



THIRTEENTH PARLIAMENT
THE SENATE
OFFICIAL REPORT



Fourth Session

Wednesday, 26th November, 2025 at 2.30 p.m.

PARLIAMENT OF KENYA

THE SENATE

THE HANSARD

Wednesday, 26th November, 2025

*The House met at the Senate Chamber,
Parliament Buildings at 2.32 p.m.*

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

PRAYER

DETERMINATION OF QUORUM
AT COMMENCEMENT OF SITTING

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

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

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

(The Quorum Bell was rung)

(Sen. Cheruiyot consulted with the Deputy Speaker)

Clerk, if we have quorum, read out the first Order.

Proceed, Senate Majority Leader. You have a couple of Papers to lay.

PAPERS LAID

The Senate Majority Leader (Sen. Cheruiyot): Thank you, Mr. Deputy Speaker, Sir. I beg to lay the following Papers on the Table of the Senate today, Wednesday, 26th November, 2025-

THE WILDLIFE CONSERVATION AND MANAGEMENT
REGULATIONS, LEGAL NOTICE NO.160 OF 2025

The Wildlife Conservation and Management (Access, Entry and Conservation)
(Fees) Regulations, Legal Notice No.160 of 2025.

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THE MINISTRY OF ENERGY AND PETROLEUM FIELD
DEVELOPMENT PLAN FOR SOUTH LOKICHAR BASIN

The Ministry of Energy and Petroleum Project Oil Kenya South Lokichar Basin Field Development Plan, September, 2025.

PRODUCTION SHARING CONTRACTS BETWEEN THE GOK
AND TURKANA DRILLING CONSORTIUM (KENYA)
RELATING TO BLOCK 10BB

Production Sharing Contracts between the Government of the Republic of Kenya and Turkana Drilling Consortium (Kenya) relating to Block 10BB.

PRODUCTION SHARING CONTRACTS BETWEEN THE GOK AND
PLATFORM RESOURCES INC. RELATING TO BLOCK 13T

Production Sharing Contracts between the Government of the Republic of Kenya and Platform Resources INC. relating to Block 13T

PRODUCTION SHARING CONTRACTS BETWEEN THE GOK AND GULF
ENERGY E&P B.V RELATING TO BLOCK T6 FORMERLY BLOCK 10 BB

First Addendum to the Production Sharing Contracts between the Government of the Republic of Kenya and Gulf Energy E&P B.V relating to Block T6 formerly Block 10 BB.

PRODUCTION SHARING CONTRACTS BETWEEN THE GOK AND GULF
ENERGY E&P B.V RELATING TO BLOCK T7 FORMERLY BLOCK 13T

First Addendum to the Production Sharing Contracts between the Government of the Republic of Kenya and Gulf Energy E&P B.V relating to Block T7 formerly Block 13T.

FINANCIAL STATEMENTS OF VARIOUS COUNTY ENTITIES

Report of the Auditor-General on financial statements of Nandi County Emergency Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Nandi County Alcoholic Drinks Control Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kapsabet County Referral Hospital - County Government of Nandi for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Busia County (Public Officers) Revolving Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Busia County Cooperative Enterprise Development Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Busia County Health Services Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kajiado County Executive Staff Car Loan and Mortgage Scheme Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kajiado County Women Economic Empowerment Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kitale Municipality - County Government of Trans Nzoia for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Trans Nzoia County Water and Sanitization Company Limited (TRANSWASCO) - County Government of Trans Nzoia for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kakamega County Investment and Development Agency for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kakamega County Investment and Development Agency for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kakamega County Dairy Development Corporation for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kakamega County Education Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kiambere Mwingi Water and Sanitation Company Limited - County Government of Kitui for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Migwani Level 4 Hospital - County Government of Kitui for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kyuso Sub-County Hospital - County Government of Kitui for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kwale County Trade Revolving Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kwale County Youth, Women and Persons with Disabilities Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Taita Taveta Investment and Development Corporations for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Taita Taveta County Facilities Improvement Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Taita Taveta County Emergency Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Taita Taveta County Assembly Staff Car Loan and Mortgage Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kilifi County Emergency Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kilifi County Climate Change Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kilifi County Ward Scholarship Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Elgeyo Marakwet County Executive Car and Mortgage Revolving Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Elgeyo Marakwet County Assembly Catering Services Revolving Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Elgeyo Marakwet County Education Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of County Assembly of Marsabit Car Loan and Mortgage Scheme Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Marsabit Water and Sewerage Company Limited for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Marsabit County State Officers and other Public Officers Car Loan Scheme Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Marsabit County Emergency Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Laikipia County Enterprises Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Laikipia County Business Stimulus Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Laikipia County Leasing Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Bungoma County Persons with Disabilities Empowerment Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Bungoma County Education Support Scheme for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Turkana County COVID-19 Emergency Response Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Samburu County Assembly Car Loan and Mortgage Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Samburu County Persons Living with Disability Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Naromoru Level 4 Hospital - County Government of Nyeri for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Mathira Water and Sanitation Company Limited - County Government of Nyeri for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Murang'a County Assembly Car Loan and Mortgage Scheme Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Nakuru County Climate Change Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Baringo County Community Conservancy Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Kapenguria Municipality - County Government of West Pokot for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Vihiga Municipal Board for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Mombasa County Elimu Scheme for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Siaya County Climate Change Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Mandera County Climate Change Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Makueni County Climate Change Fund for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Huruma Level 4 Hospital - County Government of Uasin Gishu for the year ended 30th June, 2025.

Mr. Deputy Speaker, Sir, I beg to lay.

(Sen. Cheruiyot laid the documents on the Table)

The Deputy Speaker (Sen. Kathuri): I have this Communication to make, Hon. Senators.

COMMUNICATION FROM THE CHAIR

RATIFICATION OF PRODUCTION SHARING CONTRACTS AND FIELD DEVELOPMENT PLAN

As you may have observed, the Senate Majority Leader has this afternoon laid on the table of the Senate, one, the Ministry of Energy and Petroleum Field Development Plan for South Lokichar Basin, September, 2025; two, Production Sharing Contract between the Government of the Republic of Kenya and Turkana Drilling Consortium (Kenya) relating to Block 10BB; three, Production Sharing Contract between the Government of the Republic of Kenya and Platform Resources Inc relating to Block 13T; four, First Addendum to the Production Sharing Contract between the Government of the Republic of Kenya and Gulf Energy E&P B.V relating Block T6 formerly Block 10 BB; and, First Addendum to the Production Sharing Contract between the Government of the Republic of Kenya and Gulf Energy E&P B.V relating Block T7 formerly Block 13T.

These instruments have been tabled pursuant to Article 71 of the Constitution of Kenya, which requires that the grant of a right for concession by or on behalf of the national Government for the exploitation of any natural resources in Kenya shall be subject to ratification by Parliament.

Hon. Senators, to give effect to Article 71 of the Constitution of Kenya, Section 31(1) and (2) of the Petroleum Act provides as follows-

(1) The Cabinet Secretary shall, within thirty days of the approval of a field development plan submitted in accordance with the terms of a production sharing

contract entered into under this Act, submit the production sharing contract together with the field development plan to Parliament for ratification in accordance with Article 71 of the Constitution.

(2) Parliament shall, within sixty days after receipt of the production sharing contract and the field development plan under subsection (1)-

(a) Ratify the production sharing contract and the field development plan; or 26 [Rev. 2022] Petroleum CAP. 308.

(b) Refuse to ratify the production sharing contract and the field development plan and refer the documents back to the Cabinet Secretary for reconsideration, stating the reasons for the refusal.

In addition, in undertaking this responsibility, Parliament is required to undertake public participation in accordance with Article 118(1)(b) of the Constitution and Section 31(3) of the Petroleum Act.

Hon. Senators, noting that the Standing Committee on Energy is mandated to consider all matters relating to energy, petroleum and related sectors, I hereby commit the production sharing contracts and the South Lokichar Basin Fuel Development Plan from Blocks T6 and T7 to the said Committee for detailed scrutiny, public participation and consideration in line with the constitutional and statutory requirements.

Hon. Senators, I wish to draw your attention to Section 31(5) of the Petroleum Act, which provides that if Parliament does not make a decision under Subsection (2) within 90 days, the production sharing contract and the field development plan shall be deemed to have been ratified. Therefore, notwithstanding the recess period, the Standing Committee on Energy will be expected to table a report on or before 10th February, 2026 to enable the Senate to make a determination by 22nd February, 2026.

The Senate is so guided.

Next Order.

BILL

First Reading

THE AUTISM MANAGEMENT BILL (SENATE BILLS NO.19 OF 2025)

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

MOTION

THANKS FOR THE PRESIDENTIAL ADDRESS

THAT, pursuant to Standing Order 27 (6), the Senate-

(a) records its thanks for the exposition of public policy contained in the Address of His Excellency the President, delivered on Thursday, 20th November,

2025 and laid on the Table of the Senate on Tuesday, 25th November, 2025; and

(b) notes the following Reports submitted by His Excellency the President in fulfilment of Articles 132 (1) (c) (1) and 240 (7) of the Constitution, laid on the Table of the Senate on Tuesday, 25th November, 2025 –

- i. 12th Annual Report on all measures taken and progress achieved in the realization of National Values and Principles of Governance; and
- ii. The Annual Report to Parliament on the state of National Security, 2025.

(Sen. Cheruiyot on 25.11.2025)

(Resumption of debate interrupted on 26.11.2025 - Morning Sitting)

The Deputy Speaker (Sen. Kathuri): The debate was concluded during today's morning sitting. I, therefore, call on the mover to reply.

The Senate Majority Leader (Sen. Cheruiyot): Mr. Deputy Speaker, in light of the earlier engagement, out of the 30 minutes that I have for replying, there are two Members who have requested to speak. I request to split the time into three, so that Sen. Sifuna does 10 minutes and Sen. Chute does 10 minutes then I reply in 10 minutes, if you so permit.

The Deputy Speaker (Sen. Kathuri): Who is the first to go? Sen. Sifuna, you have your 10 minutes.

Sen. Sifuna: Mr. Deputy Speaker, Sir, thank you very much to the Majority Leader for donating that time. As you are aware, the State of the Nation Address was given last week. My position has always been that since the rules require that the President be heard in silence, those of us who might feel strongly to raise objections try and stay away from the debate. However, I observed something very unique, Majority Leader.

This time around, people were allowed to give feedback to the President when he was giving his speech. Now that a tradition has been set that you can stand up and clap and shout slogans, probably some of us are now welcome to attend, though we might have divergent views.

Mr. Deputy Speaker, Sir, I will start off by my expectations whenever it comes to the State of the Nation Address because this is a duty under Article 132(1)(C) that requires the President to elucidate the measures taken and the progress that has been achieved in achieving the national values that have been set out under Article 10 and to publish those measures and the progress in the Kenya Gazette and lastly, to report on the progress in fulfilling the international obligations that Kenya has signed up to.

Unfortunately for me, from the beginning, when you see how the Head of State framed his understanding of Article 132, there is already a problem. This is because instead of focusing solely on the three areas that have been highlighted under Article 132, he frames the conversation, starting in the first paragraphs, about a vision that he has to sell and a story that he has to tell. He speaks about affordable homes, factories, the hustler fund, promises made and promises kept.

Unfortunately for me, my expectation was that in the order in which Article 132 is framed, the vast majority of the time that the President takes to speak to the nation should be to address the values that are in Article 10 and what his Government has done in the period since he last spoke in Parliament.

By the way, I have seen references here to previous years, including 2022. Since it is an annual address, in my view, he should restrict himself to the measures that he has taken as a Government in the past 12 months since he spoke last to Parliament and the progress that has been achieved. In fact, you have to go all the way to paragraph 12 of the speech for you to encounter just a mention of the values under Article 10.

Mr. Deputy Speaker, Sir, Article 10 encompasses a total of 17 values, ranging from patriotism to national unity, devolution, the rule of law, democracy and sustainable development. Therefore, it was a bit disappointing that order was not, in my view, followed. As you can see, we have to go all the way from paragraphs 24 to 26, where he addresses the question of Kenya meeting its international obligations. He has spoken about the Eurobond redemption, foreign reserves, international markets, Kenya's sovereign credit rating being upgraded by Standard & Poor's and so on and so forth. However, what is required under Article 132 is that you spend a bit of time in addressing these 17 values.

Having gone through this speech, of those 17 values, I have counted less than five that the President addressed directly. Just mentioning or listing the values is not providing a report to the nation on the measures that you have taken and the progress that has been achieved in achieving those values.

When you come to the President's speech from paragraph 18 there, you will see that he goes straight on to say that he will set out strategic choices; on the reforms - we will deepen; on sectors - we will unlock; on investments - we will prioritise, which is futuristic language. These are the things that he will do.

In fact, out of the 163 paragraphs in this speech, the President gave us the job of looking for these values in just 93 of those paragraphs. From paragraph 94 all the way to 163, all he is talking about is his new vision, the promises that he is now making on questions like building of 50 mega dams; 10,000 megawatts of electricity in the next seven years; 2,500 kilometers of roads that he says will dual and 28,000 kilometers for tarmacking that he has identified. Therefore, some of us struggled trying to find where these values are and what measures he has taken in the past 12 months to achieve them throughout this speech.

Mr. Deputy Speaker, Sir, I will go through it one by one, so that you can see that what I am saying is factual. I have spoken about the rights themselves. So, the first time he attempts to discuss measures that he has taken to address any of the values in Article 10 is at paragraph 59, where he says he is turning to discuss healthcare as the foundation of human dignity, one of those values in Article 10. This morning, those of you who read the newspapers saw the sad story of one Wanjiku Kabita, who is stuck in India because her family is unable to pay medical fees. She suffers from kidney complications.

To me, you cannot gloss over the issues of health. We, as a House, passed certain laws to bring into existence of the Social Health Assurance (SHA), but the conversation about SHA cannot be complete without addressing the challenges that SHA is facing.

Mr. Deputy Speaker, Sir, you know that SHA owes hospitals and other healthcare facilities a lot of money. In the last 12 months, we have heard repeated cases of hospitals shutting down, rejecting or turning away patients who are on SHA because they say that SHA is not remitting money back to them. You remember the Rural and Urban Private Hospital Associations (RUPHA) have for more than once in the period between January and this month, threatened to go on strike because these monies were not being remitted.

The other week, I saw a statement from the Catholic bishops as well, calling on the Government to remit monies owed to faith-based health facilities. So, you cannot have a conversation about healthcare - which he has said is the foundation of human dignity - without addressing the indignity that Kenyans continue to face for lack of affordable care. Last week, this House was discussing a statement from the Senator of Kiambu about mothers and newborns still being detained in hospitals because we do not have sufficient funding from SHA to be able to take care of these bills.

The second one, he spoke about the education sector. Everybody knows the issues that have bedeviled the education sector in the past 12 months. As we speak today, the Junior Secondary School (JSS) interns who are supposed to be employed on permanent and pensionable basis, their contracts are expiring this December. Now, the Cabinet Secretary for Treasury and Economic Planning stood up and told the teachers that there was about Kshs6 billion earmarked for the absorption of these JSS teachers - there are about 20,000 of them - on a permanent and pensionable basis.

Another Cabinet Secretary from the same Government, this time the one in charge of Education, says there is nothing like that. So, there is uncertainty. I thought that the President would utilise this opportunity to clear that uncertainty and tell the 20,000 JSS teachers, whether his Government will put them on permanent and pensionable basis or not, so that they can enjoy their Christmas with the rest of their families with that certainty.

Mr. Deputy Speaker, Sir, we are faced with the spectre that, come January, the free day secondary education that has been in existence since Kibaki's time might not continue. We have seen a circular from the Government that we will go back to the Gazette from 2015, which does not factor in that amount that was being paid by the Government for the day scholars in the secondary schools. Now, a President who has such an opportunity, I thought he would take that time to calm the nerves of the anxious parents in this country and tell them that there will be no removal or discontinuation of the free day secondary education in Nairobi.

We have also had strikes in our universities over the past 12 months, which have affected, especially, the first-year students who are reporting. You are aware that the lecturers were on the streets for over 60 days. It was a good opportunity for the President, as the Head of State, to take that opportunity to explain to the country what he will do in order that we resolve the crisis that happened from day to day in the education sector.

I want to move very quickly. If you go to Paragraph 94, those things I have discussed here are the only references I see to the values in Article 10 of the Constitution. So, from Paragraph 94, where the Head of the State says; "having set out the work of the last three years, it will be easy, almost comfortable, to pause, congratulate ourselves and settle into the warmth of modest progress."

