REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

NATIONAL ASSEMBLY

THE HANSARD

VOL. IV NO. 62

THE HANSARD

Wednesday, 23rd July 2025

The House met at 9.30 a.m.

[The Deputy Speaker (Hon. Gladys Boss) in the Chair]

PRAYERS

QUORUM

Hon. Deputy Speaker: Serjeant-at-Arms, kindly ring the Quorum Bell for 10 minutes.

(The Quorum Bell was rung)

Serjeant-at-Arms, you may stop the Quorum Bell.
Hon. Leader of the Majority Party.

PAPERS

Hon. Owen Baya (Kilifi North, UDA): Hon. Deputy Speaker, I want to ask the Member for *Wamunyoro* to slow down and keep quiet so we can lay the papers.

I beg to lay the following Papers on the Table:

1. Reports of the Auditor-General and Financial Statements for the year ended 30th June 2024 and the certificates therein in respect of the following Technical and Vocational Colleges:
    (a) Githunguri
    (b) Kericho
    (c) Kitutu Masaba
    (d) Likoni
    (e) Ruiru
    (f) Taveta
    (g) Wumingu
2. Reports of the Auditor-General and Financial Statements for the year ended 30th June 2024 and the certificates therein in respect of:
    (a) Ahmed Shahame Mwidani Technical Training Institute
    (b) Belgut Technical Training Institute
    (c) Borabu Technical and Vocational Institute
    (d) Bura Girls High School
    (e) Enoomatasiani Girls Secondary School
    (f) Gitwebe Technical Training Institute
    (g) Jomo Kenyatta Boys High School
    (h) Kericho National Polytechnic
    (i) Kirobon Boys High
    (j) Mama Ngina Girls Secondary School – Mombasa
    (k) Moi Forces Academy – Lanet
    (l) Nakuru Girls High School

(m) Njoro Boys High School
(n) Njoro Girls High School
(o) Nyamira National Polytechnic
(p) Our Lady's Girls Secondary School – Kakuma
(q) Shimo la Tewa School
(r) Starehe Boys Centre
(s) Utumishi Boys Academy
(t) Utumishi Girls Academy

I beg to lay.

Hon. Deputy Speaker: Next Order.

QUESTIONS AND STATEMENTS

Do we have any questions? We just have responses to the statements. We expect a response from the Departmental Committee on Defence, Intelligence and Foreign Relations on the statement by Hon. Machua Waithaka of Kiambu. It appears that the Chairperson is not present. Let us move to the next response from the Departmental Committee on Defence, Intelligence and Foreign Relations to a request by the Member for Turkana North. They are not here.

Hon. Paul Nabuin (Turkana North, ODM): I am here.

Hon. Deputy Speaker: I can see you, but the Chairperson responding to your statement is not here.

Hon. Paul Nabuin (Turkana North, ODM): I got a written response.

Hon. Deputy Speaker: It does not matter. They are still expected to table it here and then give you a copy for your records. So, we will pass that.

(Statement deferred)

The next response is from the Departmental Committee on Education to a request by Hon. Josses Lelmengit of Emgwen. Is the Chairperson of the Departmental Committee on Education here? Are you here on his behalf? Is the Member for Emgwen present? If not, then we will stand it down. If Members do not come on the day their statements are being responded to, then it means they do not need the responses.

(Statement deferred)

Next Order.

COMMITTEE OF THE WHOLE HOUSE

(Order for Committee read)

[The Deputy Speaker (Hon. Gladys Boss) left the Chair]

IN THE COMMITTEE

[The Temporary Chairlady (Hon. (Dr) Rachael Nyamai) in the Chair]

THE INSTITUTE OF SOCIAL WORK PROFESSIONALS BILL
(National Assembly Bill No. 17 of 2023)

(Loud consultations)

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Order, Hon. Members. Those who wish to participate in the Committee of the whole House, please get seated. We are in the Committee of the whole House. I would like to introduce the Bill, the Institute of Social Work Professionals Bill (National Assembly Bill No. 17 of 2023).

(Clauses 3 and 4 agreed to)

Clause 5

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Chairman, you have an amendment.

Hon. Hilary Kosgei, Vice-Chairperson of the Departmental Committee on Social Protection.

Hon. Hilary Kosgei (Kipkelion West, UDA): Hon. Temporary Chairlady, I beg to move:

THAT, clause 5 of the Bill be amended by inserting the following new sub-clause immediately after sub-clause (1)—

(2) The Council may appoint such committees as may be necessary to perform any of its functions under this Act.

The amendment seeks to provide the council with the power to appoint committees as may be necessary for the performance of its functions and to assist in the execution of its mandate.

(Question of the amendment proposed)

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Is there any Member who would like to participate in this? Mover of the Bill, would you like to say a word?

(Question, that the words to be inserted be inserted, put and agreed to)

(Clause 5 as amended agreed to)

Clause 6

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Vice-Chairperson.

Hon. Hilary Kosgei (Kipkelion West, UDA): Hon. Temporary Chairlady, I beg to move:

THAT, Clause 6 of the Bill be deleted and replaced with the following new clause—

Composition of the Council.

6(1)The management of the Institute shall vest in a Council comprising—

(a) a chairperson elected by the members of the Institute in the manner prescribed by regulations;
(b) the Principal Secretary of the Ministry for the time being responsible for social services and social protection;
(c) the Principal Secretary of the Ministry for the time being responsible for health;

(d) one person nominated by the Commission for University Education;
(e) five other members elected by the members of the Institute in the manner prescribed by regulations; and
(f) the Executive Director, who shall be an ex-officio.

(2) The chairperson or a member of the Council elected under subsection (1)(a), (d) and (e) shall hold office for a period of three years and may be eligible for re-appointment for a further and final term of three years.

(3) A person qualifies for appointment as a chairperson or member of the Council under subsection (1)(a), (d) and (e) if the person —

(a) holds a bachelor's degree in social work from a university recognized in Kenya;
(b) is a registered social work professional;
(c) has had at least ten years proven experience in social work; and
(d) meets the requirements of Chapter Six of the Constitution.

Hon. Temporary Chairlady, the justification is that the amendment conforms to the provisions in the Second and Third Schedules regarding the election of the Chairperson and members of the council.

(Question of the amendment proposed)

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): I do not see any interest in this. Hon. Beatrice Elachi, do you have an interest in this Bill? Go ahead.

Hon. Beatrice Elachi (Dagoretti North, ODM): Thank you, Hon. Temporary Chairlady. I support the amendment, but also wish to point out that when you look at Clause 6, you have the Chairperson, who shall be a social worker, then the Principal Secretary (PS) of the Ministry for the time being responsible for health. You also have the Principal Secretary of the Ministry for the time being responsible for social services and social protection, which covers the elderly and vulnerable persons. We need to consider how to bring in the street families. Are they considered vulnerable persons? I want the Committee to be very clear on how this Bill is going to take care of street families.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. (Dr) James Nyikal, Chairman of the Departmental Committee on Health.

Hon. (Dr) James Nyikal (Seme, ODM): Thank you, Hon. Temporary Chairlady. I would like to give an explanation. A chairperson elected by members of the Institute in the manner prescribed by the regulations brings some instability. If a member of an organisation is elected according to regulations that can be made or changed by the Cabinet Secretary, then you will have a situation where these regulations can be altered and manipulated at any time. In my view, the election of a chairman of a body like this should be clearly stated in the main body of the law and remain so. I am concerned about subjecting it to regulations. I would have proposed retaining "elected by members of the Institute" and omitting "in a manner prescribed by regulations." Could we have an explanation for that?

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Vice-Chairman, before I come to you, kindly approach the Table.

Hon. Ferdinand Wanyonyi.

Hon. Ferdinand Wanyonyi (Kwanza, FORD-K): Not on this one.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Not on this Bill. Hon. Martin Owino, Member for Ndhiwa.

Hon. Martin Owino (Ndhiwa, ODM): Not on this one.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Not on this Bill. Hon. Charles Ngusya Nguna, Member for Mwingi West.

Hon. Charles Nguna (Mwingi West, WDM): Not on this one.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Not on this particular one.

Hon. Charles Nguna (Mwingi West, WDM): Yes. Thank you.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Thank you very much, Hon. Members.

Hon. Member for Kaiti, you sponsored this Bill; therefore, you have the right to make your comments on it.

Hon. Joshua Kimilu (Kaiti, WDM): Thank you, Hon. Temporary Chairlady. I concur with the Committee on the amendment on the election of the Chairperson. I support the amendment.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Thank you very much.

(Question, that the words to be left out be left out, put and agreed to)

(Question, that the words to be inserted in place thereof be inserted, put and agreed to)

(Clause 6 as amended agreed to)

Clause 7

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Vice-Chairman, you have an amendment. Please proceed.

Hon. Hilary Kosgei (Kipkelion West, UDA): Hon. Temporary Chairlady, I beg to move:

THAT, Clause 7 of the Bill be amended in sub-clause (2) by inserting the following new paragraph immediately after paragraph (a)-

(aa) holds a bachelor's degree in social work from a university recognised in Kenya;

The justification is very clear. It is to provide clarity on the academic qualifications for appointment as the Chief Executive Officer (CEO).

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Thank you very much, Hon. Vice-Chairman.

(Question of the amendment proposed)

Hon. Charles Ngusya Nguna, please proceed.

Hon. Charles Nguna (Mwingi West, WDM): Thank you, Hon. Temporary Chairlady. I support my colleague because some of the CEOs who have been given jobs previously do not meet the proper academic qualifications. Therefore, it is very important that we specify this clause so that we get competent people who have proper credentials for running these institutions.

Thank you, Hon. Temporary Chairlady.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Thank you very much, Member for Mwingi West.

(Question, that the words to be inserted be inserted, put and agreed to)

(Clause 7 as amended agreed to)

(Clauses 8, 9, 10, 11, 12, 13 and 14 agreed to)

Clause 15

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Vice-Chairman, you have an amendment.

Hon. Hilary Kosgei (Kipkelion West, UDA): Hon. Temporary Chairlady, I beg to move:

THAT, Clause 15 of the Bill be amended-

(a) by deleting sub-clause (2);

(b) in sub-clause (3), by deleting the word "nominated" appearing in paragraph (a) and substituting therefor the word "appointed";

(c) by inserting the following new sub-clauses immediately after sub-clause (3)-

(3A) In appointing the persons under sub-section (3)(a), the Council shall give regard to the diversity of various fields of social work practice, ethnic and gender representation.

(3B) The Board shall determine and regulate its own procedure.

(3C) The members of the Board shall be paid such allowances as may be determined by the Council.

The amendment seeks to recognise that the council is the governing body on matters relating to examinations. It also seeks to ensure that the appointment of the four persons to the Board reflects diversity in terms of social work practice and ethnic composition.

Further, the amendment seeks to empower the Board to regulate its meetings in terms of procedure.

(Question of the amendment proposed)

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Lydia Mizighi, Member for Taita Taveta. Please give the microphone to the Member.

Hon. Haika Mizighi (Taita Taveta County, UDA): Thank you very much, Hon. Temporary Chairlady. I also support, especially on matters of diversity. I agree with the Committee's amendment. Thank you.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Thank you very much. I do not see... Hon. Members, if you are interested in this, please hit the intervention button.

Hon. Ngusya Nguna, Member for Mwingi West.

Hon. Charles Nguna (Mwingi West, WDM): Thank you, Hon. Temporary Chairlady. This is a very important clause. Most of the time, these appointments do not reflect diversity in terms of gender and regional balance. Hon. Vice-Chairman, it is very important that you came up with this amendment. I fully support it.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Thank you very much, Hon. Members.

(Question, that the words to be left out be left out, put and agreed to)

(Question, that the words to be inserted in place thereof be inserted, put and agreed to)

(Question, that the words to be inserted be inserted, put and agreed to)

(Clause 15 as amended agreed to)

Clause 16

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Vice-Chairman, you have an amendment. Please proceed.

Hon. Hilary Kosgei (Kipkelion West, UDA): Hon. Temporary Chairlady, I beg to move:

THAT, Clause 16 of the Bill be amended by-

(a) deleting paragraph (e); and

(b) deleting paragraph (i).

The amendment seeks to delete paragraph (e) on the issuance of certificates, as it is already provided for in paragraph (f). Additionally, noting that all the money collected under the Act is payable to the Council, the amendment seeks to delete paragraph (i). Thank you.

(Question of the amendment proposed)

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Anyone interested in this, please hit the intervention button. I do not see any interest in this. Hon. Dorothy Ikiara.

Hon. Dorothy Muthoni (Nominated, UDA): Hon. Temporary Chairlady, I had not pressed the intervention button, but I agree with the amendment. I fully support.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Thank you very much, Hon. Members.

(Question, that the words to be left out be left out, put and agreed to)

(Clause 16 as amended agreed to)

Hon. Members, I would like to recognise guests seated in the Speaker's Gallery. Village elders from Moiben Constituency, Uasin Gishu County. I take this opportunity to welcome them to the National Assembly, which is a House of Parliament. On behalf of the Hon. Speaker and all Members of this House, I welcome you to the House of Parliament so that you may continue observing the proceedings of the House. Thank you.

Also in the Public Gallery are students from Nyansabakwa Boys High School in West Mugirango Constituency, Nyamira County. You are welcome to the National Assembly to continue observing the proceedings of the House.

Hon. Charles Nguna (Mwingi West, WDM): On a point of order, Hon. Temporary Chairlady.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): What is out of order, Hon. CNN?

Hon. Charles Nguna (Mwingi West, WDM): Hon. Temporary Chairlady, I am very excited to see the village elders from Moiben Constituency. I congratulate my friend, Hon. Bartoo, for bringing them to the House.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Charles Nguna, thank you very much. You may be seated.

Hon. Charles Nguna (Mwingi West, WDM): Hon. Temporary Chairlady, on a point of information.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Please, for the purpose of order…

Hon. Charles Nguna (Mwingi West, WDM): We passed a Bill…

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Thank you very much, Hon. CNN. We are in the Committee of the whole House.

(The Temporary Chairlady (Dr Rachael Nyamai) pointed to the Hon. Speaker's seat)

If the Hon. Speaker were in his seat, we would have done it differently and even taken the opportunity to invite Members from that county to facilitate more interaction. However, unfortunately, we are in the Committee of the whole House.

(Clause 17 agreed to)

Clause 18

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Chairman, you have an amendment.

Hon. Hilary Kosgei (Kipkelion West, UDA): Hon. Temporary Chairlady, I beg to move:

THAT, Clause 18 of the Bill be amended —

(a) by deleting paragraph (c) and substituting therefor the following new paragraph—

(c) has successfully undergone a prescribed certificate, diploma or degree course and has passed the appropriate examination conducted or prescribed by the Institute;

(b) in paragraph (d) by deleting the words "degree or research course of training" and substituting therefor the words "or degree course".

