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PARLIAMENT OF KENYA

THE SENATE

THE HANSARD

Wednesday, 22nd April, 2026

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)

Order, hon. Senators. Kindly take your seats. We now have quorum. Therefore, we will proceed with the day's business.

Clerk, you may call the first Order.

QUESTIONS AND STATEMENTS

QUESTIONS

The Speaker (Hon. Kingi): Hon. Senators, we had four Questions that were directed to the Cabinet Secretary in charge of Co-operatives and Micro, Small and Medium Enterprises (MSMEs) Development. However, this morning, we received a letter to the effect that the Cabinet Secretary is engaged in an official function. Therefore, he will not be able to appear before plenary for purposes of responding to those four Questions. However, we have an indication that the Cabinet Secretary for Health and the Cabinet Secretary for Interior and National Administration will appear before plenary this

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morning. Therefore, we are going to start with the Cabinet Secretary for Health who has five Questions this morning.

You will note that the Cabinet Secretary for Interior and National Administration has 11 Questions. So, we will have 16 Questions this morning, meaning time will have to be allocated accordingly. I will ask the Clerk to do the math, so that I guide you on the time to be expended on each of these questions, so that we can cover all the 16 questions.

First of all, Clerk, could you confirm that the Cabinet Secretary for Health is present?

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

Hon. Senators, we are going to allocate 11 minutes per question.

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

Hon. Cabinet Secretary, we have received your written responses to these questions. Therefore, you may wish to summarise when responding for purposes of saving on time.

We are going to start with Question No.013 by the Senator for Nairobi City County, Sen. Edwin Sifuna, CBS, MP. Hon. Senator, you may proceed to ask your Question.

Question No.013

STATE OF CLAIMS UNDER EDUAFYA
MEDICAL SCHEME

Sen. Sifuna: Mr. Speaker, Sir, I beg to ask Question No.013 to the Cabinet Secretary for Health the following Question-

(a) Why has the Government not paid last expense compensation to Mr. Norbert Bulungu, father of the late Miss Shekinah Pendo Vudavila, a student at Naivasha Girls Secondary School, who died on 17th October, 2023, despite the claim having been lodged?

(b) When will the claim be settled?

(c) Could the Cabinet Secretary also state when the rest of the pending claims under the defunct EduAfy Medical Scheme will be settled, once and for all?

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

The Cabinet Secretary for Health (Hon. Aden Duale): Thank you, Hon. Speaker and Hon. Senators. I beg to reply

(a) The Government acknowledged the launching of this specific claim following the unfortunate demise of Miss Shekinah Pendo and Master Robin Murimi Majao. The delay in compensation was occasioned by operational transition from the defunct

National Health Insurance Fund (NHIF) to the Social Health Insurance Fund (SHIF) and the subsequent lapsing of the EduAfya Medical Scheme on 31st December, 2023.

Following the operationalisation of the Social Health Insurance Fund Act 2023 that was passed by this House, all the liabilities have to be transferred to the Social Health Authority (SHA). This specific claim falls under group life and last expense category of the defunct scheme. The prolonged delay was as a result of the necessary system checks and verification of inherited historical liabilities which established that total pending group life expenses for EduAfya Medical Scheme stood at Kshs116 million.

(b) This claim will be settled within the next two weeks. To be more specific, by 8th of May, this claim will have been settled and the House can hold me to account on that. The SHA will disburse the entire Kshs116 million to clear all pending group life and last expense claims under this scheme by 8th of May. I will write to notify the hon. Member and even the Speaker, through the Clerk, when that payment is made, which will fully settle Mr. Norbert Bulungu's and Mr. Elias Majao's claims.

(c) The total pending claims specifically for the defunct EduAfya Medical Scheme currently stands at Kshs735,822,556. I have categorised group life and last expenses amounting to Kshs116 million. Inpatient claims are Kshs320,550,523 while outpatient claims are Kshs299,271,833. With Kshs116 million for group life and last expense being settled on or before 8th of May, the balance of Kshs619,822,356 will remain for outpatient and inpatient claims. These remaining hospital claims shall systematically be settled against the broader NHIF legacy debts depending on availability of funds.

Mr. Speaker, Sir, like I promised last time, to accelerate this, since legacy debts of the defunct NHIF affects our facilities, the National Treasury has allocated Kshs4 billion in the recent Supplementary Budget. That will cater for people who we owe between Kshs1 to Kshs10 million, accounting for 92 per cent of the total debts of the defunct NHIF. After the ongoing verification, I tend to put the remaining balance of legacy debts of NHIF in the next financial year beginning July. Therefore, by July, we should have settled all the outstanding verified NHIF claims so that the elephant in the room of legacy debts of the defunct NHIF are dealt with in totality by July this year.

Thank you, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Senator for Nairobi City County, do you have any supplementary question?

Sen. Sifuna: Mr. Speaker, Sir, I am happy that when it comes to part (b) of the Question, the Cabinet Secretary has given a specific date. Those are the sort of responses we expect in this House. Therefore, I will wait until 8th of May and expect that communication from him.

I also noted that he has included the claim for Master Robin Murimi Majao. You will remember that the last time the Cabinet Secretary was here was over six months and I personally handed him the documents he said he had not received. I am happy he has acknowledged that.

My concern is with regards to part (c) of that question when he uses language that is vague. I wish he was as specific as he has been in part (b) and (a) on when these

remaining claims will be settled. A timetable will be acceptable at this particular point in time. It will help us answer the questions of the people. We can tell them there is a timetable encompassing a period of three months or six months other than saying that they will be systematically settled against the broader National Hospital Insurance Fund (NHIF) legacy debts.

I thank you, Hon. Speaker, Sir.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, Sir and Hon. Senators, the last two bits including the Kshs116 million are part of the bigger and wider NHIF legacy debts. We have separated them into two categories and zero to Kshs10 million are about Kshs5.3 billion. What we have verified as genuine claims by the time the supplementary estimates were being tabled in the House is Kshs4 billion. I am happy to report that the National Treasury has factored in the Kshs4 billion. So, we will start paying that from next week.

The other amount is being verified now and I want to assure the House that we will factor it in the budget for the Financial Year 2026/2027. We are doing this because the National Treasury works through a budget cycle. Once the House passes the budget in the month of June, we will pay all outstanding debts for inpatients, outpatients, surgery, maternity and many other claims in the months of July and August upon verification.

Hon. Senator, hold me to the payment that I have said will be settled by 8th May, 2026 and do the same for the other balance. We will not have outstanding verified claims of the former NHIF by August.

The Speaker (Hon. Kingi): We have three minutes left to this question. Can we hear from Sen. Maanzo?

Sen. Maanzo: Not on this one, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Let us then hear from Sen. Wamatinga.

Sen. Wamatinga: Thank you very much, Mr. Speaker, Sir. Let me start by thanking the Cabinet Secretary for the answers that he has given noting that the Social Health Authority (SHA) still has a lot of issues, especially pending.

My question is: Does the Cabinet Secretary plan to conduct civic education on how to make claims in SHA? That will help people know when their claims are valid and they will also know what they need to do. We have noticed that it is one of the biggest challenges we have on the ground. People have been saying SHA is not working but they do so because of misinformation. Does the Ministry have or has the Ministry budgeted, in its strategy, to conduct civic education for people to understand and learn how to fill in the claim, how and when to claim what amount?

Thank you very much, Mr. Speaker, Sir.

Sen. Joe Nyutu: Thank you, Mr. Speaker, Sir. My question relates to the EduAfya Medical Scheme. Could the Cabinet Secretary bring us to speed on how pupils and students are now covered after the EduAfya Medical Scheme was done away with? Can he also tell us the benefits, if at all, the learners are entitled to under any such new arrangement? Thank you.

Sen. (Dr.) Mungatana, MGH: Thank you, Mr. Speaker, Sir. I want to really congratulate the Hon. Cabinet Secretary for the work he has been doing. I am from Tana River County and he is our neighbor from Garissa and he has made us proud.

I have a question and I want him to take this opportunity to clarify it. There are many issues about false claims which were actually bordering on criminal conduct by hospitals and doctors. We, together with the public, raised a lot of hell. I want him to tell us the number of people who have been taken to court, how many have been charged and what is the status. He can use this opportunity to tell us where we are in terms of recovery of money from the crooks who had infiltrated the SHA system. I thank you, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): Hon. Cabinet Secretary

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, Sir and Hon. Members, I will start with the question from the Hon. Senator for Nyeri County. Yes, we are doing a lot of civic education. Civic education is actually the missing link in the implementation of SHA. I am sure that Senators will agree with what I am about to say. I went to Bungoma and I visited the maternity wing. Out of 40 women who were in the queue, only one lady was not registered with SHA. When we asked her, she said she does not have a phone. The only phone they use belongs to her husband.

So, Kenyans have registered with SHA. As of last night, 30.6 million Kenyans had registered with the SHA and it is working. From last Friday to this Friday, we are to pay Kshs13.5 billion to all health facilities, primary health care levels to our referral hospitals. I can provide the list and it is totaling to Kshs13 billion. That is the kind of transformation we are talking about.

I thank the people of Nyeri County because it is number three in registration. When I looked at the list, I noted that the faith-based, county and private hospitals were all receiving money. I agree that we need to do more on civic education.

I want to ask Kenyans who are registered with SHA to download an app called Afyangu. That application provides all the information from the nearest hospital, doctors, benefits and tariffs. When I was coming here, I met a policeman who told me that he can see his balance on his phone. One can only see that if they download that application.

We will do more civic education. Our team was in Nyanza and they finished the Nyanza region. Today, the whole SHA team is in the coast region, then they will go to Rift Valley. They we are meeting all the players.

Sen. Joe Nyutu, the Senator for Murang'a County, yes, EduAfya Medical Scheme was funded by the Government and it left us with a huge debt because the Government did not pay the debts during the transition. That is why we got the question from the Hon. Senator for Nairobi City County. However, that has been transformed.

All our children are covered and they are dependents of their parents. Once you register with SHA and pay, primary health care is free. One just walks in for treatment and they walk out. Anybody who walks to a dispensary and health centre will be treated because Parliament has appropriated the required money. So, our children and their parents can walk to any of the health centres for outpatient services and those services are free because it is paid by the Government. When it comes to specialised treatment, the parents' cover covers all their children up to the age of 25. So what we have now is better than the EduAfya Medical Scheme.

Hon. Mungatana, the biggest challenge in any health insurance globally, including the United States of America (USA), is fraud. In fact, in the USA, fraud in the health

insurance is at 28 per cent. The country with the lowest health insurance fraud is Estonia with 6 per cent. I joined the Ministry of Health in April last year and the fraud was at 26 per cent. I want to confirm to the country that because of the actions we have taken, the fraud percentage is below 6 per cent.

What have we done? We have closed over 1,200 facilities. The Director of Public Prosecution (DPP) has received over 24 files. Two former chief executive officers of SHA and NHIF have been taken to court. Many staff of NHIF, SHA and even the regulatory bodies like Kenya Medical Practitioners and Dentists Council (KMPDC) who register and license all medical and dental practitioners and also all the health facilities in the country have also been taken to court.

As we sit here, the Directorate of Criminal Investigations (DCI) has close to 81 files and he submitted 24 more files to the DPP last week. We will not relent on fraud. The Senator for Bungoma County will agree with me that we closed 13 hospitals in Bungoma. Some of the hospitals are Bungoma West Hospital and Calvary Hospital.

Allow me to say this for avoidance of doubt and I want the Senators from those areas to listen to me. We have flagged out five counties as the epicenter of fraud. Those counties are Mandera, Kisii, Migori, Homa Bay, and Wajir. We will not relent on it. I am not talking of the county alone; I am talking of all the facilities.

Majority of the fraud is taking place in the private health facilities. However, what are we doing, as the Senator for Nyeri has asked, to reduce fraud and rejection? We have rejected claims worth, as of today, Kshs13.2 billion. If we do not reject those claims, in the former National Hospital Insurance Fund (NHIF), they could have paid. We will keep on rejecting, and it will increase.

I said it on the Floor of this House, and the good ladies will agree with me, if you claim for a maternity and in your claim one document called birth notification is missing, that claim is rejected. The only thing that can tell us a child has been born is if you produce a legal document called birth notification. So, we are fighting fraud, and I really want the leadership here to help me fight it.

When I close a hospital, please do not call me. I have seen many people calling me, but I have refused to budge. On fraud, I will not. You cannot steal money meant for the Kenyan patients. If you want to steal, go steal the money meant for roads and water. I am not saying you should even steal for roads, but more serious, if somebody is on a hospital bed and you steal his money--- That is why even now there is a lot of noise, because I am protecting teachers' money, because the facilities are used to stealing from teachers. I am meeting the teacher union leaders. I am telling them the only thing I am doing is protecting their benefits. Thank you.

The Speaker (Hon. Kingi): We will now proceed to Question No. 014 by the Senator for Makueni County; Sen. Daniel Maanzo.

*Question No.014*MANAGEMENT AND CONTROL OF
TOBACCO CONTROL FUND

Sen. Maanzo: Mr. Speaker, Sir, I beg to ask Question No.014 to the Cabinet Secretary for Health-

(a) Could the Cabinet Secretary provide a 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 of 2007?

(b) What measures are in place to ensure transparency and accountability in administration of the Tobacco Control Fund?

(c) How is the ministry addressing the current influx of oral nicotine pouches, e-cigarettes, and such other tobacco products among the youth and children?

(d) What steps is the ministry taking to ensure compliance of the tobacco control regulations, particularly regarding the solatium contribution from tobacco manufacturers and importers following the judgement of the High Court in Constitutional Petition No. 143 of 2025, and

(e) How is tobacco control being coordinated within the ministry and across the county institutions, particularly in the context of devolution?

I thank you.

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

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker and Hon. Senators, let me just make a confession that since I became the Cabinet Secretary for Health, one of the hardest things I am yet to crack to the end is this tobacco business. I really want to thank Sen. Mumma because she has brought a Bill to this House that is going to address a lot of the issues that I came across and now it is in the National Assembly.

I pray that they will not amend the provision the Senate has passed because the cartels in this industry will do whatever it takes to undo what the Senate has passed.

(a) Coming to the question, the Tobacco Fund is established under Section 7 of the Tobacco Control Act of Cap 242, and it is financed through various sources. I do not want to go into the sources. Hon. Maanzo has it. Maybe just to add that the solatium compensatory contribution payable by licensed cigarette manufacturers or importers in the country may be determined by the board. That is one of the biggest funds.

The primary operational source of the revenue remains the solatium compensatory contribution which supports the implementation of tobacco control programmes countrywide. I have given the breakdown of the financial performance of the fund since 2022/2023 financial year up to 2025/2026 financial year. In 2023/2024, the allocation that was received was Kshs756 million. In 2024/2025, Kshs831 million, and in 2025/2026, Kshs872,550,000. Then on the other side is where we have the expenditure amount utilised. I have enumerated the utilisation part of it year by year.

Part of it is public awareness, communication campaigns, the National Tobacco Cessation Programmes where we do Screening, Brief Interventions, Referral of patients

for Treatment (SBIRT) initiatives. We do review of the tobacco regulatory framework in accordance with the global standard, develop and review graphic warnings on tobacco products. Of course, also training of the enforcement officers, stakeholder coordination, a number of functions. So, the interventions really are geared to strengthen, enforce and do public education efforts.

How have we utilised these funds? The implementation of the activities for this financial year is ongoing. There are many activities. There is county-level advocacy and awareness. We are doing construction of cessation and rehabilitation centres in Meru and Nakuru counties; research on emerging tobacco and nicotine products and drug demand reduction campaign, mainly in the coastal areas targeting our youth.

Hon. Speaker the Tobacco Control Fund is a very key instrument in financing Kenya's tobacco control agenda if managed with a clear legal framework that ensures transparency, accountability and target allocation of public health.

I think in a week's time, I will table an audit report done by the National Treasury on how this Fund has been used. The National Treasury, has just completed this week and will brief me because I found out what was going on and how a proper audit should be done before an audit of this House is done.