Now, from this particular paragraph, he believes that he has fulfilled the requirement under Article 132(1)(C) of reporting on the measures his Government has taken and the progress that has been achieved, which I argue has not happened. From there on, we get into discussions. I think there are at least 15 to 20 paragraphs here where the President is just talking about the history of the Asian Tigers.

It is 20 paragraphs. That Asian Tigers debate has nothing to do with the values in Article 10. Then, of course, the favourite conversations are around things that allow for people to be able to engage in construction. I think the President's favourite thing is construction. He has told us that housing, markets and others are his favourite and are the indicators that his Government is working. He quickly goes into the things that he thinks are Kenyans' priorities. He starts with the 50,000 megawatts of electricity in the next seven years, then the 2,500 kilometers of roads for tarmacking.

Mr. Deputy Speaker, Sir, this is not what that speech is supposed to be for. That speech should be heavy on the things you have done to address the software of this country and that software is in the discussion about devolution, rule of law, democracy, human dignity, equality, human rights, non-discrimination, protection of the marginalised, good governance, integrity, transparency and accountability. In the entire speech there is no mention of any of those values.

As a House, we should be concerned that the entire speech mentions nothing to do with devolution, given the challenges we face as Senators. I am happy that in the crowd of people that were applauding this speech, I did not see Senators. Otherwise, I would have been extremely embarrassed because, every day here we lament that devolution is not working. How can you, therefore, be applauding when an entire speech has nothing to do with devolution?

I challenge any Member of this House. Before you rise on a point of order, show us where in the speech the President addresses the problems of devolution.

(Sen. Cherarkey spoke off record)

The Deputy Speaker (Sen. Kathuri): Is it a point of order or a point of information?

Sen. Cherarkey: I want to inform him.

The Deputy Speaker (Sen. Kathuri): Then maybe I should ask him whether he is interested on being informed. Sen. Sifuna, conclude within one minute.

Sen. Sifuna: I do not want to be informed by Sen. Cherarkey because I was watching those proceedings from the safety of my bar. I did not see the Senators. If there were Senators that were applauding a speech that has no mention of the problems of devolution, shame on you! You should not ever complain here again about whether devolution is working or not. How can you applaud such a speech?

Mr. Deputy Speaker, Sir. I thank you for donating time to us.

Sen. Chute: Thank you, Mr. Deputy Speaker, Sir. Allow me also to make my statement on the State of the Nation Address delivered by His Excellency, the President of the Republic of Kenya, His Excellency, Dr. Ruto.

Allow me also to commend His Excellency, the President, on the comprehensive, visionary and strongly grounded and worded address. I also would want to emphasize on a few remarks made. Truly, inflation has been controlled under 4.6 percent. We have a reserve of Kshs12 billion. That is very stable and progressive.

Regarding agriculture, I have a farm in Naivasha. I know Sen. Cherarkey is shocked that I have a farm in Naivasha. Yes, I have one near the President's farm. Therefore, because of the cost of fertilizers that has reduced drastically, we had a bumper harvest of maize for the past three consecutive harvesting period. That is why you have seen the production of 70 million bags of maize. This is from less than 10 percent of arable land we have in this country and maize is grown, maybe, in about five percent. We need distribution gaps of fertilizers. That also should be taken care of on the agriculture side.

Something very important the President has talked about is the issue of large dams, medium dams and small-scale dams. Let me give an example of a place such as Marsabit. If today we had dams in Marsabit County, Turkana County and around Ukambani area, we would be having extra produce to send to our neighbouring countries.

I thank the President for talking about the Kshs5 trillion investment he is looking for. He has broken it into small bits on how this money will be generated. I really support that. I support it because for the past many years, we have been fed through relief supplies in Marsabit, Wajir, Mandera and Turkana counties and many other northern counties. If the President's programme is going to be successful, this country will change.

Hon. Deputy Speaker, on the issue of SHA, recently, I had a patient who was brought to Nyeri and had two surgeries which were both paid for by SHA to the tune of KShs800,000. That was an old man who is very needy. Although we have added some few coins on top of what SHA has given, I think that is a very positive move. Maybe in the near future, looking at the vision of the President, I think the whole country will be covered by SHA. When we were in Logologo, Marsabit County, on Sunday, the other week, the President was there. The President said in Kiswahili; "*muende hospitali SHA ndiyo italipa pesa.*" Go to the hospital, SHA will pay.

I was asking, how can this happen? Yesterday, I had time to go and sit with the SHA Chief Executive Officer (CEO) and I asked her what that meant. She told me very clearly that anything from rural hospitals managed by the counties will offer free services. What is happening is that there is Kshs13 billion which is supposed to be paid to the counties. Unfortunately, the counties are not capable of managing those hospitals. From Level 1 to Level 3, they have not claimed that money. The money still lies with SHA. I hope and wish that governors could take some action and see how our people can be easily helped by giving them access to hospitals.

The national audit of SHA has to be fastracked. The reimbursement appeal system has to be hastened, so that claims can be paid very fast. As you are aware, I said this, in this House, some time back; that, the affordable housing is a scam. I want to retract those words now because I have seen units being built in Nakuru, Eldoret, Mombasa, Nairobi, Marsabit, Isiolo, Meru and everywhere. Our people are really happy.

The President forgot to mention that we have commercial developers doing a lot of development in this country. If you go to Eastleigh, South C, South B, Parklands,

Kilimani and many other places, they have invested heavily. The President should have mentioned that they have contributed heavily to the development of this country.

We need to also discuss issues about the university funding model which is still a challenge. I think the President needs to work on that one and through the National Treasury and Ministry of Education, see how this can be rescued.

Mr. Deputy Speaker, Sir, let me come to the cost of living. If you look at the electricity cost in Ethiopia, you will find that it costs one bl per kilowatt per hour. That means it is about Kshs90 cents per kilowatt per hour. In Kenya, we have Kshs27 per kilowatt per hour. How do you expect the cost of living to be lower than in any other East African countries?

Let me give you an example of Ethiopia. The electricity capacity that they are producing is 13,000 megawatts plus. What do we produce in Kenya? 2,700 megawatts. You have heard the President talking about rationing. Imagine countries like Ethiopia, if you talk about rationing, they would laugh at you. They have already given us 200 megawatts of electricity and 100 megawatts to Tanzania. I will urge the President to talk to his counterpart, the Ethiopian Prime Minister, and see if we can be given more electricity supplies into Kenya, because we have a line capable of taking 2,000 megawatts.

The cost of living will not go down because of the issues of wealth. This needs to be tackled. If you want to take the model of Singapore, there are so many things we must do. The President cannot be one-man army. He has a vision, he is trying to tell his vision to us, but we have to, as politicians, as a people of this country, support him and make sure that his vision and dream come true. That is how we are looking at Singapore.

The other issue is that in Marsabit there are many roads that have stalled because of synchronisation of the Kshs75 million he borrowed. All those roads are now operational---

The Deputy Speaker (Sen. Kathuri): The Senate Majority Leader, you may proceed.

The Senate Majority Leader (Sen. Cheruiyot): Mr. Speaker, why are you too stern today? What is the problem? You are too strict.

Anyway, Mr. Deputy Speaker, Sir, I want to register my appreciation to colleagues who have, at least, taken time to agree, disagree and critique the President's speech.

Sen. Mungatana, there is a culture that is first disappearing from Parliament. As an elder, you need to be worried. This is no longer a House of debate and that should concern anybody who loves the legislature.

Much as I do not agree with many of the things Sen. Sifuna says sometimes here, at least, I appreciate one thing. He went around Nairobi and sought the opportunity to serve and represent the people here and he does that job every afternoon.

What I find difficult, dear colleagues, is for people to campaign so hard in the county, which is a difficult thing. Imagine, you know people even do not know that we earn the same salary with the Members of the National Assembly yet we represent and do a job that is four, five, six, or even seventeen times what they do in terms of

representation. Yet, after doing all that difficult task, you find people not getting the time to come to the House. That really bothers me.

I must appreciate that, at least, unlike last year, today we went to the second or actually the third session of debate. We debated on this speech yesterday afternoon, today in the morning and this afternoon because of our colleagues. We have colleagues who have spoken about it. Last year, actually, we concluded it on the first session. I do not know for what reason you could not find enough people to debate and say the things that they were to say.

I want to register my appreciation to colleagues who have taken time to read the 163 paragraphs of this speech and given their evaluation and their assessment. There are many who have agreed with the proposals that are being made by the President and the call to action that he is giving to the nation on the things that need to be achieved. There are those who disagree as well.

I agree with the colleagues who are saying certain aspects should have been mentioned and probably did not feature. However, there were days we used to go to listen to the State of the Nation Address and sit there for three hours. In fact, I remember the former President, another time, threw away half of his speech and said; “these things are too much, I have said enough of what I needed to say.”

When you are a leader who appreciates what you are saying, you limit yourself to that which you feel is most fundamental at that particular time. I feel strongly that the President took time to address issues of progress that his administration has made over the last three years and is now setting the solid foundation for what we need to do in the years that are coming.

We must appreciate that part of the biggest deficiency that this country suffers is that we want to politicise everything. We reduce our national conversations to be, you must win or I must lose conversations. We must rise and get to a point of having a vision that we agree to as a nation. It should not matter who the President is, who is Senator or who the Governor is. We should just know that these are the things that we are focusing on for the next 10, 15 or 20 years.

Often, when people speak about the things that have happened in this country, you would think that there was no country before 2022. There was a nation. There were challenges. If you speak about the education sector, for example, is it not true that in the last three years, under this administration--- The biggest challenge is that many of the constituents, for example, the people that I represent in this House, ask us about teachers to teach our students.

The worst thing that can happen to a parent is to send their child to a public institution and yet, there is no teacher to teach them. We were in a situation where in certain schools, you would find one teacher teaching three or four subjects because there are not enough people. The progress that has been made in employing close to 80,000 teachers up to this point is significant and needs to be noted.

The second thing that we struggle with is infrastructure. I went through public education and I know today when I visit, for example, Unity Primary School, where I went to school, I feel troubled because close to 100 learners squeeze themselves in a tiny

little room. Particularly in cities, a place like Nairobi here, where many children go to public institutions, they do not have sufficient infrastructure.

This Government has put in place sufficient resources first, to build across the country 23,000 classrooms, to take care of the transition that is happening from the former education system 844 to Competency Based Education (CBE) and the rest of the things that need to be done.

Therefore, you can record, and that is what we have said. While it is good to say the things that are not up to par in all our sectors, we must never forget where we have come from and what has been done.

You can say the same about the health sector. Speak to your governor, Governor Mutuma, and he will tell you that part of the bigger problem that many of our county hospitals used to face from the defunct NHIF is that when they offered services to citizens, many of our public hospitals would actually wait for a year or two before being paid. That is no longer the case. We have challenged that. I am happy because we were all in this House, and I hope Cabinet Secretary, Hon. Duale, meant what he said when he promised us that before the end of the mandatory one-year, three-month period that we have given them under Section 43 of the Social Health Authority Act, he will bring a report to this House.

I told him that I want to see that report detailed, name by name, with the institutions that have been compensated in my own county. I want to go there and see Cheborgei Health Center, and how much in compensation they have received over the past year. That is the only way you are going to build a credible public health infrastructure, one that is supported by payments from the national coverage that citizens are receiving.

As we speak, you cannot argue that there are 28 million Kenyans who are registered under SHA. They register themselves, 50,000 of them each day. Do you know why they are registering? It is because they hear from their neighbours stories like; “when I was unwell, my bill was Kshs700,000 and SHA paid for me Kshs200,000 or Kshs300,000. That means a lot to the ordinary folk in the village.

Mr. Deputy Speaker, Sir, we must establish ways of providing medicine in our health facilities. It is the biggest concern that citizens raise with me, as their representative. Each time I speak in public engagements and ask them to register on the SHA. They ask me to tell the governors to put medicine in the hospitals because it is not sufficient for them to just walk there.

Arguments have been made about the lack of address to national values and principles of governance. My colleague, Sen. Sifuna, the last paragraph of that article that you read speaks about sustainable development, development that transitions from one generation to the other. I believe that is what the President is speaking to in the last 45 paragraphs of his speech. He talked about the things that we must do as a Republic. He asked a question in this speech. He asked where the funds went when we privatised Telkom, Kenya Electricity Generating Company PLC (KenGen) and Safaricom. We consumed it all in salaries.

That is why we must be a people that inflect, reflect and learn from the mistakes of the past. It is for that reason that we are proposing that if we carry out any

privatisation, like what is being done with the pipeline and all the rest that are following, we must put all the funds in a national sovereign wealth fund like other countries do. Those funds should only be invested in making our country better. I believe that is part of sharing the burden from one generation to the other.

I know my time is up and I do not want to speak a lot because my colleagues have said very important things. Come 2026, I expect us, as a House, to do the things that are in these solid programmes being proposed. I feel that we have let the people of Kenya down on our oversight role as an institution of governance in this country.

There are many programmes that have been done and are running out within the circles of public yet citizens continue to raise questions which they expect that us, as their representatives, will speak about to fine-tune them. These includes affordable housing programme, social health and sovereign wealth.

Sen. Mungatana, we must be the voice that continues to check and ensure the dream that we had when we passed those laws is implemented to the letter. My dear colleagues, there is what the Executive can do but there is that which we, as the Legislature must also do.

I have challenged the House by saying, we must see the national spread of the markets and the houses being built across the country as we receive the reports. You, as the Senator for Tana River County, must see significant markets of Kshs700 million, Kshs800 million or Kshs900 million being built in Tana River County the same way they are being built in other parts of the country. That is our duty. As the President and the Executive do their part, we must also do our part. That is what we are called upon to do.

Mr. Deputy Speaker, Sir, I beg to reply and ask my colleagues to take note of other reports that were tabled alongside the speech. They are the report on the state of security and the report on the progress made in fulfilling international obligations. Those reports are very important.

Mr. Deputy Speaker, Sir, kindly allow me to speak for another 30 seconds for me to say this: Kenya signs the Comprehensive Economic Partnership Agreements (CEPA) with other countries, including countries in the Middle East. Time has come for us, as Members of this House, to look into the details of those agreements and see what the host countries give as their commitment in ensuring that the fundamental rights of the citizens from this country that work in those countries are guaranteed.

It is not fair for us to see videos of many of our young people working particularly in the Middle East being harassed. Some of them are even killed yet there is no consequence. There must be a consequence to the host country because all those agreements are signed, approved and ratified by this House. Therefore, it is our duty to follow through to ensure that the rights of Kenyans who work in those countries are guaranteed.

With those many remarks, I beg to reply. Finally, pursuant to Standing Order No.66(3), I request for the deferment of the putting of the question until a later date. I thank you.

The Deputy Speaker (Sen. Kathuri): Very well. The putting of the question has been deferred.

(Putting of the question on the Motion deferred)

The Deputy Speaker (Sen. Kathuri): Hon. Senators, I want to reorganise the order of business this afternoon. We defer Order No.10 to Order No.14. Those are Committee of the Whole.

BILLS

COMMITTEE OF THE WHOLE

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

(Committee of the Whole deferred)

COMMITTEE OF THE WHOLE

THE LABOUR MIGRATION AND MANAGEMENT (NO.2) BILL
(SENATE BILLS NO.42 OF 2024)

(Committee of the Whole deferred)

COMMITTEE OF THE WHOLE

THE COUNTY GOVERNMENTS ELECTION LAWS (AMENDMENT)
BILL (SENATE BILLS NO.2 OF 2024)

(Committee of the Whole deferred)

COMMITTEE OF THE WHOLE

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

(Committee of the Whole deferred)

COMMITTEE OF THE WHOLE

THE COUNTY LIBRARY SERVICES BILL
(SENATE BILLS NO.40 OF 2024)

(Committee of the Whole deferred)

The Deputy Speaker (Sen. Kathuri): We go to Order No. 15.

MOTION

ADOPTION OF REPORT ON PETITION ON COMPENSATION OF SUGARCANE CROP DAMAGED IN PAP/ORIANG', SIAYA COUNTY

THAT, the Senate adopts the Report of the Standing Committee on Roads, Transportation and Housing on a Petition to the Senate by Mr. Francis Otieno regarding compensation for sugarcane crop damaged by the Department of Public Works, Roads, Energy and Transport in Pap/Oriang' in Siaya County, laid on the Table of the Senate on Wednesday, 12th November, 2025.

