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*Paper laid by the
Committee Chair,
Dr. Rachel Njoroge
under Order No. 5 on
27/08/2015 at
15:21 PM*

ELEVENTH PARLIAMENT – THIRD SESSION

THE DEPARTMENTAL COMMITTEE ON HEALTH

REPORT ON THE PETITION BY KENYA ASSOCIATION OF PRIVATE HOSPITALS
ON THEIR RECOGNITION BY THE NATIONAL HOSPITAL INSURANCE FUND

DIRECTORATE OF COMMITTEE SERVICES,
CLERK'S CHAMBERS,
PARLIAMENT BUILDINGS ,
NAIROBI

AUGUST, 2015

ACRONYMS AND ABBREVIATIONS

KAPH	-	Kenya Association of Private Hospitals
NHIF	-	National Hospital Insurance Fund
UHC	-	Universal Health Coverage
CEO	-	Chief Executive Officer
KMPDB	-	Kenya Medical Practitioners and Dentists Board

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1.0 PREFACE

It is my pleasant duty to table the Report of the Departmental Committee on Health on its consideration of the Petition on the recognition of the Kenya Association of Private Hospitals by the National Hospital Insurance Fund pursuant to Standing Order 227(2).

1.1 Committee Mandate

The Committee on Health is one of the Departmental Committees of the National Assembly established under Standing Order 216 and mandated to, inter alia:-

- i. investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned Ministries and departments;
- ii. study the programme and policy objectives of Ministries and Departments and the effectiveness of the implementation;
- iii. study and review all legislation referred to it;
- iv. study, assess and analyze the relative success of the Ministries and Departments as measured by the results obtained as compared with their stated objectives;
- v. **investigate and inquire into all matters relating to the assigned Ministries and Departments as they may deem necessary, and as may be referred to it by the House;**
- vi. vet and report on all appointments where the Constitution or any law requires the National Assembly to approve, except those under Standing Order 204 (Committee on Appointments) ; and
- vii. make reports and recommendations to the House as often as possible, including recommendation of proposed legislation.

The Committee is also mandated under Standing Order 227 to consider petitions referred to it.

1.2 Committee Membership

The Committee Comprises of the following Members:

1. The Hon. Dr. Racheal Nyamai, M.P. (Chairperson)
2. The Hon. Dr. Robert Pukose, M.P. (Vice Chairperson)
3. The Hon. David Karithi, M.P.
4. The Hon. Dr. James Murgor, M.P.
5. The Hon. Dr. James Nyikal, M.P.
6. The Hon. Dr. James O. Gesami, M.P.
7. The Hon. Dr. Naomi Shaban, M.P.

8. The Hon. Dr. Stephen Wachira, M.P.
9. The Hon. Dr. Susan Musyoka, M.P.
10. The Hon. Hassan Aden Osman, M.P.
11. The Hon. James Gakuya, M.P.
12. The Hon. John Nyaga Muchiri, M.P.
13. The Hon. Michael Onyura, M.P.
14. The Hon. Paul Koinange, M.P.
15. The Hon. Stephen M. Mule, M.P.
16. The Hon. Zipporah Jesang, M.P.
17. The Hon. Alfred Agoi, M.P.
18. The Hon. Christopher Nakuleu, M.P.
19. The Hon. Dr. Dahir D. Mohamed, M.P.
20. The Hon. Dr. Eseli Simiyu, M.P.
21. The Hon. Dr. Enoch Kibunguchy, M.P.
22. The Hon. Dr. Patrick Musimba, M.P.
23. The Hon. Alfred Outa, M.P.
24. The Hon. Joseph O. Magwanga, M.P.
25. The Hon. Kamande Mwangi, M.P.
26. The Hon. Leonard Sang, M.P.
27. The Hon. Mwachima Masoud, M.P.
28. The Hon. Mwinga Gunga, M.P.
29. The Hon. Raphael Milkau Otaalo, M.P.

1.3 Consideration of the Petition on the recognition of Kenya Association of Private Hospitals (KAPH) by the National Hospital Insurance Fund.

The Petition on the on the recognition of Kenya Association of Private Hospitals by the NHIF was presented to the House on behalf of the petitioner by the Hon. Kubai Iringo, MP on 21st April, 2015 and stood committed to the Departmental Committee on Health for consideration and reporting to the House pursuant Standing Order 227.

The petition by KAPH implored Parliament to address the following issues:

- a) Consider passing legislation to give KAPH a legal personality to effectively become a bona fide representative of its members in the NHIF Board, in order to play a leading role, in driving provision of quality healthcare throughout the country; and
- b) Intervene to compel NHIF involve all bona fide healthcare providers in consultative discussions on all aspects of service contracts and to strictly adhere to contracts concluded with Healthcare Providers and be read to compensate the provider among other key issues.

The Committee during its consideration of the petition held two (2) meetings during which it met with the petitioners, Kenya Association of Private Hospitals, on 2nd July, 2015 and the National Health Insurance Fund on 9th July, 2015.

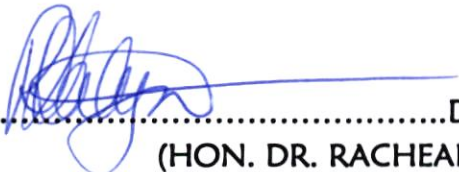
1.4 Committee Observations and Recommendations

Having analyzed the Petition and the submissions from stakeholders, the Committee observed that both the Kenya Association of Private Hospitals and the National Hospital Insurance Fund needed to constantly engage with mutual respect to resolve issues affecting the two and ensure that resolutions agreed upon are implemented. The Committee also noted the need to cooperate with stakeholders to review the NHIF Act of 1998 to resolve some of the challenges of representation as well as anchor the much awaited Universal Health Coverage into the law.

1.5 Acknowledgement

The Committee is grateful to the Offices of the Speaker and the Clerk of the National Assembly for the logistical and technical support accorded to it during its Sittings. The Committee appreciates the contribution by the Members in the production of this Report.

It is therefore my pleasure and privilege, on behalf of the Departmental Committee on Health, to table its Report in the House on the consideration of the Petition on the Recognition of the Kenya Association of Private Hospitals by the National Hospital Insurance Fund pursuant to Standing Order 227 (2).

Signed..........Date.....26/8/2015.....
(HON. DR. RACHEAL NYAMAI, M.P.)

**CHAIRPERSON,
DEPARTMENTAL COMMITTEE ON HEALTH**

2.0 CONSIDERATION OF THE PETITION ON THE RECOGNITION OF KAPH BY THE NATIONAL HOSPITAL INSURANCE FUND.

2.1 Introduction

The Kenya Association of Private Hospitals (KAPH) was started as a lobby group forum for exchanging mutually beneficial information and advancing ideas in its deliberate efforts to improve the quality and the spread of the provision of private medical care in Kenya. It holds a Certificate of Registration, No 19994 issued by the Registrar of Societies on 4th September 2003. Over 43% of hospitals and clinics are privately owned, and about 15% are owned by the non-profit faith-based private sector and non-governmental organizations with interest in provision of healthcare services.

The pioneers of the private hospitals association saw a need for building a strong association that is able to speak with one voice in articulating the objectives of the association, in its earnest desire to deliver most affordable, quality healthcare services to the underserved and vulnerable people, living in the urban and peri-urban areas throughout Kenya.

Kenya Association of Private Hospitals has a huge membership across the country and is committed to offer quality healthcare services to all Kenyans to actualize the capitated civil servants' and uniformed officers' medical scheme.

The National Hospital Insurance Fund (NHIF) is a very critical player in funding healthcare delivery in Kenya. The Constitution of Kenya Article 43 protects all citizens from any form of discrimination with regard to provision of healthcare.

On 21st April, 2015, the Kenya Association of Private Hospitals presented to Parliament a Petition through Hon. Kubai Iringo, MP seeking to have a legal recognition by the National Hospital Insurance Fund. The Petition was subsequently committed to the Committee on Health to be processed pursuant to the provisions of Standing Order 227.

The petitioners made the following prayers in their petition that, the National Assembly, through the Departmental Committee on Health;

- i. Considers passing legislation to give KAPH a legal personality to effectively become a bona fide representative of its Members in the NHIF Board, in order to play a leading role, in driving provision of quality health care throughout the country; and
- ii. Intervenes to compel NHIF involve all other bona fide healthcare providers in consultative discussions on all aspects of service contracts and to strictly adhere to contracts concluded with Healthcare providers and be ready to compensate the provider among other key issues.

The Committee during the consideration of the petition held meetings on Thursday, 2nd and 9th July, 2015 with the Petitioners, the Kenya Association Private Hospitals and the National Hospital Insurance Funds to deliberate on the issues raised.

3.0 SUBMISSIONS FROM THE STAKEHOLDERS

The following stakeholders gave their views as follows:

3.1 Kenya Association of Private Hospitals – Petitioner

The Petitioners, Kenya Association of Private Hospitals appeared before the Committee on 2nd July, 2015 to brief it on the issues of their petition on legal recognition by the NHIF. The Association briefed the Committee as follows that:-

- i. The NHIF is a very critical player in funding healthcare delivery throughout Kenya. However, NHIF needs to understand that the Constitution protects all citizens from any form of discrimination with regard to provision of healthcare;
- ii. NHIF has been unwilling to engage and involve KAPH in a structured consultative process that should pave way for smooth actualization of the Capitated Civil Servants' and Uniformed Officers' Medical Scheme;
- iii. Over time, NHIF has been unilaterally reviewing the capitation rates downwards and midstream with no reference to KAPH members. Further, NHIF has, on its own, been taking decisions to withhold both capitation and fee for service payments, without engaging and involving the private hospitals, which include; medium and private hospitals and clinics; licensed by the Kenya Medical Practitioners and Dentist Board, who are the owners of the KAPH;
- iv. NHIF has refused to share and discuss the results of 2012 and 2014 actuarial studies that were carried out to help in determining the levels of capitation rates with NHIF giving flimsy reasons for the delay in releasing the figures;
- v. NHIF unilaterally designs and produces contracts for KAPH members to sign leaving no room for engaging and involving the private hospitals. This has led to corruption and suffering for the KAPH members as they end up getting grossly undervalued capitation rates which may unfortunately lead to the provision of poor service and in certain cases, bankruptcy;
- vi. NHIF has deliberately refused to recognize KAPH who by and large are the owners of the medium and small private hospitals and clinics across the country. The Association therefore petitions Parliament to consider

- passing legislation to give KAPH a legal personality to become a bona fide representative of its members;
- vii. The actuarial study which was used to pre-determine the capitation rates being applied by the NHIF has not fairly spread the risk as there is no clear definition of population to be served by the capitation rates;
 - viii. With the proposal by Government to roll out the Universal Health Coverage which is a good policy idea, there is need for NHIF to undergo complete transformation so as to ably take the responsibility of rolling out the Universal Health Coverage effectively and efficiently; and
 - ix. Providing KAPH with a legal personality will go a long way in guaranteeing provision of quality of healthcare to the poor, the under-served and entire Kenyan population.

3.2 National Hospital Insurance Fund

The Chief Executive Officer (CEO), NHIF Mr. S. Ole Kirgotty appeared before the Committee on 9th July, 2015 to brief the Committee on the issues raised by the Petitioners and briefed it as follows:-

- i. The Fund is empowered by the enabling Act to declare hospitals to provide both in and out patient. It has been offering inpatient cover exclusively;
- ii. The hospitals contracted to offer services under the cover, have been progressively inspected since their respective dates of empanelling upon application. After receipt of application, the Fund commences accreditation process through inspection of the health facilities. Identification of facilities is based on performance standards for quality of care that include:
 - Licence from Kenya Medical Practitioners and Dentists Board (KMPDB)
 - Facility infrastructure
 - Diagnostic Capacity
 - Infection prevention capacity
 - Referral systems
 - Records and information systems
 - Human Resources for Health
- iii. The Government in fulfilment of the obligations to ensure access to quality healthcare introduced a Comprehensive Medical Insurance Cover for its employees and their eligible dependants with effect from 1st January 2012. The Insurance Cover is administered by the National Hospital Insurance Fund;

- iv. The Cover provides for both out-patient and in-patient medical services in NHIF accredited Government, Mission and Private Hospitals in the Country. The Scheme also provides for Group Life Cover and Last Expense Cover. The Scheme is operational within the framework envisaged and the Board is committed to ensure that the Scheme continues to run smoothly as consultations are held extensively with stakeholders to ensure that the Fund meets member's expectations and to safeguard the general public interest.
- v. The capitation rates approved by the Board for the Civil Servants and Disciplined Services is Kshs. 2,850 per year for Principal Member plus five (5) dependants for private hospitals and Kshs. 1,500 for Government Hospitals;
- vi. NHIF and KAPH have held various consultative meetings on the matter. Though the Minutes had not been confirmed and signed, the content was a true reflection of the deliberations as per the following meetings:
 - Minutes of 20th February 2014
 - Minutes of 27th May 2014
 - Minutes of 19th June 2014
 - Minutes of 27th June 2014
 - Minutes of 12th August 2014
 - Minutes of 8th May 2015
- vii. The capitation formula is for Member plus declared dependants who must be registered in the NHIF data base and forms the basis of the number of beneficiaries to be served by the healthcare providers. The members also have the right to choose the healthcare provider for service delivery. The capitation amounts paid to healthcare providers are therefore based on the data declared periodically by the Members of the Scheme and assigned to the healthcare providers chosen by the members;
- viii. The NHIF and KAPH concurred that any review of capitation rates are subject to and guided by actuarial valuations and therefore any review for the Civil Servants and Disciplined Services Medical Scheme would await the outcome of actuarial recommendations;
- ix. On the issue of payments to KAPH, NHIF has paid a total of Kshs. 4.2 billion to KAPH members for the 2014/2015 Financial Year (Annex 2); and
- x. On the issue of representation in the NHIF Board, the NHIF Act No. 9 of 1998 provides for representation of the members of the Board of management from various stakeholders. The matter of review of the Board representation is within the policy direction of Government through the parent Ministry.

4.0 COMMITTEE OBSERVATIONS

The Committee having considered the submissions from both KAPH and the NHIF made the following observations that:-

- i. There is need to ensure that the capitation method is properly implemented with a defined population and risk fairly distributed after a proper actuarial study has been conducted. This will ensure fairness and eliminate skewed distribution of patients/clients;
- ii. There is a likelihood of abuse of free medical care. In this regard, there is need to have deterrent measures such as gatekeeping fee to prevent those who are not sick from seeking for medical services in the guise of utilizing the medical facility for the sake of it;
- iii. Based on the Petitioners prayer, that KAPH gets membership in the NHIF Board, it is the responsibility of the Committee on Health and KAPH to initiate the proposal of amending the NHIF Act to change the board membership and present the same to the National Assembly;
- iv. Although the Fund provided the actuarial studies report for Civil Servants and Disciplined Services Medical Scheme by Alexander Forbes, it was noted that there was no adequate data to enable sufficient analysis of the scheme. There is therefore need for another study with adequate data to be undertaken to provide comprehensive analysis of the scheme;
- v. The actuarial study currently in use has not defined the population for which the health providers needed to serve and thereby transferring too much risk to the provider. There is therefore need to have mechanisms such as gatekeeping fee to cushion the providers;
- vi. Although the NHIF has various cadres for contribution based on the incomes, the cadre for self-employed and voluntary contributors proposed payment of Kshs. 500 and Kshs. 300 per month respectively would be high compared to those who are employed and with constant income in the lower cadres. There is therefore need to review the proposed contributions for the self-employed and the voluntary contributors;
- vii. Although the NHIF and KAPH have engagements through their constant meetings, there is need for mutual respect during such engagements in a bid to resolve the underlying issues that have been raised amicably and ensure that the decisions reached during such engagements are implemented; and
- viii. Although the Kenya Medical Association which is a welfare association for doctors, is implied to represent the interests of KAPH in the NHIF Board, not all Members of KAPH would have their interests represented

as some KAPH Members are not medical doctors. There is therefore need for an amicable solution for representation of KAPH.