The amendment seeks to recognise that social work practice includes social work professionals who are holders of certificates and diplomas in social work. It also provides that the prescription of the courses for qualification of registration should be provided for in regulations, and a research course should not be a qualification for registration.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Thank you, Hon. Hilary.

Hon. Martin Owino wants to contribute.

Hon. Martin Owino (Ndhiwa, ODM): I support the amendment. As we progress in life, there are a lot of health and mental issues.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Order, Hon. Owino. I will give you a chance later on.

(Question of the amendment proposed)

Member for Ndhiwa, Hon. Martin Owino, you may now proceed.

Hon. Martin Owino (Ndhiwa, ODM): Hon. Temporary Chairlady, I support the Chairman on the qualification of the social workers. We are at a time where mental health issues are of great concern in social health. Education will play a great part in ensuring they are on the same page in counselling.

Thank you.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Joshua Kimilu, Member for Kaiti, who is also the sponsor of the Bill.

Hon. Joshua Kimilu (Kaiti, WDM): Thank you, Hon. Temporary Chairlady. I support the amendment by the Committee. It is high time we expanded the threshold and required appropriate qualifications for social work, given that we have numerous institutions offering training for certificate and diploma qualifications.

I support the amendment.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Thank you. Hon. Gichimu, please proceed.

Hon. Gichimu Githinji (Gichugu, UDA): Thank you, Hon. Temporary Chairlady. I also support the amendment. I agree with my colleagues. Clause 18(b) of the Bill gives clarity and removes the ambiguity of the requirements. There is no way one can have the requirement of a degree or a research course of training. The requirement for a degree as the sole specific requirement provides clarity and removes the initial ambiguity.

Thank you.

(Question, that the words to be left out be left out, put and agreed to)

(Question, that the words to be inserted in place thereof be inserted, put and agreed to)

(Clause 18 as amended agreed to)

(Clause 19 agreed to)

Clause 20

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): We have an amendment. Hon. Chairman, please, proceed.

Hon. Hilary Kosgei (Kipkelion West, UDA): Hon. Temporary Chairlady, I beg to move:

THAT, Clause 20 of the Bill be amended by—

(a) inserting the word "work" immediately after the words "a social" appearing in paragraph (b);

(b) inserting the following new paragraph immediately after paragraph (b) —

(ba) the firm has shareholders who are registered as social work professionals and have valid practising certificates;

The amendment seeks to correct a typographical error to make reference to the term 'social work professional'.

(Question of the amendment proposed)

(Question, that the words to be inserted be inserted, put and agreed to)

(Clause 20 as amended agreed to)

Clause 21

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Chairman, you have an amendment.

Hon. Hilary Kosgei (Kipkelion West, UDA): Hon. Temporary Chairlady, I beg to move:

THAT, Clause 21 of the Bill be amended by inserting the following new sub-clauses immediately after sub-clause (3) —

(4) Where an application for registration fails to meet the requirements specified in section 18, the Executive Director shall inform the applicant, in writing, within seven days of the decision of the Registration Committee.

(5) Within three days of receipt of the notification under sub-section (4), a person may appeal the decision to the Council.

The amendment seeks to ensure fair administrative processes by requiring the Executive Director to inform an applicant of the decision arrived at by the Registration Committee on an application within seven days.

(Question of the amendment proposed)

(Question, that the words to be inserted be inserted, put and agreed to)

(Clause 21 as amended agreed to)

(Clauses 22 and 23 agreed to)

Clause 24

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Chairman, you have an amendment.

Proceed.

Hon. Hilary Kosgei (Kipkelion West, UDA): Hon. Temporary Chairlady, I beg to move:

THAT, Clause 24(4) of the Bill be amended by inserting the words "electronic mail or" immediately after the words "removal by".

The amendment seeks to provide for communication through electronic mail, as there is a need to embrace an efficient mode of communication for the issuance of notifications for removal from a register.

(Question of the amendment proposed)

(Question, that the words to be inserted be inserted, put and agreed to)

(Clause 24 as amended agreed to)

(Clauses 25, 26 and 27 agreed to)

Clause 28

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Chairman, you have an amendment.

Proceed.

Hon. Hilary Kosgei (Kipkelion West, UDA): Hon. Temporary Chairlady, I beg to move:

THAT, Clause 28 of the Bill be amended by inserting the following new sub-clause immediately after sub-clause (4) —

(4A) A practising certificate shall be renewable every two years.

The amendment provides for provisions for the period of validity of practising certificates.

Thank you, Hon. Temporary Chairlady.

(Question of the amendment proposed)

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. CNN, Charles Ngusya Nguna, Member for Kitui West.

Hon. Charles Nguna (Mwingi West, WDM): It is Mwingi West, not Kitui West, Hon. Temporary Chairlady.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Member for Mwingi West, thank you.

Hon. Charles Nguna (Mwingi West, WDM): I would like to seek clarification from the Chairperson. Why is it two years, but not one, five, or 10 years?

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Chairman, do you wish to respond? Before I come to you, Hon. Chairman, let us have Hon. Owino, Member for Ndhiwa.

Hon. Martin Owino (Ndhiwa, ODM): Hon. Temporary Chairlady, I will seek clarification so that the Chairman can respond to both interventions. In many practices worldwide, professional certificates are renewed annually, allowing professionals to stay current with new ideas. If we say two years, we may have some decay in practice. Can he justify why he chose two years?

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Member for West Mugirango,

Hon. Stephen Mogaka (West Mugirango, JP): Thank you, Hon. Temporary Chairlady. I rise to support the amendment as presented by the Chairperson. I am sure he has plausible reasons for the same. While I am on my feet, please permit me to welcome the students of Nyansabakwa Boys' High School from my constituency, who have visited the National Assembly. I encourage them to study very hard and aspire to become Members of Parliament, like Hon. Richumbe. I welcome them to the House.

Thank you, Hon. Temporary Chairlady

(Laughter)

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): We do not have any more interest in this amendment.

Hon. Chairman, please proceed and respond, focusing more on the matter raised by the Member for Ndhiwa.

Hon. Hilary Kosgei (Kipkelion West, UDA): Thank you, Hon. Temporary Chairlady. There is consensus on this amendment because the period provided for was longer. We reduced it to make sense and capture what the Member for Ndhiwa has said.

(Question, that the words to be inserted be inserted, put and agreed to)

(Clause 28 as amended agreed to)

Clause 29

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Chairman, you have an amendment.

Hon. Hilary Kosgei (Kipkelion West, UDA): Hon. Temporary Chairlady, I beg to move:

THAT, Clause 29 of the Bill be amended in sub-clause (1) by deleting the words "of a sexual kind" appearing in paragraph (g).

The amendment seeks to remove ambiguity by making reference to the broad term "favours and other benefits" as used in the Bill. We are just clearing the ambiguity.

(Question of the amendment proposed)

(Question, that the words to be left out be left out, put and agreed to)

(Clause 29 as amended agreed to)

Clause 30

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Chair, you have an amendment.

Hon. Hilary Kosgei (Kipkelion West, UDA): Hon. Temporary Chair, I beg to move:

THAT, Clause 30 of the Bill be amended by inserting the following sub-clause immediately after sub-clause (3) —

(4) The quorum of the Committee shall be three members.

The amendment seeks to provide for the quorum of the Committee to govern its proceedings.

(Question of the amendment proposed)

(Question, that the words to be inserted be inserted, put and agreed to)

(Clause 30 as amended agreed to)

(Clauses 31, 32, 33, 34, 35, 36, 37, 38, 39, 40 and 41 agreed to)

Clause 42

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Chair, you have an amendment?

Hon. Hilary Kosgei (Kipkelion West, UDA): Chair, I beg to move:

THAT, Clause 42 of the Bill be amended by—

(a) deleting sub-clause (1) and substituting therefor the following new sub-clause—

(1) The Cabinet Secretary shall, upon commencement of this Act, appoint an Interim Council consisting of—

(a) the Principal Secretary of the Ministry for the time being responsible for social services and social protection;

(b) two persons nominated by the Kenya National Association of Social Workers';

(c) two persons nominated by the Association of Social Work Education in Kenya; and

(d) two persons nominated by the Kenya Medical Social Workers Association.

(b) deleting sub-clause (2) and substituting therefor the following new sub-clause—

(2) The members of the Interim Council shall at the first meeting of the Interim Council elect a chairperson from among the members under subsection (1)(b), (c) or (d).

(c) inserting the following new sub-clause immediately after sub-clause (2)—

(2A) The Interim Council shall assume the responsibilities of the Council until the first elections are held under this Act.

(d) inserting the phrase "prescribe regulations for the conduct of the first elections of the chairperson and members of the Council" immediately after the words "Interim Council shall" appearing in sub-clause (3).

(e) inserting the following new sub-clauses immediately after sub-clause (4)—

(5)Despite section 18, any person who before the commencement of the Act was engaged in social work practice shall within two years after the commencement of the Act apply for registration under this Act.

(6) After expiry of the period under sub-section (5), no person shall carry on the business or hold himself or herself out as being a social work professional except in compliance with this Act.

The amendment seeks to ensure inclusiveness in representation of the interim transitional mechanism by providing that the Interim Council shall consist of representatives nominated by the Kenya National Association of Social Workers, the Association of Social Work Education in Kenya and the Kenya Medical Social Workers Association.

Thank you, Hon. Temporary Chairlady.

(Question of the amendment proposed)

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Joshua Kimilu.

Hon. Joshua Kimilu (Kaiti, WDM): Thank you, Hon. Temporary Chairlady. I support the amendment by the Committee. We want to be inclusive, and consultation is key. I agree with the Vice-Chair of the Committee.

Thank you.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Martin Owino, Member for Ndhiwa. Members, please, make use of your cards.

Hon. Martin Owino (Ndhiwa, ODM): Thank you, Hon. Temporary Chairlady. I support the Chairman on this amendment. I am just wondering whether the Council of Governors (CoG) is effectively represented. Most social work is around health. I hope they can be represented. We always include them in such matters.

I support the amendment.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. James Nyikal, Member for Seme and the Chair of the Departmental Committee on Health.

Hon. (Dr) James Nyikal (Seme, ODM): Thank you, Hon. Temporary Chair. I need some explanation. Clause 42(1) of the Bill says there is an existing association that will assume this work, but the amendment creates a new association. What happens to the old one? This is a matter that needs to be addressed. I do not know whether it has been taken into consideration. The new one is fine because it involves everybody, but then what happens to the old one?

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Beatrice Elachi. Chair, get ready.

Hon. Beatrice Elachi (Dagoretti North, ODM): Thank you, Hon. Temporary Chairlady. While I agree with the Chair, as Hon. Nyikal has said, there is a need to have a mechanism for a very smooth transition process. The national Government has quite a large team in the health docket. Remember when we were transitioning to devolution, we did not have better structures in place. I hope we are creating the offices and that they will have a structure similar to the one at the Teachers Service Commission (TSC). Health is one of the sectors that has not had structures ever since we went into devolution. I would, therefore, wish the Chair to explain to us how the transition will strengthen the offices that were devolved.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Gichimu, Member for Gichugu, please, take a minute. Hon. Members, I encourage you not to debate. We are in the Committee of the whole House. So, take less than one minute to make your point.

Hon. Gichimu Githinji (Gichugu, UDA): I am well guided, Hon. Temporary Chair. This clause clearly provides for a very good period of transition for social workers in practice. They will be required to practice for two years as they register in compliance with this Act. After the expiry of the two years, it will be mandatory for them to register to practice.

I support.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Chair, I will give you a minute. There are several matters, but they are more or less the same in terms of theme. They were raised by the Member for Seme, the Member for Ndhiwa, Hon. Beatrice Elachi and Hon. Gichimu. Generally, they support the amendment.

Hon. Hilary Kosgei (Kipkelion West, UDA): Thank you, Hon. Temporary Chairlady. It was considered that the Kenya National Association of Social Workers, the Association of Social Work Education, and the Kenya Medical Social Workers Association are the largest social work associations in Kenya. We thought that involving them in the interim would help give birth to the next level. That is the whole essence of including them.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): There is also the assumption that governors can be incorporated at the Intergovernmental Council level.

(Question, that the words to be left out be left out, put and agreed to)

(Question, that the words to be inserted in place thereof be inserted, put and agreed to)

(Question, that the words to be inserted be inserted, put and agreed to)

(Clause 42 as amended agreed to)

(Schedule agreed to)

Clause 2

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Chairman, you have an amendment.

Hon. Hilary Kosgei (Kipkelion West, UDA): Thank you, Chair. Chair, I beg to move:

THAT, clause 2 of the Bill be amended by—

(a) inserting the word "social" immediately after the words "social services and" appearing in the definition of the term "Cabinet Secretary; and

(b) inserting the following new definition in its proper alphabetical sequence—
"social work professional" means "a person who is registered under this Act to practice social work in Kenya".

The amendment seeks to refer to the correct description of the responsible Cabinet Secretary and provide for a definition of the term 'social work professional' as used in the Bill to create clarity.

(Question of the amendment proposed)

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Gichimu. Make it quick.

Hon. Gichimu Githinji (Gichugu, UDA): Thank you, Hon. Temporary Chairlady. This was a bone of contention during the Second Reading debate. The definition of a social work professional was missing in the initial Clause 2. This is a very good amendment. It depicts clarity, and I support it.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Thank you very much.

(Question, that the words to be inserted be inserted, put and agreed to)

(Clause 2 as amended agreed to)

Long title

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Mover.

Hon. Joshua Kimilu (Kaiti, WDM): Hon. Temporary Chairlady, I beg to move:

THAT, the title of the Bill be amended by deleting the words "Institute of".

The Bill seeks to regulate social work professionals; hence, the amendment aims to align the title with the contents of the Bill.

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Thank you very much, Chairman.

(Question of the amendment proposed)

(Question, that the words to be left out be left out, put and agreed to)

(Long title as amended agreed to)

Clause 1

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Chairman, you have an amendment.

Hon. Joshua Kimilu (Kaiti, WDM): Hon. Temporary Chairlady, I beg to move:

THAT, Clause 1 of the Bill be amended by deleting the words "Institute of".

The Bill seeks to regulate social work professionals, and hence the amendment seeks to align with its contents.

(Question of the amendment proposed)

(Question, that the words to be left out be left out, put and agreed to)

(Clause 1 as amended agreed to)

The Temporary Chairlady (Hon. (Dr) Rachael Nyamai): Hon. Members, we have concluded consideration of the Bill. Mover.

Hon. Joshua Kimilu (Kaiti, WDM): Hon. Temporary Chairlady, I beg to move that the Committee do report to the House its consideration of the Institute of Social Work Professionals Bill (National Assembly Bill No. 17 of 2023) and its approval thereof with amendments.

(Question proposed)

(Question put and agreed to)

(The House resumed)

IN THE HOUSE

[The Temporary Speaker (Hon. David Ochieng') in the Chair]

MOTION

CONSIDERATION OF REPORT ON THE INSTITUTE OF SOCIAL WORK PROFESSIONALS BILL

The Temporary Speaker (Hon. David Ochieng'): Hon. Chairperson.

