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SNA
28/5/26



REPUBLIC OF KENYA
THE NATIONAL ASSEMBLY

THIRTEENTH PARLIAMENT – FIFTH SESSION – 2026
PUBLIC PETITIONS COMMITTEE



REPORT ON-

THE CONSIDERATION OF PUBLIC PETITION NO. 78 OF 2023 REGARDING NATIONAL HEALTH INSURANCE FUND INELIGIBLE “INCURRED BUT NOT REPORTED” (IBNR) CLAIMS OF OVER KENYA SHILLINGS 21 BILLION, CAPTURED IN THE FINANCIAL YEAR ENDING 30TH JUNE, 2022

THE NATIONAL ASSEMBLY PAPERS LAID	
DATE: 28 MAY 2026	DAY: Thursday
TABLED BY:	Hon. Maizon Marwa, MP Member, Public Petitions Committee
CLERK-AT-THE-TABLE:	Irene Nduku

Directorate of Audit Appropriations &
General Purpose Committees
Clerk's Chambers
Parliament Buildings
NAIROBI

MAY 2026

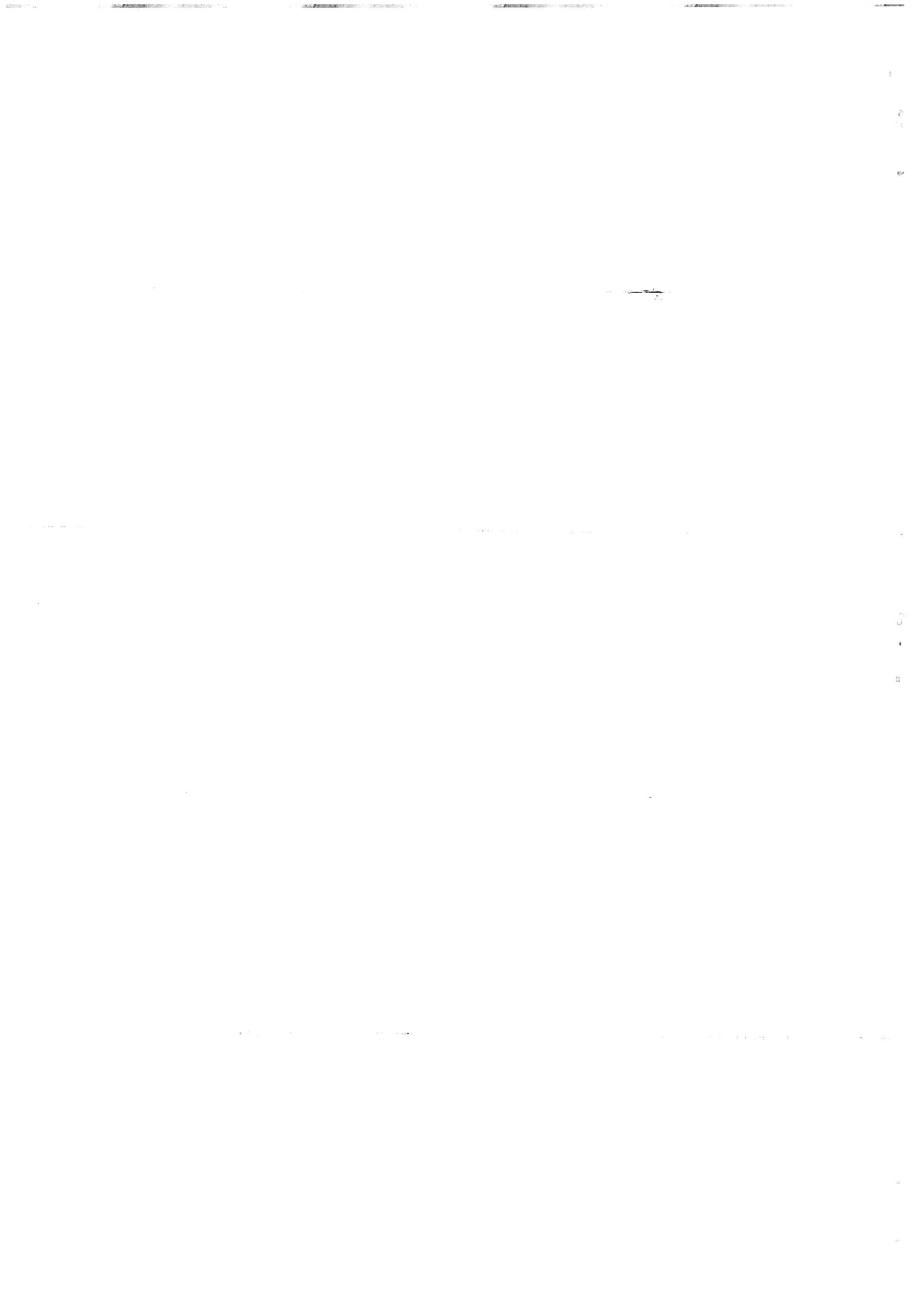


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LIST OF ACRONYMS

CEO	-	Chief Executive Officer
EACC	-	Ethics and Anti-Corruption Commission
EHMIS	-	Electronic Health Management Information System
IFRS	-	International Financial Reporting Standards
IBNR	-	Incurred But Not Reported
IPSAS	-	International Public Sector Accounting Standards
IRA	-	Insurance Regulatory Authority
KNH	-	Kenyatta National Hospital
NHIF	-	National Health Insurance Fund
PFM	-	Public Finance Management
SHA	-	Social Health Authority

CHAIRPERSON'S FOREWORD

On behalf of the Public Petitions Committee and pursuant to the provisions of Standing Order 227, it is my honour and privilege to present to the House the Report of the Public Petitions Committee on the consideration of Public Petition No. 78 of 2023 regarding the National Health Insurance Fund (NHIF) Incurred But Not Reported (IBNR) claims amounting to over Kenya Shillings 21 billion captured in the Financial Year ending 30th June 2022. The Petition was conveyed by the Honourable Speaker on behalf of Mr. Bernard Muchere, a Fraud Risk Management Consultant.

The Petition raised concerns regarding the legitimacy of the IBNR reserves recorded in the NHIF financial statements and alleged that the reserves were ineligible and may have been used to facilitate irregular payments. The Petitioner prayed that the National Assembly compels the Board of Management and the Chief Executive Officer of NHIF to prepare financial statements that present a true and fair view of the Fund's financial position, identify healthcare providers who may have benefited from ineligible IBNR claims, and recover any funds found to have been irregularly paid.