- ix. The NHIF had employed one actuarial scientist and had no insurance experts. Over time, the same had been outsourced at exorbitant rates and this needed to stop.
- x. Alexander Forbes' actuarial study produced a wanting report and the relationship between NHIF and Alexander Forbes ought to be investigated by the Committee and the subsequent recommendations be forwarded to relevant state organs for action.

5.0 COMMITTEE RECOMMENDATIONS

Based on the above observations emanating from the petition and the submissions from the concerned parties, the Committee hereby makes the following recommendations: - THAT;

1. **KAPH should initiate the proposal to amend the NHIF Act of 1998 on their legal recognition in the NHIF Board and present it to the Committee. Subsequently the Committee will set up a sub-committee to make recommendations on areas of amendment in the NHIF Act as the Fund gears to rolling out the Universal Health Coverage.**
2. **The NHIF shall involve all relevant healthcare providers in consultations on service contracts. Equally, both the KAPH and the NHIF should continue engaging during their regular meetings in order to formulate a mutually beneficial scheme which will facilitate the achievement of Universal Health Coverage for the Kenyan citizens in line with Article 43 of the Constitution.**
3. **NHIF should employ adequate actuarial scientists and insurance experts and conduct a rigorous actuarial study after identifying a consultant through competitive bidding.**

ANNEXURES

1. MINUTES
2. PAYMENT DETAILS FOR THE HEALTH CARE PROVIDERS BY THE NHIF
3. PETITION

MINUTES OF THE 48TH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN 2ND FLOOR PROTECTION HOUSE, ON THURSDAY 2ND JULY, 2015, AT 10.00 AM.

PRESENT

1. The Hon. Dr. Racheal Nyamai, M.P. (Chairperson)
2. The Hon. Dr. Robert Pukose, M.P. (Vice Chairperson)
3. The Hon. Dr. Dahir D. Mohamed, M.P.
4. The Hon. Mwinga Gunga, M.P.
5. The Hon. Dr. Stephen Wachira, M.P.
6. The Hon. Hassan Aden Osman, M.P.
7. The Hon. Raphael Milkau Otaalo, M.P.
8. The Hon. Kamande Mwangi, M.P.
9. The Hon. Michael Onyura, M.P.
10. The Hon. Zipporah Jesang, M.P.
11. The Hon. Dr. James Nyikal, M.P.
12. The Hon. Joseph O. Magwanga, M.P.
13. The Hon. David Karithi, M.P.
14. The Hon. Alfred Outa, M.P.
15. The Hon. John Nyaga Muchiri, M.P.
16. The Hon. Dr. Eseli Simiyu, M.P.
17. The Hon. Dr. Susan Musyoka, M.P.
18. The Hon. Dr. Naomi Shaban, M.P.
19. The Hon. Dr. Naomi Shaban, M.P.
20. The Hon. Christopher Nakuleu, M.P.
21. The Hon. Dr. James Murgor, M.P.
22. The Hon. Dr. Enoch Kibunguchy, M.P.
23. The Hon. Dr. James O. Gesami, M.P.

ABSENT WITH APOLOGY

1. The Hon. Dr. Patrick Musimba, M.P.
2. The Hon. Mwahima Masoud, M.P.
3. The Hon. Alfred Agoi, M.P.
4. The Hon. Stephen M. Mule, M.P.
5. The Hon. Leonard Sang, M.P.
6. The Hon. James Gakuya, M.P.

IN ATTENDANCE

Hon. Kubai Iringo, MP - Petition Presenter

National Assembly Secretariat

1. Esther Nginyo - Third Clerk assistant
2. Hassan A. Arale - Third Clerk Assistant.
3. Sande Marale - Research officer
4. Sidney Lugaga - Legal Counsel.

KENYA ASSOCIATION OF PRIVATE HOSPITALS.

1. Dr. Thiakunu CKM - KAPH Chair Meru.
2. Dr. George o. Rae - Treasurer
3. Dr. P.N Ombaga - Secretary General
4. John A.M Maliti - KAPH Consultant/ CEO.

MIN.NO. DCH 205/2015: PRELIMINARIES.

The chairperson called the meeting to order at 10.30 am after prayer was said and welcomed the members to the meeting.

MIN.NO. DCH 206/2015: ADOPTION OF THE AGENDA.

The agenda of the meeting was adopted as proposed and seconded by Hon. Dr. Stephen Wachira, MP and Hon. Christopher Nakuleu, MP respectively.

MIN.NO DCH 206/2015: MEETING WITH ASSOCIATION OF PRIVATE HOSPITALS OFFICIALS.

The officials of Kenya Association Private Hospitals appeared before the Committee to brief it on their petition on recognition of KAPH by the National Hospital Insurance Fund. They were petitioning the National Assembly through the Committee on Health to;

- i. Consider passing legislation to give KAPH a legal personality to effectively become a bonafide representative of its Members in the NHIF Board, in order to play a leading role, in driving provision of quality healthcare throughout the country; and
- ii. Intervene to compel NHIF involve all other bona fide healthcare providers in consultative discussions on all aspects of service contracts and to strictly

adhere to contracts concluded with healthcare providers and be ready to compensate the provider among other key issues.

In their presentation to the Committee, they stated that;

- i. They recognized the NHIF as the vehicle to deliver the Universal Health Coverage (UHC).
- ii. KAPH established in 2003 is a private healthcare providers initiative of bringing together the medium and small healthcare providers throughout Kenya and currently represent 43% of the healthcare in the country. The association's presence is countrywide.
- iii. KAPH has made efforts to have a legal personality in the NHIF board unsuccessfully in a bid to create synergy between the two organizations towards the provision of the healthcare service as Kenya moves toward the Universal Health Coverage.
- iv. The NHIF has in the past made unilateral decisions behind KAPH's back disregarding its inputs made by the joint NHIF-KAPH technical committee. This is made manifest especially in the review of the new capitation contracts whose actuarial study that was used to determine the contracts are not made public.
- v. There is no fair distribution of risk with the current capitation as the population is not determined.
- vi. It is to be noted that the faith based organizations and the Non-governmental organizations (NGOs) have been recognized in the NHIF Board which is not the case for the KAPH which has an accumulated wealth of experience.
- vii. There is need to provide for legal personality for KAPH as it is going to add a lot of value and professionalism into the board owing to the wealth of experience accumulated over the years.
- viii. There is need to retain a co-paying fee for gatekeeping and curbing the over-use of the service especially by those who are not unwell.

COMMITTEE OBSERVATIONS

The Committee made the following observations that;

- i. There is need for KAPH to propose legislation on the issue of legal personality in the NHIF Board and present it to the Committee.
- ii. The composition of the NHIF Board had been amended through the Miscellaneous Amendment Bill, 2014, however, it is not clear whether the implementation of the law as was passed has been done. In this regard, the Secretariat was tasked to follow up on the issue.
- iii. There is need to ensure that the capitation method is properly implemented with a defined population and risk fairly distributed after a proper actuarial study has been conducted. This will ensure fairness and eliminate the skewness in the distribution of patients/clients.
- iv. There is need to have deterrent measures such as gatekeeping fee to prevent those who are not sick to seek for medical services in the guise of utilizing the medical facility for the sake of it.
- v. The Committee observed the need to address the issues raised by the petitioners with the management of the NHIF and requested the petitioner to attend the Committee's meeting with the NHIF on Thursday, 9th July, 2015 at noon.

MIN.NO. DCH 207/2015: CONSIDERATION OF HEALTH BILL, 2015.

The Committee continued with consideration of the Health Bill, 2015 starting from Clause 64. The Committee adopted and agreed to the following amendments:

CLAUSE	PROPOSED AMENDMENT	JUSTIFICATION FOR AMENDMENT
64	That Clause 64(3)(f) be amended by Inserting the words "implementation and establishment of national database and its dissemination" after the word 'and'	To provide for the implementation of Policy and Legislation for the benefit the public and the establishment of a database.
65	Adopted	
66	Adopted	

67	Adopted	
68	Adopted	
69	Adopted	
70	Adopted	

The Committee stopped the consideration of the Bill at the end of Clause 70.

MIN.NO. DCH 208/2015: ANY OTHER BUSINESS.

The following matters were raised under this agenda item;

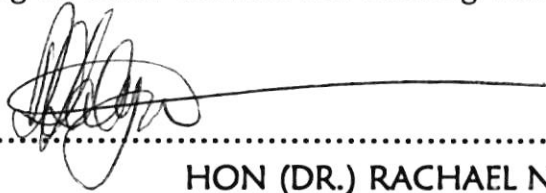
- i. The Secretariat was tasked to research on issues of conducting research on minors for non-therapeutic purposes and on pregnant women for purposes of developing a legislation in the future.
- ii. The Legal Counsel was tasked to study the contract between the Government of Kenya and the China Development Bank Corporation on the MRI Equipment and advise the Committee on its contents.
- iii. There is need for the Committee to address the issues that are being raised by various stakeholders on the Universal Health Coverage. In this regard, the Committee resolved to convene a meeting with the Ministry of Health and experts from the World Bank and the World Health Organization.
- iv. The Committee resolved to Visit the Machakos Referral Hospital to inspect the MES Project and the Slum Upgrading Project once it dispenses off with the Bill.
- v. The Committee further resolved to enquire from the Ministry of Health the allegations of the Moi Teaching Referral and Training Hospital having two Chief Executive Officers as published in the media.
- vi. The Committee was informed that the National Aids Control Council had sponsored one Committee Member for the 8th IAS Conference on HIV/AIDS Pathogenesis to be held in Vancouver Canada from 19th to 22nd July, 2015. The Chairperson informed the Committee that she had requested the Council to extend an invitation to more Members that will be catered for by Parliament.

MIN.NO. DCH 209/2015

ADJOURNMENT

There being no other business the meeting was adjourned at 1.00 pm.

SIGNED.....



HON (DR.) RACHAEL NYAMAI, M.P

CHAIRPERSON

DATE:.....

31/7/2015

**MINUTES OF THE 51st SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH
HELD IN 4th FLOOR CONTINENTAL HOUSE, ON THURSDAY
9TH JULY, 2015, AT 10.00 AM.**

PRESENT

1. The Hon. Dr. Racheal Nyamai, M.P. (Chairperson)
2. The Hon. Dr. Robert Pukose, M.P. (Vice Chairperson)
3. The Hon. Dr. James Murgor, M.P.
4. The Hon. Dr. Dahir D. Mohamed, M.P.
5. The Hon. Mwinga Gunga, M.P.
6. The Hon. Dr. Stephen Wachira, M.P.
7. The Hon. James Gakuya, M.P.
8. The Hon. Raphael Milkau Otaalo, M.P.
9. The Hon. Michael Onyura, M.P.
10. The Hon. Zipporah Jesang, M.P.
11. The Hon. Dr. James Nyikal, M.P.
12. The Hon. Joseph O. Magwanga, M.P.
13. The Hon. David Karithi, M.P.
14. The Hon. Leonard Sang, M.P.
15. The Hon. John Nyaga Muchiri, M.P.
16. The Hon. Stephen M. Mule, M.P.
17. The Hon. Dr. Enoch Kibunguchy, M.P.
18. The Hon. Dr. Eseli Simiyu, M.P.
19. The Hon. Dr. Naomi Shaban, M.P.
20. The Hon. Paul Koinange, M.P.

ABSENT WITH APOLOGY

1. The Hon. Dr. Patrick Musimba, M.P.
2. The Hon. Mwahima Masoud, M.P.
3. The Hon. Alfred Agoi, M.P.
4. The Hon. Christopher Nakuleu, M.P.
5. The Hon. Dr. Susan Musyoka, M.P.
6. The Hon. Hassan Aden Osman, M.P.
7. The Hon. Fred Outa, M.P.
8. The Hon. Dr. James O. Gesami, M.P.
9. The Hon. Kamande Mwangi, M.P.

IN ATTENDANCE

Hon. Kubai Iringo, M.P- Friend of the Committee.

Hon. Dawood Rahim, MP – Friend of the Committee

NHIF OFFICIALS;

- 1.S.Ole Kirgoty - C.E.O NHIF.
- 2.Lucy Rono - Corporate Secretary.

- 3. Ambrose Lugho - Director Operations and quality.
- 4. Geoffrey Mwangi - Director Finance
- 5. Martin Ngari - In-charge Benefits.

KENYA ASSOCIATION OF PRIVATE HOSPITALS OFFICIALS.

- 1. Dr. Mohamed Abdi - Member.
- 2. Dr. C.B. Ntalo Were - Member
- 3. Dr. CK Thiakum - Chairman Mount Kenya Region.
- 4. John A. M Naliti - C.E.O/ Consultant.

COMMISSION ON IMPLEMENTATION OF THE CONSTITUTION OFFICIALS.

- 1. Catherine Mumma - Commissioner
- 2. James Wagala - P.P.O.

National Assembly Secretariat

- 1. Dennis Mogare - Third Clerk Assistant.
- 2. Hassan A. Arale - Third Clerk Assistant.
- 3. Marale Sande - Research officer III
- 4. Sidney Lugaga - Legal counsel.
- 6. John Mungai - Hansard

MIN.NO. DCH 217/2015: PRELIMINARIES.

The Chairperson called the meeting to order at 10.30 am and prayer was said. Thereafter, the Chairperson welcomed all present and invited them to do self-introduction.

MIN.NO. DCH 218/2015: MEETING WITH COMMISSION ON IMPLEMENTATION OF THE CONSTITUTION (CIC) ON THE HEALTH BILL, 2015.

The CIC Commissioner Catherine Mummo gave an overview of the Health bill and the areas that the commission has separated the profession and the products though the summary was sent through the Clerk of the National Assembly vide a letter Ref. CIC/3/14/Vol.I/(93) dated 8th June, 2015. In the audit of the bill, the Commission noted that;

The Commission received the final draft from the Health Bill from the Ministry in July 2014 and facilitated two stakeholders consultations; one with the health practitioners, NGOs and representative from various government ministries and departments as well as representatives from the counties.

- i. The Commission also organized a drafting retreat in Maanzoni with representatives from the Kenya Law Reform Commission, Ministry of Health, County Government representatives and CIC to facilitate clause by clause review and amendment of the bill to incorporate the concerns of the stakeholders.
- ii. The Commission held more technical sessions with the ministry to work on the provisions relating to the establishment of one authority to handle issues relating

- to standards in line with the recommendations of the East African Community Sector on Health and the task force on parastatal reforms.
- iii. The Commission then forwarded an advance copy of the Bill to the Cabinet Secretary in the Ministry of Health and the office of the Attorney General copying the Parliamentary Health Committees and the governors in December 2014.
 - iv. The Commission then scheduled a two day roundtable meeting to be held in February 2015 to finalize on the Bill; however, CIC was advised by the Ministry's representative of an ongoing matter in court by one of the health professional bodies, challenging provisions of the Bill. The Ministry suggested that the meeting should wait as result of the court proceedings.
 - v. The Commission was of the view that that concerns relating to the Bill should be addressed at the roundtable meeting and where there is no consensus, the matter can then be challenged once the legislative proposal becomes law.
 - vi. The Commission sought the Attorney General's guidance during which period it learnt that the Cabinet had approved an earlier draft of the Health Bill which the Commission has since audited against the draft processed by it.

Committee Observations.

The Committee made the following observations that;

- i. There is a general view from the public that there should be a Health Commission to look after the welfare of the health workers. There is therefore need to agree on a health commission that is not unconstitutional as it is important to retain the few medical specialists in the country as many of them are leaving country for other greener pastures.
- ii. The CIC version of the Health Bill is too detailed containing some provisions which ideally should be in regulations; for instance in Clause 9.
- iii. Although CIC was of the opinion that the Director General should not infringe on the counties, there is need to have a link at the county level to ensure that standards and policies are harmonized from the national to the county level.
- iv. There should be inter-governmental relations and forums in the law to ensure that standards and policies are adhered to as well as create the need for consultations. In this regard, the CIC should guide on how to link the two levels of government without breaching the constitution.
- v. There is need for more consensus with the CIC so that the end product of the Health Bill is acceptable. To this end, it was agreed that there is need for a joint retreat with the Ministry of Health, CIC and the Committees on Health from the National Assembly and the Senate at a later date.
- vi. Although human resource is one of the resources required in the counties, there is no specific functions in the fourth schedule to any level of government regarding this very important asset in the health sector.

