

PARLIAMENT OF KENYA

THE SENATE

THE HANSARD

Wednesday, 14th May, 2025

Morning Sitting

*The House met at the Senate Chamber,
Parliament Buildings, at 9.30 a.m.*

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

PRAYER

DETERMINATION OF QUORUM
AT COMMENCEMENT OF SITTING

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

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

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

(The Quorum Bell was rung)

Hon. Senators, we now have quorum. Clerk, you may proceed to call the first Order.

QUESTIONS AND STATEMENTS

QUESTIONS

Hon. Senators, we have seven questions for the day and three Cabinet Secretaries. Therefore, time will be of the essence as we try to handle all the seven questions. Each question has been allocated a maximum of 20 minutes.

The question by Sen. George Mbugua directed to the Cabinet Secretary in charge of Labour and Social Protection. Question No. 057 will take us to 10.06 a.m. We will move to the next question thereafter.

Clerk, you may now usher in the Cabinet Secretary.

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

Hon. Cabinet Secretary, welcome to the Senate. You are here primarily to respond to Question No.057 by Sen. George Mbugua.

Sen. Mbugua, you may now proceed to ask the question.

Question No.057

REINSTATEMENT OF DISABILITY MAINSTREAMING INDICATOR
IN PERFORMANCE CONTRACTING GUIDELINES

Sen. Mbugua: Thank you, Mr. Speaker, Sir. *Bw. Waziri*, welcome to the Senate. I beg to ask the Cabinet Minister for Labour and Social Protection the following Question No.57.

(a) Could the Cabinet Secretary provide an update on the reinstatement of the Disability Mainstreaming Indicator (DMI) in the Performance Contracting Guidelines for the current and future financial years?

(b) What actions have been taken against the public institutions that failed to submit data on the employment of persons with disabilities as indicated in the 2024 Status Report on Disability Inclusion?

(c) What measures have been put in place to ensure that the Public Service Commission assumes responsibility for enforcing the five per cent requirement for the reservation and employment of persons with disabilities in all public institutions?

Thank you.

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

The Cabinet Secretary for Labour and Social Protection (Hon. (Dr.) Mutua): Good morning, and thank you, Mr. Speaker, Sir.

Thank you very much, Sen. Mbugua for this wonderful Question and the Senate for giving us an opportunity to talk about this very important issue.

Before I read my statement, I congratulate Sen. Crystal Asige for pushing and ensuring that we have a very good updated Disability Act. It was very pleasing when we went to State House and the President assented the Bill. My response is as follows-

The Ministry of Labour and Social Protection, through the State Department for Social Protection and Senior Citizen Affairs, is mandated to create and enforce policies that protect the rights, welfare and dignity of all citizens with a special focus on marginalised and vulnerable populations, including persons with disabilities.

The Government is committed to disability inclusion in the implementation of all its programmes and has put in place policies and measures that are geared towards the improvement of livelihoods, economic empowerment and improved living standards for persons with disabilities, both at county and national levels.

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Mr. Speaker, Sir, disability inclusion focuses on creating accessible and equitable environments in which individuals with disabilities can fully participate in the society. The Ministry has made efforts to ensure that the disability mainstreaming indicator is reinstated. The State Department, through the National Council for Persons with Disabilities (NCPD) acknowledges that the disability mainstreaming indicator was among six performance indicators retired from the Performance Contracting (PC) guidelines following the comprehensive review of the PC framework. The decision was informed by recommendations of the stakeholders' forum, which resolved to reduce the number of cross-cutting indicators and retain only those directly linked to institutional strengthening and core mandate delivery.

Despite its retirement from the performance contracting framework, the State Department for Social Protection and Senior Citizen Affairs, through the National Council for Persons with Disabilities (NCPWD), the specialised agency mandated by law to spearhead disability inclusion efforts in public institutions, has continued with implementation of the indicator.

The rationale provided for its retirement includes-

(1) Its anchorage in law, including constitutional provisions like Article 54, the Persons with Disabilities Act No.14 of 2003 and other legal frameworks such as the Access to Information Act.

(2) The belief that disability inclusion is now mainstreamed in many institutions and can continue to be implemented without necessarily being tied to performance contracting.

(3) The existence of other indicators such as National Values and Principles of Governance, under which aspects of disability inclusion are reported.

(4) The absence of a formal impact assessment on the effectiveness of the Disability Mainstreaming Indicator since its introduction.

The State Department for Social Protection and Senior Citizen Affairs, through the NCPWD, continues to engage the office of the Head of Public Service and the Public Service Performance Management and Monitoring Unit (PSPMU) to advocate for the reinstatement of the Disability Mainstreaming Indicator in future Performance Contracting cycles.

In the current financial year 2024/2025, the State Department for Social Protection and Senior Citizen Affairs, through the NCPWD, is undertaking an impact assessment of the Disability Mainstreaming Indicator to demonstrate its effectiveness and to highlight its continued relevance in driving disability inclusion within public institutions. It is important for us to have some form of evidence that will convince others that this is important.

Additionally, the State Department for Social Protection and Senior Citizen Affairs, through the NCPWD is supporting Ministries, Departments and Agencies (MDAs) that have opted to continue reporting on disability inclusion indicators outside the performance contracting framework. It is also working with county governments to institutionalise disability inclusion through alternative monitoring tools tailored to their structures and priorities.

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I am very pleased that during the assent of the Persons with Disabilities Bill, 2024, where Mr. Speaker, Sir, you were present, the President, His Excellency, Dr. William Ruto, directed that the Disability Mainstreaming indicator be reinstated back in the Performance Contracting guidelines. We are very happy with that.

While this Ministry is actively advocating for the reinstatement of the disability mainstreaming indicator, we want to tell this House that there is need for the Ministry in charge of public service and performance contracting--- because they are the ones to include it. Ours is to lobby and say it is important to follow the law. However, they are the ones to carry out the presidential directive---It is good for the Senate to ask them the steps being taken for its reinstatement as per the presidential directive.

Mr. Speaker, Sir, let me move to Question (b) about actions taken against public institutions that failed to submit data on employment of Persons with Disabilities (PwDs). My responses is as follows-

The 2024 Status Report on Disability Inclusion revealed that less than 50 per cent of public institutions submitted data on the employment of PwDs, pointing to a significant compliance gap despite clear legal provisions requiring the same.

Mr. Speaker, Sir, the State Department for Social Protection and Senior Citizen Affairs, through the NCPWD, has taken the following actions-

(1) Formal Reminders: Official reminder letters were issued to all MDAs reiterating their legal obligations under the Persons with Disabilities Act No.14 of 2003 and Article 54(2) of the Constitution of Kenya, which mandates that at least five per cent of public sector employment opportunities be reserved for persons with disabilities.

(2) In a move to promote transparency and accountability, the names of institutions that failed to submit the required data were listed in the Status Report on Disability Inclusion, 2024 thus creating reputational accountability and encouraging future compliance.

(3) Initiated engagements with relevant authorities to explore possible enforcement measures for non-compliance. This is something that is ongoing. Trying to lobby and ensure that others are told the importance of it and how to enact. Lastly, reviewing the feasibility of introducing mental disability inclusion and reporting in Government performance frameworks to ensure structured follow-up and consistent monitoring.

Mr. Speaker, Sir, it is important to note that even though there are laws for certain limitations sanctioned in Government institutions, we are committed to strengthening. There is really no enforcement mechanism. There is no law that says if you do not do this, then this is a punishment that you will receive. Therefore, you have to lobby people and tell them that there is a weakness there and they need to do this.

Question C is on measures to ensure the Public Service Commission (PSC) enforces the five per cent employment reservation. I am on the second paragraph. The constitutional provision under Article 54(2) of the Constitution of Kenya requires that at least five per cent of members of public elective and appointive bodies be PwDs. Similarly, Section 13 of the Persons with Disabilities Act No.14 of 2003 mandates that employers, including public institutions, ensure that persons with disabilities are

reasonably accommodated in employment and that a portion of available positions be reserved for them.

Despite this legal foundation, the law does not explicitly assign enforcement authority to a single entity, creating a gap in accountability. As a result, the State Department for Social Protection and Senior Citizen Affairs, through the NCPWD, has proactively initiated a multi-pronged approach to address this gap and ensure that the Public Service Commission (PSC) assumes a stronger enforcement role, given its constitutional and operational oversight of public sector recruitment.

The following measures have been undertaken-

(1) The State Department for Social Protection and Senior Citizen Affairs, through the NCPWD, has formally engaged the Public Service Commission to issue circulars requiring all MDAs to submit employment data, specifically indicating the number of PwDs employed. This forms the basis for accountability and tracking progress.

(2) A structured partnership between the State Department for Social Protection and Senior Citizen Affairs, through the National Council for Persons with Disabilities and the Public Service Commission is currently under exploration to-

(i) Conduct joint disability inclusion audits in public institutions.

(ii) Monitor progressive realisation of the five per cent employment threshold.

(iii) Integrate disability inclusion indicators into performance appraisals of accounting officers and Human Resource managers in the public sector.

There is ongoing work to integrate disability disaggregated employment data within the Unified Human Resource Information System (UHRIS) and to establish linkage with the NCPWD database for real-time compliance monitoring and cross-verification.

These steps are part of a broader strategy to transition disability inclusion from a goodwill-based effort to a rights-based, structured and enforceable obligation. Achieving full compliance with the constitutional five per cent employment requirement will require continued commitment and coordinated action across all arms of Government.

I submit.

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

Sen. Mbugua: Yes, Mr. Speaker, Sir. Cabinet Secretary, I am not satisfied with the answer you have given. On many issues, you gave general indications without specifics.

On page two, you have indicated that there are some alternative monitoring tools which have been used. Would you tell this House which tools these are and where they have been applied?

Secondly, in the absence of the performance indicator, can the Cabinet Secretary tell this House how his Ministry has been monitoring the inclusion status of PwDs?

Thank you.

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

The Cabinet Secretary for Labour and Social Protection (Hon. (Dr.) Mutua): Thank you, Mr. Speaker, Sir. I request the indulgence of Sen. Mbugua on the second Question. I missed the last bit.

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Sen. Mbugua: In the absence of the performance indicator, how has your Ministry been monitoring the inclusion of PwDs in all sectors as mandated to do?

Thank you.

The Cabinet Secretary for Labour and Social Protection (Hon. (Dr.) Mutua): Thank you, Mr. Speaker, Sir and Sen. Mbugua.

Some of the alternative ways of monitoring have been through what we call performance appraisal. They have been in the forms of performance appraisal of Human Resource officers and also leaders of certain sections. You asked how we have been doing this. That is part of the system. However, as I said, there needs to be a better and improved system.

After the Disability Act was passed, we agreed during a Senate Labour and Social Protection Committee meeting to sit with my officers and Sen. Crystal Asige within the next four weeks, so that we could go through modules of how to enforce and ensure some of these performance issues are indicated. Also, how data is collected because one of the challenges we face in this country is getting proper data. There is no proper system of even telling us how many PwDs are in our country. No good research has been done.

We need to agree on a tool. One of the tools used is called the Washington Model from our cultural experience. The tool being used is heavily borrowed from the West. We have to come up with our tool. I assure this House and Sen. Mbugua that within a very short time, we will come up with proper systems, not only for the public service, but also for the private sector. The public service may be complying, but the private sector may not be complying.

The other thing you asked is about the performance indicators we have been using. I think I have answered that in the first question. It has been a challenge. When I got to this Ministry, I found that a lot of things are in theory and not implemented. The challenge we have with the public service all over the world, especially in this country, is that a lot of things are put in theory and books, but are not implemented. It is part of the process that we are going through.

Thank you.

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

Sen. Mumma: Mr. Speaker, Sir, thank you for giving me the opportunity to ask a question. I will begin by declaring interest. I am a parent of a person with a disability, so I take these issues very seriously. Also, indulge me for just a minute to say that I have read through this question very carefully and I am afraid it is very underwhelming.

The Cabinet Secretary has not responded, but is scattering around. He is vague, trying to justify why an indicator has been removed, talking about beliefs, not giving any statistics to show that he has the competence as the department related with matters on disability to guide on the questions that he has been provided with.

There are many questions I could ask, but I am only allowed to ask one. Which tools has the Ministry used to guide them in measuring disability inclusion? You said your department has continued to use the indicator while the other MDA's are not using it. Can you submit those tools to us?

Thank you.

The Speaker (Hon. Kingi): Proceed, Sen. (Dr.) Boni.

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Sen. (Dr.) Khalwale: Mr. Speaker, Sir, I would like to draw the attention of the Cabinet Secretary to the five per cent figure. Going by the example in this House; the House is expected to be properly constituted when we have at least two Senators living with disability. The Speaker would never start the House unless that provision was made.

In your case, it is five per cent. You are giving the country the go-round, while talking about circulars and all manner of things that you have said. This failure by yourself and your Ministry in this issue of five per cent is a reflection of your failure in the employment of our youth outside the country. Those youth knew that you were coming. They are demanding of you, which I now do, that you resign as the Cabinet Secretary of the Ministry. Are you willing to do so, so that you can be properly investigated?

The Speaker (Hon. Kingi): Cabinet Secretary, you can totally disregard that Statement by Sen. Boni. It has got nothing to do with what has brought you before this House.

Hon. Senators, let us stick to our Standing Orders. Ask supplementary questions, which must flow from the primary questions. Sen. Boni, you are lucky I did not rule you out of order. Please, do not push the Chair to those limits.

Proceed, Sen. Enock.

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

The Speaker (Hon. Kingi): Sen. Enock has not even uttered a word, what is out of order? Sen. Boni, just take your seat.

Sen. Wambua: We have relaxed. It is my time now. Thank you, Speaker, Sir. My question flows from the response of the Cabinet Secretary on part (c) of the question asked by Sen. Mbugua on the issue of the ongoing work to integrate disability employment data within the UHRIS. The Cabinet Secretary (CS) has indicated that as things stand now, treatment of issues to do with persons with disability is based on goodwill. He said that right now, there is a transition towards rights-based structure and forcible obligation to persons with disabilities.

I want to find out from the CS whether it is the position of the Government that inclusion of persons with disabilities is a goodwill issue and not a matter anchored on the Bill of Rights in Chapter Four and Articles 41 and 54 of the Constitution.

I thank you, Mr. Speaker, Sir.

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

The Cabinet Secretary for Labour and Social Protection (Hon. (Dr.) Alfred Mutua): Thank you, Mr. Speaker, Sir. Sen. Mumma, thank you for your question. I am aware of this because we have had this conversation. You have more experience than most of us.

The Ministry has tried as much as possible to use the tools given to human resource agencies when employing. We look at the percentage of people with disability in those companies or institutions based on the employment data that they provide. It is about accountability and access of that information.

We also look at procurement. The law is clear that a certain percentage of Government procurement needs to be given to PwDs. So we have been tracking to find out if that is accurate and how it is being done. As I said earlier on, the Act that we had

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was weak, but the new Act gives us more tools and ability to do better. I want to thank Sen. Wambua for pointing this out because that is where the dichotomy has been. We have been asking people to do things, but there is no enforcement mechanism hence nothing that can be done to somebody when they do not do what is expected. There was no law, but we have it now. Article 54 of the Constitution is clear about some of these things.

Mr. Speaker, Sir, we also have to be innovative. I will be issuing directives together with the guidelines. I will also bring ideas to this House for you to help us. When I was the Governor of Machakos County, we issued a notice and had all supermarkets and buildings compliant with the law. We woke up one day and shut down a lot of buildings; shops and supermarkets. People complied. We did that because it was important to me and my Government at the time.

We want to make this a national issue. I will give you an example of what happens to someone who is visually impaired like Sen. Crystal Asige. When such people go into a building, other people have to know where they are going because they have to ask someone to press the specific button in the lift. It could be that of the third or fifth floor.

