on Health and all Members of Parliament. If you are honest with yourself, you know that drug use is a big problem which is increasing worldwide. In every country you visit, you will find harm reduction centres. The Departmental Committee on Health visited Malaysia and they saw the harm reduction centres. We also have them here in Mathari National Teaching and Referral Hospital and Ngara Medical Centre. We also have 14 harm reduction centres in Mombasa County. Nairobi City County needs to have one in every constituency, and probably in every ward, but we do not have the funding. Once we make this law, we can provide the funding.

The next step is to move beyond harm reduction in drug use, substance use and alcohol abuse, to address other forms of harm. How can we prevent children, women and men from becoming blind because we are not providing glaucoma testing and treatment?

The Temporary Speaker (Hon. David Ochieng’): Order, Hon. Passaris. Your time to move the Bill is over. I will give you one more minute to wind up and move the Bill.

Hon. Esther Passaris (Nairobi City County, ODM): Hon. Temporary Speaker, I beg to move and request Hon. (Dr) Robert Pukose, Member for Endebess, to second the Bill.

I thank you.

The Temporary Speaker (Hon. David Ochieng’): Go ahead.

Hon. (Dr) Robert Pukose (Endebess, UDA): Hon. Temporary Speaker, I rise to second the Harm Reduction Bill, (National Assembly Bill No. 37 of 2025), which is sponsored by Hon. Esther Muthoni Passaris, the Nairobi City County Woman Representative. At the heart of the Bill, it is a simple but important question: Should Kenya have a clear, coordinated and

evidence-based framework for providing harm reduction services to persons with substance use disorder? Yes, it should have.

Substance use disorder requires a comprehensive public health response that recognises its effects on individuals, families and communities. Behind a person struggling with addiction may be a household experiencing financial hardship, strained relationships, stigma and distress of watching a loved one struggle to obtain appropriate care. As representatives of the people, we encounter families that are seeking assistance with treatment, rehabilitation and counselling. They do not know where to turn to, what services are available or how they will afford the help they need.

Harm reduction seeks to reduce preventable illnesses, injuries, overdoses, infectious diseases and other harmful consequences that are associated with drug use, while connecting people to healthcare, treatment and support. Prevention, treatment, rehabilitation and harm reduction must work together. A person in crisis needs an entry point into healthcare. Continued engagement can create opportunities for treatment, rehabilitation and recovery. We should make those opportunities accessible.

Therefore, we must examine how the proposed framework will operate alongside existing institutions, including National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA), community organisations and other organisations that are involved in harm reduction. Legislation must be backed by credible implementation. We must establish who will provide those services, where they will be available and how they will be financed. We must ensure that appropriate standards protect vulnerable persons from exploitation and that the quality and outcomes of care are assessed.

The information requirements in Clause 5 of the Bill require careful attention to privacy and confidentiality. People must have confidence that their sensitive health information will be protected. The healthcare provider duties in Clause 10 of the Bill and the offences and penalties in Clauses 11 and 12 of the Bill may require scrutiny. Accountability must be clear, fair and proportionate, consistent with existing law and responsive to the circumstances in which healthcare professionals work. These are substantive matters that we should address through careful consideration and appropriate amendments. Supporting the Bill at Second Reading affirms the need for a coordinated framework, while allowing the House to strengthen its provisions as it progresses.

I commend Hon. Passaris for bringing these issues before Parliament and thank the Departmental Committee on Health and the stakeholders who have contributed their expertise and experience.

I urge Hon. Members to support the Bill and work together towards legislation that is practical, accountable and responsive to the needs of the people we represent. Let us legislate with compassion and evidence, protect life, support families and strengthen access to treatment and recovery. We must ensure that Kenya's response to substance use disorder is coordinated, humane and firmly anchored in public health.

With those few remarks, I second.

(Question proposed)

The Temporary Speaker (Hon. David Ochieng'): I will begin with the Chairperson of the Departmental Committee on Health, Hon. James Nyikal.

Hon. (Dr) James Nyikal (Seme, ODM): Thank you, Hon. Temporary Speaker, for giving me the opportunity to contribute to this Motion. My contribution will reflect the position of the Committee. However, let me begin by congratulating Hon. Passaris for introducing the concept of harm reduction.

The Temporary Speaker (Hon. David Ochieng’): Chairperson, have you submitted a report to the House?

Hon. (Dr) James Nyikal (Seme, ODM): Yes, I have submitted a report.

The Temporary Speaker (Hon. David Ochieng’): Great.

Hon. (Dr) James Nyikal (Seme, ODM): I congratulate Hon. Passaris for bringing forward this important concept. I will briefly outline the history of the process because the Committee’s recommendation is that the Bill should not proceed in its current form.

The Bill was first referred to the Committee at the pre-publication stage, when the Committee considered its underlying principles and found them acceptable. Following its First Reading, the Bill was referred to the Committee for further consideration. Several stakeholders were invited to submit their views, including the Ministry of Health, the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA), the Kenya Law Reform Commission, the Law Society of Kenya and various civil society organisations.

The submissions revealed that, although the principle underlying the Bill is good, its substantive provisions raise significant concerns. As currently drafted, the Bill conflicts considerably with existing legislation and institutional frameworks, particularly the NACADA Act. To a large extent, the Bill duplicates provisions that are already contained in Section 5 of the NACADA Act. A clause-by-clause examination reveals considerable similarities between the proposed provisions and the functions that are already assigned to NACADA.

I cannot read everything, but I will explain a few things. Part I contains preliminary provisions, including the short title. Part II, particularly Clauses 5 to 7, sets out the functions of the national and county governments. Other provisions address the establishment of harm reduction facilities, the provision of harm reduction services and the duties of healthcare providers.

However, Section 5 of the NACADA Act already provides for functions that substantially overlap with these proposals. These include conducting education on alcohol and drug abuse, directly and in collaboration with public and private bodies; coordinating and facilitating participation in the control of alcohol and drug abuse; and promoting inter-agency collaboration among institutions that are responsible for addressing alcohol and drug use and reducing demand.

The Act also provides for collaboration with relevant agencies to monitor emerging trends, facilitate the development and operation of rehabilitation facilities, programmes and standards for persons experiencing substance use disorders, and regulate rehabilitation facilities, subject to other written laws.

Furthermore, NACADA is mandated to coordinate, in collaboration with relevant Government and non-state agencies, the formulation of national policies and laws on the control of alcohol and drug abuse, as well as facilitate their implementation and enforcement.

The concern, therefore, is that the proposed legislation substantially duplicates functions that are already provided for under the existing law. In light of these concerns, the Committee sought the views of various stakeholders, particularly the Ministry of Health. Their submissions are summarised as follows:

The Ministry of Health submitted that the Bill substantially duplicates existing provisions and conflicts with the statutory and institutional framework that is governing the prevention, treatment and rehabilitation of persons affected by alcohol and drug abuse, as well as policy coordination and related interventions. The Ministry recommended that consideration of the Bill be deferred to allow for adequate and structured consultations with the Ministry responsible for internal security and national administration, as well as NACADA.

The Kenya Community Advocacy Initiative supported the principle of harm reduction, but identified several gaps in the Bill. It observed that the proposed legislation does not adequately recognise community-led and peer-based initiatives. It also fails to sufficiently

address the services that are provided by civil society organisations, including the distribution of commodities, overdose response and referral services.

The organisation further highlighted the limited attention that is given to gender and inter-sectionality, noting that the Bill does not adequately address the specific needs of women and young people. It also identified the absence of clear coordination and financing mechanisms and recommended further consultations.

The Office of the Attorney-General recommended that harm reduction services be incorporated into NACADA's policy framework and implemented as a programme under the Authority. It submitted that the services contemplated under Section 5 of the NACADA Act already cover the provisions of the proposed Bill. Furthermore, NACADA's 2025 policy outlines interventions and action plans for addressing alcohol and other drug abuse.

Next Generation Lawyers also supported the principle of the Bill, but recommended closer collaboration with NACADA and harmonisation with the existing legal framework.

*[The Temporary Speaker
(Hon. David Ochieng') left the Chair]*

*[The Temporary Speaker
(Hon. (Dr) Rachael Nyamai) in the Chair]*

Similarly, the Caucus on Harm Reduction and Drug Policy Response observed that, in its current form, the Bill contains significant legal, structural and human rights gaps that cannot be adequately addressed through routine clause-by-clause amendments at the committee stage. Again, they are also recommending that there is need for further consultations.

The Law Reform Commission of Kenya noted that several provisions use passive constructions and recommended redrafting in active form to assign responsibility and avoid bureaucratic ambiguity and enhance administrative accountability. They further recommended insertion of a clause with consequential amendments to or some form of coordination with the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) Act.

Hon. Temporary Speaker, after going through all this, I must say this is an extremely important Bill. The concept is great but we need more time. The Committee decided there is need for further consultation, particularly with the NACADA Act, Health Act and the Mental Health Act, that are in place. The Attorney General also recommended further consultation and harmonisation. In that context, the Committee recommended that we step down the Bill in its entirety and give time for more consultations. Having said that, this is a good effort. But, if we pass this Bill as it is, it will be very difficult to implement because we are already setting up contradictions within the law with other laws. The other option we would have is to bring massive amendments at the Committee of the whole House stage. I have looked at it very carefully. If we make all those amendments, we will basically have a new Bill. The Committee's recommendation is that...

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Order, Chairman.

Hon. (Dr) Robert Pukose (Endebess, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): What is out of order, Hon. (Dr) Pukose.

Hon. (Dr) Robert Pukose (Endebess, UDA): Thank you, Hon. Temporary Speaker. You realise that the Chair is saying that the Bill is good in principle. When we talk about further consultation on a Member's Bill, it means that the Bill might not proceed despite the efforts the Member has put in. I propose to the Chair that we make amendments in the Committee of the whole House since everyone says the Bill and the principle is good, but it requires further

consultations. Those further consultations can be done in the Committee of the Whole House so that the Member's Bill can proceed. We should not step down a Member's Bill because the Member has put in a lot of effort. It is not easy to bring a Bill and the House schedules it for a Second Reading. I, therefore, propose that the Chair allows the Bill to proceed to Second Reading where we will bring a lot of amendments. In my seconding, I talked about the NACADA Bill and about community organisations, which we will be able to align.

Thank you, Hon. Temporary Speaker.

