THIRTEENTH PARLIAMENT

THE SENATE

OFFICIAL REPORT

Fourth Session

Wednesday, 29th October, 2025 at 9.30 a.m.

PARLIAMENT OF KENYA

THE SENATE

THE HANSARD

Wednesday, 29th October, 2025

The House met at the Senate Chamber,
Parliament Buildings at 9.33 a.m.

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

PRAYER

DETERMINATION OF QUORUM
AT COMMENCEMENT OF SITTING

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

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

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

(The Quorum Bell was rung)

Serjeant-at-Arms, kindly ring the Bell for a further 10 minutes

(The Quorum Bell was rung)

Hon. Senators, we now have quorum. Let us settle down and start the day's business.

Clerk, kindly proceed to call the first Order.

QUESTIONS AND STATEMENTS

QUESTIONS

Hon. Senators, we will start with Question No.113 by the Senator for Kisumu County, Prof. Tom Ojienda, who I am informed is not present today. However, he has delegated the asking of this Question to Hon. Beatrice Ogola who will ask on his behalf.

Clerk, can you confirm that the Cabinet Secretary for Labour and Social Protection is in the House?

[The Cabinet Secretary for Labour and Social Protection (Hon. (Dr.) Alfred Mutua) was ushered into the Chamber]

Cabinet Secretary for Labour and Social Protection, welcome to the Senate once again. You are before the Senate for purposes of responding to Question No.113 by the Senator for Kisumu County.

Hon. Beatrice Ogola, you may proceed to ask that Question on behalf of the Senator for Kisumu County.

Question No.113

STATUS OF WORKERS DISCHARGED FROM STATE-OWNED INDUSTRIES IN KISUMU COUNTY

Sen. Ogola: Thank you, Mr. Speaker, Sir. As granted by you and requested by Sen. (Prof.) Ojienda, I beg to ask the Cabinet Secretary for Labour and Social Protection the following Question No.113.

(1) Could the Cabinet Secretary explain the rationale behind discharging workers in State-owned industries, particularly in strategic sectors such as sugar and textile industries and how these decisions comply with Articles 41 and 43 of the Constitution on fair labour practices and the right to social and economic security, respectively?

(2) Could the Cabinet Secretary confirm the number of workers affected by the restructuring carried out in Kisumu County, especially in Chemelil, Muhoroni and Miwani sugar companies and clarify whether they have received full severance benefits, pensions and gratuities without undue delay?

(3) Did the Ministry conduct socio-economic impact assessments before approving the releases and if so, table the reports and indicate the mitigation measures for affected households and host counties?

(4) What immediate programmes has the Ministry introduced to reskill, redeploy or otherwise safeguard the livelihoods of the affected workers and how the effectiveness of these programmes is being monitored?

(5) How does the Government intend to reconcile fiscal reforms with its constitutional duty under Article 232 of the Constitution on transparency, accountability and responsiveness, to prevent economic dislocations in counties that rely on State-owned industries?

I thank you.

The Speaker (Hon. Kingi): Hon. Cabinet Secretary, I note that your response is fairly long. Since the same has been circulated to all hon. Senators, you may wish to paraphrase it, so that we save on time.

Proceed to respond.

The Cabinet Secretary for Labour and Social Protection (Hon. (Dr.) Alfred Mutua): Thank you, Mr. Speaker, Sir and hon. Members of the Senate.

I have a very comprehensive reply, but I will try to condense it because there is a lot of repetition in terms of the facts. Let me start by giving a background because it will enable hon. Members to understand where we are coming from, and answer many questions before they are asked.

Mr. Speaker, Sir, the Government of Kenya, through the Kenya Sugar Board (KSB), the Ministry of Agriculture and Livestock Development and the National Treasury and Economic Planning, initiated a leasing model for state-owned sugar factories as an alternative to full privatisation.

This strategic decision sought to revive the struggling sugar sector, which has long been central to Kenya's rural economy and food security. Under this model, Nzoia, Chemelil, Muhoroni and Sony Sugar Companies were offered to private operators for lease. As you are aware, they had ceased operating properly.

The objective was to enhance operational efficiency, modernize production and restore profitability, to ensure long-term sustainability of the industry. The Government, mindful of the human and social impact of the restructuring, acknowledged that the transition could lead to redundancies among workers. Demonstrating its commitment to fairness, social justice and compassion, it engaged the Kenya Union of Sugar Plantation and Allied Workers, which is a recognized representative of employees and entered into a Memorandum of Understanding (MoU) on 7th May, 2025.

This MoU between the Government and the workers provided a humane and lawful framework for managing the transition, anchored on the principles of dignity of labour, fair compensation and industrial harmony. It outlined procedures for the retention, separation and compensation of workers and the payment of all accrued benefits in accordance with the law.

Key provisions in the MoU include-

(1) That the person coming in, the lessee, will retain the current workforce up to 12 months under existing terms. So, they are not walking in and firing people.

(2) After six months, the lessee is to identify staff for permanent retention and issue them with fresh contracts. Definitely, in any organization, there are people who really will not be adding any value to maybe the new work style or maybe they have been overtaken by events.

(3) Non-retained staff (this is very important) to receive a fair and lawful exit package, including notice or payment in lieu, accrued leave, severance pay as per the collective bargaining agreement and all salary and benefit arrears.

The Ministry of Agriculture and Livestock undertook to settle all salary arrears, pension contributions and statutory deductions up to the handover date. Payments to be made in a fair schedule up to June, 2026; these have been ongoing very well. Dispute resolution was also clearly provided for through the transition committee, well, both the workers and also the Government and even resolved through the Ministry of Labour for conciliation.

It is important to underscore that the Ministry of Labour was not party to the leasing process. You know, this is a Government, not just the Ministry of Labour.

Where we come in is to ensure that we safeguard workers' rights, ensuring that all actions comply with Section 40 of the Employment Act, existing Collective Bargaining Agreement (CBAs) and the terms of the MoU.

Mr. Speaker, Sir, let me proceed to part one of the Question, now that I have provided a background for understanding. The question is on the rationale behind the process and whether it is covered by law.

The ongoing restructuring process in state-owned industries is part of the comprehensive reform programmes aimed at restoring efficiency, financial sustainability and competitiveness among these corporations. Everybody knows in this country that the sugar industry had collapsed. Cartels had taken over, people had not been paid salaries for years and farmers had cut down their sugar. So, this is a Government programme to revamp the sector and provide economy and money to the pockets of the people of Kenya.

The discharge of workers under this restructuring is guided by lawful redundancy procedures as outlined by Section 40 of the Employment Act. It provides safeguards to ensure fairness and transparency for affected workers.

Part of the process that we have demanded of the Ministry of Labour as per the law is that-

(1) The employer must notify the relevant union, its affected employees and the Ministry of Labour of what they are doing. Has this been going on? Yes, in this case of Mumias.

(2) Provide justification on the scope of the redundancy. Has this been done? Yes.

(3) Pay statutory and contractual entitlements, including notice pay, accrued leave and severance pay. The same is ongoing.

The Kenya Union of Sugar Plantation and Allied Workers, the recognised representative of the employees, had initially gone to court before this process, where the MoU was agreed upon. The Ministry of Labour and Social Protection has a role to ensure that the redundancy process complies with Article 41 of the Constitution, Section 40 of the Employment Act and the CBA in force

Mr. Speaker, Sir, we have to understand that the Ministry does not have the power to approve or reject redundancies, because when anything goes to the private sector or to even the Government sector, it is the employer who makes the decision, as long as the employer adheres to the set law.

In upholding Article 51 of the Constitution, the Ministry ensures that fair labour practices are adhered to. In addition, the Ministry ensures that Article 43 is upheld through ensuring that dues owed to employees declared redundant are paid in full. In other words, human rights and rights of workers are upheld. In essence, this process balances economic necessity with human dignity, ensuring that no worker is left without lawful compensation.

Part two of the Question is asking whether the restructuring carried out in Kisumu County, especially Chemelil, Muhoroni and Miwani sugar companies, and about the numbers and their payments.

The total employees affected by the restructuring process carried out in Kisumu County is 1,743, broken down in the following manner-

(1) Muhoroni Sugar Company had 747 workers affected, with 312 being permanent and pensionable, 435 being contract term workers.

(2) Chemelil Sugar Company had 903 workers affected, with 376 being permanent and pensionable and 527 being long-term or term contract workers.

Now, this is quite interesting.

(3) Miwani Sugar Company had 93 workers affected, but it should be noted that this was not leased, but rather sold to Crossley Holdings Ltd. in July 2025.

The company requested all workers to apply for their positions afresh, but only 79 did so and all those that applied were absorbed. Nobody was fired. The ones who did not want to apply were given their dues and they retired.

It is important to note that under the Memorandum of Understanding, it was agreed that all employees would receive salary arrears, gratuities and accrued leave and severance dues paid by the Ministry of Agriculture and Livestock Development and the National Treasury and Economic Planning, through the Kenya Sugar Board, in a structured and phased manner.

The amounts paid, partial payments of salary arrears amounting to Kshs1.8 billion, have already been made between May and August, 2025. The balance, amounting to Kshs3.8 billion, together with terminal dues and third-party deductions amounting to Kshs15 billion, shall be paid in instalments up to June, 2026. The Government is in process and we do not have any dues that have not been paid as per the agreement.

The third part of the Question is on whether we conducted any socio-economic impact assessment before approving the release, and if so, table the reports of the mitigation measures.

The Ministry did not approve or oversee the leasing process and, therefore, did not undertake a socio-economic impact assessment. This was a baby of the National Treasury and the Ministry of Agriculture and Livestock Development. Our job is to ensure that any process that is conducted after a decision has been made is in accordance to the Constitution and the law in terms of the rights of workers.

The second last part of the Question is what immediate programmes the Ministry has introduced to re-skill, re-deploy or otherwise safeguard the livelihoods of the affected workers.

In accordance with the MoU - and this was also part of the discussion - all workers will remain in employment for 12 months, where 80 per cent will be absorbed, the 20 per cent nearing retirement opting out voluntarily will be released with full compensation. Once a final list of retained staff is established, the Ministry of Labour and Social Protection, through the Director of Industrial Training will collaborate with stakeholders to design and implement re-skilling, re-training and re-deployment programmes. These will empower affected workers with new skills and enhance employability in related sectors.

The last part of the Question was on how we are going to reconcile fiscal reforms with the constitutional duty, under the Constitution, for transparency, accountability and responsiveness to prevent economic dislocation in counties.

It is important to note that all decisions that are made in terms of relocating, folding or changing these companies and agencies and parastatals are undertaken by

Cabinet, where the Cabinet is able to sit down and look at the impact of movement of these organisations. As you have noted, the Government is not winding down and closing parastatals that have a major impact in counties. What we are doing is reorganizing and merging them to make them stronger, so that we can have a government that can afford to run itself.

I submit, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Sen. Beatrice Akinyi, do you have any supplementary questions?

Sen. Ogola: Mr. Speaker, Sir, having listened to the response from the Cabinet Secretary, my supplementary question refers to the non-retained staff, who at the end of the process, are released back to their communities. What is the component of this full compensation he is referring to?

Is there a programme that is designed specifically to this cohort of non-retained staff that prepares them for getting into the non-salaried life they get into after that, taking into consideration that a number of them were not even close to retirement age? I see a number of them that have been released in our communities very desperate.

The Speaker (Hon. Kingi): Hon. Cabinet Secretary, you may proceed to respond.

The Cabinet Secretary for Labour and Social Protection (Hon. (Dr.) Alfred Mutua): Thank you, Madam Senator. As much as possible, the ones who were not retained are the ones who are near the retirement age. However, if there are others who do not fit that criteria and they cannot be held - because you do not expect a company to keep someone and that person is not productive – meaning that you will you go back to the same cycle of failed organizations; they are being paid their full pension and their salaries. They are being paid money to cover up for the amount of time they were supposed to have worked, in lieu of their work time. For example, if you are released at the age of 40, and you are supposed to work up to retirement age, you are compensated for the time that you have been let go. Basically, you get paid in advance for work that you will not do. We had already factored that part in our agreement, in order to make sure that no one is let out and then they wallow into poverty. At times, it is unfortunate that some people will get out, get their golden handshake, marry a second, third or fourth wife, buy a big car or go on holiday, as it happens all over the country and then they squander their money quickly.

One of the processes we have done in terms of re-scaling is allowing some of these people who are out there and would like to come back to the National Industrial Training Authority (NITA) and the Technical and Vocational Education Training (TVET) institutions to get new skills and go back to work, but they were not let out with nothing. They were let out with enough money to live comfortably.

The Speaker (Hon. Kingi): Sen. Boni.

Sen. (Dr.) Khalwale: Thank you, Mr. Speaker, Sir. The Cabinet Secretary knows that the Cabinet sat and made a decision on privatization. However, this was varied to leasing. Since he sits in the Cabinet, why did you not take the initiative to carry out a socio-economic impact assessment? He has now visited our people; families running into millions of Kenyans with challenges that must be addressed by the Government.

The Speaker (Hon. Kingi): Senator for Nairobi City County.

Sen. Sifuna: Mr. Speaker, Sir, I used to hear this thing called all-of-government approach shouted from podiums. Therefore, I am surprised that the Cabinet Secretary, in his response, is telling us that we directed the questions to the wrong Ministry and that we should have looked for the Cabinet Secretary, National Treasury and Economic Planning, who was involved directly. He sits in the Cabinet and he should supply some of the answers to the questions that we are raising.

He has a responsibility, as a Government, to protect his people and find employment for them. He should also try and sustain those that were found in employment for as long as possible because they are breadwinners for their families. When you allow private entities such as these lessees to be the ones to exclusively determine who they need to continue working with or not, you are abdicating your responsibility. How is it possible that the Government has no role whatsoever in making those determinations in order to protect its own people?

The Speaker (Hon. Kingi): Senator for Tana River County, Hon. Mungatana.

Sen. Mungatana MGH: Thank you, Mr. Speaker, Sir. Listening to the Cabinet Secretary, he gave a figure of 1,743 people affected in these redundancies. The Senator who asked this question was specific about Chemilil, Muhoroni and Miwani sugar companies. What this Senate wants to know is whether there was full compliance of Section 40 of the Employment Act. It appears to me that the Cabinet Secretary was giving us big figures like Kshs1 billion, but he is not telling us whether there was full compliance. In fact, he is saying that there might be future payments.

