



THIRTEENTH PARLIAMENT
THE SENATE
OFFICIAL REPORT



Fourth Session

Wednesday, 6th August, 2025 – Morning Sitting

PARLIAMENT OF KENYA

THE SENATE

THE HANSARD

Wednesday, 6th August, 2025

Morning Sitting

*The House met at the Senate Chamber,
Parliament Buildings at 9.32 a.m.*

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

PRAYER

DETERMINATION OF QUORUM
AT COMMENCEMENT OF SITTING

The Deputy Speaker (Sen. Kathuri): Clerk, do we have quorum?

(The Clerk-at-the-Table consulted with the Deputy Speaker)

Serjeant-at-Arms, kindly ring the Quorum Bell for 10 minutes.

(The Quorum Bell was rung)

I have confirmed that we now have quorum. Serjeant-at-Arms, you can stop the Bell. Clerk, read out the first Order.

QUESTIONS AND STATEMENTS

QUESTIONS

The Deputy Speaker (Sen. Kathuri): Hon. Senators, this morning, we are expecting the Cabinet Secretary for Cooperatives and Micro, Small, and Medium Enterprises, (MSMEs), Development. We only have one question from Sen. (Prof.) Kamar. From where I sit, I am told the Cabinet Secretary is around the corner and he is coming here directly. So, is Sen. (Prof.) Kamar around?

(Loud consultations)

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

I saw her this morning. I am looking for Sen. (Prof.) Kamar and the Cabinet Secretary.

[The Cabinet Secretary for Cooperatives and Micro, Small, and Medium Enterprises, (MSMEs), Development (Hon. Oparanya) was ushered into the Chamber]

Hon. Senators, the CS is now in the House.

Hon. Cabinet Secretary, I welcome you to the Senate. You are an old timer in the Senate; you have appeared several times before this House. *Karibuni sana.*

I request Sen. (Prof.) Kamar to ask her Question. There are several Questions in one. Ask them together, then the Cabinet Secretary will respond.
Proceed.

Question No. 084

FORENSIC AUDIT ON THE LIQUIDATION
ACCOUNT OF MUSCO

Sen. (Prof.) Kamar: Thank you, Mr. Deputy Speaker, Sir. I rise to ask my Questions to the Cabinet Secretary for Cooperatives and Micro, Small and Medium Enterprise, Development on the revival of the Moi University Savings Cooperative Society (MUSCO). This question has been in this House since 2020.

I would like to ask the Cabinet Secretary for Cooperatives and Micro, Small and Medium Enterprises, Development the following Question-

(1) When will the Cabinet Secretary compel the Commissioner for Cooperatives to grant reinstatement of the certification for MUSCO, so that the society can mobilise membership and resources for the back-office operations, in line with the recommendation of this Senate through the Committee on the 28th July 2021?

(2) Can the Cabinet Secretary order a forensic audit of the liquidation account of specifically income and rent collection from MUSCO Towers and Plaza, respectively, and their related expenditures during the liquidation?

(3) Can the Cabinet Secretary order the suspension of any further withdrawals of monies from all MUSCO accounts awaiting the forensic audit?

(4) Can the Cabinet Secretary also set up another task force, because there was one before, to among others, one, finalise the implementation of the recommendations of the Senate Committee on the reinstatement and certification for the commencement of the back office operations? This may include the personal presence of the CS during the said certification and commencement of the operations, for the seriousness to be felt by the aggrieved members.

(5) Can the Cabinet Secretary also follow up on the implementation of the first task force report?

(6) Can the Cabinet Secretary set up a task force to look into the welfare of persons affected by the liquidation, issues of justice and public interest on the status of

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

withdrawers, retirees, orphans, widows and widowers, including compensation for the deceased members by the CIC insurance?

The Deputy Speaker (Sen. Kathuri): Sorry, Sen. (Prof.) Kamar, the Questions I have are totally different from what you are reading. Have you sneaked a different Order Paper to this House? You know professors can do anything.

(Laughter)

Sen. (Prof.) Kamar: Mr. Deputy Speaker, Sir, professors are horrible because they handle several drafts.

The Deputy Speaker (Sen. Kathuri): I know.

Sen. (Prof.) Kamar: So, the last draft which we agreed with the secretariat, has four. So, let me go back to that because that is what went to the Cabinet Secretary. I apologise.

(Loud Consultations)

The Deputy Speaker (Sen. Kathuri): Order, Senators. The professor is quite in order. Professor, go ahead and read what you have been given. Professor can never be wrong in whatever she is reading.

Sen. (Prof.) Kamar: Thank you, Mr. Deputy Speaker, Sir. Drafting is allowed.

(a) Could the Cabinet Secretary order a forensic audit on the liquidation account of Moi University Savings and Credit Society, (MUSCO), (in liquidation) and disclose the findings of the audit?

(b) What steps has the Ministry taken to facilitate involvement of the SACCO Societies Regulatory Authority (SASRA), County Government of Uasin Gishu, Intergovernmental Relations Technical Committee (IGRTC), Moi University Savings and Credit Society (MUSCO) members and other relevant stakeholders in the MUSCO liquidation process? I am happy the former governor involved is now a Senator here.

(c) Why has the Commissioner for Cooperatives failed to reinstate certification for resumption of back-office operations by the MUSCO in line with the recommendation made by the Senate Standing Committee on Tourism, Trade and Industrialisation in July, 2021 following its consideration of the Petition to the Senate regarding the liquidation of MUSCO?

(d) Could the Cabinet Secretary also explain what the Government is doing to facilitate full implementation of the recommendations of the Taskforce appointed vide Kenya Gazette Notice No.16776 of 8th December, 2023 to review the status of the MUSCO (In Liquidation)?

Thank you.

The Deputy Speaker (Sen. Kathuri): Thank you, Prof. Margaret. Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development, I hope the answers you have are for the question read the second time and not from the draft. So, if you have the right answers, proceed to respond.

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development (Hon. Wycliffe Oparanya): Mr. Deputy Speaker, thank you very much. I have the answers to all the questions, including the supplementary questions that she was asking.

If we listened carefully to what Sen. (Prof.) Margaret Kamar was asking, instead of rereading the question and the answers before you, which you can easily get, I want to clearly talk about what I am doing generally to address some of the issues raised. The professor has raised three or four issues. The issue of---

The Deputy Speaker (Sen. Kathuri): Hon. Cabinet Secretary, is it possible to handle them as recorded? Start with responding to question (a), (b) then (c) and (d).

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development (Hon. Wycliffe Oparanya): That is what I was coming to, Mr. Deputy Speaker, Sir.

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

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development (Hon. Wycliffe Oparanya): She raised the issue of the task force, the involvement of the stakeholders, the implementation of the task force recommendation and of course, the reinstatement of the management of the institution. Those are critical issues. On question number one, where she is requesting for a forensic audit, the Ministry appointed a task force. I take this opportunity to table the report of the task force. It is here.

(Hon. Wycliffe Oparanya laid the document on the Table)

That could answer question one. Within that task force which was appointed on 8th of December, 2023, all the stakeholders were involved. The representative of Moi University was involved, the county government representative as well as the private sector; the quantity surveyor and architecture.

The Co-operative Bank of Kenya, which is the main bank of the institution, was involved as well as the representatives from the neighboring university, Eldoret University. We picked prominent lawyers within that community. SASRA, the supervisory authority within the Ministry, was involved. A member of the Ministry was also involved.

Mr. Deputy Speaker, Sir, I want to also highlight the recommendations within that report. The taskforce recommended as follows-

(1) That the Cabinet Secretary should facilitate the immediate lifting of the liquidation, reinstatement of a certificate of registration and appoint the interim committee to oversee the revival of the SACCO.

(2) That the Government should inject Kshs500 million to revive the institution.

(3) The Directorate of Criminal Investigations (DCI) should investigate suspected theft and misappropriation of funds and prefer criminal charges against the persons of interest, if found culpable.

(4) Investigate identified Government officers and external auditors for impropriety and negligence of duty.

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

(5) The Co-operative Bank of Kenya, the secured creditor, be requested to consider writing off all penalties and interest on MUSCO loans, offer a moratorium for three years and zero-rate all outstanding facilities. All monies should be channeled through the Co-operative Bank of Kenya, Eldoret Branch.

(6) The contractor be requested to write off any outstanding liabilities and withdraw legal cases against the Savings and Credit Cooperative (SACCO).

I brought out those recommendations clearly, so that I can inform this august House the measures we are taking to make sure that these particular recommendations are implemented.

Mr. Deputy Speaker, Sir, the issues raised about Moi University SACCO are rampant everywhere within the SACCO movement in this country. What the Ministry is doing to address these issues for once and for all is that one, in this particular House, the Ministry has introduced the Cooperatives Bill. This Bill is supposed to address some of the governance issues that arose in the Moi University SACCO. The Ministry is also reviewing the SACCO Act.

The Ministry has appointed a committee of experts to look at the entire SACCO Act of 2008, so that the weak links within that Act are addressed, especially, making SASRA, the supervisory authority, to be a strong institution because it lacks capacity.

We need to build capacity in that institution, so that it is able to supervise all the SACCOs. Administratively, the Ministry has also issued a circular to all SACCOs, to ensure they do not invest in non-core business because all SACCOs that have come up with the construction of buildings have gone bust.

We have also issued circulars to make sure that any borrowing must be approved by the Commissioner for Cooperatives. We have also issued a circular that all SACCOs must make returns to ensure that they are audited every year. Lastly, we have improved oversight by making sure that members work within a delicate system, so that there are fewer people during the Annual General Meeting (AGM) to transact their businesses. For example, if a SACCO has 20,000 people, it will be impossible to have all of them transacting an AGM.

Specifically, what I have done for Moi University is that I have removed the liquidator who was there and temporarily appointed a new liquidator who will work closely with a counter liquidator appointed by the county government. I will meet all stakeholders of the SACCO before the end of this month, to make sure that we come up with a revival strategy. That is what I have done.

The Deputy Speaker (Sen. Kathuri): Sen. (Prof.) Margaret Kamar, you have two supplementary questions to ask.

Sen. (Prof.) Kamar: Thank you, Mr. Deputy Speaker, Sir. I will start with the last one on the liquidator. In the response, the Cabinet Secretary has said that he has appointed a new liquidator. The current cooperative legal framework states that you can then appeal after that, within 30 days. I am aware that this cooperative appealed at that time, but was not responded to. Is the Cabinet Secretary giving room for the cooperative to use this room with the new liquidator to appeal for reinstatement?

The second question has to do with the members who have been affected by liquidation. We have the deceased members, widows, orphans; the people who have lost

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

a lot. How will those be addressed? Will they be addressed at this stage or later? We are liquidating a cooperative that has a lot of assets not accounted for. Some within the university and some outside the university and some plots that have not been sold. Can the Cabinet Secretary tell us how he will approach the issue of the deceased and their families?

Thank you.

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

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development (Hon. Wycliffe Oparanya): Mr. Deputy Speaker, Sir, there is a window of appeal of 30 days to the Cabinet Secretary. Unfortunately, there was no appeal when the liquidator was appointed. If there is no appeal, it means that the appointment proceeds.

The Deputy Speaker (Sen. Kathuri): Sorry, Professor, do you want to inform the Cabinet Secretary? He can respond then if you will not be satisfied, you will raise another supplementary question. Let him go on first.

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development (Hon. Oparanya): I will not mind a point of information.

The Deputy Speaker (Sen. Kathuri): No, first finish with what you have.

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development (Hon. Wycliffe Oparanya): Yes, I was clearly saying that there is a provision for the appeal and I can give you a statement on the appeal. The current legal framework does not provide for the reinstatement of registration for a corporate society whose registration has been canceled. Rather, it permits an appeal against the cancellation order issued by the Commissioner for Cooperatives to be lodged with the Cabinet Secretary within 30 days with a further right to appeal to the High Court.

Where no appeal is filed within the stipulated period, the liquidation process proceeds in accordance with the law. It is further noted that the Insolvency Act does not provide for reinstatement of a certificate of registration once cancelled. This position is consistent with international best practices which generally does not provide for reinstatement under such circumstances. I was expecting that supplementary question, so I was prepared.

Secondly, I have clearly stated that we will meet the stakeholders before the end of this month. Within those stakeholders, we will come up with a revival plan. Within that revival plan, we will address the issues that the Hon. Member has raised.

How will we compensate? There is a very big building already, worth millions of shillings. Maybe one of the revival plan is to dispose off that particular building to compensate the affected members as pointed out. I will closely involve Sen. (Prof.) Margaret Kamar in all this processes, so that we move together to revive this cooperative society.

The Deputy Speaker (Sen. Kathuri): Proceed, Sen. (Prof.) Margaret.

Sen. (Prof.) Kamar: Thank you, Mr. Deputy Speaker, Sir. I wanted to inform the Cabinet Secretary that during the investigations, we discovered that there was an appeal

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

that was not addressed, but it is in the documents of the Senate. However, I am very happy with the Cabinet Secretary because he will have a revival plan. I think the past will go and we shall move forward. Thank you.

