

PARLIAMENT
OF KENYA
LIBRARY


Approved
Sbosh D/SNA
7/12/2023



THE NATIONAL ASSEMBLY

THIRTEENTH PARLIAMENT (SECOND SESSION)

PUBLIC PETITIONS COMMITTEE

| | |
|---|--------------------------------------|
|  THE NATIONAL ASSEMBLY | |
| DATE: 07 DEC 2023 | |
| DAY: Thursday | |
| TABLED BY: | Hon. Nimrod Mbari, mp Chairperson |
| CLERK-AT-THE-TABLE: | A. Shibusko |

**REPORT OF THE PUBLIC PETITIONS COMMITTEE ON ITS CONSIDERATION OF
PUBLIC PETITION 01 OF 2023 REGARDING THE POOR IMPLEMENTATION OF
THE EDU-AFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS**

DECEMBER, 2023

**DIRECTORATE OF LEGISLATIVE AND PROCEDURAL SERVICES
CLERK'S CHAMBERS
MAIN PARLIAMENT BUILDINGS
NAIROBI**

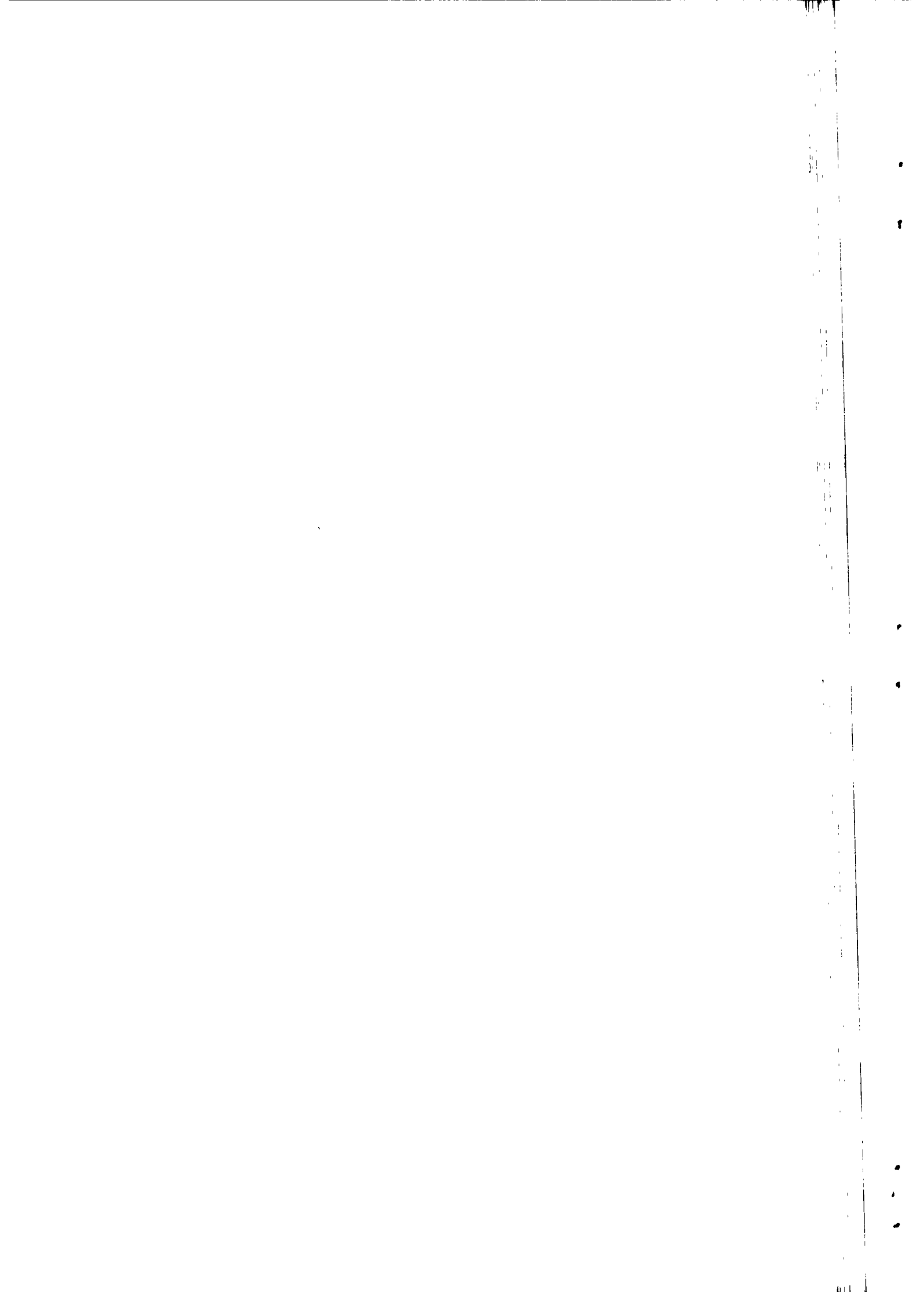
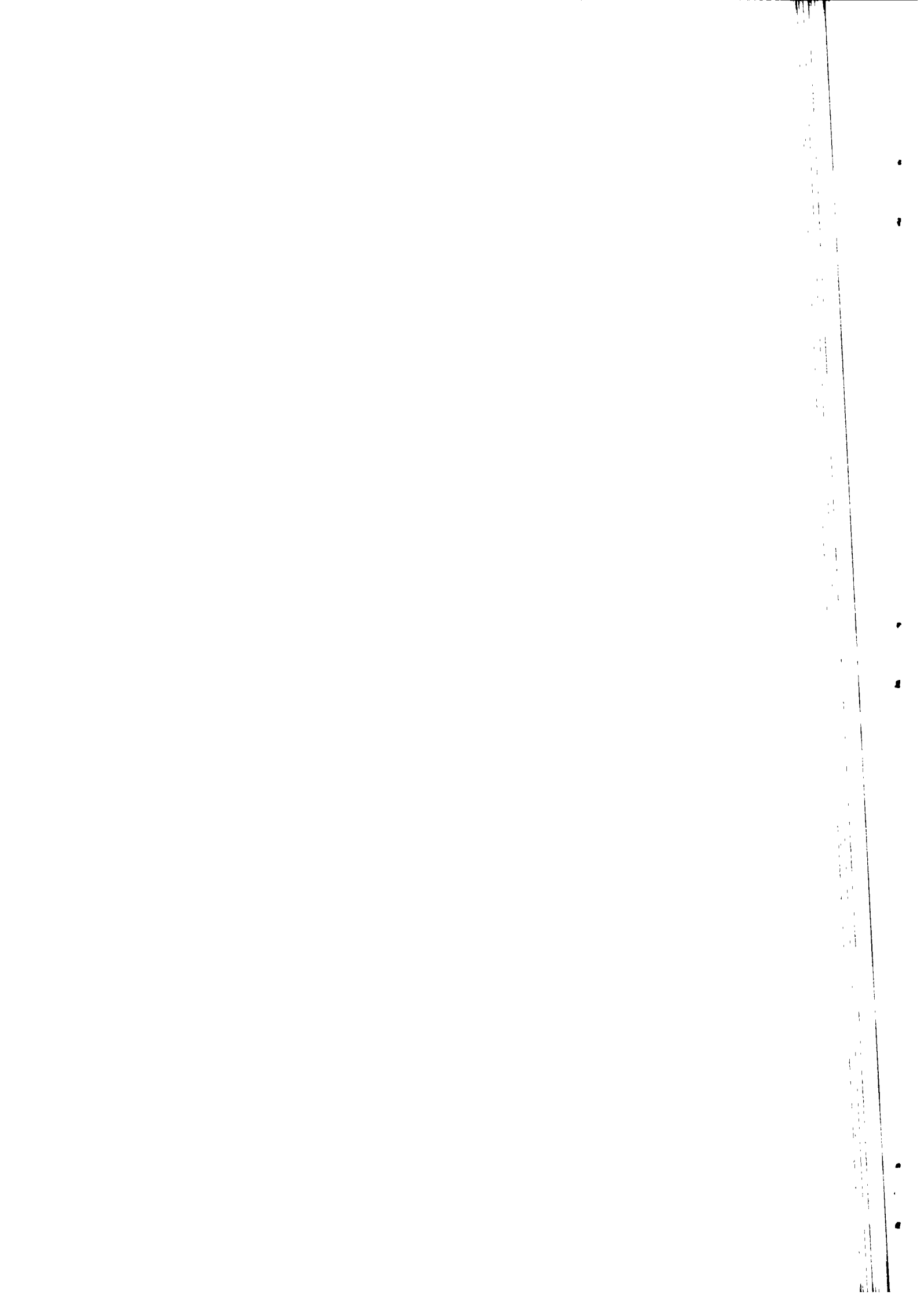


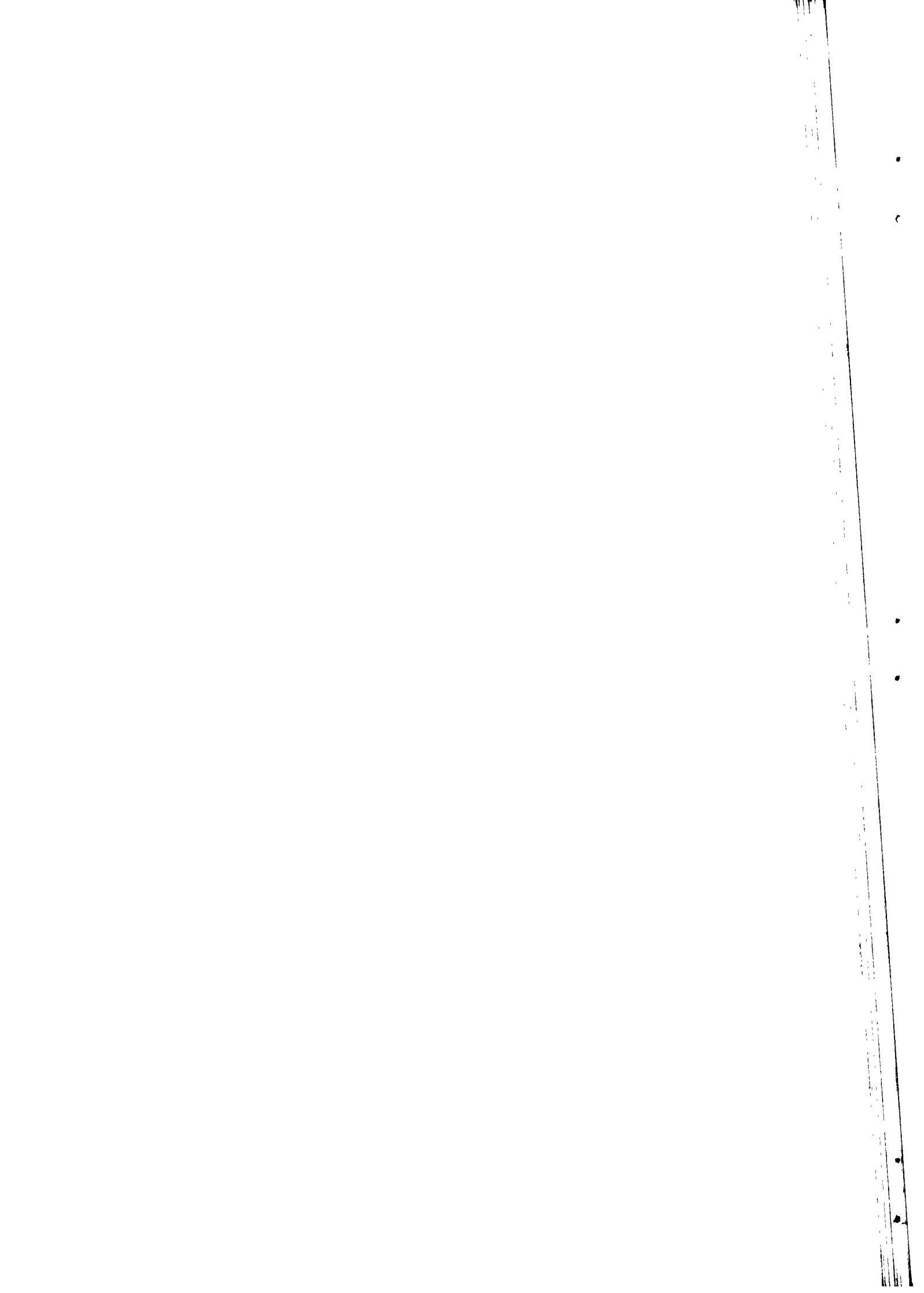
TABLE OF CONTENTS

| | |
|---|----|
| LIST OF ACRONYMS | 2 |
| CHAIRPERSON'S FOREWORD..... | 3 |
| PART ONE..... | 4 |
| 1. PREFACE..... | 4 |
| 1.1. Establishment and Mandate of the Committee..... | 4 |
| 1.2. Committee Membership | 5 |
| 1.3. Committee Secretariat | 6 |
| PART TWO..... | 7 |
| 2. PETITION NO. 1 OF 2023 REGARDING POOR IMPLEMENTATION OF EDU-AFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS | 7 |
| 2.1. INTRODUCTION..... | 7 |
| 2.2. PETITIONER'S PRAYERS..... | 8 |
| PART THREE | 9 |
| 3. STAKEHOLDERS' SUBMISSIONS ON THE PETITION..... | 9 |
| 3.1. THE PETITIONER | 9 |
| 3.2. KENYA PRIVATE SECTOR ALLIANCE..... | 10 |
| 3.3. NATIONAL PARENTS ASSOCIATION | 11 |
| 3.4. THE NATIONAL HOSPITAL INSURANCE FUND..... | 12 |
| 3.5. MINISTRY OF EDUCATION | 15 |
| 3.7. SITE VISIT TO SIAYA COUNTY | 17 |
| PART FOUR..... | 21 |
| 4. COMMITTEE OBSERVATIONS | 21 |
| PART FIVE | 23 |
| 5. ISSUES FOR DETERMINATION AS PER THE PRAYERS IN THE PETITION | 23 |
| PART SIX..... | 25 |
| 6. COMMITTEE RECOMMENDATIONS | 25 |
| ANNEXURES | 27 |



LIST OF ABBREVIATIONS AND ACRONYMS

| | | |
|--------|---|--|
| CDE | - | County Director of Education |
| DCI | - | Department of Criminal Investigations |
| EAC | - | East African Community |
| GOK | - | Government of Kenya |
| ICC | - | International Criminal Court |
| ICT | - | Information and Communication Technology |
| KEPSA | - | Kenya Private Sector Alliance |
| KESSHA | - | Kenya Secondary School Heads Association |
| MOE | - | Ministry of Education |
| MOH | - | Ministry of Health |
| NHIF | - | National Health Insurance Fund |
| UPI | - | Unique Personal Identifier |



CHAIRPERSON'S FOREWORD

On behalf of the Public Petitions Committee and pursuant to provisions of Standing Order 227, it is my pleasant privilege and honour to present to this House the Report of the Committee on the public petition regarding the Poor Implementation of the Edu Afya medical scheme in public secondary schools. The petition was conveyed to the House pursuant to Standing Order No. 225 (2) (b) by the Speaker of the National Assembly.

The Committee considered the Petition and observed that implementation of the Edu-Afya Scheme was a noble medical scheme that was envisioned to cater for all students in public secondary schools across the country but several challenges including inadequate public awareness, poor registration of students under NEMIS, limited number of NHIF accredited facilities registration challenges at various health facilities, poor internet connectivity, corruption, lack of transparency and lack of monitoring and evaluation among others marred its implementation. The Committee further observed that NHIF should adopt a transparent model of reporting on the claims made under the scheme to curb medical fraud and create data on patterns and the nature of claims arising in each county.

The Committee further observed that, the scheme involved several stakeholders who need to constantly engage and consult without which the scheme's utilization may remain low and a waste of public funds. There is need for transparency and periodic monitoring and evaluation of the scheme by all stakeholders to address the challenges faced. In addition, the proposal had financial implications for county governments in terms of infrastructure expense of constructing the clinics within the schools and medical supplies and human resource expenditure whose solution lies with utilization of the nearest NHIF-accredited facilities and streamlining the registration process at the hospital. The facilities should also be increased and be equipped with necessary medical supplies for effective service delivery.

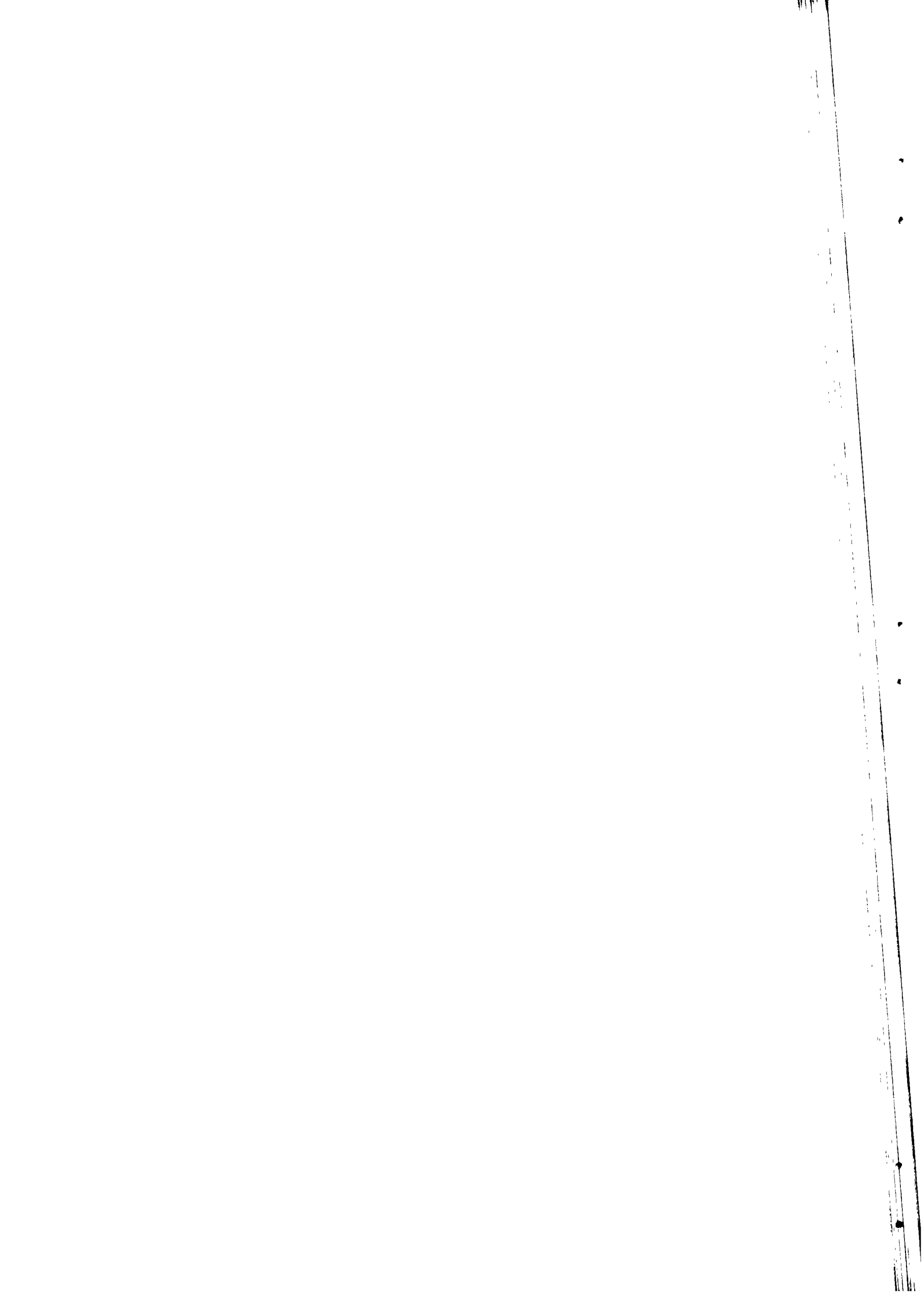
The Committee appreciates the Offices of the Speaker and Clerk of the National Assembly for providing guidance and necessary technical support without which its work would not have been possible. The Chairperson expresses gratitude to the Committee Members for their devotion and commitment to duty during the consideration of the Petition.

On behalf of the Committee and pursuant to the provisions of Standing Order 199, I now wish to lay the Report on the Table of the House.



HON. NIMROD MBITHUKA MBAI, M.P.
CHAIRPERSON, PUBLIC PETITIONS COMMITTEE

Date.....21/04/2023.....



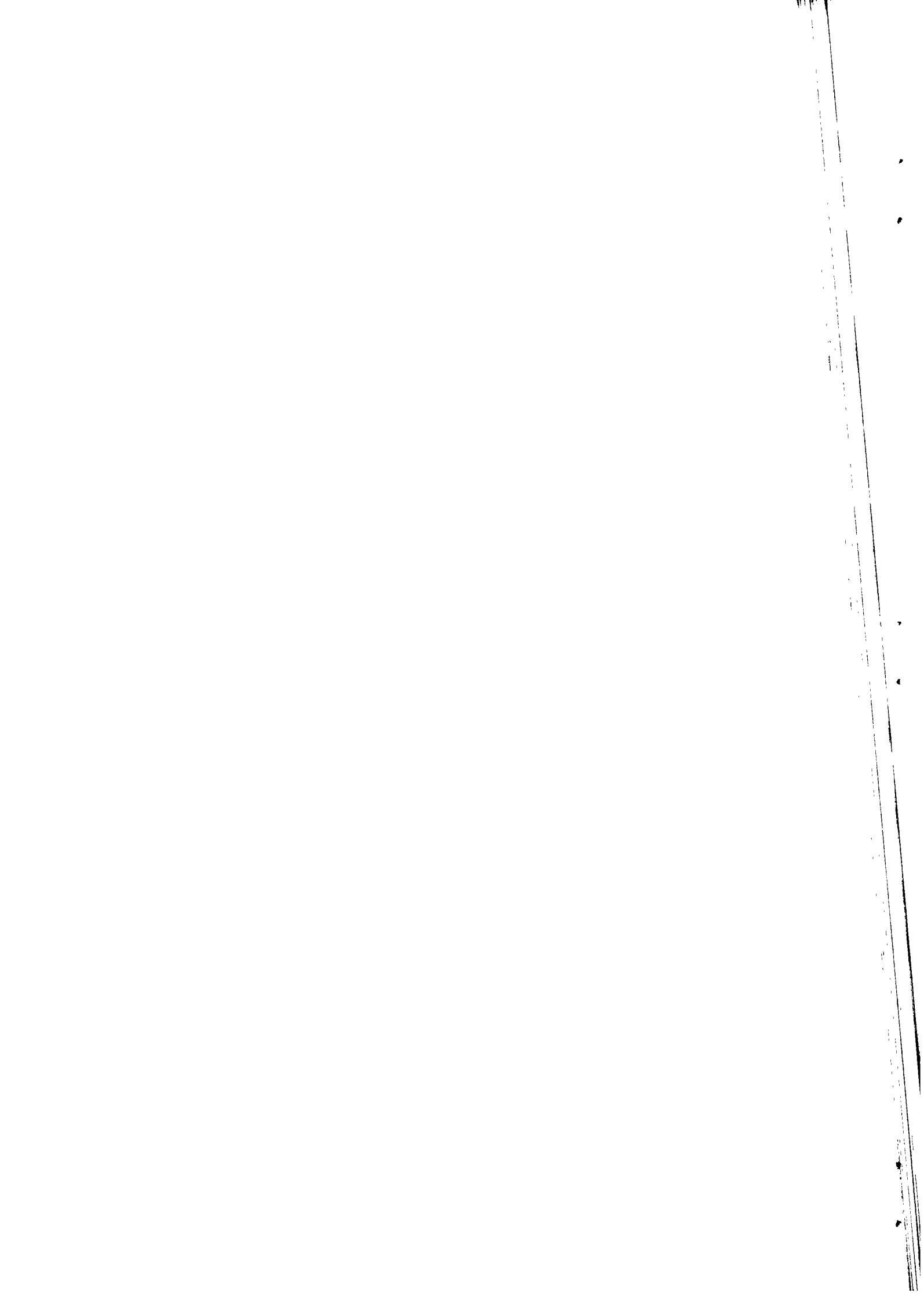
PART ONE

1. PREFACE

1.1. Establishment and Mandate of the Committee

The Public Petitions Committee is established pursuant to the provisions of Standing Order 208A and is mandated to:

- a) consider all public petitions tabled in the House;
- b) make such recommendations as may be appropriate with respect to the prayers sought in the petitions;
- c) recommend whether the findings arising from consideration of a petition should be debated; and
- d) advise the House and reporting on all public petitions committed to it.



