THIRTEENTH PARLIAMENT

THE SENATE

OFFICIAL REPORT

Fourth Session

Tuesday, 18th November, 2025 at 2.30 p.m.

PARLIAMENT OF KENYA

THE SENATE

THE HANSARD

Tuesday, 18th November, 2025

The House met at the Senate Chamber,
Parliament Buildings at 2.34 p.m.

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

PRAYER

DETERMINATION OF QUORUM
AT COMMENCEMENT OF SITTING

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

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

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

(The Quorum Bell was rung)

Hon. Senators, we have quorum. Kindly take your seats.

(Sen. Sifuna consulted with Sen. Omtatah)

Senator for Nairobi City County and Sen. Omtatah, kindly, take your seats. Clerk, kindly, proceed to call the first Order.

PAPERS LAID

FINANCIAL STATEMENTS OF VARIOUS COUNTY ENTITIES

Sen. (Dr.) Lelegwe Ltumbesi: Mr. Speaker, Sir, on behalf of the Senate Majority Leader, I beg to lay the following Papers on the Table of the Senate, today, Tuesday 18th November, 2025-

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

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

Report of the Auditor-General on financial statements of Tharaka-Nithi Youth Empowerment Fund for the year ended 30th June, 2025.

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

Report of the Auditor-General on financial statements of Chuka Municipality - County Government of Tharaka-Nithi for the year ended 30th June, 2025.

Report of the Auditor-General on financial statements of Municipality of Kathwana–County Government of Tharaka-Nithi for the year ended 30th June, 2025.

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

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

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

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

Report of the Auditor-General on financial statements of Oyugis Municipality - County Government of Homa Bay for the year ended 30th June, 2025.

I beg to lay.

(Sen. (Dr.) Lelegwe Ltumbesi laid the documents on the Table)

QUESTIONS AND STATEMENTS

STATEMENTS

The Speaker (Hon. Kingi): Statements pursuant to Standing Order No.53(1). Proceed, Senator for Tharaka Nithi County, Hon. Mwenda Gataya.

UNLAWFUL DETENTION OF NEW MOTHERS IN PUBLIC HOSPITALS

Sen. Gataya Mo' Fire: Thank you, Mr. Speaker, Sir. I rise pursuant to Standing Order No.53(1) to seek a Statement from the Standing Committee on Health on a matter on national concern regarding the unlawful---

(Sen. Beth Syengo consulted loudly)

The Speaker (Hon. Kingi): Sen. Beth Syengo, consult in low tone.
Proceed, Hon. Gataya Mo' Fire.

Sen. Gataya Mo' Fire: Thank you, Mr. Speaker, Sir. It is important for me to be heard in silence.

I rise, pursuant to Standing Order No.53(1) to seek a Statement from the Standing Committee on Health on a matter of national concern regarding the unlawful detention of new mothers in public hospitals across Kenya due to unaffordable medical bills.

In 2016, the Ministry of Health launched the Linda Mama Programme under the National Health Insurance Fund, (NHIF), to provide free maternity services to all expectant mothers. The programme offered comprehensive care, covering antenatal services for nine months and postnatal care for three months. However, with the recent transition to the Social Health Authority (SHA) and the discontinuation of Linda Mama, access to maternal health has significantly declined. This has led to a resurgence of cases where women are detained in public hospitals after childbirth due to inability to settle medical bills.

In the Statement, the Committee should address the following-

(1) Whether the Ministry has put in place measures to address reported cases of unlawful detention of new mothers in public hospitals due to unaffordable medical bills, and to ensure that no woman is denied healthcare services or her freedom on account of financial hardship.

(2) Look at whether the Ministry has considered reinstating the Linda Mama Programme or developed alternative measures under the SHA to guarantee comprehensive maternal health coverage.

(3) Look at whether the current budget allocation to the health sector is sufficient to enable public hospitals to deliver quality maternal health services without resorting to retaining patients with unpaid bills.

(4) Look at the measures in place to implement a standardised waiver system across all public hospitals to protect financially vulnerable patients from detention and uphold their constitutional rights.

(5) Look at whether the Ministry has established a mechanism to monitor and audit public hospitals to ensure compliance with the legal and ethical standards regarding the right to health and dignity.

Thank you.

The Speaker (Hon. Kingi): Senator from Busia County, Hon. Andrew Omtatah.

FAILURE OF ACCREDITATION FOR BACHELOR OF SCIENCE IN PETROLEUM ENGINEERING PROGRAMME BY THE ENGINEERS BOARD OF KENYA

Sen. Okiya Omtatah: Mr. Speaker, Sir, I rise pursuant to Standing Order No.53(1), to seek a Statement from the Standing Committee on Education on a matter of national concern regarding the failure by the University of Nairobi, the Commission for University Education, (CUE) and the Engineers Board of Kenya (EBK) to secure accreditation for the Bachelor of Science in Petroleum Engineering programme introduced in 2015.

Mr. Speaker, Sir, in 2015, the University of Nairobi (UoN) launched the Petroleum Engineering Programme with a Kshs100 million Government allocation to address skill gaps in the oil and gas sector. Despite assurances of accreditation by the Engineers Board of Kenya, the programme was only formally recognised in 2018. Graduates, now totalling 40, remain unregistered by the EBK.

A single student exchange in 2019 is the only known expenditure from the allocation. The programme was later downgraded and set for archival in 2025, prompting graduates to seek intervention over accreditation failures and possible misappropriation of funds.

In the Statement, the Committee should address the following-

(1) A detailed account by the University of Nairobi of the Kshs100 million allocations received in 2015 for establishing the Petroleum Engineering Department, including expenditure records and supporting documentation;

(2) Reasons why the University Senate approved the Bachelor of Science in Petroleum Engineering Programme in 2018, but admitted students in 2015, without first securing accreditation from the EBK, specifying steps the Department of Petroleum Engineering took between 2015 and 2021 to achieve certification and why they were unsuccessful;

(3) Reason or reasons leading to only the first cohort of six students being supported for the exchange programme to India and a justification for the use of the funds in this manner;

(4) Measures in place to address the professional plight of the 40 graduates from the programme, who remain unrecognised by the EBK, detailing deficiencies or requirements that the Board identified in the programme that prevented accreditation, despite the University of Nairobi being a chartered institution;

(5) The reasons for moving the programme to the Mechanical Engineering Department in 2022 and later archiving it and whether consultations were undertaken with the students and stakeholders before this decision, as envisioned by Article 232(1)(d) of the Constitution;

(6) The interim measures the EBK has in place to support graduates from programmes awaiting accreditation;

(7) The reasons the CUE has not intervened to protect the interests of students and graduates, despite being the oversight authority for quality in higher education, stating policy safeguards that the CUE has put in place to ensure that no future academic programmes are mounted without proper alignment with professional regulatory bodies like the EBK; and,

(8) The policy interventions put in place by the Ministry of Education to ensure that universities cannot launch programmes in regulated professions without prior consultation and approval by the relevant regulatory bodies.

STATE OF INFRASTRUCTURE DEVELOPMENT IN KENYA'S SUGARCANE BELT

Mr. Speaker, Sir, I rise pursuant to Standing Order No.53(1) to seek a Statement from the Standing Committee on Agriculture, Livestock and Fisheries on a matter of countrywide concern regarding the status of infrastructure in Kenya's sugar belt regions.

Kenya's sugar industry remains a critical pillar of rural livelihoods and regional economies, particularly in the sugar belt regions. However, the sector continues to face persistent infrastructure challenges that undermine its productivity, competitiveness and the welfare of farmers. Efficient road network is essential for transporting sugarcane to mills and accessing markets, yet many roads in the sugar-producing areas remain in a deplorable state, hampering operations and increasing costs for farmers and millers alike.

The Constitution of Kenya ,2010, under Part 2 of the Fourth Schedule, assigns county governments a responsibility for county roads, while national trunk roads remain under the purview of the national Government. This division of roles has led to confusion and inefficiencies in infrastructure development.

The enactment of the Sugar Act, 2024 and the reintroduction of the Sugar Development Levy were intended to address these gaps by funding infrastructure, supporting millers and improving farmer welfare. However, implementation has been marred by duplication of roles and poor coordination among county governments, the national Government and the Kenya Sugar Board.

In the Statement, the Committee should address the following-

(1) Measures to prevent duplication of roles between the national and county governments in the repair and maintenance of sugar belt roads;

(2) Clarify on overall coordination mandates for sugar belt infrastructure, whether it lies with county governments, the Kenya Sugar Board or the Ministry of Roads and Transport;

(3) Timeline and framework for the joint national survey of sugar belt roads, including details on the first implementation plan; and,

(4) Safeguards to ring-fence the Sugar Development Levy (SDL) ensuring transparency, accountability and exclusive utilisation for the benefit of farmers and millers.

INSPECTION AND ENFORCEMENT OF WEIGHING SCALES AND WEIGHT MEASURES

Mr Speaker Sir, I rise pursuant to Standing Order No.53(1), to seek a Statement from the Standing Committee on Trade, Industrialisation and Tourism on a matter of county-wide concern regarding the inspection and enforcement of weighing scales and weight measures in businesses across the country. Many traders continue to use unverified equipment in violation of the Weights and Measures Act, Cap 513 of the Laws of Kenya, exposing consumers to unfair trade and economic exploitation while disadvantaging compliant traders.

The Department of Weights and Measures mandated to ensure accuracy and fairness in trade faces challenges of inadequate funding, limited personnel and weak enforcement. This has undermined market integrity and objectives of the bottom up economic transformation agenda, Vision, 2030 and African Continental Free Trade Area (AfCFTA) framework in this regard.

In the Statement, the Committee should address the following-

(1) The measures being taken to ensure frequent inspection and verification of weighing scales and measuring instruments across business premises countrywide;

(2) The steps being undertaken to provide adequate financial and human resources to the Department of Weights and Measures to enhance position and enforcement;

(3) Plans by the State Department for Trade to conduct nationwide sensitisation and public awareness campaigns to educate traders and consumers on the importance of using certified and verified weighing instruments;

(4) The progress made towards developing and operationalising a computerised verification and reporting system to enable consumers to confirm certification status and report malpractice; and,

(5) Measures in place to impose strict penalties on traders found using unverified, tampered or faulty weighing instruments to protect consumers and uphold fair trade practices.

Thank you, Mr. Speaker, Sir.

HUMAN CRISIS AFFECTING KENYANS IN THE KINGDOM OF SAUDI ARABIA

Sen. Thang'wa: Mr. Speaker, Sir, thank you very much for the opportunity to request for the Statement.

I rise pursuant to Standing Order No.53(1) to seek a Statement from the Standing Committee on National Security, Defense and Foreign Relations on a matter of nationwide concern regarding the growing humanitarian crisis affecting Kenyan citizens, particularly mothers and children who are currently stranded, undocumented or detained in the Kingdom of Saudi Arabia.

Mr. Speaker, Sir, this Statement is informed by first hand encounters with Kenyan mothers and children living and abandoned on the streets of Riyadh, Saudi Arabia, including a newborn baby born barely two weeks ago, who are undocumented. Their plight highlights a serious failure in consular protection and a disconnect between the Kenyan Embassy in Riyadh and affected citizens. Despite the Ministry collecting 707 DNA samples, only 110 birth certificates have been processed, leaving hundreds of children stateless and unassisted for over two years now.

Additionally, reports indicate that 200 to 300 Kenyans are currently detained in Saudi Arabia prisons, many due to minor immigration offenses, with limited access to legal support or consular visits.

Compared to countries like Philippines whose workers enjoy stronger wage protections and proactive embassy support, Kenyan workers face lower pay, weaker

safeguards and minimal institutional advocacy, raising urgent questions about the adequacy of Kenya's diplomatic and labour protection frameworks abroad.

In the Statement, the Committee should address the following-

(1) The current number of Kenyan citizens detained in Saudi Arabia, including a breakdown of offenses, duration of custody and the level of consular support extended to them;

(2) The reason why hundreds of DNA samples collected from Kenyan mothers and children remain unprocessed and provide a clear timeline for completing all pending birth certificate cases;

(3) The measures taken by the Kenyan Embassy in Riyadh to identify profile and support Kenyan mothers and children stranded on the streets and clarify why private individuals have had to intervene in the absence of official assistance;

(4) The emergency measures the Ministry intends to deploy to provide immediate humanitarian relief and facilitate safe repatriation for stranded mothers and children;

(5) The reasons the Embassy has not established a safe, confidential and risk-free reporting mechanisms for undocumented Kenyan citizens, given the legal risks they face under Saudi law when approaching authorities; and,

(6) Whether the Ministry has benchmarked the treatment and protection of Kenyan workers in Saudi Arabia against countries such as Philippines, Pakistan and detail the steps being taken to secure comparable wage standards contract protection and proactive embassy support for Kenyan workers.

This is my Statement, Senator of Kiambu; Karungo wa Thang'wa and I have just arrived from Saudi Arabia.

I thank you.

The Speaker (Hon. Kingi): I will allow comments for not more than 15 minutes. However, before I do so, allow me to make the following Communication.

(Interruption of Statements)

COMMUNICATIONS FROM THE CHAIR

STATE OF THE NATION ADDRESS TO PARLIAMENT BY HIS EXCELLENCY THE PRESIDENT

Hon. Senators, Article 132 (1)(b) mandates the President to address a special sitting of Parliament once every year. Article 132 (1)(c) also requires the President, once every year to do the following-

(1) Report in an address to the nation on all measures taken and progress achieved in the realisation of the national values referred to in Article 10.

(2) Publish in the Gazette, the details of the measures and progress under paragraph one.

(3) Submit a report to the National Assembly on the progress made in fulfilling the international obligations of the Republic.

Further, Article 247 of the Constitution requires the National Security Council to report annually to Parliament on the state of security of Kenya. Ordinarily, this report is submitted to Parliament during the address by the President, referred to under Article 132 (1)(b) and tabled in the Houses of Parliament.

Hon. Senators, vide a letter reference No.EOP/CAP.26/4aVol71 dated 3rd September, 2025, the Chief of Staff and the Head of Public Service informed the Speakers of the Houses of Parliament of the intention of His Excellency the President to deliver his address to Parliament in accordance with Article 132 (1)(b) and (c) of the Constitution.

The Chief of Staff and Head of Public Service further requested the Speakers concurrence to schedule the State of the Nation Address on Thursday, 6th November 2025 or Thursday, 20th November, 2025 at 2.30 p.m.

Hon. Senators, subsequently and following consultations, the Speakers of the Houses of Parliament acceded to the request of his Excellency the President and scheduled the Address for Thursday, 20th November, 2025.

A team has been appointed by the Clerks to coordinate the event. Further details will be communicated through the Office of the Clerk.

I, therefore, take this opportunity to inform you that His Excellency, the President will deliver his State of the Nation Address to Parliament during a Joint Sitting of the Houses of Parliament on Thursday, 20th November, 2025 at 2.30 pm in the National Assembly Chamber.

I thank you.

VISITING DELEGATION OF OFFICERS FROM THE PARLIAMENT OF UGANDA

I have this other Communication to make. I would like to acknowledge the presence in the Speaker's Gallery this afternoon, of a visiting delegation of three officers from the office of the Leader of Government Business in the Parliament of Uganda. The delegation is on a benchmarking visit to gain insights into the operations of the Senate and to strengthen collaboration at the level between the two parliaments.

Hon Senators, I request each member of the delegation to stand when called out, so that you may be acknowledged in the Senate tradition.

(1) Mr. Raymond Luterezo - Senior Policy Analyst.
(2) Mr. Samuel Kavuma - Liaison Officer
(3) Ms. Catherine Kialisima - Office Administrator

On behalf of the Senate and on my own behalf, I extend a warm welcome to the delegation and wish them a fruitful visit. I will call upon the Majority Whip, in under one minute, to extend a warm welcome to the delegation.

Sen. (Dr.) Khalwale: Mr. Speaker, Sir, that is a privilege because these are my neighbours. Ordinarily, Uganda would have been our ninth province, but that is how things are. Be that as it may, I ask them to send our greetings to all the parliamentarians

in Uganda and to congratulate them for the good job they are doing and more specifically to the 13 members of the Luhya community who sit in the National Assembly of Uganda.

Thank you, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Now, we will move to comments on the statements that have been sought. Senator Osotsi, you have the Floor.