The Deputy Speaker (Sen. Kathuri): Proceed, Sen. Mandago Jackson. You must be privy to what has been happening. Let us get your supplementary question.

Sen. Mandago: Thank you very much, Mr. Deputy Speaker, Sir. Yes, I am privy to what was happening. When the hon. Cabinet Secretary was busy with matters of Kakamega County, I was busy sorting out this matter of Moi University.

(Sen. Chute consulted loudly)

You know the problem with Sen. Chute here is--- anyway.

First, let me thank the Cabinet Secretary and the Ministry for the decision to revive the society. I am happy that Sen. (Prof.) Kamar has informed the Cabinet Secretary that, indeed, there was an appeal. It is quite unfortunate that the information you have been given is not accurate. Probably the officers who colluded with the Commissioner for Cooperatives, SASRA, MUSCO Management and the Co-operative Bank of Kenya, could have also continued to give you misleading information. Indeed, there was an appeal. What we are seeing is a continuous systematic cover-up of what happened.

Mr. Deputy Speaker, Sir, I have heard the Cabinet Secretary say that there is a recommendation that the Government injects Kshs500 million. Before we ask the Government to inject Kshs500 million to MUSCO, my question would be, when will the Government submit the deductions that were deducted from members and were not submitted to the cooperatives, contrary to the law? Part of the problems of MUSCO was that member savings and loans were being deducted, but the money was not being remitted to the cooperative society. That is also why the cooperative ended up where it was.

Mr. Deputy Speaker, Sir, allow me as the stakeholder to ask my second question. The Cabinet Secretary has said that he is replacing the liquidator. Who will take the responsibility of the messes the liquidator created before they left?

Mr. Deputy Speaker, Sir, what is the Cabinet Secretary going to do? Allow me to finish because this is a very serious matter. It has crippled the economy of that county. Please, add me three seconds. What is the Cabinet Secretary going to do to increase the number of liquidators in this country? There are two things. We have less than five liquidators and receiver managers who have been moving around and killing cooperatives in this country. In fact, we should call them cartels that are simply going to bury the cooperatives.

What is the Cabinet Secretary going to do if he actually confirms that he was misled by his officers about there being an appeal? When we bring amendments as the Committee on Trade, Industrialisation and Tourism, I will request my colleagues that we deal with the Office of the Commissioner for Cooperatives that has been responsible for the death of cooperatives in this country.

I thank you.

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

The Deputy Speaker (Sen. Kathuri): Let the Cabinet Secretary first respond to your questions since they are substantive. I do not want to take more questions.

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development (Hon. Wycliffe Oparanya): Mr. Deputy Speaker, Sir, I know Sen. Mandago knows even much more than I do. However, I would like to assure him that I have been fairly briefed and I am on seeing this particular issue resolved.

Deductions are done by the employer of cooperative members who is Moi University. This has been a problem in the entire Savings and Credit Cooperative Organisation (SACCO) sector with major culprits being universities and county governments.

This is one of the issues that we are tightening within the Cooperatives Bill that is before this particular House. The issue is being addressed in the Bill, so that the Commissioner for Cooperatives is given more powers to follow up on these deductions that have contributed to the collapse of many SACCOs. Members are deducted, but the affected institutions divert the money to other uses, which is actually irregular.

Secondly, I have clearly stated in one of the recommendations in this particular report that I have tabled before the House that the matter be forwarded to the Directorate of Criminal Investigations (DCI) for appropriate action. That is another Government agency that is supposed to do a thorough investigation and prosecute those who were involved in the mess of this particular SACCO.

Thirdly, we had a shortfall of staff. As you are aware, the Ministry was established in 2022. The Ministry of Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development was branched from the Ministry of Agriculture, Livestock and Fisheries occasioning a shortfall of staff. I am happy to announce here that we have been given the mandate to recruit more staff. Therefore, we will now have more liquidators. We have gone further to make sure that for any liquidation, we involve the Office of the Attorney-General, so that a proper process is followed and proper reporting is done.

Regarding the appeal, if it happened, I was not in the office at that time, unfortunately. However, I cannot pass the blame to whoever was in the office then. I take the responsibility of checking whether there was an appeal and I apologise if that appeal was not addressed.

The Deputy Speaker (Sen. Kathuri): Hon. Cabinet Secretary, I am going to allow three or more questions. Let your team write them down for you.

Sen. Edwin Sifuna, proceed.

Sen. Sifuna: Mr. Deputy Speaker, Sir, allow me to raise questions to the Cabinet Secretary over a matter that was raised regarding his docket recently, for him to just provide some clarity to this House.

The Kenya National Commission on Human Rights (KNCHR) released a report recently on the Hustler Fund. They found that the Fund was structurally flawed and it was economically unsustainable and politically compromised. They gave specific reasons for reaching that conclusion, including a 68.3 per cent default rate, stating that for every Kshs500 borrowed, Kshs340 is lost. They also established that there is no regulatory or

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

legal framework for the recovery of that money if people refuse to pay and that the Auditor-General could not render an opinion because of unavailability of documentation. Instead of the Ministry giving us their own data, their response was that that report was biased and politically motivated.

Therefore, Mr. Deputy Speaker, Sir, this morning, I would like to ask the Hon. Cabinet Secretary this. *Waziri*, do you have alternative facts? What is the default rate? What is wrong with the figure that was given by the KNCHR of 68.3 per cent? Do you have a different figure? Is it not true that, in fact, for every Kshs500 that is borrowed, Kshs340 is lost?

Mr. Deputy Speaker, Sir, he should shed light maybe from the perspective of the Ministry. Does there exist a legal or regulatory framework for recovery of money that is unpaid and was the Auditor-General able to audit this Fund and render an opinion?

The Deputy Speaker (Sen. Kathuri): Hon. Senators, some of the questions you might ask might not get a direct response. If you look at the Standing Orders, you are supposed to ask a supplementary question that is related to the principal question that was asked to the Ministry. I am a bit lenient to allow such questions. For the other Senators, kindly stick to questions related to the principal question.

Sen. Nderitu John Kinyua, proceed.

Sen. Kinyua: Thank you, Mr. Deputy Speaker, Sir. *Waziri*, I do not know whether you are aware that Afya SACCO is cash-strapped. For example, when a member requests for a loan of Kshs1 million, they are told that they cannot get a lump sum, but instead they will be given Kshs30,000 per visit. That means they will have to go to Afya SACCO for more than 30 times for them to get Kshs1 million.

Since you have said you are going to inject about Kshs500 million to Moi University Savings and Credit Cooperative Society (MUSCO), do you have any intention of also injecting money to Afya SACCO?

The Deputy Speaker (Sen. Kathuri): Just a minute, Cabinet Secretary. Sen. Catherine Mumma, proceed.

Sen. Mumma: Thank you, Mr. Deputy Speaker, Sir, for the opportunity to ask a question and welcome Cabinet Secretary Wycliffe Oparanya.

Cabinet Secretary, in your response, you indicated that one of the recommendations given is that the Government should inject Kshs500 million into MUSCO. As you are aware, contributions to SACCOs are actually by SACCO members. When SACCOs collapse, as many of them are doing, should the Government not be focusing on a stronger regulatory framework? Should we not be putting in place mechanisms to penalise and hold people personally responsible for losses of money instead of taking taxpayers' monies to inject in SACCOs?

Are you going to inject similar amounts into the Kenya Union of Savings and Credit Co-operatives (KUSCO), which has lost billions of members' money? Is that a viable route of getting SACCOs to work or is it another loss of public money that should otherwise go elsewhere? Should the employers or managers in SACCOs not go to jail and be held personally accountable for the responsibility of the monies?

The Deputy Speaker (Sen. Kathuri): At least, yours is related to the subject matter. Congratulations.

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

Hon. Cabinet Secretary, you can now respond to the three.

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development (Hon. Wycliffe Oparanya): Mr. Deputy Speaker, Sir, let me address the first issue raised by Sen. Sifuna which is quite a different question.

I plead with the House to allow me come next Wednesday and give a comprehensive report on the operations of Hustler Fund because I think it has been misunderstood. Within that response that I will issue on Wednesday, I will address each of the questions that Sen. Sifuna has raised.

The Deputy Speaker (Sen. Kathuri): Fair enough. However, the Senate Management will inform you of the right time to appear.

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development (Hon. Wycliffe Oparanya): I will be happy to receive that correspondence and deal with it comprehensively.

Secondly, on the issue of Afya SACCO, I am aware that it has been having liquidity problems. As I mentioned here, some of these liquidity problems are occasioned by county governments because most of members of Afya SACCO are devolved medical staff.

Several county governments have deducted members' dues amounting to millions of shillings, but have not remitted them. This has created liquidity problems for the SACCOs. That is what is affecting MUSCO, Afya SACCO and others. As I have said, this issue is clearly addressed in the Cooperatives Bill that is before you.

Hon. Members, I am happy that you have now noted how serious this matter is. When it comes to considering it, I request that you address the issue squarely in the law, so that serious action is taken against institutions that deduct money from SACCO members and do not remit it but divert the funds.

On the issue raised by Sen. Mumma, Kshs500 million is not an injection that the Government is going to do. It is a mere recommendation. As a Government, I would not go that route of injecting money in SACCOs that collapse due to limited resources.

What is critical is that we strengthen the supervisory authority which is the Sacco Societies Regulatory Authority (SASRA). Unfortunately, SASRA has been underfunded and therefore it has no capacity to sometimes carry out regular supervision. We want this particular sector to be self-regulating and self-sustainable.

Our proposal is that the levy collected from SACCOs for supervision purposes should be kept by SASRA. This is one of the amendments we are proposing within the SACCO Societies Act because the money is collected by SASRA and forwarded to the National Treasury. The National Treasury then takes time to return back the same money, yet it is a levy and not a tax. The issue is being addressed by the Cabinet Secretary in charge of the National Treasury and Economic Planning.

We want to strengthen SASRA, which is the regulatory authority. The Central Bank of Kenya (CBK) supervises commercial banks while SASRA supervises the SACCOs. However, SASRA has no capacity as the CBK because of funding. I have told you where funding is supposed to come from to improve that supervisory authority.

I do not want to comment much on the issue of KUSCO because the officers involved in the irregularities at KUSCO are already before court and the court is dealing

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

with that matter. We already have an investigation report and the people they think are culpable have already been arraigned before court. Let us wait for the outcome as the matter is now a court process.

Mr. Deputy Speaker, Sir, as I finish, I request this House that when you will be dealing with the issues in the Cooperatives Bill, 2024, please address the issue of governance within the cooperatives movement, supervision and deduction of members' dues. These are three areas that have weakened the SACCO movement. If we seal the loopholes, I am certain that we shall have very strong SACCOs in this country.

I thank you.

The Deputy Speaker (Sen. Kathuri): Sen. Wambua Enoch, proceed. We are taking another round of three questions.

Sen. Wambua: Mr. Deputy Speaker, Sir, every time you mention Moi University, I have more than a passing interest. I am a former student there and Sen. (Prof.) Kamar was my teacher. When the Senator says that she is satisfied with the response from the Cabinet Secretary, I get a bit worried because from where I sit, that response is based on misleading information.

On the admission of the Cabinet Secretary, he did not know that an appeal had been lodged on the matter of MUSCO. On the basis of that information, he has crafted a recovery path for the SACCO. Now that he knows otherwise, is that recovery path still relevant?

I have heard him say that some of the things that he wants to do is a proposal to put some money and liquidate SACCO assets. If there is an existing appeal, would that recovery path still remain as is?

Lastly, Mr. Deputy Speaker, Sir, now that I have the Floor and he has committed that one day he is going to come here and speak to us about the Hustler Fund, it may turn out that what he knew about the Fund before he became the Cabinet Secretary is the truth, and perhaps what he knows now could also be misleading. We will wait to hear from him.

The Deputy Speaker (Sen. Kathuri): Sen. Enoch Wambua, you cannot preempt the report that will be brought to this House by the Cabinet Secretary. You wait for the report and then you can criticise it.

Sen. Mungatana Danson, you may proceed.

Sen. Mungatana MGH: Thank you, Mr. Deputy Speaker, Sir. I am so happy to hear that there are plans to revive MUSCO. Two of my brothers, who are very prominent members; one outside and one in Kenya began their academic journeys in Moi University. There is more than passing interest in MUSCO. So, I am glad to hear that at least there are plans for revival, because the losses are massive.

Just two quick clarifications from the Cabinet Secretary. First, how much money is involved, because he has been talking, but he has not mentioned or referred to any figures that the liquidator is handling? Also, this liquidation of MUSCO did not happen overnight. There must have been a process of bad performance that was reported to the Ministry.

So can the Cabinet Secretary tell us, in terms of future or protecting other cooperatives from going down that path, what steps is he taking to ensure that this does

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

not happen to other cooperatives? Is there a process or a method of checking what is happening and actions being taken, so that we do not have the cooperative movement going down the drain?

I thank you, Mr. Deputy Speaker, Sir.

The Deputy Speaker (Sen. Kathuri): Sen. Munyi Mundigi, you have the Floor.