1.2. Committee Membership

The Public Petitions Committee was constituted in October 2022 and comprises of the following Members:

Chairperson

Hon. Nimrod Mbithuka Mbai, M.P.

Kitui East Constituency

United Democratic Alliance (UDA)

Vice Chairperson

Hon. Janet Jepkemboi Sitienei, M.P.

Turbo Constituency

United Democratic Alliance (UDA)

Hon. Patrick Makau King'ola, M.P.

Mavoko Constituency

**Wiper Democratic Movement-Kenya
(WDM-K)**

Hon. Edith Vethi Nyenze, M.P.

Kitui West Constituency

**Wiper Democratic Movement-Kenya
(WDM-K)**

Hon. Ernest Kivai Ogesi Kagesi, M.P.

Vihiga Constituency

Amani National Congress (ANC)

Hon. Maisori Marwa Kitayama, M.P.

Kuria East Constituency

United Democratic Alliance (UDA)

Hon. Joshua Chepyegon Kandie, M.P.

Baringo Central Constituency

Maendeleo Chap Chap Party (MCCP)

Hon. John Walter Owino, M.P.

Awendo Constituency

Orange Democratic Movement (ODM)

Hon. Bernard Muriuki Nebart, M.P.

Mbeere North Constituency

Independent

Hon. Bidu Mohamed Tubi, M.P.

Isiolo South

Jubilee Party (JP)

Hon. Caleb Mutiso Mule, M.P.

Machakos Town Constituency

Maendeleo Chap Chap Party (MCCP)

Hon. John Bwire Okano, M.P.

Taveta Constituency

**Wiper Democratic Movement-Kenya
(WDM-K)**

Hon. Peter Mbogho Shake, M.P.

Mwatate Constituency

Jubilee Party (JP)

Hon. Sloya Clement Logova, M.P.

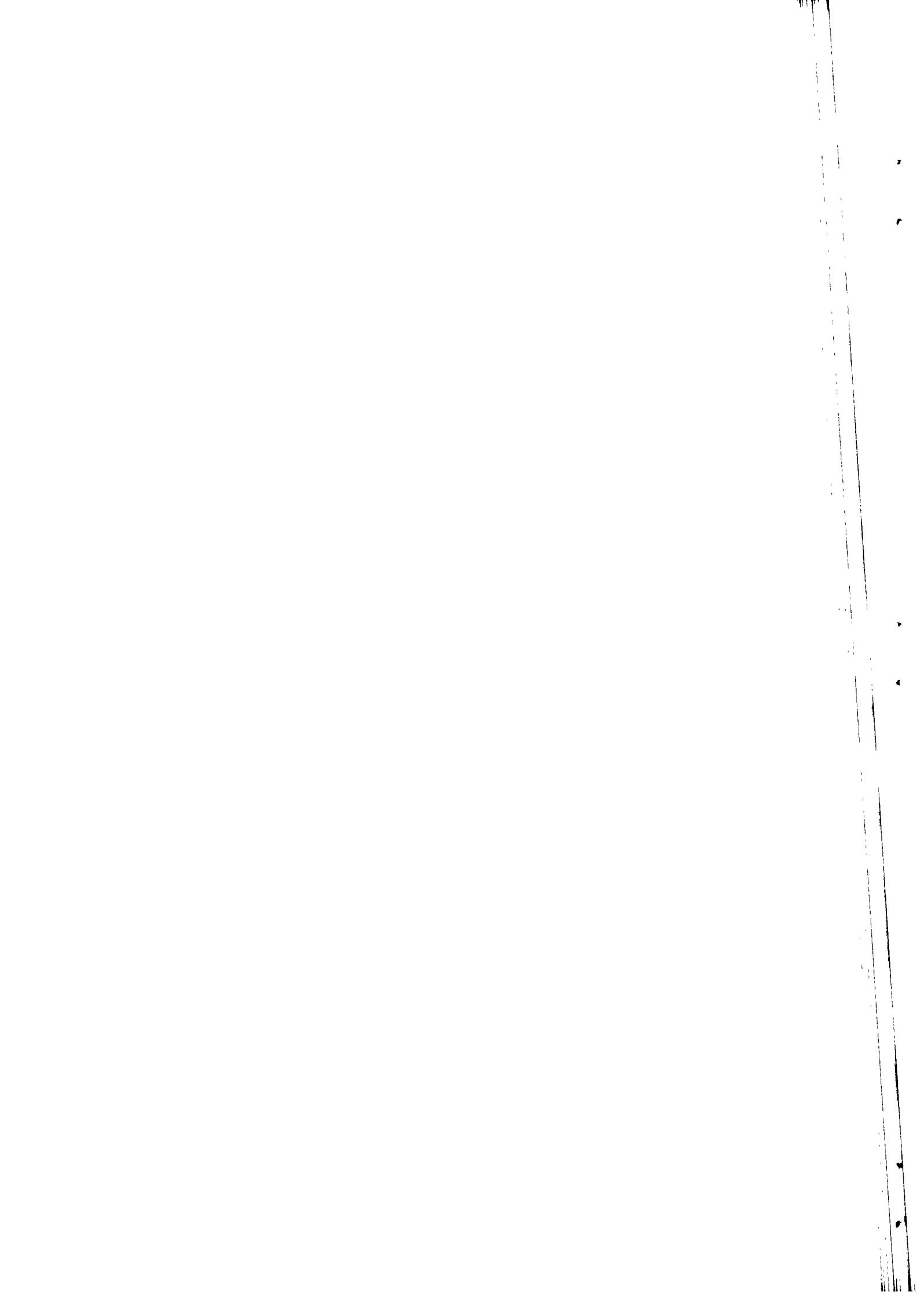
Sabatia Constituency

United Democratic Alliance (UDA)

Hon. Suzanne Ndunge Kiamba, M.P.

Makueni Constituency

**Wiper Democratic Movement-Kenya
(WDM-K)**



1.3. Committee Secretariat

The Public Petitions Committee is facilitated by the following secretariat:

Lead Clerk
Mr. Samuel Kalama
Principal Clerk Assistant

Ms. Anne Shibuko
First Clerk Assistant

Ms. Miriam Modo
First Clerk Assistant

Mr. Willis Owino Obiero
Clerk Assistant III

Mr. Shadrach Omondi
Legal Counsel II

Ms. Patricia Gichane
Legal Counsel II

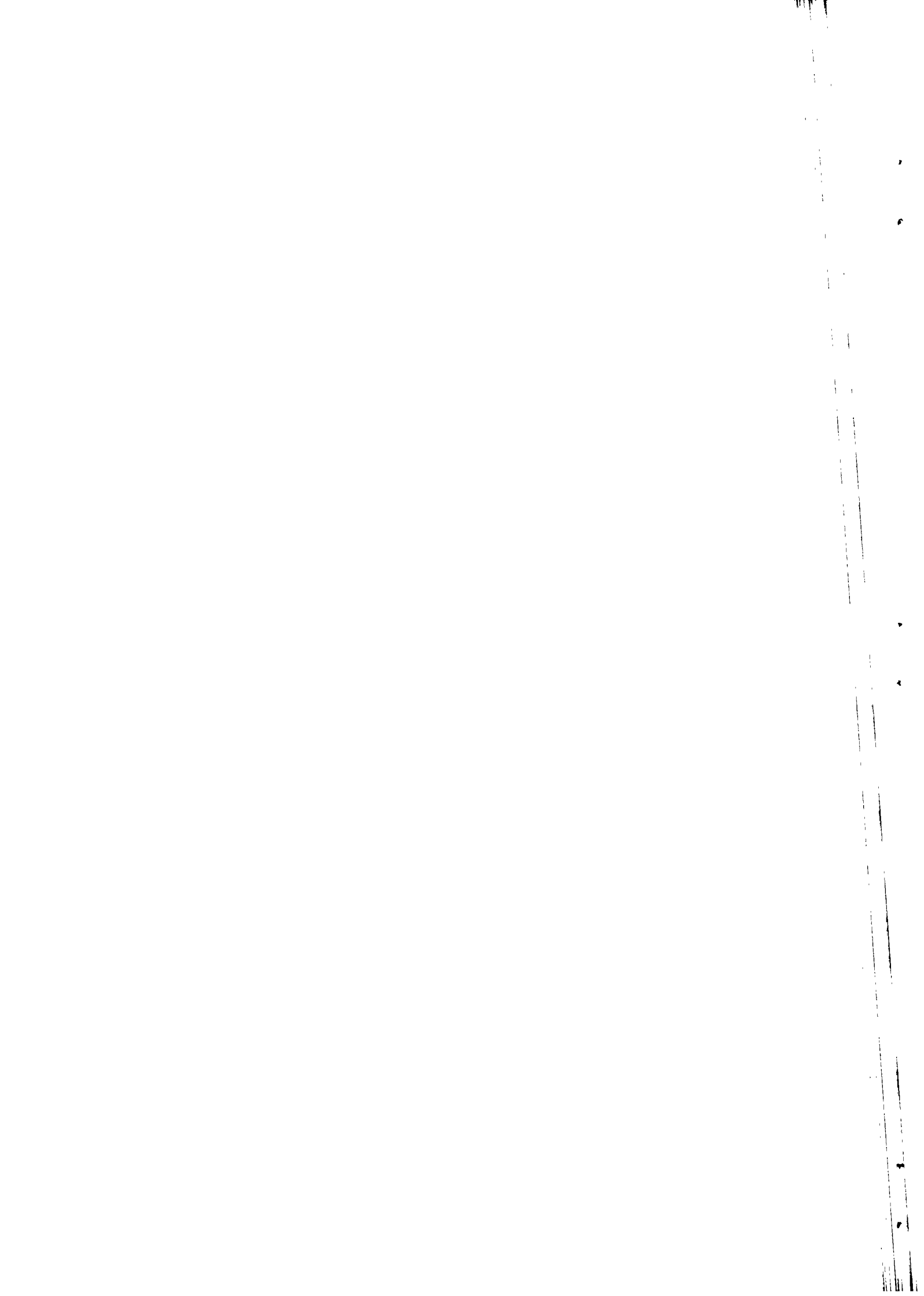
Mr. Martin Sigei
Research Officer III

Mr. Andrew Shangirai
Principal Sergeant at Arms

Mr. Yezel Jilo
Sergeant at Arms

Ms. Lilian Mburugu
Media Relations Officer

Ms. Rahab Chepkilim
Audio Officer



PART TWO

2. PETITION NO. 1 OF 2023 REGARDING POOR IMPLEMENTATION OF EDU-AFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

2.1 INTRODUCTION

1. Public Petition No. 01 of 2023 by Ms. Joyce Cheronu of National Identification Card Number 21702217 was conveyed to the House by the Speaker on Tuesday, 22nd March, 2023.
2. The Petitioner, a practising nurse called on the House to intervene in the implementation of the *Edu-Afya* Medical Scheme for students in public secondary school by the Ministry of Education.
3. Since the Scheme was rolled out in 2018 to enable students in public schools to access affordable and quality healthcare under the National Hospital Insurance Fund (NHIF) cover, its utility is yet to be optimized.
4. The Petitioner associates poor implementation of the *Edu-Afya* Scheme with various challenges. First, the Petitioner claims that technicalities with enrolment by the Ministry of Education of all students in the National Education Management Information System (NEMIS) database from which the *Edu-Afya* Scheme obtains students' data has resulted in low uptake of the Fund.
5. Secondly, the system which runs *Edu-Afya* patient identification and billing is often slow or non-responsive, thereby compelling parents or guardians of students under the Scheme to meet the cost of treatment due to system failures.
6. The Ministry of Education and other relevant stakeholders have not undertaken public awareness of the Programme to encourage enrolment.
7. The Government rolled out the Scheme without putting in place adequate infrastructure and medical personnel in public schools to offer consultation and referral services.
8. There was no monitoring and evaluation framework in place to assess the effectiveness of the Programme.
9. If intervention is not made towards ensuring that the programme is optimally implemented, the gains envisaged from the Scheme will be lost.
10. To the best of the Petitioner's knowledge, the matter in respect of which this Petition is made is not pending before any Court of Law or Constitutional body.

2.2. PETITIONER'S PRAYERS

The Petitioners prayed that the National Assembly through the Public Petitions Committee: -

11. Causes the relevant ministries to urgently review the framework for implementation of the Edu-Afya Medical Scheme to provide regular monitoring and evaluation that addresses challenges facing the programme and ensure that students in all the public secondary schools equally benefit from the Edu-Afya scheme.
12. Causes the Government to support the establishment of clinics within public secondary schools and to initiate employment and deployment of qualified, registered, and licensed medical personnel in schools under the fund to ensure that students optimally benefit from the scheme.
13. Makes any other order that it deems fit in the circumstances of this Petition.

PART THREE

3. STAKEHOLDERS' SUBMISSIONS ON THE PETITION

3.1. SUBMISSIONS BY THE PETITIONER

Ms. Joyce Cheronu appeared before the Committee on Wednesday, 22nd March, 2023 and submitted as follows -

14. The Edu Afya Medical Scheme was a comprehensive medical insurance cover for public secondary schools through a contract signed between the Ministry of Education (MOE) and the National Health Insurance Fund (NHIF). The Scheme was launched to enable students to access quality health services for the duration of their studies thereby easing the burden on parents and guardians.
15. The Scheme covered essential outpatients' medical treatment on a comprehensive basis within the country and overseas for registered students. The Scheme provided cover for road and air evacuation services, dental, optical, specialized services, group and personal accident, group life and last expense as defined in the contract.
16. The outpatient benefits package included preventive, promotive, curative and rehabilitative health services accessed from a capitated or referred-to health facility which was implemented at two levels of care namely, the general outpatient and specialized outpatient services.
17. Benefits of the Scheme included improved learning by reduction of disruptions caused by illness, and easing of financial burden on the school's administrators and parents and guardians whenever a student fell sick. However, the implementation of the program had faced the following challenges:
 - i.) Inadequate implementation structures;
 - ii.) Inadequate awareness by key stakeholders such as the students, parents, teachers and the public and inadequate public participation before inception;
 - iii.) Low enrolment by students due to missing National Education Management Information System (NEMIS) registration of some students;
 - iv.) Technical challenges at the treatment stage occasioned by the biometrics and NEMIS number as requirements for admission;
 - v.) Non-reimbursement of manual claims in the cases where a student lacks a NEMIS number; and

vi.) Delayed remittance of premiums payable to accredited healthcare providers after service delivery.

18. The Petitioner made the following proposals to improve the implementation of the Scheme:

- i.) Strengthening the Scheme by providing more security and enhancing sustainability to relieve parents from medical expenses;
- ii.) Setting up a joint working arrangement to bring together all the relevant stakeholders with a view to reviving and implementing the program;
- iii.) Technical guidance and support to be sourced from other government entities such as the University of Nairobi Enterprise and Services Limited (UNES) and consultancy firms; and
- iv.) A monitoring and Evaluation Tool for effective monitoring to enhance the effectiveness of the Scheme.

3.2. SUBMISSIONS BY THE KENYA PRIVATE SECTOR ALLIANCE

KEPSA is the umbrella apex body of the private sector in Kenya and it brings together local and foreign business associations, federations, chambers of commerce, professional bodies, and corporations including multinationals, large and medium-sized corporates, SMEs, MSMEs and start-ups from all sectors of the economy, representing over one million businesses to enable them to speak with one voice when engaging Government, development partners and other stakeholders on cross-cutting policy issues affecting private sector development and implements programmes that ensure social economic development of the country. For it to perform its mandate, KEPSA had established and institutionalized robust Public-Private Dialogue platforms that have guided engagements between the private sector and all arms of government in Public Policy and legislation geared towards an improved business environment.

Ms. Mutheu Kasanga, on behalf of the KEPSA Education Sector Board submitted as follows -

19. The Edu-Afya Medical Scheme was an initiative and partnership between MOH and MOE to provide comprehensive health coverage for secondary school students. Since about 30 per cent of secondary schools were boarding schools, the Scheme was a critical intervention to cushion both parents and schools in the provision of healthcare for all public secondary schools in Kenya.

20. The Edu-Afya Scheme faced the following challenges that hampered the sound implementation of the program:

- i.) The on-boarding mechanism for the Scheme was triggered by the MOE through the NEMIS which had inefficiencies leading to wastage, underuse and misuse of the program.
 - ii.) The model applied in the program excluded students in private and faith-based secondary schools as well as students in children's homes and special needs schools not recognised as public secondary schools.
21. To mitigate some of the challenges of implementing the Edu Afya Scheme, KEPSA recommended a robust registration system with biometrics or a dedicated NHIF Student card for the students to trigger access at the treatment stage.
22. The Constitution emphasized the values that underlie an open and democratic society based on human dignity, equality, equity and freedom and the spirit, purport and objects of the Bill of Rights. Further, Article 43 enshrined the economic and social rights including the right to health care services. However, NHIF had set a wrong precedence by offering enhanced covers to non-government entities hence dividing citizenship and compromising equal access to healthcare services. Similarly, NHIF had inadvertently failed to ensure that all students benefit from the Edu Afya Health Scheme.

3.3. SUBMISSIONS NATIONAL PARENTS ASSOCIATION

Mr. Silas Obuhatsa, the Chairperson of, the National Parents Association (NPA), appeared before the Committee on Tuesday, 25th April, 2023 and submitted as follows -

23. That the implementation of the Edu Afya Scheme was characterized by several challenges as follows:
- i.) Fewer accredited health facilities to treat students under the Edu Afya Scheme;
 - ii.) Delayed initiation of treatment in the health facilities due to double verification of NEMIS and NHIF systems before treatment commences and the poor network in rural areas lengthened the registration and treatment process;
 - iii.) Stock out of drugs in the hospitals meant that the students must buy drugs elsewhere without Edu Afya cover;
 - iv.) Inadequate awareness by parents pointing to inadequate sensitization;
 - v.) Lack of clarity in the conveyance between the schools and the health facilities with regards to the process of accessing the services leading to rejection of some students on technical grounds; and
 - vi.) Inadequate feedback mechanism by stakeholders for such a Scheme was occasioned by insufficient monitoring and evaluation framework.

24. The National Parents Association proposed the as follows: -

- i.) The establishment of proper clinics in every public secondary school as proposed by the Petitioner would be expensive because of the requirements such as laboratory and x-ray services for a definitive diagnosis before treatment. Therefore, equipping the nearest health facilities to the public secondary schools with a dedicated student department would improve utility since the outside facility would be accessible to the public;
- ii.) Collaboration between all the stakeholders regarding the running of the scheme to boost sensitization and efficiency of the process; and
- iii.) Engagement of the National Parents Association in the monitoring and evaluation of the program to provide feedback, especially from the parents.

3.4. SUBMISSIONS BY THE NATIONAL HOSPITAL INSURANCE FUND (NHIF)

Mr. Samson Kuhora, the Acting CEO of NHIF, appeared before the Committee on Tuesday, 25th April, 2023 and submitted as follows -

Background

25. The Edu-Afya Scheme was occasioned by the Government's agenda through the MOE and MOH on the provision of a comprehensive insurance cover to all students in public secondary schools.
26. The Scheme began in May 2018 and was administered by NHIF to include outpatient, inpatient, surgical, oncology, radiology, renal dialysis, optical, dental, overseas treatment, emergency ambulance and air rescue. The program included the benefit package of group personal accident group life and last expense.

Edu Afya Implementation Framework

27. Registration of students to the programme was automated and seamless as it used data from the National Education Management Information System (NEMIS) that was integrated into the NHIF system for students. The NEMIS registration required students' biodata and parents' details. Students could also access healthcare as dependents of a member of NHIF.
28. Students could access the services under NHIF contracted health care providers across the country by providing a letter of introduction from the school principal when the schools were in session and a birth certificate and a NEMIS number when students were away for holidays. All providers used the NHIF portal to identify Edu Afya beneficiaries eligible for treatment and billing.

29. In terms of service provision for outpatient or admission visits, the hospital raised the claim which was settled by the Fund. A declared guardian in the NEMIS portal claimed for a last expense which was paid later. Ambulance services were centrally procured from a provider with access across the country who billed the funds after service provision.
30. NHIF applied the claimed model of compensation instead of paying at the service provision, especially in emergency scenarios.
31. Regarding the last expense, NHIF reimbursed postmortem and mortuary expenses covered within 48 hours of reporting the death.
32. Premiums for the Edu Afya Scheme were paid by MOE every term. For reimbursement to the health providers, a period of 90 days was provided for, but valid claims were ordinarily settled within thirty (30) days.

Fraud Containment Measures

33. NHIF had put in place other system checks such as permit identification of the member through fingerprint scanners during access to prevent fictitious claims and identity theft.
34. A prior authorization allowed the system to link a treatment case to a specific patient in the system to avoid hospitals defrauding the system.
35. That NHIF had engaged other government agencies such as the Directorate of Criminal Investigations (DCI) in the investigations.
36. That NHIF could not entirely address medical fraud but self-care platforms assisted members to communicate to the Fund through a call centre to report.

Sensitization and Awareness of Edu Afya

37. The NHIF in liaison with the MOE had conducted several stakeholder sensitizations through structured meetings, mainstream media, informational materials, and social media. Stakeholders engaged included school principals, teachers, National Parents Association representatives, relevant government officials, TSC officers, and healthcare providers, among others.

Monitoring and Evaluation of Edu Afya

38. The monitoring and evaluation of the Scheme were done jointly by MOE and NHIF annually through meetings of stakeholders to get feedback on the Scheme and areas of improvement.
39. The last monitoring and evaluation were done in September and October 2022. However, periodic performance reports on Edu Afya were done by NHIF and shared by MOE.

40. The NHIF conducted surveillance and established that the highest claims were only due to the high number of registered students.
41. The NHIF surveillance was not optimum to detect instances of fraud but there was a plan based on ICT support to improve. There was a roadmap for digitization being presented for financing and a cohort of quality assurance officers who interrogated claims based on clinical treatments.
42. That desktop reviews during monitoring and evaluation generated findings shared by the MOE to act against principals who had engaged in fraud and the NHIF acted against hospitals found to be misusing the Scheme. Through targeted surveillance, the NHIF investigated the suspected hospitals and took action including suspension from the Fund. Further, NHIF staff found culpable for collusion were acted upon administratively.

The Committee sought additional information from the NHIF. The CEO of, NHIF Mr. Elijah Wachira appeared before the Committee on Thursday, 30th November 2023 and submitted as follows -

43. NHIF had enrolled 3,955,953 students with Kakamega County leading by 220,289 students and Isiolo County had the least number of enrolled students at 9,219 (*Annex 9*).
44. The analysis of premium payment per county for the Edu-Afya since inception (2018-2023) indicated that Homa Bay County was leading with a total of Kshs. 1,161,318,174 and Lamu County claimed Kshs. 20,931,344. The total payment of claims was Kshs. 15,077,151,314 from 2018 to 2023 (*Annex 9*).
45. NHIF had implemented fraud containment measures which included investigation of suspected cases, recovery of the amounts lost, and making recommendations including suspension of an implicated health facility. According to the audit done by NHIF, twenty-seven (27) health facilities were investigated for fraud and appropriate action was taken based on the findings. In a nutshell, NHIF had put in place fraud containment mechanisms including investigations, internal and external audits, and recovery of money lost through fraud (*Annex 9*).
46. The NHIF provided a list of all contracted service providers accredited under the Edu-Afya scheme across the country.
47. That the total number of students (visits) treated per year per county since inception was 7,550,365 visits (*Annex 9*).
48. NHIF had undertaken various efforts to address the issue of awareness of the Scheme among stakeholders including parents and school heads. Sensitization exercises included structured meetings, mainstream media, newspapers, informational materials, and social media.