I have gone to other countries and realized that things are different over there. You will find that all the lifts have braille, so one just needs to touch and press the floor where they are going to. Those lifts also read out the floors, so someone will know when they should be alighting. We are getting there, but we cannot let the private sector and the public sector do it under goodwill. Therefore, we will give guidelines as Government on what is expected.

Ramps have been well enforced all over. I like what Sen. (Dr.) Khalwale talked about. He said that people living with disability have been included and are part of this House. I am sure the Members of this House know that if they are to be on a wheelchair today, they cannot do a banking transaction at an ATM machine in Nairobi. They will have to ask somebody for help. This is because the ATMs are made for people who are able-bodied. Majority of people on wheelchairs cannot reach the ATMs. Countries such as Australia and England have ATMs that consider the lives of people who are living with disabilities. We also need to do that.

Thank you, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Hon. Senators, we need to conclude it at that. It is now 10.12 a.m. We will move to the next question.

Hon. Senators, for lack of a better word, we have wasted 15 minutes on this question. This is because we did not raise quorum at 9.30 a.m. We started at 9.45 a.m. Hon. Senators, let us be in the House by 9.30 a.m. during question time for us to take full advantage of time and be able to interact with the CSs longer.

Having lost 15 minutes, at no fault of the CS, we will release the CS at this juncture and usher in the Cabinet Secretary in charge of Cooperatives and Micro and Small Medium Enterprises Development. Hon. CS, you are released. You may leave at your pleasure.

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

Clerk, do we have the Hon. CS? Are we ready?

*[The Cabinet Secretary for Co-operatives and Micro and Small Enterprises
Development (Hon. Wycliffe Oparanya) was ushered into the Chamber]*

The Cabinet Secretary for Co-operatives and Micro and Small Medium Enterprises Development is in the House. Kindly take your seats, so that we proceed.

Now, hon. Senators, there are two questions that are directed to the hon. Cabinet Secretary. Each question is allocated 20 minutes. So, we will terminate at exactly 10.55 a.m. and thereafter, we will usher in the CS in charge of the Ministry of Health. Now, the first question directed to the CS is Question No.065 by the Hon. Sen. Joyce Korir.

Hon. Senator, you may proceed to ask your question.

Question No. 065

INITIATIVES TO SUPPORT WOMEN ENTREPRENEURS

Sen. Korir: Thank you, Mr. Speaker, Sir. Allow me to welcome the Cabinet Secretary to this sitting. I will go direct to ask my question-

(a) Could the Cabinet Secretary outline the existing or new initiatives aimed at supporting women entrepreneurs to start and grow businesses?

(b) What steps has the Ministry taken to raise awareness among marginalised and unprivileged women, particularly those in remote areas, on the availability of funding support for women entrepreneurs?

(c) What has been the impact of the Hustler Fund on women entrepreneurs and how can it be enhanced to further promote women-led enterprises?

(d) What economic barriers do women face in accessing financial resources and what strategies has the Ministry adopted to address and remove these barriers?

Thank you, Hon. Speaker.

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

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises Development (Hon. Wycliffe Oparanya): Thank you, Mr. Speaker, Sir. I wish to respond to Question No.065 by the nominated Senator, Sen. Joyce Koris as follows-

For question (a) the Ministry, through the state agencies, has implemented multiple existing and new initiatives that are inclusive to women, youth and persons living with disabilities, marginalised and minority groups to start or expand their businesses.

The first one is the Financial Inclusion Fund, popularly known as the Hustler Fund, which offers accessible and affordable credit to all Kenyans, including women entrepreneurs, through personal loans, group loans and bridging loans products.

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To date, the fund has served over 25 million Kenyans across the country through the digital lending platform, using both features, *mulika mwizi* and smartphones, to date disbursing about Kshs70 billion with women accounting for 48 per cent of the total beneficiaries.

The Hustler Fund credit model is inclusive, requiring no collateral or credit history, thereby enabling women with limited financial background to access the funding. The Uwezo Fund, another flagship programme, was established under the Public Finance Management Act, 2012.

It provides interest-free loans, business training, mentorship and market linkages to women, youth and PwDs at the constituency level. The fund has so far disbursed over Kshs5.3 billion to 53,596 women groups across all 290 constituencies.

In addition, the Uwezo Fund has rolled out the Wekesha Kazi Majuu product. We are working closely with the Ministry of Labour and Social Protection to support labour mobility. We are giving loans of up to Kshs 200,000 to successful applicants of the labour mobility programme. This supports their air tickets, visa and other attendant costs at a zero interest rate, with a one-off management fee of eight per cent.

The Kenya Industrial Estates (KIE) has disbursed over Kshs464 million affordable credit to 1,303 women entrepreneurs between the financial years 2019/2020 and 2024/2025 period. In addition, the KIE supports entrepreneurial capacity building and industrial incubation, where 73 women-owned enterprises are currently on incubation in its facilities.

The KIE is also training hundreds of thousands of women in leadership financial literacy through partnerships with the Stanbic Foundation Kenya and the University of Nairobi Women Economic Empowerment Hub.

The Micro and Small Enterprises Authority (MSEA) has undertaken a wide range of interventions. This includes construction and equipping of the Constituency Industrial Development Centres (CIDCs). They currently accommodate 2,994 women entrepreneurs. It has facilitated over 4,540 women-led businesses to access markets through trade fairs and exhibitions and distributed modern equipment to over 805 women entrepreneurs.

In addition, tens of thousands of young women have been supported through the Kenya Youth Employment Opportunities Project (KYEOP).

In addition to that, the new National Youth Opportunity Towards Advancement (NYOTA) and the Kenya Jobs Economic Transformation (KJET) project are being rolled out this financial year. They target youth, most of whom are young women for economic empowerment through grants, training, access to commercial infrastructure and market linkages. This strengthens women's participation in high-potential value chains.

In response to part (b) of the question, to ensure that women in the marginalised and remote areas are aware of available funding opportunities, the Ministry is spearheading outreach and awareness initiatives. This is done through a multi-sectoral approach, involving other Ministries, Departments and Agencies (MDAs), development partners and private sector players.

The Ministry has put in place a robust Micro, Small and Medium Enterprises (MSME) ecosystem to ensure development, growth and scalability of MSMEs. Whereas

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there are many existing interventions from the Government and private actors, their effectiveness has tended to be undermined by the silo manner of operations.

The Ministry has embraced the multi-sectoral approach to coordinate the sector and create more synergies and opportunities for leveraging the focus on MSME development. As a result, the Ministry has established a Public-Private sector MSME dialogue, known as MSME Connect. This initiative was launched on 14th March, 2025 in Nairobi. The plan is to go across the country and hold county-level forums that will converge local actors and discuss opportunities, address emerging challenges within the prevailing local context and offer solutions.

The next Kenya Public-Private Sector MSME dialogue will be held in June this year in Embu County.

Hon. Speaker, the Ministry is embracing joint outreach programmes throughout the Semi-Autonomous Government Agencies (SAGAs) while working together with the county governments, national Government administrative officers and respective officers. This is to provide a comprehensive sensitisation programme that outlines opportunities in the entire ecosystem, including financing, capacity building and market linkage.

For instance, in April and May, 2025, teams from the Micro and Small Enterprise Authority (MSEA), Hustler Fund, Uwezo Fund and KIE held a sensitisation meeting in Kakamega and Marsabit counties. They collaborated with the National Government Administrative Officers (NGAO), the Office of the Advisor to the President on Women Affairs, the Youth Enterprise Development Fund (YEDF), the Women Enterprise Fund (WEF), among others.

Together, they conducted awareness on economic empowerment opportunities within and outside the Government, including how to access Government procurement opportunities programmes. It is only through such a coordinated approach that the majority of Kenyans at the bottom of the economic pyramid will be reached and linked to opportunities that grow and scale their enterprises.

Regarding part (c) of the question, the impact of the Hustler Fund on women entrepreneurs has been considerable, with women accounting for 48 per cent of over the 25 million total borrowers. In addition to enabling over Kshs70 billion circulation into the economy, the Fund has provided a credit card to its beneficiaries to enable them to access credit lines through a dignified manner. As of today, with a credit limit of Kshs500, beneficiaries can confidently have a fallback plan to meet their needs and avoid shame and fear that comes with borrowing.

Good borrowers have had an opportunity to grow their credit limits. As of today, we have beneficiaries who are borrowing up to a maximum of Kshs150,000 on the new bridging loan product.

The saving component has mobilised over Kshs4 billion in both voluntary and mandatory methods, promoting a saving consciousness culture among Kenyans as a de-risking mechanism to their livelihoods. The credit history of all beneficiaries has been crystallised into a nine-band Hustler Fund behavioural rating system, ranging from A1 to C3 (A1, A2, A3, B1, B2, B3, C1, C2, C3), where A1 is excellent while C3 is very poor rating respectively. We are institutionalising the credit score towards market utilisation to

accord the highest scorers a soft collateral that will unlock for them access to enhancing financing.

Mr. Speaker, Sir, with respect to women, everybody agrees that they are good borrowers and even the banks will tell you as much. However, the good borrowing attributes to women has not found its way to the banks to accord them a preferential access to financing. Our women, regardless of their demonstration of good behaviour, are still subjected to hard collateral such as land title deeds, pay slips and properties, which most have no reach.

The Hustler Fund will, therefore, collateralize the good borrowing habit of women to inform their credit worthiness and eventually move to upgrade the market from fixation on hard collateral to soft behaviour, to deepen financial inclusion at the bottom of the economic pyramid and enable majority of our people to be served.

A comprehensive socio-economic impact study is in the process to measure long-term effects. Plans to enhance the funds support to women include introducing dynamic loan limit lines to individual repayment behaviour and integrating savings and pension component to build long-term financial resilience among women borrowers.

Moving to the next, women entrepreneurs in Kenya face several economic barriers in accessing financial resources, many of which stem from structural inequalities and systems challenges. Among the most prevalent barriers are lack of collateral due to limited asset ownership, limited access to formal financial history, low level of financial literacy and high costs associated with registering and formalizing business.

Cultural and societal norms in some regions further restrict women's participation in the enterprises. Informality remains a major issue as many women operate outside the formal financial systems, which limits their ability to access credit. The response to these economic barriers is as follows. The Ministry has employed a variety of strategies as follows:

I have already mentioned about the Hustler Fund that has eliminated traditional requirements like collateral and history, offering loans based on mobile money profiles and repayment behaviour. It also promotes savings and requirement planning through embedded product features.

Uwezo Fund supports women participation in local leadership and decision-making by ensuring their representation in the Fund committees and has advocated for simplified business registration process for single business permits. The Fund loan also emphasises capacity building to improve women's readiness for entrepreneurship and market participation.

The Kenya Industrial Estates (KIE) has introduced group guarantee loans using social collateral, allowing women without assets to access credit through mutual trust within groups. The KIE also provides affordable credits with flexible repayment terms and supports mentorship, coaching and exposures to strengthened business acumen.

The Micro and Small Enterprise Authority (MSEA) provides direct grants incubation in Constituency Industrial Development Centres (CIDCs), value chain integration and technical training. The proposed establishment of Women in Business Unit within MSEA is a major policy shift aimed at institutionalizing support for women,

addressing access to finance, mentorship, ICT and sustainable business development, while advocating for gender risk on policies and regulatory reforms.

In conclusion, Mr. Speaker, Sir, the Ministry remains steadfast in its commitment of empowering women entrepreneurs and dismantling barriers to their full participation in Kenya's economy. Through the coordinated efforts of the state agencies, the Ministry has delivered impressive results and continues to scale efforts through grants, training, financial inclusion, market access and infrastructural support. The Ministry is steadily building a more inclusive MSME sector, where the youth and women are equipped and empowered to be resilient amid Kenya's evolving economic realities.

Going forward, the Ministry will strengthen the institutional framework for supporting women entrepreneurs and aligning these efforts with the national development priorities under the Vision 2030 and the Bottom-Up Economic Transformation Agenda (BETA).

I thank you.

The Speaker (Hon. Kingi): We will take Question No.078 before we come to supplementary questions.

Hon. Cabinet Secretary, you have already circulated your written response. Try to paraphrase, so that we save on time.

Proceed, Sen. Karen Nyamu.

Question No.078

OPERATIONALISATION OF THE DEPOSIT GUARANTEE FUND AND THE INTEGRATED DIGITAL LENDING PLATFORMS FOR COOPERATIVES

Sen. Nyamu: Mr. Speaker, Sir, I would like to welcome to the Senate the hon. Cabinet Secretary. These are my questions-

(a) What initiatives is the Ministry undertaking to foster the growth and resilience of youth and women-led MSMEs amidst the current economic climate and how are these programmes aimed at improving the representation and benefits in the sector?

(b) Could the Cabinet Secretary indicate when the Deposit Guarantee Fund and the integrated digital lending platforms for cooperatives will become operational and outline the measures in place to protect members' savings and to harmonize cooperative policies across counties to ensure a consistent policy framework and promote intergovernmental cooperation?

(c) What measures are being implemented to ensure the timely remittance of members' contributions to Savings and Credit Co-operative Societies (SACCOs), especially in light of persistent financial mismanagement that, according to the Government, has resulted in Kshs600 million in unpaid SACCO deductions from county governments and universities?

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

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The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises Development (Hon. Wycliffe Oparanya): Mr. Speaker, Sir, I think I have already responded to the first question that the Member has asked. If she looks at my detailed response that was comprehensively covered.

The issue of remittances to the SACCOs and other cooperatives especially from the employers has been a challenge that has mainly affected county government and universities. Those are the two major culprits within the Government ecosystem that have frequently defaulted on remittances of members' deductions.

As a Ministry, we have very limited powers. The only powers that we have are for the Commissioner for Co-operatives to write to them pleading for them to make contributions. He also has the power to contact the banks for those defaulting to make sure that they remit their deductions. Sometimes banks are also tied because if there are no remittances, then the banks have no money in the accounts to make the remittances.

We now have the Cooperatives Bill before the Senate. In that Bill, we have outlined what we need to institute, so that members' remittances reach the SACCOs as required. We even involve the Controller of Budget (CoB) and the National Treasury in case of remittances for the county governments.

The Speaker (Hon. Kingi): Sen. Karen, you will have an opportunity to ask two questions. Sen. Joyce Korir, you will also have an opportunity to ask two supplementary questions before I give your colleagues the floor.

We shall start with Sen. Joyce Korir.

Sen. Korir: Thank you, Mr. Speaker, Sir. I do not have any Supplementary Question, but just to thank the Hon. Cabinet Secretary (CS), for the elaborate answer that he has given. He has raised a number of issues that answer the question that was lingering in my mind.

Thank you and feel most welcome.

The Speaker (Hon. Kingi): Sen. Karen, the floor is yours.

Sen. Nyamu: Hon. Cabinet Secretary, you have indicated that 25 million Kenyans, translating to 48 per cent of Kenyans, who have borrowed from the Hustler Fund are women. I would want more detailed information on those loans because we know from the onset, Kenyans used to borrow money from the Hustler Fund just to test if it works. A lot of these loans are Kshs500, perhaps amounts that do not translate to the kind of empowerment that we are looking for with regard to the women. It would be good if we can have the details on the nature of these loans. Is it group or individual loans? What are the amounts that women are accessing through the Hustler Fund?

On the Kenya Industrial Estates (KIE), you have elaborated well what you are doing to empower women. You have given a lot of detail on the women. However, you have not given any or similar breakdown that you have given on women and the youth. As you are aware, at the moment, one of the biggest problems we have in this country is unemployment of the youth. These are some of the channels where youth can be useful through various economic activities. Could the Cabinet Secretary give a similar breakdown on the efforts made towards the youth by Kenya Industrial Estates (KIE)?