Hon. (Dr) James Nyikal (Seme, ODM): Hon. Temporary Speaker, when I stood up to address this, I am presenting what the Committee passed. As the Chair of the Committee, I cannot make a different presentation now but eventually, this House is the one that makes those recommendations. I do not have the authority to determine what the House says. My role is to give information on what we are going to face. If the House decides that we proceed and try to make amendments in the Committee of the whole House, so be it. As the Chair, I am only presenting the position of the Committee which is what I have presented. The House is at liberty to take into consideration the issues that the stakeholders and I have raised and see if they can be adequately corrected in the Committee of the whole House. I will have no problem with that. But the recommendations of the Committee at this time as contained in the Report which is at the Table Office is that we step it down and let those consultations go on. That is the position. I can only say that I know many Bills that have gone through and eventually, you find that they are very difficult to implement. They either stay unimplemented or there is so much conflict between agencies. If we can correct those in the Committee of the whole House, that will be okay. But as it is currently, there will be a lot of issues with other agencies. I can tell you that from experience, if we do not do serious work and this Bill is passed and assented to, it will stay in the law books, but will not be implemented in reality. I have only given the position of the Committee, which is that, at this time, we should step it down. That is what the Report says. The House has the liberty to deliberate and decide.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Hon. Members! I have listened to the point of order raised by Hon. (Dr) Pukose, who has been a Chair of the Departmental Committee on Health and is also a member of the same Committee. I also have a lot of respect for Hon (Dr) Nyikal because of the experience he has as a former Principal Secretary and having been in this House for the last 14 years. However, we are also guided by our Standing Orders and the Constitution. Standing Order 114 on introduction of Bills states that one or more members or a committee may submit to the Speaker a legislative proposal. That is what Hon. Passaris did. She has made a lot of effort, including lobbying. As a Member of this House, I am aware of what Hon. Passaris has done. I also respect what Hon. (Dr) Nyikal has said, because he is presenting the position of the Committee. But since he has given this information to the House and we will go through a lot of steps towards making this an Act of Parliament, we will have many opportunities to make amendments. In any case, the rules of this House do not stipulate what percentage of a Bill should not be changed. I guide that we proceed.

Woman Representative for Kilifi County, Hon. Gertrude Mbeyu, are you interested in contributing to this Bill? If you are interested, hit the intervention button. I can already see interventions. Member for Dagoretti North, Hon. Beatrice Elachi.

Hon. Beatrice Elachi (Dagoretti North, ODM): Thank you, Hon. Temporary Speaker, for your guidance. I also just ran to the desk to look at our Standing Orders because we have never heard what I have seen. I rise to support and to really thank Hon. Esther Passaris for bringing this Harm Reduction Bill, (National Assembly Bill No.37 of 2025). I also thank everyone who has just spoken.

When I look at the Bill, Hon. Esther Passaris is trying to tell the country that yes, we have institutions with different roles that deal with harm reduction of drugs, but what this country has missed, which is why we are unable to help our young people, is coordination.

Bringing in a framework that can coordinate all this. In her Bill, she provides the role of the Ministry of Health, which we know is treatment, dealing with overdose and prevention. NACADA's role is prevention, public education, research and coordination.

Hon. Temporary Speaker, the role of the county governments should be community rehabilitation, outreach and social reintegration. The role of the National Police Service (NPS) which I think also deals with disruption of trafficking, strengthening the referrals and looking at the pathways. However, we should then ask ourselves one major question: How can we reduce the negativity that we see around? We should take that approach because this is a major public health and socio-economic challenge to our country.

The simple objective of the Bill is to save lives, restore dignity, ensure we rebuild families by ensuring that every person who is struggling with addiction has a genuine opportunity to recover. I hope that when we amend this Bill, we shall be asking ourselves about financing, which has always been an issue. How do we establish a coordinated national framework to finance and budget? How do we ensure that the national Government and the county governments can budget for this? How do we combine both governments? This will define their roles and responsibilities clearly. That, if it is at the county level, what do they have for prevention? Can we be able to propose having a rehabilitation centre in each county that will serve as a treatment centre to cater for all the precautionary measures that we are talking about, including getting clean needles and the best drugs?

However, I will not go all the way as my leader Hon. Esther, by proposing that we provide clean heroin and other drugs. Instead, I will propose that we ensure that we have a rehabilitation centre in all the 47 counties because addiction is something that is affecting each county, be it the drugs or the alcohol that we are consuming today. If the Bills are contradicting each other, the fault lies in this House. It is our mistake to have not looked at what National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) does. Is it able to achieve the purpose on its own? You also have the Ministry of Health working independently. Let us have them work together to deal with the crisis that our young people are facing. We should also ask ourselves how to deal with addiction.

We should thank Hon. Esther. We are debating this Bill in the House because of her. I saw a very sad story on CNN and BBC. That, today in the United States of America (USA), we have a huge drug menace in the streets of Chicago. It is not a good sight. It is happening, but people have now changed tactics because they know that you cannot bring in more hard drugs like before. We have transitioned into tablets and specialised drugs, which is more harmful than what they were taking before.

Let us not run away from the challenges that we are facing. Let us face them while telling ourselves that this is the House that can amend all the Bills that we are talking about and create one Harm Reduction Bill that is proposing to have a clear framework that coordinates both the national Government and county governments. Consequently, the civil society will come in with family counselling while faith organisations will provide support recovery programmes where each person will be catered for within that one Bill. I think that is what Hon. Esther Passaris, is trying to tell this House. That, let us wake up and do what is right for our young people and families that are facing that challenge.

With those few remarks, I beg to support. I hope we will amend the Bill at the right time and in a proper way. Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you. Let us have Hon. Irene Mayaka, Nominated Member.

Hon. Irene Mayaka (Nominated, ODM): Thank you, Hon. Temporary Speaker, for giving me the opportunity to also add my voice to this very important Bill by my sister, Hon. Esther Passaris. At the outset, allow me to wish her a happy birthday.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Order, Hon. Mayaka. You may just take your seat for a minute.

Hon. Members, I would like to acknowledge our guests. They came in a while back and I do not want them to leave without being recognised. Seated in the Speaker's Gallery this morning, we have Mount Kenya University School of Law Parklands Campus from Starehe Constituency, Nairobi County. You are welcome to the National Assembly to continue observing the proceedings of the House.

Hon. Members, we can welcome them in our usual way.

(Applause)

Thank you very much. Hon. Mayaka, welcome them to the House and proceed with your debate.

Hon. Irene Mayaka (Nominated, ODM): Thank you very much, Hon. Temporary Speaker. I welcome our guests as they listen to the proceedings and thank them for paying us a courtesy visit.

I had said that before I give my remarks in support of the Bill, I wish the sponsor of the Bill who celebrated her 62nd birthday yesterday. So, happy birthday to Hon. Esther Passaris and congratulations on this very important Bill.

At the outset, I am supporting this Bill because harm reduction is a service that is not unique outside our country. That service is in place in very many countries that already have laws in place to support that. Harm reduction is encouraged by global organisations like World Health Organisation (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and United Nations Office on Drugs and Crime (UNODC), which have given guidelines on why they support it.

This Bill by our Hon. Member is speaking about the provision of a framework where public health facilities have services relating to drug-related deaths, drug overdose, infectious diseases and transmission through provision of harm reduction services. If you look at the specific clauses, for example, Clauses 5 to 7 of the Bill, they outlay the functions of both the national Government and county governments. National Government is tasked with the provision of policies and having the facilities in place. The county governments are tasked in having health facilities and providing those services. Clauses 8 to 10 of the Bill talks about harm reduction facilities, provision of harm-related services and duty of healthcare. We also have Clauses 11 to 13 of the Bill, that also speaks about general penalties and collaboration of the Ministry of Health with other public institutions.

Hon. Temporary Speaker, I would like to look at the specific advantages as to why this Bill is very important. I have spent some time looking at some of the examples we have in terms of the global perspective of this. There are specific public health and disease prevention interventions that have been used globally that we can look at and that should inform us on why we should support this Bill. For example, there is the Needle and Syringe Programme that is being operated in 93 countries, and is used to prevent HIV and Hepatitis B transmission. The other one is the Opioid Agonist Therapy, again, available in 95 countries. We have drug consumption rooms legally sanctioned in over 20 countries and prison-based services in over 30 countries.

This Harm Reduction Bill is very important because there are so many deaths that are experienced due to overdose. However, this Bill seeks to have a prevention tactic in place that helps to reduce some of those offences. It will also mitigate drug addiction by encouraging people to seek treatment and counselling rather than having them get arrested because of the criminal cases in the first place. The other advantage is the fact that it is evidence-based and

cost-saving. Harm reduction is cheaper than the cost of care when someone has already gone through those issues.

It is backed by various research conducted by the World Health Organisation (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Office on Drugs and Crime (UNODC). Our focus should be on prevention at the family and community levels, as many individuals face those challenges without knowing where to seek help. If health facilities are established to provide those services, we can prevent some of those issues.

I must express my disagreement with the Departmental Committee on Health on their Report, as they reference existing NACADA regulations. However, this Bill is specifically aimed at enacting a law that empowers both the national Government and county governments to establish facilities that offer those services to the public. I encourage the Committee to identify any specific areas where they believe this Bill falls short. The best approach to address those concerns would be during the Committee of the whole House. Those of us with amendments and suggestions to enrich this Bill, that will be the appropriate time to present our ideas.

Hon. Temporary Speaker, I agree with you on the importance of proceeding to debate this Bill, to discuss its pros and cons, thereby enriching the good work that Hon. Esther Passaris has done by introducing it in the House.

To allow other Members to contribute to this debate, I support this Bill, and I look forward to the Committee of the whole House so that we can further enhance it for the Republic of Kenya.

With those few remarks, I support and I submit.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you, Hon. Irene, and congratulations once again to Hon. Passaris on her 62nd birthday. I noticed our guests seated in the Speaker's Gallery smiled when Hon. Mayaka mentioned your age. They must be wondering how someone can look this good at 62. Congratulations once more.

Next is Hon. Bashir Abdullahi, Member for Mandera North, who appears to have stepped out. Therefore, let us have Hon. Naisula Lesuuda, Member for Samburu West.

Hon. Naisula Lesuuda (Samburu West, KANU): Thank you very much, Hon. Temporary Speaker, for giving me this opportunity to contribute to this very important Bill. I also wish my sister and friend, Hon. Passaris, a happy birthday. When I grow up, I aspire to be like her at 62 years, looking so wonderful and sharp while introducing such a Bill to this House.

At the outset, I congratulate her for thoughtfully considering the Harm Reduction Bill 2025. I also thank you, Hon. Temporary Speaker, for your ruling on whether the Bill should proceed for debate despite the Committee's reservations. While the Committee has its role in reviewing the Bill and providing recommendations, I believe the framers of our Standing Orders took into account those of us who may not be privileged to sit within the Committee during the deliberations and yet, still want to voice our support for the Bill. Thank you for that ruling.

I support the Harm Reduction Bill 2025 that has been brought forth by Hon. Passaris and commend her for her thoughtful approach. Many of us are shaped by our experiences and backgrounds, and this influences the proposals we present in terms of motions, statements, questions and Bills. I attended a meeting where Hon. Passaris helped us understand the essence of this Bill. She has encountered a significant number of these issues in her capacity as the County Women Representative of Nairobi County. We know that drug-related problems are quite prevalent in our cities and towns. Even in the rural areas that we represent, the effects of drug and substance abuse on our youth are evident. But I can only imagine how pronounced these issues are in a city like Nairobi and other urban centres across the country. It is clear there is a reason why she chose to address this.

I have examined the issue, and when I look at the Committee's Report, it heavily emphasises the role of NACADA and the role this Bill is intended to play. While I recognise that there may be some areas of overlap, the principal focus of both Bills is different. There should be no fear from NACADA that, should this Bill come into effect, they will lose their role or work. They will continue their work in advancing a broader national campaign against alcohol and drug abuse, including prevention, coordination standards and regulatory functions.