The first issue is whether there was actual full compliance for the people who are left to go. A total of 1,743 in your county are many people. How many were paid? Also complementary to that, what is the plan of the Cabinet Secretary to get those people re-absorbed into employment?

We need to be proactive as a Government. You cannot let more than 1,000 people become unemployed. Do not give us figures, tell us whether you have told those people because it appears that there is obfuscation in terms of the explanation there.

The Speaker (Hon. Kingi): Senator for Taita-Taveta County, Sen, Mwaruma.

Sen. Mwaruma: Thank you, Mr. Speaker, Sir. I would like to know if the employees will be paid before they leave and how much that will be or if they will be paid after. The Cabinet Secretary should give us a list of how much each will get because he has indicated that, if you are 30 years and maybe, you are supposed to work up to 60 years, you will be paid for the rest of the time you are supposed to work. Therefore, how much will each person get as severance pay?

Secondly, what if they are paid before they leave? We have an instance where medical workers were eased off in 2000. Up to now, they have never received their severance pay. Some of them died and some are sickly. They have become old. My aunt was working for the Ministry of Health. To date, they have not been paid.

I would like to know how much each would earn and when they would be paid. In fact, they should enjoy their salaries before they are eased off and when they get their lump sum, that is the time when they can be let to go.

The Speaker (Hon. Kingi): Senator for Nandi County, Hon. Cherarkey.

Sen. Cherarkey: Thank you, Mr. Speaker, Sir. I am surprised by the response of the Cabinet Secretary, Hon. Mutua, because Chemelil is part of Nandi County. From his response, I need clarity. He indicates that there were only representatives of Kisumu and Migori, and yet, Nandi and Kericho, which are part of Chemelil, have not been captured. We are coming to the tail end of the leasing process. What is the fate of the unpaid Kshs15 billion and Kshs3 billion consecutively that was supposed to be paid to workers? Was that left to the dogs?

The Speaker (Hon. Kingi): Senator for Kitui County, Hon. Wambua.

Sen. Wambua: Thank you, Mr. Speaker, Sir. Those are interesting responses, because in the words of the Cabinet Secretary, the Government has clearly let the workers be dealt with by private investors in determining who continues to work and who has got to go home. However, the question I have for the Cabinet Secretary is, after determination has been made of who will leave or retained, whose responsibility will it be to pay the gratuities, benefits and to ensure that those payments are paid in time? There is a grey area there. Who exactly will ensure that these gratuities and the benefits are paid in time to the workers that will have to be let go?

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

Sen. Mbugua: Thank you, Mr. Speaker, Sir. I would like the Cabinet Secretary to tell this House the level of involvement of the workers' union in this engagement and also the involvement of the respective county governments to pay the gratuities and benefits, and to ensure that those payments are done in time.

The Speaker (Hon. Kingi): Hon. CS, you may now proceed to respond to those questions.

The Cabinet Secretary for Labour and Social Protection (Hon. (Dr.) Alfred Mutua): Thank you, Mr. Speaker, Sir and Members for those very good questions.

Going to the first question, it is important to note about non-retained staff and the question about their salaries in the committee. Sen. (Dr.) Khalwale is asking about the socio-economic study that was done. When the paper came to Cabinet, a study had already been done on the impact of the industry and revival. A socio-economic study as presented by the National Treasury and the Ministry of Agriculture, Livestock and Fisheries was about the people who were hired and who maybe would lose or retain their jobs. It was a study of the general impact to the country and the region.

We are talking about a sector that was basically crippled; reviving a sector, creating wealth, so that majority of people and farmers who had given up could now go back to growing sugar and making money. It was going to even inject money into the national kitty to assist in the development of the country.

There was a lot of thinking that went into it. How do we revive this? Will it just be business as usual, the Government pumping money and nothing happening? Do we need to think out of the box, revive this one and make it a working system?

As you were aware, citizens of the areas where the changes are happening are very happy with the Government. They used to think there was a light at the end of the tunnel. It is no longer light, but a glowing sun and they are able to reap benefits

There is a question that was asked by Sen. Sifuna. It is important to note this, because I have seen it being repeated several times. I think some Members may have walked in just after I did my introduction, so they were not aware of this.

It is not everyone who is being sent home. According to an agreement between the workers and the Government, 20 per cent is the maximum number of people to be sent home. As I have indicated, one of the companies that bought one of the factories did not send anybody home. They rehired everyone who wanted to be rehired. The agreement has been, you come in as an investor, you are only allowed to send home 20 per cent, so that you can also retain people and have a chance to employ people who can be of value to your work.

We also said that anybody who is not being retained and even the ones who are working and continue working, will be paid by the Government of Kenya all their redundancies. Some of them have not been paid for years and are living on borrowed money. The ones who are going away will even be paid for work that they should have been doing, but now they will not be doing because they have been sent out.

That brings me to the third question by Hon. Mungatana, talking about the 1,743 affected. These are the total number of people who are employed. Only 80 per cent of them will be retained and only 20 per cent will be affected. I hope I have my figures right. Let me look at the statistics. Sorry, the ones of Kisumu County are 1,743, with a breakdown of the workers that have been there of all the three companies.

All those who are not being retained are being paid their dues in lieu of service as per their contracts. If you are permanent and pensionable, you are being paid for the time that you are supposed to work.

If you are sent home at the age of 30, you are permanently pensionable, you are compensated for the 25 years that you should have been working to your retirement. If you are on contract, up to the period of your contract. We have ensured that human and workers' rights are followed.

Mr. Speaker, Sir, with your permission, I do not have the figures of the number of people who are totally reabsorbed, but I can provide that to Sen. Mungatana.

My very good friend, the Senator of Taita Taveta County, asked about the ones who for a long time have not been paid on leave and all this. The payments will be paid in a phased programme. It has already been agreed between the Workers' Union and the Government. It is the Government of Kenya paying. The Government of Kenya has committed and I gave the figures here. We have already paid Kshs1.8 billion. This year we are hoping to pay another Kshs3.8 billion. We are paying every instalment up to Kshs15 billion. That is our commitment. The Kshs15 billion will cover all the costs to pay off all these workers and ensure that they are comfortable.

On the question about Chemelil by Sen. Cherarkey, the answers I was giving were specific, but they apply to everything. They are specific to the three companies in Kisumu County.

The Senator for Kitui asked about these private investors coming in. It is important to know that the Government of Kenya has midwifed this process. The Kenya Union of Sugar Plantations and Allied Workers has been the one speaking on behalf of

the workers. They sat and agreed comprehensively that they were happy with the process and penned an MoU.

Mr. Speaker, Sir, with your permission, I can provide a copy of the MoU, so that Members can look at it and find that this was an agreed position.

I think I have answered all the questions. If there is any that is yet to be answered, it is because it had been answered within the other questions.

I submit.

The Speaker (Hon. Kingi): Thank you, Hon. Cabinet Secretary. We will terminate that engagement at that point. You may leave at your own pleasure.

[The Cabinet Secretary for Labour and Social Protection (Hon. (Dr.) Alfred Mutua) was ushered out of the Chamber]

We now move to questions numbers 098, 103 and 117. These three questions are directed to the Cabinet Secretary in charge of health.

Clerk, you may usher in the Cabinet Secretary.

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

Hon. Cabinet Secretary, once again, welcome to the Senate. You are before the Senate for purposes of responding to three questions, that is, Question No.098 by the Senator for Kirinyaga County, Question No.103 by Sen. Tabitha Mutinda and Question No.117 by the Senator for Kisumu County, the Hon. (Prof.) Tom Ojienda.

We will start with Question No.103 by Sen. Tabitha Mutinda.

Question No.033

MANAGEMENT, UTILIZATION AND ACCOUNTABILITY OF THE TOBACCO CONTROL FUND AND COMPLIANCE WITH THE REGULATIONS

Hon. Cabinet Secretary, there was a Question by Sen. Maanzo, that is, Question No.033. That Question has since been deferred, pursuant to a request by the said Senator, who is not present. Therefore, it will not be responded to today.

(Question deferred)

Sen. Tabitha Mutinda, you may proceed to ask your Question.

Sen. Tabitha Mutinda: Thank you, Mr. Speaker, Sir. Allow me to read our Standing Orders No. 51C (5) before I ask my Question.

It states-

> "A Cabinet Secretary shall provide a physical and electronic copy of a response to a Question at least twenty-four hours before appearing before the Senate."

The Cabinet Secretary for Health has been a Member of Parliament, hence he knows that we need maximum time to look at the responses for us to engage. It will be kind for him to note that his team delivers the response on time. I say this because we received the response this morning.

Thank you, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Sen. Tabitha Mutinda, are you saying that you are unable to interrogate that response effectively because it was received this morning? Is that your position or despite it having been received this morning, you are still comfortable interrogating the response? If that is the case, then you may proceed to---

Sen. Tabitha Mutinda: Thank you, Mr. Speaker, Sir. The response was received this morning at exactly 9.30 a.m. as the Chamber was starting. Luckily, I have gone through the responses and I am okay. We can engage.

The Speaker (Hon. Kingi): You may now proceed to ask your Question.

Question No.103

ACCESS, BENEFIT PACKAGE, BUDGET ALLOCATION AND OUTCOME OF LINDA MAMA PROGRAMME

Sen. Tabitha Mutinda: Mr. Speaker, Sir, I beg to ask the Cabinet Secretary for Health the following Question No.103.

(a) What is the current annual budget allocation for Linda Mama Programme and how have these funds been distributed across the 47 counties and public health facilities, including a breakdown of allocations for the Financial Year 2024/2025 to date under the Social Health Authority (SHA)/Social Health Insurance Fund (SHIF)?

(b) Has the benefit package of Linda Mama changed following its transition under SHIF, and if so, what are the specific changes in coverage, benefit amounts for normal and caesarean deliveries and eligibility criteria?

(c) What safeguards are in place to ensure that funds allocated to Linda Mama are used exclusively for maternal and child health services, and that indigent mothers, especially in rural and marginalised areas, receive full benefits without undue delays?

(d) Lastly, what steps has the Ministry taken to ensure access to Linda Mama services under-resourced or understaffed health facilities and how is it addressing barriers faced by mothers in remote and hard-to-reach areas under SHIF structure?

Mr. Speaker, Sir, I submit my questions.

The Speaker (Hon. Kingi): Hon. Cabinet Secretary, you may now proceed to respond.

The Cabinet Secretary for Health (Hon. Aden Duale): Thank you, Mr. Speaker, Sir and Hon. Senators. Let me first apologise. Going forward, I will comply with the Standing Orders and provide the answers. I will not do it 24 hours before, but 48 hours before appearing before the Senate. I actually raised this with my staff this morning. It is an oversight and it will never happen again.

The first part of the Question seeks to find out the current annual budget. My answer is this: The Linda Mama programme is not currently administered under the SHA

infrastructure. While the programme was instrumental in expanding access to free maternal care, it is important to note that it faced very critical challenges that necessitated a shift to a more comprehensive and sustainable model, and these were all anchored in the four laws that were passed by this House.

These challenges included frequent financing constraints, budget cuts, delayed reimbursements, significant access and equity gaps, especially for adolescent mothers without identification, and a benefit package that was not comprehensive because it was excluding critical maternal and newborn services like complications and the Neonatal Intensive Care Unit (NICU) care.

In response, the Ministry of Health, through the SHA, has adopted a very comprehensive household coverage model to ensure all vulnerable families can access a broader range of essential health services. That is why, as part of this strategic framework, the national Government, through SHA and the Ministry of Health, is sponsoring 558,000 indigent households, which were identified through the State Department for Social Protection, Enhanced Single Registry, in order to access healthcare under SHA. This is ongoing. Governors, Members of Parliament and many other philanthropies are coming in to support this programme.

Furthermore, recognizing teenage pregnancy as a very critical public health challenge in our country, the SHA has also introduced a very deliberate, targeted intervention for adolescent mothers and their new-borns. Leveraging digital health platforms and using our community health promoters, SHA can now facilitate real-time registration of these vulnerable groups, ensuring equitable access to subsidized care.

I am happy to report that since SHA came into being, to date, 22,000 teenage mothers across our country have accessed maternal services free of charge. The allocation of funds now operates on a fee-for-service model, where funds follow the patient via claims and this has replaced the previous fixed pre-allocation sort of budget.

Part (b) of the Question was on the benefit package of Linda Mama. Hon. Speaker, Sir and Members, the transition under SHIF has significantly expanded the former Linda Mama benefit package from a very narrow maternal focus to a very comprehensive household coverage model now known as Linda Jamii Scheme.

While delivery services remain very central, reimbursement has improved through a fee-for-service model, which is aligned with actual service cost. This has given us and strengthened inclusivity for all vulnerable households across our country.

The table that I have provided shows the scope of coverage under Linda Mama and under the new SHIF/SHA programme. I do not want to discuss it in detail now. It shows the reimbursement model, the eligibility and the scope of coverage. Before Linda Mama, the scope of coverage was limited to maternal health, ANC, formal and C-section delivery at our primary network centers. Under SHIF and SHA, comprehensive household coverage, which include outpatient, inpatient, emergency and surgical care, chronic disease management, maternal and newborn care, including all the complications, is now covered under the Linda Jamii.

Hon. Speaker, Sir and Members, if you look at the reimbursement model, under the Linda Mama, there was a predetermined fixed rate paid by the National Hospital Insurance Fund (NHIF). The fee for normal delivery was Kshs2,500 for Levels 2 and 3

hospitals, Kshs3,500 for private and faith-based Levels 2 and 3, Kshs5,000 for public facilities and Kshs6,000 for faith-based facilities and private levels, at Levels 5 and 6 hospitals. Caesarean section was Kshs17,000. However, if you look at the fee-for-service model under the Social Health Authority (SHA)/Social Health Insurance Fund (SHIF), the facilities reimbursement is based on the actual service rendered at the approved tariff rate and passed by the House.

Then there is standardisation of the reimbursement. Now, in both faith-based, private and public, women can access normal delivery and SHA will reimburse Kshs10,000. For caesarean section, Kshs30,000 because of equity, whether they go to public, private or faith-based hospitals.

Eligibility is different. Under the Linda Mama, eligibility was only targeting pregnant women nationally, but adolescents and undocumented mothers were often excluded. Now, if you look at the Linda Mama or the SHA/SHIF, under this transition, indigent households are identified via a very proxy means testing as per the law, as per Section 27 of the Social Health Insurance Act of 2023.