Thank you.

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

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The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises Development (Hon. Wycliffe Oparanya): Thank you, Mr. Speaker, Sir.

On the first one, where I said that the majority of borrowers are women, taking up 48 per cent, as you are aware, the Hustler Funds is a digital platform operated system. These are the figures we get on a daily basis.

Mr. Speaker, Sir, if I was to bring a detailed list of the 48 per cent, maybe you will not be able to carry it because this is a digital system. However, I am willing, if the Member can contact me, so that I take her through how we get these figures. We have Safaricom Limited as a service provider that gives us this information on a daily basis. If it means printing it to prove that---

The Speaker (Hon. Kingi): Honorable CS, is this information contained in the Ministry's website?

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises Development (Hon. Wycliffe Oparanya): Yes, it is contained in the website. It is even on my phone now and I can pass it to her because we get it on a daily basis. I can avail that, and even put you to be part of the WhatsApp group, so that you can get it on a daily basis.

Secondly, on the issue of the youth, the Question that was asked by Hon. Korir was actually on women. I just mentioned the youth, by the way, to show that we are dealing with all vulnerable groups. However, if she needs a detailed response on the youth, that is now another Question, which I can deal with, later.

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

Sen. Orwoba: Thank you, Mr. Speaker, Sir. I have a supplementary question on the issue of availability of funds to youth and women. In your response, *Waziri*, you have said that in addition, the Uwezo Fund has rolled out Wezesha Kazi Majuu product to support the labour mobility, where you are giving loans of up to Kshs200,000 with zero interest rate and eight per cent management fee.

My question is, how many people have successfully gotten these Kshs200,000 loan, and how many of those who have been given the Kshs200,000 are abroad working as we speak?

The Speaker (Hon. Kingi): Sen. Moses Kajwang' please proceed.

Sen. M. Kajwang': Mr. Speaker, Sir, I would like to welcome the expert to the Senate. He has talked about two initiatives, the National Youth Opportunities Towards Advancement (NYOTA) and the Kenya Jobs Economic Transformation Project (KJET). The CS indicates that they are being rolled out this financial year. Whereas Kenyans are aware of the Hustler Fund, the pros and cons, and the Uwezo Fund, KJET and NYOTA are not very well known amongst Kenyans. Can the CS confirm whether it is possible to use these hon. Senators as promoters and mobilizers for KJET and NYOTA, because they aim at empowering and providing grants to young people at the grassroots?

Can the CS also confirm that they will not also be using the networks of the National Government Constituencies Development Fund (NG-CDF) and county governments, which already have their funds? These Senators are available and ready, and they have networks across all polling stations in their jurisdictions. The CS could

consider using the Members of this House to promote, roll out and to mobilize these two grants.

Thank you.

The Speaker (Hon. Kingi): The Hon. Sifuna, please proceed.

Hon. Senators, you shall refer the CS as the Hon. CS and not by any other name.

Sen. Sifuna: I do not know why that directive is being given immediately I take the microphone, but I will take it in stride.

Mr. Speaker, Sir, in his other life, the Cabinet Secretary and I used to agree on how this Hustler Fund needs to be treated. As of September of 2024, data from that Ministry indicates that the default rate was up to 58 per cent. That means approximately 14 million out of the 24 million people who are borrowing on that platform are classified as defaulters. In his other life, the CS was clear that we need to hold the President to his promise that this Hustler Fund was supposed to be a grant and not a loan, therefore, the people who borrowed this money need not pay that money back. That was the position we held together with the CS. I therefore would like him to confirm what plans are in place to make sure that the people who are listed as defaulters of this particular Hustler Fund are made to pay back this money, now that he has taken a diametrically opposite position that this money needs to be paid back.

I thank you.

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

Sen. Cherarkey: Thank you, Mr. Speaker, Sir. I would like to welcome the Cabinet Secretary to the Senate. Indeed, if these are the kinds of leaders from the Mulembe nation led by Oparanya and Khalwale, then the Mulembe nation is in safe hands.

Mr. Speaker, Sir, in Nandi County, there are upcoming co-operative societies like Kipsiele Cooperative Society, Chepterit Women's Star, Kapsaos Coffee Cooperative, Kapkulumben Cooperative Society, Lesos Farmers Cooperative Society and Kabunyeria Farmers Cooperative Society, amongst others.

Is there a specific package that the Hustler Fund can give these cooperative societies, so that it can jumpstart and ensure that we do not only capture societies, youth groups and women groups in Nairobi, but also the people who are under the President's agenda of Bottom-Up Economic Transformation Model? I want to ask the Cabinet Secretary not to fear Sen. Sifuna because Sen. Sifuna was told off by Raila over the weekend.

The Speaker (Hon. Kingi): Hon. Senator for Nandi, you are out of order. I will give you your first caution for the day.

Senator for Kericho County, the Senate Majority Leader, you may proceed.

The Senate Majority Leader (Sen. Cheruiyot): Thank you, Mr. Speaker, Sir. I have a question with regards to the financial inclusion product otherwise known as a Hustler Fund, which the Cabinet Secretary responded to in the first part of the question.

For the record, to the best of my knowledge, the President never promised a grant. The people---

(Sen. Cherarkey consulted loudly)

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The Speaker (Hon. Kingi): Senator for Nandi County, you are out of order! If you proceed in that manner, I will have to ask you to leave the House.

Proceed, Senate Majority Leader.

The Senate Majority Leader (Sen. Cheruiyot): Thank you, Mr. Speaker, Sir. The people who promised Kshs6,000 one-off as a grand are known. Regarding the Hustler Fund - and the Cabinet Secretary is here, he will confirm to us - from the get go, everybody who borrowed knew that the scheme is that you borrow, pay; you build a credit history and are able to grow your limit.

The question that I have for the Cabinet Secretary is, if we can have a record which he can provide now or later of the approximate number of Kenyans that borrow on a daily basis and that are active on this platform, so that we are able to know how they are able to achieve this figure of Kshs70 billion.

That is not a small amount. In fact, there are only two or three banks in this country that can lend out such a similar amount out there. Therefore, it would be important for this House to know from the CS how many ordinary citizens borrow and pay on a daily basis.

I thank you.

Sen. Ogola: Thank you, Mr. Speaker, Sir. I welcome the Cabinet Secretary and our senior brother once more.

My question to the Cabinet Secretary is, what percentage of the funds lent, especially of the Hustler Fund, has become bad debt? Mr. CS, now that we are in a broad-based Government, is it possible that you can pay the Kshs6,000 that was promised to Kenyans as per our manifesto?

(Applause)

Sen. Miraji: Asante, Bw. Spika. Ningependa kumkaribisha Waziri na nimpongeze kwa kufika kwa wakati.

Swali langu kwake ni kwamba kuna jinamizi jipya limechipuka katika Taifa letu ya Kenya; jinamizi la watoto wetu kucheza kamari. Kuna ushahidi ya kwamba pesa nyingi zinazochukuliwa katika mifuko hii ya hazina za fedha inaenda kutumika katika hali isiyo ya malengo ya hazina hizi.

Je, kuna mikakati gani katika Wizara yetu kuhakikisha ya kwamba tunafuatilia utekelezaji wa ruaza za hazina hizi za pesa? Kuna mikakati gani ya kuhakikisha kwamba pesa zinazochukuliwa zinafanyiwa biashara na zinastawisha vipi uchumi wa serikali kama ilivyokuwa malengo ya Rais wetu wakati alipokuwa anaweka hazina hii ya fedha? Je, kuna sera ya kuona kwamba anayechukua pesa hizi anaenda kufanyia yale malengo yake ama anaenda kutumia kwa mihadarati na hata kujiingiza katika jinamizi la Kamari?

Asante, Bw. Spika.

Sen. Oketch Gicheru: Mr. Speaker, Sir, thank you for giving me this opportunity.

My question is also on the Hustler Fund and because the Cabinet Secretary in charge now is an expert from the ODM, has the Ministry done a legal impact assessment

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of the Hustler Fund? It seems to me that we do not know where this Hustler Fund is being invested and we do not know who is borrowing this money.

Is there an intention by the Ministry to publish a proper impact assessment of areas where this money has gone, which people have borrowed and to what extent have they transformed their businesses?

Where I come from, one of the people that I hope would have borrowed from this Fund is the *boda boda* industry. We are informed that there are about 1.5 million people in the *boda boda* industry today. However, the *boda boda* industry is still going to very expensive solutions in terms of people who are in the marketplace giving them loans at almost 60 per cent. If you look at what the *boda bodas* are getting even in terms of just the deposit that they are given to these funds like Mogo Loans, Progressive Loan; they have to give sometimes up to Kshs60,000. Within three years they try to pay these funds, but the *boda boda* has depreciated.

So, who are these people that are borrowing from the Hustler Fund? Who are these Hustlers? Can the Cabinet Secretary table before us, at the right time, an impact assessment that is nearly done as an expert that he is from ODM, to show the country what has happened in that Hustler fund?

Sen. Mungatana, MGH: Thank you, Mr. Speaker, Sir. In your response *Waziri*, when you were asked about how you have gone out of your way to explain the opportunities that exist for women by Sen. Joyce Korir, especially in remote and underprivileged areas, you said that you have taken a multisectoral approach, and that you have gone to other places and you gave the example of Marsabit and Kakamega.

In this Senate we have 47 counties. Two out of 47 is 4.25 per cent. The question I wanted to ask you as a follow up is, when are you coming to Tana River? When are you going to the rest of the other counties? When are you rolling out this programme, so that we can host you in our various counties to explain these opportunities to the other people? You did not tell us about this programme. You only mentioned Marsabit and Kakamega. We want to hear when you will be coming to the rest of the counties.

I thank you.

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

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises Development (Hon. Wycliffe Oparanya): Thank you, Mr. Speaker, Sir. Before I answer the supplementary questions, I think Members are very much interested in the Hustler Fund.

I want to commit myself that you can set aside time, so that I can come and meet the Members out of the normal session, so that we are able to explain in detail how the Hustler Fund is working and how it can help the Members, and your constituent who helped you to come to this House. If you will give me that opportunity, I will avail myself to do that.

On the issue of labour mobility, we are working with the Ministry of Labour and Social Protection, and I saw that the Cabinet Secretary in charge of labour was here. We are working and our role is actually provide finances. The identification of opportunities

that are there overseas is the responsibility of the Ministry of Labour and Social Protection.

As soon as they identify those particular people, they just forward a list with the necessary documents to prove that these people actually have got a job overseas and they have the necessary documentation to travel, and that they have letters of appointment, then we facilitate them. So far we have facilitated 268. To know where they have gone, if they have not gone, that is the responsibility of the Ministry of Labour and Social Protection.

My role is just to get a list with the necessary documents from the Ministry of Labour and Social Protection, facilitate the financing and my responsibility ends there. To know who went, who never went or where they are going, that information can be availed from the Ministry of Labour and Social Protection.

On the issue of NYOTA and KJET, this is a very important initiative that you, as Members of Parliament, should be aware of. It is a joint initiative with the Kenyan Government and the World Bank that involves about Kshs33 billion. Already, the sensitization programme is going on. Unfortunately, with the Members of the National Assembly. Since the selection of the beneficiaries is based on wards, they thought that Members of Parliament would be the best ones with the Members of the County Assemblies (MCAs). These people are sensitized to apply on phone since it is a digital application process.

Unfortunately, the Senate has not been properly included. I commit myself that you are Members of Parliament, and so, you must be aware of what is happening. I also commit myself that given the opportunity, because this is a very important initiative, I am ready to come and sensitize you or take you through the programme.

On the issues raised by my Secretary General, Sen. Sifuna, I know we were in the same boat that time, but I never heard of this money being a grant. That was the truth. I was only in the same boat when we were saying that this money should not be paid. Now I am in a different boat. I am now saying that Kenyans who have borrowed this money should pay because I feel that this money is a good initiative that will help many Kenyans.

Unfortunately, when such initiatives come up after an election, members of the public think that they are being rewarded, which is why we had so many defaulters when the Fund started. Let me assure Senate that we are working on a system where we will ensure that this amount is recovered, so that more Kenyans benefit from this money.

Please, note that out of the 20 million Kenyans that started borrowing from this Fund, two million of them have proved to be good borrowers. For these good borrowers, we have introduced a bridging loan. These are the people who have been given a better limit, for them to borrow up to Kshs150,000. Out of the 20 million, two million have been promoted to what we call a bridging loan. This Fund is working very well and helping many Kenyans despite the initial problems we had.

On the Hustler Fund helping cooperatives, it is a different product. We use a digital platform to access through one's phone without interacting with any individual. So, it will be difficult to take that fund and divert it to cooperatives. However, in the Cooperatives Bill, 2024 that is before the Senate, there is a provision of creating a

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Cooperative Development Fund. Based on how we will pass it here, that is the fund that we will use to support cooperatives specifically. It will be a levy collected from cooperatives and also Government allocation to that fund, so that we can scale up the operations of most cooperatives, especially those in the critical value chain.

On providing records of the Hustler Fund, I have clearly said here that the Fund is a digital platform facility. If you want a printout, I can do it, but if you go to our website, it will show you how it is operated. The Hustler Fund is critical in that it helps many Kenyans. I have committed myself to come here and explain to Members, so that they know how it is working. I have admitted that there are bad debts and we are working to see how that can be recovered.

One Member asked if I paid Kshs6,000 that had been promised to jobless youths by AZIMO Party. As you know, AZIMIO lost the elections. Maybe you could organize yourself, so that if they have a chance of coming into power, then they give Kshs6,000. We are in the Kenya-Kwanza Government and they have their own priorities. Since we are now under the Broad-based Government, we are now working towards their agendas.

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

[The Temporary Speaker (Sen. Abdul Haji) in the Chair]

Mr. Temporary Speaker, Sir, on the issue of us knowing how these funds are used, one Member here mentioned the issue of *Kamari*. With the Hustler Fund, it will be difficult for us, as a Ministry, to follow how the individual uses that money. On other funds such as the Kenya Industrial Estate (KIE), we are able to follow, monitor and make respective reports, because this is targeted money to make sure that it is given to entrepreneurs. Those entrepreneurs use it properly; they pay back with interest of eight per cent. It is for a specific period supposed to help the entrepreneurs to grow and create more employment. That will be easier to monitor and that is what we do. We do the same for Uwezo Fund, but for Hustler Fund, it would be difficult.

On the question by Sen. Eddy on the legal impact, I assure you that we are in the process of doing that. We have commissioned a consultant to help us come up with the impact assessment of the Hustler Fund. The Fund is operated by two private service providers, that is, Safaricom Kenya Limited and Kenya Commercial Bank (KCB). KCB is the custodian of funds, but the operation is carried out by Safaricom Kenya Limited. Therefore, we are in the process of carrying out an impact assessment. I am hopeful that in the near future, we will give a report on that.

On the last one raised by my friend, Sen. Mungatana, I just gave Kakamega as one example of where we were two weeks ago. The next Friday, we will be going to Marsabit County. We have a programme involving 47 counties. I will let him know when we will be going to Tana River and would appreciate if he will be around in order for us to speak one language.

The Temporary Speaker (Sen. Abdul Haji): Thank you, Cabinet Secretary. We have come to the end of the session with the hon. Cabinet Secretary.

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(Sen. Dullo spoke off record)

Sen. Dullo, what is your point or order?

Sen. Dullo: Mr. Temporary Speaker, Sir, I had requested to ask a question from the beginning, and up to now, I have not been given an opportunity. That is why I came to consult the previous Speaker. Please, allow me to ask one question on the county governments.