This Bill, by Hon. Passaris focuses more specifically on access to health services for individuals experiencing substance use disorder. This means that the Bill addresses the needs of those in our society who, for one reason or another, find themselves abusing drugs and substances. The Bill advocates that we should not view those children and young people as criminals, as is often the case within our communities but rather, it sees them as individuals who genuinely need help. This is primarily a health and medical issue. There is no denying that this Bill pertains to health. It is a matter of public concern and public health.

The Bill considers various issues and, perhaps, during the Committee of the whole House, there will be some amendments that are aimed at enhancing the Bill, along with some proposals that certain Members may feel are over-stretched. One of the key highlights is that individuals already experiencing substance use disorders would be entitled to specified harm reduction services within the proposed framework. I know that this may seem controversial to some quarters, but it is a discussion we must continue.

I encourage the Committee Members to remember that the purpose of the Committee of the whole House is for further deliberations. When we call for additional discussions between now and when we will be proposing amendments, we should engage in consultations rather than throwing the baby out with the bathwater.

There is also the aspect of counselling and crisis support, which includes counselling and crisis management services for those who are already affected. Most importantly, rehabilitation and reintegration into society require adequately trained healthcare providers and facilities to support treatment and after-care. I do not know where to take a young person from my constituency right now, apart from a few health facilities that are located in the cities here in Nairobi or other larger cities. At the county level, it is important that we establish appropriate locations to assist those young people.

Regarding the responsibilities of the national Government, the Cabinet Secretary for Health will develop national policies and standards, coordinate services, and provide resources for services at national referral hospitals. Furthermore, the county governments will also play a role: the health department will implement national policies, allocate resources, facilitate services in county health facilities, and establish safe houses for care, treatment and rehabilitation.

Hon. Temporary Speaker, I would like to encourage my colleagues to view this as a good Bill. Whether it will be implemented effectively is another question entirely. There are numerous Bills that we have passed in this House that have struggled with implementation and resources. Let us approve the Bill first, and then we can tackle the implementation challenges later. Thank you, and I support it.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Hon. Rahim Dawood, Member for North Imenti.

Hon. Rahim Dawood (North Imenti, Independent): Hon. Temporary Speaker, I wish to join my colleagues in congratulating Hon. Passaris for bringing this Bill. I also congratulate her on her birthday. My birthday was three weeks ago. We are the same age. I did not believe that.

This Bill is very important as it touches on the treatment of drug users. Rehabilitation centres cost families a lot of money. They have to pay about Ksh80,000 for a three-month

treatment programme. I hope and pray that Hon. Nyikal and his Committee support the Bill and make a few necessary amendments.

If we criminalise everything, drug users and addicts will not come forward. The Bill does not give people a free hand to partake of illegal substances. That would not be right. However, the Bill deals with how to take care of drug users and other drug-related issues. That extends to alcohol addicts. If we get Government funding, rehabilitation centres can be fully funded by the county governments and the national Government. Those who are suffering will be assisted because some drug addicts have to leave rehabilitation centres as they cannot afford them. Treatment costs at Ksh80,000 for three months is a lot of money. We should ask the Chairman to make a provision for the Social Health Authority (SHA) to cover rehabilitation services. We would then remove the burden from the people. Drug addiction is not anybody's fault. Somebody may fall into those habits due to depression, which is a real disease. Mental illness is real.

I do not want to say much, but I want to congratulate Hon. Passaris for bringing the Bill and request Members to support it. If the Bill is approved by the Senate, I request the Executive not to kill it. My Bill was killed after all its clauses were deleted. There was nothing I could do because I needed a 75 per cent majority in Parliament to overturn a Presidential Memorandum. I hope and pray that the Ministry of Health will not 'kill' this Bill.

With those few remarks, I support the Bill.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Hon. Prof. Bartoo.

Hon. Phylis Bartoo (Moiben, UDA): Thank you, Hon. Temporary Speaker, for giving me the opportunity to support the Harm Reduction Bill, 2025 by Hon. Passaris. I also want to join my colleagues in wishing her a happy birthday. She should share her secret on how to age gracefully. Just as one of the Members said, when I grow up, I want to be like her. I will talk to her later to get the formula for staying young.

I support this Bill entirely because as leaders and parents, we are all affected by the drug menace. We do not know what to do. Whenever we meet our constituents in various fora, we encounter young people who have been greatly affected by drugs, but we do not know how to support them. Even their families are affected. I support the clauses on the right to health and dignity. Drug addicts are human beings. Drug addiction is a health issue. We must support them as the right to health is a basic human right.

As I have said before, once you or members of your family are drug users, everyone is affected. It is even worse than having someone who is admitted in an Intensive Care Unit (ICU) because you do not know how to deal with it. We should sensitise the society on the existence of drugs and how to fight them, so that we prevent the problem before it starts. Most young people become drug addicts without their knowledge. They go to parties where drug peddlers pitch their tents and make money by introducing them to drugs. Young people find themselves involved in drugs without their knowledge or that of their parents. Some young people even run away from home and school. They refuse to participate in the society. They become the living dead. We should sensitise them and create a forum to share information on the different kinds of drugs and their consequences. Just as those who go to church or Sunday school are taught about the consequences of sin, young people should also be taught about the consequences of drug use.

Our society is reluctant to tackle the drug abuse issue. It is viewed as an individual problem. Once a person's family members or children become drug addicts, they shy away because they do not want to be judged by society. It is high time that we viewed it as a serious societal problem and created avenues to support those who are already involved in the vice and prevent others from getting involved in it. Treatment, rehabilitation and recovery are very important because once you are involved, you need a solution. The Government should put structures in place. We should not shy away from this issue. We should establish treatment and

recovery centres everywhere, just as we are working towards putting up Technical and Vocational Education and Training Institutes (TVETs) in every constituency. If we do not do that, we might lose an entire generation to the drug menace.

Sometimes, people find themselves involved in drugs without their knowledge. The harm goes much further. As Hon. Pukose was telling me, there is a substance which transforms you when it is injected into the body. Once you start using it, there is no coming back. You are gone forever. We must establish treatment centres to rehabilitate, train and sensitise people, so that we can overcome that problem.

We must also make the fight against drug abuse a national responsibility because, although it affects individuals, the entire nation is affected. The Government must have a policy to deal with it fairly and squarely. The Government must also allocate sufficient resources. Just as we predict *El Niño* and prepare for it even though we are yet to see it, we should have policies and budgetary allocations to prevent and plan for the drug menace. Most of those extremely dangerous drugs such as cocaine get into our country through our borders. We should not be shy or apologetic about this issue. We should put in place stringent laws so that people can know the consequences of drug dealing.

We should also ensure privacy of the people who are suffering from drug abuse. I remember when Human Immunodeficiency Virus (HIV) was very prevalent in Kenya, many victims were not given privacy. One would go to a hospital to get tested and within no time, the information was with your parents or spouse. Therefore, we have to have some dignity and make sure that the people who are involved seek for treatment without fear of somebody else reporting about them. The victims can come out and seek for support without feeling vulnerable or their privacy violated, especially the young people.

Finally, the resource coordination and implementation should be thorough. It should start from the top to the bottom. Budget should be allocated as well as training people on how to offer social support to the victims so that we save our society. Action should be taken because the rate at which our young people are intoxicated, even in political rallies, to the point of being zombies, is alarming. If we do not plan on how to help and offer support to them to recover or reduce the harm which has already been done, I can assure you in the next 20 years, we might not have a generation.

Therefore, I congratulate Hon. Passaris for bringing this very important Bill, and we support it in its entirety. We meet with people who are highly intoxicated with drugs and feel very sorry for them and wish something can be done to salvage them. It is in everybody's thoughts. We sympathise with the situation because we do not know how to go about this. Otherwise, I support and congratulate Hon. Passaris.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, Professor. Hon. Millie Odhiambo.

Hon. Millie Odhiambo-Mabona (Suba North, ODM): Thank you, Hon. Temporary Speaker, for indulging me. Let me take this opportunity to thank Hon. Esther Passaris for bringing this Bill, which is necessary at this time. I also take this opportunity to wish Hon. Esther a happy "sixty-two" birthday.

(Laughter)

I wish her a happy "sixty-two" birthday. I am also not too far from her in age.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Order, Hon. Millie Odhiambo. What exactly are you saying? I am trying to listen and comprehend. What exactly do you mean, Hon. Millie Odhiambo?

Hon. Millie Odhiambo-Mabona (Suba North, ODM): Hon. Temporary Speaker, I am just speaking with a Suba accent. I have just come from Suba this morning. So, forgive me if I say "sixty-two" for sixty-two.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Sixty.

Hon. Millie Odhiambo-Mabona (Suba North, ODM): Let me try. You know I am still infected with the Suba accent because I am also soon turning “sexty” in a few days. I am emphasising that because of the very recent gendered ageism especially amongst women leaders. Even when you are feeling very nice, fine and sexy, somebody tells you: “You old woman!” There is nothing wrong with being old, but we are not yet old. When we are old, *utaona!* You will see. Nobody tells the men who are much older that they are old. We shall not be moved because as women, we are attacked on all fronts. We are attacked on age and how we look.

Therefore, I want to thank you, Hon. Esther. Other than bringing this Bill, you are also bringing style, class, fashion and grace as you age. People need to know that even in your 60s and 70s, you can still be sexy and fine. There is no problem with that. Therefore, people should not bring *nyef knife* to us about being old. We are pretty, old and fine.

Having said that, I would like to point out why I support this Bill. Many of us, sometimes, speak in the abstract. I do not even want to go to the details of the Bill. I have shared before the experience of my nephew, my sister's son; a lived experience. Almost every family is affected by the drug menace and my nephew's life, a very fine young handsome man, has just gone out of the window because of drugs.

I will be very brief. Firstly, is the issue of access to health care. Before my nephew gets admitted, he gets confused and disappears. Many times, people see me posting online looking for him asking people to help us find him and, because of stigma, people do not want to say that it is a mental illness that is related to substance abuse. Every time he is admitted, we do not use less than Ksh1 million. How many Kenyans can afford that kind of money? Therefore, the issue of access to health care is very important.

The other issue is treatment and rehabilitation that would help in recovery, counselling or rehabilitation for the persons who have undergone this. Society is very quick to lay blame and ask: “Who told you?” when it is already too late. Most of our young people who cannot deal with different factors like peer pressure, frustration and unemployment, which is very rife in this country for a number of years, get into substance abuse. Instead of laying blaming, how do we deal with it? We concentrate on prevention measures but we do not pay a lot of attention to a person who is already affected.

Hon. Temporary Speaker, another issue is preventing infections. Many people who are on drugs are easily infected because of sharing syringes. We must also look at how to prevent that. The issue of support for families too is important. My nephew is not young, but my sister babysits him every single day. If she is going anywhere, she cannot go without him. That means she has become a permanent caregiver. She had to resign from her job to take 100 per cent care of him. Sometimes, people complain when they see a woman who has tied her son to a tree. People are quick to condemn, arrest, charge the woman and say she is mistreating her son. But what is the lived experience of that woman? We support my sister so that, sometimes, she can leave the house and get somebody to stay with the son. But for a woman who does not have that kind of support system, what does she do? They have to make money. They have to live. They have to survive. They end up tying the children to trees in order to survive. That must be a responsibility of the Government that when you have situations like that, somebody should not be forced to quit their jobs. There must be facilities that can take care of people who are going through challenges like that.