Sen. Munyi Mundigi: Asante, Bw. Naibu Spika. Swali langu kwa Waziri ni hili. Umejaribu kulainisha mambo ya vyama vya ushirika. Wakati huu sio kama zamani. Hata hivyo mambo ya ukulima haswa upande wa *livestock* kuna shida. Katika Mt. Kenya, haswa maeneo ya Embu, Tharaka Nithi na Meru, baada ya Serikali ya Kenya Kwanza, kuanza kazi, ilisema maziwa yatauzwa kwa shilingi 50 kwa lita lakini kwa sasa bei ya maziwa ni Shilingi 45.

Shida iliyoko ni kuwa mkulima anaumia kwa sababu bei ya chakula ya ng'ombe, dawa na kila kitu iko juu. Je, utaweza kusaidia namna gani kwa sababu kuna directive kuwa maziwa isirudi chini ya Shilingi 50?

Bw. Naibu Spika, sio Mt. Kenya tu. Sisi katika Kamati ya *Agriculture, Livestock and Fisheries* tulizuru Kaunti ya Bungoma. Jambo la ajabu ni kwamba lita moja ya maziwa ni Shilingi 34. Bw. Waziri, utaweza kusaidia mkulima namna gani kwa sababu siku hizi hakuna kazi na watu wengi wamerudi mashambani kulima? Hakuna mashamba ya kulima na watu wamerudi kufuga ng'ombe wa maziwa?

Asante, Bw. Naibu Spika.

The Deputy Speaker (Sen. Kathuri): Lastly but not least, Sen. Chute, you may proceed.

Sen. Chute: Thank you, Mr. Deputy Speaker, Sir. Let me thank the Cabinet Secretary for being with us here today and the many services he has given to this country.

I wanted to know from the Cabinet Secretary how will SASRA continue to oversight other SACCOs considering its role in the multimillion losses of KUSCO? Is there any insurance or guarantee from the Government if the money is lost?

Thank you very much, Mr. Deputy Speaker, Sir.

The Deputy Speaker (Sen. Kathuri): Hon. Cabinet Secretary, you can answer those questions. I think that is the last set of questions from the Members this morning.

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development: (Hon. Wycliffe Oparanya): On the question from Sen. Mungatana, who is my best friend, I have already tabled a very detailed report. This detailed report will show you the weaknesses in each of the areas.

The Deputy Speaker (Sen. Kathuri): Sen. Mungatana, when I was in school, I was told by my teacher, when you ask a question, you listen; you become attentive and listen. So, Sen. Gataya, stop misleading.

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development: (Hon. Wycliffe Oparanya): Hon. Sen. Mungatana, while you were not listening, I said that you are my good friend and so, I wanted to answer you. First of all, there was this issue of appeal.

I have admitted that I have not looked at the appeal and even if the Cabinet Secretary never acted on the appeal, there is a provision that if the Cabinet Secretary does not act on the appeal, you have an alternative of going to the High Court to pursue the

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

matter. So, this is another open avenue that whoever was appealing to the Cabinet Secretary would have proceeded to the High Court if there was no response from the Cabinet Secretary.

I have never received any correspondence from the High Court that the issue is being addressed there. However, I have admitted that maybe it was an oversight if the appeal was received by the Cabinet Secretary and it was not addressed.

Secondly, on the issue of Sen. Mungatana, I have clearly pointed out that I have submitted a report that was presented to me by the Task Force. The report addresses quite a number of areas. I will plead with you that if you read the report, you can now assess yourself how much money was misappropriated. However, as I have said, the confirming of the money misappropriated, that is the responsibility of another agency. I have said clearly that this is an issue that we are going to refer to the DCI to take the appropriate action.

On the issue of protecting others, how do we do it? I have clearly said here that we have the Cooperative Bill 2024 before you and within that, the government has made quite a number of provisions that will make sure that the supervisory of SACCOs is strengthened.

One of the recommendations is to strengthen SASRA. SASRA is underfunded. If an institution is underfunded, it may not be able to carry out its responsibilities. So, it will be up to this House to help the Ministry to make sure that SASRA is appropriately funded so that it is able to carry out its responsibility.

Na kwa sababu waliweka bei ya Shilingi 50, mashirika ya kibinafsi ili yaweze kuendelea kufanya biashara pia walipandisha bei yao kutoka shilingi 34 hadi Shilingi 50. Kwa hivyo, Serikali tayari imesaidia wakulima waliokuwa wanalipwa bei ya Shilingi 34 kwa lita moja ya maziwa. Sasa hivi wanalipwa Shilingi 50. Hapo Serikali imefanya kazi ya kupandisha hiyo bei.

(Sen. Munyi Mundigi spoke off record)

The Deputy Speaker (Sen. Kathuri): Wacha Waziri amalize, halafu utaendelea.

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises Development (Hon. Wycliffe Oparanya): Nataka nimjulisha Mheshimiwa ya kwamba bei ya Shilingi 50 inaenda kwa ushirika. Kuna gharama ya kusafirisha maziwa hadi kiwandani. Kwa hivyo, mkulima anapata Shilingi 45 kwa sababu zile zingine shilingi tano zinaenda kwa zile gharama. Ndiposa bei ni Shilingi 50, lakini mkulima mwenyewe anapata shilingi 45.

Kuhusu bei ya chakula cha ng'ombe, wakulima wamekuja kwangu wakilalamika kuwa bei ya chakula iko juu sana na Serikali itie maanani kuona ya kwamba bei imerudi chini. Juzi, Rais alitembelea eneo la Meru na Mlima Kenya akapeana kifaa cha kutengeneza chakula cha ng'ombe. Alipeana msaada wa Shilingi 200 milioni kutoka kwa Serikali ili Meru Dairy waweze kutengeneza chakula cha ng'ombe ili kuhakikisha bei ya maziwa inarudi chini.

Serikali iko tayari kusaidia mashirika mengine kuona ya kwamba hii bei ya chakula inarudi chini. Kuna miradi mingine ambayo Serikali inafanya kusaidia wakulima kwa kupeana mbolea kwa bei nafuu ya shilingi 2,500.

On the SACCO Societies Regulatory Authority (SASRA) issue, I have said it here several times that we need to strengthen it. I do not want to repeat myself. However, regarding the guarantee of losses of funds, we are now introducing a Deposit Guarantee Fund through an amendment to the SACCO Act. This amendment is coming before you, Hon. Members. It aims to protect members who are likely to lose their deposits when SACCOs go under receivership.

Thank you.

(Applause)

The Deputy Speaker (Sen. Kathuri): *Waziri*, when you are chairing, you sometimes offer your opinion. You have repeatedly referred to the issue of SASRA's limited capacity. Since you are the Cabinet Secretary responsible for SASRA, what exactly is making it weak and why has it not been addressed? Is it a financial constraint?

Co-operatives are the way forward. Every group we engage with should be encouraged to adopt the co-operative model. However, if SASRA, the regulator is weak, then we have a serious problem. Perhaps you can give us a clear commitment or outline your intentions. What do you plan to do to strengthen SASRA, so that it has real power and teeth?

Waziri, kabla unijibu, Mjumbe wa Embu hajaridika na jibu lako. Yeye ni mfugaji.

Sen. Munyi Mundigi: Bw. Waziri, umejibu vizuri kwa kusema kuna kiwanda kitajengwa Meru cha kutengeneza chakula cha mifugo ili bei irudi chini. Hata Rais alipokuwa Meru alisema *Semen* itakuwa inatoka Shilingi 1,000 ili mkulima afaidike. Rais alitangaza kwamba lita moja ya maziwa itauzwa Shilingi 50. Lakini wakati umekuja hapa Wakenya wote wakikuangalia na kusema inafaa iuzwe Shilingi 45 na kuna mahali shilingi tano itaenda, hapo ndio shida ilitokea. Mkulima kule mashinani hakuelezwa mahali hii shilingi tano inatumika. Hiyo ni kama kupotosha watu wa Kenya.

Tunakuheshimu kwani unafanya kazi nzuri sana. Tunajua utalainisha idara hii. Tafadhali tuwasaidie wafugaji wache kutaabika. Tunataka bei ya chakula irudi chini ndio mkulima auze maziwa yake Shilingi 50 kwa lita kama Rais wa Kenya alivyosema.

Asante, Naibu Spika.

The Deputy Speaker (Sen. Kathuri): Hon. Cabinet Secretary.

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises Development (Hon. Wycliffe Oparanya): Mheshimiwa, Rais alitangaza ya kwamba mkulima atapata Shilingi 50. Jambo hilo lilifanyika karibu mwaka mmoja na nusu uliopita. Nataka nikuhakikishie ya kwamba nitashughulikia jambo hili ili mkulima apate hiyo shilingi 50. Tutatafuta njia kuhakikisha mkulima anapata hiyo Shilingi 50 kwa sababu Rais mwenyewe alisema hivyo. Hakusema Co-operative ichukue Shilingi 50 halafu ikate. Hilo ndilo jambo tunataka tushughulikie na nakubaliana na wewe.

Mr. Deputy Speaker, Sir, concerning SASRA, it is important to note that it functions as a supervisory authority. Our broader vision is for the SACCO sector to

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

become self-regulating. SASRA currently charges a percentage of deposits as a supervisory fee. However, the challenge lies on how this levy is treated. The National Treasury has been categorizing it as a tax. As a result, although SASRA collects the levy, the funds are first transferred to the National Treasury, which then returns a portion to SASRA. This process takes time.

As Hon. Members are aware, a levy in this country is not a tax. It is meant to be retained and utilized by the relevant authority for its designated purpose. SASRA has been collecting approximately Kshs800 million annually to support its supervisory functions, yet the amount it receives back from the National Treasury has never exceeded Kshs500 million. This leaves a shortfall of about Kshs300 million, funds that SASRA has collected, but has not been remitted.

This is a clear administrative bottleneck. We have since engaged with the National Treasury and agreed that going forward, once this money is collected, it must be retained by SASRA and used for its intended purpose. I am optimistic that this arrangement will be implemented within this financial year. This will be a significant step towards strengthening SASRA financially and enabling it to effectively fulfill its responsibility.

Thank you.

The Deputy Speaker (Sen. Kathuri): That is a good response.

Hon. Senators, that is the end of Questions from Members.

Hon. Cabinet Secretary, I thank you and your team for appearing before the Senate this morning. You have satisfactorily answered the questions from the Members of the Senate. You have deferred only one matter on the Hustler Fund. You will come back to this House with the full report. You may now take your leave, as we have concluded our engagement with you.

Thank so much indeed for not shying away from appearing before the Senate.

[The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises Development (Hon. Wycliffe Oparanya) and his delegation were ushered out of the Chamber]

Next, Order, Clerk.

MOTION

APPROVAL OF SEN. JOE NYUTU MP TO SERVE IN
COMMITTEE ON LABOUR AND SOCIAL WELFARE

The Deputy Speaker (Sen. Kathuri): Proceed, Majority Leader.

The Senate Majority Leader (Sen. Cheruiyot): Mr. Deputy Speaker, Sir, I beg to move the following Motion-

THAT, NOTWITHSTANDING, the resolution of the Senate made on 12th February, 2025 on the approval of Senators to serve in various Standing Committees of the Senate, and pursuant to Standing Orders 197, 199 and 228,

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

following nomination by the Senate Business Committee, the Senate approves the nomination of Sen. Joe Nyutu, MP to serve in the Standing Committee on Labour and Social Welfare to replace Sen. Gloria Orwoba.

This is a very straightforward issue. It is just about replacement of a colleague who has ceased being a Senator. It is a matter of public knowledge. Therefore, given that the Committee on Labour and Social Welfare is an extremely important Committee that handles critical matters, we felt as the SBC that it would be unfair to continue with less membership. That is why we are making this request.

I request the Senator for--- I am not sure he knows what--- I want to request ---

(Hon. Senators consulted off record)

The Deputy Speaker (Sen. Kathuri): Why are you being distracted by---

The Senate Majority Leader (Sen. Cheruiyot): Yes, I am being distracted.

The Deputy Speaker (Sen. Kathuri): You are falling prey.

The Senate Majority Leader (Sen. Cheruiyot): Allow me to request the Senator for Laikipia, Sen. Kinyua, to second, because at least, he has been in the House and he knows what is happening.

Sen. Kinyua: Mhe. Naibu Spika, ninaunga mkono Hoja hii kwa sababu Kamati lazima iwe na watu ambao wanawajibika na wenye uwezo wa kujadili masuala kwa undani. Hii ni kwa sababu Kamati hii haswa ni ya wafanyikazi.

Nashukuru na ninaunga mkono.

The Deputy Speaker (Sen. Kathuri): Serjeant-at-Arms, you can make access to this other side of the House.

(Question proposed)

I can see some Members want to speak to this Motion.

Sen. Methu, is that the mood of the House?

Hon. Senators: Yes.

The Deputy Speaker (Sen. Kathuri): Yes. Let us first confirm that we have quorum, in two minutes. However, the Mover can reply.

The Senate Majority Leader (Sen. Cheruiyot): Mr. Deputy Speaker, Sir, I thank you for the opportunity to reply.