(Resumption of debate on Statements)

Sen. Osotsi: Thank you, Mr. Speaker, Sir. I want to comment on two statements starting with a statement by the Senator for Kiambu, Sen. Thang'wa, on the state of Kenyans living in the Middle East, particularly Saudi Arabia.

As you are aware, we have had numerous Statements on this matter in this House and even in the National Assembly for some time now. I remember when I served in the National Assembly, we had so many statements on the issue of Kenyans living and working in the Middle East.

Now, despite the Cabinet Secretary having been to this House so many times and having given us the assurance, there seems to be a continuation of this problem. At this point in time when the Government is seeking to get many Kenyans employed abroad, I think this is a matter that has to be handled with finality because we cannot watch as our citizens are being maimed, tortured, killed and even made to stay on the streets. This should not continue. A serious country like Kenya cannot allow her citizens to stay on the streets.

Mr. Speaker, Sir, I witnessed this problem myself a few months back when I was going to Europe via Sharjah Airport in the United Arab Emirates (UAE). I saw so many young people, particularly women from East African countries like Kenya, Uganda and Congo, sleeping on the floor in the airports. They were so many of them; some with children, others badly dressed. This is not a good show. If we are serious about our foreign policy, this is a problem that must be addressed. The problem we are having is that there are recruitment agencies which move to our villages recruiting our youth to go to Saudi Arabia and these recruitment agencies are crooks.

We have said many times that the Government should rein in these unscrupulous recruitment agencies, but nothing seems to be done. We are told that these recruitment agencies are actually owned by people in Government. That is why they cannot rein them in.

Wherever you go to the Middle East, you will meet Kenyans suffering, they have no food to eat and yet we have a Government. Even as we talk about taking our youth abroad, the first thing that this Government should do is to deal with the problem of Kenyans who go to the Middle East. Before they even say they are taking people to Germany, Australia or wherever; the problem of Middle East has to be dealt with.

In my county alone, in the past two years, I have lost 30 youth in the Middle East and I have raised this concern. The Cabinet Secretary for Foreign and Diaspora Affairs happens to come from my county and even in his own county, he is not bothered about the plight of our students or children who go to the Middle East.

As I am talking now, the Senator for Nandi is laughing at me, I want to ask the Senator for Nandi to go and tell his boss to deal with this problem instead of talking about who will be or will not be the deputy president. In the ODM Party, the issue of deputy president is not an issue for us. Our issue is the implementation of the 10-point agenda that we signed with them and one of them is the issue of youth employment---

(Sen. Sifuna consulted loudly)

The Speaker (Hon. Kingi): Order, Senator for Nairobi City County. You shall not speak due to public demand.

Proceed, Sen. Karungo Thang'wa

Sen. Thang'wa: The next one

The Speaker (Hon. Kingi): Well, there has been a number of statements beyond Sen. Karungo's Statement. The mere fact that he sought for a Statement does not mean he cannot contribute or comment on the other Statements. Unless, Senator, you pressed your button by mistake?

Sen. Thang'wa: Thank you Mr. Speaker, Sir. Two more, then myself. I will be ready.

The Speaker (Hon. Kingi): Proceed, Sen. Okenyuri

Sen. Okenyuri: Thank you, Mr. Speaker. I wish to comment on the Statement by the Tharaka-Nithi Senator on detaining women who are giving birth to children in our hospitals.

The children who are being detained in hospitals are not any different from the children who are being detained in the Middle East because the ones in the Middle East are with their mothers on the streets and they cannot go back home. The ones detained in hospitals here in Kenya are detained in hospitals and cannot go with their mothers back home.

This statement calls for a conversation; we, as leaders, to rethink on how we are handling this matter because it is serious as raised by the Senator for Tharaka-Nithi. These are the future of this country.

There have been so many exposés which have been made by the media in previous days regarding the detaining of women who are in their most vulnerable state in hospital for some time, but nothing much has happened. Sometimes these women who have been detained have to share beds with others while guards are manning the doors for the women not to go out, just because they are poor and not able to finance their healthcare.

This is a conversation we need to rethink seriously. I thank Sen. Mo Fire for bringing this statement because it gives a picture of what ordinary Kenyans out there go through.

Thank you, Mr. Speaker, Sir.

Sen Faki: Asante, Mheshimiwa Spika, kwa kunipa fursa hii kuchangia kauli ya Seneta wa Kiambu, Sen. Karungo Thang'wa.

Ni jambo la kusikitisha ya kwamba kuna watoto wanaozaliwa katika nchi ya Saudi Arabia na wanashindwa kupata hati za kizazi na stakabadhi nyingine ambazo zinaweza kuwawezesha kusafiri kurudi nyumbani.

Kama inavyojulikana, nchi ya Saudi Arabia ina sheria za kidini ya Kiislamu ambapo ni marufuku kwa mwanamke kupata mtoto nje ya ndoa. Kwa hivyo, wengi wa hawa watoto ambao wanapatikana kule ni wale ambao wamezaliwa nje ya ndoa. Kwa hivyo, inakuwa vigumu kutokana na sheria ya nchi, watoto hawa kuweza kuandikishwa na kupewa vibali rasmi vya usafiri.

Bw. Spika, ni lazima kuwe na mfumo wa kuwapa mafunzo ya kuwawezesha kuishi kule wale ambao wanaenda kufanya kazi nchi za nje. Kama hawa watu wangekuwa wamefundishwa, haya mambo hayangetendeka. Wengi wanachukuliwa kutoka sehemu za mashambani kama hawajui haki zao. Pia, hawajui kwamba kule wanapoenda kufanya kazi, kuna shida ya kuelewana lugha kati ya muajiri na muajiriwa. Wengi wa wale mawakala wanaowapeleka sehemu zile huwa ni watu ambao hawana ofisi wala mahali maalumu ambapo watapatikana iwapo kutakuwa na shida.

Kwa hivyo, ipo haja ya kuwa na kanuni kwamba ili mawakala wote wanaowapeleka watu nchi za nje wawe na nafasi ya kuwapa mafunzo ijapokuwa ya wiki mbili, ili mtu anapotoka hapa, ana uzoefu wa yale atakayopata kule na vile aweze kujitetea wakati atapata matatatizo.

Bw. Spika, mwaka wa 2023 tulipozuru Riyadh pamoja na Kamati ya Leba na Ustawi wa Jamii ya Bunge hili, tulielezwa na Balozi wa Philipinnes zile kanuni ambazo wafanyikazi kutoka Philippines wanapitia kabla ya kwenda kule. Wakifika Saudi Arabia, kupitia kwa Balozi, anawekwa mahali ambapo anafunzwa yale mambo ambayo atayapata katika nchi hii. Hapa kwetu, sisi ni kama twakamua ng'ombe; wakileta pesa, twafurahi, lakini wakipata shida kule nchi za ng'ambo, hatuwasaidii wafanyikazi wa Kenya. Wengi wamekufa hadi balozi zashindwa kuwasaidia ili miili iregeshwe nyumbani. Kamati ya Leba na Ustawi wa Jamii---

The Speaker (Hon. Kingi): Sen. Abass, proceed.

Sen. Abass: Thank you, Mr. Speaker, Sir. I will comment on two statements; one is from *Mheshimiwa* Thangw'a. As you are aware, this problem of Kenyans experiencing hardships in Saudi Arabia keeps on coming back every other day. We have a lot of briefcase bodies that claim to be registering and sending people to Saudi Arabia, and at times, they cannot be followed up. Many have been registered already.

It is not only Kenyans that go to Saudi Arabia; there are people from many other countries that go there in very large numbers and in different capacities such as house helps and technicians. Of course, these people are well-organised; their recruiting agents are known and registered.

Unfortunately, Kenyans have a problem. They undergo a lot of humiliation because nobody even knows where they come from and where they go; they are left on their own. If a lady gets a child, they must undergo a DNA test and yet, I think everybody has the freedom to have a child. Another thing is that they confiscate their passports and, therefore, they cannot even get help from our embassies. They turn around and go back to the streets. Once they go to the streets, they become vagabonds and they

are arrested. It is high time that we deal with the issue. Kenyans must find a way of being represented well wherever they go just like the other countries such as Malaysia and the Philippines which have associations and groups that are being taken care of very well. Unfortunately, Kenyans undergo a lot of stress. It is a high time this Government takes this seriously. The recruiting agents must be dealt with so that, at least, no more Kenyans continue suffering there.

Mr. Speaker, Sir, at the same time, I want to discuss the statement by Sen. Omtatah, the Senator for Busia County. I think this country has a lot of professional organisations such as the Institution of Engineers of Kenya (IEK). What happens most of the time is that these professional bodies harass the professional Kenyans such that they cannot even be registered sometimes. Some of them go to school outside Kenya and undergo vigorous examinations which are not even necessary.

With those few remarks, I beg to---

The Speaker (Hon. Kingi): Sen. Sifuna, proceed.

Sen. Sifuna: Mr. Speaker, Sir, I really do not know where to start with the statement by the Senator for Kiambu County. I have said on the Floor of this House that my perception of the current Government is that it does not care about its citizens. I have actually asked myself if I was to find myself stranded in the South of Lebanon and a war broke out; I doubt if Musalia, even the fact that he is my brother from the region, would come for Sifuna. I know for a fact that he would not come for me.

Kenyans should know that they are on their own. I have multiple examples to give, Sen. Osotsi has given you a few. There was just a recent incident where some Kenyans were abducted in Tanzania and our Government---

(Sen. Tabitha Keroche consulted loudly while standing)

The Speaker (Hon. Kingi): Sen. Tabitha Keroche, take your seat.

Sen. Sifuna: This Government took their sweet time to even just reach out to their counterparts in Tanzania to find out where these Kenyans were. Even after the horrific stories that we were told by Boniface Mwangi and his colleagues, we never got even a protest note from the Government of Kenya to the Government of Tanzania about the mistreatment of the people of Kenya in that region.

Mr. Speaker, Sir, I feel terrible that Kenyans are on their own. I encourage them that there is light at the end of the tunnel. As I have said, I believe in a government that puts the individual well-being first. We need to form a government that puts the individual well-being first and that government is not this government. However, there is light at the end of the tunnel.

On the unpaid medical bills, we were here last week with people telling us how SHA is working. Where are these unpaid medical bills coming from if SHA is working? These bills should have been paid by SHA. You are detaining mothers because of unpaid bills; where are those unpaid bills coming from?

The President repeated what I said here just this week; that if anybody goes to hospital and they are asked to pay money, they should call the police because according to him, medical care is free in this country. That is according to Government.

Mr. Speaker, Sir, I remember the Speaker challenging me. In fact, with great respect, I feel like the Chair owes me an apology.

The Speaker (Hon. Kingi): Order, Hon. Sifuna, abandon that line of action.

Sen. Sifuna: Mr. Speaker, Sir, you do not even know what I was going to say. When Sen. Omtatah read out the provision of the law that I was being harangued about---

The Speaker (Hon. Kingi): That was not a provision of the law.

Sen. Sifuna: It was in the law.

The Speaker (Hon. Kingi): No. Hon. Sifuna, let us not go there.

Sen. Sifuna: Mr. Speaker, I hope you are pausing my time for all these engagements that we are having with the Chair.

The Speaker (Hon. Kingi): You are fully utilising your time; please do it well.

Proceed, Hon. Sifuna.

(Loud consultations)

Allow the Senator to finish.

Sen. Sifuna: What I am saying is; just like the sun, the truth cannot be hidden. If this thing is working, you will not see statements such as this making their way to the Floor. The President should now stop telling Kenyans to call the police; Kenyans should start calling the President. Just like our numbers were circulated, we need to circulate his number. If you go to hospital and you are unable to pay those bills, call the State House. The President himself should come and sort out that issue.

The Speaker (Hon. Kingi): Get 30 more seconds to conclude your thoughts.

Sen. Sifuna: Mr. Speaker, Sir, finally, on this issue of management of health facilities; last week, I was shocked to learn that the Nairobi City County Government has transferred the accounts for health facilities from the Kenya Commercial Bank (KCB) - a bank that everybody knows has a big reputation and a solid history- to some small bank called Sidian Bank.

If you look at the money that we made from hospitals from Auditor-General's Report on Receiver of Revenue for Nairobi City County in the last financial year, we collected Kshs1.3 billion. The total deposit for Sidian Bank last year is Kshs50 billion. The entire County of Nairobi---

The Speaker (Hon. Kingi): Conclude, Hon. Senator.

Sen. Sifuna: Thank you, Mr. Speaker, Sir. If you look at the budget of Nairobi, *vis-a-vis* the capitation of Sidian Bank, if we ourselves as a county were a bank, we would be bigger than Sidian Bank. I have written to the Governor to explain to me the rationale and he is quiet up to today. I am going to give him some more time.

As the people of Nairobi City County, we should get an explanation as to why you would leave a tier one bank and send our facilities to a tier three bank that has no

history or reputation at all. It does not make any sense to me. We will be dragging him here in the Senate to explain to us why that decision makes sense.

I thank you, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Sen. Kisang proceed.

Sen. Kisang: Thank you, Mr. Speaker, Sir. I will make comments on the Statement by Senator for Tharaka-Nithi County. We know very well that in the last Government, we used to have what they call Linda Mama. When our women went to the hospital and gave birth, they used to be released free of charge. With universal health coverage, it is also expected to be free. Maybe the governors and the Executive have not read the law to know that maternity is free. That is what I expect. We should not be talking about the President or even the national Government. These are the county governments that should be releasing our women when they give birth in their hospitals.

(Sen. Sifuna laughed)

The Senator of Nairobi City County is laughing. I just wanted to tell him he should be bashing his Governor and not the Presidency. This is because health is devolved. I do not know why we are talking about this. I know the big party, the Orange Democratic Movement (ODM), is going through some turbulence. I think they are waiting to go into the proper--- So, please, do not bring your issues to the House when we know you are going through challenges. Anyway, we are praying for you. Things will settle very soon.

(Loud consultations)

Hon. Speaker, I also want to make comments.

The Speaker (Hon. Kingi): Order, Hon. Senators. Sen. Kisang', you know the rules of debate; relevance.

Sen. Kisang: Thank you, Hon. Speaker. I also want to comment on the Statement by Hon. Thang'wa. This thing of Saudi Arabia and other countries has been going on for a long time. It appears like the Cabinet Secretary for Labour and Social Protection is either incompetent or does not know what he is doing. We need those who are involved in this particular trade to give us the CR12 for these people who are running these businesses. I heard Sen. Osotsi saying that it is like people who are in Government---

Could we have the CR12 for the companies, so that we can shame these people who are trading people like slaves? I thought this business had stopped a long time ago. Sadly, we are losing people daily in Saudi Arabia and other areas. Some are doing good business. So, we should not just rubbish all those who are going to Saudi Arabia. Majority of the people, maybe 80 or 90 per cent, are doing good business. Maybe it is a small portion of like five or 10 per cent that is giving us a bad name. We need to expose and shame them so that they do not continue doing the same bad business.

I rest my case there.

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

Sen. Onyonka: Thank you, Mr. Speaker, Sir, for giving me this opportunity to comment on the issue that Sen. Thang'wa ably put out here. I happen to have institutional memory because I worked in the Ministry of Foreign and Disapora Affairs. During that time, the Speaker of the National Assembly was actually the Minister. One of the template programmes that was in that Ministry was that the Kenyan Government had to sign a bilateral agreement with each and every country that was receiving Kenyan people as part of its workforce. I believe that must have been dumped somewhere and people moved on.

The truth and the reality is, frequently, some of us discuss this and say there are certain things that need to be fixed for this country to fix other things. The reason why we have all these agencies coming out to the villages to recruit people, where some of these people's earnings takes a year before they can receive a cent, as they work in those Arab countries and other places, is because we are completely not interested in what happens to these people. Even when we go to Dubai, like some of us have said, we see our people in the streets and it appears quite casual and normal, yet, other countries like the Philippines have fixed the problem.

There must be a basic minimum standard that we must allow our people to go through. We must negotiate with these countries to make sure that we give our people soft landing and protect their rights. However, immediately we are supposed to sign a bilateral agreement, Hon. Boni Khalwale, money exchanges hands and those agreements never hold. As a result, you find, as it has been said here by Sen. Osotsi, it is those who are in good positions in Government who then end up owning these agencies. Even if you went to look for the CR12s to see who the owners are, you would most probably not know who they are.