The Temporary Speaker (Sen. Abdul Haji): Sen. Dullo, I have not been informed that you and Sen. Onyonka had requested to ask questions, but if you are talking about your name appearing on the schedule, there were several Senators before you. However, because of time, we had set a time to finish with this Cabinet Secretary at 11.00 a.m.

Sen. Dullo and Sen. Onyonka, I will allow you, but in less than a minute.

(Loud consultations)

Sen. Onyonka, I am informed that you were called and you were not here, and your name was dropped. Sen. Dullo, ask your question very quickly.

Sen. Onyonka: On a point of order, Mr. Temporary Speaker, Sir.

The Temporary Speaker (Sen. Abdul Haji): Unfortunately, your name was called. You were on the schedule, but you were not present. Allow Sen. Dullo to ask her question.

Sen. Dullo: Thank you, Mr. Temporary Speaker, Sir. I seem to have a problem with my gadget, but I had contacted the previous Speaker.

I wanted to ask a question on trade budget within the counties. Counties usually budget for trade, specifically for women, youth and Persons with Disabilities (PwDs) empowerment. Unfortunately, most counties have not come up with a legal framework to utilize this budget. At the end of the financial year, that budget is re-allocated to other activities when our women, youth and PwDs are suffering in those counties. Is the hon. Cabinet Secretary in touch with the county governments in order to ensure that budget is utilized properly to help our people on the ground?

The Temporary Speaker (Sen. Abdul Haji): Sen. Onyonka, one minute.

Sen. Onyonka: Thank you, Mr. Temporary Speaker, Sir. I am happy to see the hon. Cabinet Secretary in this House. My question is, the Kenya Kwanza Government, which he proudly appreciated today has said that all the funds are going to be collapsed, so that we can have either one or two funds, which will run through an outfit he has talked about or any other.

Has he come up with strategies on how he will collapse all the funds that exist in our Republic because we believe that many of the duplicating funds are being misused and are confusing? This will ensure that the public benefits as much as they are supposed to.

The Temporary Speaker (Sen. Abdul Haji): Cabinet Secretary?

The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises Development (Hon. Wycliffe Oparanya): Mr. Temporary Speaker, Sir, on

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the first supplementary question about county governments budgeting for trade, unfortunately, as the Cabinet Secretary, I have no control over the budget of county governments. However, what the national Government does is that in most of the sensitization programmes, we involve officials from the counties for them to know what we are doing at the national level, so that they can also be part of the system. There is something for them to learn because most of these counties have not matured enough, and there is always something to learn from the national Government.

On the issue raised by Sen. Onyonka, already there are recommendations that have been passed by the Cabinet that in all these funds, the initiative is the same, whether it is involving women, youth or the PwDs. Therefore, it has been passed that these funds be put together under the Biashara Fund and the process is ongoing. It will come before you for approval and stakeholders are being consulted on how that can happen.

The Temporary Speaker (Sen. Abdul Haji): Thank you, hon. Cabinet Secretary, for coming today and answering questions. We wish you the best and also request that since you have seen how much interest there is in your Ministry, you should keep your office open and engage the Senators continuously, otherwise, we give you leave.

[The Cabinet Secretary for Co-operatives and Micro, Small and Medium Enterprises Development (Hon. Wycliffe Oparanya) was ushered out of the Chamber]

Hon. Senators, we are waiting for the Cabinet Secretary for Health, so that we can proceed with question time.

Hon. Senators, we seem to have a problem with the Cabinet Secretary. I am being informed that the Cabinet Secretary had scheduled another meeting with a National Assembly Committee at the same time with the Plenary here. The delay has occurred because he is still stuck at the National Assembly. It is unfortunate, and borders on contempt.

Yes, Sen. (Dr.) Khalwale.

Sen. (Dr.) Khalwale: Mr. Temporary Speaker, Sir, I request that you recheck the information that you have just given the House. While seated here, I have been speaking to the Cabinet Secretary for Health, Hon. Duale. I have also talked to Muriuki, his Principal Secretary, and they have both confirmed to me that they are on their way coming for this session. They are not in the National Assembly. They were in the office when I was talking to them eight to 15 minutes ago. I have been talking to them. Kindly recheck that.

It is inconceivable that the Cabinet Secretary would go to the National Assembly when he has confirmed that he is coming here this morning, up to and including the conversation that I am referring to.

The Temporary Speaker (Sen. Abdul Haji): Sen. (Dr.) Khalwale, that is the impression that we also had. We expected the CS to be appearing here, but the clerks and the Serjeant-at-Arms have checked and confirmed that he is not at the waiting area where he is supposed to be. That is why we have this delay.

Sen. Wambua, what is your point of order?

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Sen. Wambua: Mr. Temporary Speaker, Sir, it is getting worse. Last week, we had a similar situation with the CS for National Treasury. He communicated after we had assembled that he was not going to attend the meeting. We are waiting for the CS for Health just for us to learn that he is attending another meeting with a Committee of the National Assembly.

Mr. Temporary Speaker, Sir, these games must come to an end. The CS must be brought to this House to respond to the questions that Members have asked. If he has to make a choice between going to the National Assembly and the Senate, then he needs to know that health is a devolved function. He will have to come here, then make arrangements to meet Members of the 'Lower House' at another time.

I thank you, Mr. Temporary Speaker, Sir.

(Sen. Cheruiyot consulted loudly)

Proceed, Sen. Sifuna.

Sen. Sifuna: Mr. Temporary Speaker, Sir, why is the Senate Majority Leader heckling? You have given me the mic and he should allow me to say what I want to say. I promise to be--- Fortunately for the Senate Majority Leader, I was directed by my party leader to be nicer, and I am going to try my best. I will not respond to his heckling today because *waliniambia nitoe pilipili moja*.

This morning, I was called by the Member of County Assembly for Ngara ward, Hon. Chege Mwaura. He wanted my assistance because his people were being evicted, in this rain, by the Nairobi City County Government. They are alleging that those people have rent arrears. Unfortunately or fortunately, he had put me on speaker with the people and I told him that I could not go to Ngara because I have a question that is pending for the CS for Health.

Mr. Temporary Speaker, Sir, I have looked at the question that I was supposed to ask and the response that came from the Ministry, and I have noted that there is specific documentation that he has said that I needed to supply. This is regarding the death of a young man who was a student at Kibera Secondary. The issue is on compensation. I came here, purposely, to hand these documents to the CS.

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

I hope he is the one walking in. If he has arrived, then we need to proceed.
Waziri, these games must come to an end.

(Sen. Cheruiyot consulted loudly)

Mr. Temporary Speaker, Sir, please, ask the Senate Majority Leader to allow us to speak. I am on the Floor. Why is the Senate Majority Leader heckling us? This is not your house. This House is for all of us. The information that we have come from the Temporary Speaker. You cannot heckle us all the time. Can you throw him out?

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The Temporary Speaker (Sen. Abdul Haji): Senate Majority Leader, order.

Sen. Sifuna: Mr. Temporary Speaker, Sir, this is unacceptable. I was asked to be nicer, but I will not allow this provocation to continue.

(Sen. Cheruiyot spoke off record)

The Temporary Speaker (Sen. Abdul Haji): Order, Senator. You started heckling. Let us stop it at that point. Let him finish and we should listen to him in silence.

Sen. Sifuna: Mr. Temporary Speaker, Sir, how is it in order for somebody who is younger than me to call himself my elder? Where does that happen? In which society? In this particular House, seniority does not come from how old you are, it is what is in your brain. So, Sen. Cheruiyot cannot come here heckling and telling us that he is senior to us. He is lucky that I have been directed to be nice. Otherwise, he would have seen the full wrath of Sen. Sifuna.

Mr. Temporary Speaker, Sir, I want the demons who have been sent to tempt me to break the directive by my party leader to depart from me. They should leave me alone.

Mr. Temporary Speaker, Sir, now that I have seen the CS, I will take my seat. It was critical that he comes here. However, as Sen. Wambua said, the communication to this House comes---

(Sen. Cheruiyot spoke off record)

The Temporary Speaker (Sen. Abdul Haji): He was on the Floor of the House. Can you allow him to finish?

(Loud consultations)

Sen. Sifuna: Mr. Temporary Speaker, Sir, throw this guy out. Is Sen. Cheruiyot above the law?

The Temporary Speaker (Sen. Abdul Haji): Order, Senators.

Sen. Sifuna: Mr. Temporary Speaker, Sir, he cannot heckle like this.

(Loud consultations)

The Temporary Speaker (Sen. Abdul Haji): He is addressing his issue now. Can we allow him to finish? Let us listen to the Senator in silence.

Sen. Sifuna, conclude.

Sen. Sifuna: Mr. Temporary Speaker, Sir, this is unfair. If Sen. Sifuna behaved like this heckler from Kericho, I would have been thrown out by now. Can you apply the rules equally?

Lastly, I wanted to say---

(Loud consultations)

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No, throw him out. Is he above the law? He is not above the law. Sen. Cheruiyot, you are not above the law. No.

The Senate Majority Leader (Sen. Cheruiyot): On a point of order, Mr. Temporary Speaker, Sir.

The Temporary Speaker (Sen. Abdul Haji): Sen. Sifuna---

Sen. Sifuna: Let me conclude.

The Temporary Speaker (Sen. Abdul Haji): Sen. Sifuna, there is a point of order, before you conclude.

Sen. Cheruiyot, what is your point of order?

Sen. Sifuna: Mr. Temporary Speaker, Sir, how can somebody who is out of order be given a point of order? He is already out of order. How can he stand up, unless the point of order is against himself?

The Temporary Speaker (Sen. Abdul Haji): Hon. Senators---

(Sen. Cheruiyot stood up in his place)

Sen. Cheruiyot, take your seat. Take your seat, Senator. Order, Senators. The CS is already here. We are going to proceed to question time. We will cease---

(Loud consultations)

(Sen. Cheruiyot stood up at his place)

Sen. Cheruiyot, take your seat. Take your seat, Senator. Sen. Cheruiyot, I will find you grossly out of order. You started heckling. You were heckling against him. You did not behave orderly yourself, Sen. Cheruiyot. You were not orderly. You started heckling and I let you. I did not bring you to order. I will find you grossly out of order.

I was going to allow you a point of order for you to respond, but you were not behaving orderly. So, I have to put a stop to this, then we go to question time. That is it, Senators. We are starting with the questions.

(Loud consultations)

The Temporary Speaker (Sen. Abdul Haji): Sen. Cherarkey, what is your point of order?

Sen. Cherarkey: Mr. Temporary Speaker, Sir, I rise under Standing Orders No.1 and 101. You heard Sen. Sifuna say that Sen. Cheruiyot is a heckler. Can it be expunged from the record of the House, so that we protect the dignity of the Member? That is my indulgence.

(Sen. Sifuna spoke off record)

No, you need to rein in Sen. Sifuna. He cannot be heckling everybody. He needs to behave.

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Mr. Temporary Speaker, Sir, under Standing Order No.1, can you kindly expunge the word referring Sen. Cheruiyot as a heckler? That is what we are requesting, then the matter rests there.

(Loud consultations)

The Temporary Speaker (Sen. Abdul Haji): Hon. Senators, I want to bring this matter to an end. As a matter of fact, I did not refer to Sen. Cheruiyot as a heckler. I said he was heckling in the House. However, Sen. Sifuna referred to the Senator as a heckler, which is out of order. Can you withdraw that and apologise?

Sen. Sifuna: Hon. Temporary Speaker, you are determined to turn me back into the old me. You said he was heckling. A person who heckles is a heckler. That is what you call him. Sen. Cheruiyot of Kericho County was heckling me. He is a heckler. You have made that decision yourself.

I will not allow anyone to bully me in this House. I did not come here because of Cheruiyot's graces. I was elected by the people of Nairobi City County. He is not bigger than anyone in this House. If you cannot throw Sen. Cheruiyot out for his misbehaviour, then there are no rules in this House. *Hakuna mtu atatutisha hapa bwana!*

Sen. Cherarkey: On a point of order, Mr. Temporary Speaker, Sir.

The Temporary Speaker (Sen. Abdul Haji): What is your point of order, Sen. Cherarkey? Give him the microphone.

Sen. Cherarkey: Mr. Temporary Speaker, Sir, you cannot allow the House to be overrun. You are in charge. I invite you to Standing Orders 121 and 122, which state that a Senator commits an act of gross disorderly conduct if he defies the ruling or direction of the Speaker or Chairperson of a committee. Therefore, Sen. Sifuna is totally out of order. He must face the consequences of Standing Orders No.121 and 122, so that this House can proceed. He has defied your direction and must be thrown out.

The Temporary Speaker (Sen. Abdul Haji): Sen. Sifuna.

(Loud consultations)

Senators, let us conclude this.

Order, Senators. Order, Sen. Sifuna.

(Sen. Kibwana consulted with Sen. Cherarkey)

Order, Sen. Hamida and Sen. Cherarkey.

Sen. Sifuna, the point of order raised by Sen. Cherarkey is valid. As the Chair, I directed you. Even though Sen. Cheruiyot is not seeking a withdrawal or apology, I had already given a ruling. For the sake of sanity and to allow us to proceed, just withdraw, so that it does not appear that you called Sen. Cheruiyot a heckler. Just withdraw the statement, so that we can move forward.

(Loud consultations)

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Sen. M. Kajwang’: On a point of order, Mr. Speaker, Sir.

The Temporary Speaker (Sen. Abdul Haji): Yes, Sen. Kajwang’. What is your point of order?

Sen. M. Kajwang’: Mr. Temporary Speaker, Sir, there is a reason we want to position ourselves as the ‘Upper House.’ The Cabinet Secretary for Health - allow me one minute to say this - was the Leader of Majority in the other House. He was extremely contemptuous of this House. We cannot conduct ourselves in a way that affirms the contempt he used to show. Instead of pointing fingers at ourselves, we should be condemning the Cabinet Secretary for keeping us waiting.

We have had children sitting in the gallery- children that you invited - watching the leader of this House behave in a manner beneath them. The initial request was to expunge certain statements from the HANSARD. I believe that is fair enough. If they can be expunged, let us not push for apologies, as we are now dealing with brittle egos.

Mr. Temporary Speaker, Sir, I urge you to direct and take control of this House, so that we can focus on the Cabinet Secretary rather than ourselves. Please, let this House remain the ‘Upper House’ and a House of decorum.

The Temporary Speaker (Sen. Abdul Haji): Hon. Senators---

(Loud consultations)

Order, Senators.

(Sen. Orwoba spoke off record)

Order, Sen. Orwoba. I am not giving you or anyone else a chance to speak. We will proceed to question time. I will not take any more points of order. Can we proceed to Question No.022 by Sen. Tom Ojienda?

Senator, please, ask your question.

Sen. (Prof.) Tom Odhiambo Ojienda, SC: Thank you, Mr. Temporary Speaker, Sir. The last time we were at the funeral of the late Hon. Member for Kasipul Constituency, Sen. Sifuna was told to stop what he has done today.

(Loud consultations)

The Temporary Speaker (Sen. Abdul Haji): Order, Senators.

Sen. (Prof.) Tom Odhiambo Ojienda, SC: Mr. Temporary Speaker, Sir, let me put my question.

The Temporary Speaker (Sen. Abdul Haji): Yes, put your question.

(Loud consultations)

The Temporary Speaker (Sen. Abdul Haji): Order, Senators. Let us listen to the question in silence.

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Proceed, Senator.

Question No.022

TERMS OF ENGAGEMENT BETWEEN PERSONNEL FROM
MINISTRY OF INTERIOR AND NATIONAL ADMINISTRATION AND
MINISTRY OF HEALTH IN SHIF REGISTRATION

Sen. (Prof.) Tom Odhiambo Ojienda, SC: Mr. Temporary Speaker, Sir, I proceed to ask Question No.022 addressed to the Cabinet Secretary for Health.