On the addition of Sen. Joe Nyutu to this Committee, because of reasons that are well known to the House, we need people who can serve in committees and provide guidance. This is not a very complicated matter, and given that we have sufficient quorum required to transact this business, I beg to reply.

(Several Senators spoke off record)

Sen. Methu: I am a good man, occasionally.

The Deputy Speaker (Sen. Kathuri): Sen. Methu, you have done a commendable job. You are working on behalf of Sen.(Dr.) Boni Khalwale. I think you should get that promotion.

Sen. Methu: Sen. Boni is my cousin.

The Deputy Speaker (Sen. Kathuri): I will put the question.

(Question put and agreed to)

Next Order.

MOTION

ADOPTION OF REPORT ON THE INSPECTION TOUR OF HEALTH FACILITIES IN WEST POKOT, TRANS NZOIA AND TURKANA COUNTIES

THAT, the Senate adopts the Report of the Standing Committee on Health on the inspection tour of health facilities in West Pokot, Trans Nzoia and Turkana Counties, laid on the Table of the Senate on Thursday, 5th December, 2024.

(Sen. Mariam Omar on 05.08.2025)

(Resumption of debate interrupted on 05.08.2025)

The Temporary Speaker (Sen. Mumma): Sen. Mariam, you have a balance of 54 minutes.

You may proceed.

Sen. Mariam Omar: Thank you, Madam Speaker. Yesterday, I was moving the Report of the Standing Committee on Health on inspection tour of the health facilities in West Pokot, Trans Nzoia and Turkana counties. During the visit, the Committee observed the need for cooperation to ensure effective functioning of devolved health functions, and to strengthen oversight over utilisation of resources allocated to the counties for health purposes.

There is need to strengthen the oversight role of the county assembly at the local level to improve the accountability and the service delivery. For example, conducting regular inspection visits in the county health facilities. So far, we have visited 18 counties. Also, we have proactive scrutiny of the county procurement process, in particular, related to the procurement of drugs and medical supplies.

The Committee further observed that the counties have started capital-intensive health projects, whose construction has since stalled. Operationalisation was yet to be realised. Further, there is need to ensure that the primary healthcare facilities, for example, dispensaries, which have been established during the early years of devolution, were made operational.

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

In Trans Nzoia County, for instance, the first stalled project is estimated to be valued at Kshs2.5 billion. Notably, the Kshs1.6 billion Trans Nzoia Teaching and Referral Hospital has remained incomplete despite 98 per cent of the contract sum already paid. This hospital was intended to provide specialised medical services, but as at the time of preparing this report, it was far behind schedule, hence casting doubt on its completion.

The Committee noted that most health facilities did not have the requisite number of healthcare personnel working in critical departments such as maternity, emergency and specialised care units and that various departments in hospitals were faced with high workload and staff shortage. Health facilities faced understaffing and lack of qualified personnel to operate a new infrastructure. Further delay in operationalisation is expected even when construction is complete.

Staff shortage was exhibited by retirement, resignations, death and non-implementation of approved staffing establishment by the county governments, leading to demotivation and poor service delivery. The Committee also observed that lack of three-phase electricity meant that the county was unable to utilise specialized equipment such as CT Scan machines and Mission for Essential Drugs and Supplies (MEDS) equipment. More broadly, many healthcare facilities in Kenya lack reliable and sufficient electricity to support some modern medical apparatus.

It is estimated that approximately 26 per cent of health facilities nationally lack electricity. There is, therefore, a need for counties to prioritise procurement and installation of necessary electrical components like transformers and step-down switches, to enable use of specialised equipment. The Committee further notes the need for counties to address the low morale among community health workers, arising from failure to pay stipends in a timely manner.

The Committee also found that poor security measures in most of the facilities observed, including incomplete fencing and lack of CCTV surveillance system, pose security risks to patients, health workers and valuable medical equipment. Therefore, there is need to improve security measures in county health facilities. The issue of security ends up in some patients losing their lives.

In the light of the above further noted cross-cutting challenges, the Committee recommended that Trans Nzoia, Turkana and West Pokot counties should ensure proper security measures and enhance accountability of own-source revenue. All the revenue collected pointed that all public facilities should automate and further ensure operationalisation of facilities improvements legislation.

The Committee further notes that in collaboration with the respective County Public Service Boards (CPSBs), there should be regular recruitment of health workers and promotion in equal measure to enhance continued supply of the workforce and boost the workers' morale.

Respectively, counties should pursue avenues to actualise employment of health workers from contract to internship terms, so as to temporarily cure huge staffing gaps. County assemblies and county executives should be disarmed from reallocating funds meant for healthcare, particularly with regard to funds for development, so as to ensure continuity of the projects to completion.

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

The Committee wishes to extend its appreciation to Trans Nzoia, Turkana and West Pokot counties and respective County Executive Committee Members (CECMs) for their input, submissions and evidence produced during the oversight tour. Further, the Committee extends its appreciation to the Speakers of the three county assemblies and Members of the County Assemblies (MCAs) for their facilitation and participation.

The Committee is also grateful to members of staff and other stakeholders in the healthcare facilities visited during the tour for their submissions which have greatly enhanced the evidence that was analysed during the process of this report.

Finally, I appreciate Members of the Committee for their dedication and commitment during gathering of the evidence, drafting of this report and setting out the conclusion and recommendations. Further, appreciation goes to the Office of the Speaker of the Senate and the Office of the Clerk of the Senate for the continuous support to the Committee during execution of its mandate.

Madam Temporary Speaker, it is now my pleasant duty and privilege to present this report of the Standing Committee on Health for consideration and approval by the House. Pursuant to Standing Order No.223(6), I call upon Sen. Cherarkey to second.

I thank you.

The Temporary Speaker (Sen. Mumma): Sen. Cherarkey, please proceed.

Sen. Cherarkey: Thank you, Madam Temporary Speaker, for this opportunity. I thank Sen. Sheikh Omar, the Vice-Chairperson of the Committee on Health for ably moving the Motion. She has been overworking. I remember the last time she exited the scene, we were in the same place, same setting and same actors. I was just remembering how it was coincidental. I thank Sen. Sheikh Omar, the Vice-Chairperson, and Members of the Committee on Health for the good job done.

Just to repeat what I said yesterday, we need to continually encourage our Committees and the Senate to engage. Let us go and do stock taking. I am saying this because I am aware that next week, we will have the Devolution Conference in Homa Bay, the county of endless potential, to take stock of devolution from 2013.

I often say, and I want to repeat, that the true test of devolution will only be measured by the success of the health sector because health touches each and every Kenyan. Whether you come from Mombasa, Migori, Nandi, Nairobi, Mandera, Elgeyo-Marakwet or Tana River, it touches you. The success story of devolution will be based majorly on the health sector. I encourage the Committee on Health to move around the counties. Let them give us true facts.

During county visits, I have noted a specific trend that is a common denominator in all counties, specifically on functionality, infrastructure, staffing or human resource, ICT or use of technology in the health sector and also challenges that are almost common.

Following the working visits to Trans Nzoia, West Pokot and Turkana counties, yesterday we discussed about Kwale, Mombasa and Taita-Taveta. Trans Nzoia counties experiences similar issues. What I have noticed in most counties is the issue of expiry of drugs, especially in our health facilities. That also happens in county referral hospitals. Even in Nandi, we have challenges of expired drugs. I do not know what people in charge of health departments, Kenya Medical Supplies Authority (KEMSA) and other state

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

actors are doing to ensure that we do not supply expired drugs. I do not know what the Evaluation and Monitoring Unit (EMU) is doing to address the issue of expired drugs in our counties.

Madam Temporary Speaker, look at Kitale County Referral Hospital. I am happy that the County Assembly and the area Senator were there. I saw we have the issue of expired drugs and we must take a position. It cannot be that Kenyans come to get medication, but they become worse because they get administered with fake and expired drugs. I call upon the Ministry of Health, KEMSA and other actors to ensure that the drugs being dispensed in our facilities are not expired.

I visited Kapsabet County Referral Hospital and found expired drugs there. Even in Malava Sub-County Hospital, Chepterwai in Nyayo Ward at Mosop Sub-County, Nandi Hills Sub-County Hospital and Mosoriot Sub-County Hospital, you will get expired drugs. In fact, I went to Mosoriot and it was interesting because they hid them behind the kitchen, so that no one could notice. Why not incinerate or dispose of the expired drugs? What we see in Kitale County Referral Hospital and most health facilities in Trans Nzoia is the issue of expired drugs, which is common in all counties.

There is also the issue of poor security measures. We heard a story in Kapsabet County Referral Hospital, where a new-born baby was lost and that matter is being investigated by the Directorate of Criminal Investigations (DCI) in Kapsabet. It shows that there is lack of security. We saw in KNH that a patient was killed and he was not the first, but the second. I am happy that Cabinet Secretary, hon. Duale, has indicated that KNH should have 24-hour surveillance CCTV.

When you go to Trans Nzoia, West Pokot and Turkana hospitals, there is lack of security. Therefore, CCTV surveillance must be encouraged, so that we do not see what happened in KNH. I remember there was another lady who lost their child out of medical negligence. I hope that the necessary state actors can look into that. The surveillance systems in our hospitals must be improved.

Madam Temporary Speaker, it is unfortunate that we are discussing the issue of ambulances. For example, in Trans Nzoia County, they lack ambulances, but the Governor is busy doing oversight on the national Government and he cannot even buy an ambulance. I saw him questioning where the money that was given to Harambee Stars came from. If he cannot purchase an ambulance, he does not have the *locus standi* to discuss national issues. This county has a going concern on the issue of ambulance, CCTV and surveillance.

At the Kitale County Referral Hospital, the theatre is dilapidated and the only thing the Governor has done is upgrade Kijana Wamalwa's Hospital, instead of visiting the one in Kitale which is in a pathetic situation. I would like to thank the great people of Trans Nzoia and by extension, the Mulembe nation because they are doing a good job.

What better can Kitale County Referral Hospital have than a functional maternity? The Mulembe nation is giving birth at a good rate and the northern part of Kenya is also trying, but they are not at par. The maternity ward is doing good and needs to be improved. There is an average of 650 deliveries annually. I do not want to appear like I am playing politics, but if you cannot fix the maternity wing and the men and women of this country and Trans Nzoia are doing a good job---

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

The reason the United States of America and China are doing well is because of their population. You cannot sell in markets when you do not have people. I do not know why the Senator for Tharaka Nithi, Gataya Mwenda, is laughing, but he should borrow lessons from the men of Trans Nzoia and the Mulembe nation on how to execute some of these duties.

Madam Temporary Speaker, we challenge the Governor of Trans Nzoia that instead of singing “Tawe” everywhere, he should fix the maternity wing in Kitale County Referral Hospital and stop disturbing the Party Leader of Democratic Action Party of Kenya (DAP-K), Hon. Eugene Wamalwa.

On the issue of laboratories, pharmacies and security, there were challenges. Tied with the maternity, there is a paediatric wing. It is good we have visitors in the Gallery as most of them are young and some of them still visit paediatricians. We want when children are given birth to, under Article 53 – child-based interests – they are taken to a paediatric and receive good medical care. They will then grow into bouncing baby boys and girls.

Where I come from, in August, there are a lot of ceremonies around, especially, weddings and pre-weddings. I do not know whether Malinya will have the bullfighting events. We want that when consummation happens, they get a good paediatric wing, especially in Kitale County Referral Hospital.

As we go for those ceremonies, I have never understood why the caterers put rice and the water melon on the same plate. They should be given notice as we go for ceremonies in August. The people who do balancing should avoid that.

Madam Temporary Speaker, I am happy that the Chairman of the Committee on Roads and Transportation because we are doing well on SHA and 25 million Kenyans have registered. I can still see liabilities and I appeal that the liabilities of NHIF be sorted out. When these number of Kenyans have registered, out of 55 million Kenyans as per the Kenya National Bureau of Statistics, 2019, almost a half of Kenyans are now in SHA. This means that Kenyans have faith and confidence in the working of SHA, unlike the people who have been castigating that.

I had an engagement with the World Health Organization (WHO) representatives and they told me that universal health coverage has taken root in Kenya, from Africa. The fact that Kenyans are now registering in numbers to be part and process of SHA, is a significant step to the universal health coverage. I am also happy that the Government has started *malipo pole*, so that Kenyans do not have to pay once for the whole year, which is a good step in accessing medical care in this Republic.

I am happy that Hon. Duale has stabilized the health sector and will ensure that all the liabilities are sorted. Even on the issue of KEMSA debt, which we were told is above Kshs3 billion owed by counties, I appeal to the Trans Nzoia County Government to pay KEMSA the debt of Kshs106 million. We saw that in Mombasa, Nandi and other counties. On the issue of ambulances, we need to conclude.

I will now make a few comments on West Pokot and Turkana counties. The challenge in Kitale County Referral Hospital and other health facilities in Trans-Nzoia County must be handled properly. I would like to challenge the Trans-Nzoia County Executive, led by the Governor, that the health sector in Kitale and across Trans-Nzoia is

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

deplorable and dilapidated. The Governor should go slow on national politics and focus majorly on what the people of Trans-Nzoia County elected him for, and ensure that he delivers, especially on the health sector, because that is the cornerstone. He should stop disturbing Eugene Wamalwa of the Democratic Action Party Kenya (DAP-K).

