



**REPUBLIC OF KENYA**

**THIRTEENTH PARLIAMENT**

**NATIONAL ASSEMBLY**

**THE HANSARD**

**VOL. IV NO. 32**

## THE HANSARD

Wednesday, 16<sup>th</sup> April 2025

The House met at 2.30 p.m.

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

### PRAYERS

### QUORUM

**Hon. Speaker:** Hon. Members, we have no quorum. Serjeant-at-Arms, ring the Quorum Bell.

*(The Quorum Bell was rung)*

Hon. Members, we now have quorum to transact business. Clerk-at-the-Table, proceed.

### PAPERS

**Hon. Speaker:** Leader of the Majority Party.

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

1. Report of the Auditor-General and Financial Statement of Kitelakapel Technical Training Institute for the year ended 30<sup>th</sup> June 2022 and the certificate therein.
2. Reports of the Auditor-General and Financial Statements for the year ended 30<sup>th</sup> June 2023 and the certificates therein in respect of: -
  - (a) Fayya Technical and Vocational College
  - (b) Garsen Technical and Vocational College
  - (c) Godoma Technical Training Institute
  - (d) Kajiado East Technical and Vocational College
  - (e) Kajiado West Technical and Vocational College
  - (f) Kandara Technical and Vocational College
  - (g) Katine Technical Training Institute
  - (h) Kerich Township Technical and Vocational College
  - (i) Kiminini Technical and Vocational College
  - (j) Kipipiri Technical and Vocational College
  - (k) Konoin Technical Training Institute
  - (l) Limuru Technical and Vocational College
  - (m) Mathege Technical Training Institute
  - (n) Mathioya Technical and Vocational College
  - (o) Nachu Technical and Vocational College
  - (p) Nairobi Technical and Training Institute
  - (q) Ndaragwa Technical and Vocational College
  - (r) Ndia Technical and Vocational College
  - (s) PC Kinyanjui Technical Training Institute
  - (t) Shamberere Technical Training Institute

- (u) Sot Technical Training Institute
- (v) Sotik Technical Training Institute
- (w) Tetu Technical and Vocational College
- (x) Thika Technical Training Institute
- (y) Weru Technical and Vocational College
- (z) Ziwa Technical Training Institute

Thank you, Hon. Speaker. I lay.

## QUESTIONS AND STATEMENTS

### REQUESTS FOR STATEMENTS

**Hon. Speaker:** Hon. Members, I will allow three Members to request for a statement at this time. While I do that, the Leader of the Majority Party or the Whip of the Majority Party will check if the Cabinet Secretary for National Treasury and Economic Planning is within the precincts of Parliament. Let him not come in now, but he should be on standby. As soon as we finish with the statements, we will then call him in.

We have statements from Hon. John Kaguchia and Hon. Martha Wangari. Hon. Ruku has a farewell statement. He wants to say something to the House as he exits. Is Hon. Kaguchia around? Hon. Wangari.

### MEASURES BY THE GOVERNMENT TO REGULATE AND CONTROL GAMING ACTIVITIES IN KENYA

**Hon. Martha Wangari** (Gilgil, UDA): 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 Finance and National Planning regarding the measures being taken by the Government in respect to its mandate of regulating and controlling gaming activities in Kenya, specifically the so-called 'Aviator game of chance'.

Gaming has stifled livelihoods across the country in both rural and urban setups. The craze has terrorised both women and men and the youth in equal measure by gobbling up livelihoods. There are numerous cases of students gambling on their school fees, and parents gambling on their savings.

There has been an unabated drive by registered gaming firms to place advertisements on leading television and radio stations during prime time using their abnormal profits' financial muscle. There is evidence of a firm whose betting and gaming activities are part of prime time news on one of the most-watched television stations in the country. This game of chance in the country called Aviator where a virtual aeroplane flies carrying with it odds that purportedly multiply stakes placed by gamers. This Aviator game of chance has become addictive to the youth, women and men, and has left many of them destitute. This Aviator game is addictive because one does not need prior knowledge of any sporting activity or club to place a bet, and the results are instant.

It is against this background that I request for a statement from the Chairperson of the Finance Committee on the following:

1. What is the legal status of the registration of Aviator game of chance in Kenya?
2. How much revenue are we getting as a country from the taxes collected from betting and gaming activities in the country?
3. The statistics from the Department of Planning on how much Kenyans are spending per year on betting and gaming activities.

4. The steps being taken by the Betting Control and Licensing Board to control the proliferation of all manner of advertisements on audio, visual and print media relating to the Aviator game.
5. Table the criteria and regulations used by the Betting Control and Licensing Board to authorise and regulate the Aviator game of chance in the country.
6. Table a list, together with licence numbers and dates of firms including media stations, that are authorised to conduct games of chance in the country?
7. Table a list from the Betting Control and Licensing Board of ongoing and concluded disciplinary cases against errant betting and gaming firms and media stations in the country for the last one year.

Thank you, Hon. Speaker.

**Hon. Speaker:** Thank you, Hon. Martha Wangari. Hon. Osoro, kindly inform the Chairperson of the Departmental Committee on Finance and National Planning to present a response on Thursday. I am also aware of individuals who have been severely affected by that gambling site.

**Hon. Silvanus Osoro** (South Mugirango, UDA): Much obliged, Hon. Speaker.

**Hon. Speaker:** Hon. Kaguchia, I called your name twice, and you were not present. The most appropriate and honourable course of action is to apologise to the House for your absence when your presence was required.

**Hon. Kaguchia John** (Mukurweini, UDA): Hon. Speaker, I offer my sincere and profuse apologies for not being present. The Whip of the Majority Party is insisting that I should mention that my family is in the Speaker's Gallery. I welcome my wife and my girls. I am happy to have them here.

Thank you, Hon. Speaker.

#### ROAD SAFETY AT MONTEZUMA MONALISA FUNERAL HOME

Pursuant to Standing Order 44(2)(c), I rise to request for a Statement from the Chairperson of the Departmental Committee on Transport and Infrastructure regarding road safety at Montezuma Monalisa Funeral Home along Thika Superhighway. The funeral home, in Kabati area, along the heavily trafficked superhighway, experiences substantial pedestrian movement. Regrettably, the absence of a designated crossing point has resulted in a worrying surge in accidents and fatalities, particularly as individuals attempt to cross the busy road to collect bodies of their departed kin from the facility. Notably, the lack of a footbridge at this critical location poses a grave risk to both pedestrians and motorists in the area, which has already been identified as a high-risk zone for accidents. Reports have consistently shown that vehicle-to-pedestrian collisions are among the most common types of accidents along Thika Superhighway, with black spots in areas such as Githurai and Safari Park recording alarmingly high numbers of incidents. While efforts have been made to install footbridges along certain sections of the highway, the lack of a footbridge at Kabati area leaves pedestrians vulnerable to accidents.

It is against this background that I request for a Statement from the Chairperson of the Departmental Committee on Transport and Infrastructure on the following:

1. A detailed report on the number and nature of road accidents that have occurred in the Kabati area near Montezuma Monalisa Funeral Home along Thika Superhighway over the last six months, including the contributing factors.
2. Specific measures being put in place by the Ministry to address road safety concerns near Montezuma Monalisa Funeral Home, Thika Road Branch, including plans for the construction of a footbridge at the location to reduce

pedestrian-related accidents, and the expected timeline for implementing these solutions.

I thank you, Hon. Speaker.

*(Hon. Mark Mwenje raised his hand)*

**Hon. Speaker:** Hon. Mwenje, why are you raising your hand?

**Hon. Mark Mwenje** (Embakasi West, JP): Hon. Speaker, I just want to ride on the request by Hon. Kaguchia. There are too many requests pending before the Departmental Committee on Transport and Infrastructure. We seek your indulgence so that we can get responses before we go for the long recess. The requests affect quite a number of other issues, especially the 22 per cent and 10 per cent matter that I raised earlier and is yet to be responded to for over four to five weeks.

Thank you, Hon. Speaker.

**Hon. Speaker:** Thank you. Where is Hon. Osoro? Hon. Owen Baya, the Chairman of the Departmental Committee on Transport and Infrastructure sought permission from the Speaker to be away this week, ostensibly to write exams. Tell him to bring pending responses to the many requests for Statements next week, including the request by Hon. Kaguchia.

**Hon. Owen Baya** (Kilifi North, UDA): Much obliged, Hon. Speaker.

**Hon. Speaker:** Hon. DK, what is it?

**Hon. David Kiplagat** (Soy, UDA): Hon. Speaker, the issue of roads is important since it affects the 22 per cent allocation to ensure that roads are constructed in our constituencies. Instead of the Chairman of the Committee coming with the Statements, you should rule that the Cabinet Secretary for Roads and Transport should appear before the House so that he can address the matter conclusively, the same way the Cabinet Secretary for the National Treasury and Economic Planning is appearing today.

Thank you.

*(Applause)*

**Hon. Speaker:** As to which Cabinet Secretary appears before the House, it is for Hon. Owen Baya and Hon. Osoro to plan. We have two Wednesdays before recess. If you feel you should bring the Cabinet Secretary for Roads and Transport, it is up to you.

**Hon. Silvanus Osoro** (South Mugirango, UDA): It is necessary, Hon. Speaker. We commit to have him appear next Wednesday or the other Wednesday before we break. Next Wednesday is okay.

**Hon. Speaker:** Okay. Do so. Tell every Member who has a request for Statement or Question to the Ministry to liaise with the leadership of the Majority Party to list those matters for next Wednesday or Wednesday of the following week.

Before I call Hon. Ruku, allow me to acknowledge AIC Lundi Child Development Centre from Mwingi Central, Kitui County and EAPC Marsabit Child Development Centre (CDC) from Saku, Marsabit County. I also join Hon. Kaguchia in welcoming his family to the Speaker's Gallery to see his performance.

*(Laughter)*

On my behalf and that of the House, we welcome all of you to the House of Parliament. Hon. Members, what Hon. Ruku is going to say is a farewell speech, akin to a maiden speech. We shall hear him in total silence. I have given him five minutes to say what he wants to say and then take his leave if he wishes.

FAREWELL STATEMENT BY  
MEMBER FOR MBEERE NORTH

**Hon. Ruku GK** (Mbeere North, DP): Thank you, Hon. Speaker. First and foremost, I extend a very big thank you to the Almighty God for the opportunity to serve the people of Mbeere North in the 13<sup>th</sup> Parliament since August 2022. It has been an honour of my life to be of service to my constituents as their representative in Parliament for two years and seven months so far. I express my sincere appreciation to you, Hon. Speaker, my colleagues in the House and the Clerk of the National Assembly for the remarkable support that you have accorded me during my time in the National Assembly and for the friendship and cooperation from each one of you.

During my time in Parliament, I have been an active member of the Committee on Delegated Legislation and the Departmental Committee on Tourism and Wildlife. I have taken time to reflect immensely on the two-and-a-half years that I had the privilege of serving in the National Assembly and underline the strides I have made through the various legislative tools I initiated as I undertook my constitutional mandate.

In regard to Bills, I proposed several Bills that are in various stages of the legislative process, including the Anti-Corruption and Economic Crimes (Amendment) (No.2) (National Assembly Bill No.40 of 2023), which seeks to amend the Anti-Corruption and Economic Crimes Act (No.3 of 2003) to remove the deranged and undue criminalisation of administrative action undertaken in the course of public procurement, which are the result of fraud in procurement laws. The Bill seeks to remove culpability prescribed on persons in charge of administration, custody management, receipts for use of any part of public revenue or property as administrative fraud, as this can be adequately addressed through other numerous existing provisions, including the express provision in Article 226(5) of the Constitution.

Secondly, the Assembly and Demonstration Bill (National Assembly Bill No.28 of 2024) seeks to give effect to the provision of Article 37 of the Constitution, which provides for the right of any person to assemble democratically. The others are The Election (Amendment) Bill, 2024; The Virtual Asset Service Providers Bill, 2024; The Data Protection (Amendment) Bill, 2023; The Public Procurement and Asset Disposal (Amendment) Bill, 2023 and The Sustainable Development Bill, 2024.

Hon. Speaker, in the period of my service, I also proposed Motions seeking the resolution of the House on different critical national and regional matters, including Motion on Development of a Policy and Funding for Junior Secondary Schools. This was aimed at addressing funding gaps in Junior Secondary Schools (JSS), inadequate infrastructure and shortfalls of technology in JSS. This Motion was adopted on 26<sup>th</sup> July 2023. The resolution made by the House was to develop a comprehensive Junior Secondary Schools Policy to ensure proper establishment of the schools, a clear implementation framework for the Competency-Based Curriculum and to provide a funding plan for successful implementation of the Curriculum.

I also proposed the following Motions:

1. Adoption of Government to Government (G2G) Model to acquire and supply fertilisers to farmers at subsidised cost.
2. Adoption of Government to Government (G2G) agreements to facilitate local assembly of essential equipment for electricity connections.
3. Framework for Government to Government (G2G) importation and distribution of essential foodstuff and goods.
4. The Adjournment Motion on the new financing models for universities, colleges and technical institutions students.

Beyond legislation and policy making, I sought accountability from the Executive through the following six Statements from Chairpersons of various Committees:

1. Statement on payment of last expense and death gratuity under the NHIF and the Public Service Superannuation Scheme. This was in response to the plight faced by bereaved families, particularly the over 800 beneficiaries of persons who died during COVID-19 period (2019 - 2021) who remain uncompensated despite being covered by these schemes.
2. Statement on sale of Roundup in the country by Bayer East Africa Ltd.

**Hon. Speaker:** Cabinet Secretary Nominee, you have two minutes to finish.

**Hon. Ruku GK** (Mbeere North, DP): I expressed concern over the continued sale of Roundup, a toxic herbicide, in the Kenyan market. Despite legal action and compensation in other jurisdictions, it still remains in the Kenyan market. I questioned why the manufacturer was still permitted to sell the dangerous herbicide in the country.

3. Statement on measures being taken to boost the manufacturing sector in the country.
4. Statement on settlement of Ngiiri Market squatters in Mbeere North Constituency.
5. Statement on tax incentives claimed by developers, operators and enterprises operating within the Special Economic Zones (SEZs);
6. Statement on development of Mass Rapid Transit Corridors in the Nairobi Metropolitan Area (NMA) and the role of the Nairobi Metropolitan Area Transport Authority (NaMATA).

Hon. Speaker, as I continue to reflect on the role I have played in this House, I also wish to highlight the policy Questions that I asked to Cabinet Secretaries and Constitutional Commissions and Independent Offices. Public Service is an area that covers many facets and being a representative of the people, I played an oversight role in the areas of Agriculture, Anti-Corruption and Education, among others, as follows:

1. Question to the Ministry of Agriculture and Livestock Development regarding supply and distribution of subsidised fertilisers across the country in preparation for the planting season;
2. Question to the Ethics and Anti-Corruption Commission on status of monies and properties recovered by the Ethics and Anti-Corruption Commission (EACC) under the Proceeds of Crime and Anti-Money Laundering Act (CAP 59A);
3. Question to the Ministry of Agriculture and Livestock Development on the adverse effects of Roundup, a herbicide, on the ecosystem and to humans;

**Hon. Speaker:** How much of that Statement is left?

**Hon. Ruku GK** (Mbeere North, DP): Two minutes, Hon. Speaker.

**Hon. Speaker:** Finish in two minutes.

**Hon. Ruku GK** (Mbeere North, DP): One page is remaining.

**Hon. Speaker:** You better finish. Give him the microphone.

**Hon. Ruku GK** (Mbeere North, DP): Thank you, Hon. Speaker.

4. Question to the Teachers Service Commission on inclusivity in recruitment procedures and affirmative action safeguards to teachers from marginalized groups.
5. Question to the Public Service Commission on actions taken to mainstream marginalized groups and communities in the public service in line with Article 232 of the Constitution and the Public Service (Values and Principles) Act, Cap. 185A.

Hon. Speaker, I am fully convinced and confident that the role that I have been nominated to in the Executive is an extension of the work I began here. As a legislator, I was guided by the call to be faithful and diligent in service to the public. As the Cabinet Secretary for Public Service, Human Capital Development and Special Programmes, the same oath continues, only on a broader scale and with even greater responsibility.

I am reminded of the words in the Gospel of St. Luke 12:48: “To whom much is given, from him much will be required; and to whom much has been committed, of him they will ask much more.” I am proud to have faithfully represented the people of Mbeere North and to have contributed to the legislative agenda and deliberations whose impact will endure beyond my time here. Indeed, should my nomination be approved...

**Hon. Speaker:** Your nomination has been approved.

**Hon. Ruku GK** (Mbeere North, DP): Indeed. Following my approval this morning, I will continue to engage with this House, though from the other side, particularly during Question Time and other matters of oversight. Even then, the cause remains the same—Public Service to the people of Kenya.

Thank you, Hon. Speaker, and I thank every one of you – Members of this great House. I also thank the people of Mbeere North Constituency for the opportunity to serve them in this House as well as the people of Kenya.

I thank you, Hon. Speaker.

**Hon. Speaker:** Thank you, Hon. Ruku GK.

Hon. Members, we shall now put the Question to Order Nos.8, 9, 10, 11 and 12. After that, we shall call in the Cabinet Secretary for the National Treasury and Economic Planning.

## SPECIAL MOTIONS

### APPROVAL OF NOMINEE FOR APPOINTMENT AS PRINCIPAL SECRETARY FOR EAST AFRICAN COMMUNITY AFFAIRS

THAT, taking into consideration the findings of the Departmental Committee on Defence, Intelligence and Foreign Relations in its report on the Approval Hearing of a Nominee for Appointment as Principal Secretary, laid on the Table of the House on Tuesday, 15<sup>th</sup> April 2025, and pursuant to the provisions of Article 155(3)(b) of the Constitution and sections 3 and 8 of the Public Appointments (Parliamentary Approval) Act, Cap. 7F, this House approves the appointment of Dr Caroline Wanjiru Karugu as Principal Secretary, State Department for East African Community (EAC) Affairs.

*(Moved by Hon. Major (Rtd) Abdullahi Sheikh on 16.4.2025 – Morning Sitting)*

*(Debate concluded on 16.4.2025 – Morning Sitting)*

*(Several Members stood along the gangways)*

**Hon. Speaker:** Members on their feet, take your seats. Hon. Ruku, you may now exit. Hon. Ruku GK, can you walk out?

*(Hon. Ruku GK walked out of the Chamber)*

*(Loud consultations)*



**Hon. Speaker:** Order, Hon. Members.

*(Question put and agreed to)*

*(Hon. David Ochieng' walked into the Chamber)*

Hon. David Ochieng', take your seat.

APPROVAL OF NOMINEE FOR APPOINTMENT AS  
PRINCIPAL SECRETARY FOR SCIENCE, RESEARCH  
AND INNOVATION

THAT, taking into consideration the findings of the Departmental Committee on Education in its Report on the Approval Hearing of a Nominee for Appointment as Principal Secretary, laid on the Table of the House on Tuesday, 15<sup>th</sup> April 2025, and pursuant to the provisions of Article 155(3)(b) of the Constitution and Sections 3 and 8 of the Public Appointments (Parliamentary Approval) Act (Cap. 7F), this House approves the appointment of Prof Abdulrazak Shaukat as Principal Secretary, State Department for Science, Research and Innovation.