(Sen. Oketch Gicheru on 19.11.2025 - Afternoon Sitting)

(Resumption of debate interrupted on 19.11.2025 - Afternoon Sitting)

The Deputy Speaker (Sen. Kathuri): This Motion was discussed on Wednesday, 19th November, 2025 - Afternoon Sitting. If Sen. Kinyua is around, he has a balance of 16 minutes. If he is not around, we will go to Sen. Mungatana.

Sen. Mungatana, MGH: Thank you, Mr. Deputy Speaker, Sir, for giving me the opportunity to debate this Report.

Mr. Deputy Speaker, Sir, this Report was occasioned by one Mr. Francis Otieno who wanted compensation for the damage on his sugarcane crop by the Department of Public Works, Roads, Energy and Transport in Pap/Oriang' in Siaya County. I want to commend the efforts by the Petitioner who sought that the Senate Committee would intervene and help him out solve this problem.

I appreciate the Chairperson of this Committee, the Senator for Migori County, for the work they put in together with the team of Hon. Members from here. They went to hear this petitioner and the complaints that he had. Having listened to what the petitioner had put before the House and having looked at all the factors that influenced their decision, I am convinced that our Senate Committee, in a way, did not do what our citizens expected of it.

If you look at what the Committee has recommended, you will note that it made an interesting recommendation. It said that when the matter was initially presented to the Senate, the information indicated the existence of a dispute between the petitioner and a contractor hired by the county government. However, further interrogation of the matter revealed that this was a private dispute between the petitioner and the contractor, Mr. Aineah Odhiambo. The Committee, therefore, recommends that the petitioner refers the matter to the appropriate bodies mandated to arbitrate or adjudicate private disputes.

The question that begs is: if you are seized of the matter and a citizen has come and made an appeal before the Senate Committee and they have done all the due diligence, why can the Senate Committee not give an opinion? They could have given a finding that yes, there is a genuine complaint. A road was diverted from the initial

direction to another direction. Sugarcane crop valued this amount was destroyed and that yes, the petitioner is entitled to compensation. All this was not done. Instead, our petitioner, who saw that this is his last resort to getting justice was again referred to other adjudicative bodies.

Mr. Deputy Speaker, Sir, I believe that we have power to deal with matters such as this and an opinion of the Senate Committee, which we would adopt here in the House, as the opinion of the Senate, would have added weight, even if it would have meant that the petitioner should follow up with other due processes. It would have added weight. However, for the Committee to tell us that they should ask the petitioner to go to other adjudicative bodies, I feel that justice was not granted to the petitioner, the citizen, who came before the Senate.

Mr. Deputy Speaker, Sir, if this was the case, they should have said this at the very beginning. I do not think the Committee did the correct thing by taking time and getting a citizen to put all the effort and then you leave him high and dry. Perhaps going forward, we need to review our approach to these matters.

Having said this, I would like to tell the petitioner that he should not give up. The work that you have done, and your sugarcane must not go to waste. You must pursue the damages that you have incurred. You must do so to get justice because it is not right.

Mr. Deputy Speaker, Sir, when a farmer goes into the processes of farming, they spend a lot of money and energy. For some of us, it is also emotional when you see the crop coming up and the way it is looking green and swinging with the wind. In our custom, people have created songs about food crops. When rice is swinging in the air, our people have created songs to praise it. There is cultural attachment to crop for those who are serious farmers. So, for your crop to be damaged, not by natural circumstances such as flooding, change of weather or excess rains, but by a tractor, just because they decided to change the road, they come into your land as they came to the petitioner's land here, it is wrong. This is why this man came to the Senate.

Mr. Deputy Speaker, Sir, in my opinion, we did not do justice through our Committee, by telling him to go and get other adjudicative remedies. The point must be made to the county government and to the State Department for Public Works. They must be sensitive to our people, our citizens. They must be sensitive to those who have put in effort to invest in farming. You must be sensitive before you go on destroying crops. It is a very sad thing. Some of our people have very strong attachment to animals like cows and bulls. However, some of our cultures have very strong attachment, equal if not more, to crops. So, it is wrong to treat this like trash by sending tractors over people's lands without proper permission from the person who has put all that effort.

I sympathise with the petitioner, Mr. Francis Otieno, and would like to tell him that he should not stop here. Go on and find your rights.

I thank you, Mr. Deputy Speaker, Sir, for the opportunity to contribute.

The Deputy Speaker (Sen. Kathuri): Next is Sen. Okenyuri Esther.

Sen. Okenyuri: Thank you, Mr. Deputy Speaker, Sir.

I wish to comment on the report by the Senate Standing Committee on Roads, Transportation and Housing. I equally share the sentiments of the Tana River County Senator, Mungatana, because after going through their recommendations and

observations, I feel it was very unfair for the Committee to just say that the petitioner should refer the matter to appropriate bodies as the Senate is not mandated to arbitrate or adjudicate private disputes. The bottom line is that Mr. Otieno never received justice.

In my opinion, the Committee should go a step further and even try to give some kind of reprieve or advice to Mr. Otieno because in this matter, he is a member of the public. When members of the public come to the Senate, they hope that we, as their representatives are going to look into their issues and speak on their behalf. So, we can also not be part of the tossing that they are undergoing out there. For them to come to Parliament, they are looking at Parliament as the last resort for them.

So, in my opinion, the Committee recommendations are not convincing enough because Mr. Otieno has not received the justice that he needed because some of the facts are not disputed. For instance, they have not disputed that the sugarcane was destroyed. So, when you say he needs to look for other avenues for him to get compensation, I fail to understand because already it has been proven that the sugarcane was destroyed and an assessment was done. The discussion here is that there were different amounts of compensation suggested.

Perhaps that should have been the point of discussion, not tossing him around to look for other avenues of getting redress. I share my views that the recommendations are not satisfactory.

Thank you.

The Deputy Speaker (Sen. Kathuri): Sen. Joyce Chepkoech Korir, please proceed.

Sen. Korir: Thank you, Mr. Deputy Speaker, Sir, for giving me this chance to also contribute on this report by the Committee.

I would like to stand with the rest of the Members in terms of how the Committee has handled this matter. Since the matter is before the Senate, it would be prudent for this House to give justice to Mr. Otieno. I would want to request that the Committee should move further in terms of having a thorough investigation and fact finding to see the best way forward in terms of making sure that justice is served to Mr. Otieno.

I submit.

The Deputy Speaker (Sen. Kathuri): Hon. Senators, there is no other Senator willing to contribute to this Motion. Therefore, we defer the replying by the Mover until next time.

(Reply to the Motion deferred)

Next Order.

MOTION**ADOPTION OF REPORT OF COMMITTEE ON HEALTH ON OVERSIGHT
NETWORKING ENGAGEMENTS IN LAIKIPIA AND MERU COUNTIES**

The Deputy Speaker (Sen. Kathuri): Chairperson, Standing Committee on Health.

Sen. Mariam Omar: Thank you, Mr. Deputy Speaker, Sir. On behalf of the Chairperson, I beg to move: -

THAT, the Senate adopts the Report of the Standing Committee on Health on the County Oversight Networking Engagements in Laikipia and Meru Counties laid on the Table of the Senate on Tuesday, 11th November, 2025.

The Report before the House contains the outcome of the comprehensive evidence gathering exercise undertaken by the Committee on Health to oversight deliveries of the medical service, public health and sanitation in Laikipia and Meru counties on 18th to 20th June, 2025. The oversight visit was adopted as a mode of the operation by the Committee in order to gather evidence and augment information received within the precincts of Parliament. That was the key part of how it engaged with the members of the public.

The primary objective of this engagement was critical to our oversight role. It includes-

(1) To assess and state the quality of the infrastructure, facility and hospital equipment and provision of emergency services;

(2) To assess the availability of the healthcare personnel, the gaps and the challenges faced by the counties regarding human resource for health;

(3) To assess the availability of drugs and medical supply in the health facility; and,

(4) To obtain information on the Social Health Authority (SHA) reimbursements, the facility accreditation and the pending bills on Kenya Medical Supplies Agency (KEMSA).

In selected the facilities for assessment, the following health facilities in the two counties were visited-

(1) Nyahururu County Referral Hospital and Nanyuki Teaching and Referral Hospital in Laikipia County; and,

(2) Meru Teaching and Referral Hospital (MTFH), Timau Sub-County Hospital and Kibirichia Sub-County Hospital.

The Committee identified several challenges on healthcare delivery in both Laikipia and Meru counties. The challenges are structural, undermining the quality and accessibility of healthcare.

Laikipia County is characterised by over-stretching resources and depleting infrastructure. The healthcare facilities face a unique funding strain as they serve the residents from six neighbouring counties; that is, Nyeri, Samburu, Nakuru, Isiolo, Meru and Nyandarua. This over-stretches both the human and financial resources. We witnessed infrastructure deficits in the facility visited.

The healthcare facility structure is in critical state of disrepair. Observation at Nyahururu County Referral Hospital include missing window panels, broken tiles and deteriorated ceiling and damaged beds.

The maternity and outpatient departments in Nanyuki County Referral Hospital were extremely overcrowded. All the maternity wards had shortage of beds, making some women share single beds. This raises a serious concern on infection risk and patient discomfort. Nyahururu Referral Hospital also experienced the patient sharing of beds due to over-stretching of the capacity.

There is an acute shortage of infant incubators in the newborn unit at Nanyuki County Referral Hospital. The Committee was informed that makeshift incubators, such as cardboard and cartons were reportedly in use. Both facilities visited in Laikipia County lacked operational Intensive Care Unit (ICU) beds.

The Committee further observed that mortuary facilities are severely over-stretched. Nyahururu County Referral Hospital was designed for 18 bodies, but held 61 bodies. Nanyuki Referral Hospital was designed for only 12 bodies, but had 62 bodies.

Laikipia County also reported persistent drug supply challenges from KEMSA, with a re-order level rate ranging between 50 and 70 per cent. Inefficiencies in management also led to prevalence of expiring pharmaceutical and unused medical stocks at both facilities. Sadly, the incinerator at Nyahururu Referral Hospital was non-functional, resulting in hazard and accumulation of the medical and biohazard waste.

Mr. Deputy Speaker, Sir, in Meru County, the Committee observed that the healthcare facility was riddled with a referral strain. The Meru Referral Hospital serves a population of approximately 1.4 million people, in addition to patients from the surrounding counties. This leads to compounding of the budget pressures, particularly on critical and specialised service.

The Committee observed that Timau Sub-County Hospital suffers from a chronic shortage of medical human resource. During the visits, we found only two pharmacists and eight clinical officers working at the facilities. The maternity ward was deserted due to the poor infrastructure and possible staffing challenges. It lacked a dedicated theatre and a newborn unit. Critical projects, including the Timau Mortuary had stalled. One of the buildings was condemned for structural instability. The facility also used banned asbestos for roofing, which violates the occupational safety standards.

The Committee also visited Kibirichia Sub-County Hospital impromptu. We observed that they lack critical infrastructure like functioning mortuary, staff housing and specialised units. The operational ambulance at the facility was poorly maintained and used for storing expiry drugs.

At Meru County Referral Hospital, the Committee observed congestion and equipment failure. The maternity wards were congested, with some patients sharing beds due to the high referral inflows. The mortuary was designed for 60 bodies, but had 200 bodies at the time of the visit, reflecting wider infrastructural challenges.

The Committee also observed that Intensive Care Unit (ICU) and High Dependency Unit (HDU) equipment provided under the Managed Equipment Services (MES) programme were out of services due to lack of maintenance supports after the

contract expired. The renal units had only five functional hemodialysis machines out of 10 due to the lack of consumables and reagents.

The Committee consolidated its finding into four primary systematic challenges that are hindering the healthcare delivery in the devolved units. These include: the health sector funding, the human resource for the health, the health infrastructure and provision and management of health products and technologies.

Although both counties increased their health sector budgets, funding remains insufficient relative to the magnitude of the devolved health needs and the population served. The majority of the health budgets are consumed by the staff service and the drug supplies, leaving limited resource for the infrastructure development, equipment acquisitions and service expansion.

Development allocations are frequently under-implemented or reallocated to recover immediate recurrent expenditures, resulting in incomplete projects such as mortuaries and incinerators. The Committee observed that Meru County is heavily dependent on Social Health Insurance Fund (SHIF) reimbursements to cover the wage bill, but delays and inconsistencies severely strain facility liquidity.

Both counties face an inadequate number of healthcare workers across nearly all departments. This shortfall, due to natural attrition and expanding scope of services, means existing staff are overburdened, leading to burnout and a decline in the quality of healthcare.

The distribution of health workers disproportionately favours higher level hospitals, leaving sub-county and peripheral facilities severely understaffed, with rural areas particularly vulnerable. Specialist healthcare workers in critical care, pharmacy, laboratory sciences and mental health remain scarce. This shortage has compelled facilities to implement inappropriate task shifting, where less-skilled staff undertake specialized roles, adversely affecting patient safety.

Facility infrastructure is in a critical state of disrepair, with significant deficits observed including missing window panes, broken tiles, dilapidated roofs, falling ceilings and condemned structures. Crucial projects such as mortuary, waste disposal systems and ICUs are either stalled or incomplete.

The continued use of banned materials such as asbestos roofing compromises safety. Inadequate waste management systems, exemplified by non-working incinerators, have resulted in the hazardous accumulation of biohazardous waste. Healthcare facilities lack essential equipment, demonstrated by the critical shortage of incubators, beds and equipment, functional dialysis machines and outdated laboratory items.

The absence of digital inventory and the supply chain management systems has led to frequent discrepancies between the records and actual stock levels. This impedes efficient restocking and contributes to losses and wastage.

The accumulation of expired drugs was a common occurrence, frequently stored in unlocked or inappropriate locations. In most of the hospitals we had visited, the expired drugs were on the shelves of the pharmacy resulting in the risk of accidental dispensing and posing a serious breach of patient safety standards.

The report presents a comprehensive analysis and makes firm recommendations aimed at strengthening healthcare systems, enhancing accountability and ensuring

investments translate into tangible service delivery improvements. The Committee's recommendations are directed to key stakeholders-

(1) The Pharmacy and Poisons Board (PPB) must establish and enforce robust protocols for pharmaceutical waste management and proper disposal of expired drugs. They must undertake regular audits, ensuring expired drugs are promptly withdrawn and safely destroyed and table audit reports to the Senate every six months. Furthermore, the PPB should implement digital inventory management systems across all the facilities in the 47 counties to ensure traceability and efficiency.

(2) The Council of Governors (CoG) must direct all county governments to expedite operationalise the Facilities Improvement Financing (FIF) Act, 2023, to enable retention and transparent use of facility generated revenues for infrastructure and service upgrades. Meru County specifically needs to enact this legislation to retain facility generated revenue.

(3) The Committee has also recommended that the Governor, Laikipia County must convert healthcare workers under short-term contracts into permanent and pensionable terms, invest in continuous professional development and ensure timely payment of salaries and statutory remittances to improve motivation and retention. The Governor must also upgrade healthcare facilities by expanding units, operationalizing of the ICU and completing stalled projects such as mortuaries and incinerators.

The challenges identified were: Overcrowded wards, critical equipment shortages, endemic staff burnout and lapses in pharmaceutical safety; demand immediate attention and comprehensive commitment from all levels of government.

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) of the Senate Standing Orders.

Let me add also some issues. These counties must implement the recommendations of our Report as soon as possible. The health function is devolved and we need all the counties to be upstanding and implement the recommendation. This must be initiated as soon as possible, so that service delivery to the citizens must be adhered to.

I request Sen. Cherarkey to second.

Thank you, Mr. Deputy Speaker, Sir.

The Deputy Speaker (Sen. Kathuri): Sen. Cherarkey, are you a Member of the Health Committee?

Sen. Cherarkey: Thank you very much, Mr. Deputy Speaker. First, I want to thank my elder sister, Sen. Mariam Omar, who is the Vice-Chairperson of the Committee on Health, for ably moving. I know you are very interested with this Report because it touches on Meru also and Nanyuki.

I think you need to protect me from Sen. Tabitha and Sen. Omtatah. Interestingly, Sen Omtatah is dressed like there is a wedding today. I think you need to revise your Speaker's rules because I think it is okay, it is approaching December, but he should wait until the weddings are many in Busia. He is in a celebratory mood after what he said in the morning.