Mr. Speaker, Sir, the way this House has always discussed these things, could we make sure that this committee finally sits and honestly engages broadly in such a manner that we can reach a stage of solving this problem? It is in Lebanon, Qatar and Saudi Arabia. Some of it is happening even in the U.S.A. We do not need---

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

Sen. (Dr.) Khalwale: Thank you, Mr. Speaker, Sir. Seriously speaking, Cabinet Secretaries should familiarise themselves with the Constitution. We sat with the Prime Cabinet Secretary here up to very late in the night when we were debating the Bills that were coming under the new Constitution. He knows, and he ought to know, that the Constitution says a person is a citizen by birth if on the day of the person's birth, whether or not that person is born in Kenya, either the mother or the father of the person is a citizen. The mothers of those children on the streets are Kenyans. End of story. All that we should be seeing are aircraft bringing them home and those children automatically being Kenyans by birth.

Why are we leaving our children in the streets or is it that God has denied some of the Cabinet Secretaries the gift of getting children, so they hate children? How can you punish a child? Look at how Sen. Okenyuri has connected that statement very well with the programme of Linda Mama. Linda Mama was allowing the women in Ikolomani to deliver at Shibuye District Hospital and walk away. We have replaced it with a new

programme. When I said it here that comparing Taifa Care to Linda Mama is fraud, I was almost thrown out of the House. This is the fraud that I was talking about. This is the unconstitutional process that we are calling universal healthcare. How? Yet we are in this place speaking good English, people who understand the Constitution. We should help the Government. The government has a Cabinet Secretary who does not have the capacity either to read or to understand what they are reading.

Finally, I am concerned about this issue of the young children who are out of the country. They are no different from the two Kenyan political activists who have been locked up in Uganda for a long time. It disturbs me that it took the intervention of the former President and not the current President. This House is supposed to remind the Executive that---

(Sen. Cherarkey consulted loudly)

If you get bonga points at home by interfering with me, go and do it in the Nandi County Assembly.

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

The Speaker (Hon. Kingi): What is your point of order, Sen. Cherarkey?

Sen. Cherarkey: Mr. Speaker, Sir, we must be sticklers of the rules. Standing Order No.105 is on Statement of Fact. When the Senator who happens to be the Chief Whip of Government goes on record and says that the former President intervened in the release of Kenyans, could he provide that evidence before this House? He goes to chang'aa drinking dens in Ikolomani, to go to the Floor of the House--- He should just take chang'aa and stay there. Do not bring those things here. So, can he withdraw or substantiate?

(Sen. Sifuna consulted loudly)

The Speaker (Hon. Kingi): Order, Senator for Nairobi City County, the Senator for Nandi is on a point of order and therefore, you cannot raise a point of order on him. Now, Senator for Nandi, it may be within your right to rise on a point of order, but the language you are using should be parliamentary. Sen. Boni, a point of order has been raised by the Senator for Nandi. You have asserted that there are some Kenyans who were released from Uganda pursuant to intervention by the former President as opposed to the current. The point of order is whether that is factual. If yes, provide the evidence. If you cannot, you proceed to withdraw and apologise and conclude your thoughts.

Sen. (Dr.) Khalwale: Thank you, Mr. Speaker, Sir. I like your tone. You should further advice the Senator for Nandi that he is decades away from my experience in parliamentary parlance. If he was not, he would know that in this Parliament, a ruling has been made that a Member is not expected to substantiate the obvious.

(Applause)

Mr. Speaker, Sir, I was saying that with maximum respect. You wait until it is your relative or yourself that has been locked up in Uganda---

The Speaker (Hon. Kingi): Sen. (Dr.) Khalwale, a point of order has been brought to you after having stated that the former President intervened for the release of two Kenyans from Uganda. Is that factual and, if it is, would you produce the evidence? If you cannot withdraw, apologise and conclude your thoughts.

Sen. (Dr.) Khalwale: Mr. Speaker, Sir, this habit of giving the impression that this Floor offers and opportunity for intimidation of a Member during debate negates the freedom of speech in the House and as enshrined in the Constitution of Kenya.

If the Senator for Nandi is uncomfortable with the factuality of what I am saying, let him express his discomfort and not hide in a point of order. Do you think my pedigree is somebody who does not know the difference between Standing Order No.105 and---

The Speaker (Hon. Kingi): Order, Sen. (Dr.) Khalwale. I made a ruling on the point of order that had been raised. That point of order has been sustained.

Sen. Sifuna: Mr. Speaker, Sir, can inform Sen. (Dr.) Khalwale?

The Speaker (Hon. Kingi): Senator for Nairobi City County, Sen. Sifuna, you will have a moment to speak. Sen. (Dr.) Khalwale, you either proceed to substantiate that allegation or withdraw, apologise and proceed to conclude your comments.

Sen. (Dr.) Khalwale: Mr. Speaker, Sir**,** I started this journey in politics at the age of 22…

The Speaker (Hon. Kingi): Sen. (Dr.) Khalwale…

Sen. (Dr.) Khalwale: Mr. Speaker, Sir, bear with me for five seconds. I started with the journey in politics at the age of 22. We fought for this Constitution for so long so much so that rather than respond to all those things that have been said here, I choose to keep quiet.

The Speaker (Hon. Kingi): Sen. (Dr.) Khalwale, if you cannot substantiate, the other option is not to keep quiet. Keeping silent is not an option under our Standing Orders. If you cannot substantiate, you proceed to withdraw and apologise.

Proceed.

Sen. (Dr.) Khalwale: Mr. Speaker, Sir, I see no evidence that I am unable to substantiate. If such evidence is there, let it be adduced. I am very serious. We are not going breach provision of the Constitution just because of a smaller provision that could be found in a Standing Order.

Could the Senator for Nairobi inform me?

The Speaker (Hon. Kingi): Sen. (Dr.) Khalwale, we will deal with the point of order raised before I allow the Senator for Nairobi City County to inform you. If you are unable to substantiate now, you can request for more time. If you unable to do those two things, then kindly proceed to withdraw, apologise and conclude your thoughts.

Sen. (Dr.) Khalwale: Thank you so much for the indulgence. I can assure you, I have said I have chosen to keep quiet for the reason that Kenyans died to have freedom of expression and speech. Please, understand these things. We were there before you were.

The Speaker (Hon. Kingi): Sen. (Dr.) Khalwale, choosing to stay silent means you have failed to substantiate and the natural consequence will flow. I will, therefore,

rule you out of order and ask you to leave the Chamber for the remainder of today's sitting.

Sen. (Dr.) Khalwale: Mr. Speaker, Sir--

The Speaker (Hon. Kingi): Hon. Boni, I have made a ruling after giving you more than 15 minutes to do what the--- I have made a ruling that---

Sen. (Dr.) Khalwale: What is the ruling?

The Speaker (Hon. Kingi): I have already made the ruling that you walk out of the Chamber.

Sen. (Dr.) Khalwale): Mr. Speaker, Sir, I choose to walk out of this Chamber because I cannot allow this Parliament to tamper with freedom of speech in this House and freedom of expression, in general.

(Sen. (Dr.) Khalwale walked out of the Chamber)

(Sen. Sifuna spoke off record)

Sen. Ogola: Sen. Sifuna, it is Sen. Beatrice on the Floor.

The Speaker (Hon. Kingi): Order. Sen. Sifuna, the Senator you were to inform is no longer in the House. You do not need permission to follow him. If you elect to follow him, that is not pursuant to the Speaker's directive.

(Sen. Sifuna walked out of the Chamber)

Sen. Ogola: The senior Senator leaving should also know that at times silence is power.

Mr. Speaker, Sir, I rise to support the Statement by Sen. Omtatah. I begin by informing the Senator for Elgeyo-Marakwet that we are unapologetic as a party in dealing with our turbulence.

We will mourn the late former party leader in a way in which befits him, for how we will want to and in whichever way we will but, finally, we will come out of it in the very strongest terms possible.

Secondly, I would like to inform Sen. Cherarkey that ODM as a party will form the next government or will be in government. If you watched the Founders' dinner, take note that one of the persons you saw at the high table will be the President on an ODM ticket in 2027. So, take your jokes to Nandi…

The Speaker (Hon. Kingi): Sen. Beatrice, I have not seen any Statement in that regard. You took to the Floor to contribute and make comments on the Statements that have been sought. Kindly, pick any of those and make your comments.

Sen. Ogola: Thank you, Mr. Speaker, Sir, and on that note, now and later after 2027---

I wish to support the statement by Sen. Omtatah of Busia County. This is a statement that talks about a matter of countywide concern regarding the status of

infrastructure in Kenya's sugar belt region. The state of roads particularly in my Constituency, Ndhiwa is wanting.

As the Committee looks at the statement, the Sukari industry in my constituency, should go ahead to tell us who they pay cess to and how much is paid. This is because this is related to the infrastructural development in Ndhiwa.

Ndhiwa has black cotton soil. Our roads are so bad. The only road our people are able to use is the one tarmac road from Rodi Kopany to Sori as a road that just passed the constituency. Beyond that main road, our people of Ndhiwa cannot access or use any road adequately. It is closely related to Sukari Industries because the tracks that they use are so heavy for our roads. As a constituency and as members of that sub-county, we feel that they must contribute to the infrastructural development of the roads that we have in Ndhiwa.

Mr. Speaker, Sir, I would also want to support the statement by Sen. Gataya Mo Fire on the detention of mothers. Children should enjoy their first few days on earth. Unfortunately, young mothers have to spend their time with young, innocent babies in hospitals because the bills have not been paid. This must be looked into and the Government must re-examine the policy of detaining mothers in hospitals---

The Speaker (Hon. Kingi): Sen. Wamatinga, you may proceed.

Sen. Wamatinga: Thank you very much, Mr. Speaker, Sir. I would also like to add my voice to the statement that was sought by the Senator from Tharaka-Nithi and the Senator from Kiambu County.

The Universal Health Coverage (UHC) was meant to address such issues that will ensure that when a family is in need and they have lost a patient, they are not made to suffer. Look at the contributions that we make, as Members of Parliament. Look at the contributions that we make from our pay slips. We have every reason to get worried when the system is not working.

Having said that, it should not be lost to us that what has bedeviled the UHC, the malpractices that we see, are mostly pushed by private players, whether it be private hospitals, doctors, and those who want to reap where they have not sown.

It is, indeed, important that we say it as it is. We must condemn what should be condemned, but at the same time, as a people who have been bestowed with the responsibility of leadership in this country, we have a responsibility to address and ensure that the corruption that is institutionalised in some of these health delivery services is addressed right from the grassroots level.

Indeed, we have hospitals that have employed more accountants than doctors because the main business they do is to bill the SHA system to be paid for operations they never perform. I am aware of one institution that has more accountants which cannot even perform a simple operation, but in their billing system, you will see amputation of legs, amputation of hands and even heart transplant, yet we know that none have ever been done in Kenya successfully.

This is an issue that we should address, and we should address it from a moral perspective. We lack the goodwill; we lack the patriotism and the nationalism to see SHA work because we want to use it as a political tool.

The issue that has been raised by the Senator from Kiambu County is very, very important. We know that countries are training their personnel for migration and for export purposes. It is working elsewhere. We do not need to reinvent the wheel.

The problem is that those who are given the responsibility to ensure that we have a framework within which we can work have not only abused it; they take advantage, exploit, and most importantly, they do not even inform the migrants of what to expect and how to behave. On our foreign mission, we have a responsibility to ensure that our foreign missions play their role, represent Kenyans in the country they are in.

As I sit down, I would want to say, indeed, when we were in Uganda with the Committee on Agriculture, Livestock and Fisheries---

The Speaker (Hon. Kingi): Sen. Kavindu Muthama, you have the Floor.

Sen. Kavindu Muthama: Thank you, Mr. Speaker, Sir, for giving me this opportunity to contribute to two statements. The first one is from the Senator from Tharaka Nithi County, Sen. Gataya Mo Fire.

It is really sad for the mothers who have just delivered to be detained in hospitals simply because they cannot pay the fee that is required by the hospitals. Sadly, they are detained together with their very innocent children yet, our Constitution, in Chapter 43(1)(a), says-

"Every person has a right to the highest attained standards of health, which includes the right to healthcare services, including reproductive healthcare."

Mr. Speaker, these children are innocent and these mothers are vulnerable. Most of them actually get depression after delivering because delivering is very stressful.

As a mother, I can tell you this; For a mother to go into labour until the time she delivers and then she is detained in that hospital together with her baby--- I would say this government should go back to the *Linda Mama* Insurance so that when mothers deliver, they can be discharged for free to go back home with their children.

It is not right to detain these children. That is just like putting these children into prison because those hospitals are like prisons. They are there, they cannot leave, they do not even know what is happening and everyone has a right. The Standing Committee on Health should do something about this.

Secondly is the statement by Sen. Karungo Thang'wa, the Senator for Kiambu County. We have talked so much about our girls who go out there to work, especially in Saudi Arabia. We should now be talking about how the government should bring these children back home because, by birth, their mothers are Kenyans. So, by birth, these children, through their mothers, are citizens of this country.

The ambassadors in Saudi Arabia should give them temporary permits to be brought back home.They should not hold them back there. This is very stressful, even for the mothers and these children. The Committee---

The Speaker (Hon. Kingi): Senator for Nandi County, you have the Floor.

Sen. Cherarkey: Thank you, Mr. Speaker, Sir. First, I want to comment on the statement by Sen. Okiya Omtatah on the issue of the Sugar Act. Looking at the request, I think our secretariat should assist. If you look at number one, we have already put in the Sugar Act. It is already in place. We agree that under the Sugar Levy Development Fund,

which is a cess fee from sugar, that money should be factored in through the Kenya Sugar Board.

So, I think in the future, we need to rewrite what the law established. I agree and where I come from, we still have a problem with impassable roads, yet we produce a lot of sugar cane. For example, in the Financial Year 2023/2024, Nandi County collected Kshs84 million in cess from tea. They collected further Kshs7 million cess on sugar, but the roads remain pathetic in Nandi County. When the Governor of Nandi appeared on Friday, he could not even give us one road that has been done by the cess.

I think the problem is within our counties because they collect cess. It is not that they are not collecting. I want to challenge our accountability committees to ask this because in Nandi County, over Kshs92 million is collected from tea and sugar factories, but the Governor has done nothing, not even one kilometre of road under the cess fund that has been provided.

Finally, on the issue of our stranded children, while I empathise, I was in Saudi Arabia on a private visit several months ago. I had to look for some local intelligence there. What I found out is that most of our people use frivolous recruitment agencies. Secondly, they go and leave the job that has been assigned by the agents and run away. In that process, they leave their identification documents, more so, passports, with their employers. The employers go ahead and report to the local authorities in Saudi Arabia and they become aliens.

I have intelligence that they leave their employers and go to Kenyans who misuse them. Some of them end up giving birth. I agree that the provision of Article 53 of the Constitution is critical, but the truth is that those children and their mothers do not have travel documents hence they cannot come back to the country.

I had a discussion with the Cabinet Secretary for Foreign and Diaspora Affairs. I find it interesting that his Senator cannot walk to his house in Sabatia and engage him. Instead, he has decided to engage him through the media. I have not mentioned names. The point I am making is this---

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

The Speaker (Hon. Kingi): Yes, Senator for Vihiga County.

Sen. Osotsi: Mr. Speaker, Sir, there is only one Senator for Vihiga County and that is Sen. Godfrey Osotsi. Is it in order, under Standing Order No.105, for the Senator to claim that I have made this request in the media? Is this House a media? I have made the request here and not in the media.

The Speaker (Hon. Kingi): Senator for Nandi County, the Senator for Vihiga County is perfectly in order to request for a Statement on the Floor of this House. Therefore, kindly proceed to withdraw your assertion and apologise to the Hon. Senator.

Sen. Cherarkey: Mr. Speaker, Sir, I retract and apologise because I want to drive my point home. I do not want sideshows.

My point is simple and it is the genesis of this. First, we have mothers who do not have travelling documents. Secondly, there are children who do not have documentation. The laws of Saudi Arabia and the Middle East countries do not allow for registration of children who are not Emirati. Therefore, those children remain undocumented. After this,

I will have a discussion with the Cabinet Secretary for Foreign and Diaspora Affairs for us to see how we can bring those children into the country. We will have a new story after Christmas and New Year. I believe Hon. Musalia Mudavadi is able to handle that.

