



**REPUBLIC OF KENYA**

**THIRTEENTH PARLIAMENT**

**NATIONAL ASSEMBLY**

**THE HANSARD**

**VOL. III NO. 30**

## THE HANSARD

Wednesday, 17<sup>th</sup> April 2024

The House met at 2.30 p.m.

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

### PRAYERS

### COMMUNICATION FROM THE CHAIR

OFFICIAL OPENING OF BUNGE TOWER BY HIS  
EXCELLENCY THE PRESIDENT

**Hon. Speaker:** Hon. Members, I have a short Communication to make.

Hon. Members, you may recall that on Tuesday, 9<sup>th</sup> April 2024, I informed the House that the Parliamentary Service Commission was expediting the completion of the Bunge Tower with a view to having the building ready for occupation by Members. I also guided the House that the phased occupation of the offices was to commence on Thursday, 11<sup>th</sup> April 2024.

I am pleased to note that great progress has been made towards relocating Members. As of Tuesday, 16<sup>th</sup> April 2024, 58 Members had moved into the Bunge Tower. Members earmarked to move during the first phase of the relocation are encouraged to liaise with the Clerk to ensure seamless completion of this important exercise.

Hon. Members, appreciating the journey leading to the achievement of this milestone, I wish to inform the House that His Excellency, Dr. William Samoei Ruto, CGH, President of the Republic of Kenya and Commander-in-Chief of the Kenya Defence Forces has acceded to our request to grace the Official Opening Ceremony of the Tower on Friday, 19<sup>th</sup> April 2024.

The opening of this building will mark a monumental step in the history of Parliament, given that Members of Parliament have been renting office spaces outside the Parliamentary Square, at times, making it difficult to attend Plenary Sittings and Committee meetings. Honourable Members will also remember that the plenary meetings and the premises of the precursor to the Legislature as we know it today, the Legislative Council, were held in prefabricated structures, at what is now the Kenya Railways Buildings more than a century ago.

In this regard, Honourable Members, on behalf of the Parliamentary Service Commission and on my own behalf, I take this opportunity to invite all Honourable Members to the official opening of the Bunge Tower by His Excellency the President on Friday, 19<sup>th</sup> April 2024, at the Forecourt of the building. The programme of events will commence at 9.00 a.m. All guests are expected to be seated by 8.30 a.m.

Hon. Members, your presence at the ceremony will signify our collective dedication to enhancing the effectiveness of parliamentary operations and serving the people of Kenya.

I, thank you.

**Hon. Opiyo Wandayi** (Ugunja, ODM): On a point of order, Hon. Speaker.

**Hon. Speaker:** Yes, Hon. Wandayi. Is the point of order on the Communication?

*(Hon. Opiyo Wandayi spoke off the record)*

**Hon. Speaker:** Okay.

**Hon. Opiyo Wandayi** (Ugunja, ODM): Hon. Speaker, let me thank and congratulate you and, by extension, the Parliamentary Service Commission on this milestone.

Having said that, in the past day or so, we have been treated to some fairly negative publicity about the Bunge Tower Project. As a matter of fact, in today's news, it is prominently covered, and the coverage is highlighting negative aspects of the project.

I have also listened to none other than Senator Cherargei of Nandi County from my car radio when I was travelling this morning, talking passionately about the status of the building.

The institution of Parliament occupies a very unique place in this country. As a matter of fact, Parliament, just like Caesar's wife, must be beyond reproach because we have an enormous responsibility of overseeing not only the Executive, but also all other arms and agencies of the Government. When such negative publicity emerges on the initiation and execution of such an expensive project, what do we do to reclaim our rightful place in society as the institution of Parliament?

I heard Hon. Cherargei eloquently asking a number of questions, including if there has been a certificate of completion or if the Ministry of Health has given the building a clean bill of health. So many questions are being asked, and interestingly, by Members of Parliament.

**Hon. Speaker:** I hear you.

**Hon. Opiyo Wandayi** (Ugunja, ODM): My dilemma this afternoon is that even as we await the official opening of this building on Friday, which we must all attend, how do we assuage the public and address the concerns that are coming from the public about the efficacy of the Bunge Tower project?

Thank you.

**Hon. Speaker:** Hon. Members, the issues being raised by the Leader of the Minority Party...

*(Hon. Silvanus Osoro consulted other Hon. Members)*

Order, Whip of the Majority Party. Take your seat.

The issue being raised by the Leader of the Minority Party has not escaped my attention. Indeed, I have seen and heard Members who are pouring vitriol, scorn, anger, hatred and many negatives on this structure. Hon. Members, when you elected me as your Speaker, I communicated to you that I was going to ensure that this building – which has taken over 10 years – is completed and occupied. I have spent a lot of time and energy to have this done. For your information, since you elected me as your Speaker, there has been no Exchequer release towards the construction or completion of this building – not even a Shilling!

*(Applause)*

However, with the capacity that we have had as your Parliamentary Service Commission (PSC), I have been visiting this building regularly at a minimum of once a week; and the building is now ready for occupation. There are Members who have raised their concerns. In particular, one has raised the issue of lifts not working. There are five or six high speed lifts, all working as efficiently as any building you can find in Manhattan in the United States of America.

**Hon. Members:** Yes!

**Hon. Speaker:** They are working effectively. The offices are ready. Furniture has been assembled in every office and there are some that are still going on. The gym is equipped. What remains is brushing up for Members to start using it. In the transition, there would be Members who may use the gym in the Continental House and those who will go into the new gym. The kitchen and the modern dining are ready. The Commission has decided that we will outsource

---

**Disclaimer:** *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor*

the management of the kitchen and many other things. Those Members who have been pouring vitriol on this process may find themselves before the Powers and Privileges Committee because they are saying things without proof, and which are utterly untrue. The contractor of the building does not owe Senator Cherargei any duty to show him the completion certificate or any other document for that matter.

*(Laughter)*

I want to encourage you Members, even in your villages when you are starting a new home, you can move into your house before you complete installing your windows and ceiling and live in it while sprouting it up to be the modern house you want.

*(Applause)*

We have a stark choice between leaving that building to be a white elephant project or moving in, working in it and making things work as we go along the way. In any event, if we need any money to improve the building further, it will come to this House for appropriation. It is up to you to appropriate some resources to make the building work even better.

I want to encourage you Members not to join what in my many public speeches I call ‘rejectionist philosophers on the streets of Nairobi.’ Let us not join those rejectionist philosophers who will always say: ‘Can anything good come from Nazareth?’

Yes, Senior Counsel Amollo.

**Hon. (Dr) Otiende Amollo** (Rarieda, ODM): Thank you, Hon. Speaker. To your credit, it appears that we are finally going to occupy this behemoth that has remained with us for some time. In fairness, when issues are raised, I think they are more historical than current. I sit in the Public Accounts Committee (PAC), and I can see that my Chairman is not here. It is important to mention that the issue has arisen before the PAC. My only contribution to this would be that, perhaps, you might consider giving a communication to refer any such matter so that it finds its proper home in the PAC to be considered alongside other matters. I see some of my colleagues from PAC are here. There is need for a forum for ventilation away from the streets and what you called the ‘rejectionist philosophers.’ There should be a proper forum within Parliament so that anyone with any issue, positive or negative, finds a place to ventilate.

In my view, the fact that we are finally likely to occupy those offices is a good thing. Even if we occupy them without lifts up to the 25<sup>th</sup> Floor, it would still be work in progress because it will cause those who ought to install the missing facilities to do so immediately. The longer we do not occupy it, the longer it will take to complete the work.

Thank you, Hon. Speaker.

**Hon. Speaker:** Thank you. *Mama Zamzam.*

**Hon. Zamzam Mohammed** (Mombasa County, ODM): Ahsante sana, Mhe. Spika. Ngingependa kuchukua fursa hii kukushukuru kwa kazi nzuri ambayo umefanya. Si vizuri kuwa kila kitu kinapingwa kwa sababu kuna mambo mazuri mnayoyafanya, na ni ya kupigiwa upeto. Lile jumba limekaa miaka mingi, lakini wakati wako umehakikisha kuwa limekamilika. Mimi nimetembea pale na mambo yako shwari kabisa. Kwa hivyo, usisikilize fitina za huku na kule. Kuwa ngangari. Sisi tunasema kwamba mambo mazuri lazima yapigiwe upeto. Lile jumba liko sawa kabisa. Ile *lift* ambayo wanazungumzia ilikuwa inarekebishwa tu kidogo. Juzi nilienda kule na iko *fresh kabisa*. Mimi kama Mama Mombasa, nangoja niingie pale. Ofisi yangu hapa chini ilikuwa kama *store*. Kwa sasa, tuna ofisi nzuri sana.

Kwa hivyo, wewe usichukuliwe vingine na wala usibabaike. Usisumbuliwe akili. Kaa hapo kama umekita na sisi tufanye kazi ili tujenge taifa pamoja.

Ahsante sana, Mhe. Spika.

**Hon. Speaker:** Hon. Wamaua.

**Hon. Mary Njoroge** (Maragwa, UDA): Thank you, Hon. Speaker. I also rise to support my colleagues. It will go into the record that during your tenure, and within the shortest time possible, you ensured that we moved into those offices. I have already occupied my office, 1706. I want to tell those who are yet to occupy their offices that the place is prestigious. It has a good carpet and the furniture is new compared to where we were before. You have been a politician and you know that there will always be negative people. There is a saying that every market place has its own mad person. Please, move away from those noise makers. As Members who have already occupied the offices, we appreciate your efforts because the place is very conducive for Members. As we move in and out, we feel that we are Members of Parliament. We have been given the best environment ever.

Kudos, Hon. Speaker. Please, continue with the good work. The building has taken a lot of time to be completed. It is more than 10 years. We are occupying the building during your tenure. We want to tell the media out there that we love the building. We appreciate the time that you have been our Chair. Let them report positively. The media should visit there before reporting to feel the comfort of the place that will enable Members to effectively represent, legislate and do whatever else they are supposed to do.

Thank you very much, Hon. Speaker.

**Hon. Speaker:** Hon. Omboko Milemba.

**Hon. Omboko Milemba** (Emuhaya, ANC): Thank you, Hon. Speaker. I was lucky to be elected by the people of Emuhaya in the 12<sup>th</sup> Parliament. When we came here, we were told that we would be occupying that building in the next four months. The four months ended and we finished the entire parliamentary term without moving into that building. Therefore, I want to laud the efforts you have made to ensure that those in the 13<sup>th</sup> Parliament will have a feel of the building. I was there yesterday. Otherwise, you would have fallen in the calibre of where we were – finishing the entire term together with Hon. Otiende Amollo without entering that particular building.

I took a ride underground of the building and I found so many people there. The parking lot was full. There are Members who are already there. I went up to my office on the 21<sup>st</sup> Floor. I found that apart from the good things that have been spoken about, there is also music. I love *Lingala* and *Rhumba*. I do not know whether some of you have joined the place. *Rhumba* is playing in the background. It is a great place. We want to congratulate you. Let us first move there so that we can start dealing with issues that may be peculiar to individual offices, moving forward.

Thank you, Hon. Speaker.

**Hon. Speaker:** Hon. Dido Rasso.

**Hon. Dido Raso** (Saku, UDA): Thank you very much, Hon. Speaker. You just need to walk around the Parliamentary Square to see the changes and know that there is a new sheriff in town – from the dining area, all the way to the pavements being done from where we access Continental House. At times, success is about what you can see. Those of us who have been in Parliament long enough, or doing our third terms, have waited for this particular building for so long. Some of us who have offices in Continental House share very small rooms with our secretaries and all our visitors. When we are told that the building is ready, we must celebrate as Parliament.

We are a Parliament of traditions and customs. There is a way for Members to ventilate on in-house issues. We can ask for a *Kamukunji* through the Speakers of the National Assembly and the Senate. So, the idea of Members going to the media to talk about issues of Parliament is not our practice. Some of us will have nostalgia because we will be moving to new offices at the end of the current Parliament. Those who will come after us will be comforted that Parliament and its Members have offices, and not contraptions in the name of offices.

Thank you, Hon. Speaker. Congratulations!

**Hon. Speaker:** Can we leave it here so that we can go to the other business? Hon. Members, I want to assure you that we have even set up a digital library for you. You will go to that library and access any book on earth. If you want to read about Leo Tolstoy, Alexander Dostoevsky or anybody else, you will find the books in the digital library. You will be allocated personal parking under the Parking Bay. For those of you who want to walk straight from your offices to this Chamber, there is a connecting tunnel from the building to here. You will just cross under Harambee Avenue into the Chamber to do your work without being rained on or facing any other inconvenience. Let us reject the ‘rejectionist philosophers on the streets of Nairobi’ and look forward to enjoying the facilities that the taxpayer has helped Parliament to have.

I want us to leave it here because we want to transact the business by Nelson Koech. For those of you who have questions on the doctors and other health issues, the Cabinet Secretary for Health should be here by 3.30 p.m. Questions and Statements will come after Order No. 8.

Next Order.

### SPECIAL MOTION

**Hon. Speaker:** Hon. Members, I want to allocate 30 minutes to this Motion. Hon. Nelson Koech.

#### CONSIDERATION OF NOMINEES FOR APPOINTMENT TO VARIOUS DIPLOMATIC OFFICES

**Hon. Nelson Koech** (Belgut, UDA): Hon. Speaker, I beg to move the following Motion:

THAT, taking into consideration the findings of the Departmental Committee on Defence, Intelligence and Foreign Relations in its Report on the Vetting of Nominees for Appointment as High Commissioners, Ambassadors, Permanent Representatives and Consuls-General, laid on the Table of the House on Tuesday, 16<sup>th</sup> April 2024 and, pursuant to the provisions of Article 132(2)(e) of the Constitution, Section 20(2) of the Foreign Service Act, 2021 and Sections 3 and 8 of the Public Appointments (Parliamentary Approval) Act, 2011, this House—

- (i) Approves the appointment of the following persons as High Commissioners, Permanent Representatives and Ambassadors—

CLUSTER	NAME	MISSION
High Commissioners	Ms. Catherine Kirumba Karemu	London, United Kingdom
	Hon. Joash Arthur Maangi	Kampala, Uganda
	Hon. Lilian Tomitom	Lusaka, Zambia
	Ms. Caroline Kamende Daudi	Ottawa, Canada
	Lt. Gen. Peter Mbogo Njiru	Islamabad, Pakistan
Ambassadors	Hon. Fredrick Otieno Outa	Cairo, Egypt
	Prof. Anne Kisaka Nangulu	Dakar, Senegal
	Mr. Timothy Kaluma Mcharo	Algiers, Algeria
	Hon. Christopher Andrew Lang’at	Abidjan, Côte d’Ivoire

	Ms. Jessica Muthoni Gakinya	Rabat, Morocco
	Hon. Halima Yussuf Mucheke	The Hague, Netherlands
	Mr. David Kiplagat Kerich	Washington DC, USA
	Ms. Everlyne Mwenda Karisa	Havana, Cuba
	Dr. Peter Mutuku Mathuki	Moscow, Russia
	Amb. Moi Lemoshira	Tokyo, Japan
	Mr. Kenneth Milimo Nganga	Abu Dhabi, UAE
	Lt. General Jonah Mwangi	Tehran, Iran
	Mr. Abdi Aden Korio	Muscat, Oman
Permanent Representatives	Ms Getrude N. Angote	United Nations Environment Programme (UNEP)
	Ms. Grace Atieno Okara	United Nations HABITAT
	Dr. Fancy Too	Ambassador/Permanent Representative, Geneva
	Mr. Ekitela Erastus Lokaale	United Nations, New York
Consuls-General	Mr. Ezra Chiloba	Los Angeles, USA
	Mr. Aden Mohamud Mohamed	Jeddah, Saudi Arabia
	Mr. David Iboko Lokemer	Dubai, UAE

- (ii) rejects the appointment of Mr. Charles Githinji Keiru as Consul-General – Goma, Democratic Republic of Congo; and,
- (iii) resolves that, henceforth, Consuls-General should undergo vetting after their nomination by the appointing authority as required by the Constitution and that the appointing authority recalls any Consuls-General serving without requisite approval by the National Assembly to undergo the necessary process.

Hon. Speaker, I would like to use this opportunity to refer to the Constitution. Article 132 of the Constitution provides that the President shall nominate and, with the approval of the National Assembly, appoint High Commissioners, Ambassadors, Diplomatic and Consular Representatives. This is further replicated in Section 20 of the Foreign Service Act, Cap 185(e).

Pursuant to Article 132 (e) of the Constitution and Foreign Service Act, a Consular-General, being a consular representative, is subject to vetting. Further, Section 2 of the Foreign Service Act defines a Head of Mission to mean ‘an Ambassador, a High Commissioner, a Permanent Representative, a Consul-General or an officer acting in that capacity.’ That is why we arrived at the decision that Consuls-General should be subjected to vetting. Those that were posted without vetting are deemed unfit. They should be recalled; we vet them and then they go through the necessary approval process.

Hon. Speaker, the Departmental Committee on Defence, Intelligence and Foreign Relations is one of the Departmental Committees of this House. It is established under Standing Order 216, whose mandate is found in Standing Order 216 (5). It includes vetting and reporting on all appointments where the Constitution or any law requires the National Assembly to approve. That is the subject of the Departmental Committee on Defence, Intelligence and Foreign Relations as stated in the Second Schedule of the Standing Orders. The Committee

Report before the House details proceedings during the approval hearings of the 27 persons that are nominated for appointment to the offices of High Commissioners, Ambassadors, Permanent Representatives and Consuls-General. The purpose of the vetting was to ascertain their suitability to discharge responsibility of the offices they have been nominated to serve in.

