

# NATIONAL ASSEMBLY

## OFFICIAL REPORT

Wednesday, 20<sup>th</sup> February 2019

The House met at 9.30 a.m.

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

PRAYERS

QUORUM

**Hon. Deputy Speaker:** Order, Hon. Members! We do not have the required numbers. Therefore, I order that the bell be rung for 10 minutes.

*(Quorum Bell was rung)*

Order, Members! We now have the required quorum and therefore business will begin.

PETITION

IMPLEMENTATION OF DELOCALISATION POLICY BY TEACHERS SERVICE COMMISSION

**Hon. Patrick Mariru** (Laikipia West, JP): Hon. Deputy Speaker, this is a public petition No. 5 of 2019 on implementation of delocalisation policy by Teachers Service Commission (TSC).

I, the undersigned, on behalf of the teachers from Laikipia West Constituency, draw the attention of the House to the following:

THAT, Article 53(1) of the Constitution of Kenya, Section 7 of the Children Act and the United Nations Convention on Rights of the Child provides for the right to free and compulsory basic education for every child;

THAT, Article 13 of the International Convention on Economic, Social and Cultural Rights recognises the right to education and provides that education shall be directed towards the full development of every human being and shall strengthen the respect for human rights and fundamental freedoms;

THAT, towards, the realisation of provisions of Article 53(1) of the Constitution, the Government has mandated the Teachers Service Commission (TSC) with the responsibility of recruitment and deployment of teachers in the country;

THAT, in November 2017, the TSC arbitrarily introduced a policy on delocalisation of teachers in public schools whereby teachers were transferred to institutions away from their home counties.

THAT, in several instances, the delocalisation exercise has had negative effects in the welfare of teachers, including separation and disintegration of their families.

THAT, the implementation of the policy has led to among others, demoralisation of the teachers, hence affecting service delivery.

THAT, the TSC implemented the delocalisation policy without engagement with the stakeholders;

CONCERNED THAT, efforts to resolve this matter with the relevant Government agencies have been futile; and

THAT, the matter presented in this petition is not pending before any tribunal or court. Therefore, your humble petitioner prays that the National Assembly through the Departmental Committee of Education and Research:

i. Considers, mechanisms for immediate resolution of the stalemate between the teachers and the TSC with regard to delocalisation policy;

ii. Ensures that the petitioners' plight are addressed; and

iii. Makes any other order or direction that it deems fit in the circumstances of the petitioner.

Your petitioners will ever pray.

**Hon. Deputy Speaker:** Very well. Hon. Members, we note that there are quite a number of questions that have been brought relating to the issue of delocalisation. I will therefore give opportunity to some few Members to ventilate on this hoping that they will put forward what the issue is.

I will look at those who have placed interventions, not those ones who are putting up their hands. So, we will start with Hon. Iringo.

**Hon. Kubai Iringo** (Igembe Central, JP): Thank you, Hon. Deputy Speaker for giving me the opportunity to comment on the petition from my friend, Hon. Mariru. The delocalisation of teachers has brought a lot of acrimony in this country not because the teachers were being transferred but by the manner in which the Government or the Ministry decided to post teachers away from their localities. In as much as we appreciate that once you are engaged by the Government you can work anywhere in the country, the way it was done, it was as if they were trying to punish some of the old teachers, those who are about to retire and others have medical problems. It was done abruptly that it affected so many teachers. We need at least proper engagement where once that programme has been started, we could start with the young teachers and leave the older ones.

Thank you, Hon. Deputy Speaker.

**Hon. Deputy Speaker:** Hon. Atandi. If I give you the opportunity using my gadget here, you will definitely drop in the list. I had asked you to place an intervention. You are top on the list here. Would you want me to give you at that point and have it dropped?

*(Hon. Samuel Atandi spoke off record)*

**Hon. Deputy Speaker:** Okay. It is your wish. You are top on the list but now you will be going to number 14.

In fact, your microphone is not working. Please go to the next one. Use the microphone in front of you.

**Hon. Samuel Atandi** (Alego-Usonga, ODM): Thank you, Hon. Deputy Speaker for giving me this opportunity to comment on this petition. In principle, let me say that I support delocalisation because when this process began, I was personally affected because my mother-in-law was delocalised from Nairobi to Kitui. My mother-in-law has two years to retire.

**Hon. Deputy Speaker:** Let me be clear, Hon. Atandi. You are very happy because your mother-in-law was delocalised from Nairobi?

**Hon. Samuel Atandi** (Alego-Usonga, ODM): Hon. Deputy Speaker, let me just make my point. I want Members to understand why I think delocalisation is a good thing. After she was delocalised, she called me and told me that she had settled and she began to appreciate delocalisation. In principle, today I support delocalisation because in my constituency we have received teachers from Rift Valley and from Western and one thing that I like is, today, courtesy of delocalisation, my standard one pupils in my village can speak Kiswahili because teachers from Western and Rift Valley who have come to my region now are teaching them new ideas. For instance, where I come from, we did not grow up speaking Kiswahili. So, even though the petition is serious, I would like to plead with Kenyans to support delocalisation. Personally, I think it is a good thing because it is infusing new ideas. My colleague is saying that it is bringing about nationhood. I think this is a good thing. If we have teachers from other tribes coming to teach our kids, we will be trying to resolve this issue of ethnicity and tribalism. I think this is a good idea, let the committee handle this petition but in principle, let us support it.

**Hon. Deputy Speaker:** Hon. Nakara Lodepe, you want to say something about delocalisation?

**Hon. Lodepe Nakara** (Turkana Central, ODM): Hon. Deputy Speaker, thank you so much. I just want to say a few things. Delocalisation has caused a lot of harm despite the fact that it makes ...

*(Hon. David ole Sankok consulted loudly)*

**Hon. Deputy Speaker:** Order, Hon. 001, which side are you talking about?

*(Hon. David ole Sankok spoke off record)*

**Hon. Deputy Speaker:** Well, the person who brought the petition is from your side, the first person who contributed to it is from your side. What other side are you talking about?

*(Hon. David ole Sankok spoke off record)*

**Hon. Deputy Speaker:** Okay. Hon. Lodepe, proceed.

**Hon. Lodepe Nakara** (Turkana Central, ODM): Hon. Deputy Speaker, I just want to mention few things that delocalisation has done to this country. Though we want this country to be one, there are some things that we do not want to risk. When TSC employed new teachers and took them to places where they knew no one and did not have any connections or did not get salaries, they really suffered.

Secondly, it the constitutional right of the officials of the Kenya National Union of Teachers (KNUT) to remain where they are in order to serve teachers, but when you take an official to another place, the services that they were supposed to render to the people that elected them will not be delivered. When this delocalisation happens, it affects the running of KNUT.

Finally, there is separation of family members. Some guys are old, they are about 50 years and they are retiring from their job. When you separate them from their families, those families suffer.

So, delocalisation is not good for now. We need a good arrangement. Build houses for the teachers, prepare the security then take them there.

**Hon. Deputy Speaker:** Hon. Brighton Yegon, please be brief so that I can also give opportunity to a few other Members.

**Hon. Leonard Yegon** (Konoin, JP): Thank you very much, Hon. Deputy Speaker. Delocalisation, indeed, brought more harm than good. The criterion used in implementing delocalization was flawed in some instances. For example, in one of the schools in my constituency, a principal who had put in standards of 6.3 was poached and transferred and replaced by a principal who came from a school with a performance mean of 3.0. That shows you the criterion used in delocalisation was flawed. We support delocalisation, but when there is no particular criterion then that brings in a problem.

Thank you very much, Hon. Deputy Speaker.

**Hon. Deputy Speaker:** Hon. Sankok.

**Hon. David ole Sankok** (Nominated, JP): Thank you very much, Hon. Deputy Speaker. I do support delocalisation but not like Hon. Atandi who supports it because his mother-in-law was transferred; you know some of us may not be very comfortable with our mothers-in-law. We support delocalisation because it will bring cohesion; it will eliminate the issue of ethnicity. Sometimes our children are impacted with fake knowledge about other tribes and communities. When they are taught by teachers from other communities, it will assist them to appreciate other tribes of this country.

But as we implement delocalisation, let us remember that there are also persons with disability (PWDs) who may have been used to the environment they are in, like teachers with disability who are on wheelchairs, probably their schools have been made adaptable and accessible to them, and you delocalise him to a school where he lives very far from the school. Teachers who are visually impaired may have known to manoeuvre their way around the school compound. Some of them know where the toilets are even without seeing. When they go to new schools, the environment becomes a bit hectic. So, I want to advise TSC to consider PWDs.

Thank you very much, Hon. Deputy Speaker.

**Hon. Deputy Speaker:** Member for Mwea then I will give two from this other side.

**Hon. Josphat Kabinga** (Mwea, JP): Thank you, Hon. Deputy Speaker. I do support delocalisation but with some caveats. This is a good exercise but TSC needed to prepare, more so by doing some mapping on facilities that are found in the schools. When some of the teachers are delocalised to some areas like in my constituency in a place called South Ngariama, an area with no roads and with schools that are far from having the facilities that one would expect, no housing and they are far from town; when the teachers come, they end up getting so discouraged that they do not even attend lessons and do not even come to school. So, it is good for TSC to ensure that basic facilities are found in schools before they do delocalisation.

Delocalisation should also look at the condition and age of the teachers. Teachers who have only one year to go are delocalised to so far from home. When teachers with health conditions that require their spouses' support on a daily basis and those who live with disabilities and require support from their spouses get delocalised without due consideration, it is not good at all.

Thank you, Hon. Deputy Speaker.

**Hon. Deputy Speaker:** The Member for Kisumu West. We seem to be having a problem with the mic close to you. Try the nearest one. The one behind you is okay.

**Hon. Olago Aluoch** (Kisumu West, FORD-K): Thank you, Hon. Deputy Speaker. The TSC has the constitutional mandate to hire and deploy teachers in the country. I support delocalisation the way Hon. Atandi does. However, TSC in implementing this policy has been doing so in a punitive manner that dehumanises teachers. In Kisumu West, there is an instance where both husband and wife are headteachers. One has been transferred to Kuria West in Migori County and the other to Alego Usonga in Siaya County and they have got small school-going children. So, I agree with Members who say that in transferring teachers, the TSC should look at the needs and capacities of each teacher, so that they do so in a manner that is not punitive, in a manner that is humane. Hon. Muiruri's petition raises serious issues that should be considered.

Lastly, if Hon. Sossion was here he could have explained to the House. I think there is a matter in court pertaining to this particular issue. Probably when the matter gets to the committee, they will look at it.

Thank you, Hon. Deputy Speaker.

**Hon. Deputy Speaker:** Hon. King'ola.

**Hon. Patrick Makau** (Mavoko, WDM-K): Thank you, Hon. Deputy Speaker. The problem we have in this country is doing things impromptu. The inhumanity that teachers have been exposed to goes beyond reasonable doubt. I know in the past, any teacher transferred had to be given disturbance allowance. Nowadays teachers are being transferred without anything and you are supposed to report. The TSC must relook at delocalisation and allocate funds to every person who is affected. As much as I want to support this petition, we also relook at the Employment Act, because once you are employed as a teacher you sign a contract that you can work in any place in this country. But you cannot just be transferred impromptu and the Government expects you to give some output. So, it is high time the TSC relooked at this issue and made teachers feel respected persons in this country, and respected employees for that matter.

Thank you, Hon. Deputy Speaker.

**Hon. Deputy Speaker:** I see there is a lot of interest but, Hon. Members, you will pursue it in other avenues. We will go to the next Order. As we do that, let me introduce, in the Speaker's Gallery, students from SCS Swaminarayan School in Langata Constituency, Nairobi County. Just for the record, the petition will go to the Departmental Committee on Education and Research.

Next Order.

## PAPERS LAID

**Hon. Deputy Speaker:** On this particular segment, we have the Whip of the Majority Party.

**Hon. Benjamin Washiali** (Mumias East, JP): Thank you, Hon. Deputy Speaker. I beg to lay the following Papers on the Table of the House:

*(Hon. Caleb Kositany stood in the gangway)*

**Hon. Deputy Speaker:** Order, Hon. Caleb. Proceed.

**Hon. Benjamin Washiali** (Mumias East, JP): Thank you, Hon. Deputy Speaker. I beg to lay the following papers on the Table of the House:

Bank's Position Annual Report for the year 2017 from the Central Bank of Kenya; Annual Corporate Report for the Financial Year 2017/2018 from the Office of the Auditor-General; and,

Evaluation Report for the Financial Year 2017/2018 on Public Service Compliance with the Values and Principles in Articles 10 and 232 of the Constitution from the Public Service Commission.

I thank you, Hon. Deputy Speaker.

**Hon. Deputy Speaker:** Thank you very much. Let us move to the next Order.

### QUESTION BY PRIVATE NOTICE

**Hon. Deputy Speaker:** We do not seem to have any statements and so, we will go straight to Questions. Starting us off is Hon. Anthony Tom Oluoch, Member for Mathare. Unfortunately, I do not have information as to... Are you there?

**Hon. Anthony Oluoch** (Mathare, ODM): Yes, I am, Hon. Deputy Speaker.

**Hon. Deputy Speaker:** Are you the one?

**Hon. Anthony Oluoch** (Mathare, ODM): Yes, I am.

**Hon. Deputy Speaker:** Okay. Proceed. Why did you take very long to respond to your own title and name?

*Question No. 022/2019*

#### OPERATIONALISATION OF THE POLITICAL PARTIES FUND

**Hon. Anthony Oluoch** (Mathare, ODM): Hon. Deputy Speaker, I rise to ask Question No. 022 of 2019. It is directed to the Cabinet Secretary (CS) for the National Treasury:

(i) Is the Cabinet Secretary aware that since the enactment of the Political Parties Act, funds to political parties have not been paid out in accordance with the provisions of the Act?

(ii) Is the Cabinet Secretary further aware that the High Court decision (Judicial Review No. 483 of 2016) directed the Cabinet Secretary to, among other things, ensure that the National Treasury shall make budgetary proposals and estimates that reflect allocation of no less than 0.3 per cent of national revenue collected to be due to political parties?

(iii) What steps is the Cabinet Secretary taking to comply with the provisions of the Political Parties Act, taking into consideration that the above court decision was suspended and is scheduled to take effect during the 2019/2020 Financial Year?

Thank you, Hon. Deputy Speaker.

**Hon. Deputy Speaker:** Very well. That will be replied to before the Departmental Committee on Finance and National Planning. Let us go to the next one, which is by the Hon. Member for Sigowet Soin. Hon. Kipsengeret Koros.

### ORDINARY QUESTIONS

*Question No. 023/2019*

#### STATUS OF PAYMENT TO SUGAR-CANE FARMERS

**Hon. Kipsengeret Koros** (Sigowet/Soin, Independent): Hon. Deputy Speaker, I beg to ask the Cabinet Secretary for Agriculture and Livestock:

(i) What is the status of payment to sugarcane farmers from Nandi and Kericho counties who delivered cane to Muhoroni Sugar Factory in 2017 and 2018?

(ii) When will the farmers who have delivered cane to the said factory be paid?

**Hon. Deputy Speaker:** Well, that will be replied to before the Departmental Committee on Agriculture and Livestock.

Let us go to the next one by Hon. Yegon.

*Question No. 024/2019*

REGISTRATION OF SUBSCRIBER IDENTIFICATION MODULE (SIM) CARDS

**Hon. Leonard Yegon** (Konoin, JP): Thank you, Hon. Deputy Speaker. Pursuant to the provisions of Standing order 42A (5), I beg to ask the Cabinet Secretary for Information, Communication and Technology:

(i) How many of the Subscriber Identification Module (SIM) Cards issued by telecommunication companies in the country are registered and how many are not?

(ii) What are the reasons for not ensuring that all SIM cards are registered, and could the Ministry consider de-activating the unregistered cards?

**Hon. Deputy Speaker:** That one will be replied to before the Departmental Committee on Information, Communication and Innovation.

Next one is by the Hon. Member for Nakuru Town East, Hon. Gikaria

*Question No. 025/2019*

CRITERIA FOR ALLOCATION OF INFRASTRUCTURE FUNDS TO SCHOOLS

**Hon. David Gikaria** (Nakuru Town East, JP): Thank you Hon. Deputy Speaker, I beg to ask to ask the Cabinet Secretary for Education:

(i) What factors determine the allocation of infrastructure funds to both primary and secondary schools across the country?

(ii) Could the Cabinet Secretary provide a list of schools that benefitted from the funds in Nakuru County during the 2017/2018 Financial Year and total amount allocated to each school?

I thank you, Hon. Deputy Speaker.

**Hon. Deputy Speaker:** That one will be replied to before the Departmental Committee on Education and Research.

We will go to the last one by the Hon. Member for Embakasi West Constituency, Hon. Theuri.

*Question No. 026/2019*

UNDER-UTILISATION OF DIGITAL LITERACY LEARNING PROGRAMMES IN SCHOOLS

**Hon. George Theuri** (Embakasi West, JP): Thank you Hon. Deputy Speaker, I beg to ask the Cabinet Secretary for Education:

(i) Is the Cabinet Secretary aware that several Information Communication and Technology (ICT) facilities availed to public schools through the Digital Literacy Learning Programme have not been utilised?

(ii) What is the status of the one-laptop-per child programme launched in 2013 to enhance ICT in teaching and learning in primary schools?

(iii) What measures has the Ministry put in place to ensure that the programme is successfully implemented under the new education curriculum?

**Hon. Deputy Speaker:** That one will be replied before the Departmental Committee on Education and Research.

That marks the end of Question Time and obviously Order No. 7.

Next Order!

### PROCEDURAL MOTION

#### EXEMPTION OF BUSINESS FROM THE PROVISIONS OF STANDING ORDER 40(3)

**Hon. Benjamin Washiali** (Mumias East, JP): Hon. Deputy Speaker, I beg to move the following Procedural Motion:

THAT, this House orders that the business appearing as Order Nos. 10 and 11 in the Order Paper be exempted from the provisions of Standing Order 40(3) being a Wednesday Morning, a day allocated for business not sponsored by the Majority or Minority Party or business sponsored by a Committee.