Therefore, I will not talk about the specifics of this Bill. I will speak to that when we come to the Committee of the whole House. However, I wanted to speak in principle that the Government must take this issue very seriously. Hon. (Dr) Bartoo mentioned that in every political rally, there is usually one or two intoxicated people.

Hon. Temporary Speaker, there is one that is stuck in my mind to date. I had a function in Rusinga Island in one of the beaches where I was meeting the fisherfolk. A young man who was very intoxicated came carrying the Bible. He was pleading and saying: "Please help me! Please help me!", while he held on to the Bible. I asked him what he wanted us to do for him. He said that he needed to be free. He then went and slept under a tree. When anybody went to touch him, he would not be bothered, but he did not want anybody taking away the Bible. It shows the level of desperation. He needed to be freed from addiction. I have also seen what addiction does to my nephew, who desperately needs to get out of it. Since we do not have systems of rehabilitation to help them, they end up becoming zombies. Yesterday, I had three functions in my constituency, including Mashujaa Day. Virtually every function has three or four young people who you can see are struggling with drug addiction.

Hon. Esther, congratulations. This is a very good Bill. I fully support you. I am told that somebody spoke earlier saying that we do not need it, or that there should be too many amendments. I do not know who did. If they want amendments, let us amend it. We are experts at amending. We will bring amendments, but this Bill is long overdue. We need to help our young people and redeem the society as this country is suffering from an overload of young people who are dying because of drug addiction. People used to speak only of the coastal region. Now we are talking about our areas. The County Government of Homa Bay said that there are 17 bodies from July to date that are unidentified, mainly of young people. Maybe, they died due to drugs or other related things. They have gotten a court order to dispose of those bodies. If we find a situation where young people are dying because of that, this Bill is absolutely necessary and I fully support it. Thank you.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, Whip of the Minority Party. Hon. Mwashako, you are next.

Hon. Danson Mwashako (Wundanyi, WDM): Thank you so much, Hon. Temporary Speaker, for giving me an opportunity to support the Harm Reduction Bill by our sister, Hon. Passaris. First, let me also join my colleagues in wishing Hon. Passaris a happy birthday. As Hon. Millie has indicated, I may not suffer from the Suba accent, but I want to agree with her that, Hon. Passaris still remains very sexy. She is extremely beautiful at her age and very confident. I must say that age is just a number. In today's life, you choose whether to age or not. Congratulations to Hon. Passaris for leading the way.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Order, Hon. Mwashako. What is out of order, Member for Mwingi West, Hon. CNN?

Hon. Charles Nguna (Mwingi West, WDM): Hon. Temporary Speaker, I am thinking Hon. Mwashako is actually causing sexual harassment to this Hon. Lady Member. When he says that she is sexy and she is attractive, that should not be in Parliament. I am calling on him to withdraw those remarks about the Hon. Lady Member.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Yes, I take note of that. You know Hon. Millie can succeed in saying many things. But I do not want Hon. Mwashako to go there. Hon. Mwashako, you must tread very carefully with the word "sexy". I do not think that is parliamentary. It is completely unparliamentary, especially when it comes from Hon. Mwashako. When it comes from Hon. Millie Odhiambo, it is at the edge, almost falling into extremely unparliamentary. However, Hon. Mwashako, I would like you not to tread on that path.

What is out of order, Hon. Millie? Your hand is up vigorously.

Hon. Millie Odhiambo-Mabona (Suba North, ODM): Thank you, Hon. Temporary Speaker. I would want the Temporary Speaker to make a substantive ruling on this, on whether the word sexy is unparliamentary. It basically celebrates who we are. There is nothing wrong about being sexy. There is a difference between sexy and promiscuity. Being sexy just means I am celebrating who I am as a woman at any age and appreciating who I am as beautifully and

wonderfully made. It is biblical. I do not know if it is in the Quran, but in the Bible, we are told that we are wonderfully and beautifully made. Beautifully made is sexy. I am told it is even in the Quran

Hon. Temporary Speaker, could you make a substantive ruling on whether the word sexy is unparliamentary? I do not think it is. It is just Hon. Millie appreciating who she is.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Well, Hon. Members, I see a lot of excitement, and you know this can be taken differently by the people who are listening to this. You may make reference to an attractive lady like the attractive Hon. Esther Passaris.

However, I am going to discourage Hon. Mwashako from making reference to Hon. Esther Passaris as sexy. That is going beyond the language that we would like to be used in this House. It is also irrelevant, because we are talking about drugs and reducing harm. I think it is because of Hon. Esther Passaris's beautiful birthday at 62 that is making people make reference to this. However, I would like to give a chance to the Member for Kisii. Do you want to contribute to this, or is there a point of order?

Hon. Dorice Donya (Kisii County, WDM): Hon. Temporary Speaker, I have read the meaning of the word sexy from ChatGPT. It is not a bad definition. It means someone who is attractive. Now, when you compare with Hon. Passaris, she is attractive. So, it is not bad. Additionally, it means physically attractive, stylish and appealing, just as the way she is dressed. For women, we feel good. Then there is this other further definition, exciting and impressive. To define that in itself, as Hon. Esther is celebrating her birthday, she is also sponsoring a Bill. You see, this is just okay. For it to come from a gentleman, it is an appreciation. It is rare to find someone speaking the truth. Hon. Mwashako, thank you for appreciating the women. We are very glad. That is the perfect word to use. Use it everywhere; even if you can write it on your forehead!

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Order! Order, Member for Kisii. Hon. Members, for the purpose of making progress on this very important Bill, I would like to accept that all those beautiful statements, attractive, stylish, exciting, appealing, impressive are wonderful words to describe Hon. Esther Passaris. I am going to treat whatever you have been doing as canter and banter. I request Hon. Mwashako to proceed with debate.

Hon. Danson Mwashako (Wundanyi, WDM): Thank you, Hon. Temporary Speaker. Allow me to proceed. I am excited about your ruling. I will confine myself to the substance of the Bill now. This Bill comes at the right time. In every corner of this country, you will find drug addicts. You will find that in our children who are into drug addiction. Some of them have found themselves in that situation by default as they started trying drugs and eventually became addicts. It is unfortunate that we keep treating them as criminals. National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) which is tasked with the role of prevention and treatment of the young people who fall into drugs, has not taken its assignment seriously. NACADA is very good at saying: "Say no to drugs", but they do not say anything more than that when children find themselves in drugs abuse. They will go to schools and do the campaigns, but they keep talking about saying no to drugs. When they find our children already in drugs abuse, they do nothing. This Bill is now giving the weight that is required, where county governments and the national Government are able to provide funding to treat drug addicts and not just to call them criminals. They must make sure that there is a framework where any parent who finds their child in drugs addiction can get an opportunity to go to a health institution and find treatment that is commensurate to the symptoms that they are suffering from.

The National Government and county governments should provide funding for the treatment of drug addicts, and not just call them criminals. We must develop a framework through which any parent who finds that their child is using drugs has an opportunity to go to a health institution and access treatment that is commensurate with the problem that their child

is suffering from. Many years ago, drug abuse appeared to be a problem in the cities such as Nairobi and Mombasa. However, the problem has now permeated every corner of the country. When you go to the remotest shopping centres in Taita Taveta, you will encounter drug addicts. The lack of a treatment framework has left many young people severely addicted to drugs, and some are losing their lives as a result. Many have become zombies, and we are recording an increasing number of deaths that are associated with drug abuse.

This Bill places responsibility for treatment on both levels of Government. However, it is important to recognise that passing the Bill without providing adequate funding will prevent it from achieving its intended purpose. The Government has made efforts to establish institutions that equip young people with skills. Nevertheless, the high number of young people who are struggling with drug addiction makes it necessary to allocate sufficient resources for their treatment. If we do not allocate a budget, our discussions in this House will amount to a mere talk shop. Hon. Passaris, as we pass this Bill, we must ensure that the budgets presented to this House include clear allocations for treatment, rehabilitation centres and psychosocial support. This will help ensure that young people do not continue to suffer when we can do something.

It is also important to recognise that families are suffering. One of my colleagues has mentioned that when a family has a member struggling with drug addiction, it often has nowhere to turn for assistance. This affects the entire family, as one person may have to devote all their time to caring for and protecting the young person who is struggling with addiction. This Bill will go a long way towards supporting such families and preventing them from falling into poverty simply because one of their own has become addicted to drugs. As I conclude...

Hon. Temporary Speaker (Hon (Dr) Rachael Nyamai): Please give him one minute to conclude. He was disturbed.

Hon. Danson Mwashako (Wundanyi, WDM): Thank you, Hon. Temporary Speaker. As we support this Bill, we must also ensure that the barons who continue to bring drugs to our people, particularly to our young people, are brought to book. As we advocate for the treatment of drug addicts, more emphasis must be placed on ensuring that we see some heads rolling. It is surprising that, for many years, we have hardly seen drug barons imprisoned and yet, cocaine, heroin and bhang continue to find their way into the country. We have laws, but no one seems to be taken to court. Therefore, as we do this, we must also ask our security apparatus to do more. As we treat those who are already addicted, we must prevent more young people from accessing drugs and becoming addicted, thereby requiring us to spend even more money on their treatment.

Thank you, Hon. Temporary Speaker. I support.

Hon. Temporary Speaker (Hon (Dr) Rachael Nyamai): Thank you. Hon. Gertrude Mbeyu, Member for Kilifi County.

Hon. Gertrude Mwanyanje (Kilifi County, ODM): Thank you, Hon. Temporary Speaker. I rise to support the Harm Reduction Bill, (National Assembly Bill No. 37 of 2025). I congratulate Hon. Passaris for bringing this Bill. It is timely. I also wish Hon. Passaris a happy birthday. We are October babies, the Scorpios: Hon. Passaris, myself and Hon. Amina, whose birthday is next week. Hon. Passaris is physically fit, beautiful, hard-working and serves as the County Member of Parliament for Nairobi City County, the largest county in the country.

The main objective of this Bill is to anchor harm reduction in law and ensure that services are available in all public health facilities in the country. Those of us from the Coast region have suffered from the menace of drugs, which has now spread throughout the country. This Bill seeks to ensure that persons with substance use disorders receive the care they need. Article 43 of the Constitution guarantees everyone the right to health, including persons with disabilities, men, women, children and those who are suffering from drug addiction. Every person is also entitled to medical care and food. Many people who are suffering from substance

use disorders lack medication and food, while their families experience psychosocial distress. Some people who are struggling with drug addiction sell household items, including spoons and *sufurias*, to obtain money to buy drugs, thus leaving their families struggling financially. We must, therefore, provide proper healthcare for the young people and adults who are affected by drug abuse and substance use disorders.