In our Ministry, we are very much committed to improving the efficiency, the strengthening of the procurement system and prudent use of resources. All these must be in line with statutory requirements.

(b) What measures are we putting in place to ensure there is transparency and accountability in the administration of the Tobacco Control Fund?

We have initiated a number of key measures. One of them is the legal and statutory framework. The Fund is established under Section 7 of the Act with clearly defined revenue resource and receipted expenditure purpose. We will ensure funds are used strictly for tobacco control programs.

Secondly, we have designated under Section 8 the Fund to be managed by a different designated accounting officer who will be responsible for the financial control, compliance and proper record keeping.

Thirdly, we have the public finance compliance. The Fund operates within the framework of the Public Finance Management (PFM) Act. Every PFM officer must adhere to budgeting, reporting and expenditure controls.

An annual audit is undertaken by the office of the Auditor General providing independent verification of financial statements and compliance. As is said, we have completed an audit by the auditors from the National Treasury on this Fund so that we just get a feel of what is happening and we will share it with the House.

On conflict-of-interest safeguards, the Act prohibits acceptance of funds that may create conflict of interest particularly from tobacco industry related entities. We also have parliamentary oversight, exactly what I am doing. The Fund remains subject to parliamentary scrutiny through audit reports and accountability process.

Finally, the tobacco control regulations and related policies provide operational guidelines, monitoring and performance evaluation mechanism. These measures collectively will ensure that we put in place a very strong statement of transparency and accountability in the management of the Tobacco Control Fund. As a Ministry, we

remain committed to strengthening the implementation and ensuring prudent, efficient and lawful utilization of all resources in the support of public objective.

(c) Mr. Speaker, Sir, how is the Ministry addressing the current influx of oral nicotine patches, e-cigarettes and such tobacco products among the youth? We must recognize that the evolving nature of tobacco and nicotine products and associated public health risk particularly increasing appeal to the young people. We are controlling how the package and the graphics should look like.

We are implementing a multi-sectoral approach comprising of legislative, regulatory, enforcement, research and public health intervention which I have outlined in my answer. I have indicated how to strengthen each area which is why I have talked about the Tobacco Control (Amendment) Senate Bill which was meant to strengthen legal framework under the Tobacco Act. It particularly seeks to regulate the electronic nicotine delivery system which could be the e-cigarettes and the oral nicotine. One might think their daughter, in the house, is using lipstick but that is a drug or something laced with tobacco. They are using all types of different methods to attract our young people.

That law by Sen. Mumma has really dealt with all the legislative loopholes. It has dealt with how we protect our minors and restriction of access. We want to control the sale and distribution of tobacco and nicotine products to minors including limited license of retail outlets near educational institutions.

We have product regulation and pre-licensing control where we make sure we do a lot of due diligence before we give an importer or manufacturer a license.

Of course, we have enforcement under the existing legal framework. We do market compliance and licensing control and above all, we do verification of --- outcomes.

(d) What steps has the Ministry taken to ensure compliance with tobacco control regulations particularly regarding the financial contribution from tobacco manufacturers? The Ministry remains committed to the rule of law while safeguarding sustainable financing. In this regard we have taken the following measures-

One, compliance with the court decision, which the honourable Member has said. We are implementing a High Court judgment in Constitutional Petition No.143 of 2025 in the all the regulatory and administrative actions.

Secondly, we are strengthening our enforcement to ensure all manufacturers and importers comply with statutory obligations including the payment of the solatium contribution.

Thirdly, licensing control, payment of all statutory contribution must make sure they are accounted for and issuance of renewable license.

We also do inter-agency coordination, monitoring and evaluation and verification of all the systems such as tracking payments, verifying compliance in collaboration with oversight institutions.

(e) How is Tobacco Bill coordinated with the Ministry and across other Government institutions especially in the context of devolution?

Tobacco control in Kenya is implemented through a coordinated multi-sectoral framework under the Tobacco Control Act. This is in line with the constitutional provision on devolution. Coordination is undertaken as follows-

The national Government, which is the Ministry of Health, provides overall policy direction, technical leadership and coordination of tobacco control programmes. We also have inter-agency collaboration. The Ministry works with Government institutions including the Ministries responsible for Finance, Interior and National Administration, Educations and Trade to support the enforcement, regulation, taxation and the public awareness.

We also have the Tobacco Control Board that provides the inter-sectoral coordination and advisory support to ensure harmonizing limitation.

We also have our county governments' role which is for the implementation of the tobacco control activities including enforcement of smoke-free laws, health promotion and cessation services where we work very well with the country governments. Of course, we monitor and evaluate. Tobacco control is effectively coordinated through a structured --- and county framework to ensure policy coherence, efficient implementation under a devolved system of government.

Mr. Speaker, Sir, I thank you.

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

Sen. Maanzo: Yes, Mr. Speaker, Sir. Now that this Senate gave him very good regulations and graphics last year to control tobacco use-

(1) How is he reaching out to Kenyans consuming raw tobacco through their mouths which could even be more dangerous than the e-cigarettes and what people are sucking as sweets?

(2) We have not seen those regulations in the billboards as we had given him. It is almost a year now. How is he going to make sure the accounting happens? He said in a week's time. Could we kindly give him another date so that he can present the Auditor General's report and how the money Ksh700 million or so has been used in this regard?

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, I think the hon. Senator for Makeni is in a better position to get the Auditor-General's report. All that we get is with the management letter. We provide all information. The office of the Auditor-General is an independent office. It reports to Parliament. Hon. Maanzo, you could check the Auditor-General's reports. I agree with you that we must ensure every coin from the Solatium Fund is accounted for. Since I joined, we have sufficient funds because I stopped activities inconsistent with the use of the Fund. I have not yet constituted the Tobacco Board as I need to clean up and ensure we appoint men and women of integrity.

Regarding advocacy, I believe that should cover all tobacco products, including raw tobacco. Leaders could help me by ensuring we do not give raw tobacco to our voters. We should provide sugar, tea and unga instead. In some places, voters are given raw tobacco. Hon. Maanzo is aware of this. As leaders, please, help me with advocacy because raw tobacco is dangerous. We must ensure Kenyans are sensitized to the effects of tobacco.

Hon. Speaker, since tobacco is related to cancer, I intend to use the Solatium Fund mainly to upgrade the infrastructure of cancer facilities in our country. I have started by ensuring we sign agreements and pay for the servicing of all cancer machines, including

linear accelerators (LINAC) at referral and county hospitals. We want to ensure they are serviced so they do not break down, avoiding queues for patients.

We have agreed with county governments, particularly regarding regional cancer centers like Garissa, Mombasa, Nakuru, Jaramogi Oginga Odinga Teaching and Referral Hospital, KNH and Mwai Kibaki Hospital. We want to use the Solatium Fund to pay for these service level agreements.

Secondly, we want to use this Fund to build government-owned and operated rehabilitation centres for drug addicts. This ensures young people who wish to reform have access to high-quality facilities and do not become victims of private businesses. We are currently establishing centres in Nakuru and Meru.

Finally, we want to promote alternative livelihoods. While this may be controversial in tobacco-growing regions like Migori, Busia and Bungoma counties, we want to encourage the growth of rice and beans instead of tobacco.

Thank you.

The Speaker (Hon. Kingi): We now move to Question No.025 by the Senator for Kisumu County, Hon. Sen. (Prof.) Tom Ojienda. Sen. Hamida, you have been nominated to ask the question on behalf of the Senator for Kisumu County.

Question No. 025

PROCESSING OF CLAIMS FOR LOW-TIER HOSPITALS BY SHA

Sen. Kibwana: Mr. Speaker, Sir, on behalf of Sen. (Prof.) Tom Ojienda, I beg to ask the Cabinet Secretary of Health the following Question.

Could the Cabinet Secretary outline the measures in place to ensure that the Social Health Authority (SHA) processes and settles claims submitted by low-tier hospitals in rural areas and small private hospitals promptly and with similar priority given to the settlement of claims from national and county referral hospitals?

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

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Speaker, I wish to correct my earlier statement on the HANSARD regarding the five chronic counties. I want to clarify that Migori County is not among them. The counties are Kisii, Mandera, Wajir, Bungoma and Homa Bay. That is where we have identified the most significant fraudulent activities and consequently closed the most facilities.

Hon. Speaker, SHA has implemented robust measures to ensure absolute equity in the processing and settlement of claims, regardless of a facility's tier, location or type: whether faith-based, private or public. Claims are processed strictly on a "first-in, first-out" principle. This ensures that claims are paid in the order they are received, giving low-tier rural facilities the same priority as national referral hospitals.

We have engaged with facility owners and provided training, as the claim lodgment process differs from the manual, fraud-ridden National Hospital Insurance Fund (NHIF) system. Claims are now lodged through a digital superhighway. Our data

confirms that this equity function is active. Currently, the nationwide settlement rate across all levels is 74 per cent within the legally mandated 90-day period.

While the law requires payment within 90 days, we are more proactive, disbursing payments every 14th day of the month. For example, leadership at Tenwek Hospital confirmed their claim settlement rate is now at 80 per cent. Specifically, Level 2 primary healthcare facilities have a 73 per cent settlement rate. Level 3 facilities have a 73 per cent settlement rate. Level 4 and 5 facilities have a 72 per cent settlement rate. Level 6 referral hospitals have a 74 per cent settlement rate across public, private and faith-based institutions.

To support the cashflow of small and rural facilities, SHA adheres to the 90-day payment rule and provides predictable monthly disbursements made on the 14th of every month. Between last Friday and this Friday, we disbursed Kshs13.5 billion. In comparison, the NHIF previously collected only between Kshs3.5 billion and Kshs3.7 billion over five or six months. Therefore, we know what we are doing and saying.

Hon. Speaker and Members, regarding primary healthcare, we have paid all facilities up to January 2026. The remaining balance is pending the Exchequer release; once received, we will pay for February, March and April. We have also received an additional Kshs6 billion with Kshs2 billion for maternity services and the balance of Kshs4 billion for other primary healthcare services.

During the December Summit with the President and the Council of Governors (CoG), we agreed in principle to support dispensaries and health facilities in far-flung areas to enable our mothers deliver there. Previously, SHA architecture did not fully account for mothers delivering in these areas.

Now we can serve all mothers in terms of maternity in the rural part of Kenya and they can deliver at level 2 and level 3.

Finally, since the inception of the Primary Health Care Fund, we have paid facilities. This is something that Senators must hear. This is a transformation of universal health care under President Ruto under primary health care in our dispensary and health facilities. Close to 8.7 million Kenyans have accessed free health care in all our level 2 and 3 and a total of Kshs19.8 billion has been paid in 18 months.

We walk to a facility, there is a charter, it is walk in, walk out. You see a doctor, you go to the laboratory, to a diagnostics system, to the pharmacy and you go home. In 18 months, Kshs19.8 billion has been paid. In 18 months, 8.7 million Kenyans, from all corners of our country, have accessed medical services. Today, the biggest source of revenue for our county governments is the health sector.

Mr. Speaker, Sir, and Members, the transformation undergoing in our country in the health sector under the leadership of President Ruto is real, it is working and Kenyans are appreciating across the country.

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

Sen. Kibwana: No, Mr. Speaker, Sir. I do not have any.

The Senate Majority Leader (Sen. Cheruiyot): Thank you. Mr. Speaker, Sir. I want to appreciate the hardworking Cabinet Secretary for Health for taking time to come

and respond to issues raised by citizens through their representatives. Also, for highlighting some of the challenges we have in the health sector, including----

I saw some idler on TV on Sunday claiming that we should revert back to the old National Hospital Insurance Fund (NHIF) system. The reports have been laid bare of the damage he left as Chairperson of Cabinet Subcommittees those days.

Cabinet Secretary, despite the good work you are doing, there is somewhere you have failed. The last time you were here, my good friend, *Waziri*, you promised that you will file the report for the performance of the Social Health Authority (SHA) in accordance with Section 42 of the SHA Act, with Parliament, after the lapse of the mandatory three months. That report is yet to be tabled in the House. You know the beauty about that report, *Waziri*. You have been the Leader of Majority and so you understand how Parliament works. The only way we can appreciate the good work that you are doing is when you finally table a report before the House. So, my question is: When is Parliament going to get that report in accordance to the law that this House passed, which the Cabinet Secretary is very well aware of?

Lastly, just a comment. The Cabinet Secretary said that when he was in Bungoma, out of 41 women that were in the maternity, 40 had registered with SHA. However, there is one who had not registered because she did not have a mobile phone. I know him to be a generous man. I hope he did not leave that lady without buying her a phone.

Sen. Cherarkey: Thank you, Mr. Speaker, Sir, I want to appreciate the Cabinet Secretary. He is one of the hardworking Cabinet Secretaries of our time. If all Cabinet Secretaries did their job, like he is doing, we will have an easy ride in 2027.

Mr. Speaker, Sir, I was in Kericho County Referral Hospital, courtesy of your office. I found that SHA is working. This is because in Level 5, they are paying Kshs3,920 per patient. The only problem, *Waziri*, is that there are no drugs. SHA is working but when patients go to look for drugs, they are not within the hospital. So, the reason they are saying SHA is not working is because they have to buy drugs outside the hospital.

In your intergovernmental engagement with the Council of Governors, what are you doing to ensure that drugs are available in our hospitals? The Governor of Garissa, my governor, the Governor of Kericho and many others are not giving drugs. That is why they are giving fodder to people who oppose SHA, that SHA is not working, but yet drugs are not in hospitals. So, what are you doing with the governors? However, you are doing a good job and you will go to heaven.

Sen. Munyi Mundigi: Asante, Bw. Spika. *Waziri*, pongezi kwa kazi ambayo umefanya kwa wakati umepewa Wizara hii. Tumeona ukitembea kwa vijiji na kupigana na Wabunge. Unafanya kazi ya Rais wa Kenya na yetu pia.

Umegusia mambo ya Cancer ambayo imekuwa *disaster* katika nchi yetu ya Kenya. Uko na mipango gani ya ugonjwa ya cancer? Hii ni kwa sababu watu wengi hawajui ni pesa ngapi zimetengwa kwa mtu mmoja. Pia, miaka inayokuja, kuna njia unaweza kubadilisha ili wagonjwa wa cancer wasilipe pesa zozote? Hii ni kwa sababu imekuwa shida kwa watoto na akina mama.

Ninajua unafanya kazi. Vijana wetu wa boda wakiwa na shida, tulikuwa tunawachangia. Lakini siku hizi wakipata ajali, wanalipa SHA na kutibiwa. Kwa hivyo, pia utaonyesha Wakenya vile utasaidia wagonjwa wa Cancer.

Sen. Abass: Thank you, Mr. Speaker, Sir. I thank the Cabinet Secretary for remaining steadfast and focused on the issue of SHA. This is because there are many busybodies that run around saying that SHA is a failure. `

My county has been mentioned among the four where fraud has taken place. So, I want to ask the Cabinet Secretary, what action has been instituted against the fraudsters? This is because we are not seeing people being taken to court.

The Speaker (Sen. Kingi): Sen. Miraj, you have decided to go into hiding. Hon. Cabinet Secretary, you may proceed to respond.

The Cabinet Secretary for Health (Hon. Aden Duale): Mr. Speaker, Sir and Hon. Senators, let me start with the Senate Majority Leader. I do my work diligently. On the 9th April, 2026, I made a submission to the Clerk of the Senate of the Annual Report of the Operations of the SHA. I have the letter.

Annex 1 was the NHIF Annual Report and Statements. Annex 2 was on SHA Annual Reports and Financial Statements. Annex 3 was on PHC Fund Annual Reports and Financial Statements. Annex 4 was on SHIF Annual Report and Financial Statements. Annex 5 was for the CCIF Annual Report and Financial Statements and Annex 6 was on the Public Officers' Medical Scheme Fund.

Mr. Speaker, Sir, because it was voluminous, I presented a flash disc with a letter. I have the flash disc and the letter here. I can table this. So, I do my work.

Maybe if you allow me, I have done the reports to the Clerk. I can still table this copy of the flash disc and the letter.

