



**THIRTEENTH PARLIAMENT**  
**THE SENATE**  
**OFFICIAL REPORT**



**Fifth Session**

**Wednesday, 3<sup>rd</sup> June, 2026 at 9.30 a.m.**

# PARLIAMENT OF KENYA

## THE SENATE

## THE HANSARD

Wednesday, 3<sup>rd</sup> June, 2026

### Morning Sitting

*The House met in the Senate Chamber,  
Parliament Buildings at 9.33 a.m.*

*[The Speaker (Hon. Kingi) in the Chair]*

### PRAYER

DETERMINATION OF QUORUM  
AT COMMENCEMENT OF SITTING

**The Speaker** (Hon. Kingi): Clerk, do we have quorum?

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

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

*(The Quorum Bell was rung)*

**The Speaker** (Hon. Kingi): Settle down, honourable Senators. We do have quorum now.

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

Clerk, you may proceed to call the first Order.

## QUESTIONS AND STATEMENTS

### QUESTIONS

**The Speaker** (Hon. Kingi): Now, hon. Senators, we were expecting the Cabinet Secretary for the National Treasury and Economic Planning, the Cabinet Secretary for the East African Community and the Cabinet Secretary for Mining and Blue Economy this morning. However, they indicated that they were not in a position to attend Plenary this

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morning. They extended reasons that were found to be valid. Therefore, we will not have Question Time this morning. We will proceed with the other business as contained in the Order Paper.

*Question No.010*

STATUS OF BLUE ECONOMY PROGRAMMES IN KISUMU COUNTY

*(Question deferred)*

**The Speaker** (Hon. Kingi): So, Clerk, you may call Order No.8.

**MOTION**

ADOPTION OF REPORTS ON COUNTY OVERSIGHT AND NETWORKING  
ENGAGEMENTS IN BUNGOMA AND KAKAMEGA COUNTIES

THAT, the Senate adopts the Reports of the Standing Committee on Health on the County Oversight and Networking Engagements in Kitui, Makueni and Machakos Counties, laid on the Table of the Senate on Thursday, 26<sup>th</sup> February, 2026; Kiambu County laid on the Table of the Senate on Thursday, 19<sup>th</sup> March, 2026; Bungoma and Kakamega Counties, laid on the Table of the Senate on Tuesday, 21<sup>st</sup> April, 2026.

*(Sen. Mariam Omar on 2.6.2026)*

*(Resumption of debate interrupted on 2.6.2026)*

**The Speaker** (Hon. Kingi): Now, hon. Senators, when this debate was interrupted yesterday, Sen. Beatrice Ogola, MP, had the Floor and she had a balance of 14 minutes. She is not present, so the Floor is open. If any Senators would wish to comment on this Motion, you may indicate from your gadget.

There being no Senator wishing to contribute to this Motion, I will call upon Sen. Mariam Omar, the Mover, to reply.

Is Sen. Omar not in the Chamber? We will then proceed to put the question.

*(Sen. Wambua beckoned the Speaker)*

Yes, I can now see Sen. Wambua in the queue.

Hon. Senators, please, acquaint yourselves with this gadget and this system, so that we make progress.

Sen. Wambua, you may take the Floor.

**Sen. Wambua:** Thank you, Mr. Speaker, Sir. I am sorry for that mishap.

I want to make a few comments on the Report by the Senate Standing Committee on Health. It is a fairly elaborate Report, touching on different counties and my county is one of those counties that the Committee visited.

I want to begin by commending the Committee for visiting Kitui County to acquaint themselves with the health status in our facilities and the meeting that they held with the Department of Health of the County Government of Kitui. On the day that the Committee visited, I passed my apologies because I was unable to join them. I was engaged in other matters and duties of leadership in the Senate.

Allow me to say a few things about the health status in our county. Whereas the Committee has captured pertinent issues affecting the health status of our county, I want to tell this House, through you, that, in fact, I think the situation in our county has deteriorated since the Committee visited and wrote the Report.

Health is a devolved function and one of the most important functions for any county government anywhere in the country. As we speak today, when the Committee visited, they took note of the absence of drugs in the pharmacies and the physical state of the wards. Today, as we speak, the situation in the wards in Kitui hospitals is appalling.

At a time when this country is discussing serious issues - the world is discussing serious issues about the Ebola outbreak - this House should take note that several public hospitals in Kitui County, actually not all of them, where patients are sharing beds. Things can never get worse than they are today.

At a time when the world is grappling with ways of stopping and preventing the spread of Ebola, patients in hospitals in Kitui County are sharing beds; at times, it is three patients in one bed.

That should not be allowed to continue. God forbid, if this thing that we are all praying does not come to Kenya, if there was an outbreak of a contagious disease as Ebola, and then finds its way, in any place near Kitui, it will be a disaster. I call upon the County Government of Kitui, as their Senator, that immediate measures be put in place to decongest the wards. This is to make sure that ways are found, even if we have now to do some bit of application to get some nice, safe tents where we can have beds, or convert some halls into wards. However, the sharing of beds by patients must not be allowed, because in some of these cases, you find that there is a patient who is suffering from maybe malaria, they are now put on the same bed with a patient who has common flu or something. Some of these diseases are very contagious. The spread will not be able to be stopped if the patients continue to share beds.

Mr. Speaker, Sir, the last thing is the issue of drugs. Lack of drugs in our hospital pharmacies in Kitui County is also appalling. I call upon the County Government, again, led by His Excellency Dr. Julius Malombe, to put measures in place to stock the pharmacies in our public hospitals. Every now and then, we have witnessed cases where patients go and see specialists, or the patients are prescribed some drugs to go and get from the pharmacy. They go to the pharmacy and find that the drugs are not available.

What has happened is that now we have an establishment of a lot of chemists near the public hospitals, because it has become now commonplace that the pharmacies in the public hospitals do not have drugs. So, business people have established chemists around the hospitals to sell drugs to patients. Of course, the cost of drugs being sold in private

chemists will be more than what they would get from the public pharmacies. So, I call upon the County Government of Kitui to ensure that there is proper stocking of the relevant drugs in our hospital pharmacies so that our people can get better healthcare.

Lastly, there is the issue of the casuals, the employees of the County Government of Kitui in the health department, including medics, nurses, clinical officers and pharmacists, who are working on a casual basis. These people are providing very critical service to our people. They are actually the first line of defense for healthcare in our county and they need to be compensated properly. Many times, their stipends are delayed and the excuse has always been late disbursement from the National Treasury to the county government. Whereas that argument could be valid, a way must be found to ensure that we do not have unnecessary delays in the compensation for the health workers, especially those ones who are on the front line.

Finally, is the issue of Community Health Promoters (CHPs). I sit in the County Public Accounts Committee of the Senate, and yesterday we had an engagement with the County Government of Kericho. One of the things that came up was the issue of the compensation for CHPs. This matter of CHPs is not a problem that is specific to one county; it is general. It is a matter that affects every county in this country, especially the structure of the delivery of service by CHPs. As you can see, there is serious confusion. The national Government is supposed to give Kshs2,500 per CHP and then the county government is supposed to give an equal amount of Kshs2,500.

Now, there is a situation where the national Government releases part of the pay, while the county governments do not have the matching amount to give the CHPs. So, what happens is that there are inordinate delays in the compensation of CHPs, not just in Kitui County, but in every part of this country. In that conversation yesterday, I proposed, and I want to put it on the Floor of the House, that the amount of money that is given to CHPs as compensation-- Why should the national Government not send that money to county governments as additional allocation, so that they are paid from one single pool? It happened with the staff working under the Kenya National Library Services (KNLS).

When the Government realised that there was confusion in the payment of staff working in the library services, the entire salary budget for staff in counties working for library services was transferred to counties. So, counties are now paying the staff, but with money coming from the national Government. The CHPs are the real frontline staff for healthcare in our country. I propose that the Government should devolve the entire salary or stipend budget for CHPs, so that it goes to the counties as additional allocations, which is conditional, for the payment of salaries to CHPs, so that when it is due date for them to get their compensation, it is given.

As we have that conversation, a time has come now in the Senate that we must also begin to ask ourselves whether compensating a CHP with Kshs2,500 is real compensation or a slap on their face. This is because the minimum wage paid by government is way beyond Kshs13,000, Kshs14,000 or Kshs16,000. When you give a CHP Kshs2,500 and say it is a stipend, what exactly are we doing for these people? This is so because these frontline health workers traverse villages, they visit homes during the day and at night, carrying a backpack. When we compensate them with Kshs2,500 a

month, as a Senate, because health is a devolved function and it is our function, we need to have a conversation on better compensation of CHPs.

Mr. Speaker, Sir, with those many remarks, I support.

**Sen. Sifuna:** Mr. Speaker, Sir, thank you for your indulgence to allow us to skim through some of the reports that the Committee has presented to the Floor of the House. In August 2023, I attempted to bring a Motion here, in this House, for the formation of an *ad hoc* committee to audit the state of infrastructure in our schools, and especially on the question of adequacy of infrastructure, given the government's policy of 100 per cent transition rates. Whereas we all want our kids to transition 100 per cent from the junior schools, the government had not, in my view, done enough to prepare the secondary schools for the influx of the learners.

Reports presented by the Committee on Health based on visits to county health facilities, demonstrate the value of committees of this House being present on the ground. This enables us to see for ourselves, not just speak from Nairobi. I had hoped that if that Motion had passed, we would have set up the committee and perhaps some of the issues we saw at Utumishi Girls Academy, Gilgil, would not have happened.

It was horrifying to see the state of the dormitories. We were told that more than 200 children were packed in one dormitory, with a capacity of only 100. I saw pictures of beds placed in corridors, which was devastating.

In August, 2023, I was informed that the Senate did not have enough resources to support the activities of that committee. If you balance what we would have spent, about Kshs10 million to audit school infrastructure, against the cost of one life, then, perhaps, we need to reconsider our stand on this matter.

I appreciate when committees are allowed to audit facilities because they reveal the truth. Reading through this committee's report, there is a clear threat regarding the state of preparedness of health infrastructure in counties, whether in Kitui or Kiambu.

The findings are horrifying. Overcrowded maternity wards are a reality in Kiambu, Kitui and even here in Nairobi. For example, the report from Kiambu County shows that two to four mothers were sharing beds. In Kitui County, Sen. Beth Syengo told me that it might be up to six women on one bed. I do not know how six people can fit on one bed. This is the true state of health care in our country.

The committee's Report, on pages 14 to 15, notes that many young mothers were not registered on the Social Health Authority (SHA) for various reasons. For instance, some lacked identification cards. This is surprising because we have been told that areas which previously had difficulties obtaining IDs have now been expedited. This was even highlighted during the recent Madaraka Day celebrations in Wajir. How then is it possible that young mothers in Kiambu County cannot access IDs to register on SHA?

The Committee recommended that SHA should find a way to register these young mothers, even as the Government processes their documents, so they can access health care.

Our Committee on Health also reported being denied access to child mortality data in some facilities. I do not understand why a committee of this House can be denied such data. We have heard separately that some counties and facilities understate the

number of children dying after birth. We must insist on access to this data, so that we can make proper recommendations to help these facilities.

There is also the challenge of SHA reimbursements. This is why I say it is important to visit facilities and speak to our people directly. Senior government officials, such as the Cabinet Secretary for Health, Hon. Aden Duale, claim SHA is working 100 per cent, yet reading the Report, shows this challenge exists across counties.

I will continue to insist that the President promised free Universal Health Care access. That promise was made to Kenyans when we were persuaded that those earning more should contribute more, so that those unable to pay would no longer suffer the indignity of lacking health care. In fact, the Head of State even stated recently that the fundraising events and *WhatsApp* groups for medical contributions had been closed down. I do not know where the Head of State gets this information.

Just yesterday, I tried to call the Chief Executive Officer (CEO) of the Kenyatta University Teaching and Referral Hospital (KUTRH). A friend of mine, a clergy member at the ADC Church in Runda, passed away. The hospital bill was almost Kshs1 million. The hospital has refused to release the body, despite the family pleading, writing letters, making down payments and agreeing to a payment plan. Out of the Kshs1 million, SHA only paid Kshs300,000.

I want the President to know that we are still contributing money for health care. This is the reality on the ground. Even the Committee's report shows that facilities themselves are struggling because SHA is not reimbursing them in good time. This is true at Mama Lucy Hospital. There is a debt owed to Mama Lucy and other facilities in Nairobi. We are told the same situation exists in Kitui and Kiambu.

There are still unresolved issues with the National Hospital Insurance Fund (NHIF). The Report notes that almost Kshs5 million to Kiambu Level 5 Hospital from the old NHIF. I do not recall the exact month we were in Naivasha with the Cabinet Secretary, but I remember him giving timelines within which the legacy debts of NHIF would be resolved. As a House, we need to bring him back here, because he was supposed to report on what the Ministry is doing to address those debts.

I have also seen complaints about the quality of food in inpatient wards. Patients complained about the quality, the portions and even unhygienic presentation. One observation was quite striking: they were told the food did not even have salt. By the time we are discussing salt in food, there is a serious problem. This is why we must continue to insist that counties receive their funds on time and in accordance with the Constitution, so that they can undertake their devolved functions.

The only ray of light is on page 29 of the report. For the first time, I saw that Kiambu Referral Hospital had a properly stocked pharmacy. There were drugs available, well stored, well managed and with proper records. These are the few things that make us happy because at least someone is doing something.

When we visited Busia Hospital during Senate *Mashinani*, you could see a row of private chemists along the road approaching the hospital. That is always an indicator of problems in the public facility, where systems ensure business for private pharmacies outside. I am glad this is not happening at Kiambu Referral Hospital.