*(Moved by Hon. Julius Melly on 16.4.2025 – Morning Sitting)*

*(Debate concluded on 16.4.2025 – Morning Sitting)*

*(Question put and agreed to)*

APPROVAL OF NOMINEE FOR APPOINTMENT AS  
PRINCIPAL SECRETARY FOR DEVOLUTION

THAT, taking into consideration the findings of the Departmental Committee on Regional Development in its Report on the Approval Hearing of a Nominee for Appointment as Principal Secretary, laid on the Table of the House on Tuesday, 15<sup>th</sup> April 2025, and pursuant to the provisions of Article 155(3)(b) of the Constitution and Sections 3 and 8 of the Public Appointments (Parliamentary Approval) Act (Cap. 7F), this House approves the appointment of Mr Michael Loikianu Lenasalon as Principal Secretary, State Department for Devolution.

*(Moved by Hon. Peter Lochakapong on 16.4.2025 – Morning Sitting)*

*(Debate concluded on 16.4.2025 – Morning Sitting)*

*(Question put and agreed to)*

APPROVAL OF NOMINEE FOR APPOINTMENT AS PRINCIPAL  
SECRETARY FOR SHIPPING AND MARITIME AFFAIRS

THAT, taking into consideration the findings of the Departmental Committee on Transport and Infrastructure in its Report on the Approval Hearing

of a Nominee for Appointment as Principal Secretary, laid on the Table of the House on Tuesday, 15<sup>th</sup> April 2025, and pursuant to the provisions of Article 155(3)(b) of the Constitution and Sections 3 and 8 of the Public Appointments (Parliamentary Approval) Act (Cap. 7F), this House approves the appointment of Mr Aden Abdi Millah as Principal Secretary, State Department for Shipping and Maritime Affairs.

*(Moved by Hon. Kibet Komingoi on 16.4.2025 – Morning Sitting)*

*(Debate concluded on 16.4.2025 – Morning Sitting)*

*(Question put and agreed to)*

*(Hon. Clive Gisairo and other Hon. Members stood on the gangways)*

**Hon. Speaker:** Hon. Members on their feet, take your seats. Hon. Clive Gisairo, take your seat.

## MOTION

### STATE OF SECURITY IN NORTH RIFT COUNTIES

THAT, this House adopts the Report of the Departmental Committee on Administration and Internal Affairs on the inquiry into the state of security in six counties of North Rift of Baringo, Elgeyo Marakwet, Turkana, West Pokot, Samburu and Laikipia, declared as disturbed, laid on the Table of the House on Tuesday, 13<sup>th</sup> August 2024.

*(Moved by Hon. Ali Raso on 1.4.2025)*

*(Debate concluded on 15.4.2025)*

*(Question put and agreed to)*

**Hon. Speaker:** Hon. Members, we will go back to Order No.7. Whip of the Majority Party, search and if you find the Cabinet Secretary for National Treasury and Economic Planning, bring him to the Chamber and produce him before the Hon. Speaker.

*(The Cabinet Secretary for National Treasury and Economic Planning  
(Hon. John Ng'ongo Mbadi) was ushered into the Chamber)*

*(Loud consultations)*

Order.

**Hon. Amina Mnyazi** (Malindi, ODM): If you do not have NG-CDF, you must go.

**Hon. Speaker:** Hon. Member for Malindi, I am an African man. Where I come from, women do not shout at men.

*(Laughter)*

Besides that, it is unparliamentary for any one of us to shout at anybody.

Hon. Members, before I usher the Cabinet Secretary to the Floor of the House, let us consider First Readings in Order Nos.14 and 15.

## BILLS

### *First Readings*

THE KENYA ROADS (AMENDMENT) (NO. 2) BILL  
(National Assembly Bill No.16 of 2025)

THE PUBLIC SERVICE HUMAN RESOURCE MANAGEMENT BILL  
(National Assembly Bill No.51 of 2024)

*(The Bills were read a First Time  
and referred to relevant committees)*

**Hon. Speaker:** Hon. Members, we have the Cabinet Secretary for National Treasury and Economic Planning. He came to this House on my direction, following a point of order raised by the Member for Bumula. This was joined in by several of you seeking to understand the fate and status of disbursement of the National Government Constituencies Development Fund (NG-CDF), and to some extent, the National Government Affirmative Action Fund (NGAAF). However, the front burner is NG-CDF.

Hon. Members, the Cabinet Secretary is a former distinguished Member of this House. He was Leader of the Minority Party and Chairperson of several important committees, including the Public Accounts Committee (PAC). He is also a distinguished economist. You may recall that sometime in December last year before our break, he came to Hon. Speaker's Office and gave me a breakdown on how he would disburse NG-CDF. I lauded him for that. When we had our Mid-Term Retreat in Naivasha, we also invited him. He graciously came and engaged all of you on this very important issue.

The Cabinet Secretary is here today. I will give the House 30 minutes to deal with this issue. Cabinet Secretary, you are here today to give us a full candid statement on the status of disbursement of those funds, and how they will be disbursed to constituencies in future. Hon. Members, these are not your funds. They belong to Kenyans. When the funds get to the constituencies, they serve Kenyans. This is one of the most revolutionary devolved functions that we have ever had in our country.

I encourage Members to listen to the Cabinet Secretary's Statement in absolute silence. Once he finishes, I will allow the Member who raised the point of order the first bite of the cherry and then allow a few other Members to seek clarifications or ask questions. Once we finish and we are satisfied, we will let the Cabinet Secretary go back to his office.

Welcome, Cabinet Secretary. You can now take the podium.

### STATUS OF DISBURSEMENT OF NG-CDF

**The Cabinet Secretary for the National Treasury and Economic Planning** (Hon. John Mbadi): Thank you very much, Hon. Speaker and Members of the National Assembly of the Republic of Kenya, my former colleagues. I would, first, like to take this opportunity to thank you for indulging me and inviting me to come here and talk about a matter of national importance. I agree with the Speaker that the National Government Constituencies Development Fund (NG-CDF) has been revolutionary in this country. The Government

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supports devolution of resources, and not just devolution in the sense of the county governments. No other fund is better devolved. You can use different terminologies such as “decentralised”, but the fact is that money goes to the grassroots level. I remain committed to devolution of resources and in support of the NG-CDF and the National Government Affirmative Action Fund (NGAAF).

At the policy level, I want to reiterate that we have a strategy for managing Exchequer releases, especially in terms of devolved resources. I am a former Member of Parliament who served for 17 years. I also appreciate the role that the NG-CDF plays in our economic development and as a support to various social aspects of the society, including our children’s education.

Hon. Speaker, I voluntarily came to your office without any invitation on a date in December that I cannot remember to discuss with you the challenges of the release of funds by the national Government.

**Hon. Speaker:** It was on 5<sup>th</sup> December.

**The Cabinet Secretary for the National Treasury and Economic Planning** (Hon. John Mbadi): Thank you, Hon. Speaker. I came to your office and we discussed the matter. I noted that we had not been able to release the NG-CDF to the constituencies as it should be done. I proposed a schedule of how the funds will be released. I just want to discuss with the Members what has happened in terms of the release of those funds before I explain the challenges that we have encountered.

The House will remember that there was a carry-over of the NG-CDF from the last financial year – money that was appropriated to the NG-CDF but was not disbursed. For the Financial Year 2023/2024, out of the total Ksh57,931,500,000, only Ksh44.4 billion was disbursed. That left us with a carry-over of Ksh13.531 billion. That amount was added to the appropriation for the Financial Year 2024/2025, which was Ksh54,732,927,680. That gave us a figure of Ksh68.233 billion to be paid or disbursed.

Hon. Speaker, by the time I came to your office, only an amount of Ksh13.5 billion had been disbursed. We disbursed Ksh5.5 billion on 24<sup>th</sup> September 2024. On 26<sup>th</sup> September 2024, we disbursed Ksh300 million. We disbursed another Ksh2 billion in September. In November, we disbursed Ksh5.73 billion. That cleared the entire carry-over of Ksh13.5 billion. I told you that the entire Ksh54 billion has not been disbursed, yet we were already in December. We only had seven months to go before the end of the financial year. I committed to releasing Ksh7 billion per month to the NG-CDF Board starting from December 2024. That is what we did.

On 13<sup>th</sup> December 2024, after coming to your office, the National Treasury released Ksh7 billion. On 20<sup>th</sup> February 2025, we released another Ksh7 billion. You will note that we did not release any money in January. I will give the reasons later. After releasing Ksh7 billion in February, we defaulted in March. In April, which is not too long ago...

*(Laughter)*

It is actually today. I may not have the exact time, but I have evidence that we released another Ksh7 billion to the NG-CDF.

For the NGAAF, the budget was initially Ksh3.2 billion but was reduced to Ksh2.7 billion after the Supplementary Budget. We had already released Ksh1.6 billion. Today, we released the balance of Ksh1,104,499,000. We now have a zero balance for the NGAAF. I looked at the amount and it was too little to be split into different instalments.

Let me go back to the NG-CDF. January, February, and March are usually very difficult months for us at the National Treasury and for the economy of Kenya as a whole. I want to explain to my colleagues that we must pay first term’s capitation to schools during these months. Ksh48 billion out of the total allocation of Ksh96 billion that you gave for capitation

to primary schools, junior secondary schools, and high schools must be released in the first term. We did that in full. We released the entire Ksh48 billion. We will have to release another Ksh24 billion this second term and another Ksh24 billion in third term.

At the same time, January is when we pay most loans especially the bilateral loan from China for the Standard Gauge Railway (SGR). We paid Ksh10.6 billion in foreign payments on 16<sup>th</sup> January. We paid another Ksh59 billion on 17<sup>th</sup> January. I will skip other small amounts and indicate we paid Ksh3 billion on 24<sup>th</sup> January and Ksh1.1 billion on 21<sup>st</sup> January. In total, the amount we spent on loan repayments in January alone was Ksh75 billion. You then add to that a salary bill of Ksh80 billion. Our wage bill increased from Ksh75 billion in December to Ksh80 billion in January. Why? One, we on-boarded junior secondary school (JSS) teachers at enhanced salaries. Hon. Omboko Milemba and his team agitated for salary increments, which they deserved, and they got them.

We also had to adjust the salaries of our disciplined forces and lecturers who were on the streets at an additional cost of Ksh4.3 billion. All of this pushed our salary bill to Ksh80 billion. When you add Ksh80 billion salaries to Ksh75 billion, you get Ksh155 billion. Moreover, by that point, we had not released any money to the counties, the NGCDF, or any funds for operational expenses. That shows you the high level of commitments we face in January. The story was the same in February. We had a Treasury bond redemption of Ksh51 billion. Redemption means you pay. It is not a rollover. We paid another Treasury bond worth Ksh90.99 billion on 7<sup>th</sup> April.

What am I saying in short? It is not that the National Treasury does not want to honour the commitments I make to this House. Sometimes you have to balance the needs that come before you. We all know that we had to struggle after the Gen-Z agitation. This economy was shut for almost two months. That affected revenue collection. Worse still, we have not been able to receive external finances until now. Fortunately, the doors are now opening for external resources.

I was very sure that we were going to get external resources by February or March when I made this commitment in December. Unfortunately, that has delayed. For example, the seventh and eighth review of the International Monetary Fund (IMF) programme delayed. The seventh review was supposed to come in March but it did not happen last year. It did not happen in May, July and September. It happened in November when we combined the seventh and eighth review and got payments from IMF.

After that, it was not practical to prepare for the ninth review. We mutually agreed to let go of the ninth review and start another programme. The US\$764 million, almost Ksh100 billion, we were to get from IMF is not coming. We had to adjust. The World Bank disbursement of US\$600 million is coming in June. Why? Because this House and the Senate in a way delayed in passing the Conflict of Interest Bill of 2023 which was a condition. We thank you for finally passing the Bill. World Bank could not give us money until that Bill was passed. That Bill has just been passed and we thank you for it. The situation is now unlocking. Today, I was with the World Bank representative. It is unlocking US\$600 million to us. Another amount that has not come is the African Development Bank loan of US\$265 million. Fortunately, it is coming in a week's time. All the conditions and precedents have been realised.

I want to tell you and report here today that we have not made any commission loan borrowing this financial year. We have not borrowed any money commercially. The money that we borrowed was to manage a liability. It is as if we used a Eurobond to payoff Eurobond coming in 2027. We did that because we want to be proactive. We do not want to work as we did before, which put us in problems. Now, we have paid Eurobond that is due in 2027. We realised it was going to cause shocks in our economy if we delayed it. We have not borrowed any money except locally in the domestic market and within the framework. That is why the interest rates are as you see today. One year ago, a 91-day Treasury bill was selling at 16 per

cent. Today, it is 8.5 per cent because of being careful and borrowing with caution; not just going to the market.

*(Applause)*

Let me come back to the NG-CDF issue. We have defaulted two months. Hon. Speaker, I can table this so that I demonstrate because I think my credibility went down a bit.

*(Hon. John Mbadi laid the document on the Table)*

I can hear a lot. This is evidence that we have transferred Ksh7 billion. We have other very pressing demands on the Exchequer. One of them is transfers to counties. We have also not paid counties for February and March.

*(Loud consultations)*

I will assume I did not hear that.

I want to give a commitment again. You can see we have the intention to make sure that there is money released to the NG-CDF. My commitment is that we will give another Ksh7 billion in the course of this April. I cannot promise it is next week because we must start paying salaries. However, I will make sure we release another Ksh7 billion to the Board so that we only have one month in default or arrears.

Colleagues, I want to repeat something. If something is not done for the NG-CDF under my watch as the Cabinet Secretary, it is not intentional. It is because the pressure is at times too much. Sometimes you have to balance between paying the debts you must pay. There will be no economy if you do not pay debts. We must pay our debts. We must release money to the NG-CDF, education and security sectors. Sometimes we take security for granted when we boast of rising numbers of tourism. We do not know how much threat has been dealt with out there. So, we must support our security.

Let me conclude because I know there will be further questions. I plead that, as leaders, people out there may not like us. They may say all sorts of things, but we are still their leaders. We are all privileged. Sometimes, we need to be a little bit cautious. I listened to one of us argue that this country is likely to be taken to Paris and that we are likely to default in debt payments. That is an irresponsible statement. It is irresponsible, can cause panic, and should not come from someone who chaired the Budget and Appropriations Committee in the past.

*(Applause)*

There were times when we had challenges, but where we are, we do not have a problem with debt sustainability. The numbers and figures are there. Even the International Monetary Fund (IMF) and the World Bank have the figures. We have been rated out there. The problem we have is of liquidity. Loans were taken at a particular point of time and most of them are maturing between now and 2032. That is why we have the pressure. After 2032, we go and look at our books, and they are public, and see. From 2034 to 2048, we do not have any loan to pay. There will be no external loan to pay around that time, whether bilateral, commercial or multilateral. But between now and 2032, we must work together. This House, the National Treasury and the Executive have a responsibility to work together to steady our economy. That is why some of us were taken to the Executive as experts to make sure that we steer the ship. So, let us not be discouraged. This process will continue. I am committed to it and there is no time we will default in our loan repayment.

This country is strong economically. It is the strongest economy in the region. So, let nobody scare people that Kenya is going to default. We may be struggling, but let me ask, have we failed to pay salaries? No. Have we failed to pay capitation to schools? We paid in full. Are we not meeting our expenditures for security and other matters? Yes. Are we going to release the entire NG-CDF for development of our infrastructure in schools, security and pay bursaries? Yes. Are we going to pay money to our counties? Yes.

*(Applause)*

I have been in this House with you and I used to sit there. That is my corner. I hope you reserve it for me. I will come back there maybe one time. This is not the first time we have had a delay. In fact, if you look at last financial year, it was worse. I commit to you that you will not have problems. I know there are bursary issues. We have released Ksh7 billion. I will try to release another Ksh7 billion before schools open at the end of this month, so that you sort out the bursary and make sure that we do not carry over to 2025/2026. That is what I am working on.

Thank you very much Hon. Speaker. I know I have taken longer than I should have. I can now take my water.

*(Loud consultations)*

**Hon. Speaker:** Order, Hon. Members. The document provided by the Cabinet Minister which I find authentic indicates that today, for NGAAP, an amount of Ksh1,104,499,800 was released to the State Department for Gender. That is the route through which that money is ordinarily paid. An amount of Ksh7 billion was released to the State Department for Economic Planning and that is the route through which NG-CDF is paid on its way to the Board. The Cabinet Secretary has also told you, and we will hold him to it, that before the close of the month, we have about 12 days to go, he will pay another Ksh7 billion.

I now give Hon. Jack Wamboka the first opportunity to ask for any clarification.

**Hon. Wanami Wamboka** (Bumula, DAP-K): Hon. Speaker, I appreciate the Cabinet Secretary for coming. We have been patient with the things he has been saying because he is a former ranking Member of this House. We would not have been tolerant, perhaps, if he did not have those decorations with him.

I also must declare that the Cabinet Secretary is my very good personal friend and we have many things we dream about together for the future. Many of the things the Cabinet Secretary has said is what he said in Naivasha. We respect Hon. Mbadi. When he went to the National Treasury as an expert with *Mbadinomics* we expected that by the time he gives commitment to this House, he is sure about the things he is saying. The Cabinet Secretary has put our Hon. Speaker not in very good light. The Cabinet Secretary is lucky that we also trust our Hon. Speaker and we love him very much and he has been using him as a shield.

It does not make sense, Hon. Mbadi, my good friend, to say you gave the Hon. Speaker a plan on how you are going to disburse these monies, then later on you bring in issues of disbursements of capitation. The Mbadi I know should have foreseen that because he is an expert. By the time you were giving that commitment, those are things you would have on your fingertips. We are expecting Kshs21 billion from Hon. Mbadi today. That is the bare minimum take home. All these other things he is saying about capitation and county money, are the responsibility of Government to send these monies. The financial year is coming to an end.

Hon. Mbadi, please do what is needful to our people and do not bring a lot of issues.

**Hon. Speaker:** Wind up.

**Hon. Wanami Wamboka** (Bumula, DAP-K): Lastly, many college and university students missed exams because we did not facilitate their bursaries. They will be forced to defer their studies for a whole year. How are you going to remedy that? These students have deferred their studies and they continue living the way they are.

So, Hon. Speaker, let the Cabinet Secretary not talk about 2032-2048 because loans will still be taken by the governments that are coming. These are things we are tired of. We are speaking about now and we have a lot of trust in him. I particularly know that the Cabinet Secretary can deliver better.

Hon. Speaker, on behalf of this House, our bare minimum is Ksh21 billion.

**Hon. Speaker:** Hon. Musa Sirma.

*(Loud consultations)*

**Hon. Musa Sirma** (Eldama Ravine, UDA): Thank you Hon. Speaker for the opportunity you have given me. First and foremost, I thank you for bringing the Cabinet Secretary for National Treasury and Economic Planning here through your initiative and also the demand by Members.

Hon. Speaker, the amount of Ksh7 billion translates to Ksh23 million per constituency. With the balance that we had been given before, this is Ksh14 billion. Thus, every constituency has an average of Ksh46 million. The average amount of bursaries to be given by Members at 40 per cent of what is in the Act comes between Ksh70 and Ksh80 million. Yet with this Ksh7 billion, we shall be about 60 per cent. We would have liked to release the children who are going to school with bursaries. *Waziri*, we need you to make up for that amount by getting us Ksh7 billion...