MIN.NO DCH. 219/ 2015: MEETING WITH NATIONAL HOSPITAL INSURANCE FUND C.E.O REGARDING THE PETITION BY THE ASSOCIATION OF PRIVATE HOSPITALS ON LEGAL RECOGNITION BY THE NHIF.

Mr. S. Ole Kirgotty, the C.E.O, NHIF appeared before the committee to respond to the issues raised in a petition by the Kenya Association of Private Hospitals requiring to be recognized by the Fund. The CEO submitted to the issues raised as follows:

Engagement with Kenya association of private Hospitals (KAPH) review of capitation rates;

- i. The fund is empowered by the enabling Act to declare hospitals to provide both in and out patients covers. The process of declaration of hospitals has evolved since inception in 1966. Until 2011, when NHIF was offering inpatient cover exclusively. The hospitals contracted to offer services under this cover, have been progressively inspected since their dates of empaneling upon application. After receipt of application, the fund commences accreditation process through inspection of the health facilities. Identification of facilities is based on performance standards for quality of care that include.
 - License from Kenya medical practitioners and dentist board.
 - Facility infrastructure.
 - Diagnostic capacity
 - Infection prevention capacity
 - Referral systems
 - Records and information system
 - Human Resources for Health.
- ii. The government in fulfilment of the obligations to ensure access to quality healthcare introduced a comprehensive medical insurance cover for its employees and their eligible dependents with effect from 1st of January 2012. The insurance cover is administered by the national Hospital insurance Fund (NHIF).
- iii. The cover provides for both out-patient medical services in NHIF accredited government, mission and private hospitals in the country. The scheme is operational within the framework envisaged and the board is committed to ensure that the scheme

continue to run smoothly as consultations are held extensively with stakeholders to ensure that the fund meets member expectations and to safeguard the general public interest.

- iv. The capitation rates approved by the Board for the civil servants and Disciplined services is ksh.2,850 per year for principal member plus (5) dependents for private hospitals and ksh.1500 for government Hospitals.
- v. NHIF and KAPH have held various meetings on the matter. Though the minutes have not been confirmed and signed the content is true reflection of the deliberations.
 1. Minutes of 20th sitting February 2014.
 2. Minutes of 27th may 2014
 3. Minutes of 19th June 2014.
 4. Minutes of 27th June 2014.
 5. Minutes of 12th August 2014.
 6. Minutes of 8th May 2015.
- vi. The capitation formula is for member plus declared dependents that must be registered in the NHIF data and forms the basis of the number of beneficiaries to be served by the healthcare providers. The members also have the right to choose the healthcare provider for service delivery. The capitation amounts paid to healthcare providers are therefore based on the data declared periodically by the members of the scheme and assigned to the healthcare providers chosen by the members.
- vii. The NHIF and KAPH concurred that any review of capitation rates are subject to and guided by actuarial valuations and therefore any review for the civil servants and Disciplined Services medical scheme would await the outcome of actuarial recommendations.
- viii. *The* payments payments made to private healthcare providers for the financial year 2014/2015 amounted to Kshs. 4.2 billion.
- ix. The NHIF Act no.9 of 1998 provides for representation of the members of the board of management from various stakeholders. The matter of review of the board representation is within the policy direction of government through the parent ministry.

Committee concerns.

The Committee raised the following concerns that;

1. Based on the Petitioners prayers, that KAPH has legal personality in the NHIF Board, it is the responsibility of the Committee on Health and KAPH to initiate the process of amending the NHIF Act to change the board membership.
2. Although the Fund provided the actuarial studies report for Civil Servants and Disciplined Services Medical Scheme by Alexander Forbes, it was noted that there

was no adequate data to enable sufficient analysis of the scheme. There is therefore need for another study with adequate data.

3. The actuarial study has not defined the population for which the health providers needed to serve and thereby transferring too much risk to the provider. There is therefore need to have mechanisms such as gatekeeping fee to cushion the providers.
4. Although the NHIF has various cadres for contribution based on the incomes, the cadre for self-employed and voluntary contributors who pay Kshs. 500 and Kshs. 300 per month respectively were highly charged compared to those who are employed and with constant income in the lower cadres. There is therefore need to review the contributions for the self-employed and the voluntary contributors.
5. The NHIF and KAPH need to engage through their constant engagements to resolve the issues that have been raised amicably.
6. Although the Kenya Medical Association which is a welfare association for doctors, is meant to represent the interests of KAPH in the NHIF Board, not all Members of KAPH would have their interests represented as some KAPH Members are not medical doctors. There is therefore need for an amicable solution for representation of KAPH.

WAY FORWARD.

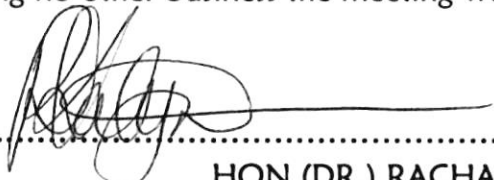
1. The Committee on Health and KAPH need to initiate on the process to resolve the issue of board representation which is not the responsibility of NHIF.
2. Regular Consultative sessions should continue between NHIF and KAPH to resolve the administrative issues raised by the petitioner.
3. KAPH should provide the Committee with the list of their membership.
4. The NHIF should provide Committee the number of population for each facility as contained in the actuarial study within two weeks.
5. The NHIF is to provide a list per sub-county for the beneficiaries of the Medical Scheme for the elderly and the vulnerable.

MIN.NO. DCH 220/2015

ADJOURNMENT

There being no other business the meeting was adjourned at 1.45 pm.

SIGNED.....



HON (DR.) RACHAEL NYAMAI, M.P

CHAIRPERSON

DATE:.....

31/7/2015

MINUTES OF THE 60TH SITTING OF THE DEPARTMENTAL COMMITTEE ON HEALTH HELD IN 2ND FLOOR COMMITTEE ROOM, CONTINENTAL HOUSE, ON THURSDAY 20TH AUGUST, 2015, AT 10.00 AM.

PRESENT

1. The Hon. Dr. Racheal Nyamai, M.P. (Chairperson)
2. The Hon. Dr. Robert Pukose, M.P. (Vice Chairperson.)
3. The Hon. Michael Onyura, M.P.
4. The Hon. David Karithi, M.P.
5. The Hon. Leonard Sang, M.P.
6. The Hon. John Nyaga Muchiri, M.P.
7. The Hon. Dr. Naomi Shaban, M.P.
8. The Hon. James Gakuya, M.P.
9. The Hon. Raphael Milkau Otaalo, M.P.
10. The Hon. Kamande Mwangi, M.P.
11. The Hon. Fred Outa, M.P.
12. The Hon. Dr. James Murgor, M.P.
13. The Hon. Dr. Stephen Wachira, M.P.
14. The Hon. Paul Koinange, M.P.
15. The Hon. Dr. Enoch Kibunguchy, M.P.
16. The Hon. Stephen M. Mule, M.P.
17. The Hon. Hassan Aden Osman, M.P.
18. The Hon. Dr. Eseli Simiyu, M.P.

ABSENT WITH APOLOGY

1. The Hon. Dr. James Nyikal, M.P.
2. The Hon. Dr. James O. Gesami, M.P.
3. The Hon. Dr. Susan Musyoka, M.P.
4. The Hon. Joseph O. Magwanga, M.P.
5. The Hon. Mwinga Gunga, M.P.
6. The Hon. Christopher Nakuleu, M.P.
7. The Hon. Dr. Dahir D. Mohamed, M.P.
8. The Hon. Alfred Agoi, M.P.
9. The Hon. Dr. Patrick Musimba, M.P.
10. The Hon. Mwahima Masoud, M.P.
11. The Hon. Zipporah Jesang, M.P.

IN ATTENDANCE

National Assembly Secretariat

1. Mr. Dennis Mogare - Clerk Assistant III

MIN.NO. DCH 250/2015: PRELIMINARIES.

The Chairperson called the meeting to order at 10.35 am. Thereafter, a prayer was said by Hon. Dr. Stephen Wachira, M.P. The Chairperson then welcomed all Members present to the meeting.

MIN.NO. DCH 251/2015: ADOPTION OF THE AGENDA

The Agenda was adopted as drafted after being proposed and seconded by Hon. Dr. Robert Pukose, M.P. and Hon. Dr. James Murgor, M.P. respectively.

**MIN.NO. DCH 252/2015: CONSIDERATION AND ADOPTION OF A REPORT ON
A PETITION BY INTERLINK INDUSTRIES ON DELAY OF
PAYMENT FOR THE CONSTRUCTION OF AN
OUTPATIENT BLOCK AT IGEGANIA SUB- DISTRICT
HOSPITAL.**

The Report was adopted (with amendments) after being proposed and seconded by Hon. Raphael Milkau Otaalo, M.P and Hon. Dr. Stephen Wachira, M.P. respectively.

The amendment effected was that the following be part of the recommendations that: "The Committee recommends that the petition together with the Report from the Committee be forwarded to the Senate for Consideration."

**MIN.NO. DCH 253/2015: CONSIDERATION AND ADOPTION OF A REPORT ON
A PETITION BY THE KENYA ASSOCIATION OF
PRIVATE HOSPITALS ON RECOGNITION BY THE
NATIONAL HEALTH INSURANCE FUND**

The Report was adopted (with amendments) after being proposed and seconded by Hon. Dr. Eseli Simiyu, M.P. and Hon. Kamande Mwangi, M.P. respectively.

The amendments effected included that:

- a) The following be included in the section on committee observations that:

- i. "The NHIF had employed one actuarial scientist and had no insurance experts. Over time, the same had been outsourced at exorbitant rates and this needed to stop."
 - ii. "Alexander Forbes actuarial study produced a wanting report and the relationship between NHIF and Alexander Forbes ought to be investigated by the Committee and the subsequent recommendations be forwarded to relevant state organs for action."
- b) Recommendation (ii) should be amended to read as follows: "On the issue of intervention to compel the NHIF to involve all other bona fide healthcare providers in consultations on service contracts, the committee compels the fund to involve all other bona fide healthcare providers in consultations on service contracts. Equally, both the KAPH and the NHIF should continue engaging during their regular meetings in order to formulate a mutually beneficial scheme which will facilitate the achievement of universal health coverage for the Kenyan citizens in line with Article 43 of the constitution."
- c) Recommendation (iii) should be amended to read as follows: "NHIF should employ adequate actuarial scientists and insurance experts and conduct a rigorous actuarial study after identifying a consultant through competitive bidding."
- d) The following should be included as part of the Committee Recommendations that: "The National Assembly Health Committee should set up a sub-committee to make recommendations on amendments to the NHIF act to provide for universal healthcare."

**MIN.NO. DCH 254/2015: CONSIDERATION AND ADOPTION OF A
REPORT ON A PETITION ON NON- PAYMENT
OF ALLOWANCES FOR CLINICAL OFFICERS
INTERNS.**

The Report was adopted (with amendments) after being proposed and seconded by Hon. Dr. Naomi Shaban, M.P. and Hon. Kamande Mwangi, M.P. respectively.

The amendments effected included that:

- a) Observation (i) should be amended to read that: "since the clinical officers' course is a practical course which does not require a separate internship

period, after qualifying, the trainees need to be registered and posted as was the practice previously.

- b) Recommendation (ii) should be amended to read as follows: “ The Ministry of Health should report to the Committee on the outcome of the discussions with the National Treasury and the Public Service Commission on the payment of interns **within 90 days** from the date of tabling of this Report.
- c) Introduce a recommendation that reads as follows: “The requirement for internship for clinical officer trainees should be abolished as the clinical officers’ course is a practical course which does not require a separate internship period, after qualifying; the trainees need to be registered and posted as was the practice previously.

**MIN.NO. DCH 255/2015: CONSIDERATION AND ADOPTION OF A
REPORT ON THE CONSIDERATION OF A
PETITION BY MR. BERNARD KIPROTICH
CHERUIYOT REGARDING REVIEW OF HEALTH
CARE SYSTEM**

The Report was adopted (with amendments) after being proposed and seconded by Hon. James Gakuya, M.P. and Hon. Hassan Aden Osman, M.P. respectively.

The amendments effected included that:

- a) Include an observation that reads as follows: “The Committee commends the courage and forthrightness of the petitioner, who is a health worker, for taking upon himself the responsibility to bring to the fore matters affecting the health sector in Kenya.”
- b) Include the following as part of the Committee Recommendations: “There is an urgent need for the national government to expand training opportunities for all cadres of healthcare professionals.”

DCH 256/2015 ANY OTHER BUSINESS

1. The Committee needed to adopt a calendar of activities to undertake during the long recess that was scheduled from 27th August, 2015.

2. The Committee needed to adopt a calendar of activities to undertake during the long recess that was scheduled from 27th August, 2015.
3. The delegation to represent the Committee during the United Nations General Assembly 2015 meeting was selected and had the following members:
 - i. The Hon. Dr. Racheal Nyamai, M.P.
 - ii. The Hon. Mwachima Masoud, M.P.
 - iii. The Hon. Hassan Aden Osman, M.P.
 - iv. The Hon. Dr. James O. Gesami, M.P.
 - v. The Hon. Paul Koinange, M.P.
 - vi. The Hon. Joseph O. Magwanga, M.P.
 - vii. The Hon. Alfred Agoi, M.P.

MIN.NO. DCH 257/2015

ADJOURNMENT

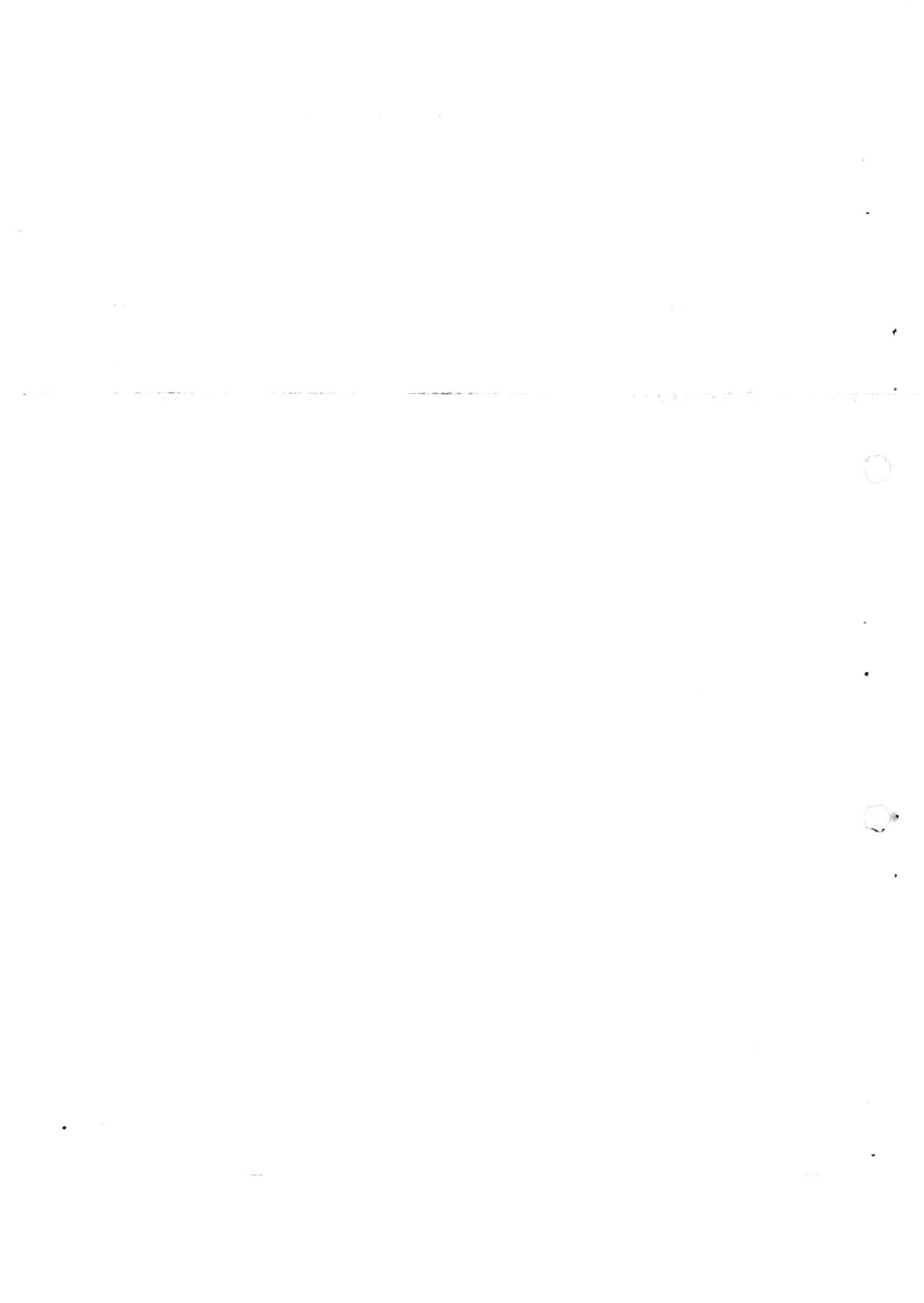
There being no other business the meeting was adjourned at 12.32 pm.