(a) Could the Cabinet Secretary explain the terms of engagement between personnel from the Ministry of Interior and National Administration and the Ministry of Health in the ongoing registration of Kenyans to the Social Health Insurance Fund (SHIF)?

(b) What are the specific roles of the personnel in the registration process? Could the Cabinet Secretary indicate if they are receiving extra incentives, and if so, state the amount they are being paid per day?

(c) Could the Cabinet Secretary clarify whether there are established guidelines for the operations of the personnel to ensure that vulnerable persons, particularly the poor and the elderly, are not coerced or unduly influenced to register for the programme?

Those are parts one, two and three of Question No.022. I confirm receipt of the responses. The Cabinet Secretary can proceed.

The Temporary Speaker (Sen. Abdul Haji): Welcome, hon. Cabinet Secretary.

The Cabinet Secretary for Health (Hon. Aden Duale): Thank you, Mr. Temporary Speaker, Sir and hon. Senators.

Mr. Temporary Speaker, Sir, if you allow me, on a light touch, I had differences based on legislative points by the former Senator for Homa Bay, but I was not contemptuous about the Senate. I am a person who believes in devolution. Even now, I have a lot of respect for the Senate. I want to confirm that to all Senators and Members of Parliament (MPs).

Moving to the Question by the Senator for Kisumu, the Ministry for Interior and National Administration, through the National Government Administrative Officers (NGAOs), plays a vital role in coordinating national Government functions at the county level. Among their key responsibilities is identification and mobilisation of citizens for national and civic registration.

Notably, the NGAOs, as they are known, have been instrumental in advancing the implementation of the Social Health Authority (SHA), having successfully registered 12 million households during the initial phase of the rollout of the Universal Health Coverage (UHC). As of 12th May, 2025, registration stood at 22,199,252. Every day, save for Saturday and Sunday, between 40,000 to 50,000 Kenyans register voluntarily.

In relation to their terms of engagement, the NGAOs have been responsible for the following functions-

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They help coordinate UHC registration and we leverage on their extensive network across all the 47 counties. NGAOs are spearheading registration of Kenyans to SHA.

They also help us in community sensitization. They are playing a very vital role in educating communities about the transition from the defunct National Hospital Insurance Fund (NHIF) to SHA, addressing the misconceptions and encouraging active participation in the registration process.

They help us in monitoring and reporting. Both our regional and county commissioners are tasked with daily monitoring of the registration progress. Working together with Community Health Promoters (CHPs) and other healthcare workers, they submit regular reports to ensure the attainment of 12 million households target.

Finally, they help us in community engagement. NGAOs are actively engaging with the communities to dispel misinformation and promote understanding on the benefits of UHC, thereby encouraging widespread participation in the registration process.

In terms of the engagement strategy, by utilizing the extensive network similar to the previous successful registration of farmers for the subsidized fertiliser programme, SHA was able to quickly reach out to Kenyans even in remote areas and provide them with information on how to register for the programme.

Still on the same question, the Senator sought to know the specific roles of the personnel in the registration process and if they are receiving extra incentives. While NGAOs are playing a critical role in the SHA transition through mobilisation and sensitization of registration process, they are not receiving any additional allowances beyond their regular salaries. Their involvement is considered part of their official duties. The Government strategy is to leverage on the extensive network of NGAOs to reach communities at the grassroots level and indicate to them about the benefits of the UHC.

Finally, on this Question, the Senator for Kisumu sought clarifications on whether there are established guidelines for the operation of the personnel to ensure vulnerable persons, particular the poor and the elderly, are not coerced or unduly influenced to register for the programme.

Mr. Temporary Speaker, Sir and hon. Senators, to ensure ethical and inclusive environment, the Government has established guidelines to prevent coercion or undue influence particularly among vulnerable populations. Secondly, the registration process is designed to be accessible and user friendly, with various options available to the individuals. The options include USSD code registration, online registration, in-person registration at the designated centres, and use of community health workers. We have also provided for registration of teenage mothers among others.

By providing multiple channels, the Government aims to reach all segments of the population, including the elderly and those in remote areas. Additionally, public awareness campaigns are being conducted to educate the public about the benefits of UHC and the importance of timely registration as outlined in the Social Health Insurance Regulations 2023.

I want to thank this House, through the Committee on Delegated Legislation, for helping me to articulate the registration process. Those Regulations articulates the registration process as described above.

Mr. Temporary Speaker, Sir, moving to Question No.030 that was sought by the Senator for Kisumu on analysis of the financial implications and the benefits of the three Funds under the SHA *vis-à-vis* the former defunct NHIF, my response is as follows-

The SHA is established under the Social Health Insurance Act of 2023 which this House passed. That Act repealed the National Health Insurance Act No.9 of 1998. The SHA has three Funds, namely---

The Temporary Speaker (Sen. Abdul Haji): Hon. Cabinet Secretary, sorry for stopping you. Sen. (Prof.) Ojienda did not ask the second Question. Please allow him to ask the Question before you proceed.

Question No.030

FINANCIAL IMPLICATIONS AND INSURANCE
PACKAGES OF THE THREE FUNDS UNDER
SHA *VIS-A-VIS* THE DEFUNCT NHIF

Sen. (Prof.) Tom Odhiambo Ojienda, SC: Thank you, Mr. Temporary Speaker, Sir, for allowing me to ask Question No.030, which is as follows-

(a) Could the Cabinet Secretary provide a comparative analysis of the financial implications and insurance package benefits of the three funds under Social Health Authority (SHA) *vis-à-vis* the defunct National Health Insurance Fund (NHIF) for individuals in the formal and informal sectors?

(b) What is the justification for the mandatory migration of details of NHIF contributors to SHA, and could the Cabinet Secretary outline any measures put in place to ensure that data protection laws were not violated in the process?

(c) Could the Cabinet Secretary explain the measures put in place to guarantee comprehensive, year-round health coverage for entire households to prevent the depletion of insurance package benefits by individual members?

(d) What challenges at NHIF necessitated the transition to SHA, and could the Cabinet Secretary explain the rationale behind the establishment of the three health funds under SHA, namely the Social Health Insurance Fund, the Primary Healthcare Fund and the Emergency, Chronic and Critical Illness Fund?

The last part is key. Let the Cabinet Secretary explain, so that Kenyans can understand.

The Temporary Speaker (Sen. Abdul Haji): Proceed, hon. Cabinet Secretary.

The Cabinet Secretary for Health (Hon. Aden Duale): Sorry, Mr. Temporary Speaker, Sir. I thought I was going to answer both Questions by the Senator, that is, Question No.022 and Question No.030. Let me now answer Question No.030.

The SHA is established under the Social Health Insurance Act of 2023 which this House passed. That Act repealed the National Health Insurance Act No.9 of 1998. The SHA has three Funds, namely, the Primary Healthcare Fund, the Social Health Insurance

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Fund and the Emergency, Chronic and Critical Illness Fund. These funds ensure the full spectrum of healthcare is given attention from the point of prevention, promotion, curative, rehabilitative and palliative care.

Mr. Temporary Speaker, Sir, from the onset, allow me to state that in terms of access under Social Health Authority (SHA), Kenyans can access free primary care by just registering as a member. To access benefits under the defunct National Health Insurance Fund (NHIF), one had to register and pay monthly premiums, leaving those who have not paid with no benefits for them. In this regard, accessibility of primary health care to all Kenyans who have registered will address up to 70 per cent of the health burden, under the universal provision of primary health care to ensure that in totality, we attain full universal health coverage.

Mr. Temporary Speaker, Sir, let me make it clear that from Level 2 to Level 4 of the primary health care, all that Kenyans need to do is register. It is free, you can walk to any dispensary, health centre, or sub-county hospital. As long as you are registered with SHA, the Government of Kenya, through a budgetary allocation, will pay for it. We are working around the clock. I am sure Members will ask me and I will answer. We are increasing the refill of Kenya Medical Supplies Authority (KEMSA) to 100 per cent, so that Kenyans can go to these centres. Once they are treated, that facility will bill the Social Health Authority.

Mr. Temporary Speaker, Sir, allow me now to highlight on the specific benefits of the three funds as compared to NHIF, on various benefits categories provided under each fund. I wish start with the primary health care fund. In the primary health care fund, let me pick on the outpatient services.

In relation to outpatient services, SHA focuses on preventive, promotive, curative care services and palliative care. Members are not limited and can access health services within the primary care network. There is no need to pre-select your health facility. You do not need to select. You can be in Kisumu, and the next day you are in Kakamega or Garissa and visit any health facility as long as it is registered with SHA. So, there is no need to pre-select health facility because the patients are free to go to any SHA-contracted facility when they fall ill, in any part of our country.

Comprehensive services provided include health education, diagnosis, treatment, essential laboratory investigation, basic radiology and chronic disease management. Comparing this with the defunct NHIF, NHIF only focused on curative care. As I have said earlier, this now has changed. We care more about promotive, preventive and rehabilitative care. So, NHIF was only dealing with curative care. Access to services by the former defunct NHIF was limited to a specific choice of a facility, therefore, limiting the members from accessing services in case they fall sick when they are away from their selected facilities or facilities of their home counties, constituents or wards. Services were limited to four visits per card per year in particular facilities, and to basic services such as consultation, laboratory investigation and only minor surgeries. That is what was offered under the NHIF. Undoubtedly the Social Health Authority offers a broader range of outpatient services with a focus on comprehensive care, making it more valuable for managing chronic conditions and preventive care.

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Mr. Temporary Speaker, Sir, I wish to proceed to the optical services. In the respect of optical services, SHA provides a more comprehensive optical care package with a focus on preventive and corrective services, making it more beneficial for the long-term eye health management of our people. The services will now include eye health education, eye examination, basic eye medication and if need be, eye surgical procedures. It is good to note that these services were not offered by the defunct NHIF which had only 20 per cent of our citizens.

Let me go to the Social Health Insurance Fund. What do they provide under inpatient category? Under the Social Health Insurance Fund, in relation to the outpatient care, SHA provides more comprehensive inpatient care with a clear structure for different levels of facilities and longer coverage duration.

Mr. Temporary Speaker, Sir, critical care services now covered include, among others, Intensive Care Unit (ICU) at a rate of Kshs28,000 per night, High Dependency Unit (HDU) and palliative inpatient care. The expanded coverage also includes pre-admission evaluation, hospital accommodation, specialist consultation, post-discharge follow-up and has a limit of 180 days per household.

Mr. Temporary Speaker, Sir, if you compare this with the NHIF as the Member has sought, NHIF only catered for a daily repeat charge, negotiated between a healthcare provider and the NHIF. The patient was nowhere found. It was between the NHIF and the healthcare provider. The NHIF also only covered treatment in government, mission and some private hospitals, with a limited base on health categories. So, the number of health facilities you can visit was limited.

I would like to proceed to maternity and neonatal care. In respect of the maternity and neonatal care, SHA offers more inclusive maternity care, covering a wide range of services and ensuring after-care for both mother and child. This package is not only limited to maternal care during pregnancy, but covers the whole comprehensive package. Under SHA, maternity and neonatal care has now been expanded. It has an expanded scope of antenatal and postnatal care that entails how we manage complications, including critical care for both mother and the newborn.

It is our moral and constitutional duty that as a country, using SHA, we reduce the maternal mortality of both the mother and the newborn. It has also incorporated services that were under the Linda Mama cover and enhanced it from a delivery of Kshs5,000 to a reimbursement of Kshs10,000, which constitutes about 100 per cent increment for normal delivery, and Kshs30,000 for caesarean.

I would like to demonstrate using the hon. Members who are members of SHA and have an extra comprehensive insurance cover given by the Parliamentary Service Commission (PSC). For example, the house girl of the Speaker sitting today will go to Pumwani Maternity Hospital, deliver and Kshs30,000 will be paid, and she walk away without paying a cent, even for caesarean. If the Speaker's wife goes to deliver at the Aga Khan University Hospital (AKUH), SHA will pay Kshs30,000 and his other medical cover will pay Kshs170,000 because Aga Khan is Kshs200,000 Pumwani is Kshs30,000. However, the same Speaker can also ask his wife to join his house girl, to go and deliver like the rest of Kenyans in Pumwani and walk out with a baby.

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So, the choice is the same. So, we are caring for your house girl. However, if Speaker Wetangula's, Sen. Sifuna's or my wife, or even the president's wife wishes, they can go to Pumwani Maternity Hospital and join our house girls. Even the Presidents' wife can go to the Pumwani Hospital with our house girls. That is healthcare. That is why we say that the Social Health Authority (SHA) has brought the element of equity. The choice is yours. You can go to Pumwani Hospital or Aga Khan Hospital.

The next question was how it covers as per the Ministry of Health (MoH) guidelines on normal and caesarean deliveries, postnatal and immunization for the newborns. How do we compare this with NHIF? NHIF cover was limited to only antenatal and postnatal care and deliveries. It also attracted co-payment in the event of a complication of a mother and a baby. It covered only normal and caesarean deliveries with the specific limits for private hospitals. It is good to note that that cover did not include immunization for the newborn.

Moving on to renal care, SHA renal care includes the management of chronic or acute kidney failure, such as the three sessions of the hemodialysis for deserving patients. Two sessions of this and two others for the pre-neural dialysis. This cover only includes the pre-transplant evaluation dialysis, kidney transplant, post-transplant care with set tariffs for each service. That is what SHA covers.

Comparing this with renal care under the NHIF, renal care was limited by sessions. Two sessions covered per week, hence patients requiring three sessions and more were required to co-pay. Dialysis and kidney transplant had also set limits per sessions and a package payment for transplant,

From the foregoing, it is clear that SHA's Renal Care package is found in our website for all Kenyans to see. The benefits of SHA are open, public, they are in our website. Our renal care package is more detailed with specific tariffs and services, and they are tailored to a comprehensive patient care before and after the transplantation.

I want to report that Kenyatta University Teaching and Referral Hospital (KUTRH), which we are proud of has done the first two kidney transplants two days ago; a good one where there was no organ harvesting.

(Laughter)

Mental health is an area that I think our country is not serious about. I want to make mental health services a key priority for me under the Ministry of Health.

On the question of how SHA covers or what it provides for mental health; SHA provides for comprehensive inpatient service in the designated rehabilitation centres from Level 4 to Level 6. Additionally, services include mental health education, counselling, psychosocial support and rehabilitation for those who suffer substance abuse disorders.

The NHIF package attracted co-payment. They were not paying for anything to do with the mental health, they were asking you to pay and it had limited coverage on specific contracted facilities for rehabilitation of drug and substance abuse. The SHA Mental health services are broader. They provide more holistic care and cover a wide range of mental health issues, both under outpatient and inpatient.

Let me go to oncology services, which is very critical in our country. On oncology services under SHA, the treatment will follow the treatment care plan prescribed by the oncologist in line with the National Cancer Control Programme Guideline. So, after we treat you, we follow you with the post treatment plan.

Compressive cancer care, including; chemotherapy, radiotherapy, surgical intervention and routine laboratory investigations with specific tariffs will be provided. Under the former NHIF, oncology services were limited in terms of amount and sessions and attracted co-payment. It also covered radiotherapy and chemotherapy with set limits per session and per cycle. SHA provide a more extensive oncology package with clear tariffs for various procedures making cancer treatment more accessible and more predictable for our patients.

On surgical services, SHA will cover preoperative, interoperative and postoperative care, including major and specialised surgeries. We set tariffs for each procedure type. The NHIF only covered major, minor and specialised surgeries with set packages limits, depending on the label of that hospital. The package also attracted a co-payment. To this end, SHA surgical services are more detailed, more structured, providing clear guidelines and tariffs, which enhances transparency and accessibility for patients.