In considering the Petition, the Committee engaged the Petitioner and received submissions from key stakeholders including the Ministry of Health, the Social Health Authority and the Insurance Regulatory Authority.

The Committee recommends that the Auditor-General conducts a forensic audit on the entirety of IBNR funds set aside since inception and eventual payments made, within six (6) months of tabling of this report.

The Committee wishes to thank the Offices of the Speaker and the Clerk of the National Assembly for the logistical and technical support provided during the consideration of the Petition. The Committee also appreciates the cooperation of all stakeholders who appeared before it. Finally, I commend the Members of the Committee and the Secretariat for their dedication and commitment throughout the consideration of the Petition.

On behalf of the Committee and pursuant to the provisions of Standing Order 199, I now have the honour to table this Report before the House for consideration.

THE HON. KAREMBA MUCHANGI, CBS, M.P.
CHAIRPERSON, PUBLIC PETITIONS COMMITTEE

PART ONE

1 PREFACE

1.1 Establishment and mandate of the committee

The Public Petitions Committee is established under the provisions of Standing Order 208A with the following terms of reference:

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

1.2 Committee Membership

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

Chairperson

Hon. Muchangi Karemba, CBS, M.P.
Runyenjes Constituency
United Democratic Alliance (UDA)

Vice-Chairperson

Hon. Janet Jepkemboi Sitienei, M.P.
Turbo Constituency
United Democratic Alliance (UDA)

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

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

Hon. Edith Vethi Nyenze, M.P.
Kitui West Constituency

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

Hon. Ntwiga Patrick Munene, M.P.
Chuka Igambang'ombe Constituency
United Democratic Alliance (UDA)

Hon. Maisori Marwa Kitayama, M.P.
Kuria East Constituency
United Democratic Alliance (UDA)

Hon. Joshua Chepyegon Kandie, M.P.
Baringo Central Constituency
United Democratic Alliance (UDA)

Hon. Beatrice Kadeveresia Elachi, M.P.
Dagoretti North Constituency
Orange Democratic Movement (ODM)