Hon. Deputy Speaker, as Hon. Members are aware, Wednesday mornings are meant for debate of Private Members' business. However, there is need for this House to finalise debate on the Office of the County Attorney Bill (Senate Bill No. 3 of 2018) and the Statute Law (Miscellaneous Amendments) (No.2) Bill.

Members will recall that the Office of the County Attorney Bill No.13 of 2018 was tabled in this House in October 2018. It seeks to provide for the functions and powers of the County Attorneys and the appointment of the County Solicitor and the County Legal Counsel. These are very important offices whose establishment is long overdue. So, we need to expedite the passage of this very important legal framework.

The Statute Law (Miscellaneous Amendments) Bill, No. 2 of the National Assembly also contains 15 different statutes and it seeks to effect minor amendments to the various Acts that do not warrant publication of separate Bills. These include the National Hospital Insurance Fund (NHIF) Bill and other Bills that would help this Government in implementing the Big Four Agenda.

Therefore, this is part of what has caused us to request for this Miscellaneous Amendments Bill and also...

**Hon. Deputy Speaker:** Who is seconding you?

**Hon. Benjamin Washiali** (Mumias East, JP): I will ask ...

**Hon. Deputy Speaker:** This is because Procedural Motions are never contentious. Once you have given the meat as you have done, just give somebody to second you and we dispense with it and save time. This is because we are going to be discussing a Motion before yours for three hours and so, if we do not move quickly, it will be of no consequence. We will be moving a Procedural Motion in vain. So, let us save time. Give us the person who is seconding you and we



will quickly dispense with it because the House does not seem to have any problem at all with your Motion.

So, who is seconding you?

**Hon. Benjamin Washiali** (Mumias East, JP): Hon. Deputy Speaker, I just wanted to make one justification before I ask for the seconder.

**Hon. Deputy Speaker:** Do not justify something that Hon. Members want to pass.

**Hon. Benjamin Washiali** (Mumias East, JP): Hon. Deputy Speaker, I am aware that Hon. Members were on a long recess and so, there is a bit of business that has not come before the House Business Committee (HBC). I also thank Hon. Mohamed Ali, the Hon. Member for Nyali for being quick in bringing a Private Members' Motion. I take this opportunity to ask other Members to push their Motions. I know they have quite a number of Motions which are pending but I just want them to be a bit proactive so that we have enough private business on the Floor.

Hon. Deputy Speaker, I wish to move and request Hon. Chris Wamalwa to second.

**Hon. (Dr.) Chris Wamalwa** (Kimini, FORD-K): Thank you, Hon. Deputy Speaker. I second this Procedural Motion. As Hon. Washiali has said, Wednesday morning is for Private Members business but, apparently, Members are getting demoralised. Some had brought their Motions and given notices, but they did not know that once we start a new session, they lapse and have to re-start again. That is an important point that they ought to know.

I had a discussion with Hon. Mwangaza in the last Session. Her Motion was supposed to be on the Floor, and I am sure she has restarted the journey. I think the Private Members' day is the only one when Private Members' Bills come. But if we continue with this kind of direction, then obviously, they will get demoralised. However, I can read the mood of the House and everyone has no problem with this. Indeed, it is true - and my colleague has highlighted the importance of the Office of the County Attorney because they are being sued left, right and center. This will help in terms of integrating all the legal issues.

Thank you, Hon. Deputy Speaker. I second.

**Hon. Deputy Speaker:** Very well.

*(Question proposed)*

*(Question put and agreed to)*

Next Order!

## HOJA

KUFUTILIWA MBALI KWA ADA ZA MATIBABU KATIKA  
HOSPITALI ZA UMMA ZA RUFAA PINDI MTU ANAPOFARIKI

**Hon. Deputy Speaker:** Mhe. Mohammed Ali, endeleza Hoja yako. Na Wabunge wanaombwa sana kuchangia kwa Kiswahili.

**Hon. Mohamed Ali** (Nyali, Independent): Asante sana, Naibu Spika. Naomba kuendeleza Hoja ifuatayo:

KWAMBA, tukitambua kuwa Ibara ya 43 ya Katiba imebainisha kuwa kila mtu ana haki ya kupata kiwango bora zaidi cha afya kinachojumuisha haki ya kupata matunzo ya kiafya na kutonyimwa matibabu ya dharura; aidha,

ikifahamika kwamba gharama za matunzo ya kitabibu katika taasisi za kiafya za kibinafsi zingali ghali mno, hivyo kuwalazimu Wakenya wengi kupendelea kusaka huduma hizo kwa hospitali za umma; tukizingatia kwamba, licha ya bei nafuu ya matibabu katika hospitali za umma ikilinganishwa na hospitali za kibinafsi, bado Wakenya wengi hawamudu na hivyo basi kutumbukia kwenye madeni, ufukara na dhiki wanaposhindwa kulipa malimbikizi ya gharama za matibabu yao na ya wapendwa wao; Bunge hili linahimiza Serikali ya Kitaifa kufutilia mbali gharama zote za matibabu ya wagonjwa wote wanaofariki wakipokea matibabu katika hospitali za umma na za rufaa.

Nitaanza mjadala wangu kwa kulitaka Bunge hili, kuweza kutunga sheria ya kufutilia mbali ada dhidi ya maiti. Hii ni kwa sababu tunajua wazi ya kwamba huwezi dai maiti. Kwa nini nasema tuweze kufutilia mbali ada hizi? Nina sababu zangu ambazo niliweza kupata baada ya kuzunguka mashinani na kuzungumza na wananchi wapendwa wa Jamhuri ya Kenya. Waliweza kunipatia malalamiko yao kuhusiana na maiti kuzuiwa katika chumba cha kuhifadhia maiti.

Sababu za vifo kwanza, tunasema kila nafsi itaonja mauti, kwa sababu ni Mwenyezi Mungu hupeana na pia ni yeye huchukua. Lakini kuna kuonja maiti kwa sababu ya udhalimu wa serikali iliyo mamlakani ambayo haitaki kuangalia maslahi ya mwananchi wa kawaida. Sababu ya kwanza inayosababisha vifo katika hospitali za umma humu nchini ni usimamizi mbovu wa visa vya maradhi.

Kwa mfano, mwaka uliopita niliweza kuleta mjadala katika Bunge hili nikiitaka Serikali iweze kujenga hospitali moja ya rufaa katika kaunti zote 47 humu nchini.

Tunaposema visa vya maradhi vinatokana na usimami mbovu, utaona maskini ambao ni asilimia kubwa nchini Kenya, wanapokuwa wagonjwa, wanakimbilia mambo ya ajabu, ajabu. Kwa mfano, maskini akiwa mgonjwa na hawezi kupata pesa za kukimbia hospitalini, yeye atakimbia kwa waganga ajaribu kugangwa kule ili apate matibabu kwa sababu hana pesa za kwenda hospitalini.

Pili, madaktari wa kienyeji - tunawaita madaktari miti shamba - asilimia kubwa inaamini ya kwamba wanaweza kupambana na visa mbali mbali vya kiafia. Tatu, kuna madaktari gushi. Tunaona katika vyombo vya habari na kushuhudia ya kwamba kuna madaktari gushi ambao hawajasomea taaluma hiyo na wanaenda mitaani na kufungua kliniki ovyo ovyo na kutibu watu bila ya leseni inayotakikana.

Lingine ni kwamba maskini huashiria kujitibu, maskini labda ana saratani na hajui. Lakini anaona dawa yake ya kipekee ya kupona ni kununua tembe ya Panadol ajigange polepole nyumbani kwa sababu hana nguvu za kufikia hospitali.

Mwisho, nyingine nitazungumzia ni viongozi wa dini. Siku hizi tumekuwa na viongozi ambao badala ya kuhubiri neno, wanahubiri meno. Kazi yao sasa ni kudaganya wananchi na kuwapa imani ya kwamba wanaweza watibu, na hivyo basi kuwachezea.

Ukosefu wa taaluma ndiyo umetuletea matatizo haya yote. Ndiyo unaosababisha maafa mengi katika hospitali na uhaba wa vifaa vya matibabu. Mwaka uliyopita niliweza kusimama ndani ya Bunge hili na kusema maswala mengi kuhusiana na madaktari, magonjwa na vile vile uhaba mkubwa wa madaktari nchini Kenya. Pia, nilisimama katika Bunge hili na kusema ya kwamba saratani ambayo ni ya tatu nchini Kenya kusababisha vifo, hadi wa leo hatujafikiria kuweza kupambana nayo. Hii ni kwa sababu sisi tuna madaktari 23 wa saratani Kenya nzima, kwa Wakenya milioni 45.

Kila siku katika kila mwaka tunapata visa 38 vya saratani. Upasuaji ni jambo lingine ambalo nilizungumzia. Tuna madaktari 18 wa upasuaji ambao hawawezi kujimudu. Madaktari

wa figo ni 16. Hatuna maabara. Ikiwa leo mtu ni mgonjwa na hakuna maabara ya figo, inakuwa matatizo. Huyo mtu anafariki kwa sababu Serikali imeshindwa kusaidia wananchi wa Jamhuri ya Kenya kwa kueleza katika afya.

Juzi nimeona kuna mgomo wa nesi. Wamesema kwamba hawalipwi vizuri na wataendelea kugoma. Mimi nawaunga mkono. Endeleeni kugoma mpaka siku ile mtaheshimiwa na muweze kuangaliwa, ili Wakenya waweze kuhudumiwa. Tangu hao manesi waanze kugoma, watu wengi wamefariki hospitalini. Hii si makosa ya mwanachi wa kawaida. Ni makosa ya Serikali. Madaktari Kenya nzima ni 11,000 kwa Wakenya milioni 45.

**Hon. David ole Sankok** (Nominated, JP): Hoja ya nidhamu, Naibu Spika.

**Hon. Deputy Speaker:** Kuna hoja ya nidhamu kutoka wa Mbunge mteule 001.

**Hon. David ole Sankok** (Nominated, JP): Mhe. Naibu Spika, hata kama hatuelewi Kiswahili sana, hatusemi “manesi” au “mananasi”. Wanaitwa wauguzi. Kwa hivyo, ataje inavyofaa.

**Hon. Deputy Speaker:** Haya endelea Mhe. Ali. Uko na nafasi ya kuendelea. Sijui ni kwa nini chombo chako hakifanyi kazi. Tumia chenye kiko karibu.

**Hon. Mohamed Ali** (Nyali, Independent): Asante, Naibu Spika. Unajua wakati tuna mjadala mzito kama huu, ambao unasimamia maswala ya maskini wa Jamhuri ya Kenya, Mhe. Mwezangu asijaribu kuleta mchezo ndani ya kazi. Lakini nesi ni sawa tu. Ni kama kusema *nurse* kwa Kizungu. Kwa hivyo, tunasema nesi ama daktari. Sipingani na hilo, ila tu kwamba ni lugha hauelewi. Lakini asante sana.

Nilikuwa nazungumia madaktari na kusema kwamba tuko na elefu 11 dhidi ya Wakenya milioni 45. Dawa ni sababu ingine ya kufanya watu wetu wazidi kuumia. Hospitali zetu hazina dawa. Wagonjwa huenda hospitalini, mtu anapiga foleni kuanzia asubuhi hadi jioni na hapati dawa. Kifo chake kinasababishwa na dawa hizo kutopatikana. Tunaona katika hospitali nyingi humu nchini, dawa zinazofaa kutolewa kwa maskini zinachukuliwa na watu kadhaa wanaenda kuuza badala ya kuhudumia wananchi wa Kenya.

Uhaba wa damu ni jambo lingine ambalo linasababisha watu wengi kufariki. Fedha hazikekwi katika Bodi ya Kitaifa ya Damu. Hatuwekezi pesa za kuhakikisha kwamba tunapata damu ya kutosha. Kwa mfano, huwezi kupata matibabu ya saratani kama huna damu ya kutosha katika mwili wako. Maskini anayekula mboga na mahindi ya kuchemsha pale mtaani ataitoa wapi damu hii iwapo Serikali haizingatii na kuhakikisha kwamba maabara yetu yamejaa damu ya kuwapatia watu hawa bila malipo iwapo dharura itatokea? Dharura inapotokea ya mashambulizi, ndipo sisi sote kwa kauli moja tunajifanya kuwa Wakenya, *we are one*, twendeni tutoe damu. Tutakuwa tukitoa damu wakati wa visa vya ujambazi ama wakati wa visa vya ugaidi ama tutakuwa tukitoa damu ya kuhakikisha kwamba nchi hii iko na damu wakati wowote matatizo yatakapotokea?

Nambari ya nne ni udhalimu wa Serikali. Leo niko radhi kusema kwamba Serikali imefeli wananchi wa Jamhuri ya Kenya. Serikali haiwekezi katika mambo ya maana. Leo Serikali inatoa bajeti kubwa kwa NYS, lakini haiwezi kutoa bajeti kubwa kwa afya. Tukitoa bajeti kubwa kwa National Youth Service (NYS), inaporwa na watu. Hatutoi bajeti kwa afya kuhakikisha kwamba tumeboresha hospitali zetu au kuhakikisha tuna vifaa spesheli vya kupambana na maradhi aina mbalimbali. Leo katika Bunge hili, tuna Wabunge 13 ambao wana saratani. Inafaa ituume na kusema kwamba hata sisi ni wagonjwa. Kwa nini tusiwatete wale wako nje kwa sababu tuna nguvu na sauti ya kupigania suala hilo? Kwa nini tusitunge sheria...

**Hon. Deputy Speaker:** Mhe. Jomo, una hoja ya nidhamu? Hebu tusikie hoja yako. Hicho chombo ambacho kiko karibu nawe hakifanyi kazi. Kwa hivyo, nenda kwa hicho kingine. Njoo hapa mbele.

**Hon. Jude Njomo** (Kiambu, JP): Mhe. Naibu Spika, kwa unyenyekevu, ningependa kumkosoa rafiki yangu kuwa Bunge hili ndilo linalotengeneza bajeti ya nchi. Liko na wajibu wa kujua pesa zitakazoenda kwa afya na kwa NYS. Tusiweke mambo hayo kwa Serikali. Serikali inaweza kuleta mapendekezo yake lakini ni wajibu wa Bunge hili kutengeneza bajeti ya nchi na kutoa pesa kwa NYS na kuweka pesa kwa afya kama Bunge hili linaona ni sawa.

**Hon. Deputy Speaker:** Sawa Mheshimiwa. Utajibu suala hilo ukiendelea kutoa hoja zako. Endelea Mhe. Ali.

**Hon. Mohamed Ali** (Nyali, Independent): Asante sana, Mhe. Naibu Spika. Nakubaliana na kauli mbiu yako lakini inafaa ujue Serikali ni sisi na Serikali ni wananchi wa Jamhuri ya Kenya. Bila ya wananchi, sisi hatuwezi kukaa hapa. Lakini nimekubaliana na kauli mbiu yako na nasema asante sana.

Nilikuwa nazungumzia udhalimu wa Serikali kwa kufeli kuwahudumia wananchi wa Kenya kiafya na kusema kwamba imekataa kuwekeza katika afya. Nataka pia kuzungumzia ugatuzi wa afya kwa sababu kule mashinani, tunapata shida sana. Hatuwezi sisi kama Wabunge kutatua masuala ya afya mashinani kwa sababu ya ugatuzi. Hii imeleta balaa. Kuna baadhi ya viongozi kutoka kaunti mbali mbali ambao, badala ya kuwafikia wananchi na kuwasaidia, imekuwa kwamba fedha za afya wanazitenga kando na kuzitumia katika mambo mengine.

Migomo ya kila mara ni sababu nyingine ya vifo. Inatuletea matatizo hapa nchini Kenya. Huduma ya National Hospital Insurance Fund (NHIF) ni jambo lingine ningependa kuzungumzia. Ndio kuna NHIF, lakini maskini wa kawaida anaweza kulipa ada hii kila mwezi ili kuhakikisha kwamba wakati wa dharura ataweza kujimudu? National Hospital Insurance Fund ina kauli mbiu moja: chukua ama uache! Shida ni yako. Ni lazima tuangalie ni vipi tutafanyia mwananchi wa kawaida iwe ndogo kwake ili aweze kupata matibabu ya kiafya.

Kuna Big Four Agenda ambayo tunaizungumzia. Mojawapo ndani ya Big Four Agenda ni afya na tumejipiga kifua na kusema kwamba katika kipindi kilichosalia cha miaka mitatu, tutahakikisha kwamba tumeweza kufaulu katika kusukuma gurudumu la Big Four na kuhakikisha kwamba mambo yamekuwa sawasawa. Kwanza kabisa, tukizungumza masuala ya Big Four, tunasema rejesheni huduma zote za afya kwa Serikali ya Kitaifa kwa mujibu wa Kipengele cha 187 cha Katiba ya Kenya. Ni kwa nini tunasema murejeshe huduma za afya kwa Serikali? Ni kwa sababu Serikali hapo awali ilipokuwa ikisimamia masuala ya afya, iliweza kuhakikisha kwamba mwananchi wa kawaida hateseki. Leo pesa zilizoko mikononi mwa magavana hazifikii watoto wa maskini. Leo pesa ziko mikononi mwa magavana na haziwezi kuwasaidia maskini. Zamani, Wabunge walikuwa na fedha na uwezo wa kujenga zahanati au kwa lugha ya kimombo *dispensary*. Tulikuwa tunaweza kuwajengea watu kule mashinani. Leo mikono yetu imefungwa na hatuwezi kuwajengea. Magavana wote nchini Kenya waliojaliwa kupewa pesa za afya hawasaidii. Ni wachache tu. Kwa mfano, tunaona Gavana wa Makueni amefanya kazi ya maana. Je, kwa nini magavana wengine wapewe pesa za wananchi iwapo hawawezi kujenga hospitali? Kama wameshindwa, na sisi tupewe tujaribu kuwahudumia wananchi ama iregeshwe katika Serikali ya Taifa.