As I rise to move, I am impressed by the Report and I want to request the Committee on Health to visit Kericho, Nandi, Nakuru and all counties virtually. I have

already insisted that if we want to know the functionality of devolution, there is only one yardstick; the issue of health. If health is working, devolution is working.

I do not know whether Kericho County Referral Hospital has been opened. How do you close a hospital? If you want to see the wonders of the world, just visit Kericho County and you will be shocked. How do you close a hospital in Kericho? I have never heard of something like that. It is like closing a police station. I am always surprised that the seventh wonder, which is wildebeest migration, is what is happening in the devolution sector in this country. Let us ensure that devolution works.

I am happy that one of the committees that is defining this session of the Senate is the Committee on Health. There are many challenges bedeviling the sector. Let me give an upshot. We have inadequate number of health workers across the counties. What shocks me is that counties have gone beyond 35 per cent that is recommended for the wage bill. For example, Murang'a is at 54 per cent while Meru is above 35 per cent that is provided by the law. Nandi and Kisii are approaching 60 per cent, while Nairobi is worse off because it is headed to the craziest number. Despite that, when you go to a hospital, you are told that there are no adequate staff to serve a critical sector. It is the same case in Meru and Nanyuki.

Another issue is the burnout. Why is it that governors can hire people to carry their seats or VIP toilets to official functions but they cannot hire nurses and doctors who include gynecologists and pediatricians to assist our people?

I was shocked when we went to Busia. In fact, Busia should be declared a crime scene. Let alone small facilities, Busia County Referral Hospital does not have a functional ambulance yet that is the county referral hospital. We have a problem. I hope we will discuss when the report on health will be tabled.

The next issue I would like to point out is the infrastructure. It is sad that we have a state of disrepair. There are no window panes on buildings. You will find broken tiles, dilapidated roofs, falling ceilings and condemned structures. It appears that when you visit hospitals in Nanyuki and Meru, you become more sick. That is very sad because that is the report I have read. Let us be honest. When you walk into a hospital, you become more sick.

When I visited Kapsabet County Referral Hospital recently, I discovered that they cannot even wash bedsheets or clean the hospital. How can they treat patients if that is the case? The lighting is also poor. I went to the ablution block used by patients and it was pathetic. I met some patients in Kapsabet County Referral Hospital who told me that they should be released to go and die at home and I almost cried. It is not easy for a Kalenjin man to cry because it is a curse.

Mr. Deputy Speaker, Sir, there are also other several sections that remain underequipped such as mortuaries. You have heard that the capacity of Meru Teaching and Referral Hospital (MeTRH) mortuary is 60, but there were 200 bodies. *Yani* you suffer while alive and you also suffer in death! You mean governors cannot buy refrigerators to preserve the bodies? Even dignity in death is a problem in our counties! MeTRH is better since it has a mortuary because we do not have one in Nandi. A sum of Kshs100 million that was allocated by Governor Sang disappeared into thin air. Maybe he will vie for Member of Parliament (MP) for Aldai.

We need to have waste disposal systems for things like syringes and usables like blood and many others. There is also the issue of Intensive Care Units (ICUs). I thought when we had COVID-19, counties learnt something about ICUs.

I would like to state this to the House. Can you believe that Laikipia County allocated in Financial Year (FY) 2024/2025 Kshs1.03 billion to the health sector, but they still have problems? I am going to demonstrate. In fact, recurrent budget was Kshs206.48 million while Kshs822.2 million was for development expenditure. During that financial year, they spent Kshs33.7 million only and Kshs39.9 million on development, but there are condemned buildings with missing window panes and the mortuary is not functional.

They are supposed to have incinerators for destroying things like syringes, blood samples and many others, but they are not functional. You mean our counties have sunk this low? To construct an incinerator, you just need bricks to come up with a simple structure. Is that how devolution has sunk?

Mr. Deputy Speaker, Sir, let me talk about yours, the county that I respect so much. That is the county of *Njuri Ncheke*, which is the county of Sen. Kathuri Murungi. In the FY 2024/2025, the county was allocated Kshs3.782 billion, of which Kshs2.983 billion was for recurrent expenditure while Kshs798 million for development expenditure, but you do not have a mortuary, window panes are missing and there is no incinerator. I will demonstrate shortly.

The only person who has seen the use of billions in this room is the Senator for Nakuru, Sen. Tabitha Keroche. It is called girl power.

(Applause)

Up to the second quarter, the county had spent Kshs1.4 billion on recurrent expenditure, but there are no drugs in Meru. What are they spending on?

Mr. Deputy Speaker, Sir, it is good that you are sitting on that seat as we discuss your report. We are talking about Kshs441 million for development. In line with the Facilities Improvement Financing Act, in FY 2024/2025, the county collected Kshs41.3 million. I used the Senator for Nakuru as an example, so that she can explain to us what a billion means in terms of development.

Mr. Deputy Speaker, Sir, let me point out two issues quickly. I will start with Laikipia and then conclude with your county, which is Meru. That is about Nyahururu County Referral Hospital. I have heard this argument by the counties that, for example, Nyahururu County Referral Hospital treats patients from Samburu, Nyeri, Nakuru and Nyandarua, which does not make sense. They will even talk about the number of dialysis machines. While the capacity of the mortuary is 18, there were 61 bodies preserved in the mortuary in Nyahururu County Referral Hospital. It means the bodies are being stacked like slices of bread. The issue of overcrowding at Nyahururu County Referral Hospital is unfortunate.

Another issue is pharmaceutical infrastructure and maintenance. It is very bad because the infrastructure is in a poor state there. I am happy that there are photos. I wish colleagues could have this report because you can see the situation when you look at the

photos. I want to believe this is a dental unit and you can see that the building is dilapidated.

We also have photos provided in this report showing waste management. They cannot even manage the waste. What does that do to the environment? It is unfortunate. You can also see the pharmacy. I want to thank the President because he directed the Kenya Medical Supplies Authority (KEMSA) to do distribution of drugs.

I have tried to condense all the issues. We have the same issues at the Nanyuki Teaching and Referral Hospital (NTRH). The mortuary, critical care, stock supply, overcrowding and pharmaceutical records are still a problem in NTRH and that is unfortunate.

Mr. Deputy Speaker, Sir, I am told that the food they give patients in NCRH cannot be given to a normal human being in Nanyuki. You know when you are sick, you need proteins, carbohydrates and maybe, vegetables. We know that area has potatoes, but that is not the justification to feed potatoes and *githeri* to patients. Patients need to recover by eating well. They allocate this money. This money does not belong to governors, it belongs to the people of Kenya.

Mr. Deputy Speaker, Sir, let me land now properly in your county, Meru and start with Timau. I will be making quick observations. In Timau, infrastructure and human resource, in fact, there is insufficient and obsolete equipment. Remember, you have allocated more than three-point something billion to the health sector. However, when you go to Timau and look at the photos - and I am happy that the Committee provided photos - this place is deserted and there are many stalled and incomplete projects. The Governor must up his game.

We know there were challenges at the beginning of the county government, but that one is no justification for poor performance in terms of incomplete projects in Timau. For the issue of land asset, the asset register must be looked at. The issue of waste is a simple thing. The incinerator, to manage the waste that comes from the hospital, like syringes and other waste generated from Timau is of concern.

Mr. Deputy Speaker, Sir, let me go to Kibirichia Sub-County Hospital. There are similar issues with the pharmaceutical and supply chains, infrastructure and equipment. There are no theatres and laundry. Even washing bedsheets in Kibirichia that have been used is not being done. This is a non-functional raising concern. I also agree that the issue of human resource is a cross-cutting issue in this hospital.

The issue of pharmacy and drugs is still a problem in Kibirichia. The ambulance is the only one that is functional in that hospital and you can imagine the population of Meru County is quite significant. You only have one ambulance in Kibirichia which is operational and the allegations we are getting is that apart from expired drugs, you must pay to use that ambulance. Just what we do in Nandi. In Nandi, if you have to use an ambulance in any facility, you must give out Kshs1,000 for fuel, which I found very unfortunate in this day and era, undermining Article 43 of the Constitution. Finally, is to conclude with the Meru Teaching and Referral Hospital (MTRH). The issue of the mortuary is still a problem.

Mental health services, inpatient and psychiatric and they are getting from Mandera. This issue of mental health is critical and important. There is depression.

People are committing suicide. As we approach elections, people who lose elections also need mental healthcare. There is also postpartum issues of mental health care. I have seen one of our colleagues is almost getting mental problems over Malava elections. This issue of mental should be taken seriously. It is a serious issue. Depression is real.

(An hon. Senator spoke off record)

I am not allowed to name without a substantive Motion and under Standing Order No.101(1). You know that person I am referring to.

Mr. Deputy Speaker, Sir, there is the issue of ICU and maternities. God has commanded us in Genesis that we must fill the earth. The people of Meru deserve better maternity services to ensure they continue to procreate in numbers and even for God ordained.

There is also the issue of oncology and cancer centers. By and large, this report has really given details and I hope colleagues would want to sit and listen as I second. I congratulate the Committee for this wonderful report and thank them. As we go to the new year, please make sure you visit a number of facilities across.

With those remarks, it is now my humble duty and honour to second this report of the Standing Committee on Health on the County Oversight and Network Engagements in Laikipia and Meru Counties.

I thank you, Mr. Deputy Speaker, Sir.

(Question proposed)

The Deputy Speaker Sir (Sen. Kathuri): I now call upon Senators wishing to contribute. I will start with the senior leader, Cheruiyot Aaron, so that you can go and do other duties for the nation.

The Senate Majority Leader (Sen. Cheruiyot): Thank you, Mr. Deputy Speaker, Sir. That is why with age comes wisdom.

The Deputy Speaker Sir (Sen. Kathuri): Of course, yes.

The Senate Majority Leader (Sen. Cheruiyot): I appreciate you. I first begin by commending the Committee on Health. This is one of the most active committees of this House and I appreciate that consistently, they bring reports to this House, laying bare the true state of the nation and the true state of devolution as expected by our Constitution in Article 96.

We represent counties and their interests. I must appreciate that county governments continue to struggle and, indeed, Sen. Cherarkey is right when he posits that the true measure of performance at county level is provision of health services. If you want to know a county governor is working, check on the state of health facilities in their county.

If you also want to know a thief of a county government, you will see the operations. You will hear it because one of the most difficult things to hide is provision of health services, because it is immediate. When people walk into health facilities, they can tell whether that health facility is working or not working.

I must appreciate this new way of working by our committees in the form of field studies because I see every week a particular committee is visiting a county. They are checking on Early Childhood Development Education (ECDE) centers, the Committee on Education. I saw another time, the Committee on Trade, Industrialisation and Tourism was checking on markets and things like that, much as many of the markets are being built by national government.

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

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

Mr. Temporary Speaker, Sir, it is my hope that during the December recess, we will manage to convince our colleagues in the National Assembly that as they pass the budget, part of the portion of the Affordable Housing Fund that is being used to develop markets should be part of what is being devolved to counties. I understand their concerns about the costing and all other things like the quality of the works that should be done. However, I read the report and listened.

I do not know whether Sen. Mungatana listened to the leadership atop the Ministry of Lands, Public Works, Housing and Urban Development. One of the things they struggled with as a procuring entity is the nature of the contracts that they have to enter which run into the hundreds. I believe counties have capacity. We should allow them to do some of these things. We can agree and say that these are the standardised costs beyond which a market should not go beyond. Like what Public Works used to do back in the day when things were working well before corruption took over the public sector.

Sen. Omtatah, counties have shown us things. If you leave it free for all, you will see a two-story building and you are told it consumed Kshs1.6 billion and a governor will proudly walk to open it. So, we must set the checks and balances without denying counties the necessary support to perform functions which we know they are able to.

Like procuring of markets is something that I am deeply convinced of. I say this in public and in private; I have told my colleagues from the National Assembly. I have also told Hon. Kimani Ichung'wa many times about this and I have said it even in meetings where the President is; that from our perspective as a Senate, in some of these nationally rolled out programmes, some of them are better run by county governments. As long as we set the necessary checks to ensure that the original dream and vision is not lost, especially on issues to do with cost, standards and the time frame which it takes to execute some of them.

Some of the counties may shock you, Mr. Temporary Speaker, Sir. They will execute it way faster than the national Government. Part of the struggle the national Government continues to face, by insisting on holding on to these funds, is that the supervisory element of those funds is very low. For example, none the markets that President William Ruto launched at the beginning of this year in my own county of Kericho is beyond 40 per cent done. I believe, if those funds were being administered at

the county level, that contractor would almost be finishing today. We need to send the funds as conditional grants, so that they are not diverted to do other things.

It should be known that these funds are specifically for building this number of markets in Taita Taveta at this cost, for example. Sen. Mwaruma, counties should also procure the contractors competitively, so that you even give a chance to local entrepreneurs from Mulolwe and Voi to compete for those programmes.

Mr. Temporary Speaker, Sir, anyway, I do not want to divert from the original report, I was just speaking to the point that it is in the place of this House to speak for devolution and make sure that we work to ensure that it succeeds in this country.

I make the case this afternoon, having read this report that the Senate's Health Committee has actually outdone itself and I appreciate them. What began as an innocent venture out to counties - I know how this field visits began, they said to let them just explore and learn - has given them a lot of insight on the operation of health facilities in our county and the sorry state that exists.

Colleague Senators, we should never lose sight of how it feels to be an ordinary citizen. As leaders, ordinarily, our life is made very comfortable. You have a health cover that takes care of you and your children when you are unwell. For example, on account of at least good health, I do not remember the last time I struggled with a medical bill for my immediate family. That ought to be the dream of the people that you represent, not just for us, the leaders alone.

Sen. Mungatana, it ought to be the work that we strive to do each and every day to ensure that we achieve that. Particularly, for the rural folks that you and I represent and the rest of us, that come from parts of the country that you can easily refer to as the forgotten corners of a country.

This report speaks about two counties; Laikipia and Meru, yet you could easily remove the name Laikipia and Meru, and it would be the story of each of the 47 devolved units. Mortuaries that are not working, drug refill rates that are below 50 per cent and dilapidated facilities in those health centres; that is a dream. That is why I continue to insist that if there is a report that I am looking forward to, Sen. Mungatana, it is the report that Cabinet Secretary, Duale, will table on the operations of Social Health Authority (SHA) for the last one year.

Mr. Temporary Speaker, I do not think I have ever repeated a point in this House like I am doing on this particular topic; I think this is the 10th time. That report must contain the total compensation to public health facilities in all our counties for the last one year. So that I am able to go back to my people and tell them that the more they register and make use of their public health facilities, the more compensation they get. If they put that money to prudent use when they are compensated, then they improve the status of that facility.

One time, I gave the example of a time I visited the Kericho County Referral Hospital. The medical superintendent told me that one of the things they appreciate most about SHA is that the amount of bills they write off on a monthly basis has gone down from Kshs10 million to less than a million. That when citizens who had been treated and recovered were presented with a bill, they would say that they do not have a medical cover and thus, had no way of meeting the bill. The social worker would then detain them

for a week and on the second week, they realise that it is even expensive to keep them in the hospital because when you keep them there, you have to feed them. They are then just released to go home.

Thanks to SHA, many of the patients that were coming at that time were presenting their registration and were getting up to 70 per cent of their bills being paid, particularly, in public health facilities. This is about three or four months after the launch of SHA, when I visited that hospital. That helped to stabilise things. I say this to our colleagues, Sen. Sifuna and the rest, who had a different view of SHA earlier on.

Secondly, remember, the genius of SHA is on account of compensation to public institutions, that is something that ought to be supported. Why? It is because when you put resources into public institutions and ensure that they are put to prudent use, those facilities improve naturally. They are able to buy linen; restock their medicine supplies; pay their personnel; keep a clean health facility and do capital projects if they build sufficient capital. Things that they would never have dreamt about if that programme had not been sufficiently run.

The second and most important thing about this that we are speaking about today is the drug refill rate. For Laikipia County, they said that one of the two facilities that they visited was at 40 per cent, while the other one was at 30 per cent, I think. This is rather unfortunate because it basically means after the diagnosis, the patients actually have to go to buy medicine from a chemist outside that health facility. Most of the time, that chemist is owned by the same medical personnel that work in those public institutions.