Hon. Speaker, pursuant to Article 132 (2) (e) of the Constitution, as read together with Section 3 of the Public Appointments (Parliamentary Approval) Act, which I referred to earlier, you made a Communication dated 21<sup>st</sup> March 2024, pursuant to Standing Order 42 (1). It conveyed to Members of the National Assembly the Message from His Excellency the President. You subsequently referred the names of the nominees and their curriculum vitae to the Departmental Committee on Defence, Intelligence and Foreign Relations for approval hearing.

While referring to the matter, you directed that the Committee should undertake the vetting exercise and report to the House on or before Tuesday, 16<sup>th</sup> April 2024. In compliance with Article 118 of the Constitution, Section 6(4)(ix) of the Public Appointments (Parliamentary Approval) Act Cap 7, the Clerk of the National Assembly placed an advertisement on print media on Saturday, 23<sup>rd</sup> March 2024, informing the public of the nominees, the dates, time and place of the approval hearing. He also invited the public to submit memoranda by way of written statements on oath or other affidavit on the suitability of the nominees. The memoranda were to be received on or before Tuesday, 2<sup>nd</sup> April 2024.

Further, the Clerk of the National Assembly wrote to the Kenya Revenue Authority (KRA), the Ethics and Anti-Corruption Commission (EACC), the Directorate of Criminal Investigations (DCI), the Higher Education Loans Board (HELB), and the Office of Registrar of Political Parties seeking information on the nominees relating to their ethics and integrity, tax compliance, criminal record, HELB payment and political party affiliations. All responses were favourable except that the EACC stated that it had received adverse reports against Mr. David Kiplangat Kerich, Ekitela Erastus Lokaale and Hon. Joash Arthur Maangi.

On Mr. David Kiplangat Kerich, the Ambassador nominee to Washington DC, USA, the EACC stated that the nominee was adversely mentioned in a matter under investigation. It involves recruitment irregularities at the Baringo County Assembly Service Board. On Mr Ekitale Erastus Lokaale, the Permanent Representative nominee to New York, the EACC noted that the nominee was adversely mentioned in a matter under investigation. The matter involves alleged embezzlement of car and mortgage funds at the Turkana County Assembly. On Hon. Joash Arthur Maangi, the High Commissioner nominee to Kampala, Uganda, the EACC cited a recommendation to the Director of Public Prosecutions (DPP) to charge the nominee and other persons regarding a matter relating to the National Housing Project. However, the DPP returned the file to the EACC for further investigation.

The Committee observed that the three nominees were still under investigation by the EACC. They had not been charged and convicted by any court of law. Article 50 (2) (a) of the Constitution provides that every accused person has a right to be presumed innocent until the contrary is proved. Therefore, it would have been premature for the Committee to adjudge the nominees guilty of undisclosed offences when the due process had not been carried out.

Hon. Vincent Kemosi Mogaka, the High Commissioner nominee to Accra, Ghana, notified the Clerk of the National Assembly of his withdrawal from the approval proceedings, pursuant to Section 6 (10) of the Public Appointments (Parliamentary Approval) Act Cap 7(f).

Hon. Speaker, the remaining 26 nominees appeared before the Committee from Thursday 4<sup>th</sup> to Thursday 11<sup>th</sup> April 2024. The Committee examined their suitability based on the criteria set out in Sections 6 (7) and (8), and Section 7 of the Public Appointments (Parliamentary Approval) Act, Cap 7.

The Committee focused on their academic credentials, professional training, experience, personal integrity and background, the procedure used in their nomination,



constitutional and statutory requirements relating to the Office of the Head of Mission and the general suitability of the nominees for the appointments proposed. The Committee considered the nominees' filled questionnaires pursuant to Section 6 (8) of the Public Appointments (Parliamentary Approvals) Act Cap 7, and looked at their CVs. Having heard their oral submissions during the approval hearing, the Committee made specific observations on each of the nominees. The following are the general observations.

1. Hon. Vincent Mogaka Kemosi, High Commission nominee to Accra, Ghana, vide a letter dated 8<sup>th</sup> April 2024, notified the Clerk of the National Assembly of his withdrawal from the approval hearing process, pursuant to Section 6 (10) of the Public Appointments (Parliament Approval) Act.

Therefore, his nomination lapsed.

*(Several Members stood up in their places)*

**Hon. Speaker:** Order, Hon. Members. The consultations are too loud. Let us reduce so that we hear. Those holding illegal *kamukunjis*, break them up and resume your seats.

*(Members took their seats)*

**Hon. Nelson Koech** (Belgut, UDA): Thank you Hon. Speaker.

2. All nominees who appeared before the Committee are Kenyan citizens and do not hold dual citizenship, in conformity with Article 78 of the Constitution.
3. All nominees committed to not participate in any other gainful employment while serving as State officers, as required under Article 77(1) of the Constitution.
4. In accordance with Article 77(2) of the Constitution and the Schedule to the Public Appointments (Parliamentary Approval) Act, Cap 7, none of the nominees holds office in any political party.
5. The nominees indicated compliance with Articles 75 and 76 of the Constitution on the conduct and financial probity of State officers.

They indicated non-existence of potential conflict of interest and committed to declare, should any arise.

By the set deadline for receipt of memoranda from members of the public, the Committee had received one submission from one John Katithi Mueke expressing his support for the nomination of Ms. Carolyn Kamende Daudi as the High Commissioner of Kenya to Ottawa, Canada.

The EACC, in response to a request for information on the nominees, pointed out that it had not undertaken any investigation pursuant to its mandate against twenty-four (24) nominees, nor had it recommended prosecution of any of them save for Mr. David Kiplangat Kerich, Mr. Ekitela Erastus Lokaale, and Hon. Joash Arthur Maangi.

The three nominees are still under investigation by the EACC and have not been charged and convicted by any court of law. Article 50 (2) (a) of the Constitution provides that every accused person has the right to be presumed innocent until the contrary is proved. Therefore, it would be premature for the Committee to adjudge the nominees guilty of undisclosed offences when due process has not been carried out.

Hon. Speaker, the nominations meet the threshold of the two-third gender principle and regional balance in line with Articles 27(3) and 232(1) (h) of the Constitution. Twenty-five out of the 26 nominees who presented their academic and professional credentials and made oral submissions during the approval hearings, demonstrated their suitability for appointment in

accordance with the provisions of Section 6(7) of the Public Appointments (Parliamentary Approval) Act.

Pursuant to Article 232 (1) (g) of the Constitution, as read together with Section 7(c) of the Public Appointments (Parliamentary Approval) Act, the Committee is required to consider the suitability of the nominees for the proposed appointment having regard to the values and principles of public service, particularly meritocracy as the basis of appointment.

Hon. Speaker, the nominee for Consul-General to Goma, DRC, Mr. Charles Githinji Keiru, demonstrated a glaring lack of knowledge on the functions of Consul-General and the station to which he was nominated to serve in. The nominee does not possess the requisite abilities, qualities, knowledge and experience, and thus is unsuitable for appointment as Consul-General to Goma, DRC.

I want to demonstrate to this House why Congo is an extremely important station. Kenya's role as an anchor State and guarantor of regional peace and security continues to inform the country's indispensable role in fortifying the regional peace and security architecture. Likewise, the country's foreign policy remains a key cog in the advancement of purposeful regional integration and peaceful coexistence, both central to Kenya's socio-economic growth and development agenda. To this end, the continual promotion, protection and projection of Kenya's interests regionally and globally has to remain in line with the object and purpose of the country's aspiration and further calls for a diplomatic workforce that is nimble, fit for purpose and alive to regional geostrategic circumstances.

On the significance of the DRC, Kenya sits on the confluence of the three important regions of Africa – the East African region, the Horn of Africa and the Great Lakes region. Kenya's peace and prosperity and, therefore, the country's economic and political ambitions, are inextricably tied to a peaceful and secure region. In this respect, Kenya remains proud of the fact that the DRC is a member of the East African Community. It offers us hope that the resulting trade and investment will improve the lives of East Africans.

We have also used integration to pursue long desired stabilisation of the Eastern DRC through the efforts of the East African Community Regional Force (EACRF). Accordingly, the importance or centrality of Kenya's Consulate in the City of Goma, Eastern DRC, in promotion of friendly relations as well as advancing Kenya's economic and commercial trade as well as security interests cannot be over-emphasised.

Hon. Speaker, in summary, a clear and sophisticated understating of the regional peace and security architecture of the Great Lakes region as well as thoughtful and vital appreciation of key factors that inform our country's economic diplomacy are key components that are expected of Kenya's diplomatic agent to Goma. The Departmental Committee on Defence, Intelligence and Foreign Relations of the National Assembly regrets that the nominee for the post of Consul-General to Kenya's Consulate in Goma has failed to demonstrate a comprehensive range of technical, academic and professional skills that are vital in anchoring Kenya's economic, commercial, trade and security interests in the DRC.

Furthermore, given the tenets of diplomatic signalling inherent in foreign relations between states and desires in maintaining friendly and convenient relations with countries of the region, deploying the aforementioned nominee to Goma would be detrimental to both the strategic and long-term interests of the region.

Hon. Speaker, I am trying to summarise. Next is Ambassador Moi Lemoshira, the nominee for Tokyo, Japan. Ambassador Moi Lemoshira's career in the diplomatic realm reflects a wealth of experience and leadership across various diplomatic missions and within the Ministry of Foreign Affairs. His tenure as Kenya's Ambassador to Algeria and Mali as well as his leadership roles in diplomatic missions in Addis Ababa, Dublin, Bangkok and Kuala Lumpur underscores his proficiency in representing Kenya's interests on the global stage and fostering international relations. His extensive diplomatic portfolio positions him as a seasoned

diplomat with the expertise and leadership qualities to navigate complex international landscapes and promote Kenya's diplomatic interests effectively.

I will also refer to the case of Ms. Gertrude Nyausi Angote, our nominee for Permanent Representative at UNEP. She was one of the best nominees that we vetted. Her career trajectory reflects a distinguished path characterised by a wealth of experience and expertise in environmental law and climate justice. As an award-winning Senior Legal and Environmental Law Advisor, she has demonstrated exceptional proficiency in various domains, including research and innovation, and policy and governance. Her roles as the Programme Director and Public Interest Litigator at Kituo cha Sheria – she worked with one of our Hon. Members, Hon. Millie Odhiambo – underscores her commitment to advancing environmental justice both nationally and internationally. She has extensive diplomatic background and qualifications. I see that my time is up.

Hon. Speaker, we must attach a lot of significance to the people we send to our missions abroad. If you watched the US. Ambassador to Kenya, Ambassador Meg Whitman ... Please, give me one more minute, Hon. Speaker.

Anyone who watched the US Ambassador to Kenya peach on the Silicon Valley when our President visited the United States will understand why we need someone of that stature as an ambassador. That person is the face of the country. That is the face of the President of the country. What they speak and how they attract investment to a country is extremely important. We need people who will not only market Kenya as a tourist destination, but also articulate Kenya's interests abroad and become the real face of the Kenyan people and the missions that they represent.

Hon. Speaker, I would have said more but allow me to end it there by summarising that the Committee resolved that, henceforth, Consul-Generals should undergo vetting, as I mentioned earlier.

With those remarks, I beg to move and urge the House to adopt this Report. I request Hon. Major (Rtd) Abdullahi Sheikh Bashir, my Vice-Chairperson, to second the Motion.

**Hon. Speaker:** Where is the Vice-Chairman, Hon. Bashir? Proceed.

**Hon. Major (Rtd.) Abdullahi Sheikh** (Mandera North, UDM): Hon. Speaker, I beg to second the Motion that this House approves the appointment of the 25 out of the 27 persons nominated for appointment as high commissioners, ambassadors, permanent representatives and consuls-general and equally resolve to reject the nomination of the nominee for DRC Congo.

The offices of high commissioners, ambassadors, permanent representatives and consuls-general are offices under the Ministry of Foreign and Diaspora Affairs. During the approval hearings, the Committee paid due regard to the procedures used to arrive at the nominees. The constitutional or statutory requirements relating to the offices and suitability of the nominees for appointment as proposed, but having regard to whether the nominees' abilities, experience and qualities meet the needs of the country's foreign service. Upon conclusion of the approval hearings, the Committee scrutinised the personal, academic and career backgrounds of the nominees and we were fully convinced that 25 out of the 26 that appeared before us, who presented their academic qualifications, credentials and made oral submissions during the approval hearings, demonstrated their suitability for appointment in accordance with the provisions of Section 6(7) of the Public Appointments (Parliamentary Approvals) Act Cap 7(f).

Quite a number of them performed exceptionally well when they appeared before the Committee. One of them is Lieutenant General Jonah Mwangi, who is a former Vice-Chief of Staff for Kenya Defence Forces. Lieutenant Mwangi served over 40 years in the Kenya Defence Forces. He demonstrated that he is an officer with the capacity and capabilities to serve in Iran. Another nominee is Ms. Caroline Kamende Daudi, the nominee for Ottawa,

Canada. That lady is a seasoned litigation advocate, well experienced and demonstrated capacity and skills during vetting. That shows that she is capable and can serve in Kenya and represent the country in Ottawa, Canada. Another nominee is Rtd. Lieutenant General Peter Mbogo, who was the immediate former Army Commander of the Kenya Defence Forces. He is a seasoned officer. The two officers, generally, Mwangi and Mbogo, are officers I have served with while I served in the military some years back. I can vouch for their character and discipline and, of course, their background and educational experiences.

Another nominee who performed exceptionally well is Aden Mohamud Mohamed, nominee as a Consul-General to Jeddah, Saudi Arabia. During the vetting, he responded to questions posed by the Committee with clarity. He has served in various missions within the Ministry of Foreign and Diaspora Affairs and has capacity to join the diplomatic corps at that level. He goes to Jeddah, Saudi Arabia. I am sure this is the first time we have a Consul-General in Jeddah. This is a good step so that he can serve Kenyans going to Jeddah, Saudi Arabia.

On the nominee the Committee rejected, it is good to note that he did not demonstrate that he has the capacity, skills and competence to serve in DRC. Remember DRC is a complex country and it requires somebody with a lot of capacity, educational background, experience and skills. Unfortunately, the nominee did not meet the cut.

I wish to assure the House and the country that we have the right individuals to steer our foreign policy in the respective stations. We, therefore, recommend that the National Assembly approves the appointment of the 25 persons to serve as high commissioners, ambassadors, permanent representatives and consuls-general in respective stations and rejects the nominee of Mr. Charles Githinji Keiru as Consul-General for Goma in DRC.

We further recommend that the House resolves that, henceforth, consul-generals should undergo vetting and the appointing authority should recall the current serving consuls-general who were not vetted and approved by the National Assembly.

Hon. Speaker, I beg to second the Motion. I urge the House to adopt this Report and agree with the Committee. Thank you very much.

**Hon. Speaker:** Order, Hon. Members. Take your seats. Thank you.

*(Question proposed)*

Yes, Hon. Keynan. Hon. Members, I want us to agree. I had said I wanted us to take about 30 minutes on this so that we can go back to Order No.7. If you allow me, can I give two Members a chance from each side and then we put the Question?

**Hon. Members:** Yes.

**Hon. Speaker:** Is that okay? We do three-three and then I will put the Question. Hon. Keynan.

**Hon. Adan Keynan** (Eldas, JP): Thank you, Hon. Speaker. The Ministry of Foreign and Diaspora Affairs is the interface between Kenya and the outside world. However, before I make my informed contribution on this, let me invoke the provision of the Standing Order and declare that two of the nominees, Prof. Anne Nangulu, was my lecturer at Moi University, a very able young lady, highly intelligent and I am glad the President has nominated her in order to utilise her expertise in history and governance. Secondly, I want to also go on record that Ms. Caroline Kamende, is my advocate on record. I want to thank the President for nominating her as our High Commissioner nominee to Canada.

Hon. Speaker, having said this, the history of diplomatic engagements started in 1948 with Westphalia Peace Treaty between the Emperor of Rome, the King of France and the allies. That again later on led to the Vienna Convention of 1960, which provided for the framework of the modern diplomatic engagement. Having said this, I want to also appreciate the role played by the *nusu mkate* Government between 2007 and 2013. For the first time, the tenets of

our diplomatic engagements were written and made as part of our written foreign policy. Before then, our foreign policy was just at the whims of the President and the Members of the Executive. I want to really appreciate the role you played at that particular time and appreciate today that the tenets of our foreign policy are written.

With this, our diplomatic engagement over the years has metamorphosed, taking into account our unique regional and international global interest. That is the essence of diplomatic engagements. I want to thank the President for nominating individuals, both from the career diplomats and political appointees. That blend is what is going to project, promote and protect our image in international forums. Over the years, the emphasis of our diplomatic engagement has been political diplomacy, but things have changed totally. Today, the emphasis should be economic diplomacy. This premium nation called Kenya, prides itself as not only a peace hub, but also as a security, infrastructural, a conference and a critical economic hub.

As we approve the appointments of those key individuals, one thing that should inform the basic requirement of the job description is the enhancement of our economic engagement with the international community. That should be the basis of their everyday job description. In the old days during the communism and the capitalism time, you would be required to report on political espionage or on idealism. Those things are gone. What we require is to flourish and ensure that the Gross Domestic Product (GDP) of this country expands and grows because of our diplomatic engagements.

Hon. Speaker, I want to thank the Members of the Committee as they have sieved through. I have seen individuals who are rejected and I entirely agree with the Committee. The first thing that should have formed the basis of the nomination of those individuals is their expertise and knowledge. Not only professional knowledge, but educational requirement of that particular job description. Therefore, I want to thank the Committee led by the Chairman, the Vice-chairman and the other Members, for this well-informed decision. I want to believe with the House to agree with them.

