



REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

NATIONAL ASSEMBLY

THE HANSARD

THE HANSARD

Wednesday, 5th November 2025

The House met at 2.30 p.m.

[The Speaker (Hon. Moses Wetang'ula) in the Chair]

PRAYERS

QUORUM

Hon. Speaker: Serjeant-at-Arms, ring the Quorum Bell. Where are our Whips?

(The Quorum Bell was rung)

Hon. Members, we now have Quorum to transact business.

(Loud consultations)

Order, Hon. Members. Order, Hon. Kirima! Today, we have two cabinet secretaries coming to the House. We shall start with preliminaries, probably, Statements, then we will have the Cabinet Secretary for Education. I do not see the leadership here. Have you confirmed if the Cabinet Secretary for Education is here?

(Hon. Naomi Waqo spoke off the record)

I want us to have him at 3.30 p.m. for 30-45 minutes. Our holding him will depend on how he answers the questions before the House. If he satisfies the House that is okay. If the Hon. Speaker is satisfied, then the House is satisfied. We shall then release him and have the Cabinet Secretary for Health, Hon. Duale. We shall start with Mr Ogamba at 3.15 p.m to 3.30 p.m. and then we do the Ministry of Health thereafter.

The remaining 45 minutes from now until 3.30 p.m. will include a Statement on roads from Hon. GK. Is he in the House? It is either Hon. GK or the Leader of the Majority Party. They are the ones I instructed to respond. I believe they are within reach. As soon as anybody sees them, alert me.

Clerk-at-the-Table go ahead.

COMMUNICATION FROM THE CHAIR

(Hon. Rael Kasiwai stood in the aisle)

Hon. Kasiwai, take your seat. Thank you.

TRANSFER OF AMBOSELI NATIONAL PARK MANAGEMENT

Hon. Members, I have a Communication on the transfer of management of the Amboseli National Park to Kajiado County Government.

Hon. Members, under Section 26 of the Intergovernmental Relations Act Cap.265(f)), and in keeping with Article 187(1) of the Constitution, any transfer or delegation of powers between the national and county governments must be formally notified to this House.

Sub-section 4 of the Act provides that the National Assembly shall be informed of every such decision order. It is in this spirit, that I bring to your attention a letter received in my office on 22nd October 2025 from the Intergovernmental Relations Technical Committee (IGRTC). The letter, bearing the title, 'Notification of the Transfer of the Management of Amboseli National Park to Kajiado County Government from the National Government', informs the House of an Agreement signed on 14th October 2025 between the national Government and the County Government of Kajiado.

The core provisions of the accompanying Deed of Transfer are as follows:

1. The County Government of Kajiado will assume full responsibility for the day-to-day management of Amboseli National Park. This includes safeguarding its ecological integrity and fostering local community involvement through conservation education and initiatives promoting peaceful human-wildlife co-existence.
2. Funding for the transferred function will be sourced from park revenues collected jointly via the eCitizen platform, supplemented by appropriations from the Kajiado County Assembly. Five per cent of all revenues will be retained by the national Government to support wildlife research, ecological monitoring and capacity building through the State Department for Wildlife and the Wildlife Research and Training Institute.
3. Net revenues from park operations will be shared progressively over three financial years, beginning 1st July 2026. From Financial Year 2028/2029 onward, the County Government of Kajiado will receive one 100 per cent of the net revenues.
4. The Deed is set for an initial term of 15 years, renewable by mutual consent. Both levels of government will receive annual performance reports, and the National Assembly and the Kajiado County Assembly will be kept informed. A joint comprehensive review is scheduled two years after the Deed takes effect.

Hon. Members, the letter and Deed are hereby referred to the Departmental Committee on Regional Development—under whose mandate devolution squarely falls—for noting.

In strict compliance with Section 26(4) of the Intergovernmental Relations Act, (Cap. 265F), this House is formally notified of the transfer.

I thank you.

CONDOLENCE MESSAGES

I have a second and short Communication to relay condolence messages from the Speakers of the East African Legislative Assembly (EALA) and Transitional National Legislative Assembly of the Republic of South Sudan.

Hon. Members, I wish to inform the House that I am in receipt of communications from the Rt. Hon. Joseph Ntakirutimana, Speaker of the EALA and the Rt. Hon. Jemma Nunu Kumba, Speaker of the Transitional National Legislative Assembly of the Republic of South Sudan. These messages convey deepest condolences on the sudden passing on, on 15th October 2025, of the Rt. Hon. Raila Amolo Odinga, EGH, former Prime Minister of the Republic of Kenya.

In his tribute, the Rt. Ntakirutimana extolled the late Rt. Hon. Odinga as a firebrand statesman and architect of Kenya's multi-party democracy. He hailed him as an unflinching Pan-Africanist who decried neo-colonial vestiges, championed continental self-reliance, and advanced regional integration most tangibly through the arteries of infrastructure that bind our nations.

To honour this indelible legacy, the EALA held a Special Sitting on Thursday, 16th October 2025. The proceedings, a moving testament to the Rt. Hon. Odinga's lifelong service to the East African Community (EAC) and the broader continent, have been transmitted to my office for the House's records. I will share with the family of the late Prime Minister.

From Juba, the Rt. Hon. Jemma Nunu Kumba lauded the departed leader's life of sacrifice, courage and unyielding devotion to Kenya's democratic renewal. She acclaimed his stewardship in governance, justice, and inclusion as the bedrock upon which Kenya's vibrant democracy now stands.

Hon. Members, on behalf of the House and on my own behalf, I wish to extend our gratitude to the EALA and the Transitional National Legislative Assembly of the Republic of South Sudan for their solidarity with our Parliament and the people of Kenya in this hour of national mourning.

I thank you.

PAPERS

Leader of the Majority Party.

Hon. Naomi Waqo (Marsabit County, UDA): Hon. Speaker, I beg to lay the following Papers on the Table:

Reports of the Auditor-General and the Financial Statement for the year ended 30th June 2025 and certificates therein with respect to:

- (a) Council of Legal Education staff car loan and mortgage scheme.
- (b) Council of Legal Education
- (c) East Africa Portland Cement PLC
- (d) Kenya Vision 2030 Delivery Secretariat.
- (e) Kongoni Technical and Vocational College
- (f) National Youth Opportunities Towards Advancement Credit Numbers 7355-KE and 7356-KE, Grant Numbers E-210-KE and TFOCI-1509-KE, National Industrial Training Authorities (NITA).
- (g) Rift Valley Technical Training Institute
- (h) Support to Waste Management at Lake Victoria South Project Credit Number BMZ No.201365352, Lake Victoria South Water Works Development Agency.
- (i) Tourism Research Institute
- (j) Treasury Main Clearance Fund, The National Treasury
- (k) Turkana University College
- (l) Witness Protection Agency

Thank you, Hon. Speaker.

Hon. Speaker: Thank you, Hon. Naomi. Chairperson of Select Committee on Regional Integration, Hon. Mayaka.

Hon. Irene Mayaka (Nominated, ODM): Hon. Speaker, I beg to lay the following Papers on the Table:

Reports of the Select Committee on Regional Integration on:

- (a) Its consideration of the amendment to Article 24(2)(a) of the Protocol on the Establishment of the East African Community Customs Union.

(b) Inspection visit to the East African Science and Technology Commission, Rwanda and the East African Health Research Commission, Burundi.

I thank you.

Hon. Speaker: Thank you Hon. Irene. Chairperson of the Select Committee on Members' Services and Facilities, Hon. Gachagua.

Hon. George Gachagua (Ndaragwa, UDA): Hon. Speaker, I beg to lay the following Paper on the Table:

The Report of the Select Committee on Members' Services and Facilities on a study visit to the National Assembly of Zambia from 24th to 30th November 2024.

I thank you.

Hon. Speaker: Thank you. Next Order.

NOTICES OF MOTION

RATIFICATION OF THE AMENDMENT TO ARTICLE 24(2)(A) OF THE PROTOCOL ON THE ESTABLISHMENT OF EAC CUSTOMS UNION

Hon. Irene Mayaka (Nominated, ODM): Hon. Speaker, I beg to give notice of the following Motion:

THAT, this House adopts the Report of the Select Committee on Regional Integration on its consideration of the amendment to Article 24(2)(a) of the Protocol on the Establishment of the East African Community Customs Union, laid on the Table of the House on Wednesday, 5th November 2025, and pursuant to the provisions of Sections 3 and 8 of the Treaty Making and Ratification Act, (Cap. 4D), approves the ratification of the amendment to Article 24(2)(a) of the Protocol on the Establishment of the East African Community Customs Union.

I thank you. I have a second one.

Hon. Speaker: Do you have a second one? Go ahead.

ADOPTION OF REPORT ON INSPECTION IN RWANDA AND BURUNDI

Hon. Irene Mayaka (Nominated, ODM): Hon. Speaker, I beg to give notice of the following Motion:

THAT this House adopts the report of the Select Committee on Regional Integration on its inspection visit to the East African Science and Technology Commission in Rwanda and the East African Health Research Commission in Burundi laid on the Table of the House on Wednesday, 5th November 2025.

I thank you.

Hon. Speaker: Next Order.

QUESTIONS AND STATEMENTS

STATEMENTS

Hon. Speaker: Member for Kajiado North.

Hon. Onesmus Ngogoyo (Kajiado North, UDA): Excuse me, Hon. Speaker. I request for a minute.

Hon. Speaker: Chairperson, Departmental Committee on Agriculture and Livestock, Dr Mutunga. I thought I saw you here. Do you have a Statement?

INQUIRY INTO THE PRICING OF TEA IN KENYA

Hon. (Dr) John Mutunga Kanyuithia (Tigania West, UDA): Thank you, Hon. Speaker.

I wish to make a Statement on the Inquiry into the Pricing of Tea in Kenya, pursuant to Standing Order 44(2)(d). The Departmental Committee on Agriculture and Livestock has resolved to conduct an inquiry into the pricing of tea in Kenya as a result of complaints raised by Hon. Members of Parliament from factories in the west of the Rift Valley, alleging that tea factories from their region have been paying farmers lower bonuses in comparison to those from the east of the Rift Valley. Additionally, farmers from the west of the Rift Valley have protested and some uprooted their tea plantations citing low tea prices and bonuses. The issue of tea pricing in the country has been a subject of debate in this House, hence the decision by the Committee to urgently look into it.

The tea sub-sector is the third leading foreign exchange earner in Kenya, supporting over 600,000 smallholder farmers and several other persons along the tea value chain. The sub-sector has, however, been faced with a myriad of challenges, among them delayed payments for farmers and low and unsustainable prices. The challenges have been as a result of fluctuations in global tea prices, higher production costs, and challenges associated with accessing the market. The inquiry seeks to look into the pricing structure and dynamics of Kenya's tea industry, identify gaps in the sub-sector, and propose policy, institutional, and market reforms that need to be made in the industry for its sustainability.

The purpose of this inquiry is to carry out a comprehensive review of the system of tea pricing in Kenya and evaluate its effectiveness, fairness, and sustainability. The Committee will then make recommendations that will ensure that all value chain players operate within a framework that will maximise value for all stakeholders.

The specific objectives of this inquiry include:

1. To identify how the pricing of tea in Kenya is done.
2. To establish why tea prices from the east of the Rift Valley are higher than those from the west of the Rift.
3. To determine why operational costs incurred by factories in the west of the Rift Valley are higher than those incurred by factories east of the Rift.
4. To identify gaps in the institutional and regulatory framework in the tea sector and also establish inefficiencies leading to low returns to farmers.

The scope of the study: in conducting the inquiry, the Committee will carry out an analysis of tea sub-sector value chain by mapping out the tea value chain from pre-production, production, collection, processing, marketing, action, retail and export. The Committee will also identify the points at which pricing of tea is done and the determinants, and assess the flow of information and decision-making in relation to setting the prices. The Committee will further review the roles of the Tea Board of Kenya (TBK) and the Kenya Tea Development Agency (KTDA) by analysing the legal framework governing the marketing, auction, and export of tea to identify overlapping roles or policy gaps that hinder effective price regulation. Additionally, the Committee will examine tea auction process and alternative marketing channels. It will also assess the competitiveness of Kenya's tea in comparison to global producers like Sri Lanka, India, Malawi, and closer to us, the Rwandese and Ugandan teas.

Further, the Committee will examine the cost of inputs like fertiliser, transport, and labour, analyse factory and export profit margins, and identify inefficiencies along the value chain. Farmer payment structures and the bonus system will be analysed. Deductions will also

be investigated by the Committee. The Committee will then propose ways of improving pricing, transparency and accountability, and suggest the value addition, diversification, and innovation strategies.

The methodology is very brief. The Committee intends to use the following methods to get information on the inquiry. Review of documents, Acts of Parliament, policies, regulations, reports from agencies, and other relevant documents. The committee will also... Sorry, I am reading from my phone and people are calling.

Hon. Speaker: Hon. Mutunga, wind up.

Hon. (Dr) John Mutunga Kanyuithia (Tigania West, UDA): Yes, I want to but there are very many calls.

Hon. Speaker: Your gadget is failing you.

Hon. (Dr) John Mutunga Kanyuithia (Tigania West, UDA): Calls are coming in multiples.

Hon. Speaker: When you are reading a Statement on your phone, you should bar incoming calls.

Hon. (Dr) John Mutunga Kanyuithia (Tigania West, UDA): Okay.

I was on the methodology. The second thing in our methodology is to hold meetings with the regulatory and marketing agencies, the State Department for Agriculture and Research, TBK and KTDA. The Committee shall also conduct field visits to factories in the west of the Rift. We have already done this. We shall, therefore, do a visit to the east of the Rift Valley and also conduct field visits to Mombasa Tea Auction, as well as tea testing laboratories. We shall hold meetings with stakeholders in the tea sub-sector, like the State Department for Agriculture, KTDA and the TBK.

The framework for the operation is also outlined and we intend to be done by 27th of November this year. We shall do this quite fast. I, therefore, invite Members who are interested in this matter to attend the meetings with the Departmental Committee for Agriculture and Livestock, TBK, KTDA, and the Ministry, that will take place on 13th November 2025 at 10.00 a.m. at a venue that shall be communicated later. As friends of the Committee, interested Members will have their issues resolved.

I submit.

(Several Members consulted along the aisle)

Hon. Speaker: Order, Members! Members on their feet, take your seats. No *kamukunji* in the House.

Hon. Mutunga, I have followed your Statement very closely. I had also been visited severally by a team of Members led by the Kisii Woman Representative, *Mama* Donya. Hot on her heels was Hon. Brighton Yegon, Hon. Richard Yegon, Amb. Sigei, and many others. What you have read to the House has some truths and non-truths. These Members have brought a Motion to set up a Select Committee. I can see you are forestalling this as the Committee dealing with agriculture, wanting to do that work which is within your mandate. The issue is very simple.

I have listened to you carefully because I am inundated with inquiries, phone calls, and insults as if I will determine the pricing of tea. You do not have to go to Sri Lanka, Uganda, or India to explain to Kenyans the issues at hand; why East of the Rift Valley gets higher bonus than West of the Rift Valley. I think that is the question. It is what has been coming to my desk. The inputs are the same. There is no evidence that the soil topography or quality processing is different. In my mind, there is absolutely no evidence that you have brought to this House to show that Uganda, India, or Sri Lanka has equal or similar differential payments. So, you do not need to bring them into this.

Seeing that you have taken the right step, I would advise Hon. Donya, Hon. Yegon, and Hon. Sigei to be co-opted into your Committee. I direct you to carry out that inquiry and bring back a comprehensive report to the House in three weeks.

Yes, Hon. Marianne Kitany.

Hon. Marianne Kitany (Aldai, UDA): Hon. Speaker, I think the Committee you are proposing to be created is a good one. My only concern is that we do not have anyone from Nandi County among Members who are being co-opted. Some areas of Nandi and others have been left out. Can the list be inclusive to have representation in every tea growing county, especially in the West of the Rift Valley?

Thank you.

Hon. Speaker: Maybe, to the three distinguished Members from Bomet County, let one of you drop out. Hon. Sigei, you can drop out on account of seniority. Let Hon. Brighton and Hon. Richard stay.

(*Loud consultations*)

Are you saying Hon. Brighton is a member of the Departmental Committee on Agriculture?

Hon. Members: Yes.

Hon. Speaker: Fine. Then we will have other Hon. Members replacing them. The issue is the East and West of the Rift Valley. Do not bombard me with counties. It is East and West of the Rift Valley. That is what Hon. Mutunga said, and it is what I have been seeing.

Therefore, From Nandi County, Hon. Melly and Hon. Marianne, agree on who between you will be co-opted. Marianne? Since Kisii and Nyamira counties are in the same ecosystem, Hon. Donya is there to represent all of you so that in three weeks, you are able to bring this unhelpful competing intertest to a conclusion. No going to India, Sri-Lanka, or Uganda. We have no evidence that they have the same practices.

Yes, Hon. DK.

Hon. David Kiplagat (Soy, UDA): Thank you, Hon. Speaker. I rise on the ruling that you have given since I sit in the Departmental Committee on Agriculture, and also after listening to my Chairman as he gave direction that our Committee handles the issue. Now that there is co-opting, I would like to seek clarification on whether the co-opted Members have an equal vote to that of the members of the Departmental Committee on Agriculture or they will be appearing as friends of the Committee.

Hon. Speaker: Whether you vote in the Committee or not, the Report will come to the House and it will become a property of this House. We are not looking for a majoritarian but a fair decision on how to handle our tea farmers. You can gang up as a majority and vote one way or the other but that will not solve the problem. We want a fair, clear explanation that can satisfy members of the public as to why we have got these differentiated payments.

Yes, Hon. Mutunga.

Hon. (Dr) John Mutunga Kanyuithia (Tigania West, UDA): Hon. Speaker, I think I have been misunderstood. I did not say we will go to any of these countries.

Hon. Speaker: Take your seat, Hon. Mutunga. I have been here long enough to understand that when you mention those jurisdictions, the next day there will be a letter on my desk requesting me to allow you to go there. I am forestalling that. I will not allow you to go and study Uganda, Sri-Lanka, or India.

Hon. Ngogoyo.

IMPLEMENTATION OF THE PROPOSED PRIVATISATION OF KENYA PIPELINE COMPANY

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Hon. Onesmus Ngogoyo (Kajiado North, UDA): Hon. Speaker, pursuant to the provisions of Standing Order 43, I rise to make the following statement regarding the implementation of the proposed privatisation of Kenya Pipeline Company (KPC).

It is recalled that on 29th July 2025, the Cabinet approved the privatisation of KPC, and on 1st October 2025, the National Assembly approved the proposal as part of the Government Privatisation Programme under this plan. Up to 65 per cent of Government shareholding in Kenya Pipeline is to be offered to the public through Nairobi Securities Exchange (NSE) before 31st March 2026.

While acknowledging that privatisation is intended to promote efficiency and broaden public participation in the ownership of the company, there are serious public interest matters that require clarification and assurance. First, there are questions regarding the valuation and pricing of KPC. The company is a strategic national asset with extensive infrastructure across the country and the region, including pipeline, storage, depots, and vital energy installation. There is public concern regarding the valuation process, the independence of the valuer, the assumption that will inform the valuation, and whether the reserve price will truly reflect Kenya Pipeline's current projected market value.

Additionally, the following are noted in the Cabinet approval of 2023. KPC acquired Kenya Petroleum Refinery Limited by way of 100 per cent share transfer agreement. This essentially puts Kenya Petroleum Refinery Limited as a subsidiary of KPC. However, there are concerns on the transparency and public participation in the process of acquiring Kenya Petroleum Limited by KPC. Lack of documentation relating to the merger of KPC and Kenya Petroleum Refinery Company, and the non-disclosure of material facts during the submission of the Sessional Paper on privatisation to this National Assembly on KPC. Given the central role that KPC and Kenya Petroleum Refinery in the transportation and storage of refinery and petroleum products in the country, the public deserves clarity on how the privatisation will affect service delivery, fuel pricing, and energy security.

There are also national security and strategic assets, considering that KPC's infrastructure is designated as critical under the Energy Act, and it has control and implications for national energy security and emergency response capacity. There is, therefore, need to explicitly guarantee that national interest will not be compromised through the ownership or management changes.

Hon. Speaker, this matter goes to the heart of transparency, accountability, and oversight role of the National Assembly on public process. The people of Kenya deserve an assurance that no strategic public agency is being privatised without full disclosure, proper valuation, and the oversight by this House. There is need for the House to extensively deliberate on the emerging issue regarding the privatisation exercise, including matters relating to:

1. The value process and independent experts engaged in the KPLC and Kenya Petroleum Refinery.
2. The legal and policy consequences of the privatisation exercise noting the acquisition of the KPRL by the KPC.
3. The extent of public participation undertaken, including consultations with sector stakeholders and employees in the KPRL/KPC acquisition and reported merger.
4. The measures in place to safeguard employee welfare and protect strategic infrastructure.
5. The intended application of proceeds and the accountability framework for monitoring their use.

Hon. Speaker, it is against this background that I am seeking the leave of the House for the establishment of an *Ad hoc Committee* to comprehensively consider all the matters noted

herein, relating to the acquisition and reported merger of KPRL, and the proposed privatisation of the KPC, and report back to the House in line with the Standing Orders. This will ensure that the concerns raised are addressed even as the Government seeks to institute operational efficiency in the management of State-owned corporations, which we fully support.

I thank you, Hon. Speaker.

Hon. Speaker: Hon. Ngogoyo, do you know what it means to seek leave of the House? Have you looked at your Standing Orders? Let me continue mentoring you. When you want to seek leave of the House, you either enjoy the sympathy of the Speaker or your request is supported by at least five Members. Are you seeking my sympathy or do you have five Members?

Hon. Onesmus Ngogoyo (Kajiado North, UDA): I have five Members, Hon. Speaker.

Hon. Speaker: Do you have five Members?

Hon. Onesmus Ngogoyo (Kajiado North, UDA): Yes.

Hon. Speaker: Where are they?

(Several Members stood up in their places)

Take your seats. That is hurdle number one.

(Loud consultations)

Hurdle number two is that you prepare a Motion which will go to the Speaker and then to the House Business Committee (HBC). If it finds favour with the HBC, then it will find its way to the House. You have cleared step one; it is now up to you to navigate the rest.

Hon. Melly.

REQUEST FOR STATEMENT

DISAPPEARANCE OF HON. SHADRACK MARITIM CHERUON

Hon. Julius Melly (Tinderet, UDA): Thank you, Hon. Speaker.

Pursuant to the provisions of Standing Order 44(2)(c), I rise to request for a Statement from the Chairperson of the Departmental Committee on Administration and Internal Security regarding the disappearance of Hon. Shadrack Maritim Cheroon from Tinderet Constituency. Hon. Maritim was reported missing on 27th October 2025, and was last seen on CCTV footage about 6.02 a.m. in Eldoret's Unity area, having left his residence for a morning run. The matter was reported at the Langas Police Station, and since then, his family and community members have been searching for him without success.

