

NATIONAL ASSEMBLY

OFFICIAL REPORT

Wednesday, 7th July, 2004

The House met at 2.30 p.m.

[Mr. Speaker in the Chair]

PRAYERS

Mr. Speaker: Yesterday, Mr. Omingo attempted to give Notice of a Motion on the Report of a Committee, and it was not done properly. I ordered him to do it today, where is he?

An hon. Member: He is not in!

Mr. Speaker: Next Order! Proceed, Mr. Kingi.

QUESTION BY PRIVATE NOTICE

MEASURES TO REGULATE THE *MATATU* INDUSTRY

Mr. Kingi: Mr. Speaker, Sir, I beg to ask the Minister for Transport the following Question by Private Notice.

(a) Is the Minister aware that many *matatus* are slowly reverting to their old habits of overspeeding and overloading of passengers?

(b) What is the Minister doing about this matter that threatens to degenerate into chaos?

The Assistant Minister for Transport (Mr. Ligale): Mr. Speaker, Sir, I beg to reply.

(a) Yes, I am aware that overloading and overspeeding has been reported, and that some *matatus* are flouting the traffic rules.

(b) My Ministry has put the following measures in place to ensure that *matatus* and public service vehicles do not revert to the old habits of overspeeding and overloading:-

1. The enforcement of traffic rules has been intensified. Joint crack-down operations by the traffic police and motor vehicle inspectors are now being organized on various routes in different parts of the country. Those who are found flouting traffic rules are prosecuted promptly, and if found guilty, they are fined and the licences for the vehicle, driver and conductor are suspended for periods ranging between one and three months.

(Loud consultations)

Mr. Speaker: Order! Order!

The Assistant Minister for Transport (Mr. Ligale): The Ministry wants to raise the cost of non-compliance to discourage such practices. By mid-June, 2004, 77 *matatus* and public service vehicles had their licences suspended by the Transport Licensing Board (TLB) for committing serious traffic offenses that included tampering with speed governors which had already been fitted to the vehicles.

2. My Ministry, together with the support of other road safety stakeholders, has embarked

on a road safety awareness campaign named "*Komesha ajali barabarani*", aimed at educating all stakeholders in the road transport industry on the need to adhere to the traffic and road safety rules.

Thank you, Mr. Speaker, Sir.

Mr. Kingi: The measures which were put in place early this year were meant to bring sanity to the transport industry and for a while, things were all right. But now, a few naughty drivers have started doing a few rude things, and with the complacent police force, it is just a matter of time before we go back to the malpractices of the old times. Since it is a known fact that many policemen are owners of *matatus*, why can the Ministry not think of introducing an independent body to deal with these ruthless drivers once and for all?

Mr. Ligale: It is true that a number of policemen do own *matatus*. We have warned them and given them a very clear signal that if they want to own *matatus*, they should get out of the police force, and then they can own *matatus* and run them. But if they remain in the police force, then they should not own *matatus* because there will be a conflict of interest. That is a small proportion, because a majority of policemen are working closely with the traffic inspectors to ensure that these traffic rules are enforced. I believe that in the majority of cases, we are being effective. If a few of them have flouted the rules, they will be dealt with in accordance with the measures that I have outlined in my replies.

Prof. Olweny: For the police to control the speed of vehicles on the roads, they need speed detectors and, of course, it is not only the *matatus* that flout the rules; every other car does it. So, how do the police detect the speed of vehicles on the roads? Previously, they were using speed detectors. What happened?

Mr. Ligale: Some speed detectors are still available and in use. But it is true that a number of them became defective and have not been replaced. But that is a matter which we will have to liaise with the Office of the President, which is in charge of the police.

Ms. Mwau: Road accidents have been curtailed because of the new traffic rules which have been introduced. But there was a rule which stipulated that trailers need not be on the roads after 6.00 p.m. because they are one of the causes of very many road accidents. So, what is the Ministry doing to actually bring back this law, which was very useful in curtailing road accidents?

Mr. Ligale: Mr. Speaker, Sir, in fact, we need to amend the Traffic Act to enforce that rule. When the rule was enforced, it was administrative. For it to be effective, we need to amend the Traffic Act to ensure that trailers are not on our roads at night.

Mr. Muiruri: Mr. Speaker, Sir, I wish to thank the Ministry for streamlining the *matatu* industry. Most *matatu* drivers and owners have a special method of interfering with the speed governors. You will find that in one day, the speed governors are working and the next day, they are not. We might as well go back where we were. What is the Assistant Minister doing to ensure that speed governors are not interfered with permanently?

Mr. Ligale: Mr. Speaker, Sir, I cannot pretend to know what is in the hearts of men and women. Obviously, if somebody is found to have interfered with the speed governor, he will be prosecuted. That is being enforced. We know that our people like breaking the law. There are a few people out there who are tampering with the speed governors. I am warning them, through this media, that if they are caught, they shall be dealt with very severely.

ORAL ANSWERS TO QUESTIONS

Question No.155

VEHICLES FOR SOSIOT/

SONDU POLICE STATIONS

Mr. Keter asked the Minister of State, Office of the President:-

(a) whether he is aware that Sosiot and Sondu police stations within Belgut Constituency do not have even a single vehicle; and,

(b) what steps he is taking to ensure that the police stations are provided with vehicles immediately to curb the increasing insecurity in the constituency.

The Assistant Minister, Office of the President (Mr. Mungatana): Mr. Speaker, Sir, I beg to reply.

(a) I am not aware. The two stations were allocated motor vehicles registration Nos.GK N 423, Land Rover 110, and GK F 628, Land Rover 109, respectively. However, I am aware that the said vehicles are undergoing repairs at the divisional workshop.

(b) The vehicles will be released to the same stations as soon as the repairs are done. We estimate that by September, we should be having the vehicles at the police stations.

Mr. Keter: Mr. Speaker, Sir, I want to thank the Assistant Minister for promising that the vehicles should be at the police stations by September. Since the Assistant Minister is new in his position and he eats crocodiles, I want to trust him.

(Laughter)

Mr. Speaker: Order, hon. Members! It is good to have a light moment, but it must fit the occasion. I do not think crocodiles and vehicles mix.

Next Question, Mr. Onyancha!

Question No.423

TORTURE FOR MR. NYAMBANE
BY AP INSPECTOR

Mr. Onyancha asked the Minister of State, Office of the President:-

(a) whether he is aware that Mr. Evans Nyambati Nyambane was arrested on 6th December, 2003, and taken to Kenya DO's office where he was tortured by one Administration Police (AP), Inspector Pius Sumbeiywo;

(b) whether he is further aware that Mr. Nyambane was treated at the Moi Referral and Teaching Hospital, Eldoret, and subsequently died on 16th December, 2003; and,

(c) what action he has taken against AP Inspector Pius Sumbeiywo.

The Assistant Minister, Office of the President (Prof. Kibwana): Mr. Speaker, Sir, I beg to reply.

(a) Yes, I am aware that Mr. Evans Nyambati was arrested on 6th December, 2003.

(b) Yes, I am aware that Mr. Nyambati died on 13th December, 2003, while undergoing treatment at the Kisii District Hospital.

(c) Following advice from the Office of the Attorney-General to prosecute the suspect, which was received on 24th June, 2004, the District Criminal Investigation Officer (DCIO), Gucha, is at the moment trying to trace the suspect and arraign him before the court of law.

Mr. Onyancha: Mr. Speaker, Sir, the written answer that I have here is unsigned. Nevertheless, the Assistant Minister has got the facts wrong. Mr. Nyambati died while undergoing treatment at the Moi Referral and Teaching Hospital, Eldoret, and not at the Kisii District Hospital.

Knowing the effectiveness of the Kenyan security system, which cannot be compared with any other in the region, how long would it take a DCIO to trace a member of the Kenyan Police Force, who has a personal number and is earning a salary paid by the Kenyan taxpayer? This officer should be brought to book for this crime.

Prof. Kibwana: Mr. Speaker, Sir, the information that I have is that Mr. Nyambati died at the Kisii District Hospital. I will cross-check this information with the one the hon. Member has provided. I have personally spoken to the DCIO, Gucha, and I indicated to him that two weeks is a long period to trace an administration police officer. He should arrest this person by the end of tomorrow.

Mr. Bahari: Mr. Speaker, Sir, this is an issue that concerns the life of a Kenyan. This incident happened on 6th December, 2003. Could the Assistant Minister explain why it has taken this long for the culprit to be brought to book?

Prof. Kibwana: Mr. Speaker, Sir, when a police officer is involved in a matter like this one, there is a procedure to be followed. We get advice from the Attorney-General's Office to prosecute. This is what was holding this matter back. I hope that, in future, the Attorney-General's Office will give that advice expeditiously.

Mr. Mwancha: Mr. Speaker, Sir, cases of Government officers maiming or killing citizens are quite common in this country. When a police officer kills a citizen, his fellow police officers are involved in the investigation. Is the Assistant Minister satisfied that justice will be accorded to the citizens who are killed when the killers investigate and prosecute?

Prof. Kibwana: Mr. Speaker, Sir, all Kenyans must get justice from our courts. In the process of reforming the police force, we are insisting that we need to have a new look police force. Things that were done in the past in terms of torture are anathema.