So, pregnant, adolescents and newborns are all included through a very targeted intervention using a temporary ID and the entire household is covered under the SHIF comprehensive cover. The teenage mother can either use her birth certificate or her parents' identification and the system has created a special ID to identify this important section of our teenage mothers.

Part three of the Question was about the safeguards. Several safeguards have been initiated to ensure that the funds allocated to sponsor indigent programmes are used exclusively for maternal and child health services and that vulnerable mothers receive full benefits without undue delays.

What we have done is one, we have introduced legal and policy safeguards. The Social Health Insurance Act of 2023, which this House passed, mandates proxy means testing to ensure that only eligible vulnerable groups are covered and this is anchored in the use of the funds within Section 27.

Two, and more importantly, is on digitisation and transparency. Reimbursements are processed through digital platforms that validate service for payment. They minimize fraudulent claims, real-time registration is done through digital health platforms and our community health promoters help us to instantly enroll, to ensure timely access, especially in the most remote parts of our country.

Then there are equity and beneficiary safeguards. SHA has given priority to the most vulnerable households, to ensure that once registered, indigent beneficiaries are entitled to maternal services free at the point of use, without facilities being prohibited from levying additional fees for covered services.

Finally, I think the other question was what the Ministry has taken to ensure access to Linda Mama services in the under-resourced, understaffed health facilities, and how it is addressing those barriers that are faced by our mothers. To ensure access to maternal services in under-resourced and/or hard-to-reach areas, the Ministry of Health, through SHA, has implemented the following measures.

Number one, digital registration deployment: SHA has deployed real-time digital registration platforms at all of our over 10,000 contracted health facilities countrywide,

both public, private and faith-based. This allows pregnant women, including those in remote areas, to be enrolled instantly and granted immediate access to services without the administrative or financial delay.

Number two is the community linkage through the community health promoters, who have been empowered to identify, register and link pregnant women, particularly the adolescents and the vulnerable households, to the nearest accredited facility. This strengthens the last-mile access and it will ensure inclusion of mothers to hard-to-reach areas.

Lastly, we are targeting the under-resourced facilities. How do we do this? The increased and standardised fee-for-service tariff for maternal services is designed in order to create, sensitize both the private and the faith-based facilities in rural areas to remain contracted and sustain quality maternal care. That is why I am very specific that in some of our most remote rural parts, the faith-based health facilities are available, and that is why we do not want to discriminate. Our mothers can go to either faith-based facilities or to private, if the public facilities are not available in that area.

The last one is to provide evidence of the outcome achieved through the Linda Mama Programme since its inception. Investing in maternal and child health is a proven strategy for improving the outcomes data from the Kenya Demographics and Health Survey, which demonstrates progress. It attributes this in part to increased access facilitated by the preceding programme and reduced maternal mortality.

The maternal mortality rate declined from 362 deaths per 100,000 live births in 2014 to 355 deaths per 100,000 live births in 2019. I am very ashamed to say that figure. They are many mothers. Kenya should not have 355 mothers for every 100,000 die. Our regional neighbours are doing better. The biggest problem I have for now is that even though the data is old, it is the data of 2014.

Now, at the Ministry of Health, we have decided to do our own in-house data. We must ask this House and the whole country that this should not be business anymore. We cannot talk of maternal mortality rate of this figure. When mothers walk to facilities, they are not patients. They walk to facilities to go and give life. It is immoral, unconstitutional and unacceptable for us to have this kind of high maternal and child death in our country. At the highest level, from the Presidency to the Ministry, Houses of Parliament, the leadership; all of us and the stakeholders, must discuss this openly.

What we are also trying to do now that we have digitised our healthcare system, is that in another three months, we will make it mandatory that every health facility in our country, be it private, public or faith-based, must report maternal and child deaths daily through a dashboard.

Two, the Linda Mama Programme has helped us lower the infant mortality rate. The infant mortality rate has decreased from 39 deaths per 1,000 live births in 2014 to 32 deaths per 100,000 live births in 2019. Again, it is very sad that as a country, we are still using data from 2014 and 2019. However, this was a traditional way of doing it where we used this data and conducted assessments during the census, which we then submitted to the Kenya Bureau of Statistics. Going forward, as a Ministry, we have a moral duty to do our own in-house every year, every two years, both for the infant mortality and for the maternal mortality rate.

Of course, there is improved service utilisation. The percentage of women attending at least four antenatal care visits in our country has increased from 52 percent in 2014 to 60 percent in 2019, indicating improved access. However, when I walk around counties to do the SHA rollout, many leaders do not agree with this figure and I agree with them, because the data is old. The data is maybe five years, six years or seven years old. So, we need to find out the correct data. I am ready and willing.

I have set up a committee led by the Director of Medical Services, Dr. Amoth, to make sure that we get the right data. How many of our mothers die? We want to make it mandatory that every health facility reports maternal and child deaths in our country.

Those are the responses to Sen. Tabitha Mutinda's questions.

I thank you, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Sen. Mutinda, do you have any supplementary questions?

Sen. Tabitha Mutinda: Thank you, Mr. Speaker, Sir. Bwana Waziri, thanks for your responses. I want to agree with you that there is no single mother who becomes pregnant and wishes to die or even lose their child. I am happy that you also note that.

Now, I sit in the Senate Standing Committee on Health, and yes, Mr. Speaker, Sir, through you, we have been visiting different counties and recently, we were in the eastern region. I want to agree that, yes, when we asked the question of whether SHA is working, the response is that SHA is working.

Bwana Waziri, I want to narrow my follow-up questions to part (c). When I asked about the issue of the funds, your response specifies and says that Section 27 of the SHIF Act, 2023 has taken care of that. However, when I look at Section 27, it is much more on the contribution of SHIF.

I would want to know about the measures that have been put in place to ensure that there is a follow-up from SHA that ensures that the funds that come through Linda Mama, as much as you explained that Linda Mama is not in place, but it has been substituted, and the services are in place and are being offered. What is SHA doing to ensure that there is a follow-up of these funds, specifically for Linda Mama?

At the same time, speak to the issues of capacity building. Bwana Waziri, you have talked about digitalisation and transparency. I have noticed, yes, your team is on the ground doing the digital registration, especially to these young teenagers under 18 who have no national identification cards (IDs).

What capacity-building measures have you put in place to ensure that the young mothers who are not aware that they can actually get these services, can know that these services are still being rendered? What has been put in place to ensure that there is that capacity---

The Speaker (Hon. Kingi): Sen. Tabitha Mutinda, avoid speeches, go straight to the question, please.

Sen. Tabitha Mutinda: Okay. Thank you, Mr. Speaker, Sir.

I know that the young mothers we have met in hospitals have no phones and no documentation. What has been put in place to ensure that even those with no documentation are assisted within the shortest time, because sometimes they always

explain to us that they have just been kept in hospital, waiting and hoping that things will be sorted within the shortest time possible?

The last one is on mechanisms to monitor transparency and accountability of SHA funds from Linda Mama when they are remitted to the health facilities. How SHA is planning to sort out the challenge that is being experienced by most of the health facilities, whereby there is delayed reimbursement of SHA funds to the health facilities and hence, they are not able to continuously sustain offering the best services that they are supposed to offer?

The Speaker (Hon. Kingi): Hon. Cabinet Secretary, you may proceed to respond.

The Cabinet Secretary for Health (Hon. Aden Duale): Thank you, Mr. Speaker, Sir. The current Linda Jami budget is Kshs900 million and this budget is supposed to cover 400,000 teenage mothers across our 47 counties. Every year in our country, we have about 400,000 teenage mothers and they are the ones who are to be covered by this budget.

So far, from our records at SHA, through digitisation, we have covered 22,000, who we paid for and they went home. The question is, how do we trace them? How do we get them? We have the numbers. We have counties with the highest numbers, I can give you the details. We have counties with the lowest numbers. Counties like Kakamega and Kilifi have the highest numbers.

What are we doing to make sure we mobilize? We are talking to governors and leaders; both political and church leaders. We are mobilizing a very robust registration of teenage mothers in all our county governments. Everywhere we go, we give them the numbers and we tell them these are the numbers of teenage mothers who exist in this county. These are the numbers who have visited health facilities and who have accessed this free service. Please, help us mobilize. We are now using our Community Health Promoters (CHPs).

We are urging the House and the leaders to make sure that all of us together are not promoting it. However, we have no choice. They are our children and we must protect them. So, as we include the leadership here, we really want to make sure that we increase our numbers from the 22,000 teenage mothers who have accessed and covered all 400,000.

To date, we have 476,553 deliveries, normal deliveries, and we have another 150,602 that went through cesarean delivery. Our CHPs are well trained particularly in terms of registration of teenage mothers. So far, the claim that SHA has paid on maternity is about Kshs9.7 billion to all health facilities at all levels in all three categories of private, public and faith-based hospitals.

This House has passed the Facility Improvement Fund Act, which reinforces funds at the facility for the improvement of those services. These funds, in the good wisdom of this House, you have decided that the reimbursements must go directly to the facility, not to the county treasury fund, so that the facility can buy drugs and hire health care workers on contract or locum. All this is geared towards making sure that the health facilities are managed better through the reimbursed funds, in order for us to achieve key health indicators and priorities.

I thank you, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Sen. Mandago.

Sen. Mandago: Thank you, Mr. Speaker, Sir. My supplementary question to the Cabinet Secretary concerns the reimbursement and clearance process for mothers leaving health facilities. There appears to be an inordinate delay in hospitals. In some cases, a mother may remain in the facility for an additional three days, only to be told that the Social Health Authority (SHA) does not cover those extra days. This is what leads to the troubling issue of mothers being detained in hospitals.

I am specifically referring to Moi Teaching and Referral Hospital (MTRH), where such cases have been reported to me in my capacity as the area Senator. Additionally, as the Chairperson of the Senate Committee on Health, I am obligated to raise this matter and seek a response.

Since you are present, this is a good opportunity to address the issue, so that all facilities across the country can ensure mothers are released immediately, regardless of ongoing billing processes. Although SHA does not cover the extra days, these mothers are forced to pay out of pocket, often ending up paying more than what SHA initially covered.

The Speaker (Hon. Kingi): Sen. Madzayo.

The Senate Minority Leader (Sen. Madzayo): Asante, Bw. Spika. Swali langu kwa Waziri wa Afya ni kuhusu mkataba uliokuwepo hapo awali kwamba wagonjwa ama kina mama watakaowasili kwa huduma za afya kwa hospitali za kiwango cha kwanza, pili na tatu, yaani Level 1, Level 2 and Level 3, watapata matibabu ya bure. Kwamba watawasili hospitalini, watapewa matibabu, halafu wataenda zao nyumbani bila kulipa chochote ikiwa wamejisajili na Mamlaka ya Afya ya Jamii, yaani SHA.

Je, ni nini kimetokea kwa ule mkataba uliokuwepo baina ya Mamlaka ya Afya ya Jamii, yaani SHA? Mkataba huo uliruhusu akina mama, watoto na watu wazima wanaoenda kutafuta matibabu wasilipe chochote ikiwa wamejisajili na SHA. Saa hii, tunawaona wakilipa wanapoenda kwa matibabu katika hospitali zetu. Je, unaweza kurejesha ile amri kwamba watu wote waliojisajili na SHA wasilipe malipo hayo ili turudi tulipokuwa zamani kwamba wanapata matibabu bure.

Asante.

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

Now, Hon. Senators, Question No.116, which is the next question after this, deals with matters surrounding SHA. You may hold some questions and ask them when dealing with that Question.

The Senate Majority Leader (Sen. Cheruiyot): Mr. Speaker, Sir, if that is the guidance, then I follow your guidance.

The Speaker (Hon. Kingi): Thank you. Sen. Shakila, proceed.

Sen. Shakila Abdalla: Thank you, Mr. Speaker, Sir. My question is regarding SHA. Since it took over, it has been facing a lot of challenges---

The Speaker (Hon. Kingi): Sen. Shakila, I have just said that we will be moving to interrogate matters SHA after Question No.116.

Sen. Shakila Abdalla: Should I hold my question? I will do so. I thought you gave me---

The Speaker (Hon. Kingi): You will get an opportunity at that time.

Sen. Boni, proceed.

Sen. (Dr.) Khalwale: Thank you, Mr. Speaker, Sir. This is a matter of life and death and the Cabinet Secretary has a very good opportunity to address Kenyans on this issue.

Cabinet Secretary, I have a living patient by the name of Sheilla Litunya Omng'ala from Butere, Kakamega, currently working in Nairobi. She went to deliver and had paid for SHA. She is a small-scale mama mboga in this town and had fulfilled her part. However, at the end of the process, she was presented with a bill of Kshs651,000. Thankfully, SHA covered approximately Kshs400,000, but she was told she must pay the remaining Kshs200,000.

Cabinet Secretary, this is the elephant in the room. When a poor woman who has done her part by paying is still asked to pay Kshs200,000, we cannot claim that SHA is working. This is the same woman who, under the Linda Mama Initiative, delivered her first and second child and simply went back home without such challenges. Yet now, despite being a member, she is being challenged to pay.

I want to thank the Senator for Nairobi City County, whose office I had to use to reach social workers and have that bill waived. Unfortunately, not many patients have access to us, the leaders.

The Speaker (Hon. Kingi): What is your question, Sen. Boni?

Sen. (Dr.) Khalwale: I feel a lot of pain about Litunya because I had to pay.

The Speaker (Hon. Kingi): I share your pain, but go straight to the question, Senator.

Sen. (Dr.) Khalwale: Cabinet Secretary, the question you must answer for Kenyans is this: The extra bill that SHA expects people to pay, why do you not acknowledge that it reflects a failed funding system? This system needs to be reworked, so that patients, my dear brother, can enjoy the same benefits they did under the Linda Mama Initiative.

When you convert the Linda Mama Initiative into Linda Jamii, that is fraudulent. In Linda Jamii, as Dr. Amoth can attest, some members suffer from backaches and other weird conditions. However, maternal delivery is a serious emergency, which is life-threatening. You have just told us that 355 women die out of every 100,000 births. That should never happen.

Governor Wamatangi has shown you the way in Kiambu. He has sustained eight months without a single maternal death. It is doable. Since my younger colleague is there---

The Speaker (Hon. Kingi): Sen. Beatrice Akinyi, proceed.

Sen. Ogola: Thank you, Hon. Speaker. I would like to welcome the Cabinet Secretary, Hon. Duale, to the Senate. From the outset, I want to state that Linda Mama was one of the best initiatives this country has ever had. Are there health facilities in this Republic detaining mothers who have delivered due to non-payment of bills and what is the Ministry's policy on this matter?