Once upon a time, this country, which is a collection of many nation States, embodied the aspirations of the people of Kenya. Today, where we are in this era of globalisation and global competition, this country has been reduced to just one of the struggling nations. There is a saying in my mother tongue that if you do not solve a problem as a leader, there comes a time when the problem becomes the leader and you as a leader, become the problem. That has been one thing that has affected this nation. It is high time we agreed with the President that we need to make tough decisions that will catapult us to the next stage in joining the league of developed nations. That can only happen if we have well informed, highly educated and well-seasoned diplomats.

Hon. Speaker, in conclusion, this is a very difficult job. For those who have been given this job, once you are approved, I want to urge them, wherever they are, to remain committed to the economic, social and political image upliftment of the people of Kenya. That is what will take us to the next stage.

I wish to support this. Thank you, Hon. Speaker.

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

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Thank you, Hon. Speaker. I rise to support the Committee's Report and all its recommendations. Among them, the resolution that all consuls-general who had been posted to stations without appropriate vetting, in accordance with our Constitution and our laws, be recalled by the appointing authority for them to be vetted.

Any one of those consuls-general who shall not heed to the call to come and be vetted, will have no business serving the people of Kenya in whatever station they were posted to. We must re-emphasise the role and the importance of vetting candidates who are nominated or appointed to positions that the Constitution requires them to be vetted.

I also support the rejection. Hon. Speaker, protect me from the loud consultations.

*(Hon. Muchangi Karemba and other Hon. Members stood in their places)*

**Hon. Speaker:** Hon. Karemba and your group, that *Kamukunji* is unlawful.

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Hon. Speaker, there is a lot of lobbying. Lobbying is okay because it is allowed in all the parliaments, but there is a way it is done. I also know there are groups of businessmen who have been lobbying Members to reverse the recommendations of this Committee. I am talking about this lobbying. The businessmen who have been lobbying Members had no opportunity, like the Departmental Committee of Defence, Intelligence and Foreign Relations, to interrogate each of those candidates.

I know they have been lobbying people on the basis of their ethnicities, where they come from and even at times enticing Members with incentives. This would be the most shameful thing that we can do as a House to allow ourselves to be lobbied.

*(Loud consultations)*

I have no liberty to name any names?

**Hon. Speaker:** Do not be tempted to call out names.

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): I am a responsible leader. However, I must protect the dignity of this House as a leader here.

We must not, as a House, allow ourselves to be lobbied by busy bodies of businessmen and women out there to reject a report by a Committee of this House after they have done a lot of work to vet all the nominees, including those who had issues with the Ethics and Anti-Corruption Commission (EACC). Members who have bothered to read the Committee's Report will see some of the issues that were raised and how the Committee addressed them. Therefore, when the Committee resolves to reject a nominee on the basis of that nominee's competence to the position that they have been nominated to, we must give respect to this Committee and its Members who are honourable Members, that they have done their work on.

We were all watching on television. I must thank you, Hon. Speaker and the Parliamentary Service Commission (PSC) for making it possible for all those vetting processes to be broadcast live on television, so that Kenyans can vindicate this House when we reject a nominee. I even support the rejection of Charles Githinji Keiru as Consul-General for Goma. Goma is not a small station, and you have been Minister for Foreign Affairs and you know it. Goma is a very important station in our region and in the East African Community. The person that we send to represent the people of Kenya must be somebody whose competence is not questionable. He or she must be somebody that we have confidence in as a House to represent the people of Kenya and is the best.

I support the Committee's Report on the rejection of Charles Githinji Keiru and the recall of all consuls-general who, in the last regime, were posted to stations without going through vetting. Our Constitution requires that this House vet even consuls-general. I support the Report in its totality so that we approve those that the Committee has agreed we approve, reject those that have been proposed for rejection and recall those that are being recalled as recommended.

I beg to support.

**Hon. Speaker:** Woman Representative for Busia.

**Hon. Catherine Omany** (Busia County, ODM): Thank you, Hon. Speaker. This is the first time the hustler Government has rejected its hustler. The description or definition of a hustler is in Charles Githinji. If he could not define GDP, you should empower him because that was your vision. Take him to Goma or wherever you are taking him to and give him a

scholarship as well so that he can represent the hustler Government. How can you tell me that he just schooled up to Form Four or has limited qualifications? That is the definition of hustler that I understand from where I stand.

Allow me to ask the Leader of the Majority Party not to be so harsh. That young man has a will. The adage prevails that where there is a will, there is a way. Do not put impediments. This Charles Githinji man, I do not know where he comes from or what he has done, but I know that he did not define some things, but he was smart. He dared to go there, sit and face these very learned people. He was not even in a hurry. That is the hustler that President Ruto promised. Carry your burden. We are here and want to support you.

Thank you.

**Hon. Speaker:** Hon. Leah Sankaire. That is not Hon. Leah. Sorry, Hon. Pauline Lenguris.

**Hon. Pauline Lenguris** (Samburu County, UDA): Thank you, Hon. Speaker, for giving me this opportunity to also add my points to the Motion. Let me take this opportunity to thank the President for appointing many Kenyans to various positions to work in different countries. I also thank the Committee for the good work they have done and for the thorough investigations to ensure that the people nominated will represent this country well and are equal to the task. I register my support to the Committee Report. I, however, have some concerns.

*(Loud consultations)*

Hon. Speaker, protect me. There is a lot of noise! I do not know whether you can hear me.

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

**Hon. Pauline Lenguris** (Samburu County, UDA): As much as I support the Report, I have a few concerns which are genuine. Since we came into this House in August 2022, we have been approving and supporting candidates who have been nominated to various countries. As much as we belong to the larger Maa Community, and my colleagues would agree with me, there is no single day that we have seen the name of a Samburu woman or man forwarded for vetting in this House. I do not know why the top leadership of this country has never seen potential in giving opportunities to people from Samburu County. I make an honest request, and I hope the President is watching me, that for the two names that have been rejected, he can give one slot to a Samburu woman and one to a Samburu man. We have never vetted any person from my community and yet, we are equal to other Kenyans. We want to see the face of Kenya in all the appointments that are done by the Government. Our kind request to the Government and the appointing authority is that we also have competent men and women who can serve in those positions. Kindly give us the two positions that have been rejected in this House today. Give them to the Samburu people. A Samburu man and a Samburu woman. We have competent people who have gone to school and can serve this country well.

Thank you, Hon. Speaker.

**Hon. Speaker:** Senior Counsel Hon. Otiende Amollo.

**Hon. (Dr) Otiende Amollo** (Rarieda, ODM): Thank you, Hon. Speaker. I join my colleagues who have congratulated the Committee because they did their work speedily, openly and have made reasonable recommendations.

*(Hon. T.J. Kajwang' consulted loudly)*

**Hon. Speaker:** Order, Member for Ruaraka.

**Hon. (Dr) Otiende Amollo** (Rarieda, ODM): Thank you, Hon. Speaker. I support their recommendations in terms of the names they have approved and those recommended not to be approved. I have no specific issue with any of those recommended. I know there are some, like

---

**Disclaimer:** *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor*

Fred Outa, with whom we served in politics and was rejected as a chief administrative secretary (CAS). There are people like Caroline Kamende, who recently ran for President of the Law Society of Kenya (LSK) and was not so lucky. There is Ezra Chiloba, with whom we had a run-in when he was managing politics. There are others like Joash Maangi, with whom we went to Maranda National School.

Having said that, the point made by the Chairman is crucial. Diplomatic appointments are very important because they are the face of Kenyans out there. Most times, people do not know who we are. The people we post there reflect who we are. When we reject a person, it is more serious than appointing someone to serve within the country. As a House, we have approved people who have not gone beyond Standard VIII to become cabinet secretaries. Those are, however, our local mistakes. Let us not export our mistakes out there. It is also important that we ensure consultation and ensure that the process is thorough.

While I support the Report, I have three concerns in terms of Article 232 of the Constitution. The Report is silent on it. First, Article 232 requires the face of Kenya in all public appointments. This entire Report does not capture ethnic or regional extraction of any of the nominees. It is purposeful to hide the imbalance in the entire list. If you look at the list as it is and add to the earlier list of appointees, you will find a serious ethnic imbalance. I am happy that there appears to be two nominees from where I come from. I only know one. By name, there appears to be two out of 25, which comes to 8 per cent. Going by the tradition of this regime, that is an improvement. It should not be so. It should be much more balanced than that.

Secondly, Article 232 requires transparency, competition and merit in all the appointments. In this process, we know that we received the names from the President, but nothing stops the President from opening those positions to competition. The Committee should have captured that so that it can get more meritorious Kenyans, and not just those they will reject. This process should be open to competition.

Third is prior consultation. The fact that someone can be nominated and their name brought to this House by the President and then rejected means that there was no prior consultation at all. That is not a good show in a country like ours. That brings me to my last point on the last recommendation, where they are asking us to resolve that all nominees will undergo vetting and that all those who had been posted without vetting should be recalled. We do not need that first part of the resolution. That is the Constitution. The Constitution is clear that proposed appointees will be nominated and their names brought to Parliament. We do not need to repeat what is in the Constitution. On the second recommendation, however, we need to be careful. Our power is to vet those to be appointed. Once you are appointed and take that substantive office, I know of no provision of the Constitution that gives us power to look at you. Their option is to have the President cancel those appointments and then we can appoint others. We do not have power to vet those who have already appointed. I generally support the Report.

Thank you, Hon. Speaker.

**Hon. Speaker:** Member for Turkana. Is that Hon. Akujah?

**Hon. Joseph Emathe** (Turkana Central, UDA): Hon. Emathe.

**Hon. Speaker:** Hon. Emathe go ahead. Give him the microphone.

**Hon. Joseph Emathe** (Turkana Central, UDA): Thank you, Hon. Speaker. I stand to support the Report. It is important to underscore the fact that we have competent Kenyans who have been chosen to represent the face of Kenya to the world. I say so because when we are given an opportunity, we must export our best minds. I also want to underscore that we have been given an opportunity to implement Article 232 of the Constitution as alluded. It is a fact that Turkana nation is one of the luckiest this time round. In the list, there are two individuals; one is going to Dubai and the other will be our Permanent Representative in New York.



Those two individuals demonstrated a good educational background and experience. I want to thank the nominees for standing out during the vetting process. The Turkana nation appreciates His Excellency the President for the good gesture to them. I urge the people of Turkana that this time round, they should rally behind the President and stand together with him. I want to pass that message out there because this is the first time we have been acknowledged as a people in this country.

Hon. Speaker, I submit and support the Report.

**Hon. Speaker:** Thank you. Hon. Members, I promised three Members from each side. I have already given three Members from this side, and so, let me give one more chance. I will give Hon. Milemba. Take two minutes or the shortest time possible. Hon. Nelson Koech, get ready.

**Hon. Omboko Milemba** (Emuhaya, ANC): Thank you, Hon. Speaker. I will be very brief. Let me thank the Committee led by the Chairperson, Hon. Nelson Koech, for the good work. Like the earlier speakers have indicated, this is the face of Kenya. Therefore, it is very important for the people we appoint to those offices to have high skills and qualities to represent Kenya, in the absence of any other person, including the President. In fact, they represent the presidency and Kenya in totality.

Hon. Speaker, I want to commend the Committee for having observed that there were consuls-general who were appointed without being vetted by Parliament. There is need to either recall or cancel their appointment so that they can go through the vetting process like Senior Counsel Otiende Amollo has indicated. Ordinarily, it is in the Constitution that they should go through vetting by Parliament.

Hon. Speaker, without attending to anyone in particular, let me point out one nominee whom I want to thank the President for having picked out. I am happy that the Committee reported that she was one of the best that they interviewed. This is none other than Ms. Getrude Angote, a renowned lawyer of great repute and professional. She is also an award-winning lawyer on environmental law and advisory. Ms. Angote has a wealth of experience and expertise in environmental law and climatic justice. She was singled out as a clean and accurate appointment by the President because she is highly qualified.

Lastly, since my time is up, I want to thank the President for having nominated a former teacher and unionist from Bungoma County, Mr Kenneth Milimo, who served as an Executive Secretary for the Kenya National Union of Teachers (KNUT) before this nomination.

Thank you, Hon. Speaker.

**Hon. Speaker:** I will now call the Mover to reply. Hon. Koech.

**Hon. Nelson Koech** (Belgut, UDA): Thank you very much, Hon. Speaker and Hon. Members for your contribution. I have listened very keenly to what Hon. Members have said. I want to enumerate further on what Hon. Catherine said about the meaning of a hustler. You will realise in the list that a hustler has so many definitions in terms of business and those who are educated. They all got an opportunity to represent our country. For instance, Hon. (Prof.) Lang'at is the former Senator for Bomet. He started as a primary school teacher and right now, he is a professor. This is the hustler we are talking about. I want to concur with what Hon. (Dr) Otiendo Amollo has said in regard to Article 132 of the Constitution on the appointment of consuls-general. We accept it was a mistake to have consuls-general who are serving without being vetted.

Hon. Speaker, in conclusion, I want to thank the Members of my Committee for their good work in coming up with this Report. When the rest of the House was on recess, Hon. Members of the Departmental Committee on Defence, Intelligence and Foreign Relations painstakingly were looking through the list of nominees that was brought before us. I thank them for taking their time to do this noble job. I want to thank the Members for having said that our ambassadors, representatives and diplomats are the face of our country to the world.

Thank you, Hon. Speaker. I beg to reply.

**Hon. Speaker:** Order. Hon. Members on their feet, take your seats. Hon. Kiborek, take your seat. Thank you. Hon. Members. Let me put the Question.

*(Question put and agreed to)*

*(Hon. T.J. Kajwang' spoke off the record)*

*(Laughter)*

**Hon. Speaker:** Thank you, Hon. Kajwang', for that comic relief. We need it sometimes. Hon. Members, we will now go back to Order No.7. Leader of the Majority Party, if the Cabinet Secretary is within the precincts of Parliament, you may call her in.

### ORDINARY QUESTIONS

**Hon. Speaker:** We will now move to Questions. Today we have the Cabinet Secretary for Health, Ms. Susan Nakhumicha.

*(Loud consultations)*

Order, Hon. Members. Those conducting unlawful *Kamukunjis*, take your seats. Those Hon. Members who want to leave the Chamber for whatever reason, do so quietly. We are now going into Question Time. Those who have a habit of constituting mini-*kamukunjis*, please desist. We want to conduct business peacefully.

The Cabinet Secretary for Health, Ms. Susan Nakhumicha, and your team, welcome to Parliament. We will start with Question No.009 of 2024. Member for Westlands, Hon. Timothy Wanyonyi.

*QPN 009/2024*

#### DELAYS IN POSTING OF MEDICAL INTERNS AND IMPLEMENTATION OF 2017 CBA BETWEEN THE GOVERNMENT AND KMPDU

**Hon. Tim Wanyonyi** (Westlands, ODM): Thank you, Hon. Speaker. I rise to ask the Cabinet Secretary for Health the following Questions:

Could the Cabinet Secretary —

- (a) Explain why the Ministry is yet to post medical interns who ought to have been posted in September 2023, noting that such delay denies the affected graduates the opportunity to put into practice the theoretical skills gained.
- (b) Provide timelines to which the Collective Bargaining Agreement signed in 2017 between the Kenya Medical Practitioners, Pharmacists and Dentists Union and the Government will be fully implemented.
- (c) Outline the steps being taken to resolve the recent dispute and end the strike to ensure un-interrupted healthcare delivery.

Thank you, Hon. Speaker.

**Hon. Speaker:** The Cabinet Secretary, proceed.

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you, Hon. Speaker. Hon. Members, it is always a pleasure to appear before this House to speak to the people's representatives and to explain what the Ministry is doing.

On the Question raised by Hon. Tim Wanyonyi, as of February 2024, the Ministry had 3,759 interns for posting under different cadres as indicated.

1. Medical Officer Interns	849
2. Dentist Interns	72
3. Pharmacist Interns	289
4. Nursing (Degree) Interns	1,134
5. Clinical (Degree) Interns	145
6. Clinical (Diploma) Interns	1,270

Of these that I have mentioned, 1,270 clinical officers (Diploma) interns were posted and have already reported to their placement centres. Another 1,210 medical officers, dental officers and pharmacists have been posted and their letters of posting were sent to their emails and they ought to have reported by 15<sup>th</sup> April 2024. The Ministry has started taking stock from the internship centres to determine how many have so far reported. The Ministry is now in the process of finalising the process for posting the 2,404 nursing and clinical (degree) interns who will start collecting their letters which have been equally posted to their emails. They also ought to report starting the 15<sup>th</sup> of April, which has already passed.

However, Hon. Members, I would like to note that there was a delay in the posting of interns due to lack of budgetary allocations. In the FY 2023/2024, the Ministry was allocated Ksh3,688,166,173 to cater for the internship programme against a requirement of Ksh5,738,217,551 resulting in a gap of Ksh2,050,051,378. This gap was considered during Supplementary Estimate No.1 and was able to cater only for the 4,156 interns who were posted in July 2023.

The Ministry appealed to the National Treasury to provide funding of Ksh4,873,708,800 to cater for the placement of 3,759 interns through a letter dated 1<sup>st</sup> February 2024. The National Treasury replied through a letter dated 13<sup>th</sup> February 2024 indicating that they were not in a position to provide the requested funds and advised the Ministry to rationalise the numbers of interns and review the internship policy with a view to accommodate more interns within the available budgetary provisions.

Following the guidance from the National Treasury, the Ministry wrote to the Salaries and Remuneration Commission (SRC) for guidance on how to rationalise that. The SRC responded by providing stipend rates to be payable to the interns. With the rates from the SRC, the Ministry wrote to the National Treasury and secured Ksh2,317,200,000 to post 3,759 interns. It is on this rate that the interns I have indicated above have been posted.