Dr. Khalwale: On a point of order, Mr. Speaker, Sir. Is the Assistant Minister in order to say that these things were done in the past when we know that even today the police have killed youths in Kisumu?

Mr. Speaker: Is that not an argument?

Dr. Khalwale: But is it in order for him to mislead the House?

Mr. Speaker: You are out of order! You must know the difference between an argument and a point of order.

Mr. Onyancha: Mr. Speaker, Sir, is the Assistant Minister satisfied about the competence of the DCIO, Gucha? Up to date, he has not produced three principal suspects who murdered a former hon. Member in 2002. The DCIO, Kisii, has been requesting that the three principal suspects be handed over to him for prosecution. Is the Assistant Minister satisfied that the DCIO is competent enough even to prosecute Inspector Pius Sumbeiywo?

Prof. Kibwana: Mr. Speaker, Sir, that is a substantive Question which I would be happy to reply to. By the end of business tomorrow, if I will not have received any information about this particular AP from the DCIO, Gucha, then I will make a decision about his competence or otherwise.

Question No.486

REPAIR OF CHEPKUNGUR BRIDGE

Mr. Sirma asked the Minister for Roads and Public Works:-

(a) whether he is aware that the Poror-Sirwa road is cut off following the collapse of

the bridge at Chepkungur; and,

(b) what urgent action he is taking to repair the bridge.

The Assistant Minister for Roads and Public Works (Eng. Toro): Mr. Speaker, Sir, I beg to reply.

(a) Yes, I am aware that Poror-Sirwa Road was cut off following floods which swept off the culverts that had constructed the bridge at the Chepkungur section of the road.

(b) During this financial year, 2004/2005, a budgetary provision has been made to allocate Kshs4 million which is needed to repair the washout by constructing a box culvert to restore the crossing.

Mr. Sirma: Mr. Speaker, Sir, it is now over six months since I brought this issue to the attention of the Ministry at the district offices. I am happy that there will be a budgetary allocation for it. However, for how long will we wait? We are having a problem in transporting our milk and other farm products. It is a densely populated area.

Eng. Toro: Mr. Speaker, Sir, taking into account what the hon. Member has said, it is true that the Ministry recognises the contribution made by this area. That is why I have made a provision as early as this financial year, so that we can construct the Kshs4.6 million box culvert. That will ease the problems of the residents of that area. As for when construction will be done, the hon. Member knows that the financial year has just begun and the authorities to incur expenditure (AIEs) have not yet been sent to the districts.

Mr. Speaker: Let me try to pick on the hon. Members who are far from me. Mr. Manoti, please, ask your question. Hon. Members who are seated far from the Speaker should not be marginalised. I am, therefore, trying to balance giving of chances.

Mr. Manoti: Thank you, Mr. Speaker Sir. Every day in this House, we have a Question concerning roads and bridges. As we know, road network is very vital in this country. It is difficult for the Assistant Minister to answer any Question perfectly. Could he establish an emergency kit in the Ministry to cater for such emergencies?

Eng. Toro: Mr. Speaker, Sir, there is always a budgetary provision during every financial year for roads. However, the Government kitty does not have a lot of money. It is not possible for it to be used to deal with all the problems in the country. The money that has been allocated to the Ministry is insufficient. If the budgetary provision for the Ministry was big enough, we would handle all problems within a short time. We are, however, dealing with problems as they come to the Ministry, depending on the money we have.

Mr. Kimeto: Thank you, Mr. Speaker, Sir. As you have heard, the Assistant Minister has said we have a provision for road construction and repairs in this year's Budget, yet the bridges we have were done during the colonial period. When will the Assistant Minister come up with enough funds to construct new roads and bridges?

Eng. Toro: Mr. Speaker, Sir, budgetary allocation for every Ministry is done by this House. We always go by what has been given to us by this House. If this House allocates more than we are getting now, we will do double the work we are doing.

Mr. Sirma: Mr. Speaker, Sir, given that---

*(The Minister for Trade and Industry
stood up in his place)*

Mr. Speaker: What are you up to, Mr. Minister?

The Minister for Trade and Industry (Dr. Kituyi): On a point of order, Mr. Speaker, Sir. I have sat in this House with hon. Kimeto. Would it not be in order for this House to express

appreciation for his new comportment?

*(Laughter as Mr. Kimeto
stood up in his place)*

Mr. Speaker: Order, Mr. Kimeto. Actually, I did not recognise him. He does not look the way he normally does. I wish to say that he looks much better.

(Laughter)

Now you can relax. Who was on the Floor? Mr. Sirma, please proceed.

Mr. Sirma: Mr. Speaker, Sir, I think he has done his hair that way because he is looking for the KANU national chairmanship.

Given the fact that the Assistant Minister has said that we are going to get Kshs4 million for this bridge, could he, as a matter of priority, give us money as soon as possible; maybe in a month's time or so?

Eng. Toro: Mr. Speaker, Sir, we will look into that. I also want to ask the hon. Member to keep in touch with me so that I can pursue his case, as a matter of urgency.

Question No. 125

REVENUE COLLECTED FROM 1997/98 TEACHERS' PROMOTION COURSE

Prof. Olweny asked the Minister for Education, Science and Technology:-

(a) whether he could give the number of teachers, per province, who underwent teachers' promotion course from 1997 to 1998, and the number promoted in each province following the completion of the course; and,

(b) how much money in form of examination fees and other related fees the Government collected from the teachers who underwent this course.

The Assistant Minister for Education, Science and Technology (Mrs. Mugo): Mr. Speaker, Sir, I beg to reply.

(a) The teachers' promotion course was organised in April, 1998. A total of 4,300 teachers were trained. The numbers of P1, P2 and P3 teachers per province are as follows:

Coast Province	- 187
Central Province	- 436
Eastern Province	- 680
Nairobi Province	- 73
Rift Valley Province	- 856
Western Province	- 352
Nyanza Province	- 566
North Eastern Province	- 21

P1, P2 and P3 teachers were not promoted as a result of the embargo put on promotions in 1998. However, 976 diploma holders were promoted to the approved teacher (AT) III grade with effect from 1st July, 1996. The remaining 3,172 teachers, whom we had trained in the teacher promotion course, are part of the 70,000 teachers to be promoted, some of whose letters have already been written.

(b) A total of Kshs11,610,000 was collected in form of examination fees and other related

fees from the teachers who underwent this course.

Prof. Olweny: Thank you, Mr. Speaker, Sir. The Kshs11 million collected from our teachers who are earning low salaries is a lot. Why did the Government put teachers on training and collect money from them? Some of them were qualified for promotion. The promotions were backdated, meaning that the teachers were due for promotion. Why take their money and then suspend their promotion because of the embargo?

Mrs. Mugo: Mr. Speaker, Sir, I am sure that prof. Olweny knows that learning does not cease. Improving teachers' skills should not cease. It was necessary for us to improve their teaching skills as teaching methods are always changing.

This Government---

*(Mr. Odoyo was applauded
as he entered the Chamber)*

Mr. Speaker: Order, hon. Members!

Mr. Odoyo, I may have to send you back to where you came from. Hon. Members, this afternoon, I really wish to commend the House for the very dignified manner in which we have been seating. Let us continue that way. Those who wish to be applauded should come in after Question Time.

(Laughter)

Mrs. Mugo: Mr. Speaker, Sir, some of this money went towards paying for accommodation. Each teacher paid Kshs2,700, out of which Kshs1,500 per teacher was paid to the colleges for accommodation and subsistence. The remaining Kshs1,200 per teacher was paid to the Ministry's deposit account to cover examination setting, moderation, marking, supervision, typing, printing of TPC certificates and stationery and other necessary activities.

Mr. Karaba: Mr. Speaker, Sir, you will note from the answer that out of the 4,300 teachers who went for these promotional courses, so far, some of them have not been promoted because the promotions were based on 15 years service, whose counting started earlier than the year when the teachers graduated from the colleges. But the most nagging issue here is that the Ministry of Education, Science and Technology went ahead and promoted teachers when that is not its responsibility. Who is in charge of promoting teachers in this country?

Mrs. Mugo: Mr. Speaker, Sir, the TSC, in conjunction with the Ministry, is in charge of promoting teachers because the Ministry has to provide the funds. It is on record that as soon as the NARC Government came into power, the promotions started. I cannot answer for the other regime. I do not know exactly why there was an embargo on promotions. We have done our very best, and 70,000 teachers have been promoted.

Mr. Billow: Mr. Speaker, Sir, the question of promotion for the P1 teachers is raising a lot of concern in the districts. Many of them have taken their own initiative to join universities and study for a bachelor's degree, so that they can enhance their chances of promotion, but their handicap is funding. Could the Ministry consider extending the higher education loans facility to those teachers who are undertaking undergraduate courses in the public universities?

Mrs. Mugo: Yes, Mr. Speaker, Sir. That matter is being considered.

Prof. Olweny: Mr. Speaker, Sir, I believe that this training was not offered in April 1998 only. For how long did the Government continue with it and how much money has been collected so far?