49. That the design for monitoring and evaluation developed by NHIF was available to ensure the effectiveness of the scheme.
50. Regarding tender advertisement, evaluation, reports, and minutes, the Edu-Afya cover was procured by the government through the Ministry of Education on a Government-to-Government basis.
51. The NHIF provided a breakdown of the total amount of money paid to the Scheme and claims successfully paid.
52. The Edu Afya Scheme had been seamlessly integrated into the NHIF organizational structure with a clear delineation of roles and responsibilities across different directorates and departments. The integration ensured that all functions aligned with the broader mission and were executed efficiently.
53. Regarding the fate of the Edu-Afya Medical Scheme following the transition to the new Social Health Insurance arrangement, the contract between the Ministry of Education and NHIF would run down. Therefore, the programme would be handed over to the Ministry of Education.

3.5. SUBMISSIONS BY THE MINISTRY OF EDUCATION

The Cabinet Secretary of the Ministry of Education availed written submissions and submitted as follows -

54. With regards to the allegations of low uptake of the Scheme, NHIF conducted member registration to have complete data for ease of identification at the point of service and MOE provided data of eligible students and their next of kin.
55. That to ensure a seamless registration process, the NEMIS was linked to the NHIF database. Each student admitted to secondary school was registered on NEMIS upon submission of a copy of a birth certificate which was also the requirement for registration for the Kenya Certificate of Primary Education (KCPE).
56. That the registration process had enabled students to be registered to NHIF instantly upon submission of the student's biodata that was stored on NEMIS. The process would be longer, expensive, and labour-intensive if data were to be collected from schools and submitted to NHIF for registration.
57. Regarding downtime concerns, the NHIF system used in the patient identification was not as slow as alleged. Once a student's details form was completed on NEMIS, the school submitted the data to the NHIF system. Submission to NHIF was a one-off action that triggered the registration of the student on the NHIF system. Thereafter, identification of students would be done through the NHIF system which applied to all schemes under NHIF.

58. That a downtime of the NHIF system was a rare occurrence and would affect all patients covered by NHIF and not just students on Edu Afya Cover. Therefore, it was inaccurate to allege that the system was often slow leading parents and guardians to pay for medical bills yet the students were under the Scheme. The system occasionally experienced slowdowns for all its schemes after the biometric system was introduced, but the challenges have since been rectified.
59. The assessment of the Ministry indicated that it was the schools that took students to hospitals most of the time, because the students spent most of their time in schools, except during holidays when they were home with their parents and guardians. However, there were isolated reports of the schools being required to co-pay. Such incidents were reported to NHIF and were dealt with appropriately.
60. With regards to public awareness of the Scheme, the subject contract provided that the Ministry and NHIF, in consultation with other stakeholders, would conduct sensitization of the members of the Scheme. Pursuant to the requirement, the Ministry and NHIF had undertaken joint sensitization exercises, beginning in 2018 and targeting school principals, representatives of parents' associations, field officers of MOE and TSC, health care service providers, field officers from the Ministry of Interior and National Administration and teachers.
61. The chosen targets could quickly spread the information to students. Principals could disseminate the information to students in schools. The parents' representative could create awareness among parents during parent meetings and ultimately among students. Field officers from various ministries and TSC could periodically engage the teachers and other stakeholders involved in the Scheme.
62. Flyers containing information about the Scheme were distributed to the students in schools. However, the resources for sensitization were limited especially when reaching all stakeholders one on one. Additional activities to enhance awareness included sensitization of school principals during annual Kenya Secondary Schools Heads Association (KESSHA) conferences, television programs on prime time via Citizen TV and NTV among others, and newspaper articles on print media.
63. With regards to the allegation that the Ministry started the Scheme without adequate infrastructure and medical personnel in public schools, the terms of the contract, and services provided by NHIF-accredited health care providers. The action of the school was to register the students and take them to accredited healthcare providers for medical services when the need arose.
64. The infrastructure required by the school to take action was access devices and internet connectivity. The Ministry implemented the computer-supply-to-school programme to continuously provide the infrastructure requirement on a need basis. However, that was not

expected to impede registration on NEMIS as mobile phones could also be used so long as the phone had internet connectivity.

65. The clinics established in the schools were not accredited by NHIF and the medical personnel required were only to be found in the accredited health care providers. Therefore, schools did not require to have medical personnel for consultation and referral services.
66. Regarding the claim of inadequate monitoring and evaluation framework, the NHIF system was used in the identification and provision of the services under the cover. Once the services were provided, the NHIF sent feedback to the MOE, through NEMIS. The framework provided for a method of monitoring uptake and making necessary determinations on the effectiveness.
67. The framework had a report that provided information on the location, student's names, hospital names, diseases managed and the cost. Notification of utilization was biometrically generated on the NHIF database enhancing the accuracy of the report on NEMIS since little human intervention was required.
68. The Ministry and NHIF had agreed to jointly adjust to improve the monitoring and evaluation system to include biometric identification of the students, introduction letters by heads of institutions per visit, a register of visitation kept in the school for further monitoring of the process, and a steering committee was put in place to oversee effective implementation of the Scheme. The latest monitoring and evaluation exercise was done in 2022.

3.6. SITE VISIT TO SIAYA COUNTY

69. The Committee conducted a visit to Siaya County on 6th October, 2023 to establish the implementation, monitoring and evaluation framework of the Edu-Afya medical scheme in public secondary schools. The Committee sampled Siaya County due to the peculiarly high premium payments to healthcare providers (Kshs. 998,459,931) vis-à-vis the registered number of students (126,681) between 2018 and 2023.
70. The Committee engaged the County Director of Education, Mr. Leonard Kabaki, Senior Chief Principal, of Ng'iya Girls High School, Ms. Hellen Masengeli, the management of Ng'iya Health Centre led by Mr. Donald Otieno and the management of NHIF Regional Office in Siaya.

Submissions by the County Director of Education

71. The CDE indicated that the records in the office were limited to reports on deaths of students as the office is involved in approving payment of the last expense, noting that Siaya County had witnessed an alarming number of deaths of students.

72. That the Edu-Afya program involved the school writing a letter to the accredited health facility to initiate the treatment process. The NHIF pays a fixed amount to the healthcare facility for outpatient services, but inpatient services may vary.
73. concerns had been raised by NHIF regarding healthcare providers camping in schools to pick up sick students. NHIF had issued a communique discouraging what was termed as commercialisation of the program under the guise of schools not having transport to take sick students to the health facilities. Further, sensitization was done through forums involving parent associations and healthcare providers. The CDE also sensitised school heads in their management meetings and NHIF workshops.
74. That most schools preferred using private healthcare providers over public healthcare facilities in the Edu-Afya program.

Submissions by the Principal, Ng'iya Girls

75. That all the 2173 students were enrolled in the NEMIS but some of them were not in the Edu-Afya program. The registration challenges in the program and biometric identification at the hospital occasioned a challenge when seeking treatment under Edu-Afya. The circular issued by NHIF, and the Ministry of Education was not clear on the matter.
76. The school releases students to contracted accredited healthcare facilities and the students can access the services from any hospital when they are at home. However, there were cases of students being denied access to treatment when they were on holiday.
77. The insurance system was not streamlined as some parents had to follow up with the principal when the students were at home whenever the UPI system failed to identify students.
78. The students' treatment for outpatient was capped at Kshs. 1,000 and Kshs, 6,000 for inpatient, hence parents were called upon to top up extra charges incurred.
79. The biometric system of identification at the health facilities had technical challenges occasioning unnecessary delays, especially for students who needed urgent medical attention.
80. The government needed to allow schools with the capacity to provide medical and treatment services within the school.

Submissions by the Administrator, Ng'iya Health Centre

81. The treatment procedure began with a letter of introduction from the school presented by the student together with a clinical card issued by the health centre indicating the particulars of the student.
82. The students were checked in the UPI system. Sometimes there were fingerprint mismatches and challenges occasioned by students with NEMIS but not appearing in the Edu-Afya program. The hospital offered services regardless of the NEMIS activation and incurred the cost as NHIF only paid for the students in the biometric system.
83. The hospital was NHIF accredited. A student was allowed to visit the facility anytime, but the outpatient cover was capped at Kshs. 1000 per student while inpatient services vary and are capped at Kshs. 6000. If charges incurred were more than the capitation, parents paid extra charges depending on the services offered by a health facility. For instance, additional charges on medical equipment for surgery.
84. The mission/faith-based healthcare providers and government facilities were not paid in good time by NHIF for services covered under the Edu-Afya Scheme. For instance, Ng'iya Health Centre was owed up to Kshs. 6 million.
85. The NHIF sometimes rejected claims made by the hospital for students who had finished school and were no longer in the system but received treatment services during their time at school.
86. There were so many claims pending in the system that had not been worked on. The delays were occasioned by the claims committee and the Quality Assurance Officer
87. In 2021 (Jan-May) the manual system of handling claims allowed for quicker payment but after automation from June-December, 2021, the process was challenging.
88. During the holidays, the students could access treatment using birth certificates.

Submissions by the NHIF Regional Office in Siaya

89. NHIF paid claims to facilities on a first-come-first-serve basis. The regional office processed the claims and the NHIF in Nairobi determined the priority of payment for GOK, private, and faith-based or mission healthcare providers. The payment claims for Edu-Afya were paid up to April 2023 in Siaya County.

90. Siaya County had about 200 healthcare providers accredited for the Edu-Afya Scheme.
91. Long waiting times were occasioned by the centralization of the system based in the headquarters in Nairobi which was occasionally overwhelmed. There was need for smaller servers run by the regional offices to decentralise the service.
92. NHIF did not determine the healthcare providers chosen by a particular school as that was left for the schools to decide.
93. The NHIF relied on the information provided by the schools, healthcare facilities and the claims committee with no other supervisory body monitoring the claims office. However, hospitals found colluding with schools were deregistered.

Observations from the Site Visit

94. There was a disconnect between the parents, schools, and healthcare providers regarding the implementation framework of the Edu-Afya Medical Scheme Program. The three parties had not been sensitized enough to understand the workings of the program.
95. Systemic failure and challenges in the biometric registration at the healthcare facility affected the waiting time for treatment and general access to the services provided.
96. There were chronic delays in processing and payment of premiums by NHIF to healthcare providers especially the faith-based providers.
97. The capitation of the inpatient and outpatient services was Kshs. 1000 and Kshs. 6000 per student per visit as well as the invoicing regardless of the services offered.
98. The additional charges incurred for services offered to students were paid by parents due to the capitation by NHIF under the Edu-Afya Scheme.
99. Processing of claims at NHIF County Offices took too long due to understaffing and centralisation of NHIF processing of claims at the National Headquarters.
100. Some students captured in the NEMIS portal were not registered under the Edu-Afya Medical Scheme and hence could not access medical services when they fell sick.
101. Some medical facilities were hesitant to attend to sick students under the Edu Afya Medical Scheme due to premiums owed to them by NHIF.

PART FOUR

4. COMMITTEE OBSERVATIONS

Upon hearings from the Petitioner and other witnesses, the Committee observed that—

102. The Edu-Afya Scheme was a noble medical scheme that was envisioned to cover all students in public secondary schools across the country. However, its utilization was limited due to several challenges as the petitioner highlighted. These challenges include:
 - i.) inadequate public awareness;
 - ii.) poor registration of students under the National Education Management Information System (NEMIS);
 - iii.) limited number of NHIF-accredited facilities;
 - iv.) registration challenges at the hospitals due to numerous requirements such as birth certificates, unique personal Identification (UPI) numbers, National Education Management Information System (NEMIS) numbers and a letter from the school principal;
 - v.) system challenges such as downtime and poor internet connectivity;
 - vi.) lack of an effective monitoring and evaluation system; and
 - vii.) Medical fraud under the scheme.
103. There has been inadequate sensitization by NHIF and the MOE on the Edu Afya Scheme since its inception.
104. The parents of students incurred additional costs by seeking supplementary medical services in private hospitals due to the limited number of NHIF-accredited facilities that were adequately equipped with medical supplies.
105. Technicalities with enrolment in the NEMIS database by the MOE of all students have resulted in low uptake of the Edu Afya Scheme, for example, fingerprint mismatch and challenges occasioned by students without NEMIS.
106. The Edu Afya patient identification and billing system was often slow or non-responsive, thereby compelling parents or guardians of students under the Scheme to meet the cost of treatment due to system failures.
107. Most students in rural areas do not possess birth certificates, therefore their parents should be supported, with regards to the requirement for birth certificates, in the NEMIS registration process at the enrolment phase into the school by the relevant Ministry.

108. There was poor facilitation of students under NEMIS by the schools and the accredited health providers occasioned by the technical hitches and poor linkages between some schools and the health facilities.
109. There was limited regular monitoring and evaluation framework in place to assess the effectiveness and efficiency of the Scheme.
110. There was the likelihood of medical fraud in the Scheme as NHIF did not have sufficient checks and balances or the capacity to protect the Scheme against medical fraud.
111. Some expenditures made under the Edu-Afya scheme were questionable, for instance, the claims and funds disbursed per county for the period January to December 2021 to Homa Bay, Siaya, Kakamega, Nairobi, Bungoma, Kisumu, Kisii, Migori, Meru, Nyamira, Uasin Gishu and Nandi Counties, were disproportionately high. Further, a site visit to Siaya County indicated poor reporting of Edu-Afya scheme claims.
112. The participation and collaboration with relevant stakeholders such as the Parents' Associations, Secondary School Heads and the accredited County Public Health Facilities is inadequate. For example, most parents were not properly sensitized to the scheme.
113. Some of the accredited health providers were not paid promptly specifically for the period June to December 2021 after the automation of the claim system. For example, Ng'iya Health Centre in Siaya County, a Mission Hospital, were owed about Kshs. 6 million for the said period. This affected efficient service delivery to the students served.
114. The Edu-Afya Medical Scheme would cease to be operational following the enactment of the Social Health Insurance Act, 2023.
115. During the pendency of this petition, an order of the Court in the matter of *Aura Joseph Enock versus the Ministry of Health High Court Petition No. E473 of 2023* was issued suspending the implementation of the Social Health Act, 2023, Primary Health Care Act, 2023 and the Digital Health Act 2023.

PART FIVE

5. ISSUES FOR DETERMINATION AS PER THE PRAYERS IN THE PETITION

116. Arising from the findings and observations, the Committee makes a determination on prayers sought in the Petition as follows:

- (i) **Prayer No. 1: *to review the framework for the implementation of the Edu-Afya Scheme that will provide regular monitoring and evaluation, to address the challenges facing the scheme and ensure all students in public secondary schools benefit from the scheme.***

117. The Committee -

- a) Notes that the implementation of the Edu-Afya Scheme involves several stakeholders the Ministry of Education, the NHIF, the School Principals of public secondary schools and the parents or guardians of students.
- b) Notes without constant stakeholder consultation and engagements the scheme's utilization may remain low and a waste of public funds paid out as premiums annually.
- c) Concurs with the petitioner that there is need for transparency and periodic monitoring and evaluation of the scheme to address the challenges arising as observed by the committee.
- d) Notes that without effective monitoring and evaluation, taxpayers' money may be lost due to inadequate checks and balances, medical fraud and low uptake of the medical scheme.
- e) Notes that the proposed review of the implementation framework of Edu-Afya, should be undertaken by NHIF as the duty bearer in consultation with the Kenya Secondary School Heads Association, the National Parents Association, the Ministry of Education and the Ministry of Interior and the National Administration, the Council of Governors and any other stakeholders.
- f) Notes that the proposed review of implementation should provide solutions for the key challenges under the scheme as raised by the petitioner, including sensitization of the public especially school principals and parents, registration and system challenges and creating a transparent consultative evaluation mechanism.

(ii) Prayer No. 2: to recommend the establishment of clinics within public secondary schools, to initiate the employment and deployment of qualified, registered and licensed medical personnel in schools under the fund, to ensure that students optimally benefit from the scheme.

118. The Committee -

- a) Notes from the proposal that the function of health is devolved to the County Government under the fourth schedule of the Constitution. Therefore, Parliament cannot recommend that NHIF deploy medical personnel to schools, as the mandate of NHIF is to provide medical insurance.
- b) Notes that NHIF should engage the County Executive Committee Members in charge of Health to strengthen their network and collaboration to enhance their service delivery as regards medical service provision to students under the Edu-Afya Scheme.
- c) Notes the proposal has financial or budgetary implications to county governments in terms of infrastructure expense of constructing the clinics within the schools and medical supplies and human resource expenditure.
- d) Notes that the proposal may not remedy all the challenges facing the Edu-Afya scheme.
- e) Concurs with the stakeholder submissions that the solution lies with the utilization of the nearest NHIF-accredited facilities and streamlining the registration process at the hospital. The facilities should also be equipped with the necessary medical supplies for effective service delivery.
- f) Notes that NHIF should increase their accredited facilities to provide for at least one well-equipped accredited health facility in every ward.

PART SIX

6. COMMITTEE RECOMMENDATIONS

119. Pursuant to the provisions of Standing Order 227, the Committee recommends –

1. On the proposal to review the framework for the implementation of the Edu-Afya Scheme that will provide regular monitoring and evaluation, to address the challenges facing the scheme and ensure all students in public secondary schools benefit from the scheme. The Committee recommends that **the proposal should be adopted to the extent that NHIF is directed to report to the House within six months specifically on the implementation of the Edu-Afya medical scheme after a consultative forum with stakeholders such as Kenya Secondary School Heads Association, National Parents Association, Ministry of Education and the Ministry of Interior and National Administration, Ministry of Health and the Council of Governors.**

The report should address the challenges *inter alia* of registration of students in NEMIS and at the hospitals and the deterrence measures taken up to avoid possible medical fraud, under the scheme. The report should also indicate the consultative monitoring and evaluation measures to be utilized by NHIF on the Edu-Afya Scheme. Lastly, the report should indicate a program of proposed public engagements by NHIF to create awareness of the Edu Afya Medical Scheme, for the next three years.

2. On the proposal to recommend the establishment of clinics within public secondary schools, to initiate the employment and deployment of qualified, registered and licensed medical personnel in schools under the fund, to ensure that students optimally benefit from the scheme. The Committee **is of the view that the proposal will have financial implications on the fund and extend the mandate of the insurance scheme to employ medical personnel. The scheme should utilise the nearest accredited facilities.**

120. The Committee also recommends that: -

3. **A special forensic audit under the Public Audit Act be undertaken on the claims and payments in the Scheme since its inception in 2018 with a special focus on the counties mentioned namely Homa Bay, Siaya, Kakamega, Nairobi, Bungoma, Kisumu, Kisii, Migori, Meru, Nyamira, Uasin Gishu and Nandi Counties;**
4. **NHIF develops medical cards for students covered under the Edu-Afya Scheme;**
5. **The Ministry of Education to ensure all secondary school students are enrolled under NEMIS to benefit from the Edu-Afya Scheme;**
6. **NHIF increases the number of accredited government facilities, especially by having at least one equipped accredited health facility in every ward;**
7. **NHIF, Ministry of Education and Ministry of Health to ensure a smooth transition and onboarding of the Edu-Afya Medical Scheme to the new Social Health Insurance arrangement; and**
8. **The Report be tabled before the House for debate.**

Signed: _____



Date: _____

21/02/2023

THE HON. NIMROD MITHUKA MBAI, M.P.
CHAIRPERSON, PUBLIC PETITIONS COMMITTEE

ANNEXURES

- Annex 1: The Adoption List
- Annex 2: Public Petition No. 01 of 2023 regarding poor implementation of Edu Afya Medical Scheme in Public Secondary Schools
- Annex 3: Minutes of the 11th Sitting held on Wednesday, 22nd March, 2023
- Annex 4: Minutes of the 20th Sitting held on Tuesday, 25th April, 2023
- Annex 5: Minutes of the 87th Sitting held on Thursday, 30th November, 2023
- Annex 6: Minutes of the 88th Sitting held on Tuesday, 5th December, 2023
- Annex 7: Email (mutheukasanga@gmail.com) forwarding Written Submissions from KEPSA dated Wednesday, 26th April, 2023.
- Annex 8: NHIF submission on Additional Information and Documentation Regarding the Public on the Public Petition Regarding Poor Implementation of the Edu-Afya Medical Scheme in Public Secondary Schools dated 28th November, 2023.





Annex 1

REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY
THIRTEENTH PARLIAMENT – SECOND SESSION – 2023
PUBLIC PETITIONS COMMITTEE

ADOPTION SCHEDULE OF THE REPORT ON CONSIDERATION OF PUBLIC PETITION NO. 01 of 2023 REGARDING IMPLEMENTATION OF EDU-AFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

DATE.....5-12-2023.....

We the undersigned Honourable Members of the Public Petitions Committee, do hereby affix our signatures to this Report on the Consideration of Public Petition No. 01 of 2023 **Regarding Implementation of the EDU-AFYA Medical Scheme in Public Secondary Schools** to confirm our approval and confirm its accuracy, validity and authenticity: -

| S/NO | NAME | SIGNATURE |
|------|--|-----------|
| 1. | Hon. Nimrod Mbithuka Mbai, M.P. Chairperson | |
| 2. | Hon. Janet Jepkemboi Sitienei, M.P. Vice Chairperson | |
| 3. | Hon. Patrick Makau King'ola, M.P. | |
| 4. | Hon. Edith Vethi Nyenze, M.P. | |
| 5. | Hon. Ernest Ogesi Kivai, M.P. | |
| 6. | Hon. John Walter Owino, M.P. | |
| 7. | Hon. Joshua Chepyegon Kandie, M.P. | |
| 8. | Hon. Maisori Marwa Kitayama, M.P. | |
| 9. | Hon. Bernard Muriuki Nebart, M.P. | |
| 10. | Hon. Bidu Mohamed Tubi, M.P. | |
| 11. | Hon. Caleb Mutiso Mule, M.P. | |
| 12. | Hon. John Bwire Okano, M.P. | |
| 13. | Hon. Peter Mbogho Shake, M.P. | |
| 14. | Hon. Sloya Clement Logova, M.P. | |
| 15. | Hon. Suzanne Ndunge Kiamba, M.P. | |

Ames



Annex 2

**REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY (SECOND SESSION)**

**CONVEYANCE OF PUBLIC PETITION
(No. 1 of 2023)**

**REGARDING POOR IMPLEMENTATION OF EDU-AFYA MEDICAL
SCHEME IN PUBLIC SECONDARY SCHOOLS**

Honourable Members, Article 119 of the Constitution accords any person the right to petition Parliament to consider any matter within its authority. Further, Standing Order 225(2)(b) requires the Speaker to report to the House any Petition other than that presented by a Member.

In this regard, **Honourable Members**, I wish to report to the House that my office is in receipt of a petition from one Ms. Joyce Cheronu of National Identification Card Number 21702217, calling on this House to intervene on the matter of implementation of the *Edu-Afya* Medical Scheme for students in public secondary schools by the Ministry of Education.

The Petitioner, a practicing nurse who claims to be the brainchild behind the idea, claims that since the Scheme was rolled out in 2018 to enable students in public schools to access affordable and quality healthcare under the National Hospital Insurance Fund (NHIF) cover, utility of the Scheme is yet to be optimized.

She associates poor implementation of the *Edu-Afya* Scheme to various challenges. First, the Petitioner claims that technicalities with enrolment by the Ministry of Education of all students in the National Education Management Information System (NEMIS) database from which the *Edu-Afya* Scheme obtains students' data has resulted in low uptake of the Fund.

Honourable Members, the petitioner adds that the system which runs *Edu-Afya* patient identification and billing are often slow or non-responsive, thereby compelling parents or guardians of students under the Scheme to meet the cost of treatment due to system failures. The Petitioner is concerned that the Ministry of Education and other relevant stakeholders have not undertaken public awareness of the Programme in order to encourage enrolment.


The Petitioner further alludes that the Government rolled out the Scheme without putting in place adequate infrastructure and medical personnel in public schools to offer consultation and referral services. She also claims that there were no monitoring and evaluation framework in place to assess effectiveness of the Programme.

Honourable Members, the petitioner is afraid that if intervention is not made towards ensuring that the programme is optimally implemented, the gains envisaged from the Scheme will be lost.