**Hon. Speaker:** Hon. Members, I am giving you an opportunity to seek clarification or ask a question to the Cabinet Secretary, not to engage in debate.

**Hon. Musa Sirma** (Eldama Ravine, UDA): Hon. Speaker, I am giving information as it is because I have to translate the figures which we have been given into actuals and what it means to the Members of Parliament and the public outside. I would like to ask the Cabinet Secretary to sort out the bursary issue before we go for any development so that Members can walk freely in their constituencies and do development for Kenyans.

Thank you, Hon. Speaker.

**Hon. Speaker:** Hon. Zamzam.

**Hon. Zamzam Mohammed** (Mombasa County, ODM): Asante sana Mhe. Spika. Kwanza nimpongeze Waziri kwa kuja kwenye Bunge hili kutupa uwazi wa mambo ya maendeleo mashinani.

Pesa za NGAAF shilingi billioni tatu ni pesa kidogo sana. Hata kwa uchache wake, sisi tulikuwa tumeambiwa na Rais kuwa atatuongezea. Nauliza hivi: kwa nini umepunguza shilingi milioni 500? Tunatamaushwa sana. Utupe sababu kwa nini umepunguza, zimeenda kwa nani na kwa nini umeangalia NGAAF peke yake wala sio pesa zingine? Asante sana, Mhe. Spika.

**Hon. Speaker:** Yes Hon. Bowen.

**Hon. Kangogo Bowen** (Marakwet East, UDA): Thank you, Hon. Speaker. I want to appreciate Hon. Mbadi for the very good and elaborate response.

As a country, we are going through economic turbulence. Budgets are projections. Sometimes, based on what we collect, that is what we have as a country to spend. I want to request the Cabinet Secretary, Hon. Mbadi, if he can make it probably tomorrow or early next week to release the next Ksh7 billion before we go on recess so that we go disburse the bursaries and release the students to go to school.

Thank you, Hon. Speaker.

**Hon. Speaker:** Hon. Mwago.



**Hon. Amos Maina** (Starehe, JP): Thank you, Hon. Speaker, for giving me a chance to weigh in on this issue.

I want to seek clarity from the Cabinet Secretary Hon. Mbadi on the exact day that we are going to have this money in our accounts. We need to get clear dates and his commitment for planning purposes. There was a question that was asked about further commitments on how these funds will always be disbursed to our constituencies. Thank you.

**Hon. Speaker:** Hon. Makilap.

**Hon. Joseph Makilap** (Baringo North, UDA): Thank you, Hon. Speaker. I want to get clarification from the Cabinet Secretary on the following: One, in a constituency with three, four, five six, and seven wards, how much will it be when you break down the Ksh7 billion? We need to know the exact breakdown of the money for justification.

Secondly, from the analysis of the Cabinet Secretary, he has said that in January and February, there are a lot of loans to be serviced. Why not exhaust all the money for the NG-CDF in the first quarter of the financial year so that we do not get to those months where there are issues of loans in the country? God willing, remain the Cabinet Secretary for National Treasury and Economic Planning but release all the money within the first quarter of the financial year so that Members of Parliament are not lynched by children of Kenya for non-release of funds, especially for bursaries.

Finally, I can also confirm that I sit in the Public Debt and Privatization Committee. The IMF and World Bank report showed that out of 34 conditions, the Kenyan Government met 22. This translates to 64.5 per cent. This means we are in good books. The Cabinet Secretary should be able to finance the NG-CDF once and for all.

**Hon. Speaker:** Hon. Gisairo.

**Hon. Clive Gisairo** (Kitutu Masaba, ODM): Thank you, Hon. Speaker. As one Member said, we listened to the Cabinet Secretary courtesy of him having been our colleague and we accorded him that respect.

In February, the Cabinet Secretary was categorical that he was going to send two tranches of Ksh7 billion. From that month, it would be Ksh7 billion monthly up to the time he completes sending the amount for this financial year. He has now said that in February, he sent Ksh7 billion, and today he has sent another Ksh7 billion that is yet to get to the NG-CDF Board. So, we cannot count it. He is saying that after sending another Ksh7 billion at the end of this month, he will be behind by one month. Which calculation is he using? We are in April. He was supposed to send twice in February but only did once, then skipped March. How can he be one month behind at the end of this month? He will be three months behind.

What we want, Cabinet Secretary, is Ksh21 billion before the end of this month if not today, and the rest to be cleared by the end of next month. Otherwise, this is just going to be in circles. This is another promise, and we are not going to achieve anything. It is the Members of Parliament who are being hog-washed in the constituencies. Let the Cabinet Secretary give us a clear roadmap. What he has given us is speculation.

Thank you.

**Hon. Speaker:** Hon. Mary Emaase.

**Hon. Mary Emaase** (Teso South, UDA): Thank you, Hon. Speaker. First, I want to appreciate the Cabinet Secretary for doing at least something today.

Hon. Cabinet Secretary, you have said the passing of the Bills has unlocked external funding. In another week or two, you will have enough resources. I want to propose that you clear with NG-CDF. Our problem is not only with bursaries. In my constituency and many of these Members' constituencies, we still have our Grade 9 students learning under trees. I do not have enough classrooms. We need money to construct those classrooms and do other developmental projects. Let us have the money before the end of this financial year. Thank you, Hon. Speaker.

**Hon. Speaker:** Hon. Farah Maalim.

**Hon. Farah Maalim** (Dadaab, WDM): Hon. Speaker, I understand that the collection of revenue in the country itself is a very tricky thing. Any Cabinet Secretary for the National Treasury and Economic Planning will always be on a serious balancing act. There are too many competing priorities that essentially everybody is asking for something. The Cabinet Secretary is in a very difficult situation.

Can you give us an undertaking that you will have another Ksh7 billion, at least, before the end of next week in our accounts? Then, progressively see how you can give us an undertaking on the rest. When you have a situation where there is insufficient revenue collection, since this is the revenue collected in the country... We understand that the Finance Bill, 2024 was shot down. That was the biggest mistake this country made, and revenue generation itself is not an easy thing.

So, can you give us some kind of undertaking that before the end of next week, we have, at least, another Ksh7 billion in our accounts, and then how you are going to disburse the rest?

**Hon. Speaker:** The Member next to Hon. Emaase, who is that? Hon. Kirima, I did not see you well.

**Hon. Moses Kirima** (Central Imenti, UDA): Thank you, Hon. Speaker. My good question to the Cabinet Secretary is this, is he aware that, other than NG-CDF, there is no other money we get from the Government in our sub-counties or constituencies? The only visible development on the ground comes from the NG-CDF money.

We are lucky that the Cabinet Secretary is a former Member and has used the NG-CDF in his constituency. The Chief Executive Officer (CEO) of this country was a Member of this House and he has used NG-CDF before. Is the Cabinet Secretary keen to release this money before the end of the financial year, so that we do not have college debts carried forward?

**Hon. Speaker:** Hon. Bensuda.

**Hon. Atieno Bensuda** (Homa Bay County, ODM): Thank you, Hon. Speaker. You have kept your word by ensuring that the Cabinet Secretary for the National Treasury and Economic Planning is with us today.

1. We would like the Cabinet Secretary to also give us a plan for releasing NGAAF, the same way he has committed to releasing NG-CDF, which is Ksh7 billion per month. Considering that NGAAF is just Ksh3.5 billion, which has already been reduced, we request that this money be released as a lump sum at the beginning of every financial year.
2. The current Cabinet Secretary nominee for Gender, Culture, the Arts and Heritage responded in one of her questions that the increased femicide in this country is due to financial dependency among girls. Could the Cabinet Secretary for the National Treasury clarify where the Ksh500 million shillings for sanitary towels is, now that students are going back to school, so that we do not see a rise in femicide and violence against our girls? It is urgent, like yesterday.

**Hon. Speaker:** That is sufficient.

**Hon. Atieno Bensuda** (Homa Bay County, ODM): One second, Hon. Speaker, and this is brief. The Ksh1 billion shillings given in the last financial year was a presidential directive. It aimed to deliver on the President's agenda for women. We expect another Ksh1 billion in the next financial cycle. We would like our money untouched, not even a shilling deducted.

**Hon. Speaker:** Women Representative for Laikipia County.

**Hon. Jane Kagiri** (Laikipia County, UDA): Thank you, Hon. Speaker. I appreciate my very able Members, Hon. Bensuda and Hon. Zamzam from Mombasa. Thank you for giving NGAAF the attention it deserves today. This is a Fund that, in the last year, supported 50,000

children. It has assisted over 200,000 groups. It has supported many vulnerable people in our communities.

I support what my colleagues have said, starting with the first question on deductions. Though the deduction was done in this House, I plead with the Cabinet Secretary to return our money, in line with the President's directive. While we value infrastructure, we must value our women, youth, and persons with disabilities more. They are more important than many other functions we currently prioritise.

Secondly, we need the J-Lab-based wireless funds released, the Ksh100 million shillings given by the President's directive.

Thirdly, our children have not stopped having their monthly periods, yet the sanitary towel money has not been released. To the Cabinet Secretary, kindly give us a date when this money will be disbursed. Our girls are in dire need in their schools.

**Hon. Speaker:** Hon. Keynan.

**Hon. Adan Keynan** (Eldas, JP): Hon. Speaker, today is a great day. The person presiding over this Chamber is an astute and all-rounded politician. The Cabinet Secretary is also an astute politician, now wearing a different hat as a member of the Executive. The audience here consists entirely of politicians. But luckily there must come a time when we own up.

I must admit, there is no country in the world with enough money. No government has enough resources. Even the most powerful nations struggle with resource mobilisation. The difference lies in how they prioritise, plan, execute, and manage their resources.

As a Member of Parliament who has been here a while, I have been reluctant to launch my bursary fund. We must be practical, honest, and transparent with the country about the situation. We appreciate you, *Waziri*. The alternative would be printing fake money, which the economy cannot handle. We must live within our means.

Still, you understand regions like ours, where poverty is rampant. Many students rely on NG-CDF for school fees. Now we are entering May, and we cannot say for sure when the bursary funds will be released. I urge you to revise the programme. You have raised Ksh7 billion today. I pray and hope the mandarins at the National Treasury and NG-CDF are not misleading you, because sometimes, they mislead to serve political interests.

Can you release? Members, you know the timing, the funds now...

**Hon. Speaker:** Go on.

**Hon. Adan Keynan** (Eldas, JP): We have been around here. The cheque and the letter are written today and I am a realist. I hope that letter was not just meant to create a good impression before you appeared here. Because the person we will hold accountable is Hon. Mbadi. Meaning, from tomorrow, we must see that money in the NG-CDF accounts.

Since we are all politicians here, can the Cabinet Secretary revise that programme? In addition to the Ksh7 billion released today, release another 7 billion now. That way, we can plan for bursaries, as we wait for the remaining Ksh7 billion before end month.

**Hon. Speaker:** Hon. Members, let us have the Cabinet Secretary respond to those first.

**The Cabinet Secretary for National Treasury and Economic Planning** (Hon. John Mbadi): Thank you, Hon. Speaker. I will try to move quickly through the questions without losing their impact, starting with Hon. Wamboka. First, I want to confirm that I am not using the Hon. Speaker as a shield. I respect the Speaker, he was a colleague in this House. We began working together even before he became a Hon. Speaker. I do not want to put him in bad light or demean the Speaker's office. That is why I made the commitment. I confirm that the commitment came from my office.

Regarding the minimum of Ksh21 billion, I hear you, Hon. Wamboka. But there is a lot of pressure on the Exchequer. Unless we receive external financing, I cannot commit to resources we do not yet have.

You have asked why I did not foresee and plan better. That is why I now say, I will not commit to funds not yet received. Once we receive the money, Hon. Wamboka, through the Speaker, there is no reason I cannot do even more than you have asked.

Secondly, Hon. Musa Sirma raised the bursary issue. I agree, it is a serious concern. We discussed it, and you said at least Ksh14 billion is needed for NG-CDF committees to cater for bursaries for school-going children.

I ask Members to allow me more time. It is not by next week, because I know the commitments we have. In the following week, latest by 29<sup>th</sup> April, we will make another disbursement of Ksh7 billion. I want to tie that to Hon. Keynan's question. He asked whether the “mandarins” would mislead me. The advantage you have is that the Cabinet Secretary for National Treasury and Economic Planning is an accountant and an auditor. I cannot be misled. It is not possible.

What I have brought to you is not a letter. This is an Integrated Financial Management Information System (IFMIS) spreadsheet that has been given to me. I did not want to come and give you a letter. I wanted to table evidence before this House that we have made the transfer, and we will make another transfer.

Hon. Members, you can tell your committees to go ahead and vet students, if you have not vetted them, and even make provisions on how Ksh14 billion can be shared. Already, there is Ksh7 billion. I will make sure that we try as much as we can to release the other Ksh7 by the 29<sup>th</sup> of April. Realistically, we may not manage to release it next week. It will be too much pressure for us.

*(Applause)*

On Hon. Zamzam's question about reduction of the allocation of the NGAAF to 2.7 per cent of the national Budget, Hon. Zamzam might not be aware that NGAAF is my creation. It is not even the creation of the Women Representatives. It is my creation. The Women Representatives approached me and I took them to the then Cabinet Secretary, Mr Rotich, who was my friend for many years. I convinced Mr Rotich because the Budget and Appropriations Committee had rejected the idea of creating a fund for Women Representatives. Governor Wanga, Hon. Kajuju, the former Member of Parliament; Hon. Nyokabi and myself persuaded Mr Rotich. That is how NGAAF came about. Therefore, I support it.

According to the records I have, we allocated 3.2 per cent and not 3.5 per cent but it was reduced. It was not the National Treasury that reduced it. It was this House. When this House reduces a budgetary allocation, I have no power under the sun to review it. In fact, the Constitution is very clear that no one – not even the President – has the power to appropriate money. Money is only appropriated by the National Assembly of the Republic of Kenya. Kindly, talk to your friends, beginning with those who sit in the Budget and Appropriation Committee, to protect any money that is allocated to NGAAF. This money is very little. If your colleagues here, through Hon. Atandi, who is now the new Chairman, can protect that money, I will disburse it. My job is to bring proposals and Budget Estimates for you to approve. Once you approved and appropriated, my work is to disburse.

I have already addressed the question that Hon. Kangogo Bowen asked about releasing the money by next week. Hon. Members, I beseech you not to make me commit to something like that again. I will have to appear before you here, and you hold me accountable for it. Kindly, hold me to my commitment for the last week of April.

I have addressed Hon. Mwago's question on when we will put money into the account. Additionally, Hon. Makilap, asked about the breakdown of how the money goes to three to seven wards. On that one, there is a formula. Talk to the Chairman of the NG-CDF Committee, Hon. Sirma, and he will share with you.

The other question is why not pay all the NG-CDF money by the first Quarter. This is a very thought-provoking idea, which I already thought about. We have a very constrained period between January and May. That period is usually very bad in terms of Exchequer releases. I am thinking of trying to do as much as we possibly can to disburse the money between July and October. We will do that in the next financial year.

I wish the pressure that is being applied to me today was applied in the last Financial Year. Since the pressure was not applied then, the carryover of Ksh13 billion came to me. Now, if you added that Ksh13 billion to the Ksh21 billion that I have disbursed, we would be at Ksh44 billion. That would be almost 70 per cent of the NG-CDF. I have disbursed the money that was supposed to be disbursed in the last Financial Year, and I am not getting any credit for it. Just put pressure on me so that in the next financial year we do not have the same story.

Hon. Gisairo's question about the Ksh21 is a repetition. Hon. Mary Emaase, you have asked about external finances. Yes, it is true that it is now becoming clear that we are unlocking the external finances. There were some precedent conditions which we have since met.

I want to hesitate from making a commitment with money that has not come. If that money comes, I will do more than I have promised. I want to make sure that by the end of this Financial Year, we clear all the Ksh68 billion for the NG-CDF. We can only be able to do that when we get money – making sure that we enhance the allocation.

I have addressed the question by Hon. Farah Maalim on an undertaking of Ksh7 billion. On Hon. Kirima's question as to whether I am aware that development in the constituencies is undertaken through NG-CDF, yes, I am a Kenyan. I walk in the villages. I know what is happening. We also hope that counties use their monies prudently. That was the essence of devolution. We cannot go back on devolution. It is there in the Constitution, and we gave it to ourselves.

**An Hon. Member:** Governors are thieves!

**The Cabinet Secretary for National Treasury and Economic Planning** (Hon. John Mbadi): I do not want to use such strong words but we need to use Government resources more prudently. How I wish we could see better roads, more water provision and health facilities in most of our villages instead of getting a lot of cash stashed in people's houses. That is what Kenyans are calling for.

Regarding the issue of plan to release NGAAF, we do not have any such plan in financial year 2024/2025 because we have zero balance. I would not have a plan to release a zero balance. The money is not that much. Going forward, if it remains at that level of about Ksh3 billion, you should be guaranteed that we will be releasing it in two tranches so that we do not spread it too thin. We cannot have a monthly disbursement for Ksh3 billion. Honestly, it would not make sense.

On the issue of sanitary pads, this is a policy decision that Women Representatives can discuss with the line Ministry and come up with a solution. It is not hard. You can just invite the Cabinet Secretary or the Principal Secretary, and you agree. I do not even understand why there are issues around this matter. To me, this is a matter that can be resolved very quickly. What the children need are quality sanitary pads sold at reasonable prices.

On the presidential directive of Ksh1 billion, we will try our best, bring the estimates here, and whatever the National Assembly appropriates is what we will give. If you appropriate Ksh1, that is what I will disburse. If you appropriate Ksh10 billion, that is what we will disburse.

On the question by the Member of Parliament for Laikipia on whether NGAAF will get its money back, it is upon this House to decide. I may not decide this. Going forward, I beseech Hon. Members to try and protect whatever allocation we have given to this Fund. It is too little.

(Applause)

On gender-based violence cash, the money is there. We moved it from the Ministry of Gender, Culture, the Arts and Heritage. It is now with Parliament under the Parliamentary Vote. There should be a way through which the money will be disbursed. I know Parliament is very careful on this, but the money is under the Parliamentary Vote.

Again, there is a question on sanitary pads, on which I do not want to repeat myself.

Finally, Hon. Keynan asked about prioritisation. My strength is in cash flow management. I try so hard to balance things. That is why you will not hear that we cannot pay salaries or have not released capitation money. People will just complain but before the term ends, we released all the money because there is a programme in place.

On the NG-CDF, I guarantee you that there is a programme. We will make sure that the entire amount is disbursed, challenges notwithstanding. The same applies to the county government funds.

The only outstanding Exchequer request for development funds is Ksh54.3 billion, and we have a plan to release that money. Therefore, in terms of prioritisation, we are up to it. We are working on it and we will ensure that we implement the Budget as you appropriated it.

Thank you very much, Hon. Speaker.

**Hon. Speaker:** Hon. Members, I had allocated 30 minutes to this matter but we have now done one hour. We have the Cabinet Secretary for Health, Hon. Duale, waiting behind here to deal with issues and challenges related to the Social Health Authority (SHA). There are many questions lined up.

I want to encourage you, Hon. Members, that the Cabinet Secretary has responded to our call and has spoken to us candidly. You should remember that as we push, there are others also pushing. As your Speaker, I will ensure that, through our administration in Parliament, every word that the Cabinet Secretary has said to the House will be fulfilled. You have also said that you will send Ksh7 billion on or before the 29<sup>th</sup> of this month. If it is earlier, the better. That is if things work well.

