PARLIAMENT OF KENYA

THE SENATE

THE HANSARD

Wednesday, 26th February, 2025

Morning Sitting

The House met at the Senate Chamber,
Parliament Buildings, at 9.30 a.m.

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

PRAYER

DETERMINATION OF QUORUM
AT COMMENCEMENT OF SITTING

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

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

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

(The Quorum Bell was rung)

(Several Senators walked into the Chamber)

Hon. Senators, I have confirmed we now have quorum. Let us transact business. Clerk, read out the first Order.

COMMUNICATION FROM THE CHAIR

VISITING DELEGATION FROM PRECIOUS
BLOOD PRIMARY SCHOOL, KIAMBU COUNTY

The Deputy Speaker (Sen. Kathuri): Hon. Senators, I would like to acknowledge the presence of visiting teachers and pupils from Precious Blunt Primary School in Kiambu County in the public gallery this morning.

The delegation comprises four teachers and 85 pupils who are in the Senate for a one-day academic exposition. In our usual tradition of receiving and welcoming visitors

to Parliament, I extend a warm welcome to them and, on behalf of the Senate and on my own behalf, wish them a fruitful visit.

Thank you. The Majority Leader, please, welcome the visitors.

The Senate Majority Leader (Sen. Cheruiyot): Thank you, Mr. Deputy Speaker, Sir. On behalf of the Senate, I join you in welcoming these students from Precious Blood in Kiambu, who are here on a visit and a study tour of the Senate.

This is the Senate of the Republic of Kenya. Sometimes, we are calm like this, while other times, it erupts. I do not want to promise that we will be this calm the entire session you will be here, but just in case it remains this calm, know that it is normally a sober House. We reflect, pass laws, debate, and represent you, and that is, by and large, is the work of legislators.

I hope that you will enjoy the full value of your time here. I look forward to having some of you in this House in the future to represent the people of Kenya. Thank you, and you are most welcome.

The Deputy Speaker (Sen. Kathuri): Next Order.

PAPERS LAID

REPORTS OF THE AUDITOR-GENERAL ON FINANCIAL STATEMENTS OF VARIOUS ENTITIES

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

Report of the Auditor-General on Financial Statements of the County Executive of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of the County Assembly of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of the County Revenue Fund – County government of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of the Receiver of Revenue - County government of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Homa Bay County Executive Car Loan and Mortgage (Members) Scheme Fund for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Homa Bay County Assembly Car and Mortgage Loan Fund for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Homa Bay County Emergency Fund for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Homa Bay County Education Bursary Fund for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Homa Bay County Alcoholic Drinks Control Fund for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of the Municipality of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Homa Bay County Teaching and Referral Hospital – County government of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Ogongo Level 4 Hospital – County government of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Magunga Level 4 Hospital – County government of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Tom Mboya Memorial Level 4 Hospital – County government of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Nyangiela Level 4 Hospital – County government of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Kisegi Level 4 Hospital – County government of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Rangwe Level 4 Hospital – County government of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Marindi Sub-County Level 4 Hospital – County government of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Mbita Sub-County Level 4 Hospital – County government of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Suba Sub-County Level 4 Hospital – County government of Homa Bay for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Homa Bay County Water and Sanitation Company for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of the County Executive of Elgeyo-Marakwet for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of the County Assembly of Elgeyo-Marakwet for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of the Receiver of Revenue - County government of Elgeyo-Marakwet for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Elgeyo-Marakwet County Executive Car and Mortgage Revolving Fund for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Elgeyo-Marakwet County Assembly Car and Mortgage Revolving Fund for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Elgeyo-Marakwet County Education Fund for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Elgeyo Marakwet County Assembly Catering Services Revolving Fund for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Elgeyo-Marakwet Alcoholic Drinks Control Fund for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Elgeyo-Marakwet County government of Financing on Locally-Led Climate Action (FLLOCA) Programme for fifteen (15) months period for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Iten Tambach Municipality for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Iten County Referral Hospital – County government of Elgeyo Marakwet for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Chebiemit Level 4 Hospital – County government of Elgeyo-Marakwet for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Tambach Sub-County Hospital – County government of Elgeyo-arakwet for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Iten Tambach Water and Sewerage Company Limited for the year ended 30th June, 2024.

Report of the Auditor-General on Financial Statements of Cherang'any Marakwet Water and Sanitation Company Limited for the year ended 30th June, 2024.

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

(Sen. Cheruiyot laid the documents on the Table)

QUESTIONS AND STATEMENTS

QUESTIONS

The Deputy Speaker (Sen. Kathuri): Hon. Senators, as you can see on the Order Paper, today, we are expecting two Cabinet Secretaries: The Cabinet Secretary for Water, Sanitation and Irrigation, hon. (Eng.) Eric Muriithi Mugaa, and the Cabinet Secretary for Health, hon. (Dr.) Deborah Barasa.

It has come to my attention that the Cabinet Secretary of Water, Sanitation, and Irrigation is accompanying His Excellency the President on a working tour or trip to Mombasa. Therefore, he has requested the Senate to indulge him so that he can try to sort out the water issues in the Coast Region.

Noting that the Coast has water-scarce counties, from where I sit and the Senate Business Committee, we have agreed with his request. However, he should note that next time he is available in this town, he should appear before the Senate to answer the questions from the Senators.

Then we have the Cabinet Secretary for Health, Dr. Deborah Barasa. I am told she is around so that we will start with her and the four questions directed to her.

Before she comes in, the Senate Majority Leader proceed.

POINT OF ORDER

FAILURE BY THE CABINET SECRETARY FOR WATER, SANITATION AND IRRIGATION TO APPEAR BEFORE THE SENATE

The Senate Majority Leader (Sen. Cheruiyot): Sorry, Mr. Deputy Speaker, Sir. I beg for your indulgence so that we can dispense this letter from the Cabinet Secretary for Water, Sanitation and Irrigation, Hon. (Eng.) Eric Muriithi Mugaa. I agree with you that

what the Cabinet Secretary is saying is important. However, coming here is equally as important.

You know for a fact that a President's visit is not a thunderstorm that appears out of the blue. It is something that is planned weeks in advance, and the Cabinet Secretary was aware; he knew that he was supposed to be here today. Therefore, on all other accounts of things that we have raised in the past, it is the Cabinet Secretary who should respond, and he has done so. That it should be in writing and not a Short Message Service (SMS) to the Speaker, and that is done.

However, this Cabinet Secretary is violating a cardinal principle. He is supposed to issue notice to the Senate at least seven days before the date of appearance. That is why we, as a House, do not ambush anybody. We write to you seven days prior to your appearance.

Therefore, I want to request that you direct the Secretariat to send a response to the Minister stating that this is not acceptable. The President's visit was not impromptu; it was long planned, and therefore, he should have been diligent enough to respond early in advance.

Why am I insisting on this? If we had this letter when we sat at the Senate Business Committee last week and scheduled these questions, we would have known that the Cabinet Secretary would not be here and, therefore, would have gone to invite another Cabinet Secretary.

Therefore, on behalf of the House, this is still not acceptable. The Secretariat must respond to him and let him know. Perhaps it will be issued with a last warning before we can proceed to do that which the powers and privilege provide us to do, that you cannot write a letter to an institution barely hours before your appearance and expect that that institution will find that acceptable. It is not.

I thank you.

The Deputy Speaker (Sen. Kathuri): Senate Leader of the Majority, I do not want us to open this debate because it is somewhat reasonable that he has not appeared. However, I said anytime he is around this city, he should appear before the Senate to answer his questions.

Hon. Senators, this gentleman is a first offender. This is the first invitation. I am aware of this, and we should be lenient with the Cabinet Secretary and encourage him to do what the Senate Majority Leader has requested him to do. So, because of the respect that we have even with the Gen-Zs, I do not want us to open that debate. I will allow only one leader from the minority side in order to balance.

(Loud consultations)

Agree between the Senate Minority Leader or the Senate Minority Whip to balance. Hon. Senators, it is important to give the Chair time to guide the House and that is the spirit.

Yes, Sen. Sifuna.

Sen. Sifuna: Mr. Deputy Speaker, Sir, I thank the leaders on our side for handing this responsibility to me. I know that the Cabinet Secretary for Health is here and Sen.

Wambua is one of the people with questions for her. I am sure he will get an opportunity to say what he wants to.

I was holding brief for the Senator for Migori who had a question to the Cabinet Secretary for Water, Sanitation and Irrigation, regarding the Lower Kuja Irrigation Development Project. I have never seen that Cabinet Secretary and I do not know how he looks like. If we met in the streets, I would not know who he is. I do not even know his name. I was looking forward to seeing his face.

Senate Majority Leader, I think there should be an induction of new Cabinet Secretaries. Sen. Cheruiyot, part of the problem why your Government is struggling and the President himself has said it---

(Sen. Cheruiyot spoke off record)

Sen. Sifuna: Mr. Deputy Speaker, Sir, the President has said it himself that he struggles being the only person communicating the Government policy. It is true because who is this person who holds the water docket? I do not know him. Sen. (Dr.) Khalwale, if that gentleman walked in---

Maybe he is even present in this House but nobody knows. We were just asking ourselves here amongst the minority leadership whether it is a man or a woman. Nobody knows.

We are disappointed and we always record our disappointment. If we have to understand the Government policy, we need these Cabinet Secretaries to interact with us.

Yesterday, I ran into the former Cabinet Secretary for Energy and Petroleum, hon. David Chirchir. He is one of the most astute and few Cabinet Secretaries that I respect because he interacts with Members of this House and explains the Government policy. If he was still in that docket, I am sure the drama you are seeing of Nairobi City County Government dumping garbage outside the Kenya Power and Lighting Company (KPLC) offices and KPLC retaliating by cutting power to the county government offices would not be there because he would take leadership.

Mr. Deputy Speaker, Sir, the relationship between the national and county governments is supposed to be cordial. If a Cabinet Secretary sees a fight in their docket but does nothing at all and only talks about 2027 politics, then they have failed in their position.

We want the gentleman to at least appear here. Let him not fear this House. We want to be his friends, at least from the minority side. We confirm that we mean well. We want to have a discussion with him about the water projects. Let him not shy away. Let him be trained that if there is going to be an event that takes him away from the capital, he should communicate early, as the Senate Majority Leader said.

The Deputy Speaker (Sen. Kathuri): I agree with you, hon. Senators and the leadership. He should learn as fast as possible that communication is key. There is nothing impromptu as the Senate Majority Leader said. The Cabinet Secretary has been guided accordingly by the Senate, that he should be communicating early enough.

Sen. Sifuna, you said you do not know his name? His name is Eng. Eric Muriithi Muuga. I represent him in the Senate, but not on this matter.

Hon. Senators: No.

The Deputy Speaker (Sen. Kathuri): Yes, because I am the Senator for Meru. I was elected by majority votes in the county with more than 350,000 out of 400,000 voters. However, I agree with you. We need to be respected as the Senate. Even though he is my brother, he needs to handle the Senate with a lot of respect and decorum. He has no choice.

Hon. Members, the Questions to the Cabinet Secretary for Water, Sanitation and Irrigation are deferred.

Question No.008

STATUS OF COMPENSATION OF LANDOWNERS WHO GRANTED WAYLEAVE FOR LOWER KUJA IRRIGATION DEVELOPMENT PROJECT

(Question deferred)

Question No.009

STATUS OF CONSTRUCTION OF THWAKE DAM IN MAKUENI COUNTY

(Question deferred)

The Deputy Speaker (Sen. Kathuri): If the Cabinet Secretary for Health is around, we can now welcome her to the Senate.

(The Cabinet Secretary for Health (Hon. (Dr.) Barasa) was ushered into the Chamber)

The Deputy Speaker (Sen. Kathuri): Hon. Senators, the Cabinet Secretary for Health is here. Dr. Debra Barasa and your team, welcome to the Senate of the Republic of Kenya. We are here to interact with you on the four Questions that hon. Senators will raise on this Floor. I can see you and your team are prepared to answer them.

We will start with Question No.016 by the nominated Senator, Sen. Mumma, who is also going to represent the Speaker in another forum in the next few minutes. Let us first dispense of with your Question.

Sen. Mumma, proceed.

Question No.016

AVAILABILITY AND AFFORDABILITY OF LIFE-SUPPORTING PRESCRIPTION DRUGS FOR PWDS AND PERSONS LIVING WITH SEIZURE RELATED AILMENTS

Sen. Mumma: Thank you, Mr. Deputy Speaker, Sir, for giving me this opportunity. Hon. Barasa, welcome to the Senate. We have been longing to ask you a number of questions and I am glad you have managed to come. My questions are as follows-

(1) Could the Cabinet Secretary provide details on the availability and affordability of life-supporting prescription drugs for persons with disabilities living with seizure-related ailments such as epilepsy?

(2) Which pharmaceutical manufacturers, suppliers and distributors are collaborating with the Ministry of Health and the Kenya Medical Supplies Authority (KEMSA) to ensure the availability of these medicines and what are the terms of their operation?

(3) What steps has the Ministry taken to ensure that these life-saving drugs are included in the essential drugs list and made readily available under the existing public national health insurance scheme?

The Deputy Speaker (Sen. Kathuri): Proceed, Cabinet Secretary for Health.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Mr. Deputy Speaker, Sir, and distinguished Members of the Senate, it is, indeed, a great honour and privilege to appear before this esteemed House today. I sincerely appreciate the invitation to engage with you on the Ministry of Health's ongoing efforts to ensure availability of quality, accessible and affordable healthcare services for all Kenyans.

The Senate plays a vital role in shaping national health policies. I welcome this opportunity to present our initiatives and collectively explore ways to strengthen healthcare delivery across the country. This occasion also marks my inaugural appearance before this honourable House as the Cabinet Secretary for Health.

I take this opportunity to reaffirm my commitment to transparency, accountability and constructive engagement with the Senate in advancing Kenya's health agenda. As we navigate the evolving health care landscape, I recognise the Senate's pivotal oversight role in ensuring that the Government's health policies and programmes effectively serve the needs of all Kenyans.

As we move forward with the implementation of Taifa Care, our flagship model for achieving Universal Health Coverage (UHC), I look forward to forging a strong partnership with this House. The success of this transformative health agenda depends on the collective effort of the Executive, the Legislature, county governments and other stakeholders. I am confident that through close collaboration, we will make significant strides in realising a robust, inclusive and sustainable healthcare system for all.

Hon. Members, I will now move to the Question by Sen. Mumma.

(a) Medicines used in the country must meet strict regulatory requirements to ensure safety, efficacy and quality. They must be first of all registered and retained by

the Pharmacy and Poisons Board (PPB). However, if a medicine is selected for inclusion in the essential list but is not yet registered in the country, it may undergo an expedited registration process to facilitate timely access.

Secondly, it must be listed in the current Kenya Essential Medicines List (KEML), 2023.

Additionally, for these medicines to be available to the wider public, they need to be stocked by the Kenya Medical Supply Agency (KEMSA) as guided by Kenya Essential Medicine List 2023, Kenya Essential Medical Supply List 2023, and the Kenya Essential Diagnostic List 2023.

Currently, KEMSA stocks a number of anti-epileptics or anti-convulsants such as lamotrigine tablets, valproic acid tablets and syrup, phenytoin tablets, phenobarbitone tablets and injections, midazolam injections, magnesium sulphate injections, levetiracetam injections, gabapentin tablets, diazepam injections and tablets. It is imperative that the counties draw these commodities from KEMSA to ensure a consistent supply to deserving patients.

(b) With regards to which pharmaceutical manufacturers, suppliers and distributors are partnering with the Ministry of Health and KEMSA to ensure the availability of these medicines. The KEMSA aligns its procurement of health products with the Public Procurement and Asset Disposal Act, the Kenya Essential Medicine List 2023, Kenya Essential Medical Supplies list 2023 and the Kenya Essential Diagnostic list 2023.

There are 42 registered local pharmaceuticals or medicine manufacturers who have good compliance with manufacturing practices. To enhance local manufacturing of medicines in the country, the Ministry of Health in 2020 conducted a capacity assessment of the manufacturers and the report of this assessment forms the basis of the development of a local manufacturing strategy for Kenya that seeks to incentivise innovation and production of health products.

This will lead to an increase in the local production of medicine in the Kenya Essential Medicine List 2023 from the current 20 per cent to 50 per cent by 2026. Again, all public procurement entities including KEMSA are expected to comply with the preferential procurement master roll list published by the Ministry of Investment, Trade and Industry that lists all products manufactured locally including medicine. The capacity assessment report guided the updating of the preferential procurement master roll No. 1 of 2024 to the current 223 medicines.