Since this is something that the President mentioned in the State of the Nation Address, I hope that somehow, there will be a partnership between county governments and the Kenya Medical Supplies Authority (KEMSA). This will ensure a higher refill rate in our public institutions because unlike in the past, they are now guaranteed of payment. There are lesser people showing up to public health institutions without the ability to pay and, therefore, KEMSA can release those drugs and refill these institutions better.

However, it need not to be at the Level 4 and 5 hospitals alone, it should even be at the primary health care level, from Level 1 to Level 3. That ought to be the operating standard, so that when a person walks to a public health dispensary deep down in the village and the doctor or the attending physician diagnoses them accurately and correctly, they go back home with medication. That is the dream of a working public health care.

In fact, I dare say, if we resolve the issue of health care at the primary healthcare level, we will make more savings in terms of the public resources that we spend under health because when you give treatment at the first sign of medical challenge, then you save on cost. That is something we are all aware of.

Mr. Temporary Speaker, infrastructure is a critical issue that is being mentioned in this report. That jointly, in the counties of Laikipia and Meru, the infrastructure was actually found to be in terrible state of disrepair. There were missing window panes, broken tiles, dilapidated roofs, falling ceilings and condemned structures. Like I have said, this can be Busia, Kericho, Taita Taveta, Tana River or Kisi counties. This is the story of our public health facilities in all the devolved units. It is something that we must

think about. That is why I keep on insisting that one thing SHA must do is to get a balance of compensation to public health institutions *vis-à-vis* the private ones. I am saying that because I know for a fact that part of the things that sank NHIF was, for double the cost, private institutions were getting their compensation in lieu of service three, four or five times faster than public institutions.

If you went to a scan at Longisa and you are a National Hospital Insurance Fund (NHIF) registered member, Longisa would have to wait for close to a year before they were compensated about Kshs8,000, yet the facility next door, a small clinic, belonging to well-connected individuals, would first bill NHIF Kshs16,000 or Kshs30,000 and be paid within a week or two, depending on how quickly they bring back a kickback to the head office here.

That is something that technology has helped us to kick out because as it is, with the aid of AI and technology, those are not things that are not possible anymore. Payment has been standardized across all hospitals, from public to private. What the Social Health Authority (SHA) covers is publicly known. If it is dialysis, it is known to be this amount. If it is healthcare provision, under the treatment, say, of cancer, you know the proposal that was made at the State of the Nation address, that from 1st of December will be moved from Kshs500,000, I think, to Kshs800,000 per patient, something like that. I do not want to quote wrong figures, but it is in the State of the Nation speech. We can countercheck.

That information is known. That is the only way and we must get our county governments to put that resource to prudent use. We are waiting for that report from SHA to be tabled in this House--- Members of Committee on Health and Vice Chair, Madam Mariam is here--- because we want to see now, after money has gone to these facilities--- Remember, we passed the Facility Improvement Fee (FIF) fee and we ring-fenced it. It can never be used for anything else.

Previously, Sen. Mungatana, if you did not know, you would find county assemblies not knowing where to source medicine from, but knowing where to buy dust and murram from. They will take money from health facilities and inflate the budget of the roads department, because they can easily procure murram, but they do not know where to buy syringes and other things from. We made sure that in the FIF law, we ring-fenced the resources that are raised and the compensation that goes back to health facilities is purely for running health institutions.

It will be important, once Cabinet Secretary Duale lays the report in this House, to check how much compensation Hola Sub-county hospital has received in the last number of years. What has it done previously? Remember, that same hospital used to survive on perhaps 20 to 30 per cent of that budget only. What improvement has the Governor made in that health institution since that compensation improved?

That is what we must begin to question and find out from these institutions. This is because many of our health facilities today, especially the public ones, are receiving over and above 50 to 70 per cent of what they previously used to receive. As it is today, we must see improvement. We cannot allow hospitals to remain as they were, as captured in this particular report. We must see Governors now, allow patients to get clean linen, use clean toilets, have staff compensated, and not have staff who are asking for a bribe

from patients' families because they say they have stayed for two to three months without pay. Those must now be things of the past.

I hope these are the reports that our colleagues from the Committee on Health will be tabling by the time we come back in February. We will appreciate. I want to carry the excerpt of the page that will have Kericho County and the facilities there, so that you can physically go and inspect and ask who is in charge of this dispensary. You have received about Kshs80,000 from SHA. Previously, there were no such funds that were coming in. How are you using them to improve this particular facility? So that this SHA and our public health infrastructure can be seen to work and improve in making things better.

In conclusion, I just wish to remind all of us that this is not a Meru or Laikipia story. This report by our colleagues is a story of public health in our devolved units and it is something that we must speak about boldly. The absence of mortuary facilities that you hear, for example, in Laikipia--- They said a mortuary that was meant for 16 people was housing 61. It is what Sen. Cherarkey cheekily called 'you suffer in life and even in death'. That you are squeezed in life and squeezed in death as well. That cannot be obtained as a situation in our public institutions.

Therefore, I congratulate you, Sen. Mariam Sheik and the leadership of the Committee on Health and all the Members who continue to do this, because as a House, we must prioritise healthcare. It is one thing that common families struggle with. Many families are just one sickness away from extreme poverty. In many families, once a member of their family has become sick, they are forced to sell land and do other things that are unfortunate because of the state of affairs in public health institutions. I hope that as this Committee continues to show the reality in these institutions, things will get better.

With those many remarks, I wish to say that I support and congratulate the Committee on Health. Let us have more of such.

The Temporary Speaker (Sen. Wakili Sigei): Thank you, Senate Majority Leader, Sen. Cheruiyot. I now call upon Sen. Mungatana Danson Buya.

Sen. Mungatana, MGH: Mr. Temporary Speaker, Sir, I thank you for allowing me to make a comment or two, on this report by our Committee on Health. I want to thank the Vice-Chairperson, Hon. Mariam Sheikh, for ably moving this report and Hon. Sen. Cherarkey for seconding it.

I agree with previous speakers on this Floor that, in fact, what was witnessed by our Committee on Health in Laikipia and Meru counties is the same story repeated in our counties. We have a serious problem in terms of financing of our county hospitals. We have passed a law and we have even said here in the FIF that we shall ring-fence financing for facilities. However, Governors are struggling with this. A lot of Governors are still not giving their facilities their freedom to use the monies they raise.

So, as we speak on this matter, we want to encourage governors across the country to support what the law is saying. There is no justification for breaking the law, taking the money from health facilities and taking it to the County Revenue Fund.

I want to speak on a matter that has not been dealt with much in the previous speeches by my colleagues. Digital health records have become a serious requirement. Whenever a patient is being moved from one level to another or whenever a patient has an emergency, digital health records are critical. This, again, has not been given the

necessary support in many of our county governments. Of course, we know some county governments have taken this matter very seriously and they have actually gone out of their way to make sure this sector works.

I keep referring to the County of Murang'a and the Governor who is a former colleague in this House, who has gone out of his way as far as digitisation of health records and his entire governance system. It is to be commended and to be followed.

The digital health records are critical because when we have them, then the patient whenever they are being admitted to another level or if it is an emergency then quickly the personnel who are dealing with that patient are able to quickly deal with the issue that has brought that patient there and they are able also to know what kind of a patient they are dealing with.

Many counties are still not digitising their records. In many counties people are still being given a small book to carry. I know this because in my county, this practise is still happening in local dispensaries and local health centres. Information is not digitized, so that when someone is referred to another level, there is a struggle.

Again, there is there was a challenge that was founded Laikipia and Meru counties about the effectiveness of the referral systems. The referral systems were not working. Those county hospitals that are supposed to be referral hospitals are being overburdened even by cases which are really not referral. This means that a referral hospital in Meru County or Laikipia County, are being treated as if they are hospitals of first visit. This practise must be discouraged. It is because of the ineffective systems of referrals. This report has highlighted what is happening in Meru and Laikipia Counties but the story is the same for Tana River County.

In addition, when people are being referred, the digital records are not there. There is no effective system of referring people. Patients being asked to pay for the ambulatory services. When many of our patients from Tana River County go to Hola Referral Hospital, they are being asked to go to Kilifi County Hospital and Garissa County for referral yet both are referral hospitals.

It has reached a point where our own patients from the county are being rejected in these other counties because they are asking why are you coming to us and yet you have been given money like us. What is happening now is that our patients have to lie that although my identification card (ID) is saying that I am from Tana River County, but in fact I live on the borderline between Kilifi County and Tana River County or between Garissa County and Tana River County. Why? This is because there is a problem in our county, Tana River. This is a total failure by our governor.

Our governor has failed to be responsive to all the issues that are being raised; whether it is a county assembly health committee, when they raise the issues, the governor is not responsive. The County Executive Committee (CEC) Member for health is not responsive. The Chief Officer for Health is not responsive. Whether it is ourselves as an office of the Senate, when we raise our issues on behalf of the people, again there is no response. Whether it is the citizens themselves who are raising issues affecting health there is no response.

Mr. Temporary Speaker, Sir, a very sad incident happened very recently. On 11th November, 2025, Lulu Mohamed Hassan, a pregnant woman was bitten by a snake and

she was rushed to Hola Hospital. She went there on an emergency case. Just an antivenom was required to stabilise that situation. How can a referral hospital fail to have an antivenom?

(Sen. Cheruiyot spoke off record)

Mr. Temporary Speaker, Sir, protect me from the Majority Leader. How can it be that a pregnant woman who is bitten by a snake goes to a hospital at 10.00 p.m. and there is no antivenom yet this is a county referral hospital? How can that happen? Antivenom?

An hon. Senator: Ile ya nyoka. Dawa ya nyoka.

(Laughter)

Sen. Mungatana, MGH: How is that? A county referral hospital lacking a basic antivenom to control a snake bite? People have raised these issues. We have raised these issues. The county assembly health committee has raised this issue and even visited the county the county referral hospital. I thank our county assembly chairperson of the health committee, Hon. Dumba Semi. They have done what they can, but there is no response from the governor. There is no response from the CEC and the chief officer.

Mr. Temporary Speaker, Sir, Lali Mohammed passed away. It was at 10.00 p.m., there was no antivenom and she passed away and the baby in her uterus also passed away. This was on 11th November, 2025 and today we are just a few days, towards the end of the month. To date, there is no response from the governor. He has never visited that family to say, we are sorry. He has never bothered to go to the hospital to find out what is happening. This governor, from the money we gave them from the Senate, the county was allocated Kshs1.735 billion to the health sector yet they cannot get an antivenom.

This is the situation that we find ourselves in. A governor who does not visit any hospital. A governor who does not talk at all about hospitals. A governor who does not bother with the people's health matters. This is the situation we have, yet they have allocated Kshs1.73 billion from the money that we gave them from the Senate. This is wonders of wonders; Kshs 1.7 billion is allocated for the health sector and Kshs1.53 billion goes to recurrent expenditure. So, what they have remaining is just Kshs196 million for development. A mere paltry 196 million for development, but today if you go to ask any person in Tana River, including the supporters of that governor, they will tell you there is nothing happening in the health sector.

It is worse than Laikipia and Meru counties which we are discussing today. I have asked the Committee on Health, through the Vice-Chairperson, to make a special visit to that county because we have a problem with a non-caring governor who does not bother. I think after he listens to my speeches, that is when he will appear there to take a photo, but this is the situation that we have. Terrible situation! When a life is lost, even one life is too expensive for the county and the country as a whole.

It is unfortunate that an expectant woman, just because there is no antivenom in hospital loses her life and that of the unborn child yet the governor says nothing and he is the chief executive officer of that county. How does that happen? I do not know, but sometimes we say that voters also sometimes have to carry a burden for the decisions they make during election. This is because voters must also not just cry. They were there. They voted. They voted in a second-term governor who is doing nothing on the health sector for Tana River County.

Mr. Temporary Speaker, Sir, we need to think about changing the whole approach in the health sector. Governors are supposed to be in charge of hospitals in their counties. I am personally one of those people who really supports the idea that all governors, and maybe extend to all of us, there should be a law that says they must always be admitted in those public hospitals, in their counties and they must die there. If other people are dying there they must also die there like other citizens.

Maybe we should think of a law that says they must be treated there. Their wives and children must be treated in county facilities, because they need to test how it is to be in those public hospitals. They need to feel how our people are feeling.

I have said here that health records must be digital; not pieces of paper that we still see happening in our counties. So they must see what is happening there. They must feel what the people feel.

Mr. Temporary Speaker, Sir, failing to bring drugs to the people, forget about anti-venoms, even Panadol, in our county hospital is a shame. I served in the Ministry of Medical Health as Assistant Minister many years ago when we worked with Prof. Anyang'-Nyong'o, who came to serve in this Senate and later on became the Governor for Kisumu. In July, 2023, he was admitted at Jaramogi Oginga Odinga Referral Hospital. He underwent a very serious and sensitive operation in that hospital; a hospital in his county. I wonder whether my governor, what is his name again? He is hon. Godhana, whether he will be willing to be admitted in our referral hospital in Hola like Prof. Anyang'-Nyong'o and undergo an operation there.

Mr. Temporary Speaker, Sir, I think we need to have a heart for our people. This goes to all governors. Some of you are doing very well. Some of you are taking this job as a joke. You think it is just another political thing we do. Governors are not supposed to be political. Even in your speech, when I come for a Madaraka Day holiday, I can talk the politics I want. I am a Senator, but you as a governor, tell us facts and figures. This is what our governor never does. They will never tell you how much money has been allocated, how much has been used and how much has gone to where.

I think also another distinguished former governor, Hon. (Prof.) Kivutha Kibwana, was admitted in his in his own county's hospital. We should honour these people, not these fake governors who are not doing anything, particularly my governor. When this woman died and the people were all over, making noise, demonstrating, the least that he could have done is to go and say, "oh, mama, I am sorry, family, I am sorry." He has never appeared. What we hear is that he traveled to Brazil. What are you doing in Brazil? To learn how to play football? We do not see any reports coming from all these travels. Just expending money with nothing that comes back to Tana River.

We need to rethink about this whole health thing. We need to make sure that the governor, the minister in charge, the chief officer, whenever or their family members are sick, they should be admitted to those hospitals in the counties. We should make their going outside the county for treatment a criminal offense because they are killing our people. You cannot tell me you allocate Kshs1.7 billion and you cannot buy an anti-venom to save a life.

I congratulate the Committee on Health for the work they have done. I have said, I want them to come to Tana River, so that they can see what is happening in that place. The Hola Referral Hospital is now becoming a joke because it is taking all its patients--- When you go there, you are referred. You go for referral; you are referred again. So it is like a referral, referral hospital. I do not know what to call it.

We want to see governors doing their work. Some people think that we are doing this for politics. I have no interest in running for governor, but they should just do their work. Just do your work for Christ's sake and appear with the people and talk to the people. We have people who are governors and they are disappearing from the county. They do not appear in their offices and do not go to their homes. They operate here in Nairobi and Mombasa. Shame on them!

Mr. Temporary Speaker, Sir, let us do something for our people. With those many remarks, I thank you for giving me this opportunity.

I support.

The Temporary Speaker (Sen. Wakili Sigei): Sen. Mungatana, as a ranking member of the House of Parliament, there is a proposal that you have made as regards a possibility of a requirement to have all those city governors to be admitted and treated in hospitals within their jurisdictions. You know what to do

You can take it upon yourself to bring a legislation that will guide. I am very sure with the very passionate submissions that you have made, you will be able to convince us to deal with a law that will speak towards that so that we support our referral hospitals in our devolved units.

Sen. Okiya Omtatah: Thank you, Mr. Temporary Speaker, Sir, for the chance to contribute to this Motion.

I begin by congratulating the Committee for having taken the time to go around the county and for having given us a report that largely exposes the failure of devolved healthcare. Hospitals are usually two institutions rolled into one. There is a hotel or catering and a treatment component. I would have loved the report to have desegregated the two and then addressed them comprehensively. That way we can isolate whether the main problem is on the medical side or on the hotel side of the institution.

I say that deliberately because when they were unbundling functions and transferring them to counties, that question was not addressed. First, a hospital was looked at as simply an institution that did not have those very clear demarcations. As much as it was possible to devolve the hotel sides, county governments can run the hotel services.

Was clinical medicine devolved? I would also like the Committee to maybe to do some studies around the world. In a system as what we have in Kenya, what was the viability of devolving clinical medicine?