The Ministry is the custodian of the health sector policy. It is sad that some children are forced to spend their first days in hospital simply because their mothers, parents or guardians are unable to settle medical bills.

The Speaker (Hon. Kingi): Sen. Nabwire.

Sen. Consolata Wakwabubi: Thank you, Mr. Speaker, Sir, for the opportunity to contribute to the supplementary questions directed to the Cabinet Secretary. First, I would like to ask the Cabinet Secretary about Anti-D for Rhesus-negative mothers. It was previously included in the Linda Mama package, but has since been removed. As a result, most mothers with this condition are currently unable to access it due to the high cost.

Secondly, I would like to inform you that sometimes patients are not---

The Speaker (Hon. Kingi): Sen. Nabwire, you are entitled to just one supplementary question, which you have already asked. Kindly take your seat.

Proceed, Sen. Hamida.

Sen. Kibwana: Thank you, Mr. Speaker, Sir. Bwana Waziri, looking at Linda Mama, unfortunately, you know, free things also at times come with a price. We have gone to inspect hospitals. We have found shortages of staff, high workload, inadequate equipment, inadequate beds and delivery theatres are not there. Seriously, it is such a pain to see that you have a maternity without theatres.

Therefore, I am just wondering, is there any awareness and also looking at awareness on women, especially the young mothers, that at times the marginalised groups need to know about the rights of Linda Mama; what is covered and how to access to it?

One last thing is about tracking and accountability. Bwana Waziri, how do you monitor to ensure empowerment is working? How do we link that monitoring of these programmes to outcomes? Looking at maternal mortality, I had a Motion here in Parliament on postpartum depression, matters on mental health. My Motion went through and hospitals need to have a wing for postpartum depression. What we found is very funny. We have gone to many hospitals, found mothers who have given birth and they are---

The Speaker (Hon. Kingi): Sen. Hamida.

Sen. Kibwana: Yes.

The Speaker (Hon. Kingi): You have asked your question.

Sen. Kibwana: Many.

The Speaker (Hon. Kingi): Many questions. Kindly yield.

Proceed, Sen. Cherarkey.

Sen. Cherarkey: Thank you, Mr. Speaker, Sir. Waziri Duale, welcome and thank you. You are doing a good job. My question is very simple. It is about the transition from Linda Mama to Linda Jamii. Did we at any point lose the package of Linda Mama as we transited to Linda Jamii? Can you give us the package, so that you debunk the street political fraud by Sen. Khalwale so that Kenyans - This is the only forum. We do not want Sen. Khalwale to go to Malinya and mislead people that shifting from Linda Mama to Linda Jamii is a fraud.

You have the opportunity to shine, Waziri. I yield.

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

Sen. Methu: Thank you very much, Mr. Speaker, Sir. Mine is related to what Sen. Akinyi asked. I saw the maternal deaths report. Nyandarua had the least maternal deaths report in the entire Republic. However, my question, Waziri is; since most of these facilities that we have are run by county governments, in terms of detaining mothers and

their newborns, is there a policy in the Ministry as to how long a mother can be detained in a hospital because they are not able to meet their bill?

The Speaker (Hon. Kingi): Sen. Mungatana.

Sen. Mungatana, MGH: Mr. Speaker, I thank you. Thank you, Waziri, for the good job you are doing at the Ministry. We pay 2.75 per cent of our gross salary with a minimum of Kshs300 or a means testing is done and we pay 2.75 per cent. This is what Kenyans are paying. In this country we have many other African nationalities who are living here. Maybe part of that report of deaths includes the nationalities who are living in this country from other African nations. I represent this Senate in the Pan-African Parliament. Are those people who are not paying, for instance, for the Social Health Authority (SHA) deductions covered in this Linda Jamii? What do we do with them? How do you take care of the Congolese, Zambians, Ethiopians and everyone who is living here? Your system of registration says; *147#. If you scroll down, the next is your Identification Number (ID) number. These people do not have ID numbers.

What do we do with them? They are with us here. They are still going to give you those maternal deaths. What do we do with them? What is the stand of the Kenyan Government on this matter?

Thank you, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Sen. Nyutu.

Sen. Joe Nyutu: Thank you, Mr. Speaker, Sir, for the opportunity. Allow me to just remind Waziri that the duties under the Ministry that he heads are very massive because you can live without education. You can actually live, you can actually borrow some food from a neighbor, but you can never borrow good health from a neighbour. You cannot live without good health. I am just trying to tell the Cabinet Secretary (CS) that he would do better to work more than he does politics. That having been said and done, I want to ask the CS this; he has, in his response about Linda Mama, said that they transited from Linda Mama to Linda Jamii. One of the benefits, according to the response by the CS, is that it covers teenage mothers.

Therefore, my question then is, what is the Ministry doing to see to it that we prevent teenage pregnancies in order for us to do prevention? We have always been told that it is better than cure. That is my question, Mr. Speaker, Sir.

Thank you.

The Speaker (Hon. Kingi): Sen. Gataya Mo Fire.

Sen. Gataya Mo Fire: Thank you, Hon. Speaker. My question is very simple. What is the fate of thousands of Kenyans who cannot afford to pay SHA for themselves, Hon. Waziri?

The Speaker (Hon. Kingi): Hon. Cabinet Secretary, you may now proceed to respond.

The Cabinet Secretary for Health (Hon. Aden Duale): Thank you, Mr. Speaker, Sir and Members. Let me start with the question by the hon. Senator for Uasin Gishu and the Chairperson of the Committee on Health. Yes, the matter was very unique to Moi Teaching and Referral Hospital (MTRH). We have resolved that issue. Those mothers mainly had no IDs, but we made our own internal contingency and SHA has paid. We have told the CEO and the current leadership at MTRH that should not happen again.

The second question is from my former colleague and senior, Sen. Boni Khalwale. Sen. Khalwale, I will not take the advice of the Senator for Nandi because I am here to answer questions from Senators in either form. Sen. Boni Khalwale is also a medical doctor. I think the case you have mentioned first must be a very complicated case of delivery for it to reach that level of Kshs600,000. So, that was a very complicated case and SHA covered 60 per cent of the bill. This must be very clear; even during the NHIF, there was no full coverage for NHIF. So SHA will cover the bit that is required by law for it to pay. There is nowhere where you have to pay 100 per cent. I mean, even as I speak, I have patients and if the bill is a Kshs1 million, SHA pays Kshs700,000. Then the other Kshs300,000 is an obligation on the part of the family members and relatives of that patient. I think we did our bit.

On Linda Mama, first there is no Linda Mama that exists. A transition was done. A more comprehensive, better Linda Mama is now anchored in SHA. I said it when I was answering the question. In the answers that I have given to the Hon. Senators, if you look at it, there is a table and I will give you an example. Linda Mama, for Level 2 and Level 3, were paying Kshs2,500. For Levels 4, 5 and 6, it was paying Kshs5,000. In fact, there was no equity. They were paying more for faith-based and private health institutions and less for public ones.

The highest they paid for caesarian section was Kshs17,000. Today under the Social Health Authority (SHA), the package is expanded and more comprehensive. For any delivery that takes place in our country, if you are registered under the Social Health Insurance Fund (SHIF), SHA will pay Kshs10,000. From the Kshs2,500 that Linda Mama Programme used to pay, Linda Jamii Programme is now paying Kshs10,000. For caesarian section, we have moved from Kshs17,000 to Kshs30,000. That is progressive and it is comprehensive.

Through the Speaker, hon. Senators, Linda Mama Programme was only for delivery. However, Linda Jamii Programme covers everything such as surgical and anything that a mother and her child would require, including postnatal care. I have given a comprehensive data of the Linda Jamii Programme which you can look at.

Secondly, it was budgeted, but the budget was not predictive. We inherited Kshs4.2 billion debt of the Linda Mama Programme, but today, we have no bill. About 1.2 million mothers deliver in our country annually. We can give you a list of those who have been covered by SHA since its inception in October last year. They are about 690,000. There are many who deliver at home and private hospitals and pay for themselves.

My senior, Sen. (Dr.) Khalwale, this mother could have had a bill of Kshs500,000 paid and I am sure the family would pay the balance. However, those are some of the rare and complicated cases. You are a doctor and you understand that we can do better.

To answer Sen. Mandago, let me just read the SHA benefit package. It covers normal delivery at Kshs10,000 and it includes all that you require such as medicine and procedures. That was not in the Linda Mama Programme; it is only found in the Linda Jamii Programme.

Linda Mama Programme has transited to a more comprehensive healthcare system for our mothers who go to hospitals to deliver. If a mother exceeds three days, as

he said, the SHA package reverts to a bed rebate which is found in the law that you passed. Therefore, if a mother stays for more than three days, the hospital should notify through our system the SHA leadership and officers and they will do it.

Senate Minority Leader, I agree with you. We have a serious problem in implementation of the Primary Healthcare Fund (PHF). For Level 3, Level 4 and some of our sub-county hospitals, all that Kenyans need to do is to register with SHA. They do not need to pay because it is paid by the exchequer. That is money that is appropriated by Parliament.

There are incidents in a few counties and you have heard the President talking about many times. Some health facilities in some counties ask members of the public to pay. In fact, if a governor or a county government wants to implement this in all their Level 2, Level 3 and some of their Level 4 hospitals for outpatient services, they should put a sticker written; "walk in, walk out" because people should be treated for free. You go there for a laboratory test, get medicine and go through everything and the money is paid by this Government under the leadership of President Ruto. It has never happened before.

I think this is where the Senate should help me because the Senate oversights counties. The Senate Committee on Health should go and do a report to identify and we are ready to give you details. There are two or three counties that we found out and we have told them that what they are doing is criminal because it is against the law that you passed.

I do not know whether it was Sen. (Dr.) Khalwale who asked about the maternal mortality figures you were given for Kiambu County. That is not correct. It is wrong and I think it is good to withdraw it. I am ready to provide the data. There are many mothers who died particularly when doctors were on strike. I have the names of the mothers and the newborns.

For record purposes, before of the strike, I agree with you that Kiambu was doing well. However, as the Cabinet Secretary for Health, I want to confirm to the nation that I agree with the doctors' union that a number of maternal deaths occurred and I am ready to provide that evidence. I do not want Governor Wamatangi to say that he heard it from the Senate because that information is not factual.

Moving to the question by Sen. Nabwire, for the first time, we have an Anti D injection covered under SHA. Doctors like Sen. (Dr.) Khalwale can explain. That injection helps to stop loss of blood. That is a more comprehensive package in the Linda Jamii Programme because it was not in the Linda Mama Programme. The reimbursement for that injection alone by SHA is Kshs6,000.

I think the Senator for Nyandarua has left. Mr. Speaker, Sir, it is not good to ask a question then leave because what is the purpose of asking? However, since I am on record and the Speaker and Senators are listening to me, let me answer. I think it is good to listen.

His question was about policy. I would like to state that policy does not allow definition of any patient, including mothers and newborns in all our health facilities. We would like him to report to us any such facility for appropriate action. We have a call

centre where citizens can call 24/7. The number is *147# and the call dropout rate is less than two minutes. Any question they have about SHA will be answered.

Moving to Sen. Cherarkey's question, I totally agree that the transition from Linda Mama Programme to Linda Jamii Programme has enhanced the package. Why do I say so? The tariffs are better by three times. The tariffs and benefits provided under the Linda Jamii Programme by President Ruto's Government are far much better than the ones by the former Government.

Why do I say so? It has moved from Kshs2,500 to Kshs10,000 for normal delivery. It has also moved from Kshs17,000 to Kshs30,000 for caesarian section. In terms of investment alone, that is a big difference. It is a comprehensive complimentary package which does not wait for a budget to be allocated. It is not a victim of supplementary budgets because the budget is already there.

Secondly, about 400,000 teenage mothers in our country are fully covered. All they need is to just walk to any health centre with their birth certificate or their parent's Identification (ID) card. We have even developed what we call a temporary ID for all our teenage mothers, but we do not want to encourage that.

The Linda Jamii package covers all the family and not just the mother only. Linda Mama Programme used to cover only the mother. This one covers the child even after they have left. Therefore, it is more comprehensive. The Linda Jamii package covers Kshs28,000 per day. This was not present under Linda Mama. I really want members to get the package. Linda Jamii now covers the Anti D injection as asked by Sen. Nabwire. Linda Mama never used to cover that.

If you ask me to compare Linda Mama and Linda Jamii, I could talk the whole day. They are worlds apart. It is like the third world and the first world. We must be grateful.

On prevention of teenage pregnancies; we must do a lot of advocacy with our community and church leaders. It is a responsibility for all of us; we should not promote it. However, we have no choice because they are our children, we must see how we can reduce it. We must ensure our girls enroll and stay in schools. We must make sure that school health programmes teach girls and boys about effects of pre-marital sex and that it is part of the curriculum. We must have peer-to-peer support for all adolescents.

Mr. Speaker, Sir, I do not know whether I have left any question unanswered. There was a question by the Senator for Murang'a. I have read the law and I want him to know that Cabinet Secretaries are politicians and we will politic.

(Applause)

I want him to read the Conflict of Interest Act which amended the Leadership Act. Anybody else in the Public Service cannot do politics, but as a Cabinet Secretary, the law allows me; I have even tweeted it. Senator for Murang'a, you have to live with me. I serve a political government and the law allows me to politic.

If you change the law and say that Cabinet Secretaries should not politic, I will not politic. However, for today and going forward, I abide by the law and, therefore, I am going to do politics.

You know, I agree---

The Speaker (Hon. Kingi): Order, Hon. Senators. Hon. CS, you have already responded to that. Conclude.

The Cabinet Secretary for Health (Hon. Aden Duale): The last one is from the Senator for Tharaka Nithi County, the great county where our very able and intelligent Deputy President comes from.

Sen. Cherarkey: Unlike the other one!

The Cabinet Secretary for Health (Hon. Aden Duale): No, I do not want to do comparison. I have a lot of respect for the former Deputy President, but I am just talking about the current Deputy President.

The question about those Kenyans who cannot pay is a very good question. Before, the National Health Insurance Fund (NHIF) was a club only for the salaried people.

In the entire history of the former NHIF, only 1.8 million Kenyans in the informal sector had registered. Today, I want to report that in barely a year, because we are about to celebrate one year of SHA, close to million Kenyans in the informal sector have registered for SHA.