According to the committee's report, they also saw a digital X-ray machine serving almost 100 people per day. It is suspended from the ceiling and I have seen the photos. They also reported that Karuri Health Centre is one of the most well-managed facilities they have seen. They have digitised their systems. Therefore, we will give Kiambu their flowers for what they are doing and encourage other counties to follow suit.

The story of mortuaries, however, is the same across the country. In Busia, the same mortuary has been in use since Independence and it is in a bad state. Dilapidated mortuaries are a recurring theme in the report and we continue to insist that something must be done. Looking at the totality of all this, we must ask ourselves whether our health care system is truly prepared to deal with any medical emergency in this country. The report paints a different picture. That is why when the Senator for Kitui, that is Sen. Wambua, was submitting, he said that the concerns that Kenyans are raising about the Ebola facility in Nanyuki are valid.

We have proposed to the President that instead of transferring patients from the Democratic Republic of Congo (DRC) to come and receive treatment here, the United States (US) Government should grow the capacity of the DRC itself to ensure that that disease does not leave the borders of the DRC and all of us will be safe. The money that has been pledged towards that project should be given to President Tshisekedi to put up those centres there, so that they contain Ebola within their borders. Now we are hearing about reports on deaths in Uganda.

The state of our healthcare is quite dire. Contrary to what people speak of here in Nairobi and other public gatherings, they paint a rosy picture, but when committees of this House go to the ground, the situation they find reads like a nightmare and you can all see in this Report.

Mr. Speaker, Sir, with those many remarks, I want to thank the Committee on Health led by the Senator for Uasin Gishu, Sen. Jackson Mandago, for this detailed report. They have highlighted challenges and issues they feel need improvement. They have given flowers where they are due as in the case of Kiambu County Referral Hospital with drugs or their pharmacy and given proper recommendations here. I hope that once we adopt this Report, some of these recommendations will be taken into account and implemented, so that we give our people assurance that the quality of healthcare in this country is as portrayed by some of the leadership in this country.

I thank you.

**The Speaker** (Hon. Kingi): Proceed, Sen. Sigei.

**Sen. Wakili Sigei:** Thank you, Mr. Speaker, Sir, for giving me the opportunity to also contribute to the various reports that the Committee on Health has submitted before this House. I would like to start by commending the Committee for the well done report. Of great importance is the fact that they, indeed, had an experience that is reflected in the reports from the various hospitals and dispensaries in the various counties mentioned in these three reports.

As a House, we appreciate Members of various committees visiting specific places where we carry out our oversight role unlike when we do it here in the Chamber or in Nairobi. Presence in our respective counties or hospitals where we go to carry our

oversight tells us the exact situation. Therefore, when we come up with reports and recommendations therein, we do so with firsthand information.

Reading through these reports, they reflect a scary situation. There is outright deterioration of our health facilities, not only in the counties that have been mentioned by the committee on the basis of their visits to those counties, but it is a challenge that cuts across in almost all counties in the country. That reflects the situation of our health facilities and the kind of service delivery that the electorate would naturally expect from county governments. It also reflects ultimate service delivery to the people of Kenya. The recommendations that have been given are almost similar across all the counties that were visited. As I have said, it reflects equally on the rest of the counties.

One of the major issues that have been identified, which is a glaring challenge in terms of administration of county governments managed hospitals, is the capacity of those hospitals. As we have been told, you will find one bed being shared by more than three patients. That could be mothers who have delivered or patients who have got various ailments. It is not easy to give appropriate medical attention when you have got two or three people sharing one bed. That situation is common in most hospitals that the committee visited. That is also reflected in other hospitals where the committee did not visit.

I recall that the same committee made a visit to Longisa County Referral Hospital in Bomet County. The situation of dispensaries or clinics in Bungoma, Kiambu or Kakamega is the same as Longisa County Referral Hospital. You will find one bed being shared by more than three patients and there is no water in the hospital. You can imagine having a hospital with no tap water.

It is absolutely disheartening to see patients going out of a facility to get water from water vendors. In most cases such Longisa County Referral Hospital, *boda boda* riders are making a good business out of water supply to the hospital. They only need to have 20-litre *mitungi* and line up along the road in order to supply water to patients in hospitals.

The situation is serious. When you look at the report, it can only be appropriately dealt with if our county governments ensure proper governance because from the various Senate audit reports, part of the challenges is improper governance. Resources are abused because they are directed to non-essential services. In most cases, those resources are also entirely abused by those governing those institutions.

Beside the challenge of bed capacity where patients share beds, there is also unavailability of essential drugs. That has also been reflected in these reports and it cuts across almost all our health facilities, which are mostly managed by our county governments. This is one of the issues that Members have spoken to here.

You will find that pharmacies in hospitals have no essential drugs. However, outside a certain facility, you will see a lineup of private pharmacies where essential drugs are available. What happens is that patients are given prescriptions and asked to go and buy drugs.

If a patient does not have the financial capacity to purchase drugs because they rely on the Social Health Insurance Fund (SHIF), they are forced to find a way of getting drugs from private pharmacies. There are no drugs in some hospitals because in some

cases, they are stolen and sold to private practitioners who make money out of it. That is a problem of governance.

It has been identified in these reports that one of the challenges that most health facilities that the committee visited is improper governance where no one takes responsibility. You will find that the hospital superintended is not available or they are not qualified. Doctors, nurses and clinical officers are not paid on time. Therefore, they are hardly available when they are required since they are discouraged because their services are not paid for in good time. Definitely, their working conditions are also compromised.

If we, as a House, were to enhance, direct and presence in almost all our institutions in the course of our oversight, there is a high likelihood that there would be improved performance because being present is not the same as where we are doing oversight at the level where we are in Nairobi or when we do not have presence in those particular institutions.

Another issue that has been identified in these reports, which is also common across, is those health service promoters who, although they are not necessarily under the full obligation of the county governments, they are very essential and are the first line of defense in our various areas of representation because they are the ones who will directly be reaching out to patients, they know almost every other family that has got a patient and will be the people who will support in terms of giving directions on what kind of medical attention such people require.

It is very unfortunate that they are not being paid their stipends and if they are sometimes, they are paid when it is delayed. Therefore, it compromises entirely the service delivery from their part and spills over now to the health institutions where they are supposed to report to or where they are supposed to take the patients in. Sometimes, they know that after all, even if they were to push themselves to support, there would be no attention relevant to the patient in their health institutions because poor governance is present or no drugs or at some places, they are literally not even operational.

Therefore, the decision of this Committee together with that of the rest of the committees including the Senate Standing Committee on Education and all other committees, of making their presence felt in various counties will support the people who we are supposed to help in oversight.

Mr. Speaker, Sir, as we appreciate the work of this Committee, I would like to encourage them to make sure that they enhance their visits and ensure that the recommendations that have been made by the committee on the various institutions are followed through. Those that are possibly able to be implemented should be implemented. Those which are not, of course, will form a basis of a future follow-up by the relevant committees.

Mr. Speaker, Sir, I stand to support this Report.

Thank you.

**The Speaker** (Hon. Kingi): Sen. Syengo, please, proceed.

**Sen. Beth Syengo:** Thank you, Mr. Speaker, Sir, for giving me this opportunity also to add my voice to the report by the Senate Standing Committee on Health, which touches on Kitui and other counties. I noted with concern specifically on the matters of

the care for mothers and children. When six patients share the same bed, and some with newborn babies, that is so unfortunate because newborn babies are very sensitive. They can contract infections very easily and when they are forced to share a bed with their mothers and strangers, they may contract diseases which might lead to death. This is very sensitive. I really appreciate the Committee on Health because of these visits that exposed some of these evils that are happening in our counties and in the hospitals.

Mr. Speaker, Sir, specifically speaking to Kitui County Referral Hospital, my attention was caught by what the medical superintendent has done. He has appointed or engaged a pharmacist who did a short course of three months on echocardiogram. She is the one now handling patients with cardiac issues. This is putting the lives of my people in Kitui County in danger. The hospital should have an experienced, qualified person who takes care of patients who come and visit the hospital when they have heart diseases. However, to be treated by somebody whose training is not on cardiac issues is very dangerous and it is endangering my people of Kitui county.

Mr. Speaker, Sir, those issues were unearthed when the Committee visited the hospital. It is serious when we engage people and then we do not appreciate their services. I am saying this concerning the Community Health Volunteers (CHVs), whose stipends are delayed, not paid in time, yet, even their health is also wanting because they are not assured of insurance. They walk and work, visiting house to house, door to door, supporting our people. So, when their stipends are not paid in good time, they have obligations because these are people who have families and are looking for a way also to survive, if not to live and when their stipends are delayed and sometimes not paid for several months, they suffer. I would urge the county governments as well as the national Government because they share the payment of the stipends, to hasten the payment and do it in good time.

My attention was also drawn to the situation in our hospitals on electricity. Some hospitals have huge bills with the Kenya Power and Lighting Company Plc (KPLC) and when they do not pay, maybe electricity could be disconnected. The situation is, in the hospitals the electricity is not constant. Sometimes it goes off and the power may go off when a patient is on the operation table. What does that mean? It means that a life can be lost. It is very important to ensure that our hospitals are constantly connected to electricity.

As some of the governors appear before our committees, we also find out that many do not have a disposal framework of expired drugs. They are stocked in the pharmacy, yet they are expired. I wonder why drugs with a near expiry date are given to our hospitals or distributed. This also endangers the lives of our people.

As some of my colleagues have already indicated, many of the pharmacies in our hospitals do not have critical drugs or important and commonly needed drugs. If they are not there, then they are directed to go out. Sometime when we went around, I noted something very interesting, that, near every public hospital, there are so many chemists and private pharmacies. When people lack drugs in the hospital, they are then directed to go just outside the gate and buy from there. Some are owned by medics who work in those hospitals and they stock the medicine that is needed and so, they direct people to go and buy from their own private clinics or pharmacies.

Mr. Speaker, Sir, in my opinion, we need to have serious follow-up on what happens in our hospitals so that we ensure our people, Kenyans, are secure and that there are right policies that are followed to ensure that people are served in these hospitals and they feel secure.

I would like to thank the President of the Republic of Kenya. He is doing very well. The other day, I watched when they were launching the awareness programme that mother and child to be taken care of. This is very encouraging. We should be people who can see good things and say they are good and we are heading in the right direction.

I congratulate the President and the Cabinet Secretary for Health because they have made every effort to make sure that no mother loses life while giving life to the world.

I support.

**Sen. Wamatinga:** Thank you, Mr. Speaker, Sir, for giving me the opportunity to add my voice in support of this job that was done well by the Committee on Health. I would like to begin on a positive note.

The visit by the committee to various counties has highlighted some very worrying issues such as shortage of infrastructure and bad services. I also commend the committee for its recommendations and positive remarks regarding hospitals that were found to be working effectively. The challenge of health infrastructure in our country has been left unattended for the past 62 years. We will not be doing justice to the current administration if we do not say that the effort made by the President of the Republic to make universal healthcare accessible and affordable in every part of the country is very commendable.

We recall that during our Independence days, one of the commitments of the founding father of the present state was to fight illiteracy, poverty and improve healthcare by making it accessible to everybody. Over time, the population has kept on growing. The infrastructure in hospitals has continued to degenerate over the years until the current regime when the President took a very unpopular but right move to make universal healthcare accessible. Today, no one can deny, especially those in leadership positions, that the harambees in aid of patients have always been a campaign tool. We have been included in WhatsApp groups. We must admit that these WhatsApp groups and harambees have reduced.

There are still some cases that can be traced back to corrupt and highly compromised administration in hospitals. They are done by doctors who have always practiced unethical behavior by charging for operations that they have not done. If we are able to address this among other issues, the healthcare system in Kenya will work. I think this is a job for everybody.

There is still a lot that needs to be done in terms of capacity building and equipping of our hospitals. The approach by the government is to make sure that the Social Health Authority (SHA) is working. With that, our healthcare system can become a bankable facility where people can access some of these advanced machines, so that we stop sending our patients to foreign countries for treatment. If we are able to make SHA work in terms of attracting investors to come and bring this equipment in our hospitals, we will see it work.

If we encourage and ensure that we standardise the charges on the drugs, and also encourage chemists to be established within the establishment so that they provide medicines to the people, then we will see it work. That cannot be done overnight. We must admit that what we have achieved in the last three years has been impossible for the last 60 years. This is because the administrations then were not prepared to take the bull by its horn or to make unpopular decisions because they wanted to ensure that they were re-elected. I commend the President because some of these decisions, as unpopular as they are, are the right decisions that we ought to have made 60 years ago.

Mr. Speaker, Sir, it is now time we said that leadership is not about getting re-elected, but about making the right decisions. When the history of this country is written, even when we are not around, it will be said that, yes, the President did the right thing to implement some of these measures. As leaders, it is our responsibility to ensure that we address corruption in health institutions, among the professionals, and most importantly, the unethical behavior of the doctors that we know has also compromised our ability to offer services. Having said that, it is also good to say that these are some of the challenges we have in hospitals caused by administrative mismanagement. There are some that are caused by county governments not being able to facilitate.

Mr. Speaker, Sir, I like the fact that the committee said that they found one hospital in Thika that had a well-equipped pharmacy. This is a clear indication that if the governors and the administration around the hospitals were ethical enough, then we would overcome these challenges. We also need to devolve more funds to the health centres as we create other new and IT-based administrative tools, so that we are able to address the issues around corruption and mismanagement. Importantly, we should be able to trace patients' data, so that we have a predictable situation where we know the kind and category of medication and equipment required. This is something we should do in today's age, where AI enables that kind of forward-looking approach.