On dental services, SHA covers dental services, which include consultation, preventive and restorative treatments such as extractions, scaling and management, while NHIF dental services were only limited to two extractions. In this regard, dental services are broader under SHA and includes a wide range of treatment.

On the emergency, chronic and critical illness fund, SHA covers medical and surgical procedures not available locally with a limit of Kshs500,000 per person, whereas under NHIF, a similar coverage through reimbursement for overseas treatment, up to Kshs500,000, subject to approval, was offered. The SHA's structured approach with the specific tariffs for different treatment shall ensure better planning and access to necessary treatment abroad.

On emergency treatment, SHA emergency treatment should be accessible to all Kenyans. Under the NHIF, the emergency treatment was only accessible to be to be paid by NHIF members. SHA offers a more comprehensive cover.

Under SHA, the critical service includes care for admission and Intensive Care Unit (ICU), High Dependency Unit (HDU), and the Neonatal Critical Intensive Care Unit (NCIU). All this, including the band units, the critical services were not covered under NHIF.

SHA offers critical care package, including specialised services and the broader coverage, which enhance the safety net for health conditions. Under SHA, accidents and emergencies are paid for all Kenyan residents under the Emergency, Chronic and Illness Fund. Under NHIF, the emergency evaluation was limited to road ambulance service through contracted providers like any Red Cross.

Let me say this very clearly, many people do not know. Members have been aware that in the event you are walking in the streets, and you get a stroke or you get an ailment when you are rushed to a hospital, the first thing they used to ask you under the NHIF cover was deposit. With SHA, under the emergency, you are rushed to a hospital,

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that hospital will admit you, will treat you and will release you without paying anything. You do not need to register.

I am sure many Members will agree with me that there are many Kenyans who die when the ambulance is going round, looking for a cheap hospital that can take a lower deposit. The SHA benefits now for emergency, chronic and critical illness fund will make sure that in any emergency, any hospital must admit, treat and release that Kenyan. I want to assure this House that if any hospital will do contrary to what SHA provides under the law you have passed, I will have no other reason than to close that facility.

Mr. Temporary Speaker Sir, in summary, I think the Member has the key achievements of SHA benefits, which are found in our websites. Kenya has made a large step in achieving of the universal primary health care service for all Kenyans.

It is important to know that 70 percent of the health burden is at the primary care in our villages in the rural parts of Kenya. That is why this House and the Government decided that primary healthcare must be free. We have a comprehensive coverage. Under SHA, you have more inclusive, detailed benefit package that covers a wide range of medical conditions, procedures and services compared to NHIF. The SHA provides clear tariffs for various services. It has enhanced transparency and predictability for members when accessing the health care services.

Number four is the user-centric policy adjustment. The Social Health Authority (SHA) includes specific benefits and processes such as re-registration of members and structured penalties. We are focusing more on preventive care. The Social Health Authority (SHA) emphasizes on preventive care, including health education, screening, early detection, aligning with the long-term health outcomes. Before, we were dealing with the other aspects but this time, SHA says it's focusing on preventive.

Lastly, it is better access to specialized services. The Social Health Authority (SHA) gives you more specialized care options, such as mental health care services, oncology, renal and providing members with better access. We also have a comprehensive emergency and critical care.

Mr. Temporary Speaker, Sir, let me comment on the question of the justification for the mandatory migration of NHIF contributions to SHA and any other measures put in place. If you agree with me, when I was looking at this question, I asked myself, why should I answer? This is because it is this House that created the law on the Social Health Authority Act and Social Health Insurance. In the transition clause you are making NHIF redundant. So at that stage, you should have asked, why are we transiting? I have to do it because I have to answer questions before the House.

Now that I am on this side, I think Sen. (Prof) Ojienda should have asked this question when we were passing the Bill, which is now an Act. The Social Health Insurance Act repealed the National Health Insurance Fund. With the repeal, all the obligations and assets of NHIF were moved to the Social Health Authority as provided for in the Social Health Insurance Act.

The effects of Paragraph two and three of the First Schedule to the Act 23 was to pass all these assets, rights, duties, and powers of the NHIF in the Authority, which assets include NHIF database.

So therefore to ensure timely and seamless access to health benefits of the beneficiaries of the defunct NHIF, the Authority mandated through a Legal Notice No. 147 published on 20th September 2024, for the transition of members of the National Health Insurance Fund, including our Members here. Under the repealed NHIF Act, they all transited to the Social Health Insurance Fund upon verification of their data by the Authority using existing relevant database.

The information was transferred to ensure that all these members and their declared benefits can access benefits come 1st October 2024. The transition of the information was in the interest of the members.

Secondly, Section 28(2) of the Data Protection Act provides that data may be collected indirectly from the data subject, where collections from another source could not be prejudiced in the interest of the data subject, where the collection data from another source is necessary.

So, if I go to the question that the Senator sought clarification on the measures put in place to guarantee comprehensive year-round--

The Temporary Speaker (Sen. Abdul Haji): Cabinet Secretary, have you concluded with the two questions by our Sen. (Prof.) Ojienda?

The Cabinet Secretary for Health (Hon. Adan Duale): No.

The Temporary Speaker (Sen. Abdul Haji): Because of time, I would prefer that you move a little bit faster because we already have the responses.

The Cabinet Secretary for Health (Hon. Adan Duale): Mr. Temporary Speaker, Sir, you know the Senate---

The Temporary Speaker (Sen. Abdul Haji): I was having difficulty following your response because we do not have that additional information you are giving.

The Cabinet Secretary for Health (Hon. Adan Duale): Mr. Temporary Speaker, Sir, this is the document I photocopied, signed and I have given to the Senate. Some Members have it.

The Temporary Speaker (Sen. Abdul Haji): Cabinet Secretary, I am being informed that you signed this response that you have while you were in the House. So, it has not been distributed.

We will stop at your response as in the copy that we have and go to the supplementary questions. Maybe that issue will come up.

The Cabinet Secretary for Health (Hon. Adan Duale): Mr. Temporary Speaker, Sir, for your guidance, and I abide by your ruling, the House has three different methods--

It can call me to a committee, ask me to send a written statement to the Clerk or ask me to come to the Plenary. Since I have now been told to come to the Plenary, it will be very unfair if you cut me short. I am not only talking to the Senators, but to the people of Kenya. Kindly, allow me to finish the question, and then maybe take the supplementary questions. I do not know whether the Senate is in a hurry, but I am not in a hurry.

The Temporary Speaker (Sen. Abdul Haji): Cabinet Secretary, we are not in a hurry, but just running out of time and there are two more questions for you to reply to.

The Cabinet Secretary for Health (Hon. Adan Duale): So, I can take the next because I have covered a lot of the questions from the Senator for Kisumu. I can give him this copy, and then I go to the other questions and the supplementary questions.

The Temporary Speaker (Sen. Abdul Haji): Let us do that, Cabinet Secretary.

Hon. Senators, we are going to take supplementary questions from Sen. Ojienda. Sen. Ojienda, I think you had informed me that Sen. Mumma would be taking one of your supplementary questions.

Sen. (Prof.) Tom Odhiambo Ojienda, SC: Mr. Temporary Speaker, Sir, because I am a loyal member of my party, I have donated---

The Temporary Speaker (Sen. Abdul Haji): Sen. Ojienda, just one moment. Take your seat.

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

(Interruption of debate on Statements)

COMMUNICATION FROM THE CHAIR

VISITING DELEGATION FROM ITHUMULA SECONDARY
SCHOOL, MAKUENI COUNTY

The Temporary Speaker (Sen. Abdul Haji): Before your point of order, I would like to acknowledge the presence in the Public Gallery this afternoon, of visiting teachers and students from Ithumula Secondary School in Makueni County. The delegation comprises two teachers and forty-eight students, who are in the Senate for a one-day academic exposition.

(Resumption of debate on Statements)

Sen. (Dr.) Khalwale: On a point of order, Mr. Temporary Speaker, Sir. As you will notice, we are all straining to follow the proceedings. I have consulted the Serjeant-at-Arms. That noise you are hearing is from doctors, clinical officers and other members of the Universal Health Care (UHC).

Mr. Temporary Speaker, Sir, could you resort to Standing Order No.1; suspend the sitting for five minutes, so that we can go and receive the memorandum and hand it over to the Cabinet Secretary, since he is now here?

He has deliberately refused to talk to those doctors, which is why they have strategically come when he is here, so that then we can hand over the memorandum to him and interrogate him. If need be, order him to go and receive that memorandum. Both exits are blocked.

In conclusion, you recall on the 25th of June, 2024 that is how the National Assembly continued ignoring. As people pushed, they were continuing to vote.

Let us respond to the public, hear them out, so that for the first time, we capture the Cabinet Secretary for these members of staff, who have found it impossible to get him to his office.

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(Loud consultations)

The Temporary Speaker (Sen. Abdul Haji): Order, Senators. We are running out of time. Sen. (Dr.) Boni Khalwale, although you are raising a valid point, we are not voting on any motion.

You are raising a valid point. We are not voting on any matter today. You can ask the staff at your office to go and receive the memorandum, or you can go receive the memorandum, come and put the question to the hon. Cabinet Secretary here. So, I will have to---

(Loud consultations)

The Senate Majority Leader, what is your point of order?

The Senate Majority Leader (Sen. Cheruiyot): Mr. Temporary Speaker Sir, just for 10 seconds on the issue of procedure; yesterday at the Senate Business Committee (SBC), we passed an agreement that whenever we are handling this session and we are pressed for time, we give priority first to Members who initially drafted questions before the supplementary questions.

I would like to request that, given the much time spent, kindly, bear with us. Even previously with the other Ministers, that is what the substantive Speaker did. Please, allow the two Members who had questions to ask, finish their questions, the Cabinet Secretary responds. If there is time left, I humbly plead that we do supplementary questions.

Mr. Temporary Speaker, Sir, I do not know who shared out my number, but I have more than a thousand messages from the UHC staff who want specific answers from the Minister. It would be unfair if he leaves the House today before addressing these issues of the UHC. I, therefore, plead for your indulgence.

The Temporary Speaker (Sen. Abdul Haji): Thank you. No point of orders, Senators. Sen. Cheruiyot, we will proceed as you have requested. It will save us time, because we are running out of time. I also wish we would stop all these points of order, so that we manage our time properly.

Sen. (Prof.) Ojienda, we are going to proceed to the next two questions and then we will take all the supplementary questions at the end.

Sen. (Prof.) Tom Ojienda, SC: Mr. Temporary Speaker, Sir, I will then assign my supplementary questions to the Senator for Vihiga, for one question, Sen. Mumma, Sen. Faki and lastly---

(Loud consultations)

The Temporary Speaker (Sen. Abdul Haji): Sen. Eddy, it is okay. Sen. Sifuna, please, ask your questions.

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*Question No. 032*DISCONTINUATION OF EDUAFYA
MEDICAL SCHEME

Sen. Sifuna: Thank you, Mr. Temporary Speaker, Sir. Although the Cabinet Secretary was saying he is not in a hurry, we need to remind him that he came late and, therefore, that is the reason we are running out of time. He also knows the House rules; that there is a time for the rising of this House. I will ask Question No. 32.

(a) Can the hon. Cabinet Secretary tell us why was the *EduAfya* Medical Scheme, which provided comprehensive medical insurance for secondary school learners under the National Health Insurance Fund (NHIF) was discontinued under the current Social Health Insurance Fund (SHIF) programme?

(b) What are the reasons for the Government's failure to provide last expense compensation for Mr. Elias Majau M'Imuta, whose son, Master Robin Murimi Majau, a Form 3 student at Kibera Secondary School, passed away on 9th September, 2022?

[The Temporary Speaker (Sen. Abdul Haji) left the Chair]

[The Temporary Speaker (Sen. Mumma) in the Chair]

Madam Temporary Speaker, I have looked at the response that the Cabinet Secretary has given, and in the interest of time, he can just be brief. He has asked in the response, that I provide certain documents. I would like your clarification or direction because I have those documents here with me, and I want to put them in his hands. I do not know how that is going to happen, but I will await your direction.

Sen. Oketch Gicheru: On point of order, Madam Temporary Speaker.

The Temporary Speaker (Sen. Mumma): What is your point of order, Sen. Eddy?

Sen. Oketch Gicheru: Madam Temporary Speaker, I rise under Standing Order No.101 and No.1. What Sen. (Dr.) Boni Khalwale has brought in this House and requested your Chairpersonship to rule on is critical and important. As we speak right now, the healthcare structure is all in disarray because of the UHC strikes.

If they are outside here and in this House, we make decisions as Senators, we are requesting that you adjourn the House for five minutes, we go and get those petitions by the UHC. The strike is going on; healthcare is crippled, but they are not being responded to. The Cabinet Secretary for Health is here.

The Temporary Speaker (Sen. Mumma): Sen. Eddy, please, sit down.

Sen. Oketch Gicheru: Why not adjourn for five minutes?

The Temporary Speaker (Sen. Mumma): Order, Sen. Eddy, please sit down. What you are raising was raised by Sen. (Dr.) Khalwale and the Speaker on the Chair made a ruling on that.

(Sen. Oketch Gicheru stood up in his seat)

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Sen. Eddy, please, sit down. It is my decision that we finish the questions, and then we will do this.

(Loud consultations)

Please, sit down.

(Sen. Oketch Gicheru spoke off record)

No. Can I invite the Cabinet Secretary to answer that question?

The Cabinet Secretary for Health (Hon. Adan Duale): Madam Temporary Speaker, I did not send the UHC staff here. I met them last week.

The Temporary Speaker (Sen. Mumma): Order, Cabinet Secretary, can you answer the question, please?

The Cabinet Secretary for Health (Hon. Adan Duale): I met them last week, and they are here because the budget is---

The Temporary Speaker (Sen. Mumma): Order! Cabinet Secretary, can you answer the question?

The Cabinet Secretary for Health (Hon. Adan Duale): I will be happy to receive the Petition. Madam Temporary Speaker, I thank the Senator for Nairobi City and for the second question, I believe we are done. I can answer but give me the documents. For purposes of the HANSARD---

The Temporary Speaker (Sen. Mumma): Order, Cabinet Secretary! You are now doing my job. The Member requested that I give him an opportunity and now you are answering on that. Can you just answer the question?

The Cabinet Secretary for Health (Hon. Adan Duale): I am exactly doing that. I am answering the Question No. 033 and No.034 by the Senator for Nairobi City.

The Ministry of Education engaged the former NHIF to provide a comprehensive medical insurance cover for all students in public secondary schools. This scheme was branded EduAfya, which commenced on 1st May, 2018, and was renewable annually for a period of five years, lapsing 31st December. This scheme was rolled out through the National Education Information System (NEMIS).

There are several challenges that were found in that system; fraud, misuse and double payments made to health institutions arising from a single treatment. If the Senator wants that information, I can provide the names and the institutions. As such, it was found to be unsustainable and the Government resolved to re-consolidate all these special schemes into one, the Social Health Authority (SHA) benefit package.

Therefore, the consolidation of the EduAfya scheme with all the schemes that were managed by the defunct NHIF is geared at implementing the right to the highest attainable standards for all Kenyans and further, the right of the child as envisaged under Article 53(1)(c) of the Constitution of Kenya, as read together with Section 16 of the Children's Act; which guarantees that, every child shall have the right to the highest

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attainable standard of healthcare services in our country. Under SHA, students belong to our households and, therefore, they are eligible to benefit from the three funds.

Madam Temporary Speaker, on the last part of the question by the hon. Senator for Nairobi on Mr. Elias Majau M'Imuta, whose son, Master Robin Murimi Majau, a Form 4 student at Kibera Secondary School passed away on 9th September, 2022 - and may his soul rest in peace - the response is this; the comprehensive medical scheme for students in public secondary schools included a group life, the last expense cover in the case of the demise of the student.