Mrs. Mugo: The training took place in 1997 and 1998. It is not going on now and the

money that I have indicated here is the sum that was collected.

Mr. Speaker: Next Question!

(Loud consultations)

Order, hon. Members! I am now asking the House for orderly conduct. Could we reserve all the applause for after Question Time? All hon. Members who wish to be applauded as they come in, should come in after Question Time.

Question No.450

REPAIR OF EBUSAKANI PRIMARY

SCHOOL ROOF

Mr. Marende asked the Minister for Education, Science and Technology:-

(a) whether he is aware that the roofs of three classrooms, one staffroom and a multi-purpose hall of Ebusakani Primary School were blown off by the wind on 26th April, 2002; and,

(b) what remedial action he is taking to repair the roof of the multi-purpose hall now that the parents of the school have, through self-help, replaced the other roofs.

The Assistant Minister for Education, Science and Technology (Mrs. Mugo): Mr. Speaker, Sir, I beg to reply.

(a) I am aware that the roofs of three classrooms, one staff room and a multi-purpose hall of Ebusakani Primary School were blown off by a storm wind on 26th April, 2002.

(b) Although I appreciate that the hall provided a venue for various school activities like music and drama, as well as community social activities such as weddings and prayers, the Ministry has no plans to repair the multi-purpose hall since no funds have been set aside for the repair of such facilities.

Mr. Marende: Mr. Speaker, Sir, I am not satisfied with the answer given by the Assistant Minister because it is a complete contradiction of the Government's publicly declared policy of providing free primary education. Other than for social activities, that hall was being used by the school as an assembly hall and for art and craft activities, which the Assistant Minister does not seem to be aware of. Unfortunately, the answer given by the Assistant Minister is so arrogant and typical of the indifference that the Government is demonstrating in all sectors.

Could the Assistant Minister assure the House that this hall, which was providing facilities and enhanced and furthered the education of primary school children, will be reinstated by the Government subscribing accordingly?

Mrs. Mugo: Mr. Speaker, Sir, I appreciate the hon. Member's concern, but the policy has been stated in the past. We have explained that education is a partnership. The free primary education programme provides teaching materials, pays teachers' salaries and provides other amenities like storage. It does not shoulder the responsibility of constructing all the school buildings. Provision of education is a partnership of the Government and communities. The community in this area met on 29th April and agreed on the steps to take to construct the roofs. This was to be done by holding a Harambee. That Harambee has not taken place. Do not tell me that Harambee's are prohibited. They are not.

Prof. Oniang'o: Could the Assistant Minister issue a policy statement to schools and parents to tell them that primary education is not free; there is cost sharing, and that the Ministry has no intention of setting aside emergency funds to assist parents to rehabilitate schools which are destroyed by natural disasters?

Mrs. Mugo: Mr. Speaker, Sir, there is free primary education and I am sure the professor is aware of that. Children are being taught fully. But we have always said that provision of education is a partnership. We have never hidden that fact. All the leaders have to take the initiative to support their communities in developing educational infrastructure. The Government has allocated each constituency Kshs20 million for development, including development of education. Could you use some of that money to develop education?

Mr. Karaba: Mr. Speaker, Sir, teachers are very crucial in the education sector. This is because they are very adaptable. For example, we have seen teachers teaching even under trees and in open areas. Could the recruitment of more teachers be the first priority of the Ministry of Education, Science and Technology this year?

Mrs. Mugo: Mr. Speaker, Sir, teachers are a priority in our Ministry and we will consider recruiting more teachers.

Mr. Marende: Mr. Speaker, Sir, could the Assistant Minister tell us what constitutes free primary education so that we understand it?

Mrs. Mugo: Mr. Speaker, Sir, I am sure Kenyans understand what constitutes free primary education. The problem is the leaders. I hope the leaders will also understand and explain this programme to their communities. We have done that several times and we will continue to do so.

Question No.525

STATUS OF MODOGASHE WATER PROJECT

Mr. Speaker: Is Mr. Dahir not here? The Question is dropped.

(Question dropped)

Question No.552

INTER-BASIN WATER TRANSFER
IN RIVERS NYANDO/NYAIIDHO

Eng. Nyamunga asked the Minister for Water when the Ministry will commence inter-basin transfer of water from River Nyando to River Nyaidho to facilitate irrigation, control flooding and reduce poverty levels which are very high in the area.

The Assistant Minister for Water (Maj. Sugow): Mr. Speaker, first of all, I would like to apologise for not answering a Question this morning. This was due to confusion. We thought all our Questions would be in the Order Paper this afternoon.

Hon. Members: Who are you? Tell us your name!

Mr. Speaker: Order, hon. Members! Maj. Sugow, relax. Hon. Members, give your colleague who is a new Assistant Minister, the opportunity to deliver his maiden answer.

Proceed, Maj. Sugow!

The Assistant Minister for Water (Maj. Sugow): Thank you, Mr. Speaker, Sir, for the protection. First of all, it is unfortunate that---

Hon. Members: Who are you?

Mr. Speaker: Order, hon. Members! Who does not know Maj. Sugow?

(Mr. Ndile stood up in his place)

(Applause)

Order, Mr. Ndile! I suppose the difference between Maj. Sugow and Mr. Ndile is that Maj. Sugow has been a very honourable and orderly hon. Member.

So, proceed, Mr. Sugow!

(Laughter)

The Assistant Minister for Water (Maj. Sugow): Mr. Speaker, Sir, thank you once again for protecting me from my colleagues. First of all, there is this Question from my neighbour and good friend, Mr. Dahir. It is unfortunate because, as they say, charity begins at home, because I would have started by answering his Question.

However, I beg to reply to the Question.

The Ministry has no plans for inter-basin transfer of water from Nyando River to Nyaidho River, both rivers being in the same basin, namely, the Lake Victoria Basin. However, the Ministry is undertaking flood control measures within Lake Victoria Basin, including Nyando, Nzoia and other flood-prone rivers. The measures being undertaken will use flood waters to enhance irrigation in the areas.

Mr. Speaker, Sir, the on going integrated flood control activities are as follows:-

(i) Rehabilitation of existing and extension of new dykes in the middle and lower reaches of Nyando and Nzoia rivers.

(ii) River draining and dredging of the silted river courses to open the channels to ease flow in the rivers.

(iii) Restoration of degraded catchments of rivers within the Lake Victoria Basin.

Future plans, include construction of small multi-purpose dams and canals for harvesting and distribution of flood flows to other water courses such as Nyaidho River for irrigation use. In addition, my Ministry, jointly with the World Meteorological Organisation (WMO), the United Nations Environment Programme (UNEP), the Drought Monitoring Centre (DMC) of IGAD and the Office of the President, has prepared a draft strategy paper on integrated flood management for the Lake Victoria Basin. The strategy once finalised, will provide clear guidelines and options for comprehensive management and use of flood water within Lake Victoria Basin.

Eng. Nyamunga: Mr. Speaker, Sir, you will agree with me that we have experienced floods in the Lake Victoria Basin for many years. The answer given by the Assistant Minister is still talking about future plans and it is not giving any specific dates when the various proposals will be implemented. Could he tell us a specific date when, for example, the project for the construction of small multi-purpose dams and canals for harvesting and distribution of flood flows to other rivers courses, such as Nyaidho River, will be implemented?

Maj. Sugow: Mr. Speaker, Sir, there are no specific dates, but plans are in place for us to be able to do so.

Mr. Wanjala: On a point of order, Mr. Speaker, Sir.

Mr. Speaker: What is it?

Mr. Wanjala: Mr. Speaker, Sir, the question that is being asked is a very serious one. The able Minister for Water has just walked into the Chamber. The Assistant Minister who is answering the Question is quite new, ignorant and unaware.

Am I in order to ask the able Minister for Water, who has been able to contain floods in various parts of this country, to answer this Question?

(Applause)

Mr. Speaker: Order, Members! Mr. Wanjala, let me tell you the following from the Floor of this House. You will never become a hero by being insulting to colleagues. You may acquire a reputation, but I will assure you, that reputation is not flattery. So, please, keep your peace and respect your colleagues!

*(Mr. Sungu stood up
in his place)*

Mr. Speaker: Mr. Sungu, what are you doing there?

Mr. Sungu: Mr. Speaker, Sir, you made a ruling that a Member can sit anywhere in the House.

Mr. Speaker: Yes, I did. Proceed!

Mr. Sungu: Mr. Speaker, Sir, I want to take an issue with the answer given by the Assistant Minister. He says it is not possible to transfer water. However, intra-riverine transfers are possible. In fact, it can be designed to increase the flow of water to a particular river, so that irrigation can be possible, equitable and economical. So, the Assistant Minister is wrong in his reply. Could he then reconsider the matter and confirm that he will do as requested by the hon. Member?

Maj. Sugow: Mr. Speaker, Sir, the two rivers are in the same basin. Therefore we cannot---

Mr. Sungu: On a point of order, Mr. Speaker, Sir.

Mr. Speaker: Order, Mr. Sungu! What is it?

Mr. Sungu: Mr. Speaker, Sir, I talked about intra-riverine transfer, not inter-basin transfer. The Assistant Minister should know this. Is he in order to show his ignorance by not---

(Applause)

Mr. Speaker: Order, Mr. Sungu! You are an old hon. Member of this House. Do not insult your colleague! Could you withdraw those words and apologise to the House?