It is of particular concern that Hon. Maritim had earlier, on 25th January 2025, recorded a statement at Songhor Police Station concerning threats to his life. Despite this, no adequate protection or preventive measures appear to have been taken by the relevant security agencies.

In view of the gravity of this matter, I request the Chairperson of the Departmental Committee on Administration and Internal Security to:

1. Provide a comprehensive update on the ongoing investigations into the disappearance of Hon. Shadrack Maritim Cheroon.
2. Explain the steps being taken by the Ministry and relevant security agencies to trace the whereabouts of Hon. Maritim.
3. Clarify the actions taken following his earlier report of threats to his life at Songhor Police Station.

4. Outline measures being implemented to safeguard individuals who have reported threats to their safety, particularly public officials and community leaders.

I thank you, Hon. Speaker.

Hon. Speaker: Where is the Chairperson of the Departmental Committee on Administration and Internal Security? Hon. Raso, can you bring a response next week on Wednesday?

Hon. Ali Raso (Saku, UDA): I will do so, Hon. Speaker.

Hon. Speaker: Thank you.

Hon. Members, before I invite the Chairperson of the Departmental Committee on Transport and Infrastructure, allow me to introduce a group of 18 students from Starehe Boys Centre, Alliance High School and Kianda School who are seated in the Speaker's Gallery. The students are in Parliament for a period of two weeks on a voluntary service scheme. This gives them an opportunity to give back to the community by providing voluntary service to various organisations during the school holidays.

On my behalf and that of the National Assembly, I wish the students a good stay and a positive experience in the service of the nation in this Parliament.

Hon. Owen Baya, we tasked you and the Chairperson of the Departmental Committee on Transport and Infrastructure to bring a Statement. The Chairperson of the Departmental Committee on Transport and Infrastructure is here. I believe he is carrying a collective responsibility. Is he not?

Hon. Owen Baya (Kilifi North, UDA): Hon. Speaker, we have been in touch with the Cabinet Secretary and we have a comprehensive report.

Hon. Speaker: Through the Chairman?

Hon. Owen Baya (Kilifi North, UDA): Yes. He will deliver the report.

Hon. Speaker: Can we have the comprehensive report?

Hon. George Kariuki (Ndia, UDA): Thank you, Hon. Speaker.

Yesterday, Hon. Bashir requested to know why the Kenya Rural Roads Authority (KeRRA) allocation to constituencies, that is the 22 per cent and 10 per cent allocation, has been reduced from Ksh62 million to Ksh36 million per constituency, as per the circular sent from the Kenya Roads Board (KRB) to regional offices.

Hon. Speaker, you directed that we engage the Cabinet Secretary and we have done that. Today, we held a meeting with the Cabinet Secretary and the Principal Secretary and it has been agreed that the letter be withdrawn. That has already been done.

We have also agreed that the balances for Financial Years 2023/2024 and 2024/2025 be cleared within this week, not later than Friday, 7th of this month. Further, we agreed that the Cabinet Secretary will appear before Parliament, through your invitation, to explain to Members why the letter indicated a reduction whereas they were expecting an increment in the allocation. We will get a comprehensive report from the Cabinet Secretary because we have just concluded that meeting.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Chairperson, if he has climbed down and withdrawn the letter, and you go back to the *status quo ante*, then there is no need to invite him. As the Oversight Committee, you just need to ensure implementation within the timelines you have been given that by Friday this week, there is action. If there is action, it purges all wrongdoings and transgressions. We can only invite him here for something else.

Hon. George Kariuki (Ndia, UDA): Well guided, Hon. Speaker. The only issue the Cabinet Secretary needs to explain to Members is the securitisation aspect, the Ksh5 per litre which has been used to securitise resources that will help us clear the pending bills. According to the Cabinet Secretary, this will slightly reduce the allocation by not more than Ksh10 million

per constituency. I would request you, Hon. Speaker, to invite the Cabinet Secretary to explain why we need to accept that reduction because he is better placed to convince Members to accept that.

(*Loud consultations*)

I am a Member and I would wish that clarification comes from the Cabinet Secretary. Thank you.

Hon. Speaker: I get you and I do not want to escalate this. I will look at the *Hansard* to compare what you said and what you are saying and I will advise you. I will summon the Cabinet Secretary early next week if I need to so that you can interrogate him.

(*A Member spoke off the record*)

I will not allow you. Let us have Mr Ogamba to come here and deal with education issues.

(*Hon. Robert Mbui spoke off the record*)

Order, Hon. Robert Mbui. Hon. Kariuki has said that the circular that was taking away money has been withdrawn. He has also said that all the monies that are pending will be disbursed by Friday. Friday is the day after tomorrow and if there is any issue, I will oblige you and call the Cabinet Secretary here for you to interrogate him. But we have two Cabinet Secretaries here today, one who you, Hon. Robert, have been very agitated on the issue of capitation to schools. Mr Ogamba is here and I want us to give him a chance because this is not a scheduled day for him. We will give him a little time, you interrogate him on this, then we go to the Cabinet Secretary for Health. We can deal with this next week. I know you as a reasonable man. Are you okay?

(*Laughter*)

Yes Hon. Robert. Are you okay?

(*Hon. Robert Mbui nodded*)

Thank you.

Let us dispose of Orders No.8, 9 and 10 for putting of Questions, we have Cabinet Secretary Ogamba for 30 minutes and then we have the Cabinet Secretary for Health. Call out Order No.8.

MOTIONS

ANNULMENT OF 10 PETROLEUM SECTOR REGULATIONS

THAT, this House adopts the Report of the Committee on Delegated Legislation on its consideration of 10 sets of Regulations relating to the Petroleum Sector, laid on the Table of the House on Thursday, 16th October 2025 and pursuant to the provisions of Section 18 of the Statutory Instruments Act, Cap 2A and Standing Order 210(4)(b), annuls in its entirety the following Regulations:

1. The Petroleum (Petroleum Business Licensing and Petroleum Logistics Facility Construction Permit) Regulations (Legal Notice No. 95 of 2025);
2. The Petroleum (Licensing of Petroleum Road Transportation Business) Regulations (Legal Notice No. 96 of 2025);
3. The Petroleum (Operating of Common Petroleum Facilities) Regulations (Legal Notice No. 97 of 2025);
4. The Petroleum (Information and Statistics) Regulations (Legal Notice No. 98 of 2025);
5. The Petroleum (Lubricants Facility Construction and Licensing) Regulations (Legal Notice No. 99 of 2025);
6. The Petroleum (Retail Dispensing Site Construction and Licensing) Regulations (Legal Notice No. 100 of 2025);
7. The Petroleum (Liquefied Petroleum Gas) Regulations (Legal Notice No. 101 of 2025);
8. The Energy (Petroleum Information and Statistics) (Revocation) Regulations (Legal Notice No. 102 of 2025);
9. The Energy (Retail Facility Construction and Licensing) (Revocation) Regulations (Legal Notice No. 103 of 2025); and
10. The Petroleum (Products Quality Management) Regulations (Legal Notice No. 104 of 2025).

(Moved by Hon. Gichimu Githinji on 4.11.2025)

(Debate concluded on 4.11.2025)

Hon. Speaker: Order! Members on their feet, take your seats. Order! Hon. Hilary, you walk in and there is disorder. Let us be orderly.

(Question put and agreed to)

Next Order!

CONSIDERATION OF REPORT ON THE PYRETHRUM (REPEAL) BILL

THAT, this House do agree with the report of the Committee of the Whole House on its consideration of the Pyrethrum (Repeal) Bill (National Assembly Bill No.40 of 2024).

(Moved by Hon. Owen Baya on 4.11.2025)

(Resumption of consideration interrupted on 4.11.2025)

Hon. Speaker: Members, take the nearest seats.

(Several Members walked into the Chamber)

(Question put and agreed to)

BILLS

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Third Reading

THE PYRETHRUM (REPEAL) BILL
(National Assembly Bill No.40 of 2024)

Hon. Speaker: Mover.

Hon. Owen Baya (Kilifi North, UDA): Hon. Speaker, I beg to move that the Pyrethrum (Repeal) Bill (National Assembly Bill No. 40 of 2024) be now read a Third Time.

Just to bring to speed Hon. Speaker, this Bill was about “repealing” the Pyrethrum Bill because it was contradicting other Bills. Yesterday we had the honour to “repeal” this Bill and do away with it. I want to thank Members who contributed to this Bill as it will help us grow the Pyrethrum sector and farmers therein will now enjoy the maxims that are provided for in the law that exists. Having said that, I want to request Hon. *Pilot*, Member for Mwingi, CNN to second me on this.

Hon. Speaker: And for the record, you cannot repeal a Bill, you only repeal an Act so you are repealing the Pyrethrum Act. Is that correct? You have gone on record saying that you are repealing the Bill.

Hon. Owen Baya (Kilifi North, UDA): Can I go on record?

Hon. Speaker: Yes.

Hon. Owen Baya (Kilifi North, UDA): Hon. Speaker, I beg to move that the Pyrethrum (Repeal) Bill (National Assembly Bill No. 40 of 2024) be now read a Third Time. I want to say that this is an Act that was in existence and we brought a Bill that repealed the Act, therefore the Act does not exist anymore.

Hon Speaker: It still exists until we finish this.

Hon. Owen Baya (Kilifi North, UDA): It still exists until we finish this. Thank you for the correction, Hon. Speaker.

(Loud consultations)

Hon. Speaker: Yes, Hon. Nguna.

Hon. Charles Nguna (Mwingi West, WDM): Hon. Speaker, I would like to confirm that I was in the House. I second what the Whip of the Majority Party has said.

Hon. Speaker: Thank you. Order Members on their feet. Hon. Makali Mulu, take the nearest seat.

(Question proposed)

(Question put and agreed to)

*(The Bill was accordingly read
a Third Time and passed)*

Second Reading

THE MATERNAL, NEWBORN AND CHILD HEALTH BILL
(Senate Bill No.17 of 2023)

(Moved by Hon. (Dr) James Nyikal on 14.10.2025)

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(*Debate concluded on 4.11.2025*)

Hon. Speaker: Hon. Members, debate on this Bill was concluded. Having determined that there is quorum in the House, I will proceed to put the question.

(*Question put and agreed to*)

(*The Bill was read a Second Time and
Committed to Committee of the whole House*)

We will now go to Mr Migos Ogamba, the Cabinet Secretary for Education. You are here for a single purpose: to explain to the House the issue that has been brought to your attention on delayed remittance of money to schools. We must take 30 minutes with you because we have scheduled the Cabinet Secretary for Health to come and answer questions. Yours is an appendage to the Order of the day. I will now give you an opportunity to address the House. Before you do that, there is a Member of Parliament whose question is related to this. Hon. Naisula, are you ready?

(*Hon. Naisula Lesuuda spoke off the record*)

Is it different? Yours was about the lecturers' strike which has been called off? Okay. Go on, Cabinet Secretary.

Hon. Julius Melly, you are the one who brought this to the House, right? The issue being responded to.

Hon. Julius Melly (Tinderet, UDA): Yes, Hon. Speaker.

The Cabinet Secretary for Education (Mr Julius Migos Ogamba): Hon. Speaker and Members, there was a question on strike and I wish to bring to the attention of the House that that strike has now been called off. I was wondering whether I should be allowed to respond to that question first before I do the capitation one, or I should proceed with the capitation one.

(*The Speaker (Hon. Moses Wetang'ula) spoke off the record*)

Okay, thank you. As I informed the House during my last appearance on 8th October 2025, the Office of the Auditor General reported that some schools that had received capitation from the Ministry of Education were non-existent. Following this report, we decided as a ministry to undertake a comprehensive verification exercise to determine the actual number of schools and learners in the country.

To ensure transparency and accountability in the utilisation of public resources, we decided that capitation shall only be disbursed to schools whose enrolment would have been verified. I wish to highlight the status of capitation disbursements to schools at the various levels as follows.

In the capitation cycle released for the third term, the Ministry used an enrolment of 5,833,175 learners in 23,889 primary schools to request for capitation funds amounting to Ksh1.65 billion. This amount was subsequently released from the National Treasury to the Ministry of Education for disbursement. A total of Ksh1.36 billion has been disbursed for a total of 4,812,189 learners as follows:

1. 16,788 schools with an enrolment of 4,295,820 learners were cleared for full capitation and paid a total of Ksh1.22 billion.

2. 235,461 learners in 3,979 schools below the threshold, that is, schools with less than ninety learners, were paid full capitation amounting to Ksh66 million.
3. 3,065 schools which had not submitted data or submitted data in the wrong formats were paid 50 per cent of the National Education Management Information System enrolment. This covered 280,900 learners accounting for Ksh79 million.

In the capitation cycle released for the third term of this year, an enrolment of 2,430,398 learners was used to request for capitation funds for 20,927 junior schools. Consequently, the National Treasury released a total of Ksh5.7 billion to the Ministry for this level of learning. Following the ongoing verification exercise, 2,943,224 learners in 20,630 junior schools have been cleared and their capitation released, translating to disbursements of Ksh5.13 billion. This amount includes Ksh78 million that was paid for 56,599 learners in 2,145 schools that were...

Hon. Speaker: Cabinet Secretary, in the interest of time, when you are talking about Ksh5 billion, just say Ksh5 billion. If you are talking about Ksh78 million, do not go up to cents. Just say Ksh78 million. Do not go up to the cents.

The Cabinet Secretary for Education (Mr Julius Migos Ogamba): Well noted, Hon. Speaker. Thank you for that guidance. That was paid to 56,599 learners in 2,100 schools that were below the threshold, that is, schools that had students below 45 in number. This also includes Ksh122 million paid for 118,000 learners in 934 schools that were paid 50 per cent capitation based on NEMIS enrolment. The 934 schools are still awaiting verification and clearance, and the delays in verification have been caused by non-submission of data, late data submissions, and errors in data capture by the respective institutions. Our field officers are currently working with the institutions to ensure the urgent submission of accurate data.

For secondary schools, the Ministry received the sum of Ksh10.3 billion for capitation for the third term. This was based on 3.3 million learners in 9,550 schools. The verification exercise for secondary schools is complete. Following the verification exercise, an enrolment of 3.2 million learners has been cleared, resulting in the disbursement of Ksh10 billion. Out of the total of 9,550 schools that were processed, 9,540 schools have been funded, while ten schools have been closed down for having no learners.

The following schools have closed down, and I have made a list. They are:

1. Kiria Secondary School in Nyandarua.
2. Dr Mashage Moheto in Migori.
3. Ragia Forest High School in Kiambu.
4. Mugwandi Mixed School in Kirinyaga.
5. Friends Bulovi in Kakamega.
6. Loiwat High School in Baringo
7. Ngamba School in Murang'a.
8. Sintakara Secondary School, Narok.
9. Maji Mazuri Mixed Secondary School, Baringo.
10. Fr. Leo Staples Girls' Secondary School, West Pokot.

Hon. Speaker, the amounts disbursed to various levels of basic education are as follows: free day secondary schools, Ksh10 million; free day junior schools, Ksh5.1 billion; free primary education, and Ksh1.7 billion, making the total disbursed as Ksh16.5 billion. The undisbursed amount from that verification exercise to date stands at Ksh1.2 billion.

We are, as a ministry, keen to clean our data and make sure that all resources allocated to us are utilised for the right purposes and in an accountable manner. Our aim is to ensure that the resources we ask for and the decisions we make on the use of these resources are based on accurate data that is verifiable and evidence based. This will support all of us to achieve optimal utilisation of the limited resources available.

I submit.

(*Hon. Julius Melly consulted with Hon. Joseph Makilap*)

Hon. Speaker: Hon. Melly, were you listening or just talking to Hon. Makilap?

Hon. Julius Melly (Tinderet, UDA): Yes, I was listening.

I asked that Question on behalf of many Members of Parliament who are here and Kenyans. Issues of capitation were affecting administration of exams and management of schools. These monies are very essential, especially in running schools now that it is examinations time. You will note that the verification exercise came in when it was the tail end of the third term. It is a very crucial time for assessment.

Many schools do not get money from parents. They depend on government capitation. To the Cabinet Secretary, yes, it is very important that you do verification and I thank you for that. However, let us do it on time so that it does not interfere with running exams and schools so that teachers, sub-county directors of education, and quality assurance officers run the exercise during holiday time when they are within. Action needs to be taken on teachers who are found to be fraudulent, have ghost schools, or have increased the number of students.

This kind of exercise is very important to save the taxpayer from ghost schools and ghost learners. It should not cause a problem or an impediment to the running and management of schools.

I submit, Hon. Speaker.

Hon. Speaker: Hon. Wanjala.

Hon. Raphael Wanjala (Budalangi, ODM): Thank you, Hon. Speaker.

In the last financial year, the Cabinet Secretary for Education told Kenyans that they disbursed money to ghost schools. They even gave the number of ghost schools that received money. It is this same Ministry that wired the money to those schools. They must know their accounts and their signatories. Recently, the Ministry of Health arrested people who have been stealing SHA money.

Why has it taken too long for this Cabinet Secretary to arrest people who withdrew money from those ghost accounts? They must know them. For how long shall we wait? This is causing children to suffer for nothing. He should move the way the Ministry of Health has moved.

Hon. Speaker: Cabinet Secretary, record the interventions. Hon. Wangari.

Hon. Martha Wangari (Gilgil, UDA): Thank you, Hon. Speaker. This has been a very serious issue. I think Hon. Wanjala has raised criminal culpability. I will not repeat it. Remember we raised the issue of circulars yesterday. The Cabinet Secretary should address it. Do heads of institutions take these circulars seriously anymore? The Ministry has said they have issued a circular on when children should go to class. Hon. Donya raised that in this House. They have issued circulars on non-holding of certificates and the Kenya Certificate of Secondary Education (KCSE) and students not to be sent home for school fees especially in the third term. Maybe they can tell us how binding to heads of institutions these circulars are.

Finally, the Ministry should consider giving guidance or regulations on retiring head teachers and principals who leave schools with debt. Nowadays you find a principal promoted at 58 years or 59 years of age. They do whatever they do and leave that school toiling in debt after they exit. Maybe that is something they can consider.

Hon. Speaker: As a matter of interest, Members, I will give you an opportunity. You need to tell the House and the country something. You are the custodian of public interest in the Ministry. You licence schools. Children go to standard one with variables of transfers from one school to another, which is not substantial.

(Hon. Charles Nguna sneezed loudly)

Order, Hon. Nguna.

How does your Ministry end up, when children are going to do exams at the tail end, starting verification of records that you ought to have been keeping and updating all along? How do you wire money to ghost schools when you license legitimate schools, keep their records, give them leadership in terms of head teachers, and post teachers there? How do your officers end up creating non-existent schools and sending them money? You know these are public resources. I think, Members, these are some of the issues the Cabinet Secretary should assist the House and the country on.

Yes, Hon. Caroli Omondi.

Hon. Caroli Omondi (Suba North, ODM): Thank you very much, Hon. Speaker.

I saw a news item yesterday that school fees have been increased and standardised across the country to Ksh53,000 per student. This is at a time when we know incomes have not grown in this country. The cost of living remains fairly high. Many parents are struggling just to pay the current fees.

I was wondering if the Cabinet Secretary could explain to this House what informed the decision. Why is it necessary at this particular time? Is there room to review it? Was the Chairman of the Departmental Committee on Education aware of this increment at all? What did they say about it?

Hon. Speaker: Hon. Mandazi.

Hon. Victor Koech (Chepalungu, CCM): Thank you, Hon. Speaker.

While we speak about ghost schools, there are schools, particularly in Chepalungu Constituency, that exist. They have been given documents to establish junior secondary schools yet the officer in charge of education in my sub-county has refused to give them an okay to open an account so that they can transfer money. The matter has affected learning in 11 schools. I have repeatedly reminded the relevant persons in the Ministry to take action on the same but they have failed.

Up to date, teachers in the stations I am talking about have called parents to ask them to transfer students to neighbouring schools. This issue has really affected people and students from these schools.

Hon. Speaker: Thank you. Hon. Robert Mbui.

Hon. Robert Mbui (Kathiani, WDM): Thank you, Hon. Speaker.

I think this Cabinet Secretary needs a little bit of caution. I sit in the Committee on Delegated Legislation. The Ministry continuously and constantly gives circulars that have the effect or force of law. They do not come through Parliament. Yesterday, we, as a Committee, invited the Cabinet Secretary to appear before us to explain why the Ministry would decide that no parent could visit their children in third term, especially those in boarding schools. This is in spite of all parents who have children in day schools seeing them every day. We invited him to come and explain that circular and we got a very interesting response. He said that he was invigilating some examinations in some part of the country. The Cabinet Secretary should stop using examinations as an excuse not to appear before the House because if there are any goings on, teachers are supposed to supervise and invigilate them. Police officers provide security during examinations. The entire Government cannot be moving up and down pretending to be supervising examinations.

The Cabinet Secretary should respect this House and stop issuing circulars that have force of law because Article 94(5) of the Constitution stipulates that only the National Assembly can make laws.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Gichimu. Sorry, Hon. Taitumu.

Hon. Julius M'anaiba (Igembe North, UDA): Thank you, Hon. Speaker, for giving me this opportunity. As a teacher, I am aware that the verification of students across the country is a continuous exercise. Every month, school managers forward the data of students or learners in their respective schools. How does the Cabinet Secretary harmonise the enrolment in the first and third terms of the school year? Enrolment in the first term goes up and drops in the third term due to different forms of attrition. What do you do to ensure that you do not disadvantage the head teachers? Management greatly helps those institutions. Some schools received money as late as yesterday. It is ridiculous to say that the Ministry is dealing with the Auditor-General's report. Does that mean the Ministry does not have records on when they should wire money to the schools, and whether they are sending the right amount to the right schools without the report from the Auditor-General?

Hon. Speaker: Cabinet Secretary, can you respond to those questions? We will then have one last round of questions before we release you.

The Cabinet Secretary for Education (Mr Julius Migos Ogamba): Thank you, Hon. Speaker. We decided to undertake the verification exercise during the third term of the school year because of the Auditor-General's report that came out in August. There was hue and cry that we were releasing funds to non-existent schools. It would have been irresponsible of us to ignore that report and continue releasing funds in the same way that we used to do. We deliberated on what the lesser evil would be. Should we confirm the numbers that we have or continue releasing the funds as we wait for another time to undertake this exercise? We made a decision to conduct the verification exercise as we release the funds. We did not hold the funds permanently. Once we completed the verification exercise for a particular school, we would release their resources, so that the school does not suffer. When we eventually realised that it was taking longer than we expected, we decided to release 50 per cent of the capitation to the schools that had not submitted their data as we continued to undertake the exercise. That meant that there was no school that did not receive resources to undertake their continuous programmes because of the verification exercise.