Pili, ongezeni hospitali za Level 5. Tuna hospitali 11 za Level 5 Kenya nzima. Ziongezeni na muzipandishe cheo ziwe hospitali za rufaa ili mwananchi wa kawaida aweze kufikia hospitali hizi na kupata matibabu spesheli katika hospitali hizo. Tatu, tunasema kuwe na tume ya afya. Kukiwa na tume ya afya, hatutakuwa na masuala ya madaktari bandia, masuala ya

usimamizi wa hospitali au masuala ya matatizo yanayotokea. Juzi katika runinga tuliona jamaa ameenda katika hospitali ya Kenyatta akaiba mtoto wake kwa sababu ameshindwa kulipa Sh56,000. Na waibe watoto wawapeleke nyumbani kama serikali inashindwa kuwaangalia. Kwa nini tunaona vituko kama hivi vinatokea? Tunaona mtu anaenda hospitalini sio mwizi wa kawaida bali mwizi ambaye amedhulumiwa na anataka mtoto wake. Ni mwizi ambaye amepewa bei ambayo haiwezi. Mfuko wake hauwezi na Serikali hata haina huruma na maskini huyo inachukua pesa yake kwa kifua na kama huna pesa inachukua mtoto wako kwa kifua. Hatuwezi kuzalisha shida kila siku kukicha katika Jamhuri hii ya Kenya.

Tume ya afya isimamie usajili, uhamisho, mishahara na vyeo vya madaktari ili mambo yaweze kwenda sambamba. Pesa zitoke Wizara ya Fedha hadi kwenye hospitali. Haya mambo ya pesa kutoka Wizara ya Fedha na kupitia sehemu mbalimbali bila kufikia hospitali inakuwa changamoto nyingine. Kuwe na mikakati ya kisasa ya kuendesha hospitali za rufaa ili asilimia 80 ya maskini waweze kusaidiwa. Fedha za afya kwa kaunti zilindwe kabisa.

Mhe. Naibu Spika, sasa nitakueleza. Labda hamjui kwa siku moja watu wanaokufa ni maskini wala si mabosi. Mabosi hufa kwa mpango kwa sababu wana nguvu ya kujitibu. Maskini wanakufa kila siku. Kwa mfano nitakupatia Hospitali ya Kitaifa ya Kenyatta peke yake. Mtu anapofariki, kwa maiti kukaa katika chumba cha kuhifadhia maiti cha Kenyatta, usiku mmoja maskini anatakiwa alipe Sh4,900. Hiyo ni Hospitali ya Kitaifa ya Kenyatta, Hospitali ya Coast General Mombasa na Hospitali ya Rufaa na Mafunzo ya Eldoret, ambazo ni hospitali za rufaa, ada kwa siku ni Sh4,900. Maskini hata pesa za kununua Panadol hana na leo mtoto wake amekufa kwa sababu ya udhalimu wa Serikali, kwa sababu vifaa haviko, kwa sababu dawa haziko na kwa sababu wodi zimejaa watu wanalala chini, umemtesa katika wodi hiyo miaka yote na sasa unataka kumtesa akiwa maiti na kuitisha Sh4,900 kila siku. Maskini hana la kufanya ataenda kufanya harambee. Akienda harambee maiti itakaa zaidi ya siku 20.

Bei yake inakuwa ghali mno kushinda bei aliyokuwa akiitishwa hospitalini. Je, atalipa hospitali, achukue maiti ama aende kufanya nini? Serikali haina huruma kwa watu wake. Alisema wakati mmoja, Mheshimiwa James Orengo, kwamba Serikali hula watoto wake. Wewe ni maiti na bado Serikali inakutamani. Usipochukua maiti, Serikali itatumia maiti hiyo kwa mafunzo. Watachukua maiti hiyo na waipoleke kwa watoto wasomi wanaojifunza na mwili wa mtoto wako utapasuliwa na ufanyiwe mafunzo ya upasuaji. Turuhusu masikini wazike watoto wao. Tuwakumbuke masikini.

Kila wiki nikienda Mombasa, nina matanga kama 10 ama 15. Sina pesa za kuwapa. Sina pesa za wizi. Tunapata shida tukifanya hivyo. Itakuwa afueni kwa Wabunge wote. Wacheni maskini wazike watoto wao.

Kila siku, miili 25 isiyojulikana inatupwa na kufanyiwa utafiti. Aidha inakatakatwa inatupwa ama inafanyiwa utafiti. Hii ni miili ambayo haijulikani. Mtu amefiwa na mtoto wake, mzee wake, babake, mamake ama dadake na anaishi kule Kainuk Turkana. Ameleta mtoto, mzee ama babake katika Hospitali ya Rufaa ya Kenyatta akiamini kwamba atapata matibabu. Hana nauli ya kurudi Turkana. Anafika kule na kusema ameachia Mwenyezi Mungu kwa sababu hana la kufanya kwa sababu mwili umezuiliwa.

Naona muda unazidi kunipa kisogo. Kila siku, watu 25 wanatupwa ; 25 hufariki kila siku. Je, ni nani atazungumzia wanyonge? Ni nani atawatetea wanyonge? Naomba Bunge hili lipitische Hoja hii kwa kauli moja ili masikini azike mtoto wake.

Mheshimiwa Naibu Spika, atakayeafiki Hoja hii siku ya leo ni Mbunge machachari, kijana kama mimi kutoka Embakasi West, Mheshimiwa George Theuri.

**Hon. Deputy Speaker:** Asante Mheshimiwa Ali. Sasa tutampa nafasi Mbunge wa Embakasi ambaye anaishi katika eneo linaloitwa Umoja.

**Hon. George Theuri** (Embakasi West, JP): Asante sana, Mhe. Naibu Spika. Naunga mkono Hoja hii ya kufutulia mbali ada za matibabu katika hospitali za umma za rufaa pindi mtu anapofariki.

Kwa kweli sisi sote kama Wabunge tunajua ile shida tunayo. Shida kubwa ni kwamba katika kila eneo, kuna masikini wengi ambao huwapeleka watoto wao ama wapendwa wao katika hospitali za umma. Shida huwa baada ya mtu kumpoteza mtoto wake au mpendwa wake, unakuta kwamba hospitali zinawaambia walipe ada ya hospitali. Kuna harambee nyingi sana. Wengi ambao huachwa nyuma huwa ni watu hawajiwezi na wanalazimishwa kulipa. Wanapolipa unapata kwamba familia haziwezi kujitegemea.

Namuunga mkono mwenzangu Mohamed. Ni vizuri Serikali iangalie jinsi inavyoweza kugharamia hasa wale watu ambao wamepoteza watoto wao ama watu wao katika hospitali za umma. Wapewe wapendwa wao wawazike bila kutozwa hiyo ada ya hospitali.

**Hon. Deputy Speaker:** Sasa ni wakati wa kutoa Hoja kwa maoni ya Wabunge.

*(Question proposed)*

Una hoja gani ya nidhamu, Mheshimiwa Gikaria? Nani amekatili nidhamu, Mbunge wa Nakuru Mjini Mashariki?

**Hon. David Gikaria** (Nakuru Town East, JP): Asante sana, Mhe. Naibu Spika. Ningependa unipe mwelekezo. Nilikuja hapa mapema sana na nikabonyeza kidude ili niweze kuunga mkono Hoja hii lakini wakati kidude cha ndugu yangu kilipokataa kufanya kazi, akaja kwangu na kidude changu kikazima. Nilikuwa pale juu na sasa nimepotea. Nina mkutano hivi karibuni. Utanielekeza itakuwa vipi.

**Hon. Deputy Speaker:** Ijapokuwa nakubali kwamba hilo lilitendeka, nani alikuonyesha kwamba ulikuwa kule juu?

*(Laughter)*

Sikukueleza. Lakini ni kweli kwamba Mheshimiwa Njomo alikitumia chombo chako. Nimekusikia Mbunge wa Nakuru Mjini Mashariki.

Tutaanza na Mheshimiwa Tecla Tum. Utaongea kuhusu Hoja hii katika lugha ya Kiswahili.

**Hon. (Dr.) Tecla Tum** (Nandi CWR, JP): Asante, Naibu Spika. Naunga mkono Hoja hii ya kufutulia mbali ada za matibabu katika hospitali za umma za rufaa pindi mtu anapofariki na anaposhindwa kulipa.

Tulipopata Uhuru mwaka wa 1963, tulitaka kuangamiza ugonjwa, umasikini na ujinga. Lakini sasa, kutatua mambo hayo imekuwa vigumu. Magonjwa ya saratani na figo yanadhuru watu wetu sana. Wengi wanakufa na kukaa katika hospitali kwa miezi miwili ama mitatu kwa sababu familia zao hazina pesa za kulipa. Ujinga umezidi kwa sababu watu wanauza mashamba yao ili walipe ada za hospitali. Naunga mkono Hoja hii kwa sababu umasikini umezidi; mashamba yanauzwa; watoto wanabaki nyumbani na hawaendi shule kwa sababu kile wazazi walikuwa nacho kimeisha kwa kugharamia ada za hospitali. Watoto hawana nyumba. Naunga mkono Hoja hii ili tusilipe ada za hospitali mtu akifariki.

Kama Waheshimiwa, tunahudhuria harambee kama 10 na wakati mwingine tunakopa pesa ili tuhudhurie harambee kwa sababu hatuwezi kuona watu wetu wakikaa katika chumba cha kuhifadhia maiti kwa sababu hawana pesa. Kuna ajenda nne za Serikali na moja ya hizo ni kuwa na *universal healthcare*.

**Hon. Deputy Speaker:** Inaitwa afya kwa wote.

**Hon. (Dr.) Tecla Tum** (Nandi CWR, JP): Kama hatutawalipia watu hao gharama za matibabu katika hospitali za umma za rufaa, watazidi kukaa katika vyumba vya kuhifadhia maiti. Kama nchi ya Kenya, tutazidi kujenga vyumba vya kuhifadhia maiti na hatutakuwa nchi tukufu. Kwa hivyo, tunataka kufanya yale mambo ambayo yanatakikana katika Hoja hii.

Namshukuru Mhe. Mohamed Ali kwa kuileta Hoja hii. Sisi sote tunaunga mkono kwa sababu tunataka kuwasaidia watu wetu.

Asante, Mhe. Naibu Spika.

**Hon. Deputy Speaker:** Shukrani. Tutaenda kwa Mbunge wa Butere. Kuna changamoto zinazotokana na vifaa ambavyo tunavitumia kuzungumza.

**Hon. Nicholas Mwale** (Butere, ANC): Asante, Mhe. Naibu Spika. Nimesimama kuchangia Hoja hii ya kufutilia mbali ada za matibabu katika hospitali za umma za rufaa pindi mtu anapofariki.

Kabla Wakenya wengi hawajapelekwa katika hospitali ya rufaa, wengi huwa wameenda kwanza katika hospitali ndogo, wametibiwa hapo, halafu wanapewa barua ambazo zinawaeleza kwamba wanafaa waende katika hospitali za rufaa. Kabla Wakenya wengi hawajafika katika hospitali za rufaa, huwa wametumia pesa nyingi katika hospitali za chini. Wanapofika kwenye hospitali za rufaa na bahati mbaya mmoja wao anafariki, Serikali inataka jamii ya mfu walipe ada ya matibabu ya mwendazake kabla wachukue maiti. Umaskini katika nchi yetu ya Kenya uko juu zaidi. Kwa hivyo, naunga mkono Hoja hii. Siyo ada ya matibabu ya mtu ambaye amefariki peke yake inayofaa kufutiliwa mbali. Kama mtu ametibiwa na amepona, asizuiliwe katika hospitali ndio alipe ada ya matibabu ili aruhusiwe kwenda nyumbani.

**Hon. Deputy Speaker:** Nataka kukukosoa. Hoja hi siyo ya maiti peke yake. Cha muhimu zaidi ni matibabu ya wagonjwa. Ukiisoma utaona hivyo.

**Hon. Nicholas Mwale** (Butere, ANC): Asante, Mhe. Naibu wa Spika. Tuko na wagonjwa wengi ambao wako hospitalini na walipona lakini wasimamizi wa hospitali wamewazuia kutoka. Wanasema kwamba ni lazima walipe ada ambayo iko juu ili watoke. Wengi wa wagonjwa wanatoka mbali sana kwa sababu hospitali za rufaa ni chache nchini Kenya. Natoka Eneo Bunge la Butere. Mtu akitoka Butere anaenda hospitali ya rufaa ambayo iko Eldoret. Huko ni mbali sana. Utapata mpendwa wa mtu ama maiti imezuiliwa na ni lazima alipe ada ili mgonjwa aruhusiwe kwenda nyumbani ama maiti itolewe.

Naunga mkono Hoja hii. Madaktari katika Kenya, pamoja na wale ambao Serikali ilitoa katika nchi ya Cuba, ni 11,000. Wakenya wote ni milioni 45. Ukipiga hesabu, utapata daktari mmoja Kenya, ukiongeza wale ambao walitolewa katika nchi ya Cuba, anatibu Wakenya 5,000. Hao ni watu wengi. Hali hiyo inawaumiza Wakenya zaidi. Naunga mkono Mbunge mwenzangu, Mhe. Mohamed Ali, kwa sababu Serikali inafaa kutenga fedha za kushughulikia jambo hili, hata kama wamesema ni sisi tunafanya hivyo ambao ni ukweli. Wakati tunaweka pesa katika Bajeti, tunafaa kuweka pesa ambazo zitawasaidia maskini na Mkenya wa kawaida kufaidika katika mambo ya bima ya afya na matibabu.

Hospitali za rufaa nchini Kenya zina vyombo ambavyo viko na teknolojia ya juu zaidi. Kwa hivyo, Wakenya wengi wanakimbilia hizo hospitali. Wanapotibiwa katika hospitali hizi ama wamefiwa na miili imezuiliwa, inakua vigumu sana kwa Wakenya wa kawaida kutoa miili

ya wapendwa wao wanapofariki. Naomba Serikali ifutilie mbali hiyo ada na Wakenya ambao wamefiwa wawachukue wapendwa wao wakawazike.

Asante sana, Mhe. Naibu wa Spika.

**Hon. Deputy Speaker:** Asante. Tumesikia Kiswahili cha Magharibi. Sasa, tutampatia nafasi Mbunge wa Meru, Mhe. Kawira Mwangaza. Niko na shida kutamka “Mheshimiwa (Askofu) Kawira Mwangaza.” Tutaendelea kwa Kiswahili.

Askofu Kawira, endelea kuchangia.

**Hon (Ms.) Kawira Mwangaza** (Meru CWR, Independent): Asante sana, Mhe. Naibu Spika. Ningependa kumshukuru ndugu yangu sana kwa sababu ya kuileta Hoja hii ya kufutilia mbali ada za matibabu katika hospitali za umma za rufaa pindi mtu anapofariki. Ada ya matibabu katika hospitali zetu za umma ni nafuu lakini huduma ni mbaya sana.

Tukiangalia katika nchi yetu ya Kenya, umaskini unachangia sana magonjwa mengi ambayo yanaumiza watu wetu. Huyu maskini anapoenda kutafuta dawa ama matibabu katika hospitali zetu za umma, na haswa katika hospital za kaunti, anapata hakuna dawa, madaktari ni wachache na huduma ni mbaya. Hivyo basi, inasababisha vifo vingi. Watu wanafariki ama wanapatwa na shida, haswa ya kutoa watu hospitali moja hadi nyingine. Hii ni changamoto kubwa, haswa ada zinapokuwa za juu. Kwa hivyo, ningependa kumuunga mkono Mbunge mwenzagu ya kwamba ni heri Serikali ifutilie mbali ada za matibabu katika hospitali za umma za rufaa pindi mtu anapofariki.

Asante sana, Mhe. Naibu wa Spika.

**Hon. Deputy Speaker:** Anayefuata ni Mhe. Nguna Ngusya. Simuoni. Hayuko. Mhe. Koske wa Chepalungu, je unataka kuchangia kwa Kiswahili?

*(technical hitch)*

**Hon. Gideon Koske** (Chepalungu, CCM): Ndiyo.

**Hon. Deputy Speaker:** Basi endelea kuchangia.

*(technical hitch)*

**Hon. Gideon Koske** (Chepalungu, CCM): *(Inaudible)*

**Hon. Deputy Speaker:** Basi tutakupatia nafasi halafu utachangia baadaye.

**Hon. Gideon Koske** (Chepalungu, CCM): *(Inaudible)*

**Hon. Deputy Speaker:** Hauna sauti. Enda kwa hicho kipaza sauti kingine ama ukaribie mbele tafadhali.

**Hon. Gideon Koske** (Chepalungu, CCM): Asante sana, Mhe. Naibu Spika, kwa kunipatia fursa hii nichangie Hoja hii ya ada za matibabu katika hospitali za rufaa.

Tulichaguliwa na raia ambao waliamka asubuhi na kushinda kwa jua, kunyeshewa na mvua, kupigwa na baridi na kusimama kwenye giza ili waweze kushughulikia shida ambazo ziko mashinani. Magonjwa yamekuwa mengi sana karne hii. Idadi ya Wakenya imekuwa kubwa sana. Watu wetu wakipelekwa kwa hospitali za rufaa na wanafariki dunia kwa bahati mbaya, inakuwa shida sana kutoa miili yao kwenda kuzika.

**Hon. Deputy Speaker:** Hamna kufariki dunia, ni kuaga dunia.

**Hon. Gideon Koske** (Chepalungu, CCM): Kuaga dunia ama kuachana na sisi tukiwa hapa dunia.



(Laughter)

Wakiaga dunia, inakuwa gharama kubwa sana kupeleka miili yao kuzikwa. Tunaomba Serikali, kwa sababu sisi ni mali yake, itushughulikie wafutilie mbali ada hii ili itusaidie kupeleka watu wetu kuzikwa.

Nilikuwa na hayo. Tunaomba turuhusiwe tuongee Kizungu.

**Hon. Deputy Speaker:** Nampongeza Mheshimiwa huyo kulingana na mahali ametoka. Amejaribu sana kwa Kiswahili hicho ametumia.

Tupate Kiswahili cha Pwani kutoka Mbunge wa Kilifi Kusini.