On NGAAF for our Women Representatives, it is this House that reduced your money. In the Budget and Appropriations Committee, there are women. Why they did not resist or call for help is a story for another day, but we will encourage Hon. Atandi because the cream that has been removed from that Fund is very small. I encourage him to put it back in the next cycle, so that Women Representatives can at least resume from where they were as we look forward to the economy improving and giving them more. I say this because I have been in this House with you. I know how prudently resources, through the constituencies, are managed as opposed to other management centres that you know. I encourage you that the little you will receive is better than nothing. We encourage the Cabinet Secretary to do much more.

Going forward, Cabinet Secretary, as you have committed, try to avoid the jam of January, February and March by dealing with issues at a time when you have better latitude to ensure that what the NG-CDF does continues.

Hon. Members, you have gone to court to argue that this is not your money, and I agree with you. It is the money of the people of Kenya, whom you represent. This money is managed by committees that are independent of you. I do not want anybody to pick up *The Hansard* and rush to court claiming that Members of Parliament have now said they control the NG-CDF. That is how your detractors have been fighting you. The money comes to your constituencies, and it is managed by committees. It benefits the people you represent. You only come back to oversee that money, which is why reports are brought here. Let us leave it there.

We thank Hon. Jack Wamboka for raising the issue. I appreciate the enthusiasm that you have all demonstrated in bringing out the salient issues that are pressing Kenyans. Hon. Mbadi, you have been here. You have managed a constituency, and you know what the NG-CDF has done and can do. I was here before the NG-CDF came into being. I am here during

the reign of the NG-CDF. I will leave when the NG-CDF is even stronger. So, let us ensure that the NG-CDF remains the centrepiece of our development activities in the constituencies.

Hon. Cabinet Secretary, we now release you to go back to your Ministry. Leader of the Majority Party, kindly bring in Hon. Aden Duale.

Hon. Caroli Omondi, I know you have an issue unrelated to NG-CDF that you wanted to ask Hon. Mbadi but I prefer that we do not do that now so that we can bring in Hon. Duale. We will ask the Leader of the Majority Party to arrange and have the Cabinet Secretary back here to answer other questions apart from those related to NG-CDF, at the earliest opportunity. In the meantime, you can file your Question. I will have it tabled and forwarded to the Cabinet Secretary for him to deal with it even without appearing before the House.

Hon. Cabinet Secretary, you may now leave.

*(The Cabinet Secretary for National Treasury and Economic Planning  
(Hon. John Mbadi) was escorted out of the Chamber)*

Leader of the Majority Party, bring in the Cabinet Secretary for Health.

*(Several Members stood along the gangways)*

Hon. Members, take your seats. The Cabinet Secretary for Health is coming in.

*(The Cabinet Secretary for Health (Hon. Aden Duale)  
was ushered into the Chamber)*

Hon. Members, we now have the Cabinet Secretary for Health, Hon. Aden Bare Duale, to respond to your Questions. This afternoon is largely dedicated to issues relating to SHA. There are other questions. If we reach them, well and good. However, let us focus on the SHA issue because of the public interest around it.

Hon. Duale, you are welcome to the House.

## QUESTION BY PRIVATE NOTICE

*QPN 2/2025*

### OPERATIONS OF SOCIAL HEALTH AUTHORITY

**Hon. Speaker:** I will invite the first Question from Hon. John Kwanjiku. Are you Kwanjiku or Wanjiku?

**Hon. Njuguna Kwanjiku** (Kiambaa, UDA): Kwanjiku is my name, Hon. Speaker.

**Hon. Speaker:** I have misspelt your name.

**Hon. Njuguna Kwanjiku** (Kiambaa, UDA): Hon. Speaker, I rise to ask the Cabinet Secretary for Health the following Question by Private Notice:

Could the Cabinet Secretary—

- (a) Provide an update on the operations of the Social Health Authority (SHA), including key milestones achieved and challenges since inception, and what legal reforms could be proposed to address the challenges that SHA has faced so far, if any?
- (b) Explain how teenage mothers without National Identity Cards (IDs) and indigents will be identified by the system deployed by the Authority, and state measures the Ministry has put in place to ensure immediate access to services

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upon payment of contributions without being subjected to adverse selection processes such as waiting periods?

*(Technical hitch)*

**Hon. Speaker:** Hold on, Hon. Kawanjiku. Clerk-at-the-Table or Sergeant-at-Arms, can you check why we have an echo in the sound system? Use the next microphone. Go on.

**Hon. Njuguna Kawanjiku** (Kiambaa, UDA): Thank you, Hon. Speaker.

Could the Cabinet Secretary –

- (c) State the nature of the covers offered by the Authority at all levels of public health facilities, the contributions payable and benefits accruing to individuals and households, and the extent to which the covers offered under SHA are sufficient to ensure access to quality health services by all Kenyans?
- (d) Explain how the referral system under SHA works and how effective it is towards guaranteeing access to referral health services by all Kenyans?
- (e) Enumerate the process of enplanement of health facilities to the SHA system and clarify the status of former employees of NHIF, and indicate the current staff establishment of SHA?

Thank you, Hon. Speaker.

**Hon. Speaker:** Yes, Cabinet Secretary. Hon. Kawanjiku, do you have two questions?

**Hon. Njuguna Kawanjiku** (Kiambaa, UDA): Yes, Hon. Speaker.

**Hon. Speaker:** Okay, let us deal with this one first. Proceed, Cabinet Secretary.

**The Cabinet Secretary for Health** (Hon. Aden Duale): Thank you, Hon. Speaker, for giving me an opportunity to address the august House.

The first part of the Question is on the key milestones achieved by SHA. I confirm to the House that free primary healthcare services have been offered to 21,390,659 citizens in all our public health facilities – Level 2 to Level 4 Hospitals. These are dispensaries, health centres, sub-county hospitals as well as contracted private and faith-based hospitals that are open to our citizens 24/7. They are free. All these facilities are available. This is public knowledge at the SHA website: [www.sha.go.ke](http://www.sha.go.ke).

Secondly, the other milestone is Universal Health Coverage (UHC) for primary healthcare for six months since SHA started in October. The coverage is at 40 per cent. Forty per cent of our citizens have accessed UHC services. I have said the actual number is 21,390,659. This is good news. Every day, including today, between 40,000 and 50,000 Kenyans register for SHA. As I was waiting for my colleague to finish answering his questions, 38,000 Kenyans registered for SHA and 18,000 went through the means testing instrument. That tells you the kind of reception, publicity and the eagerness with which Kenyans want to access this facility.

Hon. Speaker, the third very important milestone is that improved healthcare benefit packages are being offered by SHA compared to the defunct NHIF. Which are these services? We have Intensive Care Unit (ICU) services. If you are a member of SHA and you go to ICU, Ksh28,000 will be paid by SHA. Under the defunct NHIF, it was zero. Today you can use SHA for cancer treatment. Today all surgeries are partly paid for by SHA. Today maternity fees is paid by SHA at a very good figure of Ksh30,000. All these benefits were not available under the defunct NHIF. We will keep improving the benefits package until we weed out all medical Harambee WhatsApp groups in the country. As a former Member of Parliament, I know that this is one of the biggest challenges that Members of Parliament and other leaders go through every day to raise funds for patients from their constituencies.

There is also the operationalisation of free emergency services at any healthcare facility as envisaged under Article 43(2) of the Constitution. In the Bill of Rights, Article 43(2) of the



Constitution says that a person shall not be denied emergency medical treatment. For example, if you suffered a cardiac arrest or stroke, or you were involved in an accident and you were rushed to a hospital, the first thing that hospital authorities would ask for was a cash deposit before they could attend to you. This is the first Administration that has operationalised and actualised Article 43(2) of the Constitution through SHA. Let me say it on *The Hansard* that no hospital can deny a Kenyan admission. The Government will pay for you. If any healthcare facility denies a Kenyan emergency medical treatment, I assure this House that it will be de-registered. For the first time, I am proud to say that a provision in the Bill of Rights has been achieved.

Hon. Speaker, the fifth milestone is the timely payment of claims. All claims are paid on the 14<sup>th</sup> day of every month, which was two days ago. I assure you that all facilities—public, private and faith-based—were paid. I want this House to hold me to account if facilities are not paid their claims by the 14<sup>th</sup> day of every month. We do that. The defunct NHIF had no payment timelines. That is why they left us with a bill of close to Ksh24 billion.

What are the challenges that the Member has asked about? We face challenges. The system is a super technology highway. Some employers are not remitting statutory contributions to SHA, denying services to their employees.

Hon. Speaker, you are the Chairman of the Parliamentary Service Commission. The Clerk of the National Assembly is an Accounting Officer. You remit statutory deductions, including Pay As You Earn (PAYE), National Social Security Fund (NSSF) or SHA to the relevant Government agencies. We wonder why other Government agencies should not do the same. I confirm to the House that under my leadership, SHA contributions shall be remitted by all private and public institutions, including those under the county governments. I have had a discussion with the Cabinet Secretary for the National Treasury and Economic Planning, and we agreed that this should be done through a check-off system. He can remit SHA contributions for all public servants from their salaries.

Secondly, we have inadequate awareness of SHA. Despite 40,000 Kenyans registering every day, there is manipulation of the means testing instrument, resulting in inaccurate premium. Some people want to guide Kenyans and take money from them. I tell Kenyans that registering for SHA is free. Nobody should charge you anything. Later, I will tell you how to register. One of the Members of Parliament will ask that question.

We face challenges of management and reforms, which are difficult. People do not want reforms. This system is watertight and anti-fraud. It will give you the best affordable, accessible and equitable healthcare.

Hon. Speaker, on the question on implementation of the Social Health Insurance Act of 2023, I thank the National Assembly and the Senate for making sure that all the regulatory laws necessary for operationalization of the UHC were passed. The implementation of the Act is still at a very early stage. Many of the challenges that we face are operational. They do not require legislative interventions. If and when that is required, the Ministry will propose the necessary legislative reforms to the Houses of Parliament.

The second question was on teenage mothers who do not have national identity cards (IDs). Thousands of teenage mothers do not have ID cards and are indigent. The SHA will identify them by a system deployed by the Authority, which will help us to determine the measures that we need to put in place to help them. Teenage mothers who do not have IDs are registered in all our public facilities and are given temporary IDs to enable them access services. These are young girls. The Government pays the SHA premiums for them. I urge the House and other leaders, including religious leaders, to have a national conversation on the increasing number of teenage mothers in our country.

The indigents in our constituencies and counties will be identified using data at the Ministry of Labour and Social Protection, working very closely with the Ministry of Health,

the county governments and leaders who sit in this august House. I urge the national Government, the county governments and Members of Parliament to identify the indigent in our communities using social protection data and pay for their SHA premiums because they are an important component of our society. That data can be found in the sponsors' portal, which is available on our website. You can use the Afya Yangu portal or app to help the most vulnerable in society.

Unlike the defunct NHIF, to which access to benefits was only granted after six months depending on who you knew, access to the SHA benefits is instant. You can choose to pay monthly and still access medical services unlike during the time of NHIF, when you had to wait for two months for your personal data to be incorporated into the system for you to access medical services. The SHA gives you instant access to healthcare coverage services.

Hon. Speaker, the third question is on the nature of medical cover offered by the Authority at all levels. The SHA provides free primary healthcare services at all public health facilities from Levels 2 to 4 hospitals, and at contracted private and faith-based healthcare facilities. I thank the House for this because free primary healthcare is paid for by the government. It is budgeted for by this House. It had never existed in our country before. Once people register with SHA, they are eligible to visit Levels 2, 3 and 4 hospitals for healthcare services. These are Government dispensaries, health centres and sub-county hospitals, and their equivalent private and faith-based healthcare facilities. One can get free treatment and medicines, courtesy of the Government of Kenya.

Additional services are available under the Social Health Insurance Fund (SHIF) to all paid up members at Levels 4, 5 and 6 hospitals and at contracted private and faith-based facilities. The SHIF also provides emergency services to all Kenyans. You do not need to register or pay in advance for any emergency. For example, if a boda boda rider is knocked down by a vehicle, if he is rushed to hospital, he will not be required to register or pay anything. No facility can deny him treatment. He will be treated and discharged to go home. That provision never existed before. It is now in the law. Article 43(2) of the Constitution on the Bill of Rights requires the Government to bear emergency healthcare services costs.

Hon. Speaker, the last service we offer is chronic and critical illness services for all paid up members of SHA at Levels 5 and 6 hospitals. The details of the services that the Member has asked about have been set out in Legal Notice No.47. The NHIF was not required to publish them but this House allowed us to do so. You can access those services under that Legal Notice. The gazetted benefits are a big improvement from benefits previously offered by the defunct NHIF. They are aligned to the projected collections. We will continuously improve these benefits in tandem with available resources. For instance, this month, the SHA and the Ministry of Health enhanced the Intensive Care Unit (ICU) package from Ksh4,000 to Ksh28,000 per day. We have also increased the limit for all cancer patients to Ksh150,000 under Chronic and Critical Illness Services.

The next question is about the referral system. There are three levels of healthcare service access in the referral system as shown in the document that I have given to the colleagues who asked this question. All registered SHA members can access outpatient services at primary healthcare facilities comprising Levels 2, 3 and 4 hospitals, through the Primary Healthcare Fund, which this House established. Registered SHA members can access healthcare services for free at those facilities.

Secondly, all inpatient services can be accessed at secondary healthcare facilities comprising Levels 4, 5 and 6 hospitals. The Social Health Insurance Fund, which is the contributory arm of the UHC or the Taifa Care, allows one to access services at Levels 4, 5 and 6 public healthcare facilities and at contracted private and faith-based inpatient facilities. Indigents will be paid for by the Government, Members of Parliament through the NG-CDF, the county governments or good Samaritans and sponsors.

Specialised services are accessed at public tertiary facilities comprising Levels 5 and 6 hospitals. Emergency, chronic and critical illness services are provided at these facilities, courtesy of this House. They are funded by the Government of Kenya.

This referral system is aimed at decongesting specialised facilities to allow them focus on provision of specialised services as contemplated under the Health Act, 2017. Kenyans go to India and other countries looking for specialised facilities because our specialised facilities like Kenyatta National Hospital (KNH), Moi Teaching and Referral Hospital (MTRH), Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) are crowded by patients who can be attended to at Levels 2, 3 and 4 healthcare facilities. Somebody with a headache, malaria or a small scar from an accident goes to Kenyatta National Hospital. Our specialised facilities should be reserved for special cases. I ask this House to support me in this regard. Health practitioners in our specialised facilities should attend to patients who require specialised treatment and not ailments that can be treated at lower levels of our healthcare system.

Hon. Speaker, the other question is on the empowerment of health facilities. How do we know that this is a health facility? How do we grade them? Unlike before, a facility must now be licensed by the Kenyan Medical Practitioners and Dentists Council, the Clinical Officers Council and all other regulatory bodies within the healthcare sector. They must tell us what level a facility is and whether it has all that is required to be part of Universal Health Care. The regulator audits these facilities and licenses them. If the regulator feels that a facility is fit to be Level 3 and not Level 4, it will advise SHA accordingly.

The defunct NHIF used to accredit facilities and make them pay for em-paneling even after being licensed. This was done on the basis of who you know and how much money you paid for the defunct NHIF to accredit your facility. That has since changed. I have had a meeting with the Council of Governors and learned that we still have about 2,900 primary health facilities that have not been licensed. We asked them to give us the names of those facilities, which they have already done. The Kenya Medical Practitioners and Dentists Council and the other regulatory bodies within that sector will consider those facilities.

Hon. Speaker, on the question of the approved SHA staff establishment, it is 815. In line with the First Schedule of the Social Health Insurance Act, SHA has advertised positions. The Act gives priority to employees of the defunct NHIF that SHA did not absorb. The number will reduce because SHA is technology-driven. The excess NHIF staff will be redeployed within public service. No one will lose their job. Let me do it with the rider that certificates must be genuine. If you were working at NHIF with a fake degree, we will not only terminate your service but we will also refer you to the relevant institutions within the criminal justice system for appropriate action to be taken against you. We have already found a number of them. Corruption has permeated our systems to a point that people do not want to go to university. They want to buy degrees. Many Members of Parliament have approached and told me that so-and-so is working somewhere. Before I deal with those cases, ask your constituents who worked at NHIF if their documents are in order. I am sure, they are watching me. Nobody will lose his or her job. However, do not wait for me if your documents are fake. You better resign now and go home because we will not carry you just because you joined NHIF. In fact, we will surcharge you all the salaries paid by the defunct NHIF.

On provision of a detailed report on the current capital capitation, SHIF has not received any capitation from the Exchequer. As we said, there is a difference between SHA and SHIF. The SHIF is contributory and self-financing. If you allow me, Hon. Members, I have a table where this is explained very well.

Hon. Speaker, the other question is on how monies have been utilised since the authorisation of the Fund. All monies collected so far have been used to settle verified claims. Let me stress the phrase “verified claims”. Some of the unpaid claims by the defunct NHIF are

with the Task Force of the former Auditor-General, Ouko. He is looking at the bigger picture of pending bills amounting to Ksh500 billion. I have set up a verification team for all pending bills accrued from July 2022, when we took over the administration of public affairs up to 30<sup>th</sup> September 2024, when SHA took over from the defunct NHIF.

We have made a commitment and we will seek a budget. The Government of Kenya will pay anybody whose bills have been verified and are between zero and Ksh10 million. We will bring a budget funding request to the Budget and Appropriations Committee of this House for consideration. We have formed a committee for the rest. We have used all the money we have collected so far to settle verified claims.

Hon. Speaker, it is good for the country to know that this House has capped the administration cost of SHA at 5 per cent. What was the administration cost of the defunct NHIF? It was at 40 per cent at one time. That is why many people were employed and money was everywhere. That is why there was fraud. By the time this administration came to office, the administrative cost of the defunct NHIF was at 17 per cent. Today, because of technology and by law, the administrative cost of SHA is at 5 per cent.

Proper measures have been put in place to ensure proper verification of SHA claims. First, all patients are verified using the National Registration Bureau data identifying biometrics, which is paperless. The SHA will not give you a card like the NHIF card. You walk into hospital if you are registered. We have integrated with the National Registration Bureau. We pick your 10 fingerprints when you register with your ID. You present your 10 fingerprints. Thereafter, the system will show you. This is important because we want to identify persons.

Hon. Speaker, you could go to hospitals that would scan seven of your fingerprints instead of scanning 10 fingerprints. The other three were used for fraud. For example, Hon. K.J would be seated in this House but somebody would be using his fingerprints to be admitted in hospital for five days and that healthcare facility would be paid. This system is integrated to the National Registration Bureau (NRB) data.

Secondly, the Social Health Authority (SHA) system is integrated with the systems of all regulators: The Kenya Medical Practitioners and Dentists Council (KMPDC), the Nursing Council of Kenya (NCK) and the Clinical Officers Council (COC), among others. From the system, we can know the doctor who is treating a patient. There will be no “Dr Mugo” in this country. You all know what “Dr Mugo” did to many people. He is from Dagoretti as a Member said. We will even know the surgeons.