The Petitioner therefore prays that the National Assembly through its Public Petitions Committee: -

- 1) Causes the relevant ministries to urgently review the framework for implementation of *Edu-Afya* Medical Scheme to provide regular monitoring and evaluation that addresses challenges facing the programme and ensure that students in all the public secondary schools equally benefit from the *Edu-Afya* scheme;
- 2) Causes the Government to support the establishment of clinics within public secondary schools and to initiate employment and deployment of qualified, registered, and licensed medical personnel in schools under the fund to ensure that students optimally benefit from the scheme; and
- 3) Makes any other order that it deems fit in the circumstances of this Petition.

Honourable Members, having determined that the matters raised by the Petitioner are well within the authority of this House, I order that, pursuant to the provisions of Standing Order 227(1), this petition be committed to the Public Petitions Committee. The Committee is required to consider the petition and report its findings to the House and the Petitioner in accordance with Standing Order 227(2).

 **I thank you!**
THE RT. HON. MOSES WETANG'ULA, EGH, MP
SPEAKER OF THE NATIONAL ASSEMBLY

Date.....



REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY

MINUTES OF THE ELEVENTH SITTING OF THE PUBLIC PETITIONS COMMITTEE
HELD ON TUESDAY, MARCH 22, 2023, IN COMMITTEE ROOM ON THE FIFTH
FLOOR, CONTINENTAL HOUSE AT 10:00 AM

PRESENT

1. Hon. Nimrod Mbithuka Mbai, M.P. - Chairperson
2. Hon. Ernest Ogesi Kivai, M.P.
3. Hon. John Bwire Okano, M.P.
4. Hon. Sloya Clement Logova, M.P.
5. Hon. John Walter Owino, M.P.
6. Hon. Edith Vethi Nyenze, M.P.
7. Hon. Maisori Marwa Kitayama, M.P.
8. Hon. Joshua Chepyegon Kandie, M.P.
9. Hon. Peter Mbogho Shake, M.P.
10. Hon. Suzanne Ndunge Kiamba, M.P.+

APOLOGIES

1. Hon. Janet Jepkemboi Sitienei, M.P. - Vice Chairperson
2. Hon. Patrick Makau King'ola, M.P.
3. Hon. Bidu Mohamed Tubi, M.P.
4. Hon. Caleb Mutiso Mule, M.P.
5. Hon. (Eng.) Bernard Muriuki Nebart, M.P.

IN-ATTENDANCE

PETITIONERS IN THE PUBLIC PETITION REGARDING IMPLEMENTATION OF
EDU-AFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

1. Ms. Joyce Cherono - Petitioner
2. Dr. Paul Chirchir - Petitioner

SECRETARIAT

1. Mr. Samuel Kalama - Principal Clerk Assistant II
2. Ms. Miriam Modo - Clerk Assistant II
3. Mr. Shadrack Omondi - Legal Counsel II
4. Ms. Patricia Gichane - Legal Counsel II
5. Mr. Martin Sigei - Research Officer III
6. Ms. Lilian Mburugu - Media Relations Officer
7. Mr. Yeziel Jilo - Serjeant-At-Arms

8. Ms. Rahab Chepkilim - Audio Officer II

MIN./PPETC/2023/69: PRELIMINARIES

The Chairperson called the meeting to order at 10.30 a.m. and prayers were said by the Hon. Joshua Chepyegon Kandie, M.P

MIN./PPETC/2023/76: ADOPTION OF AGENDA

The Meeting was taken through the Agenda as follows: -

1. Prayer
2. Adoption of the Agenda
3. Confirmation of minutes of Previous Sittings
4. Matters Arising
5. **Consideration of the Public Petition regarding implementation of Edu-Afya Medical Scheme in Public Secondary Schools**
 - i. *Meeting with the Petitioner, Ms. Joyce Cherono*
 - ii. *Meeting with the Chief Executive Officer, National Health Fund*
6. Any other Business
7. Adjournment & Date of Next Meeting

Thereafter, the Proposed Agenda of the Meeting was adopted to constitute business of the Meeting having been proposed by the Hon. John Walter Owino, M.P. and seconded by the Hon. Hon. Sloya Clement Logova, M.P.

MIN./PPETC/2023/77: CONFIRMATION OF MINUTES OF PREVIOUS SITTINGS

There were no minutes to be confirmed.

MIN./PPETC/2023/78: MATTERS ARISING

There were no matters arising.

MIN./PPETC/2023/79: CONSIDERATION OF THE PUBLIC PETITION REGARDING IMPLEMENTATION OF EDU-AFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

Brief on the Petition (as annexed)

The Research officer was briefed as follows-

Background

The Petitioner Ms, Joyce Cherono calls on the attention of the House to intervene on the poor implementation of Edu-Afya Medical Scheme in Public Secondary Schools by the Ministry of Education. The Petitioner avers that the scheme which was enrolled in 2017 to enable students in

public schools' access affordable and quality healthcare under the National Hospital Insurance Fund (NHIF) cover are not benefitting due to the poor implementation framework and challenges. Some of the challenges include enrolment of all students to the National Management Information System (NEMIS) which has resulted to low uptake of the fund, billing experiences failures, lack of public participation and awareness and lack of monitoring and evaluations among others.

How the Scheme Works

The Committee was informed that the Scheme offers comprehensive medical insurance cover to students in public secondary schools registered under the National Education Management System (NEMIS). To access the services, the student shall present:

- i.) NHIF Membership Card or incase the student is yet to receive a Membership Card);
- ii.) The student shall present a letter written and duly endorsed by the school principal or designate.

The Programme, in accordance with the Civil Servants Scheme, includes outpatient services, inpatient services, daycare surgical services, local road ambulance and emergency air rescue services. Optical and dental benefits are covered only in public facilities as a cost containment measure. Health facilities with existing NHIF contracts are eligible to provide services to students including accredited mission, faith-based health facilities and private hospitals with exception of high-cost private facilities.

Applicable Legal Provisions

The Researcher, stated that Article 43 of the Constitution on Health provides that every person has a Right to the highest attainable standards of Health which includes the Right to Healthcare Services. Further the NHIF Act of 2012 prescribes for the provision of mechanisms of contributions to and the payment of benefits out of the Fund. The Basic Education Act of 2013 allows for the registration, governance and management of institutes of basic education to facilitate proper and uninterrupted learning processes and lastly, the Universal Health Coverage Policy ensures that everyone everywhere can access health Services where and when needed without financial hardship.

Challenges

The Researcher stated that, there have been challenges in implementing the said programmes as follows: -

- a) Enrolment of students into the NEMIS database from which Edu-Afya gets its data has been a problem brought about by lack of internet technology, lack of birth certificates for some students and low motivation by school's heads to register their students into the NEMIS portal. This had caused delays in the use of the scheme as well as low number of students enrolled as projected before commencement of the programme;
- b) Poor communication, awareness and insufficient guidelines from NHIF has deterred the effectiveness of the scheme in public secondary schools making it under-utilized despite increased budgetary allocations for health; and
- c) Providers of Edu-Afya Scheme experienced challenges in reimbursing of funds for instance receipt of partial payments without remedy to address remaining balances. This was

brought about by issues of students missing NEMIS numbers where the said students would get treatment from hospitals and payments are done at later stages. Manual claims for instance had not been paid since NHIF only accepts claims made through NEMIS.

Petitioner's Prayers

The Petitioner sought the intervention of the National Assembly through the Public Petitions Committee to: -

- (i) cause the relevant ministries to urgently review the framework for implementation of *Edu-Afya* Medical Scheme to provide regular monitoring and evaluation that addresses challenges facing the programme and ensure that students in all the public secondary schools equally benefit from the *Edu-Afya* scheme;
- (ii) cause the Government to support the establishment of clinics within public secondary schools and to initiate employment and deployment of qualified, registered, and licensed medical personnel in schools under the fund to ensure that students optimally benefit from the scheme; and
- (iii) Make any other order that it deems fit in the circumstances of this Petition.

The Committee observed that: -

- The Petitioners be asked to provide procedural clarity in the management of the scheme so as to reduce procedural delays for participating providers and beneficiaries;
- The Ministry of Education needs to revise its policy on the Edu-Afya Programme to include the role of the principals in ensuring effective utilization of the fund. The procedure and system of enlisting students into the NHIF should be simplified to encourage utilization of the scheme.
- NHIF to conduct training and sensitization of public secondary schools targeting students, teachers and parents; and
- The Ministry of Education and NHIF needs to collaboratively liaise with stakeholders in accrediting more local health facilities to enhance proximity of access to healthcare.

MIN./PPETC/2023/80: SUBMISSIONS BY THE PETITIONER, MS. JOYCE CHERONO

The Petitioner, Ms. Joyce Cheronno submitted to the meeting as follows: -

1. Background

- (i) That Edu Afya is a comprehensive Medical Insurance Cover for public secondary schools through a contract signed between the Ministry of Education and National Health Insurance Fund (NHIF) to offer a unique comprehensive medical cover to the said beneficiaries dubbed "Edu-Afya Medical Scheme".
- (ii) That the said cover was launched to enable students to access quality health services for the duration of their studies and thereby easing the burden on their parents and/or guardians.

2. *Scope of Benefits*

- (i) That, the scheme covers essential out patients' medical treatment on a comprehensive basis within the country and overseas for the beneficiary student members. Further, the cover provides for roads and air evacuation services, dental, optical, specialized services, group and personal accident, group life and last expense cover as define in the said contract.
- (ii) That, outpatient benefits package includes preventive, promotive, curative and rehabilitative health services accessed from a capitated or referred to health facility which is implemented at two levels of care namely, the general outpatient and specialized outpatient services.

3. *Benefits accruing from the package*

That, the following benefits accrue from the implementation of Edu Afya Program:-

- a) Improved learning due to reduction, disruptions caused by illness;
- b) Easing of burden on the school's administrators especially financial constraint; and
- c) Relief of burdens on the parents and guardians.

4. *Challenges faced in the implementation of Edu-Afya Program*

That, the program has faced the following challenges in its implementation: -

- (i) The programme started without the necessary structures occasioning difficulties in its implementation;
- (ii) Lack of awareness of the programme by the students, parents, teachers and the public due to lack of public participation at the initial or inception stages;
- (iii) Low enrolment by students due to lack of the National Education Management Information System (NEMIS);
- (iv) Medical facilities accredited by NHIF to attend to the students also depend on NEMIS data to identify the beneficiary students is not accessible;
- (v) Non-reimbursement of manual claims by NHIF due to the lack of NEMIS Codes; and
- (vi) Lack of confidence by most medical facilities due to non-reimbursement of claims by NHIF.

5. *Implementation of the Edu-Afya Programme*

The petitioner had the following proposals with regards to the implementing the said programme: -

- (i) government to strengthen and provide more security to the Edu-Afya Program to enhance its sustainability to relief parents from medical expenses by students;
- (ii) the National Assembly to facilitate in setting up a Joint Working Arrangement through the relevant Committee to bring together all the relevant stakeholders with a view of reviving and implementing the program;

- (iii) technical guidance and support to be surced from othet government entities such as the University of Nairobi Enterprise and Services Limited (UNES) Consultancy Firm among others; and
- (iv) putting in place a Monitoring and Evaluation Tool for effective monitoring to enhance effectiveness.

Committee concerns

The Committee raised the following concerns with regards to the presentation by the Petitioner: -

a) Mandate to coordinate the Program

The Committee sought to know the Ministry, Agency and /or body responsible for implementing and coordinating the program. The Petitioner stated that, during inception, the key institutions that were to be responsible for coordinating and implementing the program were the Ministry of Education and the NHIF.

b) Mapping of beneficiaries and criteria for selection

The Committee sought to understand the criteria to be used in mapping the beneficiaries specifically the targeted Three Million (3Million) students. The Petitioner clarified all students should be enrolled for a NEMIS number that will be used to identify them electronically.

c) Nexus between UNES and Edu-Afya Program

The Committee expressed a concern on why the petitioner proposed UNES to undertake consultancy services yet there were many other firms that if needed, would offer the said services. The Petitioner clarified that UNES is a public entity that offers consultancies to ensure implementation and for value addition. The concerned Ministries would however, be free, if need be, to seek for competitive consultancies and are not limited to UNES. As it was currently, UNES has a lot of goodwill to ensure successful implementation of the said program.

d) Compensation for beneficiaries

The Committee sought to get information on what happens when a beneficiary dies or loses life especially through an accident. A case in point was the incident where a school bus was involved in a road accident where two students lost their lives. The Petitioner explained that, if a student who is a beneficiary dies, they are supposed to claim for the Last Expense and other terminal benefits prescribed in the program. However, lack of information has been the biggest challenge.

e) Public Awareness of the Program

The Committee was worried that most relevant Agencies/Bodies and the public at large were not aware of the program and sought to know the interventions by the Petitioner to address the issue. The Petitioner responded that key stakeholder consultations should be embraced and a road map be drawn on the way forward. For instance, public sensitization on the program and putting in place structures to ensure sustainability. Periodic reviews be done progressively to monitor its implementation.

Committee Resolutions

– The Committee resolved that the following other stakeholders be invited to appear before the Committee to give their submissions to enable the Committee give proper determination on the issues raised in the petition-

- (i) The Ministry of Health;
- (ii) Kenya Private Sector Alliance (KEPSA);
- (iii) Secondary Schools Heads Association; and
- (iv) Parents Association.

MIN./PPETC/2023/81: MEETING WITH THE CHIEF EXECUTIVE OFFICER, NATIONAL HEALTH INSURANCE FUND

The meeting was informed that the Chief Executive Officer, National Health Insurance Fund had written to the Clerk of the National Assembly requesting for rescheduling of the meeting to a later date due to other exigencies.

MIN./PPETC/2023/82: ANY OTHER BUSINESS

a) **Summon of the Cabinet Secretary for Treasury**

The meeting was informed that the Summon to the Cabinet Secretary for Treasury and economic Planning to was not processed as resolved by the Committee on Thursday, 9th March, 2023 following consultations with the Office of the Clerk on . The Chair undertook to discuss the matter with the Clerk and Speaker with a view to finding a solution. However, the Committee was of the view that the Cabinet Secretary can send a representative as his non-attendance is derailing conclusion of the petition within prescribed timelines.

b) **Proposed Working Retreat**

The Committee was informed that the Clerk had approved a 4-day Working Retreat at the Windsor Gold Hotel from 23rd to 26th March, 2023 to enable the Committee conclude earmarked business which included undertaking two site visits to Cytonn Investments and the Forces Referral and Research Hospital.

c) **Programme of Activities**

The Committee directed that a status matrix on all pending petitions be prepared when the House resumes from the short recess and prominence be given to Petitions by Members.

d) **Committee Meetings**


It was proposed that time for Committee Meetings be rescheduled from 10:00am to 11:00am to allow Members attend other committee meetings.

e) **Notices of Meeting**

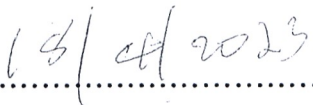
Members proposed that that Notices of Meetings to include the **Stakeholders** to appear before the Committee.

MIN./PPETC/2023/83: ADJOURNMENT AND DATE OF THE NEXT MEETING

There being no other business, the Chairperson adjourned the meeting at 12:20 p.m. The next meeting would be held on Notice.

Sign: 

(CHAIRPERSON)

Date: 

Annex 4

Thirteenth Parliament

Second Session



REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY

MINUTES OF THE 20TH SITTING OF THE PUBLIC PETITIONS COMMITTEE HELD ON TUESDAY, APRIL 25, 2023, IN THE COMMITTEE ROOM, ON THE FOURTH FLOOR, CONTINENTAL HOUSE AT 12:00 PM

PRESENT

1. Hon. Nimrod Mbithuka Mbai, M.P. - Chairperson
2. Hon. Patrick Makau King'ola, M.P.
3. Hon. Joshua Chepyegon Kandie, M.P.
4. Hon. John Walter Owino, M.P.
5. Hon. Ernest Ogesi Kivai, M.P. - Chairing
6. Hon. Maisori Marwa Kitayama, M.P.
7. Hon. Bidu Mohamed Tubi, M.P.
8. Hon. Peter Mbogho Shake, M.P.
9. Hon. (Eng.) Bernard Muriuki Nebart, M.P.
10. Hon. John Bwire Okano, M.P.

ABSENT WITH APOLOGIES

1. Hon. Janet Jepkemboi Sitienei, M.P. - Vice Chairperson
2. Hon. Edith Vethi Nyenze, M.P.
3. Hon. Caleb Mutiso Mule, M.P.
4. Hon. Suzanne Ndunge Kiamba, M.P.
5. Hon. Sloya Clement Logova, M.P.

IN-ATTENDANCE

PETITIONER ON PUBLIC PETITION REGARDING ACCESS ROADS FOR RESIDENTS OF NAROK EAST CONSTITUENCY

Hon. Aramat Lemurken, M.P.

NATIONAL HEALTH INSURANCE FUND (NHIF)

1. Dr. Samson Kuhora - Ag. Chief Executive Officer
2. Ms. Anne Kibor - Senior Assistant Manager, Enhanced Schemes

3. Ms. Evalyne Khamasi - Senior Assistant Manager, Strategy and Planning
 4. Mr. Andrew Kutto - Ag. Manager, Enhanced Schemes

SECRETARIAT

1. Mr. Samuel Kalama - Principal Clerk Assistant II
 2. Ms. Miriam Modo - Clerk Assistant I
 3. Ms. Willis Obiero - Clerk Assistant III
 4. Ms. Patricia Gichane - Legal Counsel II
 5. Mr. Shadrack Omondi - Legal Counsel II
 6. Mr. Martin Sigei - Research Officer III
 7. Mr. Dunston Kimutai - Audio Officer

MIN./PPETC/2023/135:

PRELIMINARIES

The Session Chairperson called the meeting to order at 12.00 p.m. and prayers were said by the Hon.(Eng.) Bernard Muriuki Nebart, MP. The Members of the Committee introduced themselves after which the members of the Secretariat introduced themselves. The Petitioner also introduced himself.

MIN./PPETC/2023/136:

ADOPTION OF AGENDA

The meeting was taken through the Agenda as follows:

1. Prayer
2. Adoption of the Agenda
3. Confirmation of minutes of Previous Sittings
4. Matters Arising
5. **Consideration of Public Petition regarding Access Roads for Residents of Narok East Constituency**
 - Presentation of Legal Brief
 - Meeting with the Petitioner, Hon. Aramat Lemanken, M.P.
6. **Consideration of Public Petition regarding Funds Spent by National Government Contrary to Provisions of Article 223 of the Constitution**
 - Meeting with the Cabinet Secretary, Ministry of Interior and National Administration
7. **Consideration of Public Petition regarding Poor Implementation of Edu-Afya Medical Scheme in Public Secondary Schools**
 - Meeting with the CEO, National Hospital Insurance Fund (NHIF)
 - Meeting with Cabinet Secretary, Ministry of Health
8. Any other Business
9. Adjournment & Date of Next Meeting

Thereafter, the Proposed Agenda of the Meeting was adopted to constitute business of the Meeting having been proposed by the Hon. (Eng.) Bernard Muriuki Nebart, M.P. and seconded by the Hon. John Walter Owino, M.P.

MIN./PPETC/2023/137:

CONSIDERATION OF PUBLIC PETITION
REGARDING ROADS FOR RESIDENTS OF NAROK
EAST CONSTITUENCY

Submission by the Petitioner, Hon. Aramat Lemanken, M.P. – Member, Narok East Constituency

The Committee received presentation on from the Petitioner as follows:

The Petition

- i. That the members of Inkoirienito, Olmara, Narasha, Oltepesi and Suswa Communities have been socially and economically landlocked due to limited access roads to potential markets, health services, education facilities, and other essential services.
- ii. That the only road available for the communities runs through Hell's Gate National Park belonging to Kenya Wildlife Service (KWS) which is only opened on Mondays and Thursdays and residents must pay the management of the park access fees.
- iii. That the problem is compounded during medical emergencies when the affected persons must wait for long at the Olkaria and Narasha Gates to be granted access and this has led to loss of lives and mothers giving birth along the way to hospitals.
- iv. That sometime rogue rangers and KWS officers extort the community during movement of animals.

Prayers

The Petitioner prayed as follows:

- i. That the Committee intervenes to have the government provide an access road to directly link the affected areas and Moi South Lake Road in Naivasha.

Committee's Concerns

Availability of an alternative free access road

The Committee sought to establish the available alternative route(s) the community members use freely without being denied access. The Petitioner indicated that the alternative route that can be

used freely takes them to Suswa which is about 22 kilometres, Mai Mahiu, back to Longonot then Naivasha.

Proposed intervention

The Committee sought to establish whether the community wanted adoption of the existing private road or construction of a totally new road as an intervention. The Petitioner stated that using the current road would be cheaper than constructing a new road because its already tarmacked and it provides quicker access. Further, he proposed the road between Hell's Gate National Park and Oserian could be another option, however it is not tarmacked.

Affected population

The Committee inquired into the number of people potentially affected by the lack of access road and whether livestock were equally using the road. The Petitioner stated that between 20,000 and 30,000 people were affected including livestock moving to Northern part of Lake Naivasha.

Engaging Nakuru and Narok County governments and the stakeholders

The Committee sought to know whether there were efforts made to engage the two county governments and the management of the KWS to resolve the matter. The Petitioner stated that they were looking for permanent solutions to the problem which could only be best addressed by the National Assembly. Further, their efforts to engage with the park's management to allow access have not yielded positive results.

Protected area vs the interest of the community

The committee raised concerns that opening the road would compromise the status the area as gazetted national park. The Petitioner submitted that the communities have lived with animals without any problem hence their use of the road would not compromise the park's significance. Further, on Mondays and Thursdays, the rangers allow animals to pass without such a concern.

MIN./PPETC/2023/138:

CONSIDERATION OF PUBLIC PETITION REGARDING FUNDS SPENT BY NATIONAL GOVERNMENT CONTRARY TO PROVISIONS OF ARTICLE 223 OF THE CONSTITUTION

The Agenda was deferred.

MIN./PPETC/2023/139:

CONSIDERATION OF PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDU-AFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

Submissions by the CEO, National Hospital Insurance Fund (NHIF) on behalf of NHIF and Ministry of Health

The CEO, NHIF made submissions as follows:

Introduction

- i. That the Edu-Afya scheme was occasioned by the Government's agenda through the Ministry of Education and Ministry of Health on provision of a comprehensive insurance cover to all students in public secondary schools.
- ii. That the scheme started in May 2018, and it was administered by NHIF to include outpatient, inpatient, surgical, oncology, radiology, renal dialysis, optical, dental, overseas treatment, emergency ambulance and air rescue.
- iii. That further the program included benefit package of group personal accident group life and last expense.

Enrollment of students

That the registration of students is automated and seamless as it used data from the National Education Management Information System (NEMIS) which were integrated into the NHIF system for students. The NEMIS registration requires student's biodata and parents' details.

Access to services by students

That the students could access the services in NHIF contracted health care providers across the country by providing a letter of introduction from the school principal when the school is in session and a birth certificate and a NEMIS number when students are away from school. That all providers use the NHIF portal to identify Edu Afya beneficiaries and for billing.

Sensitization, Monitoring and Evaluation

- i. That the NHIF in liaison with the MoE have conducted several sensitization exercises of stakeholders through structured meetings, mainstream media, informational materials, and social media.
- ii. That some of the stakeholders engaged are school principals, teachers, National Parents Association representatives, relevant government officials, TSC officers, healthcare providers, among others.
- iii. That the monitoring and evaluation exercise were done jointly by MoE and NHIF annually through meetings of stakeholders to get feedback on the scheme and areas of improvement.

- iv. That survey is conducted through questionnaires filled in by school principals, health care providers, parents, and students. That the last monitoring and evaluation was done in September and October 2022. That periodic performance reports on Edu Afya are done by NHIF and shared by MoE.

Summary reports for Edu Afya 2018-2022

That a summary report on the performance of the scheme between 2018-2022 indicating the number of claims per county. That the NHIF was conducting surveillance to establish that the highest claims are only due to the high number of registered students.