Thank you, Mr. Speaker, Sir. I support.

Sen. Maanzo: Thank you, Mr. Speaker, Sir. I want to comment on the Statement by Sen. Thang'wa. It is true that many of our citizens are stranded abroad. I recently brought a Statement in this House in relation to someone from Makueni County who was stranded and injured in the Middle East. A Good Samaritan intervened and the citizen was brought back to the country.

Our Constitution is clear on this matter and an agreement is signed between the countries to protect our citizens. We need to know the follow up system in case of a complaint in relation to the companies that take people there. We also have to know the roles of the Ministry of Labour and Social Protection and the Ministry of Foreign and Diaspora Affairs. Many times, we give an assignment to the Ministry of Foreign and Dispora Affairs yet the source of the problem is the Ministry of Labour and Social Protection that allows dubious companies to take people to the Middle East to work there. That Ministry then fails to make any follow up when something happens.

These people claim unpaid bills and when they pass on or have emergencies at home, they cannot come back. One time, I had to travel to Saudi Arabia to bring a citizen who was in trouble back home. There was an outcry from residents of Makueni County and I made sure that the person came back home. Someone has to be responsible for all these.

When a Kenyan is born abroad, the first thing they need to have is documentation that they can use to travel back home. That can only be processed if the mother has reported the matter. We should make such a process easy. Without documentation, that person cannot get into a plane to come to this country. We have to check those details. The Senator for Kiambu County was right on that.

The other issue was mothers and children who are stranded in hospitals because they have not paid bills. Discharge should be made very easy based on the system that we have right now. No mother or child should be detained in hospital.

Sen. Nyamu: Thank you, Mr. Speaker, Sir. I want to comment on the statement that was brought by the Senator for Tharaka-Nithi County, Sen. Mwenda Gataya Mo Fire.

There is an unfortunate trend of detaining mothers and their new born babies in hospitals. Mbagathi County Referral Hospital and Mama Lucy Kibaki Hospital continue to hold dozens of women who have given birth because they have not registered with the Social Health Authority (SHA). I heard Sifuna wondering if SHA is working.

The Speaker (Hon. Kingi): Sen. Nyamu, you shall refer to your colleagues as honourable. You may proceed.

Sen. Nyamu: I am well guided, Mr. Speaker, Sir. I heard the Senator for Nairobi City County, Hon. Sen. Sifuna, wonder if SHA still works. He asked why women are being detained in hospitals after giving birth if SHA is as real as we claim.

I have been to Mama Lucy Kibaki Hospital and I have seen women who have been detained because they have not paid bills. The truth is that all those women have not registered under SHA. This happens because SHA did not take into account the Linda Mama Programme that the National Hospital Insurance Fund (NHIF) was taking care of. The medical community should demand a reinstatement of a fully funded insurance cover similar to Linda Mama and it should be fully funded under SHA.

Universal Health Coverage (UHC) guarantees maternal health. It is important that we cover maternal health because it is an eventually of life that every woman faces regardless of their financial status. We also demand a review of the national budget to cover for maternity healthcare for women not to go out of pocket. A lot of the urban poor who are in our slums cannot afford the Kshs6, 900 which is the minimum premium for SHA. All women should be on boarded on SHA on their first prenatal visit.

Sen. Omogeni: Thank you, Mr. Speaker, Sir. I rise to make a comment on the statement brought by Sen. Mwenda Gataya Mo Fire.

It is sad that over 50 years after independence, we are still debating the detention of newly born children in hospitals. When we got independence, we were assured that our population will get quality healthcare, access to water, education and all that. This matter should capture the attention of the Government. Babies are like angels. They are innocent. Detaining new born babies makes us look like a society that does not care. There should be an arrangement where the Government writes-off bills even if the mothers have not registered under SHA because we are welcoming a citizen.

We cannot have any justification whatsoever why we should detain newly born babies in hospitals. This is totally unacceptable. If we are serious that we want to move from being a third world country to a first world country, these are the yardsticks that will be used to measure whether we are moving towards being a first world country. How can you be a first world country when newly born babies are being detained in hospitals simply because their mothers cannot meet the medical expenses and the Government cannot step in to pay for their medical bills?

I would like to appeal to the President because the buck stops with him, that we need to put measures in place. At times, it is good to own up. If Linda Mama was serving our mothers, why are we replacing it with something that is not working? Let us own up in the best interests of our newly born babies. Let us reinstate Linda Mama, so that our children are welcomed to a country called Kenya without any pain or suffering.

I support.

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

Sen. Mandago: Thank you, Mr. Speaker, Sir. Allow me first to comment on the Statement sought by Sen. Okiya Omtatah on maintenance of roads on sugar belts in this country. With the reinvention of sugar levy, we expect that farmers in those regions should not suffer while transporting their produce to factories and fertiliser to their farms, yet levies are being collected for the same purpose. The only comment I want to make on this Statement is that county governments should not overlap that responsibility by doing the same roads sugar levy funds are being applied to. This is where funds are being lost through repetition of work that has already been done.

Mr. Speaker, Sir, I also want to comment on the Statement by the Senator for Tharaka Nithi County, Sen. Mwenda Gataya, on the issue of mothers. This is a matter that we really have to do a lot of sensitisation on. Our biggest and weakest link in the rollout of the Universal Health Coverage (UHC) are the county governments. No mother whether teenager or old enough, should be denied service or detained in an hospital for failure to pay hospital bills.

Mr. Speaker, Sir, I do not understand if our county governors are not reading the law that we passed in this House or they have delegated their responsibility to people who have no capacity to deliver on it. All mothers who go to deliver, whether in public or private facilities, are supposed to be enrolled to the Social Health Insurance Fund (SHIF). SHIF does not require you to have an identity card (ID); a birth certificate is sufficient for you to be registered as a mother and to deliver in that facility, be carried out a caesarean delivery, treated and discharged. The only thing that facility is supposed to do is to bill SHIF on the cost they have spent on delivering that mother.

Mr. Speaker, Sir, I get surprised when my colleagues want to take us to Linda Mama. A lazy person would always want to remain in a comfortable place.

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

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

We must understand that we cannot replace a comprehensive healthcare system by a sectional cover.

Madam Temporary Speaker, if you are given an option to choose between a comprehensive insurance cover and a third party---

The Temporary Speaker (Sen. Veronica Maina): I will give you one minute to finish that Statement because you are the Chairperson of the Senate Standing Committee on Health.

Sen. Mandago: Thank you, Madam Temporary Speaker. I would like to ask my colleagues that for us to move forward--- When I hear people make reference to, "This is what we played in 1963" The reason we have never moved forward is that we have never had a courageous president who would want to deliver a comprehensive healthcare like what we have today.

Madam Temporary Speaker, county governments must do their bit. They must allow mothers to deliver free of charge, let them bill SHIF. Parliament allocated Kshs13 billion for SHIF. Why are they not utilising those funds? It is just the usual laziness that they are used to. That is why even the UHC workers are unable to confirm when they have the money. We cannot keep blaming the national Government and the President. Governors must wake up.

I wonder what is happening to this Senate. When I was a governor, we used to be harassed left, right and center. There used to be a sky team. Nowadays it looks like the Senate is not doing their work. I am part of it, but the Senate's County Public Investments

and Special Funds Committee (CPIC) and County Public Accounts Committee (CPAC), who are dealing with the funds for SHIF, are not doing much. *Bure kabisa!*

Nairobi has the highest number of Senators who should---

The Temporary Speaker (Sen. Veronica Maina): Sen. Mandago, your minute is gone. Additionally, once you choose to use English, stick to it.

Sen. Nderitu John Kinyua, the Senator for Laikipia County, please proceed.

Sen. Kinyua: Asante Bi. Spika wa Muda. Ningependa kuchukua fursa hii kuchangia Taarifa iliyoletwa na Seneta wa Kiambu County, Sen. Karungo Thang'wa.

Bi. Spika wa Muda, ni uchungu Wakenya wanapoenda katika nchi za uraibuni kufanya kazi, hatimaye, Serikali inayopaswa kuwachunga kwa sababu walipotoka hapa walitoka ikiwa stakabadhi zao zimekaguliwa vizuri na wamepewa fursa ya kuenda huko. Walakini, wakifika huko, mabalozi wetu hawashughulikii masuala hayo. Tunaongea haya kwa sababu, nchini Saudi Arabia kuna msichana wa kutoka Nanyuki anayeitwa Josephine Wanjiru Mumbi. Ametoka Majengo. Huyo mwanadada anaishi hali ya uchochole ilhali Balozi hamsaidii na chochote. Nakumbuka Karungo wa Thang'wa alipotembea huko. Kulikuwa na waliomuonyesha vile wakenya wanapitia hali ya mateso. Sasa hivi, baadhi ya waliomzungusha wameshikwa na kushitakiwa kwa sababu ya kuwazungusha na ndiposa ameleta hii Taarifa.

Ningependa umwambie Seneta wa Nandi County, kwa sababu nimesikia akisema ya kwamba, ataongea na Waziri wa Masuala za Nchi za Kigeni moja kwa moja. Ataongeaje na huyo Waziri ilhali Ripoti hii imeletwa hapa ili Kamati ilifuatilie? Najua yeye si mwanakamati wa hiyo Kamati. Hakuna haja ya kujigamba na kujipendekeza.

(Loud consultations)

The Temporary Speaker (Sen. Veronica Maina): Sen. Cherarkey, what is your point of order? Sen. Kinyua, please resume your seat.

Sen. Cherarkey: Bi. Spika wa Muda, nasimama kwa Kanuni ya kudumu 105 na sehemu ya Katiba na uongozi, au *Leadership and Integrity*. Ningependa kumwuliza Mheshimiwa Seneta Kinyua aombe mshamaha na aondoe katika Taarifa ya Bunge la Seneti kusema kuwa, sina uwezo wa kuongea na Mhe. Musalia Mudavadi, ambaye ni Waziri wa Masuala ya Nchi za Kigeni kuhusiana na suala hili, ilhali mimi ni kiongozi ambaye nimechaguliwa na watu wa Nandi County, ambao baadhi yao wanafanya kazi huko ughaibuni. Je, itakuwa ni bora kweli aseme hivyo, ilhali naheshimika kama kiongozi wa kitaifa? Aombe Mshamaha na aondoe maneno hayo katika Taarifa Rasmi ya Bunge la Seneti.

The Temporary Speaker (Sen. Veronica Maina): Sen. Kinyua, can you respond to that point of order by demonstrating how Sen. Cherakey cannot speak to the Cabinet Secretary for Foreign and Diaspora Affairs??

Sen. Kinyua: Bi. Spika wa Muda, nimesema, Sen. Cherarkey alisema ya kwamba atalizungumzia suala hilo. Aliyeandika hiyo Ripoti hakumletea Ripoti. Imeandikiwa Kamati, ilhali yeye si Mwanakamati. Tumekuwa tukiletea Kiongozi wa Wengi katika Seneti hizi Taarifa kwa sababu anaweza kuongea moja kwa moja na Waziri na Rais.

Bi. Spika Wa Muda, sisemi hawezi kuongea lakini alivyojigamba na kujivuna, hilo suala ataliongea na alimalize? Naona hiyo ni kejeli kwetu.

Sen. Oketch Gicheru: On a point of order, Madam Temporary Speaker.

The Temporary Speaker (Sen. Veronica Maina): Sen. Kinyua, can you proceed and finish your one minute?

What is your point of order, Sen. Eddy? Sen. Kinyua, resume your seat.

Sen. Oketch Gicheru: Madam Temporary Speaker, I rise under Standing Order No.105 to seek clarification. There are people that the Senator for Laikipia County has indicated are associated with bringing this Statement to the House and have been arrested. I want to know who they are, what their names are and what the accusation for their arrest is. We cannot prosecute this matter when some people are going to suffer being arrested for bringing such an important issue here. How can the Committee that has been tasked with this issue help?

The Temporary Speaker (Sen. Veronica Maina): Sen. Kinyua, that is an important substantiation you need to make. Otherwise, if you cannot substantiate and give the details of the persons who are going to be arrested, you will withdraw and apologise that statement.

Sen. Kinyua: Bi. Spika wa Muda, ukinikubalia nitaleta majina yao na kuwaeleza ni kina nani Alhamisi. Inanisumbua zaidi kwani yule dada aliyepata shida Saudi Arabia ametoka Majengo, Laikipia.

The Temporary Speaker (Sen. Veronica Maina): Sen. Kinyua, you will bring those names by tomorrow, the next session.

Sen. Kinyua: Thank you, I will do that.

The Temporary Speaker (Sen. Veronica Maina): Proceed to conclude.

Sen. Kinyua: Bi. Spika wa Muda, kuna Taarifa iliyoletwa Bungeni na Seneta wa Kaunti ya Tharaka Nithi. Ni kinaya kwani tunaelezewa kila wakati kwamba Social Health Authority (SHA) inafanya kazi. Itakuwaje tena hawa watoto wanafungiwa katika hospitali zetu? Hili ni jambo la kuvunja moyo sana. Ikumbukwe vizuri kwamba Linda Mama ililinda watoto na hakuna mzazi yeyote aliyeitishwa pesa alipopata huduma katika hospitali zetu.

Kinachonisumbua zaidi ni kwamba badala ya Linda Mama, tumeleta *Linda Ng'ombe*. Nakumbuka ni juzi tu tumedunga ng'ombe sindano lakini hatushughulikii kina mama. Jambo hili ni kinaya. Nimesikiliza Maaskofu wa Kanisa Katoliki wakisema vile SHA inasumbua wagonjwa wote na sio akina mama wajawazito wanaojifungua pekee kwani hailipi hospitali. Hospitali kama Consolata, Kijabe na Chogoria---

The Temporary Speaker (Sen. Veronica Maina): Your time is up, Sen. Kinyua. Your submissions were going off the point because you were on Linda Mama, I do not know how you brought in *Linda Ng'ombe*. There is no connection between the two. Senator, I have given you direction on that issue. Linda Mama is a very important issue.

Proceed, Sen. Thang'wa Paul Karungo, Senator, Kiambu County.

(Sen. Cherarkey spoke off record)

Sen. Thang'wa: Thank you so much. I never contributed. Thank you for trying to become a prefect.

Madam Temporary Speaker, I wish to support the Statement by Sen. Gataya Mo Fire. His request for a statement falls short of saying that SHA is not working. When we detain children in hospitals, that shows both the county government of the accused county and the national Government are not working. This brings the issue that no one is safe. The newborns are not safe when born in their counties or abroad, like the issue of Saudi Arabia. Even the old ones are not safe because we saw the other day, the party leader of the Orange Democratic Movement (ODM) expectorating a piece of cake after getting a bite from the President. Spitting out a piece of cake tells you that no one is safe in this country. If we never speak about it, there will be a problem---

Sen. Oketch Gicheru: On a point of order, Madam Temporary Speaker.

The Temporary Speaker (Sen. Veronica Maina): Sen. Eddy, what is your point of order? Sen. Karungo, resume your seat.

Sen. Oketch Gicheru: Madam Temporary Speaker, the party leader of ODM, the wisest party leader now existing in the country with a lot of experience, is a Member of this House. He is a Senator representing Siaya County. More importantly, he is a man of valour, virtue and value. I did not see Sen. Thang'wa anywhere in Mombasa. Is it in order for him to impute improper motive in the persona of the party leader of ODM, who is a Member of this House, especially when he is not even here? I wish that he withdraws the comment he has made on the party leader of ODM and apologises to him as a Member of this House.

The Temporary Speaker (Sen. Veronica Maina): Sen. Karungo Thang'wa, you know the rules of the Standing Orders. Can you withdraw that statement?

Sen. Thang'wa: Madam Temporary Speaker, as it has been said before, you cannot substantiate or withdraw the obvious. The event, despite the fact that---

Sen. Cherarkey: On a point of order, Madam Temporary Speaker.

The Temporary Speaker (Sen. Veronica Maina): Sen. Karungo Thang'wa, I have given you direction. You know the rules. You cannot discuss a Member of the House in his absence without a substantive Motion. Can you withdraw and apologise?

Sen. Thang'wa: Madam Temporary Speaker, I am not talking about a Member. I am talking about the party leader of ODM. It is in a video---

The Temporary Speaker (Sen. Veronica Maina): Order, Sen. Karungo Thang'wa. I have given you directions on that specific issue. Can you proceed to withdraw and apologise, so that we proceed?