I look at the case of a doctor who has spent maybe eight or so years training and they need exposure, further training and to go for sabbaticals. They need all these things to keep abreast with the fast-evolving medical world and they are sent to a county. What are the career opportunities of this person for growth within the setting of a county?

If he is in Busia, when will he learn to deal with the challenges that may be in Moyale and the diseases that may not be in Busia? If he is in Moyale, how will he be exposed to these other terrains?

So, the litany of failure that I am seeing in this report is an invitation for this House to take a deep breath and ask ourselves, why is devolved health not working? Two, why are personnel in health, especially the doctors, very frustrated and not motivated?

We should also go further and ask ourselves, why would a hospital like Busia Referral Hospital have a pharmacy that is not stocked, but right outside the hospital you have got about five private pharmacies that are stocked, that if you did further interrogation, you might find they could be linked to people who work in the referral hospital?

We could also go back and ask ourselves, why did the government stop branding its stores, medical supplies, gloves, and what have you, to a point whereby you cannot distinguish government stores from private stores? So, it is very easy to pick a glove from a hospital and go and sell it in a private pharmacy because it is not branded. Why did the Government stop branding medicines and other consumables that are used in hospital facilities? Could this be responsible for some of the big shortages that we see?

You see invoices, delivery notes and all that, but there is no medicine in the hospitals, yet the private pharmacies outside are clearly well-stocked. So, I keep on wondering, would the situation stay the same if government stores were branded to insulate public goods from being stolen?

The other thing I have heard people debate on this Floor, and we have been unable to distinguish between the National Hospital Insurance Fund (NHIF) and the Universal Health Care (UHC).

NHIF was never meant to provide universal healthcare. NHIF was an insurance package for civil servants initially, so that the Government could provide certain services beyond the basic medical care that everybody else was getting to the civil servants. It eventually grew and began taking up other people, and it was a membership thing.

So, to say here that SHA is providing universal health care, which NHIF had failed is again another problem. Even the design of SHA is not for universal health care. The design of SHA is for paid up members and SHA becomes just an enhancement of what NHIF later became when it was changed from the National Hospital Fund to the National Health Insurance Fund, so that only those who paid enjoyed the services.

So, if you want to get serious with the question of provision of health care, the national government must be involved right from the clinics. Let the county governments deal with primary health care. Let the county governments prevent people from falling sick.

Let them keep people healthy. Let them spray mosquitoes. Let them run maternity hospitals because maternity pregnancy is not a disease, it is just a condition. However,

where there is a need for intervention by a clinical officer, a trained medic, let that be the responsibility of the national government. Even if the county governments are going to retain the hotel part of the hospital, the clinical medicine part, the part that deals with treating people, the part that employs doctors, it is my submission that it should go back to the national Government.

Let us set up the National Health Commission (NHC) that was promised in Naivasha to be established through legislation after the 2010 Constitution had been ratified at the referendum. Fifteen years down the line, the commission has not been set up. Doctors are being left at the mercy of small units called counties.

Secondly, we cannot have every county setting up a referral hospital with all the sophistication, all the expensive equipment, all the expensive personnel. Let us go back and embrace the national health referral system.

If I am not wrong, in the Fourth Schedule to the Constitution, the national health referral facilities were left with the national government. They were never devolved. Health policy and national health referral facilities were left with the national Government. If you look at paragraphs 23 and 28 of the Fourth Schedule to the Constitution, they clearly show you that.

Unfortunately, when the Transition Authority was transferring functions, it interpreted national health referral facilities to mean national hospitals. So, they unbundled things and took it down.

Sen. Mungatana has asked a very good question, whether his governor could go down to his local hospital in Tana River just as the good Prof. Anyang'-Nyong'o did with the hospital in Kisumu.

What Sen. Mungatana is not appreciating is that Kisumu already ran a provincial hospital under the national referral facilities, which it was given. Tana River County did not get that facility. So, already, Kisumu was a centre of excellence even before devolution, serving a region. It had a Level 5 hospital already. If you go back to some of these counties that hardly had a hospital, you may not be able to ask that question.

When we come to the question of UHC; universal health care cannot be provided using private hospitals. What is happening in this country is that the private sector is marching forward, the private hospitals are all over, but their motive is profit.

If I look at countries where we have got proper universal healthcare, beginning with Britain from 1948, you go to Canada, and most recently, you go to Thailand. If you look at their model, you will note that the first ingredient is functioning public hospitals. Those hospitals are well run and well equipped. They also have proper personnel with good environment. The state provides medicare at a cost. It only pays the salary of the doctors and other workers. It also buys medicine in bulk and that medicine is controlled hence it cannot just leave the system. That used to happen here. We used to brand our medicine as Government of Kenya property hence one could not sell it on the open market.

So, in the absence of functioning public hospitals, it is a mirage to talk of universal healthcare. The National Hospital Insurance Fund (NHIF) was not looted by public hospitals, but by private hospitals. They are the ones who inflated bills, manufactured things and subjected patients to unnecessary medical procedures. Today, if

you go to any private hospital in this country and you have got a good insurance cover like the one you, Mr. Temporary Speaker enjoy, you are likely to be taken through a regime of tests. You can even be put on bed rest or be detained for two to three days for them to milk or siphon the insurance cover.

The Social Health Insurance Fund (SHIF) and NHIF have similar designs running on private hospitals. This is what neoliberalism has done. It is what structural adjustments Programmes (SAP) did and what International Monetary Fund (IMF) does. It reduces our Government to a tax collector who provides no goods and services to the ordinary citizen.

Other than complaining about the sorry state of affairs in our hospitals across the country, this House should maybe bite the bullet and form a committee that can on board various expertise and even do world tours in countries like Britain, Canada and Thailand to check out how universal healthcare is provided. I have deliberately included Thailand because it is a third world country with a very young universal healthcare policy that is working effectively. Their healthcare is directly funded by taxes. All that one needs is to be a resident of that country.

If you are not a proper resident, an undocumented alien, you will be given emergency treatment. Here, we are going to have an insurance scheme yet we do not have functioning public hospitals. At the end of the day, those funds will just be looted. Reports have come here showing that a lot of looting has happened on that scheme.

I am not saying that the scheme is good or bad neither am I giving a merit judgment on the SHIF and Social Health Authority (SHA). I am just stating that, good or bad, the money that is being raised from Kenyans is being stolen by private hospitals. To stop that, we must fix our public health sector and get properly functioning clinics, dispensaries, Levels 3, 4 and 5 hospitals.

The national Government must be involved because health is in the Bill of Rights. The enforcement of the Bill of Rights cannot be left to a level of government. Under Article 6 of the Constitution of Kenya, the national Government is supposed to provide its services on the ground.

So, we should relook at health. We should set up the National Health Commission to deal with the human resource for the doctors to be taken care of. With that, the doctors will have the chance to grow and can be transferred from one county to another, centrally, just like teachers are transferred. We should also go back to branding our medicine in the Government stores. With that, it will not be possible for one to take a tablet, a glove or a syringe out of a public hospital into the open market. We have to do these small common sense things so as to ring-fence public hospital, put our doctors back, equip the hospitals and fund it directly with our taxes.

Kenya is a signatory to the Abuja Treaty which requires 15 per cent of our budget to go to health. The last time I checked, we were doing way below 10 per cent. If we were to put 15 per cent of our budget into public health and do the necessary things, including operating national health facilities, not to mean national hospitals but to mean a clinic in my village, then the referral system can work.

What I mean by referral system is the intertwining of centres of excellence like Kenyatta National Hospital, Level 5, Level 4 and Level 3 hospitals, dispensaries and the clinics. They should all share the limited resources with personnel because some diseases

require very high specialised training and are very rare. We should share these resources so that we do not invest too much in an area that we shall never utilise.

The Temporary Speaker (Sen. Wakili Sigei): Give Sen. Okiya Omtatah 30 seconds to conclude.

Sen. Okiya Omtatah: Thank you, Mr. Temporary Speaker, Sir. Mathari National Teaching and Referral Hospital is a centre of excellence for mental health yet it is a Level 4 hospital. It is not at the same level with the Kenyatta National Hospital yet it is a centre of excellence for mental health. In my own county, we have Alupe Sub-county Referral Hospital that specialises in skin disease and it is a Level 4 hospital. We have a hospital that deals with spinal injury in Hurlingham and it is a Level 4 hospital.

So, when we talk of national health referral facilities, we must interpret them to mean the network of all hospitals, clinics and dispensaries that could deliver health care at cost. It should also ensure that we can have universal healthcare. The idea that counties should take over hospitals and maybe run them like silos is one idea that is very expensive and it is going to fail. It has actually failed. This House should bite the bullet.

With those few remarks, I support the Motion and I pray that the Committee considers the proposals I have made for the report to be enriched. Thank you, Mr. Temporary Speaker, Sir.

Sen. Okenyuri: Thank you, Mr. Temporary Speaker, Sir. I also want to support the Motion that was moved by the Vice-Chairperson of the Committee on Health, Sen. Mariam Omar. Sen. Mariam Omar continues to distinguish herself in the roles assigned to her and as a previous Member of the Committee on Health, I am very proud of what she is doing.

The report of the Committee on Health on Laikipia and Meru counties is a replica of what most county governments are undergoing. The essence of devolution was to bring services closer to the people. In as much as we have the shortfalls we are seeing, this is a call to action. We need to put our heads together to ensure that health is working for the people at the grassroots level.

I want us to look at Laikipia County. The mortuary in Nyahururu Hospital, Laikipia County, has a capacity of 18 bodies, but on the day the visit was conducted, they had more than 61 bodies. What does that show you? Counties need to prioritise allocation of resources to such areas so that we can decongest even the mortuaries. When someone is dead, we need to give them their dignity even in death. Congesting bodies in mortuaries in that manner denies the bodies their dignity, even in their last resort.

Mr. Temporary Speaker, Sir, in the same facility, we have newborn children who are being put in boxes, for lack of cots. Senators who visited Laikipia County gave narration and accounts of having seen newborn babies being put in boxes and pregnant mothers sharing beds. This might not be seen as critical because maybe some of those are not women. However, if they are not your wife, they are your sisters or mothers, and they need the dignity they deserve even when they are bringing life on earth.

Mr. Temporary Speaker, Sir, previously, as a Member of that Committee, we conducted these site visits. It is evident even the staff in those facilities are not motivated. So, apart from county governments preferring that most of their budget is going to recurrent expenditure, we are still seeing that the staff in those facilities are not motivated

to undertake their roles, and some might not even rush to handle emergency cases, and we end up losing lives.

Mr. Temporary Speaker, Sir, we need to shift from the issue of doing physical and manual recording because you need to keep previous patient history. So, you visit a facility and when you ask a nurse, how many mothers do you receive on a daily basis for delivery, she or he will quickly mention and say five, but they have no records to show the same. These are some of the issues we need to compel counties that specific funds are used for specific functions, because the moment they allocate funds and when they are working towards a supplementary budget, they quickly reallocate that money to other functions which were never intended for.

Mr. Temporary Speaker, Sir, a lot of emphasis is now being put to the teaching and referral hospitals. We are forgetting the Level 3s and dispensaries, which are at the lowest level, where a patient should get first support before they are transferred to a teaching and referral hospital. So, the observations and recommendations here, should not just end in the Senate. I do not know if it is the Senate Standing Committee on Health which again needs to fast-track and follow up implementation of these recommendations so that we do not debate this report and it ends here. As you can see, the visit was conducted in June, yet we are debating this report at the end of November. By the time we follow up implementation, another election cycle is up, and Members will be following other issues.

So, Mr. Temporary Speaker, Sir, look at the issue of having expired drugs still being dispensed in those hospitals. The Kenya Medical Supplies Authority (KEMSA) needs to crack the whip or even conduct audits, because when you say we have shortage of medicine and still on the other hand, we have expired medicine which is being dispensed to patients, that calls for serious attention. We need to look at how disposal is happening. When you look at the report, it shows photographs of how medical equipment and medicine are being disposed just outside in the open air. This is a serious threat to the existing community. It is not just in Laikipia County. So many other facilities in other counties are doing the same. So, the Pharmacy and Poisons Board (PPB), needs to swing into action and look at what is happening in the different counties so that we curb these environmental risks before our people are attacked out there and those in hospital.

Mr. Temporary Speaker, Sir, the other critical issue that has been observed is that we have a shortage of Intensive Care Units (ICUs). If we have very few of them, which are poorly equipped, we will end up losing patients in hospital. It is a very bad image. You go to hospital expecting to be handled, and then in hospital, the ICU is not functional and so, they will not be able to admit you. It paints a very sad picture, which calls for our efforts in pushing the county governments to prioritise such critical areas.

The county assemblies, through the County Assemblies Forum (CAF), need to push the County Public Service Boards (CPSB) to prioritize promotions for their staff so that we have staff who are motivated and ready to handle patients any time patients are admitted.

So, the report by the Senate's Committee on Health gives a general image of what the status of devolution in terms of healthcare is. It is also challenging us to put a lot of emphasis because I do not want to share the views of those who completely are

disagreeing with devolution working. We just need to support and ensure we are cutting down on corruption and be more accountable and administrative so that governors on one hand are ensuring that they are offering the governance that is required and cutting down on shortages. The Council of Governors (CoG), on the other hand, needs to ensure that the laws that support the Facility Improvement Funds (FIF) are adhered to so that revenue that is generated in those facilities is used for its intended functions and not directed to other functions.

With those remarks, I wish to support that Motion and encourage the Senate Standing Committee on Health to tour very many other counties and expose the rot because this will help in adjusting. Sometimes there are quick gains that you get by the Committee visiting those areas. I saw sometimes back when you visit a dispensary, and perhaps there are no curtains, when they know that the Committee is visiting, the next day those curtains will be fixed. We do not need the facilities and the county governments to wait for the Senate Health Committee for them to act. This is very basic and they need to put their heads together in solving health, which is the most critical issue we are looking at as legislators representing ordinary people in this House.

I thank you, Mr. Temporary Speaker, Sir.

The Temporary Speaker (Sen. Wakili Sigei) Sen. Mwaruma Jones, please proceed.

Sen. Mwaruma: Asante, Mheshimiwa Spika wa Muda, kwa kunipa fursa ili nichangie hii Ripoti ya Kamati ya Seneti ya Afya kuhusu hali ya afya katika gatuji ya Laikipia na Meru.

Ningependa kuipa kongole hiyo Kamati inayoendeshwa na Sen. Mandago na Naibu wake, Sen. Mariam, kwa kazi nzuri ambayo wamefanya, ya kutembelea gatuji zetu na kufanya kazi yao ya uangalizi.

Mhe. Spika wa Muda, hii kazi wamefanya ni nzuri. Walikuwa na fursa pia ya kuja katika gatuji letu la Taita Taveta, na tunangojea pia walete ripoti kuhusu yale waliyoyaona katika gatuji hilo.

Taswira walioichapisha hapa kwa gatuji la Laikipia na Meru ni taswira ya hali halisi ya afya katika gatuji zote za Kenya. Ni vyema tuseme kuwa, hii kazi ya unaangalizi ya Seneti haifanyiki na Seneta binafsi. Korti za Kenya pia zimetoa mwelekeo kuhusu jambo hili. Mara kwa mara, maseneta wanalaumiwa wakati hakuna madawa na hali au huduma za afya nzuri katika hospitali. Walakini, korti zimesema ya kwamba, uangalizi ama *oversight* ya majukumu katika gatuji haifanywi na maseneta binafsi, bali inafanywa na Seneti kupitia Kamati. Ule uangalizi wa msingi yaani “primary oversight”, unafanywa na mabunge ya kaunti. Hii ni kwa sababu idara ya afya inafanyiwa uangalizi na kamati ya afya ya bunge la ugatuji. Ni vyema ieleweke hivyo kwani mara nyingi huwa tunalaumiwa kama Masenata kwamba hatufanyi uangalizi katika huduma za afya.

Taswira iliyochapishwa na ripoti ya Kamati yetu kuhusu wauguzi inaonyesha kwamba hawatoshi. Hali hii inapatikana katika gatuji zingine, ikiwemo Kaunti ya Taita Taveta. Wahudumu wa afya wanachoka kwa kufanya kazi masaa mengi bila kupata malipo ya ziada. Kuna uwezekano wa makosa kutendeka unapohudumiwa na muuguzi aliyechoka.