SIGNED.....

HON (DR.) RACHAEL NYAMAI, M.P

CHAIRPERSON

DATE:.....





Afya Yetu. Bima Yetu

NHIF PAYMENTS TO PRIVATE HOSPITALS 2014/15 FY

	BRANCH OFFICE	HOSPITAL NAME	INPATIENT CLAIMS (KES)	OUTPATIENT /CAPITATION (KES)	TOTALS (KES)
1	WESTLANDS	S.S. LEAGUE M.P SHAH HOSPITAL NAIROBI	247,445,679		247,445,679
2	IND. AREA	NAIROBI WEST HOSPITAL	230,371,821	-	230,371,821
3	KITENGELA	ATHI-RIVER SHALOM COMMUNITY HOSPITAL	120,382,700	3,784,088	124,166,788
4	MOMBASA	JOCHAM HOSPITAL	100,785,316	21,025,163	121,810,479
5	MACHAKOS	SHALOM HOSPITAL	100,875,000	14,175,188	115,050,188
6	NAIROBI	NAIROBI HOSPITAL NAIROBI	110,329,395	-	110,329,395
7	IND. AREA	MARIAKANI COTTAGE HOSPITAL	72,314,892	16,759,425	89,074,317
8	WESTLANDS	H.H. AGAKHAN HOSPITAL (NAIROBI)	77,958,269	-	77,958,269
9	KERUGOYA	KERUGOYA MEDICAL CENTRE	67,588,100	10,038,413	77,626,513
10	WESTLANDS	GERTRUDES GARDEN CHILDREN'S HOSPITAL	69,069,811	-	69,069,811
11	IND. AREA	MATER MISERICORDIAE HOSPITAL NAIROBI	59,751,381	-	59,751,381
12	KISII	CHRISTA MARIANNE HOSPITAL & NURSING HO	42,562,000	7,254,675	49,816,675
13	ELDORET	REALE MEDICAL CENTRE	19,114,538	29,600,813	48,715,351
14	NYERI	OUTSPAN HOSPITAL	45,419,188	-	45,419,188
15	MOMBASA	H.H AGA KHAN HOSPITAL (MOMBASA)	42,716,740	92,625	42,809,365
16	KERUGOYA	MWEA MEDICAL CENTRE	38,978,100	1,586,025	40,564,125
17	MERU	MAUA METHODIST HOSPITAL (MERU)	38,344,900	2,029,913	40,374,813
18	ELDORET	MEDIHEAL HOSP.& FERTILITY CENTER	24,291,794	15,918,675	40,210,469
19	KAJIADO AREA	KITENGELA MEDICAL CENTRE	32,083,300	6,259,313	38,342,613
20	RUARAKA	HURUMA NURSING & MATERNITY HOME	35,041,200	3,006,038	38,047,238
21	KISUMU	H.H AGA KHAN DISP. & MAT. HOSPITAL KISU	35,944,712	-	35,944,712
22	NAIROBI	MELCHIZEDEK HOSPITAL	29,663,507	8,104,688	37,768,195
23	MOMBASA	PANDYA MEMORIAL HOSPITAL (MOMBASA)	36,784,451	-	36,784,451
24	KERICHO	KERICHO NURSING HOME LTD.	24,456,000	10,880,588	35,336,588
25	NAKURU	EVANS SUNRISE MEDICAL CENTRE	9,313,959	25,896,525	35,210,484
26	KISUMU	JALARAM NURSING & MATERNITY HOME	33,330,300	1,303,875	34,634,175
27	EASTLEIGH OF	RADENT HOSPITAL	16,323,811	17,865,225	34,189,036
28	MOMBASA	MOMBASA HOSPITAL ASSOCIATION	32,718,318	-	32,718,318
29	NAKURU	NAKURU NURSING AND MATERNITY HOME LT	25,987,260	6,729,563	32,716,823
30	THIKA	THIKA NURSING HOME (THIKA)	18,424,100	14,243,588	32,667,688
31	KISII	NYANGENA HOSPITAL	31,189,400	1,358,025	32,547,425
32	KERICHO	SILOAM HOSPITAL	22,176,400	10,185,188	32,361,588
33	RUARAKA	MARURA NURSING HOME	29,201,300	3,086,550	32,287,850
34	KERICHO	ST. LEONARDS HOSPITAL LIMITED	29,849,600	2,260,763	32,110,363
35	HOMA BAY	MATATA NURSING & MATERNITY HOME	29,768,930	2,123,963	31,892,893
36	IND. AREA	NAIROBI-EQUATOR HOSPITAL	30,776,905	-	30,776,905
37	ONGATA RONC	KAREN HOSPITAL LTD	21,477,954	-	21,477,954
38	MACHAKOS	BISHOP U KIOKO CATHOLIC HOSPITAL	28,423,800	572,138	28,995,938
39	KERUGOYA	KAGIO NURSING HOME	26,128,000	2,605,825	28,733,825
40	NAKURU	MEDIHEAL HOSPITAL	12,312,190	15,422,063	27,734,253
41	KISII	HEMA HOSPITAL	22,881,000	4,315,613	27,196,613
42	EMBU	ST. MICHAEL NURSING HOME	24,967,800	2,212,313	27,180,113
43	KISUMU	NIGHTGALE MATERNITY & NURSING HOME	24,385,498	1,684,350	26,069,848
44	KISUMU	BO'YA RURAL NURSING HOME	25,230,960	451,013	25,681,973
45	THIKA	MT.SINAI HOSPITAL	21,484,800	3,284,625	24,769,425
46	THIKA	PLAINSVIEW NURSING HOME	20,685,000	4,083,338	24,768,338
47	IND. AREA	NAIROBI SOUTH MEDICAL CENTRE	23,724,620	237,975	23,962,595
48	THIKA	ST. MATIA MULUMBA HOSPITAL	23,339,772	44,175	23,383,947
49	KERICHO	UNILEVER TEA (K) LTD-CENTRAL HOSPITAL	22,137,000	17,813	22,154,813
50	KITALE	CHERANGANY NURSING HOME	8,027,527	13,442,738	21,470,265
51	EMBU	EMBU CHILDREN'S HOSPITAL	8,416,888	12,703,875	21,120,763
52	MOMBASA	MEWA MEDICAL CENTRE	12,950,335	7,932,263	20,882,598
53	SIAYA	INUKA HOSPITAL	18,870,500	1,598,850	20,469,350

	BRANCH OFFICE	HOSPITAL NAME	INPATIENT CLAIMS (KES)	OUTPATIENT /CAPITATION (KES)	TOTALS (KES)
54	BUSIA	TANAKA NURSING HOME	-11,172,400	8,944,725	20,117,125
55	KAKAMEGA	NALA MATERNITY & NURSING HOME	16,647,000	3,334,500	19,981,500
56	KERUGOYA	COMRADE NURSING HOME	18,726,500	1,158,525	19,885,025
57	WESTLANDS	AFRICARE LIMITED	19,752,465	-	19,752,465
58	EMBU	COUNTY MEDICAL CENTRE	15,346,005	4,451,700	19,797,705
59	NAIROBI	COPTIC CHURCH NURSING	19,376,097	-	19,376,097
60	MIGORI	ST AKIDIWA MEMORIAL HOSPITAL	18,300,900	993,938	19,294,838
61	KISUMU	RACHAR SUGAR BELT NURSING HOME	18,976,113	148,200	19,124,313
62	MIGORI	PASTOR MACHAGE MEMORIAL HOSPITAL	18,228,600	676,163	18,904,763
63	NAIROBI	CRESENT MEDICAL AID KENYA-JAMIA	3,715,219	14,883,413	18,598,631
64	MIGORI	ROYAL MEDICAL CLINIC & MATERNITY HOME	17,384,000	1,207,688	18,591,688
65	KISUMU	ST. GEORGE'S MEDICAL CENTRE	18,263,920	2,850	18,266,770
66	KISUMU	MASABA HOSPITAL LIMITED	17,677,800	11,400	17,689,200
67	NYERI	JAMII HOSPITAL	9,646,960	7,764,113	17,411,073
68	THIKA	NAIDU HOSPITAL	10,747,000	6,592,050	17,339,050
69	MIGORI	RAPOGI COMMUNITY HEALTH & MAT. CENTR	16,637,200	488,775	17,125,975
70	MIGORI	OJELE MEMORIAL HOSPITAL	16,702,800	95,475	16,798,275
71	NAROK	TRANSMARA MEDICARE HOSPITAL	14,629,500	1,930,875	16,560,375
72	NYERI	CHARITY MEDICAL CENTRE	8,225,100	8,215,838	16,440,938
73	KISUMU	SAGAM COMMUNITY HOSPITAL	15,004,900	685,425	15,690,325
74	WESTLANDS	AVENUE HEALTHCARE LTD	15,509,565	-	15,509,565
75	MALINDI	TAWFIQ HOSPITAL	11,993,481	3,648,713	15,642,194
76	KISUMU	DOPHIL NURSING & MATERNITY HOME	14,832,010	605,625	15,437,635
77	WOTE AREA O	KILOME MATERNITY & NURSING HOME	14,093,200	1,288,200	15,381,400
78	KISII	AKEMO VALLEY MATERNITY & NURSING HOM	14,468,500	230,138	14,698,638
79	KISII	RAM MEMORIAL HOSPITAL	6,228,500	8,299,913	14,528,413
80	MIGORI	ORUBA NURSING & MATERNITY HOME LTD	12,075,800	2,008,538	14,084,338
81	EMBU	ACEF ENA HEALTH CARE	12,895,700	1,063,763	13,959,463
82	RUARAKA	UZIMA DISPENSARY AND MATERNITY	4,925,200	8,771,588	13,696,788
83	MIGORI	SUNA MAT & NURSING HOME	10,022,200	3,618,788	13,640,988
84	MURANG'A	KENOL HOSPITAL	8,979,600	3,895,238	12,874,838
85	KISUMU	THE PORT FLORENCE COMMUNITY HOSPITAL	4,439,328	8,427,450	12,866,778
86	EASTLEIGH OF	MADINA HOSPITAL LIMITED	2,544,436	10,176,638	12,721,074
87	ONGATA RONC	LANGATA HOSPITAL	6,251,345	6,421,763	12,673,107
88	KITUI	NEEMA HOSPITAL	4,567,400	7,517,588	12,084,988
89	NAKURU	VALLEY HOSPITAL LIMITED	6,188,840	5,871,000	12,059,840
90	KABARNET	TIONYBEI MEDICAL CLINIC		11,766,225	11,766,225
91	KISII	GETEMBE NURSING HOME	11,542,800	172,425	11,715,225
92	ELDORET	RACECOURSE HOSPITAL	11,008,920	29,213	11,038,133
93	ELDORET	ELDORET HOSPITAL	10,868,400	54,150	10,922,550
94	RUARAKA	ST. JOHN'S HOSPITAL LTD	7,423,400	2,946,188	10,369,588
95	KISUMU	STAR CHILDREN HOSPITAL	8,309,724	1,997,138	10,306,862
96	ELDORET	ST. LUKE'S ORTHOPAEDICS & TRAUMA HOSPI	10,233,146	39,900	10,273,046
97	MERU	MITUNGUU MEDICAL SERVICES	8,738,600	1,120,763	9,859,363
98	BUNGOMA	ELGON-VIEW MEDICAL COTTAGE	3,685,000	6,014,925	9,699,925
99	NAIROBI	CRESCENT MEDICAL AID	6,446,470	3,162,788	9,609,258
100	WOTE AREA O	MAKINDU NURSING HOME	8,334,500	1,112,213	9,446,713
101	NAKURU	NAKURU WAR MEMORIAL HOSPITAL (NAKURU	9,189,025	187,388	9,376,413
102	MALINDI	NEW WANANCHI MATERNITY & NURSING HOM	2,900,979	6,391,837	9,292,816
103	NAIVASHA	LAKEVIEW MATERNITY & NURSING HOME	9,224,400	5,700	9,230,100
104	NAIROBI	THE NAIROBI WOMEN'S HOSPITAL - ADAMS	9,157,746	-	9,157,746
105	BURUBURU	METROPOLITAN HOSPITAL	8,985,466	32,063	9,017,529
106	RUARAKA	THIKA ROAD HEALTH SERVICES		8,673,975	8,673,975
107	NAKURU	ST. JOSEPH'S NURSING AND MATERNITY HOM	5,402,000	3,265,388	8,667,388
108	MIGORI	SORI LAKESIDE NURSING HOME	7,179,600	1,442,100	8,621,700
109	NAIROBI	KAWANGWARE HEALTH CENTRE		8,547,150	8,547,150
110	NAIROBI	NAIROBI WOMEN'S HOSPITAL	8,452,987	-	8,452,987
111	KAKAMEGA	LUMINO MATERNITY & NURSING HOME	7,064,000	1,389,375	8,453,375