Madam Temporary Speaker, in reference to West Pokot County, there is a Kenya Medical Training College and 175 operational health facilities. The issue here is human resource, which is common, insufficient funding and lack of existing oxygen plant. The Governor of West Pokot, Kachapin, should ensure that there is a functional oxygen plant for access to oxygen supplement in these facilities in the county.

Madam Temporary Speaker, asbestos roofs have been banned in Kenya because allegedly they cause cancer. I do not know why they have not been removed. Do they need the Senate Committee on Health to direct this? The Governor of West Pokot should handle these mundane issues. They should not be escalated to the Senate.

We have Kapenguria County Referral Hospital, whose issue is expiry of drugs and demoralized staff who, apart from salary, they are not given extraneous allowances. I know some of the guests in the Public Gallery, would want to grow up to be doctors. They need to work in a clean, hygienic environment.

As even the Union of Doctors and Nurses and Health Practitioners pursue better pay, they should ensure that in the work stations there should be gloves, and Personal Protective Equipment (PPE). Most of us knew these things during COVID-19 Pandemic.

Early this year, we visited Kapsabet County Referral Hospital, and was shocked when some of the health workers in the hospital were telling us when patients come, they have to send them purchase gloves to be attended to. Apart from purchasing gloves, they have to purchase drugs and other liquids that normally are being given to patients. They even have to buy blankets. There is a reason why the blankets that we use at home and what is being used in hospitals are different. I was shocked.

I agree with those doctors, health practitioners and nurses in Nandi County, because how can you risk your life to attend to patients without gloves and masks? You could get infected. You remember the story of Dr. Chacha of Kenyatta National Hospital, where, when he became sick, he could not even get medical attention in Kenyatta National Hospital, yet he was a doctor in the facility.

We see similar situations in Kapsabet County Referral Hospital and Kapenguria. I would like to call out the West Pokot Governor and the entire Executive. How can they fail to provide privacy? They do not have curtains and bed screens yet curtains are being sold in Eastleigh. Do they need the Senate to direct them to give privacy to patients? This is unfortunate. Curtains and bed screens are things that the county should procure. So, it is unfortunate if the Governor and the County Executive of West Pokot cannot give privacy to patients by purchasing curtains.

On the issue of maternity, I am happy to note that the great people of West Pokot are doing good well in terms of birth rate. However, we need to ensure that both antenatal and postnatal care are given to our mothers and children, including paediatrician cover.

On the issue of pharmacy, there is the concern of expired drugs. The Committee should pronounce itself on this. It should be a criminal offense to dispense expired drugs

to any Kenyan. We should agree on that, in the 197 referral hospitals and dispensaries in West Pokot.

Madam Temporary Speaker, finally on Turkana County, they visited Kang'etei Primary Health Care Camp. I was disappointed about the issue of caesarean section (CS), given to our mothers who are giving birth. No Kenyan mother or woman should lose her life while giving birth. It is very unfortunate. Even in Nandi County, we are losing most of our women courtesy of giving birth because of delayed CSs and delayed access to assistance during delivery.

If a mother wants to give birth in Turkana County, they have to travel 35 kilometres to Lodwar Referral Hospital for Caesarean Section (CS) and ultrasound, in this day and age. The recommendation under the World Health Organization is, we should have a dispensary approximately every four kilometres radius. It is very unfortunate that we lose our mothers while they are giving life because of negligence.

Madam Temporary Speaker, another factor that I have noted is we have lost lives due to medical negligence. I would like to request the Chairperson and Members of the Senate Committee on Health to give us a breakdown of how many Kenyans have been lost through medical negligence and the number of cases being handled by Kenyan Medical and Practitioners, Dentist Council (KMPDC).

I thank President William Ruto because in all these visits, the biggest support has been to the Community Health Promoters (CHPs). The only challenge we have with CHPs is the payment of their stipend. I urge the Ministry of Health and our county governments through the Council of Governors to fast track the issue of stipends of Community Health Promoters who are working in our homes. When you look at the report, millions of Kenyan homes have been visited by CHPs who have ensured that at least you receive treatment.

Madam Temporary Speaker, there are Kenyans who are on palliative and homecare. Therefore, with the advent of Community Health Promoters, this was the genius masterstroke by His Excellency President William Ruto's government to ensure access to medical care is not a privilege.

I would like to support the Motion that has been sponsored by Nominated Member of Parliament, Sabina Chege; that all of us should be treated in our public health hospitals. The fact that a number of us are being treated in high-end private hospitals undermines the oversight. You can imagine if Sen. Faki is being treated at the Coast General Teaching and Referral Hospital. The confidence and faith, and even the seriousness---

(Sen. Faki spoke off record)

Okay, thank you. He says that he normally goes there. That confidence of Sen. Faki being treated at the Coast General Hospital is the confidence that all public servants should have. I dream of the day that a number of us will go to Kenyatta National Hospital. I have used it once or twice. The millions and millions we pay in medical insurance cover should be given to public health facilities, so that they can grow and give the best medical care. I am informed that an unnamed governor or a number of senior

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

officials are traveling to seek further medical care in India and the United States of America (USA). We are demoralizing our young men and women who are health practitioners.

Madam Temporary Speaker, with those remarks, I beg to second this Motion, and I thank you.

(Question proposed)

The Temporary Speaker (Sen. Mumma): Sen. Abass, you may proceed.

Sen. Abass: Thank you, Madam Temporary Speaker. I wish to contribute to this report. I would like to thank and applaud the Senate Standing Committee on Health, led by the able Senator and former Governor, Sen. Mandago. I have accompanied this Committee once to my county and I have seen the thorough work that has been done. I want to appreciate that.

As a devolved function, since the inception of devolution, the health sector has seen a great improvement in terms of development, facilities, and personnel, despite having many challenges.

There is improved service delivery. The likes of KEMSA now are delivering drugs to the last mile. At every part of the country, KEMSA is supposed to deliver drugs. However, we need to decentralise drugs delivery, especially for KEMSA, to be at the regional level. Then, from the regional level, they should have a supply chain where warehouses can distribute drugs in time.

In my county, I must say that I have seen great improvement in terms of drugs delivery. I have seen that Wajir County used to have one or two doctors in the past. Today, I must say that we have 62 doctors, of whom 19 are specialist surgeons. This is a wonderful improvement. I believe with the continuity of the Social Health Authority (SHA) and other facilities provided by the national Government, we will be able to improve the health facilities in this county so much.

The budgetary allocations for the health sector is still insufficient because the larger population is in the counties. Of course, 85 per cent of the money is left in the national Government's coffers. We want to know why all this money has been left in the national Government, especially in the headquarters, when they are only managing very few Level 6 Hospitals.

We need to review funds that are going to health facilities in the counties. We need to have a special fund. Currently, most of the facilities depend on the money coming from donors, especially the Danida, World Bank, which are chipping in to support our health facility programme in the counties, while we are maintaining a large amount of money at the national level. As the Senate, we need to revisit the budgeting of health facilities.

In terms of specialists, health services and even training, I now think almost every county is struggling hard to have its facilities for training, especially in KMTCs. Many facilities are now being opened up through the support of the funds for the health facilities that are being built. We are getting more nurses and more students at the health

facilities that can at least help to fill the gap that we are experiencing in the hospitals, especially in the counties and sub-counties.

I am impressed that today we have specialists in every sub-county in Wajir County. Most of the time, we do not need to drive very far to get services or deliveries to health centres and health facilities that are far from the main hospitals.

We have already seen many counties that came up with a facility like a Level 5 Hospital. Like in my place, there is a big construction project that is coming up now. Hopefully, it is going to be completed, but the Level 5 Hospital is almost done. We have already seen some improvements through the support of other donors and that will be a big, big improvement if that facility is completed.

Having said all that, we still have a lot of challenges in the hospitals. The bed capacities are very few, but there are a lot of challenges. Most of the staff like the doctors and other specialists who have been transferred from national Governments are demoralized.

In terms of payment, it is not well taken care of. There is a bit of a problem in allocation and there is no order in promotions and allowances. Therefore, further studies are a big challenge. Some of the doctors left their schools a long time ago, and they want to continue with their studies but the funds are not available. Therefore, some of the doctors prefer to stay around Nairobi, where they can go to classes at their convenience and they run away from the rural areas, especially from my place. Therefore, we need to have a programme that can support the medical doctors who went to school long time ago, so they can refresh and get specialised.

In terms of promotions, there is lack of consideration of experience and qualifications. Most of the hospitals have been run by junior officers because of such a kind of favouritism and that should not be the case. We must follow the ethical requirements that require systems like the Public Service Commission to do so that counties can also have a system that considers issues like qualifications, experience and all these things. What is happening currently is that appointments have been done haphazardly and through favouritism, and all these things should be stopped.

Moreover, there is a lot of pilferage in the revenue collections. A lot of money is being collected, especially since the rollout of the SHA. With the formation of the new SHA programme, I am seeing a lot of money being collected at the various levels of the facilities, but there is a lot of accountability issues. We need to at least do a proper scrutiny and proper accountability so that the money that is being paid by the public can be taken care of.

As the report has said, security is a very crucial thing and is very important for this country. We also have essential drugs being kept in certain facilities where patients are. If security is not enhanced, then we need to improve security. The hospital should even have its security enforcement officers, so that, at least, we can minimise the theft of drugs and ensure the security of the patients.

What happened at the Kenyatta National Hospital is so hurtful. You take your person, who is sick, to the hospital and the next day the person dead. This is a very unfortunate situation. I think there is a laxity on the side of security in the hospitals.

Therefore, this needs to be enhanced so that we can avoid this kind of thing from happening again.

Madam Temporary Speaker, another problem that we have is the support facilities, like emergencies, which are limited. We need to improve ambulance services. Like in my place, we have very few ambulances and because of the poor condition of the roads, it is not easy to get a vehicle in time. So, it is difficult to move patients who need emergency attention to different parts of the country.

The Committee has requested to have frequent visits to the counties, so that at least we can see how things are moving. We should have a proper oversight so that the functions of the counties can be enhanced.

Therefore, this House must take that responsibility and visit counties. All the committees should now be visiting counties instead of staying in Nairobi, so they can see what is happening in the countryside and ensure that the public gets services.

With those many remarks, I want to support the report.

I thank you.

The Temporary Speaker (Sen. Mumma): Sen. Faki. You may proceed.

Sen. Faki: Asante, Bi. Spika wa Muda, kwa kunipa fursa hii kuchangia Ripoti ya Kamati ya Afya kutokana na ziara zao katika Kaunti ya Trans Nzoia, Pokot na Turkana. Ni wazi kuwa Kamati imefanya jambo kubwa kuzuru kaunti hizi kuangalia hali ya taasisi za afya. Ikumbukwe kwamba afya ni mojawapo ya huduma zilizogatuliwa. Hapo awali kulikuwa na manung'uniko kwamba kaunti zetu hazitoi huduma zinazostahili na hivyo basi wanataka huduma hizi zirudi kwa Serikali Kuu.

Ripoti hii imeangazia mambo kadhaa na nitazungumzia mambo sita ambayo ni muhimu. Kwanza, ipo haja ya kutia nguvu mabunge yetu ya kaunti. Mara nyingi, mabunge yetu ya kaunti yana upungufu kutokana na fedha ambazo wanapewa. Hivyo, basi, hawawezi kufanya uangalizi yaani, "oversight", inavyohitajika. Kwa mfano, kamati zao hazina pesa za kutosha kwani wanapewa pesa kidogo kuliko sheria inavyosema. Kwa mfano, kwa bajeti ya mwaka wa 2025/2026, Kaunti ya Mombasa itapata takribani shilingi 450 milioni, lakini kulingana na sheria wanafaa kupata shilingi 1 bilioni ama shilingi 960 milioni kwa sababu pesa zinazogawanywa hazizingatii sheria.

Kanuni za Usimamizi wa Fedha za Umma, 2015, yaani, Public Finance Management Regulations, 2015, Kanuni No.25 (1) inasema kwamba fedha zitakazokwenda katika bunge la kaunti kwa mwaka ni asilimia saba ya mapato yote ya kaunti ile, ama mara mbili ya mishahara ya kaunti ile. Kama sheria hii ingefuatwa kikamilifu, kaunti zetu zingepata fedha za kutosha kuwawezesha kuenda mashinani kuzuru taasisi za hospitali kuhakikisha kazi inafanyika inavyostahili.

Jambo la pili wanasema kuwe na ushirikiano baina ya ofisi za Seneta na Mwakilishi wa bunge la kaunti wa maeneo tofauti. Nikizungumzia Mombasa, mapema mwaka huu nilifanya ziara za ukaguzi katika wadi zetu zote Mombasa. Jambo la kusikitisha ni kwamba Wabunge wengi wa Mombasa walisita kuandamana nami katika ziara zile. Walihofu kwamba iwapo wataonekana nami wataonekana kana kwamba wanapinga Serikali ya Kaunti ya Mombasa.