Hon. Bernard Muriuki Nebart, M.P.
Mbeere South Constituency
Independent

Hon. Biego Paul Kibichy, M.P.
Chesumei
United Democratic Alliance (UDA)

Hon. Peter Irungu Kihungi, M.P.
Kangema Constituency
Maendeleo Chap Chap Party (MCCP)

Hon. John Bwire Okano, M.P.
Taveta Constituency
**Wiper Democratic Movement-Kenya (WDM-
K)**

Hon. Peter Mbogho Shake, M.P.
Mwatate Constituency
Jubilee Party (JP)

Hon. Sloya Clement Logova, M.P.
Sabatia Constituency
United Democratic Alliance (UDA)

Hon. Suzanne Ndunge Kiamba, M.P.
Makueni Constituency
**Wiper Democratic Movement-Kenya
(WDM-K)**

1.3 Committee Secretariat

The Public Petitions Committee was facilitated by the following members of the secretariat:

Lead Clerk

Mr. Victor Weke

Principal Clerk Assistant II

Ms. Miriam Modo

First Clerk Assistant

Ms. Kafuyai Wamae

Third Clerk Assistant

Ms. Nancy Akinyi

Research Officer III

Ms. Roselyne Njuki

Principal Serjeant-at-Arms

Mr. Pascal Valerian

Hansard Officer II

Ms. Felistus Muiya

Public Communication Officer

Mr. Benard Cherotich

Third Clerk Assistant

Mr. Clinton Sindiga

Legal Counsel II

Mr. Arkan Mumin

Research Officer III

Mr. Paul Shana

Serjeant-at-Arms

Mr. Collins Mahamba

Audio Officer III

Ms. Fridah Ngari

Media Relations Officer III

PART TWO

2 BACKGROUND TO THE PETITION

2.1 Introduction

1. Public Petition No. 78 of 2023 regarding the regarding National Health Insurance Fund ineligible 'Incurred But Not Reported' (IBNR) claims of over Kshs. 21 billion, captured in the financial year ending 30th June 2022 was presented by the Honourable Speaker on Thursday, 10th March, 2024, on behalf of Mr. Bernard Muchere, a fraud management consultant.
2. He avers that IBNR is a type of reserve account used in the insurance industry as a provision for claims and/or events that have transpired but have not yet been reported to an insurance company.
3. The Petitioner further states that upon undertaking a fraud examination on the financial statement in respect of NHIF for the year ending 30th June 2022, NHIF management created IBNR claims aggregating to over KSH 21 billion backdated to the 2019/2020 financial year (inclusive of cumulative IBNR claims for the previous year). The unbudgeted claims were to NHIF members' contributory schemes, causing a huge financial crisis that made NHIF unable to pay for genuine contributors.
4. The petitioner further avers that, upon analysis of the annual reports and the financial statements, there was a lack of evidence supporting the IBNR claims and that IBNR reserves were fraudulently created to enable the siphoning the NHIF funds. This has caused a major crisis in the contributors' medical coverage, resulting in most patients being denied treatment.

2.2 Petitioners' Prayers

The Petitioners prayed that the National Assembly through the Public Petitions Committee—

5. Compels the Board of Management and the Chief Executive Officer to prepare financial statements that give a true and fair view of the state of affairs and consequently, identify which health care providers benefited from IBNR claims and funds to be inauthentic, the total amount paid should be recovered from the beneficiaries.

PART THREE

3 STAKEHOLDERS' SUBMISSIONS

3.1 The Petitioner

On Thursday, 10th September, 2024, the Petitioner, Mr. Bernard Muchere, Fraud Management Consultant, appeared before the Committee and submitted as follows—