From the information that I have given, it is clear that the exercise has borne fruit because only 934 schools await verification whereas Ksh79 million has been released to 50 per cent of the numbers that they had presented. That means that even if we were to release the remaining Ksh79 million, the balance would be Ksh1.1 billion, which was being released to non-existent schools. That is why this exercise was important. We have ensured that our children do not suffer as the examinations approach. I assure this House that all students who were expected to sit for their examinations are doing so, and we are on track.

The information that we have collected is now being analysed to determine the issues that this House has raised. Have we been releasing funds to non-existent schools? Which schools are those? We are undertaking that identification and analysis exercise, after which we will release the funds.

Hon. Speaker: Cabinet Secretary, if the school does not exist, then the question of which school it is does not arise.

The Cabinet Secretary for Education (Mr Julius Migos Ogamba): Hon. Speaker, take the example of the 10 schools that have closed down. We need to find out why they closed down because when we asked the teachers, they said that there were no students. We have to go back to our records to find out if we had previously released funds to those schools, so that we can determine whether or not there was fraud. We need to get some evidence so that when people are arrested, they can face the law. The Auditor-General sampled the data because it was a forensic audit. The Ethics and Anti-Corruption Commission (EACC) already has that data and they are investigating and collecting statements, so that they can charge the people who were involved.

We want your support so that we can resolve this matter, once and for all. We have records, but are they correct? That is what we are looking at.

Hon. Didmus Barasa (Kimalili, UDA): On a point of order, Hon. Speaker.

Hon. Speaker: What is your point of order?

Hon. Didmus Barasa (Kimalili, UDA): Hon. Speaker, the Cabinet Secretary is misleading this House. The EACC does not take away his responsibility as a Cabinet Secretary. The fact that the EACC is handling those files does not mean that he should not take action against his officers at the Ministry who wired the money. He does not have to wait for the report of the EACC. He remains the Cabinet Secretary for Education and he must take action regardless of what the EACC will do. He should not mislead this House.

The Cabinet Secretary for Education (Mr Julius Migos Ogamba): Hon. Speaker, the determination of criminal culpability can only be undertaken by the investigative agencies. We will take administrative action on the officers we find culpable and hand them over to the investigative agencies to undertake the criminal process. That is being done.

Hon. Speaker: Cabinet Secretary, I do not want us to take very long on this. You will help this House in this manner: Your Ministry has officers in each county who have a duty to keep and continuously update school records and inform the Ministry that public resources have been wired to non-existent schools for non-existent students. How many of your officers have you interdicted for those criminal acts? Once we get that information, the Committee will follow up with you to deal with those issues.

The Cabinet Secretary for Education (Mr Julius Migos Ogamba): Hon. Speaker, we have not interdicted anybody because we have not completed the analysis of the verification exercise, as I have indicated. We have completed the data collection exercise, which is what I presented here. Once we complete the verification exercise, we will take action. We are currently analysing the data that we have collected to establish who is involved, which bank accounts, institutions, individuals, officers and sub-counties are involved, so that we can take action against them. We cannot take action against anybody based on our current data because we have not concluded the verification exercise.

Thank you very much, Hon. Speaker.

Hon. Millie Odhiambo-Mabona (Suba North, ODM): On a point of order, Hon. Speaker.

Hon. Speaker: Yes, Hon. Millie.

Hon. Millie Odhiambo-Mabona (Suba North, ODM): Hon. Speaker, the Cabinet Secretary is disappointing me as we are alumni of the same primary school, namely, Homa Bay Primary School. The exercise that the Cabinet Secretary is talking about cannot take even two days. We have been grappling with the issue of corruption as a country. We have been told that the Ministry has identified the corrupt practices. Why would it take so long to trace the necessary information? You have discovered that somebody has released funds to a non-existent school. Can I come to your office and tell you who released funds to that school? It is as simple as that. Just pinpoint who released funds to that non-existent school and throw them out of office. It is as simple as that. It is as simple as ABC.

Hon. Speaker: Let the Cabinet Secretary finish this round of questions, and then we take a few more.

The Cabinet Secretary for Education (Mr Julius Migos Ogamba): Hon. Speaker, I had difficulties making that decision because the exercise is not complete. I have indicated here that there are another 934 schools that have not submitted their data. We wanted to have this as a complete exercise. Therefore, we need to prepare a complete report, including what action we have taken. If there was a crime committed, we will forward the report to the investigative agencies to undertake investigations. It would have been premature for me to take action

against officers before confirming whether the committed any offence. The reason we are undertaking this exercise is for us to take action at the end of it.

Hon. Speaker: I will take three questions from each side, then we close that session.
Hon. (Dr) Rachael Nyamai.

Hon. (Dr) Rachael Nyamai (Kitui South, JP): Thank you, Hon. Speaker. I am equally disappointed, just as Hon. Millie Odhiambo is. The Cabinet Secretary, who I believe is very knowledgeable, is telling us that Ksh1.1 billion...

Hon. Speaker: He is a lawyer of very good repute by the way. I do not know why he is doing this.

Hon. (Dr) Rachael Nyamai (Kitui South, JP): Hon. Speaker, that is very true. It is worrying to be told that Ksh1.1 billion was released in favour of non-existent students. He has also told us that 934 schools have benefitted from the money but he cannot verify. There is a problem. There is a huge cartel that ensures that information is not provided, or if it is provided, it is not within the right time. Even the Cabinet Secretary could be having a lot of problems below him—at the director, sub-county, county or zonal levels. There must be a problem because 934 schools are not a small number like nine schools. There is failure to provide information. These people who are not providing information have a name and an identity card. Further, their counties, sub-counties and wards are known so they can be arrested. It is happening in other ministries. Why not in the Ministry of Education?

Hon. Speaker: Hon. Owen Baya.

Hon. Owen Baya (Kilifi North, UDA): Hon. Speaker, I want to say this...

Hon. Speaker: Do not say. Ask the Cabinet Secretary.

Hon. Owen Baya (Kilifi North, UDA): Hon. Speaker, I ask the Cabinet Secretary to take action not only on teachers but on the people who have overstayed in certain positions in the Ministry. These people will forever guard such information. The Principal Secretary and yourself are new in that Ministry. But there are people with deep roots and they will protect their system so that they continue to ‘eat’ the money in that Ministry. Unless you have a ruthless focus on those people, money will continue to disappear in that Ministry. You need to do what Hon. Kiraitu Murungi said—a radical surgery in that Ministry, just like they did in the Judiciary. That will unearth the evils in the Ministry and also get rid of the perpetrators. This way, you will get the breathing space to manage that Ministry. Otherwise, our children will continue to suffer if we go on this way.

Cabinet Secretary, I can assure you that you will wait for that date and it will not come. I have seen such things in my county where people protect each other. For example, the county director has been in office for over eight years while all the sub-county directors have been there for over ten years. Everybody else is just comfortable waiting for money from the Ministry to ‘eat’. Unless radical surgery is done in the Ministry of Education, we will continue to say the same things here.

Hon. Speaker, I thank you.

Hon. Speaker: Hon. Oundo.

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Thank you, Hon. Speaker. The Cabinet Secretary must be aware that, as Hon. Baya has said, the Ministry is full of cartels. For example, there is a deliberate process to underestimate the number of learners in some schools and inflate in others. How is this done? They deliberately refuse to register learners in the NEMIS for very spurious or non-existent reasons.

For example, in Funyula Constituency, there could be around 25 per cent of learners who are not registered in the Ministry records and do not get capitation. What will the Cabinet secretary do to clean up the Ministry to ensure there is fairness in distribution of the resources available?

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Raso.

Hon. Ali Raso (Saku, UDA): Thank you very much, Hon. Speaker. Listening to the Cabinet Secretary, I am really concerned. This is because today, there is more supervision of education in our counties and sub-counties, which did not exist during our time. We have curriculum support officers and quality assurance officers all the way to the division level. That simply means that what the Cabinet Secretary is telling us is that, either there is no supervision or there is too much bureaucracy in education. This is the only way we can have non-existent schools or learners who are not registered. For that reason, the Cabinet Secretary should explain to us whether we over-employing people in the Ministry, particularly the supervisors.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Naisula.

Hon. Naisula Lesuuda (Samburu West, JP): Hon. Speaker, I had requested your indulgence on a different question.

Hon. Speaker: Hon. Gisairo.

Hon. Clive Gisairo (Kitutu Masaba, ODM): Thank you, Hon. Speaker. My biggest worry is what Hon. Baya tried to allude to. How long do the county education directors and sub-county education directors stay in one station? That is where the cartel has its roots. These are the people who are forever going round schools collecting money from the heads of institutions and threatening them on what will befall them if they do not comply. Why do sub-county education directors stay in one station for ten years? The Ministry of Interior and National Administration ensures that the Officer Commanding Station (OCS) does not stay for more than three years in one station. Why can the Ministry of Education not do the same for their officers? The Cabinet Secretary should not come here to tell us that 934 schools have not submitted their returns. If you divide 934 by 47 counties, that is one day's work.

Hon. Speaker: Thank you. Hon. Alice.

Hon. Alice Ng'ang'a (Thika Town, UDA): Thank you, Hon. Speaker. Cabinet Secretary, why do you not come back here when you have all the information instead of giving us excuses? We represent the people back at home, so when you come with half-baked information, you are not helping this House.

Hon. Speaker: Hon. Didmus, what is it?

Hon. Didmus Barasa (Kimilili, UDA): Thank you, Hon. Speaker. Since I was a child, there have been many circulars and directives that have been issued by the Cabinet Secretaries for the Ministry of Education, to date. Currently, the Cabinet Secretary for the Ministry of Education issued directives for children not to be sent home for levies that have not been approved by the Government, such as lunch fees among other auxiliary fees that are not important. The Cabinet Secretary has said that schools should not send these children away. However, millions of children are at home for failure to pay lunch fees, which is a private levy not a government-approved levy. How sure are we that the Cabinet Secretary's directives, as he is telling this House, will be obeyed by the school principals? Is it true that the high school principals are more powerful than the Cabinet Secretary of Education in our country? If you check the circulars that the Ministry of Education has issued to the high school principals and headmasters of Junior Secondary Schools (JSS) and primary schools, none of them has been obeyed. We need to know if those head teachers are more powerful than the Cabinet Secretary. And if that is the case, then we should summon the head teachers directly instead of passing through the Cabinet Secretary whose directives are not obeyed.

Thank you, Speaker.

Hon. Speaker: Hon. Kwenya, what is it?

Hon. Kwenya Thuku (Kinangop, JP): Hon. Speaker, of the schools that were mentioned, one of them is in my constituency. It is the first school that was mentioned—Kiria Secondary School, which was closed. The reasons given by the Cabinet Secretary do not hold.

We need to interrogate the Ministry properly. It cannot be that the school was closed because of lack of students. The Teachers Service Commission (TSC) refused to post teachers to that school because of the location, which is not so favourable for teachers.

On the issue of capitation, the budgets we pass in this House are premised on numbers that are known but when it comes to disbursement, it becomes very difficult. I think that is orchestrated within the Ministry so that the money does not reach our schools. That is a matter we need to get into its depth. We must get the Ministry to factory settings so that it functions.

Finally, county directors overstaying in one station is an issue that cannot be taken lightly. They masquerade and move everywhere wielding powers they do not have, like collecting money from institutions.

Hon. Speaker: Thank you. You have made your point. Yes, Cabinet Secretary.

The Cabinet Secretary for Education (Mr Julius Ogamba): Thank you, Hon. Speaker. As I indicated, we started this exercise but it is incomplete. It is true that the data I am giving is preliminary. I have been asking to be given time to complete it so that when I come back here...

Hon. Speaker: How much time do you require? Hon. Wanjala, what is it?

Hon. Raphael Wanjala (Budalangi, ODM): Hon. Speaker, you know the cartels that are taking this money.

Hon. Speaker: I do not know.

Hon. Raphael Wanjala (Budalangi, ODM): I know you do not know. Hon. Speaker, the cartels that register, deposit money in accounts and do all the dirty work are all from the Ministry. Would I be in order to say that this Cabinet Secretary, who claims to be auditing all documents from June to December/January, is playing tricks on us until we forget so that we go to next year and the same thing continues because he is a beneficiary of these cartels? They steal from the Ministry and the Cabinet Secretary must be a beneficiary.

Hon. Speaker, I would even ask the President now that he wants a Kisii to be the Cabinet Secretary for education, why can he not bring back Matiang'i?

(Laughter)

Hon. Speaker: Order, Hon. Wanjala. You are totally out of order. Cabinet Secretary, ignore that and answer other questions.

(Hon. Dorice Donya stood in her place and spoke off record)

Order, Hon. Donya. Sit down. I have ruled Hon. Wanjala out of order. That material will be expunged from the *Hansard*. Cabinet Secretary, go ahead.

The Cabinet Secretary for Education (Mr Julius Ogamba): Thank you Hon. Speaker. For the record, we started the verification exercise exactly two months ago, on 5th September 2025 and not in June. It is unfair to make such a claim. I have asked to be given time and I will give you a report on the action that I would have taken. I cannot sack people from office in the middle of the verification exercise because they will litigate.

Hon. Speaker: How much time do you require Cabinet Secretary?

The Cabinet Secretary for Education (Mr Julius Ogamba): We ask for exactly two months because we are administering examinations that will end on 21st November. I will then come back here with a report. This is not something that started in September. It is something that has been going on in this country for a long time. So, we need to make sure that we solve it once and for all.

Hon. Speaker: Cabinet Secretary, you can feel the mood of the House. I told you that I know you are new in the Ministry and it is common knowledge that there are a number of

underhand transactions that go on in that Ministry. Please, realign your representation at every level. Use ICT to keep accurate data. A child who goes to Grade One, from your computer, you should know that next year the child will be in Grade Two and subsequently Grades Three and Four. Those records do not need to be relayed to the Ministry by someone getting onto a train from Mombasa. They can wire them to you. When you are releasing money to schools, you have records of registered schools, schools where you have posted head-teachers, and which schools have bank accounts and you can verify from their accounts. How do you wire money to a school that does not exist and to an account that you do not recognise or you do not have? Those are some of the questions.

We will give you time to finish the verification exercise but you must satisfy the country. As a Cabinet Secretary, you are a custodian of public good to protect public resources and ensure that our schools run properly. Great men must bring change and leave legacies. Do not sit in that Ministry and have business as usual. This House will support you if you have positive radical changes to change the Ministry. We are finished with that.

Hon. Naisula.

Hon. Naisula Lesuuda (Samburu West, KANU): Thank you, Hon. Speaker and thank you for that direction. I had questions on the prolonged university lecturers strike but I note that the matter has been resolved this afternoon. I also have other questions.

Hon. Speaker: I will not allow you to ask them now.

Hon. Naisula Lesuuda (Samburu West, KANU): Hon. Speaker, I will redraft them because one of the questions is on what was being done to resolve the strike. Since it has been resolved, to make sure that the issue does not recur, it will be important that I ask the question next week so that the Cabinet Secretary can give a brief to the nation on that matter and on a number of other questions that I have.

Thank you.

Hon. Speaker: Thank you. Hon. Basil, what is it?

Hon. Robert Basil (Yatta, WDM): Hon. Speaker, my question is about the fate of interns. We have 20,000 interns whose contract is coming to an end in December. What is the Ministry planning to do? Do they intend to absorb them to permanent and pensionable terms?

Thank you.

Hon. Speaker: Cabinet Secretary, do you have any programme for interns? My phone is bursting with messages.

The Cabinet Secretary for Education (Mr Julius Ogamba): There is a programme for interns whose contracts are coming to an end in December 2025. Unless we get resources from the National Treasury in order for us to be able to confirm them, one of the options we have is to extend their contracts.

Hon. Speaker: Thank you. You are released.

Bring in the Cabinet Secretary for Health. Hon. Owen Baya, you are the one who has asked me to manage time.

Hon. Owen Baya (Kilifi North, UDA): Yes. Thank you.

(Hon. Aden Duale was ushered into the Chamber)

[The Speaker (Hon. Moses Wetang'ula) left the Chair]

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

The Temporary Speaker (Hon. (Dr) Rachael Nyamai): Hon. Members, I would like to welcome the Cabinet Secretary for Health, Hon. Duale.

The first Question is by Hon. John Kwanjiku, Member for Kiambaa Constituency.

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

[The Speaker (Hon. Moses Wetang'ula) resumed the Chair]

QUESTIONS BY PRIVATE NOTICE

QPN 015/2025

IMPLEMENTATION STATUS OF SOCIAL HEALTH INSURANCE FUND

Hon. Njuguna Kwanjiku (Kiambaa, UDA): Hon. Speaker, could the Cabinet Secretary provide:

- (a) A report on the implementation of Social Health Insurance Fund (SHIF) and an analysis on its progress towards achieving universal health coverage in the country?
- (b) Provide a report on the cancer benefit package provided by the Social Health Authority (SHA) under SHIF including the scope of oncology services covered to cancer patients.
- (c) Indicate the number of beneficiaries who have accessed cancer-related services under the Social Health Insurance Fund (SHIF) since its establishment and the status of pending bills owed to public and private hospitals offering services under the Cancer Benefit Package.
- (d) Explain the measures put in place by the Ministry to review and enhance the Cancer Benefit Package, including steps taken to ensure adequate financing and allocation of funds to guarantee equitable access to affordable and quality healthcare for cancer patients across the country.

Hon. Speaker: Proceed, Hon. Cabinet Secretary.

The Cabinet Secretary for Health (Hon. Aden Duale): Thank you, Hon. Speaker and Members. I have provided the answers for the first part of the Question to the Member.

Under the first question, the Member has asked about the implementation of SHIF and the analysis of its progress towards achieving Universal Health Coverage (UHC) in the country. The Social Health Insurance Act of 2023, through this House, established three statutory Funds under the SHA:

1. The Social Health Insurance Fund (SHIF);
2. The Primary Healthcare Fund
3. The Emergency, Chronic and Critical Illness Fund

These funds form the legal and operational foundation for the implementation of UHC in Kenya. I provided its progress as at 3rd November 2025. In terms of registration, 27, 246,830 Kenyans have successfully registered under SHA as at 3rd November 2025, which is more than half of our population. A total of Ksh281.3 billion has been collected in contributions since SHA began operations in October 2024.

On service access, how many public, private and faith-based facilities are contracted by SHA, in our country, 10,540 facilities are contracted by SHA. How many patients have we served? A total of 7.7 million Kenyans have accessed services through both the Primary Healthcare Fund, which is free for all Kenyans; and SHIF, which is at the contracted facilities. I have given a table for the Primary Healthcare Fund, SHIF, and the Emergency, Chronic and Critical Illness Fund. The Primary Healthcare Fund is supposed to strengthen both preventive and promotive care, including outpatient and optical services. It is a free outpatient service for

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all citizens. All they need to do is register as SHA members. It has disbursed Ksh9.8 billion to date.

The SHIF provides very comprehensive coverage for inpatient care, surgical procedures, specialised imaging, renal care, maternity and child health, mental wellness, and cancer treatment. It has disbursed Ksh64 billion to date. The Emergency, Chronic and Critical Illness Fund supports critical care, oncology services for those who exhaust their SHIF limits, and accident and emergency services. It has disbursed close to Ksh1.75 billion.

The second question is on provision of a report on the Cancer Benefit Package, which is provided by SHA under SHIF. The SHA oncology cover is very comprehensive. This is where cancer falls. What does SHA do? It provides support throughout the patient's history, starting from diagnosis all the way to the staging services, treatment and even palliative care. Once patients are diagnosed with cancer, they have access to a range of treatment options including surgery, chemotherapy, radiotherapy, hormonal therapy and immunotherapy. These ensure that care is tailored to individual clinical needs. The cover also caters for essential medical supplies and equipment such as consumables, stoma appliances, chemo pumps and other medication which are used before and after the treatment of cancer.

Chemotherapy is one of the areas that we have focused on very much but, under SHA, significant improvements have been made to enhance equity, flexibility and comprehensive coverage. On the scope of oncology services covered, I have provided from diagnosis, in terms of the numbers. For example, it covers confirmation of cancer type. Firstly, this is to find out what type of cancer it is and the stage. This includes histology and all the bone marrow procedures needed, the Positron Emission Tomography (PET) scans and the numbers. For example, SHA pays Ksh53,500 for PET scans. All the stages of diagnostic and staging are covered by SHA.

On treatment of cancer, SHA covers chemotherapy administration at Ksh5,500 per administration, medication up to Ksh400,000 and all the other types, whether it is radiotherapy, hormonal therapy or immunotherapy. The last one is surgical. Cancer patients sometimes require surgical procedures. I have provided all in the document that I have presented to the House, from prostate cancer to mastectomy for breast cancer. All of them are covered under the SHA from Ksh134,000 to Ksh168,000 to Ksh50,000 of different categories.

Lastly, this is where we have to deal with critical and palliative care of cancer patients. Patients admitted can access critical care services. For example, Ksh28,000 per day for up to 12 days, if they are in the Intensive Care Unit (ICU), and the palliative service care during the inpatient services. As a Ministry working with SHA, we have completely removed the limitation on the number of treatment cycles for cancer patients. We allow inpatients to receive all medically necessary sessions within their annual limit.

Further, the Member has asked about the facilities which are cancer-related and the services they offer. I confirm to the House that SHA has contracted 140 healthcare facilities nationwide—private, public and faith-based—to deliver comprehensive cancer care services. A total of 33,101 patients have received care under the SHA oncology package since its establishment. The SHA has also paid out a total of Ksh5.8 billion in cancer-related claims with an additional Ksh774 million, which is currently under process and will be paid by the 14th of this month. I confirm and commit that SHA remains committed to a timely settlement schedule and robust claim adjudication process to avoid accumulation of further debts.

Hon. Speaker, the fourth question is to explain the measures put in place by the Ministry to review and enhance the Cancer Benefit Package, including the steps taken to ensure adequate financing and allocation of funds to guarantee equitable access. The Government, through the Ministry of Health, is committed to progressively enhancing the cancer benefit package under the SHIF. What are we doing? Under the established benefits package and tariff advisory panel mandated by the SHA Act, 2023 passed by this House, we have asked them to design and

review the benefit package every two years, particularly for cancer patients. We have directed them to review the existing package limits. Our goal is to progressively enhance the oncology package limit to Ksh1 million per beneficiary from the current Ksh550, 000. If patients exhaust that limit, they can still use the Emergency, Chronic and Critical Illness Fund, which has been established by this House.