Members Concerns

Reimbursement plan during emergencies

The Committee sought to establish why NHIF applied the claim model of compensating parents instead of paying at the service provision especially in emergency scenarios. The CEO indicated:

- That there were before and after discharge services. That, ambulance services are centrally procured from a provider with access across the country who bills the funds after service provision.
- However, for outpatient or admission visits, the hospital raises the claim which is settled by the fund. That a declared guardian in the NEMIS portal claims for a last expense which is paid later.

The Committee also sought to understand why the scheme could not allow reimbursement of postmortem and mortuary expense to be paid earlier. The CEO stated that:

- The NHIF takes that as a recommendation worth exploring but currently it is covered under the last expense paid within 48 hours.
- There seems to be a gap between the last expense claim and the settling of hospital bills which NHIF was ready to engage and address.

Funding of the scheme

The Committee sought to know who pays the premiums and whether the scheme was funded directly from the National Treasury or through the MoE and how long the fund takes to settle claims. The CEO stated that:

- The premiums are paid by MoE every term which were up to date.
- For reimbursement to the health providers, a period of 90 days is provided for, but valid claims are normally paid within 30 days despite some instances of delays.
- The last expense reimbursement is paid within 48 hours once all the details have been submitted.

- The students could also access healthcare as dependents of a member of NHIF.

Corruption concerns

The Committee sought to establish whether fraud could have contributed to the high number of beneficiaries in some counties and the breakdown of beneficiaries.

The CEO indicated:

- That while high amounts paid was linked to high number of patients, NHIF was not ruling out fraud hence they had put in place surveillance visits to establish the facilities, schools, services accessed, period and whether there are repetitions.
- With regards to the breakdown of the beneficiaries, the CEO indicated that the data could be established through the NEMIS number register.

The Committee also asked whether NHIF had the capacity to unravel corruption through their surveillance system considering the complexities involved. The Committee asked for the statistics on fraud cases already unraveled since inception of the scheme, actions taken and whether there were other checks and balances to ensure there is no mismanagement.

On capacity to unravel fraud and other checks and balances, the CEO indicated:

- That NHIF surveillance is not optimum to pick all the issues but there was a plan based on ICT support to improve, but there is a roadmap for digitization being presented for financing. Further, there is a cohort of quality assurance officers who interrogate claims based on clinical treatments.
- That other system checks such as permit identification of the member through fingerprint scanners during access help prevent fictitious claims and identity theft.
- That prior authorization system allows the system to link the management of a case to a specific patient to avoid hospitals defrauding the system.
- That desktop reviews during monitoring and evaluation generate findings shared by the MoE to act against principals who engage in fraud and the NHIF acts against hospitals misusing the scheme. The NHIF suspends and investigates the suspected hospitals through targeted surveillance and acts against the NHIF staff found culpable.
- That NHIF was engaging other government agencies like the DCI in the investigations.

The Committee sought to know how the scheme prevents double billing where the hospital charges both the parent and the fund. The CEO stated:

- That NHIF cannot entirely address medical fraud but selfcare platforms assist members to communicate to the fund through a call center to report.

Admissibility of students

The Committee sought to establish whether the students under the scheme are admissible in any NHIF approved facility and why a student is required to have a principal's letter whereas NEMIS number is available. Regarding admissibility, the CEO stated that all registered students were admissible to all hospitals as long as they had a contract, and the list of hospitals was available on the NHIF website.

Service providers

The Committee sought to know the list and the procedure for identifying service providers for the scheme.

The CEO indicated:

- That the requirements which are posted on the website include the minimum documents that a hospital needs to have include registration by relevant licensed body such as Medical Practitioners and Dentist Council, National Cancer Institute depending on the services sought.
- That in the case of private facilities, certificates of ownership and incorporation are required.
- That further, the facility is required to conduct a self-evaluation using an assessment tool available on the NHIF website. Thereafter, a verification visit is done by the branch whether the assessment provided is actual.
- That all the data is collated and forwarded to the board for approval, gazettelement and issuance of contract to qualified providers.

Public participation and awareness creation

The Committee sought to know whether proper public participation was conducted to sensitize stakeholders.

The CEO indicated as follows:

- That NHIF was scaling up public engagements through teachers' forums, social media, print media to inform the public what the members are entitled to.
- That monitoring and evaluation platforms and sensitization platforms are shared with the MoE to analyze utilization trends.

Utilization of services in government facilities

The Committee inquired why most beneficiaries preferred private facilities over government facilities. The CEO indicated that there are challenges as far as utilization of services in government facilities because of inconsistencies occasioned by industrial action or lack of enough supplies. The NHIF has been engaging CoG in different forums to facilitate direct investments into government facilities to improve uptake of the services.

Students enrolled into the Edu Afya scheme

The Committee inquired about the total number of students enrolled in the scheme. The CEO indicated that the system has enrolled 3.36 million students. Further, the data available on the NEMIS is the same available in the NHIF database.

Committee's Way forward

The Committee resolved that NHIF provides the following further information through a written submission:

- i. The number of cases involving fraud in the Edu Afya scheme for the schools and NHIF staff.
- ii. Summary of activities done on Edu Afya for the past three years.
- iii. Financial statements for Edu Afya scheme in terms of the funds received from the Ministry and the funds paid out to beneficiaries.
- iv. Summary reports on how payouts were done per county.

MIN./PPETC/2023/140: ADJOURNMENT AND DATE OF THE NEXT MEETING

There being no other business, the Chairperson adjourned the meeting at 2:15 p.m. The next meeting would be held on Tuesday 25th April 2023 at 10.00 a.m.

Sign:

(CHAIRPERSON)

Date..... 11.05.2023





REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY

MINUTES OF THE 87TH SITTING OF THE PUBLIC PETITIONS COMMITTEE HELD ON THURSDAY, NOVEMBER 30, 2023, IN THE LOUNGE AT THE RESTAURANT IN THE NEW WING, MAIN PARLIAMENT BUILDINGS, AT 10.00 A.M

PRESENT

- | | | |
|---------------------------------------|---|----------|
| 1. Hon. Ernest Ogesi Kivai, M.P. | - | Chairing |
| 2. Hon. Joshua Chepyegon Kandie, M.P. | | |
| 3. Hon. John Walter Owino, M.P. | | |
| 4. Hon. Bidu Mohamed Tubi, M.P. | | |
| 5. Hon. John Bwire Okano, M.P. | | |
| 6. Hon. Sloya Clement Logova, M.P. | | |

APOLOGIES

- | | | |
|---|---|------------------|
| 1. Hon. Nimrod Mbithuka Mbai, M.P. | - | Chairperson |
| 2. Hon. Janet Jepkemboi Sitienei, M.P. | - | Vice Chairperson |
| 3. Hon. Patrick Makau King'ola, M.P. | | |
| 4. Hon. Maisori Marwa Kitayama, M.P. | | |
| 5. Hon. Edith Vethi Nyenze, M.P. | | |
| 6. Hon. Peter Mbogho Shake, M.P. | | |
| 7. Hon. (Eng.) Bernard Muriuki Nebart, M.P. | | |
| 8. Hon. Suzanne Ndunge Kiamba, M.P. | | |
| 9. Hon. Caleb Mutiso Mule, M.P. | | |

SECRETARIAT

- | | | |
|-----------------------|---|------------------------|
| 1. Ms. Ahmed Kadhi | - | Senior Clerk Assistant |
| 2. Mr. Willis Obiero | - | Clerk Assistant III |
| 3. Mr. Martin Sigei | - | Research Officer III |
| 4. Mr. Kelvin Lengasi | - | Audio Officer |

IN ATTENDANCE

MINISTRY OF TOURISM AND WILDLIFE

- | | | |
|----------------------------|---|--------------------------------------|
| 1. Hon. (Dr.) Alfred Mutua | - | Cabinet Secretary |
| 2. Ms. Sylvia Museiya | - | PS, State Department for Wildlife |
| 3. Dr. Erastus Kanga | - | DG, KWS |
| 4. Prof. Fredrick Irava | - | Adviser to the CS |
| 5. Prof. Charles Musyoki | - | Director, KWS |
| 6. Dr. Richard Chepkwony | - | Director, PHWC |
| 7. Mr. Johanna Tonui | - | Director, Wildlife Services |
| 8. Mr. Samuel Tokome | - | Deputy Director, Community Relations |
| 9. Ms. Grace Nzale | - | Assistant Director |
| 10. Mr. Hashim Rashid | - | Senior Warden |

NATIONAL HOSPITAL INSURANCE FUND

- | | | |
|-----------------------|---|---|
| 1. Mr. Elijah Wachira | - | Chief Executive Officer |
| 2. Mr. Hazel Koitaba | - | Director of Beneficiary and Provider Management |
| 3. Mr. Benard Njenga | - | Manager, Finance |
| 4. Ms. Anne Kibor | - | Senior Assistant Manager, Enhanced Schemes |
| 5. Mr. Andrew Kutto | - | Ag. Manager Enhanced Schemes |
| 6. Mr. Pariken Sankei | - | Director, Internal Audit |

COMMUNICATION AUTHORITY OF KENYA

- | | | |
|---------------------------|---|---|
| 1. Mr. Christopher Wambua | - | Ag. Director General/CEO |
| 2. Mr. Alfred Ambani | - | Deputy Director, Multimedia Services |
| 3. Mr. George Nyamwitha | - | Ag. Deputy Director, Corporation Secretary & Legal Services |
| 4. Mr. Gufu Bonchale | - | Principal Officer, Cyber Security |
| 5. Ms. Caroline Muriangi | - | Personal Assistant to the Director General |

MIN./PPETC/2023/541:

PRELIMINARIES

The Chairperson called the meeting to order at 10:00 a.m. and proceedings began with prayers by Hon. John Walter Owino, M.P.

MIN./PPETC/2023/542:

ADOPTION OF AGENDA

AGENDA

1. Prayer
2. Adoption of the Agenda
3. Confirmation of minutes of previous sittings
4. Matters Arising
5. **Consideration of Public Petition Regarding Access to National Parks by Livestock Grazers During Drought**
 - *Meeting with CS, Ministry of Tourism and Wildlife*
6. **Consideration of Public Petition Regarding Poor Implementation of Edu-Afya Medical Scheme in Public Secondary School**
 - *Meeting with the CEO of NHIF*
7. **Consideration of Public Petition Regarding Banning of TikTok in Kenya**
 - *Meeting with the Data Protection Commissioner*
 - *Meeting with the Communication Authority of Kenya*
8. Any Other Business
9. Adjournment

The Agenda of the Meeting was adopted to constitute business having been proposed by Hon. John Bwire Okano, M.P. and seconded by Hon. Sloya Clement Logova, M.P.

MIN./PPETC/2023/543:

CONFIRMATION OF MINUTES OF PREVIOUS SITTINGS

The Agenda was deferred.

Meeting with CS, Ministry of Tourism and Wildlife

- i.) The CS, Ministry of Wildlife and Tourism Hon. (Dr.) Alfred Mutua and the Director General of Kenya Wildlife Service, Dr. Erastus Kanga appeared before the committee and submitted that allowing livestock into the parks without proper guidelines would amount to risks including transmission of zoonotic diseases.
- ii.) The Committee sought further clarification from the Ministry on the following issues: -
 - a) The illegal charges by KWS on herders caught with cattle in the park and commercialization of the issue.
 - b) The lack of regulations and guidelines to access the national parks.
 - c) Detainment of both the herders and their livestock.
 - d) The utilization of the compensation charges collected by KWS.
 - e) How the compensation charges were arrived at.
 - f) Safety of the livestock held in the holding grounds under the custody of KWS.
- iii.) The CS requested the Committee to allow the Ministry one week to caucus and respond to the issues raised comprehensively. Further, a team was already working on the regulations on access to the national parks to allow for coexistence and the proposals would be brought to the National Assembly for ratification once finalized.
- iv.) Regarding the safety of the livestock in the holding grounds, the DG, KWS stated that they allowed the cattle to graze while in detention, and the animals were only held as evidence as the herders often flee once they encountered KWS officers. The Ministry stated that the long-term solution would be the provision of services to the communities living around the parks, for example, the provision of water pans to enable livestock to access pasture and water outside the park.
- v.) Regarding the delay in KWS compensation for the destruction meted out by wildlife on the people, the CS stated that the Ministry was working on ways of ensuring that such compensation was done in good time.

Committee Way forward

The Committee resolved that the Ministry submit within a week a comprehensive response on the following issues sought: -

- i.) The illegal charges by KWS on herders caught with cattle in the park and commercialization of the issue.
- ii.) The lack of regulations and guidelines to access the national parks.
- iii.) Detainment of both the herders and their livestock.
- iv.) The utilization of the compensation charges collected by KWS.
- v.) How the compensation charges were arrived at.
- vi.) Safety of the livestock held in the holding grounds under the custody of KWS.

Meeting with the CEO of NHIF

The CEO of NHIF Mr. Elijah Wachira appeared before the Committee and submitted as follows:

- i.) NHIF had enrolled 3,955,953 students with Kakamega County leading by 220,289 students and Isiolo County had the least number of enrolled students at 9,219.
- ii.) The analysis of premium payment per county for the Edu Afya since inception (2018-2023) indicated that Homa Bay County was leading with a total of Kshs. 1,161,318,174 and Lamu County claimed Kshs. 20,931,344. The total payment of claims was Kshs. 15,077,151,314 from 2018 to 2023.
- iii.) NHIF had implemented fraud containment measures which included investigation of suspected cases, recovery of the amounts lost, and making recommendations including suspension of an implicated health facility. According to the audit done by NHIF, twenty-seven (27) health facilities were investigated for fraud, and appropriate action was taken based on the findings.
- iv.) The NHIF provided a list of all contracted service providers accredited under the Edu Afya scheme across the country.
- v.) That the total number of students (visits) treated per year per county since inception was 7,550,365 visits.
- vi.) NHIF had put in place fraud containment mechanisms including investigations, internal and external audits, and recovery of money lost through fraud.
- vii.) NHIF had undertaken various efforts to address the issue of awareness of the Scheme among stakeholders including parents and school heads. Sensitization exercises included structured meetings, mainstream media, newspapers, informational materials, and social media.
- viii.) That the design for monitoring and evaluation developed by NHIF was available to ensure the effectiveness of the scheme.
- ix.) Regarding tender advertisement, evaluation, reports, and minutes, the Edu Afya cover was procured by the government through the Ministry of Education on a Government-to-Government basis.
- x.) The NHIF provided a breakdown of the total amount of money paid to the Scheme and claims successfully paid.
- xi.) The Edu Afya Scheme had been seamlessly integrated into the NHIF organizational structure with a clear delineation of roles and responsibilities across different directorates and departments. The integration ensured that all functions aligned with the broader mission and were executed efficiently.

Committee Concerns

- i.) **Regarding the justification for high premiums paid to certain counties**, the CEO indicated that the registration of students in the system was done by the Ministry of Education. The trends had triggered NHIF to conduct audits, especially in the Western region where about 60 hospitals were investigated. The audit established that inadequate documentation that supports student visits was common as well as induced demands by certain hospitals. Further, preliminary findings revealed a possibility of disease incidents such as the prevalence of Malaria in the Western region occasioning more visits by students.
- ii.) **Regarding the fate of Edu Afya under the transition of NHIF to the Social Health Authority**, the CEO clarified that the Social Health Insurance Act of 2023 had provided that all enhanced schemes would no longer be the mandate of the new Authority. Therefore, NHIF would run down the contract with the Ministry of Education under Edu Afya and the Ministry would find another provider. The new authority would only offer social health insurance schemes, primary health insurance funds, and critical emergency funds as provided for in the Act.
- iii.) **As to whether there could be instances of undetected fraud in the Scheme**, the CEO stated that the Fund was always reviewing its monitoring and evaluation framework. However, it was not possible to rule out fraud in totality as some fraudsters were constantly coming up with new ways hence the commitment by NHIF to constantly review and innovate ways of recovering funds lost and blocking the loopholes. Since there was inadequate quality assurance, the Fund was using technology to address the challenges leading to fraud. For instance, using electronic data management systems instead of shipping data manually to the head office.
- iv.) **Regarding the discrepancies in the payment of premiums to private, public, and mission hospitals**, the CEO stated that the payment of premiums to service providers was based on first come first served. The payments were made in real-time, and all payments had been done up to the first week of October 2023.
- v.) **Regarding parents paying additional costs above the amount paid by NHIF**, the CEO indicated that that was an irregularity and ought not to have happened.
- vi.) **The Committee inquired about how the NHIF dealt with outbursts in claims or underwhelming claims and the sustainability of the Scheme**. The CEO stated that the program depended on pulling resources together. However, surplus funds were put in short-term investments for reuse since diseases were unpredictable. Surplus funds were also used in other NHIF products.
- vii.) **Regarding the last expense cover**, the CEO indicated that the Fund had endeavoured to pay the last expense as quickly as possible to help with the funeral expenses. Any delays in payment of the last expense were erroneous and not acceptable.

The Ag. The Director General/CEO of the Communication Authority of Kenya appeared before the Committee and submitted as follows:

The impact of banning TikTok in Kenya

The emergence of a “splinternet”

That the ban on TikTok would contribute to the emergence of a 'splinternet,' a scenario where the global internet becomes more fragmented which would limit access to global social media platforms and set a precedent for increased government control over the internet within national borders. Further, it could hinder the free flow of information and ideas across borders, potentially isolating Kenyan internet users from the global digital landscape.

Inhibiting competition and innovation

The banning of TikTok would curtail the innovative space for local content creators, limiting the emergence of fresh and engaging content hence inhibiting competition and stifling innovation within the country's digital realm. The ban's impact on the digital economy in Kenya is another consideration, potentially affecting entrepreneurs, content creators, and digital marketers who rely on platforms like TikTok for their livelihoods. Users who appreciate TikTok's unique features may shift to alternative platforms, impacting the strategies and business models of local hustles in Kenya.

Violating freedom of expression.

Banning TikTok in Kenya would encroach upon the constitutional right to freedom of expression as outlined in Article 33 which guarantees every Kenyan citizen the right to freely seek, receive, and impart information or ideas. Banning TikTok would limit citizens' access to a popular digital space and be seen as restricting their right to freely share thoughts, opinions, and artistic creations.

Regulation of TikTok

That the regulation of TikTok as opposed to a complete ban would be beneficial to the sector as well as the citizens of Kenya. Regulation would maintain access to global social media platforms, which would enhance the free flow of information and ideas across borders, enabling Kenyan internet users to be competitive in the global digital landscape. The CAK made the following proposals: -

- i.) Strengthening the role of the Communications Authority of Kenya in regulating new and emerging technologies. There was a Kenya Information and Communications (Amendment) Bill, 2023 which was before the Ministry of Information, Communications, and the Digital Economy.
- ii.) The Kenya Film Classification Board (KFCB) could contribute towards ensuring that the TikTok content conforms to Kenya's culture, moral values, and national aspirations and more importantly, to protect minors from exposure to inappropriate content, since the TikTok

service could be considered a film distribution service, hence within KFCB mandate of regulating distribution of audio-visual content in Kenya.

- iii.) The Office of the Data Protection Commissioner had a critical role to play in ensuring the personal data of Kenyans is well protected. This could include adopting an approach akin to Turkey where they require social media platforms to appoint a local representative in the country, to store the user data of Turkish citizens within the country, and to obey local court orders to remove offensive content within 48 hours; otherwise, they would face a heavy fine and a de facto ban.
- iv.) Encouraging data localization measures would ensure that certain categories of sensitive data were stored within the country. That added an extra layer of protection and control over the data, reducing the risk of unauthorized access from external entities.
- v.) Compelling TikTok to establish a local presence in Kenya and preferably operate a subsidiary with local ownership in line with the approach attempted by the United States. That would better serve data privacy and national security interests and enforcement. However, it would be challenging to execute given that it would require TikTok to alter its legal personality.
- vi.) Strict enforcement of fines on TikTok where its operations are non-compliant with the Data Protection Act 2019 and other relevant laws akin to what was being done by the European Data Protection Board.
- vii.) Public awareness campaigns to educate individuals about their rights regarding data privacy and security. Empower users to make informed decisions about sharing personal information online and raise awareness about potential risks.
- viii.) Use of bilateral and international diplomatic channels to adopt resolutions on the access and management of user data by foreign governments and national companies.

Conclusion

Adopting a holistic approach that combines legal, technical, and educational measures, Kenya can create a robust social media regulation framework that addresses addiction, mental health, data privacy, misinformation, child online safety, and data security concerns. This approach not only protects the rights of individuals but also fosters trust in the digital ecosystem, promoting innovation and economic growth. Social media platforms have evolved into primary channels for global connectivity, civic engagement, and individual expression, it is imperative to enhance the regulation of these influential entities.

Committee Concerns

- i.) **Regarding the role of CAK in regulating TikTok and whether the Authority was late in coming up with proposals for social media regulations**, the Ag. CEO stated that the current provisions had given the Authority a limited mandate on regulating TikTok since the regulation of social media was not within its mandate. The issues raised by the Petitioner touched on cultural and moral concerns that would be regulated by KFCB. The CEO further stated that technology was fast-paced hence regulations always tended to play catch-up because it was often difficult to anticipate the emerging technological trends.

ii.) Regarding how content creators benefited from the platform, the CEO stated that through monetization of content, many youths were making income through TikTok advertising and share agreements. Further, Kenyans were peculiarly aggressive in the adoption of ICT hence the more interest by big tech companies in Kenya.

MIN./PPETC/2023/548:

CONSIDERATION OF PUBLIC PETITION
REGARDING BANNING OF TIKTOK IN KENYA

The Agenda was deferred.

MIN./PPETC/2023/548:

ADJOURNMENT AND DATE OF THE NEXT SITTING

There being no other business, the Chairperson adjourned the meeting at 2:00 p.m. The next meeting will be held on Tuesday, 5th December 2023 at 11.00 a.m.

Sign: 
(CHAIRPERSON)

Date: 06-12-2023



Annex 6

REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY

MINUTES OF THE 88TH SITTING OF THE PUBLIC PETITIONS COMMITTEE HELD ON TUESDAY, DECEMBER 05, 2023, IN COMMITTEE ROOM 12, GROUND FLOOR, MAIN PARLIAMENT BUILDINGS, AT 12.00 P.M

PRESENT

1. Hon. Nimrod Mbithuka Mbai, M.P. - Chairperson
2. Hon. Janet Jepkemboi Sitienei, M.P. - Vice Chairperson
3. Hon. Joshua Chepyegon Kandie, M.P.
4. Hon. John Walter Owino, M.P.
5. Hon. Maisori Marwa Kitayama, M.P.
6. Hon. Bidu Mohamed Tubi, M.P.
7. Hon. Edith Vethi Nyenze, M.P.
8. Hon. Caleb Mutiso Mule, M.P.

APOLOGIES

1. Hon. Ernest Ogesi Kivai, M.P.
2. Hon. Patrick Makau King'ola, M.P.
3. Hon. Peter Mbogho Shake, M.P.
4. Hon. (Eng.) Bernard Muriuki Nebart, M.P.
5. Hon. Suzanne Ndunge Kiamba, M.P.
6. Hon. John Bwire Okano, M.P.
7. Hon. Sloya Clement Logova, M.P.

SECRETARIAT

1. Ms. Miriam Modo - Clerk Assistant I
2. Mr. Willis Obiero - Clerk Assistant III
3. Mr. Moses Mwariri - Legal Counsel
4. Ms. Lilian Mburugu - Media Relations Officer III
5. Mr. Martin Sigei - Research Officer III
6. Mr. Kelvin Lengasi - Audio Officer

MIN./PPETC/2023/549:

PRELIMINARIES

The Chairperson called the meeting to order at 12:00 p.m. and proceedings began with prayers by Hon. Bidu Mohamed Tubi, M.P.

MIN./PPETC/2023/550:

ADOPTION OF AGENDA

AGENDA

1. Prayer
2. Adoption of the Agenda
3. Confirmation of minutes of previous sittings
4. Matters Arising
5. **Consideration and Adoption of the Report on Petition No. 1 of 2023 regarding Poor Implementation of Edu-Afya Medical Scheme in Public Secondary Schools.**
6. Any Other Business
7. Adjournment

The Agenda of the Meeting was adopted to constitute business having been proposed by Hon. Joshua Chepyegon Kandie, M.P. and seconded by Hon. Sloya Clement Logova, M.P.