	BRANCH OFFICE	HOSPITAL NAME	INPATIENT CLAIMS (KES)	OUTPATIENT /CAPITATION (KES)	TOTALS (KES)
112	KISII	BOSONGO MEDICAL CENTRE	8,204,200	234,413	8,438,613
113	BURUBURU	BURUBURU HEALTH CENTRE		8,354,063	8,354,063
114	LIMURU	ST. TERESA KIKUYU MATERNITY & NUR. HOM	5,964,600	2,309,213	8,273,813
115	WESTLANDS	GURU NANAK RAMGARHIA SIKH HOSPITAL	8,164,838	-	8,164,838
116	KISUMU	AVENUE HOSPITAL-KISUMU	8,133,048	-	8,133,048
117	NAIROBI	AFYA ROYAL CLINIC NGONG ROAD		8,087,588	8,087,588
118	MALINDI	STAR HOSPITAL	385,634	7,635,863	8,021,497
119	KISUMU	HOPE MEDICAL CENTRE AWASI	7,518,400	257,213	7,775,613
120	MURANG'A	KIMKAN HEALTH SERVICES		7,740,600	7,740,600
121	KITENGELA	ATHI RIVER MEDICAL SERVICES	7,262,263	473,100	7,735,363
122	NAIROBI	NAIROBI OUTPATIENT CENTRE			
123	NYERI	GOOD HOPE MEDICAL CENTRE	2,747,800	4,952,588	7,700,388
124	NANYUKI	JOHN PAUL II HURUMA HEALTH CENTRE	4,191,590	3,414,300	7,605,890
125	GARISSA	MEDINA DIAGNOSTICS	497,006	7,061,588	7,558,594
126	NAIVASHA	AIC -CURE INTERNATIONAL CHILDREN'S HOS	7,548,550		7,548,550
	KISUMU	PORT FLORENCE COMM HOSPITAL-MEGA PLAZA		7,318,800	7,318,800
	LIMURU	LIMURU NURSING HOME	3,643,010	3,548,250	7,191,260
129	MIGORI	LADOPHARMA MEDICAL CENTRE		7,065,150	7,065,150
130	MUMIAS	SONAK COMMUNITY MEDICAL CENTRE	5,708,600	1,078,725	6,787,325
131	NANYUKI	SIPILI MATERNITY & NURSING HOME	4,348,100	2,327,738	6,675,838
132	ISIOLO	WASO MEDICAL-SERVICES & NURSING HOME	1,963,400	4,688,963	6,652,363
133	IND. AREA	UTAWALA ESTATE HEALTH CENTRE	1,271,800	5,216,925	6,488,725
134	BURUBURU	EDELVALE TRUST JAMAA HSM HOSPITAL	6,347,774	-	6,347,774
135	BURUBURU	KOMAROCK MODERN MEDICAL CENTRE	988,185	5,385,075	6,373,260
136	NAKURU	AFRAHA MATERNITY & NURSING HOME	6,348,800	24,225	6,373,025
137	IND. AREA	SOUTH 'B' HOSPITAL	5,962,459	377,625	6,340,084
138	THIKA	CENTRAL MEMORIAL HOSPITAL (THIKA)	4,066,000	2,146,050	6,212,050
139	MIGORI	ST. AKIDIYA MEMORIAL HOSPITAL	5,033,900	1,132,875	6,166,775
140	MOMBASA	BCMU MEDICAL CENTER	2,966,482	3,162,788	6,129,270
141	GARISSA	SAMAAD HOSPITAL	4,887,600	1,205,550	6,093,150
142	KAPSABET AREA	MOTHER FRANCISCA MATERNITY & NURSING	3,471,400	2,614,875	6,086,275
143	ELDORET	CHESONGOCH HEALTH CENTRE	5,130,600	907,013	6,037,613
144	MALINDI	LANGONI NURSING HOME	1,198,338	4,838,587	6,036,925
145	KIAMBU	MERCY LIGHT HOSPITAL	3,717,800	2,189,513	5,907,313
146	KAJIADO AREA	KITENGELA PONA SERVICES	4,738,200	1,137,863	5,876,063
	WESTLANDS	CHIROMO LANE MEDICAL CENTRE	5,866,810	2,850	5,869,660
	WESTLANDS	LIONS SIGHT FIRST EYE HOSPITAL	5,851,190	6,413	5,857,603
149	GARISSA	AFYA MEDICAL CLINIC		5,841,788	5,841,788
150	KITALE	SISTER FRIDAS MEDICAL CENTRE	3,860,000	1,962,225	5,822,225
151	ONGATA RONG	MARIAKANI COTTAGE HOSPITAL	1,608,553	3,787,650	5,396,203
152	GARISSA	GRACIOUS DAY CARE CENTRE		5,364,413	5,364,413
153	NYERI	NYAHURURU PRIVATE HOSPITAL	4,016,400	1,347,338	5,363,738
154	KAKAMEGA	CENTRAL MATERNITY & NURSING HOME	2,562,500	2,763,788	5,326,288
155	THIKA	RUIRU PRIVATE HOSPITAL	3,565,600	1,716,413	5,282,013
156	RUARAKA	KASARANI NURSING & MAT. HOME	3,028,900	2,185,950	5,214,850
157	NAIROBI	TEXAS CANCER CENTRE	5,201,554	1,425	5,202,979
158	BURUBURU	VICTORY HOSPITAL LTD	2,760,400	2,427,488	5,187,888
159	NAIVASHA	POLY-CLINIC HOSPITAL	2,039,800	3,147,825	5,187,625
160	RUARAKA	SAMARITAN MEDICAL SERVICES	4,750,200	241,538	4,991,738
161	EASTLEIGH OF	MOTHER & CHILD HOSPITAL	2,979,165	1,999,988	4,979,153
162	KAJIADO AREA	S.U.C.O.S HOSPITAL	4,424,000	382,613	4,806,613
163	MERU	WOODLANDS HOSPITAL MERU	1,111,800	3,638,025	4,749,825
164	MUMIAS	BUKAYA MEDICAL CENTRE	4,549,200	191,663	4,740,863
165	ELDORET	ELGON VIEW HOSPITAL	1,819,994	2,886,338	4,706,332
166	WESTLANDS	MEDIHEAL DIAGNOSTIC AND FERTILITY	128,758	4,492,313	4,621,071
167	WESTLANDS	MARIA IMMACULATE HOSPITAL	2,913,810	1,678,650	4,592,460
168	THIKA	DONYO SABUK MAT & NUR HOME	3,659,600	924,113	4,583,713
169	KISII	NYAMIRA MATERNITY & NURSING HOME	3,372,400	1,170,638	4,543,038

	BRANCH OFFICE	HOSPITAL NAME	INPATIENT CLAIMS (KES)	OUTPATIENT /CAPITATION (KES)	TOTALS (KES)
170	KIAMBU	BETA CARE HOSPITAL LIMITED	2,586,600	1,917,338	4,503,938
171	KISUMU	SEGA COTTAGE HOSPITAL	3,988,518	513,000	4,501,518
172	GARISSA	BLUE LIGHT NURSING HOME	997,400	3,497,663	4,495,063
173	MALINDI	SWISS COTTAGE HOSPITAL	176,500	4,262,175	4,438,675
174	GARISSA	GARISSA NURSING HOME	717,810	3,685,050	4,402,860
175	GARISSA	SIMAHO MCH/FP CLINIC	333,200	4,031,325	4,364,525
176	EMBU	LIBERTY MATERNITY & NURSING HOME	4,208,200	86,213	4,294,413
177	KITENGELA	MAKADARA HEALTH CARE	4,000,800	261,488	4,262,288
178	WOTE AREA O	PONYA SURGICAL AND NURSING HOME	1,317,200	2,931,938	4,249,138
179	KABARNET	RAVINE GLORY HEALTH CARE SERVICES		4,216,575	4,216,575
180	NAIVASHA	MT. LONGONOT MEDICAL SERVICES LIMITED	2,450,820	1,712,138	4,162,958
181	WESTLANDS	AMURT HEALTH CARE		4,087,613	4,087,613
182	KISUMU	OGRA MEDICAL CENTRE & COMMUNITY	4,037,910	33,488	4,071,398
183	NYERI	OLJABET MEDICAL CENTRE - LAIKIPIA	1,218,000	2,837,175	4,055,175
184	RUARAKA	KAHAWA WENDANI HOSPITAL	526,600	3,432,825	3,959,425
185	KITALE	KITALE NURSING HOME	167,428	3,746,325	3,913,753
186	ONGATA RONG	GARLANDS MEDICAL CENTRE RONGAI		3,846,075	3,846,075
187	KITUI	TAHIDI NURSING HOME (MWINGI)	1,466,000	2,378,325	3,844,325
188	OL'KALOU	OLJABET ANNEX MEDICAL AND NURSING HOME	3,692,400	71,963	3,764,363
189	KISII	NYASIONGO MATERNITY AND NURSING HOME	2,827,400	912,713	3,740,113
190	GARISSA	ZONAL ANNEX NURSING HOME	338,600	3,355,163	3,693,763
191	WOTE AREA O	EMALI NURSING HOME	3,097,000	443,888	3,540,888
192	MERU	MILIMANI MATERNITY & NURSING HOME (MERU)	1,117,100	2,413,238	3,530,338
193	KISUMU	OWENS MATERNITY & NURSING HOME	3,203,500	282,150	3,485,650
194	MARSABIT	MOUNTAIN MEDICAL CLINIC AND LAB SERVICES		3,454,913	3,454,913
195	GARISSA	ALSIHA NURSING HOME	1,589,000	1,855,350	3,444,350
196	ONGATA RONG	NAIROBI WOMEN'S HOSPITAL	3,343,438	95,475	3,438,913
197	ISIOLO	ISIOLO CENTRAL MEDICAL CLINIC		3,412,163	3,412,163
198	KISUMU	PORT FLORENCE COMM HOSPITAL-MAGETA		3,396,488	3,396,488
199	BURUBURU	KAYOLE HOSPITAL	3,115,300	251,513	3,366,813
200	KIAMBU	KIAMBU MEDICAL CENTRE		3,305,288	3,305,288
201	NANYUKI	NANYUKI COTTAGE HOSPITAL (NANYUKI)	3,132,060	173,138	3,305,198
202	RUARAKA	MARURA NURSING HOME KARIOBANGI MED CLINI		3,261,825	3,261,825
203	EASTLEIGH OF	LADNAN MEDICAL CENTRE LTD	3,132,369	84,075	3,216,444
204	VOI	DAWIDA MATERNITY & NURSING HOME	117,400	3,097,238	3,214,638
205	BURUBURU	PROVIDE INTERNATIONAL	655,000	2,531,513	3,186,513
206	IND. AREA	FAMILY HEALTH OPTIONS	1,648,562	1,493,400	3,141,962
207	UKUNDA	DIANI BEACH HOSPITAL	775,317	2,359,800	3,135,117
208	GARISSA	LIBAN PHARMACY & MEDICAL CLINIC		3,123,600	3,123,600
209	RUARAKA	PARKROAD NURSING HOME (NAIROBI)	1,998,200	1,112,925	3,111,125
210	IND. AREA	PIPELINE NURSING HOME	2,873,400	236,550	3,109,950
211	KITUI	JORDAN HOSPITAL	638,800	2,368,350	3,007,150
212	KAPSABET ARE	KAPSABET HEALTH CARE CENTRE	833,200	2,159,588	2,992,788
213	NAIVASHA	QUALITY HEALTH CARE		2,976,825	2,976,825
214	KABARNET	ELDAMA RAVINE NURSING HOME	2,235,000	728,175	2,963,175
215	NAIVASHA	NDONYO HEALTH CARE		2,959,013	2,959,013
216	NAIROBI	ACACIA MEDICAL CENTRE		2,958,300	2,958,300
217	MAUA OFFICE	LAARE NURSING & MATERNITY HOME	753,400	2,182,388	2,935,788
218	NAKURU	BARAKA MATERNITY NURSING HOME	2,737,200	173,850	2,911,050
219	MACHAKOS	MACHAKOS MEDICAL CLINIC	1,388,400	1,522,613	2,911,013
220	UKUNDA	ST. THOMAS MATERNITY HOSPITAL	2,591,400	314,213	2,905,613
221	THIKA	ST. JUDE NURSING HOME	1,515,200	1,384,388	2,899,588
222	MAUA OFFICE	ROBINS HEALTHCARE LTD		2,851,425	2,851,425
223	KAJIADO AREA	TOPCARE NURSING HOME	2,497,800	329,175	2,826,975
224	MARSABIT	ISMC (ISIOLO SAMBURU MARSABIT)		2,822,213	2,822,213
225	HOMA BAY	SIMBIRI NAN BELL COMMUNITY HEALTH CENT	2,757,200	52,013	2,809,213
226	BUSIA	PESI MEDICAL CENTRE	123,200	2,597,775	2,720,975
227	BURUBURU	PATANISHO MATERNITY & NURSING HOME	2,541,800	178,125	2,719,925

	BRANCH OFFICE	HOSPITAL NAME	INPATIENT CLAIMS (KES)	OUTPATIENT /CAPITATION (KES)	TOTALS (KES)
228	IND. AREA	PIPELINE HEALTH CENTRE		2,566,425	2,566,425
229	THIKA	TRANSCON WENDO MEDICAL SERVICES	679,000	1,879,575	2,558,575
230	HOMA BAY	ROSEWOOD NURSING HOME	2,529,300	27,075	2,556,375
231	RUARAKA	THE RETREAT (REHABILITATION CENTRE)	2,553,042		2,553,042
232	MERU	TAQWA NURSING HOME		2,509,425	2,509,425
233	GARISSA	MASHA'ALLAH NURSING HOME		2,509,425	2,509,425
234	NYERI	KARATINA MATERNITY AND NURSING HOME	1,574,000	923,400	2,497,400
235	EMBU	NGURUBANI MEDICAL SERVICES	2,471,900		2,471,900
236	IND. AREA	JAMII YADHA MEDICAL CENTRE		2,379,038	2,379,038
237	ELDORET	CEDAR CLINICAL ASSOCIATES	153,600	2,218,725	2,372,325
238	NAIROBI	ACACIA MEDICAL CENTRE		2,344,838	2,344,838
239	ONGATA RONG	FATIMA MATERNITY HOSPITAL	2,297,500	18,525	2,316,025
240	GARISSA	AL-BUSHRA MEDICAL CENTRE		2,312,063	2,312,063
241	GARISSA	BULLA MPYA NURSING HOME	1,216,500	1,065,188	2,281,688
242	NAIVASHA	FINLAYS MEDICAL CENTRE	2,277,600	713	2,278,313
243	MOMBASA	TJJDOR HEALTHCARE	107,900	2,126,813	2,234,713
244	EMBU	JOY KIM NURSING HOME	1,285,480	896,325	2,181,805
245	WESTLANDS	WESTLANDS MEDICAL CENTRE	117,685	2,031,338	2,149,023
246	BURUBURU	MARIA MAT. & NURSING HOME	1,797,400	335,588	2,132,988
247	MIGORI	KEHANCHA MOTHER & CHILD	1,205,000	900,600	2,105,600
248	GARISSA	TAWHEED COMMUNITY		2,094,750	2,094,750
249	NAIVASHA	AIC KIJABE HOSPITAL NAIVASHA MED. CENTR	2,034,000	44,888	2,078,888
250	BUNGOMA	LUMBOKA MEDICAL SERVICES	2,059,200	11,400	2,070,600
251	MAUA OFFICE	NYAMBENE CLINICAL SERVICES & NURSING	695,605	1,322,400	2,018,005
252	KISUMU	BONDO MEDICAL CENTRE	1,290,537	708,938	1,999,475
253	KISII	GUCHA COTTAGE MATERNITY & NURSING HO	1,785,800	213,038	1,998,838
254	ELDORET	FAMILY HEALTHCARE MEDICAL CENTRE	325,000	1,662,263	1,987,263
255	RUARAKA	NGUMBA CENTER AND LABORATORY SERVICE	1,573,600	374,775	1,948,375
256	MANDERA	MANDERA MEDICARE CLINIC	1,055,700	889,913	1,945,613
257	SIAYA	OUR LADY'S HOSPICE	1,930,500		1,930,500
258	MALINDI	PWANI MATERNITY AND NURSING HOME	219,080	1,710,000	1,929,080
259	THIKA	VINEYARD HOSPITAL		1,918,050	1,918,050
260	RUARAKA	JUJA ROAD HOSPITAL	196,600	1,707,863	1,904,463
261	KITUI	MWINGI MEDICARE	473,400	1,427,850	1,901,250
262	SIAYA	QUEENTERIC KAPIYO COMMUNITY	1,833,600	12,825	1,846,425
263	KISUMU	ST. LUKES MEDICAL CENTRE	693,000	1,141,425	1,834,425
264	BURUBURU	THIKA ROAD HEALTH SERVICES- BURUBURU HE		1,814,025	1,814,025
265	KISII	GETEMBE ANNEX HOSPITAL	1,714,700	58,425	1,773,125
266	MACHAKOS	NEW NGEI ROAD MATERNITY & NURSING HOM	990,600	779,475	1,770,075
267	MARIAKANI AR	MIKINDANI MEDICAL CENTRE		1,734,938	1,734,938
268	ISIOLO	IQRA MEDICAL CENTRE AND NURSING HOME		1,734,938	1,734,938
269	BURUBURU	EAGLE EYE LASER CENTRE	1,720,650		1,720,650
270	GARISSA	MANDERA DRUG MART		1,704,300	1,704,300
271	KISUMU	MATIBABU HOSPITAL	981,900	700,388	1,682,288
272	RUARAKA	PRIME HEALTH SERVICES		1,668,675	1,668,675
273	KITALE	KIMININI COTTAGE HOSPITAL	893,200	740,288	1,633,488
274	MACHAKOS	KANGUNDO COMMUNITY HEALTH CENTRE	61,200	1,541,138	1,602,338
275	KISII	ISANA NURSING HOME	1,211,600	386,888	1,598,488
276	GARISSA	MEDINA HOSPITAL	1,548,572	35,625	1,584,197
277	MERU	JEKIM MEDICAL CENTRE		1,565,363	1,565,363
278	KITENGELA	ATHI COMPLEX & COMMUNITY HEALTH	1,353,100	198,788	1,551,888
279	MARSABIT	AFYA NURSING HOME MOYALE		1,549,688	1,549,688
280	LIMURU	ST. IMMACULATE HEART HOSPITAL	998,000	549,338	1,547,338
281	SIAYA	MAMA PILISTA HEALTH CENTRE	1,535,400		1,535,400
282	GARISSA	EXCEL HEALTH SERVICES, GARISSA	59,500	1,409,325	1,468,825
283	BURUBURU	ST. PATRICK HEALTH CARE	886,700	568,575	1,455,275
284	EASTLEIGH OF	CITY POINT		1,432,125	1,432,125
285	NANYUKI	NANYUKI MATERNITY AND NURSING HOME	1,126,400	302,100	1,428,500