Public procurement entities are expected to procure locally manufactured products from local manufacturers in order to promote the Buy Kenya, Build Kenya strategy in support of local industries and the domestic economy. KEMSA does a pooled procurement on behalf of all public health facilities thereby maximising economies of scale to yield better prices for its clients.

However, KEMSA has had operational challenges including stockouts of essential health products and technology due to financial constraints as a result of inadequate budgetary allocation and huge debts from county governments and other clients to the tune of Kshs6.2 billion.

(c) With regard to what steps the Ministry of Health has undertaken to ensure that life-saving medicines are included in the essential medical list and made readily available under the existing public national health insurance scheme, life-saving medicines are listed in the current Kenya Essential Medicine List 2023 Edition, which is reviewed every three years and are captured under various therapeutic categories including medicines of pain, anticonvulsants, medicines for anxiety disorder, medicines for mood disorders among others.

Further, the Social Health Authority (SHA) aims to provide affordable accessible and quality healthcare services to Kenya as guided by the essential health benefit package that defines the services covered by the Social Health Insurance Fund (SHIF).

Social Health Authority (SHA) will use the Essential Medicines List to guide the reimbursement of health services and health products to health facilities for various conditions including those provided for People with Disabilities (PWDs).

I thank you.

The Deputy Speaker (Sen. Kathuri) Thank you, Hon. Cabinet Secretary.

Sen. Catherine Mumma, do you have any supplementary question to the response? You have an opportunity to ask two supplementary questions.

Sen. Mumma: Thank you, Mr. Deputy Speaker, Sir. I have two supplementary questions.

Thank you, Cabinet Secretary, for the answer although it was not brought prior. I was not able to read through but I appreciate what you have just presented. My two supplementary questions are as follows:

(1) Does the Ministry of Health (MoH) have a policy that provides relief for PWDs or families with PWDs to ensure that those who require the life-sustaining medication can access those medications for free?

(2) What is the Ministry planning to do to ensure that KEMSA is reorganised to be the inter-county authority that it should be rather than a national Government authority because KEMSA provides services to the counties?

Thank you, very much.

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

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Thank you, very much Senator for the questions and concerns. Indeed, we have a health insurance subsidy for PWDs. Again, working together with the social protection under the SHA, we want to ensure that the people with severe disability are incorporated and are being paid for under the SHA. That way, they will not incur any cost.

The Government will take care of them in matters of health insurance. Additionally, we will ensure that the medicines are cost-effective and we are having cancer reforms ongoing to ensure that we promote inter-county engagement between KEMSA and the county.

Thank you.

The Deputy Speaker (Sen. Kathuri): Next? Has she responded to the two supplementary questions or one?

Sen. Mumma: Mr. Deputy Speaker, Sir, I am not too sure that she has responded to the second one, on the reorganisation of KEMSA.

The Deputy Speaker (Sen. Kathuri): Also, Sen. Catherine, you know your question was not related to the KEMSA issues but was on these drugs for the PWDs because Standing Order No.51(c) (7) is giving us very clear guidance that two supplementary questions should relate to the main question. I am speaking to all Senators.

Have your seat, Hon. Cabinet Secretary.

(The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa) took her seat]

I am now speaking to all the Senators in the House.

I know there are so many questions that you would wish to ask. However, these questions should be grounded on the principal question that Sen. Catherine Mumma asked.

So maybe because it is your question, let me give you that opportunity but after that, I will not entertain any questions outside the primary question so that we can make progress. Also, there are three other questions which if you wait, the issues you are raising now still can be dispensed off during the other questions that you have. The Cabinet Secretary has three more questions to attend to.

Cabinet Secretary, respond on the reorganisation of KEMSA to fit the county issues and have it removed as a national entity. That is the question she had asked.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Mr. Deputy Speaker, Sir, I kindly request for time to come up with a comprehensive report from KEMSA detailing what policies and reforms are there to ensure that we have this inter-county partnership. I kindly request to go back to my team. That way, we can have a comprehensive report on the same.

The Deputy Speaker (Sen. Kathuri): That is okay, but kindly remember to bring the report as you have committed to do.

Next is Sen. David Wakoli Wafula.

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

The Deputy Speaker (Sen. Kathuri): I am asking whether you have a Supplementary question to this question.

Sen. Wafula: No.

The Deputy Speaker (Sen. Kathuri): Okay. Your time is coming.

Proceed, Sen. Maanzo.

Sen. Maanzo: Thank you, Mr. Deputy Speaker, Sir. I want to ask a question in relation to the question asked by Sen. Mumma. I have confidence with the Cabinet Secretary on this particular issue because she is a medical doctor. What efforts have you made to educate the public on people who get seizures, because the moment somebody gets a seizure, Kenyans tend to run away from them?

In relation to the counties, have you worked with the Community Health Promoters (CHPs) or a policy so that CHPs could also teach common Kenyans on how to give first aid in case of a seizure? Probably, you could use this forum to educate the Senate and Kenyans on what should happen should you get a seizure. If you see somebody fall down, what is the immediate thing you should do to save that life?

I thank you.

The Deputy Speaker (Sen. Kathuri): Proceed, Madam Cabinet Secretary.

The Cabinet Secretary for Health (Hon. (Dr,) Debora Barasa): Thank you very much, Mr. Deputy Speaker, Sir, and hon. Members. Indeed, seizures is one of the areas that is facing a lot of challenges for patients with discrimination and alienation of the same.

As a Ministry, we are working towards ensuring that patients receive fast management and part of it being through advocacy. We are also leveraging on our community health programmes to ensure that we have guidelines and curriculum that is easy for them to utilise.

Again, we have the school health programmes to ensure that these epilepsy and seizures are equally managed before they are referred to the facility. We have policies, guidelines and we are leveraging on CHP. We are educating our CHPs on the same so that we improve the management and reduce discrimination of the same.

Thank you.

The Deputy Speaker (Sen. Kathuri): Let us now listen to Sen. Veronica Maina.

Sen. Veronica Maina: Mr. Deputy Speaker, Sir, my supplementary question would fall under question 10 by Sen. Wambua. Therefore, I will not push it now. I will wait for that moment.

The Deputy Speaker (Sen. Kathuri): Next is Sen. Olekina.

Sen. Olekina: Thank you, Mr. Deputy Speaker, Sir. My question is directly related to the responses given by the Cabinet Secretary on the question asked by Sen. Mumma.

Hon. Cabinet Secretary, you have indicated that the biggest challenge is the debt owed by county governments to KEMSA which is about Kshs6.2 billion. You have also indicated that the Social Health Authority (SHA), which you know very well, that in the Financial Year 2024/2025, it was allocated a total of Kshs25,798,827,666 which is up from the initial of Kshs11,899,413,839. This means that there was an additional Kshs13 billion allocated to SHA to ensure that they provide this medicine to the people.

Hon. Cabinet Secretary, I would like you to pay attention to my question. If we have problems with drugs being administered in hospitals because county governments are not collecting the drugs or they have not paid the money to KEMSA, do you not think that it is time as a Ministry to develop a system where the manufacturers only release the drugs upon payment by SHA? I say this because when I was young, I was diagnosed with petite mal epilepsy. Thus, I know the dangers of people who end up having epilepsy.

Do you not think that it is time that you developed a robust system that can ensure that all those manufacturers list their drugs and only draw them down upon being paid, so that you do not have to incur all these debts? I will give you a very good example. It is like a supermarket. If you walk into a supermarket, you will buy sugar although that supermarket does not own that sugar. That sugar has been placed there by a manufacturer. The only time that it is released, it is when it is paid.

We have SHA spending Kshs25 billion, and counties collecting money from Own Source Revenue to use. This House passed a law. Can you please, tell us how we can solve that problem once and for all? It is not right for people who are sick, epileptic and

disabled people who are epileptic, to stay without drugs in the hospitals because the county governments have not paid KEMSA for the drugs that they are collecting. Please, answer that question diligently. If you have not understood it, ask me again and I will explain it.

The Deputy Speaker (Sen. Kathuri): Madam Cabinet Secretary, kindly answer that question.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Thank you once again, Mr. Deputy Speaker, Sir, and the hon. Member. Certainly, drug availability is critical for us. One of the key challenges that we have faced, as a Ministry, is ensuring that the drugs reach the last mile and we have accessibility to essential medicines. Under the Universal Health Coverage (UHC,) that is the Taifa Care, we are working tirelessly to ensure that we have recapitalisation of medicine in KEMSA. In addition, that they are reaching the last mile, that is to the facilities, up to level 2, 3 and 4 for accessibility by patients.

What we have talked about and we are ensuring that we implement is that, after the counties have requested for the medicine, SHA will pay directly for medicine before the money is released to counties. Apart from ensuring that they are paying the claims, they will ensure that medicine is also withdrawn from that money before the money is released to the county.

Mr. Deputy Speaker, Sir, this is an area that we are looking into, together with SHA, to ensure that we are paying up for the medicine before the rest of the money is released. We want to ensure that KEMSA is routinely recapitalised, it has resources and essential medicines to be able to supply at the county level. I do not know if I have made sense.

(Loud consultations)

The Deputy Speaker (Sen. Kathuri): Proceed. Sen. Olekina.

(The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa) stood in her place)

Sen. Olekina: Mr. Deputy Speaker, Sir, I am not sure if the Cabinet Secretary understood my question. She is saying that SHA will pay KEMSA before KEMSA releases the drugs to the hospitals. I want to be clear and I am happy to come and sit down with you and try to explain better what I mean.

The question is, since we are having a problem with counties paying KEMSA for the drugs, do you not think that it is about time to become a bit creative and develop a system that will ensure that these manufacturers place their drugs there and only release them when they are being prescribed to a patient? That will solve two problems.

Hon. Cabinet Secretary, it will solve the problem of pending bills and expiry of drugs, such that they will only spend drugs which can be used. Every day we are told what manufacturers are doing, including others making drugs to confuse people. That is my question. What you are now saying is that, you will develop a system where SHA is paid money before KEMSA releases the drugs. That is a bit confusing.

The Deputy Speaker (Sen. Kathuri): Hon. Cabinet Secretary, kindly have your seat because you are not exchanging with the hon. Senator. When you sit down, you can benefit from your officers.

(The Hon. Cabinet Secretary (Hon. (Dr.) Deborah Barasa) took her seat)

Sen. Olekina: Mr. Deputy Speaker, Sir, I think I have made it very clear. I will allow my colleagues to maybe piggyback on my question.

The Deputy Speaker (Sen. Kathuri): You cannot give your colleagues that opportunity to do that. Is there is any Senator with a question. I think she has now understood your issue.

(Sen. Mandago spoke off record)

Let her answer first. I want her to convince Sen. Olekina, then you can ask your question. I also gave you an opportunity to ask a question if you can recall. You asked your supplementary question. I will come to your rescue at some point

Hon. Senators, the Cabinet Secretary (CS) cannot answer all the questions off head.

You gave a good proposal that you will be going back with your team to consult and bring a report on Kenya Medical Supplies Authority (KEMSA) reforms. That is part of the reforms that you and KEMSA should be doing.

I know, she is here to answer questions, however, as the Chair, I should also be able to guide the House.

(Loud consultations)

The Deputy Speaker (Sen. Kathuri): That is why we have a Chair, to guide.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Thank you, Mr. Deputy Speaker, Sir.

We appreciate the innovative ideas that you are coming up with. As I said, we would like to work in collaboration and partnership with the Senate to ensure that we are have medicine at KEMSA and also right down to facility levels.

We acknowledge this and take your concerns seriously, and look forward to engaging. We shall be having a comprehensive discussion and a report on the health products and technology to ensure that they are reaching the last mile.

As I had said, once the county has launched a claim from a patient, the Social Health Authority (SHA) will pay to KEMSA directly in regards to the medications. For each claim, SHA will pay directly to KEMSA. That way, the resources and medication will be there and the cycle continues. However, we acknowledge that there are other innovative interventions that we can ensure are incorporated.

We appreciate the Senator for the interventions that he has placed in front of us. We shall have engagements on the side to see how we can extensively improve the

commodities reaching the last mile and additionally have a comprehensive report on how we will have our health products at county level and especially at our facilities.

The Deputy Speaker (Sen. Kathuri): Hon. Senators, on this issue, I would like to guide that on KEMSA issues - I hope you are still the Chairperson for the Committee on Health, is it not so? There is some guidance that I would like to give through the Senate Standing Committee on Health, that, the Committee on Health to follow up with the CS on these KEMSA issues.

Sen. Ledama Olekina, the Ministry will be happy to benefit from the innovative ideas that you have. You can approach the Ministry any time, sit down with the team and offer solutions to this country. I am happy that you are giving solutions. That is the way to go because we always complain and say things are not working, then how do we make them happen? As leaders, I am happy that we are now giving solutions.

So, the Senate, through the Standing Committee on Health, should follow up on that report on reforms to do with KEMSA because that is where the problem is.

Sen. Ledama, you are a Member of the Senate Standing Committee on Health. You now have the opportunity to team up with the entire Committee to discuss these issues and bring the report to this House.

Sen. Mandago, what is it that you would like to say? Hon. Senator, let us go to other questions so that we can get an opportunity to interact with the CS.

Sen. Mandago: Thank you, Mr. Deputy Speaker, Sir. I have a Supplementary question to the CS.

Whereas counties owe KEMSA, the national Government, through the Ministry of Health, also owes KEMSA. If you have been given Kshs25 billion in the Budget, why are you not paying your bills to KEMSA and you are the Ministry responsible to KEMSA? You cannot be shooting yourself on the foot, saying that counties are not paying while the Ministry is also not paying. What are you doing as a Ministry to also pay your obligation?

Finally, Hon. Deputy Speaker, Sir---

The Deputy Speaker (Sen. Kathuri): One question, please.

Sen. Mandago: Mr. Deputy Speaker, Sir, as the Chairperson of the Committee on Health, please, allow me one more second.

The Deputy Speaker (Sen. Kathuri): No, you have all the time with the Ministry of Health.

Sen. Mandago: Mr. Deputy Speaker, Sir, they do not honour our summons. This Ministry has a lot of contempt for the Senate Standing Committee on Health. That is it. However, it is okay if that one question is sufficient.

The Deputy Speaker (Sen. Kathuri): You have uttered a very sensitive matter when the CS is here. What did you say? What is it that you would like this House to help you with? You are the one that I am tasking to follow up these KEMSA issues with, then you are still---

Sen. Mandago: Yes, but we are also telling you as it is. Sorry, Hon. Deputy Speaker, Sir, allow me to say this: Health is about 90 per cent devolved, however, the involvement of the Ministry in the Senate Committee on Health is 10 per cent. They have

a preferential treatment of working with the National Assembly as opposed to working with the Senate.

Hon. Deputy Speaker, Sir, you are aware that we had our midterm review of the Senate activities for the last Session. We have only two years as a committee to help this Government to make sure that Universal Health Care (UHC) is properly rolled out to benefit Kenyans. Did you see any of the Ministry of Health officials in Naivasha when we had our review as a whole Senate, not as the Committee of Health?

So, as the Committee when we say that we are frustrated--- Our Senate Leader of Majority knows. I had even asked him that I would like to stay away from chairing the Committee on Health because I do not want to be associated with failure when we have a whole Committee that is willing, committed and have innovative ideas. You have heard what Sen. Ledama has said. We are willing to make our contribution, ideas and innovation on how we can make these things work.

Hon. Speaker, Sir, you know I am governor *Emeritus*. I have also run health for ten years. The Ministry can benefit from my experience as a former governor on how we can handle issues of pending bills in the county. However, where is the opportunity to have this discussion?

The Deputy Speaker (Sen. Kathuri): Sen. Mandago, those are valid concerns and as the Chair, it does not sit well when the CS is here and the Chairperson of the Senate Standing Committee on Health is complaining that he is not able. The whole team can understand and appreciate the ideas coming from the Senate.

Our concern is for devolution to work. That is our core constitutional mandate. So, if the Chairman of the Committee on Health is complaining and lamenting that there is a disconnect between you and them, and from the Chair, I am giving guidance on what should be done on KEMSA, the report and all, does it mean even the directives that I am giving will not be implemented?

Give your commitment that you will work with the Senate Standing Committee on Health. Give that commitment while you are here today.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Mr. Deputy Speaker, Sir, we would like to inform you that we acknowledge and send our apologies. Out of the three times that we have been summoned, we have been able to attend two meetings which were quite fruitful and we were able to pick some critical concerns that we addressed and innovative ideas that we were able to implement.

As I said earlier on, we appreciate the wok of the Senate and would like to collaborate together to ensure that Taifa Care becomes a success. So, out of the three, we attended two. We missed one because of a Cabinet meeting and I shared the same with Sen. mandago.