**Hon. Ken Chonga** (Kilifi South, ODM): Asante sana, Mhe. Naibu Spika. Nasimama kuunga mkono Hoja hii hata ingawa nafikiria ilikuwa inahitaji kupigwa msasa kiasi. Inazingatia wengi ambao wanakufa katika hospitali za rufaa ama wale ambao wanakufa wakiuguliwa katika hospitali za rufaa. Lakini inahitajika kueleweka ya kwamba wengi ambao wanakufa katika hospitali hizi ni wale ambao hali yao ya kiuchumi ni ya chini ama hafifu. Wengi ni maskini. Wengine hata hawawezi kufika hata kwa hospitali ya rufaa. Wanaenda kwa zahanati kijijini na huenda wakafa huko. Kufa huko, kama tunavyojua, ni lazima kila maiti ifanyiwe upasuaji ili kiini cha kifo kikaguliwe. Kwa hivyo, sio hospitali za rufaa peke yake. Hata zile za chini kama zahanati watu hufa huko na shida inakuwa ni ile ile.

Nasisitiza ya kwamba wenye tunajua wanakufa kwa hospitali za umma ni maskini, wale ambao hali zao ni duni. Kuna sababu nyingi mbali na zile ambazo Mhe. Mohamed Ali amezitaja. Kuna wale ambao wanakufa wakilala nyumbani. Akipelekwa hospitali, inasemekana lazima kwanza afanyiwe upasuaji. Kwa wale ambao hawaelewi, inaitwa *postmortem*. Kuna wengine pengine wameanguka kutoka kwa miti lakini wakifika hospitali, kwa sababu ni lazima wapelekwe hospitali za umma, ni lazima wafanyiwe ule upasuaji. Hawa wote ni watu ambao hali zao ni za chini. Baada ya mtu kufariki unapata anachukua karibu mwezi mzima pale kwa sababu familia haina uwezo wa kulipa ada ya hospitali.

Kwa hivyo, naunga mkono kikamilifu Hoja hii maanake wengi ambao wanategemea hospitali hizi hali zao ni za chini. Mhe. Ali amezaliwa na kulelewa Mombasa. Nimezaliwa kule chini vijijini ambako sikusikia umaskini lakini niliushuhudia. Ni wengi wanapata shida kwa sababu ya ada ambazo Serikali imezioka.

Mbali na hayo, tunajua kwamba masuala ya afya yamepelekwa kwa kaunti. Kaunti zinashughulika kupata dawa na vifaa vya kukagua. Mbali na ada hizi kuondolewa, nasisitiza pia pesa ambazo zinapelekwa kwa kaunti kusaidia watu kwa minajili ya dawa, wauguzi na vifaa, ziongozewe ili kaunti ziweze kukimu mahitaji ya wale wengi ambao wanaathiriwa.

Naunga mkono Hoja hii.

**Hon. Deputy Speaker:** Asante. Hebu tusikie kutoka upande wa Embu, Mbunge Njiru Muchangi.

**Hon. Eric Njiru** (Runyenjes, JP): Asante sana, Mhe. Naibu Spika kwa kunipatia fursa ya kuchangia Hoja hii ambayo imeletwa na mwenzetu, Mhe. Mohamed Ali.

Ni kweli kwamba watu wanaoenda kutafuta matibabu kwa hospitali za umma, wengi wao ni maskini na hawajimudu kimaisha. Ni kweli kwamba kila wakati tunapotembea mashinani au vijijini tunakuta watu ambao wamepoteza wapendwa wao na wako kwa hospitali mbali mbali lakini wameshindwa kuwazika kwa sababu hawana pesa ya kulipa ada ya hospitali. Naunga mkono Hoja hii ndio watu waache kuuza mali yao ama ngombe zao ndio wapatiwe miili ya wafu wao. Tukipitisha Hoja hii, tutasaidia watu wengi sana ambao wanataabika kila wakati wanapofiwa.

Asante sana, Mhe. Naibu Spika. Naunga Mkono.

**Hon. Deputy Speaker:** Mbunge wa Kaloleni, Mhe. Katana Kahindi.

**Hon. Paul Katana** (Kaloleni, ODM): Asante, Naibu Spika. Nasimama kuunga mkono Hoja hii ambayo imeletwa kwa wakati mzuri.

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

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

Utafahamu kwamba punde tu mtu anapofariki katika hospitali za rufaa, mwili huzuiliwa kwa sababu ya malimbikizi ya ada za matibabu. Tunaomba pia Serikali ifutilie mbali ada zinazotozwa wakati mwili unahifadhiwa. Jamii nyingi haziwezi kulipa ada hizo za hospitali. Imekuwa ni vigumu sana kwa baadhi yetu Wabunge kwa sababu mwananchi anapopata tatizo kama hili, mtu wa kwanza anayemkimbilia ni Mbunge. Huwa hatuna pesa Serikali inatupatia ili tuweze kusaidia watu wetu.

Kwa hivyo, naunga mkono Hoja hii ili Serikali ifutilie mbali ada za matibabu na ada ambazo zinatuzwa wakati mtu amefariki. Pia, naongeza kuwa wakati mtu ametibiwa na ameshindwa kulipa ada, Serikali ifutilie ada hiyo ili asiendelee kukaa hospitali.

Asante.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mhe. Gikaria, Mbunge wa Nakuru Mjini Mashariki.

**Hon. David Gikaria** (Nakuru Town East, JP): Asante sana, Mhe. Naibu Spika wa Muda. Mwanzo nachukua nafasi hii kumshukuru ndugu yangu Mohamed Ali kwa kuileta Hoja hii ambayo ni ya maana sana kwa Bunge hili. Pili, nakushukuru kwa kunipatia nafasi ya kutoa maoni yangu kuhusiana na mambo haya.

Mhe. Ali ametupatia takwimu. Namjua alipokuwa akifanya upelelezi kwa kipindi cha *Jicho Pevu*. Ametupatia takwimu na idadi ya madaktari waliopo na hii imetusaidia sana.

Hoja hii ingepigwa msasa kidogo ndiyo iweze kusaidia wagonjwa wote ambao wako hospitali. Hoja inasema, “Bunge hili linahimiza Serikali ya kitaifa kufutilia mbali gharama zote za matibabu ya wagonjwa wote wanaofariki wakipokea matibabu katika hospitali za umma za rufaa.” Kama Hoja itapitishwa jinsi ilivyo, inamaanisha Wizara ya Afya itaweza kufuatilia hali vile ilivyo. Kuna mifano ya watu wengi. Ametoa mfano mzuri sana wa kijana mmoja ambaye mtoto wake wa mwezi moja alizuiliwa pale Kenyatta National Hospital (KNH). Kama vile Mohamed Ali amesema, mwanzo, alijaribu vile angeweza kuchangisha pesa kupitia marafiki lakini wakachanga Ksh2,000 pekee. Kwa hivyo, inaonyesha alikuwa na nia ya kutafuta hela aweze kutoa mtoto wake hospitalini. Ni mtoto wake wa kwanza. Mtoto wa kwanza ni mtoto wa maana sana. Sisemi wale wengine si wa maana. Mtoto wa kwanza huleta furaha katika familia. Huyu kijana alipojaribu kuchanga pesa, hakuweza kufikisha ada iliyotakikana. Alipofika pale, aliona njia mwafaka ni kutorosha mtoto. Mheshimiwa Ali anampongeza kwa wizi wa mtoto. Hatutauita wizi wa mtoto. Inasikitisha zaidi kwamba alifikishwa kortini. Yule jaji angeangalia hali yake. Katika hukumu, hawezi kupewa nafasi ya kujitetea. Kama hakungekuwa na msamaria mwema aliyekuja kulipa ada hiyo, hukumu ingekuwa namna gani? Bado hatia ni hatia.

Tunapoangalia mambo haya pia tuongeze kwamba si wale wanaofariki peke yao - hili linahusu mtu yeyote ambaye anapata matibabu katika hospitali zetu za umma za rufaa. Wakati

Mhe. Ali alipokuwa akitoa mchango wake, alisema mambo haya ya matibabu yarejeshwe katika Serikali kuu. Ningependa kutaja kwamba hospitali zote za rufaa ziko katika Serikali kuu.

Tunapoongea kuhusu kubadilisha Katiba, hiki ni kitu cha kwanza ambacho tunatakikana kuangalie katika *Fourth Schedule* ambayo inaorodhesha majukumu ya serikali za kaunti na Serikali kuu. Ingawaje Mhe. Ali amepena mfano wa Makueni, Gavana wa Makueni anaweza kufanya mambo haya yatendeke. Je, Gavana wa Makueni akiondoka, tupate mwingine ambaye atarudisha huduma za afya nyuma kule Makueni, itakuaje? Kwa hivyo, tusingalie tu Makueni ama kule Machakos ambako tumesikia Gavana Mutua amelipa deni. Je, baada ya muda wao kuisha, tutakuwa na magavana wagani? Pengine watakuwa kama waliopo sasa hivi. Kwa hivyo, ninataka kuunga mkono ndugu yangu Mhe. Ali kwamba huduma za afya ziwepo kutoka kiwango cha chini mpaka kule juu. Hospitali zetu za rufaa zinafaa zirejeshewe Serikali kuu.

Ni muhimu kutaja kwamba sisi ndio tunapitisha Bajeti. Kama alivyosema ndugu yangu Mhe. Njomo, ni kweli sisi hupitisha Bajeti. Tumeanza huo mchakato wa kupitisha Bajeti. Ni jukumu letu kama Wabunge kuhakikisha pesa zimewekwa kwenye maeneo ya huduma ya afya. Serikali, kupitia Rais, imetoa mwelekeo juu ya vitu vinne ambavyo tunatakikana kuangazia. Jambo la kwanza ni afya. Kila mtu ataweza kupata huduma ya afya kama ilivyoelekezwa katika Katiba yetu. Kwa hivyo, sisi letu ni kuhimiza Wabunge wote, hasa Kamati ya Afya, kuangazia masuala ya Bajeti itakapoletwa ili tuelewe ni hela ngapi zinaekeza katika huduma ya afya.

Mwisho, na hii naomba wale ambao wanafanya mambo ya upelelezi, inatupatia hofu zaidi tunaposikia kuwa dawa ambazo zinatolewa kuhudumia wagonjwa katika hospitali za umma zinapatikana katika hospitali za kibinafsi. Hizo ni dawa ambazo zimegharamiwa na kulipiwa kwa bei ya juu lakini zinaibiwa na kupelekwa katika hospitali za watu binafsi. Ni jukumu la wapelelezi waweze kuangalia kwamba dawa zote ambazo zinatolewa kuenda hospitali zetu zinafika katika hizo hospitali.

Ndugu yetu aliongea kuhusu kutoa damu. Hata kutoa damu siku hizi inakuwa shida. Hatuna damu ya kutoa katika miili yetu. Maisha yameenda chini. Ukimwambia mwananchi atoe *pint* moja ya damu, sijui kama ataweza kuishi wiki nyingine nzima. Zaidi ya hayo, hata si mambo ya kutoa damu. Nafikiri ni jinsi ambavyo tunaweza kuinua hali ya maisha ya Wakenya. Siku hizi tunaenda kutoa damu kunapotokea janga lakini zamani ninakumbuka tukiwa shuleni, tulikuwa tunatoa damu wakati wote. Mtu alikuwa anaenda kwa hiari yake kutoa damu. Lakini siku hizi tunangoja mpaka janga lipatikane ndio tutoe damu. Kila mtu anahofia namna damu inavyotolewa. Sisi Wabunge tulialikwa siku moja hapa Uhuru Park tutoe damu na wengi wetu hatukuenda. Mimi nilienda pale lakini sikufikiwa. Kulitokea mambo mengine. Kwa hivyo, ni muhimu nimshukuru Mheshiwa Ali kwa kuileta Hoja hii.

Tukishapitisha mambo haya, tunaomba Kamati ya Utekelezaji ambayo inaongozwa na ndugu yetu, Mheshimiwa ole Kenta, wafuatilie mambo ambayo tumekubaliana katika Bunge. Kama tumekubaliana hizi ada ziondolewe, Kamati ya Utekelezaji lazima ifuatilie kwa hospitali 11 ambazo Mhe. Ali alitaja ili ziweze kufuata maagizo ya Bunge na kuondoa gharama ambayo ndugu yetu alikuwa akiongea kuhusu.

Kwa hivyo tutaomba Kamati ya Utekelezaji, kama Hoja hii itapitishwe, ifuatilie mambo haya mara moja ndiyo isiwe tunaongea tu.

Asante. Ninaunga mkono Hoja hii.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mhe. Gikaria, ingekuwa vyema kama ungekuwa mwenye kutoa mfano mwema kwa huo utoaji wa damu. Ungekuwa unatuelezea hapa kwenye sebule ya Bunge kwamba wewe umeweza kutoa damu mara ngapi ili

sisi tuweze kufuata huo mfano wako mwema. Kwa sasa nitampatia nafasi Mhe. Mwambire Ngumbao, Mheshimiwa wa Ganze.

**Hon. Teddy Mwambire** (Ganze, ODM): Asante sana, Mhe. Naibu Spika wa Muda kwa kunipatia nafasi ya kuchangia Hoja hii ambayo iko mbele ya Bunge hili. Ninaunga mkono Hoja ambayo imeletwa na ndugu yetu, Mbunge wa Nyali. Hii ni Hoja ambayo ina mshikamano zaidi hususan kwa wale watu ambao wanaishi kwa umaskini ambao tunawaakilisha.

Mbunge wa Nyali ameongea kuhusu hospitali za ngazi ya tano, lakini swala hili linastahili liweze kuenda chini kama vile hoipitali za ngazi ya nne. Ngazi hizo ndizo huwa na watu wengi ambao wanaaga dunia na miili yao inazuiliwa.

Pia Hoja hii imependekeza kuwa ada ya matibabu itolewe. Ni muhimu pia kusiwe na ada ya kuhifadhi miili. Kule ninakotoka, kuna wale ambao wanauwawa, kuna wale ambao wanakufa na kuna wale ambao wanapata ajali. Wale wote wanauwawa kwa ajali, ni lazima wapelekwe katika hifadhi za maiti ili waweze kufanyiwa uchunguzi vizuri. Sasa kama wamepelekwa kwa hifadhi za maiti na ilikua ni ajali ya ghafla ambayo mtu ana uwezo wa kuinga au kujipanga, inakuwa vigumu sana kutoa mwili ili kuuzika baada ya ule muda wa kufanya utafiti umepita.

Mhe Spika Naibu wa Muda, ningependekeza kuwa Mhe. Ali aweze kufikiria mbali na matibabu, kuwe na pesa za kuhifadhi miili ili kuhifadhi miili kusichukue muda mrefu kama ilivyo sasa hivi. Kuna matatizo makubwa sana kwa wale wataalam ambao hufanya utafiti kwa miili maana hospitali nyingi za ngazi ya nne hufanya utafiti siku moja kwa juma, kwingine utasikia ni siku ya alhamisi peke yake, na kwingine utasikia ni jumatano peke yake. Nafikiri tumepata shida nyingi sana kabla ya Katiba tuliyo nayo sasa kuletwa. Nimesikia wenzangu wakiongea kuhusu serikali gatuji na mamlaka zilizo nazo hususan kwa maswala ya matibabu kwamba hawawezi kutimiza wajibu wao. Kwa hivyo, huduma ile iweze kutolewa na ipelekwe kwa Serikali kuu. Ukitembea katika kaunti nyingi, utapata kwamba serikali nyingi za gatuji zimejaribu kujikimu katika kupeana huduma ya afya. Matatizo ambayo yalikuweco ambayo tunatafikana kuyaangalia kwa kina ni kwamba Serikali haikua imekumbatia ugatuji kwa ukamilifu na ndio maana kulikuweco na mambo ambayo yalifanyika kwa Serikali kuu ambayo yaliathiri huduma katika serikali gatuji. Kwa mfano, vifaa vya kuchunguza wagonjwa tofauti vilinunuliwa na wizara. Serikali gatuji nyingi zinalipa madeni makubwa kwa sababu ya mpango uliopangwa na Serikali kuu. Kwa hivyo, Serikali kuu inafaa kusaidia serikali gatuji ili ziweze kutoa huduma bora zaidi kama vile ambavyo wamekuwa wakidai kupitia serikali gatuji kuhusu swala la akina mama kujifungua ili tuweze kupata huduma ambazo zinastahili kupatikana. Tukisema ya kwamba ada itolewe, ningesema kwamba kuna umuhimu wa kuongeza zahanati, ili serikali gatuji iweze kuzihudumia kikamilifu.

Kuna wenzangu ambao wamesema Wabunge wa kitaifa hawawezi kuhusika na kujenga zahanati. Kuna zile pesa za usawawishaji. Waingereza wanaiita *Equalisation Fund*. Najua kwamba pesa hizi zinatumiwa kwa kujenga zahanati. Kule Ganze, tunajenga zahanati kadhaa. Baada ya kujenga zahanati au hospitali, itabidi majengo yale yapewe serikali gatuji ili waweze kuziendeleza, kuajiri, kuleta dawa na kutoa huduma kamilifu. Hayo ndiyo maswala ambayo yanaweza kufanyika. Kwa hivyo, tuweze kuangalia peo tofauti. Tunaweza kutumia majukumu yetu kuona jinsi tutaweza kuboresha afya. Kama Serikali ina nia ya kuboresha maswala ya afya, itaboreshwa na tutahakikisha kwamba tunapata huduma bora. Ni hakika kwamba baada ya kupitisha Hoja hii, wale wenzetu ambao wako katika bunge za kaunti na wale ambao wako katika Seneti, tuhakikishe kwamba huduma hii inaelewa kikamilifu.

Musukumo wa Serikali kuu pekee hauwezi kufaulu. Kule chini kuna watu ambao wanastahili kuwa waangalifu wa karibu, ili tuone kwamba hii huduma inapatikana. Sasa hivi,

utakuta kuwa waheshimiwa wengi, mimi nikiwa mmoja wao, tunazika watu zaidi ya ishirini kila juma. Kati yao, wale ambao wana uwezo ni mmoja na wengi ni wale ambao hawana uwezo. Utasaidia gharama ya kuhifadhi na kusafirisha mwili. Gharama kama hiyo huwa inagharimu pesa nyingi zaidi na waheshimiwa huwa tunakosa kujikimu. Wabunge wengi huwa masikini kwa sababu ya kujaribu kusaidia kule nyanjani. Nina uhakika kuwa kama swala hili litashughulikiwa, hata sisi Wabunge tutapata afueni na tutahakikisha kuwa wakaazi wetu wanatuelewa na hatutakua na hali ya kichochole kama ilivyo sasa.