6. A fraud examination on financial statements in respect of the NHIF for the year ending 30th June, 2022, with reference to previous financial years, established that, during the preparation of the financial statements for the Financial Year ending 30th June 2022, NHIF Management created IBNR claims aggregating to over Kshs. 21 billion backdated to the Financial Year 2019/2020.
7. The unbudgeted claims were charged on NHIF members contribution schemes causing a huge financial crisis that made NHIF unable to pay hospital bills for genuine contributors.
8. The analysis relied upon the audited financial statements for the F/Y ending 30th June 2022 with reference to financial statements for financial years 2020/2021, 2019/2020, 2018/2019, and 2017/2018, Constitution of Kenya 2010, the National Health Insurance Fund Act, 2022, the Public Finance Management Act, 2012, and Cap 446-the State Corporations Act.
9. IBNR is a type of reserve account used in the insurance industry as the provision for claims and/or events that have transpired but have not yet been reported to an insurance company. IBNR is used by insurance companies, particularly along the eastern Gulf Coast of the United States where hurricanes and other natural disasters are common. After a storm hits, an actuary estimates potential damage to infrastructure and the claims that may be anticipated. Based on this analysis, money is then set aside in a reserve to pay for claims.
10. The process of incurring, reporting, and submissions of claims to NHIF for the previous manual system required that the patient presents an NHIF card and national identification card to a registered health facility and the contracted health facility provider requests for per-authorization by NHIF before treatment can be administered. It was only upon approval by NHIF that the contracted health facility provider undertakes services and immediately submits its claim.
11. For the Electronic Health Management Information System (EHMIS), the patient was required to present their national identification card and biometric taken by the registered health facility and the request for per-authorization and authorization is real-time. The claims are made in real-time through the EHMIS portal upon completion of services.
12. The NHIF's incurring, approval, and submission of claims' systems/processes are established in such a way that claims are reported before treatment, hence IBNR cannot arise in NHIF
13. Upon analysis of the 2021/2022 audited financial statements and the preceding financial years audited financial statements, the NHIF management appears to have engaged an actuarial firm during the preparation of the 2021/2022 financial statements., whereby it computed IBNR reserves aggregating to Kshs 21,109,205,434.00.

14. This was a major policy change, however, the Chief Executive Officer and the chairperson of the Board in their reports on the Annual Financial Statements for the FY ending June 2022 consciously avoided mentioning and explaining the basis for the IBNR claims.
15. Further, there was no evidence showing how the actuarial firm, Kenbright Actuarial and Financial Services was procured and how it determined the so-called “claim-generating events”. Therefore, the CEO’s and Chairperson’s non-commitment on IBNR claims suggest improbability.
16. The IBNR reserves were fraudulently created to enable siphoning of the Kshs 21,109,205,434 from the NHIF Funds as no reserves were set aside in the 2021/2022 financial year or the previous years.
17. Further, the audited financial statements for the financial year ended 30th June 2021 were fictitiously restated where part of the Kshs 18,697,004,746 cumulative retained earnings, and Kshs 12,310,791,402 was converted to IBNR claim reserves.

3.2 The Ministry of Health

18. On 24th February, 2026, Dr. Ouma Oluga, OGW, the Principal Secretary, Medical Services, Ministry of Health, appeared before the Committee alongside the Chief Executive Officer (CEO), Social Health Authority (the successor to NHIF) and submitted as follows—

No.	Petitioner’s Statement	Ministry’s Response
1.	Incurred But Not Reported (IBNR) claim reserves are not required for medical insurance	Incurred But Not Reported (IBNR) reserves & how such reserves are calculated is anchored in law under Legislative Supplement No. 16 - Insurance (Valuation of Technical Provisions for General Insurance Business) Regulations.
2.	IBNR reserves lead to fraud since they allow the institution to arbitrarily disburse funds to healthcare providers.	No. IBNR is a balance sheet item and does not influence vetting or payment of claims to services providers. This is a prudent accounting entry.
3.	Does inclusion or exclusion of IBNR in Financial Statements give a true and fair view?	Inclusion of IBNR and claims reserves is what gives a true and fair representation of an insurer in line with international standards such as IFRS17. Historically NHIF did not book IBNR and this gave an incorrect view of financial statements.
4.	Does inclusion of IBNR reserve affect the ability of an insurer like NHIF to pay claims	No. This reserve & other reserves do not affect the assets (cash or otherwise) of an insurer but rather increases the liabilities of the insurer and reduces the surplus in the balance sheet.