The Speaker (Hon. Kingi): Clerk, kindly receive the documents. They are deemed tabled.

The Cabinet Secretary for Health (Hon. Aden Duale): Secondly, I want to confirm to the House that all leaders in this country, both current and former, are members of SHA, including those who are saying SHA is not working. We cover the former President, his mother and his spouse. We cover the former Vice President, Moody Awori and his spouse. We cover former Vice President Kalonzo Musyoka and his spouse and others. So, SHA is working. We have got VIP. The whole of Parliament pays subscription to SHIF. When you go to hospital for information, the first charge is SHA, then we go to the Medical Scheme of Parliament. So, SHA is working.

The other question from Sen. Cherarkey was the Kenya Medical Supplies Authority (KEMSA) order. I agree we have a serious problem in terms of ordering. We have invested in terms of commodity and technology, as Government, in KEMSA. Today, KEMSA order fill rate is 92 per cent. For every 10 products you ask from KEMSA, they will provide you with 9. By the end of this year, it will be 100 per cent fill rate. However, the digital health superhighway has picked a very peculiar pattern. For the House to know, I will just pick three counties. In the County of Kakamega, Governor Barasa is my witness, in the Kakamega County Teaching and Referral Hospital, we found 52,000 patients have gone through the system. They have seen a doctor, gone to the

laboratory and theatre, but have not been given drugs. We had the same problem in Nairobi City County. We see the patients moving, but they do not get drugs.

We have seen that with Bomet County, and have talked to the governors. In some counties, you will see that there are many pharmacies around the hospitals. We have seen the same in every place. However, since we have capitalised KEMSA and streamlined its governance architecture, we want our counties to draw their drugs from KEMSA. Now our referral hospitals are drawing their products from KEMSA. We are working with the Council of Governors to make sure that---

If you go through the system at the primary health care level and have paid for Social Health Authority (SHA) and you do not get medicine, SHA will not reimburse. It will reimburse everything else except medicine. That will do two things - it will deny the facility money, so they will be forced to go and buy drugs and supply.

I agree with my good Senator from Embu County that cancer is becoming a problem. We get 44,000 new cases every year. We lose between 28,000 to 29,000 of our citizens to cancer-related deaths. However, we have established regional centres in Garissa, Nakuru, and Mombasa. We are increasing the infrastructure in KNH, Moi Teaching and Referral Hospital (MTRH), Jaramogi Oginga Odinga Teaching & Referral Hospital (JOOTRH). Now, KNH which serves close to 150 patients a day will have four linear machines.

We have also increased the benefits for oncology in order to reduce the out-of-pocket payments. Remember the last time the President was addressing both Houses, we increased it from Kshs550,000 to Kshs800,000. We will keep on reviewing it so that we deal with the non-communicable diseases, which are now very common. We would like to advise Kenyans on among other things, cancer screening and reducing the risk factors like smoking, alcohol consumption and changing our sedentary lifestyle.

The last question was from Hon. Abbas. It is very unfortunate. I also come from that region where the fraud rate is very high. I would like to confirm to you that majority of the people who are taken to court majority are from Wajir and Mandera counties. The people who did out-of-court settlement and paid SHA are also from that region, among other Kenyans. The files which are under investigation are from them. However, we are also getting very good facilities in Wajir, Mandera and Garissa counties, and everywhere. We want facilities that adhere to the law and treat our patients. We do not want crooks and cartels who want to eat and were used to eating from the National Hospital Insurance Fund (NHIF) to continue the same fraud business of with SHA. Unlike NHIF, SHA is driven technologically. There are patterns.

Mr. Speaker, Sir, let me give three examples that we have picked this week from the system, because I have an opportunity and the Kenyans are watching. We found a patient who has gone to hospital five times in one day. The system picked that. In the morning, he said he had an ear problem. At midday, he said he had a stomach problem. So, the collusion of fraud is by some patients, health facilities and healthcare workers. A total of 22 doctors have been denied access to the SHAH and digital health system. Over 40 clinicians have been denied their rights because of fraud, and this will continue.

We have found somebody who said his dependents are 375 children. Bungoma County is leading in terms of child births. They told me every month in that hospital

alone, 400 children are born, which is very good. However, even from that, I do not think there is somebody who has 372 dependents or children. That person is from Kwale County and the Directorate of Criminal Investigations (DCI) is investigating. We have found men who claim to have over 50 spouses as dependents. I am sure even Khalwale does not have 50 wives. We have found men who claim to have between 50 and 70 spouses as dependents. This is what used to happen in NHIF. However, I want to tell them of the transformation that is taking place in our country with the support of this House, because the laws that we are using; the Social Health Authority, the SHIF, the regulations and budget were all passed by this House.

Thank you.

The Speaker (Hon. Kingi): We now move to Question No.031 by Sen. Catherine Mumma.

Senator for Nairobi City County, I am informed through a letter that you have been nominated to ask that Question.

Sen. Sifuna: Indeed, Mr. Speaker, Sir, I have.

Mr. Speaker, Sir, in this conversation, for as long as you hear people saying, "SHA is working, but---" there is always going to be a problem. These Questions by Sen. Catherine Mumma are pointers that there are issues still, and we must keep asking these Questions despite all the back-patting that we have seen from some of my colleagues.

Question No. 031

LIMITED ACCESS TO HEARING AIDS UNDER SHA

Mr. Speaker, Sir, on behalf of Sen. Mumma, I beg to ask the Cabinet Secretary for Health the following Question.

(a) What is the rationale for the 18-year age restriction in access to hearing aids under the Social Health Insurance Assistive Devices Benefit Package?

(b) When will the discriminatory age restriction be removed so as to allow adults with hearing impairments to access hearing aids under the SHA Assistive Devices Benefit Package?

(c) What is the Ministry doing to address the high cost of hearing aids in Kenya, and could the Cabinet Secretary state whether there are plans to procure and distribute hearing aids through the Kenya Medical Supplies Authority or other government procurement channels to make them affordable?

(d) Could the Cabinet Secretary outline the long-term strategies in place to enhance access to quality health care by persons with hearing impairments and provide details on government's plans to train and recruit additional audiologists, establish hearing care centres in every county, and integrate ear and hearing care into primary health services to facilitate early screening, among other interventions?

Thank you.

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

The Cabinet Secretary for Health (Hon. Aden Duale): Mr. Speaker, Sir, I beg to reply.

(a) The temporary 18-year age restriction on access to hearing aids is not intended to be exclusionary, but rather serves as an interim core containment measure driven by the current resource constraint within the scheme.

I say this because the prioritisation of individuals up to 18 years was strictly informed by the critical importance of hearing and speech, cognitive development, and educational attainment during formative years. So, it also factors in the long-term socio-economic impact of early intervention, aiming to minimise the clinical outcomes within the limited physical space.

On part (b) of the Question, this restriction is not permanent. The Social Health Authority (SHA), working with the Ministry of Health, is currently undertaking a continuous actuarial assessment to evaluate the affordability alongside resource mobilisation and benefits within the scheme. We are working on a very progressive benefit expansion to include adults. This will be implemented soon. However, the expansion of benefits for this age category will be guided by a body called the Benefits Package and Tariff Advisory Panel (BPTAP). It is mandated to review and advise on benefits, design, cost effectiveness and prioritisation; a report which must be submitted by September.

As SHA, we have written to them a whole set of issues to be reviewed and advise us on the benefit design and cost effectiveness. This one is with that committee; I am sure they will make the right decision for the benefit of Kenyans who are in this category.

(c) What are we doing as a Ministry to address the high cost of hearing aids? We recognise the high cost of hearing aids. It remains a very critical barrier not only in Kenya, but also in many of our African countries. It has become a barrier in terms of access. Hearing aids typically cost between Kshs40,000 to Kshs150,000. Most devices, again, are imported on a very small scale and sold through private outlets at unaffordable prices to the majority of our citizens. These challenges are compounded by the limited audiology services outside the major urban centres and the people who are suffering more are Kenyans in the rural areas.

Mr. Speaker, Sir, as raised by the Senator for Nairobi City County on behalf of Sen. Mumma, as a country, we have a very serious shortage of trained specialists. There is a heavy reliance on out-of-pocket payments. The people at the bottom of the economic ladder suffer, which affects the whole concept of Universal Health Coverage (UHC). It therefore brings the issue of inadequate access, particularly in rural counties.

This is further aggravated by fragmentation taxation. While the Value Added Tax (VAT) Cap 4(7) accords preferential treatment to complete hearing - I remember we removed that when I was at the National Assembly, it was not done in a very structured way - some aspects of these hearing aids are still holding some taxes as ordinary parts.

All these costs put together are passed to the user. We need to address a whole area where we feel ultimately, we should reduce the cost. We are working with suppliers, importers and vendors. A good example is as I said last time, we have reduced the cost of the drug used to treat breast cancer from Kshs120,000 to about Kshs40,000.

We are talking to other big pharmaceutical companies; we have a Memorandum of Understanding (MoU) with them because the cost of care drugs in our country is very high. However, we have standardised the specification for basic, mid-range and advanced

hearing aids in Kenya and the assistive technology specification list, which will be incorporated into the Kenya essential medical list.

This specification will be used to aggregate the national demand under the Social Health Insurance Fund (SHIF), so that we see whether leveraging on the economies of scale, we can use the Kenya Medical Supply Authority (KEMSA) to buy in bulk, do pool procurement and then talk to manufacturers to lower the prices. It is something that we, at the Ministry of Health, are tackling. I am very happy the Senator has raised this.

Mr. Speaker, Sir, through the 80-scale initiative, which we are working with the Clinton Health Access Initiative, we are now procuring over 2,000 hearing aids for distribution to all our public health facilities and hospitals. This is because we are building on a very initial phase that has already equipped 27 facilities with screening and diagnostic tools across multiple counties.

I have instructed KEMSA to integrate hearing assistive technologies into the National Logistic Management Information System and the Kenya medicine list that KEMSA and MoH has and then increase the screening and diagnostic tools across multiple counties.

Finally, this year during the Finance Bill, the Ministry of Health will engage the National Treasury to propose amendments aligning the tax treatment of all hearing aids components, including essential parts, accessories and consumables as free. This will help us ensure that indispensable components of hearing aids are treated as an integral medical device for persons with a disability (PwDs), rather than ordinary taxable spare parts, thereby reducing the out-of-pocket cost and advancing UHC for persons.

We want to make sure that once that tax is removed, they can be financed and paid for under the SHA tariff. The National Council for Persons with Disabilities (NCPWD) has already initiated a framework agreement to strengthen the public procurement pathways of the whole country in terms of hearing assistive devices.

(d) Mr. Speaker, Sir, what are our long-term strategies in place to enhance access to quality health care by persons with hearing impairments? The Ministry is implementing the National Ear and Hearing Care Strategic Plan 2023-2028. There is also a very comprehensive framework designed to expand both ear and hearing services across all levels of care in our health ecosystem. This plan helps to establish hearing clinics in all the sub-counties and integrate prevention, screening and treatment into the primary health care services under the Universal Health Care (UHC).

To strengthen the workforce, our Community Health Promoters (CHPs), and maternal and child health masters are being trained both at our middle-level colleges and universities in prevention, early detection and referral. Concurrently, the University of Nairobi (UoN), Kenya Medical Training College (KMTC) and the Kenya Institute of Special Education (KISE) are also scaling up how they can produce more audiologists and speech language therapists.

Mr. Speaker, Sir, when I saw this question, I had to talk to the Director General who is present here today. I can confirm that as a country, we have a serious shortage of specialists even in speech therapy. Even when we put the cochlear implant into our children at a tender age, they start to hear very easily. However, the biggest problem is

that they take long on speech therapy. It is something we have seen; we will talk to our training institutions and more Kenyans to bring a curriculum to work with.

Thank you.

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

Sen. Sifuna: Mr. Speaker, Sir, indeed, I do. Unfortunately for me, the Orange Democratic Movement (ODM) expert on PwDs, Sen. Crystal Asige is not in the House today. However, if my memory serves me right, as a House, we passed an amendment and I thought, we touched on this question of taxation of assistive devices. It just does not make any sense why a government would impose VAT on essential components such as hearing aids. However, I assure the Cabinet Secretary that we will be following up when that tax conversation comes up to see that this government actually does away with taxation on those essential hearing aids.

Since the Cabinet Secretary has pegged down the capping of receipt of these assistive devices to 18 years to the cost of the product - and if you look at the response, it is saying that it is a cost containment measure driven by current resource constraints - does the Cabinet Secretary or the ministry have empirical numbers? How many people above the age of 18 in the country or what percentage of a population is actually in need of these things, so that we actually know that it is a heavy cost to government and you do not just tell us stories. This is because you have told us here that you are undertaking actuarial assessments which I believe must be based on data and numbers. Do you have those numbers, *Waziri*, on how many people above the age of 18 in Kenya require these assistive devices?

I thank you, Honourable Speaker.

Sen. Dullo: Thank you, Mr. Speaker, Sir. A quick one. *Waziri*, I have a patient who has a heart problem and currently admitted at Tenwek Hospital in Bomet. What I am getting is that SHA is paying Kshs537,000.

The Speaker (Hon. Kingi): Sen. Dullo, you know the subject of the primary question.

Sen. Dullo: Mr. Speaker, Sir, I am building my case. It is on SHA. I am just inquiring---

The Speaker (Hon. Kingi): Yes, but the question at hand, the primary question, is actually on the devices.

Sen. Dullo: Mr. Speaker, Sir, I raised my request earlier on when Sen. Hamida was on the Floor.

The Speaker (Hon. Kingi): So, it is not related to this question?

Sen. Dullo: No, it is on SHA, Mr. Speaker, Sir.

The Speaker (Hon. Kingi): I will allow you.

Sen. Dullo: Thank you. So, *Waziri*, this patient is in hospital and the bill is about Kshs1.1 million. The SHA is paying Kshs530,000 or thereabouts. The patient is supposed to pay the balance. Mostly on heart problems, people actually seek where they can get quick response to their issues. I am told there are categories of payment for different hospitals and different diseases. I really want to know more specifically on that particular patient or issues related to heart ailments. I have about four patients from Isiolo who are

having similar challenges - actually going around to raise funds to meet the cost of the operation.

So, do you have categories of hospitals and diseases that you pay different charges especially those patients who are covered under SHA?

I thank you, Mr. Speaker, Sir.

Sen. Abdul Haji: Thank you very much, Mr. Speaker, Sir. Before I go straight to the question, I just want to state that as a Senator for Garissa, I am very happy and proud when I hear Senators like Sen. Cherarkey, Sen. Cheruiyot and Sen. Sifuna praise the Cabinet Secretary for Health who happens to hail from Garissa. Sen. Sifuna, you said that he answered your question.

(Sen. Sifuna spoke off record)

No, you said he answered your question and you are very happy with his answer. So, as a Senator for Garissa, we are very happy and proud of our son who hails from Garissa and got a very busy Ministry and is doing a good job. We wish him all the best.

Mr. Speaker, Sir, since regional cancer centres were established, they have been supported by the Ministry of Health through the supply of essential oncology drugs which cover over 24 treatment regimens, including those for breast and prostate cancer. Over the past one year, we have seen a significant reduction in the supply of these oncology drugs. I would like to ask the Cabinet Secretary to clarify whether there has been any policy shift regarding the provision of cancer treatment drugs from the national government to the regional cancer centres and how such changes affect facilities in marginalised regions such as Garissa County.

Thank you, Mr. Speaker, Sir.

Sen. Oketch Gicheru: Thank you, Mr. Speaker, Sir. On the question by Sen. Mumma, I did not find it satisfactory. I have read the response here. *Waziri*, the question was: When will the discriminatory age restriction be removed so as to allow adults with hearing impairments to access hearing aids under the SHIF assistive device benefits package? If you look at the response, I have no sense of idea of what timeline has been given by the Cabinet Secretary.

With regards to that timeline, we need just to be very clear to actually track that timeline, so that as Parliament, we can actually hold the ministry accountable to a timeline. Could the minister give us a timeline, not the narrative that is here?