Asante, Mhe. Spika Naibu wa Muda. Ninaunga mkono Hoja hii.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mhe. Manje, Mbunge wa Kajiado Kaskazini.

**Hon. Joseph Manje** (Kajiado North, JP): Asante sana, Naibu Spika wa Muda. Niunga mkona Hoja hii ambayo imeletwa na Mhe. Mohamed Ali ya kufutulia mbali ada za matibabu katika hospitali za rufaa pindi mtu anapofariki. Jana kulikua na taarifa katika runinga nchini kuhusu kijana mmoja ambaye anaitwa Boniface Murage Wangeci, ambaye anatoka...

*(Technical hitch)*

Nilikuwa nikisema kulikuwa na kijana mmoja ambaye aliambia mke wake aende hospitali KNH. Baadaye, alishindwa kulipa Kshs56,000 ambayo ilikua ada ya hospitali. Kijana huyu, ambaye anatoka Eneo Bunge langu la Kajiado Kaskazini, aliona ni heri aweke mtoto wake kwenye mfuko ili watoroke hospitalini. Alishikwa na kupelekwa mahakamani lakini wasamaria wema walichangia na akawa huru. Hii ni kusema ya kwamba alifikiria hivi kwa sababu hakuweza kulipa ada hiyo. Hili ni jambo ambalo hutendeka kila wakati. Wabunge wote watakuambia kuwa wakienda mashinani, huwa wanapata shida hizi. Kesho nikienda ofisini kwangu, sitakosa mtu ambaye ataniambia ya kwamba kuna maiti hospitalini ambayo imezuiliwa kwa sababu hawawezi kulipa ada ya hospitali. Mtu akifariki amefarika. Familia yake imepoteza. Wakifuatiliwa zaidi, wanaendelea kupoteza zaidi. Ni muhimu tujaribu vile tunaweza kuchangia hata ikiwa ni wakati wa Bajeti tuone vile hospitali zinapatiwa kiwango fulani cha kuhudumia mtu akifariki. Wakati mtu amefiwa na anaendelea kuwekewa maiti hospitalini ni kama kwamba kifo hicho kinaendelea. Matatizo yale yanaendelea. Ni kama kupoteza mara mbili.

Wakati mwingine, inaonekana kama Serikali imechangia kwa sababu anapelekwa hospitalini na wakati mwingine hakuna dawa. Wakati mwingine kuna migomo ya wauguzi na wagonjwa hawahudumiwi vizuri na hiyo inasababisha kifo. Wagonjwa wakifariki, Serikali inafaa kungana na familia zao. Pia, kuna magonjwa mengine kama saratani ama ajali za barabara ambazo hupatikana wakati watu hawatarajii. kwa hivyo, ni muhimu tuangalie chanzo cha vifo hivi.

Kuna mjadala unaosema kuwa wananchi wawe na kadi ya NHIF. Si watu wengi wana uwezo wa kugharamia kadi hizi. Mia tano kwa mwezi ni pesa nyingi kwa wakenya maskini na ingekua ni vizuri tujaribu juu chini tuhakikishe kwamba tumepunguza ada ya hospitali. Siyo tu miili ambayo inazuiliwa hospitalini, mtu akitibiwa na hana uwezo wa kulipa ada, hakuna haja aendeleo kuzuiliwa hospitalini na familia yake haiwezi kulipa hiyo gharama. Mtu akifariki, familia inauza shamba ama wanaitisha harambee ili kulipa ada ya hospitali. Katika eneo Bunge langu kuna kijiji kinaitwa Majengo ambako mama mmoja alipoteza mtoto wake. Huyu mama akawa na deni ya Kshs500,000. Familia ikafikiria kufanya mchango na wakapata Kshs20,000. Ikawa hawajafanya kitu. Ilibidi waje kwangu. Tukamwandikia *social worker* ili tuangalie kama

hiyo maiti ingeweza kuondolewa KNH. Tulifanya hivyo kwa sababu waliandaa harambee nne na hawakuweza kupata pesa za kulipa ile ada ili wapate ule mwili.

Nikimalizia, ni vizuri tuangalie ile ahadi tuliwapa Wakenya ya kwamba kutakuwa na matibabu ya bure, haswa kwa ngazi ya pili na tatu. Lakini unakuta matibabu ni duni na inabidi wagonjwa wahamishwe katika hospitali zingine. Wanafariki kwa sababu wamezidiwa sana. Wale ambao wanahamishiwa wana mapato ya chini na wakifariki familia zao zinashindwa kuchukua miili yao ili kuizika.

Ninaunga mkono Hoja hii. Huu ni mjadala mzuri sana. Hoja hii ikipita, Waheshimiwa wengi wakirudi ofisini zao na kuona watu wamepanga laini, haitakuwa ni kwa sababu ya mambo ya maiti zilizoziuliwa hospitalini.

Pia, katika hospitali za umma kama Mama Lucy Hospital, gharama iko juu sana na inafika haka kiwango cha Kshs2 milioni. Familia zinashindwa kulipa ada hizo na hawana njia nyingine. Hospitali zinazuilia miili ya wafu na familia zinawasumbua Waheshimiwa na hatuna pesa za jambo hilo.

Asante. Ninaunga mkono.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mhe. Anthony Oluoch, Mbunge wa Mathare.

**Hon. Anthony Oluoch** (Mathare, ODM): Thank you, Hon. Temporary Deputy Speaker. I want to break the monotony and contribute in English. I want to thank, first, the Member for Nyali, Hon. Mohamed, for this very good Motion. I have three main points.

**Hon. Owen Baya** (Kilifi North, ODM): Hoja ya nidhamu.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mheshimiwa wa Kilifi Kaskazini, imekosekana nidhamu kiviipi?

**Hon. Owen Baya** (Kilifi North, ODM): Mhe. Naibu Spika wa Muda, nafikiria ni nidhamu ya Bunge kwamba kama Hoja imeandikwa kwa lugha fulani, iendelezwe mpaka iishe katika ile lugha. Hii Hoja imeandikwa kwa lugha ya Kiswahili. Ibara ya hapa Bunge inasema kwamba Hoja indelezwe kaika ile lugha imeandikwa.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mhe. Baya, nitakuelekeza. Wewe ndiye umekosa nidhamu kwa sababu haujasoma Kanuni za Bunge. Yule wa kuchangia ndiye anachugua lugha ya kutumia. Ukianza kwa Kiswahili, utamalizia kwa Kiswahili na ukianza kwa Kiingereza, utamalizia kwa Kiingereza. Kwa hivyo, Mhe. Oluoch ako sawa katika mchango wake.

**Hon. Anthony Oluoch** (Mathare, ODM): Thank you for the protection. Hon. Baya is used to using a lot of people, including my party leader, as a stepping stone to his governorship bid. I will not add any vote to you by trying to attack me.

Thank you once again. I want to make three points in support of this Motion. My first pertinent point is that protection against hospitals detaining bodies is an idea that we should have dealt with a long time, but it is not only the issue of detaining bodies that should be the question here. There are two more pertinent issues and they are anchored in the Constitution. My thinking is that there is a larger question to do with human dignity anchored in the Constitution and the right against detention. Under the Constitution, in Articles 19, 20, 21 and 25, there is clear provision and intention that no person should be subjected to degrading and inhuman treatment. I want to persuade this House that whenever our hospitals detain people because they cannot pay bills, it should amount to cruel, inhuman and degrading treatment which is contrary to the provisions of the Constitution that I have alluded to.

The second point that I need to make is that the State has an obligation to show what progressive measures it is taking in order to realise Article 43 of the Constitution, which talks about access to healthcare and social security for every human being. I have been very disturbed about a number of incidents, beginning with the one that my colleague has talked about. Just yesterday, we heard of a young man, 22 years old, who was unable to pay a bill of Kshs56,000 at the KNH. He was forced to do the very degrading and inhuman thing of hiding one-month old baby in a bag in order to escape from hospital. There are a number of other incidents that should trouble us as this House. In Trans Nzoia, which is one of the regions that are most affected by the question of hospital detentions, early in 2018, *The Star* reported a certain Kelly Wanjala, a 12-year-old Standard Four pupil at Koykoyo Primary School in Kimilili Constituency, was detained for a full year at Crystal Cottage Hospital because the parents could not pay Kshs47,000. This is a big shame.

Another example is that of Veronicah Nyangai, who was also held prisoner at a Nairobi hospital. I want us to underscore here that we have hospitals and facilities that have been turned into detention camps. This is clearly contrary and in breach of express provisions of the Constitution. You cannot remove somebody who is already in a dehumanising, vulnerable position from a hospital bed into a detention camp because they cannot pay. That is what they have turned hospitals into. This was in 2016. She hoped to have a normal delivery, but three days later, she developed complications. Unfortunately, she lost the child. The double jeopardy here is that this lady not only lost the child, but was also subjected to detention in the hospital. Many years after we outlawed detention, it still continues to take place and the practice is thriving in hospitals under our very own eyes.

Another example is of Rehema Katana, a 12-year-old, held at the KNH after she accrued a bill of Kshs79,884. She was admitted to the referral hospital after she was misdiagnosed with tuberculosis. The family could not pay and the option was detention by the hospital. There are numerous other examples.

I want to persuade my colleagues that this is the only House that is entitled to make laws. Article 20(2) of the Constitution clearly states that the State shall take legislative, policy and other measures to ensure the progressive realisation of Article 43, which is the question of access to healthcare. I want to report to this House that I have submitted a Bill - the Speaker has already given his authority - to operationalise Article 43 of the Constitution. This is to ensure that no...

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Anthony Oluoch, without interrupting you, what could be the role of the Senate and the county assemblies, if you say that this is the only House that is mandated to make laws?

**Hon. Anthony Oluoch** (Mathare, ODM): I agree with you, Hon. Temporary Deputy Speaker. I wanted to use the word "Parliament", figuratively, to refer to both the Senate and the National Assembly as the arms of the Government that are mandated to make laws under the Constitution. I was making the point that there is a Bill that is already at an advanced stage of being published to operationalise Article 43 of the Constitution and the title of the Bill is: "Access to Healthcare and Social Security", so that never again will it be possible for health institutions to turn our hospitals into detentions.

We need to go beyond just saying that the Government should offset these bills. We need to make punitive measures and clauses under the Constitution that when you do such to a human being that has gone to seek emergency healthcare services or to a body of someone who has died in the process of getting treatment, there must be punitive measures to criminalise anybody who

attempts to subject anyone to cruel and inhuman treatment. That is what it means. When you detain someone for inability to pay, you are subjecting him to cruel and inhuman treatment.

So, I support this Motion and thank Hon. Mohammed for coming up with it. I urge Members that when the Bill comes, it will move us from being able to talk about first generation rights. Every so often, we have talked about the first generation rights, which are the political and civic rights. However, when it comes to the rights that affect common persons, including the ones that Hon. ole Sankok is very passionate about - the vulnerable and disadvantaged people - we should treat them with the same strength and level with which we treat other laws.

So, when this Bill comes up, I hope Members will support it. I thank you and I support.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Very good contribution, Hon. Oluoch, but you are anticipating debate on a Bill that we have no idea about, but we hope it will come. Also, the fact that you are a human rights champion is a good thing.

Mheshimiwa 001, ole Sankok. Tutarudi kuendelea kuchangia katika lugha yetu ya Kitaifa ya Kiswahili.

**Hon. David ole Sankok** (Nominated, JP): Asante sana, Mhe. Naibu Spika wa Muda kwa kunipatia fursa hii ili niweze kuchangia Hoja ambayo ni ya maana sana. Sisi ambao tunatetea haki za binadamu, tunaona hii ni muhimu sana.

Mwanzo, ninamshukuru Mheshimiwa Ali kwa kutumia fursa hii kuiletea Hoja ambayo ni ya maana sana. Tunawashukuru sana watu wa Eneo Bunge la Nyali ambao walimchagua. Walituletea mtetezi ambaye anajali maslahi sio tu ya watu wa Nyali, lakini ya Wakenya wote.

Pia, ninamshukuru Mheshimiwa Oluoch kwa sababu ya Mswada ambao tunatarajia utafika hapa. Iwapo utafika, tutashukuru sana. Afya ni kitu muhimu sana kwa wananchi wetu ambao walituchagua. Kwa kweli, ni kama Serikali na sisi katika Bunge hili hatujafikiria sana mambo ya afya katika nchi yetu.

Hivi sasa, wauguzi wanagoma lakini Bunge limenyamaza.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Leo tuna changamoto ya vipasa sauti. Utatumia kipasa sauti ambacho kiko mbele yangu.

**Hon. David ole Sankok** (Nominated, JP): Wauguzi wetu wako katika mgomo. Serikali yetu, pamoja na sisi Wabunge, kila wakati tuko katika televisheni, redio na hakuna ambaye anajitokeza kujaribu kutetea wauguzi ilhali Wakenya wetu wanaumia.

Madaktari waligoma kwa siku mia moja na hili Bunge pamoja na Serikali hatukujitokeza kama vile tulivyojitokeza wakati wa migomo ya waalimu. Hatujatilia maanani mambo ya afya na ndio sababu ninamshukuru Mhe. Mohamed Ali kwa kuileta Hoja hii.

Sio kawaida mtu kufariki katika hospitali ndogo ama zahanati kwa sababu wagonjwa wanaelekezwa katika hospitali ambazo zina vifaa. Lakini madaktari, kwa sababu ya kukosa kulipwa vizuri, wanajaribu hivi na vile katika hizo hospitali ndogo mpaka wagonjwa wanaaga dunia. Hoja hii itawafanya madaktari pia wawe waangalifu.

Kama mgonjwa akifariki daktari hatalipwa ada ya hospitali, yule daktari atajaribu juu chini kuokoa maisha kwa sababu hayo maisha yameshikanishwa na pesa zake za huduma. Iwapo daktari hatalipwa mgonjwa akiaga dunia, basi atajaribu vyovyote vile ili aokoe huyu mgonjwa kwa sababu hivyo ni kuokoa pesa zake.

Wakati mwingine tukihimiza Serikali katika Miswada, ni kama kuomba Serikali itusaidie, nao wananchi ambao walijitokeza mapema kutuchagua, wakasimama kwa jua, mvua, vumbi na upepo mwingi wakituomba, wanahuzunika tunapokosa kuwahudumia.

Ninamuomba Mhe. Ali abadilishe hiyo sentensi iamrishe Serikali. Hii ni kwa sababu Bunge hili linagawa rasilimali za nchi hii. Tunafaa kutoa amri ya kwamba hamna mgonjwa



ambaye atalipishwa pesa za hospitali wakati ameaga dunia, haswa, ada ya hospitali. Sisi hatufai kuomba, bali kutoa amri. Sisi ndio tunabeba mfuko wa mali ya pesa ya wananchi.

Inasikitisha pia kusikia kwamba mzazi anashindwa kulipa ada ya hospitali ya mtoto wake na inabidi amuibe yule mtoto bila kupenda kwake. Sisi Wabunge na Serikali tulitangaza kwamba matibabu itakuwa bila malipo lakini mgonjwa akifika kule anaambiwa alipe na ikabidi aibe mtoto wake. Hii inahuzunisha sana na ingetakiwa kuamsha kilio cha Bunge hili ili kuamrisha Serikali iweze kulipia watoto ada za hospitali, sio tu wale ambao wamekufa, lakini hata wale ambao wanaishi.

Hivi juzi, mama alilazimishwa kubeba maiti ya mtoto wake kwa umbali wa kilometa tano. Hata kama hatuna utu, hata kama sisi tumepata nafasi ya kupata mshahara, mtoto kuaga kwa mikono yako inaumiza roho. Mama huyo alikuwa katika kilio halafu baadaye anaambiwa aipeleke maiti kwa polisi. Kumpoteza mtoto ni uchungu sana na ukibebeshwa hiyo maiti kwa umbali wa kilometa tano ni uchungu zaidi. Sisi Wabunge na hata Serikali hatujatilia maanani umuhimu wa afya ya wanachi wetu.

Kwa hivyo, ningesema kwamba huduma ya afya irudishwe kwa Serikali kuu ili tuweze kuwa na msemu kama Bunge la Taifa. Hata tukijaribu kupitisha Hoja kama hii, itabidi iende katika Seneti au bunge za kauti ili iweze kupitishwa. Kama afya ingekuwa katika Serikali kuu ingekuwa rahisi kwetu kupitisha Hoja hii. Kwa hayo mengi, naunga mkono Hoja hii mia kwa mia ili iweze kuwasaidia wananchi wetu, haswa kwa maneno ya afya.

Pia, ningetaka kuwashukuru sana watu wa Nyali kwa sababu inaonekana kwamba ule uchunguzi Mhe. Mohamed Ali alikuwa akifanya katika *Jicho Pevu* haukuwa wa bure. Amekuwa na jicho pevu la kuangalia maslahi ya Wakenya wote, sio watu wa Nyali peke yao. Kwa hivyo, na waambia asante sana. Pia, ninawahimiza Wakenya kuchagua vijana chupavu kama Mhe. Mohamed Ali ili tuwe na Bunge ambalo litaleta Miswada ya maana ya kuwasaidia wananchi wa taifa la Kenya.

Asante sana, Mhe. Naibu Spika wa Muda.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mhe. Sankok, umempatia Mhe. Mohamed Ali wa Nyali sifa chungu nzima na hii ni sawa. Changamoto ni kwako kwa sababu umesema hili ni Jumba ambalo linaunda Bajeti. Kwa hivyo, katika Mswada wa kuunda Bajeti tutakutegemea wewe uweze kuleta mchango wako na marekebisho ya kuweka haya mawazo ya mwenzetu, Mhe. Mohamed ili watu wetu waweze kuondolewa huo mzigo. Kwa wakati huu, nitampatia nafasi Mbunge wa Kauti ya Kilifi aweze kupeana mchango wake.