The second part of the Question asks the Ministry to provide timelines within which the Collective Bargaining Agreement (CBA) was signed in 2017 between the Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) and the Government will be fully implemented.

The CBA signed with KMPDU in 2017 continues to be implemented by the national Government. The national Government has so far undertaken the following to fulfill its obligations under the CBA:

1. Facilitated the payment of basic salary arrears accrued by national Government entities arising from the 2017-2021 CBA.  
I would like to confirm that the national Government has paid in excess and some doctors owe the national Government some money.
2. Provided grants and scholarships for eligible post-graduate medical officers based on an immediate service-need basis.
3. Provided comprehensive medical insurance to doctors at the national Government level.

4. In the Financial Year 2023/2024, the Ministry posted 4,156 medical interns in July 2023 at a cost of Ksh4.3 billion. Those interns are due to complete their internship in June 2024.
5. Secured Ksh2.3 billion to post 3,759 medical interns according to the SRC advisory rates.

However, there are challenges in implementing some of the provisions, including the area of internship. Those challenges will be addressed in the new cycle of negotiations on the CBA, which is ongoing. It is also important to note that a good number of those aspects of the CBA need to be implemented by county governments.

The third Question asks us to outline the steps being taken to resolve the recent dispute and end the strike to ensure un-interrupted healthcare delivery.

The Ministry is taking various steps and measures to resolve the ongoing strike. The measures being taken have been categorised into immediate and short-term, medium-term and long-term as detailed below:

In the short-term and immediate:

1. The Ministry has posted all interns with effect from 2<sup>nd</sup> April 2024 based on revised rates by the SRC. All the interns ought to have reported to their internship centres by 15<sup>th</sup> April 2024. The Ministry is in the process of collecting returns from the respective internship centres. We shall be able to report on how many interns have reported in a few days. However, we can confirm in the affirmative that clinical officers (diploma interns) have reported and we have returns at the Ministry.
2. The Ministry has requested Ksh267 million for payment of post-graduate registrars' fees arrears. I can confirm that the Ministry has received a confirmation from the National Treasury this week of Ksh200 million that will be given to the Ministry to pay those arrears.
3. The Ministry has also requested the SRC to advise on the demand by the Kenya Union of Clinical Officers (KUCO) to have their risk allowance increased from Ksh3,000 to Ksh15,000. This is a 500 per cent increase. The Ministry awaits guidance from the SRC. We shall incorporate the guidance we receive into the budget so that we effect it once it is approved.
4. The Ministry has requested the Public Service Commission (PSC) to review the clinical officers' Career Progression Guidelines.
5. The medical laboratory officers who have joined the doctors' strike do not have a recognition agreement with the Government. The Ministry has written to them citing the criteria required for them to be recognised as a union. We wait for them to return having met the criteria, and then we start the process of recognition.

Those are the immediate and short-term measures. Under the medium-term measures:

1. The Ministry of Health is reviewing the internship policy to address aspects of the programme, including the need for students to transit to internship without any delays. The internship policy will be finalised within April 2024. I am happy to report that the Ministry undertook internal stakeholder validation yesterday and it went very well. We shall be proceeding to external stakeholder validation next week to receive their comments.
2. The Ministry is going on with the CBA negotiations. The 2017 CBA lapsed in 2021. Therefore, we are in the process of negotiating a new CBA to be signed.
3. The Ministry is also actively participating in the Whole-of-the-Nation-Approach discussions that were ordered by a Judge of the Employment and Labour Relations Court.

Under the long-term measures:

1. The Ministry is in the process of developing a comprehensive Human Resources for Health (HRH) Policy to address all aspects of human resources (HR) in the country in the entire spectrum of the value chain from production, supply, internship, regulation of employment, retention of health workers, distribution, stock density, skills and mix, including motivation and productivity of the HRH.
2. Full operationalisation of the Kenya Health Human Resources Advisory Council (KHHHRAC) to enable it to execute its mandate. This entails providing the necessary budget for the finalisation of the HR instruments in order to obtain the necessary skills and capacities to execute its mandate.

Other measures that are being undertaken by the Ministry are:

1. The Cabinet Secretary for Labour and Social Protection appointed three conciliators to guide parties to arrive at solutions to the dispute. The process is ongoing.
2. The court also appointed the Whole-of-the-Nation-Approach led by the Head of Public Service to bring together both levels of government and entities to the dispute to seek solutions to perennial issues in the health sector. The process is ongoing.

Hon. Speaker and Hon. Members, I hereby submit.

**Hon. Speaker:** Member for Westlands.

**Hon. Timothy Wanyonyi** (Westlands, ODM): Thank you, Hon. Speaker. Thank you, *Waziri*, for that elaborate answer to my Question. However, I would like to seek clarification on a few issues.

Considering the importance of maintaining a stable healthcare system, what strategies are being implemented to prevent similar delays and disputes in the future, particularly regarding the implementation of agreements and timely placement of medical professionals?

The second clarification is on the strategies that are in place to regulate the number of graduates from medical schools in the country, and coordination efforts that will ensure the Ministry of Health is aware of the expected number of interns before every budgeting cycle for adequate planning.

**Hon. Speaker:** Cabinet Secretary, you will take several supplementary questions. Having heard from the Questioner, I will allow a couple of joyriders starting with the Member for Seme.

**Hon. (Dr) James Nyikal** (Seme, ODM): Thank you, Hon. Speaker. I would have liked to be more than a joyrider. As we know, I have been trying to do that all week. However, I will take what is available.

We were told that the interns have been posted, but we know that not all of them have reported. That brings to me to the issue that I would like clarification on from the Cabinet Secretary.

When we use the word “intern”, whom are we talking about? There are various cadres within the Ministry undertaking different internship programmes. The term “internship” is also generally used in the country in various industries. Do we have a clear clarification of who they are? I ask this question because some interns are now employed. There are also those who will get stipends. The difference between somebody who earns a salary and one who is given a stipend is that the person being given a stipend is not employed, but he is being given some support.

By definition, an intern is a doctor who is starting work. He or she has graduated and taken the Hippocratic Oath. He has also been given an interim license. When they are on duty in hospitals, they are added to the structure among the doctors. The structure has the first on-call who is always the intern. There is also the second on-call and third on-call. At all those

levels, people call on the next level, if they reach their limit of ability. In many situations, interns see patients right through to discharge. When we talk of stipends, are we saying that those people are not employed? In that case, you will have two doctors working side by side and doing the same thing. One will be on a full salary of Ksh200,000 and the other one on a salary of Ksh90,000. How will that work? Is that good for peace in the industry?

**Hon. Speaker:** Hon. (Dr) James Nyikal, I have given you that latitude because of your tremendous interest in the matter. Can you now ask the question? You have made a speech.

**Hon. (Dr) James Nyikal (Seme, ODM):** Hon. Speaker, all these are questions. On insurance, the Cabinet Secretary said that it has been paid at the national level. That means some doctors at the county level do not have it. That is the status. We need to use the coordination mechanisms within the Government which are provided in the Constitution so that not only doctors, but also health workers can have similar conditions of work across the board. This is one of the areas that is giving us problems.

The next question is on the post-graduate doctors. I am asking this question because it is a problem that exists. It is an issue in the current strike. I raised it in the Departmental Committee on Health. I would like to ask the Cabinet Secretary if it can help this country. Why is it that the post-graduate doctors work full-time in Government-funded hospitals? While funding those hospitals, we should create those positions which are paid for, so that the counties do not pay them when they are working in Kenyatta National Hospital (KNH). The counties can use that money to employ doctors during the period they are away. This is another area that gives us a problem.

**Hon. Speaker:** Hon. (Dr) James Nyikal, ask your last question.

**Hon. (Dr) James Nyikal (Seme, ODM):** Hon. Speaker, I will stop now. However, it means that I will come back with yesterday's request. This is because some things have not been addressed.

**Hon. Speaker:** Hon. (Dr) James Nyikal, I have given you five minutes to ask a question.

**Hon. (Dr) James Nyikal (Seme, ODM):** Hon. Speaker, on the recognition of the doctors as members of the union, do we take them as employees? If they are, then by right, they will be members of a union. Are they employees or not?

I must add that all over the world, medical interns are employees who earn salaries. Even here in Kenya, there are private hospitals that employ interns and they pay them. So, the question is important.

I have the interest of this country at heart. This is my last question. I would like to suggest an idea which can help this country. This is not a question but a comment. The Cabinet Secretary can comment on it. The problem we have is limiting that all interns must only be employed by the Ministry. The Cabinet Secretary or her technical team can understand this suggestion. We should have a regulation on all levels of hospitals where interns can work. These are Level 4 and Level 5 hospitals, whether they are private or public. We should create positions for interns by law. When you start a hospital, there is a certain number of staff you should have. If we do that, we will open a large space for interns. We shall not have this problem. They do not have to be paid by the Government. Aga Khan University Hospital, the Karen Hospital, Tenwek Hospital and AIC Kijabe Hospital have interns whom they pay. We have to look at it broadly so that we get rid of this perennial problem of interns.

**Hon. Speaker:** I may seek how to discuss this issue in detail later. I leave it there for now.

**Hon. Speaker:** Hon. Members, I gave Hon. Nyikal that latitude because, as you are aware, he had attempted to bring a Motion of Adjournment on this matter. I assured him that I would give him the latitude that I have extended to him.

The rest of the joyriders, ask one question each. Hon. Mishi Mboko.

**Hon. Mishi Mboko** (Likoni, ODM): Thank you, Hon. Speaker. I would like to ask our Cabinet Secretary about the gross and net salary of the intern doctors. Is it true that it was reduced by 91 per cent?

Thank you, Hon. Speaker.

**Hon. Speaker:** Thank you. We will take more questions, Cabinet Secretary. Hon. Junet Mohamed.

**Hon. Junet Mohamed** (Suna East, ODM): Thank you, Hon. Speaker. I would like to ask a supplementary question. Firstly, I do not understand which law the concept of the whole-of-the-government approach is anchored on. I do not know what it is. I know there is the Ministry of Labour and Social Protection and the Ministry of Health. That is beside the point.

The interns' salary or stipend was meant to be Ksh206,000 in the Collective Bargaining Agreement (CBA). That is what they claim. The Ministry initially proposed Ksh47,000, but later revised it to Ksh70,000. How did the Ministry come up with this figure of Ksh70,000? What did you consider in coming up with it? Is it the cost of living or the availability of funds? How did you conclude that Ksh70,000 is enough for intern doctors?

**Hon. Speaker:** Thank you. I will give this chance to Mhe. *Mama Zam Zam. Uliza swali moja tu.*

**Hon. Zamzam Mohammed** (Mombasa County, ODM): Ahsante sana, Mhe Spika. Waziri alisema kuwa amewapatia madaktari hadi Julai ili waweze kutatua mambo yao. Kuna yule mama mjamzito ambaye mtoto amefika wakati wake wa kuzaliwa na anahitaji daktari kumsaidia. Je, ana mpango gani kwa huyu mtoto? Kwa nini ameondoa Linda Mama ambayo inasaidia akina mama?

Ahsante sana, Mhe. Spika.

**Hon. Speaker:** Hon. Mwenje. Cabinet Secretary, note down all those questions. I will give you...

**Hon. Mark Mwenje** (Embakasi West, JP): Thank you, Hon. Speaker. This time when the doctors and interns are on strike, I would like the Cabinet Secretary to tell Kenyans directly, especially expectant women, where can they obtain services. This is an issue which all Members of Parliament are being contacted by their constituents because of the shortage of doctors in hospitals. What option do Kenyans have during this difficult time?

**Hon. Speaker:** Thank you. Hon. John Mbadi.

**Hon. John Mbadi** (Nominated, ODM): Thank you, Hon. Speaker. I thank the Cabinet Secretary for a detailed response to this Question. The Cabinet Secretary has indicated clearly that she has been asked by the National Treasury to rationalise the budget of the Ministry. What is the Cabinet Secretary doing in that exercise of rationalisation of the budget? A lot of money is spent on services that ordinarily should be devolved and yet, important assignments for the national Government like the case of intern doctors are given lip service. What are you doing? Can you state to this House and the people of Kenya specifically, what you are doing in terms of rationalising the budget of the Ministry?

Thank you.

**Hon. Speaker:** The Member next to Hon. Mishi, you are very far. Hon. Ken Chonga.

**Hon. Ken Chonga** (Kilifi South, ODM): Thank you, Hon. Speaker. Madam *Waziri* said that the CBA 2017 expired and they are working on the current CBA. What measure is the Ministry taking to avert any more strikes? It is like before the doctors are given whatever they have agreed in the CBA, a strike must follow. So many people are suffering, and dying and there is total chaos in the history of the health industry. What measure is the Ministry taking to ensure that we no longer undergo a similar situation?

Thank you.

**Hon. Speaker:** T.J. Kajwang'. After that, *Waziri*, you can answer.

**Hon. T.J. Kajwang'** (Ruaraka, ODM): Hon. Speaker, you and I have the misfortune of only being patients, unlike my brother who can be a doctor. I pray that you and I do not go to the hospital around this time when things are not very stable. Cabinet Secretary, are you lying to this House?

**Hon. Speaker:** That is unparliamentary language. Withdraw.

**Hon. T.J. Kajwang'** (Ruaraka, ODM): I withdraw. Are you misleading this House? According to the Question that was asked, which was majorly to show us the level of implementation of the CBA, you have explained that you have implemented the CBA. You said you have overpaid according to the CBA. However, the truth or the information we have from our constituents is different.

**Hon. Speaker:** She said a few doctors have been overpaid.

**Hon. T.J. Kajwang'** (Ruaraka, ODM): Yes, a few doctors have been overpaid. If the CBA is fully implemented, why would doctors out there be continuing to be on strike, claiming that their monies have been withheld, have not been paid, or have been underpaid by the Ministry?

Number two...

**Hon. Speaker:** Only one.

**Hon. T.J. Kajwang'** (Ruaraka, ODM): Hon. Speaker, if you just allow me, it is a very straightforward question. Why are you not working on the return-to-work formulae? Why are you insisting that you do not want to relate with the people that you have employed and discuss a return-to-work formula? Why must they go back to work first before they discuss with you a return-to-work formula that they have shown you? It is reasonable and has provisions on how both the employer and employee must meet in terms of working on a return-to-work formula.

**Hon. Speaker:** Thank you, Cabinet Secretary, you can answer those. Hon. Kibagendi, we will come back to you. There will be another round. Those are nine short questions. Answer them.

**The Cabinet Secretary, Ministry of Health** (Ms Susan Nakhumicha): Thank you, Hon. Speaker and Hon. Members.

On the first question, what is the strategy to ensure that this does not occur? In my earlier response, I did indicate that we have immediate, short-term, medium-term and long-term measures. The medium and long-term measures are to ensure that this does not occur. This includes the development of policies like the internship policy which we plan to finalise by the end of April. We have done internal stakeholder validation and next week we shall be going to external stakeholder validation. By the end of April, the policy shall be taken to the Cabinet for consideration and then be brought to this House. Those are some of the strategies that we have put in place to ensure that this does not recur.

With regard to the strategies to ensure coordination between the Ministry of Education and the Ministry of Health during this crisis period, we met with my colleague, the Cabinet Secretary for Education. We have put together a joint Committee that includes the Commission of University Education, the Kenya Medical Practitioners and Dentists Council and the Kenya Universities and Colleges Central Placement Board (KUCCPS) – that is the one that admits students to the universities. We have given them a timeline of one month to look through what is required in terms of production, available facilities for training, and what we need to do to ensure that we are training enough numbers that we can cater for.

Many years ago, it was just one university that was training medical doctors in this country. Now we have eight universities, five public and three private. All those have been put in the joint committee so that we can find a solution to ensure that all interns that are coming out of those universities can be absorbed for internship.

Hon. Nyikal is a Member of the Departmental Committee on Health. On many occasions, I refer to him on those matters. Regarding the issues that he has raised regarding the



cadres that need internships, as the Ministry, we have a total of 32 different cadres, all seeking recognition and to be paid for internships. Out of those, only the medical officers, pharmacists, dentists, degree nurses, degree clinical officers and diploma clinical officers are the ones who enjoy stipends so far. As the Ministry works on the policy, we will largely benefit from the wisdom of Hon. Nyikal on what we need to do in recognising the other cadres and enhancing the cadres that are already getting the stipend.

Medical insurance by the national Government recognises all medical officers who work for the national Government. We very well know that those officers who work for the national Government either work at the Ministry Headquarters in one of the six referral facilities. Those are the ones that I am confidently saying that the national Government, through the Ministry of Health, has provided them with insurance. I am not in a position to confirm whether counties have indeed given medical insurance to their medical officers. That can only be confirmed by them. From the crisis that has been going on, a number of them, 36, have confirmed having medical insurance. We have asked those that do not have to ensure that they do.

Regarding registrars, Hon. Speaker and Hon. Members, we are working on a policy to ensure there is direction from the Ministry of Health. As we train registrars, we must train on skills that are required by the country. We do not want to train an excess in one skill and leave out another. That policy is under development.

Regarding payment of interns, the Salaries and Remuneration Commission (SRC) directed and guided us. The Constitution constituted that body to guide. From the guidelines, they said that it could not be a remuneration. It can only be a stipend. That is how we have recognised it.

Hon. Mishi Mboko asked a question on the gross and net salary of an intern, and what has been offered. Initially, an intern was earning Ksh206,000. This includes basic salary and other allowances. That comes to a net of Ksh135,000. Based on the advice from the SRC, it is now a stipend of Ksh70,000. I would like to clarify that none of the interns in session have gotten a reduction. There is no reduction to the interns in session and will be finishing or concluding their internship in June 2024. The new interns we are now posting are going to get in under the terms of the stipend.