I must also commend the Government on the issue of Community Health Promoters (CHPs) because as much as the stipend they are getting is little as has been alluded by one of my colleagues, we must look for a way of enhancing it, not only in terms of money, but also the facilities they are provided with such as umbrellas and clothing. We need to give them protective gear, so that as they are going to visit these patients, they do not contract diseases.

I have made it my duty to go around the 30 wards in Nyeri County, speaking to CHPs and I have seen the commendable job that they have been doing. The stipend from the national Government, comes promptly, but the one from the county government comes late. The stipend is little and we must look at a way of enhancing it, so that we address some of the issues right at the source before they escalate to become major.

Improvement of primary healthcare should be a priority to every county government, the national Government and every leader. That can be done by ensuring that we enhance the services offered by the CHPs. As we are doing that, we must also find a way of building their capacity, so that we have people who are able not only to deliver professional services, but also to give timely services by increasing the gadgets they have. Most importantly, the reporting tools that they are using must be modernized,

so that we are able to harvest that data and use it in our budget making process. We should have a budget that is data-driven rather than one driven by look and feel.

It is also very important to say that some of the challenges we are facing in the health sector are driven by unscrupulous administrators who look at the opportunity of making business out of this. We know it is possible; it has been done in other countries. We can achieve it in this country. We need to re-evaluate what we are doing. We must pursue standardisation and develop standard operating manuals and procedures for all hospitals, so that we can have a unified approach to medical issues.

Mr. Speaker, Sir, as I wind up, I wish to commend His Excellency the President because the Social Health Authority (SHA) has ensured that some services that remained inaccessible to certain communities are now accessible. However, we must ensure that marginalised counties get modernised hospitals. The approach should be to plan all facilities within our hospitals in a bankable manner. We should encourage and invite investors, so that they can come and install their machines. This will reduce the number of patients we export to foreign countries for advanced treatment. With the advent of cyber medicine, it is possible to have collaboration between local and international hospitals. What we need is to standardise the equipment we use. This can be done through public-private partnerships in our hospitals that will encourage international companies to invest in our health system and make Kenya a medical tourism destination. That can happen if we modernise our facilities and embrace modern technology.

Mr. Speaker, Sir, having said that, let me take this opportunity to thank the committee for a job well done. I wish they would do this more frequently, so that their presence and our presence as overseers, can be felt within county governments and at grassroots facilities. Most importantly, we have an obligation to offer civic education to our people, so that they enroll in the SHA and access the services offered.

Thank you, I commend the committee.

**Sen. Dullo:** Mr. Speaker, Sir, thank you for this opportunity to contribute to the report of the Committee on Health of the House. I thank the committee for comprehensively outlining issues affecting our hospitals across the board.

Mr. Speaker, Sir, the right to health is paramount. However, as much as the national Government is doing its part, very little is happening at the county level. Patients are really suffering in our hospitals. To start with, yesterday all doctors in my county downed their tools and the Kenya Medical Practitioners, Pharmacists and Dentist Union (KMPPDU) advised the County Government of Isiolo to sit with them and iron out issues affecting doctors in Isiolo County.

Surprisingly, they have been unable to get the Governor of Isiolo to sit down with them and listen to their grievances. If doctors are not taken care of, if they are not getting their salaries, if they are not covered under the SHA, there is no way they will take care of patients. If I were asked, although health is devolved, I wish health would be returned to the national government because the situation is very bad.

Mr. Speaker, Sir, on service delivery, the report shows that most infrastructure is dilapidated and that is a serious situation across the board. A large chunk of county government budgets goes to health, but that budget does not actually reach the hospitals. Many hospitals, such as Isiolo, depend on the Facility Improvement Fund (FIF). Nobody

knows where the budget is going. If a hospital collects about Kshs2 million, but requires almost Kshs2 billion, how will it cover those costs? There is a very serious situation in our counties.

I saw KMPPDU telling Isiolo residents yesterday to go to the hospital and collect their patients because doctors will not be there. That is a very serious situation. I think the Senator for Meru should also look at that clip because Marsabit was also mentioned. Patients in Isiolo were told to go to Laikipia or Tharaka Nithi for services because doctors will not be there. It is a serious and pathetic situation.

Issues of promotion for doctors, nurses and clinical officers in the counties are all politically-driven. If you are not aligned with the current regime, you will not be promoted. That is one of the grievances raised by doctors.

Mr. Speaker, Sir, doctors and nurses do not have tools, gloves and masks. I wonder how they will work in those hospitals if they are not properly equipped and protected. The SHA is there, but doctors, nurses and county government staff are not medically covered. How will they serve patients? It is a very serious situation.

Revenue is being collected at the county level, but it is not automated. It is collected in cash. Casual workers have gone without salaries for almost two years, yet they do the dirty work in hospitals, including cleaning blood. Patients who are very sick depend on them. As the Senate, we need to deal with the issue of casuals in county governments. You cannot expect a casual earning Kshs15,000 or Kshs17,000 to go without a salary for two years and still perform their work while we remain quiet.

Mr. Speaker, Sir, I appreciate what the committee has done. In Isiolo County, staff have gone without salary for three months. Some live in rental houses and landlords are telling them, "If you work for the County Government of Isiolo, we will not give you a house. Look for a house elsewhere." SHA contributions are not remitted for staff. They have taken loans that are not paid on time. Promotions are not coming. Some doctors are forced to go out and work elsewhere, leaving hospital work to Kenya Medical Training College (KMTTC) students.

Today, we have many cases of maternity negligence where mothers die on the delivery table. As much as we say a lot is being done, our people are really suffering. Dispensaries in those counties have no drugs and equipment. Distance is a problem, especially for mothers with complications. In case of emergency, patients travel on rough roads for over 200 kilometres. They die before they even reach where they are being taken.

Mr. Speaker, Sir, this is a very good report. This issues affect most of the counties across the board. Sen. Wambua talked about CHPs. How can you pay someone Kshs2,500 in Kenya today for a month? That is below the labour law standard. If we want to keep the CHPs, we need to formalise that structure. We need to facilitate them because these are the people who walk around from one place to the other taking care of patients and reporting emergencies. The CHPs are suffering. If we do not want to take care of them, they should be actually left alone.

Why do you give somebody Kshs2,500? Today, if I walk to any of the supermarkets in this country with Kshs2,500, I will buy nothing. It is embarrassing for us in the country. Earlier on, I said and I will say again today and tomorrow, that the

healthcare system in Kenya is not doing the best especially the standards kept in those hospitals.

Mr. Speaker, Sir, I remember when the Cabinet Secretary for Health came here, I asked him who was supposed to take care of the standards in the county governments and he told us that it was the national Government. However, those standards are not kept. You can imagine the issue of promotions. Sometimes people are promoted when they do not even have qualifications for those positions. How will they manage the hospitals, the revenue and the patients? I have been long in this Senate and we have said several times that the standards of the hospitals in those counties should be maintained by the national Government. However, I believe the national government is also running away from that responsibility because they are saying they will not micromanage governors in those counties.

The Managed Equipment Service (MES) was helping Kenyans, especially with regard to the dialysis machines. If you go and check in some of the hospitals, most of those dialysis machines have become obsolete. Patients are suffering. Cancer patients are struggling.

*[The Speaker (Hon. Kingi) left the Chair]*

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

Mr. Deputy Speaker, Sir, if I was asked, I would say that SHA should be paying for all the citizens in the counties. The county governments should pay SHA for citizens. They do not have to suffer. If medical services or medical care is free, why not allow county governments to pay SHA for their citizens where they can get service delivery?

Mr. Deputy Speaker, Sir, this is a good report because it hurts that the national Government is doing a lot, but at the county level, I am sorry to say that things are wanting.

On the standard of theatres, I remember three weeks ago, in my county, the theatre was not functioning because it had a problem. What will people do and where will they run to? The staff are demoralised. There are no drugs, even essential drugs, like paracetamols, leave alone anything.

Mr. Deputy Speaker, Sir, I will stop here, but request that as a Senate, we should not store these reports in the archives. We should follow up to make sure that the recommendations of the committee are implemented. The oversight institutions that are supposed to look at these issues affecting our people in the counties should wake up and deal with the mess in the health facilities in our country.

I wish to support the report. I thank you, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kathuri): Sen. Julius Murgor.

**Sen. Murgor:** Thank you, Mr. Deputy Speaker, Sir, for allowing me to also add my thoughts to those of my colleagues. This is a very good report, very elaborate and it needs a way of implementation so that what they have recommended is implemented. When looking at this report and thinking practically about what is going on in the counties, mine included, there is lack of work morality on the side of the governors who

either do not understand their responsibilities or what they are supposed to do and they end up doing other things that are not helping the citizens. For example, there is a lot of diversion of the health budget that goes to do other things apart from what the money is supposed to be doing. It is supposed to be buying drugs, but they are not doing that. It is supposed to be paying doctors, nurses and the casuals, but they are not doing that. Therefore, nearly the whole budget is doing something else that has no connection with health.

Governors treat this budget and even the whole budget in totality that comes from the national Government to the counties as personal and private. There is no moral obligation that they should be careful about misuse and mismanagement of the funds coming from the national government.

On the side of doctors, a colleague expressed concern about the clinics and pharmacies outside the hospitals and in towns that patients are directed to go and buy medicine or anything that they have not got from the hospitals. There is a collapse of morality on the side of doctors. Then there is also the attitude and the making of money that has been picked by our doctors and nurses. They no longer want to treat citizens the way they were trained as doctors and nurses.

There is a total inhuman or inhumane attitude towards the citizens and everyone in the whole system. When the governor is not in a position to be answerable and responsible for his job as trained, then the whole system will collapse because no one is paid. Even the casual workers are supposed to be paid some amount. For example, my county pays people Kshs4,000 and Kshs6,000 a month, but the ones who are better paid must have a relationship with the governor; either a relative or political supporters.

Mr. Deputy Speaker, Sir, the whole process has lost meaning, and this can be traced to gross mismanagement nationally and at all levels. Why not take action on one county government, so that it becomes a lesson for the others? As Senators, we go out and conduct investigations, but what do we do with those findings? Even when we have the best reports, what do we do with the findings? What is the plan of action? What is the next step after a report has been presented? That is what is left. Since no governor has been punished or has been called to answer, they will just continue with the mismanagement and rogue attitude that is collapsing the health system as far as counties are concerned. People wish the system could go back to what it was. While we are happy that devolution has enabled the services to go to the people, those managing these services are not doing what they are supposed to do, to ensure the services are better and nearer to the people.

On the point of supplies, governors have privatised that part. In my county, the spouse of the governor is a supplier. She gets paid even without supplying anything. You will find that there is no milk in the tea because she has not paid the supplier. The supermarkets where maybe she would be taking sugar from, there is no supply because she does not pay. All the supplies, even the firewood, nobody brings firewood because she does not pay those who bring firewood yet, of all the contractors that are contracted to do work in the county, she is the first one to be paid so much money ahead of everybody, so that she is okay. Therefore, the whole system of supplies and suppliers has collapsed. Needless to say, they corruptly get awarded the projects.

Mr. Deputy Speaker Sir, I support the report and wish action would be taken against even one county government, so that it becomes a lesson for the others. I support.

**The Deputy Speaker** (Sen. Kathuri): Sen. Catherine Mumma.

**Sen. Mumma:** Thank you, Mr. Deputy Speaker, Sir, for the opportunity to contribute to the reports by the Committee on Health. I support the reports on the counties; Kitui, Machakos, Makueni, Bungoma, Kakamega and Kiambu done by the Committee on Health.

Whenever I speak on the issue of health, I always say it is one subject that we must work on collectively as a House. This will ensure that we contribute the best that we can, so that both the national Government and the county governments do the best they can to deliver this service to the people. The right to health is only second to the right to life. This is because when we do not have good health, we cannot do all these other things that we would want to do for development. It is important that all leaders in this country, the governments at the national and county level, take the implementation of the right to health seriously.

I want to commend all the counties that were evaluated for the areas where they are strong. However, the key thing in terms of our oversight is to point out areas where they are not working well. If you check all the reports, there is one recurrent issue about the management of clinical waste by our hospitals. This is a problem across the entire country. It is a problem that you will find in the Kenyatta National Hospital (KNH) and all the counties. Clinical waste is an opportunity to further the communicable diseases. So, managing clinical waste is actually a health act rather than just managing solid waste. It is an issue that our hospitals and governments have never appreciated. If you go to a number of hospitals, they hardly have any budget lines around incineration. They are not researching on modern ways of dealing with clinical waste. As a result, we are just recycling diseases because we sometimes dump clinical waste that is mixed with other waste.

If you went to the Dandora Dumpsite, you will find that people are picking waste that includes syringes, bags that have been used on patients and many other issues. Maybe, the committee should recommend a Motion on managing the clinical waste. Maybe we should even contemplate having the biomedical courses in our technical institutions. This is so that we can create some industry around the management of clinical waste and create jobs for our young people across the country. I urge that the committee follows up on this issue that is common to all of the places that I found.

I would also like to speak to the issue of the Managed Equipment Services (MES). Many of the equipment that were purchased in the first term of the Jubilee Government were just put in boxes. The committee has found that in some of those places, some of these facilities are not functional.

This is a question we casually speak about. However, I think it is time the Senate came up with a report on how much we have paid as a country on this leased equipment that was forced down the throats of county governments, some of which are still in boxes but for which we are paying monies every year. Many of them have not been operational because we did not think through on how to operationalise them. We did not train the personnel to operationalise these facilities. As a result, we do not have the infrastructure

and the personnel to run them. This is a big issue that cost this country a lot of money. Sometimes the failures in our health facilities is designed because of those who are interested in making money through procurement. I think the Committee on Health owes this country a final report around the issue of the MES, so that the people of Kenya can know what has been happening.