However, moving forward, we would like to assure you that we shall collaborate. Indeed, health is devolved and these are critical things that we need to look into to ensure that we have successful implementation of Taifa Care.

So, we apologise and assure you that you will not see another incident like this.

The Deputy Speaker (Sen. Kathuri): On the mid-term review of the Senate work, a whole afternoon was scheduled for you during that retreat and still you have not presented your paper to us.

Hon. Cabinet Secretary, you must get time to engage the Senate. You can come on a free *kamukunji* and engage the Senate, either from here or any other place, so that you can present your issues.

The Senators will have an opportunity to interact with you and help your Ministry to serve Kenyans better, especially to make sure that our hospitals in the counties get the necessary attention that they need.

Another commitment, please, find your time, through the Senate Majority Leader who is here, and through the Clerk of the Senate, to also get time and present the issues that you were to present in Naivasha, two weeks ago.

Let us now go to the next Question and Senators will again get an opportunity still to interact with your question. All these health issues are just the same.

If you listen to Sen. Wambua's questions, they are interrelated with the issues that you have raised on this Floor.

Sen. Maanzo, what were you saying?

Sen. Maanzo: Mr. Deputy Speaker, Sir, I was just asking, for example, if Sen. Olekina gets a seizure and I am seated next to him, what will I do? This is for the benefit of here and the rest of the community. This is because many people get seizures and other people run away from them.

The Deputy Speaker (Sen. Kathuri): When I was in school, we used to put a spoon, so that one does not bite the tongue, but, Madam Cabinet Secretary, you can advise Sen. Maanzo on what to do in case somebody gets a seizure.

The Cabinet Secretary for Health (Hon. Barasa): Thank you, Mr. Deputy Speaker, Sir. We have our ABCs of resuscitation. We have guidelines and curriculums on First Aid management for resuscitations of cases, and we have various bodies that support training on the same.

As a Ministry, we have placed the curriculum and guidelines for First Aid, including management of seizures. I believe that moving forward, we will strengthen that and improve our monitoring and evaluation, to ensure that all Kenyans are informed on how to conduct First Aid for patients with seizures.

The Deputy Speaker (Sen. Kathuri): Sen. Maanzo, when those sensitization dates are given, you must avail yourself for training.

Hon. Senators, let us go to the second Question by the Senator for Kitui County, Sen. Enock Wambua. Hon. Senators, from where I sit, there are so many things on which we do consultations.

Sen. Hamida Kibwana, I know you have a Question and you will have an opportunity to ask. There is no problem.

Sen. Wambua: Thank you, Mr. Deputy Speaker, Sir. I can see my brother Sen. Wakoli in a deep conversation with the Cabinet Secretary, which is a good thing. I am sure he is briefing her on a few things.

I rise to ask Question No.10, but before I do that because my gadget was on for a long time, to raise an issue or two on previous questions. I will raise them and the Cabinet Secretary does not need to respond. I will just raise them then proceed to ask my Question.

One of the issues was raised by Sen. Olekina. We have a problem and one of my biggest weaknesses is to say things as they are. One of the biggest problems that we have is when people want to answer their questions. They ask and answer their questions.

Sen. Olekina asked a very leading question that would have helped us, as a country, in terms of the management of healthcare.

The Deputy Speaker (Sen. Kathuri): Sen. Wambua, I gave very clear guidance on the matter that you are raising.

Sen. Wambua: Mr. Deputy Speaker, Sir, please, hear us out. Just listen to the hon. Senators. This is not a debate. If you want to put us in a straight jacket, we will not accept.

The Deputy Speaker (Sen. Kathuri): Sen. Wambua, you know that this is not time for debate. Of course, you have a question that she is supposed to answer, but---

Sen. Wambua: Yes, Mr. Deputy Speaker, Sir, but I had raised a point that will be---

The Deputy Speaker (Sen. Kathuri): I had placed that matter on the Standing Committee on Health. Why should we go back to it?

Sen. Wambua: Mr. Deputy Speaker, Sir, I do not sit on that Committee. So, just allow me if you will.

There are different ways of managing healthcare, not just in Kenya, but across the globe. You could lease equipment, do direct procurement or do a Managed Equipment Scheme.

Sen. Olekina brought up a very important issue of placement and that is where we get help. This is where manufacturers could place medication in hospitals and the drugs are leased to patients on prescription and paid for upon use. This is so that when the drugs are expiring, the manufacturers bear the responsibility of withdrawing their drugs and the hospitals do not suffer over expiry of drugs.

Mr. Deputy Speaker, Sir, let me then go to my question because I see a level of impatience on your part on this matter.

Question No.010

TRANSFER OF FUNDS FROM THE NHIF TO THE SHIF

I would like to ask the Cabinet Secretary -

(a) How much money, in terms of contributions, was in the accounts of the National Hospital Insurance Fund (NHIF) at the time of transition to the Social Health Insurance Fund (SHIF), and could the Cabinet Secretary state the banks and bank accounts in which the money was held?

(b) Has the money been fully transferred to the Social Health Authority (SHA) accounts, and if so, could the Cabinet Secretary state the banks and bank accounts into which this money has now been deposited?

(c) How much money has been collected from contributors since the advent of SHIF, and could the Cabinet Secretary state how much has been utilized for the benefit of contributors, their beneficiaries, and other eligible Kenyans?

(d) What measures are in place to ensure that the money is not misappropriated and that the contributors, their beneficiaries, and all Kenyans are not denied access to healthcare?

The Deputy Speaker (Sen. Kathuri): Madam Cabinet Secretary, please, proceed to respond.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Thank you, Mr. Deputy Speaker, Sir, and hon. Members. The Social Health Insurance Act No.6 of 2023 came into effect on 22nd November, 2023, thereby repealing the National Health Insurance Fund (NHIF) Act No.28 of 1998. As at 30th September 2024, NHIF bank accounts held a total of Kshs1.4 billion as tabulated in the table below-

NHIF bank balances and October contributions

		Collection accs	ACC. No.	Balance as at. 30.09.2024	October contributions Amounts (Kshs)
	103011	KCB	1107111226	60,490,608.46	1,433, 527, 091.62
	103028	NBK	01003000904001	16732136.37	3, 273,75973.61
	103042	CO-OP	01136011317300	1200362,255.08	306317208.60
	103240	Equity	0170263180280	30718989.21	808614241.00
	103045	NCBA	4783380012	7582405.86	91472905.81
		Sub total		1,315,886,394.98	2,967,307,420.64

With regard to the transfer to the Social Health Authority (SHA) account, the commencement of the Social Health Insurance Act marks the beginning of the transition period from NHIF to SHA for a period of one year as stipulated by the Social Health Insurance Act.

During the one-year transition period, the NHIF continues to receive contributions and offer services on behalf of the SHA as per the HNIF Act until 30th September, 2024.

On 1st October, 2024, SHA took over the operations of NHIF, however, all the pending claims are still being processed and paid under NHIF. The monies in the NHIF bank accounts are being used to pay for pending claims and other payments incurred by the NHIF. The fund paid NHIF claims as shown in the Table below totalling Kshs8.6 billion –

CLAIMS PAYMENT STATUS REPORTS

Scheme	Amount (Kshs)	Date Paid
NHIF Hospital Claims	1,278, 524, 655.00	02/ 10/ 2024
NHIF Hospital Claims	2, 078, 335, 362.00	15/10/2024
Linda Mama	1,000, 093, 882.00	28/10/2024
NHIF Hospital Claims	1,972, 772, 808.00	31/10/2024
Linda Mama	1,018, 792, 737.00	22/11/2024
NHIF Hospital Claims	1,282, 625, 709.00	27/11/2024
Total	8.631, 145, 153.00	

There are claims payable amounting to Kshs24 billion as of 25th February 2025 for hospital claims, Linda Mama Capitation, and group Life. The balances in the NHIF bank accounts are as follows totalling Kshs11.2 million.

The management froze all the NHIF collections accounts in November 2024 to ensure a seamless transition of collection to the SHIF accounts, and SHA is now in the process of closing the accounts except for one that management has resolved to maintain for collection.

The Social Health Authority (SHA) is now in the process of closing the accounts except for one that management has resolved to maintain for collection of the National Health Insurance Fund (NHIF) late contributions from employers and Government institutions paying NHIF debt such as Civil Servants Medical Scheme arrears as well as receiving penalties from employers.

Hon. Deputy Speaker and Hon. Members, regarding part (c) of the question, SHIF was rolled out on 1st October, 2024 to receive contributions and provide medical services as per the Social Health Insurance (SHI) Act. The SHA management opened bank accounts as per the approved list by the board and the National Treasury. The table below shows the breakdown of contributions received under SHIF as at 31st January, 2025, which totals to Kshs20, 905,392,563.

SHIF MONTHLY RECEIPTS PER BANK AS AT 31ST JANUARY, 2025					
	Oct-24	Nov-24	Dec-24	Jan-25	**TOTAL**
	Kshs	Kshs	Kshs	Kshs	Kshs
ABSA	15,308,602	874,030,654	827,427,703	796,757,357	2,513,524,317
COOP BANK	2,164,290	441,343,187	518,712,887	521,107,907	1,483,328,271
DTB	810,127	191,242,136	211,095,03	299,036,555	632,183,847
EQUITY BANK	1,655,187	182,351,559	345,629,384	359,870,215	889,506,345
KCB	164,828,364	3,032,227,640	3,940,718,744	2,812,589,248	9,950,363,997
SIDIAN BANK	5,876,891	1,977,310,941	487,948,165	1,294,256,709	3,765,392,706
MPESA (20022)	92,595,241	389,752,842	521,872,832	666,872,165	1,671,093,080
TOTAL	**283,238,241**	**7,088,258,959**	**6,853,404,746**	**6,680,490,156**	**20,905,392,563**

The total claims paid to date are Kshs18,290,672,923.25 out of which Kshs16,976,120,998.25 relates to SHIF claims and Kshs1,314,551,925 relates to the Primary Health Care (PHC) capitation. It is also shown in the table below.

SHIF CLAIMS DISBURSEMENT BY SHA AS AT 24TH FEBRUARY,2025		
Date Paid	**Scheme**	**Amount (Kshs)**
03/12/2024	Hospital Claims	821,374,510.67
05/12/2024	Hospital Claims	540,665,936.40
12/11/2024	Hospital Claims	1,924,002,663.00
18/12/2024	Hospital Claims	1,467,586.750.00
23/12/2024	Hospital Claims	1,110,910,483.63
30/12/2024	Hospital Claims	22,229,855.00
08/01/2025	Hospital Claims	105,930,023.00
14/01/2025	Hospital Claims	2,585,418,363.27
30/01/2025	Hospital Claims	748,156,636.00
03/02/2025	Hospital Claims	2,511,571,047.00
05/02/2025	Hospital Claims	16,911,260.00
24/02/2025	Hospital Claims	5,121,363,470.28
14/01/2025	Sub Total	16,976,120,998.25

The measures that are in place to ensure that the money is not misappropriated and the contributors, their beneficiary and all Kenyans are not denied access to health care, the management has instituted proper internal controls to safeguard members contributions by ensuring the following-

(1) Development and implementation of a new system for the purposes of SHA is operational.

(2) Opening of designated bank accounts for handling SHIF, PHC and Emergency Chronic Critical Illness Fund (ECCIF) as well as SHA operations.

(3) Implementation of Section 42 of the SHI Act that restricts SHA administration expenses at 5 per cent of the collection.

(4) Implementation of a standard benefit package and tariffs thereby removing subjectivity in payments while ensuring predictability.

(5) Data cleaning through fresh registration to generate accuracy of beneficiary data has been done and is ongoing.

(6) The PHC and ECCIF are Exchequer funded and thereby accessed upon registration while the SHIF fund benefits are available upon payment of the 2.75 per cent premium.

(7) The fund under the First Schedule of the SHI Act, transitional provision 5 (1) states that the fund shall not provide enhanced benefit schemes and packages insulates against the losses of the enhanced schemes.

The Deputy Speaker (Sen. Kathuri): Sen. Enoch Wambua, you have the opportunity to seek for more clarification through supplementary questions.

Hon. Senators, this response has a lot of figures and tables. I hope you have the response with you, if you want to properly interact with the response from the Cabinet Secretary. There are enough copies here. If you do not have the copies, you can get from the Table.

Sen. Wambua, proceed.

Sen. Wambua: Mr. Deputy Speaker, Sir, I will skip the tables and the figures because I have just received them. Since you have said there will be engagements going into the future, perhaps we can transact that business elsewhere. I will go straight to my two supplementary questions.

Madam Cabinet Secretary, my appreciation of SHA and SHIF as a Kenyan and not as a Senator is that your Ministry is trying to climb a tree from the top. That is my honest response to SHA and SHIF. Why? This is because the Universal Health Care (UHC), which is not a Kenyan programme, but a global universal concept, is supposed to facilitate access to affordable, promotive, preventive, curative, rehabilitative and palliative care to patients when they need it.

For that to happen, two things are important: The first one is infrastructure development in terms of physical facilities and equipment. The second one is personnel; doctors, nurses, clinicians and support staff. That will form the basis of rolling out the UHC.

Madam Cabinet Secretary, I want you to tell this country, of those two important facets of the success of UHC, what did the Government do before rolling out the SHA to ensure that we have enough facilities, infrastructure and sufficient personnel to deal with the demands that come with the UHC?

My second supplementary question is a live matter. Kenyans, you and I are aware that private and faith-based health facilities are withdrawing from the SHA for reasons of release of funds to the facilities. Yesterday, I saw the Chief Executive Officer (CEO) make a very irresponsible statement. He said that they are only 300 facilities so, even if they disappear, nothing will change.

Madam Cabinet Secretary, Kenyans, you and I know that those 300 facilities could be the only facilities available to Kenyans, especially in far to reach areas. Therefore, the withdrawal of services by those facilities is a death sentence to millions of Kenyans.

I had expected a rejoinder from you immediately to say that you care, if you do, on that statement coming from your CEO. What are you doing to win the confidence of the faith-based and private health facilities, to make sure they come back on board and continue to offer services to Kenyans, especially to reach far areas?

I thank you.

The Deputy Speaker (Sen. Kathuri): Madam Cabinet Secretary, answer the two supplementary questions.

The Cabinet Secretary for Health (Hon. Barasa): Thank you very much, Hon. Deputy Speaker and Sen. Wambua. Affordable, accessible, quality care is indeed critical. The UHC and Taifa Care in our country has been implemented. It is part of the Sustainable Development Goals (SDGs) and Africa Union Agenda, 2063.

We have had multiple guidelines on the implementation of the UHC from various bodies, including the World Health Organisation (WHO). Therefore, this is not something that the Ministry just sat behind the bench and looked into. We have reviewed data, publications, research and other implementations best practises from various

countries, including Thailand, on how they were able to make UHC a success in their country. It is indeed critical for us.

If you look at various countries, you observe that they raise concerns and grievances on the waiting time and system interruptions, so, this is a common issue. However, one thing that cuts across board on the UHC implementation, all the countries that have implemented say it is better than nothing.

They know that if each person can access services, then the country will move forward and we will not have a catastrophic expenditure when it comes to health service delivery for our people. Indeed, it is critical for us to embrace UHC as a country and ensure that we are all in the same page. That is why we emphasise on collaboration with the Senate and other stakeholders to ensure that it is a success.

We take note of the infrastructure and equipment. You will notice that part of the pillars of UHC is the health products and technology. In this, we have the National Equipment Support Programme (NESP) project, where we have had multiple counties sign the agreement. There are 45 out of the 47 counties that have signed the agreement. There are 36 counties that have listed down the equipment they need within the facilities. Therefore, this is an area we are looking into.

Now, you will also observe that within our country, we are building infrastructure, but we do not have the needed services, human resources or health products. We need to balance, and that is why, as a Ministry, we went back and reviewed what is critical to ensure that human resources and health products are there for the patients. Those are really the critical components that we are looking into.

We need some time to look at the comprehensive report and see how we are working together with the Kenya Medical Supplies Authority (KEMSA), to ensure that there is recapitalisation and that medicines are reaching the last mile because that has been a challenge.

This is especially in Levels 2 and 3; the dispensaries and health centres, where you observe that there is no medicine. People are now moving towards higher levels of care where they need equipment and health products. This poses a challenge because these hospitals with equipment become congested and cannot run fully.

Our health centres and dispensaries should have human resources and medications, so people can access services. This is why we need your support even moving forward. We will have a comprehensive report on health products. For infrastructure and equipment, we have the National Equipment Service Programme.

Regarding human resources for health, we are looking towards having more human resources for health within the programme and ensuring that they are running and supporting this initiative. So, the personnel are not out of it; it is part of our action plan to ensure that the services continue.