The cancer benefits will be jointly financed by the SHIF annual limit of Ksh400,000 and the additional Ksh150,000 Emergency, Chronic and Critical Illness Fund, providing a total of Ksh550,000 per beneficiary. This is good news. We have negotiated with private partners and multinationals that are involved in the manufacture of consumable drugs for cancer patients. We have signed a Memorandum of Understanding (MOU) with Roche Pharmaceuticals, who manufacture a drug called Herceptin for breast cancer in order to lower the cost of that essential cancer medicine. They have agreed and we have put it to an MOU. Before I came to the Ministry, that drug cost Ksh120,000 per session. Today, I am happy to report that the same drug costs Ksh40, 000 per session. The cost has come down. This is to ensure that healthcare is affordable and accessible.

Thank you, Hon. Speaker.

Hon. Speaker: If you are satisfied, we will move on.

Hon. Njuguna Kwanjiku (Kiambaa, UDA): Thank you. I have a number of questions.

Hon. Speaker: Yes.

Hon. Njuguna Kwanjiku (Kiambaa, UDA): Maybe, I should continue.

I will note the responses so that I can ask at the end of the third question.

QPN 16/2025

STATUS OF HEALTHCARE SERVICES IN KIAMBU COUNTY

Hon. Njuguna Kwanjiku (Kiambaa, UDA): Hon. Speaker, I rise to ask the Cabinet Secretary for Health the following question:

Could the Cabinet Secretary—

- (a) Provide a report on the status of healthcare services in Kiambu County given the doctors' strike which has continued for several months with reports indicating that vulnerable patients, including new-borns have been the most affected?
- (b) Outline the steps taken by the Ministry, in collaboration with the County Government of Kiambu to resolve the ongoing doctors' strike which has resulted in a strain on Kenyatta National Hospital as it is handling more than twice its normal capacity?
- (c) Provide statistical data on the number of maternal and new born deaths recorded in hospitals within Kiambu County, particularly between June and September 2025?
- (d) Explain the reasons for the withdrawal and redeployment of medical interns who had been posted to various hospitals within Kiambu County?

Hon. Speaker: Cabinet Secretary.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker and Hon. Members, my answer to the first question on the status of healthcare services in Kiambu County is as follows.

A joint inspection by the Ministry of Health, the Kenyan Medical Practitioners and Dentist Council (KMPDC) and other regulatory bodies within our Ministry has found out that the service workload of the Outpatient Department visits at facilities like Thika Level 5 and

Kiambu County Referral Hospital have significantly reduced compared to the same period in the previous year, indicating a strain of service. I have shared a table comparing 2024 and 2025 in terms of visits.

In June 2024, a total of 26,010 visited hospitals in Kiambu County. Compared to the same period in 2025 during the strike in June, only 17,772 visited hospitals, showing a drop of 31 per cent. In July 2024, there were 27,000 who visited but in July 2025, during the strike, there were only 18,477 – a 33.1 per cent drop. In August 2024, a total of 26,819 patients visited hospitals in Kiambu County, which is a drop of 18,033 patients or 32 per cent. In total, during those three months in 2024, a total of 80,452 people visited Kiambu Level 5 hospitals. However, in 2025, that figure dropped to 54,000. So, there were 26,000 citizens of Kiambu County who never accessed health facilities in the county. Maybe they were going to the neighbouring counties like Murang'a and Nairobi's Kenyatta Referral Hospital. I will explain how that has affected our referral system.

Hon. Speaker, the second question is on the steps we have taken to resolve the doctors' strike. I have evidence to provide. The industrial action in Kiambu arose from a labour dispute between the County Government of Kiambu, which was an employer, and its unionized employees under KMPDC. The industrial action strained Kenyatta Referral Hospital as it was handling more than twice its normal capacity because of the strike.

On our intervention as a Ministry, I have formally engaged the Governor of Kiambu County Government by phone, through text messaging and letters, copies of which I have attached to this document for the House to refer to. In my communication with the Governor, I urge for prompt, good-faith resolution in the public interest to avoid further service disruption. How far I can go is limited. I have been limited by the Constitution since healthcare is devolved. However, I am glad to report that a return-to-work framework has since been signed between the union and the County Government of Kiambu.

My advice is that they should borrow a leaf from what we do in other counties like Lamu, Kakamega and many other counties which have resolved their disputes. Even the national Government has allocated Ksh1.75 billion in Financial Year 2025/2026 through the House to clear long outstanding medical arrears. The industrial action in Kiambu County has since been resolved.

The third question was for me to provide statistical data on the number of maternal and newborn deaths recorded in hospitals within Kiambu County, particularly between June and September, when the strike was on. First, I want to convey the Ministry and the country's deepest regret for the loss of life during the period in question. Any maternal or newborn death is one death too many.

Our maternal and child mortality in our country is not good. We are having discussions with our county governments and we will bring a report to this House's Committee on Health. I think it is something that we must discuss. A mother who is not a patient, who walks to a health facility to give life, should not die. Neither should the child die. That is unacceptable.

Coming back to Kiambu County, maternal and newborn services are too sensitive to be disrupted in terms of service delivery. Whenever there is a strike by healthcare workers, maternal and newborn services are more affected than the other sectors.

During the industrial action in the months of June through to September in Kiambu County, significant service disruption routine was reported to us through the Kenya Health Management Information System (KeHMIS). Some staff of Kiambu County failed to submit reports altogether. This is a very serious offence.

Going forward, through our digital health agency and our digital system, every health facility in our country will report on a daily basis any maternal or child mortality case that occurs in that facility. Regarding Kiambu, it is very sad that staff failed to submit reports altogether, resulting in gross under-reporting. Some of them are not reporting the correct data

for both maternal and newborn deaths. Notwithstanding these gaps, the County Government of Kiambu reported 164 newborn deaths during this period. It is very sad, unacceptable and immoral. It should not happen in any hospital, be it private, public or faith based. The 164 newborn deaths were recorded during the period of the strike.

In the same period, 14 maternal deaths were reported. However, because of the disruptions in reporting, this House should know that these figures may be grossly understated compared with the true burden. This House passed a law that failure to report health data, or misreporting, is an offence under Section 59 of the Digital Health Act of 2023. This offence includes non-submission, falsification or obstruction of required health information. Healthcare workers from Kiambu County, licensed through our Ministry and the county leadership, must be cognisant of Section 59 of the Digital Health Act of 2023. The Ministry, therefore, proposes, and will support, punitive measures against any officer found culpable of non-reporting or misreporting in accordance with the Act passed by Parliament and other applicable public service regulations.

There are reasons as to why we withdrew and redeployed the medical officer interns who had been posted to various hospitals within Kiambu County. I want to report that Kiambu County received the highest number of interns because of its large population, number of Level 5 hospitals and other health facilities. The withdrawal of medical officer interns and other healthcare interns was necessary because of the industrial action in Kiambu County. According to law, medical interns must obtain an interim practice licence that is strictly conditional. The condition is that they must be supervised by qualified and licensed medical consultants. The industrial action resulted in the absence of crucial supervisory support, meaning that the internship training standards could not be met in Kiambu County.

To avoid further delays in commencing the internship programme, the Ministry, under my signature, wrote a letter to the Governor of Kiambu urging him to resolve the industrial action by 15th September so that the internship programme could proceed. When the industrial action persisted beyond the deadline, the Ministry had no option but to withdraw the interns with effect from 29th September for redistribution to other counties, where internship programmes were progressing smoothly and in accordance with the law.

We wrote to the Governor but he did not end the industrial action. We are the ones who pay the interns. The Ministry supervises them and pays them using money allocated by this House. They are Kenyans and they have a stipulated training period of one year. Therefore, we had no choice but to withdraw them so that they could continue with their internship in other counties.

Thank you.

Hon. Speaker: Hon. Kawanjiku.

Hon. Njuguna Kawanjiku (Kiambaa, UDA): Thank you, Hon. Speaker. I have two questions in addition to what the Cabinet Secretary has answered.

First, the Cabinet Secretary stated that we have collected Ksh81.3 billion under the SHA. Out of the Ksh81.3 billion, how much has been claimed by health facilities so far? Can you also state how much has gone to public hospitals and how much has been paid to private hospitals?

We run the risk of collecting this money from the public but due to delays, the devolved nature of health services and some rogue governors' inability to properly facilitate or fund health facilities, many people end up going to private hospitals. This money may end up benefiting private hospitals more than public ones. The decision we made regarding the SHA was intended to improve public hospitals.

Hon. Duale, I agree with you that healthcare is devolved but when can the Cabinet Secretary intervene? When there is a problem between the county government and health practitioners, the Ministry cannot simply sit and watch people die or health facilities

deteriorate. There must be something that the Cabinet Secretary can do, such as calling the governor to order and ensuring that health services are delivered to the public. Even though health is devolved, the Ministry has a responsibility to ensure that the people of this country receive health services.

Hon. Speaker, now that doctors are back to work and most interns were withdrawn from Kiambu County, could we request the Cabinet Secretary to consider returning them? If you do not return the interns, many of our people will not benefit from the services they render.

Hon. Speaker: Waziri.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, let me start with the second question on what the Minister can do. All I can do is taking administrative action, which I have done. Healthcare is devolved and the Legislature has oversight powers. I have contacted the Senate's Standing Committee on Health, and the National Assembly's Departmental Committee on Health. It is the decision of Kenyans that health is devolved. If healthcare workers go on industrial action at our national referral hospitals, which are under my Ministry, then I will intervene. However, regarding hospitals in the counties, all I can do is write letters, consult with the Council of Governors and speak to the governor. I have done the same in respect of Kiambu County.

On the matter of the withdrawal of the interns, internship is a very important component in the training of our medical and healthcare workers across all cadres. Whether they are doctors, medical officers, dentists, pharmacists, clinicians or nurses, they have a fixed internship period. We had already disrupted their internship period during the industrial action in Kiambu, and it would be morally wrong to disrupt them again by sending them back. The next time I will post medical interns, including dentists, pharmacists, clinicians and others, will be next year. That is when the next cohort of interns will be taken in.

Before I come to how much we have paid, there is no discrimination under the Social Health Authority Act. Kenyans who are members of the SHIF have the right to access services at faith-based, private and public hospitals. That is the essence of Universal Health Coverage (UHC) – to make health services accessible, affordable and equitable. That is why we are saying if a Kenyan seeks care, even for free primary healthcare, and visits the nearest facility, whether private or faith-based, they should receive the same treatment as at any other facility.

How much have we paid across the three levels? For county governments, we have paid about 23.2 per cent of the total Ksh64 billion disbursed under SHIF. That means 23.2 per cent went to public facilities run by county governments. Faith-based facilities received about 16.87 per cent, while referral hospitals, including Kenyatta National Hospital, Moi Teaching and Referral Hospital, Mathari National Teaching and Referral Hospital, Jaramogi Oginga Odinga Teaching and Referral Hospital, and Mwai Kibaki Othaya, received about 10 per cent of the total. Private facilities had the biggest share at 49.07 per cent. This payout is driven by several factors. First, service utilisation. How many services are offered across those four categories? Second, the type of procedures available at each facility such as inpatient care, maternity, surgery, oncology and dialysis. The broader the range of services, the higher the payout.

Kenyans also have a choice in the type of facility they wish to access. For example, in Nyeri County, one can choose to go to Tumutumu Mission Hospital, Consolata (both faith-based), or Nyeri County Referral Hospital, a Level 5 public facility. Claims processing capacity and the presence of claims desks also influence disbursements across all facilities—private, public and faith-based.

Coming to Primary Health Care (PHC) payout, which is free, *Mheshimiwa*, this is where your question fits well. This is where Kenyans walk in and out as outpatients. They are treated, seen by a medic, given drugs, and receive lab test services and other basic services. All they need to do is register as SHA members – not SHIF but SHA. Under PHC, Ksh9.8 billion has been disbursed. County governments received 56 per cent of that amount. Faith-based

facilities, under the publicly funded free health programme, received 7 per cent, while private facilities across the country received 36 per cent of the Ksh9.8 billion disbursed for services under PHC.

Hon. Speaker: Thank you, Cabinet Secretary. Member for Nyandarua, Hon. Faith Gitau.

ORDINARY QUESTIONS

Question 52/2025

MEASURES PUT IN PLACE TO AVERT TUBERCULOSIS CRISIS

Hon. Faith Gitau (Nyandarua County, UDA): Thank you, Hon. Speaker. I rise to ask the Cabinet Secretary for Health the following question:

Could the Cabinet Secretary—

- (a) Provide a report on the measures the Ministry has put in place to avert a potential tuberculosis crisis, as many patients are resistant to its drugs for treatment, including ensuring timely access to prevention, testing, and treatment services.
- (b) Outline the actions being undertaken by the Ministry to secure affordable treatment for multi-drug-resistant tuberculosis, considering its more challenging and prolonged treatment regimen.
- (c) State the efforts in place to preserve and build upon the progress previously achieved in the fight against tuberculosis through USAID funding.

Thank you.

Hon. Speaker: *Waziri.*

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, the Member for Nyandarua County, Hon. Faith Gitau, asked three questions. On the first question is on measures put in place to avert a potential tuberculosis crisis as many patients develop resistance.

Kenya has made commendable progress in the fight against TB. We have achieved a 41 per cent reduction in TB incidence and a 65 per cent reduction in TB-related mortality towards the 2025 strategy milestones. That means far fewer people are now dying from TB in our country, which is commendable. The burden of Drug Resistant TB (DRTB) has also dropped by 48 per cent since 2015. This progress led the World Health Organisation (WHO) to remove Kenya from the list of countries with a high burden of DRTB in 2020. Our national efforts in the fight against TB and drug resistance have, therefore, yielded positive results.

To avert a DRTB crisis, the Ministry is strengthening diagnostic capacity. We have expanded molecular testing using 2027 GeneXpert machines, 2028 LAMP devices, and 78 TrueNet platforms across all 47 counties. I did this a number of times. The last time I did it was about a month ago. Additionally, genome sequencing has been introduced for DRTB surveillance.

We have also improved treatment for DRTB, reducing the treatment period from the previous 24-month regimen to the current 6–9-month regimens recommended by WHO. Treatment is provided free of charge in all public facilities to enhance accessibility.

We have decentralised TB treatment to 900 primary healthcare facilities out of the 5,400 that offer TB services nationally. This ensures continuity of care and better patient support. Within them, we have decentralised nine of them as primary healthcare. The Ministry has also developed national DRTB guidelines, providing continuous training and mentorship for healthcare workers on diagnosis, clinical management, and infection control. Community

engagement and patient support are key interventions to ensure that patients complete treatment. Non-completion often leads to resistance. Therefore, we emphasise counselling, nutrition, and transport support through community health promoters. We have over 107,000 health promoters across the country who help us do follow-up, contact tracing and psychological care at home.

Furthermore, we have enhanced our surveillance for DRTB. We conduct regular cohort reviews to monitor DRTB performance and identify any gaps or challenges that require addressing. Currently, a national drug resistance survey is underway to ascertain the true burden of DRTB in our country. Once the survey is launched and completed, I will present several reports to the House for tabling as I have done before.

In response to the question regarding the actions being taken by the Ministry to secure affordable treatment for multidrug-resistant tuberculosis, which is particularly challenging, I would like to emphasise that the Ministry and our partners are dedicated to guaranteeing a consistent, adequate and affordable supply of DRTB medication. Additionally, we conduct accurate quantification. The national TB programme carries out regular quantification exercises using up-to-date patient data and an electronic quine TB tool. This allows us to accurately forecast the DRTB medication needs of our country, helping to prevent any shortages or stockouts.

In terms of supply chain management, we are working with KEMSA to efficiently manage procurement and distribution. This includes the use of the integrated logistics management and information system for real-time tracking and for last-mile distribution. Currently, we have a turnaround time of approximately seven days, and we maintain a national buffer stock to cushion against any delays arising from disruptions in the global supply chain.

Regarding our procurement strategy, 70 per cent of the treatment commodities for drug-sensitive tuberculosis are procured using the Government of Kenya (GoK) funding. This approach enhances sustainability and reduces our reliance on external sources. Thus, we have guaranteed 70 per cent funding to ensure that none of our citizens miss out on these essential drugs.

The last question is about the efforts in place to preserve and build upon the progress previously achieved in the fight against TB through USAID funding. We have initiated deliberate measures to safeguard and scale the gains made with USAID support and align them with a national UHC agenda. We have integrated TB services into primary healthcare and the UHC framework to ensure sustainability and reduce dependence on vertical programmes. Kenyans can now visit level two and level three dispensaries and health centres to access TB services.

Additionally, we are building the capacity of our community health promoters (CHPs) and continuously training our clinicians and lab staff to maintain thorough on-the-job mentorship. The Government supports these refresher training programmes.

Lastly, we are advocating for increased domestic financing. As a Ministry, we continue to push for greater funding at both the national and county levels. The annual TB budget for the Financial Year 2024/2025 was US\$136 million, but Government funding covered only 1 per cent, and donor funding accounted for 20 per cent, leaving a 79 per cent funding gap. Therefore, we appeal to the National Assembly, as the budget-making body, for increased allocation.

While I do not wish to divulge much, we are engaged in discussions with our colleagues under the new US administration. We are exploring alternatives to USAID funding. I believe that by the end of this month, the country will hear good news. Although it may not be called USAID, we are negotiating to find a way to restore the critical role that USAID played in this area. We are also collaborating at the multi-sectoral level to ensure accountability. We are

engaging sectors such as housing, nutrition, correctional services, and labour, guiding them on addressing the social determinants of TB.

In conclusion, Hon. Gitau, we will write to the House and request for more budgetary allocations. Let it be known that TB is closely linked to poverty, poor housing, and poor nutrition. Hence, we must adopt a multi-sectoral approach and work with other stakeholders to establish an accountability framework.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Faith Gitau, are you satisfied?

Hon. Faith Gitau (Nyandarua County, UDA): Thank you, Hon. Speaker. I would like to confirm to the Cabinet Secretary that there are no TB drugs in Nyandarua, and that most hospitals in Kenya do not have these drugs. You have stated that you are providing them free of charge. When can we expect these drugs to be available in our hospitals?

Hon. Speaker: Cabinet Secretary.

The Cabinet Secretary for Health (Hon. Aden Duale): I was in Nyandarua three weeks ago. I want to assure the House that there are sufficient TB drugs in Nyandarua. I am ready to send my officers to Nyandarua with the Hon. Member to verify this information. I cannot lie here; TB drugs are available in all hospitals in Nyandarua County. Under your direction, I will dispatch the Director-General of Health, who has been approved by this House, to Nyandarua tomorrow to confirm this with the Hon. Member.

Hon. Speaker: Fair enough. Next is Hon. Kaguchia.

Question 73/2025

OUTSTANDING DEBT OWED TO CONSOLATA HOSPITAL MATHARI

Hon. Kaguchia John (Mukurweini, UDA): Thank you, Hon. Speaker. Could the Cabinet Secretary in charge of Health clarify whether there is an outstanding debt amounting to Ksh450 million owed to Consolata Hospital Mathari, and Ksh433 million owed to Nyeri County hospital, including Ksh36.7 million for Mukurweini Hospital and Ksh236 million for Tumutumu Hospital?

Hon. Speaker: Order, Hon. Kaguchia. That is not your question. You are not allowed to go beyond what is on the Order Paper. Just read out your question. You can ask about those other figures in your supplementary question.

Hon. Kaguchia John (Mukurweini, UDA): Thank you, Hon. Speaker.

Could the Cabinet Secretary—

- (a) Clarify whether there is an outstanding debt amounting to Ksh450 million owed to Consolata Hospital Mathari, which comprises arrears accumulated under the National Hospital Insurance Fund and payments by the SHA?
- (b) State the factors contributing to the prolonged delay in remitting payments to Consolata Hospital Mathari, despite the provision of healthcare services to patients. I would like to note that the fraudulent payments in millions have also been made to disingenuous hospitals while genuine ones are missing out.
- (c) Outline the measures put in place to ensure the debt owed to the hospital is promptly settled and its operations fully restored.
- (d) Provide a timeline for the payment of the arrears and dues accumulated from October 2024 to April 2025 to Consolata Hospital Mathari by SHA?

Thank you.

Hon. Speaker: Cabinet Secretary.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, regarding Consolata Hospital Mathari, I first want to clarify that the NHIF legacy debt is one of the

biggest issues we are facing as a country. This is making the Social Health Authority a bit bumpy—many questions raised regarding debt concern the legacy debt of the NHIF. As at 30th September 2024, when this House enacted the new Social Health Authority Act, the NHIF liability owed to Consolata Hospital Mathari stood at Ksh153 million. This facility falls under the category of health providers' owed amounts exceeding Ksh10 million. It is subject to a verification and validation process, as mandated by the law, the Constitution, the Public Finance Management Act, and the Presidential Directive, before any payment is made.

I have attached the letter regarding the Kenyans owed between Ksh1 and Ksh10 million of the former NHIF debt amounting to Ksh5.3 billion, which accounts for 92-93 per cent and will be settled. I have written to the Cabinet Secretary for the Ministry of National Treasury and Economic Planning, and I will table it so that he includes it in the Supplementary Estimates. Currently, using the pending verification audit led by the former Auditor-General and the Leadership of SHA, we are auditing, verifying and validating all NHIF pending bills.

Regarding the SHA payment status for Consolata Hospital Mathari and the outstanding payment, the overall SHA settlement rate for all our faith-based organisation facilities whose bills, invoices, and claims have been verified, reviewed, clinically checked, and are ready for payment and paid, stands at 65 per cent as at today. Consolata Hospital Mathari will receive Ksh29,324,966.47 for claims currently being processed by SHA—they have been validated, reviewed, and confirmed as correct. They will be paid in the next payment cycle, which is on 14th November.

I have also provided a table summarising the payment status of Consolata Hospital Mathari in this document. Since SHA started, it has paid the hospital over Ksh372 million for about 17,432 claims. Last month, we received 4,792 claims totalling Ksh81 million; they are under review. It is good I mention this on the Floor. We have shared this with Consolata's leadership; they met with the claims managers at SHA. A total of 335 claims have been rejected, totalling Ksh14,799,325.

Hon. Speaker, allow me to explain what a rejected claim is. A rejected claim is: if you lodged a claim and the patient was Hon. Duale, the Cabinet Secretary for the Ministry of Health, and the claim does not include a claim form, it qualifies as a rejected claim.

I am sure that every Member seated in this House signs a claim form whenever they see a doctor. The first part of that claim form has the patient's name and address. The second part of that claim form is signed by the doctor attending you, and the hospital administrator signs the last part. We have situations where there are no claim forms, or when we have them, they are filled in with one biro pen and the same handwriting; such claim forms are rejected. It is fraudulent, and it will never be paid. Consolata Hospital Mathari has 335 rejected claims, totalling Ksh14 million. We have returned claims totalling Ksh15,877,000.

'Claims returned' are claims that specific important documentation is missing; invoices are not itemised, or documents are missing. Those are not rejected. The law allows you to return and bring the missing documents, and you do not need to bring them physically; you can upload them to our digital superhighway.