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

The Cabinet Secretary for Health (Hon. Aden Duale): Honourable Speaker, let me start with the last question. If Sen. Eddy Oketch read my statement, it is not a narrative. It is giving very clear direction. This is because I have said that we are looking at the whole issue. There is an element of taxation which we want to sort out in this Finance Bill of this year. There is also an element of, we do not have specialists. However, the element of the benefit package which I am sure you are interested in, is that we are looking at the current package. That is under the package and tariff advisory committee which we have submitted. It is an independent body that looks at many issues, including the one on cancer from Kshs550,000 to Kshs800,000. So, Senator, we will give

you a timeline. If tomorrow, the day after or next month the tariff package advisory based at the University of Nairobi gives us communication after doing public participation, talk to the patient and stakeholders.

Honourable Senator for Nairobi, the global percentage is between six and seven per cent. I suspect the same for Kenya. So, six per cent of the Kenyan population falls within this category. I will give more details once I go back to the office and get the division, but I think it is about six per cent. Six per cent comes to over 60 million, for example, if we say is about 10 million Kenyans who are close to it, who are under this.

Sen. Dullo, yes, our benefits for all is on the website of SHA. All hospitals both private, public and faith-based, use that. It differs with them with surgery. I am very happy to first thank you for taking that patient to Tenwek Hospital. I have never been there before. I used to hear about it. However, I went there and in a day, they do close to about 10 to 15 cardiovascular surgeries; open heart surgery. Some of the best surgeons are there. I really ask, even in the House, that the hospital might be very far and in rural Kenya, but, please, visit that facility if you are in Bomet or in that area. Therefore, if you give me the name of that patient, I will look at it, but that patient is right. I am sure that SHA does not pay everything; maybe on that particular benefit, it is Kshs500,000. However, if you send me the name of the patient, I can ask the leadership of SHA if there is something that we can do.

Sen. Sifuna, 2.2 per cent of Kenyans also have some form of disability. This is approximately one million persons according to the last population census.

Sen. Abdul - but before I come to Sen. Abdul, my sister Senator for Isiolo, maybe we will also look at the surgical package of that patient. This is because there are different surgical packages that the tariff is the same and it is the same for all hospitals, both private public and faith-based. The Kenyatta National Hospital (KNH) is the same; it will charge what Tenwek will charge, what Nairobi Hospital will charge and what Aga Khan will charge.

My Senator, thank you very much. At least, I have not let you down. I am also proud of my Senator. With the help of the governor, we have the regional cancer centre in Garissa. We are now working with the Governor of Nakuru County for the regional cancer centre in Nakuru County. We are also doing the same for Mombasa County. We are also building a cancer centre in Meru and Nyeri for that region, so that we have many cancer centres.

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

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

Mr. Deputy Speaker, Sir, we have isolated the one in Garissa from the main hospital. First, we have isolated it from the main hospital, and now it has its own Social Health Authority (SHA) account. Initially, it was put together with the county referral hospital. So, we did that with the governor and the leadership and now it has its own council and it serves about ten counties, from Isiolo, Marsabit, Mandera, Wajir, Tana River, Lamu, and Kitui. It is a very busy place. Senator, perhaps, you can help me. Some

wards were started, but we need to complete them because patients who come from far often have problems with accommodation, and it is quite expensive for them.

We had agreed with these three regional cancer centres, including Garissa, that they would buy the consumables, and then the Ministry of Health would take care of servicing the equipment. The biggest problem was infrastructure; the machines were breaking down very often as the patients were on the line. It used to happen at the KNH.

Now we have rectified and so, Garissa Regional Cancer Centre, Nakuru Regional Cancer Centre and Mombasa Regional Cancer Centre, the Ministry of Health, using the Tobacco Fund, which is related to the upsurge of cancer, as part of it, are now paying for the service level agreements, so that the machines are serviced. It is a very expensive exercise. It is costing us close to Kshs200 million for those three counties. I think I will talk to the people in Garissa and ask them why they are not buying the consumables. I think they should buy them. Maybe you can help me talk to the governor.

Mr. Deputy Speaker, Sir, as I said, about 44,000 Kenyans are affected by cancer each year. We have made a deliberate move to build another four cancer centres, one in Kisii, one in Nyeri, one in Meru and one in Kisumu. I really want to seek the support of the House to help me sensitise screening for cancer. We need to talk to our people; early detection is very important. Most of them are detected when they are at a very advanced stage. Many cancers can be treated if they are detected at a very early stage.

In Garissa, we are working and I will also follow up on what the Senator has raised, once I leave here, just like the way I will do for Mombasa, the KNH, Moi Teaching and Referral Hospital (MTRH) and all the other cancer centres, both public, private and faith-based.

The Deputy Speaker (Sen. Kathuri): Hon. Senators, looking at the time, we are 50 minutes behind schedule because there is time allocation for every question. I know we have one question by Sen. Hamida Kibwana left for the Cabinet Secretary to respond to and I have several requests here. I suggest that because they are actually on SHA, and we had already dispensed with that question, after the Cabinet Secretary finishes with the question by Sen. Hamida Kibwana, I will give a chance to Sen. Agnes Muthama, my good friend, Sen. Omogeni and Sen. Miraj to ask questions.

Sen. Hamida Kibwana, ask Question Number 048.

Sen. Kibwana: Thank you, Mr. Deputy Speaker, Sir. First, I would also want to commend *Bwana Waziri* for tabling that report, and for the job well done. It shows dedication, hard work and that he is equal to the task. I am very sure that very soon we will be calling him Dr. Duale because of expertise.

Question No. 048

MEASURES IN PLACE TO OPERATIONALISE THE KENYA
CLIMATE CHANGE AND HEALTH STRATEGY

Hon. Deputy Speaker, I beg to ask the Cabinet Secretary the following Question.

(a) Could the Cabinet Secretary state the measures in place to operationalise the Kenya Climate Change and Health Strategy across national referral facilities and county health systems?

(b) What steps has the Ministry taken to ensure that hospitals, clinics, laboratories, medicine supply chains and emergency public health services remain functional during flooding, heat events, disease outbreaks and other climate-related shocks?

(c) Could the Cabinet Secretary state whether the Ministry has conducted a national assessment of the vulnerability of health facilities and public health systems to flooding, extreme heat, vector-borne diseases, water contamination and power disruption, and if so, what were the findings?

(d) What budgetary, policy and infrastructure measures is the Ministry adopting to strengthen climate-health preparedness in line with practices used in countries that have integrated climate resilience into health planning, such as Bangladesh and the Netherlands?

I thank you, Mr. Deputy Speaker, Sir.

The Deputy Speaker (Sen. Kathuri): Hon. Cabinet Secretary, you may proceed.

The Cabinet Secretary for the Ministry of Health (Hon. Aden Duale): Mr. Deputy Speaker, Sir, the question by Sen. Hamida Kibwana is very important not only to the Ministry of Health, but to the government and the people of Kenya. I want to confirm that we are operationalising the Kenya Climate Change and Health Strategy 2024-2029 through very key measures and deliberate efforts.

The first one is that we are strengthening our institutions; a dedicated climate change and health unit has been established to coordinate implementation across the national referral facilities and county health system. This is to ensure that we have a coherent policy and integration.

Secondly, on vulnerability assessment, the Kenya Climate Change and Health Vulnerability and Adaptation Assessment has been initiated. Phase two was completed by 31st March, 2026, with all the county-level vulnerability profiles. All the ASAL and coast regions have been identified as high-risk areas. Phase two will form a costed health national adaptation plan and the last one is climate resilient health guidelines. We have partnered support and the Ministry has developed what we call green health guidelines. We have also done the resilient health facility guidelines, which are available.

What do these guidelines do? These guidelines provide a framework for climate-resilient infrastructure on sustainable waste management and how to deliver a very resilient health service across our country.

On the coordination platform, the Kenya green health platform is being established within the next three months and is supposed to coordinate implementation, track progress and strengthen accountability across national and county levels.

On air quality and climate health intervention, the key actions that we did include the development of household air pollution strategy and the training manual for our 107,000 Community Health Promoters (CHP). This will help the community health promoters to strengthen the community-level awareness and intervention.

We are also establishing the Kenya Air Pollution Centre of Excellence at the Kenya Medical Research Institute (KEMRI) soon and as Kenya is a member and co-chair of the WHO led Friends of Clean Air for Health initiative, this positions our country as a global leader in advancing clean air as a public health imperative.

Hon. Speaker and Members, our Ministry is also strengthening the implementation of the Kenya Climate Change and Health Strategy (KCCHS) through coordination with other institutions, making sure that we have evidence-based planning, resilient infrastructure standards that can withstand these shocks, and targeted air quality interventions. All these measures will help our country prepare and be resilient at both the national and the county level health system against any climate-related health risk.

There was a question on the steps the Ministry has taken to ensure hospitals, clinics, laboratories, medical supply chains and emergency health public services remain functional. My response is that the Ministry of Health has instituted the following measures to ensure continuity of health services during climate-related shocks.

First, we have built resilient infrastructure. We implement resilient health facility guidelines to strengthen facility safety, particularly in high-risk area. We have mapped out all our facilities across the country, particularly in high-risk areas to make sure they have resilient infrastructure.

The next one is our core mandate, which is emergency preparedness. We have strengthened the national and the county response system by making sure that we pre-position enough supplies, create rapid response teams and do emergency operation centers. We work with colleagues in other critical departments.

We also ensure supply chain continuity. That is why the Kenya Medical Supplies Authority (KEMSA) is fully recapitalised. We ensure maintenance of buffer stocks, diversified sourcing and improved logistics to ensure uninterrupted access to essential medicines. We are even introducing drones to help us deliver items like blood during bad weather in some parts of our country. We are also doing surveillance and early warning.

We have enhanced disease surveillance systems for detection and response to climate-sensitive outbreaks such as the Rift Valley fever and many others. We consider laboratory capacity and together with the partners such as the United States of America (USA) and the World Health Organisation (WHO), we have strengthened our laboratory networks and our federal system. Today, I confirm to the country that we no longer send samples to the US Center for Disease Control and Prevention (CDC) and South Africa. We do a lot of our testing and samples at the KNH and the Kenya Medical Research Institute (KEMRI) laboratories. We consider the workforce capacity and that is why we are training a lot of healthcare workers and community health promoters on how they can respond to emergencies and risk communications.

Hon. Speaker, Sir, the next question sought to know if the Ministry has conducted national assessment. My response is, yes, we have undertaken a national assessment of the vulnerability of health facilities and public health systems through what we call the Kenya Climate Change and Health Vulnerability Adaptation Assessment (KCHVA), which is in line with the Kenya Climate Change and Health Strategy (2024-2029).

We completed phase one on 31st March, 2026. Phase one provides a very comprehensive county-level analysis of climate-related health risk and system

vulnerabilities. Our findings were that there is geographical vulnerability. The Arid and Semi-Arid Lands (ASALs) and the coastal region were identified as the most vulnerable, with heightened exposure to drought, flooding and extreme heat.

From the study, we also found out about health facility infrastructure risk. A significant proportion of health facilities in the high-risk areas were found to be subject to flooding, inadequate drainage, heat stress and lack of power supply, which affect the continuity and provision of healthcare.

We have also found out the disease burden patterns. In this assessment, we confirmed that there is increased risk of climate-sensitive diseases. They include vector-borne diseases such as malaria, water-borne diseases which are linked to flooding and contamination and heat-related illnesses. The other finding was water, sanitation and hygiene challenges. Gaps were identified in the supply chain and service disruption. We also found out gaps in laboratory and surveillance.

Hon. Speaker, Sir, and Members, the ongoing phase two will provide a more detailed and comprehensive national analysis. Its findings will form the development of a more costed Health National Adaptation Plan (HNAP). We want to cost and put numbers to what we have seen, for the people, at the National Treasury and our partners to also see it. It will also help in outlining targeted intervention to strengthen resilience of health facilities and systems.

The last question sought to know the budgetary, policy and infrastructure measures the Ministry has put to strengthen climate health preparedness. I will speak for the Ministry of Health because this issue touches on multi-sectors. The Ministry of Health is strengthening the climate-health preparedness through a very deliberate targeted budget, policy and infrastructure measures. These are informed by the international best practices, including lessons that we have learned from Bangladesh and Netherlands.

On budget measures, there is integration of climate-health priorities into our Medium-Term Expenditure Framework and annual budgets with the allocations for resilient infrastructure. Yesterday, I sent a letter to the Cabinet Secretary, Ministry of National Treasury and Economic Planning asking for budget on this issue. I hope, in his wisdom under the tight fiscal space, he will consider it. I also hope that Parliament will also consider it when dealing with the annual estimates that will be tabled next week.

On policy and regulatory measures, operationalisation of the Kenya Climate Change and Health Strategy (2024-2029) are all aligned with our national climate framework and they are supported by what I earlier said, the Green Health and Resilient Health Facilities Guidelines.

On infrastructure and systems strengthening, we are retrofitting and upgrading health facilities for resilience to flood and advising our county governments and other private sector players and faith-based institutions to build facilities that are resilient to floods, heat and power disruption. We are promoting sustainable energy solutions. We are also strengthening Water Sanitation and Hygiene (WASH) systems and provide digital surveillance platforms.

On capacity building, the healthcare workers are being trained and we have expansion on climate-health research and establishment of specialised centres to support evidence-based interventions. These areas are important and I am happy that Sen.

Hamida raised these issues. It is an important area that has been neglected and it was affecting us during floods, drought and heat waves. We have seen hospitals being submerged and we have also seen outbreak of diseases which are related to the climate shocks.

On multi-sectoral collaboration, we want to enhance the coordination with the government sectors and partners to support the integrated climate health response.

Thank you, Mr. Deputy Speaker, Sir.

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

Sen. Kibwana: Mr. Deputy Speaker, Sir, I just want to add something. Thank you, Mr. Cabinet Secretary for your response.

Are you assisting counties to mainstream this strategy? If you do that, they can have their own strategies for assessing and concluding this as you have tabled. I would also want to know if you are leveraging on any external partnerships. I am sure there are countries out there that would want to partner on such mainstreaming.

Thank you.

The Deputy Speaker (Sen. Kathuri): Hon. CS, proceed.

The Cabinet Secretary for Health (Hon. Aden Duale): Hon. Senators, if you look at page 22 on phase one, which we have just completed on 31st March, 2026, you will find that we are completely aligned with the county level vulnerability profiles. That is how we picked Arid and Semi Arid Land (ASAL) and the coast. Based on that report, which we have shared with the counties, and everything we do, health is devolved. So, as environment, most of it is devolved. We are working with them.

I am sure that in phase two, that is where we want to inform a more costed health national adaptation plan so that the counties can plan in terms of how much resources they will inject. Finally, I agree with you, there are many partners and organisations that are ready to partner with us. What we have done now in the Ministry of Health is that we have introduced a system where it is one plan, one budget, and one MLE. Donors do not just come and go to a county and they start something. We should sit with the donors and say, this area has been funded by government, this area has been funded by this donor, we have a gap here, can you, please, help? We will talk to our partners, both at the UN level and at the international level. Many of them are ready to support us.

The Deputy Speaker (Sen. Kathuri): I have several requests here. These are the same Members I said I would give an opportunity at the tail end of this discussion.

Sen. Muthama, please proceed.

Sen. Kavindu Muthama: Thank you, Mr. Deputy Speaker, Sir, for this opportunity. I just want to, first of all, thank the Cabinet Secretary for coming. Many of the times we call them, they do not appear.

I have a question regarding a patient who was admitted at the Kenyatta University (KU) Referral Hospital who died a month ago. The bill was Kshs1.212 million and SHA paid Kshs400,000. The balance of the bill was Kshs800,000. This man had only three daughters and they are not working. They fundraised on the 13th of this month and they raised Kshs150,000. I was wondering, in your capacity, what you would. Is it legal for a dead person to be retained in a hospital because of non-payment or an agreement can be

arrived at? The children of the deceased have already gone to the chief. The chief has written letters to the hospital. I was wondering how you can assist for this body to be released for burial.