Mr. Sungu: Mr. Speaker, Sir, I withdraw the words. I also apologise to the hon. Member "who is my name sake."

Mr. Speaker: Very good. Proceed, Maj. Sugow!

Maj. Sugow: Mr. Speaker, Sir, we do not have any plans for inter-riverine transfer of water. However, plans are there for control of floods in order to distribute the water.

Mr. Speaker: Anybody from this side? Mr. Wanjala?

Mr. Wanjala: Mr. Speaker, Sir, studies have been done since 1960. The last study was done in 1983. The Government never dies. It always continues. Today, we are being told that there are future plans. Kenyans have suffered under floods. What immediate plans does he have to divert some water from River Nzoia to River---

An hon. Member: Nyando!

Mr. Wanjala: Mr. Speaker, Sir, these people are confusing me!

Mr. Speaker: Order, hon. Members! You must not attempt or even imagine to confuse, Mr. Wanjala!

Proceed!

Mr. Wanjala: Mr. Speaker, Sir, what plans does the Government have to divert some of that water to rivers like Turkwell? Some water from River Nzoia can be diverted to River Turkwell, so that water flows in that direction to avoid flooding!

Maj. Sugow: Mr. Speaker, Sir, Mr. Wanjala has a good point. In the last one year, we have been doing something to control floods in his constituency. Some considerable work has been done by the Government, and it is continuing with it. We are trying to divert flood water to areas where it can be used.

Mr. Speaker: Last question, Eng. Okundi! I am sure Eng. Nyamunga will not complain!

Eng. Okundi: Mr. Speaker, Sir, this Question is very important for the lives of Kenyans. There are many areas where there are floods and people keep on moving up and down. The floods also destroy crops. The answer the Assistant Minister has given is technically defective.

Mr. Speaker, Sir, allow me to explain technically what is required in those areas. The river that causes the floods has more water than the other smaller rivers. What plans does the Ministry have to offload some of that water to other tributaries, so that agriculture can be normalised in those areas? In my constituency in South Nyanza, Rivers Oluch and Kimira in Rachuonyo Constituency are destroying the area. Thereafter, the soils are dry and nobody can farm because the waters have not been managed.

Maj. Sugow: Mr. Speaker, Sir, that is the first answer I gave here. I said that the problem occurs when there is flooding. It is not between the rivers. We are controlling those floods.

Mr. Speaker: Order, all of you! Next Question, Mr. Moroto!

Question No.515

KVDA PROJECTS IN
KAPENGURIA CONSTITUENCY

Mr. Moroto asked the Minister for Regional Development Authorities:-

- (a) whether he is aware that Kerio Valley Development Authority (KVDA) is not supporting any major project in Kapenguria Constituency; and,
- (b) whether he could give a list of projects supported by the Authority that directly involve the community in Kapenguria.

The Assistant Minister for Regional Development Authorities (Mr. Odoyo): Mr. Speaker, Sir, I wish to assure hon. Members that I am no longer in the Ministry of Labour and Human Resource Development. I am now in the Ministry of Regional Development Authorities. My Minister is Mr. Mohamed Abdi. Since all of you belong to some authority, we expect to serve you as we have been serving you before.

Therefore, I beg to reply.

(a) I am not aware that there are no projects that we are doing in Kapenguria Constituency. However, I am aware that there are several projects which we have undertaken in that particular district and constituency.

(b) Some of the many projects include: The well-known Turkwell Gorge Multi-Purpose Project. That particular project provides free water, free primary education, free health care and improved roads. There is another project called Swam River Catchment and Conservation Project. It provides soil and water conservation. It has six forestry tree nurseries, employs 302 people from Kapenguria who have been paid Kshs11 million over the last three years. We continue to support people in that particular area.

Mr. Moroto: Mr. Speaker, Sir, I have a lot of respect for the Assistant Minister. But the way he is answering the Question--- Anyway, he is new in the Ministry. The Question asked about the major projects supported by the KVDA. Now, he has mentioned some nursery schools which do not even exist! When the Turkwell Gorge Multi-Purpose Project was constructed, there was a plan for irrigation to serve West Pokot and Turkana. There were plans to put up a major health centre in that area. There were also plans to establish a nomadic primary school---

Mr. Speaker: Very well, Mr. Moroto! You are taking all the time!

Mr. Moroto: Mr. Speaker, Sir, my question is: When is he going to do what was planned, so that the community could benefit?

Mr. Odoyo: Mr. Speaker, Sir, you heard the hon. Member acknowledge that we have provided some dam water, health care and education facilities. I appreciate the fact that he has said that the facilities are not adequate! I wish to assure him that KVDA will do---

Mr. Moroto: On a point of order, Mr. Speaker, Sir. I did not accept or acknowledge that there are health care facilities there. They are not there! I think he is now provoking me more, although he was my friend in the first place. There is no primary school there! Could he withdraw that and say something different?

Mr. Speaker: Order, hon. Members! I ask Mr. Moroto not to be provoked at all! So, he must relax completely and get his answer!

But much more on the issue, time is up. I think Mr. Moroto's Question has not been dealt with adequately. So, I will defer it. I am sorry for Mr. Munya, Mr. Ndambuki and Mr. Sasura. If I postpone Questions to the following day, they must take priority, so that those Members whose Questions have been deferred because of lack of time are sure that they will be reached tomorrow. So, on ordinary Questions tomorrow, Questions by Mr. Moroto, Mr. Munya, Mr. Ndambuki and Mr. Sasura that have been deferred will be at the top of the list.

(Question deferred)

Question No.227

TARDA'S EXPENDITURE
ON KUNATI IRRIGATION SCHEME

(Question deferred)

Question No.489

MEASURES TO SAVE KITHANGATHINI COFFEE SOCIETY FROM COLLAPSE

(Question deferred)

Question No.381

CHILDRENS' OFFICER FOR
MARSABIT DISTRICT

(Question deferred)

I have one minute only for Mr. Sungu!

POINT OF ORDER

KILLING OF PEOPLE IN KISUMU

Mr. Sungu: Mr. Speaker, Sir, I rise to demand a Ministerial Statement from the Minister of State, Office of the President, with regard to what is happening in Kisumu. I speak with a very heavy heart because people are dying in Kisumu now! Over ten people have been shot by the police. Three of them are dead, including a Standard IV pupil. I want the Minister himself to come

here and tell this House whether Kenya has become a police state---

(Applause)

And whether the people of Kisumu did not elect this Government. Why should people be pulled from their houses, beaten and killed? This is an unprovoked measure and I want the Minister to come and tell us why this is happening.

Hon. Members: Shame! Shame!

Mr. Speaker: Order! Order! You have made your point. Mr. Minister, do you have the time to respond now?

The Assistant Minister, Office of the President (Mr. Mungatana): Mr. Speaker, Sir, first of all, we would like to apologise for any loss of life that has occurred. But I would want to be given time to bring a comprehensive statement tomorrow.

Mr. Speaker: Very well. Next Order!

COMMITTEE OF SUPPLY

*(Order for Committee read
being Second Allotted Day)*

MOTION

THAT MR. SPEAKER DO NOW
LEAVE THE CHAIR

Vote 11 - Ministry of Health
(The Minister for Health on 6.7.2004)

*(Resumption of Debate
interrupted on 6.7.2004)*

Mr. Speaker: Who was on the Floor?

(Loud consultations)

Order! Can you now sit down? Order, Members! Yesterday, Mr. Angwenyi completed his contribution and the House will recall that because of the Vote having been brought forward, the Official Responder for the Official Opposition did not get a chance and was asked to reply today. I will, therefore, give the very first opportunity to Dr. Galgallo, the Official Responder.

Dr. Galgallo: Thank you, very much, Mr. Speaker, Sir, for giving me this opportunity to make my contributions to the Vote of this very important Ministry.

I note that the Ministry of Health has been given a raw deal in this Budget. The World Health Organisation (WHO), in which Kenya is a member, declared that Ministries of Health, ideally, should be given about 15 per cent of the total Government expenditure---

*(Several hon. Members
withdrew from the Chamber)*

Mr. Speaker: Order! Order, hon. Members! Hon. Members, the Business of the House does not end with Questions. Actually, Questions are not part of the Business of the House. They are matters other than Business. The Business actually begins after Question Time.

So, those Members who are not interested in the Business of the House and must, therefore, withdraw, do it quietly so that, at least, we can hear what the Official Opposition Responder has to say about the Ministry of Health. So, please, withdraw quietly.

Dr. Galgalo: Thank you, Mr. Speaker, Sir. I was saying that the Ministry of Health got a very raw allocation in the Budget, approximately 7 per cent of the Government's expenditure. This is about half of what they should have got.

Mr. Speaker, Sir, to deal with this problem of inadequate allocation over the years, the healthcare system in the country has undergone several transformations. You will recall that at Independence, our health facilities were charging about Kshs5 per visit. This was reversed through a Government declaration at that time, the African Socialism Policy in 1965, which abolished the Kshs5 that people were paying, and the Government tried to provide free medical care. They struggled with this until the late 1980s when it was realised it would not be possible to give free medical care. The Government stopped pretending and introduced cost-sharing.