MIN./PPETC/2023/551:

CONFIRMATION OF MINUTES OF PREVIOUS SITTINGS

1. Minutes of the 65th Sitting held on Wednesday, 28th September, 2023 at 3:00 p.m. were confirmed as a true record of the proceeding having been proposed by Hon. Ernest Ogesi Kivai, M.P. and seconded by Hon. Maisori Marwa Kitayama, M.P.
2. Minutes of the 67th Sitting held on Wednesday, 11th October, 2023 at 11:00 a.m. were confirmed as a true record of the proceeding having been proposed by Hon. Maisori Marwa Kitayama, M.P. and seconded by Hon. Ernest Ogesi Kivai, M.P.
3. Minutes of the 85th Sitting held on Tuesday, 28th November, 2023 at 12:00 p.m. were confirmed as a true record of the proceeding having been proposed by Hon. John Walter Owino, M.P. and seconded by Hon. Bidu Mohamed Tubi, M.P.
4. Minutes of the 86th Sitting held on Wednesday, 29th November, 2023 at 12:00 p.m. were confirmed as a true record of the proceeding having been proposed by Hon. Bidu Mohamed Tubi, M.P. and seconded by Hon. Joshua Chepyegon Kandie, M.P.

MIN./PPETC/2023/552:

MATTERS ARISING

- i.) **Arising from MIN./PPETC/2023/425** of the 64th Sitting regarding Consideration of Public Petition No. 23 of 2023 on Punitive Charges Levied by the Kenya National Highway Authority, the Committee resolved as follows:
 - ✓ Undertake a site visit to sampled KENHA weighbridges including Isiolo, Mlolongo, Naivasha and Mariakani;
 - ✓ Schedule a meeting with the Kenya Transporters Association; and
 - ✓ Reinstate the Director General of KENHA.
- ii.) **Arising from MIN./PPETC/2023/537 (iv)**, the Committee resolved to undertake a site visit to Tana Delta.
- iii.) **Arising from MIN./PPETC/2023/537 (v)**, the Committee resolved to reschedule the Ministry of Foreign and Diaspora Affairs during the proposed Committee retreat.

CONSIDERATION AND ADOPTION OF THE
REPORT ON PUBLIC PETITION NO. 1 OF 2023
REGARDING POOR IMPLEMENTATION OF EDU-
AFYA MEDICAL SCHEME IN PUBLIC
SECONDARY SCHOOLS.

The Committee considered and adopted the Report on the Public Petition No. 1 of 2023 regarding Poor Implementation of Edu-Afya Medical Scheme in Public Secondary Schools with the following recommendations pursuant to the provisions of Standing Order 227:

1. On the proposal to review the framework for the implementation of the Edu-Afya Scheme that will provide regular monitoring and evaluation, to address the challenges facing the scheme and ensure all students in public secondary schools benefit from the scheme. **The Committee recommends that the proposal should be adopted to the extent that NHIF is directed to report to the House within six months specifically on the implementation of the Edu-Afya medical scheme after a consultative forum with stakeholders such as Kenya Secondary School Heads Association, National Parents Association, Ministry of Education and the Ministry of Interior and National Administration, Ministry of Health and the Council of Governors.**

The report should address the challenges *inter alia* of registration of students in NEMIS and at the hospitals and the deterrence measures taken up to avoid possible medical fraud, under the scheme. The report should also indicate the consultative monitoring and evaluation measures to be utilized by NHIF on the Edu-Afya Scheme. Lastly, the report should indicate a program of proposed public engagements by NHIF to create awareness of the Edu Afya Medical Scheme, for the next three years.

2. On the proposal to recommend the establishment of clinics within public secondary schools, to initiate the employment and deployment of qualified, registered and licensed medical personnel in schools under the fund, to ensure that students optimally benefit from the scheme. **The Committee is of the view that the proposal will have financial implications on the fund and extend the mandate of the insurance scheme to employ medical personnel. The scheme should utilise the nearest accredited facilities.**

The Committee also recommended that:

3. A special forensic audit under the Public Audit Act be undertaken on the claims and payments in the Scheme since its inception in 2018 with a special focus on the counties mentioned namely Homa Bay, Siaya, Kakamega, Nairobi, Bungoma, Kisumu, Kisii, Migori, Meru, Nyamira, Uasin Gishu and Nandi Counties;
4. NHIF develops medical cards for students covered under the Edu-Afya Scheme;
5. The Ministry of Education to ensure all secondary school students are enrolled under NEMIS to benefit from the Edu-Afya Scheme;

6. NHIF increases the number of accredited government facilities, especially by having at least one equipped accredited health facility in every ward;
7. NHIF, Ministry of Education and Ministry of Health to ensure a smooth transition and onboarding of the Edu Afya Medical Scheme to the new Social Health Insurance arrangement; and
8. The Report be tabled before the House for debate.

MIN./PPETC/2023/554:

ANY OTHER BUSINESS

Working retreat and site visit by the Committee

The Committee deliberated and resolved to plan for a working retreat during the long recess and schedule various stakeholders in order to finalize on various petitions. The Committee also resolved to schedule various site visits.

MIN./PPETC/2023/555:

ADJOURNMENT AND DATE OF THE NEXT SITTING

There being no other business, the Chairperson adjourned the meeting at 1:40 p.m. The next meeting will be held on Wednesday, 6th December 2023 at 12.00 p.m.

Sign: 

(CHAIRPERSON)

FDV

Date: 06/12/2023

Annex 7

mutheukasanga@gmail.com



M

Compose

Inbox
Starred
Sent
Drafts
More

Labels

Handle
More

REVISED KEPSA SUBMISSION Inbox x



Mutheu Kasanga <mutheukasanga@gmail.com>
to me

Apr 27

Good morning. Kindly use this version for your reference.

Many thanks

Mutheu

One attachment • Scanned by Gmail



atabo Modo <atabomodo97@gmail.com>
to Mutheu

Apr 27,

Received, thank you.

Handwritten scribbles or marks at the top left of the page.



Small, faint marks or artifacts along the right edge of the page, possibly from the binding or scanning process.



EDUCATION SECTOR BOARD
PARLIAMENT SUBMISSION

Kenya PRIVATE SECTOR PERSPECTIVE OF EDU-AFYA HEALTH SCHEME

Kenya Private Sector Alliance (KEPSA) is a limited liability membership organization set up in 2003 to bring together the business community in a single voice to engage and influence public policy for an enabling business environment.

KEPSA has a current membership of over 500,000 direct and indirect members organized through Business Associations, Corporate members and Small and Medium Enterprises (SME). The members are organized into 18 sectors for policy dialogue on the business environment and Kenya's competitiveness to spur economic growth, wealth creation and employment opportunities. The 18 sectors are Agriculture, Livestock & Fisheries; Devolution; East African Community; Education; Energy & Extractives; Environment, Water & Natural Resources and Semi-Arid; Gender and Youth Development; Information Communication and Technology; Industrialization and Enterprise Development; Land, Physical Planning and Housing; Public Finance; Security; Small to Medium Enterprise; Sports, Arts & Culture; Transport and Infrastructure; Labour; Healthcare and Tourism.

KEPSA speaks for multinationals, SMEs, MSMEs and start-ups and is a key player in championing the interests of the Kenyan business community in trade, investment and industrial relations.

To perform its mandate, KEPSA has established and institutionalized robust Public-Private Dialogue platforms that have guided engagements between the private sector and all arms of governments in Public Policy and legislation geared towards an improved business environment.

The Edu-Afya medical scheme is an initiative and partnership between the Ministries of Education and Health to provide a comprehensive health cover for secondary school students. Given that about 30% of secondary schools are boarding schools, this cover is a much needed intervention to cushion both parents and schools in the provision of healthcare to our school going youth.

EMERGING ISSUES

- 1) The on-boarding mechanism for the cover is triggered by the MoE (NEMIS). The inefficiencies of NEMIS lead to wastage and needy learners falling through the cracks. 100% transition means that all Kenyan secondary going students are entitled to this care.
Recommendation: transfer registration to a more robust system that references the NEMIS/HUDUMA number- an IT led biometric solution or a dedicated NHIF Student card to trigger access.
- 2) Edu-Afya cover is paid for via capitation, thus all learners who are excluded from capitation have no access to the Edu-Afya cover. This includes children who access education in schools run by children homes, faith based schools, urban poor in private secondary schools, children aged 14-18 in private special needs schools, children who leave government sponsorship etc
Recommendation: as this is a group cover, it is possible for the MoH and NHIF to expand the cover to these learners at the same cost. This money would be raised and paid directly to NHIF via a dedicated payment system to identify the learner. NEMIS and HUDUMA Number would continue to be referenced for tracking purposes.
- 3) Notes: the spirit of Kenya constitution of Kenya emphasizes the values that underlie an open and democratic society based on human dignity, equality, equity and freedom; and b. the spirit, purport and objects of the Bill of Rights.

Thus article 43 on the Economic and social rights notes that

1. Every person has the right-
 - a) to the highest attainable standard of health, which includes the right to health care services, including reproductive health care;

There is precedence of NHIF offering enhanced covers to Non-government entities (in itself this is problematic as it divides citizenship and equal access to services), yet NHIF has consistently kept hand picked constituencies of secondary school students from accessing the Edu-Afya health scheme. The MoE has consistently and publicly asserted that all children with Kenyan citizenship belong to the government of Kenya. MoH/NHIF can leverage on the education sector to onboard all 14-18 learners on Edu-Afya

From the above it seems that Edu-Afya inadvertently denies and excludes Kenyan citizens access to the right to access to healthcare. There are quick fixes and low hanging fruit that parliament can unlock to ensure that Kenyan learners access healthcare fairly.

Mutheu Kasanga-

On behalf of the KEPSA Education Sector Board

Annex 8



ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

Reference is made to the letter ref: KNA/DLPS/PPETC/CORR/2023/210, dated. 26th September 2023 on the above subject matter.

The additional information requested is as follows:

- i. Student enrolment per county showing evidence of highest enrolment to the least enrolment per county:

| | COUNTY | STUDENT COUNT |
|-----|----------------------|---------------|
| 1. | Kakamega County | 220,289 |
| 2. | Bungoma County | 201,017 |
| 3. | Nakuru County | 182,680 |
| 4. | Kisii County | 164,559 |
| 5. | Kiambu County | 157,520 |
| 6. | Meru County | 140,531 |
| 7. | Homa Bay County | 140,377 |
| 8. | Machakos County | 137,977 |
| 9. | Makueni County | 133,836 |
| 10. | Muranga County | 129,253 |
| 11. | Siaya County | 126,681 |
| 12. | Migori County | 121,690 |
| 13. | Kitui County | 119,137 |
| 14. | Kisumu County | 117,829 |
| 15. | Trans Nzoia County | 114,701 |
| 16. | Bomet County | 107,791 |
| 17. | Kericho County | 105,127 |
| 18. | Nandi County | 98,913 |
| 19. | Nairobi County | 91,943 |
| 20. | Kilifi County | 90,621 |
| 21. | Busia County | 85,479 |
| 22. | Vihiga County | 85,258 |
| 23. | Nyamira County | 82,124 |
| 24. | Nyeri County | 78,676 |
| 25. | Uasin Gishu County | 76,811 |
| 26. | Narok County | 70,320 |
| 27. | Nyandarua County | 66,852 |
| 28. | Embu County | 62,024 |
| 29. | Kirinyaga County | 61,586 |
| 30. | Baringo County | 57,281 |
| 31. | Tharaka-Nithi County | 55,365 |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| | | |
|-----|------------------------|------------------|
| 32. | Elgeyo Marakwet County | 52,264 |
| 33. | Kwale County | 51,826 |
| 34. | West Pokot County | 50,790 |
| 35. | Kajiado County | 48,349 |
| 36. | Laikipia County | 44,875 |
| 37. | Mombasa County | 36,415 |
| 38. | Taita Taveta County | 32,208 |
| 39. | Wajir County | 27,600 |
| 40. | Mandera County | 26,893 |
| 41. | Turkana County | 26,072 |
| 42. | Garissa County | 17,104 |
| 43. | Samburu County | 13,709 |
| 44. | Marsabit County | 12,756 |
| 45. | Tana River County | 12,004 |
| 46. | Lamu County | 9,621 |
| 47. | Isiolo County | 9,219 |
| | TOTAL | 3,955,953 |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

ii. Analysis of premium payments per county.

Eduafya Premium payment is not done per County. It is submitted centrally to NHIF by the Ministry of Education for all students in Public Secondary Schools

Payment of claims per county

The table below shows the data showing payments of claims per county starting from the highest to the least per year since inception.

| Eduafya Claims Payments 1 MAY 2018- 30 SEPT 2023 | | | | | | | | |
|--|---------------|------------|-------------|-------------|-------------|-------------|-------------|---------------|
| | COUNTY | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | Grand Total |
| 1 | HOMA BAY | 20,982,641 | 105,332,220 | 80,977,454 | 138,321,583 | 315,129,726 | 500,574,550 | 1,161,318,174 |
| 2 | BUNGOMA | 35,335,401 | 234,116,432 | 91,442,164 | 179,922,379 | 260,458,067 | 289,060,412 | 1,090,334,855 |
| 3 | KAKAMEGA | 36,451,566 | 193,044,529 | 110,852,036 | 184,012,213 | 258,996,892 | 289,747,235 | 1,073,104,471 |
| 4 | NAIROBI | 43,167,317 | 176,981,131 | 83,148,129 | 182,237,865 | 262,241,864 | 275,066,836 | 1,022,843,141 |
| 5 | SIAYA | 30,959,005 | 148,815,705 | 72,721,669 | 179,045,137 | 261,274,190 | 305,644,225 | 998,459,931 |
| 6 | KISUMU | 38,214,709 | 144,543,413 | 64,496,419 | 157,862,397 | 234,622,842 | 301,931,680 | 941,671,460 |
| 7 | KISII | 8,336,789 | 84,636,583 | 40,516,845 | 98,375,640 | 188,871,094 | 254,809,626 | 675,546,577 |
| 8 | MIGORI | 20,572,160 | 76,289,880 | 34,810,077 | 96,157,825 | 188,580,792 | 217,105,128 | 633,515,862 |
| 9 | MERU | 13,546,628 | 65,501,228 | 31,717,811 | 105,713,895 | 150,171,706 | 187,734,438 | 554,385,706 |
| 10 | UASIN GISHU | 33,424,981 | 151,312,034 | 51,385,121 | 68,338,225 | 123,443,587 | 123,689,412 | 551,593,360 |
| 11 | NYAMIRA | 2,765,410 | 22,262,150 | 22,143,158 | 86,881,086 | 139,815,088 | 148,023,500 | 421,890,392 |
| 12 | NANDI | 20,194,679 | 91,036,001 | 29,025,050 | 88,293,938 | 110,620,049 | 64,829,825 | 403,999,542 |
| 13 | KIRINYAGA | 20,323,136 | 59,177,385 | 30,137,593 | 55,113,408 | 82,927,970 | 113,472,200 | 361,151,692 |
| 14 | KERICHO | 24,975,173 | 67,119,717 | 21,194,980 | 62,054,480 | 70,487,107 | 95,563,309 | 341,394,766 |
| 15 | LAIKIPIA | 16,389,487 | 96,071,135 | 43,900,382 | 47,209,621 | 59,064,622 | 65,598,000 | 328,233,247 |
| 16 | KIAMBU | 17,878,034 | 51,974,018 | 22,292,055 | 49,232,609 | 75,691,037 | 109,351,262 | 326,419,014 |
| 17 | NAKURU | 21,514,549 | 64,284,933 | 18,832,233 | 53,147,463 | 67,028,197 | 77,440,615 | 302,247,990 |
| 18 | BOMET | 7,012,585 | 34,280,674 | 32,483,802 | 49,710,014 | 66,455,721 | 84,353,751 | 274,296,547 |
| 19 | THARAKA-NITHI | 11,116,908 | 47,190,626 | 20,777,926 | 45,836,730 | 55,683,622 | 76,489,100 | 257,094,912 |
| 20 | BUSIA | 2,343,100 | 39,060,486 | 18,986,839 | 54,523,250 | 74,450,762 | 66,972,720 | 256,337,158 |
| 21 | MURANG'A | 9,892,158 | 43,337,409 | 16,669,012 | 45,227,369 | 66,133,682 | 72,827,500 | 254,087,130 |
| 22 | NYERI | 10,556,109 | 46,991,015 | 25,397,459 | 53,840,302 | 45,816,474 | 45,130,958 | 227,732,317 |
| 23 | EMBU | 20,878,551 | 53,617,087 | 16,277,440 | 40,990,706 | 41,651,538 | 50,528,530 | 223,943,852 |
| 24 | WAJIR | 5,953,717 | 14,747,545 | 18,958,686 | 29,561,927 | 78,350,772 | 74,547,675 | 222,120,322 |
| 25 | TRANS-NZOIA | 5,864,123 | 37,496,528 | 16,837,341 | 42,270,757 | 51,355,390 | 56,559,500 | 210,383,639 |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| EduAfya Claims Payments 1 MAY 2018- 30 SEPT 2023 | | | | | | | | |
|--|-----------------|--------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----------------------|
| | COUNTY | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | Grand Total |
| 26 | KILIFI | 7,951,365 | 56,896,814 | 20,668,377 | 36,927,960 | 40,786,687 | 45,566,779 | 208,797,981 |
| 27 | VIHIGA | 3,961,218 | 29,381,579 | 15,621,880 | 34,896,447 | 56,225,792 | 63,596,380 | 203,683,296 |
| 28 | MAKUENI | 3,479,500 | 13,905,857 | 8,961,106 | 33,824,896 | 44,669,120 | 54,598,030 | 159,438,509 |
| 29 | KWALE | 4,051,640 | 26,370,118 | 10,910,135 | 36,207,705 | 45,163,707 | 15,776,675 | 138,479,980 |
| 30 | KAJIADO | 8,277,298 | 28,709,857 | 6,471,208 | 21,663,660 | 29,947,407 | 35,538,000 | 130,607,430 |
| 31 | MANDERA | 8,969,925 | 15,209,145 | 15,939,953 | 30,652,700 | 26,207,853 | 27,093,400 | 124,072,976 |
| 32 | NYANDARUA | 1,969,751 | 14,725,781 | 9,250,915 | 15,181,697 | 23,502,470 | 33,589,530 | 98,220,144 |
| 33 | BARINGO | 1,810,383 | 13,293,293 | 5,020,322 | 11,861,020 | 28,596,030 | 36,501,880 | 97,082,928 |
| 34 | ELGEYO-MARAKWET | 3,431,135 | 18,117,661 | 11,029,241 | 16,810,389 | 18,488,860 | 28,307,206 | 96,184,492 |
| 35 | MOMBASA | 655,120 | 5,285,043 | 3,369,930 | 18,911,958 | 24,791,594 | 29,104,390 | 82,118,035 |
| 36 | MACHAKOS | 2,232,821 | 7,530,614 | 4,599,841 | 13,666,024 | 22,231,656 | 29,720,177 | 79,981,133 |
| 37 | KITUI | 1,608,148 | 6,373,480 | 2,745,743 | 11,917,236 | 21,283,635 | 34,735,683 | 78,663,925 |
| 38 | GARISSA | 700,876 | 14,309,243 | 9,401,464 | 12,750,760 | 18,282,591 | 17,145,635 | 72,590,569 |
| 39 | NAROK | 4,501,864 | 8,123,071 | 4,131,026 | 12,385,431 | 19,663,182 | 19,904,200 | 68,708,774 |
| 40 | TANA RIVER | 368,961 | 2,307,166 | 1,954,000 | 8,955,095 | 28,549,430 | 22,609,500 | 64,744,152 |
| 41 | TURKANA | 2,761,635 | 6,780,572 | 3,848,939 | 8,408,888 | 10,345,970 | 19,278,466 | 51,424,470 |
| 42 | ISIOLO | 1,654,290 | 7,194,830 | 3,295,547 | 7,814,895 | 10,549,476 | 18,568,195 | 49,077,233 |
| 43 | TAITA-TAVETA | 1,510,700 | 9,886,630 | 3,451,300 | 8,582,380 | 7,785,072 | 14,079,500 | 45,295,582 |
| 44 | SAMBURU | 1,312,180 | 6,662,130 | 4,492,500 | 9,860,630 | 7,318,422 | 7,682,500 | 37,328,362 |
| 45 | MARSABIT | 1,137,819 | 4,105,428 | 1,781,600 | 4,093,770 | 6,529,550 | 14,405,100 | 32,053,267 |
| 46 | WEST POKOT | 712,500 | 2,155,400 | 1,652,750 | 3,236,780 | 6,648,095 | 9,155,149 | 23,560,674 |
| 47 | LAMU | 359,310 | 2,013,064 | 1,358,700 | 3,187,619 | 5,585,980 | 8,426,671 | 20,931,344 |
| | Totals | 542,067,352 | 2,448,556,641 | 1,165,938,158 | 2,555,678,760 | 3,832,475,370 | 4,532,435,033 | 15,077,151,314 |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