Sen. Thang'wa: Madam Temporary Speaker, I want to withdraw the statement that the party leader of ODM spit a cake that he was eating by saying he never swallowed it. Thank you so much. I withdraw and apologise.

The Temporary Speaker (Sen. Veronica Maina): Sen. Karungo Thang'wa---

Sen. Cherarkey: On a point of order, Madam Temporary Speaker.

The Temporary Speaker (Sen. Veronica Maina): What is your point of order, Sen. Cherarkey?

Sen. Cherarkey: Madam Temporary Speaker, we should be sticking to our own rules. I rise under Standing Order No.122 on gross disorderly conduct. You have made a ruling. You have even been gracious. You have tried to beg him to apologise. He has made it worse by asserting that the distinguished Senator for Siaya County, the most revered ODM party leader, Sen. (Dr.) Oburu Odinga, went ahead and spit the cake, yet he was not there.

Madam Temporary Speaker, I invite you to invoke Standing Order No.122, which states that a Senator commits an act of gross disorderly conduct if the Senator defies a ruling or direction of the Speaker or Chairperson of the Committee. I want to invite you to throw out the Wamunyoro adherent, so that he can go and say those things in public rallies, not on the Floor of this House.

The Temporary Speaker (Sen. Veronica Maina): Sen. Cherarkey, I believe Sen. Karungo Thang'wa has withdrawn that statement and apologised because he knows the statement he is quoting is out of order. He did not have the substantiation.

Sen. Thang'wa: Thank you so much, Madam Temporary Speaker.

The Temporary Speaker (Sen. Veronica Maina): Sen. Thang'wa, your time is up.

Sen. Thang'wa: I did not say anything, Madam Temporary Speaker.

The Temporary Speaker (Sen. Veronica Maina): Resume your seat.

Sen. Mariam Sheikh, take the floor.

(Sen. Thang'wa spoke off record)

Sen. Thang'wa, resume your seat. You are out of order now.

(Sen. Thang'wa spoke off record)

You are out of order. That is a first warning.

(Sen. Thang'wa spoke off record)

Sen. Karungo Thang'wa, I now order you to withdraw from Senate for the rest of the day. Exit.

Serjeant-at-Arms, let him exit from the precincts of Parliament for the rest of the day.

(Sen. Thang'wa withdrew from the Chamber following the orders of the Temporary Speaker)

Sen. Mariam, proceed.

Sen. Mariam Omar: Thank you, Madam Temporary Speaker, for giving me this opportunity. I want to add my voice on the Statement raised by the Senator for Tharaka Nithi County regarding detention of mothers in hospitals. Last week, we were in

Bungoma and Kakamega counties. Most of them are mothers because of teenage pregnancy. They do not have national identification cards. I encountered one who is 24 years old who does not have a national identification card, but the husband is willing to register her, so that she can be discharged. However, SHA will not allow.

If you are above 18, your husband cannot take over to pay your bill. I urge the House that we have to be proactive; when it comes to an underage who is a dependant, the spouse can pay for them. However, if you are above 18 years old, have no identification card and you are a mother and have given birth, the children can be registered by their father, but the mother cannot be registered as a dependant of her husband. Therefore, as a House, we have to make amendments on the SHA Act, so that at least any person who is married and has given birth yet she does not have an ID, can use her husband's account.

Also, the health sector is devolved. The SHA is working on the ground, but the national Government cannot work alone. The county government can come over and work together with the national Government, so that at least these mothers who are detained are released from the hospital.

Madam Temporary Speaker, I also encountered another scenario where the baby has been discharged under the father's account, but the mother is detained in the hospital because she does not have an ID. In that case, it is upon us, as Members, as Senators, to make amendments on that section to ensure that all the mothers are discharged on their spouse's bill.

The Temporary Speaker (Sen. Veronica Maina): Let us have Sen. Consolata. Thank you, Sen. Mariam.

Sen. Wakwabubi Consolata: Thank you, Madam Temporary Speaker for the opportunity. I would like to contribute to the Statement by Sen. Thang'wa about the humanitarian crisis that is being witnessed in Saudi Arabia, especially the female domestic workers who encounter gruelling conditions in the diaspora, just because they are going to seek jobs. I do not know, as a Government, if we have got a concrete legal protection framework. In case we have one, then it means it is insufficient or rather inadequate.

Therefore, we need to panel beat the legal framework and incorporate all that requires for the protection of our citizens because of a lot of systemic abuse and exploitation. Sometimes, some even die while they are trying to struggle and get repatriated from the foreign countries. As a country, we need to look at that because many of our women and children are having problems out there in the foreign land. They tend to get there maybe because they have not gotten adequate training to capacity build their potential in handling some appliances that are used in those working stations they are being employed to. This can also happen sometimes due to language barrier. They are unable to communicate very well with their bosses. There is a need for us to enhance that, to enable our workers to have a safe working environment.

At times, their passports and phones are confiscated. So, they are unable to communicate home. Seemingly when they try other means of communicating home, they

are punished or victimised by their employers. There is a need to look at that. In regard to my contribution, I support the Statement by Sen. Thang'wa.

Secondly, I would also like to---

The Temporary Speaker (Sen. Veronica Maina): Your time is up, Sen. Consolata, resume your seat.

Senator---

Sen. Wakwabubi Consolata: Madam Temporary Speaker---

The Temporary Speaker (Sen. Veronica Maina): Sen. Consolata, resume your seat, we have very few minutes to close this session.

Sen. Kibwana: Asante, Bi Spika wa Muda. Pia, ninataka kuchangia Taarifa ya Sen. Gataya Mo Fire kuhusu mambo ya uzazi. Kusema kweli inahuzunisha kuona kwamba akina mama wakiwa wamejifungua, wanafungiwa hospitalini pamoja na watoto wao. Kila mara, wako kwa hali mbaya. Kwa hali hiyo, watoto wanakuwa wagonjwa. Wanapata *infections* mbali mbali. Tukizingatia haki za kibinadamu katika sheria, hakuna mama anayefaa kuzuiwa na kufungiwa akiwa amejifungua kwa sababu kujifungua ni dharura.

Pia, ninawashtumu akina baba. Hii ni nafasi yao ya kujua kwamba mama amebeba ujauzito kwa miezi tisa. Kwa hivyo, wanafaa kujitayarisha vilivyo na pesa. Miezi tisa ni muda mrefu kwa mtu kuweza kujitayarisha. Anafaa kujua kwamba kuna mtoto atazaliwa na lazima pesa zilipwe. Vile vile, ni ukatili na unyanyasaji, kumweka mtoto katika hali hiyo ilhali anafaa kuwa katika mazingira inayofaa.

Bi Spika wa Muda, tulimhoji Gavana wa Nairobi. Katika Mama Lucy Hospital, akina mama walizuiliwa. Yeye alijibu akasema, "sasa, nyinyi, mnatarajia nifanye nini? Nikiwakubalia hawa akina mama kwenda nyumbani, kila mtu atakuja kujifungua bila malipo. Kwa hivyo, na mimi naomba nisaidiwe, SHA ni bure." Haelewi ni kwa nini akina mama wasiandikishwe kupata SHA ili iweze kuwasaidia. Kwa hivyo, tunaomba Serikali iwe na sera za maadili ya huduma ya uzazi iwe bila malipo kama ile ya Linda Mama ambayo ilikuwa inasaidia.

Mwisho, ni Taarifa ya Sen. Thang'wa. Tulikuwa naye Saudi Arabia. Nilimhoji *Consular General* wa Kenya. Nilimwuliza kwa nini hawa watu hawajapewa nafasi ya kurudi nyumbani ihali wamejifungua wakiwa huko; lakini panel ya *Consular General* ilinionyesha orodha ya idadi ya akina mama karibu tisa ambao hiyo siku walikuwa wamerudishwa nyumbani wakiwa na watoto wao. Nilifuatilia sana na nimezungumza pia na Balozi Ramadhan kuhusu hayo mambo na wakaniambia wanafuatilia lakini *consulate* ya---

The Temporary Speaker (Sen. Veronica Maina): Your time is up, Sen. Hamida.

Sen. Eddy Oketch, proceed.

Sen. Oketch Gicheru: Hon. Temporary Speaker, I wanted to make a quick comment on the Statement by Sen. Okiya Omtatah with regard to state of infrastructure development in the sugar belt region. It is in my heart that always I live by the Kiswahili saying that goes, *"Mgala muue na haki mpe"* which basically means, when somebody does good, say they have done good even if you do not like them.

The sugar belt regime has experienced a tremendous growth in terms of productivity as a result of Government interventions. For instance, by 2022, we were producing 490,000 metric tonnes. Right now, we are about to hit one million metric tonnes in the region. This has had an impact on many things, including reducing sugar importation by a whopping 70 per cent and also making sure that farmers continue to get paid properly and on time especially in the Western and Nyanza regions.

That notwithstanding, despite having passed the Sugar Bill which included zoning of some areas to make sure that tractors do not poach sugarcane from overly long distances and in return causing a lot of accidents as well as damaging the roads, that still continues. The bigger problem is the cess that our counties are supposed to collect from sugar industries.

It is wrong for people in the *boda* industry to face problems because of dilapidated roads as a result of heavy trucks in the region. That is causing a lot of problems to other people and not just the sugarcane industry alone. It is an overarching problem affecting other industries as well.

I urge this Committee, perhaps to partner with my committee, since I am the Chairperson of the Committee on Roads, Transportation and Housing, and do a proper inquiry on the expenditure of cess in these areas. It is not proper for people in the *boda* industry to give their money to county governments, but still use bad roads with the excuse that the issue of the Road Maintenance Levy Fund (RMLF) has not been sorted when county governments are taking the money.

Madam Temporary Speaker, as I support this statement, the most important thing is that this is an urgent statement that must be dealt with accordingly. I will be willing to help the Committee to view it appropriately.

I thank you.

The Temporary Speaker (Sen. Veronica Maina): Thank you, Sen. Eddy.

That brings us close to the end of the Statement Hour. I want to specifically commit the request for Statement on unlawful detention of new mothers in public hospitals over medical bills.

In light of immense concerns and very grave issues that were raised during the debate, listening to all the contributions surrounding the detention of newborns and mothers who just delivered their babies, the Statement is now committed to the Standing Committee on Health. Since that is a serious matter of national concern, the Committee is requested to give this Statement top priority and not queue it up. They should complete the assignment, so that mothers and newborns who are detained in hospitals can be released soonest.

I trust that governors are listening to this debate. They should take steps to ensure that infants and mothers are released from public hospitals and not held over the medical bills.

I thank you.

I want to reorganise the Order Paper. Clerk, please call out Order No.9.

MOTION

CONSIDERATION OF THE NATIONAL ASSEMBLY AMENDMENTS TO THE METEOROLOGY BILL (SENATE BILL NO.45 OF 2023)

Sen. Faki: Madam Temporary Speaker, I beg to move-

THAT, the National Assembly amendments to the Meteorology Bill (Senate Bills No.45 of 2023) be now considered.

Madam Temporary Speaker, the Senate passed the Meteorology Bill (Senate Bills No.45 of 2023) and it was transmitted to the National Assembly where they passed it with some amendments.

The Committee on Lands, Environment and Natural Resources has considered those amendments. They are of the opinion that the amendments do not in any way affect the initial Bill as drawn. We therefore recommend that the same be passed as amended. Therefore, we wish to have this Bill reconsidered with the amendments that have been passed by the National Assembly.

Madam Temporary Speaker, I invite my Vice-Chairperson, Sen. Nyamu, to second this Motion.

I thank you.

The Temporary Speaker (Sen. Veronica Maina): Sen. Nyamu, please proceed.

Sen. Nyamu: Madam Temporary Speaker, I second.

The Temporary Speaker (Sen. Veronica Maina): Hon. Senators, I will now propose the question.

(Question proposed)

I do not see anybody interested in debating this Motion. I will defer the putting of the question because of quorum.

(Putting of the question on the Motion deferred)

I will further reorganise the Order Paper. I request the Clerk to call the next Order, which is Order No.15.

MOTION

ESTABLISHMENT OF NATIONAL TEACHING AND REFERRAL HOSPITALS IN KENYA

THAT, AWARE THAT Article 43 (1) (a) of the Constitution of Kenya provides that every person has the right to the highest attainable standard of health, including reproductive healthcare;

NOTING THAT in Kenya, we have five National Teaching and Referral hospitals with Kenyatta University Research and Teaching Hospital in Kiambu County and Moi Teaching and Referral Hospital in Eldoret, Uasin Gishu County being the only ones outside Nairobi County;

CONCERNED THAT the bed capacity, medical equipment and human capital in these National Teaching and Referral hospitals are not sufficient to absorb all the patients seeking specialized treatment;

FURTHER CONCERNED THAT many Kenyans with critical health conditions travel long distances in order to access specialized services in Moi Teaching and Referral Hospital in Eldoret or Nairobi where the other four National Teaching and Referral hospitals are located, leading to high cost of travel, augmented disease and in some cases deaths along the way;

NOW THEREFORE the Senate urges-

1. The Ministry of Health to:

i. Establish National Teaching and Referral hospitals in the Coast, Eastern, North Eastern, Nyanza and Western regions; and

ii. Fully equip the National Teaching and Referral Hospitals with modern medical equipment, medical supplies and personnel; and

2. The County Governments to allocate more funds to their respective health dockets to adequately facilitate their County Level 5 and Level 6 hospitals in order to enhance provision of critical health services to reduce the demand for such services from the National Teaching and Referral Hospitals.

(Sen. Mwaruma on 12.11.2025 – Morning Sitting)

(Resumption of debate interrupted on 12.11.2025 – Morning Sitting)

The Temporary Speaker (Sen. Veronica Maina): Sen. Beatrice Ogola had a balance of nine minutes.

Sen. Beatrice, in an unusual show of courtesy to the Senator, you may now proceed to take your nine minutes now that you are in the House.

Proceed.

Please call out that Motion again for Sen. Beatrice, to know which Motion it is.

(The Clerk-at-the-Table called out Order No.15 again)

The Temporary Speaker (Sen. Veronica Maina): Sen. Beatrice, you had nine minutes to make your contribution.

Sen Ogola: Thank you, Madam Temporary Speaker. I was on the Floor to second this Motion by Sen Mwaruma on the creation of referral and teaching hospitals in our region.

The only current referral hospitals we have are Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH), Mathari Teaching and National

Referral Hospital (MTNRH), Kenyatta University Teaching and Referral Hospital (KURH) and the National Spinal Injuries Referral Hospital (NSIRH).

The reason I am going to second this Motion is that every Kenyan needs to access certain referral services that are domiciled in these referral hospitals. I already even gave an emphasis and I spelt out the challenges some of us have had to go through from our regions as our people have to travel all the way to Eldoret to the MTRH.

A number of patients have died on the way to hospitals because of the distance. So, because we want health services closer to our people and especially the referral services that are required for our terminally ill for the specialised services that are in these referral hospitals, it is only right that the Ministry of Health establishes these hospitals in most of these regions. I had indicated all those regions as I introduced my secondment.

Madam Temporary Speaker, I second this Motion.

(Question proposed)

The Temporary Speaker (Sen. Veronica Maina): Hon. Senators, you are now free to contribute. I call upon Sen. Cherarkey to make his contribution to this Motion.

Sen Cherarkey: Madam Temporary Speaker, thank you very much. I want to pick it from where the distinguished Senator, the seconder left.

I think this Motion is very critical. We have to agree that the issue of health is a basic human right. They say a healthy nation is a wealthy nation. That is what is important and therefore it is in the interest of any nation to have a healthy population. Therefore, I support this Motion that we need to bring health services closer to the people.

Secondly, when you look at the Fourth Schedule, one of the trademarks or one of the functions that has been devolved to county governments is the issue of health. However, as we talk, health is in a deplorable state in all counties, the worst being Nandi County.

When you walk to Kapsabet County Referral Hospital, which should be Level 5, there are no drugs and there are poor hygiene conditions. The infrastructure is falling apart, there is no functional mortuary, the projects within the health sector---

When the governor appeared on Friday, he could not give us answers on the stalled Kapsengere Hospital in Terik Ward in Aldai Sub-County, the stalled Kogucho Health Centre, which is a stone throw away from his house and the stalled Nyayo Ward in Chepterwai Hospital. Even the mother and baby unit that is within the compound of Kapsabet County Referral Hospital is stalled. The only thing that changes in that mother and baby unit is the change of paint. It is being painted white and other colors. So the infrastructure situation is pathetic.