Let me give you a good example of a crazy thing that we saw. For a surgeon to perform a hip replacement and there are doctors in this House, he needs eight to 12 hours. Under the defunct National Hospital Insurance Fund (NHIF), we had a facility that had a doctor who performed 10 hip replacements in a day. That must have been a very meticulous or magical doctor. Going forward, that will not happen because KMPDC - and Dr Golicha is a member - will be able to see who he has treated and if he has not, then that payment will not be made. From NCK, we shall know which nurse is treating patients. Also, from the COC database, we shall know which clinician is treating patients. If their license is cancelled because of malpractice, the system, through those bodies, will delete them. This will ensure the correctness of the facility and the doctor providing the service.

The facilities are also identified by the regulators. A claim verification office with qualified doctors has been designated to undertake additional verification and settlement of claims. In fact, the head of the claims department - though I do not want to pre-empt when he or she is recruited - must be a medic. As I said earlier, all SHA claims are settled by the 14<sup>th</sup> day of every month. All claims status is available in our facility portal. Every facility and claim can be seen on the dashboard.

The other question was on the current liabilities of the Fund by Hon Kwanjiku, who had many questions. The Ministry has appointed a verification committee to review the claims

and make recommendation on the same to be settled within three months. I was very clear to the verification committee that if they allow and present a fictitious claim, they will be held responsible. On clarity on how SHA is enforcing the payment of contribution by employers, SHA sends SMS reminders every 15<sup>th</sup> and 30<sup>th</sup> of every month to employers and employees. It has also designated officers to follow up on the payment of the contribution.

Finally, on the percentage of SHA funds that shall be paid to medical equipment suppliers *vis-a-vis* public health facility, the National Equipment Service Programme (NESP) is completely delinked from SHA. It is a different programme. It is a replacement of the old system known as Managed Equipment Services (MES). If you allow me, I am happy to engage the House and table a full report of NESP which is a joint venture between the National Government and county governments.

So far, 45 counties have signed the Implementation Partner Agreements (IPAs) to join the programme. Only two have not and I am talking to them. I will update the House on this. That programme is not part of SHA; neither a partner. SHA and the Primary Health Care (PHC) only pay for their members when they fall sick, require surgery, want to deliver, have cancer or when there is an emergency. The last one was on the status of PHC Fund in relation to facilities improvement.

**Hon. Speaker:** Order, Cabinet Secretary. You have dealt with two questions by Hon. Kwanjiku. I will now allow Members to joyride on those before we go to the next question. Let us start with Hon. Oundo.

**Hon. (Dr) Ojiambo Oundo** (Funyula, ODM): Thank you, Hon. Speaker. I thank our former colleague for coming back here. Allow me to ask the Cabinet Secretary two very basic questions. I will ride on the first question by Hon. Kwanjiku, QPN 2/2025, on the issue of teenage mothers who do not have national identification documents (IDs). I come from a border county. In essence, there are quite a number of ladies from Uganda who get married to Kenyan men. For some strange reason, they do not get IDs, but they get pregnant. So, they have to go to hospital and deliver and yet, they have no IDs and so they cannot get into that programme. What measures is the Cabinet Secretary or the Government going to take to ensure that they are attended to just like any other person?

Secondly, he has said that they will pay for the indigents. When will the Government pay because diseases cannot wait?

**Hon. Speaker:** Thank you. KJ.

**Hon. John Kiarie** (Dagoretti South, UDA): Thank you, Hon. Speaker. Thank you, also for admitting *Waziri Duale* to this House in an afternoon when we have been talking about experts. This is also to showcase that we also have experts from the United Democratic Alliance (UDA) Party and the Kenya Kwanza side of the House. This gentleman did an amazing job at the Ministry of Environment and Forestry. We were waiting to swim in the Nairobi River. As soon as he had set up the plan, he is now at the Ministry of Health and we hope he will clean up Afya House.

Today, Hon. Duale has done a job of advocacy and sensitisation. We have also seen him on TV doing the same. As he speaks about SHA today, the story that is out there is about the teething problems. My concern is this: Does the ministry have tangible plans to conduct proper sensitisation and communication campaigns to allay the fears that Kenyans have? The questions which Hon. Kwanjiku asked are the same ones that Kenyans have. The information sits at the Ministry, but it does not trickle down to the people. As they invest in big plans at the Ministry, how will this message get down to Kenyans?

Finally, there is a big monetary investment by Kenyans on making universal healthcare work. We are still very dependent on remedies, therapies and medicines from outside Kenya. We very well know from our traditional medicine and culture, we have therapies that are better than the medicine we import through the Kenya Medical Supplies Authority (KEMSA). Will

a component of the monies we are investing in go to research and development, so that we can develop our own naturally grown remedies and therapies in our country, instead of exporting all the monies we are raising through this very beautiful programme to international pharmaceutical companies.

Thank you very much, Hon. Speaker.

**Hon. Speaker:** Thank you. Prof Jaldesa. Hon. Kwanjiku, I know I should have given you the first bite. I will come to you. The joyriders will only ask one question each.

**Hon. (Prof) Guyo Jaldesa** (Moyale, UPIA): Thank you Hon. Speaker. I want to inform the Cabinet Secretary that as long as county governments medical workers are on strike, Kenyatta National Hospital (KNH) and other referral hospitals will be overcrowded with patients who are not supposed to be there.

The main assurance we had about SHA is that patients' medical bills would not be a bother or burden to the society and Members of Parliament. Unfortunately, most of the diseases that give people high medical bills are critical, chronic or emergency diseases which fall under ECCF Fund. Many of our patients have huge bills running into millions of monies. Yet, SHA can only pay a maximum of Ksh300,000. What steps are you taking to ensure that those who have lost their relatives in hospital or have been discharged cannot be detained waiting for that money to be paid? This is a major problem. We are not talking about Levels 1, 2 or 3 health facilities. The major problem people have in this country is with public health facilities, particularly Level 5 and Level 6 hospitals. They accrue huge bills because they are indigents as *Mhe*. Wanjiku has said. When their relatives want to bury their dead, they cannot be allowed access to their bodies until they pay. Yet, those people are signed up as SHA members.

Thank you, Hon. Speaker.

**Hon Speaker:** Hon. Kagiri.

**Hon. Jane Kagiri** (Laikipia County, UDA): Thank you, Hon. Speaker, for giving me the opportunity. My question is in regard to the monthly subscription that members have to pay to SHA. When I go around my county, the greatest question I get in regards to SHA, is about members who are unemployed, the elderly and even those who are self-employed. They are asking why we cannot give them a flat monthly subscription rate.

I want to give a short example of my county where people rent houses in the slums where the floors and walls are concrete. When they go for the means testing, they are charged as if they are wealthy and yet they are not. We also have another group that live in a mud-thatched house but have a herd of 1,000 cattle. For this person, it is assumed by virtue that they are living in a mud house, then they are supposed to be paying less. My question is why do we not have a flat rate for the unemployed, self-employed, elderly and indigents? Thank you.

**Hon. Speaker:** Thank you. Hon. Bisau.

**Hon. Bisau Kakai** (Kimini, DAP-K): Thank you, Hon. Speaker. My question to the Cabinet Secretary is that we have situations whereby SHA is not working, especially in the counties. I come from Trans-Nzoia and, as we speak today, we have just buried Ms Aluoch, a 21-year-old girl. Yesterday, there were riots as her body was being removed from the morgue. This is because even the county staff are deducted money, but it is not remitted to the Ministry. What are you doing to ensure funds are remitted by counties?

Secondly, there is a collapsed healthcare system. If you look at Article 187 of our Constitution, when one function fails for example, if it is a county government function, it can be transferred to the National Government. Trans-Nzoia County health system has completely collapsed. What will you do to help us rejuvenate the health system within Trans-Nzoia County?

Lastly, Duncan Lumumba, a kidney patient, only has his dialysis covered. He has moved from Trans-Nzoia County and is now living in Eldoret, but we have to contribute for his medicine. Why is SHA not covering patients with such ailments? Thank you.

**Hon. Speaker:** Thank you. Hon. Pauline

**Hon. Pauline Lenguris** (Samburu County, UDA): Thank you, Hon. Speaker, for giving me this chance. I have two questions to the Cabinet Secretary but first, I want to thank him for the elaborate information that he has given Kenyans about SHA.

My first question to the Cabinet Secretary is this: What measures has the Ministry put in place to ensure that places that have low SHA registration are encouraged and given information so that many community members can register? I can give an example of Samburu County. Looking at the data of those who have registered, I think Samburu County is at the bottom. What measures have you put in place to ensure that people register with SHA and get to benefit?

Secondly, we know that a majority of our patients get treated at Level 2 and Level 3 hospitals. We know the healthcare system at the county level is really collapsing. When you go to any facility, you do not find medicine. The health workers are on strike and patients do not access services at the end of the day. What are you doing to ensure that the Levels 2 and 3 hospitals where patients go for services are empowered with staff, infrastructure and medicine?

Thank you, Hon. Speaker.

**Hon. Speaker:** Thank you. Hon. Makali.

**Hon. John Makali** (Kanduyi, FORD-K): Thank you, Hon. Speaker. One of the issues that have been identified by the Cabinet Secretary as a challenge is manipulation of data by the beneficiaries. Is the Ministry making use of the Community Health Workers (CHWs) on the ground to ensure that we develop a proper system for identifying the beneficiaries?

Secondly, they are also facing a challenge with the former NHIF employees. The Cabinet Secretary has said that those with proper certificates will be deployed. Has the Ministry carried out a staff audit of former defunct NHIF employees to see who they will absorb?

Thank you, Hon. Speaker.

**Hon. Speaker:** Hon. Martin.

**Hon. Martin Owino** (Ndhiwa, ODM): Thank you, Hon. Speaker. I want to thank the Cabinet Secretary for the energy he has come with to the docket. It is true that if the Levels 2, 3 and 4 hospitals work, then we will have early disease detection and this will prevent more expenditures. However, Hon. Cabinet Secretary, the reality is anchored on two things.

The first thing is the human resource. As you know very well, the USA Government has taken out so many health workers who were on their pay roll. In fact, a dispensary may now have one or two nurses. If they go for training, there will be nobody to attend to patients. Another factor is the field rate for KEMSA. We have human resource and medicine and if those two are missing, then the flare up you are talking about in Levels 5 and 6 is true. So, what measures are you taking as a Ministry to ensure that human resource is there and the field rate for KEMSA is as needed?

Thank you, Hon. Speaker.

**Hon. Speaker:** Hon. Wamumbi.

**Hon. Eric Wamumbi** (Mathira, UDA): Thank you, Hon. Speaker. Last week, we had a debate where we asked whether a person who is not a teacher can go with students to drama festivals. When we asked them that, they asked if Hon. Duale is a doctor. I want to confirm today from the presentation and the way *Waziri* Duale has handled the questions that, indeed, he is a doctor.

*(Laughter)*

**Hon. Speaker:** We know he is not. Just say he is like a doctor.

**Hon. Eric Wamumbi** (Mathira, UDA): He is like a doctor. My question to *Waziri* Duale is on Intensive Care Unit (ICU) patients. We have had a challenge with those patients.

The Principal Secretary for the State Department of Public Health knows that I had an issue at Tumutumu Hospital in Mathira Constituency, where an ICU patient passed on with a bill of Ksh1.5 million, and there was a challenge with SHA in settling that bill. Therefore, how far are you with regard to ICU patients? Thank you.

**Hon. Speaker:** *Mama* Nairobi.

**Hon. Esther Passaris** (Nairobi City County, ODM): Thank you, Hon. Speaker. To the Cabinet Secretary through the Speaker, I want to talk about what Hon. Oundo has said on the issue of children. We know that in Kenya, we have many defiled children. We also have many children who engage in sex before they reach the age of 18. We have a serious problem. If a family has the SHA cards, there is the wife, husband and children. If the wife has given birth, and two to three months later the daughter is giving birth because she was defiled, the system has no way of picking that child and giving her the right cover because she is a minor. We know that during the pandemic, we had over 300,000 minors that got pregnant through defilement. How do you offer services to a defiled minor who is giving birth under their parents' medical card, when her mother has also given birth? How do you accommodate the minor in the same family unit with the same membership number to get the right services? The minor could be 10 or 12 years old, but the society will look at her as a full-grown woman. By the age of 18, she will have been defiled and misused over and over again. I want to know whether you can ensure she is counselled and put under a family planning programme so that she does not have a child at 13, 14, 15 or 16 years? Then, before you know it, she has wasted her life with no education and becomes a burden to her family, and her children are a burden to her.

We also have a big problem with abortion guidelines. The court gave a ruling that the Ministry should issue the guidelines? I want to know whether the guidelines will be based on religious beliefs or as permitted under the Constitution? Have they been spoken to by the courts so that we can have safe abortions when they are required? Thank you.

**Hon. Speaker:** Which Constitution are you quoting?

**Hon. Esther Passaris** (Nairobi City County, ODM): Article 26(4) of the Constitution permits abortion.

**Hon. Speaker:** Abortion is illegal except under very stringent circumstances.

**Hon. Esther Passaris** (Nairobi City County, ODM): Yes, but there are no guidelines that have been issued for those stringent circumstances. The courts have pronounced themselves on that issue and said that the emotional, physical and social state of the mother are supposed to be considered. There is a live ruling on the issue in the case of JMM which I will gladly share with the Cabinet Secretary to acquaint himself with it. I know the church is fighting the case. If a woman is supposed to procure a safe abortion and doctors permit it, there are no guidelines. So, the doctors cannot perform the abortion and the woman can die. If you go to KNH right now, the post-abortion medical care wing is full. We spend over Ksh500 million to Ksh1 billion in post-abortion care. Women are suffering because of unsafe abortions. Let us be a civilised country.

**Hon. Speaker:** You are making a speech. Cabinet Secretary, can you respond to those 10 questions?

**The Cabinet Secretary for Health** (Hon. Aden Duale): Hon. Speaker, let me start with the question by my good friend the Woman Representative for Nairobi City County. All those abortion issues are contained in the Reproductive Health Bill that is to be brought to the House. I am just going through it, and a lot has been done by Hon. Millie Odhiambo. She was very passionate about it when I was the Leader of the Majority Party. There are a number of policies which I will engage you. As the Speaker has said, abortion is illegal unless under certain medical conditions. Those medical conditions and the framework are being worked on by the



Director-General, Dr Patrick Amoth, who is the technical adviser to the Government and the Cabinet Secretary on health matters. He is on my right side.

On teenage mothers, I can only deal with the question by Hon. Oundo. Teenage motherhood is another national conversation for the leadership of this House and religious leaders. The numbers are huge and SHA issues them with special temporary cards. They do not need to use their mothers' cards. If they deliver on the same day, the mother will use her SHA card and the lady will use her temporary card. I agree with Hon. Oundo because his constituency is at the border. It is very complicated to identify a teenager who crosses from the neighbouring country. I assure you that when a person from a neighbouring county cross into Kenya, they are issued with an alien card. So, we will use the alien card to issue temporary cards to the ladies.

On indigents, the Government is looking at the social protection data to make sure that it is clean. Even for the elderly people who get Ksh2,000 per month, we want to find out the indigents among them. We are in the process of developing a means testing instrument for the national and county governments. We need your help. There might be indigents in your constituencies and you may want to pay their bursaries through NG-CDF or NGAAF.

Hon. KJ has asked about sensitisation. Yes, I know you have a communication background. Every day, 40,000 Kenyans register on SHA. Out of the number, we can tell those who have gone through means testing and how many have paid. Yesterday, 47,000 Kenyans registered online, of whom 18,000 went through the means testing and paid close to Ksh18 million. The average amount is Ksh1,000. I want to assure this House that UHC was meant for the 80 per cent Kenyans who were not accessing NHIF which was colonial and a club of the salaried people. Only 20 per cent of Kenyans were accessing it. The UHC, through SHA, seeks to bring on board the 80 per cent. That is why we are doing means testing. The least amount a person can pay is Ksh300. Hon. Speaker, please allow me to use you as an example. You pay Ksh47,000 to SHA.

**Hon. Speaker:** It is Ksh47,800.

**The Cabinet Secretary for Health** (Hon. Aden Duale): To be specific, it is Ksh47,800, which is 2.7 per cent of his income. The good lady who cooks for him, who earns Ksh5,000... I am giving an example. I am not saying you pay her Ksh5,000. You might be paying her more.

*(Loud consultations)*

It is hypothetical. I am just using Ksh5,000 as an example. That lady would pay Ksh300 or Ksh500 to SHA. If she wants to deliver in Pumwani Maternity Hospital, SHA will pay Ksh30,000. She will deliver and walk home with her baby. She will not pay a coin.

Hon. Speaker, if your wife delivers at the Aga Khan University Hospital, SHA will pay Ksh30,000 because the first charge is on SHA. Your insurance at Parliament will pay Ksh170,000. But you have a choice for your wife to deliver at Pumwani. So, the rich and the poor must access universal health care. The choice is yours. By paying Ksh47,800, the Speaker is indirectly paying for many people who go through means testing. Those who earned Ksh1 million used to pay Ksh1,700 under NHIF. That was 0.01 per cent. When *mama mboga* paid Ksh500 for NHIF, she was contributing ten times what the Speaker was paying. For equity purposes, the law you amended states that for everybody to access equitable, affordable and accessible quality health care, the formula should be 2.5 per cent of the income they earn.

Hon. Oundo, my good friend from the former Public Accounts Committee (PAC), regarding the indigents, the National Government is doing the means testing using the Social Health Protection Database.

Regarding Hon. KJ's...

**Hon. Omboko Milemba** (Emuhaya, ANC): On a point of order, Hon. Speaker.

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**Hon. Speaker:** *Mwalimu*, what is your point of Order?

**Hon. Omboko Milemba** (Emuhaya, ANC): Thank you, Cabinet Secretary. You have excited my support for SHA. When you were the Leader of the Majority Party in this House, we were making the original law on Universal Health Coverage. As you will recall, I moved an amendment that the defunct NHIF becomes the first charge on the medical bills of patients. I am so happy to hear this. I want you to confirm not just to the House but to the country that SHA is the first charge before the private medical cover. That was my baby back then. Thank you.

**Hon. Speaker:** That was more of information than point of order. Yes, Hon. Millie.

**Hon. Millie Odhiambo-Mabona** (Suba North, ODM): Thank you, Hon. Speaker. I had pressed the button earlier, but I thought you wanted to let the Cabinet Secretary speak a little more. He has referred to the Reproductive Health Bill from the Ministry. I just want him to clarify because I have the Reproductive Healthcare Bill, which...

*(Hon. Prof Guyo Jaldesa spoke off the record)*

**Hon. Speaker:** Hold on, Prof Guyo

**Hon. Millie Odhiambo-Mabona** (Suba North, ODM): I know Prof might be confusing. I have a Bill that was presented before their Committee, the Assisted Reproductive Healthcare Bill, which deals only with assisted reproduction. However, I am talking about the Family Reproductive Healthcare Bill, which is comprehensive. I am asking so that they do not waste human resource and time, either theirs or mine. If they have a comprehensive Bill, I do not have a problem - I can give them ideas. We are in the business of giving expertise. I have given the Ministry of Children Affairs input before, but I need to know if they have a Bill and the stage it is at. Mine is at the pre-publication stage and a lot of research has gone into it. I would like to know if they are serious about it and how we can proceed to ensure that we do not waste either their time or mine.