We continue to support the building of health centres and ensure their functioning as a country. You will notice even in our annual plan and our budget that we are supporting the development of health centres by emphasising that a health centre is not just a shell or a building. What we need is the services, and for the services to be there, we need health products and human resources.

We acknowledge that private and faith-based organisations are critical pillars in ensuring that health services are delivered to all Kenyans, and so, we continue with our partnership with them.

We have had routine meetings with them to ensure that they are supporting the implementation of Universal Health Coverage (UHC). So, what was critical with regard to the withdrawal of services was the National Health Insurance Fund (NHIF) debt.

Together with the Social Health Authority team, we have routine meetings to see how we can have a payment plan for the NHIF debt. We are engaging the Treasury and various managing directors who were involved in the billing to ensure that there is payment. Our engagement is ongoing.

However, as you can see, first, we are paying them on time. While we had talked about 90 days, we are paying them within 30 days. When you engage them further, the problem is not Social Health Authority; we are ensuring that the payment is made within the time limits. The challenge was the claims management, which has been addressed currently. Again, the challenge that we are facing is the NHIF debt. Once we have addressed that, I believe that we will be in a position to ensure that UHC is implemented.

Number two was the Primary Health Care Fund, which some of them had not grasped the concept of global funding. We are meeting with them to explain to them and tabulate what it means for them in regard to the new form of the primary health care funding model. What you will see is of benefit to them. While previously NHIF only covered around seven to eight million Kenyans, we have universal coverage. So, we have more Kenyans on board. This means we are offering more services to Kenyans, and in turn, more revenue is collected.

We are explaining to them how the calculation is done, so they understand that they are not going to lose but will get more through this system. We are reaching out to them to ensure that discussions are ongoing and that our partnership with the Ministry and the private and faith-based organisation continues because we really need to have their services, so that they can be accessible to all Kenyans. We will honour the pending bills; we acknowledge them and have a payment plan for NHIF.

The Deputy Speaker (Sen. Kathuri): Next is Sen. Seki.

(Sen. Wambua stood in his place)

Are you not satisfied? You had two supplementary questions, which she answered. If you are not satisfied, I will give you an opportunity to get clarification.

Sen. Wambua: Mr. Deputy Speaker, Sir, I am not satisfied with any of the responses that have been given. On the first Question, the Cabinet Secretary should go on record. This is the Senate. She should go on record and state that the Government was not ready for UHC. This is because, in so many words, that is what you are saying. You are saying, you do not have infrastructure and personnel.

Go on record and say that we were not ready as a country for the rollout of UHC. You cannot tell a sick nation that you are putting money into building hospitals and recruiting staff. This should have happened before you rolled out UHC.

On the issue of faith-based facilities, what baffles many of us is that this is already realised revenue. It is not money that --- Cabinet Secretary, if you listen to the questions, you may---

The Deputy Speaker (Sen. Kathuri): Sen. Wambua, let us protect the Cabinet Secretary.

Sen. Wambua: Mr. Deputy Speaker, Sir, I am asking her a question and she is talking. How is she listening?

The Deputy Speaker (Sen. Kathuri): Sen. Wambua, cool down. This is like a team. I am trying to see if she could benefit from the other team. If she is consulting, then you should pause.

Sen. Wambua: Mr. Deputy Speaker, Sir, this is the guidance you should give us. We speak while looking at her so that when we see her asking a question, then we stop. Otherwise, who are we addressing?

The Deputy Speaker (Sen. Kathuri): Sen. Wambua, proceed.

Sen. Wambua: Mr. Deputy Speaker, Sir, let us agree that this is an important issue. This is not about anyone.

The Cabinet Secretary has said that there is a plan on the issue of private and faith-based facilities. We already have realised revenue. This is not money that they are supposed to be looking for and paying.

As I sit down, I want the Cabinet Secretary, everyone in this House and I to realise that we can speak in the comfort of this City because we have hundreds of facilities around us.

In the marginalised areas of Kenya, faith-based organisations and private institutions are a lifeline to all the people in those areas. When those facilities are not offering services, there is no UHC taking place anywhere.

I want the Cabinet Secretary to respond to real issues, not literature. We are not talking about data; we are talking about real issues.

I expected her to tell us that when we were closing down on NHIF to go to UHC, we had X number of facilities. At the time of rolling out, we had increased the number from X to X plus 1,000. We had X number of doctors. We increased the number from X to X plus 20,000. Those are the expected figures, not the literature.

I thank you.

The Deputy Speaker (Sen. Kathuri): Cabinet Secretary, proceed.

The Cabinet Secretary for Health (Hon. Barasa): Mr. Deputy Speaker, Sir, the UHC is a journey. Its implementation is not a one-off matter because it is a journey. If you look at countries like the United Kingdom (UK), which have implemented the National Health Service (NHS), challenges are---

The Deputy Speaker (Sen. Kathuri): Sen. Wambua, I hope you are listening to the response.

The Cabinet Secretary for Health (Hon. Barasa): You will observe that challenges are still present. They talk about human resource for health. For us, as a country, we have our nurses and some people going there. It is a journey and we have to start somewhere. Our priority was to ensure that all Kenyans are registered. That way, they can access services.

Registration is a priority to us. Additionally, we need health financing to ensure that contributions come. With regards to the benefit package, we have an advisory team that is meeting routinely to ensure that the package meets the needs of Kenyans.

I wanted to highlight that human resource for health is a journey. Once we have our health financing, patients will be attended to, products will reach the facilities, and resources will continue to accrue. That way, we will even have more human resources coming in and supporting us in the implementation of UHC. We have a small proportion currently, but as we grow the UHC and improve accessibility to all Kenyans, we will be able to capacitate the country.

Hon. Senators, it is critical that even as we engage and have these innovative ideas, we need to understand that implementation of UHC will not be one-off because it is indeed a journey. We have looked at best practices across the globe and how they have been implemented. With our limited resources, our primary goal is to ensure that all Kenyans can access the services just like the rich or the employed.

As I said before, for faith-based organisations and private institutions, this is a critical issue. We are talking to His Excellency the President and the National Treasury. Now, we are requesting for your support to ensure that we pay the NHIF bills. We are looking for the money and have a payment plan. We will pay the NHIF debt, so that our private and faith-based organisations can give the Kenyan people services that they need.

The Deputy Speaker (Sen. Kathuri): Sen. Seki, proceed.

Sen. Seki: Mr. Deputy Speaker, Sir, these are very important questions by Sen. Wambua. The Cabinet Secretary needs to understand that the entire country is listening to her. Therefore, she needs to give answers because people are waiting for them.

Sen. Mandago asked questions on the debts that the national Government owes KEMSA, but there is an issue that has not been responded to. Nevertheless, is the Cabinet Secretary aware that civil servants are being denied treatment in private institutions because of the debts that the Government owes them through NHIF and Social Health Authority (SHA)?

There are police officers who have been injured while on duty. They have a lot of debts accruing in NHIF because the insurance company is not paying for those officers. Does the Cabinet Secretary understand that all civil servants such as police officers and teachers are not getting treatment in private institutions because of the NHIF debts? We have been shown the figures that have been transferred, but that transition is bringing a lot of problems.

Mr. Deputy Speaker, Sir, I would like the Cabinet Secretary to answer that question.

The Deputy Speaker (Sen. Kathuri): Actually, that question is related to what Sen. Wambua was trying to pursue. When the Cabinet Secretary responds to Senators, you should be keen so that you understand. Otherwise, we will stay with the same question and answer the whole morning.

Madam Cabinet Secretary, do you have a different answer on the civil servants' question?

The Cabinet Secretary for Health (Hon. Barasa): Mr. Deputy Speaker, Sir, we do not have another answer. That is the same and we acknowledge. The greatest concern

is the NHIF debt. As a Ministry, we are trying to see how we can ensure that the debt is paid. We are reviewing this to ensure that we pay the debt.

The Deputy Speaker (Sen. Kathuri): Sen. Kavindu Muthama, proceed.

Sen. Kavindu Muthama: Mr. Deputy Speaker, Sir, my question is also related to that, but on a different direction of human resource. That is the doctors.

Most of our people go to dispensaries and Level 2 and 3 hospitals, yet the people working there cannot administer services such as high blood pressure medication. Therefore, they are forced to go to Level 4 or 5 hospitals, but they are not allowed to do that. What are you going to do about dispensaries and Level 2 hospitals, so that at least we have doctors there who can attend to old people in the villages who go there seeking medical attention?

The Deputy Speaker (Sen. Kathuri): Proceed, Cabinet Secretary.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Thank you for the question. We have our blood pressure modification medicines in Level 3 hospitals and onwards. We acknowledge that we do not have sufficient doctors in Level 2 facilities, but we are working together with the counties. Again, we have had best practices like rotations within the lower levels of care amongst medical officers. We acknowledge that blood pressure medications are from Level 3 hospitals.

Thank you.

The Deputy Speaker (Sen. Kathuri): Sen. Veronica Maina, proceed.

Sen. Veronica Maina: Hon. Cabinet Secretary, welcome to the Senate. We wish you a good tenure during your term of service at the Ministry of Health.

You have inaptly stated that SHA aims to provide affordable, accessible and quality healthcare services to Kenyans, which is ideally its main objective. As a matter of interest, Rural and Urban Private Hospitals Association of Kenya (RUPHA) had threatened to suspend provision of healthcare services to patients. We would like to know whether that threat was effected yesterday. I hope it was not. We would also like to know how the Ministry has structured a Kshs30 billion debt that RUPHA is claiming.

Have you arrived at any conclusion, negotiation or mediation process that could have settled that claim which was incurred by the now defunct NHIF, which is now being demanded from SHA? What measures have you taken to ensure services are not suspended for the ordinary Kenyan?

The Deputy Speaker (Sen. Kathuri): I want to guide in this manner because these questions are almost similar. Let us get like three or four questions before she answers.

(Sen. Kavindu Muthama spoke off record)

What clarification? She has not even answered you.

(Sen. Kavindu Muthama spoke off record)

I did not give the microphone.

Sen. Kavindu Muthama: Mr. Deputy Speaker, Sir, the Cabinet Secretary has told me that the high blood pressure and diabetes medications are at Level 3 Hospitals.

How will the people in the village know that that medications are at Level 3 Hospitals? What are you doing in cooperation with the counties to make sure that the people know where they should be going for these medications? They go to the dispensaries and Level 2 Hospitals and they are told, 'we do not administer those kinds of medications.'

Can there be a way of reaching out to the *mwananchi* to know where they should go for diabetes, high blood pressure and arthritis medications? Those are the sicknesses that are down on the ground.

The Deputy Speaker (Sen. Kathuri): Next is Sen. (Dr.) Murango. Do you have a supplementary question, or do you want to ask your question?

Sen. (Dr.) Murango: Asante sana Mstahiki Bw. Naibu Spika. Ningependa kumuuliza Waziri kama amesikia kilio, masikitiko na uchungu wa walimu. Walitozwa ada ya Bima ya Afya ya Taifa, lakini ada hiyo ikaenda kwa Hazina Kuu ya Serikali na hazikufikia zile hospitali wanazofaaa kuenda kutibiwa. Bado wako na kandarasi na bima zingine zinazofaa kuwasaidia katika mambo ya matibabu.

Je, anajua haya? Na kama anajua zile shida zilizo na walimu, amefanya nini ili kusuluhisha ili waalimu wapate huduma?

Asante sana.

The Deputy Speaker (Sen. Kathuri): Answer those two questions from Sen. Veronica Maina, Sen. (Dr.) Murango and the clarification sought by Sen. Kavindu Muthama. Then, we shall move to the third question by Sen. Kibwana.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Mr. Deputy Speaker, Sir, I will start with the blood pressure question. With regard to hypertension and other non-communicable diseases in Kenya, we have more than 106 Community Health Promoters (CHPs) who have been onboarded on the Electronic Community Health Information System (ECHIS) platform. They have been able to register more than eight million Kenyans out of the 12.5 million households. They have been able to revisit 7.3 million households.

They have been able to screen patients for diabetes and hypertension in this area. So, we have been able to screen Kenyans, 340 of them who have been referred for diabetes, and 730,000 who had hypertension. So, the CHPs are indeed a critical platform that we are utilising within the community to educate on preventive and promotive health care, and also to identify and refer these cases.

Additionally, even for Level 2, we have human resources like the nurses there who can identify the patients who have hypertension and refer them to higher levels of care. So, we continue with training and capacity building, mentorship and supportive supervision for our CHPs and our healthcare workers to ensure that they are identified. Indeed, they have been a critical pillar and a game changer in regards to identifying these conditions that were once affecting our people.

Again, just to emphasize, we acknowledge the National Health Insurance Fund (NHIF) debt and we are again looking at the payment plan. This is the main concern with the private and the faith-based organisations. So, what we have requested is that they submit all pending claims for verification and then payment will follow suit.

Maybe even to give you a background, there was a press release yesterday by the SHA team and what you can see, is there are a lot of efforts going towards payment of

the SHIF. We have paid Kshs5.1 billion. Then, the concern they have is not SHA. It is indeed an NHIF pending bill. For SHA, we have paid most of the time within 30 days and the ones that were not paid were maybe the claims of which they are reviewing and quite a good proportion has been paid.

We are also having transparency and visibility and engaging them to ensure that this continues about claims where they are and how we are progressing. So, instead of 90 days, we are paying within 30 days and we are pushing for the acceptance of this. However, for the NHIF, we acknowledge and are looking for the resolution process in this regard.

Teachers like any Kenyans, have paid the internal premiums, so they can access the SHA benefits that have been given to them. Teachers through the Teachers Service Commission (TSC) use their private medical insurance. This needs to be paid by the TSC. At times, they mix SHA and TSC medical insurance.

So, this is a different scheme which needs to be paid by the TSC. It is not SHA. With regards to SHA, after registering and after paying their contributions, they can access the services under SHA.

Maybe also to emphasize, at times, the employers say they have paid but they have not remitted. So, we are brought on board and told that we are not offering SHA services yet the concern is on the employer's side. So, we are also emphasizing, negotiating and ensuring that the employers remit. That way we can improve the noise that is out there.

Thank you.

The Deputy Speaker (Sen. Kathuri): The Senate Majority Leader?

The Senate Majority Leader (Sen. Cheruiyot): Thank you, Mr. Deputy Speaker, Sir. I intended to ask a question which has been clarified on those pending bills with specific reference to faith-based hospitals. I wish to ask the Cabinet Secretary to perhaps separate between private facilities and faith-based hospitals.

I know for a fact that some of these private facilities, if you look at the debt burden, it is mostly heavy on faith-based facilities for reasons that every Kenyan knows. It is difficult for any faith-based institution to do some of the things that private facilities can do to get their payments faster. Perhaps that matter needs to be treated with urgency.

However, because I have gotten the microphone, I want to register my comments alongside those of the Chairperson of the Health Committee. I am disappointed by the conduct of this Ministry, led by the Health Cabinet Secretary, together with her two Principal Secretaries (PSs). They have treated this House with serious contempt, and that is not something that I take lightly as the Senate Majority Leader in this House.

They missed our mid-term review meeting. The Cabinet Secretary said she was in Cabinet. What about her two PSs? Where was Harry? Where was PS. Muthoni? Could they not find their way to Naivasha? How can you continue to interact with colleagues whose only interest in health matters is a budget allocation to your Ministry? All policy-related matters are implemented at the county governments.

You can hear the kind of questions that Senators are asking. Some of them are purely because this Ministry has failed to interact with this House in the manner that it ought to.

(Applause)

If there is a big failure, Cabinet Secretary, that I want you to register as you leave this House; forget about SHIF and SHA, much as those are very important issues, is the fact that you have not been able to lead your Ministry to have a serious engagement with the Senate of the Republic of Kenya. For that, I hold no other person responsible other than you, Hon. Cabinet Secretary. That is not acceptable to us.

Mr. Deputy Speaker, Sir, I want to agree with your finding that when the Cabinet Secretary returns to her office, can she find time to come and provide an update on all issues that she had been requested to come and present before a mid-term review meeting and ask for a time that we avail. This House is available on Tuesday and Thursday mornings. Can she pick a day in the next two days if she wants to restore normal relations between us and the Ministry of Health?

(Applause)

Otherwise, I am terribly disappointed by the Hon. Cabinet Secretary. The Principal Secretary, Mr. Harry and Ms. Muthoni know this. You are my good friends, but you have let your boss down.

(Applause)

You need to work better with this House. We passed those four laws knowing that SHA was going to be transformational and change the lives of Kenyans. Do not sit in your office, Hon. Cabinet Secretary, and listen to your choir of office officials. Come and listen to the representatives of the people to tell you the challenges that people are facing. I rest my case.