Hon. (Dr) Rachael Nyamai (Kitui South, JP): Thank you very much, Hon. Temporary Speaker. I beg to report that the Committee of the whole House has considered the Institute of Social Work Professionals Bill (National Assembly Bill No. 17 of 2023) and approved the same with amendments.

The Temporary Speaker (Hon. David Ochieng'): Mover.

Hon. Joshua Kimilu (Kaiti, WDM): Thank you, Hon. Temporary Speaker. I beg to move that the House do agree with the Committee in the said report. I request Hon. Gichimu to second the Motion for agreement with the report of the Committee of the whole House.

Hon. Gichimu Githinji (Gichugu, UDA): Hon. Temporary Speaker, I second.

(Question proposed)

The Temporary Speaker (Hon. David Ochieng'): If there is no interest in this, for obvious reasons, we will move to the next Order. The Question will be put to this matter when we have the necessary quorum.

Next Order.

(Putting of the Question deferred)

MOTION

The Temporary Speaker (Hon. David Ochieng'): Is Hon. Sabina Chege in the House?

(Hon. Sabina Chege spoke off the record)

This is for you to move. Hon. Members, before she does so, join me in recognising students from Lukenya Primary and Junior Secondary School from Gichugu Constituency, Kirinyaga County and the Fountain Group of Schools from Limuru Constituency in Kiambu County. They are welcome to follow our proceedings this morning.

(Hon. Gichimu Githinji spoke off the record)

I had already given Hon. Sabina Chege a chance to proceed with her Motion. She will recognise the students as she moves. It is not mandatory for a Member to recognise guests in the House, but if they wish to, they may. Hon. Gichimu, you may proceed.

Hon. Gichimu Githinji (Gichugu, UDA): Thank you, Hon. Temporary Speaker. I take this opportunity to appreciate all students who have visited Parliament this morning, along with all other visitors in both galleries.

I especially want to recognise that Lukenya Primary has brought about 100 students to visit Parliament. This school is located within my constituency. It has been performing very well academically and in extracurricular activities. On several occasions, the school has represented our region in national music festivals. It is for this reason that I personally chose to sponsor their visit to Parliament, as a way to motivate and encourage them. I will continue to motivate many other schools performing well within Gichugu in that style. Welcome and feel that you are in the right place. In future, you can be a Member of this House. Keep up the good work.

The Temporary Speaker (Hon. David Ochieng'): Thank you. Hon. Members, as I have said before, this practice should not be made mandatory. I am aware that village elders from Moiben were recognised earlier. However, their Member of Parliament would like to say a few words before they leave the gallery. I now give this chance to Hon. Phylis Bartoo.

Hon. Phylis Bartoo (Moiben, UDA): Thank you, Hon. Temporary Speaker, for giving me the chance to welcome village elders from Moiben Constituency. They are from three wards: Moiben, Sergoit and Karuna/Meibeki. I take this opportunity to welcome them, *Chamgei.*

Village elders are grassroots leaders who play a very important role. They are the pillars that support me in the constituency. For instance, when the Ministry of Health has a vaccination programme, I always run to them. When the Ministry of Education has a programme, they always support them. Society has a multiplicity of issues. Whenever there are conflicts, these are the people I run to. These village elders have supported me throughout, and I sincerely welcome them. I am very excited to see them here today.

Hon. Temporary Speaker, please allow a few Members also to welcome them on my behalf. In our community, we believe in celebrating one another, and that often includes others joining in to honour our guests.

The Temporary Speaker (Hon. David Ochieng'): I must remind Members that the Motion on the Floor of the House is not about village elders from Moiben. The Motion on the Floor of the House concerns the implementation of Universal Health Coverage (UHC) and the policy on the mandatory use of public healthcare facilities by public officers. We cannot have 20 members rise just to celebrate you.

(Hon. Phylis Bartoo spoke off the record)

No, I believe the honourable elders from Moiben are sufficiently welcomed. I am confident that they have felt the warmth and interest in receiving them. Hon. Sabina Chege, you may proceed.

(Several Members spoke off record)

Hon. Sabina Chege, this is your opportunity to move your Motion. The elders came to follow our proceedings. Let us allow them to witness and at least follow part of the proceedings before they leave the House. I believe it is important that they understand how this House works, not simply by us talking to them. I had hoped that by Hon. Sabina Chege moving a Motion would offer them a chance to learn how this House works. After all, that is why they came.

MOTION

POLICY ON MANDATORY USE OF PUBLIC HEALTHCARE FACILITIES BY PUBLIC OFFICERS

Hon. Sabina Chege (Nominated, JP): Thank you, Hon. Temporary Speaker. This Motion is also very important to the elders. I urge my colleagues to welcome our visitors as they support.

Hon. Temporary Speaker, I beg to move the following Motion:

THAT, aware that Article 43(1)(a) of the Constitution provides every person has the right to the highest attainable standard of health, which includes the right to health care services; further aware that the Government committed to accelerating attainment of Universal Health Coverage (UHC) to ensure all Kenyans have access and receive essential quality health services; cognisant of the fact that in 2020, the Ministry of Health adopted the Kenya Universal Healthcare Coverage Policy 2020-2030 with the theme: *Accelerating Attainment of Universal Health Coverage* which is currently being implemented through the introduction of Social Health Insurance Fund; noting that there is need to increase the quality of care and services provided in the public health sector; concerned that the public health care services lack adequate funds to guarantee quality health care services; further noting that civil servants, public officers and State officers are accorded a comprehensive medical cover by the respective government agencies; appreciating that the use of the comprehensive medical cover by public officers and State officers in public hospitals would guarantee sufficient funding for public hospitals; this House therefore resolves that, the Government through the Ministry of Health implements the Kenya Universal Healthcare Coverage Policy 2020-2030 and introduce a policy on mandatory use of public health care facilities by all civil servants, public officers and State officers in the country.

I beg to move and ask the Women Representative of Taita/Taveta County, Hon. Mizighi, to second.

The Temporary Speaker (Hon. David Ochieng'): Not that way, Hon. Sabina Chege. You are now a seasoned Member. This is your chance to debate the Motion - you have already read it aloud. Can you now tell us what you want this House to do, as usual? After that, you may ask the Member you have appointed to second.

Hon. Sabina Chege (Nominated, JP): Thank you.

I would like to state that I have moved this Motion based on my personal experience with public health facilities, both at the constituency and village levels, during my tenure as Chairperson of the Departmental Committee on Health. I note that Hon. Nyikal is also present in the House.

Currently, our national healthcare system operates through hospitals, starting from Level 1, which provides community-based health services, and progressing all the way to Level 6.

We have only six Level 6 public health facilities in Kenya. They include: Kenyatta National Hospital (KNH), Kenyatta University Teaching, Referral and Research Hospital (KUTRRH), National Spinal Injury Referral Hospital (NSIRH), Moi Teaching and Referral Hospital (MTRH), Mwai Kibaki Level 6 Hospital in Othaya and Mathari National Teaching and Referral Hospital (MNTRH).

The definition of Universal Health Coverage (UHC) is a key global health goal. It ensures that all people have access to essential health services without facing financial hardship. UHC is crucial to achieving health equity. According to Article 43(1)(a) of the Constitution, every citizen has the right to the highest attainable standard of health. This constitutional foundation is essential for advancing UHC in Kenya. The Kenya UHC policy 2020-2030 seeks to expand access to affordable healthcare for all, with a specific focus on the Social Health Insurance Fund (SHIF) to improve both health financing and service delivery.

What are the current challenges facing health facilities and healthcare systems in Kenya? The main challenge is funding constraints. We lack sufficient resources to adequately support public healthcare. As a result, public hospitals are often underfunded, limiting their ability to offer quality services.

Even Members of this House are subjected to substantial deductions through SHA to fund healthcare. I firmly believe that if our public hospitals are properly equipped with adequate medicine, qualified doctors, nurses, and staff to take care of patients, then perhaps such deductions would not be necessary. These deductions have not only affected us but also all public officers and anyone with a payslip.

Where does the huge chunk of the money deducted from our payslips actually go? Is it directed to public health facilities, where the *wananchi* and those we represent seek services? Or does this money end up in high-end hospitals that only a few Kenyans can afford? In many rural areas, public healthcare facilities face significant challenges, including inadequate staffing, outdated equipment, and a lack of essential medicines. These issues contribute to significant disparities in service delivery.

I wish to challenge Members of this House: Where would you seek quality medical attention if they fell ill in your constituency? Will you wait to be airlifted to Nairobi or even out of the country? This House has a duty to ensure that ordinary citizens - our siblings, the people close to you, our voters, and even ourselves - have access to quality healthcare, including proper medication, even at the village level. It is possible, but only if we allocate sufficient funds to public health.

I know that private healthcare plays a role and I am not issue with those who choose to use private health facilities. They are assisting this Government. Do we really want to over-commercialise health in Kenya and end up serving just a few people? Many public officers,

civil servants, and state officers rely on private healthcare due to comprehensive insurance coverage by their employers. This trend has diverted resources away from public hospitals, thereby limiting revenue and hampering improvements.

If I were to conduct a quick check today, we would find that Members of this House enjoy a medical cover of approximately Ksh10 million per person. This benefit extends to six members of each family. Let us ask ourselves: How many of us have visited KNH recently? Do we all prefer to go to private hospitals instead?

Another important point is that the same doctors who treat us in private hospitals are often those employed in public facilities. However, they spend only a few minutes in public hospitals before rushing to the private hospitals, where they can make an extra income. This is why the mandatory use of public health facilities by public officers will increase funding to public hospitals so that they can provide better access to healthcare and improve the public health system.

Hon. Temporary Speaker, I had an experience in the private wing of KNH, where I went to admit my dad. In this day and age, when one is admitted to the Private Wing of the Kenyatta National Hospital (KNH), a Level 6 hospital, they are given a basin to carry personal items, such as tissue paper. Patients must pass through the Accident and Emergency Department to reach the lifts. Upon entering the rooms, I was shocked to find some old bathtubs, despite being in the Private Wing. This made me reflect: what about those admitted to the general wards?

We urgently need to reallocate resources to the KNH, our premier national referral hospital. This is a facility where people from other nations used to come for treatment. Hon. Nyikal has the institutional memory. Presidents once received care at KNH. Why are we moving backwards? When did the rain start beating us? Resulting in our public hospitals being in such a pathetic condition.

We have only one national mental hospital, the Mathari National Teaching and Referral Hospital (MNTRH). When I served as Chairlady of the Departmental Committee on Health, I had the privilege of visiting MNTRH. Sadly, it was in a very pathetic condition. Because of such challenges, we lost a doctor who chose to seek treatment at a private facility. There is also a story in the news of a lady who was strangled at the Chiromo Group of Hospitals - a young woman who had a future. This is because we have very few mental health facilities. So, mental health remains a national challenge. How many functional mental health facilities exist, even at the county level? Can our young people access proper and timely mental health check-ups?

If MNTRH is our only national mental institution, then as a nation, we are lost. A significant percentage of the population cannot afford to visit private facilities. I am not saying that you cannot go to private mental health facilities if you have mental health challenges. You can access private hospitals if you have your own money and private medical insurance. As I said, the ministry will come up with a policy for anything that cannot be treated in the public hospitals. I am not limiting anyone, but let us first support our public institutions so that they can improve.

I wish to challenge the Members of this House. During the 8-4-4 education system, children would often attend private primary schools but later compete to join public secondary schools. This is because those public secondary schools were well managed, had qualified teachers, and the students performed very well. Today, however, many of us avoid public hospitals due to congestion. These hospitals are overcrowded because there are not enough doctors and nurses.

In some cases, patients are being killed while in the hospital due to insecurity. If we do not finance our public institutions, especially the public health services and hospitals, then we

cannot expect them to function properly. We need to empower them so they can provide high-quality healthcare in our country.

There is a need for proper infrastructural investment and better compensation for consultants working in the public health sector. Strategic funding for public hospital infrastructure will elevate these facilities to the level of private institutions. This includes ensuring the continuous availability of health products and technologies, such as drugs, the latest diagnostic equipment, and consumables. A well-equipped public hospital with modern technology, sufficient medical supplies and improved working conditions will enable healthcare practitioners to provide quality services that meet international standards. Furthermore, increasing the remuneration and incentives of medical professionals working in public hospitals to match those in private hospitals will encourage them to dedicate their time and expertise to serving the public healthcare sector.

Countries such as Thailand and the United Kingdom (UK) have invested heavily in their public health systems by ensuring that both ordinary citizens and public officials receive world-class healthcare without seeking private alternatives. In fact, private hospital care in the UK is three times more expensive than public sector care.

Therefore, I urge this House to support this Motion. The Ministry of Health should come up with a policy to ensure that we have enough funding. Members of Parliament have a Ksh10 million inpatient cover per person. If you multiply that by the number of Members, it amounts to Ksh3.49 billion just for this House alone to support our healthcare. I want Members to have confidence in their facilities. Health is a devolved function from Level 5 hospitals downwards. If you are in your constituency or have gone to stay in the village, and you or your child fall ill, you should confidently walk into a public hospital and find a doctor. If doctors know that a Member of Parliament can walk into a hospital at any time for medical attention, they will be there on time and give quality services.

Finally, for this House to believe that public health facilities can work, I urge all of us to visit the KUTRRH. It is not new, but it is modern. Please take a tour and tell me which hospital in Kenya, East Africa, or Africa can match our standards. We have modern theatres, Positron Emission Tomography (PET) scans for cancer screening, and everything we need at KUTRRH. The KUTRRH will soon have a children's hospital with a 300-bed capacity. Why not support our own instead of spending much money in a private facility? The amount of money you would spend in a public hospital is often half or a quarter of what it would cost in a private institution. Supporting public facilities will ensure that our children, particularly those in Gen Z, many of whom are still unemployed and unable to afford private medical care, can access essential health services. If more people used public facilities, the money would return to the system, helping strengthen our public hospitals.

Hon. Temporary Speaker, I humbly submit and ask this House to support this Motion. I also request Hon. Mizighi, the Women Representative for Taita Taveta County, to second the Motion.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. David Ochieng'): Member for Taita Taveta County.

Hon. Haika Mizighi (Taita Taveta County, UDA): Thank you very much, Hon. Temporary Speaker, for this opportunity. I want to begin by thanking Hon. Sabina Chege for bringing such an important, necessary, and timely Motion on matters of health and Universal Health Coverage.

Every citizen deserves the right to access affordable and quality healthcare. If we invest in our healthcare systems by equipping public hospitals with proper infrastructure, all Kenyans will be able to utilise public health services effectively. In most cases, the same doctors and medical staff who serve in private hospitals also work in public hospitals. If we provided these public institutions with the necessary resources, all of us could make use of them.