How do they do it? There are those who go through the mean testing, get the amount and pay. There are also those who cannot pay, that is why we introduced SHA Lipa Pole Pole. I want to inform this House that since we introduced SHA Lipa Pole Pole, we have collected over Kshs650 million.

Kenyans who go through that pay for four months and then for the other eight months, they pay through SHA Lipa Pole Pole either daily, weekly or monthly and Kenyans have embraced it. From the figures we got as of last night, over 2,000 Kenyans went through the mean testing and paid through the SHA Lipa Pole Pole.

The base is growing and that is what is bringing equity. That is why the Senators, the Speaker and myself are paying more, so that the lady in the market, the boda boda and the people at the lower level of the society can pay less. They can pay Kshs500 or Kshs600 a month. There are even those who pay up to Kshs3,600 annually.

Mr. Speaker, Sir, I think I have answered all the questions.

(Sen. Cheruiyot spoke off record)

The Cabinet Secretary for Health (Hon. Aden Duale): For foreigners, I agree with you. Number one, foreigners have alien cards and different immigration documents. They can use those documents to pay for SHA. The United Nations High Commission for Refugees (UNHCR) has signed a Memorandum of Understanding (MOU) with SHA and brought all the refugees on board to join SHA.

Alien cards are allowed. They can go walk in and pay cash. They do not need to go through the system. They can use any of the documents, because they must be using a document to stay in our country. They cannot just be in our country without a document. The document that they will use can be valid for SHA registration.

My neighbor, the Senator for Tana River, the one you have seen is only meant for the people of Kenya.

The Speaker (Hon. Kingi): Hon. Senators, we shall now move to Question No.117 by the Senator for Kisumu County, Sen. (Prof) Tom Ojienda. Sen. Beatrice Ogola is going to ask that question on behalf of Sen. Ojienda. You may proceed, Hon. Senator.

Question No.117

FRAUDULENT CLAIMS UNDER THE TAIFA CARE AND OVERSIGHT OF SHA

Sen. Ogola: Thank you, Mr. Speaker, Sir, for once more granting me the opportunity to ask a question on behalf of Sen. Ojienda.

Mr. Speaker, Sir, on behalf of Sen. (Prof.) Ojienda, I beg to ask the Cabinet Secretary for Health the following Question No.117.

(1) Has the Ministry established the exact amount of money lost to fraudulent claims under the Taifa Care Health Care Scheme from the recently concluded forensic review and digital audit by the Ministry of Health and if so, could the Cabinet Secretary disclose the amount and outline the steps being taken to recover the lost funds?

(2) What steps has the Government taken to strengthen financial oversight over the SHA and its associated funds, particularly in respect of procurement processes, internal controls and overall financial management?

Thank you, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Hon. Cabinet Secretary, you may now respond.

The Cabinet Secretary for Health (Hon. Aden Duale): Mr. Speaker, Sir, on question one; a very comprehensive forensic review and digital audit was commissioned by the Ministry, particularly for the months of June, July and August. This review was executed by the SHA, the Digital Health Agency (DHA) that is a custodian of the digital superhighway and the Kenya Medical Practitioners and Dentists Council (KMPDC), together with their colleagues, the Clinical Council, who are the regulators.

This review has leveraged on SHA upgraded digital infrastructure, working together with the DHA to identify irregular claims, payments and anomalies, which were previously undetected within the legacy of the NHIF system.

The first one is on financial exposure. The SHA system digital audit that led to the immediate and successful rejection of Kshs10.6 billion in claims that were non-compliant and fraudulent and preliminary estimates of this financial exposure related to these irregular payments are in the range of several hundreds of millions of shillings. A final verified figure will be communicated once the joint audit of the whole SHA system from October last year, when SHA started, up to October this year is complete. This ongoing forensic validation is proof of the effectiveness of the SHA's new digital architecture in uncovering and preventing fraud.

Mr. Speaker, Sir, globally, medical fraud is about 30 per cent and we must fight it. It is not only with the SHA. For the information of this House, I had a sitting with other private medical insurance companies in our country. They are suffering; they are not making any profits because the medical fraud in our country is systemic and historical, and we must deal with it.

Number two, on the preventive reforms that we have introduced under the SHA, so far, we have rolled out very robust reforms in order to strengthen governance and put in place transparency and accountability. To achieve this, first, we have strengthened our Artificial Intelligence (AI)-powered digital oversight. Our Digital Health Agency (DHA) has upgraded the next-generation artificial intelligence and machine-learning tools within the SHA claims adjudication platform. This system detects abnormal claim patterns, inflated bills and duplicate submissions in real time. This is what we call automated pattern recognition.

Secondly, we have digital identity verification. The system links each claim to biometrically verified beneficiaries, ensuring that only legitimate patients and providers are reimbursed, hence safeguarding the public money.

Mr. Speaker, Sir, I would like this House to invite us to one of your retreats, so that we present to you. I will give you a good example. When a delivery takes place in a health centre, one of the critical documents that the Social Health Authority will require, apart from the claim form, is called birth notification. It would be good if Sen. Khalwale listens to me. He is a doctor, and I would like him to go and say it at home, and the whole of Kakamega County.

Mr. Speaker, Sir, the birth notification is one of the documents that must be provided with a claim for SHA to reimburse that delivery, a reimbursement of Kshs10,000 or for Kshs30,000 for caesarean. When you do not submit a birth notification document, whether a child has been born or not, the question lingers and that claim becomes not payable.

I have one more example. I am sure Dr. Khalwale and the many doctors in the House will agree with me. If you perform a surgery or any procedure, and you want to do a claim, using claim form which is a legal document, and you have not attached theatre notes, SHA will not pay you because that is not evidence that a surgery has taken place within a theatre.

More importantly, we have discovered, even against the World Health Organization (WHO) rules, a facility reporting that all the 300 or 200 deliveries that took place in that health facility were through caesarean (C)-section. These are the kinds of things that the system is picking. We have picked where facilities have turned their health care workers into patients. That is why we stopped the one-month contribution, where, health facilities will go to the market, use their phone to register and do a claim, just by getting the telephone numbers of the old ladies and men near the church, mosque or market.

To stop that fraud, we have now geo-fenced all health facilities. No health care worker in our country or a doctor can use his pre-authorization code outside 500 meters of that health facility. You cannot do pre-authorization from the bedroom. We want to stop consultants and health care workers who want to run health facilities from the comfort of their bedrooms, using their telephone. You cannot manage cases using telephones.

The second sanction that we have done is that we have initiated a very structured recovery and accountability plan, including the immediate suspension of facilities, doctors and clinicians who are found to have misused their One-Time Password (OTP).

We have closed 1,118, and gazetted in accordance with the law. We have submitted 1,118 files to the Directorate of Criminal Investigations (DCI), including some of the staff of SHA. A number of them have been taken to court, and you might be seeing prominent people going to court either this week or next week. We must fight fraud. The elephant in the room in the delivery of universal health coverage are crooks, fraudsters and thieves. I want this House to help me because we must protect public resources and we must not allow people to eat and become wealthy by stealing money from sick people.

(Applause)

We must agree on that as leaders of this country, despite our political affiliation.

Mr. Speaker, Sir, health is everything. Some of our colleagues who say they are listening to the ground have really helped me. In fact, on SHA, they are listening to the ground, because Nyeri County is number two in SHA registration. That means listening to the ground is very important, particularly when it comes to SHA. For SHA, it is working. I do not know about the other things. Mombasa County is number one in the country. We must thank the leadership of Mombasa County, because he is at 71 per cent in terms of registration.

Murang'a County is one of the top counties in terms of registration. I would like to thank Governor Kang'ata who in my opinion is a focused and very progressive leader, particularly when it comes to health matters.

Hon. Members: What about the Senator?

(Loud consultations)

The Speaker (Hon. Kingi): Order!

The Cabinet Secretary for Health (Hon. Aden Duale): Mr. Speaker, Sir, I have no mandate to give my views on the Senator.

The Speaker (Hon. Kingi): Hon. Cabinet Secretary (CS), do not engage the Hon. Senators directly.

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

The second question was on what initiatives the Government has taken to strengthen the financial oversight over the Social Health Authority. The Government has initiated several comprehensive measures to enhance financial oversight, transparency and accountability within the Social Health Authority and its associated funds passed by this House - The Social Health Insurance Fund, the Primary Health Care Fund and the Emergency Critical Chronic Illness Fund. How have we secured this? First, we have strengthened the governance structure. Today, I am happy to report that SHA operates under a fully constituted Board with an oversight responsibility for financial management, audit and risk functions. The Audit and Risk Committee monitors and assesses the firm's financial integrity.

We have also enhanced the procurement controls. All procurement processes within SHA strictly adhere to the Public Procurement and Asset Disposal Act, and we

have also complied with the directive of the President and the Government on e-procurement system, not only in SHA, but in the whole of the Ministry of Health. It is being implemented and this is to enhance transparency, ensure competitive bidding and to minimise human discretion in tender evaluations.

Mr. Speaker, Sir, we have also done automation and financial system integration. SHA has deployed an integrated financial management system that links budgeting, accounting and reporting functions, to ensure real-time tracking of fund flows and promoting operational efficiency.

We have very clear fund management framework. Each of the three funds under SHA operates under different distinct management frameworks with well-defined allocation criteria, reporting mechanism and investment guidelines, so that we can prevent the misuse and diversion of funds. We have introduced independent audit and monitoring and routine internal audits are conducted to assess our compliance rate. The Office of the Auditor-General (OAG) carries out an annual audit of the SHA accounts to promote transparency and accountability on how we utilize this Fund.

Mr. Speaker, Sir, I have said that these measures collectively reinforce accountability. They will safeguard public resources and above all, they will ensure every shilling contributed towards universal health care and appropriated by this House and is paid by Kenyan citizens is used efficiently, transparently, only for the intended health outcomes.

The Speaker (Hon. Kingi): Sen. Beatrice Akinyi, do you have any supplementary questions?

Sen. Ogola: Yes, Mr. Speaker, Sir, I have. Thank you, Cabinet Secretary, and keep going because the health sector has to work. As part of the transparency and proper oversight of SHA, a proper database of all health centres and hospitals eligible to SHA must be kept.

In your view, how many health facilities are currently qualified and receiving money from SHA? Would you be willing to share that list with the Senate?

Secondly, what is the waiting time by the SHA design and do you think that waiting time as in all insurance practices is working for SHA?

The Speaker (Hon. Kingi): Sen. Cheruiyot, the Senate Majority Leader.

The Senate Majority Leader (Sen. Cheruiyot): Mr. Speaker, Sir, I thank the Minister for finding time to respond to very important issues.

Secondly, I appreciate that this is an intelligent conversation listening to Senators raise issues pertaining to their constituents, especially on the topical matter of social health insurance because it involves the people who gave us the mandate to come to this House and it is also enlightening.

Sometimes I also get disappointed because, unfortunately, some of the people in this House are the ones I see shouting in funerals and rallies that SHA is not working. It is allowed for a village blogger to say these kinds of things, but not for a Member of Parliament. Right now, the Cabinet Secretary is before us and you have the opportunity to ask him questions like Members are doing this morning on issues which the citizens are facing with SHA. I wish some of those colleagues were here this morning.

Be that it may, I would like to ask the Cabinet Secretary on Section 42 of this Act. You know this Act is very dear to us, as the Senate. The Cabinet Secretary may not be aware, but we passed all the four social health laws in the sweltering heat of Turkana. Four days of extreme work and we therefore understand this law fairly well. That is why we continue to demand that it must work for our people the way we envisioned.

Mr. Speaker, Sir, on Section 42 of that law, Parliament demanded that at the end of three months, actually, the wording is, "within three months at the end of a financial year", Parliament is supposed to receive a report from the Cabinet Secretary on the operations of the Social Health Authority. I would like the Cabinet Secretary to confirm to the House that in that report that he shall be sending or perhaps, if possible, if he can send a partial report to this House on three items that are important to us, as a House.

The first one is on the spread of county compensation to the health facilities, county by county, so that we can know how much in compensation to public health facilities has gone to specific counties. Yesterday, on the Floor of this House, I explained why that was important. I would like that to be sent to us because I heard Sen. Omogeni say on the Floor yesterday that SHA is not working. Therefore, I would like to see if there is any compensation that is going to Nyamira County as well as to the other counties.

Mr. Speaker, Sir, why I want this to be published is so that we can know if our citizens are accessing the services that they have paid for because those are the people that sent us to this House. This is something that I have asked the Cabinet Secretary even in our private conversations.

The second thing that must feature in that report is the penalties, including the people that you have referred to and said that they are members of staff of SHA that are about to be taken to court because of issues of fraud. If there is something that can bring down this very noble initiative, it will be fraud. It will be important for Parliament to be apprised on how this system has been able to detect fraud; who are the officers that were involved, including the professionals such as the doctors and the nurses and the people that you have said, aid and abet this crime.

That way, we are able to read out a list and know that there is a doctor XYZ who works in Hospital Z in County Y. This is what they attempted to do and for that reason they have been barred and taken to prison because that is where they belong.

Mr. Speaker, Sir, I know I have taken long, but let me just make the final remark about it. When this law came before the House, the penalty that had been prescribed, just like all laws that come from the Attorney-General's office, was just Kshs1 million. We moved that fine from Kshs1 million to Kshs20 million. It was in the best interest of the people of Kenya that anybody who tries to cheat the system is punished by law so that we can save and help these facilities.

Therefore, on that account, Mr. Speaker, I expect that the CS will give us a report of all the fraud that has been detected, not just the facilities, but the personnel as well that are doing this fraud.

I am concerned on the rate of rejected claims, particularly in the county that I represent in this House. I was at a public event at a place called Kapkatet a few weeks ago and the citizens raised concerns with me and said, "Senator, of all the claims that we

have filed, almost 50 percent are being rejected. What is it that SHA expects of us as a health facility to do?"

Therefore, CS you must tell us, as a House, including your officers, to offer subsequent or sufficient training to health facilities, so that they do not provide the service and those claims are rejected. At the end of the day, particularly for public health institutions, service has already been rendered and we do not want to sink them in debt.

I thank you, Mr. Speaker, Sir.

Sen. Shakila Abdalla: Thank you, Mr. Speaker, Sir. We know since SHA came there are a lot of challenges, and that is being said that it is not working. My concern is the lack of clarity on the benefits of the coverage, which is a big confusion to the people at the ground.

When people go to seek services, they are asked to pay and sometimes they do not get the services. I know the Ministry did public participation. Is the Ministry in a position to give this clarification to the people at the ground, to know what level pays for what, so that this confusion can stop?