Another important issue that cuts across the board is the failure by county governments to remit deductions belonging to workers. This committee focused on the health workforce, but this is a problem across the counties. I have said that after this session of the Senate, one of the things we need to do is to compel all counties to remit the statutory deductions belonging to workers to wherever they are supposed to go. It is painful to hear that a doctor dies of a disease because they cannot afford health insurance and therefore cannot be treated. What a contradiction? We need to take this seriously. I do not know how we will do this, but the statutory remittances by counties must be taken seriously. The pending bill in respect of the workers' dues must be cleared.

If there is only one oversight issue that we should focus on collectively as all committees and the entire Senate, is to help workers in the counties to receive their dues. That money does not belong to the county governments. It belongs to the workers. Why do we have this issue recurring with every committee report that comes here? We learn on how statutory remittances are not being given in respect to the Early Childhood Development Education (ECDE) teachers, health workers and those working in the agriculture sector and we are doing nothing about it. I think we need to collectively say, out of this report, the one or two things that we must do, must include holding counties accountable for these remittances.

As you are aware, Kenya has adopted Universal Health Care (UHC), which means that we are trying to facilitate every Kenyan who is sick to be able to access treatment. This does not mean that it is free. Nothing is free. It means that we must collectively find the necessary resources to ensure that the most vulnerable among us are able to get equal access to treatment that we, in Parliament, are able to get. It means we must have very prudent management of resources in the health sector. It means we must contribute honestly for those who need it. It means we must get rid of corruption from this sector, so that every cent is able to go towards the healthcare services. It means we re-evaluate the amounts that the Ministry of Health at the national level is receiving *vis-a-vis* the county governments in order to take care of that.

I see Sen. Dullo is not here. She talked about reversing the health function to go back to the national Government. I do not agree. It is not as if we had a functional health service before 2013. Devolution has actually brought health services to a better place. However, we are retrogressing because of rampant corruption, both at the national and the county governments. We are the ones who oversight county governments. This House, in particular, has no access to development funds, with which it can play monkey business. Therefore, it must be the one that is the moral conscience of this nation on how we implement on the right to health. I plead with all of us that if there is one thing that we must agree on, is that the health system in this country must function and function well.

Mr. Deputy Speaker, Sir, there is the issue of health systems management. This is one way of ensuring we track and ensure accountability in the health systems. In the

reports, we seem to have a failure of health systems everywhere. The digitisation is failing not just in the health sector, but even in the revenue because people want it to fail because if it fails, then they have an opportunity to steal.

I do not know what it will take for us to put in place those health systems that will enable us to actually track how we are managing diseases in this country and taking care of our patients. In fact, each county should be able to know exactly how many people it is planning for in respect of whatever non-communicable disease or communicable diseases. Health systems are important. I am glad that the Committee on Health put their finger on this and they are trying to hold all the counties accountable.

As we speak to the other remaining counties, I urge the Senate that as we do oversight, we should now start apportioning deliverables to every governor's term. Sometimes, you will go to a county and find hospitals operating with exactly the same budget from those days. For example, let us evaluate to find out how much Sen. Kathuri, as the Governor of Meru County has improved Meru County in terms of the healthcare systems. I am afraid some of the reports that we have speak generally as we found out in one county that I will not name when we went to evaluate the Early Childhood Development and Education (ECDE). We were taken to projects of the previous governor because this particular governor had not done anything.

I am just alerting us that we need to have oversight tools in the Senate that can actually measure progress in every county, so that we do not have the trickery of governors showing us what previous governors did and actually using them to account for monies that they are not actually expending on those projects.

As I finalise, I ask the committee to work even harder, so that as a country, we ensure even greater intergovernmental collaboration and cooperation. One of the things I know is that the President recently launched the maternal and neonatal mortality reduction programme. Counties already have an inter-county Maternal and Peri-natal Death Surveillance System (MPDRS) that has helped some counties amongst which is Homa Bay and Kiambu that then recorded zero maternal deaths for a number of months.

We hope that the programme can also move on to neonatal mortality surveillance, so that we do what it takes to also reduce child mortality or neonatal mortality within our counties. The committee should also interrogate intergovernmental and inter-county cooperation for the better delivery of the health service.

Asante sana.

**The Deputy Speaker** (Sen. Kathuri): Next is Cherarkey.

Before him, let me first make this communication.

*(Interruption of debate on Motion)*

**COMMUNICATION FROM THE CHAIR**

## VISITING DELEGATION FROM MUSINGU BOYS HIGH SCHOOL

Hon. Senators, we have a visiting delegation of teachers and learners from Musingu Boys High School in Kakamega County.

Hon. Senators, I would like to acknowledge the presence, in the Public Gallery this morning, of a visiting delegation of four teachers and 130 learners from Musingu Boys High School in Kakamega County. The delegation is visiting the Senate for an academic exposition.

On behalf of the Senate and on my own behalf, I extend a warm welcome to the delegation and wish them a fruitful visit. I understand that one of our Senators is an alumnus of Musingu Boys High School.

Sen. Wakoli, proceed.

**Sen. Wafula:** Thank you, Mr. Deputy Speaker, Sir. Naomba nizungumze kwa lugha ya taifa.

Nakushukuru sana, Mheshimiwa Naibu Spika, kwa nafasi hii ya kuwakaribisha wanachuo wenzangu wa shule ya Upili ya Musingu ambayo nilikuwa mmoja wao kutoka mwaka wa 1999. Hii inadhahirisha kwamba kauli mbiu kwenye shule hii ni nidhamu na bidii.

Nina furaha sana kwa wanafunzi hawa kuja kwa sababu haikuwa rahisi kupata nafasi kupita mipaka ya Mkoa wa Magharibi kuja katika jiji ila ni katika tamasha za muziki katika Jumba Kuu la Kenya International Convention Centre (KICC).

Zaidi ya hapo, mara kwa mara, wenzangu hujitapa vifua na kudai kwamba wao wako katika shule nzuri sana katika Kenya. Leo, lazima watu wajue kwamba, maji matulivu yana kina kirefu. Katika Bunge la Seneti, Mheshimiwa Daktari Boni Khalwale, Mheshimiwa Wakili Edwin Sifuna, Mheshimiwa Allan Chesang' na mimi mwenyewe, Kiranja wa Walio Wengi katika Bunge, tulisoma katika shule hii.

Katika Bunge la Kitaifa, Mheshimiwa Fred Kapondi, Mheshimiwa Fred Ikanda na Mheshimiwa Tindi Mwale walisoma katika shule hii. Hii ni kudhahirisha kwamba katika historia ya Kenya, shule kutoa wabunge sita sio mchezo; ni kwamba, ukiona vyaelea, bila shaka, vimeundwa. Hii ndio maana tutaendelea kuchonga historia ya uongozi katika Kenya hii kuendelea japo tofauti za kisiasa, kudondoa hoja za kutetea mnyonge katika Kenya hii na kuwapa vijana wa nchi hii motisha na ari ya kufuata azma zao katika baraste ya maisha.

Ndugu zangu, wanafunzi, mimi nilikuwa kiranja wa Bweni la Taifa na vile vile, Kiongozi wa vijana katika mchezo wa vikapu. Pia, nilikuwa katika kikosi cha Njonjera. Licha ya hayo, je, mnajua kikosi cha Jombi Extra Muzika? Wale ambao tunapocheza kandanda na raga, sisi ndio tulikuwa tunaimba pale uwanjani tukitumbuiza watu na wakileta mchezo, tulikuwa pia tunakabiliana nao.

Ndugu zangu, hii inamaanisha kwamba, penye nia, pana njia, bora ujisitiri na uwe mwaminifu kwa Mungu, kwa azma yako na uheshimu walimu wako. Hawa unaowaona ni viongozi walioboea. Nikiwa shule hiyo, nilikuwa namuona Mheshimiwa Mungatana

kwa runinga na leo, ni mwenzangu na ananiita Mheshimiwa. Hii ni kwa sababu gani, fuata azma yako na usikize kwa sababu wahenga walisema---

*(Loud consultations)*

Mhe. Naibu Spika, hao ndio hawaamini kuwa mtoto wa maskini anaweza panda azima hii akawa Seneta katika nchi ya Kenya.

Ndugu zangu na waalimu, mimi ni mwalimu kitaaluma. Ninafurahi sana kuwaona mkiwaongoza watoto ili, vile vile waweze kufurahiya matunda ya nchi hii. Kipchoge alisema “chochote unachotaka, hakuna kikomo bora unafuata azma yako”

**Sen. (Dr.) Mungatana, MGH:** On a point of information, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kathuri): Sen. Wafula, there may be a point of information from Sen. Mungatana---

**Sen. Wafula:** Mheshimiwa Naibu Spika, nimepaswa ujumbe huu kwa miaka mingi nilipoanza safari ya kuja bungeni lakini kwa sababu tu ya heshima yake kama wakili na Seneta aliyebobea, nimempa nafasi aweze kunijua yale aliyo nayo.

**Sen. (Dr.) Mungatana, MGH:** Mr. Deputy Speaker, Sir, I am amazed by the very beautiful Swahili by my colleague, Mheshimiwa, Sen. Wafula, who is also a very good basketball player in our team. So, I like to listen to his speeches, but is he aware that I did not attend his school? I heard him say I attended that school. I did not. I attended the Alliance High School, which produced many Cabinet Secretaries and continues to do so to date.

I thank you, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kathuri): Sen. Wafula, I think, you had not concluded your welcoming remarks. Please, proceed.

**Sen. Wafula:** Mheshimiwa, Naibu Spika nipe dakika moja.

**The Deputy Speaker** (Sen. Kathuri): Leo uko na mahanjam---

**Sen. Wafula:** Bw. Naibu Spika, ninabubujikwa na furaha mbwitombwito.

Ndugu zangu, mnapoona Maseneta wanachangia na kusifia shule zao ni kuashiria ya kwamba uliko ndiko kitovu cha azima yako ama ndoto yako. Haijalishi kule unakotoka, lakini kule unakokwenda muachie maulana.

Asante, Bw. Naibu Spika.

**The Deputy Speaker** (Sen. Kathuri): You know, Sen. Cherarkey was signaling me because he also wanted to give you the list of MPs and governors, cabinet secretaries from Kapsabet Boys.

*(Laughter)*

Sen. Catherine Mumma, what is your relationship with Musingu High School? Within one minute, kindly.

**Sen. Mumma:** Thank you, Mr. Deputy Speaker, Sir. I am a daughter of Ikolomani Constituency and Musingu High School is in Ikolomani Constituency. My brothers went there, my nephews go to Musingu High School and so, I wanted to also

welcome the young men and the teachers from Musingu to this House and to encourage them to continue thriving.

Sen. Wafula Wakoli did not mention that last year you actually beat Kakamega High School in football. Is that correct? Senator, I hope you will actually see them at the back and be able to commend them for that very exemplary performance that they had last year.

I just want to encourage and to urge you that since you come from my constituency, you should be among the schools that can stand tall in terms of discipline, integrity and performance, so that all we can hear of Musingu is good, good, good, and nothing for bad headlines. *Karibuni sana.*

**The Deputy Speaker** (Sen. Kathuri): Sen. Cherarkey, you may proceed.

**Sen. Cherarkey:** Thank you, Mr. Deputy Speaker, Sir. I also extend a warm welcome to Musingu High School. As I contribute, I also want to inform them that our standards are quite high, because out of the five Presidents, we have produced two, so they still need to work hard to achieve that.

*(Resumption of debate on Motion)*

Mr. Deputy Speaker, Sir, let me make the following remarks about the county visits to Bungoma, Kiambu, Makeni, Kitui and Machakos.

I want to commend the Committee of Health, more so, the Vice-Chairperson, Sen. Mariam Omar, who has been very consistent. However, I was disappointed that she did not come to my county. I equally know the role that she has been playing as one of us in this committee.

We agree and colleagues have said that these are consistent challenges that continue to bedevil the health sector. I want to join my colleagues in stating the true definition of what devolution is. It will only be mentioned by one yardstick and that is health. I do not agree with my colleagues who want to say let us take back health to the national government. The role of the national government is to provide standards and that is what the Constitution of Kenya, 2010, has provided for in the Fourth Schedule.

It is very sad that we are still discussing mundane things about our health sector, especially in Kiambu, Bungoma, Kakamega and Makeni. I am happy that the students come from Kakamega. It is very unfortunate if one of them falls sick, because when the committee visited Kakamega County Referral Hospital, they found a dilapidated ambulance that cannot carry the sick. I do not think these handsome young men would want to be carried in such an ambulance. I think *Italang'i* is doing a bad job there. It is important that the issue of health is considered, because there is a raft of issues that are similar.

The issue of expired drugs and unavailability of drugs, despite the initiation of Dawa Mashinani by the Kenya Medical Supplies Authority (KEMSA)--- Can you believe, and I agree, when you visit most of these health facilities, you will find so many pharmacies near many hospitals. It is because there are no drugs in hospitals. The reason most Kenyans think that the Social Health Authority (SHA) does not work is because when you visit a doctor, you get a prescription, but you end up buying drugs outside the

hospital. That is why many Kenyans might think that SHA is not working. It is because they have to buy drugs out of their pocket. After all, “Dawa Mashinani” by KEMSA has failed miserably.

There is the issue of dilapidated infrastructure; window panes and walls you saw in Kakamega. In Bungoma, where my brother, Sen. Wafula Wakoli comes from, the floor of the Bungoma County Referral Hospital has cracked. It is very pathetic. When you go to Kimaeti in Bungoma, the issues are similar. There is a dilapidated infrastructure and a dysfunctional incinerator.