The only concern we have with counties, and there is a confusion, is that counties should not confuse the infrastructure of hospitals *vis-a-vis* the service delivery. Brick and mortar will never replace functionality and service delivery.

The issue of provision of health services is very critical and that is why I said, even when we celebrate 15 years of devolution whereby Kshs4 trillion has been disbursed to counties, the situation in our health sector is deplorable. Go to Garissa County, come here to Nairobi, go to Nandi, Kiambu, Migori, Homa Bay, Kisumu and even in Murang'a, the situation of medical health provision is still a problem in most of those counties, despite the Kshs4 trillion. I do not see colleagues who were with us in the last session. We even had what we called the Managed Equipment Services (MES). In fact, instead of growing, the accessibility of diagnostics issues of dialysis, oncology services, kidney dialysis, ultrasound in our hospitals; the MES programme became a mess in our county hospitals and sub-counties.

So, this issue is timely that we need to sit and agree on how we can ensure each and every county has a referral hospital and we have done this before. We have said, that every county must have a university. Now we are saying every county must have a county referral hospital that is run and managed by the national Government.

Therefore, I agree with this Motion that we have only two hospitals; that is MTRH in Eldoret and Kenyatta University Research and Teaching Hospital (KURTH) that is in Kiambu County.

The national Government should work with our counties. For example, I want to thank the President because Jaramogi Oginga Teaching and Referral Hospital (JOOTRH) in Kisumu has been gazetted, it is now a referral hospital courtesy of the broad-based Government. We should be proud of such achievements. I am happy that the national Government has taken over the construction and completion of Kakamega County Referral Hospital. That one should also be a referral hospital because the Moi Teaching and Referral Hospital is overwhelmed.

If the JOOTRH becomes functional, it will decongest MTRH. To give facts about the MTRH because I come from that region; when you go there, you will find people coming from Murang'a and Mandera to seek services there, which is overwhelming the systems of that hospital. To give you numbers of the MTRH and also those of the KNH, The MTRH has 2,000 admissions in-patients. There are 3,000 walk-in patients per day at the MTRH in Eldoret.

In the spirit of the broad based Government, I also thank the President that yesterday, there was a ground breaking of Kshs20 billion new ultra-modern wing at MTRH in Eldoret. This is to expand and meet the ever changing needs in MTRH. The MTRH has a 2000 bed capacity with 3000 walk-ins daily.

I am aware that they used to get Kshs8 billion which was reduced by Kshs2 billion making it Kshs6 billion. The MTRH of Eldoret collects KShs5 billion in own-source revenue. We need to encourage them under the Facilities Improvement Act. I expected the MTRH to be collecting up to Kshs10 billion in own-source revenue, so that they can bridge that funding gap caused by the previous budgetary allocation.

The services of that Hospital has gone down; the place is dilapidated and dirty with a failed referral system. I challenge the Management of MTRH; the Chief Executive Officer (CEO) and the Chairman to improve. I am aware that there is the challenge of understaffing of nurses. They need more than 2,000 and yet they have less than 1000

nurses. Those are issues that they can fix; but they must improve on the services. We need quality services.

Madam Temporary Speaker, if you remember, there was a doctor at the KNH who could not be treated in there. That means, even KNH is facing many problems although they have given good solutions. I saw they did their first reconstructive face surgery. I propose that despite the challenges they are facing, we need the management to up their game, to ensure it provides the best services across.

We need to upgrade the Coast General Teaching and Referral Hospital (CGTRH) to a national referral hospital. I know there are not enough funds, but for a start, I appeal to the Government to transform the CGTRH to a national referral hospital to take care of the coast region. I propose that the Garissa County Referral Hospital (GCRH) be upgraded to a national referral hospital to cater for the northern part of Kenya. The JOOTRH has been gazetted and it is independent. The other one is the Kakamega County Teaching and Referral Hospital (KCTRH); I am also proposing it to be a national referral hospital.

Madam Temporary Speaker, for the famous "Murima", I am proposing the Othaya Hospital or any other hospital in Nyeri be upgraded to a national referral Hospital, so that it can take care of the Mount Kenya Region where you are the proud daughter of the House of Mumbi from Murang'a. We are proud of what you are doing as the Secretary General (SG) *Emeritus* of the United Democratic Movement (UDA).

I propose that the Gatundu Hospital be upgraded to a referral hospital to take care of the Central Region; that is; Gatundu, Kiambu County and Murang'a County. I also propose that the Lodwar County Referral Hospital (LCRH) in Turkana be upgraded to take care of the northern part that includes Marsabit and Turkana, so that each and every Kenyan can access medical services.

Madam Temporary Speaker, I know that funding might not be sufficient to establish a referral hospital in every county. However, that should be the blueprint of providing medical services, so that we do not run a fall.

As a senior lawyer in this country, the right to medical services is a basic human right. The basics include food, shelter and clothing. We should add health to that as a basic human right also.

Therefore, in conclusion, SHA is working; I wish our colleagues were here. If SHA is not working, why are 30,000 Kenyans registering daily for SHA? More than 20 million Kenyans have registered for SHA. The reasons why our mothers are being detained include; they are underage; they are aliens or they lack proper documentation.

We should put the blame where it lies. The Migori, Nandi and Nairobi City County governments have failed. Health is devolved and SHA is working, it is the health services in counties that are not working. We should get those two distinctions. I have met Kenyans with success stories. That when they went to hospital and the bill came out, SHA took care of part of it. I challenge the people who are saying that SHA is not working to give us an insurance that pays 100 per cent of your medical bill.

Sen. Eddy, even the Parliamentary Service Commission's (PSC) dental cover is only Kshs75,000. If today you fly to Turkey or the United States of America (USA) and

put gold teeth braces that cost Kshs200,000, Parliament will not cover that because the limit is Kshs75,000. Let us stop lying to Kenyans. There is no medical cover that will give you 100 per cent.

Even the ObamaCare or in the insurance law, the medical insurance does not cover 100 per cent of medical bills. SHA is a success story that will transform UHC in this country. I am happy that the President has said that Kenyans who are not able to pay can register and the Cabinet Secretary for Health is well guided.

I challenge mothers who have been detained to ensure that they have proper documentation. Let us put the blame where it lies. Our health function in all counties has failed; it is not SHA that has failed. The governors should tell us why our mothers are being detained in hospitals in Migori, Nairobi City, Nandi, Mombasa and Murang'a counties.

People are saying we should go back to Linda Mama; that is not true. We now have Linda Jamii and Taifa Care. The normal delivery is now Kshs10,000 while the Caesarian Section (CS) delivery is now Kshs30,000. I am happy that Sen. Eddy is excited because he is yet to give birth. These are the people who will appreciate the role of SHA when they get married and get babies. I encourage Sen. Eddy to get married as soon as possible and start getting children. I assure him that the normal delivery is Kshs30,000 while the CS is Kshs30,000. Unless he can contravene what I am saying. I challenge the young people outside there not to fear getting married; you are being taken care of by SHA.

Madam Temporary Speaker, you hosted us sometime back when you were giving out your daughter. I know she can attest to the functionality of SHA. For us who are Christians, the Bible commands us to go into the world, give birth, populate it and SHA will take care of the bills.

With those many remarks, I say this Motion is timely and allow my colleague, Sen. Eddy, to contribute, so that I can listen to his brilliant submissions. However, on a lighter note, I am cautioning him that in future, when he is discussing a senior politician like me, he should choose his words carefully. I know more than he does.

With those many remarks, I support this Motion. Let us give health to each and every Kenyan. SHA is working.

I thank you.

The Temporary Speaker (Sen. Veronica Maina): Thank you, Sen. Cherarkey. I will now give a chance to Sen. Eddy Oketch to give his contribution and reply to that very serious banter sent to your direction by your colleague and maybe agemate, Sen. Cherarkey.

Sen. Oketch Gicheru: Madam Temporary Speaker, perhaps, it would be good, because Sen. Cherarkey is a good friend of mine, and he is also a legal mind. I just do not know to what extent his legal mind helps him.

Madam Temporary Speaker, what happens is this. Sen. Cherarkey was quoted over the weekend, saying that there are communities that do not get Deputy President. I just said on TV that when you look at the game of football, there is something called a *vuvuzela*. When a referee is officiating over a match, if you have a *vuvuzela*, you can

drown the referee because then the referee cannot be heard when he is whistling during the game.

In this case of the Deputy President, Sen. Cherarkey is behaving like a *vuvuzela*, because he is making a lot of noise when that is in the territory of the President, who will choose the person he can work with. That is all I said. So, Sen. Cherarkey, it was in good faith, but you want to make a lot of noise.

This is a very important Motion for our country. I will just pass through a number of indices that you must look at. Today, if you cast your eyes in our counties, the biggest problem is that there has not been focus on primary and secondary care by the facilities that we have in our communities. If you start from the dispensary to health centres to county hospitals, Level 1 all the way to Level 5, they cannot focus on primary and secondary care because of serious congestion. These issues of primary and secondary healthcare go to our hospitals in Migori Referral Hospital, for instance, and Level 5 hospitals. These issues go to these hospitals.

When there is need to focus on specialised treatment of just one or two cases in those hospitals, what happens is that all the possible nurses and specialists in the hospital forget about these primary and secondary health cases and have to focus on this specialised case. This is the first thing that this Motion solves. We are going to save many lives if we can have a myriad of these national referral hospitals taking care of bigger issues, including chronic diseases that we see.

If you think about the management of chronic diseases in our counties, if you think about cancer or mental health issues, right now, the most dependable mental health hospital in the country is the Mathari National Teaching and Referral Hospital (MNTRH). What happens to people who are not within Nairobi and its environs?

If these issues of mental healthcare happen in a place like Migori County or a place called Masangora, which is in the furthest part of Kuria East, or in Nyatike, in Siaya County or Mandera, what happens to that hospital when the personnel have to reroute their entire infrastructure and personnel to focus on that chronic issue? It defrays the entire hospital of the right possible personnel to focus on the largest number of primary and secondary health issues. So, this is the first thing that this Motion helps us to solve, which is why I support it. I think it is a very big issue that we need to focus on.

The second thing is the issue of data. I am surprised at how we make health decisions in this country. How do we make national planning decisions in our country when it comes to rethinking the healthcare system? We do not see leadership decisions on healthcare connected to proper data on what I would call the disease burden. We keep on seeing emerging and recurring diseases in the country, but there is no proper interrogation of data with regard to solving these diseases in the planning phase of our country.

This will happen when we can cast our eyes on every region, if we cannot do it in every county, and be able to cast our eyes on establishing stronger institutions of higher-level hospitals. This is because these institutions of referral level bring a database of the disease burden. They are not only places where you take specialised treatment cases or chronic disease problems, but they also become the hub for research and innovation.

They also become the hub for learning and training. It is in the processes of research and development that you constantly interrogate, build and renovate data, which then will inform the use of data to bring about an analysis on disease burden and dealing with them once and for all, so that national planning is not a place of guesswork. It is a place that is informed by proper institutions of higher research, development and innovation.

Closer to that, while I am still on that issue of research and innovation, it is high time that our country starts competing with countries that have made strides in terms of proper technology that can deal with diseases. Even to the extent that we can make sure that we can go to the suitability of technology that analyses our own diseases as they are manifesting in our communities.

Today, lives are being saved in a number of countries. Whether first, second or third world, the competition here is the utilisation of technology. In our quarters nowadays, we have not reached a point where we can even think about national planning for using AI to deal with diseases. Why is this so? It is because we do not have enough national referral hospitals that can be a hub of innovation and research, particularly on technology.

This Motion gives the country the dream, hope and the challenge to start thinking about having those hubs that will not only deal with specialised treatment, but will also be a hub to make sure that we deal with the issue of embracing technology. Importantly, it will help in innovating proper technology that is keen on what we do here.

Madam Temporary Speaker, think about it, if you look at all our universities, especially public universities, they have not become hubs that develop proper medical and professional training in the entire healthcare system. We are so basic to the extent that the people who are being trained in our institutions are only people limited to the courses that they are able to take. In some of these institutions, there are no proper facilities and equipment. This is because those institutions that are universities are only universities in the context of education, but not in the context of specialised training that we might need.

These hospitals, if they were properly built, will buy into the idea of bringing doctors and nurses, who are not only going to consume textbook content, but day-in, day-out, they will be interacting with proper practice in dealing with real-time diseases and problems in those hospitals. So, it is a huge opportunity that if you can have this regional expansion of the national referral hospitals, we will have an opportunity to build a proper human resource and human capital that will help us boost the entire medical profession by being able to make sure that they are not just institutions that will treat specialised issues or treat chronic diseases, but they will be practical partners to our universities.

Closer to my heart, which is the essence of why this Motion was brought, when you think about specialised care, what is the biggest hurdle that we are facing as a country? Since we do not have adequate public facilities that can be of referral magnitude, the private sector has constantly moved from the mission of providing care to the mission of profiteering in the medical field. If you look at what is happening in our country today, you cannot figure out the cost of diagnosis and treatment of diseases.

Today, if you were to go to all hospitals in Nairobi City County or even Migori County, the cost of MRI will vary. In Aga Khan Hospital, it will be Kshs40,000, Mediheal Hospital, just across, Kshs20,000, yet, if you go to Kenyatta National Teaching and Referral Hospital, it is Kshs7,000 to 10,000; the same service. How is this possible? It is because we have left the mission of care and got into the mission of simply making profits. The insurance claims in our country do not work because it is no longer about insurance, but who is going to make the most money. This is because we do not have proper national referral hospitals that can compete with the private sector. That is why even the few that we have in our regions cannot help decongest some of the cases of secondary and primary care. They end up suffering because even in our counties, a governor owns a chemist. Instead of having a pharmacy unit within the hospital, they will put it outside. You go to Migori County today, after being diagnosed with a certain disease and getting the proper advice of the doctor, you are told that you need to go to some chemist somewhere and buy medicine. The price is not the same in any of the chemists, despite the fact that medicine importation in this country is highly subsidized.

Why is this happening? It is happening because of the limitations of facilities that we have, making it possible for cartels in the medical sector to just put prices as they want them, right from insurance, cost of treatment to the cost of medicine.

All of this has become a mirage, that you cannot put up proper cost in specialized treatment. This must stop. The only way it stops is by requiring that regions start developing these kind of facilities to the extent that equality will be the place for medical support.

Madam Temporary Speaker, lastly, is to comment on the issue around knowledge sharing. There is something called the placebo effect. This is where if my father or brother was sick today, just by virtue of having knowledge of how to deal with that disease, they start feeling okay.

Accessing a properly equipped facility has the same effect to the extent that they start having psychological balance. That alone can reduce the impact of any kind of ailment in their lives by even 10 to 50 per cent.

If you go to countries that have made strides such as the United States, Asian Tigers and the European countries, the biggest element that referral hospitals do is making sure that they are the hubs of disseminating information. They give communal knowledge and national knowledge about diseases and complexities emerging in the medical field. They also give information on technologies that are being developed, some of which can be self-utilised by the population.

Medical knowledge from the hospital and the medical staff within them will help our community in terms of just edification and proper education programmes. This can be through radio, any media, or even just amorphously by interacting with this community. This is very important in terms of thinking about national healthcare because it is a core element of preventive medicine.

Madam Temporary Speaker, allow me 30 seconds as I finish. By building these facilities, we will be able to absorb the number of interns that keep on going through these programmes without being absorbed.

(Sen. Oketch Gicheru was timed out)

The Temporary Speaker (Sen. Veronica Maina): Let him finish that sentence for one minute.

Sen. Oketch Gicheru: If you think about the universal healthcare workers that have not been employed forever in this country, these larger referral hospitals in the regions will be the place where we can have permanent and pensionable staff. We will also absorb interns as well as these wonderful people, who are supposed to be in the hospitals working for us, but we cannot absorb them because they are limited to the budget of counties.

I hope that the House will follow through and make sure it is implemented.

Thank you, Madam Temporary Speaker.

I support.