In my county, Taita Taveta, we have experienced a number of maternal deaths in public hospitals, which is extremely concerning. We have lost women while giving birth in recent days. I extend my condolences to the families, including that of a Member of the County Assembly (MCA). I have prepared a statement addressing this matter.

I would like to take this opportunity to support and second the Motion by Hon. Sabina Chege, stating that we need to…

(Loud consultations)

The Temporary Speaker (Hon. David Ochieng'): Order, Hon. Members. We will listen to the Member for Taita Taveta County in silence. Go ahead.

Hon. Haika Mizighi (Taita Taveta County, UDA): Thank you, Hon. Temporary Speaker, for protecting me. It was noisy, but now I can concentrate and focus. I was winding up by saying that I second this Motion. We need to have a policy on matters of UHC and support our public health institutions so that they can give the required health services to all citizens.

I beg to second.

The Temporary Speaker (Hon. David Ochieng'): Hon. Members, this is a very important Motion. I request that you consult in low tones to allow Members to be heard as they debate.

(Question proposed)

The first chance goes to Hon. Hilary Kosgei.

Hon. Hilary Kosgei (Kipkelion West, UDA): Thank you very much, Hon. Temporary Speaker. I would like to begin by congratulating Hon. Sabina Chege on this thoughtful and forward-thinking Motion. This initiative is a result of her experience as the Chairlady of the Departmental Committee on Health during the 12th Parliament.

Hon. (Dr) Nyikal and I once served together in the same Committee. At one point, he shared with us how, in the 1980s, ministers were admitted to KNH for treatment. That was a time in our country when public facilities were held in higher regard than private facilities. However, in the early 1990s, a visible contest emerged between the private and public sectors. This competition touched our hospitals, schools, and universities. At that time, it was still a matter of prestige to say one had attended St. Mary's Yala High School, Kericho High School, Mang'u High School, and other renowned public secondary schools. However, a time came when the private sector began to overshadow the public sector.

Today, if your child is not in a private school, you are considered a poor person. This is the tragic reality. It was once a mark of honour to be treated at KNH and other public facilities across Kenya. However, now, unless one is admitted to Nairobi Hospital, Aga Khan Hospital, or other private hospitals, they are sadly viewed as poor. It used to be commendable for a student to attend the University of Nairobi or Moi University. Today, however, if a parent does not send their child to Daystar University, Strathmore University or other private universities, they are looked down upon - because the private sector has seemingly won over the public sector.

This Motion seeks to revert the country to its former state and reboot our system. I recall that in the 1990s, we used to drink tap water in Nairobi until one morning when KTN aired a report showing contaminated water in a tank that had excessive chlorine. The following week, a substantial advertisement for mineral water appeared under the name Keringet. That is how we lost our country. So, this Motion calls upon the Members of this House to seek medical attention in public facilities so that the confidence of those we represent is restored.

I urge the people of Kenya to support the war the President is fighting through the UHC and the funding model; all these efforts are aimed at restoring public confidence in the public sector.

(Applause)

The President is already doing a lot. Currently, there is an ongoing discussion about the future of how health centres and public dispensaries will source their medical supplies directly from KEMSA, rather than waiting for weeks to receive deliveries through county government channels. Previously, the Posta Corporation of Kenya used to deliver letters across the country. But with the decline of letter correspondence due to digital communication. The Government can consider partnering with KEMSA to facilitate the delivery of medical supplies to our dispensaries and hospitals. This will enhance the quality of medical care in this country.

(Applause)

When the President took bold and decisive action by introducing SHIF, there were many critics. The doubting Thomases, who never wished this program to succeed, were saying things like "SHI-SHA." Today, they are as silent as water in a pot. They are now promoting a tribal agenda because this Government is fulfilling its mandate. We must reboot the country and start afresh. Our Vision 2030 is just five years away, yet we have not yet achieved universal healthcare, affordable housing, social security, and many other objectives.

The best doctors working in private hospitals are, in fact, public doctors earning a public salary. This situation must change.

(Applause)

Hon. Temporary Speaker, because of the interest in this Motion, I do not wish to take more time. I want to allow other Members to contribute and support it. Congratulations, *Mheshimwa* Sabina Chege. Thank you.

The Temporary Speaker (Hon. David Ochieng'): Thank you. I was hoping that at some point, Hon. Sabina Chege and Hon. Hilary would inform us that they are relinquishing their medical scheme in Parliament.

Next is the Member for Dagoretti North.

Hon. Beatrice Elachi (Dagoretti South, ODM): Thank you, Hon. Temporary Speaker. I rise to support this Motion. Indeed, as noted by Hon. Hilary, we have faced numerous challenges in the public health sector for many years. However, there is one thing I would like us all to agree on: I believe that SHA is going to heal some of these issues. The SHIF has bypassed the county governments' treasuries. Therefore, I am hopeful that the funds allocated to public hospitals can generate positive outcomes.

Hon. Temporary Speaker, even as we support this Motion, we are faced with two challenges. The first challenge is cleanliness. What prevents our public hospitals from being as clean as those of other hospitals, allowing individuals to have an experience similar to that of other hospitals? In Europe, public hospitals maintain cleanliness, and this is achievable through diligent effort. There are people dedicated to maintaining these standards. What is so difficult about this? We must ensure that public hospitals are clean and welcoming, so that when any Kenyan enters, they have confidence that they will receive proper treatment. Before I receive treatment, I should walk into a clean environment. That is the minimum standard we must set. I once inquired at KNH why the facility had not been properly cleaned and restored to its previous standards.

The second issue we need to address is promoting equity in public hospitals. How can we ensure that they serve the diverse needs of our communities? Do we need to treat our people the way we do? In a hospital, there should be a friendly reception for patients. We should change our bad attitude and be hospitable.

The other issue is about resource allocation. This Motion will assist in resource allocation. I am often treated at the Kenyatta National Hospital (KNH). I like going there. There is also another affordable hospital called Jalaram. The other day, I went to my eye clinic at the Royal. These are hospitals that are very friendly to the public. They hold many medical camps. You just walk in. Also, my small dispensary, Gatina, is very clean.

I always say that the challenge is not the hospital, but the person who has decided to run it. If you want to run it well, it will work. It is just the same way we run the National Government Constituencies Development Fund (NG-CDF) offices. You find some Members of Parliament are excelling, yet others are not. It is not about what is wrong with the hospital; it is about the Kenyan who has been allowed to serve in that office. If they decide they want mediocrity, then the services will be mediocre. If they choose to make things work, then things will work. I implore those who have been entrusted to run hospitals to do right by our people.

Additionally, this Motion sets an example for us to demonstrate our commitment to public service and institutions. If I walk into a hospital, I have a commitment. I am not just doing it for public relations! Even for our doctors, as you take me to your private clinic, what are you portraying? I will walk into a public hospital and be treated on the first day. On the second day, I will be told where to find the doctor privately in his clinic. Can we have a culture where, if I walk into a public hospital, the doctors treat me there without suggesting that I be treated in their private clinics? That is how the private clinics thrive.

This House must come up with a Bill that outlines a moderate rate a hospital should charge. In some places, people believe that health is a highly profitable entity. It is no longer affordable. That is why even if you have the Social Health Authority **(**SHA), you will still be required to top up some money. That is why young people wonder why they cannot simply walk into a hospital and afford the services. That is why we are in this crisis. We must ask ourselves how we can become accountable. How do we become a good example to those we serve?

This Motion also addresses the issue of inequality. It raises the issue of supporting institutions and examining socio-economic factors. Even as we bring in this policy, we need to change our attitude and realise we are doing this for generations to come. Those who built the KNH wonder why we do not have another bigger hospital. You look at what our forefathers did for us, and when you look at our generation, you realise that it is killing every institution they tried to build! We have created so many things and turned them political. This is a mistake we must deal with.

As we talk about health and Vision 2030, we need to thank our President. I know many will abuse him and say a lot of things, yet he has tried to look at how we can achieve the Vision 2030 goals that the late Mwai Kibaki had in mind. That is why we have SHA and Affordable Housing. People complain, yet Affordable Housing is one of the goals in Vision 2030, where we agreed as a country that we shall have 200,000 units a year. We are yet to achieve that goal. We are almost reaching 2030, and there are many other things we have yet to achieve. We should achieve a few of those so that those who started the Vision can be proud that they did something memorable for this country.

As I finalise, I plead to our young leaders that all things have a foundation and steps. We have made a mistake, but we can join in and make it right. Do not speak from the periphery and point fingers. There is no longer pointing of fingers; we are waiting for Vision 2070. I hope that as the President moves into 2027, we will have established a foundation for what we can achieve beyond 2030. We need to examine what we have not yet achieved, as well as what we

have not even started. We have many issues. We must also remember the Sustainable Development Goals (SDGs). When we began the Millennium Development Goals (MDGs) and realised we were finalising them, we picked up the SDGs. We must look at Vision 2030 and check whether the Agenda Four that the former President and the current President started is the same agenda that he is pushing. We can be the ones fighting ourselves and killing the agenda, claiming that the Government is doing nothing. It is all about Vision 2030, and this Health Policy is part of that Vision.

Hon. Temporary Speaker, I beg to support.

The Temporary Speaker (Hon. David Ochieng'): Hon. Members, before we go to Hon. Member for Seme, join me in welcoming students from Blessed Christian Centre School, Makadara Constituency, Nairobi County, seated in the Public Gallery. In the Speaker's Gallery are students from the Fountain School, Gatundu South, Kiambu County and students from Mitero Primary School, Laikipia East, Laikipia County.

They are welcome to follow the proceedings this morning in the House of Parliament.

(Applause)

Member for Seme.

Hon. (Dr) James Nyikal (Seme, ODM): Thank you, Hon. Temporary Speaker. The objects of this Motion are to improve health services. We propose that if we require individuals holding important offices in this country to utilise public services, then these services will be improved. That is the theory about this debate. The bigger picture is that we look at the ethos of the country. Education and health reflect the integrity of a country and its people's ethos. That is where it starts. If we meant it, we would not need this. We would just settle and say that all Members of Parliament are going to use public services as badly as they are. Do we really need a law? We should start by looking at ourselves.

In the 1970s and early 1980s, public services were at their best. Someone said this, and it is true. I admitted Ministers to the KNH. Public universities have been the best, but that is now changing right before our eyes. Public schools have been the best, such that when joining high school, only those who did not perform well went to private schools. Public schools were the standard bearers. Universities had tried, but it is going while we are watching. The history is that we can do it. However, what has changed is governance and the way we think about our country. Somebody asked why it is not possible for Government hospitals to work. Health services are complex due to the financial, human resource, and infrastructure requirements, including buildings, equipment, and commodities; above all, it is the management that is crucial. You can have all that, but if the ethos of our management is self-first, it will not happen. I recall the time when all the intravenous fluids were produced at Kenyatta National Hospital (KNH), a public facility. I recall a time when it was said that hospitals should not be involved in this function and that it should be given to the private sector. We are struggling with the same thing with oxygen; we think it should be for the private sector.

As a country, let us first be sincere about what we are saying is what we truly want to do. Right now, we are focusing on financing healthcare. Therefore, we have brought the issue of the Social Health Authority (SHA) to replace the National Hospital Insurance Fund (NHIF). Over the weekend, I was in my constituency and spoke with bodaboda riders. They all told me that NHIF was better than SHA. What is the issue? The SHA, by design, should be better because it has three funds. However, we started in a bit of a hurry and lost out on public confidence.

I am now chairing the Departmental Committee on Health. I am still going slow and not talking much these days because I want to see what exactly is happening. If we mean that we want to improve it, we will. However, if we are using it as a public relations exercise, it

will not work. In this country, at a political level, we must cut out public relations. We should talk less, start working, and provide services. Why did SHA begin with a problem? We have three funds, but we were in a hurry, so we started with one fund to manage all three. It is now that we are setting up the second and third funds. What about how we manage the human resources? Look at the transition. We are moving back and forth. Sometimes you are told that all NHIF staff are going to SHA, but now they are not. We must be consistent and move in an orderly manner. Let us forget about public relations. If it is good, it will look good. We will not have to keep saying it is good or that we want to do good. Just let good be done.

As the Chairperson of the Departmental Committee on Health, I am in the process of learning. I am not talking yet. We can have all the resources we need, but the most important question is: do we mean it? What carries the day when we are running services? Is it politics or business? If business and politics carry the day, our health services will not improve. That is really where the problem is. As leaders, we must have integrity. We must eliminate public relations and focus solely on what needs to be done. This, in principle, is good and can be popular.

Let us look at the other element. Can you really force people, with the Constitution in place today, to use public facilities against their will? Can that be done? This is a good debate to have, and I support it. We can pass the Motion, but if we were to go that way, there would be even human rights issues in it. As leaders, we should find deep inside ourselves... There are harambees everywhere to raise money for children going to university, yet we said we would fund university education. A mzee told me over the weekend that we are telling the people there is no money for university education, yet we are flying around in aeroplanes. He asked me how much it takes to hire a helicopter for a day. I said around Ksh500 million per day. He told me that his child needs just about Ksh100,000. One helicopter a day will cover the university fees for 10 children throughout the year. These are the issues we need to look at. We can do it as a country.

The design of SHA, if we leave out politics and business and look at the facts of the matter and listen to professionals, will bring change. Politicians should guide the country and let professionals do the work. We should not say this and at the same time look at the business and how to benefit when drugs come. The Kenya Medical Supplies Authority (KEMSA), for example, faces challenges, and most of these issues stem from the Government. County governments owe KEMSA over Ksh 2billion. The national Government and the Ministry of Health owe KEMSA money. We have given KEMSA Ksh1.5 billion, yet we owe it Ksh3 billion.

I think this is a good Bill that raises issues we should look at, but what we need is to be sincere as leaders and look at what is good for our people. Health can be improved. The public sector was working well before, particularly in health, education, and other sectors. We can do it if we change the politics. The politics of pursuing power and not caring what people are getting is where we are failing. This is possible, but let us look at the politics of the country. Thank you.

The Temporary Speaker (Hon. David Ochieng'): Hon. (Dr) Nyikal, you had told us before that SHA was part of your brainchild, and it is possible for it to work. I am wondering thus: if you want to have this policy, you need to handle one matter, and this will work. Scrap all private insurances for public officers. If you did that, you can revert to the public.

Hon. Members, join me in welcoming students from Kamwimbi Primary School, Chuka/Igamba Ng'ombe Constituency, Tharaka Nithi County. They are seated in the Speaker's Gallery, and they are welcome to follow the proceedings this morning.

Let us have the Hon. Member for Endebess. After him, this is how my list looks: Hon. Martin Owino, Hon. Nyamai, Hon. Zamzam, Hon. Ferdinand Wanyonyi, then Hon. Caroli

Omondi. I will follow that list. Be patient so that everyone gets a chance to have a say on this. The Member for Emgwen, if you do not have a card, you have to get one.