This hullabaloo about SHA not working is because of lack of clarity. People are not sure SHA is paying for what, where. That clarity is not there. This confusion is really hurting the people on the ground because people go for services and do not get them due to it. Can the CS tell us how they intend to handle this problem, which is really persisting in the ground?

Sen. Thang'wa: Thank you, Mr. Speaker, Sir. As I ask my question, it is also good for the good CS to note that when we ask questions, it is for benefit of the House and the public, whether a Senator is here or not.

Sen. Ojienda is not in the House and the CS is answering the questions well. So when Sen. Methu is not in, we are here listening.

The Speaker (Hon. Kingi): That is why the CS has proceeded to respond despite Sen. Ojienda's absence.

Sen. Thang'wa: In a rare support to the CS from me, I want to tell Sen. Khalwale to stop reading Wamatangi Times and instead read the Kiambu People Times. This is because for the last 150 days, Kiambu people have suffered because of the strike by the doctors, which took the intervention of the Ministry of Health (MoH) and the Council of Governors (CoG). I can tell you that the doctors are now back to work. I told this Senate that I had Statements and even pushed them to the Committee on Devolution and Intergovernmental Relations, but nobody acted on matters regarding Kiambu County. I thank the CS, his Ministry and the Council of Governors. The people of Kiambu County are now okay.

I have a question to you, CS, because you have mentioned twice that you are going to release the data or the statistics on Kiambu maternal mortality. You should publish that information and that of all the counties. That information will help the Senate take its oversight mandate well.

Finally, Mr. Speaker, Sir, some counties are not using SHA, they are charging cash. This probably happens because SHA does not remit on time. They refuse to admit patients and charge cash. I urge the CS to publish the SHA absorptions per county *vis-a-vis* the registration. One might be number one in registration, yet they are last in

absorption. They should also publish that data to help the Senate take its oversight mandate.

Thank you very much.

Sen. Kathuri: Thank you, Hon. Speaker, Sir, for giving me this opportunity to ask a supplementary question. Allow me to commend the CS and his team. Before I do that, because this time, we are able to understand SHA, Linda Mama, and Linda Jamii. For the first time, Kenyans are able to know what exactly is happening. I commend the CS, his principal secretaries; Dr. Ouma Oluga and Ms. Mary Muthoni Muriuki, and the Chief Executive Officer of SHA, Dr. Mercy Mwangangi.

I know that the CS did not study medicine at Moi University, but his explanation of SHA and the health systems in Kenya is good. He has done better than all the doctors I know, including Sen. (Dr.) Khalwale. I know that he has not understood some of the concepts that the Cabinet Secretary has put across.

(Laughter)

Hon. Cabinet Secretary, after thanking you that much, I want you to note that I have a problem with the private and faith-based hospitals. We still have a problem because these hospitals are owed amounts that run-into billions. Nowadays, they do not treat patients unless one pays in cash and yet we want to move from cash to universal health coverage. So, what is your Ministry doing to ensure that you are in good books with the private hospitals and the faith-based hospitals?

Where I come from, most public hospitals are not functional. Therefore, most people in Meru County go to the faith-based and private hospitals. There is a challenge because they are not getting the health care that we should give them. Hon. Cabinet Secretary, kindly give a brief on what is happening and what you intend to do with those type of hospitals.

Sen. Mwaruma: Thank you, Mr. Speaker, Sir, for this opportunity to seek for clarification.

I have heard Sen. Cheruiyot speak about hospitals that have not been refunded their claims. I thought that there is pre-authorisation before treatment. Does it mean that there is treatment before authorisation? I would like to know the type of maladies or situations which require pre-authorisation and those that do not require pre-authorisation. That was not really my point. I am just ridding on Sen. Cheruiyot's question.

My question is about payment for SHA. If one registers for SHA, makes payments then falls sick after four months, they are required to pay upfront for one year when they go to a health facility. Why is that so yet they are up to date? You have also talked about the Lipa SHA Pole Pole. My question is; when does one access it? Can one access it immediately after registration? If so, then can one opt for Lipa SHA Pole Pole then pay for the whole year and if one falls sick after five months, are they required to pay for a whole year? I would want that clarity. Finally, what is the interest rate for this Lipa SHA Pole Pole?

The Speaker (Hon. Kingi): Hon. Chute Muhammed, please proceed.

Sen. Chute: Thank you, Hon. Speaker. Let me first of all take this opportunity to thank the CS for the hard work he is doing. Congratulations and asante sana on behalf of the people of Kenya and Marsabit.

Secondly, there is the issue of former employees of NHIF. Some employees from Marsabit asked me to ask the CS if they were going to be absorbed by SHA. The best they can do is to join other departments in the government. If they join those departments, the salary they were earning before and the salary from the new place they are going to get will have a huge difference.

Remember, they have borrowed money for their houses and cars before. If they go to a smaller salary, they cannot afford to pay those installments. As a CS, what are you going to do to absorb those guys, the former employees of NHIF, under the same employment and salary terms?

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

Sen. Mariam Omar: Thank you, Mr. Speaker, Sir, for giving me this opportunity. My question is about the SHA claim, which the Majority Leader has a detail of, but let me just frame it differently. The CS explained that they have a digital oversight over their claim that can detect the normal and abnormal ones. When we went for county visits, in almost 23 facilities, most of them talked about rejected claims. So why the rejected claims if you have this system that can detect the normal and abnormal? You have to give the counties a leeway to do their part, so that at least they can get this rejected claim.

Thank you.

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

Sen. Murgor: Thank you, Cabinet Secretary, for explaining clearly the operations of SHA and the system in the health sector. My question is, how can the Ministry guard against governors that are killing the public side of medical practice, that is, the public hospitals, because they have their own in town, so that people go to theirs in town and the Government side remains dead?

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

Sen. Veronica Maina: Thank you, Hon. Speaker, Sir, and Cabinet Secretary, for what you have explained to the House. You reviewed the HANSARD to get the details of it. I am sure you have dealt with maternal and infant mortality rates, especially because we have been alarmed by what we have seen in Kiambu Hospital. We hope that the case is on your desk.

Going to the SHA, our phones, as leaders, have become the backstop where the frequently asked questions by patients come to Members of Parliament as opposed to going to the SHA. What is the Ministry doing to ensure that when patients go to hospitals to seek emergency treatment, they are quickly attended to without requiring them to pay?

How are you ensuring that anybody who is in an emergency wing of a public hospital right now and cannot be attended to because the hospital is insisting that they have not been paid the SHA claims, is given support and attended to so that they do not have to suffer the consequences of those unnecessary conversations on emergency units when patients need to be treated? Is there any support in that communication and support to the patients to get access to the health services?

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

Sen. Cherarkey: Thank you, Mr. Speaker, Sir. I am disappointed because most of the Senators who were saying that SHA is not working, like Sen. Omogeni and Sen. Sifuna, are not here. They are quick to yap in funerals that SHA is not working.

Mine is a very simple question. One, you want to ensure the Universal Health Coverage (UHC) succeeds. Can you tell Kenyans that today, SHA is working, in terms of improvement of personnel that work within the value chain or the chain of UHC?

Hon. Waziri, you and I know that there was a Presidential directive. I know the biggest obstacle has been the Council of Governors (CoG) on the issue of confirmation of UHC staff who have been on contract. I am happy that through your guidance as the Cabinet Secretary of Health, the Salaries and Remuneration Commission (SRC) has harmonized their pay-slips. What is the status of transiting these UHC staff to permanent and pensionable terms so that we make SHA work?

Hon. Waziri, could you also use this forum to tell the naysayers and doomsayers, including the Senator of Murang'a County, that SHA is working? I find it painful that many people out there are quick to say, SHA is not working yet they cannot come and ask the gracious Cabinet Secretary questions.

I want to thank the Cabinet Secretary, Hon. Duale, because he is the only Cabinet Secretary who has always appeared religiously before this House, unlike other Cabinet Secretaries, I do not want to mention names because I will be accused of playing politics. I know how to play it somewhere outside there, not in funerals, but in birthday parties.

I thank you, Mr. Speaker, Sir.

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

Sen. Okenyuri: Thank you, Mr. Speaker, Sir. Whatever I wanted to ask was on the issue of UHC staff, which Sen. Cherarkey has already highlighted.

The Speaker (Hon. Kingi): Sen. (Dr.) Boni Khalwale, you may proceed.

Sen. (Dr.) Khalwale: Thank you, Mr. Speaker, Sir. I have listened to the Cabinet Secretary in this House and also through the media. When he speaks to SHA, he speaks on two cardinal issues; the success of registration and the challenges in the reimbursements. However, in health delivery, the real issue is service to the people.

The Cabinet Secretary was in Kakamega on 3rd September because of SHA. St. Mary's Hospital has closed, and he told us that in two weeks, he would do the corrective measures and promised the people of Kakamega that he had a roadmap for settlement of unpaid claims and for making sure that there was sustained delivery of service. Up to now, St. Mary Hospital is closed and some of my colleagues here want to play to the gallery and expect me to say SHA is working when St. Mary's Hospital is still closed.

Sen. Cherarkey, I heard you. You want me to say that SHA is working---

The Speaker (Hon. Kingi): Sen. Boni---

(Sen. Cherarkey consulted loudly)

Sen. (Dr.) Khalwale: Mr. Speaker, Sir, could you contain him?

The Speaker (Hon. Kingi): Sen. Boni, could you address the Chair?

Senator for Nandi County, allow Sen. Boni to make his point. Allow the hon. Senator to make his point.

Sen. (Dr.) Khalwale: Thank you, Mr. Speaker, Sir.

Therefore, when hospitals served by some of my colleagues and owned by some of them are owed Kshs43 billion by SHA and NHIF is still claiming Kshs33 billion, how do you expect a clear-minded scientist like myself to say it is working?

Anyway, Mr. Speaker, Sir, I want, with your indulgence, to allow me to ask the Cabinet Secretary. You have a chance to clarify today. What interest does the Chairman of SHA have in Metro Group of Companies, Metropolitan Hospital or Ladnan Hospital?

The Speaker (Hon. Kingi): Sen. Nyutu.

Sen. Joe Nyutu: Thank you, Mr. Speaker, Sir. I would like to commend the Ministry for unearthing the fraud that had been perpetrated, which cost SHA approximately Kshs 10.6 billion. The effectiveness or failure of SHA, as the Majority Whip has said, is out there. It is the confession of those who benefit or fail to benefit from SHA that truly tells the story, not what the Cabinet Secretary says here.

Mr. Speaker, Sir, through you, I urge Sen. Cherarkey to act as a Senator and not as a sycophant who only chooses to highlight what is working.

(Loud consultations)

The Speaker (Hon. Kingi): Order, Hon. Senators.

(Sen. Cherarkey spoke off record)

Senator for Nandi County, Order.

Senator for Muranga County, Sen. Joe Nyutu, I will not allow absurdity. Once you take the Floor, ask your question to the Hon. Cabinet Secretary.

Proceed.

Sen. Joe Nyutu: Thank you, Mr. Speaker, Sir. I am guided. I only mentioned his name because he mentioned mine.

The Speaker (Hon. Kingi): Proceed to ask your question.

Sen. Joe Nyutu: Mr. Speaker, Sir, there is an organisation in this country---

Sen. Cherarkey: On a point of order. He should withdraw the word, "Sycophant". Is it parliamentary? It is not.

Sen. Joe Nyutu: May I be heard in silence, Mr. Speaker, Sir?

The Speaker (Hon. Kingi): Sen. Nyutu, your statements are drawing unnecessary trouble.

Sen. Joe Nyutu: Mr. Speaker, Sir, I am asking my question as guided by you.

(Sen. Cherarkey spoke off record)

That is what I am doing. Can I be heard in silence?

The Speaker (Hon. Kingi): Proceed.

Sen. Joe Nyutu: My question to the Cabinet Secretary is; there is an organisation in this country---

(Sen. Cherarkey spoke off record)

Mr. Speaker, Sir, kindly protect me from Sen. Cherarkey?

The Speaker (Hon. Kingi): Senator for Nandi County, what is your point of order?

Sen. Cherarkey: Mr. Speaker, Sir, I rise under Standing Orders No.101 and 105. Is it in order for the distinguished Senator, a Wamunyoro adherent, to accuse me of being a sycophant while I am carrying out my legislative and oversight duties? Could he either substantiate his claim or withdraw it? We are not at a public rally somewhere in Kenol. If he wishes to engage in politics, he can do so there, but not here. I am a man who has worked hard to protect my name and reputation. I cannot allow first-time Senators to come here and insult me.

The Speaker (Hon. Kingi): Sen. Nyutu.

Sen. Joe Nyutu: Thank you, Mr. Speaker, Sir. One would think that Sen. Cherarkey was born a Senator, given how he refers to others as first-time Senators. Yes, I am a first-time Senator and I am proud of it. Sen. Cherarkey himself was once a first-time Senator.

The Speaker (Hon. Kingi): Sen. Nyutu, that is not the point of order.

Sen. Joe Nyutu: My question---

The Speaker (Hon. Kingi): Sen. Nyutu, can you listen to the Chair.

Sen. Joe Nyutu: I am asking my question.

(Sen. Cherarkey spoke off record)

The Speaker (Hon. Kingi): Order, Hon. Senators.

Sen. Joe Nyutu: I am asking my question Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Sen. Nyutu, you will take my instructions, so be quiet as the Chair gives directions. A point of order has just been raised by the Senator for Nandi County that you have gone ahead to call him a sycophant. His point of order is, would you substantiate that statement? If not, then you proceed to withdraw, apologise and ask your question.

Sen. Joe Nyutu: Thank you, Mr. Speaker, Sir.

An Hon. Member: On a point of information, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): A point of order has been raised. You cannot interject. Proceed.

Sen. Joe Nyutu: Thank you, Mr. Speaker, Sir. I know that you are an impartial judge and I continue to follow your advice, guidance and orders. However, Sen. Cherarkey has referred to me as a "Wamunyoro adherent." To be very fair, is there such an outfit here in the Senate? Therefore, let it be an eye for an eye. He has referred to me---

The Speaker (Hon. Kingi): Hon. Nyutu, we cannot go down that road where absurdity breeds absurdity. I expected you or any other Senator to rise on a point of order.

The Senator for Nandi having called you that you are a --- What was it again?

(An hon. Senator spoke off record)

Absolutely! The mere fact that no point of order was raised on that particular assertion, the Chair cannot then intervene. However, your assertion to the fact that the Senator for Nandi is a sycophant has attracted a point of order. Yours did not.

