SPEECH BY H E SUSAN KIHIKA, NAKURU COUNTY GOVERNOR, DURING THE LAUNCH OF THE COUNTY TAIFA-CARE OFFICIAL IN NAKURU CITY ON WEDNESDAY, 23RD JULY 2025

Hon Aden Duale, Cabinet Secretary for Health

Mr Harry Kimtai, Principal Secretary for Medical Services

National Government officials

Nakuru County Government Officials

Distinguished guests,

Ladies and Gentlemen,

1. It is a great honour and privilege to welcome you, Honourable Cabinet Secretary, to Nakuru County today. Your presence here is not only appreciated but also a clear demonstration of the national government's commitment to strengthening partnerships with county governments for better service delivery to our people.
2. We are particularly pleased that this visit is centred around the roll-out of Taifa Care and the accelerated registration under the Social Health Authority (SHA). These initiatives reflect the shared vision of achieving universal health coverage across the country, and Nakuru County is fully aligned with this transformative agenda.
3. Nakuru is one of Kenya's fastest-growing counties, with a projected population of 2.4 million—up from 2.16 million in the 2019 census. We boast a network of **219 public health facilities**, including:

    - 1 Level 5 hospital,
    - 15 Level 4 hospitals,
    - 39 health centres, and
    - 164 dispensaries.

4. In the past year alone, our health facilities recorded **6,015,598 outpatient visits**, **111,620 inpatient admissions**, **11,475 dialysis sessions**, and over **4,000 cancer treatments** including chemotherapy, radiotherapy, and brachytherapy. These numbers reflect not only the demand from within our borders, but also from surrounding regions. Our Regional Cancer Centre, for instance, serves patients

from more than **25 counties**, cementing Nakuru's role as a key healthcare hub in the Rift Valley and Western Kenya.

5. Turning to the progress on the Social Health Authority (SHA), so far, **838,818 people** in Nakuru have been registered under SHA, which translates to **38.8 percentage coverage**. While this places us **24th nationally** in percentage terms, we rank **third (3rd) in absolute numbers** after Nairobi and Kiambu. As of June 2025, the value of SHA claims submitted from Level 4 and 5 facilities in Nakuru stood at **Kshs1.08 billion**, of which **Kshs 718 million** has been paid. However, **Kshs 359 million** remains outstanding.
6. We appreciate the national government's ongoing efforts, but there are areas that require urgent attention to ensure the success of SHA and Taifa Care implementation. Hon Cabinet Secretary, the following are our key areas in which we humbly seek your intervention:

a) Regional Cancer Centre

As a regional referral hub for oncology, the cancer centre urgently needs:

- Accessories for the second Linear Accelerator – Kshs10 million,
- Optimization of the Brachytherapy machine – Ksh50 million,
- Annual maintenance via a Service Level Agreement – Kshs22.8 million,
- Expanded SHIF coverage to include comprehensive pre-treatment lab tests and additional brachytherapy sessions beyond the current two-cycle limit.

These interventions will go a long way in improving cancer care not just in Nakuru, but across the region.

b) Margaret Kenyatta Mother and Baby Unit (MCH-MBU)

This is the main referral centre for maternal health in 10 neighbouring counties, handling over **1,200 deliveries every month**. However, it faces serious challenges:

- Most referrals are uninsured and unable to pay for services,
- The **250-bed capacity** is overstretched, with over **100 percent occupancy**,
- Vulnerable groups including **underage, orphaned mothers and street families** lack SHA cover.

We appeal for your support in ensuring these mothers are not left behind in the UHC journey.

7. Further, as a County Government which is keen to successfully implement the SHA program to the point of becoming a reference point, we are following additional challenges which require policy support by the National Government:

    - Delayed and partial reimbursements under SHA, especially in the last quarter of the financial year,
    - Renal dialysis capped at only 2 sessions per week, yet many patients require more,
    - Chronic illness coverage under SHA remains inactive,
    - **HIV/TB care** is concentrated in Level 5 hospitals without SHA PHC cover,
    - **65 health facilities** lack registration tablets, with others being faulty or not whitelisted,
    - **42 PHC** facilities have never received reimbursement, impacting service delivery,
    - Over **Kshs500 million** in unpaid NHIF claims, including the Linda Mama programme.

8. In conclusion. I want to assure you Hon CS that Nakuru County is committed to the success of Taifa Care and the Social Health Authority. We have made great strides, but the journey toward universal health coverage will only be realised if the necessary systems and support structures are in place. I urge your office to consider Nakuru as a model county where UHC initiatives can be piloted, scaled, and refined—given our central role in regional healthcare provision.
9. On behalf of the people of Nakuru, I thank you for your leadership and continued partnership. We look forward to working closely with your Ministry and the national government to ensure no Kenyan is left behind in accessing quality, affordable healthcare.

Thank you

H E SUSAN KIHIKA, EGH

GOVERNOR, NAKURU COUNTY