The Bill also seeks to reduce overdoses and drug-related deaths. I once took a young constituent from Kilifi who was abusing drugs to MEWA Hospital in Mombasa for rehabilitation. He recovered fully but, upon returning home, he lacked adequate support and proper food. Consequently, he went back to drug use, and we eventually lost him. I support this Bill because it upholds human rights and dignity. Persons suffering from substance use disorders are human beings and Kenyans who deserve support as a matter of right. We must also support families whose children, fathers or daughters are affected by substance use disorders. We support Hon. Passaris, my elder sister, and will ensure that this Bill passes through Parliament.

I support.

Hon. Temporary Speaker (Hon (Dr) Rachael Nyamai): Thank you very much. Let us have Hon. (Dr) John Mutunga, Member for Tigania West.

Hon. (Dr) John Mutunga Kanyuithia (Tigania West, UDA): Thank you very much, Hon. Temporary Speaker, for giving me the opportunity to support the Harm Reduction Bill by Hon. Esther Passaris. She has introduced us to the concept of harm reduction and, in fact, encouraged us to reflect on harm itself. In most cases, we tend to overlook some of those issues. The Bill recognises the efforts that have been made but also identifies the gaps that need to be filled. There are very many dangers that people could be exposed to and the Hon. Member has articulated quite a number of them. I will speak to a few in support of this particular intervention.

In terms of public health, education and awareness, it is important for us to undertake such in order to, basically, educate on the dangers that are associated with risky behaviour to inform the community to make better decisions. Awareness on risky behaviour needs to be brought out early.

Key measures that can be brought on board is like public health education on drug and substance abuse. We have the National Authority for the Campaign Against Drug Abuse (NACADA) and other organisations that are trying to do that. However, the extent to which it is done leaves some gaps, and that is what Hon. Passaris has come in to plug.

Hon. Temporary Speaker, the House, this morning, has been alive to sexual and reproductive health education. However, I am speaking on a different tone in the sense that when people get to know early enough sexual reproductive health related issues, they are able to keep themselves out of such situations. We, therefore, need a Bill to take care of a few people who will be found in such situations.

On awareness campaigns on HIV and Aids, tuberculosis and hepatitis B and others, there are ways that those diseases are transmitted to human beings. Once people are clarified on some of those issues, in view of public health and awareness, it is possible for us to prevent them.

On mental health and suicide prevention, it is important to identify who among the communities, in view of public health education and awareness creation, is able to understand that. This is where the Bill practically comes in to target marginalised communities and those who have been isolated in one way or another.

Access to health services is one of the key functions that have been articulated in the Bill. Access to health facilities has to do with treatment when one has been affected in one way or another. Access to treatment for substance use disorders is key. It is important for us to look at what we need to give the affected people and avail them in our centres for public health

interactions. Offering counselling services, especially to people who are affected, is key. Affected people suffer post-traumatic stress disorders. After trauma, they need to be accessed and reached out appropriately because, if we do not reach out to people appropriately, we may lose them in the sense that they may be misunderstood and, therefore, lock up, instead of opening up.

So, this piece of legislative proposal comes in to ensure that we are able to reach out to people effectively and enable them to reduce the harm. It also ensures that HIV and AIDS treatment and testing kits are available. Provision of mental health education is also key and expanding access to public health, especially services, in areas where they have not reached. We know this is a devolved function and, therefore, request our counties to look at how they can avail services in those areas. Even as we look at improvement of the county hospitals or upgrading them from one level to another, let us also look at the software and the detail of the services that are being offered and the extent to which public health is one of the services. Let us also ensure that health care or treatment for those who are affected is taken care of and substantially supported in terms of drugs, medical and diagnostic services.

Drugs and substance abuse reduction is one of the things that the Bill focuses on. It clearly looks at drug users who are already addicted. It also looks at possibilities of reducing the harm in terms of providing needles for those who are already addicted and also providing alternative reverse drug for overdose cases like opioids, which can be contained by having alternatives that have the same effect, but no counter or no serious harm to a human being.

Voluntary counselling services and referrals to various facilities that can help people who are affected in one way or another is one of the ways we can prevent harm and it is covered in this legislation. In terms of access to sexual health education and prevention, this Bill is a Government policy to provide for preventive measures when people interact in that particular manner.

Voluntary testing and counselling for HIV and AIDS are emphasised a lot in this country. However, once somebody has already been found positive, what are the counter-measures that we need to take up? Access to treatment is one of the ways. We should also enable those people to talk about their situation openly. This makes it easier and reduces the load of that particular infection. It enables the people who are affected to talk about their conditions, discuss their supply of the drugs and how they should live responsibly so that they do not have to spread the disease.

Prevention and response programmes that are targeting sexual violence cases are ways of reducing harm. This is articulated in this Bill, which I support. In terms of mental health support and suicide prevention, affordable mental health services are important. They are articulated in the Bill. Early identification and addressing psychological distress are important. They enable the mental health probable cases to be contained, identified and dealt with early enough.

Community counselling and psychological support services are articulated in this Bill. Suicide prevention and crisis intervention are also addressed in this Bill. In some cases, when someone has encountered psychologically overpowering situations like rape, they need to be psychologically addressed. Therefore, community counselling services are key. It is possible for them to be supported in that particular order. There is also support for those people who are experiencing grief, trauma or addiction of some kind. Those who are already addicted to some drugs need to be supported and understood. They need to be supported to look through possibilities of healing and be engaged in the healing process. Social isolation is not the solution that we need to promote.

Violence prevention and community safety nets are also key in harm reduction. Early interventions in domestic violence can prevent cases of domestic violence. It does not arise in one day. It is a series of activities that lead to very serious repercussions or outgrowths. If

domestic violence is addressed early enough, then we can reduce the possible harm that make those people to be in trouble. Identifying some of the cases and addressing them progressively is key. Those who are affected by domestic violence need some psychosocial support within the communities. This is one of the issues that the Bill addresses.

Community policing is also important in conflict resolution areas. It reduces harm in the sense of reprisals or recurrence of some of those issues. Public education and peaceful coexistence are key for communities. Therefore, it is a way of ensuring that reprisals do not occur.

I support this Bill because it awakens the realities in harm reduction. Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Hon. Members, I had asked those who have interest to contribute to this Bill to press the intervention button. I can see the screen is clear.

Hon. Kwenya Thuku, Member for Kinangop. Any Member who has interest to contribute to this Bill should press the intervention button.

Hon. Kwenya Thuku (Kinangop, JP): Thank you, Hon. Temporary Speaker, for giving me this opportunity to add my voice to this Bill.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): The nominated Member for United Democratic Alliance (UDA) Party, my friend, your hand is up. Do you have your card today?

Hon. Dorothy Muthoni (Nominated, UDA): I have it and I have pressed the intervention button.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): We cannot see you on the screen. You will contribute after Hon. Kwenya Thuku. Move to the next microphone and then you will speak after, Hon. Kwenya Thuku.

Hon. Kwenya Thuku (Kinangop, JP): Thank you, Hon. Temporary Speaker for giving me the opportunity to add my voice to this very important Bill that has been brought by our sister, the Member for Nairobi County, Hon. Esther Passaris. From the onset, I want to register my appreciation and a happy birthday message to her as she turns a year older. We are so proud of her for the good job that she is doing. The Bill has come at a time when we badly need it. It could be a few years late. I remember the first time we had an interaction on the realisation of this Bill was when we had taken a trip to Portugal with Hon. Esther Passaris. We learned a lot as far as drug use and abuse is concerned, and what other countries are doing as far as drug users are concerned.

It is time we look at things from a different perspective as legislators. What was happening before is that drug users were treated as criminals. We must ask ourselves what is this that makes our young population use drugs and what is its cause. When we establish the cause, we must know how to prevent and treat it, and how to enforce the law. You know, if we continue with the Penal Code as is it – treating drug users as criminals – then we will lose this battle.

Harm reduction must be looked into from a point of health. Drug users are not criminals. What we should be dealing with are peddlers. We need to legislate to what extent one will be treated as a drug peddler and a drug user. If someone is caught with drugs, what will be the threshold of the quantity of drugs that are not allowed? It is not that we are trying to allow drugs to be used in this Republic, but we need to ask ourselves to what extent would one be considered as a drug peddler so that we differentiate between drug users and drug peddlers.

As a country, we must protect our populace from drug peddlers so that we reduce the burden of treating those that are using drugs. I learnt something from Portugal. They have mobile clinics that attend to drug users by providing them with needles for those who use injectable drugs to lower the spread of diseases, especially Hepatitis C and HIV that are

transmitted by sharing of needles. The debate that we can have is on whether we can supply drug users with clean needles so that they can stop sharing needles. To understand and not reinvent the wheel, we can help them to some extent by injecting them with methadone and by looking at countries that have done so, to wean them from the use of hard drugs that they use.

We are proposing the enforcing of a law in this country, just like those countries that did that. The results are amazing. The burden of drug use has gone down and drug users – just like other patients – are treated with dignity so that they are brought back to normal life. Looking at our rehabilitation centres, you will appreciate the kind of work that they do.

However, after rehabilitation, when those people go back to their homes and villages, they find peddlers who keep on peddling drugs. If we do not become deliberate in sustenance of the people that we rehabilitate, we will go back and forth in circles with people going to rehabs, but still continuing with the deviant behaviour. If you look at a country like Portugal, they have four pillars. First is prevention, second is treatment, third is harm reduction and fourth is enforcement of the law where people who are caught peddling certain quantities...

The quantity as defined in the penal code is that, you can only be said to be a drug peddler if you are caught with a certain quantity of drugs. For users of drugs like, for example, cannabis, who are caught with one roll, they are defined as just users. Therefore, what we should be looking at is a person who has a certain quantity. A peddler who is selling in certain quantities is a criminal. The one who is caught with one stick is just a user. We must look for ways to rehabilitate them and to wean them from that behaviour. However, that cannot happen unless we enforce a law that will institutionalise how we treat drug users. You know, Article 43 of the Constitution gives every Kenyan an opportunity to access health in whichever form, whether mental or physical. The Constitution provides for whichever form of health. Therefore, the enactment of this Bill will make sure that our street children, our brothers and sisters who consume drugs are not left behind. There is a way we can actually rehabilitate them and help them to get out of that deviant behaviour.

This Bill is good for having come at such a time. We must think beyond legislation. We must look at how this Bill is going to be enforced. We must be deliberate if we are going to have mobile clinics that are going down to the streets where drug users are, to give them drugs and the care that they need, and to wean them back from the usage of those drugs.

I do not know how much it will cost but, we have to look at our budgetary allocation so that we enforce and help our county governments. As you know, health is devolved. At the national level, we will need to have a directorate, either through the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA), or another body that we can entrench to ensure that we do not just enact a Bill so that we be part of the countries that have enacted health reduction laws, but to be a country that will be seen to be helping deliver its populace from that deviant behaviour so that we have a working nation as opposed to a nation that is dependent on drugs and that it does not worry anybody.

I want to congratulate Hon. Passaris. I know it has been a journey. It has taken so long for her to put this Bill together. I am happy that today, I have had an opportunity to speak to the nation as a legislator and say: “Yes, we have done it.” Our brothers and sisters who are consuming drugs are not lost. There is a future for them. There is hope for them. That is what we have been called to do as legislators. I support the Bill.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much. Hon. Ikiara.