	BRANCH OFFICE	HOSPITAL NAME	INPATIENT CLAIMS (KES)	OUTPATIENT /CAPITATION (KES)	TOTALS (KES)
286	KAJIADO AREA	KITENGELA MEDICAL SERVICES-KAJIADO	812,600	588,525	1,401,125
287	KAJIADO AREA	LEXA MEDICAL CENTRE	772,800	560,738	1,333,538
288	MOMBASA	SAYYID FATMAH HOSPITAL, KISAUNI	479,947	848,588	1,328,535
289	RUARAKA	SUNSHINE MEDICAL AND DIAGNOSTIC CENTRE		1,298,888	1,298,888
290	KISUMU	BAMA NURSING & MATERNITY HOME	1,195,800	56,288	1,252,088
291	MIGORI	MAMA NURSING HOME	1,242,700		1,242,700
292	KAPSABET AREA	BETHESDA MEDICAL CLINIC		1,239,750	1,239,750
293	VOI	ST. JOSEPH SHELTER OF HOPE HEALTH CENT	995,800	215,888	1,211,688
294	BURUBURU	RUAI FAMILY MEDICAL CENTRE	554,200	645,525	1,199,725
295	KISUMU	MILIMANI MATERNITY HOSPITAL	913,100	275,738	1,188,838
296	THIKA	J. K. U. A. T. HOSPITAL	405,600	781,613	1,187,213
297	KISUMU	AHERO MEDICAL CENTRE	349,800	832,913	1,182,713
298	UKUNDA	ST. THOMAS MATERNITY		1,179,900	1,179,900
299	MIGORI	MAMA MARIA CLINICS -MUHURU BAY	1,168,300	9,975	1,178,275
300	ONGATA RONGAI	SINAI HOSPITAL RONGAI		1,171,350	1,171,350
301	KITUI	MUMBUNI MATERNITY & NURSING HOME	1,133,800	13,538	1,147,338
302	BURUBURU	MKUNGA MATERNITY & NURSING HOME	847,200	272,175	1,119,375
303	IND. AREA	SCION HEALTH CARE LTD		1,107,225	1,107,225
304	KISII	OGEBO MEDICAL CENTRE	1,068,200	36,338	1,104,538
305	MERU	MOYALE NURSING HOME	23,000	1,080,863	1,103,863
306	RUARAKA	JAHMII MEDICAL CENTRE	1,077,400	10,688	1,088,088
307	NAIROBI	MIDHILL MATERNITY & NURSING HOME	13,500	1,048,088	1,061,588
308	NAKURU	ST. ANTHONY HEALTH CENTRE	905,350	153,900	1,059,250
309	VOI	VOI MEDICAL CENTRE		1,058,063	1,058,063
310	IND. AREA	BRISTOL PARK HOSPITAL		1,033,838	1,033,838
311	KITALE	ANDERSON MEDICAL CENTRE	795,800	211,613	1,007,413
312	ELDORET	ARROR HEALTH CENTRE	482,600	507,300	989,900
313	NANYUKI	EQUICELL MEDICAL SERVICES		986,100	986,100
314	GARISSA	HIGHWAY MEDICAL CENTRE		983,250	983,250
315	SIAYA	MATANGWE COMMUNITY MEDICAL CENTRE	760,000	220,163	980,163
316	MARALAL	COUNTY MEDICARE LTD- MARALAL		964,725	964,725
317	ONGATA RONGAI	WAMA NURSING HOME	735,600	228,000	963,600
318	UKUNDA	PALM BEACH HOSPITAL	428,480	529,388	957,868
319	MOMBASA	MAINLAND HEALTH CENTRE		956,888	956,888
320	KAKAMEGA	EMMANUEL HEALTH CENTRE	318,600	634,125	952,725
321	MARSABIT	MARSABIT MODERN MEDICAL SERVICES		914,138	914,138
322	BUSIA	NEW BUSIA MATERNITY AND NURSING HOME	891,000	12,113	903,113
323	ELDORET	ENDO HEALTH CENTRE	698,700	199,500	898,200
324	KAPSABET AREA	BARATON JERICM COMMUNITY MEDICAL CENTRE	293,200	589,238	882,438
325	ONGATA RONGAI	CHIROMO LANE MEDICAL CENTRE ANNEX-BUSIA	882,101		882,101
326	NAKURU	FAMILY CARE		879,938	879,938
327	KISUMU	ACACIA MEDICAL CENTRE		869,250	869,250
328	IND. AREA	OM SHANTI MEDICAL CLINIC		862,125	862,125
329	KAPSABET AREA	MESWO(TUNZA) MEDICAL SERVICES		848,588	848,588
330	NAIROBI	MENELIK MEDICAL CENTER	798,000	39,188	837,188
331	KITUI	THE KITUI MATERNITY & NURSING HOME	357,310	479,513	836,823
332	RUARAKA	KASARANI CLAY CITY MEDICAL CENTRE		826,500	826,500
333	NAIROBI	SEVENTH DAY ADVENTIST HEALTH	211,200	613,463	824,663
334	NAKURU	MAASAI NURSING HOME		804,413	804,413
335	ELDORET	GYNQCARE CENTRE & MAT. HOME		789,450	789,450
336	KAPSABET AREA	LESSOS MEDICAL CLINIC		780,900	780,900
337	NANDI HILLS	APEX MEDICAL SERVICES		767,363	767,363
338	MOMBASA	MARIAKANI COMMUNITY HEALTHCARE		755,963	755,963
339	KIAMBU	SUNVIEW MATERNITY AND NURSING HOME		752,400	752,400
340	MERU	ST.LAVINA MEDICAL & LAB SERVICES		747,413	747,413
341	EMBU	QUEENS & KINGS HEALTH CENTRE	738,200		738,200
342	KISII	SUMMIT MEDICARE CLINIC , CHEBILAT		729,800	729,800
343	KAJIADO AREA	MARIAKANI COTTAGE HOSPITAL MLOLONGO		721,050	721,050

	BRANCH OFFICE	HOSPITAL NAME	INPATIENT CLAIMS (KES)	OUTPATIENT /CAPITATION (KES)	TOTALS (KES)
344	MOMBASA	MEDITRUST HEALTH CARE		713,213	713,213
345	NAIVASHA	MULEMI MATERNITY NURSING HOME	139,200	567,863	707,063
346	THIKA	AFRICAN MUSLIMS AGENCY HEALTH CENTRE	653,000	42,750	695,750
347	NAIROBI	GREENCROSS MEDICAL & DENTAL SERVICES LTD		694,688	694,688
348	NAROK	NAROK UNIVERSITY CENTRE		669,750	669,750
349	TAVETA	TAVETA MEDTECH CENTRE		657,638	657,638
350	MIGORI	GETONTIRA MEDICAL CENTRE	656,000		656,000
351	NAKURU	ESTHER MEMORIAL MATERNITY HOME	178,000	462,413	640,413
352	KISUMU	DUNGA MATERNITY & NURSING HOME	613,200	25,650	638,850
353	BURUBURU	ARROW WEB HOSPITAL	579,600	58,425	638,025
354	MIGORI	MIGORI HEALTH STATION		628,425	628,425
355	KITUI	IKUTHA MEDICARE CLINIC		619,163	619,163
356	BURUBURU	ST. JUDES MEDICAL CENTRE		609,188	609,188
357	KITALE	MATUNDA MATERNITY HOME		603,488	603,488
358	THIKA	GATUNDU WOMENS HOSPITAL		598,500	598,500
359	NYERI	MATHINGIRA MEDICAL CENTRE	345,563	248,663	594,225
360	BUSIA	KARI(TRC)ALUPE HOSPITAL-BUSIA	61,000	525,113	586,113
361	TAVETA	TSAVO MEDICAL CLINIC		582,113	582,113
362	KITALE	EBENEZER MEDICAL CLINIC		571,425	571,425
363	EASTLEIGH OF	AFWAN HOSPITAL	367,948	195,938	563,886
364	NAROK	SAGAM MEDICAL CENTRE, NAROK		562,875	562,875
365	NAKURU	ST ELIZABETH MEDICAL CENTRE	535,200	22,088	557,288
366	IND. AREA	ST. BAKHITA DISPENSARY		555,750	555,750
367	MACHAKOS	MATUU NURSING HOME	46,600	507,300	553,900
368	LIMURU	AKSHAR HEALTH CARE LIMITED	546,850		546,850
369	KITUI	MWINGI NURSING HOME	199,000	347,700	546,700
370	NAIROBI	M-CARE LIMITED YAYA CENTRE		545,063	545,063
371	IND. AREA	GERMAN MEDICAL CENTRE	542,370		542,370
372	NAKURU	P.C.E.A. NAKURU WEST HOSPITAL	516,000	22,088	538,088
373	ELDORET	LELMOLOK NURSING HOME	17,100	517,988	535,088
374	VOI	ST. LUKES AFYA CLINIC -VOI		532,238	532,238
375	BURUBURU	FAMILY LIFE PROMOTION AND SERVICES		530,813	530,813
376	UKUNDA	SAVANI MEDICAL CENTRE		517,275	517,275
377	KAKAMEGA	ROYAL GARDENS HOSPITAL-KAKAMEGA	127,400	375,488	502,888
378	ONGATA RONC	MATASIA NURSING HOME		498,750	498,750
379	RUARAKA	AFYA HEALTH CARE		490,200	490,200
380	RUARAKA	MILELE INTERGRATED MEDICAL SERVICES		473,813	473,813
381	GARISSA	TWAHEED COMMUNITY NURSING HOME	450,800	17,813	468,613
382	MERU	BURQA MEDICAL CLINIC		462,413	462,413
383	NANDI HILLS	NANDI HILLS MEDICARE		461,700	461,700
384	VOI	RIFLOT MEDICAL CENTER	4,000	454,575	458,575
385	NAIROBI	MATASIA HEALTH CLINIC	378,800	64,125	442,925
386	LIMURU	ST. PAUL'S UNIVERSITY HEALTH CENTRE		431,775	431,775
387	NAIROBI	SILVERDINE MEDICAL CENTRE		424,650	424,650
388	KIAMBU	CREATIVE MEDICAL SERVICES		420,375	420,375
389	KIAMBU	THE RAPHAELITES RED HILL PLACE	420,000		420,000
390	NAIVASHA	VINET MEDICAL SERVICES		416,813	416,813
391	BURUBURU	EMMAUS INNERCORE NURSING HOME	354,000	61,988	415,988
392	GARISSA	NOTHERN MEDICAL SERVICES		398,288	398,288
393	BURUBURU	LIVWELL CLINIC-MATOPENI		378,338	378,338
394	KISUMU	MARIE STOPES NURSING HOME		375,488	375,488
395	NYAHURURU	WELLNESS MEDICAL CARE		374,775	374,775
396	NANYUKI	POPE JOHN PAUL II HURUMU HEALTH CENTRE		371,213	371,213
397	GARISSA	ISLAMIC AFRICAN RELIEF AGENCY	61,000	307,088	368,088
398	ONGATA RONC	MAGADI SODA COMPANY HOSPITAL MAGADI	364,000	713	364,713
399	MAUA OFFICE	ROSMEGG MEDICAL CLINIC-KANGETA		354,825	354,825
400	RUIRU AREA O	JACARANDA HEALTH CENTRE	353,200	713	353,913
401	NYERI	EMMANUEL COMMUNITY HEALTH CLINIC		352,688	352,688

	BRANCH OFFICE	HOSPITAL NAME	INPATIENT CLAIMS (KES)	OUTPATIENT /CAPITATION (KES)	TOTALS (KES)
402	KISII	SUMMIT MEDICARE CLINIC, NYANSIONGO		351,263	351,263
403	SIAYA	THE PORT FLORENCE HOSPITAL SIAYA CLINIC		329,175	329,175
404	MARSABIT	CROSSROADS NURSING HOME		322,763	322,763
405	NAIVASHA	MAAI MAHIU MATERNITY AND HOSPITAL	313,600	6,413	320,013
406	BUNGOMA	ST. DAMIANO MEDICAL HOSPITAL(OPC)		299,250	299,250
407	EASTLEIGH OF	ALIF MEDICAL CENTRE	51,900	244,388	296,288
408	MACHAKOS	MARIAKANI COTTAGE		292,838	292,838
409	MAUA OFFICE	KACIONGO MEDICAL CLINIC - MAUA		289,275	289,275
410	NAKURU	BETHANIA MEDICAL CENTRE	31,700	255,075	286,775
411	UKUNDA	SUNSHINE MEDICAL CLINIC		272,175	272,175
412	NAROK	NASHA LENGOT MEDICAL CENTRE		264,338	264,338
413	NANYUKI	ST JOHN MEDICAL CLINIC		264,338	264,338
414	BURUBURU	VICTORY MEDICAL CENTRE		263,625	263,625
415	EASTLEIGH OF	MARIE STOPEK KENYA LIMITED	159,500	101,175	260,675
416	NYERI	MUGUNDA CATHOLIC DISPENSARY		255,788	255,788
417	EASTLEIGH OF	THE RADIANT HEALTH CLINIC (NAIROBI)		254,363	254,363
418	BURUBURU	AFYA MEDICAL SERVICES		254,363	254,363
419	WESTLANDS	BLESSED LOUIS PALAZZOLO HEALTH CENTER	249,600	3,563	253,163
420	MERU	AL-SHIFA MED CLINIC & LABORATORY		247,950	247,950
421	RUARAKA	JAMII KIPAWA MEDICAL CENTRE		245,813	245,813
422	ISIOLO	AL-FALAH MEDICAL CENTRE & NURSING HOME		231,563	231,563
423	KISUMU	THE JONES AND RINGROAD COMMUNITY		230,850	230,850
424	BURUBURU	LIVWELL CLINIC-MASIMBA		230,138	230,138
425	WESTLANDS	BHAVESH MEDICAL CLINIC		227,288	227,288
426	HOMA BAY	ACORN COMMUNITY HOSPITAL		223,013	223,013
427	RUARAKA	FOCUS MEDICAL AND REHABILITATION CENTRE		223,013	223,013
428	MALINDI	WATAMU NURSING HOME	43,450	178,125	221,575
429	RUARAKA	DANDORA MEDICAL CENTRE	31,800	189,525	221,325
430	NANYUKI	DON BOSCO MISSION DISPENSARY		207,338	207,338
431	BURUBURU	WAMBUGU MEDICAL CENTRE		204,488	204,488
432	MOMBASA	BAKARANI MATERNITY & NURSING HOME (MOMBA		202,350	202,350
433	RUARAKA	MUNDIKA MATERNITY AND NURSING HOME		198,788	198,788
434	RUARAKA	FAMILY ACCESS MEDICAL CENTRE		190,238	190,238
435	MIGORI	KEHANCHA MATERNITY & NURSING HOME		188,813	188,813
436	MERU	HOPE MEDICAL CENTRE		187,388	187,388
437	NAKURU	MEDIHEAL HOSPITAL NAKURU CO. LTD		179,550	179,550
438	NAIVASHA	NEW KIMILILI MEDICAL CLINIC		177,413	177,413
439	ONGATA RONG	ZAMZAM MEDICAL SERVICES		177,413	177,413
440	KAKAMEGA	NZOIA MEDICAL CENTRE	175,800	713	176,513
441	GARISSA	JEDDAH NURSING HOME		166,013	166,013
442	KITUI	AFYA BORA CLINIC MUTOMO		163,163	163,163
443	MANDERA	MANDERA WEST NURSING HOME		162,450	162,450
444	KAKAMEGA	WILWINNS NURSING HOME		158,888	158,888
445	IND. AREA	ROMIEVA MEDICAL CENTRE		152,475	152,475
446	KAJIADO AREA	ASSISI NURSING HOME		149,625	149,625
447	NAIROBI	UNIVERSITY OF NAIROBI HEALTH SERVICES		146,775	146,775
448	MERU	ST. LUKE COTTAGE HOSPITAL		141,788	141,788
449	BUSIA	ST. JUDE'S SIRIMBA DISPENSARY		140,363	140,363
450	RUARAKA	HOPE MEDICAL CLINIC		138,938	138,938
451	EMBU	EMBU CHILDREN'S-CLINIC		137,513	137,513
452	KISUMU	THE PORT FLORENCE HOSPITAL USENGE CLINIC		129,675	129,675
453	RUARAKA	MEDIPOINT CLINIC		128,250	128,250
454	WESTLANDS	AFYA ROYAL CLINIC LAVINGTON		128,250	128,250
455	BURUBURU	ABRAR HEALTH SERVICES LTD		126,113	126,113
456	BURUBURU	KOMAROCK MEDICAL CENTRE		118,275	118,275
457	KITUI	REHOBOTH MATERNITY & NURSING HOME	15,000	97,613	112,613
458	OL'KALOU	CATHOLIC DISPENSARY DIMESE SISTERS		111,863	111,863
459	MERU	NKUBU MEDICARE MEDICAL CENTRE		111,150	111,150