To access the benefit, the learner's next of kin was required to fill the last expenses and group life cover claim form, which were available from the school. The duly filed claim form was to be submitted to the Ministry of Education sub-county and county offices, which upon verification, be forwarded to the Ministry of Education Headquarters for second verification, and then forwarded to the defunct NHIF.

I would like to state that SHA, in consultation with the Ministry of Education, have gone through the list of the claims submitted during the five-year contract period they had and have not traced the mentioned claim. Also, because I do not want to give benefit to just the Government, on the proposed way forward on this matter, I would like the hon. Senator for Nairobi, Sen. Sifuna, to provide the specific details, including the full name of the student, his NEMIS number, the student's death certificate and burial permit, and the parents' contact. I will then follow up on the correct guidance on the last expenses claim process with the school and the parents, the next of kin.

I will do that and I will bring an answer. I am obligated to do that. Senator, if you provide me with the things I have asked for, then I will---

The Temporary Speaker (Sen. Mumma): Hon. Senator for Nairobi City County, you can come and provide the CS with the documents. Note that for protection of the rights of the child, you will not read the particulars of the child. I hope you know that.

Sen. Sifuna: Yes, I understand that, Madam Temporary Speaker. I will say this for the record, the entire process for the processing of the claim was followed except that the county director refused to sign the certification for over a year.

I have the form here and it has the details, including the name of the child, the name of the parents and the contact of the parents. I have the form which they filled for the claim, the ID of the parents, a letter from the school, certificate of death and the permit for burial.

Madam Temporary Speaker, I wish to table this so that the CS can receive it.

The Temporary Speaker (Sen. Mumma): Please, table it. Secretariat, hand it over to the CS.

(Sen. Sifuna laid the documents on the Table)

We will have Sen. Maanzo for the next Question.

*Question 033*MANAGEMENT AND UTILISATION OF
THE TOBACCO CONTROL FUND

Sen. Maanzo: Thank you, Madam Temporary Speaker. I beg to ask the Cabinet Secretary for Health the following Question-

(a) Could the Cabinet Secretary provide a detailed breakdown of the management and utilisation of the Tobacco Control Fund, specifically outlining how funds have been received and allocated as stipulated by Section 7 of the Tobacco Control Act 2007?

(b) Could the Cabinet Secretary provide information on the measures the Ministry has put in place to improve transparency and accountability in the administration of the Tobacco Control Fund and how it plans to address the recent assessments indicating insufficient progress in advancing Tobacco Control efforts in Kenya in light of the influx of the oral nicotine pouches e-cigatette and such other products targeting the youth and children?

(c) In light of the 2015 court case under Petition No.143 on the constitutionality of the Tobacco Control Regulations, could the Cabinet Secretary provide details on how the Ministry has ensured compliance with the regulations, particularly regarding the solatium contribution from tobacco manufacturers and importers?

(d) How is tobacco control being coordinated with the Ministry across the country, especially in the context of devolution?

Madam Temporary Speaker, I note that the answer was not in the bigger file, which came in earlier. While here, I have seen annexures which have come out, but I am ready to be guided with you and the CS.

Thank you.

The Cabinet Secretary for Health (Hon. Adan Duale): Madam Temporary Speaker, allow me to say this from the onset. This is a complex matter and I am dealing with it and it has many phases. If the House will not be very happy with the answer I have been provided, I am ready and willing to come back next week because my conscience is 50-50. I hope that this House will help me.

Allow me to read what the Ministry officials have given me. There are many issues I am being asked outside there on tobacco. The Ministry, through the State Department of Public Health and Professional Services, oversees the regulations of tobacco products as stipulated in the TCA Act of 2007 and Tobacco Regulations of 2014, which is implemented by a body called Tobacco Control Board and the Division of Drug and Substance Control within the Ministry of Health.

The Tobacco Control Fund (TCF) was established under Section 7 of the Tobacco Control Act, as the Member has said. It is financed through parliamentary appropriation, forfeited properties, voluntary contribution and mandatory solatium contribution from tobacco importers and manufacturers in our country. This is to facilitate tobacco control

initiatives, including research, public awareness campaign, cessation programmes and enforcement activity.

Currently, the solatium contribution remains the primary funding source, while efforts are ongoing to explore and implement additional funding streams. The fund is administered by the accounting officer or appointed official, pursuant to Section 8 of the Act to ensure efficient allocation and utilisation of resources.

According to the records, in the Financial Year 2024/2025, an allocation of Kshs 831 million has been approved. The annex provides support for the following key activities, both recurrent and development-

- (1) Capacity building for nationwide public awareness;
- (2) Ongoing research application calls to inform evidence-based decisions;
- (3) Formulation of the monitoring and evaluation framework;
- (4) Establishment of treatment and rehabilitation centres in the 10 most affected counties: Nairobi, Nakuru, Mombasa, Laikipia, Kakamega, Eldoret, Meru, Machakos, Kisumu, and Kericho;
- (5) Sensitising healthcare workers and provide health product technologies;
- (6) The process of tendering and putting of the infrastructure;
- (7) Review of the Tobacco Control Act. I am aware that a draft Amendment Bill is under the stakeholder validation; and,
- (8) Execution of the surveillance and enforcement, including multi-agency raids on shisha dens and successful prosecution.

Madam Temporary Speaker, let me be very candid. Parliament must define what is multi-agency. This multi-agency approach, even when I was the Leader of the Majority, is abused. It must be defined in law. Somebody just sits somewhere, picks five or ten people from different agencies, and calls it multi-agency. No, I think this country can do better.

Parliament must define what multi-agency is. It is key particularly in the security sector, once it has been defined. However, you cannot simply walk to the Ministry of Health or Ministry of Education and declare a multi-agency approach for a matter. No, I believe Parliament, as the law-making authority, must define what multi-agency is. Otherwise, it remains undefined in law. It has not existed in legislation, and nobody can claim it is in that Act.

This multi-agency approach started during the time of President Uhuru Kenyatta, and I believe Parliament must address it. There are specific areas, like the security sector-

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(Sen. Maanzo spoke off record)

The Temporary Speaker (Sen. Mumma): I thought you might want to bring it in your supplementary question.

Okay, proceed.

Sen. Maanzo: Madam Temporary Speaker, it is good that the Cabinet Secretary was honest in his remarks. As I sit here, documents are still coming to me, and I need time to go through them.

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The Temporary Speaker (Sen. Mumma): Sen. Maanzo, please, sit down. What we are doing is unprocedural. Let the Cabinet Secretary finish, and then, if you have anything additional, you will bring it in your supplementary question.

Cabinet Secretary, have you finished? Please finish.

The Cabinet Secretary for Health (Hon. Adan Duale): Madam Temporary Speaker, that is why I said the issue of tobacco is very complicated. What are the measures that are used for transparency and accountability?

To enhance transparency and accountability in the management of the Tobacco Control Fund, the Ministry developed an operation manual guideline in 2022 and audits are conducted as per the Public Audit Act.

Madam Temporary Speaker, let me not lie to this House. I agree with the hon. Senator that I have not seen these guidelines. I want that to go on record.

The Tobacco Control Fund Implementation Secretariat manages day-to-day operations, maintains financial records, and ensures regular reporting. The House should not worry because I am on it. It will either straighten up or fold. It cannot be business as usual.

It is one of the issues that are on my table. There are quite a number of matters, including a letter from the Directorate of Criminal Investigations (DCI) on inspection. Therefore, I am still studying that. However, since I had to come to the House, I had to find ways. I will talk to my Principal Secretary (PS) and the people concerned because we must speak to the people of Kenya about what is going on.

The Temporary Speaker (Sen. Mumma): Hon. Cabinet Secretary, could you just hold on for one minute?

The Cabinet Secretary for Health (Hon. Adan Duale): Madam Temporary Speaker, can I ask you---

The Temporary Speaker (Sen. Mumma): I am requesting that you give me just one minute. Kindly take your seat.

Hon. Senators, in view of the interest by Senators on the matters currently under consideration, I direct that the Senate extends today's sitting for not more than 15 minutes, pursuant to Standing Order No.34(2A).

Proceed, hon. Cabinet Secretary.

The Cabinet Secretary for Health (Hon. Adan Duale): Madam Temporary Speaker, with your indulgence, I request for more time to find out about the question on tobacco issues as asked by the Senator.

I need to come with the Auditor-General's report on the Fund and the whole story behind it because I have not digested or internalised it. Therefore, I do not want to lie to the House because I am on record. Tomorrow, the same House can hold me to account. If I seek the approval of this House, I will be told what I said.

With your indulgence, Madam Temporary Speaker, can we step down that issue on tobacco? If Members want to ask questions, I can take notes, but I think I need to find out more about this issue of tobacco.

The Temporary Speaker (Sen. Mumma): Thank you, Cabinet Secretary, for being frank. In fact, a Member was going to ask for some annexures that you have not brought.

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Members, this is a serious issue. I suggest that we step down that question and allow the Cabinet Secretary to provide a comprehensive response to this House. Cabinet Secretary, there is a Bill that deals with tobacco control.

Let us listen to the Senate Majority Leader.

The Senate Majority Leader (Sen. Cheruiyot): Madam Temporary Speaker, I beg for your indulgence because I still have an additional request to the Cabinet Secretary on this tobacco issue. It is something that he has alluded to. Can I make it as a request so that as he brings additional information to the House---

The Temporary Speaker (Sen. Mumma): That is fine, Senate Majority Leader.

The Senate Majority Leader (Sen. Cheruiyot): Something is not right at the Tobacco Control Board. I wish that the Cabinet Secretary listens keenly to this request.

Madam Temporary Speaker, I like the fact that the Cabinet Secretary has spoken on this issue of a multi-agency team. As representatives of the people, sometimes we come into contact with information that is useful for the Cabinet Secretary to know.

I know for a fact that there is a certain dispute that exists between a tobacco importing company and the board. That is a company that went through all the legal procedures and paid the taxes. However, one afternoon, the so-called multi-agency team that the Cabinet Secretary has talked about showed up at their warehouse and confiscated goods.

They proceeded to the State Department for Public Health, falsified some documentation, and claimed that there were some drugs and substances in the products that the company had imported, thus putting into question many other agencies that had prior approved those products to be on the shelves in this Republic.

That matter has been investigated by the DCI. I am aware that they have filed a response to the Ministry confirming that that multi-agency team actually misled the country.

I would wish that the Cabinet Secretary comes back to this House and brings the findings of the DCI with him, and tell us what will be done to those officers that led this kind of cartel-like operations where we can use Government agencies to falsify records on health matters.

I thank you for indulging me.

The Temporary Speaker (Sen. Mumma): Secretariat, I direct that this Question be rescheduled with all the aspects that have been raised by the Members. Let us move on to the supplementary questions by those who submitted the Questions.

Sen. (Prof.) Ojienda had delegated to Sen. Faki. Sen. Faki, please, proceed.

Sen. Faki: Asante, Bi. Spika wa Muda. Asante, Waziri, kwa kuja asubuhi hii ya leo. Swala langu ni kuhusu malipo ya SHA. Je, inakuwaje wakati mgonjwa, kwa mfano, anapofanya *operation*, SHA inasisitiza kwamba lazima alipe malipo ya zaidi ya miaka miwili ili aweze kupata huduma anayohitaji, aidha ya *operation* ama ya kulazwa kwa matibabu fulani ambayo ni ya kitaalamu? Nimepata malalamiko mengi kutoka kwa wananchi kwamba wanalazimishwa kulipa *subscriptions* za miaka miwili au miaka miwili na nusu ili waweze kupata huduma hiyo kutoka kwa hospitali zao.

Asante.

The Temporary Speaker (Sen. Mumma): We will ask a number of questions before you answer, Cabinet Secretary (CS).

Sen. Orwoba, please proceed.

Sen. Orwoba: Thank you, Madam Temporary Speaker. I have a concern, a Question about Linda Mama. *Waziri*, you mentioned and elaborated about how Linda Mama has been absorbed into the bigger cover. I have had the privilege or advantage of being pregnant in this particular transition. I do not know whether you know that the comprehensive cover that you are saying is there for Linda Mama or that covers prenatal and postnatal, actually does not exist in totality.

Waziri, I am not sure if you are aware that some of the prenatal services that you have quoted are not given under that comprehensive cover. For instance, scans are not covered. A pregnant woman requires a minimum of two scans before they give birth. That is not covered in the cover that you are talking about.

In addition, when you have postnatal---

The Temporary Speaker (Sen. Mumma): No, you are only supposed to ask one question, please. Can we move to the next person?

Sen. Orwoba: Madam Temporary Speaker, unless you are going to ask the question, I have not asked it.

The Temporary Speaker (Sen. Mumma): You have.

Sen. Orwoba: I have not. Allow me to ask the question.

The Temporary Speaker (Sen. Mumma): Okay, proceed.

Sen. Orwoba: My question is, *Waziri*, have you actually given a Service Charter under this comprehensive prenatal and postnatal care so that, those of us who have been pregnant can tell you which services are being offered and which services are not. So---

The Temporary Speaker (Sen. Mumma): You have asked your supplementary question.

(Sen. Orwoba spoke off record)

The Temporary Speaker (Sen. Mumma): Order, Sen. Orwoba!

Sen. Eddy, please, proceed.

Sen. Oketch Gicheru: Madam Temporary Speaker, my supplementary question is pretty much interlinked with the first Question that was asked by Sen. Sifuna on the Universal Health Coverage (UHC) workers.

My question is simple, and I do not want winding answers from the CS. What is the CS doing to resolve the crisis and strike that we are seeing with UHC workers in the context of making sure that, if the UHC workers are going to be transferred to counties, there is harmony of them being put into the payroll nationally, the same way we have seen with community health care workers on the position that the Government takes care of?

Number two of that part---

The Temporary Speaker (Sen. Mumma): No. Ask only one question, Senator, please.

Sen. Oketch Gicheru: Madam Temporary Speaker---

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The Temporary Speaker (Sen. Mumma): Sen. Eddy, please, sit down.

Sen. Oketch Gicheru: Madam Temporary Speaker, allow me---

The Temporary Speaker (Sen. Mumma): Sen. Eddy, I have ruled. Please, sit down. It is one question and you have asked it.

Sen. Oketch Gicheru I will just ask in 30 seconds.

The Temporary Speaker (Sen. Mumma): Okay, proceed.

Sen. Oketch Gicheru: Madam Temporary Speaker, I beg your indulgence because the reason they are striking is very important.

The second part of this is that there is budgeting process going on right now for these UHCs. The reason why they are rioting is because---

The Temporary Speaker (Sen. Mumma): Please, ask the question; do not explain.

Sen. Oketch Gicheru: Is the Cabinet Secretary going to make sure that they are put into a permanent and pensionable programme in this budgeting cycle?

I thank you.

The Temporary Speaker (Sen. Mumma): Proceed, Sen. Miraj.

Sen. Miraj: Asante, Bi. Spika wa Muda. Swali langu kwa Waziri litakwenda moja kwa moja nikiwa mkaazi wa Gatuzi la Mombasa. Tuko na Faraja ya kwamba tuko na the Coast General Referral Hospital. Tatizo ambalo liko kwenye hospitali yetu ni kwamba wagonjwa wananyimwa huduma. Wanapofika wanaulizwa maswali iwapo wako na---

The Temporary Speaker (Sen. Mumma): Sen. Miraj, ask your question please.

Sen. Miraj: Ndio najaribu kujieleza.

The Temporary Speaker (Sen. Mumma): Basi uliza swali, tafadhali.

Sen. Miraj: Swali langu ni kwamba, kuna ushirikiano gani wa karibu baina ya Wizara na Gatuzi la Mombasa. Kwa sababu anayepeena huduma pale the (CEO) anasema ya kwamba hamupeani pesa za SHA wanapotibu wagonjwa. Kwa hivyo, wagonjwa walio na uwezo wanalipishwa pesa zaidi.