(Applause)

The Deputy Speaker (Sen. Kathuri): The Senate Majority Leader, I had navigated that matter and I gave guidance. Since you represent the majority side, you have pushed a lot of business from the Ministry of Health. I remember we did Bills at midnight in Turkana.

Hon. Cabinet Secretary, that heavy voice coming from the Senate Majority Leader, you should know things are not okay. You need to organize yourself, reorganize your team and take time to listen to the legislators. Senate is a House of reason. Things that you cannot be told by other people, you can be told by the Senators as we really want devolution to work. Most of the health issues are devolved. Therefore, most of the time spend it with the Senators because they know what is happening in the counties. Do not spend your time chasing for money in the National Assembly.

(Applause)

After you have chased for your money, come back for policies from this House. You can see the House has almost more than 30 Senators who are listening to you and would want a dialogue with you. We are allocated you time to speak in Naivasha but I repeat again, find your time to sit with the Senators.

There is a time you came to the National Assembly and you requested us to join you there. We had no time even to ask a question. There was absolutely no time. What you did at the tent there was not enough. We have many questions. It is only that I am chairing. I could have hammered you with so many questions if I was sitting on my seat here.

As I guided Senators, let me get three more and then we move to the other questions. Proceed, Sen. Okiya Omtatah.

Sen. Okiya Omtatah: Mr. Deputy Speaker, Sir, thank you for this opportunity to address the Ministry of Health.

The Deputy Speaker (Sen. Kathuri): Ask her a supplementary question.

Sen. Okiya Omtatah: Mr. Deputy Speaker, Sir, I am asking a supplementary question by addressing her. Hon. Cabinet Secretary, conceptually speaking, how do you reconcile the concept of Universal Health Coverage (UHC) and the practice of paying premiums?

Paying premiums means that you have capacity. Universal means nobody is left behind. Paying premium means only those who are able can come on board. Therefore, how does it become UHC when people have to pay premium to access the service?

We are trying to reinvent the wheel in Kenya. There is absolutely no country in the world where UHC is funded through premiums. It is usually funded by main taxes, and Kenya is a signatory to the Abuja Declaration of 2001. When did we move away from Abuja to SHA? That is the question I want you to answer after reconciling the philosophical contradiction that we are visiting upon this country by using stock phrases like universal health care.

Thank you.

The Deputy Speaker (Sen. Kathuri): Proceed, Sen. Cherarkey.

Sen. Cherarkey: Thank you, Mr. Deputy Speaker, Sir. In answering, I think what the Senate Majority Leader forgot is that the Ministry has also left the President to be explaining the issues of SHA instead of them communicating to the country even on a daily basis. I hope you will take those notes and take it seriously, that as a Ministry you must come out, explain and answer questions so that we do not leave it to the President. Hon. Cabinet Secretary, we can cut you some slack because you just came in, but you must pull up your socks.

Finally, there is this story, Hon. Cabinet Secretary, of baby Ariana Wairimu, can you put it to rest? Allegations are that she had a bill of Kshs1.6 million, but SHA only paid Kshs23,000. What is the proportion - in line of what Sen. Wambua was asking - in terms of payment in proportion of the bill that the hospital is using? You can use the case of Baby Ariana Wairimu where Kshs23,000 only was paid against Kshs1.6 million bill. Similarly, confirm to the nation in the same line whether all funds under SHA, the Social Health Insurance Fund (SHIF), critical care fund, and primary health care fund are

functional at the moment and if Kenyans can access them. If they are not functional, just be honest and tell us either one or two are functional. I thank you.

The Deputy Speaker (Sen. Kathuri): Proceed, Sen. Sifuna and then Hon. Senators, we must move to the next question.

Sen. Sifuna: Mr. Deputy Speaker, Sir, it is not every day I stand up and say that the Senate Majority Leader has spoken for me. However, this is one of those days. I have always suspected that the Senate Majority Leader is a good man. Whenever we come to critical junctures where we have to cross ranks and say if something is working, it is working, if it is not working, it is not working, he has always done so. That is the conversation we have been praying for in this country.

Hon. Cabinet Secretary you are present here. Yesterday I heard the President, saying he pays Kshs50,000 for SHA. I very painfully pay an average of Kshs32,000 every month to SHA. I say painfully because the Senate Majority Leader, you will recall, that when that Bill was here, I proposed an amendment to cap that contribution at Kshs5,000. Unfortunately, that time, *Bw.* Majority Leader, you were not as good as you are this morning.

(Laughter)

You voted to defeat that amendment but I want to cut through the noise. Here in Nairobi they say, "*hatutaki mambo ya kizungu mingi."* The President told us that if we remove that capping and if all of us pay according to our abilities, we will end the spectre of *harambees* to raise money for health care in this country. Therefore, can the Cabinet Secretary standing here before the Senate today, confirm to us that there is no family in this country that has planned a *harambee* for this weekend, to get payment for a loved one to obtain health care? Kindly also include that case of baby Arianna.

Can she confirm that to the country? If she cannot confirm, then she should be gentle and kind enough to tell us today that this thing is not working and we should go back to the wisdom of Sifuna when we were having this conversation in this House. I thank you.

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

[The Temporary Speaker (Sen. Abdul Haji) in the Chair]

The Temporary Speaker (Sen. Abdul Haji): Proceed, Hon. Cabinet Secretary.

Sen. Methu. Mr. Temporary Speaker, Sir. I kindly request for an opportunity to ask a question before she answers the questions posed.

The Temporary Speaker (Sen. Abdul Haji): Very well, Sen. Methu.

Sen. Methu: Thank you very much, Mr. Temporary Speaker, Sir. I want to conceptualise the issue that has been raised by Sen. Cherarkey and Sen. Sifuna. There is no way that the Cabinet Secretary and the Ministry of Health cannot say that they are not aware of the case of baby Arianna, who I would want to confirm is a patient from my own county. She comes from Ol Jorok in Nyandarua County.

Baby Arianna suffered from Pearson disorder, and she is the 10th patient in the world to get that particular disorder. Therefore, there is no way the Ministry would say that they are not aware of such a patient who has such a rare disorder. The hospitals in India have actually been using her case as a success of Pearson's disorder that has been treated. It is a genetic disorder that has been treated. Unfortunately, we lost baby Arianna.

By the time she passed on, her bill was Kshs1.6 million. Social Heath Authority (SHA) has now paid is Kshs23,000. Therefore, can we not use this case to gauge whether SHA is working or not? This is because, Kshs23,000 out of Kshs1,600,000 is such a small and negligible percentage. You cannot keep reading statistics to say this is the money that we have, these are the number of patients that have been taken care of---

On this specific case that you must be aware of because it is a very rare disorder, tell us why SHA has paid Kshs23,000. First, confirm whether SHA has paid Kshs23,000 and secondly, tell us why SHA can pay Kshs23,000 out of a bill of Kshs1,600,000.

The Temporary Speaker (Sen. Abdul Haji): Cabinet Secretary, please proceed.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Thank you, Mr. Temporary Speaker, Sir.

I would like to start with the Question from Sen. Omtatah, regarding the Universal Health Care (UHC) premiums.

Previously under National Health Insurance Fund (NHIF), as you remember, it was tax funded but it was capturing the formal sector with only 20 per cent of the population under this health insurance. So, when we talk about leaving no on behind, NHIF was not living up to it because we were not able to cover each and every Kenyan in regards to heath service delivery.

However, SHA, is improved and we are trying to ensure that all Kenyans are on board and that all their health needs are addressed. Part of it is using social health financing, ensuring that 2.75 per cent of the amount is being deducted for contribution into Social Health Insurance Fund (SHIF).

Ultimately, our goal is to ensure that we are leaving no one behind but equally, you take note that the indigence will be covered by the government, that is, the people who are unable or are not capacitated well to cover or to pay the premiums. As the Government, we will be able to support in their health insurance coverage.

I think this is a great step from the 20 per cent and ensuring that all are being covered. You can see that we have now increased and registration up, almost 3 times the population that was covered previously.

There is great progress, as you said Sen. Sifuna. There is great progress with the number of people that have been registered and the number of people that can access primary health care. We have up to three times more that can access. Then when it comes to registration and being able to access services in higher level of care, we are looking to ensure that there is improved contribution and ultimately all Kenyans will be able to access health care.

I believe that this a game changer where we will have Kenyans not selling their property in order to access health. Additionally, there are good stories out there and I can attest and maybe next time we can have a documentation and reports of more than 500,000 being able to access these services and tabulate how much contribution did they

have to pay and how much NHIF was covering. That way, we will have evidence based and data driven analysis to show you that indeed SHA is working.

When we talk about the issue of Arianna, yes, the Ministry acknowledges and indeed, we send our condolences to the family. We acknowledge that was a challenge seeing the Pearson syndrome is a very rare disease and only ten people in the entire world have this disease.

Therefore, as a Ministry, we are looking into ways of ensuring that we review this condition, the diagnosis, treatment, management and so on. When it comes to management of the baby, you will notice that NHIF cover previously was Kshs4,600 for ICU but I can assure you that the Ministry has really been advocating and pushing to ensure that our Emergency Chronic Critical Illness Fund (ECCIF) is improved.

We are happy to report that after reviewing, it has been increased to Kshs28,000, and that will gradually improve. We have the benefits package advisory team, which will be reviewing the benefit package and seeing gradually how we can improve to ensure that Kenyans are accessing services.

As you are well aware, at the beginning of UHC, we looked into the burden of the disease in Kenya and we also looked at what was causing death and what was causing catastrophic expenditure. We also reviewed what NHIF was offering and you can see the benefit is actually better or the same as NHIF. Nothing was lower than what NHIF was offering.

However, moving forward, based on the resources at hand, we hope to gradually improve the benefit package for the betterment of health services for all Kenyans.

The Temporary Speaker (Sen. Abdul Haji): Sen. Methu, please proceed.

Sen. Methu: Mr. Temporary Speaker, Sir, I do not know why the Cabinet Secretary (CS) for Health would want to take us in circles. The question was specific. Now that you admit that you are aware of the case of Baby Arianna Wairimu from Nyandarua County, who succumbed to Pearsons Syndrome, the question is specific - Is it true that SHA paid Kshs23,620 out of a bill of Kshs1,600,000? That is a straight forward question.

First, tell us whether that is a fact that SHA paid Kshs23,000 then we shall get to the second limbo of the question, which is, why would you say that SHA is working if it is has paid such a negligible amount of money out of a bill of Kshs1,600,000?

Mr. Temporary Speaker, Sir, I have been following and the parents of this child are my friends. I know Lewis, the father to the baby. The family and his friends have, out of their own contribution, spent more than Kshs10 million to take that baby to India, yet the Government has not paid anything.

So, the only one last time that baby Ariana wanted SHA to work, the one that has been praised that is working, because out of the many bills that we have had, she was being treated in India. There was no way the government of Kenya would have helped her when she was being treated in India.

So, Madam CS, tell us, is it true that SHA paid Kshs23,000 for Baby Arianna Wairimu out of a bill of Kshs1,600,000? Do not tell us stories that on where SHA has worked. This is a specific case and you said that you are aware of it.

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

Sen. Cherarkey: Madam Minister, through you, Mr. Temporary Speaker, Sir, this is a premium platform. You should put what we are seeing in Social medial to rest because you have this forum.

We are asking a simple question. Baby Arianna Wairimu has a bill of Kshs1,600,000. There is allegation that Kshs23,000 has been paid. You have officers around you. Why do you not consult so that we do not use social media hype to confirm that SHA is not working?

Finally, Mr. Temporary Speaker, Sir, let Madam Minister be specific. Are these funds under Social Health Authority working? In your answer, you have only said about the claims of SHIF and said nothing about the other two. Can you just confirm before the nation? If you do not have the answer at the moment, just ask for more time so that you can bring it. As legislators, we do not want to join the rest of the choir people who are saying that SHA is not working. We would like to protect your work.

The Temporary Speaker (Sen. Abdul Haji): Sen. Mandago, please proceed.

Sen. Mandago: Thank you, Mr. Temporary Speaker, Sir. I would like to inform the CS that, just in case she is not aware, the Chief Executive Officer (CEO) of SHA is seated somewhere in the Gallery. Perhaps with the help of the Serjeant-at-Arms, he can be ushered down to consult with the CS so that we can get an appropriate answer.

The Temporary Speaker (Sen. Abdul Haji): Sen. Onyonka, please proceed.

Sen. Onyonka: Mr. Temporary Speaker, Sir, first of all, I thank you for giving me this opportunity.

Before I make my contribution, I would like to say that the Senate Majority Leader has pronounced himself. I believe that this discussion that we are having in this House is futile.

It is an exercise in futility because the questions we have are close to 30. For me, I have not even asked her who are the owners of the financial platform. She is insisting that SHA and SHIF are working.

The reality is that everybody in our Republic is talking about how that system does not work. I even want her to explain to me why the NIHF was removed from providing the basic services.

We knew that NIHF had issues of corruption and mismanagement in terms of the payments. I see the Cabinet Secretary is struggling. Can I make a special request because I heard the Senate Majority Leader contribute and indeed the speaker who left before you came in did not pronounce himself what we need to do.

I believe that this matter cannot be interrogated on the Floor of the House. Maybe we need to have it in committee so that we can spend even a whole day running through the figures, to ask those critical questions. Everything I hear here is as if this whole exercise is just a confusion and a rearrangement of things that I do not even understand.

Mr. Temporary Speaker, Sir, I am not very literate. I am averagely somebody who has been to school. So, can we as a Senate ask the Cabinet Secretary to go and prepare herself and bring this issue for us to go through it with a fine toothcomb so that once and for all we may decide whether it is working or not?

If it is not working, we go back to NIHF and fix it so that it continues working. NIHF was doing better than what is happening right now.

The Temporary Speaker (Sen. Abdul Haji): Sen. Hamida Kibwana, you may proceed, and please be brief because we need to move to the next Question.

Sen. Kibwana: Thank you, Mr. Temporary Speaker. I will, in fact, I remind Madam Cabinet Secretary and even the Principal Secretary, Mr. Harry who was there. I told you, make us your friends. We shall walk with you. Convert us. I mean, have time with the Senate.

I had even offered that we shall mobilize through the Chairperson, Senate Standing Committee on Health, Sen. Mandago. We shall mobilize the Senators only if have time with us to take us through so that we understand and we shall walk the talk. Unfortunately, that has not been done.

Just a quick one, Madam *Waziri*. The stand-off between the private hospitals and the government over SHA. Looking at the digital claims right now, they are being processed in a way that they have been plagued with failures forcing providers to revert to the manual system.

You are also talking about the success story and the success rate for patients' verification yet the problems are still there. So, can we just address the stand-off between the private hospitals and the government over debt and how you are planning to resolve the crisis.

The Temporary Speaker (Sen. Abdul Haji): Sen. Joe Nyutu, you may proceed.

Sen. Joe Nyutu: Thank you, Mr. Temporary Speaker. I join the Senate Majority Leader in saying that the Senate should be given equal recognition, if not more recognition, by the Ministry, especially because health is devolved. I only hope and pray that that is not aimed at maybe preparing the ground for laying off some people.

Coming to my question, especially regarding the baby from Nyandarua County, I would like the Cabinet Secretary to tell this House what SHA is doing for patients whose medication is not available locally.

I say this because there are very many rare diseases. I do not know whether she knows about Gaucher disease, which is a rare disease whose treatment is not available locally. Where aid is given, there are very many high taxes charged by the government from those donors.

So, what exactly is the position on rare diseases, especially those whose treatment is not available locally and what is SHA doing about the same with specific reference to Gaucher disease?

The Temporary Speaker (Sen. Abdul Haji): Finally, Sen. Wambua, please proceed.

Sen. Wambua: Mr. Temporary Speaker, Sir, as the Senator who raised the questions, I must say that I am grosssly and completely underwhelmed by the responses from the Cabinet Secretary.

I join my colleagues in requesting the House to direct the Cabinet Secretary to make arrangements to appear before a Committee of the Whole House so that we can engage on issues, especially on SHA and SHIF.

Lastly, I do not know whether Sen. Mandago saw the right person. I do not know that person. I would actually feel insulted if the CEO of SHA was seated at the Gallery

when the Cabinet Secretary was responding to questions about SHA on the Floor. That goes to show the contempt with which this Ministry treats this House.

Sen. Wafula: On a point of information, Mr. Temporary Speaker, Sir.

Sen. Wambua: Mr. Temporary Speaker, Sir, if that is the case, then---

The Temporary Speaker (Sen. Abdul Haji): Sen. Wambua, would you like to be informed by Sen. Wafula?