Sen. Osotsi: Thank you, Madam Temporary Speaker, for this opportunity to contribute to the Motion on establishment of the national teaching and referral hospitals in Kenya, by the distinguished Senator for Taita Taveta, Hon. Mwaruma.

I have mixed feelings about this Motion. I support the need to have referral hospitals in every region of this country; the regions that have been listed in the Motion including Coast, Eastern, Northeastern and Western, to complement the national referral hospitals that we have so far.

Whereas I support that, I also have a different opinion about this Motion. That opinion is expressed in the second resolution that this Motion seeks, which is seeking that the county governments allocate more funds to their respective health dockets, to adequately facilitate their Level 5 and Level 6 hospitals, so that they can enhance the provision of critical health services, to reduce the demand of such services from the national teaching and referral hospitals.

Madam Temporary Speaker, I have the benefit of being the Chairperson of the County Public Investment and Special Funds Committee (CPIC). We have been examining audit reports for hospitals in this country, particularly Level 4 and Level 5 hospitals. The audit report for county hospitals is horrible. There is all manner of governance issues in our hospitals. No wonder, every day I sit in this House, I hear Members bringing statements on the status of healthcare in this country because our county hospitals are mismanaged. If it is an issue of how to manage staff, that problem is common across all county hospitals. There are issues on management of HR, bloated staff, unaccounted for casual staff, lack of proper promotion and succession and expired medicine.

Why would medicines expire in the first case? It is because of the corruption that is in these hospitals. They would rather give a patient a prescription to go and buy drugs outside the hospital. One common thing that has come up is that we have a proliferation of chemists around county hospitals. How are these chemists thriving? It is because they have an easy market. The patients who come for service in those county hospitals are being referred to buy medicines outside and then they end up buying medicines in the

chemists that are connected to some of the health workers in those hospitals. This is common in all the counties.

Madam Temporary Speaker, I remember last year, the Governor for Mombasa addressed this issue and said that they are not going to license any more chemists around the Coast Referral Hospital because one, the issue of loss of drugs and two, the issue of drugs expiring in those hospitals.

One of the other issues that have come up in our audit is compliance to the health standards model. There is a model that has been given by the Ministry of Health (MoH) to all county hospitals on the number of medical equipment that are required and on the number of health workers required in terms of nurses, in terms of specialist doctors, in terms of clinical officers and all. Most of our county hospitals have not been able to comply with the MoH model on that.

We have challenges around equipment leasing. The equipment that are in our referral hospitals, some of them are not functioning, some of them, the contracts that they have entered into are too expensive to be maintained.

We used to have the Medical Equipment Services (MES) that we saw in the last Senate. It was messy but, now it has been replaced by another one which is messier, called the National Equipment Services Project (NESP). It is messier because it has increased the cost of healthcare in our hospitals.

The issue of equipment, malfunctioning of equipment, maintenance of equipment, and even the general cost of running the equipment in our hospitals is so high to the extent that basic services like CT scan, patients have to be referred to private hospitals around the referral hospital yet, we appropriate a lot of money to our counties.

There is a problem even with basic facilities in our county hospitals the issue of cleanness and even the number of beds. Some hospitals you go there and you see patients sharing beds. Sometimes even patients sleeping on the Floor. These are issues that we encounter and I want to thank the Senate for giving us an opportunity as a committee to basically look at the audit issues in our hospital. We will be coming with a series of reports before this House so that the House can really understand the real challenges that our hospitals are going through.

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

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

Madam Temporary Speaker, even issues of financial management in our hospitals, you find that the county executive financial statements are intermingled with the hospitals. The PFM Act is very clear that hospital entities are supposed to have their own separate financial statements so that they are audited separately but you still find that assets for the hospital are still in the name of the county or they are still in the name of something else.

So, I am basically trying to give the picture of the financial and governance performance of our hospitals so that, when we say we want our county hospitals to be upgraded to referral hospitals, then we will be making sense.

I have seen a proliferation of requests from counties for the county referral hospitals to become national referral hospitals. They are basically pushing the problem. Counties are basically saying that we cannot manage this. We are asking the national Government to take over. How can you become a Level 6 hospital when, according to the auditor, you have not even met the basic standards of becoming even a Level 4 or a Level 5 hospital?

I have seen a number of requests by our counties to convert their Level 4 and 5 hospitals into Level 6 hospital and basically, that is driven by the failure of our counties to manage healthcare. They want now to take it to the national government so that pressure is not on them. For that reason, I am very hesitant to support this Motion that because our counties have failed to manage Level 4 and 5 hospitals, then we should now indirectly transfer that function to the national Government.

Madam Temporary Speaker, we have been discussing here on the need to have a comprehensive transfer of functions from the national Government to the counties. We have been saying 80 per cent of the health budget is retained at the national level and yet, health is primarily a devolved function but here, we are now saying, as a Senate, that our hospitals should now be upgraded from the county Level 4 and 5 hospitals to become national referral hospitals at Level 6 hospitals. This is a contradiction. We cannot be pushing for the transfer of functions from the national Government and at the same time, indirectly, transferring them back to the national government.

I can see you are nodding and I know you are a strong Vice-Chairperson of the Standing Committee Devolution and Intergovernmental Relations. These are the things you have been pushing hard for.

I have great respect for the Senator from Taita Taveta County, but I find this Motion to be contradicting our position as a Senate. What we should be saying is we should be asking our counties to invest more money in our county hospitals.

We should be asking the national government to increase allocation, or basically, transfer all health functions to the counties and transfer with money but, asking them that now that our governors have failed to manage our county hospitals, we should again transfer that burden back to the national Government. That is not making sense to me. I do not support this Motion on that thinking.

My thinking is that we need more money to be appropriated to our county hospitals. We need more money from the national Government to support health in our counties. That would be progressive. If we join this stampede to convert our county hospitals into referral hospitals, we will not be doing justice to our people. I do not think it is necessary for us to have referral hospitals all over. What we want is better managed hospitals.

In any case, this idea of referral hospitals without having proper lower Level 4 and 5 hospitals, it means patients will be referred to referral hospitals even for basic health issues. Referral hospitals are supposed to handle complicated issues.

That is why you find that the Kenyatta National Hospital (KNH) is congested because patients want to go there, enjoy better services and they do not want to go to Level 4 and 5 hospitals. We also have Level 4 and 5 hospitals, which are not properly equipped, so they push all the cases, which they are supposed to handle, to the national referral hospital.

Madam Temporary Speaker, I do not support this Motion because we need to improve the performance of our county hospitals and the national Government needs to transfer all functions in health to the counties together with money. This Motion should have read that the national Government will build new national referral hospitals. Without that clarity, it means we are simply asking the national Government to take over our county referral hospitals and call them Level 6 or national referral hospitals. If we do that, we will just have a change of name and nothing more.

I will give an example of Jaramogi Oginga Odinga Teaching and Referral Hospital which is now---

The Temporary Speaker (Sen. Mumma): You will have one minute.

Sen. Osotsi: Madam Temporary Speaker, considering what I can see with my eyes, make it three minutes.

The Temporary Speaker (Sen. Mumma): Sen. Osotsi, you will have one-and-half minute.

Sen. Osotsi: Madam Temporary Speaker, if you go to Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH), which is now a Level 6 hospital, you will still see challenges. They have not even complied the health model, but they are now being transitioned up there. We need more investment there.

As I talk about supporting our healthcare, we need to appreciate that primary healthcare is also very important. Failure of primary healthcare means our referral hospitals will have a problem. Primary healthcare is the most important one. We, in this House, appropriated money to the Community Health Promoters (CHPs) yet most counties have not paid CHPs for six months. The CHPs in my own county have not been paid yet I sit in this House, every year, and sign off Kshs48.8 million to them. You, therefore, wonder what happens to the national counterpart funding and the county government funding.

This is a serious issue. I hope Sen. Mandago, who is a former Governor, will help us deal with the issues of health in our counties. His Committee has made numerous visits to our health facilities in the counties and we now want to see progress. The recommendations they make should not just be adopted in this House then nothing happens after that. We want to see them make an implementation follow-up for us to permanently resolve the many problems we have in our county referral hospital. When we do that, our people will get quality healthcare in their various counties.

Madam Temporary Speaker, with those few remarks, I want to say I do not support this Motion the way it is crafted. If they improve it and say---

Sen. Veronica Maina: Thank you, Madam Temporary Speaker for the opportunity to speak to this very important Motion brought to the Floor of this House by

Sen. Mwaruma. This Motion is very good and it should be a conversation starter on how health should be managed in our counties.

I say this because a few minutes ago, a statement was brought here by Sen. Mwenda Gataya Mo Fire of mothers who have been detained in hospitals together with their new born infants. Those mothers are detained because they could not afford to pay the hospital bills and medical bills that were due to be paid by them upon delivery of their infants. This does not happen in private hospitals though it is possible that the same happens there because a mother will go to the most accessible facility within her locality or environment when it is time to give birth.

Detention of a mother and a new born baby may be excusable in the private hospital to an extent but it is close to inexcusable in a public facility to detain a mother with a new born baby. When they do that, the baby is stuck there and is exposed to further infections and other risks health risks as the bill continues to be accumulated.

In spite of the efforts that have been made, we still have glaring gaps within the health sector. I am happy that the Kenya Kwanza Government has brought a new medical universal health coverage, SHA and Social Health Insurance Fund (SHIF) for us to see the nation walk towards a better medical care healthcare for all the citizens in the Republic of Kenya.

Madam Temporary Speaker, you are a lawyer hence you are conversant with the Article 43(1)(a) of the Constitution which provides that every person in Kenya has the right to the highest attainable standard of health including reproductive healthcare. This is a fundamental right under the Constitution and rights come with obligations which are given to the state. Those obligations are further delegated or devolved to the counties. We have considered Bills that devolve resources to the counties hence we know for a fact that funds have been devolved to counties to improve or offer healthcare to all the residents within every county.

It is, therefore, very sad to see this right, under Article 43(1)(a) of the Constitution being trampled all over. The question is: Are these healthcare facilities accessible? I am sure this is one of the things that have inspired this Motion. The drafter of this Motion intends to achieve national teaching and referral hospitals in the Coast, Eastern, North Eastern, Nyanza and Western regions though I do not know why he left out a few regions.

The central region has not been cited but I assume that when the Speaker will commit this Motion to the Committee on Health, the Committee will include the other areas like Murang'a County which have been left out. I am happy to note that Sen. Cherarkey, during his contribution to this Motion mentioned that referral hospitals would need to be established in Kiambu and Nyeri. While that may be close to Murang'a County, it is also important to have healthcare accessible to the residents of Murang'a. We would, therefore, request that the hospital in Murang'a, the Level 5 Hospital be considered or we can consider a whole new entity as proposed by Sen. Osotsi.

Counties have challenges because the resources are not enough to fund all the activities or functions that have been devolved to the counties. However, let me state this from the very onset. It will be very inexcusable for any governor or any county to hide

behind the many gaps that are there to ignore healthcare. If a county does not do any other thing except perform the health function so well, you can be sure they will walk away with an accolade.

I will single a county that we visited. We were invited to go and see the launch of a Level 5 Hospital in Kirinyaga County. Allow me to take this opportunity to commend Governor Anne Waiguru for the hospital that was opened in Kirinyaga County one-and-a-half years ago. I was there and for the first time, within the Republic of Kenya, I saw a county and not the Nairobi City County that had equipment and facility that could do a kidney transplant. That is a very commendable if anybody wants to learn what should be done about such a healthcare facility.

If we had such healthcare facilities in 47 counties, can you imagine what relief it would be to the Kenyans? For them to be able to walk into a county, if they have issues with the kidney or the liver or the heart, that is something which can be done within a county. I saw a hospital that rivalled Nairobi Hospital, yet it was a public institution within Kirinyaga County.

I saw a hospital that rivalled Aga Khan Hospital. If you are blindfolded inside that hospital, in the maternity wing, you will not know whether you are not in the Avenue Hospital in Nairobi or Thika. I would like to ask all the governors: Together with your County Executive Committee Member (CECM) in charge of health and county staff, do not go to look for best practice in Dubai or India. First go to Kirinyaga and see that hospital. Watch out and make sure that you do not walk out of the five years without leaving a huge footprint in the healthcare services. That is what Kenyans are looking for.

Madam Temporary Speaker, I grew up in the village. All my years until after college, I was treated in public hospitals. I never accessed private hospitals, maybe for the reason that my parents had enough children, so everybody had to do what needed to be done within the public facilities. So, many of us are products of public facilities and institutions, from primary school to high school to the university, all through until we were able to earn our money and pay Kshs10,000 or Kshs2,000 to a private entity or hospital in Kenya. This being the case, perhaps, over 95 per cent of the Kenyan population, are not able to access private hospitals in Kenya.

Madam Temporary Speaker, if you want to know how serious that situation is, just go to The Nairobi Hospital or The Aga Khan Hospital or private hospitals for just the treatment of a simple cold. You will be shocked how much you will have to pay, because when they send you for a scan or for an X-radiation (X-ray), woe betide you, my friend. If you do not have thousands of shillings in your pocket, you will not be able to handle that. That is why our phones are full of requests, people asking, my cousin, mother, father is in hospital.

Those are some of the issues that are being sorted by the Social Health Authority (SHA). That is why even the team that is working in SHA have to expedite, closing out on any gap, so that the success story of SHA can be told and retold. We do not want to see a disconnect between what SHA is putting forth for the Kenyans to access them to affordable healthcare, and the county hospitals. When the members of public are trying to

use the SHA, someone is trying to block them from using SHA. Let us not have that disconnect.

We are still not understanding why people are being charged for primary healthcare outpatient in Level 2 and 3 hospitals. They are not supposed to be charged for that. So, I support this Motion.

We must support any Motion or Bill that comes to affirm proper, accessible, affordable, quality healthcare to all the Kenyan citizens. We must truly understand what universal healthcare stands for.

If we were to speak into the issue of emergency care, if somebody had an accident here, near one of the top private hospitals here, on emergency, you might find the person may not be able to access healthcare because of the bills they will be slapped with or because of what you will be demanded before that treatment is accorded. We want to reaffirm the position that emergency healthcare must not be conditional. In fact, some of the Bills that we enacted in this Parliament was to ensure that Kenyans can access that emergency healthcare.

Madam Temporary Speaker, let me speak briefly on Kenyatta National Hospital, being the top referral hospital in Kenya. This hospital was established very many years ago. I have visited patients in that hospital on several occasions. I would like to ask the management of Kenyatta National Hospital, the referral hospital, not Kenyatta University Teaching and Referral Hospital. I am talking about Kenyatta National Referral Hospital. They need to do something to uplift the standard of that facility.

I would like to ask the management, because it is run by a very detailed structure of leadership and management, to improve the services in that hospital. There are basic things that can be done to make it look like the Nairobi Hospital. Some of the repairs that need to be done should be effected. I am happy that issues of insecurity within the hospital have been stamped out. We should not have patients being exposed to risks while they are admitted within that hospital.

I have seen a part of it is very well managed. However, I noticed that they are very afraid of any cameras getting near Kenyatta National Hospital. It is obviously for good reasons; that, first of all, patient privacy is crucial and key. However, nobody should be afraid of the camera if they are doing the right things.

There are things that can be done, there are places that can be taken photos of, because you know your hospital number one is meeting the hygiene standards, and all the quality standards that are supposed to be met by a medical healthcare service provider.

Madam Temporary Speaker, we should not allow our hospitals to be very afraid of the camera. They should instead do the best they can to keep the best facility that they can provide for the public, and then wait for the public to give them the compliments. So, I would like to challenge them, because we have not achieved the optimal healthcare that we should achieve in Kenya right now.

Hospitals must accept to take comments, compliments and any criticism that comes along with it, because it is a matter of life and death actually. So, if I come to your hospital and feel I have not been managed properly as a patient, do not feel uneasy as a hospital institute. Take up the comments and see how you can assist the patient.

Let me also quote one incident I had one time when I was in the United Kingdom (UK), and needed to access some medical support. It was not a serious issue, but I needed help. I walked in and said, "I need treatment, but I do not have a health insurance cover. I am visiting and will be going back home, but I need some painkillers or some help." When I walked in, I did not know what to expect, but when I explained, I did not even give an identity beyond my name, just my passport. I said I was travelling; I was there for a few days and wanted to see how that facility would work to support me.

