

PARLIAMENT OF KENYA

THE SENATE

THE HANSARD

Thursday, 12th March, 2020

*The House met at the Senate Chamber,
Parliament Buildings, at 2.30 p.m.*

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

PRAYER

Sen. Olekina: Thank you, Mr. Speaker, Sir. I rise to support the Statement by Sen. (Dr.) Mbiti. This is the reason we are in this House. We have to look at the challenges facing this country and advise the Executive on where they should put more money.

I carefully listened to the technical details which were given by Sen. (Prof.) Ongeru. It took me back to the campaign period when I was campaigning at a place called Empurputia in Loita Forest. Many people died because of kidney failure in Empurputia. At that time, I asked myself when these people will ever get to a renal centre where they can get renal therapy so that it can remove the excessive fluids. It is all because of the lifestyle. This is caused by the kind of the water that these people drink and a myriad of many issues that affect them.

When we stand here, my dear brothers and sisters, it is imperative for us to remind the Government that giving the Ministry of Health money equivalent to five counties for them to develop policy will not help this country. If I listened carefully to what Sen. (Dr.) Mbiti said, it appears as if the NHIF is paying more money now in terms of treating for dialysis than ever before. That is solely because there are more renal centres in the country and people are not going there, being diagnosed and they are found with excessive fluid or waste in their kidneys and they have to go through renal therapy.

Mr. Speaker, Sir, it is about time that the national Government, the Executive and the national Treasury listened. We talk about budgets and sending money in terms of conditional grants, but I do not see any reason why we should not have two or three renal centres in counties.

There is this debate of revenue sharing. When people talk about how they can be allocated money, others are saying allocate money based on distance to service and not on the land. Narok County is 17,000 square kilometres. By the time someone in Loita in Empurputia Forest at the border of Kenya and Tanzania drives all the way to Narok Town for them to get renal therapy, they could have succumbed.

We already know that the lifespan of a person going through renal therapy or dialysis is between five and 10 years in the developed world. I hope that when the

national Government is formulating the budget this year, they will come up with programmes that can help diagnose people at early stages. They should go to those rural areas and engage companies that have these renal centres and also work with county governments. Devolution is important because it can help us solve these problems.

Mr. Speaker, Sir, when I looked at the statistics showing that an average of 3,100 people die of kidney failure every year since 2014, I think those numbers are low. Probably those are the ones who have been diagnosed.

Today is the World Kidney Day. It is important that we push and encourage the Government to invest more on renal centres across the country. We have a renal centre in Narok which is doing a good job. We want to see more. If we have at least two or three in every county, then we can say we will achieve universal healthcare.

As much we are focusing on building institutions and equipping them, we must invest in making sure our people have a better lifestyle. We all know many men are the ones who mainly suffer from kidney failure because of their lifestyle. However, if women do not have access to clean water and environment, they may end up suffering the same way.

I support.