I saw the governor there wearing a school uniform. I do not know for which school. We should also know that when you come from a certain school, you must maintain the standards that come with it. So, in Bungoma, a county referral hospital in Kimaeti, the story there is very unfortunate. I hope the Senate Majority Whip will follow up and ensure that what we saw at the Bungoma County Referral Hospital in Kimaeti has roofs, walls, floors, a kitchen and latrine.

When you go to Bungoma County Referral Hospital, the kitchen is in a pathetic state. Sen. Wafula Wakoli will agree with me that the people from that region and even the young men from Musingu, what is important to them is the kitchen. If the kitchen is not functional, if the *busuma* or the ugali is not well done, it is hard to recover in such hospitals. So, when you go to Bungoma County Referral Hospital and you find a dysfunctional kitchen, you are doing a disservice to the *Mulembe* nation. The Governor of Bungoma should and must be called to order.

There is the issue of asbestos or hazardous materials. Most of the hospitals that we saw in Kitui, anywhere in Makueni and many other areas, have to appreciate that the use of asbestos has been condemned, but most of these facilities do not have the resources to remove them. We want to challenge the governors through the Facilities Improvement Fund (FIF), which we passed in the House, to use the resources.

The issue of deterioration of physical infrastructure is a big concern. Even when you go to Makueni County Referral Hospital and Makuyuni, you will find that most of the hospitals continue to be in a dilapidated state. In Makueni County, the issue of Makueni Level 4 and Makueni County Referral Hospital, we have a dilapidated kitchen, dilapidated ambulance and there are a number of them. It is very bad.

Even in Makuyuni, there are understaffing challenges and a lack of laundry. When the Standing Committee on Health visited the Kapsabet County Referral Hospital, we found that most of the bed sheets are worn out and in bad shape, just like what we see in the health club here in Bunge, where most of the towels are in a pathetic condition.

Therefore, on Makueni, where my brother, Governor Mutula Kilonzo, comes from, he should up his game. I expected a lot from Makueni because we saw them, they had an unqualified opinion. I expected that Makueni Level 4 Hospital should have performed.

In Machakos, we are still discussing lack of water. When you visit Athi River Level 4 Hospital, you find there is no water. If we are discussing issues of water, lack of salt, dilapidated kitchen and broken window panes, then the governors are doing a bad job.

Mr. Deputy Speaker, Sir, the Governor of Wajir, Governor Ahmed Abdullahi was crying during the Madaraka Day celebrations in Wajir Stadium. He was not crying because he was emotional; he was crying because out of Kshs50 billion that has been given to Wajir County government, nothing has been done in terms of health services in Wajir.

When we visited Wajir, we found TB patients sitting outside. The disposal of hazardous waste in Wajir Hospital is pathetic. Therefore, the Governor of Wajir was crying because when he looked at the Wajir people, he realised he had done nothing despite receiving over Kshs50 billion as a governor in his tenure.

While we continue to thank the President - and I expected to see you there, Mr. Deputy Speaker, Sir, but since the Speaker himself was there, I knew you were in Meru handling Njuri Ncheke matters and preparing to run for the seat of Governor of Meru. I am told you are Kamia nowadays

Another point I wanted to make is on the issue that we saw in Athi River. I want to pose a challenge, that our counties, we must look at Kiambu because I want to be very precise.

**The Deputy Speaker** (Sen. Kathuri): There is a point of order from Sen. Veronica Maina.

**Sen. Veronica Maina:** Honourable Deputy Speaker, I raise a point of order on accuracy of facts. Is the honourable Senator in order to indicate that the Governor of Wajir was crying because of having failed to do what he was supposed to do to the hospital and health infrastructure? In actual fact, he indicated he was having tears of joy to see the celebration of Madaraka having recognised a county that was treated as an outlier, marginalised or peripheral county. He acknowledged how the President had brought that county to the mainstream and considered it good enough to host the Madaraka celebration, a historic event which has never happened in Wajir County.

Honourable Deputy Speaker, I had the honour to attend the celebration and would have also loved to see you there, though you had other engagements maybe in Meru County. Is the honourable Senator in order to indicate that the governor cried for different reasons than what he enunciated on that day?

**The Deputy Speaker** (Sen. Kathuri): So, can you verify now your facts?

**Sen. Cherarkey:** No, Mr. Deputy Speaker, Sir. Sen. Veronica wanted us to know that she attended the Madaraka celebrations and we are happy she did that. If she wants information about the performance of Wajir, the report has been tabled by the Committee on Health and Sen. Omar is seated next to her. She can share the report.

**The Deputy Speaker** (Sen. Kathuri): The issue is that you alleged that the Governor of Wajir County---

**Sen. Cherarkey:** I said the governor was emotional. I did not say he shed tears.

**The Deputy Speaker** (Sen. Kathuri): So that is the point of order from Senator Veronica.

**Sen. Cherarkey:** Mr. Deputy Speaker, Sir, if the HANSARD can bear me out, I said he became emotional. I did not say he shed tears.

**The Deputy Speaker** (Sen. Kathuri): Actually, you said he was not emotional, but, you know, the HANSARD is very clear and I was really keen listening to you. I thought there would be a Member who might raise a point of order on your statements.

**Sen. Cherarkey:** Mr. Deputy Speaker, Sir, the issue is very simple.

**The Deputy Speaker** (Sen. Kathuri): So how can you prove the emotional issue? How can you prove now to this House?

**Sen. Cherarkey:** I will table evidence. Part of it is the report that was tabled by the Committee on Health of this House.

**The Deputy Speaker** (Sen. Kathuri): It was not the report that was being discussed in Wajir. It was Madaraka Day celebrations. So how can you table a report on the county?

**Sen. Cherarkey:** Mr. Deputy Speaker, Sir, if it will ease the House---

**The Deputy Speaker** (Sen. Kathuri): Kindly withdraw that.

**Sen. Cherarkey:** Yes, he was shedding tears. He did not shed tears but I said he became emotional. So that is the point.

Mr. Deputy Speaker, Sir, on Kiambu---

**The Deputy Speaker** (Sen. Kathuri): Can you withdraw that part about the non-performance? Please, you have to do that.

**Sen. Cherarkey:** Which one?

**The Deputy Speaker** (Sen. Kathuri): When you allege some issues that you cannot really substantiate--- This Governor, His Excellency Ahmed Abdullahi cannot be able to come to this Floor to defend himself---

**Sen. Cherarkey:** Mr. Deputy Speaker, Sir, I withdraw the part of shedding tears but the fact remains that there was a report by the Committee on Health which indicted--- I wish Sen. Mariam Omar can be part of --- So, I have withdrawn the part of shedding tears. So, I proceed. There was a report that was tabled. I seconded that report; that it is part of the documents.

**The Deputy Speaker** (Sen. Kathuri): There is a point be information from Sen. Mariam.

**Sen. Cherarkey:** No. I thought that report is before the House.

**The Deputy Speaker** (Sen. Kathuri): No, Sen. Mariam wants to inform you. Could I proceed? Are you ready to be informed?

**Sen. Cherarkey:** Maybe Sen. Mariam Omar can inform me because she is the owner of the report on health.

**Sen. Mariam Omar:** Thank you, Mr. Deputy Speaker, Sir. I wanted to inform the Senator that what he is contributing are two different things. This is about Madaraka Day. The other one is about the report we have tabled in the Senate. Yes, the report has so many discrepancies. Nothing has been done, but it is there. However, when it comes to emotional issue, it is about the northern Kenya, which the President has recognised by holding Madaraka Day celebrations there.

So, let the Senator withdraw on the issue of the Governor being emotional on what he has not done. It is only that. If he withdraws that one, the report is the way it is. The recommendation is there.

Thank you.

**The Deputy Speaker** (Sen. Kathuri): He did withdraw about the shedding of tears. He has withdrawn that bit. Can you really discuss the report without any issues?

**Sen. Cherarkey:** No, Mr. Deputy Speaker, Sir. I hope my colleagues had mentioned the issue of health across the country. They were tying him to the report. I do not know why. I even heard a Senator here speaking about Ebola, which is not part of the report. Anyway, let me proceed, but I will restrain myself to Kiambu, Karuri and Ruaka. In as much as there were some issues, we realised that their maternity wards are overcrowded and missing mosquito nets.

The ODM party leader, Sen. Oburu Odinga, is in the House today. If you heard us discussing about unavailability of mosquito nets in maternity wards in Kiambu and Karuri and also Ruaka hospitals, you know it is very unfortunate. The maternity is overcrowded. In fact, this committee was denied data on mortality in the hospitals, which is very unfortunate. There is also the issue of dilapidated infrastructure.

In Kiambu, people are operating in a funny way. You can just walk into a Kiambu hospital and walk out because there are no identification documents required. The nurses and the staff do not wear badges, which is very unfortunate.

There is also the issue of the mortuary. I agree with my colleagues that there is a problem. We do not want Kenyans to have “international departures” to heaven, but we must agree that the issue of the mortuary is still a problem. All of our counties, even in Nandi; I have only one functional mortuary at the sub-county hospital. We do not have any other. There are many others that are dilapidated, even here at the Kenyatta National Hospital.

Therefore, I appeal to the committee that after they are done with visits, because they are done with Nandi, Elgeyo-Marakwet and others, we must also visit the referral hospitals. There is a problem in referral hospitals because of over-crowding, for instance, the Moi Teaching and Referral Hospital (MTRH). If it is not too much, the Committee can visit MTRH because it is slowly collapsing. The same applies to the Kenyatta National Hospital and Mbagathi. This will ensure that, as a country, we move forward.

Finally, Mr. Deputy Speaker, Sir, on this issue of stalled health projects, when you look at counties, for example, Nandi, the mother and baby ward is dilapidated.

I am happy that Committee on Health, led by Sen. Mariam Omar, has noted the issue of infrastructural problems. Even in my county, the governor has been working on a mother and baby project for the last 10 years, yet it is still incomplete. Across many counties, this report highlights incomplete infrastructure, including Bungoma, Kakamega, Kiambu, Makeni, Kitui and Meru.

For example, Uasin Gishu County has stalled projects worth Kshs2.4 billion, which is the highest in the country. Projects remain incomplete, despite Kshs1 billion already paid. For example, Ziwa Level 4 Hospital and Turbo Sub-County Hospital are all stalled.

In some counties, millions of shillings are being spent on snake parks while hospitals lack drugs. For instance, Uasin Gishu County spent Kshs4.8 million on snake parks, yet hospitals have no medicine. In my culture, people worry when you keep snakes as they are used for other things. It is not like in India where they are used for sports.

Uasin Gishu County is building a museum worth Kshs25 million, yet they are not completing stalled projects.

In Nandi County, dispensaries are closed on Saturdays and Sundays and only open from 8.00 a.m. to 5.00 p.m., from Monday to Friday. I wonder whether sickness only occurs during working hours. This is a problem county must address.

Finally, I want to challenge counties on Ebola preparedness. We must hear counties discuss what they are doing to prepare for this pandemic. I have heard my colleagues speak to it. We must accept that there are Kenyans working in the Democratic Republic of Congo (DRC) and drivers travel there. We are in the northern corridor where our drivers go to the DRC. Our colleagues are opposing Ebola preparation by the country by telling us to lock out Kenyans in DRC. We cannot ignore this risk.

I am happy that the President rightly reminded us in Wajir that the Kenya–US Biosecurity Agreement was signed in 2015 by the former President, Hon. Uhuru Kenyatta. When a plane from China landed during the COVID-19 Pandemic, no demonstrations were held since President Uhuru Kenyatta was in power. However, when President William Ruto prepares facilities to fight Ebola, demonstrations are staged and yet 15 cases have been confirmed in Uganda. We should not blame our school children when they burn dormitories. They see their parents burning houses and looting in the streets.

Therefore, we must be prepared as a country. I encourage the President and the Government, led by the Cabinet Secretary for Health, Hon. Aden Duale, to prepare for Ebola. It is the obligation of the Government to ensure we have the necessary facilities to prevent Ebola.

Mr. Deputy Speaker, Sir, with those many remarks, I support this report.

**The Deputy Speaker** (Sen. Kathuri): Sen. Veronica Maina, after you are done, approach the Chair for more guidance.

**Sen. Veronica Maina:** Thank you, Mr. Deputy Speaker, Sir, for this opportunity to comment on the report brought to the Senate by the Committee on Health. I commend the committee for the good work they have done. They carried out their mandate as expected. That is how oversight ought to be done. Devolved functions must be followed up by relevant committees to ensure counties are implementing what is required.

The committee visited hospitals in Kitui, Makueni, Kiambu, Machakos and others. They assessed the state of the infrastructure, hospital equipment, emergency services, automation of health care systems, drug and commodity management, availability of requisite health care personnel, gaps and challenges. They have also assessed the availability of training, capacity building programmes and avenues for health care workers in emergency health care, specialised services and referrals.

The report is expected. As we know, our health care has still not achieved the standard and quality that it should have achieved by now. The shocking thing is that the problems highlighted are the same ones we discussed in year one of this Senate. Now, in year four, just before the end of our tenure, the same issues remain.

We must ask ourselves what is going wrong with the mapping of health care, the scope of health care services and the standards that are supposed to be rendered by the

health care services in our respective counties? What do governors think about the right to health care for citizens?

To be fair, the national Government has done a lot. It has even rolled out the Universal Health Coverage (UHC) programme to ensure citizens have access to health services. Unfortunately, counties are not fulfilling their responsibilities.