Among those sent for payment, which will be paid by the 14th November, is Ksh29,324,966. Additionally, they have 2,800 claims totalling Ksh127 million that are now under review. Our doctors, clinicians, and the system are reviewing. We do not want to pay unless we are sure. So, in total, Consolata Hospital Mathari is not even owed Ksh450 million; it is Ksh676,205,000. I have broken this down into claims that are due, those that require additional documentation, those sent for payment, those rejected, and what they need to provide.

On the factors contributing to the prolonged delays in payment, and in this case, regarding Consolata Hospital Mathari... I hope the Member of Parliament will inform them that, although we have told them this ourselves, they submit high-value, complex claims for

services such as surgery, oncology, and dialysis. These high-complexity medical claims require a thorough medical review during the claims adjudication process to ensure compliance with established clinical, contractual, and financial requirements. They must undergo an audit.

For instance, if it is an oncology claim, we must ensure the cancer patient was there and that they have gone through all the systems. We have to check the Identity Card. If it is surgery, we must ensure there are theatre notes and all the other documents. All this is for compliance with contractual, financial, or standard requirements before payment. The claims under review cover the period from 12th August to 30th October.

Secondly, we are facing what we call 'provider submission issues' with Consolata Hospital Mathari. There are delays largely occasioned by provider-based factors. If they take a long time to submit documents, the documents are missing signatures or contain incorrect patient details, or they have low resubmission rates for corrections, then SHA will not be blamed.

We advise all facilities — public, private, and faith-based, including our referral hospitals — that, in the future, they must employ dedicated claim managers. They will ensure claims and reimbursement are handled from morning to evening and work closely with our county and relationship managers in their respective categories. The last question was why we took too long in claim management. This happened because of the many litigation and court cases. However, SHA has since hired nine case management officers, and recruitment is underway to build capacity.

The third question was to outline the measures put in place to ensure the debt owed to hospitals is paid. Regarding the NHIF legacy debt, Consolata Hospital's claim exceeds the Ksh10 million threshold. We have subjected it to a comprehensive verification and validation process mandated by the President and the Cabinet.

Hon. Speaker, let me speak as a Kenyan. Parliament, at some point, will come and talk to you. There are private, public, and faith-based facilities that face imminent closure due to the NHIF legacy debt. We must do whatever it takes, and I will do so as the Cabinet Secretary for Health, in consultation with the President and the Cabinet, to ensure we resolve this. Then many of these questions will be answered.

On NHIF claims settlement, we are reviewing our medical review capacity. We have fully automated claims processing using Artificial Intelligence (AI) in collaboration with the Digital Health Agency (DHA), enabling faster verification and timely payments. We have enough money to pay for our facilities. We are also doing stakeholder engagement. I held a meeting with all the bishops who run the different churches, and with the Supreme Council of Kenya Muslims (SUPKEM), which runs faith-based facilities, and we agreed to create individual relationship managers. We have set a number of private sector players in Nairobi and the surrounding counties. When we roll out SHA, we also engage with people. Tomorrow, we will engage with Consolata Hospital Mathari to address and reconcile our accounts, as they have important facilities.

Hon. Speaker, two weeks ago, I met the Chief Executive Officers (CEOs) of PCEA Tumutumu Hospital, PCEA Chogoria Hospital, and PCEA Kikuyu Hospital in Rumuruti. They sat with our team, led by Dr Mercy. They have reconciled the claims submitted by PCEA Tumutumu Hospital, which is Ksh276,000,000. Payments completed are about Ksh137,000,000. In October, they received a pay out of Ksh14,000,000. We have a rejection of Ksh21,000,000 for PCEA Tumutumu Hospital, and what is under review is Ksh103,000,000. So, we are engaging them and all other hospitals under the Presbyterian Church of East Africa through the Secretary-General. We engaged with the Deputy Secretary-General of PCEA daily, and Hon. (Dr) Karani was present. I asked that we reconcile with the big hospitals first, to which we did.

Hon. Speaker: Hon. Kaguchia.

Hon. Kaguchia John (Mukurweini, UDA): Thank you very much, Hon. Speaker. May I start by thanking the Cabinet Secretary for the students from Kenya Medical Training College (KMTC), Mukurweini. They have now reported and started learning today. For that reason, I thank the Cabinet Secretary on behalf of the people of Mukurweini.

It is indeed true that the Cabinet Secretary has raised the concern that Consolata Hospital Mathari, PCEA Tumutumu Hospital, and other faith-based hospitals in Nyeri County face imminent closure due to the legacy debt owed by NHIF. Other private providers in Nyeri County and other counties have that challenge.

The issue of high-value, quite sophisticated and complicated claims at Consolata Hospital Mathari is not a surprise. This hospital has advanced and sophisticated machines. For that reason, it is necessary to establish a working relationship with this hospital to prevent unnecessary delays in refunds. One issue raised by several doctors, including Dr Goody Gor from Nyeri County, is that some of SHA's requirements raise ethical and legal concerns. For example, SHA requires doctors to provide written notes after every surgery.

Such information is too sensitive to be transmitted over the information superhighway, which is sometimes considered an insecure system. One can only imagine what damage this information would cause to patients if it fell into the wrong hands or reached the public. This is also in breach of the Data Protection Act 2019. SHA and the Ministry will have to come up with a way of handling this information.

The last issue is that, in Consolata Hospital Mathari, which is handling a lot of oncology issues, they are also missing coverage on a number of cancer treatment and diagnosis procedures, like biopsies, histopathology, immunohistochemistry, cancer staging, and CT scans, which are very important in the diagnosis of cancer and are pretty expensive. Some of them go up to Ksh40,000 and above. This is an issue which needs to be addressed.

Lastly, I can see the Honourable Chairman of the Departmental Committee on Health is present. Hon. Speaker, you remember I raised a request for a statement on the issue of blood transfusion reagents and blood bags in the country. It is now well over eight months since I raised this question in this House, and the Chairman has not responded, even after approaching him privately several times. Maybe you need to prevail upon the Chairman of the Committee to respond to this important question, especially now, since the Cabinet Secretary says the United States of America (USA) is returning its funds, even though under a different name than the USAID.

Thank you.

Hon. Speaker: Leave the Chairman out for now. Chairman, prepare and bring a response next week. Cabinet Secretary.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, SHA was enacted by this House and aligns with the Data Protection Act, 2019, as the DHA. Member for Mukurweini, I appreciate you coming to my office. I am happy that I complied with the KMTC issue. This is a Government that delivers. We serve the people of Kenya and their leaders, regardless of their political orientation.

However, SHA complies with the Data Protection Act 2019. Secondly, patient consent is also obtained. Let me bring to the attention of this House that claim adjudication requires verification that the service took place. I am sure the doctors who treat you are watching. I am not a doctor, but I sit with them every day in Afya House. Next to my office is the Director-General of Health's office who was vetted and approved by this House, as per Section 16 of the Health Act, 2017. He is the technical advisor to the Cabinet Secretary and Government, including Parliament.

In medical school and in theatre, for SHA to confirm a procedure has taken place, that facility and doctor must provide theatre notes. Without theatre notes, that claim is rejected. I will give you another simple example. Suppose a maternity delivery has taken place in a

facility, whether through C-section or normal delivery, and you want SHA to pay, part of the claims document. In that case, there must be an important document known as a birth notification. If there is no birth notification, how can SHA pay you and prove that a child has been born? We should not compare SHA with the defunct, corrupt, and organisationally dysfunctional NHIF. They are worlds apart. It is like comparing the first world with the third world or day and night. Some people used to be paid millions of shillings for maternity bills without providing birth notifications. That will not happen anymore.

Currently, for a doctor to use his authorisation, pre-authorisation or OTP, he must be within 500 metres of the health facility. There were days when doctors and healthcare workers could use their OTP to authorise treatment from their bedrooms at midnight. But now, if doctors or other healthcare workers want to use their pre-authorisation code, they should go to the health facility, meet the patient, and assess their condition.

Never again will theatres and health facilities be run on healthcare workers' mobile phones. I do not want to go into the blood services because I have already answered. My Chairman is competent. I am sure that when the time comes, he will provide the answer.

Hon. Speaker: Hon. Kassim Tandaza.

Question 74/2025

SOCIAL HEALTH INSURANCE FUND PAYMENTS NATIONALLY

Hon. Kassim Tandaza (Matuga, ANC): Thank you, Hon. Speaker. I rise to ask the Cabinet Secretary for Health the following Question:

Could the Cabinet Secretary—

- (a) Provide a report of payments made by the Social Health Insurance Fund (SHIF), including the number of vulnerable people catered for by SHIF in Matuga Constituency and nationally.
- (b) State the timelines which SHA will reconcile payments made under NHIF through the National Government Constituency Development Fund (NG-CDF) that were not transferred to SHIF and indicate the fate of these payments.
- (c) Outline measures implemented to cover the patients who are unable to pay their balances after exhausting their SHIF cover.
- (d) State the plans put in place to clear balances of patients detained in public hospitals due to their pending hospital bills balances after exhaustion of their SHIF cover.

Thank you, Hon. Speaker.

Hon. Speaker: Cabinet Secretary.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, on the Question by the Member for Matuga, as I said earlier, as at 3rd November 2025, SHIF has paid out Ksh64 billion to facilities across our country in all three categories. Two, claims submitted by facilities for indigent beneficiaries are processed and paid with the same priority as all other SHA members.

On the vulnerable persons, the President launched – in State House – 558,000 indigent households, translating to about 1.5 million Kenyans, whose data were pulled from the social protection net across all constituencies, divisions and wards in our country. Of this number, 1,769 households were from Matuga. So, of the 558,000 indigents that we launched at the national level, we have confirmed and can provide the list of 1,769 households from Matuga Constituency. These members are now active and can access all available SHA benefits, paid for by the Government of Kenya under the able leadership of President Ruto. Additionally,

over 62,461 households are sponsored by counties, NG-CDF and various development partners and philanthropists.

Question two asked for the timelines. SHA recognises that some sponsors, including NG-CDF, had made pre-payments under the former NHIF that need to be transitioned to the new SHA. I ask your indulgence because we did not have staff. We had started recruiting, but there were many court cases. Currently, a serious reconciliation of these transitional prepayments made by Members of this House to the defunct NHIF, such as those from Matuga, is ongoing. I have directed the leadership in the SHA Board to conclude the process before the House proceeds for the long recess.

This is to ensure that Members can identify and use these resources for the indigent in their constituencies. SHA has also committed to finalising the transfer of these balances and will credit them to members' SHA accounts as soon as possible. We will also provide a comprehensive update for all affected counties and entities on such payment once the reconciliation is complete. This should be done before the House goes on recess. These prepared balances will be credited to their accounts.

I will combine questions three and four on the measures implemented. The Ministry of Health acknowledged the concern regarding patients reportedly detained in public hospitals due to unpaid bills after their SHIF cover has been exhausted. What measures are we putting in place to give these Kenyans financial protection?

Before I give these measures, I have to point out that SHA will not pay for everything. Currently, we are only dealing with oncology. We want to make sure that we increase the package for oncology because cancer is a serious disease in our country. We must protect the most vulnerable cancer patients. If you use your SHIF card, you must be prepared to pay the remaining balance after SHA has paid. We intend to expand the benefit package, including the Emergency, Chronic and Critical Illness Fund (ECCIF). We want SHA to cover the very critical and prolonged care beyond your SHIF limits. For example, in oncology, if the member exhausts SHA, then the ECCIF kicks in.

On another financial protection, we are looking at how we can strengthen mechanisms for financial protection, especially for indigents and vulnerable populations, through our social health subsidy programme. This subsidy programme will be targeting the most vulnerable people in our society. As a Ministry, we will continue working closely with SHA and our county governments to ensure that financial hardship does not deny citizens access to essential health care services—the philosophy behind Universal Health Coverage.

Thank you, Hon. Speaker.

Hon. Speaker: Yes, Hon. Tandaza.

Hon. Kassim Tandaza (Matuga, ANC): Thank you, Hon. Speaker. I will start by saying that I am 'half happy' given that they are working with vulnerable people in Matuga. The Cabinet Secretary has said that before we go for recess, he will have completed that process. I am 'half happy' because I highly doubt it will be done, given that when we met with the Ministry last time during our retreat in Naivasha, we were told the process would be completed in four weeks. That was in February, but we are now in November. The Cabinet Secretary says the process will be complete before we go into recess, which means in about two weeks. I would like that noted so we can see if it actually happens. If it happens, I will be 'full happy'.

Cabinet Secretary, there is a communication which I think should be very clear. The information out there is that once SHA or SHIF fully covers you, all medical expenses are covered. This is where the issue of people saying that SHA does not work comes in. The Cabinet Secretary has just said that SHA is not designed to cater for everything. This information should be very clear because the communication that we get from the Executive is that once you are covered, you can go to any hospital, walk in, be treated and go back home.

Here, the Cabinet Secretary has said it does not cover everything. Can that also be clear and communicated so that we know the limits of the SHA?

Thank you, Hon. Speaker.

Hon. Speaker: Cabinet Secretary

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker and Members, I want to make it very clear. It is even very clear in the laws this House passed.

Primary Health Care (PHC) in Level 2 and 3 hospitals, and parts of Level 4 hospitals, is funded by the exchequer and is free to all Kenyans as long as they are registered with the SHA. That is very clear. The President and Hon. Speaker have made pronouncements. We should not confuse Kenyans. That is why Ksh9.8 billion has been paid out as reimbursements to PHC facilities in public, private and faith-based outpatient services. You walk in, you walk out.

I want to thank the Governor of Nairobi. In his Level 2 and Level 3 hospitals, and in part of the sub-county PHC facilities, he has clearly put it up, even on posters. He is saying “walk in, walk out”. However, some counties are charging in some instances. It is also called co-paying. Even a Committee of this house has gone and found out the same. We have said it is criminal. It is not right.

On SHIF, those in the formal sector or salaried people pay 2.75 per cent of their income. People in the informal sector undergo a means test to determine the amount they must pay based on their assets. The SHIF is not free. One must pay for it. One pays Ksh10,000 to be fully covered for a normal delivery in a maternity ward. However, there are exceptional cases. If one overstays in a hospital and the bill is about Ksh1 million, SHIF will pay Ksh700,000 or Ksh600,000. The patient must pay the balance.

I confirm and go on record that I was not the Cabinet Secretary when Members were given that commitment in Naivasha.

Hon. Raphael Wanjala (Budalangi, ODM): On a point of order, Hon. Speaker.

Hon. Speaker: Go on.

Hon. Raphael Wanjala (Budalangi, ODM): The Cabinet Secretary has kept on telling us that SHA will pay an amount and leave some balance for the patient to pay in some instances.

Is he aware that the Constitution guarantees Kenyans access to health services? Some Kenyans are very poor and do not choose the type of illness that befalls them. Any kind of sickness, whether expensive or not, may befall them, and they will end up staying in the hospital longer than they should. It may exhaust their contribution. When the cover is exhausted, why can the Government not pay for the patients' care? It is not their wish. They have no money.

Hon. Speaker: Hon. Baya.

Hon. Owen Baya (Kilifi North, UDA): Thank you, Hon. Speaker. The Cabinet Secretary has been very clear about SHIF, SHA, and the others.

Hon. Speaker: Which is the other one?

Hon. Owen Baya (Kilifi North, UDA): Hon. Wanjala needs to be awake and listen to SHIF or SHA—the one that you pay and the one that you do not. Those are two different things. What to say is SHIF does this and SHA does that, so that Hon. Wanjala understands clearly.

(*Loud consultations*)

Hon. Speaker: Order.

Hon. Naisula Lesuuda (Samburu West, KANU): Hon. Wanjala, you are a noisemaker. Hon. Speaker, I heard the Cabinet Secretary clearly credit the Governor of Nairobi. However, he said that some counties were co-charging. Those counties should also be named in this House. We need to give credit where it is due and to punish as well. Those counties should be

named and shamed. Those governors should be surcharged and jailed for charging patients. They need to be named and shamed.

Hon. Speaker: Yes, Jalang'o.

Hon. Phelix Odiwuor (Langata, ODM): Thank you very much, Hon. Speaker and Cabinet Secretary. One thing that does not come out very clearly is the level of coverage that SHA and SHIF offer. I recently conducted a public participation exercise that revealed that SHA covered large costs for some patients, while others received very little coverage. One person had a bill of Ksh300,000, which SHA cleared, while another one only required Ksh15,000 but did not receive it. The Cabinet Secretary and his team must continuously engage the public on what is covered and to what extent.

Lastly, during that public participation exercise, some citizens indicated that they still need to be taken through the registration process. They want to register, but they still do not know how. The Ministry cannot rely on television and newspapers as its only media of communication. We currently offer many communication modes. AI is now being used in the medical space. We have influencers in social media spaces. That communication needs to go out again and again to demystify SHA. It is working, but people need to understand it.

Hon. Speaker: You have made your point. Hon. Oundo

Hon. (Dr) Ojiambo Oundo (Funyula, ODM): Hon. Speaker, as my colleagues have said, the Cabinet Secretary needs to come out very clearly on what SHA covers and what it does not. I want to go on record that my mother stayed in hospital for five days, and SHA only paid Ksh11,740 out of her Ksh213,272 bill.

Cabinet Secretary, what is not happening? Surely, someone is not being truthful. We are not telling Kenyans the truth about what SHA can and cannot do. The NHIF probably used to pay better than this. We need that comfort. Communicate very clearly. I have evidence of the hospital bill with me.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Kibagendi

Hon. Antoney Kibagendi (Kitutu Chache South, ODM): Thank you, Hon. Speaker. First, I would like to be very clear that the Cabinet Secretary is talking about an ideal situation. That is not what is happening on the ground. Just like Hon. Oundo, my mom has been sick for close to 10 years now. She was operated in 2019. She has what is called the diabetic foot, and her bill then came to about Ksh625,000. The NHIF paid Ksh270,000 or thereabouts. On Saturday, my mother's bill came to Ksh1.1 million. She has been ailing again and had to undergo two operations at the Metropolitan Hospital in Buruburu. SHA covered Ksh123,000. I shared that information with my Chairman, and we shared that information with the hospital.

I am trying to control myself so that I do not demonstrate the unfortunate thing that happened the other day. I assure you, Hon. Speaker, that no one in this country has researched SHA as I have, and the benefits are inferior to those offered by the NHIF.

Number two, the processes for reimbursing hospitals are systematically oppressive in the sense that hospitals are now too careful about how they handle patients.

Number three, there is a problem with professionalism in SHA and across every other space within the Ministry of Health. This is happening, including up to the counties. At this point, I request the Hon. Cabinet Secretary to ensure that concerns raised are not politicised. Seek appropriate interventions for these concerns.

Thank you.

Hon. Speaker: Hon. Didmus.

Hon. Didmus Barasa (Kimilili, UDA): Thank you, Hon. Speaker. I want the Cabinet Secretary to confirm two issues. Number one, is it during the means testing that Kenyans who are perceived to have stable sources of income are deemed to pay more than those who do not? This will help us understand why Hon. Kibagendi's mother's NHIF paid more than what SHA

is paying for her. If that clarification is made, we can understand that, in means testing, the amount you pay depends on your perceived income.

Number two, any new policy that the Government implements must either generate some small public problems because it is new. You may think you are solving one issue, but then three or four problems come up. Can the Cabinet Secretary confirm to this House that, in his Ministry, he has set up a team tasked with collecting data and recording problems arising during the implementation of the SHA and NHIF? Additionally, are they working around the clock to ensure that those problems do not recur? This is because policy improvements are done using feedback as a tool for continuous improvement. Can the Cabinet Secretary confirm to this House that Kenyans can indeed be confident that SHA and SHIF will continue to improve as they collect data to use as a tool for continuous improvement?

Thank you.

(The Speaker (Hon. Moses Wetang'ula) spoke off the record)

Hon. Speaker: Mama Dagoretti.

Hon. Beatrice Elachi (Dagoretti North, ODM): Thank you, Hon. Speaker. Mine is to ask the Cabinet Secretary whether the Ministry has conducted a tour of different hospitals and sampled them to determine the biggest challenge we are facing as a country. This is because the prices we are paying in hospitals are ridiculous. I will give you an example. I know that SHA does not really cover so much for patients with diabetes. You will find a hospital charging Ksh700 per test for routine diabetes testing when a patient is admitted. Today I am discharging my mum. For one week and four days, we are paying a Ksh3 million bill. It does not make sense. Hon. Yusuf was here. His brother passed on two days ago. He stayed at Aga Khan for four weeks and had a bill of Ksh11 million. The dialysis costs KSh200,000 every time. We need to set a cap.

I want the Cabinet Secretary to look into it. He should either tell us whether the taxes on health issues are too high that hospitals should be charging such amounts, or we should bring in a cap and set charging limits for our hospitals as a country. If it is a case that requires management, they should take the patient to a management care hospice, as is done in the United States. If not, Kenyans will experience the worst in this healthcare system.

Thank you.

Hon. Speaker: Hon. Nabulindo.

Hon. Peter Nabulindo (Matungu, ODM): Thank you, Hon. Speaker. Mine is very specific. I want to talk to *Waziri*. He came to Mumias two months ago and had negotiations with our bishop in Kakamega over St. Mary's Hospital in Mumias. On that day, the Cabinet Secretary publicly announced that St. Mary's Hospital Mumias would be opened the next day. I want to inform the House and the Cabinet Secretary, if he is not aware, that St Mary's Hospital Mumias, has not yet been opened. The patients who used to get services at the hospital are still suffering. This institution was opened in 1930. It has great significance in Wanga land. All of us grew up getting medical services from St Mary's Hospital, Mumias. In fact, several of my children were born in that hospital. Another one will be born at that hospital next year, if it is opened. Could the Cabinet Secretary...

Hon. Speaker: You are a very hardworking man.

(Laughter)

Hon. Peter Nabulindo (Matungu, ODM): Yes, Hon. Speaker. I am sure that Mama will go to St. Mary's Mumias Hospital next year to have a baby. Unfortunately, the hospital is

closed. What is likely to happen? Could *Waziri* tell us what is going on at St Mary's Mumias Hospital? People are really suffering.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Robert, you will be the last one to ask a question.

Hon. Robert Mbui (Kathiani, WDM): Thank you, Hon. Speaker. NHIF had a very bad reputation due to poor claims management—a fact the Cabinet Secretary has repeatedly mentioned. Cabinet Secretary, when there was an increment in deductions under the new scheme, SHA, through a system that cost us Ksh104 billion over 10 years, we thought that the issue of fake claims would be a thing of the past. However, recently, in a public *baraza*, you said that a lot of money had been stolen through the new system. You also indicated that you would forward some cases to the Directorate of Criminal Investigations (DCI). Does that mean the new and expensive system is not working? After you forwarded the files to the DCI, how many suspects have been convicted and jailed?