Sen. Wambua: Mr. Speaker, Sir, he can inform me later. If that is the case, then it is terrible. Let us arrange to have a meeting of the Committee of the Whole so that we engage with this Cabinet Secretary.

The Temporary Speaker (Sen. Abdul Haji): Very well, Senators.

Sen. Wafula: Mr. Temporary Speaker, Sir, please allow me.

The Temporary Speaker (Sen. Abdul Haji): Very well, Sen. Wafula. I will give you that opportunity.

Sen. Wafula: Thank you, Mr. Temporary Speaker, Sir, for this opportunity for me to inform my hon. Senator that Member that, I am seated next to the Cabinet Secretary. Unfortunately, the chairs and space around cannot afford every staff to be seated here.

So, it is important that your message is at home, but the home is not at home.

The Temporary Speaker (Sen. Abdul Haji): Senators---

Sen. Wambua: Mr. Temporary Speaker, Sir, choices have consequences. The Cabinet Secretary must know who should sit next to her when she is responding to specific questions.

You can never have a Cabinet Secretary surrounded by other officials of the Ministry when the CEO of the institution that you are questioning is seated in the Gallery. That is as simple as it gets. The chairs would have been occupied by the first CEO of the SHA, and then the rest of the officials would have taken the rest of the chairs.

Thank you for the information.

The Temporary Speaker (Sen. Abdul Haji): Thank you. Hon. Senators we have to proceed. I will allow the Cabinet Secretary to respond to all the matters that were raised, and then we will proceed to the next question.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Thank you, Mr. Temporary Speaker, Sir.

With regards to Baby Ariana, SHA has not received an invoice from Fortis Hospital, India. Upon receipt, SHA will review and make payment of what is allowed according to the benefit package.

(Sen. Mandago and Sen. Wafula consulted loudly)

The Temporary Speaker (Sen. Abdul Haji): Order, Senators. You asked the questions. Please pay attention to the answers.

Sen. Mandago, and Sen. Wafula, please let us listen to the CS in silence.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): I thank you and acknowledge the things that have been discussed, and especially the way forward

regarding the proposal for us to meet the committee and engage possibly in a retreat or for a whole day session.

That way we can be able to flesh out and identify where we can work together. As I said earlier, we need to collaborate and work together so that we can have SHA and UHC being a success in Kenya.

We appreciate the comments and we look forward. My team and I will be reviewing and giving you a date, and possibly just to engage and see at your convenience when we can convene, discuss and deliberate further so that we can ensure that Taifa Care is a success.

The Temporary Speaker (Sen. Abdul Haji): Thank you, Cabinet Secretary. You have made quite several commitments to this House. We would expect you to provide a written response to all the matters that were raised by the Senators and that you did not have adequate answers to.

You had also made a commitment to provide a report of Kenya Medical Supplies Authority (KEMSA) and other reports, which we expect you give them in one week.

Hon. Senators, let us now proceed to the next Question by Sen. Hamida.

Question No. 005

WELFARE OF MEDICAL INTERNS

Sen. Kibwana: Thank you, Mr. Temporary Speaker, Sir. Madam *Waziri*, my questions are as follows-

(1) Have medical interns been paid their monthly stipend up to date? If not, could the Cabinet Secretary explain the delay and state when the Government will streamline the process to guarantee timely payments?

(2) What is the Ministry doing to improve the working conditions for medical interns, who currently handle heavy workloads and work for extremely long hours under intense psychological pressure?

(3) Could the Cabinet Secretary provide an overview of the support systems and programs currently being implemented by the Government to address the physical and mental well-being of medical interns?

(4) Could the Cabinet Secretary explain what the Government is doing to ensure that the mentorship program of medical interns effectively integrates both professional development and emotional support?

I thank you.

The Temporary Speaker (Sen. Abdul Haji): Cabinet Secretary, proceed.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Hon. Temporary Speaker and Members of the Senate, in the Financial Year 2023/2024, the Ministry was to post 3,759 interns as per the matrix below at a cost of Kshs4,873,708,800 for the 12 months, but there was no budgetary allocation for the second cohort that was to be posted in January 2024 and this delayed the posting.

S/NO	INTERNS	JANUARY, 2024 COHORT II
1	Medical Officer Interns	849
2	Dental Officer Interns	72
3	Phamacists	289
4	Nursing Officer Interns	1134
5	Clinical Officers (Degree)	145
6	Clinical Officers (Diploma)	1270
	TOTAL	**3759**

The Ministry consequently requested the National Treasury vide our letter Reference No.MOH/FIN/BUDGET/VOL 1 (15) dated 12th September 2023 for additional funding to cater for posting of the aforementioned second cohort, which the National Treasury vide their letter RES1083/23/01 'A' of 9th October, 2023 indicated the funding could not be availed due to the tight fiscal space.

Following the end of the industrial action by the Kenya Medical Practitioner Pharmacy and Dentists Union, which culminated in the signing of the Return to Work Formula on the 8th May, 2024, the parties engaged in negotiation on the matter of posting interns. The negotiations resulted in an agreement to post the interns with effect from 1st August, 2024. Further negotiations on the payment of interns saw the parties agree to effect payment as per Collective Bargaining Agreement (CBA) 2017 rates.

With regards to the Government's effort to streamline the process and ensure timely payment, the Ministry has formally engaged the National Treasury to facilitate the prompt and adequate release of funds to support seamless operation. The Ministry is working closely with stakeholders to establish a clear, pre-agreed framework for the posting of interns and the modalities of their engagement, ensuring efficiency and predictability in the process.

Hon. Temporary Speaker and Members, regarding what the Ministry is doing to improve the working conditions, the Ministry of Health is working with the Kenya Medical Practitioners' Dentists Council (KMPDC). It has implemented a range of policy and regulatory interventions to safeguard the mental health, well-being and overall welfare of medical personnel, particularly medical interns, taking note of the strenuous nature of their learning context. The key measures undertaken include-

(1) Strengthening mental health support, where the Ministry has directed all internship training centres to appoint dedicated personnel responsible for conducting regular mental health screening and ensuring access to qualified mental health professionals. These professionals provide essential guidance, training and psychological support to interns fostering a healthier work environment.

This initiative has greatly improved mental health awareness among health care providers and the broader medical community, reinforcing the importance of mental well-being in high-pressure clinical settings. Furthermore, mental health professionals stationed at training centres play a vital role in supporting interns, offering timely interventions and addressing emerging concerns. To enhance coordinations, these

professionals have been working closely with KMPDC in managing cases that require specialised mental health interventions.

(2) Enhancement of welfare and support mechanism. All health care institutions are mandated to establish comprehensive welfare programmes, including structured mentorship framework, chaplaincy services and peer support structures. These measures aim to create a conducive work environment where medical personnel may freely express professional concerns without fear of victimisation, reprisal or undue prejudice.

(3) Regulation of workload and rest periods. In strict adherence to the Employment Act, 2007, the Occupational Safety and Health Act, 2007 and other applicable labour and medical internship regulations, the Ministry and KMPDC require all health facilities to monitor and regulate interns' working hours.

These measures are designed to prevent excessive workload and mitigate the risk of occupational burnout. Through these initiatives, the Ministry reaffirms its commitment to safeguarding the psychological well-being of medical interns, ensuring they receive the necessary support to navigate the demands of their training effectively.

Part (c) of the Question is asking for us to provide an overview to the support system and the programme currently being implemented by the Government to address the physical and well-being of interns. The Ministry of Health in Kenya has implemented several initiatives to support the physical and mental well-being of medical interns.

(1) We developed the National Guidelines on Workplace Mental Wellness in October 2024. These guidelines aim to promote mental well-being and establish a robust support system for employees and health professionals in training, including medical interns facing mental health challenges. The Ministry advocates for mental health prioritisation in workplaces, calling for the united effort, urging investments in mental health clinics across level 4 hospitals, the implementation of these guidelines by employers and the incorporation of mental wellness programmes into school curricula.

(2) Integration of mental health into primary care. Acknowledging the shortage of mental health professions, the Ministry has taken proactive steps to integrate mental health services into Primary Health Care (PHC). This strategy enhances access to mental health support, ensuring that individuals, including medical interns, can receive timely interventions within community-based health care settings. By embedding mental health services into primary care, the Ministry is equipping frontline health care providers with the necessary skills to identify, assess and manage common mental health conditions.

This approach strengthens early detection and intervention, reducing the burden of specialised mental health facilities. Medical interns in particular benefit from this integration, as they receive both training and direct support in recognising and addressing mental health challenges. This initiative fosters a more supportive and responsive health care environment, promoting overall well-being. Additionally, the Ministry is working to enhance collaboration between mental health professionals and primary care providers to ensure seamless referral and comprehensive care for individuals in need.

(3) Clinical guidelines for mental disorder. In July 2024, the Ministry launched Kenya's first Clinical Guidelines for Mental Disorder. These guidelines, along with the Mental Health Gap Action Programme E-training, aim to improve the identification,

diagnosis and management of mental health conditions, thereby enhancing the support available to medical interns.

In addition, the guidelines for the management of common mental disorders, along with the Kenya-adapted version of the World Health Organization Mental Health Gap Action Programme aim to close a 75 per cent treatment gap by improving the identification, diagnosis and management of mental disorders at the primary care level. They include comprehensive strategies for diagnosis, treatment and referral of clients, including medical interns who may require these services.

(4) Oversight and regulation. The KMPDC in collaboration with the Ministry of Health is responsible for enforcing clear guidelines on working conditions and hours for medical interns. This oversight ensures compliance and accountability across health care facilities, aiming to improve the working environment for interns.

These initiatives reflect the Government's commitment to enhancing the physical and mental well-being of medical interns through a comprehensive support system and programmes.

Regarding what the Government is doing to ensure the mentorship programme for medical interns is effective and integrated for both professional development and emotional support, the Ministry of Health has undertaken several initiatives to enhance mentorship programmes for medical interns by integrating both professional development and emotional support.

Recognising the demanding nature of medical training, these efforts aim to create a well-rounded support system that fosters both clinical competence and mental well-being.

A key component of this approach is the Ministry's collaboration with the Kenya Medical Practitioners and Dentists Council (KMPDC) to strengthen mentorship frameworks. Through this partnership, structured mentorship programmes have been designed to guide career growth, ethical practice, and professional development while also addressing the emotional challenges faced by interns.

These initiatives include training internship coordinators and supervisors. The Ministry and KMPDC have instituted mandatory training programmes for internship coordinators and supervisors across all accredited healthcare institutions. These programmes are designed to equip mentors with the necessary skills to provide structured guidance, supervision, and psychosocial support to medical interns throughout the internship period.

Secondly, oversight through the fitness to practise committee. The Fitness to Practise Committee of KMPDC plays a pivotal role in monitoring and evaluating the professional and ethical conduct of medical interns. Through this framework, the council maintains a structured follow-up mechanism that extends beyond the internship programme, ensuring that medical practitioners receive continued professional oversight and mentorship as they progress in their careers.

These measures are part of a broader strategy to strengthen internship training, foster a supportive learning environment, and enhance the overall quality of medical education and professional practice in Kenya.

The Ministry remains steadfast in its commitment to upholding high standards of medical training and mentorship in line with statutory and regulatory provisions. Thirdly, national guidelines for internship training. The KMPDC has developed comprehensive guidelines for internship training.

These guidelines emphasise the importance of mentorship in fostering professional growth and ensuring the well-being of medical interns. They outline the competencies and skills to be acquired during the internship period, providing a structured framework for both professional and personal development. Through this initiative, the Ministry aims to provide a holistic mentorship experience for medical interns, integrating professional development with emotional and psychosocial support to ensure their well-being and effectiveness in the healthcare system.

I submit.

The Temporary Speaker (Sen. Abdul Haji): Thank you, Cabinet Secretary. Sen. Kibwana, proceed to ask your supplementary question.

Sen. Kibwana: Mr. Temporary Speaker, Sir, I have a quick question. Cabinet Secretary, by the time you implement what you have addressed to us, the interns will have lost hope, and you know what it is with them. Of course, they die, and they kill themselves. Does the Social Health Authority (SHA) cover psychological therapy sessions? Because that is what they require now. Since we do not want to lose any more lives, they still claim that they are sleep-hungry and have no hope.

Thank you.

The Temporary Speaker (Sen. Abdul Haji): Cabinet Secretary, proceed.

The Cabinet Secretary for Health (Hon. Barasa): Thank you, Mr. Temporary Speaker, Sir. One of the great achievements we have under the Social Health Authority is coverage of mental health disorders, and we are happy to report that it is incorporated. Under SHA, medical interns can access mental health services, including rehabilitation of substance abuse disorders.

The Temporary Speaker (Sen. Abdul Haji): Sen. Lemaletian, proceed to ask your supplementary question.

Sen. Lemaletian: Thank you, Mr. Temporary Speaker, Sir. First of all, I want to thank the Cabinet Secretary. I know we must give Caesar what belongs to Caesar despite the grilling today. Following my statement on the Cancer Centre and the prevalence of cancer in Samburu sometime late last year, I had a proactive response from the Cabinet Secretary, where her entire team and the National Cancer Centre went to Samburu.

They had a three-day screening exercise across the two constituencies, Samburu East and West, which I truly appreciate. Next time, you need to involve political or grassroots leaders, even like the chief and the Deputy County Commissioners, so that they can mobilise the community. Samburu County is a place where people are scarcely populated, and we need to mobilise people to travel.

I know you were surprised because you were at the town centres like Wamba, Kisima, and Maralal. There was a low turnout because you did not mobilise in time. So, I hope you do this exercise again, as you have seen that it is truly a disaster in Samburu.

Secondly, I appreciate you for launching the Oncology Centre in Samburu County. I am sorry I could not attend because we had a burial as senators, and we are

proud as the oversight body when we see leaders in the executive taking proactive measures. We hope with the same breath that the things you promised you are going to move with speed so that the girl child is not underestimated.

In my supplementary question, I would like to know if you are taking any measures to ensure that mental health is addressed among youth. I represent a population that is largely affected by mental health. There was a Statement I presented requesting the Ministry to ensure that we have mental health desks in all public health centres and hospitals to ensure that at least even citizens know that there is something called mental health. They can walk into a health facility and seek mental health services just like they seek help for any other illness or ailment.

Lastly, I would like to hear from the cabinet secretary---

The Temporary Speaker (Sen. Abdul Haji): Senator, you are only allowed one supplementary question.

Sen. Lemaletian: Mr. Temporary Speaker, Sir, my question is related.

The Temporary Speaker (Sen. Abdul Haji): You are only allowed one question. I also gave you a lot of leeway in giving your long story about Samburu County. Could we allow other senators to ask a question?

Sen. Lemaletian: Thank you, Mr. Temporary Speaker, Sir. It is important to show gratitude so that Kenyans know what steps are being taken. We cannot criticise without showing gratitude. I beg you to allow me to ask this question.

The Temporary Speaker (Sen. Abdul Haji): Proceed quickly.

Sen. Lemaletian: Thank you, Mr. Temporary Speaker. Proper hygiene is essential for public health facilities. Is the Ministry working in collaboration with other organisations, or does it have any programmes to ensure that water is provided in public health facilities? Thank you.

The Temporary Speaker (Sen. Abdul Haji): Senator Mohamed Chute, proceed.

Sen. Chute: Thank you, Mr. Temporary Speaker, Sir. Let me thank the Cabinet Secretary for being here today. Sometimes, I wonder how she is going to manage this Ministry. Has she thought of resigning because of the situation?

The Temporary Speaker (Sen. Abdul Haji): Sen. Chute, ask your question related to the principle question that was raised by Sen. Hamida and stick to the question only, please.

Sen. Chute: Mr. Temporary Speaker, Sir, it is related to the pressure the Cabinet Secretary is facing. Anyway, let me go back to my question.

There is an outbreak of Kala-azar in both Log-logo and Laisamis. I wanted to know if the Cabinet Secretary is aware and what action she has taken.

I have two patients, one in Nyeri and one in Eastleigh. The one in Nyeri died last week. My condolences to the family. However, what I came to know is that SHA pays for bed and surgery only. What happens if somebody is admitted to the Intensive Care Unit (ICU), and what are other related costs like doctors' costs? How is SHA going to honour those payments?

Thank you.

The Temporary Speaker (Sen. Abdul Haji): Sen. Kavindu Muthama, proceed.

Sen. Kavindu Muthama: Thank you, Mr. Temporary Speaker, Sir, for this opportunity. Mine is to request for a confirmation from the Cabinet Secretary. Does SHA cover mental health and drug abuse-related issues because that is very common in our villages? Are those people paying for it?

The Temporary Speaker (Sen. Abdul Haji): Can we allow the Cabinet Secretary to answer those three questions then take others?