5.	IBNR was deliberately created to siphon out money which resulted in most patients being denied service.	No patients were denied services during the period in question. Under the NHIF mandate, members were entitled to receive care as long as their contributions were paid. The establishment of an IBNR reserve does not affect access to services; rather, it is an accounting requirement designed to safeguard members' contributions. Its purpose is to ensure that all IBNR claims are adequately provided for, in line with established financial and actuarial standards.
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Table 1: Petitioner's claims against Ministry's Response

Technical Review and Analysis of IBNR Reserves

19. The Committee was taken through a detailed examination of the technical, legal and actuarial frameworks surrounding the IBNR reserves by the Ministry. The following review and analysis were recorded for clarity and deeper understanding:

Legal and Regulatory Framework

20. The Ministry anchored its defense on two primary instruments, namely -

The Legislative Supplement No. 16: Insurance (Valuation of Technical Provisions for General Insurance Business) Regulations

21. These regulations fall under the Insurance Act and traditionally govern general (non-life) insurance business. Health insurance occupies a hybrid space between life and non-life insurance. While medical insurance is often classified as general insurance due to its short-term, renewable nature, NHIF operated as a social health insurance scheme with characteristics distinct from commercial general insurance. The applicability of general insurance regulations to a parastatal social insurance fund required clearer elucidation.

IFRS 17 - Insurance Contracts

22. IFRS 17 became effective for annual reporting periods beginning on or after 1 January 2023, with early application permitted. NHIF's adoption for the financial year 2021/22 (ending 30 June 2022) represented early adoption. The standard requires recognition of –
- **Fulfillment Cash Flows:** Probability-weighted estimates of future cash flows, discounted to present value;
 - **Risk Adjustment:** Compensation for uncertainty about the amount and timing of cash flows; and
 - **Contractual Service Margin:** Unearned profit recognized over the coverage period.
23. The IBNR reserve falls within the fulfillment cash flows component, specifically addressing claims incurred but not yet reported at the reporting date.
24. Furthermore, IBNR is also a mandatory reserve under IFRS 17, established to recognize insurance liabilities arising from claims that have been incurred but not yet reported at the

reporting date. It ensures that the insurer's financial statements accurately reflect all outstanding obligations, even when the exact amount and timing of such claims are uncertain. By incorporating IBNR, insurers maintain compliance with global accounting standards, uphold transparency, and ensure prudent financial management to safeguard solvency and policyholder interests.

25. It therefore follows that, all Government institutions offering insurance or insurance-like contracts are required to prepare their financial statements in accordance with IFRS 17. This requirement applies uniformly across the public sector, and the defunct NHIF was not exempt from compliance. Ensuring adherence to IFRS 17, including the establishment of IBNR reserves, is therefore both a legal and professional obligation intended to safeguard contributors' funds, strengthen financial discipline, and promote long-term sustainability of the Fund.
26. Contrary to claims of arbitrary disbursement, IBNR funds are not disbursed arbitrarily to healthcare providers. These funds are specifically reserved to settle claims originating from hospitals where patients were treated, and the requisite claims documentation has been submitted. Under IFRS 17, the IBNR represents the proportion of liability for incurred claims that must undergo the normal due process for settling hospital claims. This includes verification of eligibility, computation based on applicable tariffs or rebates, and approval only after full documentation is provided.
27. A key misconception addressed here is the assertion that "claims are reported before treatment." This statement is false. Claims for inpatient services are submitted upon the patient's discharge from the hospital, not beforehand. All paid claims include an admission date and a discharge date. Upon discharge, the claims amount is computed based on the various tariffs or rebates applicable. Providers were contractually required to submit fully documented claims within 30 days, as per the defunct NHIF and healthcare providers' service provision contracts.

Actuarial Methodology and Validation

28. The IBNR reserve for NHIF in the 2021/22 financial year was calculated using historical data, actuarial projections, and adjustments for paid claims. The reported gross IBNR was Kshs. 21,109,205,434, which was legitimately derived as follows –

Description	Amount (KShs)	Technical Notes
A. IBNR at beginning (1 July 2021)	19,972,497,763	Restatement of opening position
B. Add: IBNR for 2021/22	1,136,707,671	Current year provision
C = A + B Totals	21,109,205,434	Gross IBNR reserve
Less:		

Description	Amount (KShs)	Technical Notes
E. Claims paid in 2022, incurred before June 2021	(7,661,706,361)	Run-off from prior periods
F. Claims paid in 2022, incurred in 2021/22	(6,835,120,522)	Current year claims settlement
G = E + F Total paid claims	(14,496,826,882)	Total utilization
C - G Net IBNR as at 30 June 2022	6,612,378,551	Closing reserve position