Hon. Dorothy Muthoni (Nominated, UDA): Thank you, Hon. Temporary Speaker. First, I want say to Esther Passaris, the Woman Representative of Nairobi County, well done. She is spot on. At 62 years here on earth, she has done her best. She has used those years in the best interest of this country.

The Harm Reduction Bill, 2025 is a very timely Bill. We should all stand up and speak loudly on the same. Drugs and substance abuse is one menace that, if it is not taken care of, it will pull this country backwards. We will lose generations of our young men and women who are the productive citizens that are supposed to help us to build this nation. It is important for us to know that drugs and substance abuse rarely stems from one cause. It is driven by a complex mixture of biological, environmental, psychological and social factors.

The earlier we identify those causes, the better, since this is our starting point. We are addressing the people who are already afflicted by this menace, but we must also look back at ourselves to see where it stems from. It is sometimes hard for any of us, including parents, siblings and teachers, to know when drug abuse starts. Learners spend most of their lives in school under the care of teachers, who stay with them during the day. Then they go home at night. Under the keen watch of all of us, it is often extremely difficult to identify the stage at which a person starts taking drugs. By the time anyone notices that there is something abnormal in their children, they are already deep into drugs. That is when we start asking what to do to restore the dignity of our children. What do we do as parents or siblings who are watching our children drift away? I am happy that today, Hon. Esther Passaris has brought this Bill so that we do not look at our children as patients or mental health cases. We should not brush them off but remember that health is a right and that the dignity of those citizens must be restored in whatever way possible.

We should also talk about homes where those people go, especially rehabilitation centres. We have seen many rehab centres and even county governments have started such centres. But in many cases, those centres are set up only to show that a rehabilitation centre exists. They are, sometimes, not well thought out. We do not have a clear policy on what we want in those centres and, therefore, after a short while, they lose the purpose for which they were created and close. I say that out of experience: You cannot rehabilitate a person who is not willing to be rehabilitated; no matter how many rounds of rehabilitation you take them through. You will not cure them. That is why I stress that we need a comprehensive drug and substance abuse education, starting from our primary schools, all the way to universities. We must allocate enough resources to provide that training and educate learners on a day-to-day basis so that we begin rehabilitation at that point.

We should also have authoritative sources which work on a day-to-day basis to also ensure that they educate our people on drug and substance abuse. An agency like National Agency for the Campaign Against Drug Abuse (NACADA), which is entrusted to deal with drugs and substance abuse, should be more proactive and work on a daily basis to curb that menace before it becomes fully blown. It should also be allocated resources. Families are suffering and using their resources. I would like to echo what my sister, Hon. Millie Odhiambo, alluded to, that one round in a rehab centre takes about Ksh1 million. That same person goes for several rounds. It is high time we came up with clear policies on how to rehabilitate those people, so that they do not go back to the same habits of abusing drugs.

I dare say that the reason why most victims willingly go back to rehab is because of the treatment they get in those centres. I have heard the victims talking about being taken back to rehab, myself being a victim. If you take a child to the rehabilitation centre, especially the high-end centres, they are given special meals like sausages and chicken. They are also encouraged to sleep because they are sick. I agree that since they are being treated, they are sick—a mentally sick person is sick. Immediately they get out of the rehab, because of the way they were treated in those rehab centres, they do not mind going back there again. It is high time we found a way that those children and the people who go to rehab are kept busy so that they are not encouraged to go back to the same rehab again. We can introduce activities like carpentry and farming in the rehab centres. This will keep them busy during the treatment period. Once

they feel better and leave the rehab, they will not want to go back there again because of the activities they do there.

I challenge the county governments, because health is a devolved function, to join hands with the national Government and come up with very clear policies on the type of rehabs that we should have to ensure that they are run professionally. Rehabs should be professional institutions so that the people that go there can become useful citizens of this country. I join my brother, Hon. Kwenya Thuku, who said that the countries that have succeeded in harm reduction concentrate on prevention. Our government is not short of knowing how we can prevent drug and substance abuse. This is where my sister, Hon. Passaris, is concentrating on—harm reduction. We should also go further and ensure that the Government is very strict on the drug peddlers. If we lock all the doors on drug and substance peddlers, we shall succeed in this war.

Hon. Temporary Speaker, I thank Hon. Esther Passaris, and I support this Bill.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much. We could also add that those young people are likely to pick up other diseases because of being sedentary, being given very nice food and sleeping. They are likely to pick up other non-communicable diseases. Hon. CNN.

Hon. Charles Nguna (Mwingi West, WDM): Thank you, Hon. Temporary Speaker. Before I start contributing to this Bill, I would like to thank my sister, Hon. Passaris. I call her my sister because we are in one association called the World Hellenic Inter-Parliamentary Association (WHIA). Those are people of Greek origin. They are also represented in legislatures worldwide, from Australia to Germany and other parts of Europe.

*[The Temporary Speaker
(Hon. (Dr) Rachael Nyamai) left the Chair]*

*[The Temporary Speaker
(Hon. David Ochieng') in the Chair]*

People are struggling with drug addiction throughout this country. It is not their choice to be in that situation, as addiction may result from various factors, including biological and genetic influences, family history and peer pressure. Environmental and social influences can also contribute to drug addiction. That is why this Bill is very important. It reinforces the mandate of the national and county governments in funding addiction treatment and support services.

One of the rights that are enshrined in our Constitution is the right to health. This right extends to persons with substance use disorders. They are entitled to protection from discrimination and unfair treatment when they are seeking care. That is why we seek to strengthen funding provisions through this Bill.

I wish to emphasise the need for a collaborative effort involving the national and county governments, religious institutions and non-governmental organisations. More importantly, those who are involved in drug trafficking must be brought to account to curb that menace. I call upon Hon. Passaris to ensure that this Bill is implemented.

If passed, the Committee on Implementation will play a critical role in ensuring that the Bill is enforced and adequately funded. This will help us build a healthy society that protects persons who are struggling with drug addiction. We need to support those individuals through socio-economic empowerment programmes. Socio-economic stress is one of the factors that may contribute to substance use. That is why the President has emphasised economic empowerment initiatives, including youth funds, to address those challenges. Some people also turn to drugs as a way of escaping emotional distress. We, therefore, need counselling services.

County governments should employ counsellors to help people manage emotional distress. With those few remarks, I fully support the Bill.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Well, done. It is time to call upon the Mover to reply.

Hon. Esther Passaris (Nairobi City County, ODM): Thank you, Hon. Temporary Speaker. I am deeply moved by the contributions of all Members. Not a single Member has stood up today to oppose the Bill. The Harm Reduction Bill is very important. We cannot talk about Universal Health Care (UHC) and the right to health without addressing harm reduction not only for people who use drugs, but also in other areas of health. I mentioned some of those areas earlier. We need a comprehensive approach to healthcare, not a touch-and-go approach. We must care about people beyond registering them as members of the Social Health Authority (SHA). We must ensure that their needs are met when they arrive at a hospital. People who use drugs and their families have been crying out for help for a long time.

Every Member who has contributed today made important points. In particular, I wish to refer to Hon. Millie Odhiambo, who spoke about her nephew and how his mother had to quit her job to care for him. She also mentioned 17 unclaimed bodies in the mortuary, some of which could have been people who used drugs. When someone overdoses after visiting a club and trying cocaine or heroin for the first time, peer pressure may be a contributing factor. If the person is taken to hospital and naloxone is not readily available, or medical personnel are not trained to administer it, valuable time may be lost through other interventions, including stomach pumping. Naloxone can reverse an opioid overdose and save a life.

Needle-exchange programmes were introduced many years ago when we realised that the spread of HIV could not be curbed if people continued sharing needles to inject drugs such as cocaine and heroin. We, therefore, began providing clean needles in exchange for used ones. However, those programmes did not reach every area.

We need to deploy mobile units outside every drug den. We know where those dens are and where Kenyans are wasting away. The children of our country are wasting away, walking around like zombies as drug use continues to increase. Look at the challenge America is facing with fentanyl. In Nairobi, with a population of about six million, only Mathari National Teaching and Referral Hospital and the facility in Ngara provide those services. Both are underfunded. Of the 700 people who started the programme in January, only 300 remain enrolled. Their lives are at risk because we have not yet enacted the necessary legislation.

We need the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) and all Government institutions to work together. We must recognise that we can save lives only through effective programmes that are designed to meet the needs of drug users. Some people begin using substances such as *muguka*, cannabis or ecstasy. Their substance use may progress to other drugs and alcohol, and eventually to cocaine. Those substances are readily available, yet we continue to punish the users. Some are incarcerated when what they need is treatment and support.

I also wish to single out Hon. (Dr) Robert Pukose for seconding the Bill as a member of the Departmental Committee on Health, even when the Committee expressed concern that there would be numerous amendments. Hon. (Dr) Nyikal and his team of experts should allow us to introduce those amendments during the Committee of the whole House. Let us pass the Bill and identify the necessary funding. Hon. Bartoo made a similar point, calling for drug rehabilitation to be funded just like the *El Niño* response.

Let us fund harm reduction. Let us ensure that methadone is available throughout the country and help people who use heroin and cocaine overcome their dependence on those drugs. With weekly methadone treatment, you can become a productive member of society. You are no longer a menace to your family or a criminal threat to society. When you use hard

drugs, you may lose awareness of who you are and what you are doing. You become consumed by the drugs.

The State cannot claim to provide the UHC while failing to provide harm-reduction services. By providing those services, we will protect some of the most vulnerable members of our society, including young people who have become caught up in drug use. Our enforcement agencies are not doing enough to fulfil their mandate. We need to ensure that drug traffickers are arrested.

One Member has observed that we have yet to see drug traffickers being arrested. For me, this is a human rights issue. Some countries have successfully implemented those measures. In Portugal, when the country realised that HIV prevalence was high and cases of Hepatitis B and C were increasing, it introduced measures such as needle-exchange programmes, methadone treatment and counselling services.

Portugal took steps to protect its population, including reforming its drug laws, so that people would not have to rely on drug peddlers to obtain drugs. Instead, they could seek help in hospitals, where they would receive treatment, counselling and support to overcome their dependence.

Even in Geneva today, hospitals can provide such medication, subject to medical insurance coverage. Rather than allowing you to obtain potentially harmful substances from the streets, the preference is to provide them in a controlled medical setting. Otherwise, you risk losing your life.

Hon. Temporary Speaker, we will work with organisations such as the National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA), Civil Society Organisations (CSOs) and the Ministry of Health. Let us not say that there is no budget. When a person comes to your hospital because they have overdosed, you will find the budget.

Let us strive to put money aside to create harm reduction centres all over the country, to create dignity in how we deal with drug users, to create support for all the affected families, to create access to medication for opioid addiction. Every opioid addiction, whether Tramadol, painkillers, fentanyl or any drug today, has a harm reduction solution. We need to save our youth, families, reduce crime and ensure that the drug peddlers are not supported. When we have harm reduction, we put people who sell drugs out of business. We need to be felt everywhere, from the coast to Nyanza, Western and Nairobi. We need to be felt everywhere. Outside every den, people are crying for help.