**Hon. Speaker:** Cabinet Secretary.

**The Cabinet Secretary for Health** (Hon. Aden Duale): Hon. Speaker, this is my 15<sup>th</sup> day at the Ministry of Health. I want to assure Hon. Millie Odhiambo that her Bill with her good ideas along with the Ministry's Bill have been combined. It is now at the Attorney General's Office. You know me - I am going to fast-track it. When it comes to the Committee of the whole House, if there is anything we have left, you will propose it. The Reproductive Health Bill is very important and I will push it.

I want to confirm to Hon. Jaldesa, my good friend from the North, that no Kenyan will be or should be detained as long as they have registered with SHA, effective 1<sup>st</sup> April this year. A further budgetary allocation has been provided under what you did in this House for Emergency, Chronic and Critical Illness Fund (ECCF), which enabled facilities to be reimbursed. For example, we have increased critical cancer reimbursement to Ksh550,000 and Intensive Care Unit (ICU) to Ksh28,000 per day. I want to give an example because there was also another case of ICU. If you have a patient in the hospital and your bill is Ksh1.1 million, and SHA pays Ksh500,000, is that a progressive healthcare system? That was not there during the defunct NHIF. I believe I have answered the question on teenage mothers.

Hon. Speaker, on the question of strikes by Prof. Jaldesa, I want to assure him that the success of the Universal Health Coverage or Taifa Care depends on how we handle the human resource aspect of our health system. That is why I met with the Kenya Medical Practitioners Pharmacists Dentists Union (KMPDU) leadership. It is also why I am sorting out the issue of internship in consultation with the county governments, the Presidency, National Treasury, Departmental Committee on Health and the Universal Health Coverage workers. I also had a meeting with the Council of Governors (CoG) and in my opinion, Kenyans must talk to each

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other not talk at each other. There is light at the end of the tunnel. We want doctors, nurses, clinicians and all health workers in our country to be the champions and promoters of Universal Health Coverage named Taifa Care.

Hon. Kagiri asked about means testing flat rate. There is nothing called a flat rate. We must assess. The bottom is Ksh300 and there are those who cannot even pay Ksh50 and so, we must pay for them. We do not want those who can pay Ksh800 or Ksh1, 000 to be excluded that is why we have structured the system in such a way that payments can be made per month, two months or even more. Those who can pay must pay and those who cannot pay will have the rest of us pay for them.

It is a pooling system. That is why the Speaker is paying about Ksh47,000 or more, Members of Parliament are paying Ksh32,000 and *mama mboga* will pay Ksh300. Even within the *mama mboga*'s structure, there are those with kiosks and those who carry their merchandise on a *mkokoteni*. They are at different levels but pooling the resources together will provide our people with Universal Health Care. Above all, the 21 million Kenyans who have registered can access any primary public, private or faith-based health facilities, free of charge as per the budgets allocated and appropriated by this House.

Hon. Speaker, there was an issue raised by Hon. Pauline on registration, with Samburu being at the bottom. There are several ways you can register if you have your iPhone or an android, please go to [www.sha.go.ke](http://www.sha.go.ke).

**Hon. Speaker:** Hon. Cabinet Secretary, what about a Samburu herdsman?

**The Cabinet Secretary for Health** (Hon. Aden Duale): I am coming to that. I am giving the four ways, if you can wait. For those who do not have phones like the herdsmen who look after my own camels, we have 107,000 community health workers in every village across Kenya who can register them. Those who have phones like *kabambe* or *mulika mwizi*, just need to dial \*147# to register. For those with computers and iPhones, we are upgrading the application on iPhone, which will be available in the next one week. So, there are several ways you can register. You can also walk to the nearest *Huduma* Centres and SHA offices. We will ensure that our counties, including Samburu and others, are well supported. I see you are sitting next to my Member of Parliament.

Hon. Speaker, that is why I am here. I want the Members of Parliament to help us in registering Kenyans, starting this weekend. Yesterday, I asked the Council of Governors to publish the best 10 counties. I thank the leadership of Mombasa, Nyeri, Bomet, Kirinyaga, Elgeyo Marakwet, Kericho and Nandi counties. In Mombasa County, my sister who is the Woman Representative is here, the Governor and the leadership together took deliberate efforts to register people. Today, 59 per cent of Mombasa residents are registered with SHA. The Governors only allowed me to mention the top 10 counties.

However, from next month, we will focus on 10 counties in each month going forward. We will start with Kisumu and Migori counties. In the former eight provinces, we will focus on two of them. We will also go to Kilifi County. We will start by inviting the county leadership on the first day, from the governors all the way to the Members of County Assemblies (MCAs) and Members of Parliament. I will be there, so that we can tell our people to register *en masse*. Kenyans are already registering between 40,000 to 50,000 everyday but some counties lag behind. I will give an example of the number two county, which is Bomet. Out of a target population of 875,000, 426,000 people have registered for SHA. It is working and helping Kenyans. Do not listen to the naysayers.

Hon. Bisau talked about Trans Nzoia County and other county governments. Today, I want to report that during the days of the defunct NHIF, private hospitals and the faith-based facilities used to lead in terms of number of patients. But today, 51 per cent of Kenyans access public facilities and, more so, Level 2 to Level 4 hospitals that are found in our counties. This is because drugs and doctors are available and the facility is paid. We are not paying the county

treasury. The facility is the one that is paid by SHA. They claim it from SHA. Trans Nzoia County is one of the counties which we will visit. We will do this, minus politics, because the lives of our people come first.

Every leader, beginning with the President, should protect the lives of our people. This is our constitutional and moral duty. I will be on this matter for some time because I really want to help you. For the next six months, I will only talk about health. There are many other issues relating to health but today, I decided to deal with this.

I did not get the name of the Member at the far end whose question was on the manipulation of NHIF and staff audit. I said we have over 800 NHIF staff. In the Social Health Insurance Act, 2023 that was passed by this House, you stated that the first priority should be given to the NHIF staff in a competitive recruitment and to ensure that their papers are in order.

**Hon. Ferdinand Wanyonyi** (Kwanza, FORD-K): On a point of order, Hon. Speaker.

**Hon. Speaker:** Yes, Hon. Ferdinand. What is out of order?

**Hon. Ferdinand Wanyonyi** (Kwanza, FORD-K): This is just an input.

**Hon. Speaker:** Under which Standing Order are you making an input?

**Hon. Ferdinand Wanyonyi** (Kwanza, FORD-K): I want to find out the specific programme which the Cabinet Secretary is talking about on going to counties. I want him to come out very clearly. What specific programmes, apart from what he is speaking on health workers, has he put in place to educate the people on the ground for them to register with SHA, because it is important? That is all I need to know. You are doing very well.

**The Cabinet Secretary for Health** (Hon. Aden Duale): This is the first programme I am doing. I am talking to the leadership of this country. It is a very serious programme that has never been done. I am talking to 349 Members. Even those who are not here will read the *Hansard*. There are many Kenyans who are also watching me on television. This is a programme as I mentioned, which we will roll out in 13 counties. We will establish SHA in Kakamega and Bungoma counties in the Western region. We have already done so in Elgeyo Marakwet and Nandi counties. We will also establish it in Kilifi, Garissa and Wajir counties. We have already done so in Embu County in the Eastern region. Member for Kwanza and my old friends, you will help me talk to the people this weekend about that programme.

Thank you, Hon. Speaker, for giving me this opportunity because this is the best programme.

**Hon. Speaker:** Hold on. What is the problem, Hon. Oundo?

**Hon. (Dr) Ojiambo Oundo** (Funyula, ODM): Hon. Speaker, I just want to tell the Cabinet Secretary that the main saboteurs of this programme are the staff of the National Health Insurance Fund (NHIF). Whenever you go to their offices, they say they have no idea at all what SHA or Social Health Insurance Fund (SHIF) are. What measures is the Cabinet Secretary putting in place to educate and encourage the NHIF staff to take over this programme as if it is their own?

**The Cabinet Secretary for Health** (Hon. Aden Duale): Hon. Speaker, I wish you could have allowed me to first finish the questions. However, we have a programme for the NHIF staff. This House passed a law that they should be given the first opportunity for employment. We have five directors and have appointed four others from within NHIF in a very competitive recruitment exercise. Do not use the word “saboteurs”. Calling them saboteurs is a big statement. Why are they fighting the system? This is because they were used to fraud. I am not accusing all the NHIF staff. There was fraud from the management of the facilities to insider trading within NHIF. That is why we felt technology would solve all those problems. We must secure our peoples’ health by ensuring the facilities are managed properly.

Our health workers will not be in the streets, but they will serve the people. Hon. Owino asked a question about human resource. I can assure you that a stable, firm, solid healthcare workforce is the success of SHA and the Universal Healthcare. We are committed to that as a

Government. Many Members have asked about what will happen to the many programmes and staff that were under the United States Agency for International Development (USAID) with the new administration in place. This administration has put in place measures to recruit 20,000 new healthcare workers in the next five years. I am sure the Budget and Appropriations Committee is aware.

The KEMSA rate is about 47 per cent. For us to succeed, we must increase the rate in terms of drugs and equipment to 90 per cent. We are looking for a way to partner with financial institutions to support KEMSA so that the drugs go the distance.

The last question was from the Member for Mathira, a very good friend of mine and an active Member. You talked about ICU. We increased the ICU coverage limit from Ksh4,000 to Ksh28,000. Under the defunct NHIF, ICU coverage was at zero. They were not paying for the ICU, surgeries or cancer. The maternity cover was very low. Kenyans enjoy more benefits under SHA which enables them to live a healthy life. SHA is meant to give us quality and affordable healthcare.

Hon. Speaker, unless I have forgotten any question, I have answered most of them.

**Hon. Speaker:** Hon. KJ, you are out of order.

**The Cabinet Secretary for Health** (Hon. Aden Duale): I confirm to the House that I am neither a herbalist nor a doctor. Most of the Ministers we have had at the Ministry of Health are not doctors. The former President, the late Mwai Kibaki, was one of our best Ministers for Health. In the fifteen years I was in this House, apart from Dr Mailu and Dr Deborah Baraza, the rest were not doctors. I was not an environmentalist when I was the Cabinet Secretary for Environment, Climate Change, and Forestry. I was not from the military when I was the Cabinet Secretary for Defence. The functions of the Cabinet Secretary are cut out; it is about policy direction and leadership.

You asked me what we are going to do at the Kenya Medical Supplies Authority (KEMSA). Just to wrap up, there will be track and trace. The Pharmacy and Poisons Board is part of this super highway technology. We will ensure that no procured drug coming to the market in our country is counterfeit. I want the leadership of the Pharmacy and Poisons Board to listen to me. It will not be business as usual.

I want to give you a good example, Hon. Speaker. Why is maternal mortality rate very high in our country?

**Hon. John Kiarie** (Dagoretti South, UDA): On a point of order, Hon. Speaker.

**Hon. Speaker:** Yes, KJ.

**Hon. John Kiarie** (Dagoretti South, UDA): The Cabinet Secretary has forged a Question and attempted to answer a Question that I did not ask. I asked about the Bottom-up Economic Transformation Agenda (BETA). The Cabinet Secretary is one of the initial proponents of the BETA programme. Kenya will make a massive investment in the Social Health Authority (SHA) programme. Will that money contribute to continuing the extractive economy that Kenya has suffered in importing medicines that Kenya would probably be able to manufacture?

The Question was whether there is going to be a component assigned to research and development of locally produced or generic medicines out of all the investments that we will make as a country. They can be produced here to promote value addition and manufacturing. That will save us forex and contribute to our GDP rather than export this money to international pharmaceuticals.

Thank you, Hon. Speaker.

**Hon. Aden Duale:** That is a different Question. It is not very much related to SHA. Our focus in SHA is how to increase the refill rate of KEMSA, which is a Government institution.

I agree with you that we must empower our pharmaceutical manufacturing plants. This House has an obligation when dealing with the Finance Bill to increase duty on pharmaceutical products that come from outside. That way, we will protect local pharmaceutical companies. Give incentives for them to produce! From where I sit, I want to make sure that my chain is functioning—that the facility is right, the doctor is available, and drugs, mainly from KEMSA, are available. The days you could steal drugs from KEMSA and put them in a private hospital are gone.

We followed up primary healthcare and Level 2 to Level 4 hospitals. During the defunct NHIF times, they only asked the facility you wanted to use in your locality. Now, you can be from Nyeri and fall sick in Garissa or Turkana. You will just go to the nearest primary healthcare facility because we have your data. We follow the patient and pay after the patient is treated, given drugs, and discharged.

This system will make sure that even those who are contributing get value for their money. This will ensure there is pooling of resources from the lowest person who cannot pay to the highest who is able, that is, from the *mama mboga* paying Ksh300, the other person paying Ksh500, the one paying Ksh800, to the Members of Parliament who are paying more. When we pool these resources together, we cover the 80 per cent of citizens in our country that the NHIF did not cover. In my opinion that was a very colonial, private, elite salaried club. Members of Parliament and other leaders had many Harambees. So, we want to make sure that there is healthcare.

Finally, if we sort out healthcare and education of our country, Kenya will move from a developing country to a developed one. The main indicator of prosperity of a nation is found in the health of its people.

Thank you, Hon. Speaker.

**Hon. Speaker:** Hon. Kawanjiku, the owner of the Question.

**Hon. Njuguna Kawanjiku** (Kiambaa, UDA): Thank you, Hon. Speaker. Many of the questions that I would have raised have been asked by Members, but I have a question on Primary Health Care and the quality the Cabinet Secretary has talked about. On the money that goes to counties, I do not know if there is a system and how it operates between county governments and the national Government.

The reason we are paying excessively is to make sure that we get quality healthcare in our primary Levels 1, 2, 3, and 4 hospitals. Even as we pay a lot of money to these hospitals, there are no drugs and doctors. I have a Level 4 hospital known as Karuri Hospital. When you go to that hospital at 7.00 a.m. you find no doctors and nurses, but we expect that they will give quality healthcare. Indeed, that is next to impossible! There must be a way the Ministry is able to secure and track the money and the resources that they send to these hospitals and make sure that there is prudent use of the resources in these hospitals between the county governments and the national Government.

We are paying expressively so that we can avoid the many Harambees where we normally cough out money during weekends. Yesterday, I had a patient who was sent by Kenyatta National Hospital to go and seek services outside because their machines were not operational. I had to cough about Ksh20,000 for that patient. She also told me that I had to follow up the case because she could not be admitted. Such kind of a patient is above treatment at Levels 1, 2, 3, and 4 hospitals. So, still the quality healthcare we are talking about cannot be realised in the hospitals. The Cabinet Secretary should make sure that there is a serious follow up as far as resources are concerned to ensure prudent use of money.

Thank you.

**Hon. Speaker:** Point made. Thank you. Cabinet Secretary, your response to that.

**The Cabinet Secretary for Health** (Hon. Aden Duale): Hon. Speaker, this House passed a law called Facility Improvement Fund Act. That Act allows county hospitals or

facilities the Hon. Member is talking about to receive monies directly from the Social Health Authority (SHA) without passing through the county revenue account. So, we have a safeguard. If a Kenyan cannot get the right drugs and the right doctor at a public primary healthcare facility, they can walk to the nearest faith-based or private facility. So, there is a choice. I want to assure this House that it passed the Facility Improvement Act.

It is good to be honest to the country and remove politics from this matter. The SHA will only pay for the people who visit a facility. So, if there are no people who have visited a facility, it gets zero. If a patient is not happy with the closest public health care facility, they have an alternative. They can go to a faith-based facility or to a private facility of equal level within the reading of the Primary Health Care, that is, Level 2 to Level 4.

**Hon. (Dr) Makali Mulu** (Kitui Central, WDM): On a point of order, Hon. Speaker.

**Hon. Speaker:** Yes, what is your point of order?

**Hon. (Dr) Makali Mulu** (Kitui Central, WDM): Hon. Speaker, I have no question. I just wanted your direction. We have a number of questions in the Order Paper. Are you able to help us in terms of ....

**Hon. Speaker:** I was going to give direction on that.

Yes, Hon. Kaguchia.

**Hon. Kaguchia John** (Mukurweini, UDA): Hon. Speaker, thank you very much. I just want to, first, say that Mukurweini Constituency...

**Hon. Speaker:** Hold your horses. Take your seat. You are hijacking the Floor. I was going to give direction on how we go to the next thing. We are finished with Kwanjiku's questions. So we want to go to the next. Take your seat. You will have an opportunity.

Members, we have now done about two hours with this Cabinet Secretary. The next questions are two from Hon. Samuel Chepkonga. If we have joyriders in the same manner, we will, probably, go up to around 7.30 p.m., and we have other business to transact. Can we agree to take one of Hon. Chepkonga's questions? I will allow joyriders, a few of you. Then Hon. Basil can joyride on Hon. Chepkonga. We can get another time for the Cabinet Secretary, but so far, on SHA, he has done very well. At least, he has given a lot of material for those who cared to listen. What do you think, Members?

**Hon. Members:** Yes.

**Hon. Speaker:** Hon. Basil.

**Hon. Robert Basil** (Yatta, WDM): My Question is related to Kwanjiku's, and it is actually on the Order Paper. That is why I thought we should finish with the SHA and SHIF, and we will be done with that.

**Hon. Speaker:** Hon. Chepkonga's questions are also related to the same matter. So let us take Hon. Chepkonga's questions. Hon. Basil, you can come on alongside Hon. Chepkonga, and your Question will be dealt with. So, let us have Hon. Chepkonga.

**Hon. Speaker:** Yes, Hon. Mutuse.

**Hon. Mwengi Mutuse** (Kibwezi West, MCCP): Hon. Speaker, my Question is listed just immediately after Hon. Chepkonga's.

**Hon. Speaker:** Let us see how well we do.

**Hon. Mwengi Mutuse** (Kibwezi West, MCCP): I was thinking, Hon. Speaker, just riding on your direction and your wisdom because none of us has the experience you have, that when you drop one of Hon. Chepkonga's questions, then you can also direct that mine also be heard this afternoon because it is very short.

**Hon. Speaker:** Hon. Chepkonga.

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): Thank you very much, Hon. Speaker, I will not read all the questions because they have already been supplied to the Cabinet Secretary. I am sure he has the answers. I only wanted to congratulate the Cabinet Secretary for being appointed as the Cabinet Secretary for Health.

I see people have been grappling here as to whether Hon. Duale is competent. You know I am a student of leadership, and in my class I was taught that to be a leader, you need three critical things.

**Hon. Speaker:** You are consuming valuable time. I have given you time to ask your Question.

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): No, I am finishing. I am just supporting him. You need ideas, people skills, and technical skills. You can delegate the last one. I see he has the two most important ones: people skills and ideas.

I wanted to say this before I go to the Question. Number one, there was animated discussion here in the afternoon when we were discussing the question of NG-CDF. As you know, this matter is pending in court. It appears some people thought this money is being remitted to Parliament. It is not being remitted to Parliament. The law is absolutely clear. I think there is a misnomer when people hear us canvassing things for our constituents.

I must remind them of Article 94 using the scripture, that is, 2 Peter 1:12, which says, “Remind yourselves these things even though you know them.” Article 95 of the Constitution says that Members of the National Assembly deliberate on and resolve issues that are of concern to the people. No one else in Kenya has been allocated those powers. That is the reason why we are here resolving issues that concern the people in regards to health and education this evening.