Mara nyingi, tunalaumu magavana na mawaziri wao kwa kuajiri watu katika nafasi za kazi ambazo si muhimu na kuacha kuajiri wahudumu wa afya ambao ni muhimu zaidi katika gatuji zetu. Kwa mfano, utapata madereva watano wameajiriwa kuendesha gari moja. Ni muhimu magavana waajiri watu katika huduma muhimu kama afya.

Kutokana na kutolipwa malimbikizi ya mishahara yao, wafanyikazi wanakosa motisha ya kufanya kazi. Mwaka uliopita, tuliita kaunti yangu ya Taita Taveta kwani wahudumu walikuwa wamegoma kufanya kazi kwa sababu walikuwa hawajalipwa mishahara na malimbikizi ya pesa za mishahara. Kwa mfano, pesa za kulipa mikopo na hisa zao kwa cooperatives hazikulipwa.

Walipokuja hapa, gavana alisema kwamba amefanya mpango madhubuti kulipa zile pesa. La kushangaza ni kwamba hadi leo, wale wauguzi hawajalipwa zile pesa na mwaka umeisha. Muda huu katika Kaunti ya Taita Taveta, wauguzi wanafanya mkutano ili waende kwa mgomo tena kwa kutolipwa malimbikizi ya pesa zao. Hili ni jambo la kutamausha kwani wauguzi wanapolalamikia mishahara yao na magavana hawaangalii masuala yao, shughli za afya zinaendelea kudorora.

Ripoti hii pia inaonyesha kuwa majengo ya hospitali yako katika hali mbaya. Nakumbuka wakati Kamati ya Afya ilitembelea Kaunti ya Taita Taveta, tulizuru hospitali ya Tausa. Tulipata majengo ya ile hospitali yamepigwa marufuku kutumika na Idara ya Kazi za Umma na Idara ya Afya ya kaunti. La kushangaza ni kwamba hadi leo majengo yale yanatumika. Taswira iliyowekwa hapa kuhusu hospitali hizo mbili imeonekana katika Kaunti ya Taita Taveta pia.

Ripoti hii pia inaonyesha kwamba hospitali hizo mbili hazikuwa na wodi ya wagonjwa mahututi ama Intensive Care Unit (ICU). Taswira ni hiyo hiyo katika Kaunti ya Taita Taveta. Kaunti yote ya Taita Taveta haina kitanda hata kimoja cha wagonjwa mahututi. Mwaka 2020 wakati wa ugojwa wa Corona, kaunti zilipewa pesa za kununua vitanda vya wagonjwa mahututi. Tulipoteza fursa hiyo na kununua vitanda hivyo na unapopata ugonjwa unaohitaji matibabu ya dharura katika kaunti ya Taita Taveta, lazima ukimbizwe hospitali ya Makadara, Mombasa ama upelekwe Kaunti ya Kwale ama Kilifi. Yale magatuzi tunayokimbilia yalinunua vitanda vya ICU wakitumia pesa za ugatuzi. Kwa hiyo, inabidi gatuji lile lifanye bidii ili wakati tunapopata wagonjwa mahututi, watibiwe ili wasipoteze maisha yao.

Bw. Spika wa Muda, ripoti hii pia imeonyesha kwamba vyumba vya kina mama kujifungua vya Nyahururu County Referral Hospital, Nanyuki Teaching and Referral Hospital vinapata kina mama wengi kushinda idadi ya vitanda vilivyopo. Hali hii inaweza kuchangia kwa matatizo wakati kina mama wanajifungua na kusababisha mama kupoteza maisha pamoja na mtoto.

Kaunti nyingi, ikiwemo Taita Taveta, zinarekodi vifo vya akina mama wajawazito wanapoenda kujifungua. Si vyema kina mama waendeleo kupoteza maisha wanapojifungua miaka 60 baada ya kupata uhuru. Mambo kama haya ya kuruhusu kina mama kulala wawili au watatu kwa kitanda kimoja wanapoenda kujifungua ni jambo la kuhuzunisha mno. Ni vizuri hali hii irekebishwe. Wakati hospitali hizi mbili zitapata ripoti hii, ni vyema watengeneze maeneo sawa ya kina mama kujifungua ili kulinda maisha ya mama na mtoto.

Vifaa vya kulelea watoto njiti, yaani Incubators, havifanyi kazi katika Hospitali ya Nyahururu na Nanyuki. Hii inaonyesha kwamba hospitali zetu hazina utayari wa kusaidia kina mama wanaojifungua. Nakumbuka wakati Kamati ya Afya ilitembelea Kaunti ya Taita Taveta, tulielezewa hospitali zetu hazina utayari wa kusaidia kina mama wanaoenda kujifungua.

Tulielezewa kisa kimoja kuhusu mama aliyekuwa tayari kujifungua katika hospitali ya Tausa na mtoto alitangulia na makalio. Hali hii ilihitaji huduma ya dharura na walipiga simu kwa Hospitali ya Moi lakini walisubiri masaa matatu ili ambulansi ifike. Ilibidi muuguzi afanye maombi na kwa bahati nzuri mtoto akazaliwa. Vifo vya kina mama wanaojifungua vinatokana na mambo kama haya. Ni muhimu mambo ya kina mama wajawazito yachukuliwe kwa uzito na watu wajitayarisha kupokea viumbe vya Mungu vinavyozaliwa kupitia wakina mama.

Tumeelezewa kwamba Timau Sub-County Hospital ina ukosefu wa mashine ya X-ray na chumba cha upasuaji. Mahali pa wagonjwa kungojea kabla ya kutibiwa pameharibika na hapajatengenezwa vizuri. Nafikiri ni hospitali nyingi ambazo ziko katika hali hiyo. Kwa hivyo, watakapopata ripoti hii, ni vizuri hospitali hizo zifanye ukarabati ili wagonjwa wapate nafasi nzuri za kungojea kabla ya kutibiwa.

Kuna pia suala la dawa katika hospitali za Kaunti ya Laikipia. Kuna dawa nyingi sana ambazo zinaharibika. Hilo ni jambo la kushangaza kwa sababu kama wagonjwa wanakosa dawa hospitalini, iweje kuwa dawa zinawekwa badala ya kupewa wagonjwa kisha zinaharibika zikiwa kwenye hospitali?

Nafikiri wazo la Rais Ruto kwamba KEMSA isambaze dawa katika vituo vya afya ni jambo linalofaa kufikiriwa vizuri ili mpango wa *last mile* wa kusambaza dawa ufanikiwe. Kuweka dawa ambazo zinaharibika kabla ya kusambazwa ni mpango wa kutaka kuiba. Sielewi kwa nini dawa zinapelekwa kwa sababu zinahitajika na zinanunuliwa kutoka kwa KEMSA ama Mission for Essential Drugs and Supplies (MEDS) ilhali hazifikii vituo vya afya hadi zinaharibika.

Katika ripoti hii, tumeambiwa kuwa vyumba vya kuhifadhi maiti, kwa mfano, katika NTRH vimejaa kwa sababu ya kulimbikiziwa maiti. Kwa mfano, katika NTRH, kuna chumba ambacho kinafaa kuhifadhi miili 18 pekee lakini utapata kuwa miili ambayo imehifadhiwa kule ni zaidi ya 60.

Nilicheka wakati Sen. Cherarkey alisema kwamba watu wanapata shida wakiwa wagonjwa na kupata shida zaidi wakati wanakufa kwa sababu hatujajenga hospitali za kutosha ambazo zina vyumba vya kuhifadhi maiti ama *mortuaries*. NTRH ni kubwa na labda ndio hospitali pekee iliyo na chumba cha kuhifadhi maiti ama *mortuary*. Kwa kuwa huenda kuna hospitali nyingi hapo karibu, ni vyema pia kujengwe vyumba vya kuhifadhi maiti katika hospitali ndogo ndogo ili kupunguza msongamano wa maiti katika hospitali hiyo.

Bali na maeneo yaliyo mbali na hospitali hizo, nafikiri *dispensaries* na *health centres* ambazo ziko mbali hazina vyumba vya kuhifadhi maiti na ndio maana kila mtu anayefariki anapelekwa katika hospitali kubwa. Ili kusaidia hali hiyo, ni vyema vituo vya afya kama vile *dispensaries* ambazo ziko mbali vitengeneze mahali pa kuhifadhi maiti ili wakati wagonjwa wanapokufa nyumbani ama katika hospitali ndogo wapate hifadhi huko ili kuondoa msongamano katika hospitali kubwa kubwa.

Bw. Spika wa Muda, tumeona kuwa hospitali zingine kama vile Timau Subcounty Hospital na Kibirichia Subcounty Hospital hazina mashine ya *x-ray*. Haya mambo ambayo tunayaona hapa ni kama yale kule Taita-Taveta. Hata Moi County Referral Hospital ambayo ni hospitali ya rufaa haina mashine ya *x-ray*.

Hospitali hiyo iko kando ya barabara kuu kutoka Mombasa kuelekea Nairobi. Mtu yeyote anayesafiri kutumia gari kutoka Mombasa kwenda Nairobi anaweza kupata ajali. Ili kupata matibabu ya dharura ama hifadhi, huenda akahitaji Moi County Referral Hospital. Ikiwa haina mtambo wa *x-ray* unaofanya kazi na ICU, endapo mtu yeyote atahitaji matibabu ya dharura kutoka hospitali hiyo, basi anaweza kupoteza maisha. Haitakikani mtu kupoteza maisha kwa sababu ya kitu ambacho kingeweza kuzuiliwa.

Watu wamejadili hapa kuwa kuna haja ya kuwa na tume ya kuangalia wafanyikazi wa afya ama *National Health Commission*. Mimi siungi mkono jambo hilo kwa sababu ni la kuturudisha nyuma kiugatuji.

Watu kama sisi tulipigania ugatuzi mwaka wa 2005. Nakumbuka nilikuwa nafanya kazi kama mwanaharakati. Tulisema kwamba ni vizuri sekta ya afya igatuliwe kwa sababu kuweka sekta hiyo katika Serikali ya Kitaifa ilikuwa inatusumbua manake madaktari waliokuwa wakifanya kazi katika hospitali za vijijini hawakutaka kuelekezwa. Leo hii, daktari anaajiriwa na kaunti lakini anasimamiwa na tume ya kitaifa. Hiyo haitakuwa vizuri.

Nakumbuka wakati tulikuwa hapa na Mhe. Sakaja, alijaribu kuleta Hoja iliyonua kuunganisha County Public Service Boards (CPSBs) zote za Kenya ili kuwe na mwavuli mmoja wa kuajiri watu. Kwa mfano, daktari angeweza kutoka Nairobi aende Bomet. Hoja hiyo ilipendekeza kuwe na *transfers* za madaktari na wafanyikazi wengine wa Serikali kama inavyofanyika katika Public Service Commission.

Hatuwezi kutaka chochote ambacho kitaturejesha kwa *national Government* kwa sababu kaunti ndogondogo kama vile Taita-Taveta hazikuwa zinapata huduma. Kwa hivyo kuwachwa nyuma kimaendeleo kwa sababu ya kuwa na kura chache. Leo hii tunapata huduma kupitia ugatuzi. Kwa hivyo, kama Seneti, ni vyema tupigania rasilmali nyingi zaidi ziende katika kaunti zetu.

Sisi watu wa Orange Democratic Movement (ODM) tulikuwa na mkataba na United Democratic Alliance (UDA) na tukasema kwamba ni vyema pesa ambazo zinaenda katika kaunti zetu ziwe zaidi ya shilingi bilioni 450. Tutakapopata pesa nyingi zaidi kwenda katika kaunti zetu, lazima hali ya afya itaboreka. Tusipopeleka pesa nyingi zaidi, basi hali ya afya itaendelea kudorora.

Licha ya kuwa pesa zinazopelekwa kule ni chache, la muhimu ni kuwa kuna kaunti ambazo zinazitumia vizuri. Mfano mzuri ni Murang'a na Makueni ambao wamefanya hali ya afya ikaboreka.

Tuliongea na Gavana wa Makueni alipokuja hapa. Alisema kuwa miezi minane ilikuwa imepita bila mama yeyote kupoteza maisha wakati wa kujifungua kwa sababu ya kile kinachoitwa *telemedicine*. Kwa hivyo, hatuwezi kusema kuwa hali ya afya imedorora katika kaunti zote. Tunafaa kuangalia tu *priorities* ili kuwekeza pesa nyingi zaidi katika sekta ya afya.

Kwa sababu ya muda, sijapata fursa ya kuzungumzia mambo ya bajeti za kaunti kushughulikiwa masuala ya afya. Tutakapoweka pesa nyingi zaidi katika sekta ya afya,

basi, matumizi ya pesa katika zile bajeti za afya yatafaa kufuatiliwa ili pesa zitumike kulingana na bajeti kwa sababu kutengeneza bajeti ni jambo moja na kutekeleza bajeti hiyo ili kuhakikisha kwamba---

The Temporary Speaker (Sen. Wakili Sigei): Sen. Mwaruma, your time is up. Clerk, give him one minute to conclude his remarks.

You have the microphone. Please proceed.

Sen. Mwaruma: Nilikuwa nasema kwamba kutengeneza bajeti ni jambo moja na kutekeleza bajeti hiyo kulingana na jinsi inavyofaa ni jambo tofauti sana.

Bw. Spika wa Muda, tunataka kitu kimoja kifanyike katika kaunti zetu. Jambo la muhimu zaidi ni ugatuzi wa sekta ya afya. Magavana wanafaa kuzingatia suala la afya. Hata kama watu wetu hawana elimu lakini hali ya afya ni nzuri, basi wanaweza kujifanyia kazi zao na kupata kipato. Hata kama barabara ni mbaya ama hakuna mbegu lakini hali ya afya ni nzuri, basi watu wanaweza kufanya kazi zao wenyewe ili kujikimu kimaisha.

Mambo ya afya ni muhimu na ndio maana juzi nilileta Hoja kupendekeza kuwa maeneo yote yawe na hospitali za rufaa. Nashukuru sana kwa sababu niliungwa mkono na Hoja hiyo ilipitishwa.

Asante, Bw. Spika wa Muda.

The Temporary Speaker (Sen. Wakili Sigei): I now call upon Sen. Maureen Tabitha Mutinda.

Sen. Tabitha Mutinda: Thank you, Mr. Temporary Speaker, Sir. I start by appreciating my colleagues in the Committee on Health whereby we have embarked on an oversight journey. For the period I have been in this Committee, we have visited different counties. As much as today we are looking at the report of Meru and Laikipia, we have traversed different counties looking at matters of health. I really appreciate my committees. When you look at our report, we really advanced it. It has photos, evidently showing what we witnessed and what our naked eyes saw.

I will pick it up from where Sen. Mwaruma has left it on matters of finance. As the Vice-Chairperson of the Committee on Finance and Budget, I have been on the forefront championing for more funds for the counties. That is why I thank this House because in this financial year, we all agreed after the mediation process, we allocated counties Kshs415 billion. In that regard, we can then go to the ground and see what counties are doing.

Mr. Temporary Speaker, Sir, in that budget, 30 percent is for health in all the counties. This money is not even enough to begin with, but as much as they have the 30 percent, we are still finding many challenges in the counties. I would like to mention what the new doctor in the House - because we have a new doctor in the House, none other than Sen. (Dr.) Mungatana - who said that it was time that the governors started visiting those hospitals for services as well. I agree with him very much.

This is because, at times, the reports we give to some of the governors, not all, but they seem to be surprised with the reports that we give them, like they have not been to the ground to fully understand what is actually happening. This includes the CECMs for health. These are people in that profession who should be better placed in terms of experience, knowledge and skills in order to advise governors correctly.

Mr. Temporary Speaker, many issues have been spoken, but I will narrow it to a few. When I finished my high school, I wanted to work in the medical space. That is where my passion for interacting with people, helping people here and there came from. I practiced pharmacy. When we visited hospitals, my place of passion and concentration has been none other than the pharmacies. It is sad when we are doing oversight in these pharmacies, licensing is an issue. Some of them do not even know where these documents should be coming from.

At the same time, there is the issue of stock-outs that has been spoken about. On the issue of expired drugs, you wonder why receive stocks that are almost expiring because, definitely, that is dead stock. That is total wastage. At times you find that suppliers force them to receive these stocks, yet the expiry duration is very minimal.

It is sad when there are issues of conflict of interest. The same staff who are employed in these counties are also running pharmacies adjacent to the hospitals. At times, patients have to be sent to buy specific drugs in those stores, which disadvantages them because the cost of that drug is definitely at a higher price compared to the GoK price.