Thank you, Hon. Speaker.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, I will start with the last question from my classmate at Moi Forces Academy, the Deputy Leader of the Minority Party. First, the system did not cost Ksh104 billion over 10 years. Additionally, the Government of Kenya is not paying a single cent. If that were the case, the Ksh104 billion should have passed through this House. The service fee is what is being charged. Kenyans fund the system through the Digital Health Agency (DHA) before developers are paid.

Second, the Member has raised a very important issue. The AI system flagged the fraudulent claims and facilities, and our clinical review team counterchecked the Fraud Detection System of the Digital Superhighway and Creative Economy. As I said earlier, before I came to the Ministry, bearing in mind that SHA is only 13 months old now, the people who used to steal from NHIF went to SHA without realising it was a different 'animal'. For example, a facility alleges that they had 300 deliveries in their hospital, and all of them were Caesarean Section births. This claim violates the World Health Organisation (WHO) rules. It is a fraud.

Some hospitals claim that there are no birth certifications, yet the system checks the documentation. In some cases, hospitals do not have legal documents for the claims. The system detects the fraud. We submitted close to 118 files to the DCI with concrete evidence. About 20 files have been submitted to the Director of Public Prosecution (DPP). From my office, the files were forwarded to the Criminal Justice System (CJS). Some people, including very senior employees at SHA and facility owners, have been taken to court. We will continue to pursue them. We have closed 1,184 facilities and all of them are under investigation. This same fraud is taking place in private medical insurance schemes, even those covered by Parliament. Speak to Jubilee Insurance and CIC. We had a meeting with them. They are facing the same problem that SHA is facing. In fact, I can assure you 100 per cent that all other private medical insurance facilities will suspend you if SHA suspends you from their portal today.

Hon. Speaker, there were a number of questions. Let me start with Hon. Tandaza. I assure you that I have the complete list of NG-CDF payments. The list also contains receipts, dates and months. To be honest with the House, I will table that next Tuesday. I will make sure that the Leader of the Majority Party tables it.

Let me give you a sample. The amount for Subukia Constituency between 2024 and 2025 is Ksh156,000. It is Ksh9,960,000 for Jomvu Constituency. Chuka/Igambang'ombe Constituency is Ksh2,700,000. Mandera West Constituency is Ksh3,000,000, Westlands Constituency is Ksh966,000, amongst many others. We will submit and table it to the House. I promise to do all reconciliations before the House goes on recess. It is underway and will post the reconciliation of the indigent list submitted during the NHIF time. We will do it through means testing and ensure that we abide by the direction of the colleague Members.

I want to assure colleague Members including my good friend who is the Member for Budalangi. Just as I am a Cabinet Secretary, you should be a very happy Member of Parliament if you compare NHIF and SHA. SHA covers more than your four women or your four spouses, while NHIF used to cover only one. SHA covers an unlimited number of children as long as you can prove they are yours. That alone tells you that NHIF and SHA cannot compare.

Second is the benefit package.

(Hon. Raphael Wanjala spoke off the record)

Hon. Speaker: Yes, Hon. Wanjala. What is it?

Hon. Raphael Wanjala (Budalangi, ODM): I never asked how many wives SHA covers.

Hon. Speaker: Order, Hon. Wanjala. It is public notoriety that you have been proclaiming how many wives you have.

Hon. Raphael Wanjala (Budalangi, ODM): But I did not say how many SHA should cover. He should go back and answer my question. Nobody chooses which type of disease to get, whether it is an expensive disease or a cheap disease. We say that SHA should cover everything once someone is sick, because the Constitution guarantees that.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, I have been with Hon. Wanjala in this House for many years. You can even see he is a very happy man as he is asking the Question. He is very happy with my answer that it is a better package.

The benefit package has been gazetted and is available. This House passed it with the amounts for oncology and dialysis. We will implement it if the House, in its wisdom, increases the package. This House passed the package. The package and the law are due for review by the Health Benefits and Advisory Panel. I have taken Parliament's concerns into account. It should also provide the budget.

Let me even go a different way because many Members were asking about the difference between NHIF and SHA. Surgery tariffs are standardised across all the providers. Before, you would go to a private hospital that charged a different amount from a faith-based hospital. We are saying that any surgical procedure is standard, whether done at the Aga Khan Hospital, a county hospital, or a faith-based hospital.

Secondly, the tariff limits have been increased by 12 per cent under the SHA. Members must look at the law we have passed. Every benefit tariff has been increased by 12 per cent. Under the NHIF, the limits varied by facility. Different hospitals were charging differently.

To Hon. Beatrice Elachi, I agree with you: healthcare is very expensive, and it depends on which hospital you choose. You must be very careful which hospital you take your patient to. There are private hospitals in our country where, if you stay for five days, you get a bill of Ksh11 million when it should be Ksh2 million. I have concerns. In previous Parliaments, we discussed the cost of healthcare in our country. Before this House, my Committee, led by the Hon. (Dr) Nyikal, is examining the Quality Care and Patient Safety Bill. We must amend that law to address the cost of healthcare in our country.

In other professions, like lawyers, their costs are regulated. We must regulate as a country. I am sure that those doctors in this House and those who work with me will not be very happy, but we have to say it. The difference between NHIF and SHA is this: emergency evacuation will soon be launched. There is ECCIF. Once we conduct the emergency evacuation, SHA will pay for the ambulance and the first 24 hours. That never used to happen under NHIF. All Kenyans will now have access to an ambulance. The days when a patient was taken to hospital in an emergency and you were asked to pay a deposit are over with the Social Health Authority. These are the benefits. SHA will pay for the ambulance and the first 24 hours.

The only package that, from the feedback we get—lots of feedback—we have a call centre, 147, where every day between 5,000 and 10,000 Kenyans call. We get input from leaders like you and from citizens on their concerns. But the Social Health Authority, the Social Health Insurance Act, and the Primary Health Act: let me tell you the biggest difference between NHIF and SHA, and this is where I must thank this House and the leadership of this country, primary health care paid by the Exchequer at level 2, level 3, and sub-county hospitals is free. You walk in, you walk out.

Now, let me come to the question from my sister from Samburu West. Yes, if you ask about those who are co-charging, I will provide an answer. But I will complement those who are doing good work. You know it is the Members who oversee. Mine is implementation. But I agree with you: it is criminal, unethical, and immoral when this House has appropriated resources for Kenyans who access outpatient care through the Primary Health Care Fund, and the money is supposed to go to the facility as capitation. Yet you are asking Kenyans to buy exercise books and pay for laboratory services. That is immoral. It is criminal, even in the law that you have passed, and a time will come when we shall shame those facilities. In those counties, even my referral hospital—if it charges extra beyond what is provided—it will be named.

On St. Mary's, if I were a resident of Kakamega, my children might have been born there as well. But let me make it very clear, I have even given the Hon. Speaker the data as one of our leaders. To date, SHA has paid Ksh114,548,896 to St. Mary's. The claims with us, which we will pay in November amount to only Ksh5 million. We are only left with a claim of about Ksh5.5 million, which we will pay this month. I went to Kakamega and sat with our Lord Bishop and the whole team, including the bankers and SHA team. We reconciled and did a press conference, but that is a faith-based facility. I cannot open it. I have given you some amount of money. The funds from the NHIF were a legacy debt, just like the funds allocated to the Consolata Mathari Hospital.

St. Mary's Mission Hospital has become a political hospital. I cannot open it. I am ready to go with you. I told the Lord Bishop that he should call me when he opens the hospital. I will even bring extra drugs from the Ministry of Health. We are waiting for the day it will be opened. So, I would like to tell my good brother that Ksh114 million has been paid by SHA. We will pay KSh5.5 million. The reason for it not being opened is beyond my control.

If Nairobi Hospital decides to close today and open a hotel with the money that I have paid out to them, there is very little I can do. That is the case with St. Mary's Mission Hospital.

With regard to the issues raised by Dr. Oundo and my brother, Hon. Kibagendi, I need to get the details of those two patients and the hospitals they were treated in. Some hospitals co-charge people. They do not want to use the right tariff called decoding. I urge Hon. Kibagendi and the doctor to share those details with me and Mercy, so that we can check the system. If we feel there is a problem, we will resolve it. That is part of the feedback we want.

We are working to reduce the cost of healthcare by:

1. Introducing reforms in the cancer sector.
2. Making sure we do bulk procurement to reduce the prices of drugs.
3. Doing contract manufacturing.
4. Strategic purchasing by SHA.

We also introduced the NEST programme, where hospitals, the county governments and the national Government do not need to pay for equipment. Vendors bring their equipment and install it, Kenyans then use the equipment, and SHA reimburses those vendors based on the number of patients that use the equipment.

On *Mhe. Jalang'o*'s question, countries must make a choice in terms of universal healthcare (UHC). I think the Member has left. We would have no problem if this House decided to introduce free healthcare. We will just create a budget for it. The amount of money

which this House, in its wisdom, allocated to the ECCIF and the Primary Health Care Fund (PHCF) is huge. That is why we base SHIF payments on a person's income. Those at the earning apex pay more so that other Kenyans can benefit. The principal goal is to reduce ailments and procedures which are catastrophic health expenditures, like cancer and dialysis. Majority of Kenyans who require dialysis twice a week will find that the procedure is fully paid for by SHA. You can walk into the Aga Khan University Hospital and use their dialysis machines. We are soon opening a new 24-hour East Africa Dialysis Centre, where even public servants can go for dialysis at night after working throughout the day. The drivers of this dangerous health expenditure include surgical packages and oncology. Maybe we need to evaluate those packages and see what we can do as a country.

Finally, the hospital choice usually determines the hospital bill. Certain hospitals want to make money. Some of them charge you for the TV you watch in the private wing. They have an insurance cover for that. All those charges are lumped into the cost of healthcare. So, if you go to the Nairobi Hospital Private Wing, you will pay more. Currently, many leaders seek treatment at Kenyatta National Hospital (KNH), Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) and Moi Teaching and Referral Hospital (MTRH). You can visit those public referral hospitals and compare them with the private hospitals like Aga Khan Hospital, Nairobi West Hospital or Nairobi Hospital. Just visit the hospitals and do your own analysis. So, the amount of the bill depends on the choice of the hospital. But we have done an analysis and found out that surgical expenses are the drivers of healthcare cost in our country.

Hon. Kibagendi, I assure you that we will not politicise the matter but give the country the true situation. We get a lot of feedback through our call centre run by Safaricom and DHA. The number of questions that Kenyans ask are close to between 5,000 and 10,000 every day. You can even try to call the centre now.

The total cost of the benefit package that will be financed purely from the Exchequer, if we have to say that healthcare will be free in our country, will be close to about Ksh410 billion per year. That is the reality. The bed rebates in Level 4 hospitals is 336, Level 4 392 while Level 6 is 448. Fifty per cent of that is an increase from the previous scheme, NHIF.

Thank you, Hon. Speaker.

Hon. Speaker: Hon. Omboko Milemba.

Hon. Omboko Milemba (Emuhaya, ANC): Thank you, Hon. Speaker and Cabinet Secretary. Just like all other Members, I believe in SHA. There are the small health centres in the village that assist people on a daily basis. In my constituency, there are many of them, including Esirulo, Emusire, Matsuri and Elukongo. I am one of the people who often gives feedback to the Cabinet Secretary. These health centres have never received any SHA monies. The management told me that their SHA claims are very few but they have never received any money from SHA. The health centres are struggling yet these are the first places where the patients go to in the village—a very difficult setup. Cabinet Secretary, please speak on this. Why is it that the small health centres have not received any money? I will be more than willing to give you the full list before you go away.

Thank you, Hon. Speaker.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, if I am given the list, just like for St. Mary's and Consolata, I will pay the health centres. We make payments to all hospitals—Primary Health Care (PHC), Level 2, Level 3 and sub-county hospitals. Under PHC, we have paid Ksh9.8 billion in 13 months. If I am given the list before I leave the House, I can tell the Member how much we have paid those facilities.

Hon. Speaker: Hon. Members, we are now at 6.18 p.m. I have four Questions to go, from Hon. Karani, Hon. Kwanjiku, Hon. Naisula and Hon. Kwenya. Hon. Kwanjiku has already had two bites. Cabinet Secretary, if I skip Hon. Kwanjiku's Question 77/2025, because

he has already asked two Questions, can we do the remaining three from Hon. Karani, Hon. Kwenya and Hon. Naisula in 30 minutes?

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, yes, we can.

Hon. Speaker: Yes, Hon. Kwenya, what is your suggestion?

Hon. Kwenya Thuku (Kinangop, JP): Hon. Speaker, most of these Questions are interrelated. Based on the responses that we are getting from the Cabinet Secretary, I would wish that we all read out the Questions then we can have responses. If we have further questions, we can engage the Cabinet Secretary.

Hon. Speaker: Excellent. Hon. Kwanjiku will be the next. Hon. Stephen Karani. Cabinet Secretary, record all of them and you will answer them in 30 minutes.

Question 75/2025

REMITTANCE OF MONTHLY CONTRIBUTIONS TO SHIF BY INFORMAL SECTOR WORKERS

Hon. Wachira Karani (Laikipia West, UDA): Hon. Speaker, I rise to ask the Cabinet Secretary for Health the following question:

- (a) Could the Cabinet Secretary explain why informal sector workers are no longer able to remit monthly contributions to the Social Health Insurance Fund (SHIF) under the Social Health Authority (SHA) including being required to make top-up contributions when they are receiving medical services from hospitals, creating discrimination as this requirement is not imposed on salaried individuals?

(Hon. Peter Nabulindo and Hon. (Dr) Ojiambo Oundo consulted loudly)

Hon. Speaker: Order, Hon. Nabulindo and Hon. Oundo. This is not a market in your regions.

Hon. Wachira Karani (Laikipia West, UDA):

- (b) Could the Cabinet Secretary clarify whether any assessment has been undertaking on the impact of requiring annual contributions from informal sector workers on their right to access affordable healthcare?
- (c) Could the Cabinet Secretary outline the alternative payment models accessible to informal sector workers and measures put in place to ensure inclusivity and flexibility in the remittance of SHIF?

Question 77/2025

STATUS OF SOCIAL HEALTH AUTHORITY REGISTRATION

Hon. Njuguna Kwanjiku (Kiambaa, UDA): Hon. Speaker, I rise to ask the Cabinet Secretary for Health the following question:

- (a) Could the Cabinet Secretary provide a report of the number of Kenyans that have registered with the Social Health Authority including measures taken by the Ministry to sensitise the public on payment of premiums and the benefits available under the package offered by the Authority?
- (b) Could the Cabinet Secretary clarify on whether indigents are subjected to a means testing process, and if so, provide a report on whether claims by indigents

have been fully paid for and the number of indigent households that have benefited under SHA?

- (c) Could the Cabinet Secretary outline the current uptake of premium financing and the utilisation of the Lipa Pole Pole Scheme under the SHA for Kenyans in the informal sector?
- (d) Could the Cabinet Secretary provide the status of recruitment by SHA and whether staff of the defunct National Health Insurance Fund (NHIF) have been transitioned to SHA?
- (e) Could the Cabinet Secretary indicate the status of the suspension and investigation of health facilities that integrate the issues including actions taken by the Ministry to resolve the matter and ensure accountability by the health facility?
- (f) Could the Cabinet Secretary clarify whether the Rural and Urban Private Hospitals Associations (RUPHA) and like facilities are accepting and treating SHA members?

Hon. Speaker: Hon. Naisula.

Question 78/2025

PROVISION OF HEALTHCARE SERVICES UNDER SHA

Hon. Naisula Lesuuda (Samburu West, KANU): Hon. Speaker, I rise to ask the Cabinet Secretary for Health the following question:

- (a) Could the Cabinet Secretary outline measures put in place to ensure the provision of quality healthcare services and patient safety in health facilities including the manner in which pre-authorisation for admission and procedures is done by the SHA?
- (b) Could the Cabinet Secretary clarify whether the Ministry of Health, the SHA and the Kenya Medical Practitioners and Dentists Council (KMPDC) conduct inspections of the contracted health facilities to ensure strategic purchasing of services and that SHA members receive quality healthcare services?
- (c) Could the Cabinet Secretary state the measures put in place to ensure availability of drugs in healthcare facilities by Kenya Medical Supplies Authority including improving the institutions order fill rate and ensure uninterrupted supply of drugs?
- (d) Could the Cabinet Secretary explain the relationship between the Social Health Authority, the Digital Health Agency and the KMPDC with regard to updating of bed capacity, empanelment, pre-authorisation, claim settlements, system downtime and surgical reviews?
- (e) Could the Cabinet Secretary explain why the SHA Tribunal has not been operationalised and explain how disputes in relation to billing, claim rejections and closure of facilities are being handled by SHA, KMPDC and the Ministry?
- (f) Could the Cabinet Secretary clarify whether Kenyans may seek medical services outside Kenya under the SHIF, and if so, provide the procedures that are to be followed for getting approvals to be treated outside of the country by SHA?
- (g) Could the Cabinet Secretary provide a report on the manner in which SHA empanels and pays health facilities outside Kenya?

Hon. Speaker: Hon. Kwenya.

Question 79/2025

BENEFITS OF LINDA JAMII PROGRAMME

Hon. Kwenya Thuku (Kinangop, JP): Hon. Speaker, I rise to ask the Cabinet Secretary for Health the following Question:

Could the Cabinet Secretary—

- (a) Explain what entails the Linda Jamii programme, including whether there are any benefits categorised for maternal, newborn and child health?
- (b) Provide a report on the statistics of teenage mothers and their children being treated under the Social Health Authority?
- (c) State how much has been paid to facilities by the Social Health Authority under the Public Officers Medical Scheme Fund, including how much has been paid to the Fund by the Ministry of Public Service?
- (d) Outline the current status of NHIF outstanding debts and the verification of the outstanding claims?
- (e) Provide the reasons or grounds upon which SHA rejects claims, including whether such reasons are provided to health facilities and the measures put in place to ensure that the 9,000 contracted health facilities are trained on claims processing, SHA digital systems and financial accountability?
- (f) State whether SHA is paying for emergency services provided to Kenyans and if so, explain how are ambulances contracted by SHA, including procedures for referrals where ambulances are involved?
- (g) Indicate the level of ambulance coverage in rural and far-flung areas of the country?
- (h) Explain how the Ministry is engaging and supporting county governments in the Implementation of the Facility Improvement Financing Act (Cap. 277)?
- (i) State the measures put in place to ensure that county laws are aligned to the national legal framework on Facility Improvement Financing?
- (j) Outline the steps taken by the Ministry to regulate organ and tissue donation and transplants in the country?

Thank you, Hon. Speaker.

Hon. Speaker: Cabinet Secretary, all those questions are largely overlapping, some touching on issues we have already dealt with. Can you cover them in the next 20 or 30 minutes maximum?

The Cabinet Secretary for Health (Hon. Aden Duale): Thank you, Hon. Speaker.

I also have a very comprehensive answer which I have given to Hon. Members. They can look at it. I am ready to engage them further.

Hon. Karani asked why the informal sector workers are unable to remit monthly contributions to SHIF. Hon. Kawanjiku asked about Lipa Pole Pole scheme under SHA. These two Questions show that the means testing instrument is working. Up to today, 1.8 million informal sector contributors have successfully registered, nearly doubling the previous annual enrolment rate of 51,000 individuals who are now active. Every evening, 2,000 to 3,000 Kenyans go through SHA Lipa Pole Pole Scheme. The others who pay through the informal sector go through the means testing instrument.

Hon. Kawanjiku asked the same question which I answered earlier on how many Kenyans have registered for SHA as at 3rd November 2025.

Hon. Robert Mbui (Kathiani, WDM): On a point of order, Hon. Speaker.

Hon. Speaker: Yes, Hon. Robert. What is your point of order?

Hon. Robert Mbui (Kathiani, WDM): Hon. Speaker, the Cabinet Secretary has alluded to the issue of Lipa Pole Pole Scheme under SHA. Is it not a fact that now anyone in the

informal sector is supposed to pay annually upfront? Lipa Pole Pole Scheme was scrapped. Maybe, he needs to clarify.

Hon. Speaker: Okay.

The Cabinet Secretary for Health (Hon. Aden Duale): SHA Lipa Pole Pole is an annual contribution, Hon. Mbui. Firstly, there are Kenyans in the informal sector who pay annually through the means testing instrument. If you go through it and your contribution is, for example, Ksh 6,000 annually and you do not have money, then SHA Lipa Pole Pole sets in. It asks you to pay for four months. You use SHA Lipa Pole Pole to pay the balance of eight months. Will you pay daily, weekly or monthly and then you...

(*Loud consultations*)

Let me finish. When you go through the means testing instrument as an informal Kenyan, for example, a boda boda rider, it tells you your annual payment is Ksh7,200 and you have only money for four months. You pay the four months, and it gives you a guarantee. There are no taxes, interest, levies, or charges. It pays for you for eight months. Once it guarantees you to pay the eight months, then the next question is: do you want to pay the eight months on a daily basis, on a weekly basis, or on a monthly basis? If you say, for example, weekly, every Friday you will get a text message on your phone asking you to pay Ksh100, for example. If you do not pay, then the following week you will be informed to pay Ksh200.

Hon. Speaker, as of today, 1.8 million Kenyans in 13 months have paid their annual contribution from the informal sector.

Just to move...

Hon. Naisula Lesuuda (Samburu West, KANU): On a point of order, Hon. Speaker.

The Cabinet Secretary for Health (Hon. Aden Duale): My 25 minutes will be over.

Hon. Naisula Lesuuda (Samburu West, KANU): Thank you, Hon. Speaker.

On the issue of Lipa Pole Pole and a lot of other matters of the SHA and payment, through our interaction with our constituents, they do not have the information, and there is a lot of confusion. Today, there is a circular or a policy, and people are getting a bit confused. So, maybe if there are better channels of communication to reach everybody — whether it is the local radio stations or whatever — run programmes where Kenyans can understand... I can assure you, if, as a Member of Parliament, sometimes I am a bit confused, you can imagine someone in the informal sector understanding what Lipa Pole Pole or Lipa Annual means. I just think it is the communication aspect of it that Kenyans are having a challenge with the whole payment issue.

Hon. Speaker: Yes, Hon. Milemba.

Hon. Omboko Milemba (Emuhaya, ANC): Thank you for this question. Here, Hon. Cabinet Secretary, you must help Kenyans. It is not a win-or-lose situation. The Lipa Pole Pole is not working. Yesterday, a widow in my constituency at Emuhaya Hospital, a desperate person, could not get treatment via SHA, and we tried all efforts to see whether Lipa Pole Pole could work. It is not working. They said no. So, we ended up paying Ksh7,800, which I paid myself, and I have a message here. If we fixed Lipa Pole Pole, it would really help Kenyans. When we are dealing with this, we must not win out of an argument but just go to the real issues. Let us make the Lipa Pole Pole work. We shall be happy, and you will be happy.