Bills zimekuwa kubwa na radiotherapy haifanyi. Kama ingewezekana, Bw. Waziri, ningomba uweze kufika Mombasa, Coast General Hospital. Maafa yamekuwa mengi, hakuna wauguzi---

The Temporary Speaker (Sen. Mumma): Sen. Miraj, you should have asked the question.

(Interruption of debate on Statements)

COMMUNICATION FROM THE CHAIR

VISITING DELEGATION FROM KIBURU BOYS
HIGH SCHOOL

Hon. Senators, I would like to acknowledge the presence in the Public Gallery this afternoon of visiting teachers and students from Kiburu Boys High School in

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Kirinyaga County. The delegation comprises three teachers and 49 students who are in the Senate for a one day academic exposition.

Hon. Senators, in our usual tradition of receiving and welcoming visitors to parliament, I extend a warm welcome to them and on behalf of the Senate and on my own behalf, I wish them a fruitful visit.

Thank you very much.

Sen. Kavindu, you may proceed.

(Resumption of debate on Statements)

Sen. Kavindu Muthama: Thank you, Madam Temporary Speaker, for giving me this opportunity to ask my question. I start by congratulating the hon. Cabinet Secretary for appearing before this Senate because most of the times, Cabinet Secretaries are called and they do not appear.

My question is: What are you going to do about networks in the hospitals because this SHA registration is really a big problem? People are waiting---

The Temporary Speaker (Sen. Mumma): Sen. Kavindu, I would like you to ask your question, please. Ask the question.

Sen. Kavindu: Bi. Spika wa Muda, ngojea, ninauliza swali sasa hivi. Sasa tutaharibu wakati. Si uwache nimalize.

The Temporary Speaker (Sen. Mumma): Senator, please follow the rules. Just ask the question.

Sen. Kavindu Muthama: Yes, the question is this: Patients wait in the hospitals from morning to evening until the next day only to be told that they cannot be treated because they cannot access SHA.

Hon. Cabinet Secretary, you also said that SHA is free. These patients are charged Kshs500 to register in hospitals and---

The Temporary Speaker (Sen. Mumma): Sen. Kavindu, you have not asked any question and your time is over.

Sen. Kavindu Muthama: Bi Spika wa Muda, nimeuliza Waziri atafanya nini kuhusu network za SHA kwa sababu hazifanyi kazi. Hiyo sio swali? Si nimeuliza hivyo?

The Temporary Speaker (Sen. Mumma): Now you have asked the question.

Sen. Kavindu Muthama: Na watu wanalipishwa Kshs500 kuregister SHA.

The Temporary Speaker (Sen. Mumma): No, no, no. Senator, can we move on?

Sen. Mandago, please. Sen. Kavindu Muthama, please respect the Chair.

Sen. Mandago: Madam Temporary Speaker, before I ask my supplementary question, allow me to table in the Senate a petition by Universal Health Care staff on the issue of confirmation of UHC staff. This is a memorandum of objection of the resolution made by the Ministry of Health and the Council of Governors (CoG) on universal health care staff.

By way of memorandum, we wish to bring to the attention of the House the grave violations of administrative injustice.

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The Temporary Speaker (Sen. Muma): Order, Sen. Mandago. This is question time not time for tabling petitions. You will use the normal process for tabling the petition. I now want to invite the CS to respond to the questions.

Sen. Mandago: Then allow me to ask my question.

The Temporary Speaker (Sen. Muma): Okay.

Sen. Mandago: Madam Temporary Speaker, I would like to know from the Cabinet Secretary whether in his budget making process proposal, he included the funds for confirmation of UHC staff.

The Temporary Speaker (Sen. Muma): That is now a question.

Sen. Mandago: Madam Temporary Speaker, now that you have ruled, make sure before we leave this House, you and Cabinet Secretary also address those members of UHC.

The Temporary Speaker (Sen. Muma): Sen. (Dr.) Khalwale, ask your question.

Sen. (Dr.) Khalwale: Thank you, Madam Temporary Speaker. The foundation, backbone and engine of the success of SHA, SHIF and UHC is the human resource.

I rise under the provisions of our Standing Order No.51(c) 6(c), that the Cabinet Secretary be allowed to make a statement on this issue of human resource because as we speak now, Mr. Speaker, in Kakamega, the doctors are not in hospital and in 17 other counties, doctors are on strike.

Kakamega and Machakos are special because those two hospitals are used as centers for training intern medical officers. These intern medical officers have missed out in their programme a whole four weeks. It is going to affect their qualification as doctors. Could the Cabinet Secretary address this issue now?

The Temporary Speaker (Sen. Muma): Hon. Senators, questions have been asked by Members and we have 17 minutes to go. So my view is that we allow the Cabinet Secretary to answer.

(An Senator spoke off the record)

The Temporary Speaker (Sen. Muma): Now you are making it difficult for what Sen. (Dr.) Khalwale is asking to be accommodated.

I will then make the ruling that we use this time for the question time, Sen. (Dr.) Khalwale. When the CS comes back, one of the things he must do is address this issue.

Sen. Eddy, you cannot have your cake and eat it. I have ruled. Proceed, Sen. Beatrice.

Sen. Ogola: Thank you, Madam Temporary Speaker. My question is straightforward. Hon. Cabinet Secretary, with the establishment of the three health funds under SHA, how do you ensure that patients will not be lining up at chemists to look for drugs that have been prescribed in hospitals? That has been a big problem. We see women lining up with children from hospitals. They are not able to get drugs and so they have to go and procure drugs outside. How does this address this problem?

The Temporary Speaker (Sen. Muma): You have asked a question.

Sen. Dullo: Thank you, Madam Temporary Speaker. *Waziri*, there are some dispensaries within our counties that have stalled under the Equalization Fund. I have

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two of them in my county, one called Akadeli and the other called Shambani. Those dispensaries were constructed way back in 2019 even after the ruling of the court case to pay the contractors.

The Temporary Speaker (Sen. Mumma): Sen. Dullo, ask the question.

Sen. Dullo: Madam Temporary Speaker, I am asking. Those dispensaries have been vandalized and the counties are passing the buck to the national Government. Is he aware of the same?

The Temporary Speaker (Sen. Mumma): What is your point of order, Sen. Eddy? What is the issue with you?

Sen. Oketch Gicheru: Madam Temporary Speaker, under Standing Order No.1, I understand the situation with time, but the questions that have been asked are many. I am requesting that we postpone all the other questions and the Cabinet Secretary answers the question on UHC staff.

The Temporary Speaker (Sen. Mumma): Sen. Eddy, please sit down. I have ruled on that question.

Sen. Oketch Gicheru: I am not overruling you, Madam Temporary Speaker. I am just requesting---

The Temporary Speaker (Sen. Mumma): Sen. Eddy, can you sit down? You are being a nuisance. Sen. Cherarkey, one minute.

(Sen. Orwoba spoke off record)

Order, Sen. Orwoba. You are not co-chairing with me.

Sen. Cherarkey: Madam Temporary Speaker, if they continue disturbing you, invoke Standing Order No.122. I would like to ask the Cabinet Secretary---

(Sen. Oketch Gicheru spoke off record)

The Temporary Speaker (Sen. Mumma): Sen. Eddy! Can the Serjeant-at-Arms escort Sen. Eddy out?

Proceed, Sen. Cherarkey.

Sen. Cherarkey: Madam Temporary Speaker, could I ask---

(Loud consultations)

The Temporary Speaker (Sen. Mumma): Order! Sen. Eddy.

Sen. Cherarkey: Could I ask the Cabinet Secretary that in light of the court's decision that the verification committee he formed was unconstitutional and illegal, how will he ensure the verification of the NHIF's pending verifiable and unverifiable bills? I told *Waziri* when he appeared that under Article 229 of the Constitution, the Office of the Auditor-General should be the one verifying the pending bills.

What are the options on the table? I gave him for free. I did not even charge him. It was *pro bono*.

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The Temporary Speaker (Sen. Mumma): Sen. Cherarkey, please, sit down. Before the Minister answers, Sen. Eddy, please withdraw from the House.

(Sen. Oketch Gicheru spoke off record)

(Loud consultations)

Serjeant-at-Arms, please, assist in withdrawing Sen. Eddy from the House. Cabinet Secretary, proceed to answer the question.

(Loud consultations)

Order, hon. Senators! Order.

Hon. Senators, pursuant to Standing Order No. 121, I cite you for disorderly conduct.

(Loud consultations)

(Sen. Oketch Gicheru spoke off record)

Sen. Eddy, I have directed that you leave the House. The Serjeant-at-Arms may now proceed to move him out.

(Loud consultations)

Sen. Oketch Gicheru, I have directed that you withdraw from the House.

(Loud consultations)

Serjeant-At-Arms, we will not proceed unless you escort Sen. Oketch Gicheru out. Please, do not defy the Chair. Sen. Oketch Gicheru, I am directing that you withdraw for the remainder of this sitting.

(Loud consultations)

All the Members who are around Sen. Oketch Gicheru, please take your seats. Sen. Ogola and Sen. Orwoba and Sen. Kavindu Muthama, please take your seats.

(Sen. Oketch Gicheru withdrew from the Chamber)

Sen. Korir: On a point of order, Madam Temporary Speaker.

The Temporary Speaker (Sen. Mumma): Sen. Korir, what is your point of order?

(Loud consultations)

Sen. Korir, is your point of order still relevant? Can we listen to the CS, please? Please, let us listen to the CS.

The Cabinet for Health (Hon. Adan Duale): Hon. Speaker, I want to assure the Hon. Senator for Mombasa County, Sen. Faki, that there are no prepayments of two years. The Social Health Authority (SHA) Act provides for one year annual payment for the informal sector. However, currently, Kenyans who are registering are only paying monthly premiums.

Senator for Isiolo County, we shall engage with the National Treasury and Economic Planning, and the county governments. The Equalization Fund is administered outside my Ministry. It is under the National Treasury and Economic Planning and has a secretariat. The Members of Parliament are the ones who choose what to do. I will contact the Ministry of National Treasury and Economic Planning and the Council of Governors.

I will next respond to Sen. Orwoba. Sen. Orwoba, they are covered. If you look at what I have tabled today comprehensively, you will see it. You further need to look at the tariffs of the healthcare service where there was a Legal Notice No. 556 of 225, a gazette which provides for a complete cover. You should go to the benefits. It is possible that the facility you went to played games on it.

On Mombasa Coast General Hospital---

(A Senator spoke off record)

Get us the date and everything then we will ask him. There was a question on Coast General Hospital. Allow me to first thank the Governor of Mombasa County. His County is leading on SHA registration at 58 per cent and we must thank him. The person second to him is like the numbers for Liverpool and Arsenal. The difference is 10 per cent. So that is how he is ahead of the pack.

SHA pays all approved claims by 14th day of every month. I will give you the figure. As of today, Kshs228.37 million have been paid since SHA came into place in October. If the claims are not verified and the governor knows, he talks to his people. I have sent him the bills, he has verified and he is comfortable. He will be in Nairobi tomorrow. He will sit with our team on digital health to make sure that his system works seamlessly.

Next is the question by Sen. Kavindu Muthama. SHA registration is seamless. You can use the Unstructured Supplementary Service Data (USSD) on your phone by dialing *147#. You can also use Community Health Promoters (CHPs). If they are teenage mothers, of whom we have a number, we provide them with temporary cards, making the process seamless.

Unlike the National Health Insurance Fund (NHIF), where registration requires a two-month wait, the Social Health Authority (SHA) picks you up in the system as soon as you register and visit the hospital.

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If you experience any system-related issues, call our call centre at 147, available 24/7, with no call charges. Previously, call receiving took two minutes, but now, once you call, your call is received. We will soon start calling back Kenyans to ask why they called and dropped the call. That is how it works.

There was a question regarding the three funds under SHA by Sen. Beatrice and whether we have drugs at the Kenya Medical Supplies Agency (KEMSA). I want to assure this House that KEMSA is undergoing reforms and recapitalisation. Through the private sector, we are investing about Kshs10 billion to increase their fill rate to 100 per cent. This will ensure drugs are available at the last mile.

Regarding the doctors in Kakamega and other counties, as Hon. Khalwale was asking the question, I texted the Governor for Kakamega County to confirm whether the issue is true or false. I asked him to send me the agreement he signed with the doctors, but he has yet to do so. However, he said the matter has been resolved. There are about 18 counties where doctors have issues. I agreed with the Union while in Mombasa that these matters must be resolved. Kiambu County is one of them. I am engaging the governors to find solutions. The main issue is promotion. Consultants and senior doctors have stagnated for a long time.

As you know, health is devolved. There is a Standing Committee on Health chaired by Sen. Mandago. There is also the Standing Committee on Devolution and Intergovernmental Relations chaired by the Senator for Wajir County. I believe you would achieve better results by addressing this matter through these committees. Regarding the Universal Health Cover (UHC), the people out there are with me. We have signed an agreement with them, and I am not budging from that agreement. This is because when leaders agree with you---

Hon. Senator, on a light touch, I will come to answer Sen. Cherarkey's question. He is looking at me. I will answer him last.

(Sen. Maanzo spoke off record)

Hon. Senator, I have already answered you while you were speaking to someone. I started with you. I said the Equalisation Fund is under the National Treasury and Economic Planning, with a secretariat comprising Members of Parliament (MPs).

The Temporary Speaker (Sen. Mumma): Cabinet Secretary, you are left with less than a minute.

The Cabinet Secretary for Health (Hon. Adan Duale): I had answered that question.

Regarding UHC, the key issue is the budget. Who makes the budget? The budget is made by Parliament. I told them to leave my office, and go to Parliament. This week is the budget-making process. You are handling the Division of Revenue Bill and the County Allocation of Revenue Bill. I am sure you will add funds to the counties. Please, do me a favour; cut some money and allocate it to UHC. I will pay them. I am struggling.

Finally, Sen. Cherarkey---

The Temporary Speaker (Sen. Mumma): Hon. Cabinet Secretary, Sen. Kavindu as well says you have not answered her question.

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The Cabinet Secretary for Health (Hon. Adan Duale): I have answered her question. Maybe she was not listening.

The Temporary Speaker (Sen. Mumma): He has one minute, let him finish.

The Cabinet Secretary for Health (Hon. Adan Duale): Madam Temporary Speaker, let me answer Hon. Cherarkey's question first. As a good friend of mine, he is the last person I will take advice from. I will never take his advice again because if I did, I would not even cross the road.

On the pending bills, by law, I have established that Kenyans have the right to go to court, and they have done so. Those who claim these bills must wait until the court makes a determination. One arm of the Government has done its job, and another arm must now proceed.

The Temporary Speaker (Sen. Mumma): Sen. Kavindu, quickly ask your question.

The Cabinet Secretary for Health (Hon. Adan Duale): Sen. Kavindu, maybe I can listen to you.

(Sen. Kavindu Muthama spoke off record)

The Temporary Speaker (Sen. Mumma): No, just ask what he did not answer.

Sen. Kavindu Muthama: Madam Temporary Speaker, my question was that registration ya SHA *haifanyi kazi*. The details that the Hon. Cabinet Secretary *anapeana hapa, zingepeanwa kwa ground ili watu wajue watafanya nini wakienda huko. Sio hapa.*

The Cabinet Secretary for Health (Hon. Adan Duale): Hon. Temporary Speaker---

ADJOURNMENT

The Temporary Speaker (Sen. Mumma): Hon. Senators, having concluded the business for which I extended the day's sitting, the Senate stands adjourned until later today, Wednesday, 14th May, 2025 at 2.30 p.m.

The Senate rose at 1.15 p.m.