**Hon. (Ms.) Gertrude Mwanyanje** (Kilifi CWR, ODM): Asante sana, Mhe. Naibu Spika wa Muda. Nataka kuchukua fursa hii kumpongeza kakangu mdogo, Mhe. Mohamed Ali wa Nyali kwa kuileta Hoja hii isemayo kwamba tuweze kufutilia mbali ada za matitabu katika hospitali zote za umma na za rufaa pindi tu mtu anapofariki.

Hii ni Hoja muhimu sana. Nimengonja wakati huu niweze kuchangia kwa sababu natoka kwenye gatuzi lenye umaskini mwingi sana. Kulipa ada za matitabu na zile za mtu anapofariki pale mochari ni ada kubwa kwa watu wetu na Wakenya wote. Yale magonjwa ambayo gharama yake iko juu watu wetu hawawezi kumudu kulipia. Ijapo tumewahimiza watu wetu wajiandikishe katika huduma ya afya ya NHIF, inaweza kupunguza kidogo tu na si watu wote ambao waweza kujiandikisha.

Magonjwa kama saratani, *pressure*, sukari, uvimbe ama *fibroids* kwa akina mama yanatibiwa kutumia pesa nyingi katika hospitali zote za umma ama za kibinafsi. Imefika wakati tuweze kutetea watu wetu ili ada hizi ziweze kufutiliwa mbali. Mtu anayeugua ugonjwa wa saratani, mpaka kifo chake, hutumia pesa nyingi sana kulipia matibabu. Anapofariki, anahitaji

watu wengi kuchangia ada ya hospitali. Viongozi wengi tunapatikana katika hili janga. Inabidi tusaidie kulipa pesa za matibabu na pengine mgonjwa alikuwa amelazwa kwa muda wa miezi miwili au mitatu. Pia, inabidi tulipe ada ya mochari na pia kusimamia mazishi.

Imefika wakati tuweze kutetea jamii zetu waweze kuachiliwa kutolipa ada hizi za magonjwa kama haya na mengineo. Hali ya uchumi hapa Kenya imekuwa juu sana. Watu hawawezi hata kumudu chakula cha kila siku. Mtu asile asubuhi, mchana na usiku pia kupata chakula ni shida. Ukimwambia alipe matibabu ya Kshs250,000 kwa hospitali kwa sababu ni mgonjwa wa *pressure* ama sukari, inakuwa ni hali ngumu.

Kwa hivyo, nataka kumpongeza Mhe. Mohamed Ali kwa kuileta Hoja hii. Matibabu yamegatuliwa na hospitali nyingi zetu za umma katika gatu zetu zimefikia kiwango ambacho haziwezi kuwekeza huduma za afya. Wakati umefika katika Bunge hili tufanye kazi pamoja ili huduma zinazofaa zifikie watu wetu.

Nitakupatia mfano mmoja. Kuna mwalimu mmoja kutoka Eneo Bunge la Ganze anayeitwa Mr. Kahindi. Alifariki miezi miwili iliyopita na mwili wake uko katika mochari moja kule Mombasa kwa sababu ana deni la Kshs3 milioni. Tumechanga lakini imeshindikana na familia haiwezi kabisa. Ninaomba kupitia Hoja hii kuwa familia hii isaidiwe na Serikali ili waweze kuuzika ule mwili. Deni lile la Kshs3 milioni ni kubwa sana kwa ile familia ambayo haiwezi kujimudu chakula. Itakuwa ni gharama ya kila siku. Hawataweza kuuzika mwili wa mwalimu yule.

Kwa hivyo ninaomba, kupitia kwa Hoja hii, Serikali iweze kusikia kuhusu mwalimu huyu, Mr. Kahindi, kutoka kule Kachororoni, Ganze, ndio familia yake ipatiwe mwili wake ili waweze kuuzika na wapumzike huzuni ya miezi miwili. Mpaka sasa, hawajaweza kuuzika ule mwili. Niko na mengi lakini kama hizi ada za hospitali na mochari zitaweza kuondolewa, sisi na wananchi wetu tutaweza kufanya mambo mengine ya kimaendeleo. Pesa nyingi zinatumiwa katika kuzingatia mambo ya mazishi ya wale kaka, ndugu na mama zetu wanaofariki na kuhifadhiwa kwa muda mrefu kwa sababu ya ada za hospitali.

Asante sana, Mhe. Naibu Spika.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mhe. Gitau Wairimu, Mbunge wa Nyandarua.

**Hon. (Ms.) Faith Gitau** (Nyandarua CWR, JP): Asante sana, Mhe. Naibu Spika wa Muda. Ninataka kumshukuru kakangu, Mhe. Mohamed Ali, kwa kuileta Hoja hii ya kufutulia mbali ada za matatibu katika hospitali za umma na za rufaa pindi mtu anapofariki.

Kama Jimbo la Nyandarua, tuko na hii shida kila wakati. Watu wanakufa katika hospitali ya KNH na watu wao hawawezi kulipa ada ya hospitali. Juzi kulikuwa na mama mmoja ambaye ada yake ilikuwa Kshs5 milioni. Familia yake haingeweza kulipa ada hii na alikaa kwa chumba cha kuhifadhi maiti kwa mwaka mmoja tukitafuta pesa za kulipa hiyo ada ya hospitali. Kwa hivyo, hii ni shida kubwa sana. Pia, inaonekana kwamba majimbo yetu hayana namna ya kuendeleza hospitali. Ukiangalia hospitali zetu nyingi hazina dawa, nesi na madaktari.

Kwa hivyo, ninaomba ikiwa kaunti zetu zimeshindwa na kazi hii ya kuendeleza masuala ya afya, zirudishe kwa Serikali Kuu kwa sababu Serikali inaweza kuhakikisha kwamba maneno yote yameangaliwa vilivyo. Mimi naunga mkono Hoja hii na kusema kwamba kuna ajali ambazo zinafanyika katika barabara zetu. Kukifanyika ajali barabarani, watu wanachukuliwa na kupelekwa hospitali ile iko karibu. Mara nyingi hospitali hizi ni za kibinafsi. Wanawekwa katika chumba cha wagonjwa mahututi kwa siku mbili au tatu. Mtu huyu akifariki watu wao hawana pesa za kumtoa katika hospitali hiyo ya kibinafsi. Kwa hivyo, ni shida kubwa sana. Tunaomba sisi Wabunge tushikane tulete Mswada kwa sababu mara nyingi naona Hoja nyingi zinazoletwa

katika Bunge hili haziendi mahali. Zinaisha. Naomba Kamati ya Utekelezaji ifanye kazi vilivyo kwa sababu tunaona Hoja nyingi zinaisha tu.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mhe. Wairimu, kidogo tu. Kuna hoja ya nidhamu kutoka kwa Mhe. Sankok.

**Hon. David ole Sankok** (Nominated, JP): Niko na hoja ya nidhamu. Katika Bunge hili, ukiongea kwa lugha moja, unatumia lugha hiyo pekee lakini mimi nasikia "I am sure." Ninachanganyika kidogo.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Kwa hivyo unakosa kuelewa vile Mheshimiwa anataka kujieleza. Mhe. Wairimu nafikiri ako sawa.

**Hon. (Ms.) Faith Gitau** (Nyandarua CWR, JP): Asante sana. Najua rafiki yangu anapenda sana kuteteta. Ameteta kutoka asubuhi mpaka saa hii hajanyamaza. Kwa hivyo tutaendelea tu. Tumemzoea lakini hata mimi utanizoea na hiki Kiswahili changu cha kule Nyandarua. Najua naongea vilivyo. Hata rafiki yangu, Mhe. Mohamed Ali, ananioshea kidole kwa sababu naongea lugha sanifu kabisa.

Naomba kuunga mkono Hoja hii. Lazima hospitali zetu ziache maneno haya ya kufungia miili mwaka mmoja au miezi kadhaa kwa sababu ada hazijalipwa. Kama Mheshimiwa alivyosema, madaktari wetu watakuwa wakiwatibu watu haraka kwa sababu wasipowatibu na mtu afe katika hospitali yake, hatalipwa pesa yake kama daktari. Naunga mkono pendekezo hilo kwa sababu sasa madaktari watakuwa wanatia makini kutibu watu kwa sababu watu wengi wanakuwa *misdiagnosed*. Hiyo sijui ni nini kwa Kiswahili. Wanakuwa *misdiagnosed* na wanatibiwa magonjwa hawako nayo kama kifua kikuu au saratani. Hata saratani ingeitwa shetani kwa sababu huo ndio ugonjwa ambao unamaliza watu nchini. Kama kwetu Nyandarua, kila siku unasikia kuna mtu anaugua ugonjwa wa saratani. Watoto wengi wako hospitali ya Kenyatta. Sio eti unashika tu wazee. Siku hizi unashika hata watoto wa miezi miwili au tisa. Juzi tulizika mmoja wa miaka tisa ambaye ugonjwa huu ulimshika mdomoni. Lazima maneno yote yaangaliwe. Watu wengi wamezuiliwa katika vyumba vya kuhifadhi maiti. Serikali lazima kutoka kesho iwaachilie.

Asante sana. Naunga mkono Hoja hii.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mhe. Wairimu umejaribu sana na umefanya vyema. Tunakuunga mkono na kukushukuru. Anayefuata ni Mhe. Mwadime, Mbunge wa Mwatate.

**Hon. Andrew Mwadime** (Mwatate, ODM): Shukrani, Mhe. Naibu Spika wa Muda kwa kunipa nafasi hii. Mwanzo kabisa, naunga mkono Hoja hii. Sura ya nchi ni lishe bora, mazingira bora na matibabu bora. Vilevile, kabla sijasahau, ni vyema Bunge hili lifikirie sana sheria za nidhamu kwa sababu kuchanganya lugha ya Kiswahili na Kiingereza iko kila mahali. Ndio maana Bunge la Tanzania limechangamka kuliko hili letu kwa sababu Wabunge wengi hawawezi kuongea Kiingereza moja kwa moja na pia hawawezi kuongea Kiswahili moja kwa moja. Hiyo ni changamoto. Kando na changamoto za lishe bora na mazingira bora, matibabu nchini yamekuwa kizaazaa kikubwa mno. Sasa hivi, Wabunge wengi wanatumia mishahara yao kulipia madawa hospitalini ama kuchangia mazishi. Limekuwa suala nyeti sana hapa nchini. Utapata Jumamosi moja mnazika watu zaidi ya kumi hata mtu anakuwa na wasiwasi ilhali sote ni mali ya Serikali.

Kuna Muingereza mmoja ambaye alikuwa anaitwa Maslow aliyeandika kuhusu mahitaji ya binadamu. Alirodhesha mahitaji madogo madogo hadi mahitaji makubwa makubwa. Matibabu ni katika mahitaji madogo madogo kama vile lishe lakini hapa nchini ninashangaa kwa sababu kodi tunazotoa kwa mwaka zinafikia zaidi ya Sh1,000 bilioni tena zaidi ya mara tatu. Ni

kwa sababu hakuna mpangilio sawasawa. Kungekuwa na mpangilio sawasawa na ufujaji usiwepo, Serikali ingekuwa inaweza kutibu watu wake bila hata kuomba hela za madawa au za matibabu na hata kama unahifadhi mwili mtu anapofariki. Sisi tumelegea katika upande huo. Hela inayohitajika kutibu Wakenya wote haiwezi kuzidi Sh500 bilioni. Haya ni mahitaji ya kila mwananchi. Sasa hivi ukiangalia hospitali zote nchini, sio za rufaa tu bali hata zile za umma kule mashinani, taabu ni hizo hizo. Kwangu nyumbani niko karibu na zahanati nyingine hapo. Ni kizaazaa. Hamna hata kutulia. Hili ni suala ambalo watu wanafaa kulichukulia kwa undani na walifikirie sawasawa.

Nampa Mbunge wa Nyali pongezi kwa kuleta Hoja hii. Ubaya wetu tunatoa Hoja tamu tamu kama hizi lakini kesho kutwa utakuta imepotea. Hakuna mtu ataongezea. Kamati tekelezi haifuatili. Inakuwa tu tabia ya kuongea masuala mazuri kama haya. Nchi nyingine wanaiga na wanatelekeleza na sisi bado tuko pale pale. Wakenya wanaumia. Ukiwauliza Wabunge wengi hapa hata sasa hivi kuna mmoja hapa alikuwa ananiitisha hela aende tu hapa kwa sababu hana chochote. Najua ni kwa sababu ya masuala kama haya. Kamati ya Bajeti iketi chini na ifikirie suala hili kwa kina na sio kuongea tu na kupata *bonga points* katika Bunge hili na katika runinga halafu tunaachilia suala hili hivi.

Nampongeza sana Mbunge wa Nyali maana ni mbunifu. Ameleta Hoja ambayo inaweza kuwasaidia Wakenya, hasa wale ambao hawajiwezi. Singependa kuongea mengi. Shukrani kwa kunipa fursa hii.

Asante sana, Mhe. Naibu Spika wa Muda.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mheshimiwa Mwadime, umeongea kwa utamu katika Hoja hii. Nataka kumpa nafasi hii Mheshimwa Nangabo Janet, Mbunge wa Trans Nzoia.

**Hon. (Ms.) Janet Nangabo** (Trans Nzoia CWR, JP): Asante sana, Mheshimiwa Naibu Spika wa Muda kwa kunipa nafasi ya kuchangia Hoja hii iliyoletwa na Mbunge mwenzetu, Ali Mohamed. Namshukuru sana kwa Hoja hii. Imekuja wakati mzuri kwa sababu maeneo ambayo baadhi yetu tunatoka, watu wanaumia sana.

Mwenzangu Oluoch alichangia na kusema kwamba kulikuwa na hospitali moja katika eneo langu kule Trans Nzoia, Crystal Hospital iliyomtoza ada mtu ambaye alikuwa ameumia katika sehemu hizo Ksh200,000. Kijana huyo anayeitwa Wanjala, alikuwa anaishi maisha ya umasikini na upweke. Hakika, hangeweza kulipa hiyo ada na ndiposa inatulazimu sisi kama viongozi kutafuta marafiki wenzetu na tuungane pamoja kuhakikisha kwamba tunamchangia pesa za kumsaidia. Sio yeye peke yake katika hospitali hiyo, walikuwa wengi mno. Kuna mama kutoka sehemu yangu aliyekuwa anaugua ugonjwa wa saratani na familia yake ikatozwa Ksh674,000 lakini alipoteza maisha yake. Sisi kama viongozi ama wenyeji katika sehemu hizo hatuwezi kujimudu kutoa hizo pesa kumsaidia mama huyo. Ndiposa namshukuru Mhe. Ali kwa kuleta Hoja hii ili tuichangie. Tuna uhakika kwamba wale wanaohusika na mambo ya afya katika nchi yetu wanatusikiza.

Mwaka uliopita, nilileta Hoja kuhusu akina mama wenzetu ambao baada ya kupata mimba ya mapema ama kujifungua, huwa wanaathirika na ugonjwa unaoitwa *fistula*. Nashukuru sana kwa sababu Mama Margaret alishikilia mara moja na saa hii, watu wanapata matibabu katika nchi yetu. Vile vile, tunapojadili Hoja hii katika Bunge hili, nina imani kwamba Waziri anayehusika na mambo ya afya atahakikisha kwamba amesaidia Wakenya wasiojiweza kwa kulipa ada hiyo wakifariki. Hata kama wengine hawajafariki lakini hawajimudu kimaisha, ahakikishe kwamba ada hiyo imeondolewa mbali.

Hivi juzi kulikuwa na janga la magaidi pale Riverside. Kuna watu ambao hawangeweza kujimudu hata kulipa ada katika hospitali na ikamulazimu Seneta wa Kaunti ya Nairobi kutoa pesa zake katika mfuko wake kumlipia yule aliyekuwa ameathirika. Kuna wengi ambao hawawezi kutufikia sisi viongozi. Vile ambavyo wengine wamechangia hapa, kuna walemavu miongoni mwao. Kuna wale wametoka katika maisha ya upweke na hawawezi kutufikia sisi viongozi kuwasaidia na senti kidogo kuhakikisha kwamba wanapata matibabu kama watu wengine.

Nawaunga wenzangu mkono kwa sababu wakati tunapewa nafasi hii kama viongozi katika Bunge hili, haimanishi kwamba sisi ni matajiri. Sisi pia tumetoka katika maisha ya upweke. Wengine tumepoteza wapendwa na hatuwezi kujimudu kama viongozi. Tunawapatia watu mwelekeo katika maisha yao na wale wananchi ambao wametupa kura kama viongozi wao. Kuna wenzetu ambao wamekuwa katika Bunge hili ambao kule nje, wanapata taabu sana.

Upande wa magharibi ya Kenya, huwa wanategemea kilimo cha miwa. Lakini wakati huu, wakulima kutoka eneo hilo hawana lao la kusema kwamba wanajivunia. Hawana senti za kupeleka wagonjwa wao hospitalini. Katika Bonde la Ufa, wengi wanategema mahindi yao. Wakiwa na wagonjwa ama wapoteze wapendwa wao na watoto wao katika eneo hilo, tegemeo lao lilikuwa ni mahindi. Tutoe senti wapi kwa sababu watu hawajimudu? Ndiposa namuunga mkono mwenzangu, Ali. Nawashukuru watu wa Nyali kwa kukupa nafasi hii kuja katika Bunge hili kuleta Hoja kama hii. Tunatarajia kwamba Kamati ya Bunge hili ya Utekelezaji itahakikisha kwamba imetenda vilivyo. Sisi tutafurahi. Tunawahimiza wale wanaoshikilia Bajeti katika Bunge letu, wakipata kama mambo ya afya...

Yule gavana katika kaunti yangu hajawahi kuja katika Bunge hili. Huenda ikawa alipewa nafasi katika kaunti hiyo kwa sababu ya mrengo ama bahati yake. Licha ya kupata fedha nyingi, watu hawa huwa hawaangalii masilahi ya wale masikini walio huko chini. Ni sisi katika Bunge hili tunaofanya hivyo kwa sababu tunapongea, watu wanasikiza. Tutekeleze mambo mengine katika Serikali ya kitaifa na tuhakikishe tunapopeleka ujumbe kule mashinani, tunaongea na watu walio na afya nzuri.