Every member who has stood up today, you did something important. You might not have a family member who is dealing with drug use and abuse, but you definitely have a constituent who is begging for representation. Today, you represented your people in a manner that has really touched me. I sat here and I said: “God, thank you.” We need to fund harm reduction. Drug use harm reduction is the first step.

Then we have to go to glaucoma. Then we have to go to other areas because our medical systems have to do it all the way. There is no point in saying we have a Social Health Authority (SHA) and then we treat people who are blind. Yet, you could have prevented the person from becoming blind by running an outreach programme, testing them for glaucoma and providing Government-supplied eye drops, so that they would never go blind. That is the next step in harm reduction.

When we talk about alcohol, there are certain things that you can do to make people stop alcohol. There are tablets that you can give them to make them stop craving for alcohol. We have to do something about it. We have to save lives. We have to help families and the mothers who are crying. Do you know how painful it is to see your son or daughter getting wasted and you can do nothing! You cannot even afford rehabilitation? Under Article 43 of the Constitution, the Government is responsible for providing healthcare for everyone.

With that, Hon. Temporary Speaker, I beg to reply. I also thank every Member of this House today for standing up for drug users. Drug users need us and today we stood up for them. Thank you and God bless this Parliament.

The Temporary Speaker (Hon. David Ochieng'): Thank you and well said. Hon. Members, the next logical step is to put this to a question, but for obvious reasons, I cannot do so. So, we will decide on this the next time we can.

(Putting of the Question deferred)

Next Order.

COMMITTEE OF THE WHOLE HOUSE

(Order for Committee read)

*[The Temporary Speaker
(Hon. David Ochieng') left the Chair]*

IN THE COMMITTEE

*[The Temporary Chairman
(Hon. David Ochieng') in the Chair]*

THE PREVENTION OF LIVESTOCK AND PRODUCE THEFT BILL (Senate Bill No. 12 of 2023)

The Temporary Chairman (Hon. David Ochieng'): Order, Hon. Members. Hon. Members, we are moving to the Committee of the Whole House. The Order appearing as Order 9(i), The Prevention of Livestock and Produce Theft Bill, (Senate Bill No. 12 of 2023), has been deferred on the request of the Co-sponsor, Hon. Dawood.

(Bill Deferred)

THE SEXUAL OFFENCES (AMENDMENT) BILL (National Assembly Bill No. 78 of 2023)

Therefore, we will move to the next Bill in the Committee of the Whole House, the Sexual Offences (Amendment) Bill, (National Assembly Bill No. 78 of 2023).

Hon. Members, we are now considering the Sexual Offences (Amendment) Bill, (National Assembly Bill No. 78 of 2023). Hon. Donya, I hope you are ready. You do not need to say anything. I just asked if you are ready.

Hon. Dorice Donya (Kisii County, WDM): Yes, I am ready.

The Temporary Chairman (Hon. David Ochieng'): Great. Let us proceed.

Clause 3

The Temporary Chairman (Hon. David Ochieng'): There is a proposed amendment by the Chairperson of the concerned Committee. Are you the Chairperson for this afternoon?

(Hon. Aden Mohammed spoke off the record)

Okay. Are you the one moving the amendments? Just be alert because I can see most of the amendments are actually yours. We are in Clause 3. So, go ahead and move your amendment.

Hon. Aden Mohammed (Wajir East, JP): Hon. Temporary Chairman, I beg to move:
THAT, the Bill be amended by deleting Clause 3.

The justification is that the change from Minister to Cabinet Secretary has already been effected in the Act through the power to revise roles that is conferred upon the Attorney-General by the Revision of the Laws Act, Cap. 1.

(Question of the amendment proposed)

The Temporary Chairman (Hon. David Ochieng'): Go ahead! Hon. Donya. Do you agree with the amendment?

Hon. Dorice Donya (Kisii County, WDM): Yes, Hon. Temporary Chairman.

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

(Clause 3 deleted)

Clause 4

Hon. Aden Mohammed (Wajir East, JP): Hon. Temporary Chairman, I beg to move:
THAT, the Bill be amended by deleting Clause 4.

The justification is the same. The change from Minister to Cabinet Secretary has already been effected through the power to revise laws that is conferred on the Attorney-General under the Revision of the Laws Act, Cap. 1.

(Question of the amendment proposed)

The Temporary Chairman (Hon. David Ochieng'): Hon. Donya.

Hon. Dorice Donya (Kisii County, WDM): Hon. Temporary Chairman, I agree with the amendment.

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

(Clause 4 deleted)

Clause 5

Hon. Aden Mohammed (Wajir East, JP): Hon. Temporary Chairman, I beg to move:
THAT, the Bill be amended by deleting Clause 5.

The justification is that the change from Minister to Cabinet Secretary has already been effected.

(Question of the amendment proposed)

The Temporary Chairman (Hon. David Ochieng'): Hon. Donya.

Hon. Dorice Donya (Kisii County, WDM): Hon. Temporary Chairman, I agree with the amendment.

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

(Clause 5 deleted)

Clause 6

Hon. Aden Mohammed (Wajir East, JP): Hon. Temporary Chairman, I beg to move:
THAT, the Bill be amended by deleting Clause 6.

The reason is the same. The change from “Minister” to “Cabinet Secretary” has already been effected.

(Question of the amendment proposed)

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

(Clause 6 deleted)

Clause 7

The Temporary Chairman (Hon. David Ochieng’): Hon. Chairperson of JLAC.

Hon. Aden Mohammed (Wajir East, JP): Hon. Temporary Chairman, I beg to move:
THAT, the Bill be amended by deleting Clause 7 and substituting therefor the following new Clause—

7. The principal Act is amended by inserting the following new section immediately after section 46—

Insertion of
new section
46A in Cap.
63A.

Public
awareness and
education.

46A. (1) The Cabinet Secretary shall promote public awareness on sexual offences through nationwide education and information campaigns.

(2) The Cabinet Secretary responsible for matters relating to education shall establish and implement programs to safeguard, protect and promote the right to education of victims of sexual offences including victims of teenage pregnancy.

The justification for this is that the Ministry of Education is the one responsible for making and implementing policies on the right to education, including programmes to safeguard, protect and promote the right to education of victims of sexual offences.

(Question of amendment proposed)

The Temporary Chairman (Hon. David Ochieng’): Hon. Gertrude Mbeyu, do you want to say something on this?

Hon. Gertrude Mwanyanje (Kilifi County, ODM): Accepted.

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

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

(Clause 7 as amended agreed to)

Clause 8

The Temporary Chairman (Hon. David Ochieng’): Hon. Chairperson of JLAC.

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Hon. Aden Mohammed (Wajir East, JP): Hon. Temporary Chairman, I beg to move:
THAT, the Bill be amended by deleting Clause 8.

The justification for that is that the change from “Minister” to “Cabinet Secretary” has already been effected in the Act through the power to revise laws that are conferred upon the Hon. Attorney-General by the Revision of the Laws Act (Cap 1).

Thank you.

(Question of the amendment proposed)

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

(Clause 8 deleted)

New Clause 9

THAT, the Bill be amended by inserting the following new clauses immediately after Clause 8—

9. Section 36 of the principal Act is amended by inserting the following new subsections immediately after subsection (7) —

(7A) The State shall ensure that a victim of a sexual offence has access to—

- (a) forensic examination and documentation; and,
- (b) appropriate psychosocial support services.

(7B) A Court may, in addition to any other condition imposed, issue a no-contact order prohibiting an accused person from contacting, directly or indirectly, the victim or any witness, as a condition of bail or bond.

(The new clause was read a First Time)

The Temporary Chairman (Hon. David Ochieng’): Hon. Donya, move the Second Reading.

Hon. Dorice Donya (Kisii County, WDM): Hon. Temporary Chairman, I beg to move:
THAT, the Bill be amended by inserting the following new clauses immediately after Clause 8—

(7A) The State shall...

The Temporary Chairman (Hon. David Ochieng’): Order, Hon. Donya. You are moving this for Second Reading. So, start by saying: “I beg to move that New Clause 9 be now read a Second Time” and then you proceed.

Hon. Dorice Donya (Kisii County, WDM): I beg to move that New Clause 9 be now read a Second Time.

The Temporary Chairman (Hon. David Ochieng’): Go ahead.

New Clause 9

THAT, the Bill be amended by inserting the following new clauses immediately after Clause 8—

9. Section 36 of the principal Act is amended by inserting the following new subsections immediately after subsection (7) —

- (7A) The State shall ensure that a victim of a sexual offence has access to—
- (a) forensic examination and documentation; and

(b) appropriate psychosocial support services.
(7B) A court may, in addition to any other condition imposed, issue a no-contact order prohibiting an accused person from contacting, directly or indirectly, the victim or any witness, as a condition of bail or bond.

Thank you.

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

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

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

New Clause 10

THAT, the principal Act is amended by inserting the following new section immediately after section 43—

43A. A person who threatens, intimidates, coerces, or offers any benefit to a complainant for the purpose of withdrawing, compromising, settling, or otherwise interfering with a complaint relating to a sexual offence commits an offence and shall be liable, upon conviction, to imprisonment for a term not exceeding five years or to a fine of not less than five hundred thousand shillings or to both.

(The new clause was read a First Time)

The Temporary Chairman (Hon. David Ochieng’): Hon. Members, I now call upon the Mover to move Second Reading of New Clause 10. Hon. Donya.

Hon. Dorice Donya (Kisii County, WDM): Now, I do not want to move New Clause 10 because Hon. Udgoon wants it as a stand-alone. My Bill as a stand-alone. Sorry, I had thought for Hon. Udgoon. For Clause 10, I want to move as it is.

The Temporary Chairman (Hon. David Ochieng’): Move Second Reading. You do not have to read the Bill. You can just explain without reading the Bill. Go ahead. I was hoping you were going to explain to us what you are doing there without having to read the Bill word for word.

Hon. Dorice Donya (Kisii County, WDM): Okay.

I beg to move that New Clause 10 be read a Second Time. Which is, the Principal Act is amended by inserting a new Section immediately after Section 43. They should not allow any arbitration. Everything must be settled by the courts.

The Temporary Chairman (Hon. David Ochieng’): Okay.

Hon. Dorice Donya (Kisii County, WDM): Thank you.

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

Hon. Jared Okello (Nyando, ODM): I am at pains to understand the import of the sponsor's argument because arbitration is a matter of law. Within the precincts of the Judiciary, there have been tribunals and arbitration committees not just within Government agencies, but

also including Government ministries together with relevant Semi-Autonomous Government Agencies (SAGAs).

May we be persuaded as to why the limb of arbitration is being left out and yet, it is a requirement of law before one goes to a court of law. There is a provision for arbitration and mediation at the same time under Article 159 of our Constitution. Let us be persuaded.

The Temporary Chairman (Hon. David Ochieng’): Hon. Donya, go ahead with the response you wanted to give.

Hon. Dorice Donya (Kisii County, WDM): I major on national public awareness in my Bill. The one coming next is by Hon. Udgoon and it has that clause.