Kindly proceed.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Thank you, Mr. Temporary Speaker, Sir and hon. Members. For mental health among the youth in the nation, we have developed guidelines, strategies and action plans to ensure that it is addressed not only for them, but also the entire population.

As I said earlier, we have the national guidelines on workplace mental wellness. We are also working on integration of mental health into primary care, through utilizing our medical interns and other healthcare professionals in order to identify mental illness earlier, institute interventions and improve referral mechanisms.

Equally, we have clinical guidelines for mental disorders. They can be implemented at the county level. We have oversight on mental health illnesses. It is something that we are working on. We hope to collaborate and ensure there is implementation at the county level.

Regarding the water, sanitation and hygiene component, we are working together as the Ministry, the county and stakeholders to ensure that our health facilities, including our primary healthcare facilities, have the wash component addressed. We have guidelines and monitoring assessment for healthcare facilities, which are conducted to ensure that water, sanitation and hygiene is up to capacity in order to avoid spread of infections.

Kala-azar is a neglected tropical disease caused by leishmania parasite. Marsabit County has reported 19 cases since 2025. We are sensitising the communities on Kala-azar disease and its other forms. We also have case management focal points at Marsabit County Referral Hospital in order to treat and also improve surveillance and continuous detection of the disease, so that we can control it whenever there is a concern.

Regarding vector control, this is another area we are looking into as well as capacity building of healthcare workers on matters detection and management of Kala-azar. We also have medicine available for treatment of the condition and implementation is ongoing.

As we said earlier in the committee, we will share a comprehensive report, which will also incorporate various benefit packages as well as the improvement that has been done regarding the Intensive Care Unit (ICU) among others.

For mental health and substance abuse rehabilitation, we are happy to report that SHA actually covers this unlike NHIF. We are seeing many Kenyans taking up the services. If given time, we will have a comprehensive report on that as well.

I submit.

The Temporary Speaker (Sen. Abdul Haji): Sen. Kavindu Muthama, what was your point of order?

Sen. Kavindu Muthama: Mr. Temporary Speaker, Sir, the Cabinet Secretary has already answered that SHA covers that. However, Hon. Barasa, sometimes when we call in order to get interventions from you, that is not possible. Kindly answer our calls because we have issues. For instance, somebody died at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) in December and we needed your intervention, but we could not get you. Thank God for the Chief Executive Officers (CEOs) of SHA and KUTRRH who intervened.

The Temporary Speaker (Sen. Abdul Haji): Thank you, Senator. What is your point of order, Sen. Chute?

Sen. Chute: Mr. Temporary Speaker, Sir, I asked a question about payments to SHA related to medical and ICU matters, but I did not hear the answer.

Secondly, the Cabinet Secretary did not tell us about prevention of Kala-azar. How is she going to help us in preventing it? Will it be through fumigation or what? The most important thing is prevention of the disease.

The Temporary Speaker (Sen. Abdul Haji): Thank you, Senator. Cabinet Secretary, are you able to respond to those two issues?

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Mr. Temporary Speaker, Sir, first of all, NHIF did not cover ICU services. When we started implementation of SHA and the Social Health Insurance Fund (SHIF) in October, ICU only covered Kshs4,600 per day. Currently, we have reviewed and now we will be covering Kshs28,000 per day. We want to assure you that a lot is ongoing in the review of the benefit package to ensure that we improve and it meets the needs of Kenyans.

With regards to prevention, a lot has been done. We have guidelines for prevention and management of Kala-azar. We have advocacy and utilising the Community Health Promoters (CHPs). Knowing that health is devolved, we are working with county governments to ensure implementation of preventive strategies such as vector control among others.

Thank you.

Sen. Chute: On a point of order, Mr. Temporary Speaker, Sir.

The Temporary Speaker (Sen. Abdul Haji): Sen. Chute, I am aware that you have put a request for a Statement regarding that disease. Are you seeking to drop that Statement, so that you get the answers right now from the Cabinet Secretary?

Sen. Chute: Let me answer that question---

The Temporary Speaker (Sen. Abdul Haji): Sen. Chute, I will not allow it. We will not dwell on your---

Sen. Chute: Let me answer the question, Mr. Temporary Speaker, Sir.

The Temporary Speaker (Sen. Abdul Haji): First of all, Sen. Chute, I allowed you to ask the question and you did not ask one that is related to the question raised by Sen. Hamida. You already have a request for a Statement. Could we just agree that you are going to raise your Statement and get adequate answers at that time? Allow other Senators to ask their questions.

Sen. Cherarkey, proceed.

Sen. Cherarkey: Mr. Temporary Speaker, Sir, I am following up on the question of medical interns that Sen. Hamida asked.

In April 2020, at the height of the COVID-19 pandemic, 9,000 interns were engaged for a contract of three years to promote UHC. In April, 2023, the Summit sat in Naivasha and the contract for the 9,000 interns who assisted in the fight against COVID-19 in 2020 was extended for another three years.

Under Article 41 of the Constitution, the Labour Relations Act and other labour laws of this Republic, what is the fate of more than 9,000 interns who were hired under the Ministry and in partnership with county governments? I am aware that health is a devolved function. Is this a silver bullet in finishing the many strikes of doctors, nurses and other kinds of medical practitioners that we normally see outside Parliament?

Is the Ministry in the process of transiting them to permanent and pensionable terms because you are violating Article 41 of the 2010 Constitution of Kenya by having the interns in that position for six years? Is it fair, Madam *Waziri*? Could you confirm to the House whether there are plans between the Ministry of Health and counties to transition them to permanent and pensionable terms so that we protect the young people?

The Temporary Speaker (Sen. Abdul Haji): Thank you, Sen. Cherarkey. Hon. Senators, I see there is a lot of interest in asking questions to the Cabinet Secretary. With your indulgence, could I propose that we allow the supplementary by Sen. Cherarkey to be answered by the Cabinet Secretary, then, move to the next question by the Senator of Kirinyaga, and then we take all the supplementary questions? Then, we can ask any question. Is that in order?

Hon. Senators: Yes

The Temporary Speaker (Sen. Abdul Haji): Thank you very much.

You may proceed, the Cabinet Secretary.

The Cabinet Secretary for Heath (Hon. (Dr.) Deborah Barasa): Thank you, Mr. Temporary Speaker, Sir. First, I need to highlight that they are not interns. They are employed on a contract, which has been extended. There are 9,918 healthcare professionals in16 different cadres who were recruited on a three-year contract in May, 2020 under the Universal Health Care (UHC).

They were deployed across all counties and national Government health facilities where they were remunerated at a consolidated pay of Kshs50,000 and Kshs40,000 per month for diploma and certificate holders respectively. Upon the expiry of their contracts twice, in May, 2023 and May, 2024, renewals were effected, culminating in the latest one that will come to a close in May,2026 to allow time for the finalisation of their absorption into permanent and pensionable terms to the counties where they work.

The cost of transition to permanent and pensionable is Kshs7.7 billion. So, we are working together with the counties to see how we can absorb the UHC staff into this. However, at the moment, they have their contract until May, 2026.

The Temporary Speaker (Sen. Abdul Haji): Thank you, Cabinet Secretary. We move to the next question, Question No. 14 by Sen. James Murango.

Question No.014

IMPACT OF WITHDRAWAL OF AID FUNDING
BY USA ON HEALTHCARE PROGRAMMES

Sen. (Dr) Murango: Thank you, Mr. Temporary Speaker, Sir. My question is very short. I am contented with the answer that I got from the Cabinet Secretary. However, I will go ahead and read it.

(1) Could the Cabinet Secretary highlight the programmes in the health sector that will be affected by the decision by the American Government to withdraw funding from aid-funded health care programmes in the country with particular focus on how such withdrawal affects the health sector in Kirinyaga County?

(2) Could the Cabinet Secretary provide a breakdown of the budget for the affected programmes in the country?

(3) What action is the Cabinet Secretary taking to ensure that critical services under the affected programmes do not stop, and thus avert the likelihood of putting healthcare in jeopardy in the counties and at the national level?

Mr. Temporary Speaker, Sir, I have no supplementary question.

Thank you.

The Temporary Speaker (Sen. Abdul Haji): Thank you, Senator.
Cabinet Secretary?

The Cabinet Secretary for Heath (Hon. (Dr.) Deborah Barasa): Mr. Temporary Speaker, Sir, the recent withdrawal of funding by the American Government following the issuance of Executive Order No.14169 has had profound and far-reaching consequences on several critical health programmes in Kenya. This abrupt shift in financial support has disrupted essential services, ongoing initiatives and placed an immense strain on our healthcare system, particularly in the areas that rely heavily on official aid. The affected programmes include the HIV&AIDS programme.

The withdrawal of funding affects the provision of life-saving antiretroviral therapy for over 1.4 million Kenyans living with HIV in the country. In Kirinyaga County alone, there are 12,345 people living with HIV, with 10,456 currently receiving Antiretroviral therapies (ARTs). Furthermore, critical lab commodities for early infant diagnosis and viral load testing are at risk of stock out, jeopardising the timely detection and monitoring of HIV in newborns and patients on ART.

Again, the malaria control programme and the recent funding freeze has disrupted the distribution of critical malaria control commodities across multiple counties, including Kirinyaga, which is marked for malaria elimination. These include insecticide-treated nets, rapid diagnostic test kits and preventive treatment for pregnant women. This setback poses a significant risk to malaria-endemic regions, particularly in counties with high transmission rates such as Kisumu, Migori, Kakamega and Tana River.

Without timely intervention, malaria cases and related complications could rise, undermining progress made in reducing malaria-related morbidity and mortality. The withdrawal of funding has significantly impacted the availability of essential family planning commodities nationwide, stock levels of contraceptives, including implants.

Injectable contraceptives or pills, have dropped below the required minimum, affecting both public and private facilities. This shortage threatens the ability of women and families to access reliable family planning services with potential implications for maternal and child health outcomes, particularly in counties with high unmet contraceptive needs such as Nairobi, Bungoma, Nakuru and Kilifi.

On vaccines and immunisation programmes, the funding freeze has disrupted the procurement of critical vaccines, affecting approximately five per cent of Kenya's total vaccine supply, amounting to Kshs585 million. Counties with large immunisation coverage gaps such as Turkana, West Pokot, Mandera, and Garissa, face a heightened risk of vaccine-preventable disease outbreaks and this reduction in funding threatens Kenya's ability to sustain its routine immunisation programmes and respond to emerging public health threats, potentially reversing hard-won gains in child health.

Kirinyaga County risks reversing their 10-vaccination coverage of 93 per cent for pentavalent, 91 per cent for oral polio, and 87 per cent for Bacillus Calmette-Guérin (BCG) against a national coverage of 72 per cent.

On the nutrition programme, the withdrawal of funding has disrupted the supply of life-saving nutrition commodities, including therapeutic foods used to treat severe acute malnutrition in children under five. Counties with high rates of malnutrition such as Marsabit, Samburu, Kitui and Baringo, are particularly affected, putting thousands of vulnerable children at risk of severe health complications. Without urgent intervention, malnutrition-related deaths could increase, exacerbating the already critical burden of food insecurity in drought-affected regions.

Kirinyaga County is flagged nationally for overweight and obesity challenges, particularly amongst the reproductive age women, at 65 per cent being the highest in the country and is therefore a target for intervention by the ministry's Non-Communicable Diseases (NCD) campaign.

For Human Resource for Health, the funding freeze affects 41,547 health workers, supported by Presidents Emergency Plan for Aids Relief (PEPFAR), including those deployed in Kirinyaga County. The county has submitted to the Council of Governors (CoG) a list of 159 affected frontline health staff who are spread across three projects, LVCT-Dhibiti project, Christian Health Association Uzima Project and Wezesha Afia project for Kshs4.7 million per month. Despite the freeze, services continue for now due to the implementation of a waiver.

On the question, could the Cabinet Secretary provide a breakdown of the budget for the affected programmes?

The total budget for the affected programme in the Financial Year 2024/2025 is Kshs79.8 billion, and the breakdown is as seen in the table. Actions taken to ensure that critical services under the affected programmes do not stop and that we avoid the likelihood of putting healthcare in jeopardy, both in counties and at the national government.

The Ministry of Health has undertaken the following measures to mitigate the impact of funding withdrawal.

(1) Emergency funding. The Ministry has requested an emergency allocation of Kshs33.5 billion to fill the funding gap and sustain critical health programmes, with a breakdown given below; and,

(2) Diplomatic engagement, where high-level bilateral discussions with the US Government are ongoing to clarify and implement the waivers on essential health services. It is, however, important for the Senate to assume a worst-case scenario and support the Ministry meet the budget gaps through resource allocation for affected programmes at the national and county level.

On reallocation of resources, the Ministry is prioritising the reallocation of domestic resources to sustain critical programmes, including HIV, malaria and family planning, as captured in the Budget Policy Statement (BPS) for the Financial Year 2025/2026. Again, strengthening local systems where efforts are underway to strengthen domestic health financing mechanism, including the SHIF, to reduce dependency on external donors. For example, premium insurance financing to net in the informal sector economy through cooperatives is underway.

On commodity distribution, the Ministry is engaging Global Fund, to expedite the procurement of essential commodities and ensure their distribution through KEMSA. This is Annex III stock status for Antiretrovirals (ARVs) and vaccines including stock pipeline as provided by KEMSA.

The data system integration plans are underway to integrate health data system into the national digital health infrastructure to ensure sustainability and data security. Affected systems to be integrated include chanjo.ke for vaccination, damu.ke for blood collection, tibu.ke for TB, digimal.ke for malaria and Kenya Health Information System (KHIS). I submit.

The Temporary Speaker (Sen. Abdul Haji): Thank you, Cabinet Secretary. Hon. Senators, we will now take supplementary questions. Sen. Mandago, do you have a supplementary question?

Sen. Mandago: Thank you very much, Mr. Temporary Speaker, Sir. I do not know whether it will be a question or just a comment, especially on the matter of interns.

I think the Ministry should work on the budget. Nonetheless, we also understand that the issue of training of medical staff, the human resource, is both by private sector and Government. What I would like to know is why should the Government take responsibility for interning medical officers who were trained in private facilities and who were not captured in the budget of the national Government through trainings in public institutions?

I would like to know from the Ministry, what are they doing to make sure that we do not get these emergency budgets that result from actions that are not from the Ministry or properly budgeted for, so that we are able to cater for internship effectively through forward planning.

The Temporary Speaker (Sen. Abdul Haji): Proceed, Sen. Madzayo.

The Senate Minority Leader (Sen. Madzayo): Thank you, Mr. Temporary Speaker, Sir. I would like to find out from the Cabinet Secretary, is it true that on 20th February, 2025 the Rural and Urban Private Hospitals Association of Kenya (RUPHA)

issued a statement suspending the services under SHA except for emergency cases beginning Monday, 24th February, 2025 and alleging arrears worth Kshs30 billion?

Additionally, the Kenya Association of Private Hospitals (KAPH) issued a directive on 24th February, 2025, resolving to indefinitely suspend all credit arrangements under SHA due to the outstanding NHIF arrears. My question would be, what is the Government doing to ensure restoration of the essential medical services?

As a second question which is very short, following the suspension of the services under SHA of the two associations, that is RUPHA and KAPH, what measures has the Ministry ---

The Temporary Speaker (Sen. Abdul Haji): Sen. Madzayo, can we allow the Cabinet Secretary to answer the first question, so that you can establish if SHA has been suspended as per your question and then you can come to your second question?

The Senate Minority Leader (Sen. Madzayo): Yes. I stand guided.

The Temporary Speaker (Sen. Abdul Haji): Let us now listen to Sen. Okenyuri.

Sen. Okenyuri: Thank you, Mr. Temporary Speaker, Sir. I had a separate question, but you will allow me to just comment on the response. I have been listening to what the Cabinet Secretary was responding to towards the United States Agency for International Development (USAID) freeze.

I would wish to ask, apart from the emergency funding and diplomatic engagement, what other alternatives are you proposing? It appears that we are not having a proposal on how we can cater for that. What if the engagements do not go our way, are we going to watch people die while every other day I am reading reports of budgeted corruption in different offices in this country?

The Temporary Speaker (Sen. Abdul Haji): Sen. Okenyuri, I can also answer that question for you because the Cabinet Secretary did respond to that. If you were listening to the response by the Cabinet Secretary---

Sen. Okenyuri: I was listening and I actually indicated here. From what she articulated, I do not see a direct proposal on we as a country.

The Temporary Speaker (Sen. Abdul Haji): The first proposal was request for emergency funding, which they have already put to the National Treasury.

Sen. Okenyuri: Mr. Temporary Speaker, Sir, if we are having that request, why then do we need the donor funding? We can reorganize our money and sort out ourselves.