Thank you.

Hon. Speaker: Hon. Cabinet Secretary, proceed.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, I want to go on record that every night at 10.00 p.m., the leadership, including the President and myself, receive updates on how many Kenyans register with the Social Health Authority. Last night, and I can table it, over 2,000 Kenyans across the country went through SHA Lipa Pole Pole and paid

money close to Ksh5.1 million. This happens every night, and I can give this House the whole data for the last six months, during which I have been a Cabinet Secretary. It is working, it is very popular, and it is going to make the Social Health Insurance Fund sustainable.

I agree with my sister. For those 13 months, even for us as leaders, it has been a process. You are on Twitter, and I will send it to you. I told you that you are one of the people to help educate citizens. It is not rocket science. I want every leader, myself included, to go to the vernacular stations. I will go to all the vernacular stations. I have done it through social media influencers, which is very key. This is something we must sell. The most important element of why we introduced Social Health Insurance was because the NHIF was more of a club to us, the salaried people. That is why our Speaker today is paying Ksh46,000, and Members are paying close to Ksh32,000.

Hon. Speaker: No, I pay Ksh58,000.

The Cabinet Secretary for Health (Hon. Aden Duale): He pays Ksh58,000 so those going through the means testing can be covered and healthcare becomes accessible. Hon. Speaker, the last time I was here, you told me it was Ksh46,000. I think you now need to look at it.

Hon. Speaker: I pay Ksh58,700.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, I am ready to come to a Members' *Kamukunji* and take them through the Lipa SHA Pole Pole Initiative. I agree that I need to engage vernacular stations based on different regions, bring them together and take them through the Lipa SHA Pole Pole Initiative.

It is working as many Kenyans have gone through it. That is why today we have a Member like Hon. Kawanjiku...

Hon. Speaker: Cabinet Secretary, to be on the safe side, say, "it is working, but it is work in progress".

The Cabinet Secretary for Health (Hon. Aden Duale): Yes. SHA is only 13 months old while the system is 8 months old. This baby is just walking. We are getting very good feedback from leaders and will keep improving.

For instance, as Hon. Milemba asked, we have 440 facilities in our counties without bank accounts. We have written to the Council of Governors (CoG) about this. If your facilities do not have their bank accounts linked to the SHA, we will not pay them, although we have money.

(An Hon. Member spoke off the record)

We are checking yours. If the facilities do not have bank accounts, we will not pay them, although we have their money. We have told him to provide us with the list.

There was also a Member who asked about donors and indigents. I have provided the list from the United Nations High Commissioner for Refugees (UNHCR). Murang'a County had the highest number, followed by Kasipul, Laikipia East, Nakuru East, Kikuyu Constituency, Lang'ata, Turbo...

Hon. Speaker: Did you say Murang'a County has the highest number of indigents?

The Cabinet Secretary for Health (Hon. Aden Duale): Yes. It has the highest number of indigents, 37,000, that they have paid for.

Hon. Speaker: What about Turkana?

The Cabinet Secretary for Health (Hon. Aden Duale): Turkana has not paid for any.

Hon. Speaker: Okay.

The Cabinet Secretary for Health (Hon. Aden Duale): However, several counties, including Kajiado, Vihiga and Kakamega, have committed to the rollout of SHA, with support from governors and Members of Parliament.

On the legal framework and transition of the former National Health Insurance Fund (NHIF) staff, this House reduced the administrative cost of SHA from 18 per cent to 5 per cent of the budget. And because of technology, staff numbers were also reduced from 1,800 to about 900. There are those who will be absorbed through competitive recruitment to SHA, which we have done and are continuing. Those who have not been absorbed will be placed in other public institutions at the same salary and scale because they have mortgages and other commitments and should not lose their jobs. I made that commitment. When I was here last time, I tabled letters from the Head of Public Service and the Public Service Commission (PSC). We have employed close to 65 officers, from the Chief Executive Officer, Dr. Mwangangi, to directors, deputy directors and assistant directors. The recruitment is ongoing.

On enforcement, I have spoken about threat detection and claims rejection. Close to Ksh10.6 billion has been rejected due to fraudulent claims. We have the regulatory facility closure. As the regulator, the KMPDC has the powers to register, upgrade, downgrade or close a facility. It has revoked the licences of 454 facilities and closed 546 premises due to non-compliance, including claims of having theaters that do not exist.

SHA has also suspended 85 facilities for fraudulent activities. As I said earlier, we have submitted a number of files to the DCI. The Ministry has also submitted 1,180 files for further interrogation by the criminal justice system.

As at 4th October, the ODPP has taken a number of people, including staff and facility owners to court.

On the RUPHA allied facilities, I wish to clarify that facilities are the ones who sign contract obligations with SHA. There are bodies like the Kenya Healthcare Federation (KHF) and RUPHA that represent these facilities. However, all they can do is only lobby for their members, but have no contractual obligation with SHA. Every facility will engage with the SHA and its leadership through the contracts they have signed. We also do active engagement, structured dialogue and operational support. As we have stated, we empanelled close to 10,540 facilities across the country.

The Ministry is implementing very comprehensive measures to ensure the provision of quality healthcare and that patient safety is adhered to. We are doing so by ensuring oversight over all facilities and their compliance. We deal with anti-fraud measures. Our digital system with an AI powered fraud engine eliminates fraudulent practices such as upcoding, phantom billing, falsification of records and other acts that would compromise the financial sustainability required for the delivery of quality healthcare to citizens.

There was a question on whether the Ministry of Health, the Social Health Authority and the Kenya Medical Practitioners and Dentists Council conduct inspections. Yes, the Kenya Medical Practitioners and Dentists Council and the Clinical Officers Council are the designated licensing authorities mandated by law. They evaluate service readiness, ensure compliance, conduct site inspections on new facilities and check the location, infrastructure, service capacity, and human resources. The role of the SHA is contingent upon the licensing status granted by these regulatory bodies. SHA utilises the DHA digital system and its forensic audit tools to monitor claims and to suspend facilities, such as the 85 facilities recently suspended, due to fraudulent activity. SHA's new computation model for Primary Health Care promotes very strategic purchasing.

On the measures to ensure availability of drugs, which is extremely important, by the Kenya Medical Supplies Authority (KEMSA), Hon. Speaker, in line with its mandate under the Kenya Medical Supplies Authority Act and the Universal Health Coverage agenda, we are undertaking several reforms to ensure that the authority's fill-rate, currently at 67 per cent, rises to 90 per cent by the end of the year. This will ensure that medicines are available in every health facility, especially public facilities.

On this, we have agreed in the Cabinet and the Council of Governors to ensure that KEMSA is not known for the “COVID billionaires”. It must now be an authority that serves each Kenyan at his village and the next facility. We are doing this through a number of reforms, which I have stated in the documents that I have just presented. There is a table showing the responsible agencies and their distinct roles, including the KMPDC and the SHA.

On the handling of the disputes by the tribunal, by Hon. Lesuuda. That dispute tribunal ideally is supposed to serve as an independent body for appeals against SHA decisions. We have already developed the required rules, the Social Health Insurance Tribunal Procedure and Rules. However, the tribunal has not yet been appointed due to the Government's plan, especially in the Judiciary. It has been stated that all tribunals under the Judiciary should be under the proposed Tribunals Bill of 2023, currently before this House. Once that is enacted, the appeals tribunal for the SHA will be in place. As a Ministry, we are ready, willing, committed and we have put everything in place in terms of procedure and rules.

Regarding Kenyans seeking medical services abroad, there used to be significant corruption in this area. There were arrangements between certain health-care workers and hospitals in other parts of the world, where Kenyans were being referred even when they could get the same services in our country. Today, young Kenyan children who could not hear or speak received cochlear implants, 54 at Kenyatta National Hospital and 10 at Moi Teaching and Referral Hospital. This is one of the treatments for which Kenyans used to travel abroad. We now have the expertise, doctors and specialists. We have said there are only 37 treatments for which, if one wishes to use SHA resources, they can go abroad. For all others, treatment must be done locally. We remember what happened during COVID-19 in India, where many Kenyans died and their bodies could not be repatriated. We want to make our hospitals, private, public, and faith-based, the best in the region, not only for medical tourists but also for our own citizens.

On Linda Mama and Linda Jamii, Hon. Kwenya, I have provided a table. Linda Mama covered only maternity services, whereas Linda Jamii offers full household health cover. Pregnant women and newborns were covered only under Linda Mama, which was also budgeted here, though at times it fell victim to supplementary budget cuts. By the time SHA was being established, Linda Mama had accumulated a debt of Ksh4.9 billion. Linda Jamii caters for all vulnerable mothers, their spouses and children. It provides a full range of services under SHA funds, whether under PHC, SHIF, or ECCIF. It covers the entire family and offers comprehensive insurance coverage. Linda Mama was limited to maternity and covered only the mother and child. Under maternity, SHIF covers normal delivery at Ksh10,000 and caesarean section at Ksh30,000. Under Linda Mama, the fund paid about Ksh5,000, with variations depending on the facility: public health facilities received Ksh3,000, private hospitals Ksh5,500, and faith-based facilities about Ksh4,900. The Primary Health Care Fund provides free treatment for all common diseases.

Another question was how much has been paid to facilities by SHA under the Public Officers' Medical Scheme. This is very important. The Ministry has developed a new working arrangement to sustain the Public Officers' Medical Scheme Fund, ensuring that services remain accessible through budgetary allocations approved by this House. So far, SHA has received Ksh4.1 billion from the Ministry of Public Service for this fund. Out of that, Ksh2.4 billion has already been paid to facilities under the scheme.

Regarding the current status of outstanding NHIF debts, I believe that has been answered comprehensively.

The final question by Hon. Kwenya was whether the SHA pays for emergency services provided to Kenyans and, if so, how the ambulance system works. Payment for emergency services is covered under the ECCIF. These services are accessible to all Kenyans, regardless

of registration or premium payment status. Emergency treatment, like PHC, is free, and no Kenyan will be denied care. Emergency treatment is provided for up to 24 hours.

On ambulance contracting and referrals, SHA is rolling out an ambulance evacuation service benefit package under the ECCIF created by this House. The tariff structure is as follows: Ksh4,500 for distances within 25 kilometres, and Ksh75 per kilometre beyond that. We are contracting both county and private ambulances, and the system will operate much like Uber. Once you call our command centre, we will direct the nearest ambulance to come to your location, pick you up, and take you to the hospital. The Social Health Authority will cover all costs for the first 24 hours of treatment, including surgical care, making it free of charge. The KMPDC, which serves as the regulator, has already issued advertisements. Hon. Kwenya, as a businessman, you may also consider investing in ambulances. However, please note that the standards are very high. The SHA Board is currently engaged in implementing a nationwide ambulance service across all 47 counties, designed to complement the efforts of our county governments.

The final point pertains to how the Ministry is engaging and supporting county governments in the implementation of the Facility Improvement Act, Cap. 2022. This Act mandates that all public health facilities, from levels 2 to 5, establish structures for the collection, retention, and management of revenue generated from health services. The aim is to improve the operations of local facilities. The funds must not pass through the county treasury but instead go directly to the facilities, allowing them to purchase drugs, hire healthcare workers on a locum basis, and improve their facilities.

However, we must engage with the Departmental Committee on Health of the National Assembly, which has conducted visits across the country during recess and has identified various issues. One such issue is the existence of individual facility improvement frameworks within the counties. I would like to clarify that national legislation always supersedes county assembly legislation. Therefore, it is not permissible to use a county assembly law to undermine a law passed by this House. This distinction must be made clear, as failure to adhere to it contravenes the law. Nevertheless, the operation of the SHA inherently supports the implementation of facility improvement financing (FIF) by ensuring a cash flow to these facilities. The capitation and claims payments directed to the fund will facilitate local fund management.

We are also streamlining the ordering process, enabling SHA and KEMSA to order directly from the facilities. Furthermore, there is an alignment of the laws, with the Ministry deferring detailed updates regarding the alignment of our county laws to the Council of Governors, with whom we have discussed these matters.

Hon. Speaker: I have a very detailed report that I can table for Members to review.

Hon. Speaker: Indeed, Hon. Members, there is a very detailed response to your questions. If you have not received it yet, you may collect it from the Table Office. Let us have the Chairperson of the Departmental Committee on Health.

Hon. (Dr) James Nyikal (Seme, ODM): Thank you, Hon. Speaker. Let me start by appreciating the Cabinet Secretary for the detailed report, which, to a large extent, is correct. In terms of design and intention, the Ministry is doing a fantastic job. However, there are still implementation gaps when you assess the situation on the ground. We have discussed these matters with the Ministry, and I will highlight a few key issues.

Hon. Speaker: Do it in three minutes.

Hon. (Dr) James Nyikal (Seme, ODM): I will take three-and-a-half minutes.

(Laughter)

First, regarding registration, the Lipa Pole Pole system presents challenges to the people. Streamlining this system could make things better. Second, there are issues concerning the benefits package. It is true, as the Cabinet Secretary mentioned, that the legislation passed through Parliament, but it did so as delegated legislation. This means it did not come to my Committee. We must reassess the benefits package and the associated tariffs. For instance, in the case of Hon. (Dr) Oundo and Hon. Kibagendi, the situation is quite straightforward. Hon. Kibagendi's mother had diabetes as her primary health concern. Alongside this, she suffered from a foot wound caused by her diabetes, necessitating treatment for diabetes followed by surgery. The two legs were amputated. Now, the Benefit Package paid for the surgery, but not the diabetes treatment. These are areas we need to look at. If you look at Primary Care, and I urge Members to go into the outpatient side in our Level 2, Level 3, and Level 4 hospitals and ask patients if they are getting treated for free. That is what we did as a Committee, and we will report back.

On the Facility Improvement Financing, the Cabinet Secretary is right that it is provided for in law. However, we have looked at that, and there is already a proposal from my Committee on how to remove the powers from the counties over it.

In the case of cancer, what is happening is that there was Ksh400,000, but when it came, the Emergency, Chronic, and Critical Illness Fund was Ksh150,000, making it Ksh550,000. The issue is, there is a variance between the package and the tariff. If, for instance, patients are getting chemotherapy, which costs between Ksh84,000 to Ksh100,000, and they have to get 10-12 sessions, that is way above the Ksh550,000. These are the issues we have. The Ministry is doing well, and the Committee will work together to get the details.

On the issue of rejection of claims, we always issue a communication. What Hon. Jalang'o has said is key. From our ground visit, Cabinet Secretary, we need a well-formulated communication strategy to go out, a strategy almost equivalent to how we inform with regard to the Constitution. If we do that, we will get it right. I do not want to dwell on this. We will bring a report to this House that covers all the areas we have discussed here.

Thank you very much. SHA can work if we look at it carefully, leave out politics and try to control business.

Hon. Speaker: Thank you, Chairman. We will reach there on Questions. Cabinet Secretary, you and your team may leave. Call out Order 11. We had done up to Order 10.

SPECIAL MOTION

CONSIDERATION OF A NOMINEE FOR APPOINTMENT AS A MEMBER OF THE SALARIES AND REMUNERATION COMMISSION

Hon. Ken Chonga (Kilifi South, ODM): Thank you, Hon. Speaker. I beg to move the following Motion:

THAT, taking into consideration the findings of the Departmental Committee on Labour in its report on the approval hearing of a Nominee for Appointment as a Member of the Salaries and Remuneration Commission(SRC), laid on the Table of the House on Tuesday, 4th November 2025, and pursuant to the provisions of Section 7 (11) of the Salaries and Remuneration Commission Act, Cap 412D and Sections 3 and 8 of the Public Appointments (Parliamentary Approval) Act, CAP 7F, this House approves the appointment of the Hon. (Eng.) Michael Thoya Kingi as a Member of the SRC.

[The Speaker (Hon. Moses Wetang'ula) left the Chair]

[The Temporary Speaker (Hon. Omboko Milemba) took the Chair]

Hon. Temporary Speaker, following the notification of presidential action nominating Hon. (Eng.) Michael Thoya Kingi for appointment as a member of the SRC to represent the Public Service Commission (PSC), the subsequent communication by the Hon. Speaker and referral to the Departmental Committee of Labour:

1. The Clerk of the National Assembly, on 9th October 2025, facilitated the placement of an advert in the print media notifying the public of the date, time and place of the approval hearing of the nominee.
2. In compliance with Section 9 of the Public Appointments Parliamentary Approval Act, the Clerk invited the public to submit a memorandum by way of written statements on oath, affidavits on the suitability or otherwise of the nominee.
3. To fulfil the requirement of personal integrity, the Clerk on 8th October 2025 brought to the Kenya Revenue Authority (KRA), the Ethics and Anti-Corruption Commission (EACC), the Directorate of Criminal Investigations (DCI), the Higher Education Loans Board (HELB), the Office of the Director of Public Prosecution (ODPP) and the Registrar of Political Parties to ascertain the nominee's integrity and good standing with the said agencies.

The nominee appeared before the Committee on Tuesday, 21st October 2025, and was orally interviewed under oath having been nominated pursuant to Articles 230(2)(b) and 50 of the Constitution, the Public Appointments (Parliamentary Approval) Act, Cap. 7F, the Salaries and Remuneration Commission Act, Cap. 412D, and the National Assembly Standing Orders.

Having considered the nominee's filed questionnaire pursuant to Section 6(8) of the Public Appointments (Parliamentary Approval) Act, Cap. 7F, the curriculum vitae, and having had his oral submission during the approval hearing, the Committee made the following findings:

1. The nominee is a Kenyan citizen and does not hold dual citizenship. Thus, he satisfies the requirements of Article 78(1) and Article 78(2) of the Constitution that bars state officers from holding dual citizenship.
2. The nominee presented his academic credentials and professional certificates. During approval hearings, the nominee demonstrated suitability in accordance with the provisions of Section 6(7) of the Public Appointments (Parliamentary Approval) Act, Cap. 7F.
3. The nominee does not hold any office in a political party, a requirement under Article 77(2) of the Constitution and the schedule to the Public Appointments (Parliamentary Approval) Act, Cap. 7F.
4. In line with the provision governing personal integrity, the Committee exercised due diligence and contacted clearing agencies to ascertain the nominee's integrity and good standing with the said institutions. According to information availed to the Committee by the nominee and various clearing agencies, the nominee meets the requirements of Chapter Six of the Constitution on leadership and integrity.
5. Further, the nominee has not been charged in a court of law in the last three years and neither has he been adversely mentioned in an investigatory Report of Parliament or any other commission of inquiry in the last three years.
6. Pursuant to Section 6(9) of the Public Appointments (Parliamentary Approval) Act, Cap. 7F, the Committee did not receive any written statement on oath contesting the suitability of the nominee.

7. Noting the findings of the report on the selection panel of the recruitment of a member of the SRC, the nomination of Hon. (Eng.) Michael Thoyah Kingi complied with the Constitution and the Public Appointments (Parliamentary Approval) Act, Cap. 7F.
8. The nominee demonstrated extensive knowledge and experience in public management and administration, and topical issues such as the status of remuneration in public service including the menace of ghost workers and the suitability of the public wage bill.
9. The nominee, if approved, undertakes to enhance the Commission's consultations and engagements with relevant stakeholders, including Parliament, to strengthen inter-institutional relations.

Hon. Temporary Speaker, having conducted the approval hearing pursuant to Article 230(2)(b)(ii) of the Constitution, Sections 3 and 8 of the Public Appointments (Parliamentary Approval) Act, Cap. 7F, the Salaries and Remuneration Commission Act, Cap. 412D, and Standing Order 216(5)(f), the Committee recommends that the House approves the appointment of Hon. (Eng.) Michael Thoyah Kingi as a member of the SRC.

I beg to move and request Hon. Owen Baya to second.

Thank you, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Baya, proceed.

Hon. Owen Baya (Kilifi North, UDA): Thank you very much, Hon. Temporary Speaker.

From the onset, I take this opportunity to second this Motion that Hon. (Eng.) Michael Thoyah Kingi be appointed as a member of the SRC.

Michael Thoyah Kingi was a Member of the 12th Parliament. We worked with him in this House. He also served in several committees. During his tenure in Parliament, he showed his ability to lead. I know Michael Thoyah Kingi, an engineer who has worked as a Managing Director of Malindi Water and Sewerage Company (MAWASCO). During his tenure in MAWASCO he also showed his leadership skills. With this position of a member of SRC, we need a person who can display leadership so that the issues of remuneration in this country can be streamlined as envisaged in the Constitution. His ability, academic levels, work, experience, ability to network, talk to people and work well in a team, gives him a head start. Therefore, we request this House to approve his nomination.

Hon. Temporary Speaker, with those many remarks, I second.

(Hon. Wanami Wamboka spoke off the record)

Hon. Owen Baya (Kilifi North, UDA): As pronounced by the ‘acting Leader of the Minority Party’, I request that you go ahead and put the question.

The Temporary Speaker (Hon. Omboko Milemba): Order, Hon. Members. Let me propose.

(Question proposed)

The Temporary Speaker (Hon. Omboko Milemba): Hon. Tandaza, proceed. We give you the first chance to speak on this.

Hon. Kassim Tandaza (Matuga, ANC): Asante, Mhe. Spika wa Muda, kwa kunipa hii fursa.

Kwanza, tutambue kwamba katika Katiba yetu ya 2010, katika uteuzi wowote ambao unafanyika katika Tume, ni lazima kuwe na wakilishi wa kimaeneo. Kwa muda mrefu, Eneo letu la Pwani limeachwa nyuma katika uteuzi kama huu. Kwa hivyo, ninampongeza Michael

Kingi kwa sababu, kwa mara ya kwanza, tumepeata uteuzi katika tume hii. Tangu kuanzishwa kwa tume ya SRC na nyinginezo, hatujakuwa na mwakilishi kutoka Eneo la Pwani.

Pili, katika masuala ya mishahara, ni lazima kuwe na mwanahisabati pale. Mimi kama mhandisi – kama vile alivyo mhandisi Michael Kingi – litakuwa jukumu letu kuangalia zile nambari ndogo ndogo. Tutafanya hesabu ya kugawa na kuongeza kwa manufaa ya mwananchi na kuhakikisha kwamba, Kenya inasonga mbele.

Kwa hayo machache, ninaunga mkono uteuzi huu. Asante Mhe. Spika wa Muda.

Hon. Members: Put the question!

The Temporary Speaker (Hon. Omboko Milemba): Before I put the question, I will give the chance to Hon. Fatuma Masito, Member for Kwale County. Proceed.

Hon. Fatuma Masito (Kwale County, ODM): Ahsante sana, Mhe. Spika wa Muda. Ninampatia kongole Michael Kingi, aliyekuwa katika Bunge hili. Amepata nafasi hii na ninawaomba Wabunge wenzangu wamuunge mkono.