I have reviewed the report on Kitui County, with a population of about 1,136,187. It is pathetic that even tuberculosis patients are being confined within ordinary wards. Who does that? This country donates medical personnel to other counties within the region. Even a lay person knows you cannot place an infectious tuberculosis patient next to others. Counties are running hospitals in a lacklustre manner, *kienyeji*, if I were to use Kiswahili.

The renal unit in Kitui, as shown in the photographs attached to the report, is a disgrace. It is a big shame for a county not to clean up a hospital. Kitui County must wake up. Do you want to tell us that even if you had the facility and drugs, you are not able to manage your personnel to clean up areas within a hospital setting? Even basic housekeeping is neglected, exposing patients to infections diseases. We are aware that in hospitals, there is a possibility of catching one of the worst bugs due to hygiene challenges. It is clear that counties have not taken health care seriously.

The Senate has done well in oversight. The Committee on Health, led by Sen. Mandago and deputized by Sen. Mariam Omar who is a member of Kenya Women Senators, have done a commendable job. They must visit all the 47 counties, perhaps every six months, to assess progress. I welcome them to Murang'a County.

On 20<sup>th</sup> May, a resident from Murang'a County reached out to me. She was expectant and went to the hospital with an emergency. She had gone to the hospital for delivery, but for four days, she was not attended to. I do not know her, but she sent a message to me crying for help. I do not know where the personnel were in the four days she was in hospital. I do not know what the the doctors, the records people, the emergency section and the maternity wing were doing.

Unfortunately, on the fourth day, the baby died in her womb. Still, she was not attended to so she called for help. She needed help to get discharged from the hospital so that she could find help. It is very wrong that five expectant women are sharing a bed with their infants who are very fragile and sensitive to any kind of infection. We bundle those mothers together. If one child is ill, perhaps other infants sharing the same bed will be infected.

Could we decide that on a bare minimum, there is a level we are not supposed to fall below? Could the counties dignify expectant mothers? This is what we ask governors to do. We only have six women governors who may have gone through maternity and labour wards. On behalf of all the mothers in the Republic of Kenya, we ask the counties to ensure that when mothers go to deliver, they do not share beds.

It is a very sensitive moment. That is why infant and maternal mortality is a question that is discussed world over and data retained to know whether we are doing better or worse because a mother being expectant is not a death sentence. If it is a death sentence today, then that is a big shame to our universities that churn out doctors within the Republic of Kenya and even train doctors for other countries neighbouring Kenya.

We are also reminding the counties that they need to enable doctors and other medical personnel to carry out their duties with ease.

Mr. Deputy Speaker, Sir, I want to make a proposition today. Billions of shillings are allocated to counties. I am happy with Governor Anne Waiguru because she has dedicated about 68 per cent of her budget. I heard about that when we went for the launch of Every Woman Every Newborn Everywhere (EWENE) Acceleration Plan. She has dedicated about 68 per cent of her budget to medical and healthcare facilities.

I request governors to dignify expectant mothers. Could we dignify and allow them to, at least, have a bed and access to medical personnel to help them promptly so that we do not have women dying in Kenya while giving birth? The same should apply to infants.

There is a time Kiambu County was cited in the media that so many infants had lost their lives. Though the county denied those allegations, it admitted to an extent that some had been lost. In this day and time, governor, you must get interested. If one infant dies in your county, do not accept it as an ordinary thing. Let the reports be brought to know why an infant or a mother was lost.

Nothing is as painful like the day when I went for the funeral of a 24-year old in my county who died while giving birth and left an infant who was one-day old. I looked at her eulogy and asked myself why at 24 she bled to death. A hospital that purported to be licensed as a healthcare facility but did not have the capacity allowed that young girl to bleed to death.

Mr. Deputy Speaker, Sir, I want to ask the Council of Governors (CoG) to wake up. Nobody should touch, in the name of corruption, a coin intended for healthcare within this republic. If you do that, remember you would have done it against your very relatives within that county and one day, they will be unable to access healthcare.

They will follow the channels you would never want to follow. You may not link it to that but the fact is that if we have a level 3 hospital in one part of the county and your relative is unable to access services at that facility, if they die due to failure to access medication, it means you failed your relatives. God forbid. Even your relatives will follow the same path that Kenyans are following.

This is what I would like to say. Since we have struggled a lot as a nation with the question of corruption, we need to check our procurement system. If the Kenya Medical Supplies Authority (KEMSA) is the one that is supposed to refill drugs in all hospitals, there should be no reason why procurement cannot be seamless to assist during medical emergencies. We are seeing that the capacity of KEMSA to refill drugs to hospitals is low. It is about 50 to 60 per cent.

Finally, Mr. Deputy Speaker, Sir, because I would like to give a chance to other Members to talk about the report that has been brought here, I would like to commend the national Government for introducing the Social Health Authority (SHA). Any Kenyan especially from Murang'a should not come asking for medical bill support if they are not registered with SHA. What do you want us to do with you if everybody is bringing a medical bill to *Mheshimiwa* yet you have refused to register with SHA which could take care of about 30 or 40 per cent of your bill?

Nowadays when I am brought a bill to assist, the first question I ask the resident is whether they have registered with SHA. You just dial \*147# to register. I believe every Kenyan should be registered with SHA so that you can hold the county or the national Government accountable to share in the bill that they are supposed to pay for you in the unlikely eventuality that you are admitted or when you seek medical or healthcare services in public facilities.

Over 95 or 96 per cent of Kenyans are subject to receive help through public health facilities. That is not a small issue. Therefore, governors need to take it seriously. The funding that is supposed to help in improvement of facilities should go direct to improvement of equipment and facilities. I say so because right now, the healthcare ecosystem has been allowed to receive money and get income directly from the counties to ease processes of repairs and maintenance of equipment in hospitals.

I am shocked to see that an x-ray machine in Kitui was not working for three weeks. Why do we not have basic equipment working or operational and serviceable to be able to serve the people?

With the advent of technology, we should manage diseases and infections. We should have public health departments within counties which are strong such that we have preventive measures to avoid a situation where diseases get too serious until they require much more resources to be treated in high-level hospitals.

Mr. Deputy Speaker, Sir, let me take this opportunity to congratulate Wajir County for the hospital that His Excellency President William Ruto opened. That is a level 5 teaching and referral hospital in Wajir County which will serve the whole northern region of the country with three operating theatres, an Intensive Care Unit (ICU), a High Dependency Unit (HDU) and a state-of-the-art emergency centre. I believe that with that hospital, people from Wajir and the neighbouring counties will now have help closer to them. It will be easier and cheaper for them and they will easily get access to it.

That facility may not help if there is no follow up with maintenance, medication being available and ensuring dignity to patients like mothers who go there being given the dignity they require when delivering and in their moments of pain and struggle as they bring forth newborns. They require to be given that dignity. Women have suffered for so long. It is time we had a healthcare system that is also gender sensitive, sensitive to the needs of mothers and sensitive to the needs of patients with infectious diseases.

Let me also say this. Since we are advanced in how we roll out healthcare services in Kenya, we must also accept that preparedness does not mean we are inviting disease. Can you imagine what could have happened in 2019/2020 if the Ministry of Health did not take any measures to prepare for COVID-19? We must have centres that contain disease.

We are not asking for disease to be brought over to Kenya. However, we need to have centres that can contain infections so that in the event that anybody crosses into Kenya with Ebola, we expect doctors and the Ministry of Health to have a centre where they can manage or contain it and separate it from people who are not infected to avoid fatalities because of public infectious diseases.

Mr. Deputy Speaker, Sir, perhaps the Ministry of Health and Public Health need to be sharing information more to tell Kenyans that the United States of America (USA) Embassy has had a Centre for Disease Control (CDC) within the Republic of Kenya. For a long time, I have always seen people being employed by that Centre for Disease Control which is within the Republic of Kenya. Perhaps, if that information is shared, then Kenyans will be more at ease. That, isolation and quarantine mean that when patients are quarantined, they are not supposed to be in contact with the rest of the world. Rather, they are supposed to be contained until they recover so that the disease does not spread in any way.

Mr. Deputy Speaker, Sir, with those many remarks, I wish to support this report and request the Committee on Health to please come and assess our health care in Murang'a County because there are some of those clinics which have just been painted nicely in blue and white but have no medication. Even if you queued there and you were given a prescription, you would be told to go and do your examination. If it is an x-radiation (x-ray), you are sent out. There is no medication and even if you are given some medication, *ni panadol ama* paracetamol. We want to see health care that meets the needs of the people.

Finally, we must accept that even ourselves as Kenyans, we have accessed health care in India, South Africa and even in Singapore. Kenyans have accessed health care even in the USA and in many other countries. So, maybe when a centre is being done, we need to have a bigger, wider perspective.

If the Government kept quiet about Ebola and then a case happened, then what questions would they answer? What answers would they give to Kenyans if we cannot contain even one case of Ebola? It would spread to 10 to 20, and it would do exactly what people are fearing. However, I know right now, people must be very afraid. Everybody would be afraid of Ebola. I would be afraid of Ebola. I do not want to come into contact with it. However, we must be realistic to accept medical centres that take us to the next level and that are able to contain all the diseases.

The reason why Kenyans go to India, United States of America or the United Kingdom (UK) is to seek for advanced technology and advanced medical help. If we do not have access to those countries when you need it and when our nation does not have the facility that is required, then it becomes very difficult. We must think within that context because God has positioned Kenya as a nation of influence, and as a nation that has also supported our neighbouring countries in many other issues.

We must also remember we are trading with all our neighbours and the trade will not stop. We want life to continue, so let disease be contained within the centres that should contain disease.

Thank you, Mr. Deputy Speaker, Sir.

**The Deputy Speaker** (Sen. Kathuri): Next is Sen. Osotsi Godfrey.

**Sen. Osotsi:** Thank you, Mr. Deputy Speaker, Sir, for this opportunity.

Mr. Deputy Speaker, Sir, I have read the report that was prepared by the Committee on Health for the counties they visited, overlooking the county referral hospitals. When you read the reports, you get a shock of your life on the conditions in those hospitals. Conditions in those hospitals are not encouraging and clearly you get the

impression that very little work is being done to provide decent quality health care in our county hospitals.

I have particularly read the reports for Bungoma and Kakamega counties, which are counties near Vihiga County or in the same region. It is very annoying that a big referral hospital like Kakamega County Teaching and Referral Hospital has only one ambulance which is a very dilapidated ambulance. If you look at the pictures that the committee has put in the report, you get a shock of your life. How can such a big institution that is supposed to have quality services have that kind of an ambulance?

Mr. Deputy Speaker, Sir, we have also noticed that, as Sen. Veronica has said, the mothers who have delivered or are just about to deliver are sharing beds. It is very pathetic. We have issues to do with the detention of patients over unpaid bills, quality and size of the mortuary, particularly for Bungoma County Referral Hospital. All this is happening yet we are appropriating a lot of money to these counties. Kakamega County alone gets Kshs12 billion every year, yet they cannot prioritise the county referral hospital. Even just buying a good ambulance is a problem.

Mr. Deputy Speaker, Sir, when I read this report--- I have visited the three referral hospitals. I visited my own county, Vihiga. I have also visited Kwale, Kilifi, Bomet counties. The situation is the same.

Waste management is a problem in these hospitals. Look at the kitchen in Bungoma County Referral Hospital. You cannot believe that that kitchen is a place where they cook food that is supposed to be consumed by patients. It looks like a toilet.

I am very concerned because the governors in our regions are not working. The governors in our region, western region, are not working. They are busy campaigning. This weekend was one of the saddest weekends in our region. Governors would go to functions and instead of telling people what they are doing to improve the quality of life of the people and healthcare system in the region, they were busy telling people how a certain leader is not qualified to lead this country because he has no money and is young.

I would like to tell the governors, I do not want to mention your names because you know yourself, to please work for the people. Work for the people. Give people quality healthcare they need. Year 2027 will take care of itself. Why are you fixated with the presidency and at your county level, you are not delivering for the people? So, I am talking because I have read this report and I am very disappointed. It seems all the money that we are sending to Bungoma and Kakamega counties is not doing the work that it should do because the governors are spending little time working for the people. They are spending most of their time doing politics. If you look at the amount of money they are using in rallies, it is enough to buy an ambulance for Kakamega County Referral Hospital. It is enough to fix the kitchen in Bungoma County Referral Hospital. That money is enough to buy extra beds for Kakamega County Referral Hospital so that the mothers do not share beds.

So, I am calling upon our governors, particularly Governor Barasa and my friend, Lusaka, please stop campaigning. Go back to your offices and work for the people of the region of Western. We are not interested in you telling us you are so rich, and that a particular leader is poor that he cannot do campaigns. We are interested in you telling us that you have bought an ambulance for Bungoma County Referral Hospital and

Kakamega County Referral Hospital, you have improved the kitchen in Bungoma County Referral Hospital and you have employed Universal Health Care (UHC) staff.

Mr. Deputy Speaker, Sir, I am sorry for diverting a bit to talk about politics of our region, but I want to talk to the leaders who were talking over the weekend. I want to inform them that President Obama became the President of the USA after serving for only two years as a Senator because the people decided. When you tell us someone is not capable of becoming the President because simply because of age or simply because he has been a one-term Senator and you are not telling us about what you are doing to uplift the standards of living of our people, you are missing the point.

The report talks about non-functional machines in the hospitals. It is sad that MRI and Mammogram machines are not working in Kakamega County Referral Hospital. And this replicates in all referral hospitals. You see beautiful machines, but they are not working. What is happening?