Hon. (Dr) Robert Pukose (Endebess, UDA): Hon. Temporary Speaker, I support this Motion. The Hon. Sabina Chege states that, therefore, the House resolves that the Government, through the Ministry of Health, implement the Kenya Universal Health Coverage policy 2020-2030 and introduce a policy on the mandatory use of public healthcare facilities by all civil servants, public officers, and State officers in the country. That is her prayer. That is the gist of the Motion.

The Temporary Speaker (Hon. David Ochieng'): Member for Endebess, the Mover of the Motion says that she has a point of order. Have a seat. What is out of order?

Hon. Sabina Chege (Nominated, JP): The Government, through the Ministry of Health, implements the Kenya Universal Health Coverage Policy 2020-2030 and introduces a policy of mandatory use of public health care facilities by all civil servants, public officers and State officers using medical cover catered for by the Government of Kenya. I noticed that was missing in our Order Paper, and I shared with the Clerk at-the-Table. I would like to clarify that it is public and State officers using medical cover catered for by the Government of Kenya. One is not limited.

The Temporary Speaker (Hon. David Ochieng'): We will seek clarification and amend accordingly. Member for Endebess, proceed.

Hon. (Dr) Robert Pukose (Endebess, UDA): Thank you for that amendment. Procedurally, we should have amended it before the debate.

The Temporary Speaker (Hon. David Ochieng'): We shall proceed with the debate. We will retrieve the Motion as approved by the Speaker, then amend it at that time. Proceed.

Hon. (Dr) Robert Pukose (Endebess, UDA): I will move the Motion as it appears in the Order Paper.

The Temporary Speaker (Hon. David Ochieng'): Go ahead. In any case, Hon. Pukose, you know that you can amend the Motion.

Hon. (Dr) Robert Pukose (Endebess, UDA): Yes. Thank you, Hon. Temporary Speaker. The Kenya Kwanza Government introduced the Universal Health Coverage (UHC) through four Bills that this House passed. As a result, the Social Health Authority (SHA) was launched, which manages three funds, namely: the Primary Healthcare Fund, the Social Health Insurance Fund (SHIF), and the Emergency, Chronic, and Critical Illness Fund (ECCIF). These funds have been operational since October 2024. Kenyans have since come out and shared their experiences. Many people have benefited from these funds.

Over time, these funds have undergone enhancements, which will significantly improve services within our health facilities. In my view, the only challenge has been support from the county governments. Level 2, 3, and 4 facilities have been slow in registering and providing services to the *wananchi*. Some counties have faced challenges in paying the Kenya Medical Supplies Authority (KEMSA), which contributes to the unavailability of resources within those facilities. If the county governments embrace the Primary Health Care Fund, which is available to them through the Facilities Improvement Financing Act, 2023, then they must be able to provide all the necessary services within Level 2, the dispensaries; Level 3, the health centres; and Level 4, the outpatient sub-county hospitals. This means *wananchi* will receive services on a walk-in, walk-out basis.

This House appropriated Ksh11 billion in this financial year. In the last financial year, we appropriated Ksh4 billion and subsequently, in the Supplementary Estimates, added another Ksh3 billion. That means services at those levels should be provided without any challenge. However, as my colleagues have mentioned, one of the biggest challenges in public facilities is the level of cleanliness. That is where we should begin.

I worked as a Medical Superintendent in Baringo and as a Medical Officer of Health (MOH) in Elgeyo Marakwet. We ensured the hospitals were clean, and people often preferred to come to the Government facilities. Some of us who trained at Kenyatta National Hospital (KNH) would be comfortable being treated there at any time, as well as at Moi Teaching and Referral Hospital (MTRH) and Kenyatta University Teaching, Referral, and Research Hospital (KUTRRH). It is just a matter of changing attitudes towards public facilities so that one can walk in and receive treatment.

During President Mwai Kibaki's regime, an issue of…

(Hon. Innocent Obiri crossed the Floor without bowing)

The Temporary Speaker (Hon. David Ochieng'): Hon. Waluke, talk to your friend and ask him to do the right thing.

(Hon. John Koyi consulted with Hon. Innocent Obiri)

Is that Hon. Obiri? You know what to do.

(Hon. Innocent Obiri went to the Bar and bowed to the Chair)

Proceed, Hon. (Dr) Pukose.

Hon. (Dr) Robert Pukose (Endebess, UDA): Hon. Temporary Speaker, at one point, the Government introduced what we call "amenities" within public facilities because it was noted that many Kenyans preferred a cleaner environment and wanted private rooms. These are available within Government institutions. So, this is a matter of individual attitude. Today, anybody in Eldoret would be comfortable being admitted to MTRH because it is the best public facility. In my view, it is a just a matter of prestige.

Two days ago, I visited one of the private hospitals accredited by Parliament because, while cleaning my ear, the cotton wool from the earbud entered my ear canal. They were unable to treat me, but when I went to a public hospital, I was treated. It was done within a few minutes, and I returned to the office. I will not mention the name of the hospital so as not to discourage any patient from going there. At the private hospital accredited by Parliament, I had to wait for the Ear, Nose, and Throat (ENT) specialist, who only comes to the hospital on Tuesdays, on a Monday. In the public hospital, I was treated immediately because the doctor was available. At times, we tend to blame our doctors in private hospitals for not being available. However, it may be because they are booked to work in public hospitals on that day. In fact, in public hospitals, we have senior doctors and registrars in training.

This Motion seeks to make it mandatory for every public servant to use public health facilities, and this is in good faith. We must create trust within our public institutions, knowing that we will be attended to and receive the best services, just as I did on Monday. This is a good Motion, and Kenyans should view it positively. Occasionally, when I am at home, I go to Endebess Sub-County Hospital to perform operations *pro bono*. I do not charge anyone because I am paid as a Member of Parliament. The services we provide are of high quality. We also mentor young doctors to ensure that this country attains UHC.

With those few remarks, I support.

The Temporary Speaker (Hon. David Ochieng'): This chance goes to the Member for Elgeyo Marakwet

Hon. Caroline Ng'elechei (Elgeyo Marakwet County, UDA): Thank you very much, Hon. Temporary Speaker, for giving me this opportunity. I want to appreciate the Hon. Member of Parliament, Sabina Chege, for bringing this Motion to this House.

I am a subscriber to public utilities, such as public hospitals and public schools, because these are where every Kenyan can afford to go, and where regulations and good policies are in place, unlike in private institutions. At times, we wonder why Government institutions or public institutions use taxpayers' money to pay for very expensive and exorbitant private hospitals, after receiving the money from public coffers. Yet, the services offered in both public and private hospitals are the same. What brings the difference, at times, is the management of the public hospitals. It is not the doctors, nor the services, nor the drugs, but the management of public hospitals that is lacking.

The moment you enter a public hospital, you are met with a distinct smell that signals you are now in a public hospital. It is not necessarily something you can associate with drugs or anything clinical. However, it may be something related to undisposed waste or something like that.

Now that the public hospitals have been devolved to county governments, I urge governors because, from where I sit or from the response of the people of Elgeyo Marakwet, the Social Health Insurance Fund (SHIF) is working for us. The Chairperson of the Departmental Committee on Health has just said it does not work for him. Maybe it is because the hospitals in his area or the people there do not have facilities that can actually accommodate those who want to use SHIF in public hospitals, or maybe the criteria. Maybe they were not guided well on the parameters of what people should pay.

When people try to enrol in the Social Health Authority (SHA), they are given very exorbitant charges, such as Ksh1,000, and often give up. However, if they are guided well, the mama mboga in the village and the local farmer should pay not more than Ksh630. Most people are registered with SHA, but unfortunately, when they seek services at Level 2, Level 3, or Level 5 hospitals in the county, they often do not receive sufficient care due to shortages of drugs and doctors. That is not the failure of the health practitioners. It is a failure of the management of those hospitals!

The county governments can improve their management a little bit by stationing someone there or having superintendents to ensure that people report to work and that there are drugs. Public hospitals should even have more drugs than private ones because private hospitals purchase drugs. In contrast, public ones procure them from the Kenya Medical Supplies Authority (KEMSA), which has a surplus of medical drugs.

I support this, but as much as I do, county governments should do their job. They must ensure that hospitals are thoroughly cleaned, because hygiene is what puts people off. Yesterday, someone forwarded me a video of a patient in a hospital bed at Baringo Hospital in Baringo County. The context was not to look at the service that the patient was getting, but he was telling me there was a reported unknown disease. That person was feeding from the lid of a hospital bucket. It was all over social media. These are the buckets that people normally carry to wash their clothes, and it was green in colour. That person had used the bucket to go fetch beans and ugali. So, you can imagine, someone who is a public servant, such as myself, or even a primary school teacher, a secondary school teacher, a doctor, like Hon. Nyikal and Hon. Pukose, being admitted to a hospital and being fed from a lid of a bucket! Buying or acquiring even the most basic necessities, such as plates, buckets, and spoons, in a public hospital should not be a tall order.

Some patients who visit hospitals do not anticipate being admitted. Some are even brought in by well-wishers after motorbike accidents and are just dumped there. They cannot buy anything to use while they are there. Governors should strive to ensure that they make the situation a little more decent so that the public can use those facilities.

I advocate that public institutions should pay money to public institutions to ensure we improve them. That is why, in Kenya, education almost became fully privatised because people started channelling money into private institutions, and these institutions began to allocate extra

time for teaching. The teachers who used to teach in public institutions started being paid more, even when some of them are not trained. Schools just get somebody who qualified in Form Four by getting an A Grade and pay them a lot of money to teach our children. One could be a professional teacher with about 20 or 30 years of service, but it is hard to believe that they can teach their own child, not even in school, but at home, and help them pass exams. We ended up wasting a lot of money, while people became very poor, because public institutions are dying.

I support the Motion by Hon. Sabina Chege by saying that public officers should make it a priority to get services from public institutions. The disclaimer I still give is that public hospitals should also improve. Most of the doctors who practise in private institutions still practise in the public ones. At times, I wonder why they cannot call the management of the public hospitals and show them what a private hospital looks like compared to a public one. They are actually two worlds apart!

The Temporary Speaker (Hon. David Ochieng'): Hon. Members, we have guests. In the Public Gallery, we have students from Karirikania Comprehensive School, Kuresoi North Constituency, Nakuru County, and students from Digital Junior Educational Centre in Embakasi West, Nairobi County. They are welcome to follow our proceedings this morning in the House of Parliament.

Next, we have the Hon. Member for Ndhiwa.

Hon. Martin Owino (Ndhiwa, ODM): Thank you, Hon. Temporary Speaker. I really appreciate this time to contribute to this Motion.

I want to thank my former Chairlady, Hon. Sabina Chege. I used to call her *Maitu*. I am happy that you are still on top of these health issues. The most important health facility for all of us, Members of Parliament, is the one next to your home, whether it is a health centre or a dispensary. That is a public health facility. Whether you are bitten by a snake, or you have diabetes, shock, a heart attack or anything, that is the facility that will stabilise your health.

Many times, we say that health is devolved, and we leave it to the county governments. I want to challenge ourselves. With the arrangement we now have, where health starts from Level 1 with Community Health Promoters, and goes up to Levels 2, 3, 4, and 5, we have to get involved because of that management we are talking about.

In a dispensary, there is what we call a dispensary management team that oversees the FIF, which we have already put in place. These are people selected from the surrounding area, along with experts. I think we should also be concerned about how they are working and what their concerns are. They can then manage the funds we are providing now, which, to me, is more adequate than what we had before. This is the arrangement between the Primary Healthcare Fund and the Kenya Medical Supplies Authority (KEMSA) for the procurement of drugs. All these are managed in those facilities. The important people are the Committee Members because they budget and push for execution in the counties. This is just like the way schools are run by Boards of Management and the teachers who are appointed by the Teachers Service Commission (TSC). We have to be involved. If we can involve all 349 Members of this House, we can improve it.

Hon. Temporary Speaker, access, quality and affordability of health are very important because they all address preventive and promotive health. If we are discussing funding, we should focus more on preventive and promotive health. Right now, people are showing up in higher facilities with complicated cases like cancer in Level 3 and 4 Hospitals. People have diabetes, but they do not know that it is ravaging their organs. When they show up, they are done. This is the same thing with High Blood Pressure. The funds which we, as a Committee, have allocated address preventive and promotive health.

What is lacking, which we would like to see happen, is equipping the lower facilities with the relevant equipment that supports our claims. When you get there, you can get the

treatment and the services that you deserve. This will mandate people to go there. You have to promote and market things for people to buy. Once we implement all these measures and people can access the services, they will no longer go to these private facilities.

Another critical aspect is the human resources for health. You may recall that the United States of America (USA) Government withdrew a significant amount of money that employed staff in these facilities, to the extent that you can find a health centre with only two nurses. When one goes on vacation and the other one is on training, the facility is almost closed. Moreover, there is time for our services. Healthcare is not an 8-to-5 issue; it is 24/7. These critical illnesses come at night. Level 2 and Level 3 Hospitals are not functioning because there are no personnel. When the Departmental Committee on Health talks of funding, please agree with us to increase it to the Abuja Declaration, which is 15 per cent. We are still at six or seven per cent. This is because there was another help from the US Government. We are almost on our own right now.

As I mentioned, by enhancing preventive and promotive services, we can provide quality care, which in turn will reduce disease progression. What is now killing Kenyans is the lack of quick attention and referral to services, which allows disease to progress.

Hon. Members, you will agree with me that crude death rate is now the highest, not only in Ndhiwa Constituency, but almost everywhere. You attend funerals every week. Why? It is not age-specific nowadays. Young people are dying. In olden days, whenever you heard of an ululation of cry, you would think it was an old man who had passed. However, it is now across the board. Mental issues have even complicated it. If we can deal with the disease burden at the primary level in rural settings and slums, we can prevent many diseases from progressing and mortalities as we see them now.

The issue of the Social Health Authority (SHA) is being dealt with now, and it must work. It is working in many areas. In my Constituency, I have just found out that the impediment right now is the demand to pay for the whole year. People do not have that money. We have talked with the Cabinet Secretary to look into it. We have a very energetic Cabinet Secretary who was one of us. He is working well with the Committee. They have to reduce that payment to either monthly, bi-monthly or after four months. If I am a Member of Parliament who is being paid, and my contribution is monthly, how dare we say somebody who has no continuous income pays per year? That one is being sorted out.

The other issue I found with SHA is that people are still being told to pay a fee for books or data. Why do we have to write to people on paper, yet we have gone paperless? We appropriated money here for a digital superhighway, which should now be cascaded. Those facilities should be empowered to have computers and go digital, so that people can appreciate why we have allocated that money. The time of paperwork is gone. Let us go digital.