Mr. Speaker, Sir, I have been a health worker, a District Medical Officer in several districts for many years, and I know what the cost-sharing concept means in the provision of health services to the people of this country. The idea was mooted so as to enable the Ministry of Health to get supplementary funding through those who were able to pay and the money was used to procure supplementary medicines, to help rural health facilities and district hospitals to hire support staff like watchmen and sweepers, because the Ministry was unable to provide for them. Through realm of giving 25 per cent to the District Medical Officers for rural health facilities, District Medical Officers were able to do many services, like inspection work in rural health facilities and purchase of emergency medical supplies for rural health facilities.

However, recently, in good spirit, and every Kenyan will applaud her spirit, the Minister for Health said that cost-sharing is now officially scrapped and that people are going to pay only Kshs10 and Kshs20 in dispensaries and health centres, respectively.

The question is; the Ministry has not got increased funding. Actually, there was a slight decrease in the funding for the Ministry of Health to cater for Recurrent Expenditure. So, if the Minister is now saying she has scrapped cost-sharing, unless there is going to be increased support through other means, other than this Budget, I think the effect will be to cause problems in those rural health facilities. So, I would urge the Minister to go back and look at this and see how she can complement that particular area, because I know there are going to be problems in those facilities.

Mr. Speaker, Sir, as it has always been the trend, and now the tradition, the Budget for this Ministry failed to assist our national institutions. Recently, we visited Kenyatta National Hospital as the Parliamentary Departmental Committee on Health and we found it in a very bad situation. That hospital has its portable X-ray equipment non-functional. This means that patients who are in a critical condition, who, ideally, should have X-ray done while they are in bed, will have to be moved away. This is very sad. The other general X-rays were also not working to full capacity. The ultrasound equipment is dead; CT scan is dead.

One would have expected that there should have been a meaningful support to this national institution. I appreciate some little money; about Kshs250 million, has been allocated; but that is totally inadequate for that hospital to get back on its feet.

Mr. Speaker, Sir, that goes for the other national institutions under the Ministry. Moi Teaching and Referral Hospital did not get a single extra funding from what it got last year, yet it is

in the same pathetic condition as Kenyatta National Hospital.

We also visited Kenya Medical Supplies Agency (KEMSA). The idea of KEMSA was mooted so as to transform the medical supplies co-ordinating unit into a parastatal that should co-ordinate supply of medicines to our institutions. The idea was to develop a revolving fund through which health facilities would procure drugs that they need and not the kind of standard kits that are supplied to all health facilities throughout the country. Disease patterns in this country vary and it does not make sense for us to continue giving the same standard kit to all facilities across the country. The idea of establishing the Kenya Medical Supplies Agency (KEMSA) was to ensure that we have an entity that would focus on the needs of each facility and provide them with what they require; not the useless standard kits. For this facility to be able to operate and to be a useful agency, it requires Kshs1.5 billion. With goodwill, Kshs1.5 billion for such a noble cause is not a lot of money. What KEMSA has been given was an extra Kshs245 million for other purposes which, to me, is peanuts and will not help move that organisation into what it was intended to do.

Other national institutions which have suffered are the Kenya Medical Training Colleges (KMTCs). These colleges are the institutions that produce our medical workers apart from doctors. These institutions have again, as usual, got a very raw deal. Traditionally, the KMTC used to get some Kshs50 million as grant for development, but this year that is gone. When we visited that facility recently, the one in Nairobi here; and the others I know are a replica of this; they required several important equipment. Where are they going to get them? Where is the money for this? We are talking about improving health care throughout the country.

The Spinal Injury Hospital is a specialised unit but it is not working as it should because it lacks equipment. There is no money provided to purchase the appropriate equipment for this facility. Although it is called the Spinal Injury Hospital, it is not different from any other hospital in this country because it lacks the equipment. The equipment that was purchased those many years ago is all out of order; it is not working and so it is more or less like another ordinary district hospital.

The Kenya Medical Research Institute (KEMRI) is another national institution. I would want clarification from the Minister on Kshs544 million plus, and it was raised here in this House yesterday, which is earmarked to pay a debt incurred at the National Bank of Kenya (NBK). What debt did KEMRI incur so as to pay Kshs544 million to the NBK? This is money which, if you pump it into Kenyatta National Hospital (KNH) or these other national institutions that I mentioned, would turn them around. What debt is it that we are paying to the NBK, instead of providing services using that money? Half-a-million plus is a lot of money.

On specific items, there is the controversial medical scheme and it appears in the Budget. It is there for every Ministry; Kshs446 million for the Ministry of Health. We know that the National Social Health Insurance Scheme (NSHIS) has not yet been established. The Bill has been tabled, fine, but it has not been established. Where is this money going to go now? This is because it has been moved from where it was; where it used to be paid to civil servants. Now, where is it? We know that there is a scheme to take this money away from the Ministry of Health and other Government Departments to take it to a private health insurance scheme. In fact, this is the genesis of the fact that it was put in a special Vote. This money must go back to workers and when we have the NSHIS in place, then appropriate re-allocation can be done. However, for now, it must go back to where it belongs.

Mr. Speaker, Sir, Severe Acute Respiratory Syndrome (SARS) was given Kshs200 million, and this year it has been given Kshs16 million. We do not have SARS any more in this country! I think Kshs16 million can be useful elsewhere.

X-Ray maintenance throughout the country last year was allocated Kshs87 million while

this year it is Kshs7 million. We know that X-Ray facilities in this country, in most places, are not operational. What will the Ministry do with Kshs7 million? That is not enough to repair and maintain X-Rays.

There is money in the Development Vote also, and the Ministry of Health has several health facilities in this country. We know, in fact, from my own experience, there are several half-done projects literally in every health facility in this country. Embu Provincial General Hospital has been given Kshs155 million for rehabilitation. What they need is not rehabilitation but to complete the projects which were started. There is a maternity ward that was started and after foundation it stalled. The mortuary is incomplete, staff housing project had gone up to the roofing stage and has now stalled. The theatre too was started and it reached the roofing stage and has stalled. What that hospital needs is to use the money to complete some of these projects, but not for rehabilitation. We know that when they say rehabilitation, it is money meant for "big fish". These people will just misuse that money! There is no meaningful rehabilitation that, that hospital requires at this stage so as to warrant a whooping Kshs155 million.

There are certain Votes which appear in this Budget and are not clear. The purpose for which they have been established is not clear and yesterday, when the Minister made her presentation, she avoided going into figures. However, we want to know what the District Health Services and Systems Developments Vote, Head 317, Item 213, which has Kshs288 million, entails. We do not know; it is not clear.

Mr. Speaker, Sir, there is also Decentralisation of Health Services with Kshs84 million and Decentralisation of District Health Services with Kshs52 million. Where does the de-centralisation of health services take place and where does decentralisation of district health services take place? We need clarity on this!

There is also the Communicable Disease Control where the Ministry has got Kshs2.1 billion from the Global Fund on HIV/AIDS, TB and Malaria Control. This is a lot of money. We want to see a programme of the Ministry on how that Fund is going to be utilised. We have been negotiating for this money for several years and now that it is here, we do not want it to go down the drain like most other projects which the Government has been involved in. We want this money to be properly utilised. I know of schemes of certain NGOs that have been fighting over this money. This is money which must be put to good use and we want to see the Ministry produce a proper programme on how it is going to be utilised.

There is also another overlap; Malaria Control which is allocated Kshs52 million and Malaria Control in Kenya which has Kshs244 million. One is in Kenya; where is the other one going to be done? Is it not still in Kenya.

(Applause)

We want to see and know exactly where this money is going because it is not clear. It is just a general statement.

Mr. Speaker, Sir, in rural health services, the Ministry has allocated to what it calls District-Based Health Projects, Kshs383 million, and then Construction of Non-Residential Buildings, Kshs256 million. Where are these facilities going to be done? What does District-Based Health Project entail that is going to consume Kshs383 million? I think the Minister needs to tell us some of these issues so that we know what the Ministry is doing. This will ensure that we support what the Ministry intends to do.

Mr. Speaker, Sir, the DEYA Project has been around for many years but this year there are some allocations which are suspect. Under Vote Head 311, Item 405, Consultancy and Training is

allocated Kshs220 million. Who is consulted for what services so as to be paid this amount? We want the Minister to tell us what that money is for.

For Procurement of Goods there is Kshs316 million. It would be good if the Minister again would explain to us what these monies are going to be utilised for because, yesterday, she did not mention how she was going to use the money. She just made general statements! We want a clarification on these items. We can only support her Ministry's Vote when we know what we are supporting.

Mr. Speaker, Sir, I have noted that some district hospitals have been denied allocations. I do not know what they are going to rely on for their normal operations. Where are the provisions for the normal operations of Nyahuru, Thika, Kerugoya and Maragwa district hospitals? The Printed Estimates show a nil allocation for the operations items for these hospitals. Are some funds hidden somewhere for that purpose? We want to know how these hospitals will meet their operations costs.