Hii inaashiria kwamba ukifanya ukaguzi, unampinga gavana ama uko kinyume na serikali ya kaunti. Hii ni nadhari mbovu kwa sababu sisi ndio tunaopitisha ugavi wa

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

hela kuenda kwa kaunti. Vile vile, tuko na jukumu la kuhakikisha kwamba fedha zile zinatumika kwa mambo yanayostahili kutumika. Hatuwezi kuwa tunapiga kelele kutoa michango yetu kuhakikisha pesa zinaenda kwa kaunti halafu zikifika kule, mtu anatumia fedha zile anavyotaka kinyume na sheria.

Bi. Spika wa Muda, kuna haja ya ushirikiano huu kwa sababu Seneta hawezi kuwa katika kila wadi, lakini mbunge wa Mwakilishi wadi katika kaunti atakaposhirikiana na Seneta wake, wataweza kujua ni mambo gani yanayostahiki katika wadi yake na yafuatiliwe. Kwa mfano, nilipozuru Kaunti ya Mombasa, nilipata ushirikiano mkubwa kutoka kwa Mwakilishi wa Wadi ya Changamwe, Mhe. Ogotu; Mwakilishi wa Wadi ya Kadzandani, Mhe. Kushe; Mwakilishi wa wadi ya Mwakirunge, Mhe. Mwinyi na Mwakilishi wa Wadi ya Mikindani, Mhe. Madialo. Tulishauriana na hawa wote kuhakikisha kwamba tunazuru maeneo yanayotolewa huduma kwa wananchi wao.

Masuala ya upungufu wa wafanyakazi ni muhimu sana. Huduma haziwezi kutolewa iwapo hakuna wafanyakazi wa kutosha. Tulipozuru Mombasa, kila taasisi, zahanati ama hospitali tulioenda, kulikuwa na upungufu wa madaktari, wauguzi na wale wanaotoa dawa kwa wagonjwa. Vilevile, kulikuwa na upungufu wa wafanyakazi wanaotoa huduma za usafi katika taasisi zile.

Tatizo kubwa lilikuwa zile taasisi ziliajiri wafanyakazi lakini Kaunti ya Mombasa ilikuwa imetoa agizo kwamba hakuna taasisi inaruhusiwa kuajiri licha ya kwamba taasisi ilikuwa inajiri kulingana na mapato waliyokuwa wanayapata. Kutokana na kuzuiliwa kuajiri wafanyakazi, hata wafagiaji hawakupata nafasi ya kufanya kazi katika taasisi zile.

Jambo lengine lililozungumziwa katika Ripoti hii ni kuvunjika moyo kwa wafanyakazi. Wanafanya kazi masaa mengi na malipo ni duni na hakuna mapumziko. Kwa mfano, kuna wengine wanaingia kazini saa kumi na mbili asubuhi na kutoka saa kumi na mbili jioni na wanafanya kazi kuanzia jumatatu hadi jumamosi. *Low staff morale*, sio kwa wahudumu wa hospitali tu, bali hadi kwa Community Health Workers (CHW) walioajiriwa. Wengi wao walikuwa wamevunjika mioyo kwani malipo ni duni na pia hawayapati kwa wakati unaofaa.

Jambo lengine lililozungumziwa kwa ripoti hii ni usalama wa zile taasisi. Tulizuru taasisi ya Shikaadabu ambapo ukuta ulikuwa umevunjwa wakati barabara ya Likoni ilikuwa inajengwa. Mpaka sasa ukuta ule bado haujajengwa na hakuna usalama wowote kwa wafanyakazi katika taasisi ile. Kuna wakati walivamiwa usiku na kuibiwa simu na runinga iliyokuwa inatumika pale. Lakini hadi sasa hakuajengwa ukuta wa usalama ili kuhakikisha wanaofanya kazi pale na wagonjwa wanaokuja pale usiku wanapata usalama kwa mali na maisha yao. Kwa hivyo, kuna haja ya usalama kuimarishwa, sio tu kwa kujengwa ukuta bali hata kamera ya CCTV ziwekwe ili madaktari wanapoenda kufanya kazi kwa taasisi hizi wawe na usalama.

Pia, kuna upungufu wa umeme katika taasisi zetu za afya. Taasisi zilizopo mbali na miji hazina umeme. Wale wanaofanya kazi katika maabara hawawezi kuhifadhi specimen zilizochukuliwa ama damu ili iweze kutumika kwa siku kijazo za usoni.

Kwa masuala ya umeme, napendekeza kwamba taasisi nyingi ziunganishwe kwa umeme wa jua, yaani, *Solar energy*, ili kuhakikisha kwamba hakuna gharama ya kila

mwezi kulipa Kenya Power and Lighting Company (KPLC). Mara nyingi, unaweza lipa KPLC lakini huduma yao sio ya kutegemewa.

Katika kaunti zetu, kuna zile tunazoita kwa Kiingereza “*misguided priorities.*” Kwa mfano, tulipozuru taasisi fulani za Mombasa, tulipata katika Wadi ya Mlaleo, kuna hospitali ambayo kwa sasa iko Level 3; na upande wa pili ni wadi tofauti. Hiyo Mlaleo iko katika Frere Town na upande wa upili uko wadi ya Mjambere. Kwa hivyo, pale katika taasisi ya Mlaleo Hospital ambayo iko barabarani kabisa, Barabara ya zamani ya Malindi, hospitali hiyo inahudumia watu wengi lakini haina madaktari, theatre ya kufanya operation ndogo, maternity ward na sehemu ambayo watoto wachanga waliozaliwa bila kufikisha miezi tisa wanatakikana wawekwe ili waweze kua wakiwa katika mazingira mazuri. New born unit haiko katika hospitali hiyo.

Badala ya kuinua na kujaza upungufu katika hiyo hospitali, Kaunti iliamua kujenga hospitali nyingine katika Wadi ya Mjambere ambayo ni mahali ambayo unaweza kutembea kwa muda mfupi. Hii ni *misguided priority* kwa sababu kwanza wanafaa kujaza upungufu uliopo katika taasisi ambazo zipo halafu baadaye wajenge taasisi mpya. Hatuwezi kuwa tunajenga hospitali mpya hapa ilhali pale kuna hospitali ambayo kufikiwa lakini haina daktari, x-ray na maabara ya kisasa ambayo inaweza kuwahudumia watu kwa njia ya urahisi na bila usumbufu wowote.

Ninamwona Mwenyekiti wa Kamati ya Afya yuko hapa. Mwezi wa pili mwaka huu tulipofungua Bunge niliweza kuleta maombi ya taarifa hapa. Zaidi ya miezi sita sasa, bado maombi hayo hayajafanyiwa kazi. Labda Kamati hii itazuru Mombasa ili waweze kuona kwamba yale ambayo tumeyazungumzia yameweza kuangaziwa kwa kisawasawa ili watu wa Mombasa wapate huduma ambazo wanastahili.

Pia kuna masuala ya ukosefu wa ambulansi katika Sub-county ya Jomvu, yaani Jomvu Constituency, ambayo ina wadi tatu. Husubiri ambulansi itakayotoka Hospital Port Reiz ili imchuue mgonjwa katika hospitali ya Mikindani, Jomvu ama Miritini. Mara nyingi kwa sababu ya msongamano wa magari na kuwa barabara zinajengwa, inakuwa ni shida kuweza kumpeleka mgonjwa katika hospitali kuu kwa sababu hakuna ambulansi ya kufanya hivyo.

Pia, kule Likoni, hakuna ambulansi. Kwa hivyo, ambulansi itoke Coast General Hospital, upande moja, itabidi ivuke feri iende ikachukue mgonjwa upande wa Likoni. Mara nyingi, hasa usiku, kuna feri moja ambayo husafirisha watu wetu. Kwa mfano, wakati fulani itakuwa upande wa Likoni na wakati mwingine itakuwa upande wa kisiwani. Kwa hivyo, utapata kwamba mgonjwa anaweza kuchelewa kufikishwa hospitalini kwa sababu ya upungufu wa ambulansi.

Jambo moja ambalo tulikuwa tumeliangazia ni hali mbaya ya taasisi. Lakini tumeona baadhi ya marekebisho ambayo yamefanywa. Kwa mfano, ile hospitali ya Tudor imepakwa rangi na zile sehemu ambazo zilikuwa zinavuja, zimezibwa. Lakini hiyo bado haitoshi kwa sababu kuna mambo mengi tuliycopendekeza katika ripoti yetu ya ukaguzi ambapo mpaka sasa Kaunti ya Mombasa haijaweza kuyafanya kikamilifu.

Ninaunga ripoti hii mkono. Ningependa Kamati iharakishe ziara hizi katika kaunti nyingine. Hii ni kwa sababu kuna zile kaunti za mbali, kwa mfano, Tana River, Lamu, Mandera na Wajir ambako huduma hizi muhimu hazipatikani.

Mwisho, naipongeza Kamati kwa kazi hii nzuri. Waharakishe ile waweze kuzuru kaunti zingine ili wananchi wetu katika Jamhuri ya Kenya waweze kupata huduma hizi muhimu na ili ugatuzi uimarike.

Asante, Bi Spika wa Muda, kwa kunipa fursa hii.

Sen. Mungatana, MGH: Thank you, Madam Temporary Speaker, for giving me the opportunity to make my comments on the report by the Committee on Health on the inspection tour of health facilities in West Pokot, Trans Nzoia and Turkana counties. This report is a reflection of what is happening in our counties. I want to, first of all, commend the Chairperson of this Committee, together with the team of Senators, who made a decision to visit those counties. This is because these are some of the counties that are far off from Nairobi.

What the Committee has come up with is a very comprehensive report. However, I will focus on their visit to Kitale County Referral Hospital. The theatre there does not have sufficient members of staff. They are handling about 50 to 200 cases per month in that unit.

The renal unit, where people go and do dialysis is also understaffed. The report says that sometimes, the equipment is not functional. The maternity ward is also a very busy ward. Again, it has challenges, not to mention the paediatric ward, laboratory and pharmacy. In the same referral hospital, security challenges exist. This is a reflection of what is happening in Tana River County. The money that we sent to Tana River County Financial Year 2024/2025 was Kshs1.93 billion, which represents 18.6 per cent of all the entire county budget.

Madam Temporary Speaker, the Kshs1.93 billion of the funds that have been given to Tana River County, the bulk of it, instead of going towards helping developing infrastructure such as theatre, maternity and renal units within the Hola Referral Hospital was spent on recurrent expenditure. This is an indictment on the Governor, the CEC and chief officer in charge of health. When the funds have been allocated to your department and then you spend it on recurrent expenditures, it does not make sense at all. You go for seminars, trips outside the county so that you get *per diem* while development infrastructure in the referral hospital remains stagnated, it is a shame.

Madam Temporary Speaker, it has become so bad in Tana River County such that people are constantly referred to Garissa and Kilifi counties. Staff in hospitals which are supposed to receive our people from Tana River are complaining.

It is constantly on our desks as Senators. People who are referred to Malindi are always told that they receive money for devolution and Tana River County also gets money. They always wonder why we refer our sick people there all the time. The same questions are being asked in Garissa County. They wonder why we take our sick people to Garissa yet we receive our money. It is because what is happening in Kitale County Referral Hospital is what is happening in Hola County Referral Hospital.

There is a dilapidated whole maternity wing. Even the walkways have problems. The Governor is unable to fix the walkways, so that somebody who is being wheeled from the ward to the theatre is moved in an appropriate manner.

Security issues which are in Kitale County Referral Hospital are worse in Hola County Referral Hospital. When you go there, you will see that the referral hospital can

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

be accessed from various angles. The security is not proper. We need to do something about what is happening within our health systems.

There are 71 health facilities across Tana River County. You do not get people coming to tell you they are doing a good job here and there. Many of our citizens in the county are complaining. You allocate 18.6 per cent, which is equivalent to Kshs1.93 billion of the budget of the county to Health Department, but what you get are complaints through and through.

What do we need to do? The county government needs to arrange a benchmarking visit to Murang'a County. I have been to Murang'a County. The Governor there has digitised the health system for the county.

They are able to tell how many people are in a certain health facility such as a dispensary. They are able to track drugs that are supplied to health facilities and vehicles of the Health Department. They are able to know who has fuelled what, who has not worked, where a vehicle is, where it went and where it got parked.

They are able to tell from their system how many patients were treated where, how many patients went for invasive surgery and how many patients received medicine from the pharmacy. They are able to track what is happening from the supply right from KEMSA when drugs are received in the county and the distribution networks.

In Tana River County, you cannot know how much has come or gone because everything is manual. Even for the little monies which is supposed to be own source revenues collected, there is no proper traceability. That is deliberate and planned because they do not want to disclose how much monies are being collected from the various institutions.

Why is it that our County of Tana River does not want to digitise? Normal collections from the markets, they do not want anything digital. They do not want to digitise collections from the traders and people who pay to sell or buy animals. They do not want to digitise collections from lorries that pass through the county. It is because it has become a cashcow.