Hon. Temporary Speaker, the other issue which I need your help with is about community health workers. Dr Pukose said that we need to change our minds. Health-seeking behaviour is not automatic. It will not come automatically. People need to be motivated to visit the facilities, even if they are not sick. There are many people who are sick. There are some symptomless diseases that can only be diagnosed during a check-up. Community health workers are the key drivers of Universal Health Coverage (UHC). Hon. Sabina knows that very well. We had this Bill here, passed it last term and then sent it to the Senate. However, it died there.

Through the wisdom of our substantive Speaker, we resurrected that Bill, and it was passed here. I appeal to this House. It has been in the Senate for seven months, and it is likely to die. It will streamline all operations of the community health promoters, including how they should be compensated and equipped. If we diagnose many diseases on time with the help of these wonderful people, we can prevent them. I tell my Chairperson of the Committee and the

leadership of this House that we always pass many things for the Senate. They should look into this Bill and pass it immediately.

Hon. Temporary Speaker, with those few remarks, I support this Motion and encourage all of us to support it. Thank you.

The Temporary Speaker (Hon. David Ochieng'): Thank you.

Member for Kitui South.

Hon. (Dr) Rachael Nyamai (Kitui South, JP): Thank you very much, Hon. Temporary Speaker.

My friend, who is seated next to me, arrived just as you were about to give me a chance to speak. He asked me, "*Dunia iko namna gani*?'' Before you called me, he had just started engaging me. Let me address this important subject before I respond to him.

First of all, I would like to congratulate Hon. Sabina Chege, who has decided to come up with this very important Motion. This is a very interesting and beautiful House to be in. Today, we have Hon. Sabina Chege, who was the Chairperson of the Departmental Committee on Health. She did a lot of work. I also sat on that seat as Chairperson of the Departmental Committee on Health. We did very good work. We laid a good ground for what is happening today. In that Committee, we had Hon. (Dr) Nyikal, who is the current Chairperson. He was an extremely important Member. He was also instrumental in laying the groundwork for what is happening now.

We also have Hon. (Dr) Pukose, who was the Chairperson of the Departmental Committee on Health. He did a good job and is now seated in the Budget and Appropriations Committee. This is the beauty of longevity in the House – sitting in this House for more than a Term. Sitting in this House for a Term leaves out a lot – you miss a lot. Therefore, it is important to have these Members who sat for more than a Term debate the Motion.

On the matter of Universal Health Coverage (UHC), I would like to take this opportunity to congratulate the President on his bold initiative. The Universal Health Coverage started with the former ruling governments. During *Mzee* Kibaki's time, he really wanted to implement it when Hon. Charity Ngilu was the then Minister of Health. However, the boldness to go for it by passing a law was not there. During Prof. Anyang' Nyong'o's time as the then Minister for Medical Services, the President also wanted us to have the UHC. However, we lacked the boldness to say 'let us go for it' by passing a law.

We were here during Uhuru Kenyatta's Presidency, and the desire for UHC was present. However, the boldness of saying it is time to go for it was not there. That is one of the reasons why I want to congratulate the current President for being bold. He did not care about the process it would take for UHC to be in place. He said that it is time to give Kenyans dignity by ensuring that there is a UHC opportunity for everybody, regardless of their economic situation, whether they voted for him or not and their geographical location. We must implement laws that ensure a person can walk to a nearby health facility and receive treatment when they fall ill. This is something for which we must congratulate the Government. We must do our best to ensure that the Social Health Authority (SHA) works.

I had an engagement with Hon. (Dr) Nyikal before making my contributions to this Motion, and he told me that it is possible to have the UHC. I have looked at the laws, and I know there is a possibility of having Levels 1, 2, 3 and 4 hospitals being free. The other levels are funded by the Social Health Insurance Fund (SHIF). What is important now is to ensure that we have the right equipment and consumable products at our local health centres, so that when one goes to a health facility, they are not told, for example, that the blood pressure machine is not working.

Luckily, the Government has also initiated community health workers who walk around our villages. They enjoy good collaboration between the National Government and the county

governments. They walk around health facilities carrying medical gadgets. This is an opportunity that Kenyans must not lose.

In the 12th Parliament, we visited Japan because it has a very good UHC within its 47 prefectures. The Hon. Nyikal will help me if I did not get that right. They are similar to our 47 Counties. To implement UHC, they made it compulsory. They told their citizens that before they buy anything, they should remember their health first. Free medical care has become a culture in Japan, although it began by force. It was not as it is being enjoyed now. For example, as a farmer in Japan, the first thing you give after getting products from your farm is to take care of your family's health, which goes to the universal health coverage kitty.

This is a very important period for us. We must ensure that SHA works by providing the necessary budget allocation for it and encouraging collaboration between the National Government and county governments. No matter how much money is provided by the national Government, when that money reaches our counties, it is the county governors who should ensure everything works. Our nurses and doctors should be comfortable. We should also have clean hospitals. They should ensure that when doctors visit hospitals, they receive all the necessary products, including the required equipment and facilities.

I was encouraged to know that there is now direct support for the Kenya Medical Supplies Authority (KEMSA). KEMSA will no longer wait for county governments to purchase drugs; instead, drugs can flow directly from KEMSA to counties, allowing them to send the same drugs to Level 1, 3, and 4 hospitals. I hope that governors are as excited as we are. They should make sure that this does not fail.

Something else that excites me is the engagement that I saw Hon. Duale have with the leaders of health workers. For the first time, I heard their leadership say that they have been meaningfully engaged. That is what we have been looking forward to. That tells us that Members of this House who secure cabinet secretary positions are doing a wonderful job. It is good to give one their flowers while they are still alive. Today, I can say that Hon. Duale is doing a good job. He is encouraging health workers. We recently saw him talk about the cost of health care and poor-quality drugs in our hospitals. The previous cabinet secretaries did not want to have such an engagement. Maybe, they were part of the problem. I want to encourage him to keep going and ensure that our doctors, nurses, and health workers are happy. He should ensure that the technology used in hospitals is adequate and that hospitals have access to high-quality drugs. That is what will get us where we want to go.

The Government has also ensured that we have emergency healthcare and treatment for chronic diseases. I know that not many governments will go for such. That is why I said that boldness in the presidency is very important. His Excellency, Dr William Ruto, has decided to be bold. He said that even though it may be difficult, when one needs emergency care, whether it is from a road accident, the streets or not, he must be helped without being asked whether he has any form of insurance and taken to a referral facility like the Kenyatta National Hospital.

I can see that my time is almost over. As we look at the UHC, let us also look at the other bars. Other countries are now talking about life longevity. It is a big discussion. I would like to ask the Ministry of Health not to fear asking why other countries are talking about people living beyond 80 years with a good quality of life. We must look into that by examining the scientific and social knowledge surrounding it, so that we can join Team Kardashian. I am going to engage them now.

Thank you.

The Temporary Speaker (Hon. David Ochieng): I did not know the kind of things you discuss with Hon. Thuku are that terrible.

Member for Mombasa County, the Floor is yours.

Hon. Zamzam Mohammed (Mombasa County, ODM): Asante sana, Mhe. Spika wa Muda. Napigia upato Mswada huu ulioletwa na Mhe. Chege. Niko katika Kamati inayoangalia

masilahi ya wananchi, na ninapenda kusema ukweli. Afya bora kwa wakenya wote ndio ruwaza aliyokuwa nayo Rais wetu wa taifa, Dr William Samoei Ruto. Amehakikisha kuwa amesukuma maswala ya SHA ili wakenya wote wapate afya bora. Hata hivyo, katika hospitali zetu za kaunti, maswala ya afya ni ya magatuzi; na ndizo zinazomuangusha Rais. Juzi, tuliangalia maswala yanayoendelea katika hospitali zetu. Kuna mgonjwa aliyepigwa picha na kitanda alichokilalia kililikuwa kichafu sana. Kama alivyosema msemaji wa kwanza, ukiingia katika hospitali zetu za umma, harufu utakayokumbana nayo inaashiria kuwa mgonjwa atakayeletwa hapo, mwanzo ataona kifo. Mgonjwa hapati tumaini kuwa ataingia hospitalini na atoke akiwa wa hali nzuri. Hospitali zetu ni chafu. Vitanda na malazi vichafu. Mgonjwa anapoingia hospitalini, ugonjwa unazidi maradufu ilihali Serikali ya kitaifa imetoa pesa nyingi sana kwa magatuzi kuhakikisha kuwa hospitali zinafanya kazi kwa kutoa huduma bora.

Ningependa niseme wazi kuwa yule mgonjwa niliyemuona hospitalini jana alikuwa amevaa nguo chafu. Nakumbuka miaka ya nyuma tulipolazwa kwenye hospitali za umma, tulikuwa tunapata sare safi za kuvaa, vitanda visafi na malazi masafi. Daktari alipokuja kukuona katika wadi, ungepata matumaini ya kupona. Lakini kwa sasa, hospitali zetu za kaunti zinanuka na pia zina uchafu. Kwa bahati mbaya mgonjwa anapofariki, maiti inakaa pale kwa kitanda alipofia kwa masaa mengi kabla ya kuondolwea, ilhali mgonjwa anamuangalia. Yule mgonjwa anapotazama yale matukio, hatakuwa na ile tumaini ya kupona.

Nizungumzie Kaunti yangu ya Mombasa. Tumekuwa na wagonjwa ambao wanakuja ofisini mwangu na makaratasi ya malipo makubwa. Wanaomba kusaidiwa na laki moja au laki tatu. Mtu amelala hospitalini wiki moja anakuambia kuwa amejisajili na SHA, lakini ameambiwa kuwa SHA itagharamia kiasi Fulani. Kwa hivyo, itabidi atafute za kujazia ndio afanikiwe kutoka hospitalini. Sijui ni ufisadi ndio unaendelea katika hizo hospitali ama vipi? Nawaambia magavana kuwa hawawezi kumregesha Rais wetu nyuma tukiangalia, maana amefanya bidii. Mhe. Duale, Waziri wa Afya, anajaribu juu chini kuhakikisha kuwa wakenya wanajisajili na SHA ili Wakenya wapate huduma bora. Hata wafanyakazi wetu wa ofisi wakienda hosipitalini, pengine mtu ako na bili ya hospitali ambayo imefika elfu mia mbili, inampea walakini anaposkia kiasi anachodaiwa, na ukumbuke, ashajisajili SHA tayari lakini hatapata huduma vile inafaa.

Magavana wanazunguka wakisema mtoto chini ya miaka mitano atatibiwa bure, lakini huo ni uongo. Wakienda hospitalini, wanaulizwa walipe pesa. Mtoto anaambiwa mara kifaa cha kupima kitu fulani hakipatikani, na kwa hivyo kulazimika kuenda hospitali nyingine. Inafahamika kuwa baadhi ya hizi hosipitali wanazoambiwa waende ni za hao madaktari za kibinafsi. Ndio maana tunasema kuwa ruwaza ya Rais ya kuleta afya bora kwa jamii yote afadhali ifuatwe ili mimi, kama Mbunge, nikiingia Makadara nipate Huduma. Hilo likifanyika, basi hata yule mtu wa chini pia atapata huduma sawa na yangu. Hivo ndivyo Kenya itakuwa sawa na tutawacha kusikiza kelele za barabarani.

Nikizungumzia maswala ya wahudumu wa afya katika jamii (CHPs), bajeti ambayo serikali za kaunti imeweka haiwezi hata kuwanunulia magwanda ya kazi ya kuvaa, na wanahudumia watu wenye maradhi ya maambukizi. Juzi pale Mombasa, maradhi yametokea ya aina nyingi ya kiajabu-ajabu, mpaka unaogopa kupeleka mtoto wako shuleni. Nakumbuka wakati wa ugatuzi wa kwanza, gavana wetu wa kwanza, Mhe. Hassan Ali Joho, aliboresha afya katika Mombasa. Tulipata vifaa vingi sana. Nataka kuwaambia magavana kuwa sio lazima wategemee serikali peke yake; wanafaa kuwa wabunifu. Kuna mashirika yasiyo ya kiserikali (NGOs) na watu ambao wanataka kusaidia. Nyoosha mkono wako ili uweze kupata vifaa vya hosipitali. Hassan Joho alikuwa mbunifu sana, na hosipitali ya Makadara iling'ara Kenya nzima maana ilikuwa na vifaa. Hata wakati wa ugonjwa wa Corona, Mombasa ilikuwa nambari moja. Lakini kwa sasa, ugonjwa wa chikungunya upo kila mahali Mombasa. Kila mtoto anaugua, na kila nyumba iko na maradhi ya chikungunya. Kwa sababu gani? Hata unyunyuziaji ya madawa ya kuua mbu siku hizi haupo.

Ruwaza ya Rais lazima iafikiwe. Lazima wale walioko chini yake wahakikishe unatekelezwa. Mombasa imekuwa nambari moja kwa kukusanya pesa ya SHA. Lakini la kusikitisha – sijui kama gavana anajua – ni kuwa pale hosipitalini, watu wanateseka sana. Unapata mtu ameingia hosipitalini leo na amejisajili SHA. Atakapofariki, maiti inazuiwa kwa minajili ya kudaiwa. Wale watu hawana uwezo wa kipesa na hawawezi kulipa pesa za kuhifadhi maiti. Juzi, tumeona katika televisheni hosipitali moja hapa Nairobi ikisema kuwa watazika miili ya watu katika kaburi la watu wengi. Hao watu sio ati hawana familia zao, la. Ni watu wasiojiweza na wamekosa pesa za kulipa pale hosipitalini. Wakenya wamejitolea na wanalipa SHA ili ;iwasaidie. Lakini wakienda kutafuta huduma hospitalini, wanaambiwa walipie kitabu na vitu vingine. Wakati huu tuko na teknolojia ya kusajili wagonjwa katika kompyuta, lakini bado wanaambiwa watafute vitabu. Hicho kitabu ni karatasi kidogo hivi, lakini anaambiwa alipe laki nne au laki mbili. Hakuna mtu anayeita ugonjwa katika maisha yake. Ugonjwa humfuata mtu yeyote awe maskini au tajiri.

Kwa hivyo, nataka kuongea na magavana wetu. Juzi tumewaongozea pesa ikafika bilioni mia nne na kumi na tano. Tunataka kuona huduma kwa wananchi. Isiwe wananchi wanazunguka wakilalama na kumlaumu Rais, wakati kuna watu wamezembea kule mashinani. Rais hawezi kutoka hapa aingie hosipitalini na ajigeuze daktari au mhudumu wa hosipitali ama gavana. Itawalazimu magavana kuyafanyia kazi hizi mahospitali: wachunge wagonjwa vizuri, hosipitali ziwe safi na wahakikishe wagonjwa wanapata chakula nzuri. Itawezekanaje mgonjwa kuchukua ndoo ya chooni kuogea? Hata sahani ya kupakuliwa chakula hana? Eti anaweka chakula kwenye ndoo ndio ale? Hii ni aibu kubwa. KEMSA sasa iko kule mashinani na hosipitali ndogo ndogo zinaweza kuagiza madawa ili wakenya wagonjwa wasikose dawa. Tunaomba pesa za SHA zitumike vizuri, kama vile kununua vifaa vya kutibu wagonjwa. Naona muda haunasi, lakini namuunga mkono dadangu, Mhe. Chege, kwa kuuleta Hoja hii. Afya bora kwa wakenya ndio ruwaza ya Rais, na lazima tuafikie.