In fact, I did not hear you in any way trying to raise a point of order on that assertion by the Senator for Nandi. Nevertheless, the two Senators, Senator for Nandi and Sen. Nyutu; Senator for Nandi, will proceed to withdraw that assertion. Thereafter, the Senator for Murang'a will proceed to withdraw the assertion calling you a sycophant. Thereafter, you will proceed to ask the Cabinet Secretary your question. Senator for Nandi, proceed to withdraw that particular assertion.

Sen. Cherarkey: Mr. Speaker, Sir, the word ---

The Speaker (Hon. Kingi): Withdraw that assertion.

Sen. Cherarkey: Mr. Speaker, Sir, as I withdraw and apologise, the word "adherence" means you support an idea or party. So, it is good that the Senator has gone on record that he does not support it.

Mr. Speaker, Sir, therefore, I thank you. I withdraw and apologise. Let the people of Murang'a watch.

The Speaker (Hon. Kingi): Sen. Nyutu, proceed to withdraw that assertion.

Sen. Joe Nyutu: Thank you, Mr. Speaker, Sir. I will follow the cue from the experience of the Senator for Nandi and say that a sycophant is only somebody who says things to please somebody else somewhere. With that, I withdraw and apologise.

Mr. Speaker, Sir, I now proceed to ask my question to the Hon. CS. I was just bringing to the attention of the CS that there is an organisation in this country called RUPHA, meaning Rural and Urban Private Hospitals Association. Hospitals under that particular association are not offering services to those covered under SHA. My question to the Hon. CS is; exactly what plans are there to see to it because these hospitals serve very many Kenyans and without them recognising SHA, then many Kenyans have a problem. That was my question.

Mr. Speaker, Sir, I thank you. Thank you for your "solomonic" wisdom and impartiality.

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

Sen. Osotsi: Thank you, Mr. Speaker, Sir. I want to ask my good friend, the CS, a question on the status of NHIF reimbursements, which have been outstanding; if there is any breakdown that he can give this House. This is because as we talk about SHA, we should also be alive that there have long outstanding debts owed to these hospitals by the defunct NHIF.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, let me start with the first question from Hon. Beatrice Ogola. For record purposes, from the Kenyan Medical Practitioners and Dentists Council, that registers all our health facilities,

the total number of health facilities registered in our country are 14,876, out of which public facilities are 6,005.

Secondly, on the same by Sen. Beatrice, some county facilities have remained unpaid, particularly for the primary health care facilities, PHC, about 200 of them. We cannot pay them because of their bank accounts. We have communicated this to the Council of Governors (CoG) secretariat and the leadership because we want to protect the money. The CoG is working with SHA to ensure that they update their bank accounts particularly for the Primary Healthcare Fund (PHF).

Still on Sen. Beatrice Ogola's question, SHA has a database with a very active number. Public, private and faith-based health facilities that are registered under SHA are 10,451 with each having a provider portal rights. Payment for these facilities is dependent on the claim review process.

For every claim in our system, even when it is rejected, there will be reasons for rejection. If you have not submitted the required documentation, it asks you to submit certain documents within 14 days. Different claims are at different stages. There are those that were just submitted, those under review and the ones approved for payment. It is a whole ecosystem. That is why we refer to our system as the digital superhighway.

Moving to the concern by the Senate Majority Leader, Sen. Aaron Cheruiyot, I agree with you. We will comply with the law. We will give this House any information that is required within the shortest time possible. I am sure that the Chair, Vice-Chair and Members of the Committee on Health know that whenever I am called, I appear.

Just to give an example, the Primary Health Care (PHC), which is exchequer funded, is very unique. Those opposing SHA are not patients or health facilities. These are people who have a problem with the Government of President Ruto, but we have no problem with that.

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

[The Deputy Speaker (Sen. Kathuri) in the Chair]

Mr. Deputy Speaker, Sir, as I speak, over 27 million Kenyans have registered with SHA, with Mombasa leading, followed by Nyeri, Kirinyaga and Bomet. I can give the list of all the counties. Under the PHC Programme, we have given the counties Kshs5.6 billion since last October. We are ready to give a breakdown of county by county. We have given faith-based health facilities that attend to Kenyans on free PHC Kshs745 million. We can provide the breakdown as well.

Under SHIF, depending on how they do their claims, there are some counties like Mombasa, Nyeri, Nakuru---

Let me be clear here. Nakuru Level 6 Hospital is one of the best models that is implementing SHIF. Since October last year, Nakuru Level 6 Hospital and Coast General Teaching and Referral Hospital have received close to Kshs1 billion because they manage their claims properly. Faith-based facilities have received about Kshs12 billion.

We have referral hospitals such as Kenyatta National Hospital (KNH), Kenyatta University Teaching, Referral and Research Hospital (KUTRRH), Moi Teaching and

Referral Hospital (MTRH), Mathari National Teaching and Referral Hospital (MNTRH) and others have received Kshs6.5 billion. Private facilities are the biggest beneficiaries because they have received Kshs29.3 billion. That report is ready and we can provide it to the House any time we are required to.

I want Senators to listen to me, including Sen. Cheruiyot. The elephant in the room is what we call rejected claims. If somebody tells you that many claims are rejected, it is because they do not want to go and face SHA. We have relationship managers at the county level and also at our headquarters. Our system gives you the reason. We have men and women doctors who do clinical review who will tell you why your claim is rejected. Since we know those are frauds, we are coming for them. Senator, tell them we are coming for them.

Why are claims rejected? I want to give you five reasons why claims are rejected. For the information of this House, once it is rejected, we do not pay. Claims are rejected because there is no claim form. At the bottom of the four laws that you passed here, you have designed a claim form. A claim form is a legal document. If a facility has not provided a claim form when they are asking for reimbursement, that becomes an automatic rejection.

If the facility has not given an itemised invoice, that is a rejection. If there are no discharge summaries, God forbid, but let me give an example of Sen. Cheruiyot or Sen. (Dr.) Khalwale. You go to Nairobi Hospital, stay there for two days and leave without a discharge form. This is deliberate because they want to claim for 30 days when that patient stayed for only four or five days. If you do not give us a discharge summary on when the patient left, that becomes a rejected claim.

The SHA does not pay for theatre if a Kenyan citizen who is a paid up a member goes to a theatre for any type of procedure and then makes the claim for reimbursement and they have not attached theatre notes. The doctors in this House know that. I am not a doctor, but I read and learnt from the people I work with. If there are no theatre notes, that is a rejected claim and we will not pay.

If there are no birth notification; if a delivery has taken place in any of our health facilities in our country, the mandatory document is a birth notification. If you want us to pay for your delivery, whether normal or caesarean and a birth notification is missing, we will not pay you. We cannot confirm whether a child has been born or whether a delivery has taken place. Hon. Senator for Kericho, that is rejected,

Upcoding is a medical fraud. A patient goes to hospital with a small boil for a procedure that takes about an hour and the claim they make is that they have done a bigger procedure by even cutting his hand. That is called upcoding. The system will pick up on that and we will not pay you.

If you convert outpatients into inpatients, that is the biggest fraud. There are Kenyans who go to the hospital, get treated and go home. The facility then turns them into inpatients because they want to claim the bed for five days. Going forward, they cannot do it because we have now introduced a biometric. A Kenyan must go through a biometric when he goes to hospital and when he is being discharged.

Before the biometrics, they were turning outpatients into inpatients. We have evidence of patients who have even gone to the Directorate of Criminal Investigations

(DCI) to say that they were admitted for a day, wondering why a facility is claiming for 14 days

The Senate Majority Leader, we will not pay. Please, tell these people who tell you about rejected claims to go to SHA for all the explanations. As of today, there are people who say SHA does not pay.

Sen. (Dr.) Khalwale, I want you to listen to me. St. Mary's, a faith based facility has been used for many months for political expediency. It became the talk in funerals and everywhere. I went and sat with the Bishop of St. Mary with the whole of my team, including the bank manager. We have shown our lordship, the Bishop, that SHA has paid him Kshs90 million. We have given him the transfer. At that time, the balance was Kshs14 million; we have paid the Kshs14 million. You should ask the Bishop why he is not opening the facility.

The Bishop was with me in a press conference, and I said, let us not use, Saint (St.) Mary's Mission Hospital, Mumias for politics. I am saying it again, and I am sure the people of Kakamega County are watching me. Look for something else. That is a closed chapter. St. Mary's Mission Hospital, Mumias is a church or faith-based hospital. We have the numbers. Sen. Boni Khalwale I sent you on your WhatsApp more than five times. You did not respond to me. I gave it to the Prime Cabinet Secretary. When nobody could hear, I flew to Kakamega, sat with the Bishop, and we did reconciliation. We proved to him that we have paid him Kshs90 million.

If today I pay in Nairobi hospital, for example, and the management decides not to run the hospital and close it, that is not a function of the Cabinet Secretary for Health. However, for my brother, Boni Khalwale, a man I have served with for many years, St. Mary's Mission Hospital, Mumias has received as of today, because we have the system on our phones, Kshs114,548,896. I am ready to be held to account.

Secondly, St. Mary's Mission Hospital, Mumias is active in our provider portal. We have not suspended it. They can admit patients today and see anybody. It is not us. Thirdly, our system is real time. Fourthly, we owe St. Mary's Mission Hospital, Mumias Kshs8.5 million, for claims that were lodged in the month of October. By the 14th of November, our next payment cycle, if these Kshs8.5 million claims are verified, we will pay. However, so far, we have paid Kshs114,548,896

Please help me. I am sure this weekend you will be in Kakamega. I want you to have a different story. Tell them, "St. Mary's Mission Hospital, Mumias, SHA has explained. The problem is the management and leadership." I am ready to go with you. SHA is working.

Sen. (Dr.) Khalwale: On a point of order, Mr. Deputy Speaker, Sir.

The Deputy Speaker (Sen. Kathuri): Let the Cabinet Secretary (CS) finish answering the questions.

The Cabinet Secretary for Health (Hon. Aden. Duale): Mr. Deputy Speaker, Sir, SHA is working. You can have a problem with President Ruto's administration, but SHA is working. It is unimaginable that every day between 25,000 to 35,000 Kenyans register voluntarily as members of the SHA. The train has left. We will implement what many people could not because of many sideshows.

Mr. Deputy Speaker, Sir, now on the Chair, I agree with you. The faith-based settlement rate is at 69---

Sen. (Dr.) Khalwale: Point of Order!

The Deputy Speaker (Sen. Kathuri): Sen. Boni, why are you interrupting the CS? The CS is not even in the side of the House, that is why you cannot raise a point of order. Perhaps after he summarizes his question, you could seek clarification. You cannot raise a point of order to the CS. Please, Boni Khalwale, I told you to let him finish the questions. Actually, he is answering the questions for yours truly. You should be quiet.

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

To your Question, yes, for faith-based hospitals, our settlement rate is 69 percent, private hospitals at 56 percent, while public hospital settlement is at 55 percent. This is delayed because of poor documentation. However, the matter you have raised is very critical. This is a discussion for the Senate and for the Council of Governors (CoG). The people who work in our counties' facilities, own private facilities next door. I have told governors this. So, they work at the counties as retention, but they really do their business.

I would like to give a good example of Kakamega. The number of patients seen in Kakamega public hospitals and the number of drugs dispensed does not tally. This means, the drugs are being taken to private facilities. That is why I call upon this great House, which is the custodian of devolution, and which has the Senate Committee on Devolution and Intergovernmental Relations as well as Senate Committee on Health, to go out and see what is happening. Since health is devolved, there is little that I can do. The Committee on Devolution and Intergovernmental Relations and the Committee on Health to go out because health is devolved, there is little I can do, but they should go ask and see what is happening.

Mr. Deputy Speaker, Sir, we have seen some of the facilities we were closing which were owned by people working in county governments. We, therefore, need to deal with that.

On Sen. Veronica Maina's question, yes, the emergency cover is active in Level 5 and Level 6 hospitals. We were doing a pilot exercise, but I assure this House that the emergency cover will be up and running from 1st December to cover all emergency centres in our Level 4 hospitals.

Our ambulance services within the Emergency, Chronic and Critical Fund (ECCIF) will be launched in December as well. That is the beauty of our universal health coverage. Never again will a Kenyan with an emergency go to a hospital and be asked for a deposit. The emergency centres we are going to establish will send the nearest ambulance to that Kenyan who will be in distress in terms of health and take them to the hospital.

The ambulance is paid by SHA at the rate of Kshs4,500, if it is a long distance for every 25 kilometres. When the patient is delivered to a health facility of any level, the first 24 hours are free and will be paid by SHA. That is the kind of transformation this administration and this President has done.

Mr. Deputy Speaker, Sir, I will talk about the Rural and Urban Private Hospitals of Kenya (RUPHA). Firstly, SHA does not deal with organizations. I know the leader of RUPHA who is Dr. Brian. He competed against Dr. Boni Khalwale, but he lost to him. He wants to use SHA for his political engagement in Kakamega County. He, therefore, has a choice to make.

(Sen. (Dr.) Khalwale spoke off record)

Mr. Deputy Speaker, Sir, let me say it. If the truth---

The Deputy Speaker (Sen. Kathuri): Hon. Cabinet Secretary, just a minute. I want to protect the hon. Senator from Kakamega. Stop referring to him directly. Just make your comments without referring to him. I will give you a chance to seek clarification later, Sen. (Dr.) Khalwale. Let him finish.

The Cabinet Secretary for Health (Hon. Aden Duale): Mr. Deputy Speaker, Sir, let me finish. The great Senator for Murang'a has asked me---

(Sen. (Dr.) Khalwale stood on his feet)

The Deputy Speaker (Sen. Kathuri): I will give you that opportunity to raise your concern.

Order, Sen. (Dr) Boni.

The Cabinet Secretary for Health (Hon. Aden Duale): Mr. Deputy Speaker, Sir, I am going on record and it is a fact. Hon. (Dr.) Boni Khalwale should hold his horses.

The Chair of RUPHA was his competitor in the last elections. That is a fact and it is not deniable. Secondly, RUPHA is an organization and SHA has specific contracts with over 10,000 facilities. We therefore do not have any contractual obligation with RUPHA or any organisation.

Let me say this today for the avoidance of doubt, I engage with RUPHA, the Kenya Association of Private Hospitals (KAPS), the Christian Health Association of Kenya (CHAK) and CoG as organisations. However, the people who have contractual obligations and who must follow the laws which they have signed whether they are faith based, private or public hospitals are individual hospitals in our country because they treat patients individually. There no patients treated by organisations.