We also have a problem with the automation in these hospitals. A big hospital such as Kakamega County Hospital has no system. They are relying on manually generated reports. That is a hospital that should have an Integrated Hospital Management System (IHMI) so that operations in those hospitals are made efficient, they are accountable, and they serve the people. At least Bungoma has tried. They have a semblance of an IHMI system, which this report has recommended that they need to overhaul and make it better.

The issue of UHC is very important issue not just in terms of converting those staff to permanent and pensionable, but also meeting the standards, the so-called UHC quality health model. Most of these referral hospitals have audit queries on compliance to the UHC health model which requires that the hospitals must comply with certain criteria of matters to do with the human resource and equipment. The same affects these hospitals that were visited by the Committee on Health. So, something has to be done.

If there is one thing that was done right, it was the decision to come up with the Facilities Improvement Financing (FIF) which is still facing challenges. This is because we have scenarios where on paper you are told that a FIF has been implemented but practically, you find out that there are still challenges. I am saying that because I chair the Committee of County Public Investments and Special Funds (CPICSF) and almost every hospital has an audit query on FIF. There is something that you can do about it as a Senate. We know FIF is for level 4 and above but the lower hospitals in the villages, the dispensaries do not have the Facilities Improvement Fund.

In some counties, governors decide to distribute that money to lower-level health facilities so that they can sustain them but the law does not allow that. We need to amend the FIF Act so that we can have a system of sharing of the funds from the bigger hospitals to the smaller hospitals to sustain those smaller hospitals so that they do not run into financial challenges.

On drugs management, it has been reported in this report for Bungoma particularly, that though they have a stocked pharmacy, patients are now being referred to go and buy medicine outside the hospital. This is something affecting all referral hospitals and something has to be done by the Committee on Health

If you go to almost every referral hospital, you will see a proliferation of chemists around and you wonder what is happening. It is because the medical staff are referring those patients to go and buy medicine outside. Some of those pharmacies are owned by the medical staff. This is something that the Committee on Health needs to investigate to finer details so that we deal with any form of corruption that may be existing in the process of managing drugs in the hospitals.

The delays in reimbursing SHA is a big problem and is an audit query in most of these referral hospitals because it affects the budgeting process, budget and control process. The delay affects the operations of the hospital. This is something that must be worked on so that the SHA reimbursements are done in time. In some cases, it may even lead to total collapse of that particular health institution.

We have also noted in the audit report that most of these hospitals do not have management boards. This is a simple thing to be done. I do not know why it is so difficult to have a hospital management board in place for many years. I am challenging the Committee on Health to look into that.

The idea around having hospital boards is because the office of the Auditor-General is now auditing all hospitals and the boards are accountable for all the processes in that hospital, including issues of budgeting and financial management. It is important to have hospital boards in place, particularly in this environment where we have FIF. Boards in place will help us in dealing with some of the challenges that have been noted in these reports.

Expiry of drugs, of course, links to the issue of inventory management, drug management and automation. It is a major problem and it is a common audit query in all these health institutions. Something has to be done on it so that to reduce the cost incurred in expiring drugs and also the danger that it poses to patients in those particular hospitals.

On the matter of sanitation in these hospitals, I have looked at the report for Bungoma County. Toilets are in shambolic state and this is supposed to be a hospital where people go to be cured. However, they end up getting diseases. What is in a toilet? How much does it take to fix a toilet? So that is why we are saying, our governors, you are letting us down.

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

*[The Temporary Speaker (Sen. Veronica Maina) in the Chair]*

Madam Temporary Speaker, I am happy Sen. Wakoli is here listening to me and he knows all this. I am talking from my heart because the Bungoma County Referral Hospital serves many people, even from Kakamega, all the way Mount Elgon and even the Rift Valley. The same applies to Kakamega Teaching and Referral Hospital. We cannot afford to have this kind of environment in our health system because it now becomes a centre of acquiring more diseases and not healing.

These are very important reports. I wish to encourage the Committee on Health. You have given us very good reports, but the challenge now is implementation. The

recommendations you make must be followed up to ensure they are implemented. You visited my county, spent the whole day and produced a very good report. However, the challenges you identified still exist because there is no implementation mechanism.

You need to punish people. In fact, one recommendation that should have been included in this Report is to take disciplinary action against the officers or government officials involved, because we cannot entertain some of the issues you have noted. A major hospital with a dilapidated ambulance, yet nothing is being done about it? A major hospital where many mothers who have delivered are sharing beds with their babies and with other patients! There is a problem.

Madam Temporary Speaker, I urge the Committee on Health, even as you continue with oversight engagements, you should put in place mechanisms to follow up on the recommendations in your Report so that we can succeed as a country. Health matters must be taken seriously. When Kenyans are concerned about certain issues, the Government must treat them with seriousness. When there are concerns about reports that Ebola treatment centres are to be set up in this country, that must be taken seriously.

The USA has indicated it does not want those patients their country. Why, then, should we allow them to come to Kenya? That matter must be handled with concern and care, not in the manner in which I heard Sen. Cherarkey respond. We want satisfactory answers. The health of Kenyans is more important than anything else. It is more important than the health of any other citizens of the globe.

I support these two reports but I request that the Committee on Health does more on implementation and follow-up of its recommendations. Otherwise, this will remain a cyclic problem where every year we conduct these visits and nothing happens. That will not serve our people in the right manner.

Thank you.

**The Temporary Speaker** (Sen. Veronica Maina): Thank you, Sen. Osotsi. Proceed, Sen. Mundigi.

**Sen. Munyi Mundigi:** Bi. Spika wa Muda, asante kwa kunipa fursa ya kuzungumzia Ripoti ya Kamati ya Afya na kazi iliyofanya kwa watu wa Kenya katika kaunti zote 47.

La kwanza ni kushukuru Kamati iliyounda Katiba ya 2010, ambayo iliona umuhimu wa ugatuzi kwa sababu ilikuwa na maono. Kamati iliona kwamba baada ya miaka kumi, huduma zitakuwa katika kaunti zetu. Miongoni mwa masuala kamati iliyapitia ni afya, kwa sababu wakati ule ilikuwa wajibu wa Serikali Kuu.

Kamati hiyo iliangalia jinsi mwananchi alivyokuwa akiteseka, na jinsi wakati kama huu watu wetu nchini Kenya watakavyoongezeka. Ilikuwa na maono ya kutoa huduma kutoka Serikali kuu na kuileta katika serikali za ugatuzi. Kwa hivyo, heko kwa wale wazee na kina mama walioipitisha Katiba hii, wale waliopo sasa na wale waliotangulia, kwa sababu walikuwa na maono.

Bi. Spika wa Muda, mimi kama Seneta wa Kaunti ya Embu, naunga mkono suala la afya ibaki katika kaunti zetu badala ya kurudi kwa Serikali Kuu kwa sababu tunajua kwamba magavana ndio wana wajibu wa kuhakikisha huduma inafika kule mwananchi alipo. Kwa hivyo, naunga mkono na napinga kauli ya Sen. Dullo ya kwamba jukumu la afya lirudishwe kwa Serikali Kuu. Hilo ni kosa kubwa sana. Najua gavana akitaka

kufanya kazi na wafanyikazi wake kama inavyotakiwa, atafanya kazi ili mwananchi aliyempa kura mashinani apate matunda ya ugatuzi.

Bi. Spika wa Muda, masuala ambayo Kamati iliangalia ni mengi sana na hayaturidhishi. Ukiangalia kaunti 47, Kamati iliona makosa kama yale yapo Embu, Meru na Tharaka-Nithi. Kwa kaunti ambazo walizitembelea na zile ambazo hawakupata nafasi kuzitembelea, unaona shida ni ile: masuala ya wafanyikazi, changamoto za Bima ya SHA na masuala mengine mengi yaliyoonekana katika riporti hii na hayakutufurahisha. Kwa hivyo kuna masuala yanayofaa kuaangaliwa.

Jambo la kwanza, watu mashinani wanataka hospitali ziboreshwe. Kwa mfano, katika Kaunti ya Embu, kuna wadi ishirini. Ningeomba Serikali kuu na Bunge, kama kuna uwezo, ziongeze fedha ili kila kaunti ipate fedha za kutosha afya ili hospitali zijengwe mashinani na kila wadi iwe na gari la wagonjwa, kwa sababu hali ya uchumi, watu wengi hawana pesa ya kulipia gari la wagonjwa, wengine hawana pesa ya kununua dawa.

Serikali ya Rais William Ruto imesema SHA ifike mashinani. SHA inafanya kazi, lakini je, magavana wanapata fedha za kutosha? Tujiulize, je, hazina yetu inatoa pesa kwa wakati? Kwa hivyo, kuna masuala mengi sisi kama Maseneta tunafaa tujiulize. Hatufai kusimama kila wakati na kulaumu magavana na wafanyikazi, wakati Serikali Kuu ndio inayosimamia pesa kupitia Hazina la kitaifa. Je, hazina inatoa pesa kwa wakati unaofaa? Magavana wakipata pesa, je, wanafanya kazi kama inavyotakikana?

Kuhusu mishahara ya wafanyikazi; madaktari, wauguzi na maafisa wa kliniki, je, wanalipwa kwa wakati? Tujiulize pia, je, idadi ya wafanyikazi katika hospitali zetu inatosha? Je, wale wanaosimamia usafi wanalipwa na wako wa kutosha katika hospitali zetu? Mara nyingi hata sisi Maseneta tunafaa kuangalia jinsi pesa zinavyotoka Hazina Kuu hadi serikali za kaunti, na jinsi zinavyofika kwa mwananchi. Hatufai kukaa hapa na kulaumiana.

Bi. Spika wa Muda, tunafaa tujifikirie kuhusu usimamizi. Sisi tukiwa Maseneta, mara nyingi tuko hapa tunatunga sheria na kupigania kaunti zipewe fedha. Tunastahili tujiulize, pesa zikienda kwa serikali ya kaunti, nani atakuwa wa kwanza kusimamia? Tunaweza kutoa pesa na kumpatia gavana, gavana anagawia idara, lakini gavana anaweza kuwa na shughuli nyingi na asiwafuatilie wafanyikazi. Hata hivyo, sisi sote tuwe na utu na ubinadamu. Wewe uliye mashinani, uwe daktari, afisa wa kliniki au mfanyikazi wa afya ya jamii (CHPs), unatakiwa ufanye kazi kama inavyostahili. Pia, ni muhimu kujua kama mtu huyo analipwa mwishoni mwa mwezi au halipwi.

Ningependa kukumbusha Seneti kuhusu (CHPs). Ni heko kwa Rais wa Kenya kwa kuwa mwaka wa 2022 alisema watalipwa Shilingi 5,000 kwa mwezi: Shilingi 2,500 zitoke kwa serikali ya kaunti na Shilingi 2,500 zitoke kwa serikali kuu. Lakini malipo ya pesa hizi imekuwa na matatizo. Watu wengi wanasema hawa watu waongezewe mishahara. Swali la kwanza ni, je, hizi Shilingi 5,000 zinapatikana mwishoni mwa mwezi? Ndiyo au la? Mara nyingi kila hospitali, kila kaunti, inalalamika kuhusu bajeti.

Kaunti zote 47 zina Members of County Assemblies (MCAs) waliochaguliwa na pia kuna Kamati za Afya. Pia katika kaunti zote, gavana, County Executive Committee (CEC) na Chief Officers wako na uwezo wa kuchagua Kamati za Afya. Pia, kuna kamati

nyingine inayoangalia usafi na utendakazi wa hospitali. Kamati hizi za mashinani ziangaliwe kama zinapata allowance zao kwa njia inayofaa.

MCA's ndio wanaofanya *primary oversight*. Wao huwa katika *public participation* na wanajua pesa ambazo gavana amepeana kwa mambo ya afya na kama pesa hizo zimefanya kazi. Kwa hivyo, kama Maseneta tunafaa tujiulize kama MCA's wanaangalia mambo haya. Kuna mambo mengi. Kwa hivyo, tusilaumu gavana, MCA's au Maseneta. Kama kuna uwezo, tutengeneze Kamati ikae chini iangalie kwa nini shida hii iko katika Kaunti 47.

Bi. Spika wa Muda, juzi tuling'ang'ana ili magavana waajiri clinical officers ambao wako na ujuzi wa kusaidia wagonjwa katika kaunti zetu.

Kuna mambo ya hospitali za Level 4 na 5. Serikali ya Kenya ilileta SHA. Sisi kama Maseneta, tumeona ya kwamba inasaidia mama mboga anapokuwa mgonjwa na pia waendeshaji boda boda wanapopata ajali.

Wakati wa zamani, kulikuwa na harambees za kusaidia wagonjwa kama vile waendeshaji boda boda waliopata ajali. Walikuwa wanakaa hospitalini kwa muda wa mwezi moja kwa sababu walikuwa wanategemea pesa zinazochangishwa kwa njia ya harambee.

Ninaunga mkono SHA. Mama mboga na waendeshaji boda boda wanafaa kusherehekea. Hii ni kwa sababu wakiwa wagonjwa au wapate ajali na wapelekwe hospitalini, baada ya siku tatu, wanasajilishwa kwa SHA na wanatibiwa. Kwa hivyo, ninaomba Wakenya wote wajisajilishe kwa SHA.

Ugonjwa wa saratani umeleta shida katika nchi yetu ya Kenya. Zamani ilikuwa inasemekana ya kwamba Cancer ni ugonjwa wa wazee. Lakini, siku hizi, ugonjwa huu unapata watoto wadogo na wakubwa. Ningeomba Serikali iweke mikakati ili kila kaunti iweze kujisimamia ili wagonjwa wa cancer watibiwe bila kutoa pesa zozote.