Hon. Junet asked on the whole-of-the-nation approach. An Hon. Judge of the Employment and Labour Relations Court ordered this. That order is what brought us together. The judge guided on the membership of the whole-of-the-nation approach. In respect and in compliance with the court order, the group under the whole-of-the-nation approach has been meeting to find solutions to this crisis, headed by the Head of the Public Service.

Hon. Junet wanted to know how the Ksh70,000 was arrived at. This was a guideline by the SRC. They are the best to explain how the Ksh70,000 was arrived at as a stipend. There is a need to say that they looked at other interns within the nation and informed us that they are getting Ksh25,000. They considered this higher and gave them Ksh70,000.

Hon. Zamzam asked a Question on *Linda Mama*. Because there is a specific Question on *Linda Mama*, I request to respond to it later because it is a substantive Question.

Hon. Mwenje asked about where expectant mothers are going during this time of crisis. I appreciate Hon. Mwenje. Despite being a man, he cares for women. This is personal to me as a woman. As we speak, we have levels of service in the Ministry of Health. We have Level 2, which are dispensaries. They are closest to the people in villages. Services there are on-going. We have Level 3 facilities that are health centres. Services are on-going in those places. Where we are most affected by this crisis is in referral hospitals, which are Level 4, Level 5 and Level 6. We have put measures in place to ensure that emergency services are being attended to. The maternity ward was full when I did a tour of Kenyatta National Hospital (KNH) last week. All the expectant women around Nairobi City County are now being attended to at the KNH.

We really have to see that the Ministry has put in some effort. Despite this crisis, we have very patriotic doctors who are still working. I thank them. We have filled some of the gaps with those doctors who continue providing services. I tremendously thank them for continuing to provide services to Kenyans.

What have we done on the rationalisation after the SRC guidelines?

**Hon. Junet Mohamed** (Suna East, ODM): On a point of order, Hon. Speaker.

**Hon. Speaker:** Hold, Cabinet Secretary. Hon. Junet, what is your point of order?

**Hon. Junet Mohamed** (Suna East, ODM): Hon. Speaker, I do not know whether you have listened to the Cabinet Secretary keenly. She has put up a very rosy picture that the hospitals are working and that KNH is full. She has also said that the doctors in Level 4 and Level 2 are working. That is not the situation on the ground. Cabinet Secretary, no hospitals are working. Neither are wards full. We are the people from the ground. Say that you are working on how to rectify the matter. As of now, mothers are delivering on their own or with the help of the few nurses, even in the full KNH maternity ward.

**Hon. Speaker:** Go on, Cabinet Secretary.

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you very much, Hon. Speaker.

Level 2 dispensaries are manned by nurses. We have over 9,000 dispensaries in the country. They are functional. Level 3 facilities are manned by nurses and clinical officers. Most of them are functional. I acknowledged that we, indeed, have a problem at Level 4, Level 5 and Level 6 facilities. However, I said that emergency services are being offered. I just gave an experience of my walk-through the KNH last week.

What has the Ministry done in rationalising? The Ministry met with the National Treasury on two occasions after we received guidelines from the SRC. That is how we got Ksh2.3 billion to post the current interns. We have also been getting the numbers that are in the pipeline in training institutions so that we can plan ahead through the budgeting process to ensure that they are taken care of.

The other Question was what the Ministry is doing to ensure that this does not recur. I reiterate that, through the long-term position I raised earlier, we believe that the Ministry will be able to resolve this and ensure it does not recur. However, I thank Members of this House. The Ministry brought four Bills to this House and they were processed. One of the outcomes of those four Bills is the Social Health Insurance Act. As we sit here today, less than 20 per cent of Kenyans have some form of medical insurance. What we intend to achieve with the Social Health Insurance Act is drive those numbers up and ensure that as many Kenyans as possible are on insurance. Our target is to get at least 80 per cent of Kenyans on cover. Once the resources are raised through the Social Health Insurance Act, we believe that we will take care of commodities, equipment, and the most important pillar of universal health coverage. It is the health human resource.

Hon. Kajwang' asked about the Collective Bargaining Agreement (CBA). We cannot live in denial. We have two levels of government: the national and county governments. A CBA is a document that is signed between an employer and an employee. The CBA progress that has been made by the national Government is for its employees. I can authoritatively say that, as the national Government, we have managed to implement some of the things that are being asked for in the CBA. The relationship between the employer, the county government, and doctors should be managed as such. That is between the county governments and the employees.

The matter on the return-to-work formula went to court. The Hon. Judge ordered that the doctors should suspend their strike and give negotiation a chance. They ordered that discussions should continue under the whole-of-the-nation approach. I believe a return-to-work

formula will be arrived at once discussions are finalised and the doctors have suspended their strike.

Thank you, Hon. Speaker and Members.

**Hon. Speaker:** Hon. Kibagendi.

*(Hon. (Dr) James Nyikal spoke off the record)*

Hon. Nyikal, you are out of order. I have not given you an opportunity. I will come to you. I hardly allow Members to have a second bite, especially when you are a joyrider.

Yes, Hon. Kibagendi.

**Hon. Antony Kibagendi** (Kitutu Chache South, ODM): Thank you, Hon. Speaker. My question to the Cabinet Secretary is this: Why is the National Health Insurance Fund (NHIF) not paying hospitals; both private and public hospitals? It has gone to an extent where our citizens are not able to get services and, in particular, there is discrimination against the region I come from, that is Kisii County.

Thank you.

**Hon. Speaker:** Hon. Elisha.

**Hon. Elisha Odhiambo** (Gem, ODM): Thank you, Hon. Speaker. I have just listened to the Cabinet Secretary on her last statement, and I have just read online that the Attorney-General has given an advisory that the teams will meet again so that this issue that is affecting doctors and the Ministry can be resolved expeditiously. That is a good step in the right direction from the Attorney-General. I just wanted to give that information.

Thank you.

**Hon. Speaker:** Hon. Passaris.

**Hon. Esther Passaris** (Nairobi City County, ODM): Thank you, Hon. Speaker.

**Hon. Speaker:** You have your own Question?

**Hon. Esther Passaris** (Nairobi City County, ODM): Yes, I do.

**Hon. Speaker:** Oh! Then if you are not on this, then hold on. I will come back to you. I saw your name here. Hon. (Dr) Nyikal. I will go out of my way to give you a second bite.

**Hon. (Dr) James Nyikal** (Seme, ODM): Hon. Chairman, there was a question of coordination...

**Hon. Speaker:** There is no Chairman here! It is only the Speaker.

**Hon. (Dr) James Nyikal** (Seme, ODM): Sorry. Hon. Speaker.

On the question of coordination, the Cabinet Secretary is right that they have paid at the national level. But the county governments have not been paid. But my concern is that the Ministry holds policy that is supposed to be implemented across so that there should be uniformity on what is happening and if it is not there, still there should be information at that level. Are we using the constitutional bodies such as the Inter-Governmental Relations Technical Committee, particularly the health forum, where the technical people at the Ministry and at the county level will meet so that things are done similarly at the national level and the county level? Is it being used? Is it useful?

**Hon. Speaker:** Thank you. Hon. Naisula

**Hon. Naisula Lesuuda** (Samburu West, KANU): Hon. Speaker, I direct my question to the Cabinet Secretary. I am aware that NHIF ended the Edu Afya Programme where our learners were covered. What is the alternative or whether the Social Health Insurance Fund (SHIF) is going to cover our learners in schools?

**Hon. Speaker:** Thank you. Hon. Edith Nyenze.

**Hon. Edith Nyenze** (Kitui West, WDM): Thank you, Hon. Speaker. I want to find out from the Cabinet Secretary the following: How do you compare the rate of death from the time

that doctors went on strike compared to this time last year? Is the Ministry doing enough to ensure that the doctors go back to work?

**Hon. Speaker:** Woman Representative for Narok, Hon. Rebecca Tonkei.

**Hon. Rebecca Tonkei** (Narok County, UDA): Thank you, Hon. Speaker. The Cabinet Secretary has spoken about the internship policy which they are developing. I have had an opportunity to skim through that policy and what I realised is that the Cabinet Secretary's proposal will further discriminate the interns. One of the proposals is that the Cabinet Secretary says that there are those who will not qualify for the stipend. Among them are the self-sponsored interns. It means if a student is sponsored by the parents or corporate bodies, the student will not qualify for that stipend. Can the Cabinet Secretary tell us what is the reason behind that? This is going to further discriminate self-sponsored students. Secondly....

**Hon. Speaker:** Only one question is allowed, Hon. Rebecca.

**Hon. Rebecca Tonkei** (Narok County, UDA): Okay. Thank you.

**Hon. Speaker:** Hon. Elachi will be the last on this, and then we will go to other Questions.

**Hon. Beatrice Elachi** (Dagoretti North, ODM): Thank you, Hon. Speaker. I appreciate the Cabinet Secretary for her elaboration that has made us understand the figures. With the figures, we realise that the interns are quite a good number and, as a House, we just have to think how to add her some budget.

My question is this: The missionary doctors are being asked to pay Ksh500,000 per year for their work permit. I wish the Cabinet Secretary could look at that. This is because right now, when doctors are on strike, I believe the missionary doctors who come in as volunteers are the ones who have been working and most of them come for church missions. Let her look at that. I know she might not be able to answer here, but that is something we need to look at as a country. I do not know whether it is right to charge a missionary doctor Ksh500,000.

**Hon. Speaker:** Hon. Cabinet Secretary.

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you, Hon. Speaker and Hon. Members.

Let me start with the question that has been raised by Hon. Kibagendi, regarding the payment of NHIF claims. Indeed, there has been a delay in the payment of claims due to delays in exchequer release. As we speak now, NHIF owes service providers close to Ksh30 billion. Of this Ksh30 billion, Ksh22 billion is owed to NHIF by Government and other Government entities. This week, we had a meeting with the National Treasury and yesterday, the Principal Secretary for Medical Services received a confirmation from the National Treasury of a release of Ksh5.5 billion for payment of claims. We are expecting that once the money hits the account this week, payment of the claims by NHIF need to proceed as from next week.

I also want to clarify that payment of claims is an ongoing exercise. Last year alone, NHIF paid out a total of Ksh36 billion. So as claims continue to be verified and reconciled, they get paid as and when exchequer releases are available.

Hon. (Dr) Nyikal raised the issue of the Collective Bargaining Agreement (CBA). It is an agreement between an employer and an employee. Medical cover is provided by the employer to an employee. As the national Government, we can only take responsibility for the employees that belong to the national Government. CBA is not a policy issue. It is what is signed and agreed between the parties. At the Ministry, we continue to play our responsibility in the development of policies, and that is why at the moment we are working on the internship policy.

Regarding Edu Afya, that scheme lapsed in December. Before lapsing, the Ministry of Health wrote to the Ministry of Education informing them of the end of Edu Afya. We expected that then the Minister of Education would write back and ask the Ministry of Health to extend that, but that was not done. We did not receive a request for extension. However, I would like

to confirm that under the new Social Health Authority, we now have a cover for all Kenyans and this has expanded benefits package that besides Edu Afya that was covering a student, the Social Health Authority Act now ensures that there is a cover for all members of the family that includes *mama*, the children in school, and the *mzee* who may not be at school. We now have an expanded benefits package to cover all the members of the family.

Hon. Speaker, on the issue of the rate of death in the facilities occasioned by this crisis, the Ministry has a tool on a daily basis that we get to receive what is happening in our health facilities. From the national level, the rate of death has gone down. As a Ministry, we know it is because people have not been coming to hospital. So, we want to go further and drill and see what is happening within the communities. Once we get to that point, then we shall conclusively say the rate of death based on the crisis?

On the Question raised by Hon. Tonkei regarding the policy, that there is a discrimination, I would like to affirm that the policy is still under development. We have only done internal stakeholder validation and have an opportunity for external stakeholder validation. During such a process, comments, reviews and suggestions are received from several stakeholders. I want to believe that if that came through from the stakeholders, then it will be subjected to the process and the document that we will end up with as the policy will be one that speaks to the needs of majority of Kenyans.

On the issue of missionary doctors, the permits are issued by the Ministry of Interior and National Administration. I would not want to comment on it. As for us, we wait until they have been issued permits, and then the Kenya Medical Practitioners and Dentists Council (KMPDC) issues licenses for their practice. However, that is an issue that has been raised by the faith-based organizations and has already been given to the attention of the Ministry of Interior and National Administration to look at and see how they can rationalize. I want to agree with the Hon. Member that, indeed, the faith-based facilities are playing a critical role during this crisis.

Thank you, Hon. Speaker and Members.

**Hon. Speaker:** Thank you, Cabinet Secretary. Will end there on this Question and go to the next one. On the next ones, I will allow the Questioner and one joyrider so that we can make progress.

Member for Ruiru, Hon. Simon King'ara, Question 020/2024.

#### *Question 020/2024*

#### HIGH DEPOSIT REQUIREMENT FOR PATIENTS BEFORE TREATMENT AT KUTRRH

**Hon. Simon King'ara** (Ruiru, UDA): Thank you, Hon. Speaker for granting me this opportunity.

I beg to ask to ask the Cabinet Secretary for Health the following Question:  
Could the Cabinet Secretary—

- (a) Clarify whether the Kenyatta University Teaching, Referral & Research Hospital (KUTRRH) imposes high deposits before attending to patients and that the National Health Insurance Fund (NHIF) cover caters for very minimal amounts as compared to other facilities such as Kenyatta National Hospital (KNH) and Kiambu Level 5 Hospital?
- (b) Provide details on the budgetary allocation provided to the Hospital in the Financial Year 2023/2024, and further confirm that the credit control department holds numerous title deeds for patients who are unable to meet

the high medical bills and considerable number of bodies are locked at the hospital's mortuary?

- (c) Elaborate on measures by the Ministry to ensure affordability including offering of waivers for healthcare services within the facility, especially given the diverse income levels of the population in Ruiru and neighbouring constituencies that the facility serves?

Thank you, Hon. Speaker.

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you, Hon. Speaker and Members. We need to clarify whether KUTRRH imposes high deposits before attending to patients and that the NHIF cover caters for very minimal amounts as compared to other facilities such as KNH and Kiambu Level 5 Hospital.

KUTRRH does not impose high deposits before attending to patients. The hospital attends to all patients who come either through referral, specialized clinics, Outpatient Department (OPD) or the Accident and Emergency Department. The patients who come to this hospital are in most cases seeking highly specialized care since it is a referral hospital. At the Accident and Emergency Department, patients are normally stabilised even before they are asked to pay the consultant fee. At the OPD and specialised clinics, patients pay a minimal consultancy fee as prescribed by the consultants. Deposits are only asked for where the consultant determines that the patient needs admission for continuation of care as explained here after.

The hospital admits patients through the referral, specialist clinic or on an emergency basis. The Hospital Admission Policy and Procedures (Section s 7.2.3 and 7.2.4) and the Hospital Referral Policy (Section 6.1.16 i.) are both informed and aligned to Article 43(2) of the Constitution which states that: 'No person shall be denied emergency medical treatment.' The Admission Policy and Procedure Section 7.2.3 states that: 'KUTRRH will ensure that no patient shall be denied admission due to race, colour, religion, ancestry, financial class, nationality or any other form of discrimination.' In the same policy, in cases of emergency, there will be no financial obligation. The Referral Policy 6.1.14 (i) states that: 'All emergency referrals to be accepted without fail and unnecessary "shunting" of patients should be avoided.' They will be given priority on arrival.

On waived hospital bills, the hospital does not deny care to any patient who requires emergency care or admission on the basis of a deposit, despite the fact that the deposit is part of the overall cost of care. Majority of those patients get admitted without the deposit, but with a promise to pay upon discharge. However, some do not honour their promise because they are genuinely unable to cater for their treatment costs fully. Others are only able to pay partially for the services rendered. As a result, the hospital has unpaid bills of Ksh403,587,763 since the hospital began four years ago, and this has been requested in the budget for reimbursement.

Regarding the NHIF cover, the hospital has a hybrid model that has both comprehensive and non-comprehensive covers. Patients admitted under the comprehensive cover do not top up for the cost of their care, including all required pharmaceuticals, diagnostic services, surgery and medication. For example, for all patients under the NHIF scheme access surgery purely under the comprehensive cover. Under NHIF non-comprehensive cover, patients co-pay as outlined in the contract for different services. This arrangement is actually the same with that of KNH. Patients at KUTRRH have access to a whole continuum of care with a rare need to access services like imaging, special laboratory works and specialized consultancy outside the hospital. This is unlike the lower-level hospitals where patients have to buy some items or seek services outside the facility, which translates to huge out-of-pocket costs despite the NHIF cover.

Part two of the Question states that we provide details on the budgetary allocation that is provided to the hospital in the Financial Year 2023/2024, and further confirm that the Credit

Control Department holds numerous title deeds for patients who are unable to meet the high medical bills and considerable number of bodies are locked at the hospital mortuary. The Hospital Budgetary Allocation for the Financial Year 2023/2024 was Ksh5.886 billion; consisting of the Government of Kenya (GoK) grant of Ksh2.986 billion and A-in-A of Ksh2.9 billion. The development budget for the hospital is Ksh350 million. The actual expenditure for PE is Ksh3.988 billion against the GoK PE allocation of Ksh2.986 billion, hence a gap of Ksh1.002 billion, which the hospital struggles to meet despite it not having the required staff establishment for optimal service delivery. In the next Financial Year 2024/2025, the hospital will require a PE allocation of Ksh4.072 billion from the Government.