Katika eneo langu la Trans Nzoia kuna *squatters* wengi sana. Hawana lao. Ukisema mtu aende hospitalini, hana chochote. Asubuhi akiamka aje kwangu, hatafika kwa sababu hana pesa ya kupanda ile pikipiki ama kutumia baiskeli mpaka kwangu. Iwapo ni mgonjwa, mtu huyu atasaidika namna gani? Vyumba vya kuhifadhia maiti vimejaa kwa sababu ya mgomo wa madaktari katika nchi yetu. Kama viongozi tunataka tushikilie msimamo wa kuhakikisha kwamba masuala ya madaktari yameshughulikiwa. Ninamsihi Rais. Licha ya kusema kwamba ametoa amri, awe na mikakati mwafaka ya kuhakikisha kwamba ile amri anatoa anielekeza panapotarajiwa. Tunapoteza wapendwa hapa nchini.

Kila Jumamosi, watu hututumia ujumbe kwamba wamepoteza wapendwa wao. Tutoe wapi fedha? Sisi hatuna pesa za kutosha. Nawaomba wenzangu waunge mkono Hoja hii. Mwenzetu Ali alete Mswada katika Bunge hili ili tutenge pesa za kuhakikisha kwamba tunawasaidia wale ambao wamekuwa na shida kama hii. Kuna wale wameumia kama yule kijana Boniface. Nawashukuru wasamaria wema waliojitolea kuhakikisha maisha ya kijana huyo yataendelea mbele.

Naunga mkono Hoja hii.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mheshimiwa Baya, Mbunge wa Kilifi Kaskazini.

**Hon. Owen Baya** (Kilifi North, ODM): Thank you very much, Hon. Temporary Deputy Speaker. I want to take the liberty of your ruling that I can speak in English in this Motion. I go ahead to do that.

I support this Motion. Thabo Mbeki, the former President of South Africa, in the debate on HIV/AIDS and death, said that Africans do not die because of diseases; they die because of poverty. Poverty kills our people because they are unable to access good nutrition and healthcare. That is why you find lots of deaths and the mortality rates in Africa are probably higher than in any other part of the world.

Secondly, President Kibaki, when launching universal healthcare said that costs that go into healthcare have impoverished families.

Hon. Temporary Deputy Speaker, families sell their property, land, cattle and everything to take care of the sick. These monies are spent at a referral hospital and the person dies. The Government still insists that you have to pay all the accumulated costs for you to take the body of your loved one for burial. This is what my friend, Hon. Oluoch, called double jeopardy. You are continuing to impoverish the people even when they are dead.

When the President took over in 2013, he said that he had waived the cost of maternity for all people having children. There are two things that I learnt in Sociology. One, when a baby is born, he or she belongs to the community. When a person dies, he belongs to the community. The Government provides social services to the people because it is its mandate to do that. Giving birth and paying for maternity by the Government is a social service. When the person dies, he also belongs to the community and Government. Therefore, the Government should come in and ensure that costs that have been incurred because the person did not survive should be taken care of by the Government.

I want to point out a few things that have been highlighted today in the *Daily Nation*. This country has around 142 Intensive Care Unit (ICU) beds against a population of 50 million. If you look at the statistics, 50 per cent of the people who go into ICU die. The cost of ICU in this country is overboard. When these people die, they pay the cost of staying in the ICU. We know that an ICU bed costs over Kshs30,000 for an hour today. You realise that people who go into ICU do not survive. They are the poor people. Therefore, we are looking at a desperate situation where somebody has paid all the cost, sold everything to ensure his loved one gets well but he dies and then he is told he has a bill of Kshs5million. I have three families in my constituency whose property was sold because they deposited their title deeds at the hospital, so that the body would be released. They wrote an agreement that in the next two or three years, they shall pay and collect the title deed. However, they were unable to raise the funds. The families lost their property because somebody died. This is very sad for this country.

My friend, Hon. Mohamed, will come up with a Bill. I want to propose what should be done when a person dies at a Government hospital, both at the national referral hospital and county referral hospitals. Government pays money for maternity both at the national referral hospitals and even at the county hospitals. They pay county governments for maternity. When a person dies and his family cannot pay the incurred costs, they should go to the chief or the Assistant County Commissioner and present that invoice there which is taken to the Ministry of Labour, Social Security and Services in this country. The Government pays for that person and that body is released, or when the invoice is received and they acknowledge receipt, then they should present it at that hospital and the body is released, so that the loved one can be buried. We continue to see many cases of cancer and diseases which even our biggest hospitals have no control over. Many people do not die because of the diseases but the hospitals are unable to

manage because of lack of capacity. When these hospitals have no capacity, we lose our loved ones and then we are supposed to pay them.

It is time the Government, Ministry of Health and the Ministry of Labour, Social Security and Services looks at that. There are certain programmes in this country like *Inua Jamii*, free maternity healthcare and *malipo kwa wazee* which use money from the Exchequer. This House should set aside funds to help the poor who have lost their loved ones. That way, we will put a smile on those people when they are mourning. You can imagine this is a person who has lost a loved one, he is crying and does not have any means of paying for that person. He goes to the hospital and he is told to pay Kshs1 million and yet this person has never seen how a million looks like in his life. This family goes into a depression. These people are burying someone but you can see that the family has more problems than at any other time. This Government should have a deliberate programme to take care of the poor. This Government has very big programmes like the National Social Security Fund (NSSF), universal healthcare and *Inua Jamii*. The President launched very many cars for the *Inua Jamii* programme at State House today. Although you will put that old man on pension or some pay every month, when he dies, the family gets into abject poverty because of the death of the very person that the Government tried to support for many years through the *Inua Jamii* programme.

The Departmental Committee on Health needs to sit down and look at what it can do and the mechanism to ensure that we pay for these people. It is an easy mechanism. We have the Provincial Administration on the ground who can authenticate and say that this person who died is a poor man. Therefore, the Government should commit to pay. That letter can be used at the hospital to discharge the body. It can then claim money just the way county governments do it from the national Government for free maternity deliveries.

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

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Mwangi Gichuhi, Member for Tetu.

**Hon. James Gichuhi** (Tetu, JP): Asante sana, Mhe. Naibu Spika wa Muda, kwa kunipatia nafasi ya kuchangia Hoja hii.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Kimilu, you are out of order.

*(Hon. Joshua Kivinda walked into the Chamber without bowing)*

**Hon. James Gichuhi** (Tetu, JP): Mhe. Naibu Spika wa Muda, nilisikiza vizuri Mhe. Mohamed Ali alipokuwa akichangia. Kwanza kabisa, alitambua Ibara ya 43 ya Katiba ambayo inasisitiza umuhimu wa kupata matibabu ya bure. Ibara ya 43 ya Katiba inazingatia umuhimu wa kupata matibabu ya bure. Hiyo ni haki. Ningesisitiza kwa Kamati ya Afya, kuwe na sheria ambazo zinazingatia umuhimu wa kupata matibabu ya bure katika hospitali za umma zote. Nilisoma juzi ya kwamba kaunti ya Lamu iliita madaktari kutoka Uspania ambao walikuwa wanapeana matibabu ya bure. Kwa wiki tatu, kulikuwa na watu kama 400 ambao walijitokeza ili wapate matibabu ya bure. Hiyo ni ishara ya kwamba kama tungekuwa na sheria ama kama tungekuwa tunatibiwa katika hospitali za umma bila kulipa pesa zozote, tungekuwa tunazuia vifo. Mtu anapata maumivu kwa mwili na anaogopa kwenda hospitali kwa sababu hana pesa. Anaenda kwa duka, ananunua dawa na anajitibu. Kama hakuna pesa ambazo mtu analipa akienda hospitali wakati tu amepata maumivu, anaenda hospitali na anapata matibabu, angezuia kifo.

Tunaona wakati mwingi watu wanaenda hospitali wakati wamepata maumivu kabisa ndio wanafanya mchango. Juzi nilikua na kesi ya mgonjwa fulani kutoka eneo langu la Tetu. Aligonjeka akapelekwa Hospitali ya Kenyatta halafu akaaga dunia. Alikua na ada ya Kshs800,000. Nilichanga pesa kidogo lakini maiti ilikaa kwa chumba cha kuhifadhi maiti kwa zaidi ya mwezi mmoja. Juzi tu ndio tulipata pesa na tukaweza kuzika maiti.

Uingereza ni mfano mwema wa nchi ambayo imeendelea. Wananchi wa Uingereza wanapata matibabu ya bure na kila mtu ako na dakitari wake. Najua sisi kama Wabunge tunaweza kuunda sheria. Tunaweza kuwa na sheria zitakaoifanya iwe ni lazima kila mtu apate matibabu ya bure. Tukipata matibabu ya bure idadi ya watu wanaoaga dunia itakuwa ya chini. Pia, mtu akipata matibabu ya bure na kwa bahati mbaya aage dunia, inastahili asilipe pesa yoyote hata ada ya chumba cha kuhifadhi maiti. Tukifanya hivyo, kama Wabunge, tutakuwa tunaiunga Serikali mkono. Tutakua tumesaidia wananchi ambao wametuchagua. Jambo muhimu ni kuwa na afya njema. Ndiposa imeekwa kwa Katibu kama haki ya binadamu.

Kwa hivyo, mimi ni mmoja wa wale wanaunga mkono Hoja ya kufutilia mbali ada za matibabu katika hospitali zote za umma. Tukifanya hivyo, tutaona ya kwamba Kenya yetu itaendelea vizuri.

Kwa hayo machache, naunga mkono. Asante.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Tutapatia nafasi Mhe. Esther Passaris, Mbunge wa Nairobi.

**Hon. (Ms.) Esther Passaris** (Nairobi CWR, ODM): Thank you very much Hon. Temporary Deputy Speaker. I stand to support the Motion to have waivers on morgue charges and charges for patients who die in referral hospitals. We have a problem. It is the Government's agenda to provide universal health care. We have pilot projects being done in four counties but we have missed the point that Kenyans are poor. Even if we say that we are improving in the poverty index, and that we are now a middle income country, when you go to the ground and look at reality of the lives that Kenyans lead, they are poor. They cannot even afford to bury their dead. Forget the fact that there is a mortuary charge.

Yesterday I was dealing with a case here in Nairobi of a young man who has a child called, Jeydan. First, last week he called me and told me that Jeydan was very sick and he needed to raise money because he could not be treated in Kenya. A week later, he sent me a text message that Jeydan had died. There was a mortuary fee of Kshs6,400. I have paid the hospital bill which was in the tune of about Kshs20,000 but I do not have money to buy a coffin.

As leaders, our constituents come to us when they are in problems. It is a precedent that has been set in this country. An Hon. Member is a point of support. But, that is not the way it should be. When elected leaders ask for an increase in salary, it is not about them. It is about their constituents. They are looking for a way of not saying no to the constituents or not to turn a man or a woman away who needs help to pay a hospital bill, to pay mortuary charges and release a dead body of a family member. Human dignity in the country has been eroded and it is getting worse. I have a feeling that as a country we need to start looking for what we have to do to become human again. We have lost humanity. We do not care. We make budget, create bodies, tribunals, commissions and investigative arms but we are just playing around with people's lives. There is so much pain. The pain is what leads to extremist groups. It is this pain, the suffering the hopelessness that has seen Kenyans succumbing to poverty and decide to blow up their brothers and sisters because at the end of the day it is him or them for little money. So, if we want to



combat extremism and pain that leads to extremism and if we want people to have hope, we have to start with the pain point.

There is nothing that is more painful than lack of dignity like when a man has to steal his child from a hospital so that he can take her home because he does not have money. We need to investigate some of the problems of the Government. Linda Mama should have taken care of that child. Why did it not? It is because it provides Kshs17,000 which is inadequate. If we want to provide free maternity, let us understand everything around it. Let us understand that some children will be born by caesarean section, some will have complications and will be born premature and let us do it holistically and correctly. Let us not discriminate between the one who has a child and gets out in two days from the one who has a child and gets out after three weeks and becomes a detained child and mother. Even before I became an elected leader I was dealing with detained women in hospitals.

In December 2017, I ran a campaign to release detained patients. The President actually released detained patients from Kenyatta National Hospital. There were 400 patients and Kshs15 million was written off. But what about today? If you ask for statistics on detained patients and detained bodies... We have authorities from our courts saying it is illegal, we have a letter from the Director of Medical Services saying that you cannot detain a body or detain a patient yet our hospitals do that. We cannot start telling private hospitals not to detain bodies and patients when our own public referral hospitals are doing exactly the same thing. We write off so much debt from corruption when it comes to big institutions like the Coffee Board of Kenya and Mumias Sugar Company. We have written off billions of debt because of corruption. Why do we not start by looking at how much we need to put in our Budget to cater for those who are unemployed and cannot afford medicare. We also need to look at the NHIF. Most families do not have the Kshs500 for NHIF. What do we have to do to ensure that people take cover whether it is a funeral, NHIF or medical cover?

All in all, what Hon. Mohamed Ali has done by bringing this Motion to the Floor of the House is important. It is going to save many Members of Parliament from the plight of having to say no to some of the families. We cannot afford and people think the Hon. Member does not want to help. It is not that he does not want to help you, but he cannot and it is not his duty to pay hospital bills and education bills where bursaries do not cater for such. We have to have a system that works and has to work for everybody. It should not be discriminatory because our Constitution says that every citizen has a right. Right now, I am a Member of the Departmental Committee on Health. We will call for the information. I hope the Cabinet Secretary and Principal Secretary are going to look at the bodies and patients that are being held and make a sustainable budget over the next few years.

While we are giving universal healthcare, we need to understand the makeup of our citizens. What is the pain point? Where is the suffering? Why are Kenyans not buying into NHIF? They are unemployed. If you are unemployed, you are looking for food, you are not looking to pay for a medical service. So, once we get to register our Kenyans and we get to know who is unemployed, we should make sure that unemployed citizens can access good medical services.

Today's newspaper says that our ICU does meet the required standards. It says that the medical services that we have in this country are not good. I can tell you that for a number of the patients in the mortuaries today, I will not be wrong in saying that maybe 50 per cent of them die because they could not access medical care, they could not buy the medicine and they could not buy the blades to do operations after accidents. So, we have a problem as a country. We have to

be humane. The donors are watching. They have called to request for interviews to ask what is going on. They support our country with so much money for health. Why is it that we have detained patients? Why is it that we have detained bodies? What is the rate of people dying in our hospitals? We need data.

We are going to have census but census is one thing. It just shows us how to plan forward. We need daily data of where our people are dying and what they are dying from so as to be able to check whether there is negligence here and there. I know nurses are on strike. How many people are dying because the nurses are on strike? The families need access to good medical care, now they have to deal with the fact they have a body that they cannot bury. We need to have dignity in our country. Our leadership deserves that. I know *Waheshimiwas* are trying but we need to have a budget for that as well so that patients can be taken from the hospital especially a child. A woman walked with her dead baby. There is no humanity. When Nyerere defined us as a 'man eat man' society, he was right. We reach a point where we just do not care. Our jobs are mechanical. There is no humanity, emotion and empathy. It is almost like Kenya is becoming narcissistic.

We should all support this Motion and there should be an effort to combine the Bill that will come up from Mohamed Ali and Anthony Aluoch because it seems they are looking at the same aspects of how we can make our citizens have access to medical care and to be treated with dignity in the event that they lose a loved one.

Thank you.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): A very good contribution, Hon. Passaris. Certainly, taxes and death make us equal. They are the only certainties in any human being's life. We will have a contribution from Hon. Teyiaa, Member for Kajiado.

**Hon. (Ms.) Janet Teyiaa** (Kajiado CWR, JP): Asante sana, Mhe. Naibu Spika wa Muda kwa kunipatia nafasi hii nichangie Hoja hii ambayo imeletwa na Mhe. Mohamed Ali kuhusiana na kuondolewa kwa ada mtu anapofariki.

Tunajua matibabu ni jambo la maana sana kwa jamii lakini tumekuwa na shida kubwa kwa hali ya matibabu. Mara nyingi watu wanakufia hospitali ambapo wanaacha deni kubwa sana. Familia nyingi ni maskini, hawawezi kupata hii pesa. Tunaishi kwa harambee kila siku na mara nyingi hata hiyo haipatikani na watu wanaumia. Mali inaenda na bado wanakatazwa kuzika wapendwa wao.

Hii pesa ikiondolewa, itatusaidia sana kila mahali. Watu wengi huona Kaunti yangu ya Kajiado kama ni tajiri lakini kuna umaskini sana. Tuko na vijiji na wanoishi humo ni maskini sana. Hata chakula mtu hapati wacha kuenda hospitali. Tunajaribu kuwahamiza wapate hii kadi ya hospitali lakini hata hiyo pesa ya kuweka hawapati. Mara nyingi wanaumia sana. Hatusemi watu wasilipe pesa kabisa, lakini kuwe na kiwango ambacho mtu wa kiwango cha chini anaweza kufikia. Tunajua watu wana uwezo tofauti. Kuna watu ambao wako na kazi, wengine hawana, wengine ni maskini kabisa na wengine wako katikati. Ni vizuri wote waweze kupata matibabu inayofaa.

Tunapongea kuhusu matibabu, ni muhimu kuzingatia zile zahanati za mashinani. Mara nyingi, haziwezi hata kutoa huduma za dharura. Watu wanaumia, wengine wanaishi mashinani na hawawezi kupata hospitali za rufaa na wanafariki. Ni vizuri Serikali iweze kutenga pesa ama vifaa vinavyofaa kutoa huduma za dharura ili watu wakiwa na shida wapate kuhudumiwa kwa njia inayofaa. Kabla wafike katika hospitali za rufaa, wengine hufia njiani. Wengine wanaishi mbali sana na hospitali hizi na wakati mwingine, hawana gari ya kuwasaidia wafike huko.

Naomba Serikali hii itusaidie, ili kila zahanati iweze kupata dawa ya kutosha na vifaa vinavyostahili ile tuweze kupata usaidizi. Kwa hivyo, ningependa kushukuru Mhe. Ali, kwa kuleta Hoja hii. Tungeomba aendelee ili iwe Mswada. Isiwe tu ni kitu ambacho kinaishia hapa.

Asanteni sana na ninaunga mkono Hoja hii.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Ningependa kumpa Mhe. Tayari nafasi hii, Mbunge wa kinango.