People are stealing money left, right and centre. It is a shame that someone can run for governorship, then they end up not managing any of the resources properly. They cannot account and they do not want to put up the systems.

I do not understand why Governor Kang'ata in Murang'a County is able to prioritise digitisation of his county health system, and we cannot do it. They are able to know what is happening, but we cannot do it. It is by design. It is sad that we sit here, budget and fight for funds to go down, but we have managers in the county who do not care about the responsibility that has been given to them.

As I support this Report by the Committee on Health on West Pokot, Trans Nzoia and Turkana counties, I urge them to also take time to visit Tana River County. It is pathetic because we have a system that is broken down and they cannot account for the monies that are there. I urge Members of the Committee on Health, as they do their visits, to also prioritise some of these areas that are far away.

As it has been said by previous speakers who have spoken before me, what needs to be done apart from proposing corrective measures is to have people charged and taken to court for criminal negligence. Some of these officers who are working are so

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

irresponsible that you cannot imagine. You are a Chief Officer (CO), CECM or Governor with all the health facilities because health is devolved, but you do not visit hospitals. There is no schedule to show that this time we shall be in this ward to check what is happening within the counties.

I think criminalisation of negligence is an offence that was put there. There is criminal negligence and more people need to be charged with these offenses, especially about health, so that our people can benefit from monies that we fight for here in the Senate to ensure they go to the county assemblies.

As I support this report on the visits to West Pokot, Trans Nzoia and Turkana counties, I urge the Committee to also go to other counties, including Tana River. I also urge the Committee to seek tougher measures against officers who we send money to, but they do not do what is expected of them.

Madam Temporary Speaker, with those many remarks, I beg to support the report of the Committee on Health.

I thank you.

The Temporary Speaker (Sen. Mumma): Sen. Nyutu, please, proceed.

Sen. Joe Nyutu: Thank you, Madam Temporary Speaker. I also rise to support this report by the Committee on Health. I was a member of that Committee before committees were reorganized. I had the benefit of visiting several medical facilities in this country. Although the report in question is about Trans Nzoia, West Pokot and Turkana counties, the problems and challenges that we encounter in these hospitals are almost similar. Many of the hospitals, like the Committee found in Trans Nzoia, do not have good security walls. This is a challenge, especially in the light of the murders that have happened in KNH on the security of patients who may be admitted in the wards of this hospital and other hospitals.

It is important that we call upon all the governors and their executives in charge of health to see to it that hospitals are well secured, so that any patient who is admitted in these facilities is safe. It could be sad that someone goes to a medical facility to seek wellness, only for them to lose their life while in hospital. It beats all logic.

Madam Temporary Speaker, the security of medical facilities is something that all counties need to work on. We also have a challenge when there are no security walls because patients can escape without notice. Sometimes a patient might have bills or is disturbed mentally and they run away from the facility. This again would cause untold suffering to the families of such patients. Security walls around hospitals and surveillance must be something that counties should invest in.

[The Temporary Speaker (Sen. Mumma) left the Chair]

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

Mr. Temporary Speaker, Sir, there is unavailability of ambulances in the counties. I have raised a statement here which was expedited on by the Committee on Health regarding one death that happened in our county from lack of an ambulance when the patient was supposed to be attended in the shortest time possible. This unavailability of

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

ambulances is something that county governors and their health departments must look into. This is because ambulances are not stationary and we understand that. You could have three or so ambulances in a certain hospital, but all of them could at a particular point in time have taken out patients.

Mr. Temporary Speaker, Sir, it is important that county governments invest more in ambulances because saving a life is a matter of seconds or minutes. This is not a problem peculiar to Trans Nzoia, but it affects most of the counties. I am glad that the Committee on Health identified this as one of the problems or challenges that face our health facilities.

The morale among medical staff is low or their contractual agreements are not friendly to them. In this age of lack of jobs, someone will sign any job that comes around. It is important that counties do their budgets to allocate sufficient resources in the health sector. All medical staff are highly motivated by way of pay and conducive working environment. This very important service needs to be offered by people or by staff that are highly motivated and ready to deliver.

Mr. Temporary Speaker, Sir, I am proud to hear Sen. Mungatana giving accolades to my county. It is true that in my county, all health facilities, activities and operations are digitised. We must encourage all counties to digitise their operations in order for them to prevent the loss of drugs and to control personnel. When we can know remotely who has reported to work or who is doing what they are supposed to do and who is not doing what they are supposed to do, then it makes the management of these health institutions easy. It is, therefore, important for counties to digitise their operations. In any case, this is the age of digital literacy and operations.

If you ask me, health is the most important service that counties offer because we can live without education. I say this with due respect to my professional colleagues, the teachers. We can live without education, but we cannot live without good health. As we allocate monies to education, our counties need to allocate more on health. This is the major devolved function that counties have.

Mr. Temporary Speaker, Sir, for education, counties deal with only ECDE centres and vocational training centres. We should have enough in our budgets to cater for good terms of employment for our medical staff, medical equipment, drugs and reagents.

When you go to West Pokot, there was a non-operationalization of specialized medical equipment. This is a challenge we have with far-flung counties. They have equipment, but they do not have trained technicians to operate these machines. Before a county invests in specialized medical equipment, they should have in mind and take care of the fact that there needs to be specialized staff to deal or to operate this medical equipment. This is something that affects many other counties; especially those in far flung places. The Committee on Health did a good report and noted those problems.

I can see the Senator for Kisii County is here and we visited his county when I was a member of this Committee. One other challenge that we faced when we did county visits was the preservation of bodies. Some counties have not invested in the preservation of bodies. We have to take care of the dead as human beings because they are the loved ones of some people. Counties must also invest in this area. It is an area that people do not like talking about, but it is an area that every facility needs to have. It is appointed for

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

every man to die. When they die, good care should be taken of them. This is something that counties need to think about.

Mr. Temporary Speaker, Sir, there are many good things that the Committee recommended and they will help in service delivery, especially in health in our counties. As I support this report, I challenge other committee chairpersons to do their reports and bring them here for us to debate and give our ideas. We will then add our minds and our ideas into the ideas that are in different committees in this House.

The Temporary speaker (Sen. Wakili Sigei): Sen. Onyonka Richard, please, proceed.

Sen. Onyonka: Mr. Temporary Speaker, Sir, I am quite happy to have this opportunity today to contribute and discuss a weighty matter, nationally in our Republic. I believe that the health sector is on transition because now we have a new health system which seems to be working and in some cases, it is not. We are aware of the challenges that exist when there are always transformations or when there is movement from one system to the other.

Mr. Temporary Speaker, Sir, I want to persuade the Senate Committee on Health where now I belong that the responsibility of making sure that we can upgrade our health facilities in the Republic of Kenya sits in the hands of this Committee, particularly this House. So, the outstanding issues which exist, number one, as we moved out and I remember as my Senate colleague has said, we went to my county, Kisii. I remember when we got there, all the senior managers of the facility disappeared on us.

We had to run around trying to find out. We faced resistance in any places that we were trying to kind of poke our noses into because there were certain things that were not running correctly. The truth is we have a problem with personnel. Our personnel are mistreated. You find sometimes the workers in all the health facilities in our Republic are cross-transferred without even considering how many years somebody has been trained, how far he has been educated and what skills he or she has picked so that they can participate in the development of our counties by providing excellent health care.

Mr. Temporary Speaker, Sir, that is not the case because we, as politicians, are the culprits. We go into these facilities and destabilize them because we either want to employ friends and relatives or people who we can misuse to get into the murky waters of the corruption that goes on through these facilities.

Mr. Temporary Speaker, Sir, you know that health facilities collect revenue, but most of our county governments do not have a financial structure and platform which manages the collection of this revenue. So, even when you have the facility maintenance fund, which is supposed to come from level three and level four facilities into the county health department, you find that this money is taken and used for doing other things instead of improving and developing most of these facilities. These facilities are either dilapidated, dirty and not maintained. It looks like everybody who works in all these facilities is frustrated, upset and unhappy.

Mr. Temporary Speaker, Sir, the challenges we face in our health facilities are many. I believe this House should be engaged and seized of this matter. Most of our county governments are complaining that KEMSA does not supply them with medicine

yet in reality when you try and find out deeply what is happening with the KEMSA story, you find the same challenges do exist in the system of purchasing medicine.

If you look at the facilities that we visited in the last two months, as I joined the Senate Committee on Health, 50 per cent of the medicine in these facilities have expired. The reason is simple. We do not have an in-out system that manages the supply and distribution of these medicine. As a result, even the people who are supposed to be changing these medicine once they have gotten into the health facilities, take and sell them to other health facilities because nobody follows to check whether the medicine are expired or not.

Are there cases where the health facilities have done well and you can talk about it? Yes, I am happy that in the previous regime of Governor James Ongwae, there were facilities that were done. For example, the Doctor's Plaza, which is beautiful, the Mother Child Care Centre, which is very nicely done, only that it had not been equipped. However, I was informed that the national Government has put resources for the equipping of these facilities. If you visited Kiambu and Kirinyaga counties recently, you will see that Kiambu has put quite a bit of money into the hospital facilities that exist in the hospital.

Mr. Temporary Speaker, Sir, the other issue that you find and my colleagues have talked about it over and over again, why are we unable to digitise the financial, procurement, revenue collection and the Integrated Payroll and Personnel Database (IPPD) system within the hospitals? Why is it that in some of the facilities, you find that records of some of the employees who are there are not kept up to date? We, as Members of this Committee, must engage ourselves in these challenges and make sure that we make visits.

We have visited four facilities and yet there are thousands of health facilities that exist within our counties. My conviction is that the House should look far away on how we can avail resources, make sure that the Committee on Health is constantly moving in our Republic.

Mr. Temporary Speaker, Sir, the other day, there was a story about how a patient was killed by an individual. Indeed, the Committee on Health was intending to go there so that we can begin spot check and find out what was going on. Immediately, the information leaked that we were going there, I saw the Ministry of Health team rushing there. That is the way it should be. In other words, our work is to oversight what the national Government is doing. We are supposed to make sure that the Kenyan public gets services. We are not supposed to politic 24/7, talking about things which some do not matter.

Mr. Temporary Speaker, Sir, it is unfortunate that we are not able to provide a simple service, for instance, availing malaria tablets to poor people, making sure that when students fall sick in our schools, they get medicine and get treated. Some of the students are going to have complications. We must be a people that are able to take care of our vulnerable.

My honest observation is that every time we have visited these county facilities and go back the second time, there is always an improvement. We went to Isiolo County, we saw what was there and discussed the issues. We went to Samburu County, saw the

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

work which is being done and we were taken all over the facility. We were happy that the governor made it possible for us to go and look at every single item that is positive and that is wrong with his hospital. When we walked in, like all the hospitals in Kenya, we are not able to deal with our septic material. We do not have equipment that is able to burn some of the toxic material that comes out of the hospitals. These are very simple things to do.

We went to some hospitals in Wajir. We found patients sitting on the floor, yet, there are plastic chairs which can cost Kshs1,000. Upon inquiring how much money the county government has in its health account, they had Kshs12 million. Why not buy 20 chairs, so that the poor people who are sick can sit? Some have *kizunguzungu* and others diarrhea. They are not able to carry themselves along.

In Kakamega County, we also saw that at one time, they moved quickly and changed what was happening. Let us persuade ourselves as leaders. Let us make sure that we, as Senators, can persuade our governors and push them to make sure we oversee these facilities. By doing so, we can have improvement on the delivery of services because health is one of the human rights that Kenyans expect and deserve.

With those very many remarks, I support the report. I hope and pray that other committees can go and hold these deliberation in Homa Bay, Migori, Kisii, Kisumu and Siaya counties.

We can move to Turkana like we did the other day; come by road to West Pokot and Baringo. We can go to Kericho and Bomet on another day. That will enable us to have the necessary capacity to see for ourselves the challenges that these facilities are facing.

Finally, some county government workers were really good. Some of the chemists were doing an excellent job. Some of the people who are dealing with blood transfusion and managing the blood needs of these county governments were professionals. We were very happy that some of them had taken the Hippocratic oath of providing human services to people who are challenged.

I can tell you that we have a lot to do. Again, we have a lot to learn from some of the counties that are doing well. When we went to the Coast General Hospital, it was quite satisfactory. The health facilities in Mandera and Wajir counties are both brand new facilities. If you went and looked at them, you would think you were at the Nairobi Hospital or Aga Khan Hospital. There is a very positive development. I hope and wish that my colleagues can continue pushing so that we give Kenyans the services they deserve.

Thank you, Mr. Temporary Speaker, Sir, for allowing me to say a few things.

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

Sen. (Prof.) Tom Ojienda, you may proceed.

Sen. Prof.) Tom Odhiambo Ojienda, SC: Thank you, Mr. Temporary Speaker, Sir. With a sad heart this afternoon, we lost a property in Bus Park in Kisumu County. This morning, a fire razed down about 60 business units at the Bus Park. However, we were busy reconstructing and helping with the health needs and other needs of those residents. My contribution to the report of the Standing Committee on Health comes hot on the heels of something I had to deal with this morning.