When we walk to hospitals, the first thing is to talk to the patients and get to ask them; have you been given services on time and what are the issues that you are experiencing because as representatives of the people, it is our role and mandate to get to engage with the people on the ground and get to ask them their concerns. This goes very well because some of them are able to voice out.

There was a case we found in one of the counties and we were told; “I have been here for the last three days because the scanning machine is not working.” When you dig down and get to understand why that machine is not working, sometimes, the management is not even aware. They do not know that the machine stalled, the patients are there, they have been in and out and nothing is happening. Consultants cannot progress without a scan report and the technical people will be moving up and down trying to sort these issues, which should have been sorted.

Mr. Temporary Speaker, Sir, before I proceed further, the question is where is the problem? We have given monies to the counties. They have professional employees on the ground. Why are we still having this quagmire that we are speaking of today because there is county we can give more than 60 percent. Most of them are below when it comes to matters of health. As much as they have tried, a lot is expected because everything should be about health.

You could be good in any other thing, but when the health sector is not working, definitely, it will have problems. There are issues of stock-outs of reagents in the laboratories. There are also challenges of staff not having protective gear so that they undertake their roles and mandate very well.

Mr. Temporary Speaker, Sir, from where I sit, having had a touch of the medical background, I realise that most professionals in the medical space are not used to oversight from politicians. The first thing is; what do you know for you to ask me A, B, C, and D? Until we tell them we are not here for war, we are here to get to understand what their problems are so that we can support them with reality and with facts. For you to say you do not have enough money, even with the little that you have, why have you

not been able to do improvements because we want to support counties? We want to support the health sector that is currently devolved.

I would therefore urge doctors and anybody in that medical space in the hospitals to embrace leaders when they come for oversight and especially the Senate because we are oversighting the counties. Our main goal is to try and help the counties to have better services to the people. That can only be done when we are able to identify the problems and challenges.

We have identified a county like Makueni where there is a shortage for radiologists. In a nutshell, you realise that there is a shortage of radiologists in this country. I, therefore, encourage the young people studying medicine to try and specialise in radiology because there is a huge shortage of these professionals in this country and there are many opportunities in regard to the radiology line.

We even looked at the issue of ambulances. During emergency cases, it is worse. An ambulance is just there, but it is stalled. Someone has to be called, a manager, in order to ensure that stocks are also in that ambulance and all that, but you will find that they still have challenges, as basic as an ambulance. You will find that in the parking lot, we have sort of failed and there are faulty motor vehicles all over and over for years yet, these are equipment if well maintained, they can serve a majority and a bigger number of people across different and within the regions in place

Mr. Temporary Speaker, Sir, when we talk about drugs, it is sad that today in Kenya, we have a shortage of a drug called Dexamethasone, which is a very important and critical drug for mothers, especially for those on early delivery. This drug, which should be supplied by GoK, is one of the cheapest drugs. However, when a doctor recommends it, then you are between life and death. That drug costs only Kshs120 and yet, we have that shortage. That is why sometimes you will find our women are suffering during the delivery period and yet, we come across expired drugs worth millions of shillings. Where is the priority?

These are some of the things that make me agree 100 per cent when the President, Dr. William Ruto, says that it is a high time KEMSA supplies drugs directly to health centres. Why? Because from the time you enter a health facility, the reception, administration, records, you go and meet a doctor, you go to the lab and the diagnosis is out, what the doctor will do is prescribe for you drugs. When you get that prescription, your last place in any health facility is the pharmacy.

It is at that point that you are supposed to get your medication because without that medication, then you cannot get the treatment; everything ends up with the medication. That is why the pharmacy is a very sensitive place. The professionals there; the pharmacists and the pharma technologists are very important people. They are the final professionals who will give you what you need for you to get better. So, the discussion of having medicine directly from KEMSA to these institutions is the best thing.

Mr. Temporary Speaker, we have heard rumours here and there which I would want the County Public Accounts Committee (CPAC) to investigate, that at times, money is transferred from the health facility back to the county. It is sad because how are these facilities supposed to independently run their operations? People need to be paid;

drugs and reagents need to be bought; cleaning needs to be done and food needs to be provided for the patients.

The other thing that is so sad is that we are in 2025 and 99 per cent of our operations are through the digital platforms. Our manifesto has focused so much on digitalising Government services. We have moved from about 1,000 to over 15,000 services. Back to the hospital; if you go to any of the departments in the health facilities, their records are manual. If they are not manual and a staff has got a gadget like a computer, either, it is not working or he or she has gone further to acquire a personal laptop and after duty, he or she goes home with it. What happens now?

You find that counties have not really prioritised digitalising all their records in all the departments so as to get to know what is short and what needs to be added, for example. We are in 2025, for Christ's sake, information should be digital. It is also safe like that.

Mr. Temporary Speaker, Sir, on the overcrowding that we have seen; SHA and the laws that we pass here are very clear. A hospital bed should only have one patient. It is sad to find two men, the age of our parents, 70 years and above, on one bed. At times, we find three young mothers who have been blessed with bundles of joy on one bed with their three little ones. How many Kenyans are those? Six Kenyans. Even when you go to our social media platforms, these are things that we have voiced out, they are not stories that we are making. It is a reality that is out here and it is completely very sad.

Infrastructure maintenance is a problem. These hospitals now have what we call the Facilities Improvement Fund (FIF); they should ensure the standards of these hospitals are up to date. They also have the board that is running these hospitals. It just requires proper management of the little or more resources that they have, including the conditional grants which have also been given to these hospitals.

Mr. Temporary Speaker, Sir, as I conclude, waste management is another issue. Incinerators are not to standard. As much as this report is for Meru and Laikipia counties, the last visit we did in Kiambu County was a shock; even the management was also shocked. They have heaps and heaps of waste and adjacent to it. We have Kenyans living in their homesteads. It is very sad. All that is needed is a budget for the incinerator to properly dispose of the drugs or any other components that need to be disposed in their proper way.

I agree with what Sen. Mwaruma said in Swahili, which I will say in English. You cannot suffer when you are alive and still suffer when you are dead. The dead need to be given their last respect in the mortuary spaces. They need to be to standard. I take this opportunity to really appreciate all the morticians that we have met when we traversed these counties. Actually, 99 per cent of those that I have met are men; I really appreciate them. We have met some who have worked for years without promotion and looking at their little packages, you ask yourself how many Kenyans can do this kind of responsibility? Through the office of the governor, it is a high time the governors recognise morticians and even set aside a day to celebrate them. The kind of work they do is not just for anybody.

Mr. Temporary Speaker, Sir, with those few remarks, as the Committee on Health, we continue championing for universal healthcare and better services for our people because we say, a healthy nation is a wealthy nation.

I submit.

The Temporary Speaker (Sen. Wakili Sigei): Hon. Senators, that brings us to the end of the Members who had interest in contributing to this Motion. I now call upon the Mover to reply.

Sen. Mariam Omar: Thank you, Mr. Temporary Speaker, for giving me this opportunity. I hereby beg to reply to this Motion.

Many Members have contributed and I have heard their sentiments. Most of them are requesting that we visit their counties. So far, as a Committee, we have visited 28 counties. We agreed that before the end of the Session, we have to reach out to the 47 counties; we are remaining with 19 counties.

Normally, before we visit these counties, we write to them and then visit after seven days. However, we do impromptu visits to health centres and dispensaries at Level 3. When we go to the counties, we also engage the county assembly's committee on health because they are our counterparts in doing oversight. We also train them on how to do oversight. Most of them have learnt a lot on how to do the oversight visits.

We also engage them on the budgeting process because some of the issues we have encountered have short-term solutions while others are long-term and need budgeting. We encourage the county to have the budgeting committee from the county assembly on board so that, at least, when they are doing the budgets, they incorporate what the facilities need.

Mr. Temporary Speaker, Sir, I also wanted the governors to leave their good offices and do impromptu visits to the health facilities, so that they can see what is going on. I am saying this because most of these short-term measures are administrative issues that can be solved on the ground. However, because of the negligence of the staff, it cannot be done. If the CEO of the county woke up one day, went to the referral and Level 4 hospital, he could see what we have seen and he could take some administrative action against the staff.

Everything has been raised on our recommendations and most of them are a shortage of specialised staff and so on. We, as a Committee, have seen that the union of professionals has to face the reality on the board. If the clinical officer does attachments, let him do so as a locum in the same facilities. After that, he or she will be working as a casual, and later on, he will be absorbed by the hospital facility. However, the union will not allow that. So, the union should come down and see the reality of what is happening on the ground.

Most of the negligence on the side of the personnel is because of the break they normally take. After an internship, they just go and stay for five or six years without practising. When they come back, they need at least some training. So, we need a union to be on board with such things.

Next comes the Kenya Medical Supplies Authority (KEMSA) issue. I urge counties to be keen on the expiry dates when they are delivering these drugs so that at least they know that what they have delivered is not expiring in the next six months.

On automation of the system, when the governors are engaging contractors on the automation, they must be keen on what kind of contractor they are engaging. Most of them are unable because they want money and when it comes to giving service, they cannot.

There is one recently that I have seen in the system, which shows that maternity has a normal delivery of one. I went physically to the maternity to interrogate. I realised they have attended to almost three normal deliveries and two caesareans. That figure is not appearing in the system. So, they have to be keen on the kind of system they are engaging.

The other thing is on waste management. When they are doing this management, they burn it within hospital compound. This is the hospital or the health facility. They know that this smoke normally causes throat and lung cancer. They have to be proactive on how to eradicate this. Also, they must have a priority, so that at least they can solve the problem of waste management.

With those remarks, I reply and request that the question be put in the next sitting.

The Temporary Speaker (Sen. Wakili Sigei): Thank you, Sen. Mariam Omar. Pursuant to Standing Order No.66, putting of the question is hereby deferred to the next sitting of the House as requested by the Mover of the Motion.

(Putting of the Question on the Motion deferred)

The Temporary Speaker (Sen. Wakili Sigei): We will now move on to the next order. Clerk, you may call the next order.

MOTION

ADOPTION OF REPORT OF COMMITTEE ON HEALTH ON OVERSIGHT NETWORKING ENGAGEMENT IN KILIFI COUNTY

The Temporary Speaker (Sen. Wakili Sigei): The Vice-Chairperson of the Standing Committee on Health, this is your Motion still. Proceed to move.

Sen. Mariam Omar: Mr. Temporary Speaker, Sir, I beg to move-

THAT, the Senate adopts the Report of the Standing Committee on Health on the County oversight and networking engagement in Kilifi County laid on the Table of the Senate on Tuesday, 11th November, 2025.

This is the same as the one we have completed. All the stories in the 47 counties are the same. It talks about issues of staff, expired drugs, overcrowded wards, beds and inadequate ambulances. This county has seven ambulances, but in reality, only two are working. So, the Governor must also prioritised emergency issues.

There is also an issue of the mortuary, which I have to highlight. Mortuaries in Malindi are overcrowded because of about 400 bodies that were exhumed from Shakahola. So, the hospital is strained. They need urgent intervention by the Government to decongest these facilities, so that they can operate optimally.

There is also the timeline and maintenance of the repair of the hospital. The Facilities Improvement Financing (FIF) is meant for the minor maintenance and repairs of the hospital.

There is also the issue of casuals not being paid. We have to recommend that the county pays those workers.

The KEMSA issue has also come on board. We have to be keen on that one. Also, automation is there. All of these things should be history in all 47 counties. About 28 counties that we visited are all the same.

With that, I call upon Sen. Tabitha Mutinda to second the Motion. Thank you.

The Temporary Speaker (Sen. Wakili Sigei): Sen. Tabitha Mutinda, please proceed.

Sen. Tabitha Mutinda: Thank you, Mr. Temporary Speaker, Sir. Allow me to appreciate my colleagues, led by the Chairperson and also the Vice-Chairperson, for the great teamwork. This responsibility requires a high level of teamwork. Actually, what we normally do--- Sen. Onyonka sits in this Committee. He is very good at looking at the incinerator. Sen. Wakoli will be looking at the mortuary, I will be looking at the pharmacy and the Vice-Chairperson will be looking at the maternity wings. We will go and look at the baby centre, the infants, the delivery beds and all that.

It is a Committee that really works on high levels of teamwork. As she truly put it, we have found common repeated issues that cuts across. However, let me give some applause to Kilifi County. What they were able to report was the procurement and installation of the medical equipment. That is the installation of advanced radiology equipment, such as the CT scans. They also talked of the mental health clinic establishment and expansion in their various sub-counties.

They also informed us about the construction of the 112-bed male and female wards at St. Luke's Hospital, that is, Kaloleni Ward. Lastly, construction and completion of a 30-bed maternity ward with an operating theater at St. Luke's Hospital, still in Kaloleni Ward.

The issue of maternity is one that we feel there are quite high levels of congestion. Most of the counties are trying to prioritise their budgets in terms of ensuring they have more wards and more maternity wings. This is something to appreciate because this will help decongest most of these spaces as we are seeing.

On the issue of Shakahola, I remember I was in that *ad hoc* committee and yes, with what happened, as we all know, it has gone down in our history; I mean a sad moment in this country. You realise, because it happened in Kilifi County, most of the bodies were stuffed and have really been stuffed for the longest. However, I saw recently that the Ministry of Health tried to decongest. The report we have is that they have not really fully accomplished that. That then brings challenges to the County Government of Kilifi whereby people are not able to get the services of mortuary as needed because of this congestion. These bodies should be given to their loved ones. These are the people who were affected by Shakahola killings. This will ensure that they give them a decent send-off.

The issues of cash has not been paid. Recently, again, we were in Machakos County. We were able to voice out on the issues, that cash has not been paid for five

months. Within two or three days, this was sorted. I am happy. There has been a lot of impact for us, as a Committee, as we have gone to the ground and we are able to address many of the issues. We promise as a Committee, that we will ensure we will cover all the 47 counties to ensure that all issues are addressed. I urge my colleagues, especially Members who have been elected to serve in these specific counties, to try and avail themselves. It is not a political war or tycoonism that, you know, my Senator has come and he has come to try and hit me and show my weaknesses. It is just oversight that we are doing.

Mr. Temporary Speaker, Sir, with those remarks, I second.

(Question proposed)

The Temporary Speaker (Sen. Wakili Sigei): Hon. Senators, this Motion is now available for contribution. I invite Sen. Oketch Gicheru. You may put in your contributions to the Motion.

Sen. Oketch Gicheru: I thank you, Mr. Temporary Speaker, Sir. I know there is pressure of time. This is a very fundamental report. I thank the Committee on Health for having made a visit, and not just a visit, but also networking, meaning that they add a positive attitude towards being able to assess the state of health in Kilifi County.

There are a lot of things I would have mentioned here, but I hope that maybe if we have got extension of this tomorrow or so, I will be able to comment too. However, first of all, there is a big focus on the issue of pharmaceuticals, both the availability of a pharmaceutical facility in the hospital, but even more importantly, the variances of records of drugs that we see in Kilifi County. This is an overarching problem that, as a Senate, we must face and solve.

The issue of drug management and drug availability in our hospitals across counties is a wanting one. I do not know why our counties cannot just find it right. This is because you can see that there was a variance in the drugs record in Kilifi County as was established by this Committee. This variance spans to even the issue of expired drugs that we have faced in a number of counties when we audit them. In the County Public Investments and Special Funds Committee (CPIC) where I sit – and I am glad that Sen. Tabitha Mutinda is here because she sat with me in the previous session in CPIC - this was a very serious issue where there is a lot of money spent by counties on drugs, but then counties just do not get it right with drugs.

One, they get drugs that are going to expire tomorrow. Two, there is not just availability of a system to be able to provide those drugs within our hospitals. This affects Migori County and a number of counties that we know. This House should address this.

I do not know whether we have time to further comment on this or we will have time later, in tomorrow's sitting, but it is something that I wanted to extensively comment on. That said, the House should do a proper---

The Temporary Speaker (Sen. Wakili Sigei): Sen. Eddy, you have inquired whether you will still have an opportunity. I confirm that you still have 18 minutes to continue contributing to the Motion in the next sitting.

ADJOURNMENT

Hon. Senators, it is 6.30 p.m., time to adjourn the Senate. The Senate stands adjourned until tomorrow, Thursday, 27th November, 2025, at 2.30 p.m.

The Senate rose at 6.30 p.m.