The Deputy Speaker (Sen. Kathuri): Before you get a response from the Cabinet Secretary, I really wanted to know which other member has a supplementary question on the primary question first. This is a technical area on climate change and health strategy. The CS is lucky that he served in the Ministry of Environment, Climate Change and Forestry. That is why he is able to understand what Sen. Hamida wants to know.

Sen. Nyutu, please proceed.

Sen. Joe Nyutu: Thank you, Hon. Speaker. My question to the Cabinet Secretary is based on part (b) of the question that Sen. Hamida Kibwana asked on the steps that the Ministry is taking to ensure that clinics, laboratories and medical supply chains are served or are available to these institutions, medical facilities when we have disease outbreaks from climate change.

We also have a big referral hospital in this city by the name KNH. There have been reports that sometimes laboratory and medical supplies are not available, which has been resulting from the fact that the government is collecting all the payments there through the e-Citizen platform. My question to the Cabinet Secretary is, what informed this decision to have monies payable to KNH collected through e-Citizen, which then means that the hospital cannot access those funds directly?

Hospitals do very well in the counties when they collect these monies for themselves and use it for what we are calling the Facility Improvement Fund (FIF). So, what exactly informed this? What guarantee do we have that KNH will continue having medical and laboratory supplies in spite of the fact that the hospital does not collect these monies directly because it is collected through an e-Citizen platform?

The Deputy Speaker (Sen. Kathuri): Sen. Joe Nyutu, you are a bit crafty. You are touching on climate change and then diving again to KNH.

(Sen. Joe Nyutu spoke off record)

The Deputy Speaker (Sen. Kathuri): That is why I am asking if there is no other member interested in climate change issues, then let us get another question from Sen. Omogeni.

Sen. Omogeni: Mine is a supplementary question to the answer that was given by the Cabinet Secretary. I first want to thank his Ministry and the CEO of SHA because they made an intervention for a patient, I think that was last week, who was being asked to pay an advance payment of Kshs45,000 in a private hospital in Kisii before accessing dialysis. I think that was an attempt by the hospital to extort money from a patient who is fully covered by SHA.

The Cabinet Secretary has emphasised that it is important for Kenyans to go through cancer screening. I just wanted to get the thoughts of the Cabinet Secretary on how he can assist the very vulnerable Kenyans who are supposed to get these services from our county referral hospitals, yet those hospitals do not have the facilities to do cancer screening.

I can give an example of my own County of Nyamira where we do not have MRI machines. We do not have facilities that can allow patients to go through intestine cancer screening, what they call endoscopy. If you go to a private hospital like Nairobi, I think they charge about Kshs37,500 just for the facilities alone. The doctor will charge another Kshs55,000. I do not know about your County of Meru, but most of our counties do not have these facilities.

In fact, in Nyamira, we do not have an oncologist, we do not have an MRI, we do not have a radiologist. Even if we asked Kenyans to go for screening, the only fallback would be to go to our private hospitals. In that region, there is only one private hospital; Oasis, that can allow patients to go through screening.

My question is; Can the SHA card, especially Kenyans who pay Kshs500, access the service of early cancer screening in our private hospitals using the SHA cover? This is because the facilities are not in our public hospitals. *Waziri*, I am willing to visit with you my county hospital of Nyamira. You could make reference to the auditor's report for the Financial Year 2024/2025. He has highlighted that all these specialists have not been employed by our County Government of Nyamira, plus all the three other Level 4 hospitals. That is the situation. I want to know whether that service can be made available to the people I represent so that they can get cancer screening services.

Thank you.

The Deputy Speaker (Sen. Kathuri): Okay, last but not the least, Sen. Miraj.

Sen. Miraj: Asante, Bw. Naibu Spika. Swali langu kwa Waziri ni kumwuliza kuhusu malipo ya SHA katika hospitali zetu kuu za *referral* hususan ile yetu ya pwani. Lakini katika changizo zake, nimemskia akisema kwamba tayari wametayarisha malipo hayo. Yangu ni pongezi na kumwambia ya kwamba sisi kama Wapwani tumeitegemea sana hospitali ile. Tumefurahia kusikia kuna *facility* ya *cancer* inayoendelea kujengwa pale ndani.

The Deputy Speaker (Sen. Kathuri): Kanuni zinazotumika hapa wakati huu haziruhusu utoe shukrani. Ni maswali ya ziada tu. Lakini ni vyema wengi wamemshukuru Waziri. Sina budi na mimi kusema anafanya kazi njema.

There are three supplementary questions from Sen. Omogeni, Sen. Kibwana and Sen. Nyutu. If you do that even in one or two minutes, we will be concluding with you, *Waziri*.

The Cabinet Secretary of Health (Hon. Aden Duale): Mr. Deputy Speaker, Sir, I will be very fast. Hon. Kavindu Muthama, I understand your case. The SHA has paid Kshs400,000 which is all they could as per the benefits of the patient. The patient has a bill of Kshs800,000.

From my experience now and even when I was previously in Parliament, there are some bits you have to pay yourself. We have to do a harambee for that Kshs800,000 - me, you and many others. Send me the list. Please, see me to see how much we can raise and then I will see how much the hospital can waive. I will deal with that matter because it is very urgent.

We do not want to keep bodies. It is immoral and unconstitutional. We should also protect our hospitals, but I will deal with your case. There is a certain threshold that we can ask KUTRH to waive.

My good friend, Sen. Nyutu, I want you to go to KNH today. Just yesterday alone, KNH was paid Kshs531 million by SHA. It was number one. That was for many reasons. One, it has a high number of patients. Secondly, there is new good leadership. We have removed all the corrupt ones. The board, led by Mr. Abbas Guled, former Kenya Red Cross Chairperson and Mr. Lesiampe, who was previously in KNH, are doing extremely good work. Eleven new wards are being refurbished. They get their money that goes through the e-Citizen platform.

What you read on social media is a fabrication. In fact, when I will be going to launch another section of KNH, I will look for you. It is not the KNH of the yesterday. The private premier wing of KNH is now being used by our leaders.

So, KNH is doing well. It has enough money. Senator, e-Citizen has transformed our country. You might not like the President or the Government that introduced it, but while you are sitting here, you can use e-Citizen platform to sort out many personal community issues and payments such as Kenya Power and Kenya Revenue Authority, (KRA). I think it has challenges just as I am not saying SHA is 110 per cent. We have some operational challenges. M-Pesa sometimes gets stuck. I can tell you; KNH is doing well and I am ready to take you there.

Supplies are there. They buy from the Kenya Medical Supplies Agency (KEMSA). Where they do not find KEMSA, they buy from the private sector. In fact, by next week, we are putting the fourth Linear Accelerator (LINAC) machine for our cancer patients. They serve 150; we want them to serve 300 or 400. Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) is a premier institution. It serves Murang'a, Kiambu, Machakos and the whole of that region.

I think there was a question from Sen. Omogeni. Senator, I want you to listen to me. I did not want to say this, but I have to. Healthcare in Nyamira has collapsed because of your governor. I want to be very honest with you. There are about three counties where healthcare has collapsed. Let me give you a very good example.

All the equipment you have said, are provided for under the National Equipment Support Programme (NESP). I was in Bungoma, his counterpart. There is a radiology, mammograph, dialysis machine and a CT scan that we have launched, all under this programme. He is not putting a coin. The national Government is not putting a coin. It is fee for service. Every patient who uses it is paid for by SHA. Your governor, in Nyamira, has signed for the next programme, but he is unable to make a request and I cannot force him. If he makes a request today, by next week, you and I will go and launch CT scan and all these equipment.

I need to be very honest to Kenyans and the residents of Nyamira that I think it is morally wrong; it is religiously wrong for you to be a leader and to be a governor of Nyamira and you allow the most critical sector to collapse because of leadership. I did not want to say this, but I have to say it. Even the primary health care, which is free, Level 2, Level 3, the dispensaries and the health centres, the government is paying for. If he does well in health and puts the equipment, the revenue of Nyamira County from the health sector will be the highest.

I will give you a good example. Sen. Miraj asked me, for Coast General Hospital, yesterday we paid them over Kshs235 million. I have the chief finance officer of SHA

here. I think it is about number like six. There are counties that have received close to Kshs8 billion since SHA started 18 months ago. It depends on leaders. Even the Kshs45,000 for dialysis is not even the cost. The two sessions of dialysis are fully covered by SHA. No Kenyan should be charged as long as he or she is a member of SHIF. Every Kenyan who goes for dialysis, two sessions, are fully covered by SHA. There are few Kenyans who go for a third session. We are trying to look at the benefits package and maybe get it from another package. Maybe by the end of the year, we will make sure that all the dialysis packages are covered.

I have just talked about Nyamira which is next to Kisii. There is Bungoma and Mandera. The private hospitals there are part of the fraud that is going on in the country.

Thank you, Mr. Deputy Speaker, Sir.

The Deputy Speaker (Sen. Kathuri): Okay. Thank you, Cabinet Secretary of Health for your time and for to appear before the Senate. So, as you have heard clearly from the Senators, they are happy with your work. Continue doing this good work with your team.

I release you to go and serve other Kenyans. We are happy that you have been able to handle the questions nicely. You have dealt with them because you understand the subject matter of whatever is happening there.

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

Next, we have the Cabinet Secretary for Interior and National Administration. I request the Serjeant-at-Arms to usher in the Cabinet Secretary.

*[The Cabinet Secretary for Interior and National Administration
(Hon. Kipchumba Murkomen) was ushered into the Chamber]*

The Deputy Speaker (Sen. Kathuri): I take this opportunity to welcome the Cabinet Secretary for Interior and National Administration to the Senate. He is a seasoned friend of the Senate.

Hon. Senators, we have several questions and must manage our time efficiently. We have 11 questions to address within 53 minutes. Sen. Maanzo, please, start with your first question.

Sen. Maanzo: Mr. Deputy Speaker, Sir, this is question---

The Deputy Speaker (Sen. Kathuri): Just a minute. Since you have several questions, I want to see where we are starting. Begin with Question No. 015.

*Question No. 015*INVESTIGATIONS INTO THE DEATH OF
MR. EMMANUEL MUMO NDIVO

Sen. Maanzo: Thank you, Mr. Speaker, Sir. I beg to ask the Cabinet Secretary for Interior and National Administration the following question-

(a) Could the Cabinet Secretary explain the circumstances surrounding the abduction and subsequent death of Mr. Emmanuel Mumo Ndivo, a resident of Lukenya Village, Masongaleni Ward, Kibwezi East Constituency, who was last seen alive on the night of 24th August, 2025 in Nairobi?

(b) Were the police, at any point, involved in the detention, custody or handling of the late Mr. Ndivo between the time of his abduction and his eventual transfer to the Nairobi City County Funeral Home?

(c) What official records or documentation exist regarding the circumstances under which the late Mr. Ndivo was found and taken to the mortuary, and why was his family not immediately informed by the relevant authorities?

The Deputy Speaker (Sen. Kathuri): Hon. Cabinet Secretary, proceed to give your response.

The Cabinet Secretary for Interior and National Administration (Hon. Kipchumba Murkomen): Thank you, Mr. Deputy Speaker, Sir. Once again, I thank you for inviting me back to this august House to discuss issues related to security of our country. Considering the time provided and without pretending to advise the Speaker or the House, I have said before and allow me to repeat that it would be preferable when inviting a Cabinet Secretary with many questions to restrict the session to one cabinet secretary. This would ensure we do not rush through all questions at once, especially considering the serious business of the Senate. However, I will abide by the calendar as provided.

Regarding Question No.015, I will go straight to the answers as I do not have time to repeat the questions.

Concerning part (a), regarding the circumstances surrounding the abduction and subsequent death of Mr. Emmanuel Mumo Ndivo: the Government is not aware of his abduction. On the contrary, the Government is aware that on 27th August, 2025, Mr. Jackson Kioko Ndivo reported the disappearance of his brother, Mr. Emmanuel Mumo Ndivo aged 33 years, at Kangemi Police Station vide Occurrence Book Number 18/27/08/2025. He alleged that Emmanuel had been missing since 24th August, 2025 at approximately 1800 hours.

On 29th August, 2025, the Directorate of Criminal Investigations (DCI), Dagoretti, commenced investigations. Call data records were requested from the mobile subscriber and the report was subsequently delivered to the Nairobi Regional Crime Headquarters vide Reference Number 3265 of 2025.

Before the investigation could progress further, Jackson reported to the DCI, Dagoretti office, that the lifeless body of Emmanuel had been found at the Nairobi

Funeral Home, admitted vide Number 1487 of 2025. He was allegedly involved in a fatal road traffic accident along Waiyaki Way.

The Dagoretti Base Commander addressed the issue and preliminary investigations revealed that a report of a hit-and-run fatal road accident was filed at Kabete Police Station on 25th August, 2025 under Occurrence Book Number 25/24/8/2025 at around 0930 hours. It was reported that an unknown male body was lying in the middle of the road along Waiyaki Way. Crime scene personnel visited and processed the scene and upon examination, the body showed injuries consistent with a traffic accident.

The body was removed to the Nairobi Funeral Home by police officers from Kabete Police Station for preservation, pending identification and a post-mortem examination. The Base Commander, Dagoretti, later circulated this information the same day via a signal vide Kabete Police Station Occurrence Book Number 24/25/08/2025.

On 9th September, 2025, the Dagoretti Base Commander, through Corporal Mwanzia of Nairobi Funeral Home, supervised the post-mortem. It was conducted by the pathologist, Dr. Maingi, and witnessed by the brothers of the deceased; Mutua Ndivo, Francis Ndivo Kaesa and Jackson Kioko Ndivo. The pathologist opined that the cause of death was blunt head, chest and abdominal organ injuries consistent with a road traffic accident.

Regarding whether the police were involved, at any point in the detention, custody or handling of the late Mr. Ndivo, it is becoming a rampant behavior where even professionals, such as lawyers and other educated Kenyans, claim someone was "abducted" when they are arrested or are missing. Abduction is a technical legal term denoting a particular action. It is not synonymous with someone missing.

When someone is reported missing, there could be many reasons behind it. They could be hiding, they may have died or they may have been abducted as the case may be. To frame a question by assuming the "abduction" of an individual is very erroneous. It is becoming the norm to claim the police "abducted" someone even when they are making a formal arrest to take a person to a police station. Police cannot abduct people while arresting them.

On part (b) of the question regarding whether the police were involved in the detention, custody or handling of the late Mr. Ndivo, according to police records, there is no report indicating the abduction or detention of the late Emmanuel. However, there is a report of a fatal road traffic accident. Police officers from Kabete Police Station attended the accident scene and moved the body of an unknown person to the Nairobi Funeral Home for preservation. The family later identified the body.

Concerning the existence of documentation regarding the circumstances under which the late Mr. Ndivo was found and taken to the mortuary and why his family was not immediately informed by the relevant authorities, the following records exist within police custody-

- (1) A hit-and-run road traffic accident report at Kabete Police Station.
- (2) The circulation of a signal by the Base Commander, Dagoretti, vide Kabete Police Station on 25th August, 2025 under Occurrence Book Number 24/25/08/2025.

(3) The Nairobi City County Funeral Home admission records for an unknown body under admission number 1487/28/08/2025.

(4) Report of a missing person made at Kangemi Police Station by one Jackson Kioko Ndivo on 27th August, 2025: According to police records, all necessary procedures relating to a hit-and-run fatal traffic accident were duly undertaken as outlined above. The family was not immediately informed since the incident involved an unidentified body from a hit-and-run case necessitating the identification process which was eventually conducted by the family. So, in other words, it was not possible for the police to inform the family because there were no records to show the family of the deceased.

(5) On measures put in place by the National Police Service to ensure accountability in case of alleged enforced disappearance and prevention of further incidents, the Government remains firmly committed to upholding the Constitution of Kenya and safeguarding the fundamental rights and freedoms of all citizens. The Government refutes claims of enforced disappearance which is not a sanctioned activity of the State. Such acts are criminal in nature and perpetrated by individuals or organised criminal elements acting outside the law.

To mitigate and respond to incidents of abduction and to enhance public safety, the following proactive measures have been employed-

(1) A dedicated response team domiciled at the DCI headquarters was formed to swiftly handle cases of alleged cases of abduction.