In the Department of Credit Control, the hospital's Credit Control Office plays a crucial role in assisting families facing financial difficulties by offering credit payment plans. This initiative benefits both the patients and the hospital in several ways. The benefit to the patient is that elimination of unnecessary hospital stay. On the prevention of accumulating and manageable bills, and by entering into a credit payment plan, patients can manage their medical expenses over time rather than facing a large immediate financial bill. Reduced risk of hospital-acquired infections due to the shorter hospital stay will decrease the likelihood of patients contracting infections during their time in the hospital.

The benefit of this payment plan to the hospital is that there is availability of hospital space after the release of patients who settle their payment arrangement. This frees up space thus allowing the hospitals to accommodate other patients. With efficient resource allocation by recovering debts through credit payment plans, the hospital can allocate its resources more effectively thus ensuring that resources are available for patients who need them. The hospital mitigates budgetary limitations by managing outstanding debts. This helps them navigate the financial constraints they are experiencing. To secure those arrangements, title deeds are used solely as collateral for the commitments made by the patients or their families. Once the debts are fully recovered according to the agreed-upon terms, the title deeds are returned to their respective owners. This practice assures the hospital that debts will be repaid while also safeguarding the patients' assets or their families.

Overall, this approach demonstrates a proactive effort by the hospital to address financial challenges that are faced by patients and their families. At the same time, it also ensures efficient operations of healthcare services within the constraints of budgetary limitations.

On the issue of dead bodies being locked up at the hospital mortuaries, the hospital preserves dead bodies for relatives as they make funeral arrangements. Some bodies may stay longer in the morgue due to various factors. For example, some cases may arise from court disputes, which can prolong the stay of the body in the morgue until the issue is resolved.

Some of the bodies in the hospital are unclaimed. We have delays from families as they fundraise and make funeral arrangements. Some families request to be allowed time to fundraise since once a burial is done, it becomes difficult for them to mobilise funds. When a family requests a waiver of a hospital bill, they wait for the outcome of the waiver process. The process involves socio-economic analysis and, at times, it involves a home visit to enable an objective determination of the request.

Part (iii) of the question is to elaborate on measures by the Ministry to ensure affordability and offering of waivers for health care services within the facility, especially given the diverse income levels of the population in Ruiru and the neighbouring constituencies that the facility serves. The Ministry of Health is currently on course in the establishment of the Social Health Authority and the seamless transition from NHIF. The Social Health Authority (SHA) will provide social health insurance to up to 85 per cent of the population in the formal and informal sectors. The Government will continue paying for the indigent and vulnerable populations. These measures will ensure that most Kenyans, including the poor and

the vulnerable households, have a form of prepayment of health insurance any time they visit a facility, and they will not have to pay out of pocket.

The Social Health Authority, together with the Ministry of Health, has developed a comprehensive health benefits package that is enough to cover, at least, 70 per cent of the prevalent conditions. The citizens of Ruiru and Kenyans at large will have to register and contribute to the SHIF depending on their ability to pay to access services not just at Kenyatta University Teaching and Referral Hospital (KUTRH), but within the other facilities. The Ministry of Health has also come up with a clear communication strategy for universal health coverage that will sensitise citizens on the need to enrol in social health insurance and to benefit from the expected benefits.

Hon. Speaker and Hon. Members, I hereby submit. Thank you.

**Hon. Speaker:** Member for Ruiru, are you satisfied? Give him the microphone.

**Hon. Simon King'ara** (Ruiru, UDA): Thank you, Hon. Speaker. The questions were as a result of the discomfort of the community. I might need some clarifications if you allow.

**Hon. Speaker:** Just seek one clarification.

**Hon. Simon King'ara** (Ruiru, UDA): Hon. Speaker, in the last part of her response, the Cabinet Secretary has said that the bodies and documents are held in agreement with the families. However, I have evidence that that facility is holding documents for other reasons. How long can a facility hold documents for the concerned families and the deceased? How long can they also hold the bodies? I know of bodies that have been held there for many months or years.

**Hon. Speaker:** Let us hear from Hon. (Dr) Makali Mulu.

**Hon. (Dr) Makali Mulu** (Kitui Central, WDM): Thank you Hon. Speaker. I might have misplaced my card. My question is related to this issue. Although this question is specific to KUTRH, the bigger issue is the cost of treatment in this country, that is, medication, consultation and surgery.

**Hon. Speaker:** Hon. (Dr) Makali Mulu, I have allowed you to ask a supplementary to the specific Question.

**Hon. (Dr) Makali Mulu** (Kitui Central, WDM): Now that the Cabinet Secretary is here, my question is this: Is there anything the Ministry is doing to bring down the cost of medication and treatment in the country? This is the bigger question,

**Hon. Speaker:** Cabinet Secretary, you can answer the two questions. Hon. Esther, you have two questions. Just hold your horses. You can combine whatever you want to ask with your questions.

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you, Hon. Speaker. Regarding the duration of time that bodies and documents should be kept, the hospital discusses a plan with the family and once an agreement is reached, the bodies or documents are released to the family. However, we will investigate the specific cases where there have been prolonged delays and work with the hospital to address them.

On the cost of treatment, the Ministry has shifted focus from curative nature to primary health care. Primary health care ensures that we focus on the prevention of the diseases and thus, is a cost-effective approach. The Ministry has also collaborated with local manufacturers to reduce the costs associated with imported health products, commodities and technologies. The Kenya Medical Supplies Authority (KeMSA) has implemented the local manufacturing policy, and almost 50 percent of the items are now being sourced locally.

I submit.

**Hon. Speaker:** Member for Baringo Central, Hon. Joshua Kandie.

*Question 021/2024*



DETAILS OF COMMUNITY HEALTH PROMOTERS IN THE  
COUNTRY

**Hon. Joshua Kandie** (Baringo Central, UDA): Hon. Speaker, I rise to ask the Cabinet Secretary for Health the following Question:

Could the Cabinet Secretary –

- (i) provide the list of all the Community Health Promoters in all the 290 Constituencies?
- (ii) explain the methods used by the Ministry to select the said Community Health Promoters across the country?
- (iii) explain why drivers are not considered and counted as prone to risk while handling emergency cases?

Thank you, Hon. Speaker.

**Hon. Speaker:** Cabinet Secretary.

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you, Hon. Speaker and Hon. Members. The question is for the Ministry of Health to provide a list of all community health promoters in the 290 constituencies.

I would like to begin by saying that community health services aim at empowering individuals, families and communities to take charge of their health. Community health services are delivered by community health promoters at the household level. Some of the services that they provide are health education and promotion; disease prevention and control to reduce morbidity, disability and mortality; family health services; environmental health; first aid; psycho-social support; and, managing the general health data.

Community Health Promoters (CHPs) are assigned approximately 100 households, which they visit on a routine basis. Each community health unit has 10 CHPs. There is a community health committee that oversees the affairs of a community health unit. Each community health unit comprises five to seven members, drawn from among the community members. There is a table that enumerates the community health promoters per county, but we have those names per constituency. Across the nation, there are 107,000 CHPs. If we were to print the list, it would be bulky. We are able to offer a soft copy of the list, specifically for Baringo Central Constituency and any other constituency that may want to see the list of the CHPs.

**Hon. Speaker:** For the curiosity of the Member – and I do not know what he wants to know - send the soft copy for all the 290 constituencies. He will go through it and if he has any issues, he can file a question through the Committee. Please, go to the second part of the question.

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): On the second part of the question on the method used by the Ministry to select the said CHPs across the country, their selection is guided by Section 9 of the Primary Healthcare Act, 2023. It provides that a Community Health Promoter shall be selected by the community through a public participation and they shall be appointed by the county government. A person qualifies for selection and appointment as a CHP if the person is a citizen of Kenya; is above the age of 18 and is of sound mind; is responsible and respected member of the community; understands the role of a CHP; is a resident of the respective community for a continuous period of not less than five years prior to the appointment date; is literate and can read and write in, at least, one of the national languages and the local language; and, is not disqualified from appointment by any other criteria in law.

A CHP shall be appointed on such terms and conditions as the respective county public service board shall determine. Each county executive committee member shall prescribe in the county legislation regulations approved by the respective county assembly for the conduct of

public participation forum. Section 10 of the Act further provides for a framework for the conduct of public participation during the selection of CHPs. In conducting the public participation forum under Section 9, the county executive committee member shall publish and publicise, through the mechanisms established by a county government under Section 95 of the County Governments Act, a notice of the proposed selection process, at least, seven days before the conduct of the process.

They are expected to provide to the residents of the county information regarding the selection process, criteria for selection of CHPs, the process of submitting the nomination for selection, and such other information as the committee member may consider necessary for the effective participation and conduct of the selection process. Public participation shall provide, where necessary, interpretation services for persons who are not conversant with the national language, where the national language is the principal language of communication during the conduct of the public participation forum. They shall keep and maintain an attendance register for all persons attending the forum.

The conduct of the public participation forum shall be guided by the principles of citizen participation in counties, under Section 87 of the County Governments Act. There is provision of effective mechanisms for involvement in the public participation, including special interest groups who will be affected or interested in the decision; equitable access to the information that participants need to participate in a meaningful manner; appropriate feedback mechanism; adherence to the national values under Article 10 of the Constitution; adherence to the principles of public participation as may be prescribed by written law; and, ensuring the needs and interests of all persons are catered for. Despite Section 9 of the Act, a person appointed as a community health volunteer or community health worker at the commencement of the Act shall be deemed to be appointed as a CHP under the Act.

The third part of the question is to explain why drivers are not considered and counted as prone to risk while handling emergency cases. Delivery of Universal Health Coverage (UHC), including quality emergency care to all Kenyans, is a priority for the Government of Kenya and the Ministry of Health. Emergency vehicle operators or ambulance drivers play a key role in the delivery of emergency care. The Ministry of Health recognises that they are exposed to diverse risks as they perform their duties. The Ministry is committed to ensuring the safety and wellbeing of all healthcare personnel working in Kenya. The Constitution states that every Kenyan has the right to the highest attainable standard of health, which includes the right to healthcare services. The Health Act, 2017 states that every person has the right to emergency medical treatment, including pre-hospital care. The Social Health Insurance Act, 2023 establishes the emergency, chronic and critical fund to cover the cost of emergency treatment.

The Ministry has developed the Kenya Emergency Care Policy 2020-2030 and Kenya Emergency Care Strategy 2020-2025 to accelerate the establishment of an effective emergency medical care system for Kenya. The policy and strategy are based on WHO emergency care system framework, which highlights three areas where emergency care is provided, that is, at the scene of illness, or injury by bystanders delivering first aid, or calling for help from an ambulance service. Further care may be delivered by emergency care personnel when they arrive at the scene. During transport in an ambulance, the patient is monitored, information regarding the patient is communicated to the receiving health facility and delivery of medical intervention continues. At the health facility, the patient is received by the emergency department staff for ongoing care.

The Kenya Emergency Care Policy recognises the key role that is played by emergency care personnel, including drivers. It highlights the shortage of those key personnel in Kenya. The Kenya Emergency Care Strategy outlines the key intervention to increase the number of drivers and to ensure that they have the knowledge and skills required to deliver quality service

to Kenyans while minimising the risk to themselves, to the patient, to other personnel and other road users. The key interventions are:

1. Development of a standardised curriculum for training of the drivers.
2. Establishment of a standardised framework for regulation, licensing and continuous professional development of emergency ambulance drivers.
3. Institution of norms and standards for staffing at all levels of emergency care.

The Ministry intends to roll out a holistic programme to enhance capacity of motorcycle riders, institution drivers, matatu and lorry drivers on basic first aid and triage, which we have called *Afya Barabarani*. There will be training and equipping of CHPs on first aid and joint emergency inter-operability principles, that is, linking services together. The Ministry plans to establish a command-and-control centre that is linked to ambulance dispatch centres, fire departments, police and all emergency support functions. A toll-free number is to be provided to all sectors for emergency calls. In 2019, the Kenya Bureau of Standards, in collaboration with the Ministry of Health, developed minimum ground ambulance requirements. Compliance with those detailed requirements promotes safety for ambulance drivers and all ambulance passengers.

In conclusion, the Ministry of Health is committed to delivering quality health services to all Kenyans. This includes the safety and wellbeing of healthcare personnel, including ambulance drivers. While a lot remains to be done, the Ministry is committed to delivering quality training, registration, licensing and continuous professional development.

Hon. Speaker and Hon. Members, I submit. Thank you.

**Hon. Speaker:** Hon. Kandie, are you satisfied?

**Hon. Joshua Kandie** (Baringo Central, UDA): Thank you, Hon. Speaker. I am partly satisfied. However, on the last question, the Cabinet Secretary has not told us whether the drivers are going to be given risk allowance because they do the same work as the other emergency workers do.

**Hon. Speaker:** Drivers in the Ministry or drivers anywhere?

**Hon. Joshua Kandie** (Baringo Central, UDA): Emergency drivers.

**Hon. Speaker:** Emergency drivers. Okay.

**Hon. Joshua Kandie** (Baringo Central, UDA): I have a second question. Can the Cabinet Secretary tell Kenyans whether county governments are paying the Community Health Promoters (CHPs) or they are relying on the national Government only?

**Hon. Speaker:** Cabinet Secretary, take a minute to answer that. We must move faster.

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you, Hon. Speaker and Hon. Members. On the issue of risk allowance to drivers, I think that needs to be determined by the Salaries and Remuneration Commission (SRC) and then the Ministry will get guidance.

On the issue of payment to Community Health Promoters (CHPs), the national Government and county governments have signed an inter-governmental participating agreement, whereby 50 per cent of the stipend is paid by the national Government and the other 50 per cent is paid by county governments. I want to confirm that the national Government is paying the stipend to the CHPs.

**Hon. Speaker:** Hon. Duncan Mathenge. Cabinet Secretary, now you must take a maximum of five minutes per question.

*Question 086/2024*

FACTORS TO DETERMINE SHIF CONTRIBUTIONS BY  
NON-SALARIED KENYANS

**Hon. Duncan Mathenge** (Nyeri Town, UDA): Thank you, Hon. Speaker. I wish to ask Question 086/2024 to the Cabinet Secretary.

Could the Cabinet Secretary—

- (a) explain the factors used to determine how much a non-salaried Kenyan citizen ought to pay to the Social Health Insurance Fund and how regularly they should pay per year?
- (b) state the percentage of the salary that employed Kenyans should be deducted from their payslip towards the Social Health Insurance Fund and further clarify if there is an upper limit on the contributions?

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you, Hon. Speaker and Hon. Members. The first question is for me to explain the factors used to determine how much a non-salaried Kenyan citizen ought to pay to the Social Health Insurance Fund (SHIF), and how regularly they should pay per year.

I want to begin by appreciating Hon. Duncan Mathenge, who is a Member of the Departmental Committee on Health. I have held discussions with him and he is an active participant in the development of regulations. He also hosted the Ministry of Health during public participation of the regulations in Nyeri.

Section 27 (2)(b) of the Social Health Insurance (SHI) Act, 2023 provides that in case of a household whose income is not derived from salaried employment, an annual contribution of a proportion of household income is determined by the Means Testing Instrument. In the SHIF General Regulations 2024, this was further explained by Regulation 18 (I-2) which states that a household whose income is not derived from salaried employment shall pay an annual contribution to the SHIF at a rate of 2.75% of household income as determined by the Means Testing Instrument as per Regulation 21.

The factors to be used by the means testing tool are individual and household characteristics. Individual characteristics include the number of family members, marital status and gender of the household head, whereas household characteristics include housing conditions and access to services like electricity and source of water. The means testing tool will then run the data and provide the estimated income of the household using consumption data from the Kenya National Bureau of Statistics (KNBS). The non-salaried persons will be required to pay annual contributions to curb the issue of adverse selection where only the sick pay for insurance.

The second question is this: State the percentage of the salary that employed Kenyans should be deducted from the pay slip towards the SHIF and further clarify if there is an upper limit on the contributions.

Hon. Speaker and Hon. Members, Section 27 (2) (a) of the SHIF Act, 2023 provides that:

“(a) in the case of a household whose income is derived from salaried employment, a monthly statutory deduction from the wages or salary by the employer at a rate prescribed by the Act”.

In tandem with the Act, in the SHIF General Regulations 2024, Regulation 17 (I) states that for a household whose income is derived from salaried employment, a monthly statutory deduction to the SHIF at a rate of 2.75% of the gross salary or wage of the household shall be contributed by the 9<sup>th</sup> day of each month. There is no upper limit on the contributions.

Hon. Speaker and Hon. Members, I submit.

**Hon. Speaker:** Hon. Mathenge.

**Hon. Duncan Mathenge** (Nyeri Town, UDA): Hon. Speaker, I have a supplementary question.

**Hon. Speaker:** Go ahead.

**Hon. Duncan Mathenge** (Nyeri Town, UDA): Thank you, Hon. Speaker. Going by the explanation given by the Cabinet Secretary, the means testing system is an algorithm that will be applied to an assessment done on households. An algorithm is blind to realities and Artificial Intelligence (AI) is insensitive to real life.

Let me give an example of an elderly lady in Nyeri known as Mama Waziri, who is about 87 years old. She lives in a stone house with corrugated iron sheets, she is supplied with piped water and has a television set. She has been a widow for the last 27 years. At any one time when we are distributing relief food in Ruringu Muslim village, she is always number one on the list. How will this algorithm capture the reality of Mama Waziri's life despite the appearance of her dwelling?

Secondly, is this 2.75 per cent payment from the income of households that are not in employment annually in advance against the 2.75 per cent deductions for people who have a payslip? Is this not an unfair administration action? Where you are charging the same percentage but one set of residents in this country has to pay monthly deductions and another one has to pay annually. That is discrimination in my view, which is expressly prohibited by our Constitution.