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

This report comes at a point when we are facing the Devolution Conference that will be held in Homa Bay County between the 12th to the 15th of August 2025. I think next week, we will all be busy in Homa Bay County trying to deal with the various aspects of devolution. One such devolved service is the health sector.

The health sector, thanks to the Chairperson of the Standing Committee on Health, Sen. Jackson Mandago, has made strides in ensuring that every county lives up to the expectations of the standard of health required under the new system. That has redefined the provision of health.

Now that we have a transformation, a move from the initial system that had several issues; the National Hospital Insurance Fund (NHIF) system to now the Social Health Authority (SHA), from the data that we have, we have a daily subscription or registration of up to 18,000, to 23,000 and upwards. SHA is now subscribed to a level never imagined before. We are at a level where we should be able to provide service to our hospitals better than we did in the previous dispensation. This does not only apply to limited facilities, but also to theatres, renal units, maternal units, paediatric units, laboratories, pharmacies and even security. That is the testimony gathered from the visits conducted by this Committee to Kitale, Trans Nzoia, West Pokot and Turkana counties.

These visits reflect similar conditions found in facilities within Kisumu County. We are glad that Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) has now been elevated to a Level 6 hospital. Its budget will increase from Kshs1 billion to Kshs3 billion, an additional Kshs2 billion due to its new status.

As a parastatal, JOOTRH will have the capacity to absorb more staff and offer services not available in Level 4 and 5 hospitals. This means JOOTRH will support other hospitals in Maseno, Kombewa, Paponditi, Nyakach and Ahero. It will serve as a referral hospital for the western region, extending services to counties such as Kakamega, Vihiga, Kisii and Nyamira. The elevation of JTRH could not have come at a better time, as it will provide advanced medical facilities to the region, including Kericho. We will ensure that this facility comes in handy to help residents of the western region of the country.

I thank the Committee on Health for initiating the Mashinani Initiative on Health. During their recent circuit in the western region, they highlighted several human resource gaps, particularly the need for doctors in health centres such as Paponditi Health Centre, Kombewa Health Centre, Kisumu District Hospital and other facilities in my county.

This initiative should, therefore, continue ensuring that we prioritise and address these health needs across all counties. We must ensure that there are enough personnel to serve in theatres and other critical areas. In Trans Nzoia County, we only have seven nurses and six doctors handling over 200 cases per day. In Ahero, we had about six nurses, which is way below the needs of the public.

The renal unit needs to be serviced because we now have more and more cases of those who require dialysis. Therefore, the Committee should ensure that there are enough machines in this unit.

This brings into perspective primary and secondary oversight. Our county assemblies must wake up and ensure they undertake their role of primary oversight. This will ensure that health as a devolved sector is properly oversighted. The committees on

health in the county assemblies should visit these hospitals to ensure that they deliver to the public.

Health is a fundamental human right. It is primary, essential and non-negotiable. Our maternity wards, paediatric units and laboratories must be equipped and functional to meet the needs of our people. There is no substitute for good health.

This report is timely, especially as we head into this Conference. It is inconceivable that basic necessities such as seats, as rightly pointed out by Sen. Onyonka, are still missing in hospitals in Turkana when there is a budget and money. When there is a budget and when there is money, we must ensure that the County Executive Committee Member (CECM) responsible for health rises up to the occasion and ensures that health facilities in these counties work.

With those few remarks, I support the report.

Sen. Okenyuri: Thank you, Mr. Temporary Speaker, Sir. I also wish to comment on this Report.

First, I wish to congratulate the Chairperson of the Committee on Health, Sen. Jackson Mandago. I wish to indicate that I equally contributed to this inspection visit because I was still a member of the Committee on Health when this was happening. Therefore, I feel like this report should not be left out without my comment.

When you look at most of the observations by the Members of the Committee, they show you the state of the healthcare system in our county governments. It is not just in Trans Nzoia, West Pokot counties, but many other county governments are facing the same challenges. The recommendation that county assemblies be given more oversight mandates--- Many things are happening which do not actually need the Senate Committee on Health to go down there and see. If the health committees in the county assemblies were strong enough. Some of these issues would be dealt with at that level. When the Senate Committee on Health visits, there are very quick gains we get. Some facilities lack basic things like curtains and mosquito nets. Those impromptu visits make the Executive act swiftly and put such into place.

The recommendation of having revenue collection points automated, this is one way of minimising on losses, so that counties can also increase collection of their own-sources of revenue. This recommendation needs to be taken seriously, not by only the county governments mentioned here, but all the 47 county governments.

This report captures most of the frustrations ordinary people would wish to see addressed, so that they can enjoy the services and see the fruits of devolution. This will ensure that we have a healthy nation that can make informed decisions on any time we call upon them to.

Thank you, Mr. Temporary Speaker. I wish to support this report.

The Temporary Speaker (Sen. Wakili Sigei): Sen. Mandago, you are the Chairperson and you will be expected to reply. I am seeing Sen. Methu, who requested earlier on to speak to it, is not in the House. Therefore, there being no other member interested in contributing, I will call upon the Chairperson to reply.

Sen. Mandago: Thank you, Mr. Temporary Speaker. First, let me thank my colleagues who have contributed to this report and Members of the Committee on Health on our inspection visit to West Pokot, Turkana and Trans Nzoia counties. Counties

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

should take these reports very seriously because the matters that we found, there are those that can be sorted immediately by county governments. There are those in the short term can also be addressed. There are those issues they need to plan as they do their budget-making process to ensure sufficient resources are appropriated so that those matters can be addressed.

Secondly, I wish to encourage counties. From our visit, we found that it is extremely necessary for them to have support visits of all facilities in terms of inspection through the county health management teams. That will ensure that small matters like curtains, seats and beds that need repair are sorted out.

This House has done its job by passing the Facilities Improvement Financing Act. That then allows the individual facilities to have funds that are being managed and administered within the health facility. Issues that appear to be small, but matter in terms of healthcare delivery can be addressed from the resources that have been raised through the Facilities Improvement Financing (FIF) Act. Another issue that county assemblies should make sure that county executives adhere to is to ensure that funds that are raised in the facilities through FIF should only be utilised for purposes of health and in those facilities.

We get dismayed as a House to find a county government that has expended Kshs5 million from a facility for a conference or benchmarking tour on agriculture, something totally not related to health. We encourage counties to make sure that funds are utilised for the purpose they were set aside for.

Mr. Temporary Speaker, Sir, with that, I beg to reply.

The Temporary Speaker (Sen. Wakili Sigei): Hon. Members, I direct that putting of the question to this Motion be deferred to the next sitting of the House.

(Putting of the question on the Motion deferred)

Hon. Senators, for convenience of the business of the House, I will rearrange the Order Paper. I direct that Order No.15 be called out.

Clerk, call out Order No.15.

MOTION

IMPLEMENTATION OF AN AUTOMATED AND DECENTRALISED CERTIFICATE OF GOOD CONDUCT SYSTEM

The Temporary Speaker (Sen. Mumma): Sen. Joe Nyutu, proceed to move the Motion.

Sen. Joe Nyutu: Mr. Temporary Speaker, Sir, I beg to move the following Motion-

THAT AWARE THAT a Certificate of Good Conduct is a major requirement for Kenyan citizens in accessing employment, business opportunities and, in some instances, financial engagements with financial institutions in Kenya, with the certificate having a validity period of one year;

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

CONCERNED THAT many Kenyans are compelled to travel long distances to access this service, both for the initial application and for any subsequent applications making the process tedious, time-consuming, and costly;

FURTHER CONCERNED THAT the current manual application system is prone to delays and inconsistencies, which may compromise the authenticity and integrity of a Certificate of Good Conduct;

COGNIZANT THAT the importance of introducing an automated Good Conduct Certification system, including the utilization of biometric fingerprint verification through the deployment of biometric kits, will enhance accuracy, security, and expediency in verifying individual's record;

NOW THEREFORE, the Senate resolves that the National Police Service Commission, in collaboration with the Ministry of Interior and National Administration to:

1. develop and implement an automated Good Conduct certification system designed to streamline the issuance, renewal, and verification of certificates of good conduct;
2. incorporate advanced technologies such as biometric fingerprint recognition, data encryption, and secure communication protocols to ensure the accuracy of individuals' records;
3. establish decentralized service points and deploys mobile registration units across counties to enhance accessibility, especially in remote areas; and
4. scale up public awareness initiatives in rural areas on the application and renewal process for the Certificate of Good Conduct.

Mr. Temporary Speaker, Sir, as the Motion states, a certificate of good conduct is a very important document. You may not get any employment opportunity without a certificate of good conduct. As people who underwent an electoral process during the last elections, it was also one of the requirements that we had to meet in order to vie for public office.

Sometimes you need it when applying for a bank or credit facility. It is a very important document, especially for young people. Sometimes it takes a lot of time before young people get a certificate of good conduct basically because the process is manual.

Mr. Temporary Speaker, Sir, the automation of certificate of good conduct will save on time because anything that is automated takes less time than anything that is manual. Those seeking these certificates are sometimes forced to travel long distances to have their biometrics taken and physical forms filled.

The automation of the processing of this document will help our young people and all Kenyans who want these certificates to do urgent business like urgently applying for jobs or a facility. Sometimes, some Kenyans are forced to take loan facilities with banks to attend to health challenges. I do not want to bring politics into this, but there are times, you need to be liquid at the shortest time possible. When you get to a bank, you need to have a certificate of good conduct. If it is manual, it takes time and it might cost people their lives.

It is important that as people and leaders who are progressive and who care about our young people or elderly people, people who are seeking facilities, that we automate

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

the process of obtaining this document. The benefits that will come from an automated way of processing a certificate of good conduct cannot be gainsaid. They are there for everyone to see.

Mr. Temporary Speaker, Sir, I beg to move and ask the good Prof. Tom Ojienda, Senior Counsel seconds this Motion. I thank you.

The Temporary Speaker (Sen. Wakili Sigei): Sen. (Prof.) Tom Ojienda, SC?

Sen. (Prof.) Tom Odhiambo Ojienda, SC: Thank you, Mr. Temporary Speaker, Sir. I second the Motion on the automation of certificates of good conduct. This will not only be the foundation of convenience, but it will ensure that our young people spend less time and will access these certificates in no time. This is doable because we have centralized the data system and the issuance of IDs. This Motion is commendable.

I second it.

(Question proposed)

The Temporary Speaker (Sen. Wakili Sigei): Hon. Senators, the Floor is now open after the Motion was moved by Sen. Joe Nyutu and seconded by Sen. (Prof.) Ojienda. I call upon those who are willing to contribute to it. I will start with Sen. Mandago Jackson Kiplagat.

Sen. Mandago: Thank you, Mr. Temporary Speaker, Sir. This is a critical Motion because this document is required by not just the young people of this nation, but by all citizens of this country. This document is required by those citizens who require verification in terms of their conduct and confirmation that indeed there are lawful citizens of this nation, for them to be able to access services ranging from employment to financial services.

This being a critical document, its availability, therefore, is imperative. It should be made available to all citizens, regardless of the regions or the places that they operate from. If you consider the milestones this Government has covered in terms of provision of digital technology, the fibre network in the country, is at a coverage that would comfortably say this service should be available at each and every ward in the country.

There is absolutely no reason why citizens still have to travel from their comfort of business locations or where they reside to look for this service that can be available digitally. I, therefore, would like to urge that resources be availed to make it possible for the National Police Service Commission to avail this document in a process that citizens can apply wherever they are. They do not need to travel because of the availability of technology.

Mr. Temporary Speaker, Sir, this is one country that has a mobile phone penetration of about 95 per cent. Most of the citizens with mobile phones can comfortably operate those phones, do the applications using their phones, and also receive the documents through their phones, making it easy, fast and effective to deliver this service. I, therefore, wish to support this Motion and ask the House and the NPSC to consider this, because it is a critical matter.

Mr. Temporary Speaker, Sir, the other matter along this document is that we have prisons in the country which are correctional facilities. In my opinion, there is something

Disclaimer: *The electronic version of the Senate Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Director, Hansard and Audio Services, Senate.*

critical that needs to be addressed. When people are found to have broken the law and are put to prison, the purpose of the prisons is to offer correctional services.

Mr. Temporary Speaker, Sir, there are young people in this country who have been sentenced to prison and their fingerprints have been taken. They are unable to access these services because once they apply for the same good conduct, the response will be they are in the crime database. What happens with a young person who has served their sentence, time and have been reformed? Some of these people come out with very useful skills and become experts in some sectors. Today, Kenya Prisons is among the top manufacturers of top-quality furniture in the country, courtesy of the correctional services they are offering. What happens to these people who have gone through the process of correction and come out of those prisons?

ADJOURNMENT

The Temporary Speaker (Sen. Wakili Sigei): Sen. Mandago, hold your thoughts because it is one o'clock. You will have a balance of 16 minutes to continue your contribution to the Motion when the House next resumes.

Hon. Senators, it is now 1.00 p.m., time to adjourn the Senate. The Senate, therefore, stands adjourned until later today, Wednesday, 6th August, 2025, at 2.30 p.m.

The Senate rose at 1.00 p.m.