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

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

New Clause 11

The Temporary Chairman (Hon. David Ochieng’): Hon. Members, the new clause 11 will be moved by Hon. Siyad Udgoon for Second Reading.

Hon. Amina Siyad (Garissa County, JP): Thank you, Hon. Temporary Chairman. I have consulted widely on these matters. I wish to drop this amendment as I want the matter relating to awareness and education to remain separate from the one of prosecution of matters in court. I will raise these matters, if necessary, during consideration of my Bill in the Committee of the whole House at a later date.

Thank you.

The Temporary Chairman (Hon. David Ochieng’): Okay. The new clause 11 therefore is accordingly withdrawn and dropped.

*(Proposed amendment by
Hon. Amina Siyad to Clause 11 withdrawn)*

Clause 2

The Temporary Chairman (Hon. David Ochieng’): There is an amendment by the Chairperson of the Departmental Committee on Justice and Legal Affairs.

Hon. Aden Mohammed (Wajir East, JP): Hon. Temporary Chairman, I beg to move:

THAT, the Bill be amended by deleting Clause 2 and substituting therefor the following new Clause—

2. Section 2 of the Sexual Offences Act (hereinafter referred to as “the principal Act” is amended in the definition of the term “Cabinet Secretary” by deleting the words “and public prosecution”.

Amendment of
section 2 of Cap.
63A.

What will be deleted in the definition of Cabinet Secretary is the words, “and public prosecution”.

Thank you.

(Question of the amendment proposed)

The Temporary Chairman (Hon. David Ochieng’): Hon. Donya, do you have any comments?

Hon. Dorice Donya (Kisii County, WDM): Pardon.

The Temporary Chairman (Hon. David Ochieng'): We are on clause 2. There is a proposed amendment by the Departmental Committee on Justice and Legal Affairs. Do you agree with that amendment?

Hon. Dorice Donya (Kisii County, WDM): No.

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

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

(Clause 2 as amended agreed to)

(Title agreed to)

(Clause 1 agreed to)

The Temporary Chairman (Hon. David Ochieng'): Hon. Members, I call upon the Mover to move reporting.

Hon. Dorice Donya (Kisii County, WDM): Hon. Temporary Chairman, I beg to move that the House reports its consideration of the Sexual Offences (Amendment) Bill, (National Assembly Bill No. 78 of 2023), and its approval thereof with amendment.

(Question proposed)

(Question put and agreed to)

(The House resumed)

IN THE HOUSE

[The Temporary Speaker (Hon. David Ochieng') in the Chair]

MOTION

CONSIDERATION OF REPORT ON THE SEXUAL OFFENCES (AMENDMENT) BILL

The Temporary Speaker (Hon. David Ochieng'): Hon. Members, I call upon the Chairperson to report.

Hon. Jared Okello (Nyando, ODM): Hon. Temporary Speaker, I beg to report that the Committee of the whole House has considered the Sexual Offences (Amendment) Bill, (National Assembly Bill No. 78 of 2023), and approved the same with amendments.

The Temporary Speaker (Hon. David Ochieng'): Thank you. Mover.

Hon. Dorice Donya (Kisii County, WDM): Hon. Temporary Speaker, I beg to move that the House do agree with the Committee in the said report. I ask Hon. Zulekha to second.

Hon. Suleka Harun (Nominated, UDM): In the interest of time, I second. Thank you.

(Question proposed)

(Question put and agreed to)

BILL

Third Reading

THE SEXUAL OFFENCES (AMENDMENT) BILL (National Assembly Bill No. 1 of 2022)

The Temporary Speaker (Hon. David Ochieng’): Mover to move the Bill for Third Reading.

Hon. Dorice Donya (Kisii County, WDM): Hon. Temporary Speaker, I beg move that the Sexual Offences (Amendment) Bill, (National Assembly Bill No. 78 of 2023), be now read a Third Time.

I request Hon. Mukami to second.

Hon. Rahab Mukami (Nyeri County, UDA): Thank you, Hon. Temporary Speaker. I second Hon. Donya.

The Temporary Speaker (Hon. David Ochieng’): You second the Third Reading of the Bill not Hon. Donya.

(Question proposed)

(Question put and agreed to)

*(The Bill was accordingly read
a Third Time and passed)*

MOTION

FORMULATION OF POLICY ON STRUCTURED ENGAGEMENT OF NYS GRADUATES AS SECURITY OFFICERS

THAT, aware that approximately 18,000 youth graduate from the National Youth Service (NYS) annually; further aware that Article 55 of the Constitution requires the State to take measures, including affirmative action programmes, to ensure that the youth access training, employment and opportunities to participate fully in the social, economic and political life of the nation; appreciating that the Government has in the recent years rolled out deliberate programmes aimed at equipping NYS graduates with skills for employment into the disciplined services and key sectors which include agriculture, construction and security; noting that Government institutions continue to engage private security firms to supplement uniformed officers in providing security services, thereby incurring significant recurrent expenditure; further noting that the NYS graduates possess foundational training in discipline, security awareness, public service ethics and emergency response, making them suitable for deployment within Government institutions; recognising that there is need to have a balanced approach that promotes youth employment through structured engagement of the NYS graduates while preserving opportunities for private security firms to continue to operate and partner with Government institutions; this House, therefore, resolves that the national Government develops and implements a policy framework and guidelines to steer Government ministries, departments, agencies, on:

1. Prioritisation of engagement of the National Youth Service graduates to provide supplementary security services to public entities.
2. The criteria for determination of a formula for allotment of a quota of provision of security services in public entities to the NYS graduates and private security services firms.
3. Modalities for structured recruitment, deployment and terms of service, including remuneration, training and career progression for NYS graduates who are engaged to provide supplementary security to Government entities.

*(Moved by Hon. Gertrude Mwanyanje
on 14.10.2026 – Morning Sitting)*

*(Resumption of Debate adjourned
on 14.10.2026 – Morning Sitting)*

The Temporary Speaker (Hon. David Ochieng’): Hon. Members, Hon. Mbeyu had already moved this Motion. Hon. Member for Nyando, please proceed.

Hon. Jared Okello (Nyando, ODM): Thank you, Hon. Temporary Speaker, for giving me the opportunity. In the same breath, let me thank my sister, Hon. Mbeyu, for bringing forward this Motion, which seeks to integrate National Youth Service graduates into the mainstream security apparatus. We are all aware that those who undergo this training, either in Gilgil or Naivasha, acquire paramilitary skills. I remember that our President of the Republic of Kenya, Dr William Samoei Ruto, proposed that whenever recruitment takes place in the police, the military or the prison service, graduates of the National Youth Service should be given priority. I hope that this has become the norm and will continue. Given their paramilitary training, if they are left without any commitment, activity or income-generating opportunity, they may become a security risk. They may engage in insecurity or conduct themselves in an extra-judicial manner.

This Motion advances the same idea that the President put forward. Trainees spend a considerable amount of time at the National Youth Service. Before we joined university, there used to be a requirement for everyone to undergo National Youth Service training before joining university. It was intended to strengthen and prepare students before they joined the university. It also allowed them to offer public service and provide various services to the citizenry. The nine months of training at the National Youth Service are paramilitary in nature. The only thing they are not exposed to are firearms. Otherwise, the training facilities and equipment are similar to those that are used by the Police and the Army.

This will allow them to participate in our day-to-day security matters, stay engaged, and earn an income so they can take care of their families. As we go about our daily activities, we meet many people who graduated from the National Youth Service in Gilgil or Naivasha, and they are desperate. They live in deplorable conditions. Creating an opportunity for them to serve through the security services will give them hope and enable them to contribute to the development of the country they trained to serve and love. I support this Motion and once again thank Hon. Mbeyu for bringing it forward.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng’): Well said. There being no other interest in this Motion, I wish to call upon Hon. Mbeyu to reply. Hon. Mbeyu, proceed to reply. Would you like to donate a minute to Hon. Parashina before you reply?

Hon. Gertrude Mwanyanje (Kilifi County, ODM): Yes, Hon. Temporary Speaker.

Hon. Parashina Sakimba (Kajiado South, ODM): Hon. Temporary Speaker, I wish to support the proposed Motion by Hon. Gertrude. There is a need to develop a policy that provides for the structured engagement of National Youth Service graduates as security officers in Government institutions. As I support the Motion, it has become clear that whenever an advertisement for recruitment into the National Police Service, the military or the Kenya Wildlife Service is published, many Kenyans apply. The field becomes congested.

However, when the National Youth Service recruits volunteers, very few Kenyans, particularly young people, participate because of the rewards offered. They are trained, but what follows after the training? They are trained for hard, hands-on work. Those are young people who have received training, and the main skill they may lack is the handling of firearms.

As I support this Motion, I believe that if we want to address unemployment in this country, the benefits and rewards should come from hard work, and all young people should be treated equally. Some people come from backgrounds that are not well established and may not have the capacity or influence to secure opportunities. Others are fortunate to have the money and opportunities to obtain those jobs directly and may be able to join the Kenya Police Service. However, the young people who join the National Youth Service are those who genuinely desire to serve this country, whatever the circumstances. Giving them that opportunity will enable our security forces to benefit from their additional experience in the future and will provide more young people with an opportunity to join the Kenya Police Service and the military.

In our communities, when those young people complete their training and see others being recruited, they become demoralised. They are demoralised because the President expressed the wish, which is why we support this Motion, that once a person has completed Form IV and attained the required minimum grade of D+, they should be able to join the National Youth Service and, after completing the training, receive the first opportunity to join the police or the military...

The Temporary Speaker (Hon. David Ochieng'): Proceed to wind up your contribution.

Hon. Parashina Sakimba (Kajiado South, ODM): Yes. They should then be given the first opportunity to join the Kenya Police Service or the military. I support that point and the Motion.

The Temporary Speaker (Hon. David Ochieng'): Hon. Mbeyu, proceed to reply.

Hon. Gertrude Mwanyanje (Kilifi County, ODM): Thank you, Hon. Temporary Speaker. I also wish to recognise Hon. Katana, who had begun contributing to the debate, but ran out of time last Wednesday. He is here to support me. I sincerely thank the Hon. Members who have contributed to the debate on this Motion. I am grateful for the thoughtful contributions, observations and recommendations that have been made by Members, which have enriched the Motion and underscored the importance of a coordinated, inclusive and practical approach to youth employment. I urge the relevant Government agencies to collaborate in developing the proposed policy framework and implementation guidelines, in consultation with relevant stakeholders, including the National Youth Service, public entities and private security firms.

This is an opportunity for the Government to translate its investment in training young people through the National Youth Service into tangible economic and social benefits. Thank you. I beg to reply.

(Question put and agreed to)

ADJOURNMENT

The Temporary Speaker (Hon. David Ochieng’): Hon. Members, be upstanding. The time now being 1.01 p.m., this House stands adjourned until this afternoon at 2.30 p.m.

(The House rose at 1.01 p.m.)

Prepared by:

*Directorate of Hansard and Audio Services
National Assembly
Parliament of Kenya.*

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Published by:

*Clerk of the National Assembly
Parliament Buildings
Nairobi, Kenya.*