Madam Temporary Speaker, give me one minute, I finish this testimony, so that we can learn from it. When I walked in, first of all, I was given treatment, and the doctor diagnosed the ailment.

(Sen. Veronica Maina's microphone went off)

The Temporary Speaker (Sen. Mumma): Please, give her one minute.

Sen. Veronica Maina: I saw a doctor and was given treatment. Since I was travelling and could not access my health facilities back home, they accepted to treat me. When I went to ask how much I was supposed to pay, it was treated as an emergency, and they said I did not need to pay anything.

I only paid £11 when I got the medication that I needed to get. What does that teach us? Universal Healthcare. When we say universal healthcare, the counties must accept that it has to work. Painting hospitals without facilities, X-ray machines, scanners, and every equipment that is needed, is not sufficient to give healthcare services to our people.

Madam Temporary Speaker, with those many remarks, I support this Motion with an amendment that we provide referral hospitals, both at the central part of Kenya and all the other parts which have.

Sen. Joe Nyutu: Thank you, Madam Temporary Speaker, for this opportunity to add my voice to this Motion, which I support. I was a Member of the Committee on Health in this House. That gave me an opportunity to make several visits to medical institutions.

I remember when we visited Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) in Kisumu County to establish the challenges they were facing. One of them was the spillover of patients from neighbouring counties, Vihiga, Kakamega, Kisii and Nyamira counties. According to them, the resources sent to Kisumu County were mostly being expended on patients who did not originate from the county.

When I heard that JOOTRH had finally been taken over by the Government, I knew it was a relief to Kisumu County because most of the resources had been going to people from other counties. I therefore support this Motion because it will help counties improve other facilities, beyond those attending to patients from neighbouring regions. Establishing teaching and referral hospitals in the recommended regions, especially in the central region where some of us come from, will be a good and progressive step.

Another reason for my support is that these hospitals also serve as teaching centres for upcoming doctors, pharmacists and others. It is important to remember that

most counties now have established universities. We need to create many schools of Health Sciences in these universities. They require such hospitals so that students can learn and practise their profession. This is a very progressive Motion that should be supported by all. We need hospitals that can train our young doctors.

We also note that a lot of funds remain at the Ministry of Health Headquarters. Although health is devolved, not all budgetary allocations to the Ministry of Health go to counties. Counties should benefit from the funds left at the headquarters. One of the ways for counties to benefit is for the national Government, through these funds, to establish referral hospitals in the regions, equip them and engage professionals in those hospitals. In this way, the resources left at the Ministry of Health headquarters may also benefit counties. This would be a good way of supporting counties through the establishment of referral hospitals in these regions.

We will not forget to say that with all this, we want governors to also improve other health facilities. Once these national teaching and referral hospitals have been established, governors will then concentrate on the smaller facilities that serve members of their counties. Governors will no longer have an excuse to tell us the kind of story we heard from JOOTRH that they are spending a lot of money on one facility while it serves other counties that do not contribute anything, despite their constituents coming for services there. This will help governors to concentrate on the smaller facilities that serve people at the county level. This is a Motion that we need to support.

The other point is that when we have teaching and referral hospitals, the national Government invests in specialised equipment and health staff. When this happens, it will benefit those who may not be able to travel long distances to the only three referral hospitals we currently have in the country. People will benefit from the referral hospitals that will be established.

Madam Temporary Speaker, for these and many other reasons, I support this Motion to have referral hospitals established in these regions and other regions of the country.

With those few remarks, I support the Motion.

Thank you.

The Temporary Speaker (Sen. Mumma): Sen. Ledama.

Sen. Olekina: Thank you, Madam Temporary Speaker. I rise to make brief comments on this Motion.

From the onset, I say it is a good Motion, but I do not believe it has been well thought out. I say this being cognisant that health is devolved. In the 2025/2026 Financial Year budget, the Ministry of Health requested Kshs426 billion, but was allocated Kshs132.4 billion.

The Constitution states that the national Government is responsible for national policy, national standards and referral hospitals. I do not see why a Motion should call upon county governments. We need thorough research to know exactly what we are talking about. The Ministry of Health, headed by Hon. Duale, is already receiving Kshs132 billion for policy, national standards and referral hospitals. That money is equivalent to ten years' allocation of Narok County. Why bring a Motion saying county

governments should allocate more funds to Level 5 and 6 hospitals, to enhance critical health services and reduce demand from national teaching and referral hospitals? What exactly are you saying?

Already, counties have very little money. My own county, Narok County, has so little it cannot cover the 1.6 million people residing there. You are telling them to take that budget and, instead of the regular 30 per cent allocated to healthcare, now allocate 40 or 50 percent, yet all the money remains with the Ministry of Health.

The first thing we should say is that number two, which I completely do not agree with, must be reconsidered. I urge colleagues to read Motions carefully. Do not support a Motion because it sounds good. It sounds good to have referral hospitals in every region. Of course, if county governments were given more money and referral hospitals were built, it would lessen the burden that Kenyatta National Hospital (KNH) is already facing. Now, if you want to convince me on this Motion, first of all, allocate more money to KNH. Out of the Kshs134 billion that has been allocated to the Ministry of Health, Kshs18.1 billion is what has been given to KNH and Kshs1.75 billion is to be given to their doctors.

Madam Temporary Speaker, we need to be practical. We cannot just be debating Motions here, which will not help this country develop. If we are talking about coming up with policies that will enhance proper healthcare in county levels, develop county Level 2, 3 and 5 hospitals and put more money in primary healthcare. I will be the first one to clap my hands. However, I will not stand here and say I fully support this Motion, when I know very well that where the government will be looking for money is by denying counties money and giving more money to the Ministry of Health.

I completely disagree with giving more money to the Ministry of Health to build referral hospitals because when a lot of the money that is given to them, they have very little to show. I want more money to be allocated from the Ministry of Health to KNH. I want more money to be allocated to referral hospitals before we can even start talking about building new Level 6 hospitals, yet we do not have money.

Madam Temporary Speaker, a good governor, a former governor, a friend of mine, who was the governor of Kakamega, was very ambitious. He built a huge hospital which ended up becoming a big elephant project. I heard recently that the Ministry was taking over that project. Let us not try to bite more than we can chew. Let us learn to live within our means. No wonder, the International Monetary Fund (IMF) today is fighting so much to devalue the Kenya Shilling because they do not want Kenya to be able to have a fair balance of trade. These are things that we have to be objective in looking at them. I would be very happy if we had hospitals and a healthcare system that works.

However, we are still struggling to make sure that SHA works well, make sure that our Level 5, Level 4 hospitals are fully equipped and be able to train more nurses to provide healthcare to our people. If we were able to do that, I would be the first one to say, okay, we have succeeded here, now let us move and start calling for Level 6 hospitals to be built in all regions. It is not just a building that means that people are getting better healthcare. It is the quality of service in those hospitals. Can we first

improve the quality of service in Level 3, 4 and 5 hospitals in our own counties before we start saying, let us bring another big monster.

Soon, what will happen is that money will be sent to Level 6 hospitals because everyone will be bypassing Level 5, 4 and 2 hospitals. Let us try to improve our primary healthcare first before we try to say, okay, we want to lessen the burden in referral hospitals, yet that burden in referral hospitals of having many people being referred to is because our Level 5 and Level 4s are not working.

Therefore, I do not support this Motion. I am now fully convinced that I do not support it. I will only support this Motion when I can be told that the Kshs134 billion that we sent to the Ministry of Health will be able to develop same standards, national standards.

Secondly, to support KNH and Moi Teaching and Referral Hospital (MTRH), we need to come up with policies that are working. Currently, it is not working. Let us call a spade a spade. It is not working. The moment we pass this Motion in this House, you will see in the next division of revenue there will be less money going to counties. Why? This is because the Senate has said, let us build more referral hospitals. The Ministry of Health and the Ministry of National Treasury and Economic Planning will say, gentlemen, in the last financial year, the Ministry of Health had requested for Kshs426 billion. When they requested, we cut it down to Kshs132 billion.

We did that because we did not have money but now, gentlemen, distinguished Senators, you have come up with a beautiful proposal that we should build referral hospitals. That means, and also on top of that, you have told counties to increase more money on their budget for the healthcare docket to the healthcare. So, now we need more money, which means now we will reduce the money that is going to go to county governments. We need to be realistic.

There is something called intended and unintended consequences. The unintended consequences of such a Motion would spell doom to our counties. Let us try to live within our means. Let us build our Level 5 hospitals. Let us better them. Let us fully equip them. Let us come up with a system where we can prescribe medicine to every part of this country and whether or not that drug is available in the hospital, it can be available in a pharmacy. A sick person can continue getting the medicine they require. They can get the services they require.

Today, if you go to our hospitals, you will find that the doctors there have got clinics outside town. They will tell you, "I will refer you to KNH." They will take a pen and write "Kenyatta National Hospital for this," or they will write, "we will take you to MTRH for this." However, there is a clinic in town. If you go, they will be better off to serve you. Why not improve our Level 5 hospitals such that the referral cases become very minimal?

Madam Temporary Speaker, as I conclude, I want to be very clear on my objection to this Motion. One, there is no doubt that having referral hospitals in every region will lessen the burden that is currently with the KNH of so many referrals. There is no doubt.

Two, there will be no doubt that many people will get access to more training. These are all positives. Access to specialised healthcare services will be just around the corner. It will also probably foster medical research. The question to ask is this: With the current situation, have we been able to tick those clear points, positive points, that there will be more access to specialised care? Have we been able to deal with it currently? So, I believe that it is time that we become realistic.

We need to improve the healthcare. We need to do this completely, where Level 5 hospitals would have been equipped with doctors and they are well remunerated. If you are saying, for Level 6, you are giving Kshs1.75 billion to KNH alone, now, when you build many, how much more money will you be sending yet you do not have more? You have your big brother, IMF, there telling you, first of all, devalue your currency. So, I do not support this Motion.

First of all, we need to better our healthcare facilities at the county levels, improve them so that once they are doing better and there is need for these specialised services, we foster research in our institutions. We provide local resources. Only at that point should we then agree to support a Motion that sets up new referral hospitals in regional centres. Let us learn to live within our means.

We cannot be spending what we do not have. Every day, if you pick your phone, you will find requests for money to pay hospital bills yet you are taking money that is very limited to build big white elephant projects. Will those requests not triple?

Madam Temporary Speaker, with those many remarks, I oppose this Motion.

The Temporary Speaker (Sen. Mumma): Proceed, Sen. Lomenen.

Sen. Lomenen: Madam Temporary Speaker, I beg to move that debate on this Motion be adjourned pursuant to Standing Order No.110(1). I request Sen. Nyamu to second.

Sen. Nyamu: Madam Temporary Speaker, I second.

The Temporary Speaker (Sen. Mumma): Hon. Senators, I will propose and then put the question.

(Question, that debate on the Motion be now adjourned, put and agreed to)

Let us move on to the next Order.

MOTION

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

THAT, the Senate adopts the Report of the Standing Committee on Roads, Transportation and Housing on a Petition to the Senate by Mr. Francis Otieno regarding compensation for sugarcane crop damaged by the Department of Public

Works, Roads, Energy and Transport in Pap/Oriang' in Siaya County, laid on the Table of the Senate on Wednesday, 12th November, 2025.

The Temporary Speaker (Sen. Mumma): The Mover is not around. Therefore, the Motion is deferred.

(Motion deferred)

Hon. Senators, we will also defer Order Nos.17, 18, 19, 20, 21, 22, 23, 24 and 25 because the Movers are not around.

MOTION

ADOPTION OF PROGRESS REPORT ON DIVERSITY AND INCLUSIVITY IN STAFFING OF STATE AGENCIES

THAT, the Senate adopts Progress Report of the Standing Committee on National Cohesion, Equal Opportunity and Regional Integration on an inquiry into the diversity and inclusivity in the staff composition of state agencies in Kenya, laid on the Table of the Senate on Thursday, 3rd October, 2024.

(Motion deferred)

MOTION

ADOPTION OF REPORT ON THE COUNTY OVERSIGHT AND NETWORKING ENGAGEMENTS TO MANDERA, WAJIR AND MARSABIT COUNTIES

THAT, the Senate adopts the Report of the Standing Committee on Health regarding the County Oversight and Networking engagements to Mandera, Wajir and Marsabit Counties, laid on the Table of the Senate on Thursday, 2nd October, 2025.

(Motion deferred)

BILL

Second Reading

THE WILDLIFE CONSERVATION AND MANAGEMENT (AMENDMENT) BILL (SENATE BILL NO.46 OF 2023)

(Bill deferred)

BILL

Second Reading

THE WILDLIFE CONSERVATION AND MANAGEMENT (AMENDMENT) BILL (SENATE BILLS NO.49 OF 2023)

(Bill deferred)

BILL

Second Reading

THE NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES (CONTROL) (AMENDMENT) BILL (SENATE BILLS NO.1 OF 2024)

(Bill deferred)

BILL

Second Reading

THE COUNTY WARDS (EQUITABLE DEVELOPMENT) BILL (SENATE BILLS NO.20 OF 2024)

(Bill deferred)

BILL

Second Reading

THE LIVESTOCK PROTECTION AND SUSTAINABILITY BILL (SENATE BILLS NO.32 OF 2024)

(Bill deferred)

BILL

Second Reading

THE COUNTY GOVERNMENTS (STATE OFFICERS REMOVAL FROM OFFICE) PROCEDURE BILL (SENATE BILL NO.34 OF 2024)

(Bill deferred)

BILL

Second Reading

THE COUNTY GOVERNMENTS (AMENDMENT) BILL
(SENATE BILLS NO.39 OF 2024)

(Bill deferred)

The Temporary Speaker (Sen. Mumma): Hon. Senators, we will also defer Order Nos.8, 10, 11, 12, 13 and 14.

MOTION

INSTALLATION OF CCTV CAMERAS IN ALL POLICE STATIONS,
CELLS AND POLICE REPORTING DESKS

AWARE THAT Article 51 provides that a person who is detained, held in custody or imprisoned under the law, retains all the rights and fundamental freedoms in the Bill of Rights, except to the extent that any particular right or a fundamental freedom is clearly incompatible with the fact that the person is detained, held in custody or imprisoned;

FURTHER AWARE THAT the National taskforce on improvement of the terms and conditions of service and other reforms for members of the National Police Service and Kenya Prison Service recommended adequate Government funding for the National Police Service to modernize its facilities, equipment and gear, and enhance its logistical and technological capabilities for National Police Service officers in order to enable the Service discharge its mandate efficiently and effectively;

COGNIZANT THAT the Bill of Rights provides for protection of human rights, prevention of abuse and upholding of the rule of law within detention facilities and police stations;

CONCERNED THAT there has been increasing reports of human rights violations, abuse, unexplained injuries, and deaths in custody, as well as security breaches and escapes from police cells across the country;

FURTHER CONCERNED THAT despite the recommendations by the Justice Maraga task force, little or no efforts have been made to ensure modernization of police cells by installation of Closed-Circuit Television (CCTV) cameras and police reporting desks thereby affecting public trust and accountability on what happens to persons in police custody;

NOW THEREFORE, the Senate resolves that the National Government, through the Ministry of Interior and National Administration:

1. installs functional and tamper-proof CCTV cameras in all police stations, cells and police reporting desks across the country;
2. ensures that all CCTV systems are monitored in real-time and that footage is securely stored and made accessible during investigations, judicial processes; and
3. provides the necessary resources, technical support, and training to law enforcement officers for the effective operation and maintenance of CCTV systems and continuous digitization of Occurrence Book platforms.

(Motion deferred)

COMMITTEE OF THE WHOLE

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

(Committee of the Whole deferred)

COMMITTEE OF THE WHOLE

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

(Committee of the Whole deferred)

COMMITTEE OF THE WHOLE

THE TOBACCO CONTROL (AMENDMENT) BILL
(SENATE BILL NO.35 OF 2024)

(Committee of the Whole deferred)

COMMITTEE OF THE WHOLE

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

(Committee of the Whole deferred)

COMMITTEE OF THE WHOLE

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

(Committee of the Whole deferred)

ADJOURNMENT

The Temporary Speaker (Sen. Mumma): Hon. Senators, that brings us to the end. There being no other business on the Order Paper, the Senate stands adjourned until tomorrow, Wednesday, 19th November, 2025 at 9.30 a.m.

The Senate rose at 6.18 p.m.