(2) The police conduct investigation to all reported cases ensuring prompt arraignment in court of law for those found culpable to deter future criminal activities.

(3) Members of the public to be sensitised to share information with the police through Fichua KwaDCI, toll-free number 087203 and WhatsApp number 0709 570000 ensuring confidentiality reporting of crimes and safety of the whistleblowers.

(4) Reactivating inactive community policing committees to improve collaboration between the police and the community, fostering information sharing and early identification of security threats. Strengthening both foot and mobile patrols to prevent crime while reinforcing police visibility in key areas such as residential neighbourhoods, marketplaces and transport hubs.

Let me conclude by saying that, unfortunately, there are also rising cases of self-abduction or staged abduction. It is embarrassing that is done by leaders who serve in such high offices, including Members of Parliament (MPs), former Ministers and so forth. This culture of self or staged abduction is negatively impacting genuine cases of abduction, enforced disappearance or missing persons because people are using abductions for political gain.

I thank you, Mr. Deputy Speaker, Sir.

The Deputy Speaker (Hon. Kathuri): Sen. Maanzo, do you have any supplementary question?

Sen. Maanzo: Mr. Deputy Speaker, Sir, with your kind permission, I have two related questions, if I could kindly---

The Deputy Speaker (Hon. Kathuri): Hon. Senators, we are really constrained by time.

Sen. Maanzo: If I could just go to the next one, with your kind permission.

The Deputy Speaker (Hon. Kathuri): I will not take any question not related to the primary question.

Sen. Manzo, quickly.

Sen. Maanzo: With your permission, let me proceed with Question No.016.

The Deputy Speaker (Hon. Kathuri): You have no supplementary question?

Sen. Maanzo: No, I am on the next one.

The Deputy Speaker (Hon. Kathuri): On Question No.015?

Sen. Maanzo: No, to save time, to go to 016 because they are related.

The Deputy Speaker (Hon. Kathuri): But there are other Senators who need to ask something on the same Question that you have asked.

Sen. Maanzo: Okay, much obliged.

Sen. Abdul Haji: Thank you, Mr. Deputy Speaker, Sir. As you are aware, police brutality has become a matter of growing national concern particularly in marginalised areas where public confidence in law enforcement continues to erode.

Yesterday, there was a bit of an unrest in Garissa County. A young man, 24-year-old taxi driver, Aden Mohamed, was arrested, handcuffed and then shot by a police officer named Charles Guni, who is a DCI driver based in Garissa Police Station.

I would like the Cabinet Secretary to inform this House on the status of the investigations, if any, that has taken place. This is because to my understanding, Charles Guni, the DCI driver, who is alleged to have committed the shooting, is at large and on the run. Could the CS inform us if he has been arrested or his whereabouts have been detected?

The shooting happened at the checkpoint of Modika Barracks Junction corridor. Could the Cabinet Secretary also inform us on the need for so many checkpoints on that road and whether they are lawfully gazetted? What action has been taken against any that have been found to be illegal, irregular or operating outside the law?

The Deputy Speaker (Hon. Kathuri): Hon. Senators, that is why I said we stick to the primary question. I do not know whether the Cabinet Secretary has a report on yesterday's occurrence.

Hon. Cabinet Secretary, just try and see whether you can answer Sen. Haji, then I will do another round. No problem. We are still there.

The Cabinet Secretary for Interior and National Administration (Hon. Murkomen): Thank you, Mr. Deputy Speaker, Sir. Actually, without overruling you, I need your attention. Without challenging your authority, I agree with Sen. Maanzo that Questions No.015 and 016 are exactly the same. The next one, No.016, is about missing persons. So, if there were going to be clarifications, it would have been good to combine Questions 015 and 016, so that all issues related to missing persons are addressed the same time. In my own opinion, any responses to that issue--- Question No.016 has statistics of disappearance of missing persons and so forth.

Let me just capture the issue of the Senator for Garissa. There was a question related to yesterday's unfortunate incident where a police officer, I think called Charles Guni, attacked and killed a civilian at a roadblock. It is unfortunate. The report I have now is that, that particular police officer is on the run. The DCI officers within the county are chasing after him. We believe that he should be arrested any time from now. More

importantly, the Independent Policing Oversight Authority (IPOA) has been invited to take the proper legal steps, being assisted by the officers from Directorate of Criminal Investigations (DCI).

As soon as the suspect is arrested, working together with IPOA, he will be taken to court and the processes will follow. These cases of police brutality are taken very seriously and investigated by the National Police Service. However, I must say that, as a Ministry, we have been advocating for better budget for IPOA. This is because they are grossly underfunded, making it difficult for them to carry out their responsibilities of overseeing and holding to account police officers who are found in such cases as in Garissa.

I promise the Senator that I will be on this case and that of the Inspector General (IG), to ensure that there is accountability on the part of the National Police Service on this particular matter.

Sen. Munyi Mundigi: Asante, Bw. Naibu Spika. Swali langu kwa Waziri ni, tarehe 14 mwezi huu watu wa Evurore Ward, Mbeere North, Embu County walikuwa wanademonstrate kwa sababu ya shida ya hospitali. Sheria inasema watu wako na uhuru wakudemonstrate. Lakini kwa bahati mbaya, askari aliwaua vijana wawili; Morris Njue Njoka na Patrick Kariuki Munene.

Kila wakati kukitokea maandamano, askari wamekuwa na hizi shida. Ninajua hakuna mtu anaweza kusema enda ukademonstrate halafu askari aue. Hakuna kitu kama hicho---

The Deputy Speaker (Hon. Kathuri): Sen. Mundigi, naomba uulize swali moja kwa moja.

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

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

Sen. Munyi Mundigi: Bw. Spika wa Muda, swali langu ni, je, hatua gani kwa hizo siku umechukua ili watu wa Embu wajue ukweli kuhusu huyo askari, ikiwa ameshikwa au la? Je, kuna njia yoyote unaweza kutumia ili kitendo kama hiki kishishuhudiwe tena wakati mwingine? Inafaa kila county au sub-county kuwe na watu wa kufunza kuhusu dialogue kwa sababu askari wamekuwa wakifanya mambo kama haya ambayo yanaleta shida katika nchi yetu ya Kenya na kuharibu jina la Serikali.

Asante.

The Temporary Speaker (Sen. Abdul Haji): Sen. Nyutu, please proceed, and be precise to the question.

Sen. Joe Nyutu: I will be, Mr. Temporary Speaker, Sir. I thank you for this opportunity.

Before I ask my question, I would like to notify the Cabinet Secretary that abductions are done by the police and not criminals. Criminals would ordinarily kidnap victims for monetary gain.

So, my question to the Cabinet Secretary is: Does it worry you when you find police officers in uniform, hooded, meaning they are hiding their faces while arresting

people or doing whatever it is that they do? They are always hooded. What is the place of hoods in the police force? If police officers are doing things that are lawful, they should not be hooded. Why do officers continue operating while wearing hoods, since that is when they perpetrate criminality?

The Temporary Speaker (Sen. Abdul Haji): Sen. Oketch, please, proceed.

Sen. Oketch Gicheru: Mr. Temporary Speaker, Sir, I really need your attention on this because it seems like the previous Speaker who has just left the Chair did not get what the CS said.

On this issue of abduction, the Cabinet Secretary in his response expressly said that there is an ongoing element of self-abduction; that, there is an ongoing element of self-abduction by senior members of the society, including some who held senior positions in the past.

Mr. Temporary Speaker, Sir, this is a very important issue. The issue of abductions that has been going on in the country is serious. If there is an impairment in dealing with abduction cases because senior members of the society are doing self-abduction and the Cabinet Secretary can come to this House of Parliament and expressly say so, he must substantiate. He must give us facts of who the senior members of the society that in his tone and texture are. Could he give us the names of these people who are doing self-abductions and making it difficult to deal with the issue of self-abduction in the country? This is a House of Parliament. Therefore, we cannot just let it go as if it was just a bypassing statement.

The Temporary Speaker (Sen. Abdul Haji): Thank you for your Question.

Sen. Veronica, please, proceed.

Sen. Veronica Maina: Thank you, Mr. Temporary Speaker, Sir. First of all, I wish to seek the same clarification on the abduction because I was of the view that Sen. Joe Nyutu was misleading us. The Cabinet Secretary has confirmed that the term 'abduction' is specific and technical and has defined what abduction entails. When a Kenyan is being arrested, he is not being abducted. If they are being arrested by police, that is not an abduction. However, since Sen. Eddie has raised it, I will not repeat it.

I would like to ask the Hon. Cabinet Secretary to explain to us or to just give us information on what his office is doing regarding Kenyans who are tricked into accepting jobs in Russia. It turned out they were being taken to the battlefield between Ukraine and Russia. Among those was James Muchoki Mwangi, who the family cannot trace and has no connection with.

The Temporary Speaker (Sen. Abdul Haji): Sen. Veronica, you are going way out of line. You should stick to the primary Question.

So, Cabinet Secretary, please, answer the supplementary questions, and then we will go to the main questions.

The Cabinet Secretary for Interior and National Administration (Hon. Murkomen): Thank you, Mr. Temporary Speaker, Sir. A number of questions have been asked, but let me start with the question by Sen. Mundigi on the police brutality in Evurore in the Mbeere North. That was an unfortunate situation. Investigations are ongoing to establish exactly why it happened. If Kenyans were having peaceful protests, how come and how did it end at a police station? We were told the protest was

about health facilities, but instead, the protesters apparently charged at the police officers within the police station. That is what is alleged. So, investigations will establish whether the protest was peaceful, whether it targeted a police station, and whether the police officers who used their firearm and eventually killed two people, did it out of legitimate use of force or whether it was an act of misuse of firearm.

Secondly, to facilitate proper investigation, the Inspector-General of Police, following the required procedures, has suspended those two officers. They are not in office as we speak, to allow proper investigations. It is also to ensure that the investigations are free, fair and accountable.

The IPOA is seized of the matter and they are carrying out the investigations. I would like to repeat my earlier statement that we are working hard to facilitate the process of empowering the IPOA, so that they can have enough resources and investigators to carry out investigation expeditiously. Ballistic analysis is ongoing, as well as forensic analysis of the information that will enable us to deal with this issue with finality.

I condole with the families of the two men who were killed and pray that they may find justice. As the Cabinet secretary in this department, we will do everything to facilitate processes of accountability within the National Police Service.

Sen. Nyutu, I hasten to say that police officers are not in office to abduct people. Anybody who carries out an abduction is a criminal. It does not matter whether he is a serving police officer or he is in office, a civilian or any other person. Any abductions that are done or enforced disappearance are illegal. Police officers are only allowed to arrest a citizen and produce them in court within 24 hours.

Anything beyond 24 hours, again, is illegal because it is a violation of the Constitution. The Constitution requires that if you must hold a citizen beyond the 24 hours, it must be with the consent of the court. Therefore, 24 hours is the mandatory and that is right. Anything beyond that is unconstitutional.

With regard to the hooding of police officers, police officers uniform includes hoods, which are used in certain circumstances for operational reasons, especially when you need to protect the identity of the police officers when carrying out dangerous operations that deal with people like terrorists, bandits and gangs. Gangs are targeting of police officers, and I am glad that the Senator appreciates that sometimes those gangs and criminals may be within demos or in public spaces, or any other places. The police officers are right to protect themselves and protect their identity. This is so that they are not targeted by dangerous criminals after carrying out their responsibilities.. However, by law, once they do so, they arrest the person and they must produce them in court.

You need to know that our police officers operating in serious areas, like the border of Kenya and Somalia, face dangers every day. If you were to force them to be seen--- Those that are operating in areas infested with bandits are always facing dangerous criminals who are ready to revenge. Therefore, hooding and protecting our police officers is the responsibility of the National Police Service by providing the necessary uniform.

On Sen. Oketch's question on self-abductions, I do not think Sen. Oketch has just come from Mars; he is not a stranger in Jerusalem. He was in town when Hon. Koimburi abducted himself and even went to hospital. The impeached Deputy President went public lying to Kenyans that Koimburi cannot speak, that he was given chemicals. I am glad that the alleged victim then, Hon. Koimburi, has now laid bare that it was an act of drama that was only meant to hoodwink Kenyans.

Up to now, the impeached Deputy President has never apologised to the people of Kenya. He continues with his lies looking for more drama to try and paint the National Police Service in bad light.

Mr. Temporary Speaker, Sir, the same happened to Hon. Tuju the other day. He self-abducted and ran around, only to be found in his bedroom relaxing and sleeping. The former Vice President who was leading the charge to paint the Government negatively has not apologised up to now. Despite the fact that Hon. Kalonzo Musyoka is my personal friend, that was a very embarrassing situation that he found himself in, being part and parcel of a script that is painting self-abductions.

The last case involved a young man called Ndiagui Kinyanjui, who actually forced the DCI to be dragged to court. I think it was Justice Mwita, now a Court of Appeal Judge, who really berated the DCI and banged tables. When it was finally found that Ndiagui was just having his githeri and relaxing in his house, up to now, Justice Mwita has never apologised to the Inspector-General of Police, the DCI or the people of Kenya.

These three cases, among others, paint a very bad picture because all the three gentlemen that I have mentioned are role models and leaders in their own right, who are painting a very bad picture of the National Police Service. Also, they are embarrassing and making fun of serious cases of disappearance and abductions. The victims and the families feel really very sad that some people are acting skits on this particular issue.

Mr. Deputy Speaker, Sir, I thank you.

The Temporary Speaker (Sen. Abdul Haji): Thank you, Cabinet Secretary.

Senators, with your indulgence, because of time, we have several questions which have not been asked. I propose we have the questions asked, the Cabinet Secretary to reply and then, we take supplementary questions thereafter.

(An hon. Senator spoke off record)

You will ask all the questions.

Sen. Madzayo, proceed?

Question No. 023

STRATEGY FOR MARITIME SECURITY
ACROSS COASTAL COUNTIES

The Senate Minority Leader (Sen. Madzayo): Mr. Temporary Speaker, Sir, thank you very much.

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My questions to the Cabinet Secretary, Interior and National Administration are as follows but first, maybe to say, I know the Cabinet Secretary is hardworking. However, recently, I think he has received very bad publicity on---

The Temporary Speaker (Sen. Abdul Haji): Senate Minority Leader, you have a question, go straight to it.

The Senate Minority Leader (Sen. Madzayo): Yes, but I have to introduce what I wanted to say.

The Temporary Speaker (Sen. Abdul Haji): There is no introducing the question, Senator.

The Senate Minority Leader (Sen. Madzayo): Thank you for your guidance.

(a) What is the Ministry's current strategy for maritime security and how is Kilifi County classified within the National Maritime Risk Framework?

(b) Why has Kilifi County, despite its long coastline and strategic position, not been prioritised in the deployment of Kenya Coast Guard services?

(c) Could the Cabinet Secretary provide a report on the status, capacity and distribution of Coast Guard assets along Kenya's coastline and clarify the criteria used in their allocation?

(d) What immediate and long-term measures is the Ministry putting in place to current equitable deployment maritime security, infrastructure and personnel across the coastal countries?

The Temporary Speaker (Sen. Abdul Haji): Thank you. Cabinet Secretary, let us take all the questions, then you will reply.

Sen. Maanzo, proceed.

Question No.016

PROVISION OF DATA FOR MISSING PERSONS

Sen. Maanzo: Thank you, Mr. Temporary Speaker, Sir. I beg to ask the Cabinet Secretary the following question.

(a) Could the Cabinet Secretary provide data on the number of individuals that have been reported missing since 2022, indicating those that have been found alive or dead and the number still unaccounted for?

(b) Have the police or other security agencies established who was involved in the disappearances and if so, could the Cabinet Secretary provide details on the actions that have been taken to bring the individuals to book?

(c) What measures is the Government implementing to address the increasing cases of abductions in the country and specifically ensure accountability in respect of enforced disappearances?

(d) Could the Cabinet Secretary provide details on the psychological and other support mechanisms available to abduction victims and indicate whether financial compensation has been provided to any victims or their families?