Tulipoenda nchi ya ngambo, tulipata ya kwamba watu hawalipi pesa hospitalini. Kwa hivyo, ninaomba tushughulikie wagonjwa wetu na pia watu wajisajili ili tuweze kupata pesa za kusaidia wagonjwa kama zile hospitali tuliona Ujerumani, United Kingdom (UK) na United States of America (USA).

Bi Spika wa Muda, jambo lingine ambalo ningeomba ni kwamba, kuwe na wanasayansi ambao watafanya research ili tuweze kutengeneza dawa na miti zilizo hapa ili dawa ziwe na bei rahisi kwa sababu dawa nyingi zinatoka nchi za ng'ambo. Watu wengi wanateseka kwa sababu dawa ziko bei ghali.

Kwa hivyo, nikiwa Seneta wa Embu Kaunti, kuna mambo mengi ambayo yanafaa yaangaliwe ili nchi yetu ya Kenya iendeleo kwa njia inayofaa. Nikimalizia, naomba tukae pamoja. Hata Bibilia inasema kujeni tuongee kwa sababu mambo ya ugonjwa na afya imeleta shida katika nchi yetu ya Kenya ingawa Rais wa Kenya, anajaribu vile mambo ya afya yatakuwa sawa.

Kwa hivyo, naunga mkono hii Kamati lakini, wakae chini watengeneze Kamati itakayoangalia mahali kuna shida; kama ni kwa gavana, National Treasury ama ni oversight.

Asante.

**The Temporary Speaker** (Sen. Veronica Maina): Thank you Dr. Sen. Alexander Munyi Mundigi kutoka Embu County.

Sen. Wakoli from Bungoma County, proceed.

**Sen. Wafula:** Asante, Bi. Spika wa Muda, kwa nafasi hii ili vile vile, niweze kuchangia ripoti ambayo imewasilishwa Bungeni na Kamati ya Afya katika Bunge la Seneti.

Ni jambo la kuhuzunisha sana kwa sababu, mwenzangu ametaja kwa kina changamoto ambazo zinakumba kaunti yangu ya Bungoma. Tunaenda kufunga ukurusa wa makadirio ya fedha za kiserekali mwaka wa 20205/2026. Tunapozungumza hivi, wale madaktari wa mashinani, County Health Promoters (CHPs), hawajalipwa kwa miezi minane. Swali ambalo tunajiuliza ni kweli kwamba, watu wenye akili timamu na utu mioyoni mwao, wanaweza bania fedha za madaktari mashinani za shilingi 2500 kwa mwezi, kwa miezi minane ilhali wao wanaendesha magari ya kifahari na wanakunywa mvinyo na chai yao sio ya mkandaa, ni ya maziwa? Hata wameacha kutumia majani chai, wanatumia kahawa ilhali madaktari wa mashinani hawana viatu, begi na yale mashati wanayo vaa yamekung'utwa na jua.

Ni jambo la muhimu sana kwamba kutoka sasa kwenda mbele, ripoti zinapokuja na wanapojibu maswali, kwa mfano, katika makadirio ya bajeti, lazima fedha zilitengwa. Tume ya kupambana na ufisadi isiwe tu tume kama gofu la kutazama na kuogopesha watu. Lazima Ethics and Anti-Corruption Commission (EACC) iwajibike na itatue masuala hayo.

Wametaja kuhusiana na maeneo ya kuhifadhi walioaga kule Bungoma Kaunti. Tulipotembea katika hospitali, tuliwapata miili ya watu imerundikwa kama kuni katika hospitali zingine. Japo wamefariki, si vyema wahangaike wakiwa hai na wanapofariki, wanawekwa kama kuni zilizokaushwa. Lazima waliotuacha waandaliwe mahali pazuri pa kupumzika wanapongoja siku ya kياما.

Utagundua kwamba, hata miili hiyo inaporundikwa hivyo katika maeneo hayo, lazima watalipishwa. Ni jambo la muhimu kwamba magavana wa magatuzi yetu wawe na utu angalau Mkenya anapopambana maishani, awekwe mahali pazuri anapofariki akingoja Mungu wake.

Jambo lingine ni kwamba, kuna wafanyikazi gushi wengi sana katika sekta ya afya katika gatuzi zetu. Kule Bungoma, kulikuwa na tashwishi na hata juzi, niko na ushahidi kwamba kuna wale ambao walikuwa wameajiriwa kwa awamu, yaani kwa kimombo *contract workers* ambao korti ilipitisha kwamba waajiriwe. Lakini wale ambao wanasimamia uajiri wao, wakajaribu kupenyeza majina ya wale ambao hawakuwa katika orodha na mshahara wao ukarudishwa nyuma ili waweze kukamua ng'ombe ambaye tayari inapiga mateke.

Mhe. Spika wa Muda, ni jambo la muhimu Kamati ya Afya, na Kamati ya Fedha na Bajeti, ziweze kuhakikisha kwamba wafanyikazi ambao wanalipwa ni wale ambao wameajiriwa kihalali, mastakabadhi zao zipo na kuhakikisha kuwa pesa za mnyonge wa kawaida hazipotei.

Nikitamatisha, kwa sababu nikiangalia muda wangu umeyoyoma, ukiangalia miundo mbinu, hospitali na zahanati nyingi katika gatuzi zetu bado hazijakamilika na baadhi ya magavana wanahudumu muhula wa mwisho. Wanatumia miradi hii kupora na kufuja pesa za mnyonge. Lazima Kamati ya Afya na sisi Maseneta wengine tuhakikishe kwamba gavana anapozanza miradi, akamilishe kabla hajaondoka.

Mheshimiwa Spika wa Muda, naomba umakinike ili Wakenya waweze kunipa umakinifu wao.

Nikimalizia tunaenda katika makadirio mapya ya bajeti lakini pia tunaenda mfumo mpya wa kisiasa na kampeni. Watu wasichukue awamu hii kwa kunyoshea vidole wale ambao tuko katika mrengo wa Serikali. Hata wale ambao wananyosha vidole, wanatamani kuingia serikalini. Sioni wakipiga debe wakisema, liwe liwalo tutabaki katika upinzani.

Sasa kile tunasema, japo uko katika upinzani na mimi niko serikalini, cha muhimu ni, tufanye kazi. Lakini usitunyoshee kidole ilhali vidole vingine viko katika uso wako. Sasa wale walio katika upinzani ninaomba muendeleo hivyo na Mungu awatamathie haja zenu mubaki katika upinzani. Sisi tulio katika serikali tufanye kazi, tuboreshe maisha ya Wakenya na tusogne mbele.

Asante, Bi. Spika wa Muda.

**The Temporary Speaker** (Sen. Veronica Maina): Hon. Senators, we have now concluded the debate because I do not see any other Senator interested in contributing to this Motion. I will defer this Motion so that the Mover can reply. So, it will be listed when we next sit.

*(Reply to the Motion deferred)*

Hon. Senators, for the remaining Orders, I will also reorganize the Order Paper and defer them because the movers are not there. Yours truly was having Motion No.11 but I am the one on the Seat and so, I am not able to move it. So, they will all be deferred.

## MOTION

### MAINSTREAMING A FRAMEWORK FOR CLEAN COOKING

THAT, AWARE THAT, Article 42 of the Constitution guarantees every person the right to a clean and healthy environment, which includes access to safe energy options;

AWARE THAT, over 900 million Africans, including more than 90% of households in Kenya's rural areas, still rely on traditional biomass (firewood, charcoal, animal waste) for cooking, resulting in high levels of indoor air pollution that cause premature deaths, particularly among women and children;

CONCERNED THAT, in Kenya, indoor air pollution has been linked to over 23,000 annual deaths, with women and girls bearing the disproportionate burden of time spent collecting firewood and cooking, limiting their education and economic opportunities;

NOTING THAT, traditional cooking methods contribute significantly to deforestation, greenhouse gas emissions, and climate vulnerability at the county level, undermining national commitments

under the Energy Act, 2019, the Climate Change Act, 2016, and Kenya's Nationally Determined Contributions (NDCs);

RECALLING THAT, the Africa Clean Cooking Summit (Paris, 2023) mobilized USD 2.2 billion in commitments for clean cooking, and the International Energy Agency has recommended urgent financing and policy action to achieve universal access by 2040;

ACKNOWLEDGING, the efforts of some counties, development partners, and private sector actors in piloting clean cooking projects, but recognizing that these remain small-scale and fragmented;

NOW THEREFORE, the Senate resolves that the -

i) Council of Governors develops county-level policies, frameworks, and budgets that mainstream clean cooking into devolved energy and health functions;

ii) National Treasury and Ministry of Energy prioritize clean cooking in financing frameworks, including results-based financing and blended finance models to de-risk private investment;

iii) County Governments incorporate clean cooking targets in their County Integrated Development Plans (CIDPs) and ensure public institutions such as schools, health facilities, and prisons adopt clean cooking solutions;

iv) National Treasury and County Governments to fast-track letters of authorization to unlock carbon finance markets (Article 6.2 and CORSIA) for clean cooking projects; and

v) County Governments engage the private sector actors, and community organizations to expand clean cooking access, create local jobs, and reduce pressure on forest resources.

*(Motion deferred)*

## MOTION

### PROVISION OF COUNTY GOVERNMENTS' IFMIS REPORTS TO THE SENATE

THAT, AWARE that, Article 96 of the Constitution provides that the Senate represents the counties, and serves to protect their interests, determines the allocation of national revenue among counties, as provided in Article 217, and exercises oversight over national revenue allocated to the County Governments;

FURTHER AWARE THAT, in the case of Senate v Council of Governors and 6 others (Petition 24 and 27 of 2019 (consolidated) 2022) KESC 57(KLR), the Supreme Court affirmed that the Senate's oversight authority extends to both nationally allocated and locally generated revenue;

CONCERNED THAT, that Senators are constrained by lack of access to real time to data from the IFMIS system for the respective counties they represent, thus affecting effective oversight of County Governments;

FURTHER CONCERNED THAT, in some instances data and information presented to the Senate by the Auditor-General and the Controller of Budget are received and considered late as a result of the backlog resulting into too much information not getting properly reviewed by Senators;

NOTING THAT, as a result of unchecked financial information and systems, County Governments have continued to accumulate pending bills resulting from unplanned expenditures, unaccounted for and inflated cost of projects; NOW

THEREFORE, the Senate resolves, that the Cabinet Secretary in charge of the National Treasury shall on a monthly basis forward to the Clerk of the Senate all IFMIS transactions and reports for each County Government for onward transmission to the respective Senator for information on accountability and transparency, in order to strengthen their constitutional oversight and promote good governance in the management of public finances.

*(Motion deferred)*

### MOTION

#### DECLARATION OF ROAD ACCIDENTS AS A NATIONAL DISASTER

AWARE THAT, Article 43 guarantees the right to the highest attainable standard of health, including emergency medical treatment and Article 21(1) of the Constitution obligates the State and all State organs to observe, respect, protect, promote and fulfil the rights and fundamental freedoms contained in the Bill of Rights;

NOTING THAT, Article 238 of the Constitution provides that national security includes the protection of the people of Kenya and their property against internal and external threats, which encompasses safety on national transport networks;

COGNIZANT THAT, road traffic injuries are among the leading causes of death in Kenya and constitute the leading cause of mortality among adolescents and adults in their most economically productive years, surpassing many communicable and non-communicable diseases resulting in significant loss of human capital and productivity;

NOTING THAT, in 2025 more than 4,400 Kenyans lost their lives with over 17,000 injuries from road crashes, a 3% increase over the previous year, while nearly 400 people were killed in road traffic accidents in January 2026 alone, representing an 11% increase compared to the

same period in the previous year, illustrating a continuing trend of preventable loss of life;

CONCERNED THAT, beyond loss of life, road traffic accidents result in long-term disability, psychological trauma, family disruption and significant economic loss, with estimates suggesting losses amounting to billions shillings annually to the national economy, while placing severe strain on health facilities and emergency services;

FURTHER CONCERNED THAT, despite the existence of the National Road Safety Action Plan (2024–2028) and other statutory measures, road carnage persists due to preliminary causes including over-speeding, impaired and distracted driving, non-compliance with traffic laws, inadequate driver training, unsafe road infrastructure, unroadworthy and overloaded vehicles, as well as systemic challenges arising from inadequate investment in road safety infrastructure, weak coordination among transport, enforcement, health and county authorities, and limited emergency medical response capacity;

NOW THEREFORE, THE SENATE resolves that –

i.) Road traffic accidents in Kenya be declared a National Disaster, requiring urgent, coordinated and sustained multi-sectoral intervention across prevention, emergency response, rehabilitation and long-term systemic reform;

ii.) The Ministry of Roads and Transport and the Ministry of Health in conjunction with the National Transport and Safety Authority, the National Police Service and the Council of Governors, urgently strengthen the implementation of the National Road Safety Action Plan (2024–2028), including enhanced enforcement of traffic laws, safer road design, public education, data-driven interventions and improved emergency response capacity;

iii.) The Ministry of Health in collaboration with the County Governments to set aside adequate resources to support road safety interventions, emergency medical services, trauma care systems and post-crash rehabilitation services; and

iv.) The National Treasury in collaboration with the Ministry of Roads and Transport establishes a Road Safety Disaster Response Fund to support road safety interventions, victims and families affected by the road accidents.

*(Motion deferred)*

**ADJOURNMENT**

**The Temporary Speaker** (Sen. Veronica Maina): Hon. Senators, there being no other business on the Order Paper, the Senate stands adjourned until later today, Wednesday, 3<sup>rd</sup> June, 2026 at 2:30 p.m.

The Senate rose at 12:58 p.m.