Last year, Kianyaga, Ngano, Kibuga and Ngong Health Centres were each allocated Kshs22 million for construction of buildings. In the current financial year, each of them has been allocated Kshs54 million, again, for construction of buildings. What is so special about these facilities that they should continue getting so much money? What kind of construction works would you undertake on a health centre that is already in existence to warrant Kshs76 million? Are they going to be upgraded to district hospital status, or what kind of construction works is this?

I would, therefore, say that, as usual, this important Ministry does not seem to capture the heart of those who hold the past roots of this nation. Unless the health sector is sufficiently funded, so that we can have a healthy population, all this talk about economic recovery will be useless. Any talk about fighting poverty when the population in the country is not healthy is useless. Apparently, apart from the Minister for Health, we do not see support coming from the Government. She is always out there talking alone.

[Mr. Speaker left the Chair]

*[The Temporary Deputy Speaker
(Mr. Poghisio) took the Chair]*

Mr. Temporary Deputy Speaker, Sir, when the Government talks about free primary education, even the most junior Assistant Minister would stand up and say: "We are giving free primary education to Kenyans." We have not seen much of that through education. When it comes to health matters, there are schemes to scuttle the goodwill of the Ministry of Health. There are people who are scheming to ensure that the Ministry of Health collapses. This must come to an end. The Government must show commitment to providing quality health care services to its people. Provision of health care is not a privilege; it is a human right. The Draft Constitution, which we are going to pass in this House soon, contains a clause which declares health services provision a human right. The Government cannot run away from that responsibility. It has to provide health care. It has to be heard and seen to be providing health care to Kenyans.

The Ministry of Health deserves to be at the centre of the fight against HIV/AIDS. When KANU was in power, the hon. Members currently sitting on the Government side said that if they formed a Government, the National AIDS Control Council (NACC), which controls the HIV/AIDS funds and leads the fight against the scourge, would be transferred from the Office of the President to the Ministry of Health. The same forces are now saying that, that will happen over their dead bodies. The big question is: Why? Again, this is about the control of the NACC's funds, and not care for people with HIV/AIDS.

The NACC belongs in the Ministry of Health. It is a twin of the National AIDS Control Programme. The NACC and the National AIDS Control Programme are like twins; they cannot be separated. The fight against HIV/AIDS must have its centre in the Ministry of Health. Therefore, we appeal to the Government to take back the NACC to the Ministry of Health. The NACC has suffered since it was started, because the men and women who have been charged with the responsibility to steer it have no knowledge of what they are supposed to do. They are people who are in charge of *askaris*. There are no *askaris* for them to manage in the NACC. The NACC is about HIV/AIDS, which is a national health problem. Therefore, we appeal very strongly that the NACC should be taken back to the Ministry of Health, so that the Ministry can effectively lead the fight against HIV/AIDS. We know that there has been tremendous progress in that fight. That progress has been as a result of purely the efforts of the Ministry of health and its workers throughout the country. They are the ones who have been educating people about HIV/AIDS issue. It is not the chiefs or the DOs or the DCs. It is the nurses, doctors and the public health officers who have been educating our people on HIV/AIDS issues. So, the scheme to retain the NACC under the Office of the President must come to an end.

Mr. Temporary Deputy Speaker, Sir, the Ministry of Health has a very burden when it comes to rural health facilities. The majority of this country's population live in the rural areas. Also, the majority of our health facilities are in the rural areas. The focus of the Ministry of Health must be on those facilities. For several years now, there has been talk of changing the strategy from that of concentrating on curative services to preventive services, but we have not seen any meaningful step in that direction.

So, it is time that the Minister comes up with a proper policy that will focus on preventive measures that will make rural health facilities and our rural health workers the focus of provision of services in this nation, because that is where the majority of our people live. That is where the services are required most. Majority of our people in urban centres are surrounded by enough facilities. They get enough attention. Those who suffer are the more than 9 million poor people, or 56 per cent of our population, who live in abject poverty. The majority of this lot live in the rural areas, and require to be assisted. The majority of the diseases that these people suffer are preventable. The top-ten killer diseases are preventable.

The Ministry should not just talk and sit back. They should move towards providing preventive services in all earnest, so that the idea of just focusing on curative, waiting for people to become sick and then treat them, ceases. We should curb the disease before it strikes our people.

With those remarks, I beg to support.

Mr. Musila: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity.

I rise to support the Motion but, before I do so, I wish to appreciate the good work that has been done by the Ministry of Health in certain areas of this country. First, there has been a tremendous improvement on the supply of drugs to dispensaries, health centres and hospitals. We must give credit to the Minister for the good work she has done in this direction. I also wish to commend her for the improvement in the staffing of medical personnel to hospitals, particularly to hospitals in hardship areas.

I have, on many occasions, complained in this House that nurses were posted to medical facilities in certain parts of this country only for them to disappear shortly afterwards. In the recent past, the Ministry allocated certain positions to hardship districts. That recruitment helped a lot to ease the problem. That does not mean the problem has been resolved, but that was a step in the right direction.

We have many problems in our hospitals. First, the state of disrepair of our hospital

buildings leaves a lot to be desired. Recently, we were treated to a show of Kakamega Provincial General Hospital, which is so dilapidated and you cannot imagine that it provides any medical services. That is only one example. We have, in this country, many hospitals unworthy of being called hospitals because of the inadequate facilities available there, which have also been run down. Too often, you can go to a hospital and find patients sleeping on the floor or sharing beds. This is a matter of concern, which the Ministry must undertake to rectify as soon as possible. We cannot talk of providing free medical services when the facilities are lacking.

Mr. Temporary Deputy Speaker, Sir, as you are aware, we have many projects which were abandoned by the Ministry of Health. Many buildings were constructed and left half-way uncompleted. When I looked at the allocations, only certain areas have been given funds to complete abandoned projects. I would like to draw the attention of the Ministry to certain projects that were abandoned like Muu Health Centre. For many years, it has been lying there and going to waste and no one seems to be following this issue. I was hoping that I will find some funds set aside to complete this project and yet, I saw nothing towards this direction and this is despite the fact that certain districts appear to be favoured. Millions of shillings appear to be allocated to certain areas while other areas do not have. I think this is a matter that must be stopped, because otherwise, the House must scrutinise this Vote very carefully and where it finds that some districts are being favoured, we will have no alternative but to delete such provisions.

Mr. Temporary Deputy Speaker, Sir, having said that, I want to mention something about the facilities that are lying idle, having been constructed by members of the public with the approval of District Development Committees (DDCs). We have hundreds of dispensaries, health centres and maternity wards that have been completed by members of the public with the approval of the DDCs and although the public has invested so much of their meagre resources in them, they remain idle. Whenever we ask that they be taken over by the Government, we are told that there is no money. When I was scrutinising the Vote, I came across the famous figure of Kshs540 million which is being paid to the National Bank of Kenya (NBK). I think this is very serious. I think the Ministry must be serious on this issue. The Ministry says they have no funds and I want to applaud the Shadow Minister for Health for pointing this out--- We want to put money in priority areas. We have no drugs in our dispensaries. Dispensaries have been built and they cannot be taken over because there is no money and yet, we have so much money to pay a bank or selfishly pay a certain company that constructed some buildings which, perhaps, are not in existence. So, I want to say that this is a matter that this House should not allow.

Mr. Temporary Deputy Speaker, Sir, the other problem that exists in our rural areas is the lack of ambulances. As a matter of policy, all health centres, sub-district hospitals and district hospitals must have ambulances. I say that as a matter of policy. Lately, ambulances have been bought and given at the discretion of the Minister. I hope the Minister is listening to me because this is a matter of great concern to all of us here; that, ambulances must be given to hospitals and dispensaries as a matter of policy, Madam Minister, and not at the discretion of the hon. Minister. Therefore, I hope that in future, these facilities will be treated as national investments which must be given as the need arises.

Mr. Temporary Deputy Speaker, Sir, I want to touch on HIV/AIDS and my good friend, Dr. Galgallo, talked about the same. The Minister is on record as having announced that Anti-Retrovirals (ARVs) would be available in our hospitals by April this year. I want to confirm that although we have been told they are available in certain districts, ARVs are not available in the majority of districts. While supporting the Shadow Minister's contention that the National Aids Control Council (NACC) should go to the Ministry of Health because that is where it belongs, I also think that this issue of ARVs has not been properly addressed and I urge the Minister to ensure that

ARVs are made available in all district hospitals. The same applies to Voluntary Counselling and Testing Centres (VCTs) because these are only in certain selected areas. We would like, as a matter of policy again, the Minister to ensure that VCTs are in all health centres. In that way, we can say that we are fighting the scourge. I am glad that the Ministry of Health appears to have now changed from the policy of going to seminars every now and then and is now attacking the problem. So, I want to congratulate the Minister and urge her not to repeat the mistake of holding another conference at Kasarani or elsewhere to discuss HIV/AIDS. We want her to now show the seriousness that she has recently shown in fighting this scourge by attacking the problem at the root level and not through seminars. I am very sure that the Minister, who is a very good friend of mine and a sister, is going to---

(Laughter)

And I am very serious. She is. I am sure that she is going to take charge and ensure that the mistakes of the past do not recur.