Mr. Temporary Speaker, Sir, if you allow me, I have a final one, I can read through.

The Temporary Speaker (Sen. Abdul Haji): Senator, we cannot because of time.

Sen. (Prof.) Ojienda, ask your question.

Question No.011

IRREGULAR DEPLOYMENT OF POLICE OFFICERS
TO WITIMA ANGLICAN CHURCH, NYERI

Sen. (Prof.) Odhiambo Ojienda, SC: Thank you, Mr. Temporary Speaker, Sir. I beg to ask the Cabinet Secretary for Interior and National Administration the following question.

(a) Could the Cabinet Secretary explain the circumstances under which police officers were deployed to Witima Anglican Church in Othaya, Nyeri County on 25th January, 2026, and disclose the identity of the persons who authorised and commanded the operation?

(b) What steps did the authorising and commanding officers take to ensure the deployment and conduct of officers on the scene and was it with consideration of the National Police Service Act?

(c) Are there internal controls or supervisory review mechanisms that are triggered prior to the deployment of the officers to sensitive civilian settings such as the place of worship and if so, could the Cabinet Secretary indicate whether they were triggered in this case?

(d) What measures have been put in place to ensure that similar deployments in future are properly approved, documented and supervised in a manner consistent with professionalism, discipline and neutrality of the National Police Service?

Thank you.

The Temporary Speaker (Sen. Abdul Haji): Sen. Hamida, proceed.

Question No.012

STATUS OF INVESTIGATIONS OF
MURDER OF KYALO MBOBU

Sen. Kibwana: Thank you, Mr. Temporary Speaker, Sir. I beg to ask the Cabinet Secretary for Interior and National Administration the following question.

(a) Could you kindly provide a status update on the investigation into the murder of Advocate Kyalo Mbobu, who was shot dead on Tuesday, 9th September, 2025, including whether any suspects have been apprehended or questioned?

(b) What challenges have investigators faced in resolving the case, especially in regards to the Closed-Circuit Television (CCTV) footage and other forensic evidence?

(c) Could the Cabinet Secretary outline the steps taken since the murder of the Advocate to ensure continuous functionality and rapid access by security agencies to

public CCTV footage as a deterrence and investigative tool and provide details on the current extent of public surveillance coverage in Nairobi and other major urban centres?

(d) What measures has the ministry put in place to strengthen community-based intelligence, anonymous reporting channels and witness protection to improve detection and disruption of violent criminal networks perpetrating targeted killings?

(e) Outline the broader security and criminal justice reforms being implemented to address the rising concerns over targeted killings, general insecurity and lack of swift justice in high-profile murder cases.

I thank you, Mr. Temporary Speaker, Sir.

The Temporary Speaker (Sen. Abdul Haji): Sen. Mo Fire. Give him the microphone.

Question No.22

ESTABLISHMENT OF REGISTRATION CENTRES
FOR IDS IN THARAKA-NITHI COUNTY

Sen. Gataya Mo Fire: Thank you, honourable Temporary Speaker.

I beg to ask the Cabinet Secretary for Interior and National Administration the following question:

(a) When will the Government establish additional evenly distributed national identification card registration and collection centres across Tharaka-Nithi County and other counties where residents have to travel long distances to access these services?

(b) Could the Government also consider deploying mobile registration and collection centres to address the accessibility challenges faced by those seeking the services in those affected counties?

Thank you.

The Temporary Speaker (Sen. Abdul Haji): Thank you, honourable Senators. We will defer Question No.18, Question No.20, Question No.21 and Question No.30 and allow the Cabinet Secretary to reply to the questions that have already been asked.

Question No.018

INVESTIGATIONS INTO THE DEATH OF MR. SAMMY KYENGO

(Question deferred)

Question No.020

DEPLOYMENT OF KDF PERSONNEL IN KIUNGA WARD

(Question deferred)

*Question No.021*INFRASTRUCTURAL DEVELOPMENT AND MANAGEMENT OF POLICE
POSTS IN MARSABIT AND TURKANA COUNTIES*(Question deferred)**Question No.030*GENDER RATION ACROSS PUBLIC SERVICE SECTORS AND SCOPE OF
GBV GOVERNMENT PROGRAMMES*(Question deferred)*

Proceed, Cabinet Secretary.

The Cabinet Secretary for Interior and National Administration (Hon. Murkomen): Mr. Temporary Speaker, Sir, if you allow me, I will do it chronologically, so that I start with Question No.11, and then it flows.

*Question No.11*IRREGULAR DEPLOYMENT OF POLICES OFFICERS TO
WITIMA ANGLICAN CHURCH, NYERI

On the first question, related to Witima Anglican Church, that is Question No.11, asked by Sen. (Prof.) Ojienda. Part one concerns the circumstances under which police officers were deployed and the identities of those who authorised and commanded the operation. On 25th of January, 2026, it was reported at Witima Police Station that unknown individuals lobbed tear gas canisters inside Witima ACK St. Peter's Church during a service that was attended by, among others, the former impeached Deputy President, Rigathi Gachagua.

It was further reported that the attackers who were dressed in civilian attire had concealed their identities and were operating motor vehicles believed to be associated with the Police Service. The individuals caused extensive damage to motor vehicles that had been parked within the church compound.

Following the report, the Nyeri County security team visited the scene for inspection and processing. Enquiry File No.1 of 2026 was opened by the DCI, Nyeri South, to investigate the circumstances surrounding the incident. Subsequently, the Inspector-General of Police directed the internal affairs unit to take over investigations, in order to ensure an independent and impartial enquiry, particularly in light of the allegations suggesting possible involvement of police officers.

The internal affairs unit has since submitted a preliminary report indicating, among others, the findings that the church leadership confirmed that they were not

informed in advance of the visit by Mr. Rigathi and his entourage and neither the police nor other Government authorities were notified of the planned visit.

Two, the attack appeared to be linked to local political rivalries, which may have influenced its coordination and execution. Three, when local police officers attempted to respond to the incident, they were blocked and confronted by members of public, who accused them of complicity. Investigations are ongoing to identify and apprehend the perpetrators, and the matter is pending under investigations.

Part (b) is on steps taken by police commanders to ensure deployment and conduct were consistent with constitutional National Police Service standards. Following the incident, an internal inquiry established that no formal request for police security had been submitted by the church in respect of the service.

Additionally, the Officer Commanding Police Station, Witima, had not received a prior notification of the event and was unaware that any high-profile guests would be in attendance. As a result, there was no sanctioned police deployment for the event and the officers who responded did so after the incident had already been reported, in line with their statutory duty to maintain law and order.

Part (c), internal controls and supervisory review mechanisms governing police deployment to sensitive civilian settings. The deployment of police officers to provide security in public functions, including events held in places of worship, is governed by the Public Order Act, which outline procedures for notifying the police of a planned public gathering. The law requires any person or organisation intending to convene a public meeting, procession or event that may require security arrangement to notify the officer commanding the nearest police station at least three days and not more than 14 days prior to the event. Upon receiving such notification, the OCS assesses the anticipated size, risk level and logistical consideration of the event.

Where the available personnel are deemed insufficient, the matter is escalated through the chain of command for authorisation of additional officers. An operation order is then issued to guide the deployment and conduct of officers in accordance with the Constitution and the National Police Act, 2011. In the case of Witima Church incident, these internal control mechanisms were not activated because the police were not notified in advance of the visit of the former Deputy President and his entourage.

Part (d), regarding measures put in place to ensure the future deployments are properly approved, documented and supervised, notwithstanding the statutory requirements for prior notification, police commanders have been directed to enhance situational awareness within their jurisdiction by proactively monitoring scheduled events, including social and religious gatherings that may not ordinarily trigger formal notification requirement.

This directive is intended to enable commanders to take timely risk assessment and, where necessary, put in place appropriate preventive security measures to forestall potential breaches of peace, particularly where high-profile individuals may be in attendance.

Honourable Speaker, the Government remains committed to upholding the professionalism, neutrality and constitutional mandate of the National Police Service. Any officer found to have acted outside the law or established procedures will be

subjected to appropriate disciplinary and legal action upon conclusion of the ongoing investigations.

Thank you, honourable Speaker.

Question No.012

STATUS OF INVESTIGATION OF
MURDER OF KYALO MBOBU

I will go to No.12. Yes, sorry. On No.12, regarding the murder of, as I have said before, my former teacher, Advocate Kyalo Mbobu, I would like to respond as follows – I am responding for a second time.

(a) The status update on the investigation in the recent murder of Advocate Kyalo Mbobu: On 9th September, 2025, at about 1740 hours, Mr. Matthew Kyalo Mbobu, an advocate, was driving along Magadi Road on his way home from work when he was accosted near Brookhouse International School by two unknown assailants on a motorcycle, one of whom was armed with a pistol.

Owing to heavy traffic caused by ongoing construction and diversions along the road, he was driving at a slow speed before he was fatally shot eight times. The incident was reported at Langata Police Station and later taken over by Directorate of Homicide on 11th September, 2025. The scene was processed and four spent cartridges were recovered.

The vehicle was stored at the Homicide Investigation Bureau yard for documentation, while the body was moved to Lee Funeral Home for post-mortem examination, which was conducted on 11th September, 2025. The Chief Government Pathologist, Dr. Johansen Oduor, in the presence of family pathologists, opined the cause of death as multiple injuries due to gunshot wounds. Two bullet heads were recovered from the deceased body and together with the spent cartridges, were submitted to DCI Forensic Laboratory for ballistic analysis.

The CCTV footage from the Sagret Hotel townhouse, where the deceased's office was located and Brookhouse International School was retrieved for analysis by investigators to provide actionable leads. Several witnesses, including staff members from Kyalo and Associates Advocates, have been interviewed and their statement recorded. Investigations led to the arrest of three individuals, who had interacted with the deceased on the material day at Sagret Hotel.

Mr. Temporary Speaker, Sir, during the arrest, two of them were found to be licensed firearm holders and their firearms were recovered and subjected to ballistic analysis. The results excluded the firearms from involvement in the shooting. Further, no evidential link was found connecting the three individuals to the fatal shooting.

On 16th September, 2025, investigators traced an eyewitness, Mr. Collins Amudavi, a construction worker at the bridge site near the scene. He confirmed observing a motorcycle rider waiting with the engine running near the diversion point shortly before hearing gunshots. He described the shooter as a person who was wearing a black face mask, gloves, a hooded top, a reflector jacket and sweatpants.

The shooter fled on the waiting motorcycle at high speed towards Galleria Mall. CCTV footage from the Brookhouse International School corroborated the presence of the motorcycle trailing the deceased vehicle. However, identification of the assailants was hindered by the use of helmets and face coverings, and the registration number plate was not clearly captured.

Multiple investigation angles have been exhaustively pursued, including a gold and alleged German antiques transaction, a corrupt African land transaction, a Mavoko land parcel dispute that he was handling or any possibility of professional petition or legal threats, for which no link was found.

Ballistic link analysis also indicates that the five smeared cartridges and two bullet heads were subjected to forensic comparison. The ballistic report indicated that the cartridges were fired from a CZ 85 B model Ceska pistol or similar firearm. However, not much was established with any firearm recovered during investigations. The murder weapon remains unidentified.

Following social media allegations by Captain Samuel Kung'u Muigai, claiming knowledge of the perpetrators, he was interrogated. He allayed the existence of a sealed affidavit, an audio recording relating to a case involving judicial corruption, such as was conducted at the deceased's office and residence safe in the presence of family and legal representatives. No such envelope or recording was recovered. The claim remained unsubstantiated. Given the complexity of the matter and the multiplicity of the investigative angles pursued, the case remains pending investigations.

(b) Mr. Temporary Speaker, Sir, on the challenges the investigation faced in resolving the case, the last functional HD CCTV site before leaving the Nairobi City boundary is located near the Langata Road, Magadi Road junction. Beyond this point, the CCTV camera installed along Magadi Road is inactive and, therefore, not operational at the time of the incident.

It is important to note that most CCTV cameras within Nairobi CBD and along the route taken by the deceased were non-functional, compelling the investigating team to rely on footage retrieved from private premises, including Sagret Hotel, the deceased's office block at the townhouse and Brook House International School. Nonetheless, the DCI is not relying solely on the CCTV footage, but continues to pursue other investigative avenues to generate credible leads.

(c) Regarding the steps being taken since the murder of the advocate, the national CCTV integrated command, control and communication system currently provides extensive surveillance coverage in Nairobi and Mombasa. This system comprises approximately 1,899 surveillance cameras and 281 NPR cameras deployed across 664 sites nationwide, with Nairobi hosting the largest concentration. Coverage includes Nairobi CBD and key attorneys such as Thika Super Highway, Mombasa Road, Jogoo Road, Ngong Road, Waiyaki Road, as well as critical installations, including airports, Government buildings and major intersections.

The IC3 surveillance infrastructure is fully integrated into the operational framework of security agencies, providing them with direct real-time access to CCTV feeds, archived footage and advanced analytic tools to support investigations and enhance safety. However, the continued accessibility of these systems remains dependent on

leased network infrastructure and collocated data centers, underscoring the need for long-term migration to a government-owned network to guarantee uninterrupted access and operational independence.

While some of these cameras remain operational and critical to policing and investigation, the overall effectiveness of the system is constrained by damage, dependence on leased fiber infrastructure and inactive sites. The existing CCTV and NPR systems have been in operation for over eight years. The natural expiry of their product life cycle, both hardware components, such as servers, storage and network devices and software, have reached end of life and can no longer sustain reliable operation.

In areas where public CCTV cameras are non-functional, the National Police Service supplements surveillance efforts through partnership with private entities, including hotels, schools and office blocks, which provide CCTV footage upon request to support ongoing investigation of security operations. A proposal to expand CCTV coverage to additional major towns is underway. The government is working to restore all non-operational cameras and extend surveillance coverage beyond Nairobi and Mombasa.

(c) Mr. Temporary Speaker, Sir, the next question is with regard to measures put in place by the Ministry to strengthen community-based intelligence. The Government is revitalising community policing, establishing dedicated online platforms like “*Fichua kwa DCP*”, embracing community engagement on security matters, including the now-established “*Jukwaa la Usalama*”, which has proven highly effective in fostering trust and cooperation.

Building on the positive impact of these forums, commanders have been encouraged, in liaison with the local administrators, to replicate similar barazas with Wananchi from time to time, to provide platforms for sensitisation on relevant laws, conservation efforts, peaceful conflict resolution and crime prevention, thereby strengthening community policing and enhancing public participation in security matters.

So, “*Jukwaa la Usalama*” is not an event. I see many people are struggling to understand what it is. It is not an event. It is a concept that is applied in security management since we established it last year, and it is an ongoing process. I encourage Senators to participate in *Usalama* forums in their own counties and to organise others with their county security and sub-county security teams, because this is the only way we can sort out security challenges in our locality.

(e) Mr. Temporary Speaker, Sir, on the broader security and criminal justice reforms being implemented, allow me to summarize them in bullet form, because the detailed statement has been provided.

First of all, let me say that there is an ongoing operational modernisation, especially on the technology side. In a month at most, we shall have completed procurement processes of establishing a massive technology application in the police sector. That will include digital OB, CCTV cameras in seven towns in Kenya. That includes Nairobi, Mombasa, Nakuru, Kisumu, Eldoret, Nyeri, and Meru.

It will also include the seven command centers. It will also input computations so that the IC3 will be upgraded to be IC4, which will be communication, command,

control, and computation, so that data analytics, including AI, will be used to analyse matters of crime.

This will also include CCTV cameras in every police station across the country, including ICT equipment in all the police stations and also tablets that will be given to administrators, including chiefs, to make sure that they do their job better. These were some of the key proposals of Jukwaa la Usalama, and we are now implementing them, including a system of reporting, a technological system of reporting.

On mobility and deployment, we have also, pursuant to the “*Jukwaa la Usalama*” proposal, ensured that police officers cannot serve in one place for more than three years. The system is being put in place to ensure that there is mobility and rotation, so that police officers do not become familiar and complicit in the areas they serve.