Table 2: Basis and Calculation of NHIF's IBNR for FY 2021/22

Explanatory Notes

29. The impact on the financial performance of the year 2021/22 was KES 1.13 billion. The remaining reserve of KES 19.9 billion was recognized in the balance sheet as a restatement, in accordance with applicable accounting standards. This adjustment was necessary because NHIF had not previously established IBNR reserves, and the restatement ensured that the financial statements reflected the full extent of outstanding claim obligations.
30. Whereas KES 21.1 billion were estimated as the claims reserve at the time at the end of 30 Jun 2022, it is worth mentioning that in the subsequent year 2022/23 during normal day-to-day operations led to payment of KES 14.4 billion resulting in a balance of KES 6.6 billion.
31. This net figure of KES 6,612,378,551 reflects deductions for claims paid in the subsequent period that were incurred prior to the valuation date (30 June 2022). These payments validate the reserve's accuracy, as they directly draw from the IBNR pool for legitimate, documented claims.
32. Since IBNR is an estimate rather than an exact figure, its accuracy may vary depending on the quality of data and the actuarial assumptions applied.
33. To further validate the prudence and reliability of the IBNR provision, the table below illustrates the movement and adjustments in the IBNR position to date.

Item	Amount
IBNR Reserves (30th June 2022)	21,109,205,433
Prior Year Claims (Post 30th June 2022)	14,496,826,882
Outstanding Claims (up-to 30th June 2022)	6,592,887,331
Adjusted IBNR	21,088,714,213
% Accuracy	99.9%

Table 3: Movement and Adjustments in the IBNR position to-date

34. The IBNR accuracy level stands at approximately 99.9%, indicating that the reserve estimates were reflective of the actual claims experience. This high level of accuracy demonstrates that

the actuarial assumptions and data used in the estimation process were sound and aligned closely with real-world outcomes. It also underscores the prudence of the reserving methodology, as the provision was sufficient to meet the majority of delayed or unreported claims.

35. In summary, the allegations of a "KES 21 billion scam" mischaracterize a standard actuarial practice essential for NHIF's solvency. The reserve was not "fraudulently created" but meticulously calculated to cover real liabilities, as evidenced by subsequent payments as submitted by the Ministry.

3.3 The Insurance Regulatory Authority (IRA)

On 16th March, 2026, Mr. Geoffrey Kiptum, the Commissioner of Insurance & Chief Executive Officer (CEO), through written Submissions, submitted as follows—

36. Incurred But Not Reported (IBNR) provisions in the financial statements of insurers represent an estimate of claims that have already occurred but have not yet been reported to the insurer by the reporting date.
37. Such provisions are a standard components of insurance liabilities and are used to ensure that financial statements reflect the full cost of claims arising from coverage provided during the financial period.
38. The recognition and estimation of IBNR liabilities is consistent with internationally accepted financial reporting and actuarial practice. The, International Financial Reporting Standards (IFRS) 17 (Insurance Contracts) requires entities issuing insurance contracts to recognize a liability for incurred claims, including claims that have occurred but have not yet been reported.
39. Under IFRS 17, such liabilities form part of the liability for incurred claims, which represent the insurer's obligation to policyholders arising from events that have already occurred.
40. The estimation of IBNR is typically carried out using actuarial techniques that analyses historical claims reporting pattern, payment delays and trends. These calculations are designed to produce a reasonable estimate of the outstanding claims liability at the reporting date.
41. Accordingly, the inclusion of an IBNR provision in financial statements is not only consistent with accepted actuarial and accounting practice but is also considered a prudent measure intended to ensure that liabilities are not understated. Without such provisions, financial statements could materially understate the obligation arising from services already provided but not yet invoiced or reported.
42. With respect to the specific IBNR provisions reported in the NHIF financial statements for the year ended 30th June, 2022, the determination of the amount would ordinarily be expected to rely on actuarial analysis supported by credible historical calms data and appropriate statistical techniques. Where such methodologies are properly applied, the resulting estimate forms part of the overall claims' liability presented in the financial statements.
43. The use of IBNR provisions is therefore widely recognized as an essential component of sound financial reporting and risk management in the insurance industry.