Mr. Deputy Speaker, Sir, accountability must be on the person of the facility that has signed a contract. The issue with RUPHA is that they do a lot of press conferences and they can continue with that because Kenya is a free country. On the issue of the debt of NHIF, I agree that is the biggest problem we have, that is even affecting SHA. The NHIF debt of the Kshs30billion has brought down facilitates with some being closed.

Mr. Speaker, Sir, when I came to the Ministry I set up a very independent Committee to verify just as Mr. Edward Ouko our former Auditor-General is verifying the pending bill of the national Government. He was given a pending bill of Kshs560 billion. What I saw in Cabinet, he could only verify, I think about Kshs206 billion. Some people disappeared and some did not bring their documents.

Mr. Speaker, Sir, the same law that tells me I should pay is the same constitution and the Public Finance Management (PFM) Act that tells me and those sitting on this side, subject to your oversight, that I must protect public funds.

People are owed by NHIF between one shilling to Kshs10 million, up to about Kshs5.3 billion. Some of them even are owed Kshs300. I can provide the list to this House. I have written to the Cabinet Secretary for National Treasury and Planning. That Kshs5.3 billion accounts for 95 percent of the total debt of these people owed by NHIF.

The rest are big people. I said we first pay the Kshs5.3 billion after verification. We have now started verifying. I have written to the National Treasury, with the blessings of the President after consultation. By the time the supplementary budget comes and we have finished verifying, I assure the people of Kenya that we will pay the Kshs5.3 billion.

Secondly, I have also asked a team led by the same former Auditor-General, because the pending bills committee is still alive, with the auditors from SHA and MoH, to sit down and verify. We must pay that, whether it is Kshs10, Kshs15 or Kshs20 billion, so that our facilities and our people should not lose their investment.

They are facilities that are having serious financial challenges, let me be very honest, because of the old debt. With the SHA, we are supposed to pay by law within 90 days, but if your bills are verified we pay within every 14th day of every month.

Sen. Chute asked about the NHIF staff. It is a very good question. All NHIF staff were about 1,800. You created a law to reduce that number to about 800. We have a balance of 1,000. First priority in terms of recruitment was given to NHIF on SHA- NHIF staff. Those who will not secure a place in SHA, and I have documents I can place before this House, will be absorbed in any of our other public institutions, at the same salary and package that they had at the NHIF. I agree with the court, and we have said, and I have a letter from the Head of Public Service, to that effect. I agree with you, they had mortgages and many other things. If they go, for example, to my Ministry or they go to KNH, they will earn the salary they were earning at NHIF, and they will be placed at a grade, if not better, than where they were at NHIF.

Sen. Nyutu, please tell RUPHA, when it comes to money and facilities, the CEO will deal with people who have---

There was a question about the Chairman of SHA. He is Dr. Abdi, and Sen. (Dr.) Khalwale knows. Dr. Abdi does not own any facility now and a few months before he became chair. He had a historical ownership of Ladnan hospital. In fact, Metropolitan Hospital is the one that bought Ladnan Hospital and you know the owner of Metropolitan Hospital. He is one of our progressive health facility providers. What people are doing is not good. Some people have been saying that Hon. Aden Duale owns a facility. My assets and liabilities are within the records of Parliament because I was vetted by Parliament. If I own a chopper then I own a chopper same to camels and they are in the records of Parliament.

So, Dr. Abdi Mohamed does not own any facility. If he owns a facility and you have proof, we will remove him as the Chairperson of SHA. However, we will not allow people to smear other Kenyans and it does not matter who that person is. It does not

matter if that person is Sen. (Dr.) Khalwale, Sen. Cherarkey or Sen. Veronica Maina because of politics. We will go by the truth.

My good friend, my leader, the Whip, I want to assure you that he does not own any facility. In fact, the National Assembly's Committee on Health visited Ladnan Hospital and Metropolitan Hospital. While there, they perused all the available reports and confirmed the ownership is not Dr. Abdi Mohamed. That was verified by a Committee of this Parliament.

Mr. Deputy Speaker, Sir, I do not know if I have left---

(A Member spoke off record)

Oh, Universal Health Coverage (UHC). I will start with the question asked by Sen. Shakila Abdalla, the Secretary General of one of the biggest parties in Kenya.

(Sen. Shakila Abdalla spoke off record)

The Deputy Speaker (Sen. Kathuri): Senator, stop heckling.

The Cabinet Secretary, Ministry of Health (Hon. Aden Duale): She asked about our benefits. Our benefits are in the regulations that were passed by these Houses. The clarity is in the regulations. What is lacking is sensitisation and that is what Hon. Shakila Abdalla is saying. We have asked hospitals to put posters in every place to show the package for let us say oncology. We will do that together with SHA. I request all of us, leaders, to keep on sensitising our people. Last night, if you---

(Sen. Shakila Abdalla spoke off record)

The Deputy Speaker (Sen. Kathuri): Hon. Sen. Shakila Abdalla, why are you shouting from your seat? Why? That is not the way we transact business in the Senate.

The Cabinet Secretary, Ministry of Health (Hon. Aden Duale): The other question was on UHC. I thank Sen. Cherarkey who just like Sen. (Dr.) Khalwale represents wide range of constituencies. These Kenyans, who are close to 7,000 plus, have suffered for too long. They were employed during the Coronavirus disease 2019 (COVID-19) pandemic. They did and are still dong good work.

To achieve and attain complete universal health coverage, healthcare workforce is very important as a pillar. That is why we fixed the interns issues and resolved the collective bargaining agreements with the doctors. For UHC, we have the money, as the national Government. We have the salary, allowances and everything. The President has committed in public that the national Government will pay. So far, we have put them under the Salaries and Remuneration Commission (SRC) rates. Right now, they earn very good money.

What is remaining is transition from contract to permanent and pensionable. They work in the counties hence they are under the public service boards of our counties. I am still engaging with the county governments, but I am a bit frustrated because they do not see how these Kenyans are suffering.

The Chairperson of the Committee on Health, Sen. Mandago, is sitting in this House. He has powers more than me as the custodian of devolution. He needs to call us. The money is available and so are the allowances. He should ask the governors why they are not transiting these good people to permanent and pensionable. If they refuse to do that, I can take them to our referral hospitals. We have a huge shortage, so that these Kenyans can have that choice.

SHA Lipa Pole Pole has no interest, no fees and no levies. It is free. You pay for four months, the other eight months, after you go through the means testing. If the amount is Kshs7,000, tell us if you want to pay the other eight months daily, weekly, or monthly?

Every day, over 2,000 Kenyans go through SHA Lipa Pole Pole. If you do not want to do that, there is nothing we can do. We have collected Kshs651 million since the President announced SHA Lipa Pole Pole in Homa Bay on Madaraka Day. So, SHA Lipa Pole Pole is working very much. If you see somebody who does not want to do that, then, as some Senators said here, you can live with illiteracy, but you cannot live with sickness.

I want to urge Kenyans that UHC is working. Please let us register for SHA. Let us protect ourselves, our children and our next of kin.

Thank you.

The Deputy Speaker (Sen. Kathuri): Sen. Boni, what is the clarification?

The Cabinet Secretary for Health (Hon. Aden Duale): There was a question from the Senator for Kiambu.

The Deputy Speaker (Sen. Kathuri): In under one minute.

The Cabinet Secretary for Health (Hon. Aden Duale): Let me answer the Senator for Kiambu. Many people agree with me that the maternal and child mortality rate in our country is not very good. It should be a national discussion. I have agreed with the President that we must make it a national discussion. Leaders must make it a national discussion too. We have about 20 counties that are doing very badly. We are going to name and shame them.

Secondly, we are putting in our digital superhighway a system where every facility in our country must report maternal or child death daily and they must give the reasons. This is real. Our neighbors are doing better than us. A mother walks into a hospital; she is not a patient; she is very happy. She wants to come out happy with her baby. She goes to a facility to give another life. It is immoral, unacceptable and unconstitutional to have the maternal and child mortality rate that we have in our country.

I think as leaders in all three arms of Government and even our religious leaders, must do something. Our women must also do something. As a Cabinet Secretary for Health, this will be one of the legacies that I have to leave at the Ministry of Health.

The Deputy Speaker (Sen. Kathuri): We have like five minutes. Dr. Boni Khalwale, in under one minute, seek your clarification.

Sen. (Dr) Khalwale: Mr. Deputy Speaker, Sir, the reason I rose is not because my question was not answered. I was rising to appeal to the Cabinet Secretary that this hubris is a demonstration of arrogance of power. You cannot disrespect---

The Deputy Speaker (Sen. Kathuri): There is no clarification there.

Sen. (Dr) Khalwale: This is a House of debates.

The Deputy Speaker (Sen. Kathuri): If there is no clarification, then I will give the Minority Leader.

Sen. (Dr) Khalwale: You cannot attack Dr. Brian Lishenga and you find it okay and are unable to speak about Dr. Abdi, unless you are in the office to launder some people.

The Deputy Speaker (Sen. Kathuri): If you have no clarification, kindly give me the microphone.

Sen. (Dr) Khalwale: Number two, you cannot transfer the responsibility---

The Deputy Speaker (Sen. Kathuri): You have no microphone, Sen. Boni Khalwale. Minority Leader, proceed. What is your clarification? Sen. Boni Khalwale, order or I will kick you out of this House for the rest of the day.

(Sen. (Dr) Khalwale spoke off record)

No, that is not the way we transact business and you know it.

(Sen. (Dr) Khalwale spoke off record)

The Deputy Speaker (Sen. Kathuri): Order, Sen. Boni Khalwale. Minority Leader, please proceed.

The Senate Minority Leader (Sen. Madzayo): Asante, Bw. Naibu Spika. Ningependa kuuliza swali ambalo nilikuwa nimeuliza hapo awali na ambalo Bw. Waziri analijua. Bw. Waziri yuko hapa na huu Mswada sasa hivi umezua muamko mpya.

(Loud consultations)

The Deputy Speaker (Sen. Kathuri): Sen. Munyi Mundigi, please, allow the Cabinet Secretary to get the clarification that the Senate Minority Leader is seeking.

The Senate Minority Leader (Sen. Madzayo): Katika Kaunti ya Kilifi hivi sasa, kila mtu anafuatilia hii debate ambayo inaendelea hapa. Ingekuwa bora sana kama utaniruhusu nimuulize Bw. Waziri lile swali ambalo nilikuwa nimeliuliza hapo awali ili aweze kulijibu kwa lugha ya Kiswahili. Kwa vile mimi nimeuliza kwa lugha ya Kiswahili na yeye pia anafaa kunijibu kwa hiyo lugha. Hii itakuwa bora zaidi ili watu wangu waweze kuelewa masuala haya ya mamlaka ya afya ya jamii.

Bw. Naibu Spika, utaniruhusu kuuliza hilo swali kwa haraka?

The Deputy Speaker (Sen. Kathuri): Bw. Waziri amekupata.

The Senate Minority Leader (Sen. Madzayo): Bw. Naibu Spika katika masikilizano ambayo aliyafanya hapo awali, akina mama na watoto na jamii kwa ujumla, wagonjwa wanapoenda zile hospitali za daraja la 1, 2 na 3, kumekuwa na tetesi. Hii ni kwa sababu hivi sasa wao wanachangiwa ilhali katika mkataba uliowekwa na Waziri ulikuwa ya kwamba watu wanapoenda katika hosipitali za daraja 1, 2 na 3, wapewe matibabu na halafu waende nyumbani.

The Deputy Speaker (Sen. Kathuri): Seneta, uko na dakika moja, ili Bw. Waziri akujibu.

The Senate Minority Leader (Sen. Madzayo): Asante, Bw. Naibu Spika. Bw. Waziri, kama utaweza kunijibu hilo swali itakuwa vyema zaidi.

The Cabinet Secretary for Health (Hon. Aden Duale): Bw. Naibu Spika, Kiswahili ni kigumu lakini ningependa kumwambia Sen. (Dr.) Khalwale kwamba mimi ninaheshimu sana Bunge. I have a lot of respect for Parliament and I do not want go into that. I have no hubris and I have a lot of respect for the Members of this House.

Lugha ya Kiswahili ni ngumu ingawa mimi ni Mkenya. Mimi sio Mswahili lakini nitajaribu ili isiniletee shida kwamba Bw. Waziri wa Afya ameshindwa kuongea lugha ya taifa.

Zahanati zile za Level 2, 3 na 4 ambazo tunaita Primary Health Care kwa lugha ya kimombo; na ambazo zinatibu wagonjwa wa kuja na kuenda (outpatient*)*, ninataka niwahakikishie ya kwamba hizo ni bure na zinalipwa na Serikali kupitia bajeti ambayo inapita katika Bunge la Kitaifa.

Mwaka huu, pesa ambazo zimetengwa ni Shilingi bilioni 13. Hatutakubali na ni kinyume cha sheria kama hizo zahanati, ziwe ni za kibinafsi, zile zinazoendeshwa na vikundi vya dini ama zile zinazoendeshwa na serikali za kaunti kulipisha wagonjwa. Tukijua kwamba wewe unalipisha, basi tutakunyang'anya leseni ya Bima ya Kitaifa ya SHA kwa sababu SHA ndiyo inakupatia pesa.

Kiongozi wa walio Wachache katika Seneti, ninataka niseme hapa leo ya kwamba pesa zile ambazo kila serikali ya ugatuzi huwa wanakusanya (own source revenue), karibu asilimia 65 ni kutoka sekta ya afya.

Wakenya wanaonisikiliza, mnapoenda dispensary, health centre, hospitali ya sub-county na zile hospitali za kuenda na kurudi nyumbani *(outpatient)*; ni bure na msikubali kulipa pesa zozote. Kile kinachohitajika ni kwamba uwe umejisajili kuwa mwanachama wa SHA.

The Deputy Speaker (Sen. Kathuri): Asante, Bw. Waziri kwa kufika Seneti. Tunawashukuru na muende salama.

[The Cabinet Secretary for Health (Hon. Aden Duale) was ushered out of the Chamber]

ADJOURNMENT

The Deputy Speaker (Sen. Kathuri): Hon. Senators, it is now 1.00 p.m., time to adjourn the Senate. The Senate, therefore, stands adjourned until later today, Wednesday, 29th October, 2025 at 2.30 p.m.

The Senate rose at 1.00 p.m.