	BRANCH OFFICE	HOSPITAL NAME	INPATIENT CLAIMS (KES)	OUTPATIENT /CAPITATION (KES)	TOTALS (KES)
460	IND. AREA	MARIAKANI COTTAGE HOSPITAL, UTAWALA		104,738	104,738
461	NAIROBI	SAVANNAH HEALTH CARE SERVICES LTD		97,613	97,613
462	KIAMBU	ANGELIC HEALTHCARE LIMITED		97,613	97,613
463	EASTLEIGH OF	ALLIANCE MEDICAL CENTRE LTD		95,475	95,475
464	IND. AREA	SOUTHERN HEALTHCARE CLINIC		92,625	92,625
465	MERU	MERU MEDICAL DIAGNOSTIC		91,913	91,913
466	NAIROBI	AVENUE HOUSE MEDICAL CENTRE		89,063	89,063
467	KAKAMEGA	ROYO OUTPATIENT SERVICES		86,925	86,925
468	HOMA BAY	OKITTA MATERNITY & NURSING HOME	77,000	8,550	85,550
469	KERICHO	GREENVIEW NURSING HOME	83,200	2,138	85,338
470	MUMIAS	ELGON VIEW HOSPITAL(OPC)		82,650	82,650
471	KAJIADO AREA	IMHOTEP MEDICARE CENTRE		81,938	81,938
472	BURUBURU	SOS MEDICAL CENTRE		79,800	79,800
473	NAIROBI	MATIBABU MEDICAL CENTRE		78,375	78,375
474	MERU	MUTUATI NURSING & MATERNITY HOME		76,238	76,238
475	RUARAKA	NIMOLI MEDICAL SERVICES		76,238	76,238
	KISUMU	GURUNANAK HARAMBEE DISPENSARY		74,813	74,813
477	NAIROBI	LANGATA COMPREHENSIVE MEDICAL SERVICES		74,100	74,100
478	BURUBURU	UMOJA HOSPITAL		70,538	70,538
479	IND. AREA	EMERALD MEDICAL CENTRE		70,538	70,538
480	KILIFI	IMAM ALI BIN ABUTWALLIB CLINIC		65,550	65,550
481	IND. AREA	IMARA HEALTH CARE CENTRE		65,550	65,550
482	OL'KALOU	WINGS MEDICAL AND EYE CLINIC		61,275	61,275
483	KISUMU	SIAYA MEDICAL CENTRE		59,850	59,850
484	NAIROBI	FREPALS NURSING HOME	42,000	15,675	57,675
485	MUMIAS	MUMIAS SUGAR COMPANY CLINIC		56,288	56,288
486	THIKA	FAMILY CARE MEDICAL CENTRE		54,150	54,150
487	KITENGELA	OUTSOURCED MEDICARE		54,150	54,150
488	ONGATA RONC	ST. MARY'S HEALTH CENTRE - KISERIAN	50,000	3,563	53,563
489	EASTLEIGH OF	AFWAN NURSING HOME		53,438	53,438
490	NAIVASHA	ASH UPENDO VILLAGE		52,725	52,725
491	KAJIADO AREA	TOPCARE NURSING HOME		52,725	52,725
492	MWINGI AREA	MWINGI FAITH MEDICAL CENTRE	48,100		48,100
493	VOI	MOUNT VIEW MATERNITY AND NURSING HOME		47,738	47,738
494	EMBU	OUR LADY OF LOURDES MWEA HOSPITAL		43,463	43,463
	BURUBURU	PROVIDE INTERNATIONAL HOSPITAL		43,463	43,463
	ONGATA RONC	MILIKI AFYA-LIMITED		43,463	43,463
497	KITUI	MWINGI FAMILY MEDICAL CLINIC		42,750	42,750
498	GARISSA	ALLIANCE MEDICAL CENTRE-GARISSA		42,038	42,038
499	IND. AREA	REINHA ROSARY DISPENSARY GITHUNGURI		42,038	42,038
500	MACHAKOS	KANGUNDO COMMUNITY HEALTH CENTRE		37,763	37,763
501	IND. AREA	THE WENT WORTH HOSPITAL		36,338	36,338
502	MACHAKOS	MACHAKOS MEM. HOSPITAL		34,913	34,913
503	NANYUKI	NARFAPU COMMUNITY HEALTH CENTRE		33,488	33,488
504	NAIROBI	IRAN MEDICAL CLINIC		31,350	31,350
505	RUARAKA	STAR GENERAL MEDICAL CENTRE		30,638	30,638
506	GARISSA	GARISSA MOTHER & CHILD HEALTH CARE		29,925	29,925
507	HOMA BAY	PORT FLORENCE MBITA CLINIC		27,788	27,788
508	BURUBURU	UNIVERSITY DENTAL HOSPITAL, NAIROBI	27,175		27,175
509	MURANG'A	MARIE STOPES HOSPITAL (K) LTD		27,075	27,075
510	MERU	KEMU DISPENSARY		27,075	27,075
511	KISUMU	NIGHTINGALE MEDICAL CENTRE		24,225	24,225
512	BURUBURU	NGONG' RAPHA HOSPITAL	23,100		23,100
513	NAROK	LENANA HILL HOSPITAL		22,088	22,088
514	KISUMU	ST. TERESA MATERNITY AND NURSING HOME R		22,088	22,088
515	KAKAMEGA	KAKAMEGA CENTRAL NURSING HOME		20,663	20,663
516	RUARAKA	EDIANA NURSING HOME		19,950	19,950
517	NAIROBI	PRIME DIAGNOSTICS CENTRE		19,950	19,950

	BRANCH OFFICE	HOSPITAL NAME	INPATIENT CLAIMS (KES)	OUTPATIENT /CAPITATION (KES)	TOTALS (KES)
518	BURUBURU	GERTRUDE'S CHILDREN'S HOSPITAL DOONHOLM		19,238	19,238
519	UKUNDA	NYALI CHILDREN HOSPITAL- LIKONI	18,000	713	18,713
520	GARISSA	JAMUHURI MATERNITY & NURSING HOME		18,525	18,525
521	UKUNDA	SAMBURU HEALTH CENTRE		17,100	17,100
522	MUMIAS	LUMINO NURSING HOME(OPC)		15,675	15,675
523	KITENGELA	ATHI RIVER HEALTH CENTRE		15,675	15,675
524	KISII	SUMMIT MEDICARE LIMITED , KEBIRIGO		15,675	15,675
525	BURUBURU	WISDOM MEDICAL SERVICES		15,675	15,675
526	MACHAKOS	ST. MICHAEL MATERNITY & NURSING HOME (MA		14,963	14,963
527	MOMBASA	THE MAKUPA HOSPITAL		14,963	14,963
528	WESTLANDS	KILELESHWA MEDICAL PLAZA		14,250	14,250
529	NAIROBI	MASABA HOSPITAL		13,538	13,538
530	LIMURU	RUBY MEDICAL CENTRE		12,825	12,825
531	NAIROBI	NEW RIRUTA MEDICAL CENTRE		12,825	12,825
532	EASTLEIGH OF	MEDICROSS EASTLEIGH MEDICAL CENTRE		12,825	12,825
533	MACHAKOS	MACHAKOS NURSING HOME (MACHAKOS)		12,113	12,113
534	MOMBASA	MLA LEO HEALTH CENTRE	2,000		2,000
			3,337,857,806	904,134,411	4,241,992,217

REPUBLIC OF KENYA



THE NATIONAL ASSEMBLY

ELEVENTH PARLIAMENT
(THIRD SESSION)

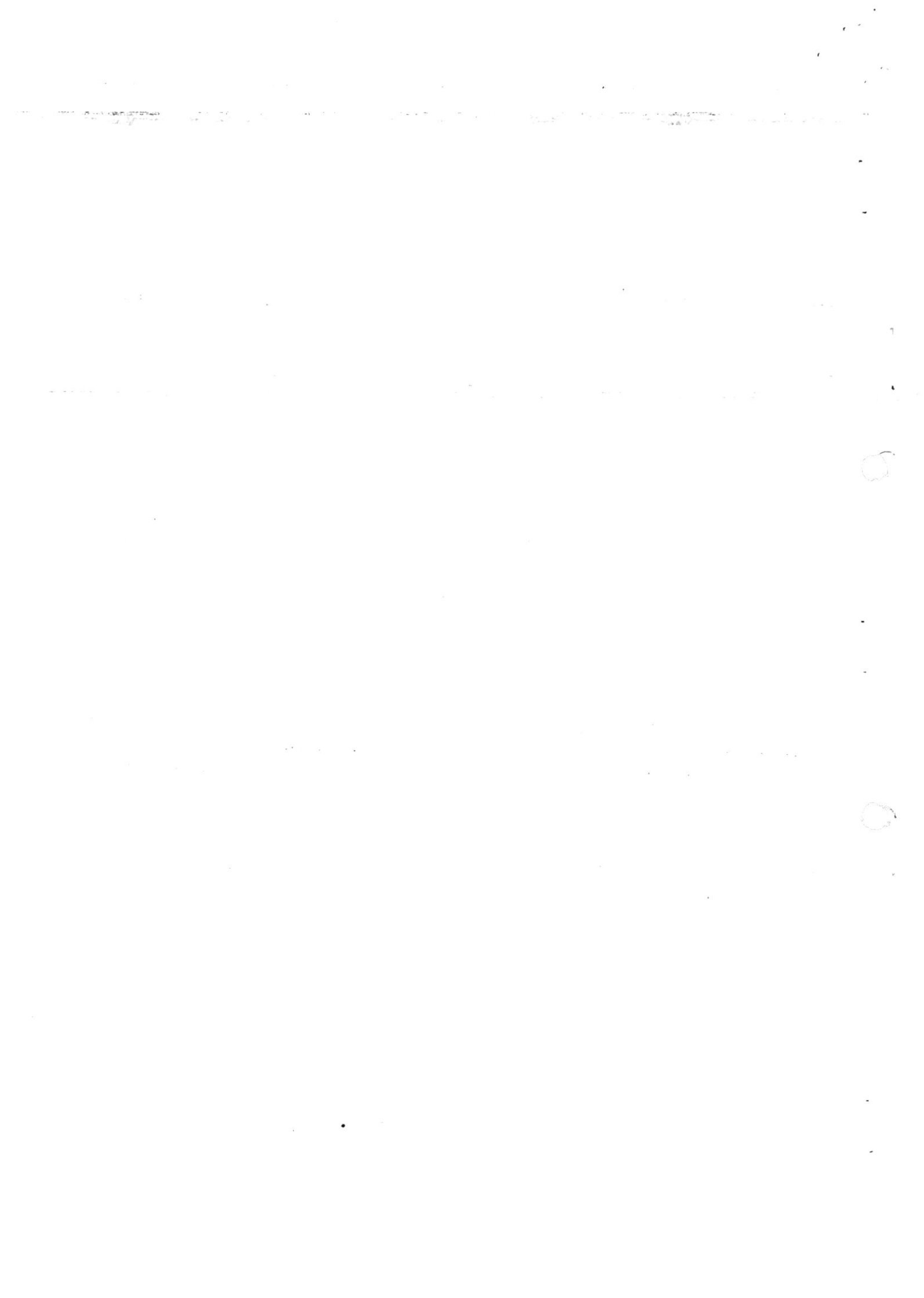
PUBLIC PETITION

BY THE KENYA ASSOCIATION OF PRIVATE HOSPITALS (KAPH) ON
RECOGNITION (LEGAL PERSONALITY) BY THE NATIONAL HOSPITAL INSURANCE
FUND (NHIF)

I, the UNDERSIGNED, on behalf of the Kenya Association of Private Hospitals (KAPH)
DRAW the attention of the House on the following: -

- i) THAT the National Hospital Insurance Fund (NHIF) is a very critical player in funding healthcare delivery throughout Kenya;
- ii) THAT, the Constitution protects all citizens from any form of discrimination with regard to provision of healthcare;
- iii) THAT, Kenya Association of Private Hospitals (KAPH) has a huge Membership across the country and is committed to offer quality healthcare services to all Kenyans to actualize the Capitated Civil Servants' and Uniformed Officers' Medical Scheme;
- iv) THAT, NHIF is unwilling to engage and/or involve the Kenya Association of Private Hospitals (KAPH) Members, who are accredited providers of healthcare in a structured consultative process that should pave way for smooth actualization of the said Capitated Civil Servants' and Uniformed Officers' Medical Scheme;
- v) THAT, over time, NHIF has been unilaterally reviewing the capitation rates downwards, midstream, with no reference to KAPH Members and further it has, on its own, been taking decisions to withhold both capitation and fee for service payments, without engaging and involving the private hospitals, which include; medium and small private hospitals and clinics; licensed by the Kenya Medical Practitioners and Dentist Board, who are the owners of the KAPH;
- vi) THAT, NHIF has continuously declined to listen to KAPH grievances, despite its non-adherence to the terms and conditions of service to the capitation contract

11/11
Madam Speaker
Please approve
16/4/15
15/4



PUBLIC PETITION
BY THE KENYA ASSOCIATION OF PRIVATE HOSPITALS (KAPH) ON
RECOGNITION (LEGAL PERSONALITY) BY THE NATIONAL HOSPITAL INSURANCE
FUND (NHIF)

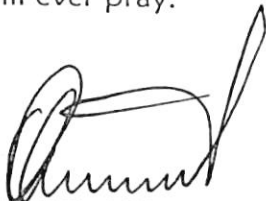
- vii) THAT, NHIF has proved that it is an unwilling partner to the contracts and agreements with KAPH Members specifically its refusal to share and discuss the results of the 2012 and 2014 actuarial studies that were carried out to help in determining the levels of capitation rates;
- viii) THAT, all KAPH Members are ready and willing to play their part, in quality delivery of healthcare services to all Kenyans and in the realization of Universal Health Coverage especially the patient who is poor, vulnerable and under provided, to have the country provide them with quality Universal Health Coverage, closest to where they live;
- ix) THAT, the matter in respect to this Petition is made is not pending before a Court of Law.

THEREFORE your humble Petitioners pray that the National Assembly, through the Departmental Committee of Health: -

- i) Considers passing legislation to give KAPH a legal personality to effectively become a bona fide representative of its Members in the NHIF Board, in order to play a leading role, in driving provision of quality healthcare throughout the country; and
- ii) Intervenes to compel NHIF involve all other bona fide healthcare providers in consultative discussions on all aspects of Service Contracts and to strictly adhere to Contracts concluded with Healthcare Providers and be ready to compensate the provider among other key issues.