PART FOUR

4 COMMITTEE OBSERVATIONS

Arising from the engagement with the various stakeholders, including the Petitioner, Ministry of Health and the Insurance Regulatory Authority, the Committee made the following observations—

44. Incurred But Not Reported (IBNR) provisions are a standard and mandatory component of insurance liabilities within the industry, as affirmed by the Insurance Regulatory Authority.
45. The recognition of IBNR provisions in the financial statements of the National Hospital Insurance Fund for the year ended 30th June 2022 is consistent with accepted insurance and accounting practices, IFRS 17, which requires insurers to account for all incurred claims, including those not yet reported as at the reporting date.
46. IBNR entries must be based on credible actuarial models and historical claims data. If unsupported, they may constitute false liabilities and violate International Public Sector Accounting Standards (IPSAS 19) on provisions and contingent liabilities. The accurate estimation of IBNR provisions is critical for maintaining insurer solvency, safeguarding policyholder interests, and ensuring the stability of the insurance sector.

PART FIVE

5 COMMITTEE RECOMMENDATIONS

Pursuant to the provisions of Standing Order 227 and in response to the prayers sought by the Petitioner, the Committee recommends as follows –

- i) On the Prayer that the Committee compels the Board of Management and the Chief Executive Officer to prepare financial statements that give a true and fair view of the state of affairs; **the Committee notes that financial statements of the National Hospital Insurance Fund (NHIF) and its successor, the Social Health Authority (SHA) have been annually submitted to the National Assembly and recommendations by the relevant audit Committee of the House considered.**
- ii) On the prayer that the Committee further compels the Board of Management and the Chief Executive Officer of NHIF to identify healthcare providers who benefited from ineligible IBNR claims; **the Committee recommends that the Office of the Auditor-General conducts a forensic audit on the entirety of IBNR funds set aside since inception and eventual payments made, within six (6) months of tabling of this report.**
- iii) On the prayer that the Committee intervenes to have recovery of funds where payments are found to be inauthentic; **the Committee recommends that the outcome of the aforementioned forensic audit be awaited.**


Signed: _____



Date: _____

28/05/26.

THE HON. KAREMBA MUCHANGI, CBS, M.P.
CHAIRPERSON, PUBLIC PETITIONS COMMITTEE

 THE NATIONAL ASSEMBLY PAPERS LAID	
DATE: 28 MAY 2026	
DAY: Thursday	
TABLED BY:	Hon. Maisori Marwa, MP
CLERK AT THE TABLE:	Irene Nduku

ANNEXURES

- Annex 1: Adoption List
- Annex 2: Public Petition No. 78 of 2023 regarding the National Health Insurance Fund (NHIF) Incurred But Not Reported (IBNR) claims amounting to over Kenya Shillings 21 billion captured in the Financial Year ending 30th June 2022
- Annex 3: Minutes of proceedings.




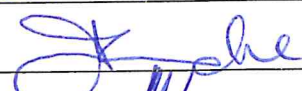

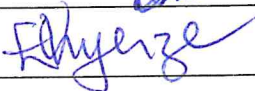
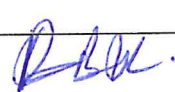
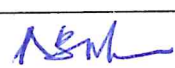
PUBLIC PETITIONS COMMITTEE

ADOPTION LIST

- (i) **Consideration and adoption of the Report on Public Petition No. 78 of 2023 by Mr. Bernard Muchere, regarding National Health Insurance Fund ineligible incurred but not reported (IBNR) claims of over Kenya Shillings 21 billion, captured in the Financial Year ending 30th June 2022**

We, the undersigned, hereby affix our signatures to this Report to affirm our approval:

DATE: 6/5/2025

	HON. MEMBER	SIGNATURE
1.	Hon. Muchangi Karemba, CBS, M.P. (Chairperson)	
2.	Hon. Janet Jepkemboi Sitienei, CBS, M.P. (Vice Chairperson)	
3.	Hon. Patrick Makau King'ola, M.P.	
4.	Hon. Beatrice Kadeveresia Elachi, CBS, M.P.	
5.	Hon. Joshua Chepyegon Kandie, M.P.	
6.	Hon. Maisori Marwa Kitayama, M.P.	
7.	Hon. Edith Vethi Nyenze, M.P.	
8.	Hon. Patrick Ntwiga Munene, CBS, M.P.	
9.	Hon. Paul Biego Kibichy, M.P.	
10.	Hon. (Eng.) Bernard Muriuki Nebart, M.P.	
11.	Hon. Peter Mbogho Shake, M.P.	
12.	Hon. Suzanne Ndunge Kiamba, M.P.	
13.	Hon. John Bwire Okano, M.P.	
14.	Hon. Sloya Clement Logova, M.P.	
15.	Hon. Peter Irungu Kihungi, M.P.	