Mr Temporary Deputy Speaker, Sir, so much has been talked about the National Hospital Insurance Fund (NHIF) on what they did in the past, what they are doing at present and what they intend to do in the future. I want to leave that to the time when we come to debate the Bill because I do not want to preempt debate on this Bill. However, I think just before then, I want to put the NHIF on notice that this House would like to know how much public money was lost through investing in dubious financial institutions. This information is very important because we know public funds have been lost in this institution and the public can only trust that it can do a better job if it first of all cleans itself of the issue of public funds that were invested in dubious financial institutions and got lost in the process. We would like the NHIF to be transparent. We would like the NHIF to show that they are operating properly. We would like even to start by asking them to tell us some of the things that are going on there, for example, the supply of goods and services in NHIF is questionable at the moment. The supply of furniture and many other things in that institution is questionable. So, we would like the NHIF to come clean on matters of procurement so that we will be able to trust them with bigger things in days to come; otherwise, I do not think there will be a point in them promising us how they will manage public funds which are going to be enormous, when they have been unable to manage the little public funds that have been entrusted to them.

With these remarks, I beg to support.

Prof. Oniang'o: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to contribute to this Motion of the Vote of the Ministry of Health and upfront, let me say that I am not supporting this Motion. I cannot support this Motion for the following reasons that have to do with lack of facilities, personnel, efficiency, equity and legality. When you look at our health facilities, they are in a deplorable state. Just have a look at what is happening in Kakamega Provincial Hospital which lacks facilities. The Minister is in a hurry to serve the poor but she is going about it the wrong way because the poor will spend their money travelling to a hospital which has absolutely nothing to offer. Each time a Member of Parliament stands here, they talk of their health centres which lack water, personnel, electricity, ambulances and even mortuaries. So, if I was the Minister and I truly wanted to serve the poor, I would start with mapping out the health facilities that exist, including the ones which have been constructed by *wananchi* just like hon. Musila has said, and make sure that I invest there. Through this way, when Kenyans finally travel to a health facility, there is actually something that they come out with. That is one issue.

The other issue concerns the personnel. The Kenya Medical Training College (KMTTC) does not have enough funds to train more medical personnel. There are so many qualified Four Form

students who could join KMTC. However, it is sad that they cannot be admitted because the KMTC does not have the capacity to do so. Yet, the Government is planning to offer free medical services to all Kenyans. Where will they get personnel to provide medical services to our people?

The Temporary Deputy Speaker (Mr. Poghisio): Order! Prof. Oniang'o, what are you opposing?

Prof. Oniang'o: Mr. Temporary Deputy Speaker, Sir, I am opposing the whole Vote and I am giving the reasons for doing so.

The other issue is to do with wanting to take care of all Kenyans. There is a head on Safe Motherhood Initiative in this Vote. However, I do not know what that fund is for because our women continue to die for lack of adequate facilities in our hospitals. Many of our health centres are not able to deal with emergencies. It is a pity that after 40 years of Independence, our women still die when delivering.

I would want to see more emphasis put on that particular aspect. Many women are dying together with their children.

Mr. Temporary Deputy Speaker, Sir, the other issue is efficiency and quality of service. When we supported the Sessional Paper that the Minister so ably presented here, we talked about efficiency and quality of service delivery. However, I have not seen an item here which talks about monitoring and evaluation. Once we give our people Anti-Retroviral drugs, we need to monitor them. This is because we are aware that some of these drugs actually cause toxicity which results into death. We need more personnel to follow up this issue. Mr. Temporary Deputy Speaker, Sir, we have a re-emergence of malaria which is drug-resistant. There is an item in the Vote on malaria control. Quite a huge sum of money has been allocated for it. What do we do? We put it in curative measures and yet, we are aware of how mosquitoes breed. Therefore, we have not addressed the issue of preventative aspects of malaria. We, as Kenyans, need to get rid of stagnant water all over which breeds mosquitoes. Therefore, I would like the Minister to actually re-evaluate her programmes and take care of this properly.

Mr. Temporary Deputy Speaker, Sir, we talk of health in its totality. I am a nutrition scientist. It is a pity that the feeding programme of children has been removed from the Vote. The anaemia control has also been removed. I have not also seen any current training college for nutritionists. It is not even mentioned in the Ministry's budget.

People cannot just be swallowing drugs when they do not eat well. Kenyans are dying of starvation! We are all aware of that. The President last night was begging for food. Therefore, if we do not address the issue of nutrition and food, all these health facilities and drugs will not do anything for Kenyans.

I also want to talk about areas which do not even have health facilities within a walking distance. For those of us who have been in the ASAL areas and even other parts of Kenya, we know how far these health facilities are. So, even if Kenyans will only pay Kshs20 for medical services, how will they access those health facilities? So, seriously, the Minister must do something about this. I know she means well and I would like her to consider the issue of mobile health facilities. A mobile clinic should go round and make sure that every Kenyan accesses health care in the same way our children are said to be accessing free primary education.

Mr. Temporary Deputy Speaker, Sir, the other issue is to do with illegality. I have looked through the Vote and have seen the medical allowances for all personnel working within the Ministry have been removed. In addition, their travel and passage allowances have also been cut into half. I would like to know whether legally the Minister can actually do that without consultation. If not, she better put that back and then consult. So, there is that issue of legal provision. I respect the Minister because she truly wants to serve Kenyans. However, this will fall

flat on her face if she does not do this properly. We would like to help her, but she better consult. There are so many Kenyans who are affected directly by health aspects. We have many doctors and stakeholders in the health sector. So, I would like to see the Minister sit down and make sure that we all enter into dialogue, so that truly, this scheme works because we all care for it.

Mr. Temporary Deputy Speaker, Sir, with those few remarks, I beg to oppose.

Mr. Mwenje: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to say a few words about the Ministry of Health. Some of us who were elected in the city face a lot of problems, particularly in terms of services being rendered by dispensaries and hospitals. It appears to everybody that good dispensaries and hospitals are in the city. So, they come to the city for treatment.

Mr. Temporary Deputy Speaker, Sir, I had an opportunity last week to visit some few dispensaries in my constituency. It is sad that they have a shortage of drugs. Most of the people who visit dispensaries for treatment are actually given prescriptions to go and buy drugs for themselves. Yet, those patients are not able to pay for these drugs. Every Monday, I spend not less than Kshs30,000 on people who come to me seeking assistance to buy medicine. I have to assist them because they cannot get those drugs in the hospitals. That is the whole truth. So, when we are told by the Minister that drugs are available in hospitals and dispensaries, I want to remind her that they are not sufficient. In most cases a patient is given a prescription, but the medicine he or she is prescribed to take is not available in that hospital. That is the position. I hope the situation will improve.

Although Kenyatta National Hospital (KNH) is a referral hospital, I think it should be allowed to treat all patients. It does not make sense for someone to seek medical services elsewhere when KNH is available. I think it should be able to treat those who live in the city. Our people all the time visit private hospitals for treatment. Some of them are not well equipped.

When I looked at the Ministry's Vote, I noticed some areas which I do not quite understand. I hope maybe when we go to the Committee Stage, I will be able to get the specific details on some areas. For example, there is the prevention and promotion item. Last year the amount allocated for this was Kshs672 million. This year, that amount is almost Kshs3.4 billion. I do not understand why we should spend so much money on promotion rather than direct treatment and prevention. I believe that we should avail medicine in the dispensaries rather than holding meetings all over the country. We are so used to calling for meetings in particular hotels. A doctor should explain to you what you want when you meet him. Our people do not get medicines in our public hospitals. Most of this money should be transferred towards the provision of medicines instead of being set aside for preventive or promotive services. I think that figure is too high for the provision of those services.

If you look at page 256, Sub-Vote 111, Head 316, you will find an item on Embu Provincial General Hospital. Last year, the hospital was allocated Kshs25 million, but it has been allocated Kshs255 million in this financial year.

(Mr. J. Nyagah looked at Mwenje)

Fortunately, the hon. Member who is seated next to me actually comes from that place.

Mr. Muturi: Mr. Temporary Deputy Speaker, Sir, it is Kshs155 million.

Mr. Mwenje: I am sorry, Mr. Temporary Deputy Speaker, Sir. It is Kshs155 million and not Kshs255 million. The Chief Whip of the Official Opposition also comes from Embu, unfortunately. We should be told what has made the allocation to that hospital to jump from Kshs25 million to Kshs155 million. What will they do with that money? This is not a small amount of money by any chance. It is important that we get a proper explanation as to why the amount of

money allocated to that hospital has risen from Kshs25 million to Kshs155 million. What will be done with that money? Is the Ministry putting up a new hospital? I know the hospital because I have visited a number of people there. But we need to be told precisely, what the hospital will do with the Kshs155 million it has been allocated this financial year. Is it that the figure has been exaggerated? Is it--- Let me not conclude that. Let me assume that the money will be spent well. But this House deserves an explanation as to what will be done with that money.