Ahsante sana, Mhe. Spika wa Muda.

The Temporary Speaker (Hon. David Ochieng'): Mhe. Ferdinand Wanyonyi, akifuatwa na Mheshimiwa wa Suba South.

Hon. Ferdinand Wanyonyi (Kwanza, FORD-K): Thank you very much for this opportunity. I was the first person to walk in, yet it seems I am the last to speak. I take this opportunity to thank…

(A Member spoke off the record)

It is just to annoy those who came in earlier. Let us talk about the Motion.

The Temporary Speaker (Hon. David Ochieng'): Order, Member for Kwanza. You cannot be casting aspersions on the Speakership every time you are given a chance to speak. You queued. All those who have spoken before you queued. You cannot be doing that all the time. Have your chance and let others have theirs, too.

Hon. Ferdinand Wanyonyi (Kwanza, FORD-K): Okay. Given that, I thank Hon. Chege for coming up with this Motion. It is very important.

[The Temporary Speaker (Hon. David Ochieng') left the Chair]

[The Temporary Speaker (Hon. (Dr) Rachael Nyamai) took the Chair]

(Loud consultations)

Hon. Temporary Speaker, protect me from my neighbours here. First and foremost, public hospitals were far better in the past. In those days, as you and I agree, we would often

visit public facilities, to the extent that people would come from as far as Uganda. Kenya had very good facilities at that time, and there were many doctors. The problem we have today is a lack of personnel in most public hospitals. As far as I am concerned, facilities in public hospitals are very good, although some are quite old.

As it has been mentioned, the problem we face today is that people often think they are very poor and cannot afford a private hospital when they go to a public hospital. When one dies in a public hospital, it is said that they were not taken to the right hospital. As it stands today, I want to inform the public that we should track and ensure that our people receive treatment at public hospitals. There is enough facilitation for this. The Ministry, headed by Hon. Duale, is doing all it can to facilitate public hospitals. Let us just change the notion that you are poor when you go to a public hospital. The notion that has been there should not be taken seriously. We have enough facilities and manpower. Sometimes, the only challenge is finding doctors who work in public hospitals, only to end up in private hospitals where they insist they are paid better.

This Motion has come at the right time. We should support it to have enough facilitation. As most people have mentioned, SHA is working. This should attract most patients to public hospitals. Private hospitals are very expensive, yet the doctors there are often the same ones found in public hospitals. Let us have that as a Motion. I do not know how we are going to make it, but let us have the public go to public hospitals.

For example, Kenyatta National Hospital and the one in Eldoret are among the best hospitals. I see that most doctors in the private sector work there on a part-time basis. Again, we should attract more of it. Let us ensure that our students who are completing university and are specialised in whatever discipline are paid well to be retained in public hospitals. That is for us to meet the UHC and accelerate the suggestions in this Motion, thereby incurring less cost.

I have received a notification that somebody went to a private hospital in Eldoret today. The Bill is Ksh2.5 million. They have asked me to take part in settling that. Where do I get that kind of money? The same person could receive better treatment in the public sector. We should sensitise our people, including our graduating students, to go to public hospitals that are equally good. They can work there and be paid better, just like in private hospitals.

I ask Hon. Chege to fast-track this and come up with a Motion on how to inform the public to seek medical attention in the public sector when they are sick. Someone has mentioned that they were having problems in public hospitals. Going to a private hospital, he was disappointed. Let us sensitise the public on matters going to the public sector.

With those few remarks, I support the Motion.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much.

Hon. Ndindi Nyoro, Member of Kiharu.

Hon. Ndindi Nyoro (Kiharu, UDA): Thank you very much, Hon. Temporary Speaker. I rise to give a few comments.

Healthcare is very important for the development of any economy. In many respects, education is always a part of the discussion when we talk about healthcare. These social investments build a good working capacity for any nation. Just as manufacturing adds value to primary products, education adds value to the workforce, while healthcare serves the workforce or labour force.

They are integral, even when viewed in terms of a puritan economy. As colleagues have said, some issues continue to handicap the delivery of quality healthcare to our country. One being access and the other being quality. Access majorly means the cost involved in seeking quality healthcare in our country.

There is another critical thing for us to keep thinking about. We show signs of the kind of service we want delivered in the country when we appropriate money. I see it as a paradox

that healthcare is a fully devolved function. When you consider appropriation and the money we allocate to our counties compared to the funds that remain in the national Government, it leaves a lot to be desired. We need to walk the talk in devolving funds and resources that our county governments and Governors need to provide quality and accessible healthcare in our country.

We also have to think about healthcare as dynamic. In many countries, we have seen that the research and development budget for healthcare is always adequate because new inventions within the industry address the challenges that we face in healthcare. The budget for research and development, which can go in many ways, makes that possible.

One is that the Government can directly provide. Two is to provide tax incentives to private healthcare facilities, enabling them to invest in research and development. It becomes a public good if you get a reprieve to provide cheaper and more efficient health care. It becomes a public good for all the citizenry and no longer an asset of the people who invested in it. Perhaps that is what we ought to do in policy, so that even private facilities have an incentive to do better, come up with better methods, and provide better reprieve. Ultimately, that becomes a public good.

Lastly, it is essential that all of us, as individuals who serve the public, must consistently demonstrate confidence in the facilities for which we provide funding in this House. It is often an oxymoron that most public officials have insurance that covers them outside of public facilities. We should be the people championing quality service in those public facilities.

It is important that all public servants, especially those covered by government resources, show confidence in public health facilities by seeking services there when in need. In this regard, we encounter challenges in public facilities, which is why we provide resources as we legislate. Then, we will be doing it from a point of knowledge.

That aligns with many developed countries, such as the United Kingdom, where public servants, including the Prime Minister, promote the National Health Service (NHS). When you provide the best quality service, as the leader of the population, the best way to show confidence is by seeking those services when you need them. Since you lead the public, public facilities ought to be given a thumbs-up by requiring all health officers to seek services in public facilities.

Hon. Temporary Speaker, I thank you for the opportunity. I submit.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you. Hon. Caroli Omondi, Member for Suba North.

Hon. Caroli Omondi (Suba South, ODM): Hon. Temporary Speaker, I am Member for Suba South.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Let me just take that again, for the record.

The Member for Suba South.

Hon. Caroli Omondi (Suba South, ODM): Thank you very much, Hon. Temporary Speaker. I rise to contribute to this Motion. I am not fully in support of it. I have carefully looked at it and picked three issues that require debate.

One concern is that public healthcare services lack sufficient funds to ensure quality healthcare services. That is very true. We have subjected our health sector to a chronic shortage of adequate funding over the years, in terms of facility development, recruitment, payment of competitive salaries to health workers, and investment in research and other activities related to the health sector. That is very clear. I agree with that particular concern. I have just taken a quick look at what happens in other jurisdictions to emphasise that we are underfunding our health sector. In the United Kingdom, the funding for the health sector as a percentage of the GDP is 9.6 per cent. France is at 12 per cent, Germany and Canada are at 13 per cent, and

Singapore is at 12 per cent. I chose Singapore because it has the second-best healthcare service in the world. It is also the country where people enjoy the longest life expectancy at 84.5 years.

However, I am very concerned with two other statements in the Motion. One is 'appreciating that the use of the comprehensive medical cover by public officers and State officers in public hospitals would guarantee sufficient funding for public hospitals.' I submit that this may not be so. You have just heard the level of spending on health care as a percentage of GDP in other countries. I do not think the insurance schemes for civil servants, State officers or Members of Parliament would be sufficient to cover the financial health service requirements of our country. I do not agree with that. I would have been happy to see the statistics, but I do not think it is factual. As a matter of fact, I think it would just be a drop in the ocean.

However, I have a fundamental disquiet and reservation about the main thrust of the Motion, which is to introduce a policy mandating the use of public health care facilities by all civil servants, public officers, and State officers in the country. Apart from being technically impossible to enforce, I appreciate where this is coming from. As a matter of public confidence, those in positions of authority and leadership should actually go to public hospitals. That is how it is in other jurisdictions. In Germany, 55 per cent of healthcare facilities are public.

By public, I mean publicly funded and publicly owned. Although there is a mixture of public and private facilities, some are charitable or faith-based, while others are university hospitals. In Germany, only 38 per cent of healthcare facilities are charitable, while 55 per cent are public. As a matter of fact, only 7 per cent are private. In the United Kingdom, 92 per cent of the population use public healthcare facilities, run by the National Health Service (NHS), whether you are in Wales, England, Northern Ireland, or Scotland. Only 8 per cent of the people use private hospitals. People use public health facilities not as a matter of legal requirement or as a matter of compulsory administrative action. They do so because their hospitals work. The most important question we should ask ourselves is: Why do public hospitals function effectively in other jurisdictions but not in our country? I think it has more to do with other questions than this. Most fundamentally, if you try to compel a civil servant to go to a particular facility and they go to Court, you will not win that case because these are matters of choice, rights and freedom. It would have been neater to limit the application of medical insurance for public servants to seeking treatment in public health facilities, but if you wish to seek another option...

Hon. Sabina Chege (Nominated, JP): On a point of information, Hon. Temporary Speaker.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Order, Hon. Caroli. There is a point of information by Hon. Sabina Chege. Would you like to be informed by the Mover of the Motion?

Hon. Caroli Omondi (Suba South, ODM): Yes, Hon. Temporary Speaker.

Hon. Sabina Chege (Nominated, JP): I had indicated earlier that there was a slight change in the Motion on how it should read. It reads: "This House therefore resolves that the Government, through the Ministry of Health, implement the Kenya Universal Health Coverage Policy 2020-2030 and introduce a policy on mandatory use of public health care facilities by all civil servants, public officers and State officers who are using medical cover catered for by the Government of Kenya." That bit was missed out. I hear what you are saying. The Motion is about the medical cover financed by the Government. All civil servants have the liberty to choose where they can access their medical care, whether they prefer to go to a private or public facility. However, if you are using a medical cover catered for by taxpayers' money, then the first stop should be a public facility.

Hon. Caroli Omondi (Suba South, ODM): Thank you very much, Hon. Temporary Speaker. I thank you for that information, Hon. Sabina Chege. That would be the right

approach, but it would not be right to make it mandatory. It should be an option, so that if I wanted to use my cover in a private facility, then I would be allowed to top up whatever is being charged in the other facility.

Fundamentally, we have messed up our healthcare through devolution, as I have said several times here. Healthcare should never have been devolved because the experience of other jurisdictions where health services are working is that the services are centralised. If they are not centralised, other agencies provide the health services at the lower levels. However, they are controlled from a central point at the national level. For universal healthcare to work, which is essentially an insurance scheme, it must be centralised. That is when you have a pool of sufficient people and resources to put together to run a universal healthcare scheme. A good example is the United Kingdom, which has the NHS. Although the NHS is decentralised in terms of implementation, it is centralised in that it is fully financed from the national budget of the United Kingdom. Germany has both federal and local hospitals, which are decentralised in terms of implementation, but the funding is not decentralised. In Italy, it is centralised under *Servizio Sanitario Nazionale* (SSN). Health provision, standards and employment of doctors and health workers are centralised. In Norway, the services are centralised under the Ministry of Health, although they are provided by regional health service providers. The same applies in Australia, where a medical levy is charged and healthcare services are provided at the state level, but funded by the federal Government.

We need to have a thorough discussion on how to reorganise our health sector within the framework of devolution, without compromising the ability to mobilise adequate resources by pooling and providing all health workers with a common employer, just as we have with teachers. This is to ensure that the standards of quality of service, payments and personnel are standardised across the country. We do not need any further research. We know counties cannot run the health sector. It is obvious. We see it happening in all the county hospitals. When will this House or the Government be brave enough to centralise the health system? Universal Health Coverage will not work within the framework of devolution because such systems are never intended to work like that, especially if you look at all other jurisdictions with similar systems.

It is time that we have this debate without burying our heads in the sand, claiming that it will appear as if we are fighting devolution. We are not. It is important that we give our people universal health coverage and standards of service across the board.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Martha Wangari): Thank you. Hon. Members, before we go to the next speaker, we have students from Linus Waruiru School from South Imenti Constituency in Meru County seated in the Speaker's Gallery this afternoon. Also present in the Public Gallery are students from Ngesumin Girls Secondary School, located in Bureti Constituency, Kericho County, and Naibor Amani Primary School, situated in Laikipia North Constituency, Laikipia County.

You are all welcome to observe the proceedings of the National Assembly. I will allow Hon. Josses Lelmengit, Member for Emgwen, to welcome all the students and also contribute to the Motion.

Hon. Josses Lelmengit (Emgwen, UDA): Thank you, Hon. Temporary Speaker. As you have directed, I would like to welcome all the students from various institutions who are here today. I would like to tell them to feel at home. This is the place where you will be in future. This is a House of Parliament, where we legislate, represent the people, and oversee the Government. This is a learning opportunity for you. I also thank your institutions for allowing you to come here today, so that you can learn one or two things and get first-hand experience in Parliament. We were where you are several years back, and we were very determined. We were very focused on our education, and that is why we are here today, so congratulations for

coming here. When you go back home, give the rest a good message about Parliament and your experiences here today.

Back to my statement, I support the Motion by Hon. Sabina Chege on Universal Health Coverage. We should make it mandatory for State officers and civil servants to use public facilities. The biggest challenge we currently face in our constituencies is that most of the fundraisers we are called to support focus on education or health-related issues. Health is a critical subject. As much as we would like the Government to cover all patients' medical expenses in this country, resources are scarce. Remember, Kenya is a Third World country. We are not a First World country, so we cannot manage to consolidate resources and make the healthcare system free. I agree with the Motion by Hon. Sabina Chege that State and public officers should lead by example by getting medical treatment from public institutions. We will then assist these institutions in securing funding, particularly through the current Social Health Authority (SHA) medical scheme, which allocates a specific amount of money to health institutions based on the number of users utilising their facilities, ranging from primary healthcare to Level IV, V, and VI hospitals.

I recently heard a testimony from one of the administrators at Kapsabet Hospital. He told me that while we were still using the National Health Insurance Fund (NHIF), they used to receive a quarterly amount of close to Ksh 800,000. They could not even budget to buy medicine and non-pharmaceuticals. They currently have a very good testimony about how SHA remits a good amount of money every month, ranging from Ksh3 million to Ksh4 million. They can now budget for medicines and non-pharmaceutical items, such as gloves and needles, within a month. The current SHA medical scheme is better than the previous one that we had.