**Hon. Benjamin Tayari** (Kinango, ODM): Asante sana, Mhe. Naibu Spika wa Muda kwa kunipatia nafasi hii ili niweze kuchangia Hoja hii inayohusu mambo ya kutolipisha wananchi ada mtu anapofariki. Katika sehemu ambazo tunakotoka, tunajua kwamba watu wengi ni maskini sana katika jamii zetu. Ule umasikini unaongezewa zaidi na gharama ya kulipa matibabu ya magonjwa tofauti tofauti. Tunaona matibabu ambayo wengi wanafuatilia katika hospitali za rufaa ni kama magonjwa ya saratani, sukari na *pressure* na mengine kama vile kuvunjika miguu kwa ajali za pikipiki. Wengi wanapooaga dunia, tayari huwa wametumia pesa nyingi sana kulipia huduma zile wanazopatiwa katika hospitali zile. Wakiongezewa mzigo wa kuhakikisha kwamba ni lazima pesa yote wanayodaiwa kuwa tayari, umewatia katika hukumu.

Hivi juzi tuliona aibu kama Serikali baada ya kuona kuwa jamii wanakimbia na watoto kwa sababu ya ada ambazo zimewekwa hospitalini. Ningeomba Bunge hili lisisitize umuhimu wa kuona ya kwamba tunalinda jamii yetu, hususan wale ambao wanatafuta matibabu katika hospitali za rufaa wakiwa katika hali ambayo hawajiwezi. Hospitali kama vile Makadara ama Coast General kule Mombasa, utapata kuwa wagonjwa wametolewa kwa vitanda na kulazwa chini, kwa sababu hawawezi kulipa. Wengi hutafuta Wabunge ili wawasaidie kulipa ada ile wamewekewa na ya kusafirisha miili. Jukumu letu kama Bunge linakuwa ngumu zaidi. Kwa mfano, ikiwa wikendi moja unapata wagonjwa wanne wamefariki, inakuwa pesa nyingi. Hata ukiambia jamii wachange, pia wewe kama Mbunge lazima uingie kwa mfuko ujaribu kusaidia lakini inakuwa vigumu.

Kwa hivyo, mimi namuunga sana mkono Mhe. Mohamed Ali wa Nyali kwa hii Hoja aliyoleta ambayo ingekuwa imeletwa hapa zamani kujadiliwa. Ile Kamati Tekelezi ambayo inatafikana kuhakikisha kwamba mambo kama haya yanatekelezwa hapa Bungeni, ifanye hima wakati hii Hoja itakapopitishwa. Sharti ihakikishe kwamba inatekelezwa kikamilifu na wananchi wanapata afueni kuhusu masuala ya huduma ya afya katika jamii yetu.

Kufikia hapo, nasema naunga mkono Hoja hii. Asante sana, Mhe. Naibu Spika wa Muda, kwa kunipatia nafasi.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mhe. Ekamais, Mbunge wa Loima.

**Hon. Jeremiah Lomorukai** (Loima, ODM): Asante sana, Mhe. Naibu Spika wa Muda, kwa kunipatia nafasi hii nipate kuunga mkono Hoja hii ambayo imeletwa na rafiki yangu Mhe. Ali. Mahali ninakotoka kuna ufukara wa hali ya juu zaidi. Sehemu ya Loima katika kaunti ya Turkana ndiyo sehemu shida ilianzia. Kwa hivyo, wakati niliona Hoja hii, niliona kwamba watu wangu wa Loima na watu wa Kenya kijumla watafaidika zaidi. Hii ni kwa sababu ada hii itaondolewa kwa wale ambao wanakufa hospitalini.

Wakati mtu ambaye hawezi kupata chakula hata mara moja kwa siku anakuwa mgonjwa, hushikwa na dukuduku hata kuenda hospitalini. Ni kwa sababu anajua hata kuingia hospitalini peke yake na kununua kile kitabu cha kuandikiwa habari anazoleta juu ya ugonjwa wake ni shida. Kwa hivyo, wakati anaamua kuenda anajua anaenda kufa. Itakuwa vizuri kama sisi Waheshimiwa ambao tunatetea haki za wale ambao walituchagua tutaunga mkono Hoja hii.

Kamati husika sharti ihakikishe kwamba Hoja hii imetekelezwa. Tunajua kwamba watu wetu watafaidika pakubwa zaidi.

Kule Turkana ni kama ugonjwa wa saratani ni mwingi sana katika maeneo ambayo jua ni jingi sana. Wakati mtu katika eneo hilo anapatikana na ugonjwa huo, inakuwa vigumu mtu huyo kukubali kuenda hospitalini, kwa sababu ile ada ambayo atatozwa pale ni kubwa zaidi na hataweza kulipa. Kwa hivyo, itakuwa vizuri kama Hoja hii nzuri itapitishwa.

Hasa ningependa kumpongeza Mhe. Ali. Mara nyingi amekuwa akileta Hoja ambazo zinasaidia jamii. Kwa hivyo, itakuwa vyema kama sisi Waheshimiwa tutaunga Hoja hii mkono. Ninaunga mkono.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mhe. Chelule, Mbunge wa Nakuru.

**Hon. Liza Chelule** (Nakuru CWR, JP): Asante sana, Mhe. Naibu Spika wa Muda kwa kunipatia nafasi pia mimi kama Mbunge kutoka kaunti ya Nakuru kuchangia Hoja ambayo imeletwa katika Bunge hili na Mhe. Mohamed Ali wa Nyali. Kwanza, nitataka kupongeza Wabunge wenzangu ambao wameongea mbele yangu. Wamesema mambo ambayo yanagusa wananchi wa nchi hii.

Mheshimiwa Naibu Spika wa Muda, hujawahi ona watu wakiteseka; mtu anapelekwa hospitali akiwa mgonjwa; anakaa hospitali mwezi mmoja ama hata mwaka halafu anakufa. Mwili unawekwa kwa sababu wameshindwa kulipa pesa. Ni taabu sana. Kwa hivyo wale Wabunge ambao wameongea mbele yangu ninawaunga sana mkono na ninampongeza sana Mheshimiwa aliyaleta hii Hoja.

Sisi kama Wabunge, haya ni mambo ambayo yanatuhusu kama vingozi. Shida na wasiwasi wangu leo ninapongea ni Kamati Tekelezi. Inatupatia wasiwasi sana kwa sababu hii ni Hoja ambayo itasaidia wananchi wa Kenya. Tunaelewa watu wanateseka sana. Mambo ya ugonjwa wa saratani umeleta shida kwa wananchi wote wa Kenya hata sisi Wabunge.

Sisi wote tunaelewa huu ni ugonjwa ambao hauna tiba na umetatiza kila mtu. Ni ugonjwa ambao unachukua nafasi kubwa sana na gharama yake iko juu. Tunapongea tunafanya hivyo kwa niaba ya wale wananchi waliotuchagua na wanajua kwamba Bunge hili letu la taifa lina nguvu na uwezo wa kufutilia mbali ada ambazo zinatozwa kwa wale watu wako hospitali haswa kwa sababu ya magonjwa yasiyo na tiba kama saratani.

Wananchi wa Kenya wako na shida sana kwa mambo ya matibabu. Ningependa kuchukua hii nafasi kuhimiza kamati inayohusika na mambo ya afya kwamba badala ya kutoka nchi hii kujifunza mambo yanayohusu kamati yao, afadhali wazunguke katika hospitali za Kenya.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mheshimiwa Chelule, unasoma stakabdhi ama unachangia?

**Hon. (Ms.) Liza Chelule** (Nakuru CWR, JP): Mheshimiwa Naibu wa Spika wa Muda, sisomi lakini kuna vidokezo ambavyo ninatoa. Ni vile nimeshika karatasi mkononi, na ukisema niiweke chini, nitafanya hivyo lakini inanisaidia.

Nataka kusema kamati ya afya katika Bunge hili, tafadhali, badala kuenda kujifunza mambo ya afya, kuzunguka katika hospitali za nchi nyingine kujifunza mambo yanayohusu afya, ni muhimu watembee Kenya.

Ni aibu sana usikie mwananchi wa Kenya amechukua hatua ya kuiba mtoto wake akitumia mfuko. Hiyo ni aibu kubwa sana sio kwa mzazi pekee bali hata kwa sisi wote viongozi. Kwa hivyo, kama tungekuwa na utaratibu wa vile tunaweza kuwa na wanakamati ambao wanaangalia Wakenya ambao hawawezi kulipa ada zao kwa sababu hawana pesa na

wamempoteza mgonjwa wao ama mwingine amepona na hawezi kuondoka kwa hospitali kwa kukosa pesa... Kwa hivyo, ni jukumu letu sisi wote kuangalia kwamba wakati Hoja kama hii imeletwa katika Bunge hili, itekelezwe. Ninaomba Kamati Tekelezi iangalie kwa umakini. Kuongea na kuwakilisha shida za wananchi Bungeni ni tofauti na kutekeleza.

Mambo mengi yameongewa na Wabunge wenzangu ambao nataka kuwapongeza sana lakini shida ni vile itatekelezwa. Kwa hivyo, Bunge la Taifa tuko na nguvu na uwezo wa kupitisha sheria ambayo inaweza boresha afya katika nchi yetu ya Kenya.

Mhe. Naibu Spika wa Muda, utakubaliana nami kuwa wananchi wengine hapa Kenya wanaamua kuenda hospitali za kibinafsi na wanalipishwa pesa ambazo zinashangaza. Hawalipishi kwa mashilingi au maelfu, wanalipishwa kwa mamillioni. Mtu akikaa kwa wiki moja ama mbili, anapelekwa mbio mbio wadi ya mahututi (ICU) na analipishwa pesa nyingi. Mtu akifa anawekwa na mwili hauwachiliwi mpaka pesa zilipwe. Wananchi wa Kenya wanataabika sana. Sisi kama Bunge tuangalie mambo ya afya katika nchi yetu ya Kenya. Serikali ingekuwa na jinsi ya kuweka utaratibu wa mambo ya hospitali za kibinafsi. Kwa sababu, wanalipisha pesa nyingi sana, ilhali haijulikani wanalipisha nini. Kamati ya Afya katika Bunge hili wanapaswa kuangalia vile hizo hospitali za kibinafsi hulipisha wagonjwa. Hii ni kwa sababu Wakenya wamefinywa sana. Imefika mahali hatuwezi kunyamaza kama Wabunge. Hoja imeletwa hapa na Mbunge ambaye alifikiria vizuri na ninampongeza. Tumefurahi kama Wabunge wenzake na tumechangia. Pia, nawapongeza sana wale Wabunge ambao wameongea mbele yangu.

Kwa hayo machache, Mhe. Naibu Spika wa Muda, naunga mkono. Asante sana kwa kunipatia nafasi ya kuchangia hii Hoja.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Mhe. Rehema, Mbunge wa Tana River.

**Hon. (Ms.) Rehema Hassan** (Tana River CWR, MCCC): Asante sana, Mhe. Naibu Spika wa Muda kwa kunipatia nafasi nami niweze kuchangia Hoja ya leo ambayo ni ya maana sana. Pili, nataka kumpatia shukrani kubwa sana Mhe. Mohamed Ali wa Nyali, kwa kuleta hii Hoja. Kabla sijaendelea kuchangia chochote kwanza nataka kupeana shukrani zangu za dhiti kwa Gavana Joho wa Mombasa. Kwa kuwa alinisaidia wakati fulani, mmoja wa wananchi kutoka kauti yangu alikuwa amelazwa na mtoto wake, kwenye hospitali ya Coast General. Baada ya wiki mbili ule mtoto aliaga dunia na akakuwa na ada kubwa sana ya kulipa.

Mtoto alizuiliwa mochari, lakini nilimpigia Gavana Joho na kumwelezea hiyo shida. Kwa sababu wazazi wa yule mtoto hawana kazi, kulipa ile ada ya shilingi 300,000 ilikuwa shida sana kwao. Lakini Gavana Joho aliweza kuwasameheha hiyo ada na maiti ikatolewa na kupelekwa Tana River kuzikwa. Mungu ambariki sana, Gavana Joho.

Ni wengi sana wanaopitia haya. Kando na waliofariki na wale ambao wanapitishwa kwa huduma zaidi kwenye hospitali za rufaa, kuna jambo ambalo huwa linaniumiza roho yangu. Kuna wale wagonjwa ambao wanafanyiwa *dialysis*, ambapo utapata kila wiki mtu anatakikana asafishwe. Utapata pengine kama ni hospitali ya serikali, mtu analipa shilingi 15,000 kila wiki na hana uhakika ile hali yake itarudi kawaida lini. Ningependa Serikali ishughulikie jambo hili. Mhe. Mohamed anapaswa kuweka kipengele kidogo kwa sababu wale wanafanyiwa *dialysis* wanaumia sana, maanake wanalipa kila wiki.

Pia, siku hizi ajira hakuna. Hali ya anga ni vile mnavyoona. Siku hizi hakuna mvua kama zamani. Yule mkulima anayetegemea kupata mmea ili aweze kujikimu kimaisha siku hizi imekuwa ni shida. Hata chakula hawapati. Magonjwa yamekuwa mengi sana, ya saratani, *pressure* na sukari. Kwa hivyo, watu wanaishi wakiwa wagonjwa. Pia, nataka kumuunga mkono

alivyozungumza Mhe. Chelule kuwa hospitali za kibinafsi ziweze kuwa na njia ya kuangaliwa vile zinalipisha wananchi kwa sababu ile yao huwa si huduma wanapatiana lakini ni biashara.

Mtu amekimbilia pale, si kwa kupenda bali kuwa apate huduma na aweze kupona na kuendelea na maisha. Wakati unaenda pale, jambo la kwanza kumwona daktari peke yake ile ada anaitisha ni kama shilingi elfu tano ama 10. Hujaenda hata kuangaliwa ni ugonjwa upi uko nao. Akishamaliza kabla mtu apatiwe matibabu, anambiwa ni lazima uweke kiwango fulani cha pesa ndiyo uweze kuhudumiwa.

Huyo mtu maskini anaenda pale ni mgonjwa na hana pesa halafu unamwambia alipe Sh50,000 ndio aanze kuhudumiwa. Yule mtu hatapata matibabu au huduma. Kwa hivyo, ninasisitiza kwamba Kamati ya Afya ikae chini ijaribu kuweka njia ya kuhakikisha watu hawa hawaitishwi pesa zaidi ili angalau wakikimbilia kwa hospitali za kibinafsi waweze kusaidika. Pia, wazidi kuongeza huduma katika hospitali za serikali. Pia napenda kusema kuwa serikali za kaunti zijaribu kuangalia maslahi ya wahudumu wa hospitali ili warudi kazini wawahudumie wananchi. Wanapovutana nao, wanaoumia ni wananchi walioko hospitalini. Kama mlikuwa mmekubaliana mtawalipa pesa zao, tafadhali walipeni warudi hospitalini wananchi wapate huduma.

Nikimalizia, nataka kutoa shukrani tena kwa Mhe. Mohamed na naunga mkono Hoja hii. Asante.

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Anayefuata ni Mhe. Atandi, Mbunge wa Alego-Usonga.

**Hon. Samuel Atandi** (Alego-Usonga, ODM): Thank you, Hon. Temporary Deputy Speaker for giving me this opportunity to talk on this Motion. My colleague here is saying I speak in Kiswahili. Earlier in the day, we were discussing the benefits of delocalisation of teachers and I said I support it because right now my class one pupils can speak Kiswahili because of delocalisation. So, I want to tell my brother that we are still not yet reaping the benefits fully.

Healthcare remains a big challenge in this country. It is very emotional especially in this House because one of the challenges of Members of Parliament is how to address this issue within our population. Most Members of Parliament will agree with me that this is one area where most of us end up having problems with our constituents. It is actually a shame that 50 years after independence, we are still not really able to address this issue fully. We must find a way within the framework of universal healthcare to be able to address this particular challenge. If in this era we still have cases where we are unable to bury our dead loved ones because of hospital bills, actually this is a very big issue. I challenge the Government because most of the time, you find government officers enumerating their successes about how many roads they have done and about some of the transformations they have done. There is no transformation you can talk about if your people are still unable to teach themselves.

This is really a challenge to Government and this Motion which has been brought by my colleague here is very sensitive and fundamental. We ask the Government to come out and stop just giving us stories of rolling out universal healthcare and the rest. I think these stories have been said enough and we want action. We want to see our people living good lives. We want to see our people being treated affordably. This is really the message that we need to point out. Some of these motions that we pass here never go anywhere. I think they are just filed. We tell Government or the Committee that is in charge of implementation to ensure that this Motion is actually implemented by Government. If it is not implemented, then I think there is nothing we are doing in this House.

To those people who are launching projects across the country, some of these projects you are launching have no impact on Kenyans. Can you desist from launching some of these projects and focus on healthcare? Let our people go to hospitals, let them be treated and let them pay minimal fees. We do not want to hear bills of millions of shillings. We are doing *harambees* every weekend about healthcare and about people whose bodies have been detained. Our life is just about *harambees* and if we can answer this issue, then I will be a proud Member of this 12<sup>th</sup> Parliament if this issue will be addressed where our people will be enjoying affordable healthcare.

If you go to referral hospitals in the counties, you find pupils whose bodies have been detained because their families have not paid hospital bills yet we are told that students are not supposed to pay bills. Some of those Government proposals are just talk. We want to see action. This House must have a voice. This House must have teeth. This is the moment we want to see this House having teeth and passing Bills and Motions that will be implemented.

### ADJOURNMENT

**The Temporary Deputy Speaker** (Hon. Christopher Omulele): Hon. Atandi, I want to assure you that the House has teeth and you are part of those teeth. The way you can progress this is to assist Hon. Mohamed to come up with a Bill that is implementable.

Hon. Members, I thank you for your contributions and the interest you have showed in this particular Motion. Presently, there are still 15 requests to speak to this particular Motion. It shows how popular it is and how Kenyans are in need of this assistance from their Government.

Next time this particular Order is set down for consideration, the Mover will be called to reply.

Hon. Members, the time being 1.00 p.m., this House stands adjourned until this afternoon at 2.30 p.m.

The House rose at 1.00 p.m.