On oversight and accountability, IPOA provides the oversight and external checks over the police, but also, we have an internal affairs unit that does internal checks within the police. There is also work of the Kenya National Commission of Human Rights (KNCHR), and Gender Civil Society that are monitoring the works of the police.

We are also training our officers now on human rights. We have our human rights, change of culture and behavior. This is a curriculum that is being emphasised, especially with the 10,000 police officers who are undergoing training now.

The next question, Mr. Temporary Speaker, Sir, is number---

The Temporary Speaker (Sen. Abdul Haji): It is Question No.16 and Cabinet Secretary, I would urge that you peruse very fast, because we already have the answers circulated.

Hon. Senators, we are going to extend the sitting to 1.15 p.m., so that we can give a chance to the Cabinet Secretary to conclude.

I thank you.

Hon. Cabinet Secretary, you may proceed.

Question No.16

PROVISION OF DATA FOR MISSING PERSONS

The Cabinet Secretary for Interior and National Administration (Hon. Murkomen): Thank you, Mr. Temporary Speaker, Sir.

On Question No. 16, I will go straight to the issue regarding missing persons in the country.

(a) Part one, regarding the data on the number of individuals reported missing since 2022, we have provided the data. In 2022, there were 153 missing persons, in 2023 we had 128 missing persons, in 2024, we had 159 missing persons and in 2025, we had 131 missing persons.

To help Sen. Maanzo have a proper comparative analysis, we have provided the number of missing persons in different years. In 2016, we had 154, in 2017, it was 148, in 2018, it was 165, in 2019, it was 145 and in 2020, it was 168. The year 2021 had the highest number of missing persons at 219. We have had de-escalation from 2022. Last

year had the lowest number of missing persons in the last 10 years. We only had 131 persons missing.

(b) The other question sought to know if the police established persons involved in the disappearance. The National Police Service, through the Director of Criminal Investigations, actively investigated all reported cases of abductions and disappearance or alleged abductions. These investigations have led to arrests in several instances, with suspects arraigned before courts of law. Some cases are at an advanced stage in court, others remain under active investigations, while a number have been concluded, as indicated in the table above.

However, investigations have faced certain challenges in some cases. We have had individuals who resurfaced after alleged abductions and declined to record statements. This has limited the ability of investigations hence we could not conclusively determine the circumstances of their disappearance. Further, there are cases where it was established that individuals had voluntarily gone into hiding for personal reasons and were not abducted.

(c) Concerning measures implemented by the Government, the Government has implemented various measures. There is specialised abduction unit within the Directorate of Criminal Investigations (DCI), enhanced mechanism of reporting through *Fichua Kwa DCI*, strengthened investigation and prosecution and revitalized community policing. All the details are in the report.

(d) The other question sought to know the psychological and other support mechanisms available on abducted victims. Victims and their families are usually guided on how to access psycho-social support services, including counseling and trauma care through relevant Government institutions and partner organisations to help them cope with psychological and emotional impacts of such incidents. In addition, the Government ensures that affected families are kept informed of the progress of investigations as part of its commitment to transparency and victim support.

However, the Ministry does not currently operate a dedicated financial compensation scheme for victims of abduction or their families. Notwithstanding this, affected families may pursue compensation through existing legal and institutional framework.

The last question for today is No. 23---

The Temporary Speaker (Sen. Abdul Haji): It is question No. 22 and then No. 23.

Question No.022

ESTABLISHMENT OF CENTRES FOR REGISTRATION
OF PERSONS IN THARAKA-NITHI COUNTY

The Cabinet Secretary, Ministry of Interior and National Administration (Hon. Murkomen): Okay. We have question No.22 and 23. Thank you, Mr. Temporary Speaker, Sir.

The question is on identification card registration and collection centres across Tharaka-Nithi County. This question has been sought by Sen. Gataya Mo Fire, Senator for Tharaka-Nithi County. He seeks information on the establishment of additional and evenly distributed national identification card registration and collection centres in Tharaka Nithi by the Government.

My response is that the National Registration Bureau (NRB) has operationalised national identification card registration centers in all 10 sub-counties in Tharaka Nithi County: Igambang'ombe, Tharaka West, Chuka North, Tharaka South, Mukothima, Maara, Muthambi, Tharaka North, Chiakanga and Chuka South.

In addition, residents can access services in 17 divisional centers across the county as well as four Huduma Centres in Chuka Marimanti, and Maara where NRB has established Registration Centres.

At the national level, the National Registration Bureau (NRB) has established 934 registration centres from regional to divisional level, ensuring broad coverage and inclusivity. This extensive network ensures that registration services are accessible to all Kenyans, supporting inclusive and socio-economic development.

The Ministry continues to operationalise newly created administrative units, with plans to incorporate NRB and Civil Registration Services (CRS) into the designs of upcoming DCC and ACC offices, which will further expand registration services to all divisions.

(An hon. Senator spoke off record)

Just allow me one minute to emphasise one thing. I have seen some propaganda out there about identity cards. We have printed all the identity cards except the 58,000. Those 58,000 will be printed before Friday and will be sent to all centres across the country. There is no pending printing of ID cards in the country except the 58,000. At the rate at which we print ID cards, by Friday, we will be done. That shows the highest level of efficiency since independence in terms of printing of ID cards.

Number two, the region where Sen. Mwenda comes from has the highest number of centres of registration in the Republic, led by counties like Kiambu, Nyeri, Kirinyaga, Embu, the entire part of central region and the three counties in the eastern region. In fact, those plus Nairobi and a few counties like Uasin Gishu, maybe Kericho, Kisumu, those are the counties we can say have the highest numbers of registration centres in the Republic. There is no reason why a Kenyan should not have an ID in any part of central province, Nairobi, parts of Central Rift.

The most marginalised areas historically, and I must say this, are in the coast, northeastern, North Rift parts of West Pokot, Turkana, Baringo, Samburu, the upper eastern of Isiolo, Marsabit, and the other parts of the country like Busia and near the border there. Those are areas that can complain about ID cards. For the information of all the propagandists, these areas that you are purportedly saying people do not access IDs, they have absolutely no reason. If there is a reason why someone does not have an ID, it is personal because there is access to services. However, a person in Wajir, even when we have taken the registration centre to the constituency, comparative to other parts of the

country like the central Rift, central region, and so forth, still has to travel a distance of more than three counties while in one constituency.

The people who should be complaining about access to IDs are not those who are in Nairobi and its environs. It is the people who are in the far-flung areas, whom now are being accused of being assisted by the Government, and yet we have not even operationalised more administrative units for them to get IDs. On this issue, and I must caution us, as political leaders, let us not take our tribal bigotry to the level of hating parts of the country, people to get services. People need IDs to access SHA and other basic services.

I would understand if someone complained in Kilifi. However, for somebody to complain while in Nairobi, Eldoret, Nakuru or Kericho is actually unacceptable. Those people should be able to go and get their IDs. We have enough centres across the country.

On deployment of mobile registration, I must say that I recognise that access to identification document is a fundamental right. The Ministry has undertaken several mobile registration initiatives to address accessibility challenges, including during our Jukwaa La Usalama engagement, during these forums, National Registration Bureau (NRB) conducted mobile registrations in all the counties where we went using live capture technology, reducing turnaround time for national ID issuance from 30 days to seven days.

School-based registration in partnership with Ministry of Education, NRB registered over 33,000 eligible students aged 18 during the second and third school terms. This programme will continue this year across the country.

Our Ministry launched *Usajili mashinani* in October 2025. These mobile registration initiative targets the marginalised and ASAL counties, bringing services closer to communities with poor infrastructure. Expansion of the programme is ongoing to ensure equitable access. At the moment, this team is in Marsabit and Isiolo, and hopefully they will go to the three counties of North eastern next week.

These mobile registration exercises have significantly improved access to national identity cards and related essential services, reinforcing the Government commitment to inclusivity and citizen-centred delivery.

Question No.023

STRATEGY FOR MARITIME SECURITY ACROSS COASTAL COUNTIES

Last is Question No.23, which is a question from the Senate Minority Leader, Sen. Madzayo. I wish to state as follows regarding the Ministry's current strategy on maritime security.

(a) Maritime security remains a key national priority due to its critical role in supporting Kenya's economy, safeguarding national security, promoting the blue economy and ensuring regional stability. Kenya's coastline borders major international shipping routes. The Port of Mombasa handles a significant proportion of the countries international trade, including transit cargo for neighbouring and land linked countries.

The Ministry, through the Kenya Coast Guard Service (KCGS), has adopted multifaceted strategy to enhance maritime security, including enhanced maritime surveillance, community engagement and initiatives including *Usalama Baharini*, which is part of this concept of engaging the stakeholders.

Thirdly, inter-agency coordination, jointly operations framework by Kenya Defence Forces (KDF), police and so forth, regional and international cooperation, including joint patrols and intelligence sharing with neighbouring countries.

With the National Maritime Risk Framework, Kilifi County is classified as a medium risk area. While it is not a high-risk zone, factors such as high small vessel activity, numerous landing sites and its proximity to areas previously affected by cross border security concerns necessitate sustained monitoring and security process.

(b) On the reasons why Kilifi County, despite its long coastline and strategic position, has not been prioritised for deployment of KCGS, the KCGS already maintains an operational presence in Kilifi County specifically in Ngomeni Station, which supports maritime security operations within the area. This presence is enforced by operations support from Mombasa and offshore patrols capabilities.

The Ministry has plans to expand this presence through the establishment of additional stations in Mayungu and Kilifi Town. However, implementation has faced challenges including limited availability of suitable public land, high cost of acquiring private land and budgetary constraints affecting infrastructure development. Despite these challenges, Kilifi remains a strategic important areas and efforts to enhance deployment in the county are ongoing.

(c) Regarding the status report on--- distribution of Kenya Coast Guard Assets, the KCGS maintains a strategic operational footprint along Kenya's coastline anchored by stations in key locations and supported by patrol vessels and surveillance systems. Plans are underway to expand coverage through additional stations and improved infrastructure subject to the availability of resources.

The allocation of assets and personal is guided by the following criteria-

Operational necessity, strategic positioning, resources optimization, stakeholder engagement and ensuring there is a coordination with the local community.

On immediate and long-term measures that the Ministry is putting in place to ensure equitable deployment of maritime security infrastructure personnel across the coastal counties, the Ministry ensures equitable deployment of maritime security infrastructure and personnel through the application of need-based risk-informed allocation framework.

As earlier indicted, the deployment of assets and personnel by the KCGS is guided by operations necessity, strategic positioning, resource optimisation and stakeholder engagement. These criteria are applied uniformly across coastal counties to ensure no region is disadvantaged, while at the same time prioritising areas with higher security risks and operational demands.

In addition, ongoing engagement with the National Treasury, is aimed at securing necessary resources for recruitment and deployment of personnel to ensure balance coverage along the entire coastline. These measures are designed to guarantee that

maritime security services are distributed fairly while remaining responsive to evolving security needs.

These interventions are aimed at strengthening maritime governance, enhancing national security and ensuring all coastal counties benefit equitably from maritime security infrastructure and services.

The Temporary Speaker (Sen. Abdul Haji): Cabinet Secretary, there is one question, No.52 by Sen. Hamida. I do not know if you have it in your list. My apology, Sen. Hamida, we deferred it.

Cabinet Secretary, we will go to supplementary questions. Could I ask Senators who asked their questions to give opportunity to those who have not? We can give them an opportunity since they have not spoken.

Sen. Kisang, proceed.

Sen. Kisang: Thank you, Mr. Temporary Speaker, Sir. I thank the Cabinet Secretary for appearing. I attended the Jukwaa la Usalama Forum in Elgeyo Marakwet County and it bore fruits. We now have peace in the county.

My supplementary question is; what plans does the Cabinet Secretary have to prefer charges against those who self-abduct themselves, but we discover later that they were doing self-enjoyment?

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

Sen. Miraj: Asante Mheshimiwa Spika wa Muda. Nampongeza Waziri kwa kutimiza nusu ya ahadi alizoweka wakati alipokuja kwa Jukwaa la Usalama, Mombasa.

Swali langu ni: Je, kuna mikakati gani kuhakikisha tunasajili *birth certificate* kando na kusajili wanafunzi kwa vitambulisho katika shule zetu? Watoto wengi, hususan wale wanaotoka maeneo ya Likoni, wanakosa huduma ya *capitation* kwa sababu Serikali haiwatambui. Naomba kwa unyenyekevu utupatie muelekeo.

The Temporary Speaker (Sen. Abdul Haji): Sen. Veronica Maina.

Sen. Veronica Maina: Thank you, Mr. Temporary Speaker, Sir, for the opportunity. I will ask this question as a supplementary to the missing person's records that have been brought forward by Sen. Maanzo.

Hon. Cabinet Secretary, there are Kenyans who were tricked into going to war in Russia and eventually found themselves at the battlefield between Russia and Ukraine. There is one gentleman, Mr. James Muchoki Mwangi, from Muthithi in Kigumo Constituency, with whom the family has lost contact. What are you doing to ensure that such Kenyans are restored to their families? Additionally, do you have a plan to ensure their safety and protection by the Government under which they are serving while they are out there?

The Temporary Speaker (Sen. Abdul Haji): Hon. Senators, we have three minutes. If you allow, let us give an opportunity to the Cabinet Secretary to answer those three questions. If we still have time, we will take one more question.

(Sen. Joe Nyutu stood up in his place)

We do not have time, Sen. Joe Nyutu. You did not even ask a question previously. I was giving an opportunity---

Sen. Joe Nyutu: She also did not ask.

The Temporary Speaker (Sen. Abdul Haji): You are right but she is a Member of the Speaker's Panel.

(Sen. (Dr.) Lelegwe Ltumbesi stood up in his place)

Sen. Lelegwe, let us allow the Cabinet Secretary to answer. Okay, proceed quickly followed by Sen. Joe Nyutu. We do not have time.

Sen. (Dr.) Lelegwe Ltumbesi: Thank you, Mr. Temporary Speaker, Sir. On registration of new IDs, we commend the Government for extending mobile ID registrations to sublocations, particularly in Samburu County. However, the turnout has been overwhelmingly high with many citizens unable to register and officers work beyond official hours.

The Temporary Speaker (Sen. Abdul Haji): Ask the question, Senator.

Sen. (Dr.) Lelegwe Ltumbesi: Could the Cabinet Secretary consider extending the registration period in Samburu and other marginalised areas?

The Temporary Speaker (Sen. Abdul Haji): Thank you, Senator. Sen. Joe Nyutu, proceed very quickly.

Sen. Joe Nyutu: Thank you, Mr. Temporary Speaker, Sir. It is unfortunate that we cannot raise a standing order against a Cabinet Secretary. However, we must tell the Cabinet Secretary that I was with the former Deputy President, Hon. Rigathi Gachagua, at the Karen Hospital and we were given---

The Temporary Speaker (Sen. Abdul Haji): Do you have a question?

Sen. Joe Nyutu: Yes, and we were given a brief by the doctor. So, it is not---

The Cabinet Secretary for Interior and National Administration (Hon. Kipchumba Murkomen): Thank you, Mr. Temporary Speaker, Sir. Regarding the question from Sen. Kisang on why we have not charged these individuals: As you know, the former Cabinet Secretary, Hon. Raphael Tuju, was charged. Additionally, Hon. Koimburi obtained a court order and Justice Mwita protected a young blogger who was also intended to be charged. This remains an ongoing process.

The Temporary Speaker (Sen. Abdul Haji): Thank you, Cabinet Secretary, I ask the Senators who still have questions to approach his office and pose the questions to him at his office because of time.

*[The Cabinet Secretary for Interior and National Administration
(Hon. Kipchumba Murkomen) was ushered out of the Chamber]*

ADJOURNMENT

Hon. Senators, it is now 1.15 p.m. Having concluded the business for which I extended the hours of sitting, pursuant to Standing Order No.34 (2)(a), the Senate stands adjourned until later today, Wednesday, 22nd April, 2026, at 2.30 p.m.

The Senate rose at 1.15 p.m.

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