The Temporary Speaker (Sen. Abdul Haji): Very well. Let us allow the Cabinet Secretary to answer those three supplementary questions, then we will take the other supplementary questions. Yes, Sen. Madzayo.

The Senate Minority Leader (Sen. Madzayo): Mr. Temporary Speaker, Sir, with your kind permission, I thought mine was just a two-sentence question, which I wanted to sum up, so that it goes together with it. Whichever way she answers and it is okay, I will be most obliged.

The Temporary Speaker (Sen. Abdul Haji): Very well. Let us save time and go ahead and ask the question.

The Senate Minority Leader (Sen. Madzayo): Following the suspension of the services under SHA of the two associations, that is RUPHA and KAPH, what measures has the Ministry taken to mitigate should a patient in Bamba, which is a very remote area

in Kilifi County, be denied medical services which they are fully paying for every month?

The Temporary Speaker (Sen. Abdul Haji): Proceed, Hon. Cabinet Secretary, if you could respond to those few questions first.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): With regard to Sen. Mandago's question, we are finalizing on Human Resource for Health (HRH) and the intern's policy, which again will capture the concerns that have been raised.

Additionally, for the question on USAID and what we are doing, as has been said earlier, we have the emergency funding and diplomatic engagement. We are reallocating resources and strengthening our local system, commodity distribution, as well as integrating the data system.

One thing we forgot to talk about is integration of the various programmes that were fragmented into the broader health system. I believe that is one of the areas that we can reduce on the resources that have been leaking and partnering with other member states that would also wish to support. Accordingly, we are engaging in those levels.

With regards to the RUPHA, we had given a statement earlier. We acknowledge the NHIF debt and we are working on it because that is the highlight or the priority that they are talking about. We are looking into a payment plan and the resolution process is ongoing. We therefore want to assure Kenyans that this week, Kshs5.1 billion was given to the healthcare providers for the SHIF and this is totalling to Kshs18.29 billion since the rollout in October, 2024.

On primary healthcare, we have disbursed Kshs1.3 billion. We are compiling returns from healthcare providers to facilitate the release of the Primary Health Care (PHC) in the second quarter. This is to ensure an efficient payment process. We are as well training the various RUPHA or the other facilities on the issue of the PHC reimbursement new model for them to understand why it is a better kind of model compared to what we had previously. However, we are committed to honouring the undisputed National Health Insurance Fund (NHIF) claims and finalize NHIF claims that are undergoing reconciliation.

We acknowledge that the private hospitals, the Rural and Urban Private Hospitals Association of Kenya (RUPHA) and the Kenya Healthcare Federation (KHF) are critical in providing health care services. In order for us to meet Taifa Care which is affordable, accessible, quality services to all Kenyans, we continue meeting, discussing and engaging to see how we can improve services for all Kenyans.

The Temporary Speaker (Sen. Abdul Haji): Cabinet Secretary, before you sit down, there was a second part of the Question by Sen. Madzayo on what mitigation measures have been put in place considering the suspension by these two associations to provide services to the people of Bamba.

Sen. Madzayo, please proceed.

The Senate Minority Leader (Sen. Madzayo): Asante Bw. Spika wa Muda. Umefanya vizuri kunisaidia kwa sababu Waziri hakulijibu swala hilo kisawa au kabisa.

The Temporary Speaker (Sen. Abdul Haji): Hiyo ndio nilikua namkumbusha.

The Senate Minority Leader (Sen. Madzayo): Ikiwa sasa RUPHA na KHF imekataliwa, Wizara yako inachukua hatua gani kwa wale ambao ni watumishi wa hii

ambao wanaishi sehemu mbali mbali. Kwa mfano, unavyoelewa, Kilifi ni kaunti moja kubwa katika Kenya, na wapo wanaotumia hii ridhaa ambayo iko Bamba na wale watu wa Bamba sasa imekua haifanyi kazi.

Ikiwa ni hivyo, Wizara yako imechukua hatua gani kuona ya kwamba wale ambao hawapati *services* kama hizi wanaweza kuzipata wakiwa huko Bamba, Kilifi County.

The Temporary Speaker (Sen. Abdul Haji): *Waziri*, please proceed.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Asante, Bw. Spika wa Muda. Tunajadiliana na RUPHA na KHF kuona vile tutaweza kurekebisha mambo yaliyokua ya zamani ndiposa wakenya wapate kuhudumiwa.

Hata wataweza kukutana na Principal Secretary (PS) na hiyo team ya SHA kujadiliana na kuangalia hayo maneno. Tunataka kurekebisha na kutatua hayo maneno haraka sana.

This is a time when we need your support in terms of improving our public facilities. You will notice that at the primary health care level the dispensary and the health centre facilities are not well equipped in order to improve---

The Temporary Speaker (Sen. Abdul Haji): Just a moment, Cabinet Secretary.

Nini hoja yako ya nidhamu?

The Senate Minority Leader (Sen. Madzayo): Bw. Spika wa Muda, Waziri anaweza kuwa hajui lakini kulingana na Kanuni zetu za Kudumu katika Bunge la Senate, ukianza kuongea unatumia lugha moja. Kwa vile umeanza kuongea Kiswahili, ingekua bora zaidi uendelee kuongea Kiswahili mpaka umalize, si ukifika katikati unawacha panda njia unafuata panda njia ingine. Hiyo hairuhusiwi katika kanuni zetu na ingekua hivyo hivyo---

The Temporary Speaker (Sen. Abdul Haji): Sen. Mandago, what is your point of order?

Sen. Mandago: Mhe. Spika wa Muda, ningeomba Seneta mwenzangu, Madzayo asitumie fursa yake kuwa na ufasaha wa lugha ya Kiswahili kuzuia Waziri kutoa taarifa ambayo inaweza kumfaidi yeye kwa lile swali alilouliza.

La pili, Waziri si mmoja wa maseneta katika Jumba hili na kwa hivyo kanuni za Bunge hii haifai kushurutishwa kwa Waziri. Anafaa apewe nafasi ya kujibu swali lililoulizwa.

The Senate Minority Leader (Sen. Madzayo): Asante Sen. Mandago.

(Sen. Madzayo spoke off record)

The Temporary Speaker (Sen. Abdul Haji): Sen. Madzayo hatuna muda wa kujibizana.

(Sen. Madzayo spoke off record)

The Temporary Speaker (Sen. Abdul Haji): Mpatie *microphone*.

The Senate Minority Leader (Sen. Madzayo): Kulingana na Kanuni zetu za Kudumu, wewe peke yako ndiye unaweza kuniuliza, je, ninahitaji kuambiwa kitu chochote na ndugu yangu Sen. Mandago, kama nilikuwa sijasema kisawa sawa?

Kwa hivo, alivyosema yeye si haki kumjibu Seneta hata kama yeye ni Mwenyekiti wangu katika kamati ya Afya. Hana ruhusa na hawezi kuvunja sheria za Kanuni za Kudumu za hili Bunge la Senate.

Kwa hivyo, Bw. Spika wa Muda, Waziri ni lazima azingatie ya kwamba yuko katika Jumba hili na akiwa katika Jumba hili la Seneti, kama Kanuni zinasema ni Kiswahili ama kizungu akianza, amalize akijua pia yeye yuko chini ya hizo Kanuni za Kudumu za Bunge la Seneti.

The Temporary Speaker (Sen. Abdul Haji): Asante, Sen. Madzayo.
Sen. Mandago alisimama kwa Hoja ya Nidhamu, si Hoja ya kukupatia *information*. Alivyosema, Sen. Mandago, mimi kama Mwenyekiti nakubaliana na matamshi yake kwa ajili sheria zetu zinasema Seneta akianza kwa lugha moja aendelee na kumaliza kwa hio lugha. Mimi kama Mwenyekiti nilimpatia Waziri nafasi kujibu kwa lugha ya Kiswahili na halafu akaendelea kwa lugha ya kimombo. Kama Mwenyekiti niliona ni sawa.

Kwa hivyo, hiyo Hoja yako Sen. Mdzayo tutaweka kando tuende kwa maswali mengine.

Sen. Abass Sheikh Mohamed, please proceed.

Sen. Abass: Hon. Speaker, Sir, mine is a clarification. A lot has been said. One is that currently, SHA is only paying for the services of bed if one is admitted, and surgeries. However, if one goes to the Intensive Care Unit (ICU), they have not started paying, as well as medication. If somebody goes for surgery, definitely he or she has to be given medication. The same is not being paid for. This is the same question that my colleague was asking the other time. So, when will ICU and medication payment by SHA start? Last time, we were told that it will start around April this year. Is it still on course or have you done away with it?

Secondly, there is this group called Community Health Promoters (CHPs), which is a very important unit of the medical services. However, they are poorly remunerated. They have no salaries and are only given allowances. They are poorly paid. They only get kshs5,000 allowances. Areas like Wajir, Mandera and Garissa are so vast. Is there any other plan because there is no way of even reaching out to people?

These people cannot be walking from place to place. It is not like Kiambu or Nairobi counties where you can use *matatus*. What plans are there for community health promoters to be facilitated, especially in terms of transportation as well as looking into their welfare? The Kshs5,000 allowances that they are paid, delays for three to four months.

Thank you.

The Temporary Speaker (Sen. Abdul Haji): Sen. Mo Fire, please proceed.

Sen. Mo Fire: Thank you, Mr. Temporary Speaker, Sir. We are streaming live and I have just received a concern from Marimanti Hospital which is in Tharaka Constituency. I remember I posed the same question to the current CS concerning the Computed Tomography (CT) scan and Magnetic Resonance Imaging (MRI) machines for

Marimanti Level 4 Hospital. This question might not be related to the previous one that had been posed by my fellow Senators.

Mr. Temporary Speaker, Sir, Marimanti health facility is the only of its kind in part of Tharaka Nithi County, that is part of East, and it serves quite a huge population across some parts of Maua and Ukambani. Many people are traveling far distances to seek MRI and CT scan services. They are going to places like Chuka to Meru Town and all far places. I have just received information from Marimanti now because they are watching us live.

I want to get from the Cabinet Secretary for Health whether she is aware of those machines that are lacking because they are essential for Marimanti Level 4 Hospital in Tharaka Constituency. Is the Ministry aware that this facility is not having these important machines?

The Temporary Speaker (Sen. Abdul Haji): The last one is Sen. Joyce Korir.

Sen. Korir: Thank you very much, Mr. Temporary Speaker, Sir. Mine will not be a question, but just to congratulate the Cabinet Secretary on several steps that they have made within the Ministry.

I also encourage her to find a solution to this question of SHA that has been running through the minds of Kenyans and the contract staffers who have been serving since 2020.

We should put this to an end. Kenyans are suffering, especially the teachers and our officers, who have been stopped from getting the services from several hospitals. These are issues that we do not need to have sideshows. We need to sit down to find a lasting solution. I know the relevant Ministries that we have in this country are supposed to guide our Executive in terms of making sure that whatever we speak is implemented to the letter.

I want to inform the Cabinet Secretary that these stories that are posted on social media are real issues affecting Kenyans. Kenyans are not getting their treatment services. A number of them are suffering in their houses, yet they have paid their monthly dues and they are not getting access to medication. It is time for us as Kenyans to up our game and do what we are entailed to do in those offices.

The Temporary Speaker (Sen. Abdul Haji): Cabinet Secretary, please proceed to respond.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Thank you, Mr. Temporary Speaker, Sir, and we do take note.

I will start with the issue of Community Health Promoters (CHPs). This is a work in progress. First of all, let us be cognizant of the fact that they had never received anything for many years, but we started the community health programme, which is now two years old. We have been able to pay them for this time and even their stipend, the last one being at the end of January. So, we are working to ensure that they are paid. We have additional resources for an additional 7,000 CHPs kits provision. We will look into improving the programme by looking into the facilitation component, and also avail more resources as time goes by.

Regarding the Marimanti Level 4 Hospital under the National Equipment Service Programme, we want to assure you that the governor can sign the agreement and again,

map out and identify what equipment, including CT scans, and MRI, among others he requires within the county. That way, this programme will be able to support by ensuring that we have the equipment in various hospitals, including the Marimanti Level 4 Hospital. So, the equipment is there; it is just signing the agreement and then we can move on. As we speak right now, we have some CT scans which are coming into the country. After they have signed for them, some of the counties will be receiving some of this equipment so we can push on our side.

Kuhusu Bamba, ningependa pia kusema kwamba, Wizara ina bidii kuhakikisha kwamba watu watafikiwa na hii huduma ya afya. Sasa hivi, tunafanya bidii na tunawaambia watu wajisajili na Wizara itahakikisha kuwa huduma inafika kwa wananchi mashinani.

The Temporary Speaker (Sen. Abdul Haji): Sen. Gataya Mo Fire, what is your clarification.

Sen. Gataya Mo Fire: Mr. Temporary Speaker, Sir, I thought maybe I have captured the response of the Cabinet Secretary. Is it that we already have the machines in store and it is only the Governor who has not signed for them? Is that the correct record? Can I request the governor to come tomorrow and sign for them and get them to Marimanti Level 4 Hospital? Is that the position, Hon. Cabinet Secretary? Maybe the governor is not aware.

The Temporary Speaker (Sen. Abdul Haji): Proceed, Cabinet Secretary.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Mr. Temporary Speaker, Sir, I want to confirm that he has signed. It is work in progress on our side to ensure that the equipment reaches the last mile. We are working on that. We are waiting for the equipment to get to the country then to the facility.

The Temporary Speaker (Sen. Abdul Haji): Sen. Abass, what is your point of order?

Sen. Abass: Mr. Temporary Speaker, Sir, with all due respect to the Cabinet Secretary, this is the same question she avoided answering for Sen. Chute. That SHA is only paying for bed charges and surgeries. They are not paying for ICU services and medication. When I asked the same question, she avoided it. Please, with all due respect, I want *Waziri* to answer the question. No, or yes.

The Temporary Speaker (Sen. Abdul Haji): Senator, what is your point of order?

Sen. Korir: Thank you very much, Mr. Temporary Speaker. Mine was just a clarification I want from the Cabinet Secretary on the issue of stipends. Can she be able to give us the statistics of every county in terms of payment of stipends because several counties, including mine, have not paid stipends for the CHPs for the last year? Can we get that statistic, please?

The Temporary Speaker (Sen. Abdul Haji): Sen. Joyce Korir, sure the Cabinet Secretary cannot give you the statistics right now. Maybe later. Cabinet Secretary, please respond to Sen. Abbas's issue.

The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa): Thank you, Mr. Temporary Speaker, Sir.

Regarding ICU care, yes, we were able to review the benefit package. We have incorporated the Kshs28,000 and the implementation is upon gazettement, so we increased it from Kshs4,000 to Kshs28,000 and it will be gazetted.

On matters of ICU, medication, among other services, we are reviewing the benefit package. Again, we have a benefit package advisory team, which will not only review the ICU, but also other components that need to be incorporated into the benefit package. As I had said earlier, NHIF did not have, but now we have an ICU package, and again we are increasing. We are also looking to improve the diagnosis and treatment among others. What we started with is the NHIF benefit package. We were looking at the burden of disease in Kenya. Which are the common conditions? Which are the ones that cause death, and catastrophic expenditure? That is how we established our benefit package, based on the resources we had at hand, but gradually, we will improve the benefit package.

We need to be cognizant of the fact that this is not just a problem in Kenya. Even other developed countries also face this. Universal Health Coverage is a journey. Gradually we will improve the benefit package, and gradually we want to ensure that Kenyans will be able to access services.

For the teachers and police, we said that upon registration and contribution of the premiums at 2.75 percent, then they can access the services under the Social Health Authority. Previously they had an enhanced scheme under the NHIF and that is one of the concerns---

The Temporary Speaker (Sen. Abdul Haji): Cabinet Secretary, thank you very much.

Hon. Senators, we have to appreciate that the Cabinet Secretary has spent quite a long time with us today. We also need to appreciate that she has answered the questions to the best of her ability.

Cabinet Secretary, I have to mention that I have sat here with many Cabinet Secretaries, I think you have done very well. You have been very articulate in your answers. Of course, you were not able to answer all the questions in detail, but you have made a commitment that you will provide the answers in writing and we look forward to that.

We want to give you leave now, and wish you all the best in your duties.

(The Cabinet Secretary for Health (Hon. (Dr.) Deborah Barasa) was ushered out of the Chamber)

ADJOURNMENT

The Temporary Speaker (Sen. Abdul Haji): Hon. Senators, it is now 1.00 p.m. time to adjourn the Senate. The Senate therefore stands adjourned until later today, Wednesday, 26 February 2025 at 2. 30 p.m.

The Senate rose at 1:00 p.m.