**Hon. Speaker:** Which questions are you asking?

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): Hon. Speaker, this is a general comment.

*(Laughter)*

Some people are misled. The SHA and the SHIF have a lot of similarities...

**Hon. Speaker:** The point you are trying to make, I made it at the end of...

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): You did? I am sorry, Hon. Speaker I had walked out.

**Hon. Speaker:** You are not the owners of NG-CDF, and you should not create that impression.

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): Absolutely.

**Hon. Speaker:** Go ahead and...

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): I am sorry. I know you are a very competent lawyer. I know such things cannot escape you.

**Hon. Speaker:** Yes.

*QPN 4/2025*

#### STATUS OF THE PRIMARY HEALTHCARE FUND

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): Although you have nominated me as one of your lawyers for the NG-CDF issues in this House. I would like to ask a Question to the Cabinet Secretary and I will not read. Cabinet Secretary, when you answer, please, answer all of them...

**Hon. Speaker:** Just say, “I beg to ask Question 004/2025”.

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): Hon. Speaker, I beg to ask Question 009 of 2025.

**Hon. Speaker:** Question 004...

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): Sorry. Question 004. This is the problem of having people who also have Questions sitting behind me, like Hon. Milemba.

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Hon. Speaker, I beg to ask Question 004 of 2025.  
Could the Cabinet Secretary—

- (a) Provide the status of the Primary Healthcare (PHC) Fund in relation to the Facilities Improvement Fund for public health facilities?
- (b) Clarify the effectiveness of the Diseases Weighted Payment Mechanism under the PHC Fund and its implication on health facilities?
- (c) Provide the status of establishment of Primary Healthcare Networks countrywide and state the extent to which they are accessible at the constituency level?

*QPN 5/2025*

#### OWNERSHIP OF COMPREHENSIVE HEALTH INTEGRATED SYSTEM

**Hon. Speaker:** Question 005 or 009?

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): I beg to ask Questions 004 and 005 as listed in the Order Paper.

Could the Cabinet Secretary—

- (a) Clarify who owns the procured Comprehensive Health Integrated System and state how the Ministry proposes to finance the repayment of the Ksh104 billion investment in the System?
- (b) State how the fees payable for the use of the System are determined and how feasible the payments are in light of the huge cost of the investment in the Comprehensive Health Integrated System?
- (c) Clarify whether the Office of the Attorney-General approved execution of the procurement contract of the System as required by Section 134(2) of the Public Procurement and Asset Disposal Act and indicate whether the procurement of the existing Consortium was lawful and procedural considering the audit queries raised by the Auditor-General?
- (d) Provide details of the Consortium by indicating what the components of each partner of the Consortium are; what the process of identification of the partners of the Consortium was; whether there have been any new entrants to the Consortium as partners; and explain how Safaricom was selected to provide the System?
- (e) Enumerate what measures exist to ensure the protection of sensitive health information under the Consortium?

#### ORDINARY QUESTION

*Question 17/2025*

**Hon. Speaker:** Hon. Basil, ask your Question in a similar manner.

**Hon. Robert Basil** (Yatta, WDM): Thank you, Hon. Speaker and Cabinet Secretary for the very elaborate response that we have received this evening. I beg to ask Question 017/2025. Do I read all of it?

**Hon. Speaker:** Hon. Basil, I just gave you direction, and you are...

**Hon. Robert Basil** (Yatta, WDM): I beg to ask Question 017/2025.  
Could the Cabinet Secretary—

- (a) Explain why Kenyans are required to register for the Social Health Insurance Fund despite formerly contributing to the National Health Insurance Fund(NHIF)?
- (b) Indicate how much money, in terms of contributions were in the accounts for NHIF and transferred to Social Health Insurance Fund?
- (c) Outline measures that have been implemented to ensure proper transfer of funds from NHIF to SHIF including a report on the progress of transferring such funds?

**Hon. Speaker:** Thank you. So, Cabinet Secretary, answer Questions 004, 005 and 017.

**The Cabinet Secretary for Health** (Hon. Aden Duale): Hon. Speaker, let me start with the Questions by Hon. Chepkonga, an old colleague who learnt a lot from me. You are a seasoned lawyer, and the issue raised in this Question is subject to a matter in an ongoing judicial proceeding under *Petition No.E513 of 2024 by Okiya Omtata and two others versus the Cabinet Secretary, Ministry of Health and seven others*. In my honest opinion, it cannot be deliberated until a final determination is issued by the court. Discussing or commenting on the same could consequently amount to *sub judice* and could prejudice the outcome of the matter. With your permission, I cite Standing Order 89 of this House and various rulings of Speakers, including you, that we have the answer but we cannot respond.

**Hon. Speaker:** Go to Question 005. I am sure Hon. Chepkonga...

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): He just needs to state the case and not the...

**Hon. Speaker:** He has just done so.

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): Hon. Speaker, he only stated the parties involved.

**Hon. Speaker:** He read the petition number.

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): He did?

**Hon. Speaker:** Yes, he did.

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): Sorry. I was waiting for you to respond. I thank you, Hon. Speaker.

**The Cabinet Secretary for Health** (Hon. Aden Duale): Hon. Speaker, Hon. Chepkonga will never change.

**Hon. Speaker:** Go to Question 005.

**The Cabinet Secretary for Health** (Hon. Aden Duale): Let me go again. It is Petition No.E513 of 2024

**Hon. Speaker:** Hon. Chepkonga is just teasing you. Go to Question 005.

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

Hon. Robert Basil asked why Kenyans are required to register for SHA.

**Hon. Speaker:** I thought you said that Question 004/2025 is the one that is being litigated in court. You can answer Question 005/2025 on Ksh104 billion investment on the Comprehensive Health Integrated System.

**The Cabinet Secretary for Health** (Hon. Aden Duale): It is the same.

**Hon. Speaker:** Is it the same one?

**The Cabinet Secretary for Health** (Hon. Aden Duale): All Hon. Chepkonga's Questions are in court.

**Hon. Speaker:** Respond to Hon. Basil.

**The Cabinet Secretary for Health** (Hon. Aden Duale): Hon. Basil asked why Kenyans are required to register for SHIF, despite formally contributing to the defunct NHIF. Kenyans who were contributing under the defunct NHIF and had clean records were transitioned to SHA. Nine million Kenyans were transitioned to SHA, out of the 12 million who were in NHIF

records. They only needed to do one thing to transition—dial \*147#. Automatically, your NHIF registration went to SHA.

There were three million people about whom I will explain later. In this registration, all other Kenyans who were not members of the defunct NHIF are required to register afresh with SHA for the following reasons. We want to improve the accuracy and integrity of the members' data. We also want to clean the NHIF database and align it with the National Registration Bureau, so that there will be no more fraud in the healthcare system that is being managed by SHA. We must register Kenyans. The other reason is that the NHIF database had 12 million members. Three million of these had fake records, including their biometrics. These are the people who are siphoning money. Their biometrics were being used for insurance fraud.

Why are we asking other Kenyans to register apart from the ones whom we transitioned to SHA from NHIF? We want to prevent fraud and inclusion of very fictitious beneficiaries. I just established a source of truth for the identification of all Kenyans. Today, we will use your national registration biometrics. When you took your identity card, there was a database. So, this system has that database. If it is treating X, it is treating X. I have to make this very clear that gone are the days when you could use your daughter's card yet you were not registered. It will not work. The system will lock you out. Even if you are treated, the facility will not agree.

We also want to improve the free primary healthcare at Levels 2 to 4 hospitals funded by the Exchequer. This House has budgeted to fund the free primary healthcare at Levels 2 to 4 hospitals which are funded by the taxpayers. The registration will support the identification and verification of members who are eligible to access these services. It will also assist the Government, and more so Parliament, both in planning and budgeting for the provision of free primary healthcare. You have budgeted Ksh18 million this year. The number increases every day. This House will use that number to budget for free primary healthcare. The Auditor-General will use that data. That is why every coin that is budgeted and appropriated for the free primary healthcare will count.

Finally, it will bring equity as envisaged in the Taifa Care Model. We want to democratise access to healthcare services because all Kenyans have a right to access primary healthcare services regardless of their social status. That is why people need to register for the SHA. I want to request my former colleagues, some of whom I led as the Leader of the Majority Party, to please help me. I will come to your counties during all functions such as funerals, weddings, and the launch of the NG-CDF and the NGAAF bursaries.

Let us ask Kenyans to first register for the SHA, so that they can access primary healthcare services free of charge at dispensaries, health centres, and sub-county hospitals. If you are not happy with a public facility, you can go to a private facility. If you do not like a private facility, you go to a faith-based facility. It is free. The Exchequer covers it.

Nyeri County is third or fourth in terms of coverage, despite much opposition. Mombasa County is first, Bomet County is second, and Nyeri County is third. I thank those governors and many others who will ensure the coverage is effected. If we work together, we can help.

Kenyans are encouraged to register for the SHA, add their dependents, spouses, and children. They should pay their contributions to enable them access full benefits. Under the SHA, Kenyans can add a maximum of four spouses. There is also no limit to the number of children you can add as long as you can prove that they belong to you. So, if you have four wives, although I do not think you can contain...

**Hon. Speaker:** Hon. Wanjala, did you hear that?

**The Cabinet Secretary for Health** (Hon. Aden Duale): The biggest beneficiary in this House is Hon. Wanjala and many other Muslim Members of Parliament, who are not here. That is good news. There is no limit to the number of children you can add as long as you can prove they are yours.

**Hon. Speaker:** Yes, Hon. Oundo.

**Hon. (Dr) Ojiambo Oundo** (Funyula, ODM): Hon. Speaker, with your permission, allow me to relay the message by the Cabinet Secretary to my neighbour, Hon. Wanjala. He is my neighbour and my brother-in-law. I will gladly relay the information.

Thank you, Hon. Speaker.

**Hon. Speaker:** I know you are also in the same group.

**Hon. (Dr) Ojiambo Oundo** (Funyula, ODM): No, I am not, Hon. Speaker. God gave me energy for only one woman.

*(Laughter)*

**Hon. Speaker:** Okay. Finish up, Cabinet Secretary.

**The Cabinet Secretary for Health** (Hon. Aden Duale): Hon. Speaker, how do you register your spouse? How do you register yourself? How do you register and add your dependents? It is very simple. You can visit [www.sha.co.ke](http://www.sha.co.ke). You can dial \*147#. You can reach out to the nearest Community Health Promoter if you do not have a phone or are unable to read and write. For those who have Android phones, you can download the Afya Yangu application.

**Hon. Speaker:** That material is already on record.

**The Cabinet Secretary for Health** (Hon. Aden Duale): It is on record.

The other Question was on making payments to the SHA. Making payments to the SHA grants Kenyans additional benefits, mostly inpatient services. I had already mentioned that those benefits will kick in immediately. It is on record. Employed Kenyans should complete the registration and remit the contribution by the employer by the ninth day of every month. Those in the informal sector should complete the registration and the means testing to determine the premiums payable. They should also make payments through the same registration channel.

As of 15<sup>th</sup> April 2025, a total of 4.386 million Kenyans had successfully completed the means testing. The average number of Kenyans completing means testing and making contributions every day is 20,000. The average contribution currently stands at Ksh590. Those registered are paying about Ksh590.

Finally, SHIF paid up members were 5.6 million as of 15<sup>th</sup> April 2025. Those are the ones paying their contribution. Kenyans from the formal employed sector are 4,192,744 and 1,000,423 Kenyans are from the informal sector, including *mama mboga*.

I have answered the last Question from Hon. Basil. I will just wrap up, with your permission, Hon. Speaker.

**Hon. Speaker:** Just hold on. I will give him a chance to ask a supplementary question. Let us take three or four supplementary questions then you finish up. One question each.

**Hon. Robert Basil** (Yatta, WDM): Thank you, Hon. Speaker. The Cabinet Secretary has tried to answer my Questions. However, he has not clearly stated how much money in terms of contributions was in the accounts of NHIF and whether the same was transferred to SHIF. Then, for the sake of my mother, the Cabinet Secretary could, please, explain to us what motivated the Ministry to introduce SHA and SHIF when NHIF was working? Thank you.

**Hon. Speaker:** You are the ones who passed the law here.

*(Laughter)*

Hon. Basil, you are the ones who passed the law on what you are asking.

Hon. Chepkonga and Hon. Kagucia, I will give you a chance for one question each.

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): Thank you very much, Hon. Speaker.

I can confirm that we passed four legislations and that the Committee on Delegated Legislation approved four regulations. We are in the process of approving the fifth one. The Cabinet Secretary has spoken very well in a very flowery language about the benefits of SHA and how it is helping Kenyans. If we were to go out and say all these things, we may possibly be stoned because we have no evidence. As a lawyer, there is something called compelling evidence. Compelling evidence requires documentary proof or evidence.

**Hon. Speaker:** Ask him a question.

**Hon. Samwel Chepkonga** (Ainabkoi, UDA): Hon. Speaker, is it possible for SHIF or SHA or the Ministry itself to give us flyers of the benefits of SHA? For example, when they speak about the increment from Ksh4,000 to Ksh20,000 per night in an ICU bed, where is it documented? We have just heard about it now. It is oral in nature. Is it possible to provide those benefits in a flyer?

**Hon. Speaker:** Point made. Hon. Milemba. Hon. Kagucia, do not be agitated. I will give you a chance. One question each.

**Hon. Omboko Milemba** (Emuhaya, ANC): Thank you, Hon. Speaker. The Cabinet Secretary is quite clear on the way he is answering questions. He is bordering flamboyance, as the Hon. Member put it. There are some specifics. I am happy the country is watching and that you and your technical team is here.

Vihiga County Referral Hospital, the big hospital in Vihiga County, is performing very poorly in terms of drugs. You talked about refunds or the money you remit to these hospitals courtesy of what they have done in terms of treatment of patients. You owe Vihiga County Referral Hospital Ksh60 million. Possibly, this is why we have this challenge. In the same county, we have Sabatia Eye Hospital, Emuhaya Sub-County Referral Hospital, Hamisi Sub-County Hospital, and Emusire Sub-County Hospital. Your technical team is here. It can confirm that these hospitals are owed monies and that they do not have drugs. Could you explain what your Ministry is doing to make sure that, apart from the good talk we are engaged in, we are also making sure that these hospitals, among others in the country, get refunds to buy drugs?

**Hon. Speaker:** Hon. Kagucia.

**Hon. Kagucia John** (Mukurweini, UDA): Thank you, Hon. Speaker. I know Nyeri has been mentioned many times, especially on the good record on how it has registered people in this programme. I am surprised to hear the Cabinet Secretary say that Nyeri has been resisting. It is not true. Nyeri has been on the front line in registering the people, and they stand to be part of the biggest beneficiaries. What we do in Nyeri is to follow this programme to ensure that it is working properly.

**Hon. Speaker:** Ask him a question.

**Hon. Kagucia John** (Mukurweini, UDA): Hon. Speaker, I want to follow up on the concern raised by Hon. Chepkonga concerning ICU beds. The answer given here on the Question by Hon. Kawanjiku is that the ICU bed cost per day has been raised from Ksh4,000 to Ksh28,000. We got a Circular on 15<sup>th</sup> of December 2024 where the Ministry stated that the maximum you can get for an ICU bed is, I think, Ksh4,400, and that the lowest would be Ksh3,300. We do not have any other circular that has cancelled, improved or changed that particular one. Let me practically demonstrate that. On Thursday last week, Mr Ng'ang'a Kigochi, who hails from Mutonga Karaba Sub-location in Mukurweini Constituency, was admitted at Mukurweini Hospital. He went into a coma and was supposed to be transferred to an ICU bed. The only ICU bed that was available was in Mathari Hospital and Tumutumu Hospital. Mr Ng'ang'a Kigochi could not be transferred from Mukurweini Hospital to either of those two hospitals because they all required a deposit of Ksh80,000 for the patient to be admitted to ICU. Eventually, the patient died in the process of getting him an ICU bed. The family had been forced to pay between Ksh60,000 to Ksh80,000 for him to be admitted to ICU.

The Cabinet Secretary needs to be clear on the benefit on ICU. Those are some of the areas we are finding a difference between what is being given by the Ministry and what happens on the ground.

Thank you, Hon. Speaker.

**Hon. Speaker:** The Women Representative for Trans Nzoia County.

**Hon. Lilian Siyoi** (Trans Nzoia County, UDA): Thank you, Hon. Speaker.

*(Hon. John Kiarie spoke of the record)*

He is talking about Shakahola, referring to a hospital in Trans Nzoia. Hon. Speaker, I do not know what measures the Cabinet Secretary is going to put in place because propaganda is ahead of us. What people in Kenya are lacking is the right information on SHA. Truth be told, SHA is working. The information they have been given is that SHA is supposed to pay for all the bills that a patient incurs, which is not the case. It is important that they get to know exactly how much SHA pays and what they are supposed to top up.

Secondly, teachers and police officers are really complaining and I get their complaints. If there are people who can easily finish SHA and propagate very fast, it is the teachers. This is because a majority of them are chairpersons in most of the meetings in our villages. Their complaint is that they have been given very few choices of the hospitals they can go to, which they feel is unfair to them. The options that have been given ....

**Hon. Speaker:** Point made. Finish your question.

**Hon. Lilian Siyoi** (Trans Nzoia County, UDA): Is it possible for them to be given more options of hospitals in the country to choose from, where they can be attended to?

**Hon. Speaker:** Thank you. Hon. Mukunji, one question.

**Hon. Gitonga Mukunji** (Manyatta, UDA): Thank you, Hon. Speaker. During the NHIF time, I used to spare some NG-CDF resources to pay for NHIF contributions for the most vulnerable members of the public. But this time, it has been very difficult. I sit in the Constitutional Implementation Oversight Committee, where we asked teachers why they preferred using a private cover over the NHIF cover that they were using before. They clearly told us that they were given a letter that SHA cannot handle group payments of such a significant group of our people and yet, they are paying SHA directly. Hon. Speaker, regarding that, we also need to realise that for SHA or for any insurance cover to work, equipping our hospitals is very key.

In 2023, we launched a very advanced system of cancer diagnosis at the Kenyatta University Teaching, Referral and Research Hospital (KUTRRH), with His Excellency the President, called Cyber-Knife Radiotherapy Equipment. Last week, I was shocked when I got a call from one of my good friends whose husband has cancer, informing me that the equipment has never been operationalised - not because it has a problem, but because they lack a technician to run it.

Hon. Speaker, I would like *Waziri* to clarify on bulk payments of SHA especially to members and groups such as teachers, and also on the benefits and the equipment.

**Hon. Speaker:** Point made. Member for Garissa Township.

**Hon. Dekow Mohamed** (Garissa Township, UDA): Thank you, Hon. Speaker. Cabinet Secretary...

*(Hon. Ferdinand Wanyonyi spoke off the record)*

**Hon. Speaker:** Hon. Ferdinand, you already asked your question. I am giving those who have not. Go ahead.

**Hon. Dekow Mohamed** (Garissa Township, UDA): Kenyans have a lot of expectation on SHIF since the information out there is that it is supposed to pay for all the medical expenses that they incur at medical facilities. We need to be clear on that. Since health services is a devolved function, the only way this thing can also work at that level of specialised treatment, is to have Level 6 hospitals which are a National Government function, at the former Provincial General Hospitals (PGHs). Otherwise, it is going to be difficult for the National Government to run it at SHIF level.