Mbali na kuwa Mpwani na haswa, Mmijikenda, jamii yetu ilikuwa imeachwa nyuma sana. Ninamshukuru Mheshiwa Rais kwa kuwatambua Wapwani safari hii. Kila nafasi zinapotokea, tunaomba Mpwani mmoja au wawili wapate fursa ya kuteuliwa. Ningependa kumwambia ndugu au kaka yangu, Michael Kingi, kuwa pindi tu atakapopata nafasi hii, ajaribu sana kuwa mzalendo na kukumbuka kuwa, Kenya iko na makabila mengi na nafasi tofauti. Tushikane kama Wakenya kama vile Dkt. William Samoei Ruto anavyowafanya wakenya wote.

The Temporary Speaker (Hon. Omboko Milemba): There being no more interest in this Motion, I call upon the Mover to reply.

Hon. Ken Chonga (Kilifi South, ODM): Much appreciated, Hon. Temporary Speaker.

You and I know the nominee very well. Hon. Michael Thoyah Kingi is a very sober person, looking at his record in *The Hansard* of the 12th Parliament. He deserves to be rewarded for his humility with such a nomination. He is not biased in his judgments.

Just as Hon. Fatuma has said, I, therefore, take this opportunity to urge Members to approve his appointment to that position.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Members, I will defer the putting of the question until tomorrow at 2.30 p.m.

(Putting of the Question deferred)

Next Order.

MOTION

ADOPTION OF FOURTH REPORT ON IMPLEMENTATION STATUS OF PUBLIC PROCUREMENT REGULATORY AUTHORITY CIRCULAR NO.04 OF 2025

Hon. Raphael Wanjala (Budalangi, ODM): Hon. Temporary Speaker, I beg to move the following Motion:

THAT, further to the Resolution of the House of 19th August 2025, regarding nullification of Circular No.4 of 2025 on enforcement of compliance with the Mandatory Use of the Electronic Government Procurement System (E-GPS) and pursuant to the provisions of Standing Order 209(2), this House adopts the Fourth Report of the Select Committee on the implementation status of the Report of the Committee on Delegated Legislation on its consideration of Public Procurement Regulatory Authority Circular No.04 of 2025, laid on the Table of the House on Tuesday, 14th October 2025 and further nullifies:

1. Circular Ref. No. NT /PPD/1/3/14 Vol VI dated 26th March 2025 by the Cabinet Secretary, the National Treasury and Economic Planning directing Accounting Officers to transition to the e-GP system with effect from 1st July 2025.
2. Circular No. OP/CAB.6/2A dated 5th June 2025 from the Head of the Public Service reiterating the need for all procuring entities to onboard into the e-GP system, which occasioned the issuance of circular No. 04 of 2025.

This Report contains the proceedings of the Committee on Implementation in its oversight of the status of resolutions from the Report of the Committee on Delegated Legislation on the Public Procurement Regulatory Authority (PPRA) Circular No.04 of 2025 on the Enforcement of the Mandatory Use of the Electronic Government Procurement System (e-GPS) by all public procuring entities.

The follow-up was conducted after the adoption of the Report tabled by the Chairperson of the Committee on Delegated Legislation, Hon. Chepkonga Kiprono Samwel, CBS, MP, on 19th August 2025. The Report arose from the Morning Sitting of the National Assembly on 14th August 2025, when Hon. George Gitonga Murugara, CBS, MP, laid before the House the PPRA Circular No. 04 of 2025, hereafter referred to as the Circular, dated 12th August 2025, on the Enforcement of Compliance with the Mandatory use of the Electronic Government Procurement System (e-GPS) by all public procuring entities.

Hon. Murugara observed that the Circular appeared to carry the force of law by declaring non-compliance an offence, thus necessitating its submission to parliamentary scrutiny. He accordingly sought the guidance of the Hon. Speaker for the Circular to be referred to the Committee on Delegated Legislation for examination and approval, as mandated by the Statutory Instruments Act (Cap. 2A). In response, the Hon. Speaker, directed that the Committee on Delegated Legislation undertakes scrutiny of the Circular in accordance with the applicable legal provisions.

Hon. Temporary Speaker, during the consideration of the Report, the Committee observed that the purpose of the Circular was to enforce compliance with the mandatory use of the Electronic Government Procurement System (e-GP), by all public procuring entities. This, as noted by the Committee on Delegated Legislation, had contravened Article 227(1) which requires a procuring entity to ensure a fair, equitable and transparent procurement process. Furthermore, Section 77(1) of the Public Procurement and Assets Disposal Act, 2015, stipulates that tenders may be submitted through both electronic and manual systems. The Committee on Delegated Legislation had recommended that the House declares Circular No. 4 of 2025 a nullity, pursuant to Section 18 of the Statutory Instruments Act (Cap. 2A).

The Committee on Implementation, having reviewed the Report of the Committee on Delegated Legislation regarding the PPRA Circular on the enforcement of compliance with the mandatory use of e-GP by all public procuring entities, noted that Circular No. 4 of 2025, dated 12th August 2025, had been annulled by the House. However, the Committee observed that the annulment of Circular No.4 of 2025 did not consider that compliance with the mandatory use of the e-GP could continue through a Cabinet directive issued during its fourth meeting on 24th June 2025, which established e-GP as the primary procurement method for all Government transactions.

Additionally, the Committee noted that the House did not annul two previous Circulars:

1. Circular No. NT/PPD/1/3/14, Volume 6, by the Cabinet Secretary for the National Treasury and Economic Planning, dated 26th March 2025, directing accounting officers to transition to the e-GP system with effect from 1st July 2025.

2. Circular No. OP/CAP6/2A, dated 5th June 2025, from the Head of Public Service, reiterating the need for all procuring entities to onboard into the e-GPS.

The Committee also observed that while the circulars and directives on mandatory use of e-GP by all public procuring entities from the Executive have legal underpinnings in the Constitution and laws such as the Public Procurement and Asset Disposal Act (Cap. 412C), implementation needed to take into consideration challenges faced by public entities and the general public regarding onboarding e-GP such as geographical remoteness, lack of interest, electricity connection and technological challenges. Implementation needed to take into consideration challenges faced by public entities and the general public regarding onboarding electronic Government Procurement System, (e-GPS) such as geographical remoteness, lack of internet, electricity connection and technological challenges.

Considering the conundrum that the entire procurement system in the country is currently entangled in, the Committee in consonance with the requisite legal provisions made the following recommendations upon the adoption of this report:

1. That having considered the contents of the following circulars:
 - (a) Circular reference number NT/PPD/1/3/14 volume 6 by the Cabinet Secretary, the National Treasury and Economic Planning, dated 26th March 2025, directed accounting officers to transition to the e-GP system with effect from 1st July 2025.
 - (b) Circular number OP/1/CAB/6/2A, dated 5th June 2025, from the Head of Public Service, reiterating the need for all procuring entities to onboard into the e-GP system, which occasioned the issuance of circular number 04 of 2025.

The committee concurs with the annulment of circular number 04 of 2025 of 12th August 2025 by the House. Further, the Committee recommends that the House declares the above circulars, (a) and (b) annulity, as they create ultra vires provisions which were in contravention of Article 227 of the Constitution and Section 77(1) of the Public Procurement and Assets Disposal Act CAP. 412C.

2. The Committee recommends that henceforth, the Cabinet Secretary, National Treasury and Economic Planning submit regulations to accompany any new circular on the e-GP system for consideration by the National Assembly.
3. The Committee notes that monies appropriated in the Financial Year 2024/2025 have been disbursed. The Committee recommends the implementation of projects for the Financial Year 2024/2025 proceeds, according to the approved procurement plans in strict compliance with the provisions of Section 77(1) of the Public Procurement and Assets Disposal Act. This section permits the use of both manual and electronic procurement methods, ensuring flexibility and efficiency in the procurement process. Unless an amendment is made to the same, the law stands.

Finally, having noted the Proceedings of the Committee on Implementation on the enforcement of compliance with the mandatory use of the e-GP system by all public procuring entities, I beg to move. I urge the House to adopt this Report. I now request Hon. Mark Mwenje Muriithi, CBS, to second this Motion.

Thank you.

Hon. Mark Mwenje (Embakasi West, JP): Thank you, Hon. Speaker.

From the onset, I second this Motion that has been brought by the Committee on Implementation, on the enforcement of compliance to the mandatory use of the e-GP System by all procurement entities, as laid on the Table of the House. To reiterate the words of the Chairperson pertaining this report that has been tabled and moved, and on the quagmire that is facing the government and the procurement sector in this country, allow me to remind the

Plenary that the core mandate of the National Assembly as per the Constitution, is to legislate, carry out oversight, and represent. Currently, our role has been usurped by the Cabinet Secretary for the National Treasury and Economic Planning on issuance and relying on circulars that have the effect of law and bringing a developmental crisis by creating a gridlock in matters procurement. Currently, there is an impasse when it comes to procurement. This is as a result of these three circulars. I will not go through them because they have already been mentioned by the Chairman. Most importantly, Circular No.4 of 2025 was nullified by this House.

The Cabinet Secretary is relying on two other circulars dated 26th March 2025, by the Cabinet Secretary. There is a second circular dated 5th June 2025, from the head of Public Service. These are the two circulars that the Cabinet Secretary is using despite the nullification of the Public Procurement Regulatory Authority (PPRA) Circular No.4.

Hon. Temporary Speaker, the Committee noted the illegality of the said circulars. We met with the Cabinet Secretary and went through them. He was adamant at the time that the circulars were valid. Therefore, that is why the Committee has brought the matter to this House so that the circulars that were being relied on, are nullified by this House because the House holds that power.

Let me just mention Article 227(1) and (2) of the Constitution. Article 227(1) of the Constitution provides that when a State organ or any other public entity contracts for goods or services, it shall do so in accordance with a system that is fair, equitable, transparent, competitive, and cost-effective. Contrary to that, this Electronic Government Procurement (e-GP) System completely violates all those points. It is not fair because there are areas that cannot use it, and neither is it transparent.

Hon. Temporary Speaker, I reveal here that we inquired where the system came from. We now know that the e-GP system came from some people in India. They designed and brought it to us. So, when it comes to matters competition, how competitive is this system? It means the entrepreneurs, in Nairobi, are at an advantage compared to those who come from far-flung counties.

Article 227(2)(b) of the Constitution provides that an Act of Parliament shall prescribe a framework within which policies relating to procurement and asset disposal shall be implemented, and may provide for all or any of the following: the protection or advancements of persons, categories of persons or groups previously disadvantaged by unfair competition or discrimination. The implication of this on a normal *mwananchi* like *mama mboga*, who cannot access such facilities across the country, when supplying goods to some public institution, is being felt across the nation. This system seeks to be a cornerstone of transparency and accountability. However, it has currently caused mayhem, and as a result, financial atrocities to many business people doing business with government entities.

Hon. Temporary Speaker, Section 72(c) of the Public Procurement and Asset Disposal Act Cap.4(12), establishes the role of the National Treasury on public procurement and asset disposal. In the performance of its role, Section 22(7)(1), the National Treasury shall design and prescribe an efficient procurement management system for the national and county governments to ensure transparent procurement and asset disposal as contemplated by the earlier Article 22(7) of the Constitution, provided, that the National Treasury shall prescribe through regulations, a system which operates, respects and promotes the distinctiveness of the national and county levels of government.

Unless the said e-GP system rolls out circulars that are duly accompanied by regulations that are supposed to be scrutinised by the Committee on Delegated Legislation, then, the said will be *void ab initio*.

Finally, Section 77(1)(c) of the Public Procurement and Assets Disposal Act provides that submission of tender documents, whether in electronic or manual form, shall be in writing,

signed, and in the case of manual submission, shall be sealed in an envelope. Therefore, the law as it currently stands, provides for both manual and electronic submissions. When the Cabinet Secretary appeared before us, we informed him that this issue was the foundation. It is good to make it clear that in his words, he said, “The Government thinks it is losing money when it uses manual system.”

My submission to him then, and I put it to you now, is that it does not matter what the government thinks. If we allow them to think and ignore what the law provides, then they will do anything contrary to the law. It is very clear that both of these provisions, manual and electronic, are recognised. If we do not deal with the issues of procurement, government is the largest consumer. It is not consuming these services right now. It means that all those business people out there are not paying taxes. In the long run, we will not meet our tax targets for the first two quarters.

Therefore, it is clear that the Cabinet Secretary cannot rely on an electronic system alone. If he intends to move us in that direction, he must bring an amendment under Section 77(1) of the Act.

With those remarks, Hon. Temporary Speaker, I beg to second this Motion. Thank you.

(*Question proposed*)

The Temporary Speaker (Hon. Omboko Milemba): The first chance goes to Hon. Ngogoyo.

Hon. Onesmus Ngogoyo (Kajiado North, UDA): Thank you, Hon. Temporary Speaker.

I rise to support the Motion on the Floor of the House. The Executive, and specifically, the Cabinet Secretary for the National Treasury and Economic Planning, does not have the role of imposing any circular on any government agency that is not in line with the Act that has been approved by this House. The Public Procurement and Asset Disposal Act clearly outlines how procurement shall be done, and in which manner and form. The worst of all, is that, today, there are businessmen, county governments and the National Government who do not intend to do business in this Financial Year. Because they have pending bills, they cannot be paid because a county government has not onboarded the Electronic Government Procurement System (e-GPS). You even deny people who have pending bills an opportunity to be paid.

I have engaged with contractors, friends who have done business, and applied to county governments. They cannot be paid. Why? Every unit must be onboarded to e-GPS so that the budget is uploaded. Laws are about efficiency. What efficiency is the Cabinet Secretary bringing in by providing such a circular? He has denied all institutions the ability to procure for simple things that are unavoidable. Today, we have a crisis in Elgeyo Marakwet. There are goods that might be procured so that they may assist the people there, emergency issues, but you cannot do it.

We, as the National Government Constituencies Development Fund (NG-CDF), because there were rains in some parts of the country, probably want to do special units for children. We cannot do it, just because somebody has written a circular, not looking or referring to the mother law. One, the Constitution of Kenya, and two, most importantly, the Public Procurement and Asset Disposal Act.

I, therefore, say that the Cabinet Secretary, who has even been a Member of this House, I wonder why he chooses to do such circulars. And lastly, we have denied Kenyans an opportunity to trade with their governments, both county and national. For six months, there has been no business. You force people into a training and even go ahead to plan. Has this e-GPS been tried anywhere else? Which institution did they pilot with? They should have even picked one agency and tried, so that they see whether it works.

Actually, as one of the people who have dealt with this thing, it is not even working. In my sub-county, we do not have internet for the last one and a half years, it cannot even work. The head of procurement for any institution, Technical and Vocational Education and Training (TVETs), secondary schools and NG-CDF cannot do any procurement there because there is no internet in Ngong Sub-County District Headquarters. It is wrong to expose the government in the manner in which they have been exposed.

And lastly, we must also say to the Executive, they cannot bring such laws at such times. Why, when we are just, for instance, even if you have to exempt NG-CDF financially for the Year ended 2024/2025, and other agencies of government are not exempted, why is it haphazard? A law must be predictable, consistent, and it must be straight-looking. You do not need to struggle with the law. The characteristic of a good law is that it is predictable. E-GPS is not predictable. Hon. John Mbadi did not do his research well. This is not the making of an institution of the National Treasury for the many years that we have known.

We must reject it at all costs. Let us allow business people to trade with the government with ease. Actually, why people grow in business is the ease of doing business. We need to make it easier for people to do business with our government. With those many remarks, I support that we do away with this law and ensure that we start procurement from tomorrow morning. From midnight, let the government agencies procure. We will be tough with anybody who will go against this law in this 13th Parliament.

Thank you very much, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Wanami Wamboka.

Hon. Wanami Wamboka (Bumula, DAP-K): Hon. Temporary Speaker, I hold the opinion that this House must be respected. In places where we have discussed issues here and passed them as a House, the Executive ought to respect that. Many decisions have been made in this House, and you will find the Cabinet Secretaries talking about them casually, including the President.

The first issue, Circular Number Four, issued by the Cabinet Secretary for National Treasury and Economic Planning, is actually ultra vires to the Constitution of Kenya. It is against Article 227 of the Constitution, which is given effect by the Public Procurement and Asset Disposal Act, 2015. The law provides for two ways of procuring, one electronic and one manual. If anyone — a Cabinet Secretary, a President, a member of the public, or a Member of this House — wishes to change that, they must go through the necessary processes to change the law. That can only happen in this House.

What Hon. Mbadi is purporting to do is not consistent with the laws of this country. What shocks us all is that he has been a Member of this House. I do not know why he wants to do the kind of things he is doing. We will not allow him, Hon. Temporary Speaker. I pray that once we pass this report, it should be express that after that, Hon. Mbadi has to do away with those things. What the Cabinet Secretary for the National Treasury and Economic Planning is introducing, is discriminatory.

The Government came up with the Access to Government Procurement Opportunities (AGPO) law to deal with affirmative action to facilitate young people who are not able, and do not have the kind of finances and experience to compete with experienced businessmen. That law came up. Many young men cannot raise the expectations of the Electronic Government Procurement (e-GP) system. For e-GP to work, you need internet and power. In my Constituency, I operate on less than 15 per cent electricity coverage. So, you are discriminating against 85 per cent of my constituents. I lead a rural Constituency. My people will be disenfranchised in doing business with the government. That is not how it is supposed to be. Many of them are young women. You either need a smartphone, a laptop or a computer. How many of these people have those things? People came up with the law to ensure that there is affirmative action to take care of these people. But how are you going to take care of them?

At some point, I was just thinking loudly whether it is a strategy by the government not to spend money. Where a government does not spend money for even a week, it translates to billions. Is it a strategy? Hon. Mbadi, is the country broke? You are not telling us the truth.

You want to hide behind this mischief of bringing circulars that have no meaning to anyone, so that the government cannot spend. That is wrong. Money must circulate for the economy to be stable. It is now almost six months. We are halfway since we passed the budget here. Nothing has been done.

Critical services are coming to a halt. Yesterday I was at the Kenya Medical Training College (KMTC). They cannot procure even for the simplest of things. I was at the Rural Electrification and Renewable Energy Corporation (REREC). They gave out tenders, but those guys cannot procure. All institutions are coming to a halt. We have hospitals that need emergency services by way of the things they procure. They are not procuring. It is leading to deaths. This is just because a Cabinet Secretary of the government feels more important than the rest of us. He wants to introduce a circular that hurts people.

We have the framers of the 2010 Constitution: Wanjiku, Nanjala and Chepkurui at the centre of it through public participation. Laws are about people. For you to bring any law that would, therefore, affect the people of Kenya in any way, you must ask Wanjiku, Nanjala and Chepkirui what they think. This law has not been subjected to public participation. They want to introduce funny things through the back door.

Hon. Temporary Speaker, I am a footballer just like you. They want to score with the hand and expect the referee to say it is a goal. We must stop the Government. We are going to support and pass this report. The Government is doing a lot of injustices to this House. On the issue of the roads done by Kenya Rural Roads Authority (KeRRA), it is important to note that the rains have come, and are spoiling them. Instead of the government increasing money for these rural roads, since it cannot build all the tarmac roads we need, it is reducing the allocation. We are going to say no and we will forever say no. This House has powers and teeth to bite.

I strongly support this report. Hon. Wanjala and the team, you have done a good job. I urge my colleagues to turn up in large numbers so that we make send a statement to this government that does not listen to the representatives of the people. We were elected to represent the people.

Hon. Naomi Waqo (Marsabit County, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Order, Hon. Wamboka. There is a point of order.

Hon. Naomi Waqo (Marsabit County, UDA): Thank you, Hon. Temporary Speaker, for giving me this opportunity.

I did not want to cut Hon. Wamboka short, but is it right for him to say that this government does not listen yet it listens to the people and their needs? We do what is required of us. Is it right for him to say that this government does not listen?

The Temporary Speaker (Hon. Omboko Milemba): Order, Hon. Wamboka. Proceed.

Hon. Wanami Wamboka (Bumula, DAP - K): Hon. Temporary Speaker, you choose from which lenses to see these things. You can choose to observe from sycophantic lenses. That is up to you.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Wamboka, be moderate. You are now straying and yet you are a very good contributor. You are using unparliamentary language. Could you conclude?

Hon. Wanami Wamboka (Bumula, DAP - K): I am sorry, Hon. Temporary Speaker.

Laws are about the people and they are saying no. We are the only people who can say that we represent the people. Therefore, if we say no, a Cabinet Secretary, who is an appointee of the President, must listen. We have been elected by universal suffrage. So, this House has

powers. Hon. Members, whichever side you sit on, I know that you all know that this is bad. Let us put Kenya first.

I strongly support the report by Hon. Raphael Sauti Bitta Wanjala.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Caroli Omondi.

Hon. Caroli Omondi (Suba South, ODM): Thank you very much, Hon. Temporary Speaker.

From time to time, in the history of this House, Members come with proposals that serve against their own interests or those of the people they purport to represent.

Hon. Onesmus Ngogoyo (Kajiado North, UDA): On a point of order, Hon. Temporary Speaker.

The Temporary Speaker (Hon. Omboko Milemba): Hon. Ngogoyo, what is your point of order?

Hon. Onesmus Ngogoyo (Kajiado North, UDA): Hon. Temporary Speaker, there is no quorum in this House and the debate before us is very sensitive.

The Temporary Speaker (Hon. Omboko Milemba): Very well. Serjeant-at-Arms, ring the Quorum Bell.

(The Quorum Bell was rung)

(Hon. Onesmus Ngogoyo walked towards the exit of the Chamber)

Hon. Ngogoyo, once the Quorum Bell is rung, no Member can exit the House. Please take your seat. Of course, only the Whips are allowed to go out. Hon. Onesmus Ngogoyo, I know you are not a Whip, so kindly, remain seated.

(Hon. Wanami Wamboka walked towards the exit of the Chamber)

Hon. Wamboka, I am informed and I know that you are not a Whip.

(Hon. Wanami Wamboka spoke off the record)

There is no such capacity granted by your Whip. Take your seat.

(The Quorum Bell was rung)

The Temporary Speaker (Hon. Omboko Milemba): Serjeant-at-Arms, the 10 minutes are over. You can stop the Quorum Bell. Take your seats, Hon. Members.

Hon. Members, a Member rose under Standing Order 35 on the issue of quorum. I confirmed that there was no quorum. The Quorum Bell has been rung for 10 minutes, and I can still confirm that there is no quorum.

ADJOURNMENT

The Temporary Speaker (Hon. Omboko Milemba): Hon. Members, let us be upstanding. The time now being 8.00 p.m., this House stands adjourned until Thursday, 6th November 2025, at 2.30 p.m.

The House rose at 8.00 p.m.

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