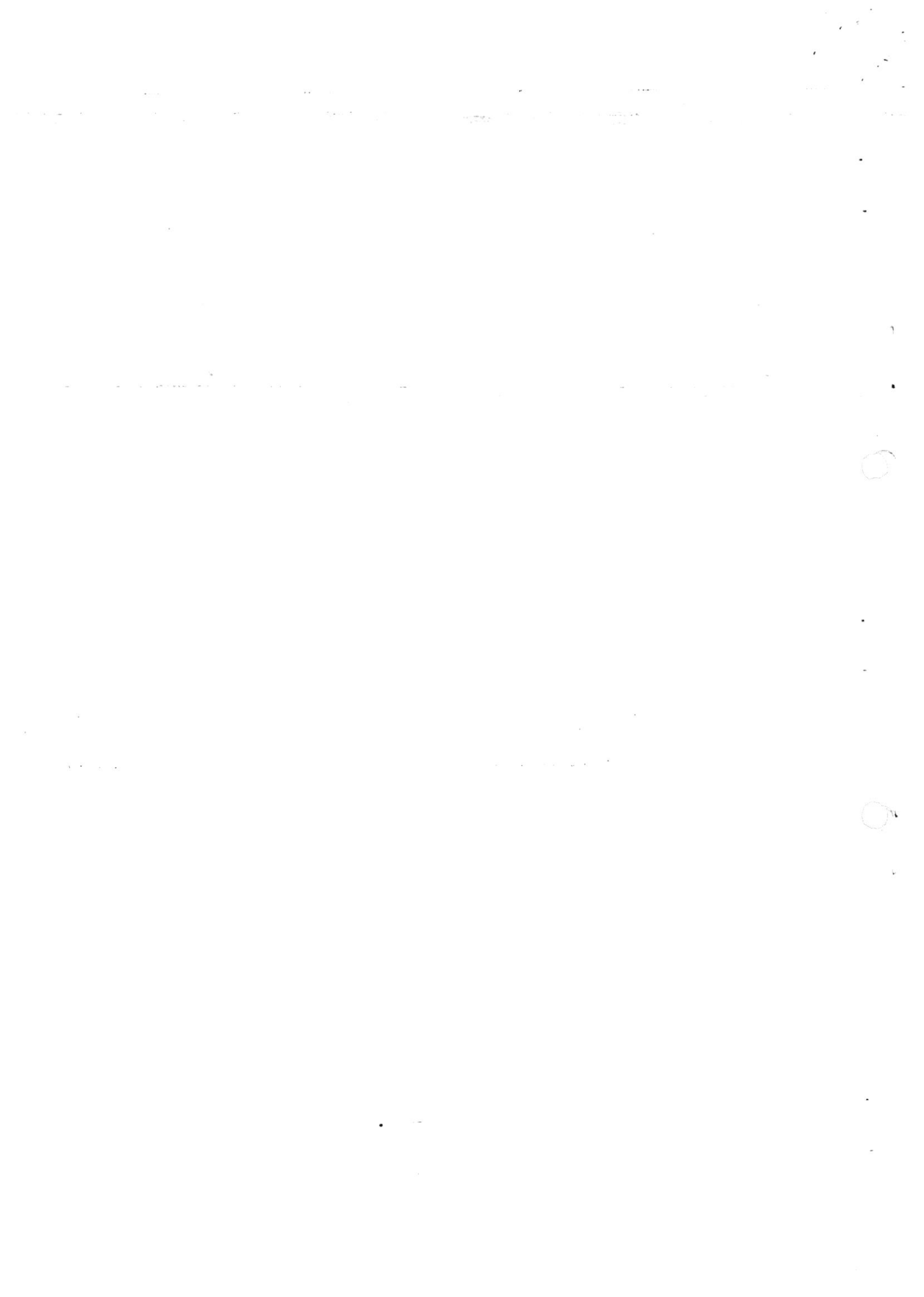
And your PETITIONERS will ever pray.

PRESENTED BY:



HON. KUBAI IRINGO, MP
MEMBER FOR IGEMBE CENTRAL CONSTITUENCY

DATE:.....





KENYA ASSOCIATION OF PRIVATE HOSPITALS

(Quality Healthcare per Excellence)

Summary of Health Issues

Calling for Building Public/Private Partnership:

(Important for Building Mutual Kenya Association of Private Hospital (KAPH) & National Hospital Insurance Fund (NHIF) Working Business Partnership for Successful Implementation of National Health Policy):

Background:

There is a dire need for embracing focused dialogue towards strengthening Kenya Association of Private Hospitals (KAPH)/National Hospital Insurance Fund (NHIF) working partnership across the Country, for mutual benefits.

The overarching objective of the partnership is to facilitate KAPH to effectively provide NHIF clients with value for money, quality healthcare services, guaranteed by prompt NHIF payments to the KAPH facilities that render health services to its clients.

KAPH Members and all private hospitals as a whole have been working and continue to work with the NHIF right from its inception, and there has not been any legally binding health policy guidelines to follow.

Indeed, despite legal provisions, this KAPH/NHIF partnership is very critical in the provision of health services across the country. Therefore, time has come for the partnership to be built, of necessity, on mutual respect and trust.

Why Commit to KAPH/NHIF Partnership:

KAPH Members take pride in provision of healthcare to the sick. It is always a joy when a member manages to help save a life. Therefore, this partnership presents a rare opportunity for both parties to explore and work on ways and means of developing a better understanding and establishing a solid foundation on which to build a strong, cordial working partnership; grounded on mutual respect, trust and confidence in each other; in pursuit of common agenda, to accelerate quality healthcare delivery to all, in concerted national effort, under the 2010 Constitution.

How to grow Lasting NHIF/KAPH Partnership:

Both parties (KAPH/NHIF) must work in an atmosphere where each party feels free to discuss openly all outstanding issues of mutual interest. All bottle-necks and challenges that they may face from time to time must be urgently addressed.

Both, short and long term lasting solutions must be found and implemented meticulously. This commitment is and will be invaluable and very vital in building confidence of KAPH in NHIF.

The Chairman, Kenya Association of Private Hospitals (KAPH) P.o Box 128-20200-KERICHO;
Tel: 0722745811 or 0735635251; E-mail: 'kaph' <kaph2000@gmail.com>, Website: www.kaph.or.ke;

KAPH diligently seeks to accelerate provision of quality healthcare in its endeavor to ensure that NHIF delivers on its mandate to its esteemed clients, who happen to be KAPH patients as well.

KAPH Role in this Partnership:

KAPH Members have endeavored to offer unconditional support to NHIF. The Association has been making most constructive and critical contribution and positive criticism for the development and growth of NHIF, which has seen it grow from strength to strength over the years. As a result, consequently, NHIF has progressively become the most robust and the leading healthcare financing body in Kenya.

However, the situation on the ground is very serious and is as a matter of fact, unattainable. And as a matter of urgency, NHIF must come up with a lasting solution. Over the years, KAPH members have been reimbursed for their overdue and long outstanding monies by NHIF, in the most unsatisfactory and haphazard manner for healthcare services given to its clients.

As a result, most KAPH Members are on the verge of going under and are helplessly and deeply hurting. Yet, they ought to and deserve to be paid under the original agreement and on time for healthcare services delivered to NHIF clients.

The private healthcare providers have been providing health services to the NHIF clients in good faith. It is high time NHIF invited KAPH to sign a renegotiated new protocol agreement that should ensure KAPH Members are recognized as people running business and therefore, are bona fide players, deserving to be paid on timely basis for the success of healthcare services they will be offering to NHIF clients under the Government policy of "Healthcare for all."

Memorandum of Understanding (MoU):

KAPH Members are crying out for access to dependable, reliable and timely health financing source to make them become most effective in providing healthcare to all Kenyans. The NHIF plays a very critical role and is leading the country as the top healthcare financier. Therefore, NHIF is in a privileged and most important position whereby, it can impartially assist the Government in the effective implementation of its publicly declared policy of "Health for all" in accordance with the Constitution.

There is therefore, an immediate and urgent need for KAPH and NHIF to enter into a new memorandum of understanding that will set the terms and conditions on which to build a partnership that will deliver should ensure delivery of healthcare for all. In this regard, KAPH will continue to embrace positive dialogue in its endeavor to effectively play its part. Hence, the new MoU should prove a boon in the enhancement of mutual cooperation and trust in the implementation of the Government declared "health for all."

KAPH is committed to pursuing a win-win working partnership with NHIF, which should be, not only most beneficial to the two parties (KAPH/NHIF), but also to the Government in its concerted effort to make its health policy become a reality.

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• **Institutional Memory:**

KAPH has every reason to believe that someone has been very economical with the truth as far as the true position of remittances to its Members is concerned. In KAPH's considered view, the NHIF Management must embrace positive change and endeavor to pursue and build truthful and dependable relationship with all private healthcare providers combined.

KAPH has in the past, made spirited attempts to embrace dialogue with the NHIF Management with good intentions of helping to nurture the long term development of cordial working partnership with the Fund. KAPH has suffered a lot in the hands of NHIF. It has undergone an extremely disturbing and very frustrating experience. These frustrating escapades must come to an end if Kenya hopes to achieve its universal healthcare goals in the future.

NHIF must appreciate and recognize the role that KAPH Members has played all along, in an effort to help NHIF achieve its stated countrywide mandate, in honor of the people of Kenya, majority of whom, get medical services from KAPH Member hospitals.

Recently, NHIF launched the primary healthcare benefit package scheme for civil servants & disciplined forces, but never found it fit to consult and discuss with KAPH on its role in the implementation of the new scheme. Dismissing KAPH and ignoring its inputs all together has caused most members to suffer untold loss and some may never recover at all.

This is a very deplorable state of affairs and should never be allowed to happen again. NHIF should and must be made to recognize and work hand in hand with KAPH and never revert again to sending different signals direct to KAPH Members. All communications to KAPH Members must be through KAPH smooth time saving operations and accountability sake.

• **Crippling Bad Debt:**

Currently, KAPH Payments are being delayed for far too long without clear explanation and as a result, KAPH has a crisis at hand. The inefficient way in which NHIF manages and treats KAPH Members, especially at the county level where bulk of KAPH Members operate, forces KAPH Members to borrow extremely expensive commercial bank loans for survival, in an attempt to remain afloat. As a result, KAPH Members run huge debts and pose a real danger to the excellent health services they ordinarily offer to Kenyans.

KAPH Members are deeply concerned. The continued experiencing of payment delays without explanation of up-to a year has become the in thing and spells disaster to KAPH Member hospitals. KAPH has always acted responsibly, but that does not give NHIF free hand to act and do as it pleases nor take KAPH for granted. NHIF must be called upon to stop degrading KAPH and instead should be caused to value KAPH health services. NHIF must start to give dialogue a chance from now, going forward.

Need for Structured Dialogue:

A standing KAPH/NHIF structured consultative mechanism should be put in place immediately. The NHIF management unilateral decision to come up with low capitation rates singly, and to blackmail KAPH Members through selective contract awards, on take it or leave it basis, should never be allowed to see the light of day in present day Kenya.

The lack of involvement of KAPH Members in the implementation of the NHIF civil servants scheme is very regrettable and most unfortunate state of affairs. This unilateral crippling NHIF decision has been a slow killer of healthcare service delivery, instead of enhancing it.

The important and critical role that the private health facilities play in ensuring Kenya remains a healthy and strong nation should be promoted and encouraged for the good of all.

NHIF should and must do everything in its powers, to avoid confusion and costly misunderstandings that block the creation of practical KAPH/NHIF working Partnership that is badly needed and most critical, if Kenya to make a head way in smooth and successful implementation of the Government health policy of "Health for All".

There is an urgent and present need for developing a structured dialogue between NHIF and KAPH. KAPH cannot overemphasize this fact. Both institutions need and complement each other. KAPH wishes to engage NHIF Management in order to explain itself on critical outstanding issues of the day, but if they remain ignored for long, have the potential of producing very disastrous results.

Acting In Good Faith:

KAPH is continuing to offer services to NHIF Clients even without having a contract. This is being done in good faith and in hope that NHIF will not continue to delay paying KAPH Members. However, for NHIF to have taken a unilateral decision to pay KAPH Members on reduced rate as opposed to the rate that both parties had originally agreed and signed; is in bad faith. And therefore one can only term it as a deliberate and extremely malicious act on the part of NHIF, which is not acceptable to KAPH.

The Actuarial Study:

Right from the outset, KAPH Members opted for Capitation as opposed to fee for service. Unfortunately, NHIF Management treated capitation the same as fee-for-service while the risks are not fairly spread. We are told, prior to this NHIF decision, there was an actuarial study carried out and the results were used as the point of reference in determining capitation rates applicable. The NHIF has flatly refused to share the results of the actuarial study with KAPH Membership.

The unilateral decision taken by NHIF to review the new Capitation Contracts is not acceptable to KAPH. Evidently, it is clear that there is too much money made available to too few patients and this means the NHIF does not seem to appreciate how Capitation works.

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NHIF seems to be confusing "Free for Service;" with Capitation and this is not acceptable to KAPH.

Ring-Fenced Funding:

NHIF need to make a deliberate policy decision to introduce a ring-fenced funding for the development of KAPH Member hospitals as part of the national devolution processes. This new role being proposed is of prime importance in enhancing quality capacity building in all sections of the hospitals, provision of drugs and the provision and maintenance of the attendant hospital infrastructure.

Co-Paying as Gatekeeping fee:

The NHIF should not remove the co-paying fee. It is an important gatekeeping fee for mutual benefit in that it has proved critical in keeping idlers away so as not to benefit unfairly from NHIF/KAPH facilities. The sole purpose of the co-payment is to help health facilities in controlling the overuse of services.

Healthcare Financing:

NHIF is a very critical player in funding healthcare delivery throughout Kenya. It is indeed the undisputed market leader. But considering its potential, NHIF funding of health facilities development and reconstruction in line with the national healthcare service delivery devolution policy, its performance leaves a lot to be desired.

Right from its inception, NHIF was meant to give KAPH Members hands-on financial assistance and support to help them enhance and grow healthcare services with special reference to the people living in the rural/urban areas in order to help the Government realize its "health for all policy" and commitment to ensure all Kenyans are provided with healthcare services that they require.

NHIF and KAPH have to bear in mind the fact that today the constitution protects all citizens from any form of discrimination with regard to provision of healthcare, pulling together is a must and must be seen to be done.

Publicity, Promotion & Civic Education:

NHIF has a basic obligation of reaching out to all Kenyans with information on its plans and programs highlighting the role being played by KAPH Member hospitals as its implementing partner and one of the most reasonably priced quality healthcare service providers to be found nearest to where they live. This role need to be strengthened to open up the market for NHIF and to popularize the services offered on its behalf by KAPH among other healthcare provider facilities.

Recommendations & Closing Comments:

Question! How do we change the bad blood attitude between NHIF Management and the KAPH Member Hospitals, (among others). There is a serious disconnect between the NHIF Board, the Management at the HQs and the Regional level managers.

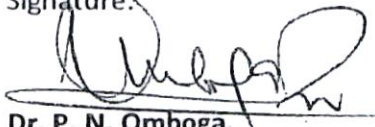
There are many delayed payments of inpatient bills. Very petty reasons are being used to cause unwarranted rejection of invoices. There is a dire need for NHIF to establish health facilities networking mechanism to help minimize fraud usually committed by the very mobile NHIF Clients.

Changing of contract mid-stream is extremely hurting the KAPH Members among other healthcare providers. The Social donations, such ambulance and medical equipment given by NHIF (from time to time) to individual hospitals and other healthcare provider facilities, should be made available for use by all licensed healthcare providers within the same geographical area.

Referral system is yet to be understood and appreciated. There is need to streamline the referral system so that there is harmony in how difficult cases are managed for the benefit of the client. PPP must include the maximization of the use of hospital equipment and coordination of services. Dental and ophthalmology services cover must be reviewed.

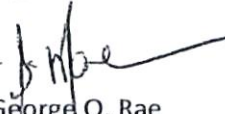
The existing guidelines on chronic diseases such as stroke, diabetes and related services, such as Hospice services and Spinal Cord must be reviewed jointly.

Signature:



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Signature:



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