**Hon. Speaker:** Thank you. Hon. Sunkuli, you will be the only joyrider there. Give him the microphone. Very well.

**Hon. Julius Sunkuli** (Kilgoris, JP): Hon Speaker, I want to appreciate the Cabinet Secretary for her determination in setting up this new law. She has exhibited a lot of competencies. I want to ask the Cabinet Secretary to clarify that there are no regulations yet. Tomorrow, she will appear before the Committee on Delegated Legislation to present those draft regulations for passing.

More substantively, we have discussed, in the Departmental Committee on Health, that what she is calling Means Testing Instrument is a very complicated tool. Who will be carrying out the means testing? Is it untrue that the results will be very subjective? What one person is paying will be very different from what another is paying. It is like sitting in a plane where you do not know what the other customer has paid. Who will carry out this means testing? It is very complicated. Why not come up with a flat rate for people to pay?

**Hon. Speaker:** Cabinet Secretary, can you answer those short questions in a minute or two?

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you, Hon. Speaker and Hon. Members. We discussed this extensively during the development of regulations. Means testing is a scientific tool that is developed by actuaries and health economists. I also want to confirm that we have CHPs on the ground who know the real and true characteristic of each community member. So, this will be put into consideration as well. I also want to confirm that once a tool is developed, it is subjected to piloting. That is when the issues that come out of that tool can be responded to. So, the adjustments will be done as we continue to implement.

On the regulations, Hon. Sunkuli, we were with you when we met the Committee on Delegated Legislation. We submitted the regulations. They have since been gazetted and submitted to this House for discussions.

Thank you, Hon. Speaker and Hon. Members.

**Hon. Speaker:** Esther Passaris, ask both your Questions. Minister, you will take Questions 87 and 88 at the same time.

*Question 087/2024*

MEASURES TAKEN BY GOVERNMENT TO EQUIP HOSPITALS  
TO TEST AND TREAT HELICOBACTER PYLORI

---

**Disclaimer:** *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor*

**Hon. Esther Passaris** (Nairobi County, ODM): Thank you, Hon. Speaker.

- (a) Could the Cabinet Secretary explain the measures taken by the Government to equip hospitals to test and treat *Helicobacter pylori*?
- (b) Could the Cabinet Secretary provide statistics detailing the number of persons that have been tested and treated for *Helicobacter pylori* in public hospitals?

*Question 088/2024*

MEASURES TAKEN BY GOVERNMENT TO PROVIDE SURGICAL  
OPERATIONS AND MEDICATION FOR FISTULA PATIENTS

- (a) Could the Cabinet Secretary explain the measures that are taken by the Government to provide surgical operations and medications for patients who are suffering from fistula, but who cannot access medical cover?
- (b) Could the Cabinet Secretary state whether the Social Health Insurance Fund (SHIF) would cover surgical procedures and treatments for patients suffering from fistula? Thank you, Hon. Speaker.

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you, Hon. Speaker and Hon. Members. Currently in Kenya, *Helicobacter pylori*, which is commonly known as *H.pylori*, is tested using rapid antibody or antigen kits, which is not as invasive as endoscopy and biopsy. They are also called point of care tests. Hospitals source for those kits independently or from Kenya Medical Suppliers Authority (KEMSA) for Level 4 facilities and above. The Ministry, however, is currently reviewing the specifications of the test kits available with a view to including them in the laboratory essential diagnostic list.

In Levels 4 to 6 hospitals, biopsies are also done during endoscopy, which is an invasive procedure and requires specialized skill to perform it. The Kenya guidelines recommend that patients with *H.pylori* are treated using a combination of antibiotics and proton pump inhibitors. Those medicines are listed in the Kenya Essential Medicines list of 2023 and are stocked by KEMSA.

The list guides counties and KEMSA in the procurement and distribution of medicines to various levels of care. According to the list, the proton pump inhibitors should be available in Level 3 and Level 4 facilities, while the antibiotics of choice are listed to be available in Level 4 facilities. KEMSA also stocks the triple therapy kit, a kit comprising the three medicines for treatment of *H.pylori*, which is drawn by the counties for Level 4 facilities and above.

Part two of the first question is about provision of statistics detailing the number of persons tested and treated for *H.pylori* in public hospitals. Hon. Speaker, the statistics available are for the number tested for *H.pylori* and those tests that have turned positive. According to reported data from the Kenya Health Information System in facilities, that is, faith-based, private and public facilities, in 2023, about 1 million tests were conducted with a test positivity rate of 26 per cent, of which 500,000 were performed in the public hospitals with a positivity rate of 22 per cent. There is no specific data on the number of patients treated for *H.pylori*, but as digitisation of the health system continues, the data will be available in future.

The second question is about the measures taken by the Government to provide surgical operations and medication for patients suffering from fistula, but who cannot access medical cover.

The Government, through the Ministry of Health and the Social Health Authority, has developed a benefits package of entitlements that beneficiaries will be receiving. This benefits package has been gazetted under the Third Schedule of the Social Health Insurance (General)

Regulations of 2024. The package of health intervention is comprehensive and includes the management of fistula. Furthermore, it takes care of neglected women's diseases, which include pelvic inflammatory disease, breast lumps, pregnancy complications, myomas, amongst other conditions. The Social Health Authority will reimburse providers or hospitals who provide those services to our women and girls.

Part two of the Question is whether Social Health Insurance Fund will cover surgical procedures and treatment for patients suffering from fistula. Indeed, the Social Health Insurance Fund will comprehensively cover surgical procedures and management of patients suffering from fistulas and will ensure the promotion and prevention of fistulas through the provision of quality healthcare. I invite Members to look at the Third Schedule of the Social Health Insurance (General) Regulations of 2024. The benefits package has been defined.

Hon. Speaker, I submit.

**Hon. Speaker:** Thank you. Esther Passaris, are you satisfied?

**Hon. Esther Passaris** (Nairobi County, ODM): Thank you, Hon. Speaker.

Cabinet Secretary, on *H. pylori*, I want you to understand that when a woman goes to a hospital or a facility and she is having severe motion, stomach cramps, and pain and she needs to conduct tests, even if she has NHIF, she is going to be asked for some money to conduct that test. If she does not have the money to conduct the test, she goes home with untreated *H. pylori*. I have just checked with Mama Lucy Hospital, and the drug is actually out of stock.

If *H. pylori* is untreated and the Government does not take it seriously in terms of making sure that we do random testing of society and of the communities to see where it is prevalent and what treatments are appropriate, just the way we treat any other ailment, we are going to deal with a lot of ulcers and stomach cancers. There could be a correlation between the increase in cancers of the colon because of untreated *H. pylori*. I was trying to get a global picture on whether the Ministry of Health sees *H. pylori* and the resultant untreated illnesses as an issue, and if there are plans to go to the public and test. About three months ago, five of my friends and I all had *H. pylori* at the same time. So, I am beginning to think that it is prevalent and we need to make an assessment of what is going on in the grassroots.

When it comes to NHIF and fistula, fistula for me is, even though it is not life-threatening, actually reduces the dignity of the lives of the women who suffer from it. I know that Kenyatta National Hospital offers the fistula surgeries with NHIF. Majority of the women who suffer from fistula do not have NHIF and so, they are out there suffering.

When it comes to making sure that everybody is covered by SHIF going forward, I want to suggest an innovative financing. Right now, you have not been able to get every Kenyan to sign up for NHIF, even at Ksh500 per household per month. So, when we move to SHIF, even if you are going to lower it and say it is X amount, I agree with Hon. Mathenge that getting them to pay it lumpsum at the beginning would not work. I would like to take you to innovative financing through transactional tax. Maybe, it would be easier for us to consider that because that was used by certain countries to raise money for vaccines by putting a tax on business class tickets and economy tickets. That is why we get vaccines at a low price. So, if you put an innovative tax of X percent...

**Hon. Speaker:** You are making a speech. Ask your question.

**Hon. Esther Passaris** (Nairobi County, ODM): I just wanted to know whether the Ministry was considering innovative tax options to enable those unable to afford lumpsum payments to join SHIF. One option could be a tax on power bills or mobile calls because that is the way to make them not feel the burden and to rope everyone in to have the medical cover.

**Hon. Speaker:** Thank you, Esther. Cabinet Secretary, you hear the passion of the Nairobi Women Representative. Do you agree with her?

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you, Hon. Speaker and Hon. Members. Hon. Passaris is my friend and on many occasions, she has come to bring me ideas on what we need to do at different levels.

On the issue of the drugs that treat *H-pylori* being out of stock at the Mama Lucy Kibaki Hospital, we have the drugs at the Kenya Medical Supplies Authority (KEMSA). That is a supply chain issue on how stocks or products move from the KEMSA to other facilities. That can be looked into. I will then defer the question to the Governor of Nairobi City County so that he can explain the discrepancies. Why the gap? We have the drugs at the KEMSA, but they are unavailable at the Mama Lucy Kibaki Hospital.

On the issue of fistula, one of the things that we need to do is to educate the public because the most prevalent cause of fistula is pregnancy in young girls whose bodies are not mature enough to carry babies. That is how they end up with fistula in most cases. The solution is to empower girls, especially those from less privileged backgrounds, so that they can go to school and understand the repercussions of some of these things. We will then get a sustainable solution to the fistula problem.

We also understand that there are many factors to...

**Hon. Speaker:** Hold on, Cabinet Secretary. Yes, Esther. Is there a problem?

**Hon. Esther Passaris** (Nairobi City County, ODM): Hon. Speaker, with all due respect, during the pandemic, over 300,000 girls were defiled and became pregnant. Since safe abortions are not permitted and the Ministry has not released the regulations on safe abortions and trained doctors on the same, those girls are forced to have children and they end up getting fistula. We should not look at the behavioural circumstances that lead to fistula. Many people suffer from fistula today due to sexual gender-based violence. Young girls get fistula due to rape and defilement.

We need to ensure that we provide fistula operations or safe abortions for young girls aged 10, 11 or 12 years old. The only reason we cannot currently provide safe abortions is because we have not released the regulations on safe abortions and yet, the law permits a doctor to perform a safe abortion if he or she determines it to be necessary. It is wrong to assume that a girl's behaviour leads to fistula. I know many women who have delivered babies and because they have small passages, they end up with fistula. Many of those women are married. The women who I am currently dealing with and who are suffering from fistula are married. Fistula can also be caused by surgical procedures gone wrong and inflammations due to urinary tract infections (UTIs).

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

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Hon. Speaker and Hon. Members, as a woman, I understand Hon. Esther Passaris's passion on this issue. However, I want to confirm that we are guided by the Constitution as the Ministry. Thankfully, we are speaking in the House that is responsible for making laws. Abortion is currently not allowed in Kenya unless it is determined by a medical practitioner that the lives of the mother and the child are at risk. If that law is amended, the Ministry will be able to take action on that basis.

I want to thank Hon. Passaris and invite her to my office so that we can have deeper conversations on the same.

Thank you, Hon. Speaker and Hon. Members.

**Hon. Speaker:** Last on this is Hon. Wamuchomba, Member for Githunguri.

*QPN 010/2024*

MEASURES TAKEN TO ENSURE CONTINUED ACCESS TO FREE MATERNITY  
SERVICES UNDER THE LINDA MAMA INITIATIVE

---

**Disclaimer:** *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor*



**Hon. Gathoni Wamuchomba** (Githunguri, UDA): Hon. Speaker, I rise to ask the Cabinet Secretary for Health the following question:

Could the Cabinet Secretary:

- (a) clarify whether the National Health Insurance Fund (NHIF) has ceased remitting funds to private hospitals for provision of free maternity services and, if so, what steps are being taken to ensure continued access to those services by pregnant women, particularly those from low-income backgrounds?
- (b) explain the measures taken to ensure the continued operation and access to free maternity services under the Linda Mama Initiative, particularly in light of the Social Health Insurance Fund (SHIF) that is yet to be fully implemented?
- (c) provide details on how the Social Health Insurance Fund will facilitate comprehensive access to reproductive healthcare for women?

**Hon. Speaker:** Cabinet Secretary.

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you, Hon. Speaker and Hon. Members. This Question ties up with the question that Hon. Zamzam asked. I wish to respond as follows:

Free maternity services are financed by the Exchequer through the NHIF on a fee-for-service arrangement. The Fund has not ceased remitting funds to private hospitals for provision of those services and mothers continue to get services from contracted facilities, which in turn bill the NHIF thereafter.

However, there has been a delay in remittance of the Exchequer from the National Treasury. The Ministry has engaged the National Treasury for release of Ksh4.098 billion that is owed under the *Linda Mama* Scheme. The Ministry has this week received a confirmation from the National Treasury of the release of a total of Ksh5.5 billion for the NHIF and out of that, Ksh2.5 billion is for the *Linda Mama* Scheme. If we receive the Ksh5.5 billion within this week, payment of *Linda Mama* claims will start from next week.

The second part asks us to explain the measures taken to ensure the continued operation and access to free maternity services under the *Linda Mama* Initiative, particularly in light of the SHIF that is yet to be fully implemented.

The Government enacted the Social Health Insurance Act, 2023 to provide a framework for improved health outcomes and financial protection in line with the right to health and universal health coverage. The Act establishes the Social Health Authority (SHA) that will manage the Primary Healthcare Fund, the SHIF and the Emergency Chronic and Critical Illness Fund. Maternity services have been provided as part of the scope of the benefits package to be accessed under the SHA. To access the benefits package under the SHA, all Kenyans are expected to register with the SHA in line with the Social Health Insurance (General Regulations), 2024. Benefits under the SHA will start to be accessed from 1<sup>st</sup> July 2024. However, the NHIF continues to operate. Therefore, there is no gap and we are ensuring that there is a seamless transition.

The Government also recognises that we have low-income households which may not be able to raise the minimum amount of Ksh300 for the SHA. The Government will, in this regard, pay premiums for those households, which may include pregnant women, in order to enable them to access maternity services. This is in line with Section 27(2)(c) of the Act which provides that needy households will receive financial assistance as determined by the Government at a rate that is apportioned by Parliament and county assemblies for that purpose as prescribed under this Act.

Part 3 of the Question asks us to provide details on how the SHIF will facilitate comprehensive access to reproductive healthcare for women.

The SHA will facilitate comprehensive access to reproductive healthcare for women by providing explicitly listed benefits that are accessible at levels 2 and 3 health facilities at no cost to the member through the Primary Healthcare Fund, which is fully financed by the Government. A list of the benefits packages and maternity services to be accessed through the Primary Healthcare Fund and the SHA has been annexed to this presentation and we shall leave it behind. Some of the benefits include access to family planning, antenatal care, pre- and post-delivery visits, normal deliveries and caesarean sections, and complications related to deliveries. Just before and after the launch of the benefits packages, the Authority will invest in massive communications campaigns to inform mothers and all Kenyans of their entitlement to those benefits.

I am aware that some Members think that the *Linda Mama* Scheme has been scrapped and, therefore, there are no benefits for women. I wish to confirm that I am a mother of two and I aspire to be a mother of five. Therefore, the existence of the *Linda Mama* Initiative will ensure that all benefits under the *Linda Mama* Scheme are ring-fenced not just for myself as an aspiring mother, but for all the women of this country.

Hon. Speaker and Hon. Members, I submit.

**Hon. Speaker:** Hon. Wamuchomba. Let the Questioner have the first “bite”.

**Hon. Gathoni Wamuchomba** (Githunguri, UDA): Hon. Speaker, I appreciate that we have received some responses from the Cabinet Secretary concerning *Linda Mama*. Indeed, I congratulate her for aspiring to be a mother of five in the near future. I wish her well. I visited a private facility in Kiambu County yesterday in the morning, after a few women alerted me that they had been apprehended in hospital. They were unable to pay for their medical care after delivery. They had National Health Insurance Fund (NHIF) cards which were not admissible.

I pleaded with the hospital to allow the mothers to leave the facility and gave my personal guarantee that if they are unable to pay their bills, I will do so, as a mother. Therefore, when the Cabinet Secretary acknowledged there has been a delay of remittance of some funds from the Exchequer to some private facilities, she was right. She said she was hopeful that the remittance would be done as soon as possible, which is this week.

**Hon. Speaker:** Ask your question.

**Hon. Gathoni Wamuchomba** (Githunguri, UDA): What remedy can you give to such a mother who called me yesterday? What is she supposed to do, when she goes to a hospital to deliver, noting that babies do not wait for next week or the Exchequer to pay the money? What remedy does the Cabinet Secretary provide for that mother of Kenya who is now in hospital to deliver and has a card which is not admissible in a private facility?

Thank you.

**Hon. Speaker:** The first joyrider, Hon. Irene Mayaka.

**Hon. Irene Mayaka** (Nominated, ODM): Thank you, Hon. Speaker for giving me the opportunity to ask a question. On 8th June 2022, the then Deputy President, William Ruto, gave a pledge that under his administration, new mothers would get three months’ supply of diapers upon delivery. That has not happened in Nyamira County. Is this a pledge that is dead in the water?

Thank you.

**Hon. Speaker:** Hon. Milemba.

**Hon. Omboko Milemba** (Emuhaya, ANC): Thank you, Hon. Speaker. Let me begin by thanking the Cabinet Secretary for being too ready for this session. I have been following her responses keenly. Congratulations to the team.

The Cabinet Secretary should know that we have a lot of touch with the ground. Is she aware that NHIF, riding on the question by Hon. Wamuchomba, has not paid hospitals since July 2023? I want you to speak on that. Today, some hospitals are turning away NHIF cards,

especially for our teachers. I have already been given some of the examples of the hospitals. I do not want to mention them because of the privacy policy. That is my question, please.

**Hon. Speaker:** Hon. Naisula.

**Hon. Naisula Lesuuda** (Samburu West, KANU): Thank you, Hon. Speaker. Let me take this opportunity to congratulate the Cabinet Secretary. I have listened to her and she seems to have done her homework. She also knows her stuff in the quality of answers she has given to us.