III. Matrix on fraud containment per county since inception

EDUAFYA FRAUD MATRIX

| No. | County | Name of Hospital | Period | Investigation Findings | Amount to be recovered | Internal Audit Investigation Status | Recommendation | Action taken | External Government Agencies Investigation status |
|-----|----------|------------------------|--------|---|------------------------|-------------------------------------|----------------------------------|---|---|
| 1 | Laikipia | Oljabet Medical Centre | 2023 | Abuse of Edu Afya Scheme- Forged introduction letters Demand induced treatment through unaccredited sanatoriums, Missing records. To reject 11,359 claims worth Kshs 17,023,450 from non-accredited facilities. Cause suspension of the facility. | Kshs. 946,300 | Complete | Facility suspension recommended. | Recovery of Kshs. 916,300 done balance of Kshs. 30,200. | - |
| 2 | Laikipia | Sipili Maternity | 2023 | Abuse of Edu Afya Scheme. Forged introduction letters Demand-induced treatment through unaccredited sanatoriums, Missing records. Reject 4,657 claims worth Kshs. 7,039,956. Cause suspension of the facility. | Kshs. 1,762,800 | Complete | Facility suspension recommended. | Recovery of Kshs. 1,731,687 done balance Kshs. 31,113. | Under investigation by DCI and EACC |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| No. | County | Name of Hospital | Period | Investigation Findings | Amount to be recovered | Internal Audit Investigation on Status | Recommendation | Action taken | External Government Agencies Investigation status |
|-----|--------|--------------------------------|--------|--|------------------------|--|-------------------------------------|--|---|
| 3 | Embu | Queens and Kings Hospital | 2022 | The facility pays back Kshs. 118,000 which was paid for unwarranted inpatient admissions on Edu Afya Claims. | Kshs. 118,000 | Complete | Suspension of the Edu Afya contract | Recovery of Kshs. 118,000 done. Edu Afya contract was suspended. | - |
| 4 | Embu | Chest Skins | 2022 | Failure to produce complete clinical records for services offered to Edu Afya scheme beneficiaries of 1248 claims | Kshs. 1,248,000 | Complete | Edu contract was suspended. | Recovery of Kshs. 1,248,000 yet to be done. | - |
| 5 | Embu | Kiritiri Medical Healthcare | 2022 | Failure to produce all the 2218 clinical records for services rendered | Kshs. 3,326,000 | Complete | Edu contract was suspended. | Recovery of Kshs. 3,326,000 done. | - |
| 6 | Nandi | Meswo (Tunza) Medical Services | 2022 | Fraudulent claiming and unwarranted visits Offering medical services in non-accredited service points. Impersonation/Biometric identification fraud. | Kshs. 977,400 | Complete | Edu contract was suspended. | Recovery of Kshs. 788,295 done balance Kshs. 189,105. | - |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| No. | County | Name of Hospital | Period | Investigation Findings | Amount to be recovered | Internal Audit Investigation Status | Recommendation | Action taken | External Government Agencies Investigation status |
|-----|--------|-----------------------------|--------|---|------------------------|-------------------------------------|---|--|---|
| 7 | Nakuru | Familia Bora Medical | 2022 | Lodging fictitious claims Offering medical services in non-accredited service point Lack of document control in schools | Kshs. 309,000 | Complete | Edu contract was suspended. Enhancements in system controls implemented. | Recovery of Kshs 298,900 done leaving a balance of Kshs. 10,100. | - |
| 8 | Nakuru | Naivasha Quality Healthcare | 2022 | Offering medical services in non-accredited service points Non-adherence to contract amounts and from offering services at non-accredited facilities. The school picking and dropping students from schools creates demand for unwarranted medical attention. All the pending claims for Naivasha high school students should be rejected. | Kshs. 447,600 | Complete | Edu contract suspended. | Recovery of Kshs. 447,600 done. | - |
| 9 | Nakuru | Bingwa Family Clinic | 2022 | Abuse of Edu Afya Scheme by lodging fictitious claims and unwarranted visits. | Kshs. 218,000 | Complete | Edu contract suspended. | Recovery of Kshs. 218,000 done. | - |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| No. | County | Name of Hospital | Period | Investigation Findings | Amount to be recovered | Internal Audit Investigator on Status | Recommendation | Action taken | External Government Agencies Investigation status |
|-----|---------|-----------------------|--------|---|------------------------|---------------------------------------|-------------------------|--|---|
| 10 | Nyamira | Nyamira Jamii Medical | 2022 | <p>Poor service delivery to members because of offering medical services in non-accredited service points.</p> <p>Lack of record control in schools provides fertile ground for forgery will lead to loss of funds to NHIF.</p> <p>Management to take action against Bingwa Afya for violating clause 6.2 of the contract by launching claims offered in non-accredited service points.</p> | Kshs. 490,000 | Complete | Edu contract suspended. | Recovery of Kshs. 490,000 done. | |
| 11 | Nairobi | Equity Afia Buruburu | 2022 | <p>Buruburu Girls having pre-signed introductory letters.</p> <p>3,855 students visits to the facility that could not be accounted for totaling Kshs. 5,782,500.</p> <p>At Huruma Girls High School, it was confirmed that the facility has stationed a nurse at the school.</p> | 7,191,000.00 | Complete | Edu contract suspended | Recovery of Kshs. 7,173,052 done balance 17,948. | |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| No. | County | Name of Hospital | Period | Investigation Findings | Amount to be recovered | Internal Audit Investigation Status | Recommendation | Action taken | External Government Agencies Investigation status |
|-----|---------|--------------------------------|--------|--|------------------------|-------------------------------------|-------------------------|-----------------------------|---|
| 12 | Muranga | Muranga High School Dispensary | 2022 | <p>Pre-printed introductory letters with the name of the Principal/Secretary BOM without dates.</p> <p>At St. Aquinas High School, it was confirmed that the facility has stationed a nurse at the school.</p> <p>Pre-printed and pre-signed introductory letters with the name of the principal.</p> <p>8 visits to the facility that could not be accounted for totaling to Kshs. 12,000.</p> <p>905 students visit to the facility that could not be accounted for totaling to Kshs. 1,357,500.</p> <p>At Ofafa Jericho High School, it was confirmed that the facility has stationed a nurse at the school.</p> <p>22 visits to the facility that could not be accounted for totaling to Kshs. 33,000.</p> | Kshs 4,256,000 | Complete | Edu contract suspended. | Amount yet to be recovered. | - |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| No. | County | Name of Hospital | Period | Investigation Findings | Amount to be recovered | Internal Audit on Status | Recommendation | Action taken | External Government Agencies Investigation status |
|-----|--------|---------------------------|--------|---|------------------------|--------------------------|-------------------------|--|---|
| 13 | Nyeri | Mathingira Medical Centre | 2022 | <p>That patients seen under Edu-Afya scheme were not recorded in the Ministry of Health (MOH) Outpatient register.</p> <p>The Ministry of health (MOH) register showed that the last caption was on 31/12/2021, hence all patients seen after this date were not recorded.</p> <p>The physical patients' files are not maintained as evidenced by a request made to the facility to avail thirteen (13) patients' files which were not provided. It was observed that the facility does not maintain filing system that help to trace and retrieve patients' files. The team requested the hospital administrator to provide any available Edu-Afya documents. Copies of case summaries and invoices batched together were availed of which originals were submitted to NHIF Nyeri branch for payment.</p> <p>There was no clinical data provided to show the laboratory/radiological investigations done, as well as data on previous hospital visits.</p> | Kshs. 4,053,500 | Complete | Edu contract suspended. | Afya Recovery of Kshs. 1,106,600 done balance 2,946,900. | |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| No. | County | Name of Hospital | Period | Investigation Findings | Amount to be recovered | Internal Audit Investigation Status | Recommendation | Action taken | External Government Agencies Investigation status |
|-----|---------|---------------------|--------|--|------------------------|-------------------------------------|-------------------------|---------------------------------|---|
| 14 | Nairobi | Ruai Medical Centre | 2022 | <p>The facility was paid 8,003 claims were paid above the contract amount of Kshs 1,000 leading to overpayment.</p> <p>The facility neither maintains in/outpatient register nor patients files where patients visits, and their details are recorded. The invoices and discharge summaries are kept in boxes without any order. On enquiry, the hospital indicated that the patient files are kept in electronic form, but these copies were not availed.</p> <p>It was observed that the facility does not maintain case notes for patients (students) as required but instead maintains a listing of the patient names against which diagnosis are recorded. On an enquiry by the team, it was observed that this listing originates from the nurse attached at the school by the facility for processing of claims.</p> <p>Ruai Family Medical Centre not maintaining theatre notes for the sampled cases.</p> | Kshs. 286,000 | Complete | Edu contract suspended. | Recovery of Kshs. 286,000 done. | - |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| No. | County | Name of Hospital | Period of Investigation | Findings | Amount to be recovered | Internal Audit Investigation Status | Recommendation | Action taken | External Government Agencies Investigation status |
|-----|--------|------------------|-------------------------|--|------------------------|-------------------------------------|----------------|--------------|---|
| | | | | <p>Recover Kshs. 286,000 for non Edu-Afya claims, unwarranted admission and for undertaking procedures different from the requested ones.</p> <p>Procedures done before approval/admission and cases of late notification were observed.</p> <p>Dates of admission and discharge in patients' files not the same as those in NHIF system.</p> <p>Two (2) maternity cases were undertaken and claimed under Edu-Afya scheme instead of being charged under Linda Mama. The facility claimed a total of Kshs. 40,000 of which these cases ought NOT to have been charged under Edu-Afya scheme.</p> <p>Cases of outpatient being claimed as inpatient leading to a loss of Kshs. 26,000.</p> <p>Claiming for procedures different from the ones carried out for member no. 15135929 & 15106254 amounting to an overpayment of Kshs. 70,000 & 120,000 respectively.</p> | | | | | |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| No. | County | Name of Hospital | Period | Investigation Findings | Amount to be recovered | Internal Audit Investigation Status | Recommendation | Action taken | External Government Agencies |
|-----|----------|------------------------|--------|--|------------------------|-------------------------------------|----------------------------------|---|------------------------------|
| 15 | Nyeri | Thuti Medical Clinic | 2022 | - Poor record keeping of patient files. -Stationing of nurses at schools by the facility. -unsupported claims and claims paid over and above contract amount | Kshs. 2,065,500 | Complete | Edu Afya contract was suspended. | Recovery of Kshs. 1,534,500 and a balance of Kshs. 531,000. | Investigation status |
| 16 | Laikipia | Charity Medical Centre | 2022 | Abuse of Edu Afya Scheme. Forged introductory letters, missing records, and demand-induced treatment from unaccredited facilities. To reject 5,145 claims amounting to Kshs. 7,694,542. Cause suspension facility. | Kshs 548,000 | Complete | Facility suspension recommended. | Recovery of Kshs. 532,519 done balance Kshs 15,481. | - |
| 17 | Laikipia | Oljabet Hospital Annex | 2022 | Abuse of Edu Afya scheme - Forged introduction letters Demand induced treatment through unaccredited sanitoriums, Missing records. Claims worth 45 million were held emanating from unaccredited school's sanitoriums. Cause suspension of facility. | Kshs. 3,220,500.00 | Complete | Facility suspension recommended | Recovery of Kshs. 2,651,500 done balance Kshs. 569,000. | - |
| 18 | Laikipia | Annex Medical | 2022 | The facility notified 144 students and could not be traced in the MOH register between 15 th January 2021 and 31 st March 2021. 1194 claims | Kshs. 1,762,800 | Complete | - | Recovery of Kshs. | - |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| No. | County | Name of Hospital | Period | Investigation Findings | Amount to be recovered | Internal Audit Investigation Status | Recommendation | Action taken | External Government Agencies Investigation status |
|-----|--------|-------------------------------|--------|--|------------------------|-------------------------------------|--|--|---|
| 19 | Nakuru | Elburgon Maternity Home | 2022 | Non-adherence to contract amounts and payment of claims offered from non-accredited service points. -Poor service delivery to members because of offering medical services in non-accredited service points. | Kshs. 362,000 | Complete | | Recovery of Kshs. 28,200 done balance Kshs. 333,800. | |
| 20 | Siaya | Bama Nursing & Maternity Home | 2021 | Fraudulent activities touching on the referral of members of Edu Afya and National Police/Prisons Service amounting to Kshs. 12,100, Kshs.16,116 and Kshs.234,100 being overpayment for overstated admission, claim amount paid above contract rate, and for services not contracted. Recovery of Kshs. 262,316 | Kshs. 256,316 | Complete | Recommended suspension of the facility. NHIF forward the case to investigative agencies with a view to prosecuting Bama Nursing and Maternity Hospital, two clinicians: A. Redempta A. Ojwang and Collins Ngode, for breach of | Kshs. 256,316 has been recovered. | Under investigation by EACC |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

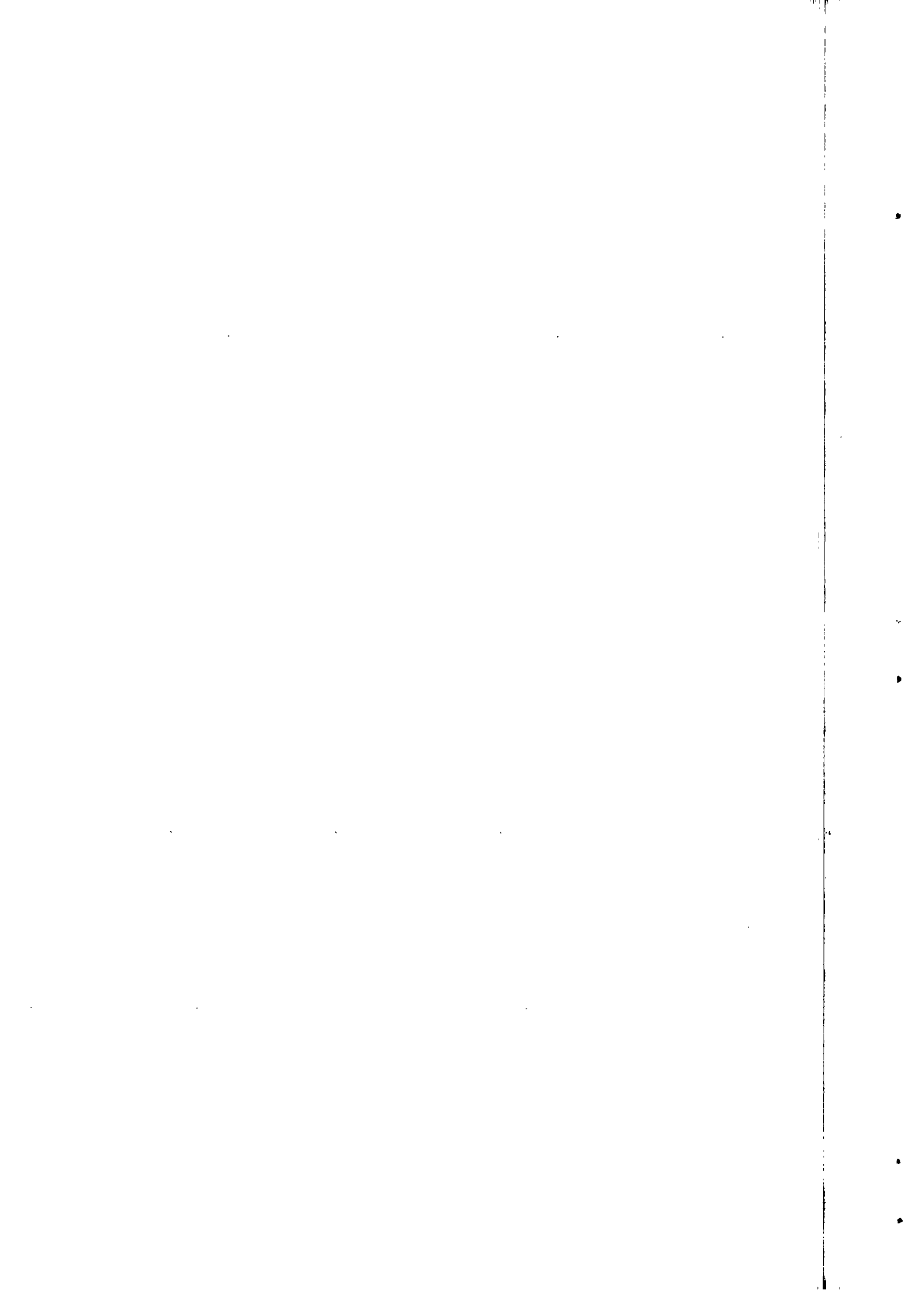
| No. | County | Name of Hospital | Period | Investigation Findings | Amount to be recovered | Internal Audit Investigation Status | Recommendation | Action taken | External Government Agencies | Investigation status |
|-----|------------|---|--------|--|------------------------|-------------------------------------|--|---|-----------------------------------|-----------------------------------|
| 21 | Kilifi | Venoma Medical & Reproductive Health Services | 2021 | Double claiming on Edu Afya scheme and missing records | Kshs. 118,000 | Complete | NHIF Act and Penal Code. Recommended for Suspension | The facility yet to refund | - | Under investigation by EACC |
| 22 | Migori | Kehancha Mother & Child | 2021 | The facility was engaging in fraudulent activities by lodging fictitious claims. Patient files for surgical cases were not availed for review and all the patients were not recorded in the theatre register book provided by the facility. | Kshs. 746,000 | Complete | Recommended for Suspension | The amount yet to be recovered. | Under investigation by EACC | Under investigation by EACC |
| 23 | Migori | St. Akidiva Memorial Hospital | 2021 | Abuse of Edu Afya Scheme through unwarranted admissions, surgical procedures missing in the registers, and claims lacking discharge summaries. Reject claims of Kshs.9,178,552 | Kshs. 2,156,000 | Complete | Recommended suspension. | Facility yet to refund Kshs. 2,156,000. | Still under investigation by EACC | Still under investigation by EACC |
| 24 | West Pokot | Namuya Shalom Medical Services | 2021 | Fixed fees for service for outpatient care to National Police and Kenya Prisons Service and Edu Afya schemes | - | Complete | Recommended suspension | Claims worth Kshs. 7,073,195 rejected. | Still under investigation by EACC | Still under investigation by EACC |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| No. | County | Name of Hospital | Period | Investigation Findings | Amount to be recovered | Internal Audit Investigation Status | Recommendation | Action taken | External Government Agencies Investigation status |
|-----|----------|--------------------|--------|--|------------------------|-------------------------------------|----------------------------------|--|---|
| 25 | Kirinyag | Afya Bora Hospital | 2021 | <p>were not in the contract held at Kapenguria Branch.</p> <p>The contract did not also provide for a fee for service to beneficiaries of managed schemes with annual allocated limits for outpatient cover. This has resulted in the unsupported payment of Kshs. 33,948,609.00.</p> <p>-Failure to provide treatment records contravening the contract.</p> <p>-Seven genuine MRI reports/ images were fraudulently edited to benefit eleven other patients to the tune of Kshs 1,740,000.</p> <p>-20 MRI images and reports amounting to Kshs 4,500,000 which were purportedly from Consolata Hospital were confirmed not to be genuine as they were not traced in their database.</p> <p>-Seven students from different schools went to Afya Bora Hospital for outpatient treatment and were offered the services they required but the hospital claimed/requested</p> | 12,404,000 | Complete | The Fund suspended the facility. | Amount of Kshs 12,404,000 was recovered. | |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| No. | County | Name of Hospital | Period | Investigation Findings | Amount to be recovered | Internal Audit Investigation Status | Recommendation | Action taken | External Government Agencies Investigation status |
|-----|---------|--|--------|--|------------------------|-------------------------------------|---|--|---|
| 26 | Kajiado | Namunyak Medical Center and Favour Medical | 2020 | <p>surgical inpatient procedures amounting to Kshs 479,000</p> <p>-The hospital maintains theatre registers, where 44 cases amounting to Kshs 5,685,000 out of the sampled 179 patients who were purportedly operated on were not found.</p> <p>Edu-Afya Claims from Olturoto, Isinya Boys, Baraka Oontoiyo, Inkiito Mano, Kaptuei, and Kisaju Dipak secondary schools were analyzed.</p> <p>655 claims were rejected due to poor quality of care provided to students, claims forms that were not signed by students, and lack of copies of student IDs attached, among other issues.</p> | Kshs.655,000 | Completed | Recommended for suspension and rejection of the claims. | Claims worth Kshs 655,000 were rejected. | - |
| 27 | Nairobi | Marian Medical & Dental Centre | 2021 | <p>Abuse of Edu Afya scheme visiting schools inducing demand by visiting Githunguri Girls and Ruchu Girls against the contractual agreement to treat students at the facility.</p> <p>The facility did not avail case notes for Audit review.</p> | Kshs. 816,000 | Complete | Recovery of funds | Facility yet to pay back Kshs. 816,000. | Under investigation by EACC |



ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

- iii. Data on the number of service providers accredited by NHIF under EDUAFYA scheme spread per county. [List of Health Care Providers -see Appendix 1]
- iv. Data on the number of students treated per year and per county since inception.

Table: Total Number of students (visits) treated per year and per county since inception.

| TOTAL HOSPITAL VISITS BY STUDENTS PER YEAR | | | | | | | | |
|--|-----------------|--------|---------|--------|---------|---------|---------|---------|
| | COUNTY | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | TOTALS |
| 1 | BARINGO | 1,652 | 11,211 | 4,028 | 9,962 | 24,859 | 33,467 | 85,179 |
| 2 | BOMET | 1,740 | 9,945 | 4,226 | 10,963 | 14,870 | 18,117 | 59,861 |
| 3 | BUNGOMA | 22,250 | 143,546 | 53,731 | 118,913 | 153,334 | 182,127 | 673,901 |
| 4 | BUSIA | 2,141 | 34,561 | 14,920 | 39,206 | 49,390 | 46,571 | 186,789 |
| 5 | ELGEYO-MARAKWET | 2,206 | 13,133 | 5,980 | 12,024 | 11,616 | 16,222 | 61,181 |
| 6 | EMBU | 6,458 | 24,723 | 9,428 | 25,299 | 25,539 | 27,553 | 119,000 |
| 7 | GARISSA | 349 | 9,597 | 5,700 | 9,122 | 12,645 | 12,960 | 50,373 |
| 8 | HOMA BAY | 15,637 | 64,033 | 43,715 | 67,751 | 123,822 | 178,603 | 493,561 |
| 9 | SILOLO | 1,388 | 5,166 | 3,363 | 5,690 | 8,268 | 14,195 | 38,070 |
| 10 | KAJIADO | 3,551 | 12,415 | 4,885 | 14,073 | 11,274 | 17,203 | 63,401 |
| 11 | KAKAMEGA | 25,120 | 96,174 | 41,339 | 95,221 | 135,428 | 143,680 | 536,962 |
| 12 | KERICHO | 19,078 | 42,256 | 11,976 | 37,133 | 36,293 | 50,002 | 196,738 |
| 13 | KIAMBU | 5,884 | 21,120 | 6,631 | 21,655 | 29,531 | 47,161 | 131,982 |
| 14 | KILIFI | 5,990 | 34,222 | 14,546 | 27,863 | 27,293 | 33,901 | 143,815 |
| 15 | KIRINYAGA | 7,652 | 28,954 | 11,293 | 25,681 | 34,548 | 47,340 | 155,468 |
| 16 | KISII | 4,290 | 46,023 | 21,537 | 40,438 | 67,256 | 99,781 | 279,325 |
| 17 | KISUMU | 16,849 | 79,864 | 32,575 | 55,296 | 96,752 | 128,792 | 410,128 |
| 18 | KITUI | 1,187 | 5,032 | 2,187 | 8,330 | 12,547 | 22,480 | 51,763 |
| 19 | KWALE | 1,018 | 9,002 | 3,461 | 10,209 | 9,747 | 10,690 | 44,127 |
| 20 | LAIKIPIA | 10,602 | 66,829 | 31,880 | 69,232 | 33,334 | 33,873 | 245,750 |
| 21 | LAMU | 471 | 2,827 | 2,403 | 3,278 | 3,934 | 6,389 | 19,302 |
| 22 | MACHAKOS | 1,212 | 4,594 | 2,685 | 6,187 | 10,675 | 17,032 | 42,385 |
| 23 | MAKUENI | 3,609 | 10,568 | 6,838 | 28,694 | 30,986 | 41,562 | 122,257 |
| 24 | MANDERA | 5,747 | 12,578 | 13,057 | 20,627 | 20,980 | 23,553 | 96,542 |
| 25 | MARSABIT | 1,253 | 3,898 | 1,499 | 3,153 | 4,449 | 8,982 | 23,234 |
| 26 | MERU | 7,459 | 40,239 | 21,236 | 74,440 | 89,265 | 123,672 | 356,311 |
| 27 | MIGORI | 10,564 | 42,002 | 16,245 | 41,390 | 75,469 | 90,961 | 276,631 |
| 28 | MOMBASA | 250 | 2,062 | 1,282 | 4,520 | 8,983 | 13,797 | 30,894 |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

| TOTAL HOSPITAL VISITS BY STUDENTS PER YEAR | | | | | | | | |
|--|---------------|---------|-----------|---------|-----------|-----------|-----------|-----------|
| | COUNTY | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | TOTALS |
| 29 | MURANG'A | 8,315 | 32,476 | 12,391 | 32,058 | 48,274 | 51,504 | 185,018 |
| 30 | NAIROBI | 8,293 | 47,142 | 13,852 | 47,275 | 45,391 | 45,152 | 207,105 |
| 31 | NAKURU | 10,613 | 40,989 | 12,160 | 33,368 | 34,227 | 43,378 | 174,735 |
| 32 | NANDI | 15,095 | 67,565 | 20,156 | 60,021 | 75,180 | 44,765 | 282,782 |
| 33 | NAROK | 2,415 | 5,030 | 2,215 | 8,885 | 8,146 | 11,728 | 38,419 |
| 34 | NYAMIRA | 2,425 | 14,469 | 14,543 | 59,559 | 86,429 | 88,956 | 266,381 |
| 35 | NYANDARUA | 768 | 7,338 | 4,246 | 9,711 | 11,802 | 24,682 | 58,547 |
| 36 | NYERI | 8,130 | 32,356 | 12,228 | 31,162 | 18,141 | 16,969 | 118,986 |
| 37 | SAMBURU | 700 | 4,012 | 2,084 | 4,947 | 4,548 | 5,902 | 22,193 |
| 38 | SIAYA | 18,802 | 80,425 | 36,905 | 104,440 | 147,671 | 170,414 | 558,657 |
| 39 | TAITA-TAVETA | 1,230 | 8,449 | 2,757 | 5,886 | 5,568 | 8,779 | 32,669 |
| 40 | TANA RIVER | 259 | 1,458 | 1,293 | 4,713 | 9,435 | 10,353 | 27,511 |
| 41 | THARAKA-NITHI | 5,879 | 28,199 | 9,431 | 23,948 | 24,530 | 40,478 | 132,465 |
| 42 | TRANS-NZOIA | 3,332 | 22,328 | 10,567 | 27,737 | 32,351 | 35,087 | 131,402 |
| 43 | TURKANA | 2,432 | 6,527 | 3,381 | 7,305 | 8,306 | 13,227 | 41,178 |
| 44 | UASIN GISHU | 1,966 | 14,020 | 4,542 | 10,130 | 14,150 | 16,620 | 61,428 |
| 45 | VIHIGA | 2,238 | 21,090 | 6,958 | 18,988 | 27,682 | 30,228 | 107,184 |
| 46 | WAJIR | 1,344 | 6,822 | 5,451 | 12,199 | 27,650 | 37,756 | 91,222 |
| 47 | WEST POKOT | 783 | 1,859 | 1,305 | 2,549 | 4,669 | 6,388 | 17,553 |
| | Total | 280,626 | 1,319,128 | 569,111 | 1,391,231 | 1,797,237 | 2,193,032 | 7,550,365 |

v. Efforts taken to address the issue of awareness of the scheme among the stakeholders including parents and school heads:

NHIF in liaison with the Ministry of Education has conducted several sensitization exercises of stakeholders. Sensitization is conducted through various means such as structured meetings, mainstream media, newspapers, informational materials, and social media.