We also need to lead by example because public institutions in this country have failed. They are not being properly run, whether they are hospitals or schools, because those two things are closely intertwined. Private institutions are more praised than public institutions. For example, teachers in private schools underwent the same training as teachers in public institutions. Where did we miss the mark? I encourage all Members of this honourable House to uplift the standards of public institutions so that they can offer quality medical treatment that is equivalent to that provided by private institutions. If we pool all our resources and if Members of Parliament lead by example, we will uplift those institutions to the desired standards.

There are close to 950,000 civil servants in this country. Those civil servants take a portion of the revenues that the Exchequer collects in this country, which is close to Ksh1 trillion. As per last year's data, the country's Recurrent Expenditure is close to Ksh1 trillion. Employed civil servants and State officers are close to 950,000. All the money collected by taxpayers is consumed by only close to 950,000 people, or barely one million Kenyans. The remaining 56 million Kenyans do not enjoy those services. That is why we want to encourage civil servants to come together, for the sake of the rest of Kenyans, and agree on this policy, so that we can also be fair to the rest of the Kenyan taxpayers.

Thank you, Hon. Temporary Speaker. I support the Motion.

The Temporary Speaker (Hon. Martha Wangari): Thank you very much. Hon. Members, you will notice that most of us are speaking for eight to 10 minutes. If you wish, you could decide to speak for three to four minutes, allowing more people to speak.

Member for Samburu, Hon. Pauline Lenguris.

Hon. Pauline Lenguris (Samburu County, UDA): Thank you, Hon. Temporary Speaker, for giving me this chance to contribute to this Motion.

At the outset, I support the Motion by Hon. Sabina. This is a very important Motion because we have been talking about Universal Health Coverage in this country for many years. The objective of the Universal Health Coverage was to ensure that *wananchi* can access affordable and quality healthcare services. I am not ashamed to stand here and say that the

health services currently provided in our public facilities are worrying. The situation is really worrying and the quality of healthcare services provided to the *wananchi* is very poor, even after devolution and the support that the county governments receive from the national Government.

Hon. Temporary Speaker, patients who currently access services at public health facilities, especially where I come from, are really complaining. Health personnel at public health facilities are highly trained and qualified, but most prefer providing services at private facilities, where they will be paid, while at the same time still being paid by the Government.

Most patients who queue at public facilities stay up very late waiting for services at the outpatient section. Mostly, when provided, they are seen by consultants who write on small paper and are then referred to private facilities where they can undergo additional investigations, such as x-rays, blood tests, and even visit pharmacies for the drugs patients require. This means that there is a big gap in our public facilities. The introduction of the Social Health Authority (SHA) by His Excellency the President and the passage of laws supporting its implementation by this House will be of great support to our health facilities.

I urge governors in charge of county governments to pay close attention to healthcare provision at the county level. The introduction and implementation of SHA is going to be a relief, even to the county governments. This is because it will ensure that services from Level I to IV are free, and the money remitted to health facilities will help improve facilities and procure the products or commodities they require.

I encourage and ask governors and the people in charge of health facilities at public institutions to take this seriously, as healthcare provision is inadequate, patient treatment is unacceptable, and the food and hygiene standards are concerning. This will only be possible if county governments are serious about what they are doing in terms of the provision of healthcare facilities. Those taking care of facilities at the county level are qualified staff, and the only thing they require is the commitment to the service of wananchi. What is happening now is worrying, and that is what is making people run away from public facilities.

Since they are now getting a lot of money from the national Government and support from SHA, we only require commitment, supervision, and ensuring that staff employed by the Government prioritise public facilities first. This will ensure that services improve and wananchi receive what they are supposed to get from our facilities. I would like to donate time to other Members who have not spoken. Thank you so much.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much. If we go that way, more of you will have the opportunity to speak.

Hon. Jackson Lekumontare, Member for Samburu East.

Hon. Jackson Lekumontare (Samburu East, KANU): Thank you, Hon. Temporary Speaker. I also want to add my voice to this Motion. Health is very important to all Kenyans, and we need to take bold steps to ensure that Kenyans can access quality health services.

Universal Health Coverage (UHC) requires every individual in Kenya to access health services. SHA is working, but it is not solving all the problems. Even if it is there, Kenyans are going to hospitals but are not getting services. Healthcare in the country is wanting, and there are no services in these public hospitals.

Hon. Temporary Speaker, I interacted with a patient from my constituency who went to the hospital and was told to go and get the anaesthesia injection. Even if we make it mandatory for civil servants to use these services, it will not work if those services are unavailable. These civil servants contribute towards these services. We cannot force people to go where services do not exist. County governments must ensure that these services are available in hospitals. The Social Health Authority (SHA) contributions differ from one person to another. I understand that there is a group of people who are unable to pay for services that the Government will cover. This is a good time for the Government to introduce a modality of

helping those Kenyans. We have heard that people are now required to pay for the whole year, yet many are unable to raise the amount needed. If there is a category of people that the Government of Kenya intends to pay for, then this is the time to come in and help. What is most important is the availability of services.

This is a good Motion, but we should not move in the direction of making it mandatory for civil servants to use these facilities unless the services are available. The primary purpose of any insurance is to cover the individual and not the hospital. Therefore, we cannot force people to use services that do not exist. I believe this is very important.

Another issue concerns private facilities. I doubt whether there is no conflict of interest when it comes to medical practitioners. This is because some practitioners employed by the Government also work in these private facilities, while others may own those facilities. That is another problem. To save time for other Members, that is my contribution.

I support, Hon. Temporary Speaker.

Hon. Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much. Next is the Member for Yatta, Hon. Robert Basil.

Hon. Robert Basil (Yatta, WDM): Thank you, Hon. Temporary Speaker, for giving me the chance to contribute to this Motion.

I partially support the Motion, and I have my reasons. Sustainable Development Goal 3 focuses on good health and well-being. At the same time, Article 43 of the Constitution guarantees the right to quality healthcare. However, our public hospitals do not provide such quality healthcare because they are in a deplorable state. Therefore, we must improve both rural and public hospitals. The increased mortality rate is a result of our public hospitals being completely unable to provide quality healthcare. Most of us go to private hospitals. Why do we go to private hospitals? It is because they have all the essential ingredients and the necessary infrastructure to support quality healthcare, which is often lacking in public hospitals.

Therefore, in a nutshell, we must allocate adequate resources…

Hon. Sabina Chege (Nominated, JP): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Order, Hon. Basil. I will come back to you. What is out of order, Hon. Sabina Chege?

Hon. Sabina Chege (Nominated, JP): Hon. Temporary Speaker, I would like to ask whether it is in order for the Member to mislead the House that private facilities have everything that we need? I would like to urge the Member, after this sitting, to take a drive to Kenyatta University Teaching, Referral and Research Hospital (KUTRRH).

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Are you informing him?

Hon. Sabina Chege (Nominated, JP): I am informing him.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): I would like to ask him whether he would like to be informed. Do you like to be informed?

Hon. Robert Basil (Yatta, WDM): Yes, she can inform me. I am listening.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): You can make it very quick.

Hon. Sabina Chege (Nominated, JP): The notion out there is that our public facilities do not have what it takes. I urge any member to visit the KUTRRH when they undergo their annual medical check-up. We do not have such a facility in Kenya or East Africa. So we have the best, and we can even make the others the best. We cannot say we will not go to public hospitals because they are in deplorable condition. We now have the opportunity to improve our public facilities.

I thank the Member for agreeing to be informed.

Hon. Robert Basil (Yatta, WDM): Hon. Temporary Speaker, I appreciate the information coming from Hon. Sabina Chege. However, I want to tell her that, in theory, KUTRRH is a public hospital, but in practice, it is very expensive. I have heard that bodies in that hospital are being detained for more than three months because bereaved families are

unable to raise the exorbitant fees charged there. We even had patients from my constituency who have been unable to be cleared from that hospital because of huge medical bills. The fees charged by KUTRRH are equivalent to what is being charged in private hospitals. That is why I am saying that the public hospitals we are talking about are the rural dispensaries and hospitals, such as Kenyatta National Hospital, where the majority of the poor go, which are meant to be affordable. Unfortunately, they lack the basic infrastructure to support quality healthcare.

It was a mistake to devolve health. We should consider taking health back to the national Government level. It is also important to understand that the remuneration given to staff in public hospitals is wanting. That is why staff who are supposed to serve our people in public hospitals are demoralised. We have seen them demonstrating, coming to Parliament, seeking better pay. It is important to underscore that, otherwise, the Motion becomes more of a theory or more of a hypothesis as opposed to being a practical Motion that can apply in our country.

Hon. Temporary Speaker, allow me to submit so that I can now allow other Members to contribute.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you very much, the Member for Yatta.

The Hon. Kassim Tandaza, Member for Matuga.

Hon. Kassim Tandaza (Matuga, ANC): Asante sana, Mhe. Spika wa Muda kwa kupata fursa hii. Kwanza, naanza kwa kukubali kwamba hii ndio itakua dawa ya kusuluhisha matatizo ya hospitali za umma. Kuna msemo unaosema: “Kiatu usichokivaa, huwezi kijua kinakufinya wapi. Kitanda usichokilalia hauwezi jua kama kina kunguni au hakina.” Sisi tulioko hapa kama Wabunge, tunazungumza kwamba tungetaka wananchi wale wa kawaida wapate huduma bora katika mahospitali. Lakini kama sisi wenyewe hatuendi kule tukaone vile hali ilivyo moja kwa moja, hata yale tunayoyazungumza kuwa tungetaka tuwe na fedha tuzipeleke, haitakua. Ikiwa magavana wetu ikifika wakati wakuumwa wanaenda ulaya, na wao ndio wana fedha za hospitali, na wanatakikana waweke vifaa hospitali, basi moja kwa moja, fursa ya kua hospitali zetu zitakua bora ndio sisi twende, halitawezekana. Ni sisi twende ndio tuweze kuziboresha. Na nafikiri hiyo ndio maana ya huu Mswada. Ili hospitali za umma ziweze kuboreshwa, basi wafanyikazi wote wa serikali, Wabunge na maafisa wengine, hata rais, waweze kuhudumiwa katika hospitali hizi. Hapo, zitaboreshwa.

Ningetaka kumalizia na suala la ugatuzi kwa upande wa afya. Hili ni jambo ambalo limetokea, na tangu litokee, limesaidia kiasi kikubwa. Nitakuwa mfupi nikisema kwamba katika kaunti ya Kwale ninapotoka, kwa miaka sitini ya uhuru wa nchi hii, hatukuwa hata na mahali pa upasuaji. Kwa sababu ya ugatuzi, sasa tuna hospitali takriban nne ambazo zinatoa huduma hiyo. Hatukuwa na chumba cha wagonjwa mahututi. Hivi sasa tuko navyo. Yule anayezungumza kwamba inatakikana kuregeshwa katika serikali kuu, nafikiri yeye pengine anaishi kwa ulimwengu mwengine, ama hajatembea kwenye zile kaunti ambazo zilikuwa zimeachwa pale mbeleni.

Mfumo huu unasaidia. Sitakuwa nimefanyia uhaki ikiwa sitaweza kuchukua fursa hii kupeana kongole kwa Rais wetu kwa kuleta huu mfumo mpya wa SHA, ambao unaweza kupeana pesa nyingi. Matumizi yake ndio yanakuwa mtihani. Suluhisho lake ni sisi kuweza kwenda katika hivi vituo, na kukabiliana na yale mapungufu yalioko pale.

Ahsante. Naunga mkono Hoja hii.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Hon. Cynthia Muge, Member for Nandi County.

Hon. Cynthia Muge (Nandi County, UDA): Thank you, Hon. Temporary Speaker, for the opportunity to contribute to this Motion brought to the Floor of this House by the Hon. Sabina Chege. I appreciate her thoughtfulness on this matter. Healthcare is a concern that is

important to each one of us. I must commend Hon. Sabina for her boldness. She has been able to point the finger in the right direction. She has clearly stated and mentioned public servants, including me. When you consider the responsibilities we carry as public servants, in whatever capacity we serve, we are the individuals entrusted with the allocation and management of public funds. It is unfair that those responsible for allocating and managing these funds do not directly feel the impact of their decisions. There is no better way to ensure that public servants and decision-makers experience the outcomes of the choices they make.

I also view this as a meaningful incentive for improvement. As Members of this House, we have previously discussed the challenges affecting healthcare, including our concerns about the devolution of the health sector. It is often said that what is past should be allowed to remain water under the bridge. While we may wish to reverse the decision, we are unable to do so. Therefore, our responsibility as leaders is to find proper solutions to ensure that healthcare, even while being managed by county governments, not only functions but also becomes affordable to the citizens.

One of the main reasons we face issues in public health facilities is the loss of public confidence. The public no longer trusts these institutions. A contributing factor to this loss of confidence is the fact that many decision-makers do not utilise public health facilities themselves. I support this Motion. Of course, there is much that needs to be done to ensure the provision of quality healthcare services in public facilities.

I agree with the contributions made by other Members that this country must ensure its public health facilities work. That is how we will make healthcare affordable. I appreciate the introduction of SHA. Through SHA, we can finally operationalise the Facility Improvement Fund and enable rural health facilities to manage their finances, address their issues, and serve the public more effectively.

I support this Motion. It must be noted that the aim is not to cause suffering to anyone. Instead, it serves as a necessary wake-up call to leadership and public servants in this country that healthcare must be accessible, affordable, and of a proper standard for the people of Kenya to achieve good health. We will be a healthy nation in future.

I support the Motion. Thank you, Hon. Temporary Speaker, for giving me the opportunity to contribute.

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Thank you. Next is Member for Turbo, Hon. Janet Sitienei.

Hon. Janet Sitienei (Turbo, UDA): Thank you, Hon. Temporary Speaker, for giving me this opportunity to add my voice to this Motion brought by Hon. Sabina Chege. I thank her for bringing it to the Floor of the House.

A healthy nation is strong and stable. Therefore, every person's right to the highest attainable standard of health is a very important aspect. I support this Motion and request that we increase funding for healthcare in this country to ensure we render quality services to our people and the availability of drugs in all levels of hospitals. I also support building confidence in our institutions by ensuring that public servants go to them. By doing so, we will oversee them. Once we are there, we will even stop doctors from hopping from one private facility to another to provide services, whereas they should be providing the services in the hospital that they have been...

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Order, Hon. Janet. I am aware that there are Members who wish to contribute to this Motion, including Hon. Charles Ngusya Nguna, Hon. Kwenya, Hon. Wilberforce Oundo, Hon. Ibrahim Saney, and Hon. Catherine Omanyo, among others. Unfortunately, time is up. Hon. Sitienei, you have a balance of eight minutes. You are free to come and contribute another time.

ADJOURNMENT

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Hon. Members, the time being 1.02 p.m., this House stands adjourned until today, Wednesday, 23rd July 2025, at 2.30 p.m.

The House rose at 1.02 p.m.

Published by
Clerk of the National Assembly
Parliament Buildings
Nairobi