I want to ask the Cabinet Secretary on ensuring there is a smooth transition. Kenyans do not have a problem with the taxes or deductions being made. However, they want to get the services of the monies that are being deducted or taxes. As a Ministry and Fund, what measures have you put in place to ensure that there are no lapses like the one we can see, especially with our mothers when they go to hospital?

Secondly, there is this monster called cartels. We are moving from NHIF to Social Health Insurance Fund (SHIF) because we want to deal with the cartels and not face the challenges that NHIF faces now. I would like to hear briefly the measures that have been put in place by the Ministry to ensure that we do not get any excuses in what Kenyans expect to get. What is this monster called cartels?

**Hon. Speaker:** Member for Garissa Township, Hon. Dekow.

**Hon. Dekow Mohamed** (Garissa Township, UDA): Thank you, Hon. Speaker, and the Cabinet Secretary. I also congratulate her for the strength she has shown this evening in the questions that were asked and the quality of answers she has given.

There is an issue of cancer centres in this country, which is a matter of national importance.

**Hon. Speaker:** You are joyriding on the questions asked on the Floor of the House.

**Hon. Dekow Mohamed** (Garissa Township, UDA): We have three cancer centres in this country that are manned by county governments. They are in Mombasa, Garissa and Nakuru. They have all failed to offer services. Can the Cabinet Secretary consider referring them back to the National Government for service delivery? Those facilities do not accept NHIF cards that patients take there. They are dying. I request her to consider reverting them to the National Government for management purposes.

Thank you.

**Hon. Speaker:** Lastly, Hon. Caroli Omondi. Hon. Muthoni, do you also have a question? Ask a quick one, Hon. Caroli Omondi.

**Hon. Caroli Omondi** (Suba South, ODM): Thank you very much, Hon. Speaker. I want to know whether the Cabinet Secretary's Ministry has a plan to review the impact of devolving medical services, in terms of whether they have improved services, terms and conditions of service for doctors and whether the element of insurance is working.

The countries that have the best medical systems have unitary systems like the National Health Service (NHS) in England. Those that do not have like in the United States of America (USA), medical services are in a sorry state. If you go to Scandinavian countries, there is collectivisation of insurance. Everybody collects tax. There is one unitary medical supply system. I am just wondering whether there is a plan to do a holistic audit together with the county governments on the impact of devolving medical services.

Thank you very much, Hon. Speaker.

**Hon. Speaker:** Hon. Muthoni.

**Hon. Dorothy Muthoni** (Nominated, UDA): Thank you, Hon. Speaker. Indeed, I want to laud the Cabinet Secretary for Health as she is well-prepared. I am sure she has tackled a raft of issues that Members had.

I just have two concerns. Firstly, as we shift from NHIF to the new SHIF, what measures has the Ministry put in place to ensure that when you go to a health facility, the

services that you get there are seamless? When you go to a health facility, many a times, you are told to wait for pre-authorisation. Sometimes, it is an emergency and family members become helpless and do not know what to do because it takes ages.

Secondly, members of various entities like the teachers will contribute to SHIF. Every other worker will also contribute. What guarantee is there that when they go to any facility where they require services, they will be attended to, instead of being told to fill two hospitals where they will be going? You are not static. Sickness will not wait for you to go to the nearest station to your home.

Thank you, Hon. Speaker. Congratulations to the Cabinet Secretary for Health.

**Hon. Speaker:** Hon. Farah Maalim. Give him the microphone. There is one next to you.

**Hon. Farah Maalim** (Dadaab, WDM): I join my other colleagues in congratulating the Cabinet Secretary for making a serious effort. I know this is the beginning. There will be a lot of conversation on this issue.

I ask the Cabinet Secretary whether the Ministry has ever considered something akin to what is called NHS in the United Kingdom (UK). We have the Teachers Service Commission (TSC) in the country. We need an institution that encompasses the entire health sector. It should look at the quality of training of doctors, nurses and physiotherapists. It should also look at employment of everybody in the health sector in a holistic manner.

We have a situation where a consultant surgeon who had a straight A in his Form IV and went through university and did 16 years of education, being interviewed by an MCA who got a D+ in secondary school. Sometimes, we need to give this very critical sector the weight that it deserves. Those are people that we entrust with our lives. We need to look at this thing in a holistic manner. If it means looking at the Constitution, we should look at how we can have a body that will run this thing; it will essentially be involved in employment, benefits, etiquette and the Hippocratic oath that doctors take. We can have this thing similar to the way it is in the Judicial Service Commission (JSC) right now or the way they have it in the UK National Health Service and a number of European countries. We do not have to reinvent the wheel. I understand that in the Kenya Constitution, 2010 there are a lot of things that need to be changed; having experienced it for over 10 years now. Can we look at it in a holistic manner and can the Cabinet Secretary give us an undertaking on that possibility.

Thank you.

**Hon. Speaker:** Hon. Beatrice, I want to close it here.

**Hon. Beatrice Elachi** (Dagoretti North, ODM): Thank you, Hon. Speaker. I will be very brief. First of all, I want to appreciate *Waziri* so much for her clarity on the many issues she has answered. However, we need to look at the issue of NHIF in mission and private hospitals. *Waziri*, there is a *mama* right now at Mary Immaculate Hospital, Gatanga Road who was sent to Mbagathi Hospital for a Caesarean Section (CS) operation. She has an NHIF card and she cannot use it. She was detained in hospital as much as she had paid her bills. It is important to have a conversation with the private hospitals to see how we can unlock this issue of NHIF with them.

**Hon. Speaker:** Thank you. Cabinet Secretary, can you respond quickly to those Questions?

**The Cabinet Secretary, Ministry of Health** (Ms. Susan Nakhumicha): Thank you, Hon. Speaker and Hon. Members. I appreciate the questions. The first Question is from Hon. Wamuchomba on the instant remedy. As we speak, the crisis that we are in is affecting the health sector. I want to confirm that Level 2 facilities, which are the dispensaries that are manned by nursing officers, are functional. Level 3 facilities, which are the health centres are equally functional. The doctor's strike has hit us most in Level 4, Level 5 and Level 6 facilities, where specialised services are needed.

We have put in place mechanisms to make sure that, the emergency care that is required is given in all the national referral hospitals. In the meetings that we had with governors, we asked them to also put in place measures to ensure that if a mother or any Kenyan will need emergency care, they will be attended to. Administrative actions have been taken, including employing doctors on short term contracts and employing some locums to fill the gaps. So, as a Ministry, we have put in our best effort to ensure that the services are being provided.

However, we acknowledge the crisis that is at hand and that is why I plead with the doctors of this country that life is more important. With money, negotiations can always be done and if they do not get it today, when circumstances improve tomorrow, they will be paid. However, if we lose a life, we will not recover it. So, I want to speak to the doctors that they come back and comply with the court order that suspended the strike and give talks a chance so that we can get amicable solutions.

On the Question raised by Hon. Mayaka on diapers for mothers, Hon. Speaker and Hon. Members, I would like to confirm that the Kenya Kwanza Government had a huge Manifesto and there is a plan on its delivery. Quite a number of items that are listed in the Manifesto have been achieved. Implementation of a Manifesto is progressive and the Ministry is seized of that matter. At an opportune time when resources for diapers are allocated, and thankfully I am speaking in the House that oversees resource allocation, we shall give them to mothers. I confirm that the Kenya Kwanza Government is committed to implementing its Manifesto.

On the question raised by Hon. Milemba on transition from National Health Insurance Fund (NHIF) to Social Health Authority (SHA), yes, there is a lot of anxiety across the country. Many people and facilities think that their claims will not be paid. I confirm to the nation that we have a transitional committee with one of their terms of reference being to ascertain and reconcile claims so that the assets and liabilities of NHIF will be moved to SHA. Any claim that will not have been paid by the time we transit on the 1<sup>st</sup> July 2024 will be taken over by SHA. So, I appeal to the facilities that are denying Kenyans services not to do so because their claims will be verified, reconciled and paid, once resources are available.

Hon. Speaker and Hon. Members, I have just confirmed that this week, we have received confirmation from the National Treasury of the release of Ksh5.5 billion that will go towards the payment of claims.

Hon. Naisula raised a question regarding what we are doing to ensure services are ring-fenced under the SHA. Hon. Speaker and Hon. Members, the SHA is 90 per cent digitised to ensure that the risks that existed in the NHIF that led to leakage of revenues and resources from NHIF are removed. We have a digitised system that is able to ring-fence. Equally, we now have free primary health care under Level 1, 2 and 3 hospitals in the new laws. It is going to be provided without a Kenyan having to pay anything. But, once they are referred to Level 4, 5 and 6 hospitals, the Social Health Insurance Fund (SHIF) kicks in to take care of them.

Hon. Speaker and Hon. Members, the issue of cartels is an issue of system and governance and we are working on it. We have been able to demonstrate through the Kenya Medical Supplies Authority (KEMSA) on what we have been able to do. Equally, through the NHIF, we have taken care of the governance issue under the SHA Act. The board was carefully selected. We are going to do a careful selection of all the people who will work in that institution. But we should get the comfort of having a digitised system that is free from any manipulation to ensure that systems run as envisaged.

On the question of the cancer centres, I acknowledge that, indeed, the National Government gave those cancer centres. In the case of Garissa County, it is the county that came to ask the Ministry to ensure they hand over the cancer centre quickly and that was done. We have received reports, including the one from the Departmental Committee on Health which visited the Centre. We have the Report at the Ministry of Health. We are also in discussion on how to support the regional cancer centres. We cannot arbitrarily say that we bring them back

to the national Government. We can get into a framework of management because management of the equipment is capital intensive. Therefore, we want to get into an agreement with the county governments on how we can jointly do that.

On the issue of whether we have done a survey or not, we have the Kenya Demographic Survey that is done after every five years. Hon. Speaker and Hon. Members, I confirm that under the devolved system of government, we have positive outcomes on health. For example, the maternal mortality rate has reduced; the infant mortality rate has reduced. There is clear indication that the distances that were being travelled by Kenyans to access services have reduced based on the health facilities that have been put in place by the county governments. Having said that, I think there is an opportunity then for us to have a national conversation on all those areas, especially the other functions that are being done by the county governments and see then how best we can remedy if there are gaps in the implementation.

Hon. Speaker, on the issue raised by Hon. Muthoni, as a Ministry, we gazetted the Transitional Committee and we expect a seamless transition there. However, we know that there could be challenges here and there, and the biggest risk we have identified as a Ministry is the unpaid claims. We are in discussion with the National Treasury to ensure that those claims are paid so that they do not impede the transition from National Health Insurance Fund (NHIF) to Social Health Insurance Fund (SHIF).

I also want to confirm that under SHIF, there is no pre-authorisation that is needed for emergency care. If you need emergency care, there is no pre-authorisation that should be provided. Under the existing NHIF, there was selection of facilities and that is one of the items that we dispensed with in the SHIF. There is no more selection of facilities by Kenyans. If you are registered, you will get services wherever and whenever you are. We are going ahead with digitisation to integrate all services and ensure that there is movement and portability of patient data. That should a patient want to move from one facility to the other, they do not have to carry exercise books. They do not have to remember anything. They will find their data available at their next level of service. Equally, the ideal situation is that patients should manage their information on their mobile phones. That is an ideal situation that we hope to move to into the future.

On the question from Hon. Farah on Health Services Commission, Hon. Speaker and Members, I think this has been a question generally in the public, but the creation of a Health Services Commission is beyond the mandate of the Ministry of Health. I want to believe that during this time and crisis, when we have the whole-of-the-nation approach, we are going to listen to all suggestions. If indeed, it is determined that a Health Services Commission is the cure of the perennial issues that we have, I believe the responsible arms of Government will then be able to start a conversation.

Having said that, the Kenya Kwanza Government operationalised the Kenya Health Human Resource Advisory Council. It is meant to manage the human resource for health and manage the distribution of different cadres across the counties. All we need are resources to finance that.

On the question by Hon. Beatrice Elachi, I have already confirmed that we have an issue with the claims. However, I want to believe that once we receive the resources that we are expecting this week, from next week we can start payments. I also want to confirm that payment of claims is a continuous exercise. In the last year only, NHIF paid out a total of Ksh36 billion in terms of claims. It is thus a continuous exercise. Where we have specific cases as a Ministry, we are ready and we shall be looking into the specific issues that have been raised so that we can handle them.

I would like to confirm that the Kenya Kwanza Government has a plan on delivering Universal Health Coverage (UHC). As a Ministry, we have clarity on what we need to do to deliver. We have worked on the commodities through the reforms at Kenya Medical Supply

Authority (KEMSA). We have worked on financing through the laws that we have put in place and we had already started working on human resource for health. Unfortunately, this crisis came in, but I want to believe that it is an opportunity for the Ministry of Health to resolve the human resource health issues once and for all.

Hon. Speaker and Members, I submit. Thank you.

**Hon. Speaker:** Thank you, Hon. Members. Thank you, Cabinet Secretary. That is the end of Question Time. You and your team are released.

*(The Cabinet Secretary and her team left the Chamber)*

Next Order.

## BILL

### *Second Reading*

THE NATIONAL LAND COMMISSION (AMENDMENT) BILL  
(National Assembly Bill No. 43 of 2023)

*(Moved by Hon. Owen Baya on 16.4.2024)*

*(Resumption of Debate interrupted on 16.4.2024)*

**Hon. Speaker:** I am told Hon. Zamzam was on the Floor. Wipe the screen so that I can see who the new interests are. Hon. Beatrice Elachi, do you want to speak to this? Hon. Caroli Omondi?

*(Hon. Beatrice Elachi and Hon. Caroli Omondi spoke off the record)*

We will start with Hon. Beatrice Elachi. Hon. Caroli, you better log in. I cannot see you on the screen.

**Hon. Beatrice Elachi** (Dagoretti North, ODM): Thank you, Hon. Speaker. I rise to support this Bill by Hon. Owen Baya. In the amendments, the Member is requesting us to see the crisis in NLC. Five years have lapsed and the Commission needs five more years to continue with their mandate.

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

*[The Temporary Speaker (Hon. Farah Maalim) took the Chair]*

That is a good idea. It also means we are going back to the old days when we used to have land injustices. As much as we support the Bill, we can give the Commission five years to review the cases and continue working. If we open the process, it means anyone can file their cases. It will become an overlapping issue between the Ministry and the Commission. We will not even know where to go. As much as I support it, I want us to be very clear that we will go back on what the Constitution intended. We need to review and give the Commission the five years that they need to continue with their work.

While talking about land issues, the biggest injustices we find ourselves in - and I have kept crying about this - are the schools we have in Nairobi. You ask yourself how a school land has estates. People man the estates and hold all the Safaricom systems. Safaricom pays other

---

**Disclaimer:** *The electronic version of the Official Hansard Report is for information purposes only. A certified version of this Report can be obtained from the Hansard Editor*

people and not even the school itself. I have just seen some recommendations from the Ministry of Lands, Public Works, Housing and Urban Development that say one person was fighting to get part of Lavington Primary School. It was then revoked in 2017. If it was revoked in 2017, why are we back again in conflict with the same team? It is like we wait until the end and then come rushing to Parliament. We knew very well that in five years, the Commission would have a crisis. We have waited until time has lapsed and then we come here.

At this time, you can imagine how many things are happening or being done the wrong way. In the proposed amendment by Hon. Owen Baya, we should re-look at the mandate of the Commission. Let us stop this conflict we have created where the Ministry is becoming more powerful than the NLC, which takes us back to the same challenges. Some people hide files. I have been looking for the Lavington Primary School file for the last two years. We have walked a journey in the Ministry. I thank the Cabinet Secretary, Alice Wahome. When she came in, things have started moving very fast.

As I conclude, the big crisis we face in Nairobi is about public land that people have taken. You cannot even know public or private land or how a title deed is given. You wonder why townhouses are in schools. You are told that is how the title is. As we look at the amendment, we also need to come up with a clear resolution on all schools. Go back and look at school maps in a proper way and know how we ended up losing so much land. A primary school in Nairobi was meant to have a secondary school. Today, we cannot. Even if we have, we are squeezing them because people have taken the land. When you go for the title itself, you find yourself in a crisis with the Nairobi City County.

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

The Temporary Speaker (Hon. Farah Maalim): What is out of order, Hon. K.J.?

## QUORUM

**Hon. John Kiarie** (Dagoretti South, UDA): Thank you, Hon. Temporary Speaker. As you will appreciate, the last thing I want to do is to interrupt my very good neighbour Hon. Beatrice Elachi, especially when she is making an important point regarding school land in Nairobi. I want to point out that the matter before us on the Floor is weighty; knowing how critical land issues are.

Hon. Temporary Speaker, it is on this rostrum that I stand under Standing Order 35 to call upon you. I want to imagine that you are blind to the situation. So, I seek your attention to see how our quorum looks like and decide as provided for under Standing Order 35.

Hon. Temporary Speaker, I am very apologetic to Hon. Beatrice Elachi. I know she has the right to continue and complete her contribution, but I want to call your attention to the situation of quorum in the House. Thank you.

**The Temporary Speaker** (Hon. Farah Maalim): Indeed, it is abundantly clear that we do not have quorum. How many Members do we have in here? Five or six?

*(Several Members spoke off the record)*

Can you ring the Quorum Bell please. Ring it for 10 minutes.

*(The Quorum Bell was rung)*



**ADJOURNMENT**

**The Temporary Speaker** (Hon. Farah Maalim): Hon. Members, there being no quorum, and the time now being 6.41 p.m., this House stands adjourned until tomorrow, Thursday, 18<sup>th</sup> April 2024, at 2.30 p.m.

The House rose at 6.41 p.m.

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