**Hon. Speaker:** Point made.

**Hon. Dekow Mohamed** (Garissa Township, UDA): Sorry, Hon. Speaker. An issue was raised on cancer centres. There are four regional cancer centres in this country. One of them is in Garissa and it stopped functioning two years ago. Garissa County Government had written a request to the National Government to take it back. Cabinet Secretary, is it possible to take back that facility to the country government so that the people of Garissa County and Northern Kenya can access a facility of that magnitude, an investment that was made by the National Government, but which it is unable to run, so that the people from that region can access that facility easily instead of coming all the way to Kenyatta Hospital which is sometimes difficult for them to access? Thank you.

**Hon. Speaker:** Hon. Passaris. I thought you had asked questions earlier?

**Hon. Esther Passaris** (Nairobi City County, ODM): I have a burning one. Thank you, Hon. Speaker. As we sit here, I want to bring it to the attention of the Cabinet Secretary that Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) had stalled for eight years. I was in the Departmental Committee on Health in the last Parliament and I was instrumental in making sure it was funded and opened after stalling.

Right now, there is a young man at KUTRRH who had an accident. He was in a car going somewhere but woke up at KUTRRH. The family has been given a bill of Ksh400,000, and they have paid Ksh100,000 because the hospital says SHA only covers food and bed. This happens to be a deaf patient. We said that SHA is better than NHIF in the sense that it does not have a waiting period unlike NHIF where one had to wait for three months. Now that we do not have a waiting period, assuming that, that young deaf man did not have SHA when he was admitted in hospital, is it the duty of the hospital to ensure that they register him at that particular point in time so that he can enjoy the benefit of being in the hospital?

This was an accident but now the family is being forced to pay Ksh400,000 since SHA is only covering bed and food, whereas, this is a public hospital that should be offering services for free to our members.

You also talked about...

**Hon. Speaker:** Hon. Esther, I only gave an opportunity for one Question.

**Hon. Esther Passaris** (Nairobi City County, ODM): Sorry, this is burning because the public needs to know this. You talk about the website and Unstructured Supplementary Service Data (USSD) \*147#. As Esther Passaris, I have never gotten my membership online because it gives me a lot of problems. Is there a customer service number that the public should know of, and is it working 24 hours so that if there are issues like these, they can be solved online? Thank you.

**Hon. Speaker:** Cabinet Secretary.

**The Cabinet Secretary for Health** (Hon. Aden Duale): Hon. Speaker, let me start with Hon. Passaris.

**Hon. Speaker:** Some have just been comments.

**The Cabinet Secretary for Health** (Hon. Aden Duale): As you sit there, if you are registered with SHA, just dial \*147# to confirm. The system is working. We even have a call centre. You can call 147 and the waiting time is zero. I want this House to take me on,

tomorrow. The waiting time last week was 12 minutes; today it is zero. Hon. Mukunji has tried and confirmed it is working. If it is not, go to the website.

**Hon. Speaker:** Maybe, *Mama* Nairobi has a defective phone. Go on.

**The Cabinet Secretary for Health** (Hon. Aden Duale): Hon. Speaker, she carries a very beautiful android phone.

**Hon. Speaker:** Hon. Bissau, is yours working?

**Hon. Kakai Bisau** (Kimini, DAP-K): It is actually working.

**Hon. Speaker:** Go on and answer the other questions.

**The Cabinet Secretary for Health** (Hon. Aden Duale): Hon. Speaker, the Member for Garissa asked whether we can upgrade Garissa PGH to Level 6. Once the county leadership agrees and writes a proposal, we will have a discussion and take it up. What he said is important. All the northern counties of Mandera, Wajir, Garissa, Isiolo and Tana River could access a national referral hospital, but the request must come to us.

Secondly, Hon. Mukunji's Question is outside SHA. I will come another day to explain. The National Equipment Support Programme (NESP) we have signed with 45 out of the 47 counties is outside SHA. The programme is in 47 counties, including Garissa and Embu. I signed the last 20 agreements after the governors had signed. I am ready to submit the documents even tomorrow for Members to have a look at them and then I can come back to the House.

On the questions by Hon. Milemba and Hon. Chepkong'a, the benefits are real. Check the SHA website. The CEO has written to all accredited facilities, whether they are Government, private or faith-based. Go to the SHA portal and see the benefits.

*(Hon. Gitonga Mukunji spoke off the record)*

**Hon. Speaker:** Hon. Mukunji, give the Cabinet Secretary a moment to answer your colleague's questions.

*(Hon. Gitonga Mukunji stood up in his place)*

**Hon. Speaker:** Take your seat! When he finishes answering the questions but yours has not been answered, I will give you an opportunity to remind the House. It is out of order to stand up and start arguing.

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

That is why you are the arbiter. Hon. Milemba asked about payment of pending claims. I want to make it clear that everything I am saying is in *The Hansard*. I do not want to cheat Kenyans. All reimbursements under SHA, whether to primary healthcare facilities or under the ECCF, are made on 14<sup>th</sup> every month. Call your facilities today and check. If they have posted the claim and they have the reimbursement. The CEO of SHA has circulated the new, enhanced rates for ICU and cancer treatment. I said it publicly on Tuesday, 1<sup>st</sup> April 2025. The effective date was that Tuesday I spoke to the country. Before 1<sup>st</sup> April 2025, rebate for ICU was Ksh4,000. After 1<sup>st</sup> April 2025, it is Ksh28,000 per night. Let us not play politics. What I am telling you is not politics. I urge you to exclude politics from this matter. SHA shall settle all bills in accordance with the gazetted tariffs. The benefits are accessible online in all our facilities and then through a call centre. You can call 147 and ask about the benefits of SHA. You can also go to our website. Facilities you visit also display on their boards the services you can access.

Hon. Mukunji raised a question on indigents. How do we access it, the way we did during NHIF? Currently, indigents must go through means testing. For example, you may give us Ksh10, 000, but this amount can cover individuals in different capacities. One indigent can

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pay zero while others Ksh300, Ksh500 or Ksh800. So, it is good for one to tell us on the people you want to pay for. We really want to support sponsorship of indigents both at the county, national and leadership levels. We want to help the most vulnerable in our communities. Mombasa is a model. Its leadership, under Governor Abdulswamad Nassir, came together, setting aside differences. In fact, at the Council of Governors meeting yesterday, we applauded him and 10 other governors for their efforts.

I think the last question was on teachers and police, which was asked by the Member for Trans Nzoia. I can see that she is still around. When I was here, I used to say that if the person who asked the question leaves the Committee, there is no need to answer. The National Police Service medical cover is a complementary insurance for police officers and is provided by their employer, the Ministry of Interior and Coordination of the National Government. This medical scheme is managed by the Social Health Authority, and any misreporting about this is false.

**Hon. Speaker:** Cabinet Secretary, I would like you to wind up.

**The Cabinet Secretary for Health** (Hon. Aden Duale): Our police officers and teachers can register for SHA like any other Kenyan and will be entitled to SHA benefits at all public, base, private and SHA contracted faith-based facilities.

There was a question raised by Hon. Basil. The document I have given him on Page 8 shows the amount available during transition; it was Ksh1.484 billion.

Hon. Speaker, as I conclude, they say that you can survive with illiteracy until you die, but you cannot survive with a disease. We require a very robust healthcare system that is accessible, affordable, equitable and of quality to our dear citizens. Do not listen to the naysayers. Over 40,000 Kenyans are enrolling in SHA every day. Take charge of your healthcare and enrol in SHA. Universal Health Coverage and Taifa Care are working. It is good for our people and it will be a legacy of all our leaders, led by the President. As the Cabinet Secretary for Health, I commit that, among the many other issues I have to deal with in the health docket, Universal Health Coverage will be given priority. Members who passed it should know the difference between SHA, which is the authority, and SHIF, the insurance fund. That difference was defined by this House at the beginning of the Bill. It was not by me.

**Hon. Speaker:** Hon. Cabinet Secretary, I request that you extract *The Hansard* and respond to the issue raised by Hon. Passaris about the deaf patient at the Kenyatta University Teaching, Referral and Research Hospital. We do not have verified facts at this moment. I also request that you do the same in regards to the case of Hon. Kaguchia and write to the Clerk.

*(Hon. Kaguchia John raised his hand)*

Order, Hon. Kaguchia. I am helping you. We are coming to the end of this Session. I do not want your matter to go under the carpet. It is very important. If what you said is correct, then the Cabinet Secretary must act upon it. The Clerk of the National Assembly will extract *The Hansard* and send it to the Cabinet Secretary, in relation to the matters of Hon. Passaris, Hon. Kaguchia and Hon. Mukunji. He will in turn, send us some written responses to those matters. The remaining Questions will be deferred. The leadership of the Majority Party will decide, in consultation with the Speaker, on when next the Cabinet Secretary can come and answer them. This is because we have other businesses.

*(Hon. Gitonga Mukunji spoke off the record)*

One clarification from you will lead to one from everybody. I will not allow it.

**Hon. Samuel Atandi** (Alego Usonga, ODM): On a point of order, Hon. Speaker.

**Hon. Speaker:** Yes, Hon. Atandi.

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**Hon. Samuel Atandi** (Alego Usonga, ODM): Hon. Speaker, Hon. Duale has remained progressive in the Executive, the same way he was progressive when he was our leader in this House.

*(Applause)*

I confess that I am proud of Hon. Duale. I believe that his leadership in this critical Ministry is going to help the Broad-based Government to achieve its vision for Kenyans. Under my leadership, as the Chairman of Budget and Appropriations Committee, I promise him that I will do my best to ensure that my Committee supports him to realise the vision of the Ministry and Presidency.

Thank you.

**Hon. Speaker:** Thank you. Cabinet Secretary, if you listened to the Members very carefully, and even from the streak of your very eloquent answers, it appears that the elephant in your room is poor communication. Information flow is flawed or non-existent. But you rightly said that you want to go out on a serious public awareness campaign. This is something you ought to have done yesterday. This is because those who propagate propaganda, misinformation, disinformation and fake news out there are running 10 times ahead of the Ministry.

The Ministry has perpetual succession. Those officers who are seated on my right and left have been there. As a House, we want to support you to help Kenyans. Given the importance of this matter, I will, when we resume after the recess, have a *Kamukunji* where Hon. Duale and his team will come here in an informal set up, take each and every question and answer them so that the country can understand and appreciate that this innovative programme works. Nobody will know it works until you go out there to tell Kenyans how it works. Even Jesus said you cannot light a lantern and put it under the stool and expect people to see it. You have to go out there with information.

When Idi Amin was once asked by a British journalist why he liked blowing his own trumpet, he said: Who else do you expect to blow it? It is my trumpet.

*(Laughter)*

You must be ready to go out there and blow your trumpet for all and sundry to hear. This House will support you, but we support those who support themselves.

Thank you. You are now released. You can go.

*(The Cabinet Secretary for Health (Hon. Aden Duale)  
was escorted out of the Chamber)*

**An Hon. Member:** Thank you, Hon. Speaker, for clarifying what I wanted.

**Hon. Speaker:** Is that what you wanted?

**An Hon. Member:** Yes.

**Hon. Speaker:** I am capable of reading your mind.

*(Laughter)*

Next Order.

## SPECIAL MOTION

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APPROVAL OF NOMINEE FOR APPOINTMENT AS  
PRINCIPAL SECRETARY FOR BROADCASTING  
AND TELECOMMUNICATIONS

*(Several Members walked out of the Chamber)*

**Hon. Speaker:** Hon. Members, do not leave. Let us finish this Order. Hon. KJ, I hope you have a Mover and a Seconder.

**Hon. John Kiarie** (Dagoretti South, UDA): Hon. Speaker, I really thank you. We had very important business this afternoon, and this Special Motion is equally important.

**Hon. John Kiarie** (Dagoretti South, UDA): Hon. Temporary Speaker, I beg to move the following Special Motion:

THAT, taking into consideration the findings of the Departmental Committee on Communication, Information and Innovation in its report on the approval hearings of a nominee for appointment as principal secretary, laid on the Table of the House on Tuesday, 15<sup>th</sup> April 2025, and pursuant to the provisions of Article 155(3)(b) of the Constitution and Sections 3 and 8 of the Public Appointments (Parliamentary Approval) Act, CAP 7F, this House approves the appointment of Mr Stephen Motari Isaboke as Principal Secretary, State Department for Broadcasting and Telecommunications, subject to the following condition –

THAT, in order to avert any potential conflict of interest with respect to the claims made relating to part ownership of GOtv Kenya Limited, the appointing authority re-assigns the nominee a different State Department, upon taking the oath of office.

Procedurally, the Committee undertook the vetting of the nominee who appeared before the Committee and was fully engaged. The nominee was able to prove a number of things. For starters, he had been cleared by all the required agencies for that office. Secondly, the nominee demonstrated great patriotism.

He has been nominated to the position of Principal Secretary in the State Department for Broadcasting and Telecommunications, which is tasked with the role of communication.

Hon. Speaker, you were just talking about the failings in communication in the Ministry of Health on the issue of SHA. Communication in the Government is domiciled in the State Department for Broadcasting and Telecommunications. In his presentation, the nominee convinced the Committee that he is able to express himself articulately and eloquently. As such, he demonstrated himself to be a great communicator.

The nominee also presented his qualifications to our Committee. I can attest to the fact that he is not only just fit to be a Principal Secretary in the State Department for Broadcasting and Telecommunications, but even assigned any other responsibility in Government, the nominee proved his experience, expertise, patriotism and leadership.

The Committee received two memoranda, one of which came from an individual called Motava. Unfortunately, this memorandum was inadmissible *ab initio* because it could not even get the name of the nominee right. As such, we could not admit it as a Committee. We considered it for its veracity and we found that it was not admissible.

It would be sacrilegious of me as the Chairperson of the Committee to not note that we also received a memorandum from a sister Committee of this House, namely, the Public Investments Committee. In its submissions, the memorandum pointed to a potential conflict of interest which we were able to fully interrogate and even commit to the nominee who made very substantial submissions regarding that memorandum. In its consideration, the Committee engaged the nominee on the matter of his interest in GOtv Kenya Limited. I want to go on

record in *The Hansard* that the nominee admitted that there could be a potential conflict of interest, but he also admitted under oath that in the event that he is vetted and found fit to hold office, he was ready to relinquish his shareholding within GOtv Kenya Limited. After considering the matters that were brought before our Committee, I would like to put it to the House that we found the nominee fit to hold office. We found the nominee to have enough experience and good leadership qualities. The nominee has the ability to hold office as a principal secretary in any docket that he would be put into. In order to avert any potential conflict of interest with respect to the claims made relating to part ownership of GOtv Kenya Limited, our Committee proposed that the appointing authority reassigns the nominee to a different State Department upon taking office.

I beg to move and ask the Whip of the Majority Party to second.

**Hon. Silvanus Osoro** (South Mugirango, UDA): Thank you very much, Hon. Speaker.

I rise to second the Report by the Committee. As the Chairman has put it, the Committee sat down and appreciated that the nominee is qualified to serve in the capacity of principal secretary upon the review of his credentials.

The Committee also indicated the fact that there is a question of conflict of interest, keeping in mind that we have passed in this House the element of conflict of interest on many other avenues. The Report states that he is an astute businessman who has invested in the telecommunication industry, including GOtv and others. He is going to be in charge of policies and regulations that pertain to Information and Communication Technology. He would however, be conflicted. As the Committee has put it, it is only fair we appreciate that he is indeed, qualified. In addition, that rider is very important.

His Excellency the President should reassign him to other duties or where there would be no personal interest. I do not know why Hon. Omboko Milemba is...

*(Hon. Omboko Milemba spoke off the record)*

**Hon. Speaker:** Hon. Omboko Milemba, you are out of order.

**Hon. Silvanus Osoro** (South Mugirango, UDA): Exactly. With that rider, he should be reassigned.

I beg to second, Hon. Speaker.

*(Hon. (Dr) Ojiambo Oundo spoke off the record)*

**Hon. Speaker:** Hon. Oundo, I have not even proposed the Question.

*(Question proposed)*

**Hon. Speaker:** Hon. Members, this kind of a rider to a Motion has a precedent in this House. It has been done many times before.

*(Question put and agreed to)*

**Hon. Speaker:** Next Order

## BILL

### *Second Reading*

#### THE COUNTY GOVERNMENTS ADDITIONAL ALLOCATIONS BILL

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(Senate Bill No.1 of 2025)

**Hon. Speaker:** Hon. Atandi.

**Hon. Samuel Atandi** (Alego Usonga, ODM): Hon. Speaker, I beg to move that the County Governments Additional Allocations Bill, (Senate Bill No.1 of 2025), be now read a Second Time.

*(Loud consultations)*

**Hon. Samuel Chepkong'a** (Ainabkoi, UDA): On a point of order, Hon. Speaker.

**Hon. Speaker:** Yes, Hon. Chepkong'a.

**Hon. Samuel Chepkong'a** (Ainabkoi, UDA): Hon. Speaker, what Hon. Atandi has moved touches on the counties additional allocation revenue, which is tied to the Court Case of Roads Levy Maintenance Fund (RLMF). Yesterday, as a House, we agreed to seek your invocation of Standing Order 1; that you defer this matter pending the resolution of the RLMF Case so that we can discuss all of it in agreement.

**Hon. Speaker:** Hon. Chepkong'a, I was advised, on my request, that the RLMF disputed numbers are not in this Bill. They are ring-fenced elsewhere. So, the passage of this Bill will not undermine your interest in RLMF. That being the case, there would be no basis for deferring this Order. Hon. Chepkong'a.

**Hon. Samuel Chepkong'a** (Ainabkoi, UDA): Hon. Speaker, with that information and clarification, you are, therefore, insisting that this matter must proceed.

**Hon. Speaker:** I am not insisting! I am advising you.

**Hon. Samuel Chepkong'a** (Ainabkoi, UDA): Hon. Speaker, there is no Quorum in this House.

**Hon. Speaker:** Serjeant-at-Arms, do we have Quorum?

*(Loud consultations)*

I am advised that we do not. Serjeant-at-Arms, ring the Quorum Bell.

*(The Quorum Bell was rung)*

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

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

*(Several Hon. Members left the Chamber)*

**The Temporary Speaker** (Hon. Omboko Milemba): Order, Hon Members! When the Quorum Bell is ringing, you cannot leave the Chamber. Serjeant-at-Arms, close the Door and draw the Bar. Only allow the Whips to go out. Do not allow Members to leave the House, but allow those who are outside to come in. The rest of the Members, take your seats. The Bar should be opened, yes, but Hon. Members should not leave the House, except the Whips.

Very well. Thank you, Hon. Members. We are now orderly. Order, Serjeant-at-Arms, you may stop the Quorum Bell. We are done with the 10 minutes.

*(Several Members stood up in their places)*

Hon. Members, take your seats. A Member rose in his place under Standing Order 35 on Quorum. I asked the Serjeant-at-Arms to ring the Quorum Bell for 10 minutes, but I can still confirm there is no Quorum in the House.

### ADJOURNMENT

**The Temporary Speaker** (Hon. Omboko Milemba): Hon. Members, the time being 7.09 p.m., this House stands adjourned until Thursday, 17<sup>th</sup> April 2025 at 2.30 p.m.

The House rose at 7.09 p.m.

*Published by  
Clerk of the National Assembly  
Parliament Buildings  
Nairobi*