Sensitization exercises are conducted jointly by the Ministry of Education and NHIF in all counties targeting school principals, teachers responsible for NEMIS, Parent Association representatives, School board of management chairpersons, the County Directors of Education, and other Ministry of Education (MOE) officials, TSC officers, National government administration officers and health care providers. Since inception of the cover sensitization exercises have been carried out in 2018, 2021, 2022 and 2023.

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

Due to the central role that the school principals play in EduAfyA implementation, sensitization of school principals is also done annually during the annual Kenya Secondary Schools Heads Association (KESSHA) conferences.

NHIF has had several prime-time TV interviews via Citizen TV and NTV among others on EduAfyA. Furthermore, Newspaper articles, e-fliers and social media have been used to continually sensitize stakeholders on EduAfyA.

- vi. The design for monitoring and evaluation developed by NHIF to ensure effectiveness of the scheme.

See appendix 2 for the monitoring & evaluation framework.

- vi. Tender advertisements, tender evaluation, tender opening report and minutes

The cover was procured by the Government through the Ministry of Education on a Government - to - Government (G to G) basis.

- viii. Breakdown on total amount of money paid to scheme and claims successfully paid.

| YEAR | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|---------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| PREMIUM | 2,507,089,500.0 | 4,050,000,000.0 | 4,050,000,000. | 4,492,728,024. | 4,862,460,710.0 | 5,340,536,550 |
| CLAIMS | 542,067,352.0 | 2,448,556,640.6 | 1,165,938,158.0 | 2,555,678,759.8 | 3,832,475,370.3 | 4,532,435,033.0 |

- ix. NHIF organogram showing the management of EDUAFYA scheme.

EduAfyA Management Structure at NHIF:

EduAfyA is seamlessly integrated into the NHIF organizational structure, with clear delineation of roles and responsibilities across different directorates and departments. This integration ensures that all functions align with our broader mission and are executed efficiently.

| NO | FUNCTION | RESPONSIBLE DEPARTMENT |
|----|---------------------------------|--|
| 1. | Student registration | Beneficiary Management & ICT |
| 2. | Access to health care providers | Provider Management |
| 3. | Claims Management | Benefits Design & Claims Management & Financial Services |
| 4. | Scheme Awareness | Beneficiary Management & Corporate Communications |

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

Roles and Responsibilities:

1. Student Registration:

- i. Registration of students into the NHIF system has been streamlined and automated for maximum efficiency.
- ii. This remarkable feat is achieved through the strategic integration of the Nemis system and the NHIF ERP system, made possible by our dedicated team of IT professionals and the use of Application Programming Interfaces (APIs).
- iii. Once students are duly registered in Nemis and receive their Unique Personal Identification (UPI) numbers, their information is automatically transferred to the NHIF system.
- iv. The NHIF system automatically issues an NHIF member number to each registered student, ensuring their seamless access to healthcare services.
- v. The responsibility for student registration primarily lies with school principals, who play a pivotal role in ensuring the completeness and accuracy of student data.
- vi. Ensuring the seamless integration of the NHIF and Nemis systems is a shared effort involving the NHIF ICT Director, the Director of Beneficiary and Provider Management, and the Ministry of Education (MoE).

2. Access to Healthcare Providers:

- i. Providing timely healthcare access to students in need is a top priority to NHIF and the MoE.
- ii. To facilitate this, students or their parents are required to furnish the necessary documentation, including a letter of introduction from the school principal to the healthcare provider (when school session are on), the UPI number, and the student's birth certificate (during holidays).
- iii. At healthcare facilities, NHIF is promptly notified of new outpatient visits or hospital admissions through our advanced NHIF biometric system, ensuring accurate record-keeping, billing, and claiming.
- iv. Overseeing the contracting and accessibility of healthcare providers to students is the responsibility of the Director of Beneficiary and Provider Management and the Director of Legal Services.
- v. To date, students have accessed more than 3,900 healthcare providers from a contracted pool of over 7,000, providing comprehensive geographical and medical coverage across the nation.

3. Claims Payment:

ADDITIONAL INFORMATION AND DOCUMENTATION REGARDING THE PUBLIC PETITION ON THE PUBLIC PETITION REGARDING POOR IMPLEMENTATION OF EDUAFYA MEDICAL SCHEME IN PUBLIC SECONDARY SCHOOLS

- i. Timely and accurate claims processing is paramount to our service excellence.
- ii. Healthcare providers are mandated to submit claims to NHIF within 30 days of notification.
- iii. Claims undergo thorough processing at our NHIF Branch offices, led by proficient Branch Managers and supported by dedicated teams comprising Quality Assurance officers (medics), claims officers, branch accountants, branch auditors, and registration & compliance officers.
- iv. Claims that meet eligibility criteria and pass through rigorous adjudication are settled within the agreed-upon 90-day period, as stipulated in our contractual agreements with healthcare providers.
- v. Overseeing these critical processes are the Director of Beneficiary and Provider Management, the Director of Financial Services, Director of Internal Audit, and the Director of ICT.

4. Scheme Awareness:

- i. The corporate communications department plays a pivotal role in raising awareness and ensuring the success of the program.
- ii. The tasks encompass widespread publicizing of the scheme among students, parents, and school principals and teachers, along with monitoring and ensuring the effective implementation of the scheme's contract.
- iii. Additionally, they evaluate the scheme's implementation to provide invaluable insights for ongoing enhancement.





EDUAFYA MONITORING & EVALUATION FRAMEWORK

Appendix 2 - MONITORING AND EVALUATION FRAMEWORK

FRAMEWORK

1. Goal
2. M&E Objectives
3. PERIOD - How frequent
4. Participants
5. Inputs - Resources (Human, Financial & Support Resources)
6. Outputs (Reports), identification of Gaps
7. Outcomes

EDUAFYA MONITORING & EVALUATION FRAMEWORK

| M&E Profile | Objectives | Activities | Timeframe | Responsibility | Resources | Output | Outcome |
|---|--|---|---|--------------------------------------|----------------|----------------------|-------------------------------|
| To ensure the students access quality health services at a close proximity to their school, reduce cases of absenteeism and to ease the out of pocket health care expenditure by parents. | Assess the scheme awareness levels by the stakeholders | Develop a Data collection tool, carryout a Monitoring and Evaluation exercise, Data Analysis & report writing | Annually | Mgr. Schemes & Programs DSE - MoE | | Data Collection Tool | Gauge scheme awareness |
| | Assess the accessibility to quality Healthcare by the learners | Contract HCPs in terms of geographic location and capacity in service provision | As per NHIF hospitals contracting cycle | Mgr. contracting | Human Resource | Contracted HCP's | Clear benefits access network |



EDUAFYA MONITORING & EVALUATION FRAMEWORK

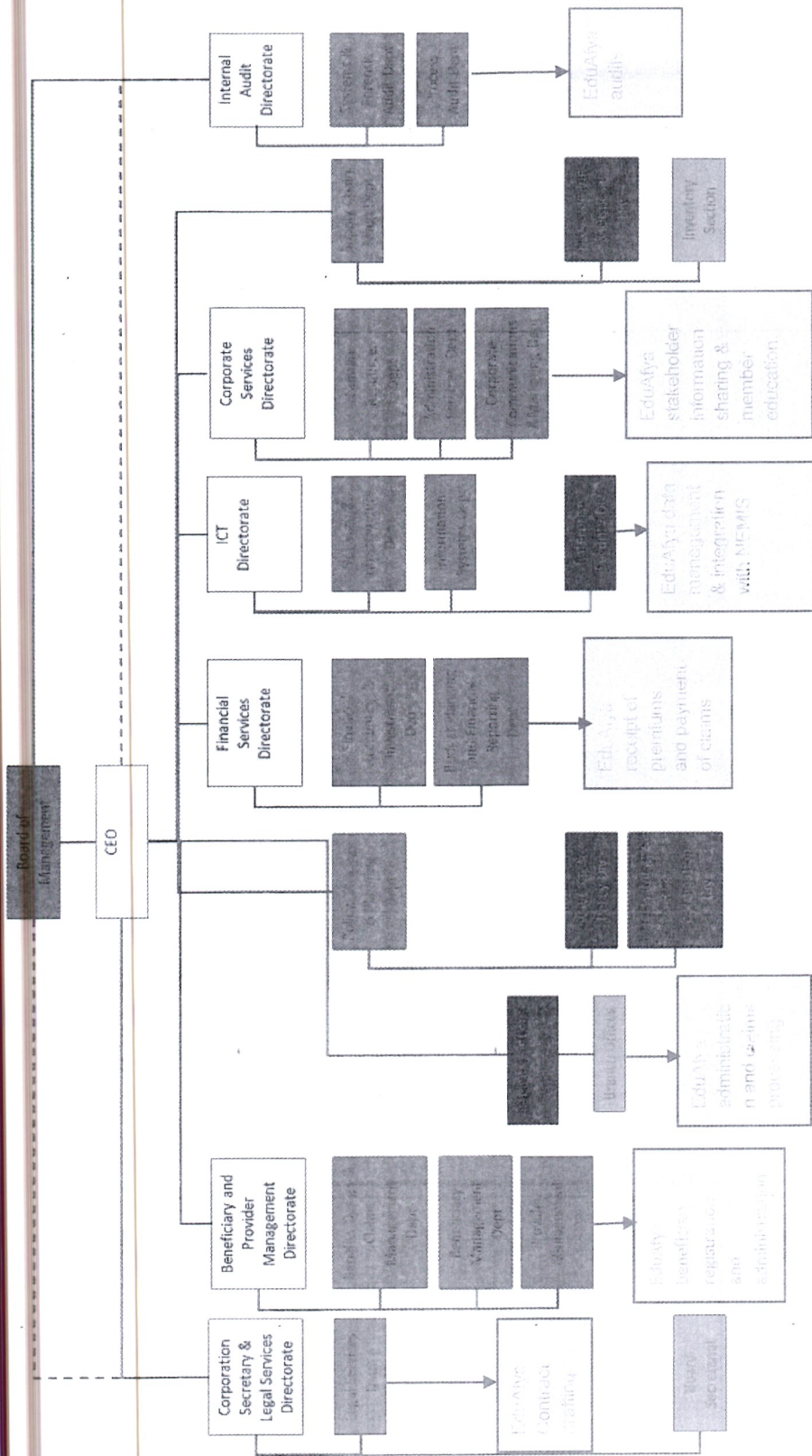
| | | | | | | | |
|--|--|---|----------|--|----------------|-------------------------------|---|
| | Improve the general well-being of the students reduce absenteeism and save time. | Enhancing of the online data collection module on the NEMIS database | Annually | MOE | | Enhanced Data Collection tool | Reduced medical related school absenteeism rates. |
| | Reduce out of pocket health related expenses incurred by the parents | Analyze EduAfya related benefit utilization. Carryout sensitization through various means | Annually | Mgr. Schemes & Programs and Mgr. Benefits & Claims | Human resource | Reports | Reduced out of pocket health related expenditure. Improved satisfaction |
| | Inform future sensitization and review | Prepare M&E reports | Annually | Manager enhanced schemes | | Reports | Enhanced benefits access and awareness levels |
| | Inform Scheme improvement | Utilize M&E reports to recommend scheme improvements | Annually | Manager enhanced schemes. | | | Improved scheme |

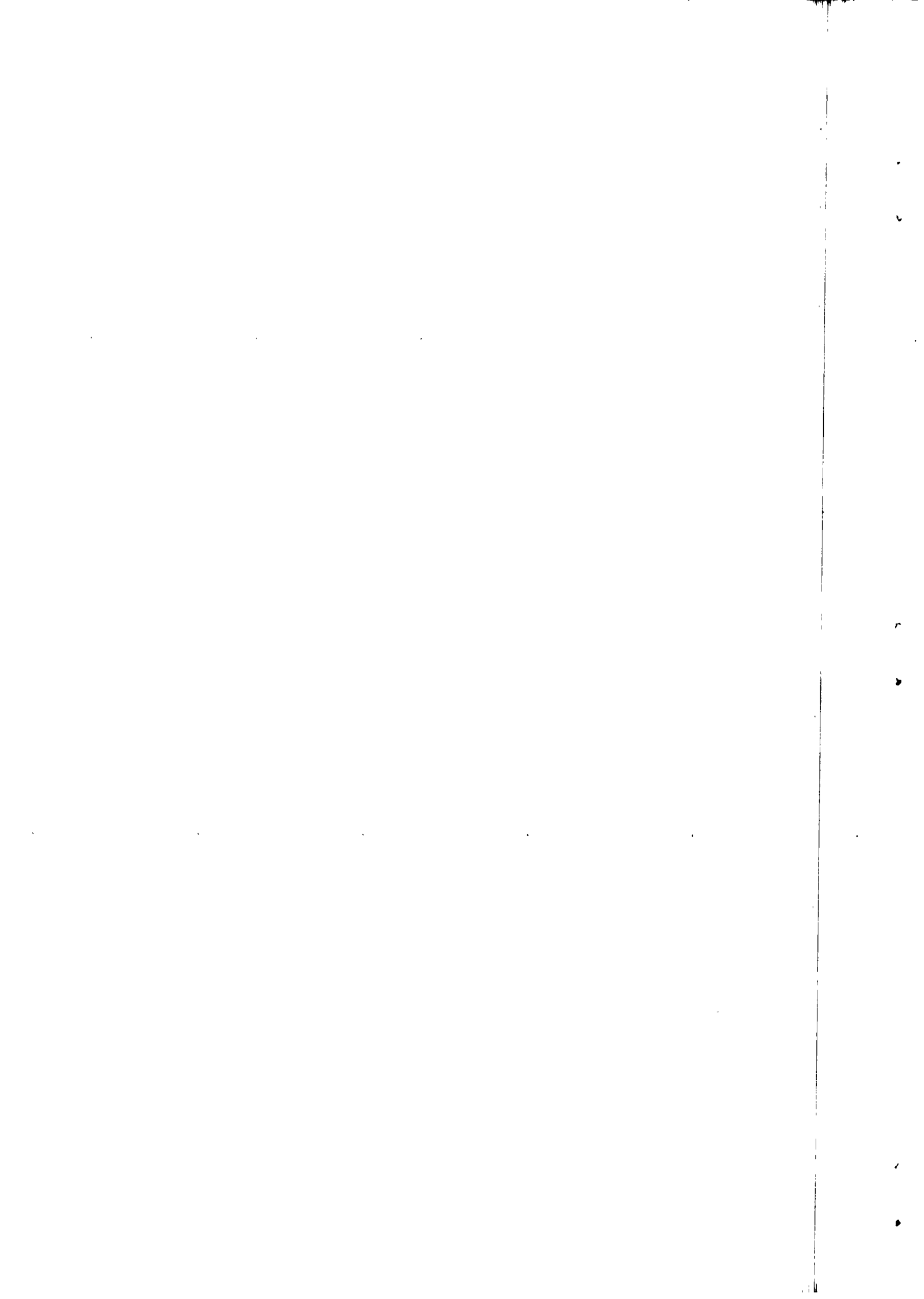


M&E Targeted Stakeholders

- Schools
- School principal
- ICT Teachers in Schools
- Parents Representatives
- Students
- School's board of managements
- Ministry of Education officials at the County and Sub-Counties
- Teachers Service Commission County directors
- National Government Administration Officers at the county and sub county levels
- Contracted Health Care Providers
- NHIF Branch office

NHIF ORGANOGRAM





Director Beneficiary & Provider Management

Head Beneficiary Management
EduAfya Beneficiaries Registration
EduAfya Scheme Administration

Manager Universal Health Scheme

Manager Enhanced Schemes
EduAfya Beneficiaries Registration
EduAfya Scheme Administration

Manager Customer Experience
Handling EduAfya Inquiries & Complaints

Head Provider Management
HCPs Empanelment & Contracting
EduAfya Benefits Pre-authorization

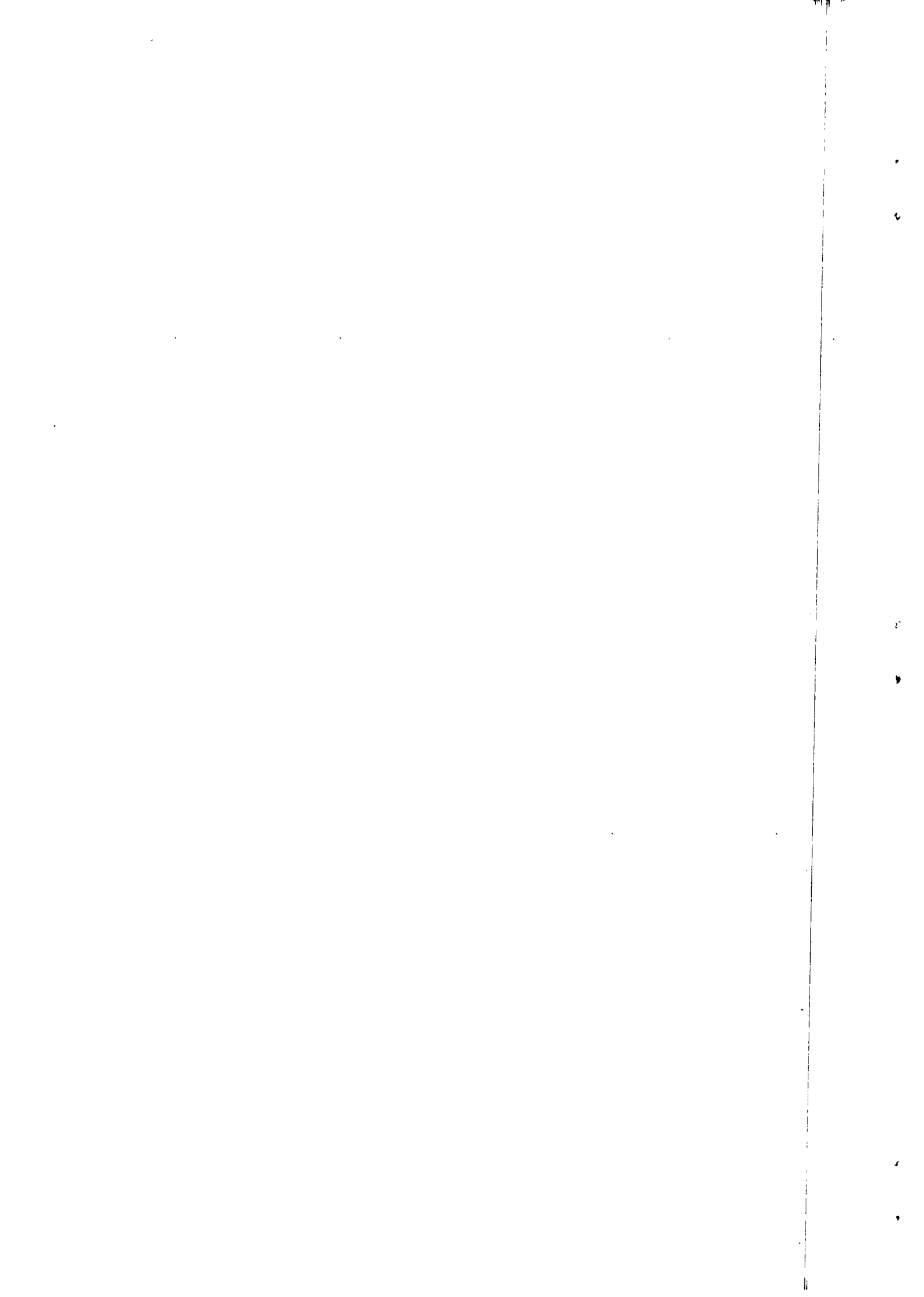
Manager Case Management
EduAfya Benefits Pre-authorization

Manager QA & Contracting
HCPs Empanelment & Contracting

Head Benefits Design & Claims Mgt
EduAfya Benefits Design & Costing
EduAfya Performance Reports Preparation

Manager
Actuarial Assessment
& Benefits Design
EduAfya Benefits Design & Costing
EduAfya Utilization Reports
Preparation

Manager
Claims Management
Monitoring EduAfya Claims
Processing



EDU AFYA PREMIUM PAYMENT PER COUNTY

| | COUNTY | STUDENT COUNT | PREMIUM |
|----|------------------------|----------------------|----------------|
| 1 | Kakamega County | 220,289 | 297,390,150 |
| 2 | Bungoma County | 201,017 | 271,372,950 |
| 3 | Nakuru County | 182,680 | 246,618,000 |
| 4 | Kisii County | 164,559 | 222,154,650 |
| 5 | Kiambu County | 157,520 | 212,652,000 |
| 6 | Meru County | 140,531 | 189,716,850 |
| 7 | Homa Bay County | 140,377 | 189,508,950 |
| 8 | Machakos County | 137,977 | 186,268,950 |
| 9 | Makueni County | 133,836 | 180,678,600 |
| 10 | Muranga County | 129,253 | 174,491,550 |
| 11 | Siaya County | 126,681 | 171,019,350 |
| 12 | Migori County | 121,690 | 164,281,500 |
| 13 | Kitui County | 119,137 | 160,834,950 |
| 14 | Kisumu County | 117,829 | 159,069,150 |
| 15 | Trans Nzoia County | 114,701 | 154,846,350 |
| 16 | Bomet County | 107,791 | 145,517,850 |
| 17 | Kericho County | 105,127 | 141,921,450 |
| 18 | Nandi County | 98,913 | 133,532,550 |
| 19 | Nairobi County | 91,943 | 124,123,050 |
| 20 | Kilifi County | 90,621 | 122,338,350 |
| 21 | Busia County | 85,479 | 115,396,650 |
| 22 | Vihiga County | 85,258 | 115,098,300 |
| 23 | Nyamira County | 82,124 | 110,867,400 |
| 24 | Nyeri County | 78,676 | 106,212,600 |
| 25 | Uasin Gishu County | 76,811 | 103,694,850 |
| 26 | Narok County | 70,320 | 94,932,000 |
| 27 | Nyandarua County | 66,852 | 90,250,200 |
| 28 | Embu County | 62,024 | 83,732,400 |
| 29 | Kirinyaga County | 61,586 | 83,141,100 |
| 30 | Baringo County | 57,281 | 77,329,350 |
| 31 | Tharaka-Nithi County | 55,365 | 74,742,750 |
| 32 | Elgeyo Marakwet County | 52,264 | 70,556,400 |
| 33 | Kwale County | 51,826 | 69,965,100 |
| 34 | West Pokot County | 50,790 | 68,566,500 |
| 35 | Kajiado County | 48,349 | 65,271,150 |
| 36 | Laikipia County | 44,875 | 60,581,250 |
| 37 | Mombasa County | 36,415 | 49,160,250 |
| 38 | Taita Taveta County | 32,208 | 43,480,800 |
| 39 | Wajir County | 27,600 | 37,260,000 |
| 40 | Mandera County | 26,893 | 36,305,550 |
| 41 | Turkana County | 26,072 | 35,197,200 |
| 42 | Garissa County | 17,104 | 23,090,400 |
| 43 | Samburu County | 13,709 | 18,507,150 |
| 44 | Marsabit County | 12,756 | 17,220,600 |
| 45 | Tana River County | 12,004 | 16,205,400 |
| 46 | Lamu County | 9,621 | 12,988,350 |
| 47 | Isiolo County | 9,219 | 12,445,650 |