Again, on page 258, malaria control is of serious concern to me. Everywhere in this City, including the best hotels and our houses, mosquitoes have increased in big numbers. I would like to give an example of the Capital City of Nairobi. Previously, public health officials used to spray some chemicals in stagnant water to kill mosquitoes. What is happening today? I went to one dispensary which has health officers and I was told that they no longer receive the chemical they used to receive to kill mosquitoes. Whether it is the Nairobi City Council (NCC) or any other council, my understanding is that the Ministry of Health should instruct them on what they should do. The Ministry should make sure that there is provision for that.

Today, everybody has to sleep under a mosquito net. When the chemical was sprayed previously, you could sleep without using a mosquito net. Today, if you do not sleep under a mosquito net, you will get malaria within a week. Why is this the case, and yet we are talking about preventive services? We can see here, large amounts of money being set aside for malaria control. Why does the Ministry not provide public health officers with the required chemical to spray stagnant water and all the bushes around our houses to kill mosquitoes? That used to happen sometimes back because I have been here for a long time. The NCC should do that on behalf of the Ministry of Health. I was in the NCC and I know that. What is happening today? Nobody sprays that chemical to kill mosquitoes in our City. I would like to give an example of Umoja Estate. The public officers in that estate are posted by the Ministry of Health but if you ask them why they do not spray that chemical to kill mosquitoes, they tell you that they do not have it. Why is this the case, and yet mosquitoes have led to an increase in malaria in the City and the whole country? There is negligence. If we want to control malaria, we should spray the stagnant waters with chemical to kill mosquitoes. We should also clear the bushes around our houses. I think that is extremely important.

The amount of money allocated for malaria control has been reduced from Kshs63 million to Kshs51 million. In the case of immunization, the figure has been reduced from Kshs96 million to 54 million. I thought those areas should have been allocated more funds so that people could be immunized.

The Temporary Deputy Speaker (Mr. Poghiso): Order, Mr. Mwenje! Your time is up!

Mr. Mwenje: Mr. Temporary Deputy Speaker, Sir, I will raise more issues at the Committee Stage. I beg to support the Motion.

Mr. Kosgey: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me this opportunity to support the Vote for the Ministry of Health. Although there are so many discrepancies in this Vote, I support it because we require health services.

I would like to say at the outset that health is a human right under the expanded human rights.

Mr. Mwenje: On a point of order, Mr. Temporary Deputy Speaker, Sir. I usually see the warning light but, today, I have not seen any. What is happening with the Clerks-at-the-Table?

Hon. Members: Sit down!

Mr. Kosgey: Mr. Temporary Deputy Speaker, Sir, the hon. Member for Embakasi did finish his time and now he is "eating" into my time.

I was saying that health is now a human right. It is openly stated that health must be

affordable, accessible and also acceptable. Health should be affordable, because if you do not have money in this country and you fall sick, you die. There are no two ways about that. Health is not affordable in this country. If you visit our district hospitals or health centres, in most cases, you will find that there are no drugs or doctors to handle certain cases. Although we are boasting here that we have fairly affordable medical services, this is not true. Medical services are usually not affordable and accessible in this country. The Minister has gone out. We should set our priorities right so that we can know what we are doing at any given time. The Minister has good intentions but I am afraid she has put it in an haphazard and disorderly way.

We must also get affordable drugs in this country. If India and Brazil can manufacture generic drugs, then this country should also manufacture them, so that they can be distributed in hospitals in this country and the rest of Africa. This country should take the lead. We have the technology, the resources and the manpower. We should manufacture generic drugs so that we do not depend on expensive drugs from expensive pharmaceutical companies.

The Recurrent Budget of Kshs16 billion, most likely, will go towards payment of salaries and allowances as usual. Very little of that money will be used for the purchase of drugs, which are crucial. In any Ministry, 80 to 85 per cent of the money budgeted is used to pay salaries and allowances of staff, leaving very little money for the actual purpose for which the Ministry was established.

On staff, recently, the Ministry of Health advertised the recruitment of staff and left out most of the districts in Rift Valley Province. In particular, Nandi South and Nandi North, were given a blackout, and yet we run short of clinical officers, doctors and nurses in our health institutions. We would like all districts to be covered equally when the recruitment exercise is done in future by the Ministry of Health.

Mr. Temporary Deputy Speaker, Sir, little money - Kshs7 billion - has been provided for the Development Expenditure. New hospitals are not being put up. In particular, I am talking about a hospital like Kapsabet District Hospital which is in Nandi North. That hospital was constructed in 1935 by the colonialists and it is now in a very bad state. Forty years after Independence, we have been unable to put up a new health facility. Not a single health centre has been built in Nandi for all these years. I know that other districts have had new facilities, hospitals, health centres and dispensaries constructed by the Government, leave alone those which have been built by *wananchi* themselves. Nandi District, along with other districts in the country, deserve to be given new facilities. I would like to see a situation where the Government budgets to build new hospitals, health centres and dispensaries. We should not depend on *wananchi*! As I said earlier, health is a right. That right must be equitably distributed, so that all corners of the Republic could have health facilities.

Mr. Temporary Deputy Speaker, Sir, the Ministry should emphasise on preventive measures. As the saying goes, prevention is better than cure. I think the Ministry has forgotten that. It is busy holding seminars and doing other things instead of preventing diseases. In particular, Nandi District, which I know very well because I come from there, never used to have cases of cholera, typhoid or malaria. But because of the neglect by the Ministry of Health, all those diseases are now rampant in that area. I would like to see a situation where malaria is eliminated and not controlled! We do not want to hear that malaria is controlled. We want it to be eliminated or eradicated! It has been done in other countries. Malaria used to be there in the Western countries, but it has been eradicated. So, the Ministry's staff should focus on the eradication of malaria.

Mr. Temporary Deputy Speaker, Sir, I am happy to hear that they are now doing promotive health. I hope that does not mean seminars and workshops in expensive hotels. We want to see those activities taken to where the people are; in the rural areas. We do not want to see seminars or

workshops being held in venues like Nairobi or Mombasa, where the officers just go to earn allowances. They should go out in the rural areas and undertake preventive and promotive health care.

Mr. Temporary Deputy Speaker, Sir, very little money has been allocated for immunization. The Kenya Expanded Programme on Immunization (KEPI) that the Ministry has done for a long time has been very successful. We would like to see it enhanced and improved. We would, once again, like to see vehicles written KEPI moving in the rural areas and the officers immunising children. That is the beginning of good health. We do not want to see that programme dead! We want to see it improved even more!

(Applause)

Mr. Temporary Deputy Speaker, Sir, with respect to the Kshs17 million from the Global Fund for the control and eradication of malaria, HIV/AIDS and tuberculosis in the next five years, we want to see that money divided per every constituency. We want to know what each constituency will get. We are tired of seeing money being given for the control of HIV/AIDS or malaria, and we do not see it being utilised at the constituency level. We would like to see the breakdown of that money, so that if it is Kshs1 million for Tinderet Constituency, I know that we have that money for HIV/AIDS or malaria control, and it can be utilised effectively on the ground. We do not want to see money budgeted for the head office.

Mr. Temporary Deputy Speaker, Sir, Members of Parliament have been castigated and blamed by *wananchi* that they are sitting on money meant for the control and prevention of HIV/AIDS. I want to say here that no Member of Parliament has been given even a single shilling by the National Aids Control Council (NACC) or the Ministry of Health. We have launched the Constituency Aids Control Committees (CACCs) twice now, but not a single shilling has been voted or given to the constituencies. This time round, we want the Kshs2 billion in the Vote, distributed to every constituency.

Mr. Temporary Deputy Speaker, Sir, various pressure groups have written their proposals and presented them to the NACC. The money is then released to those groups! We do not know who they promote, teach or create HIV/AIDS awareness to. The money just disappears there and it never gets to the constituencies.

Mr. Temporary Deputy Speaker, Sir, we have registered AIDS orphans and widows who are waiting to be assisted under that programme. It is about time that money reaches the people who need it most. It is a national scourge which has been declared a disaster. We want to see the Anti-Retrovirals (ARVs) that we keep on talking about. We want to be told that every hospital in every district has ARVs, and they can be given to those who need them.

Mr. Temporary Deputy Speaker, Sir, the Office of the President, in the name of coordinating HIV/AIDS awareness, has retained the NACC in that Ministry. When our colleagues in the Government now were in the Opposition, they always told us that we were doing the wrong by having NACC in the Office of the President. They said it should be in the Ministry of Health. But, now that they

are in the Government, they have retained the NACC in the Office of the President. What an irony! If they believed in what they were saying, they should actually have implemented it.

Mr. Temporary Deputy Speaker, Sir, with those few remarks, I beg to support.

The Temporary Deputy Speaker (Mr. Poghisio): Mr. J. Nyagah, have you forgotten that you are a Member of the Front Bench?

Please, proceed!

The Assistant Minister for East African and Regional Co-operation (Mr. J. Nyagah):
Mr. Temporary Deputy Speaker, Sir, I have not forgotten that I am a Member of the Front Bench.

Mr. Temporary Deputy Speaker, Sir, I want to thank the Ministry for bringing these proposals to us. But, I would like to highlight a few areas that are necessary, so that when we come to the next stage of looking at the budget line by line, they would be better prepared.

First of all, I would like to thank the NARC Government for being committed to, among other things, free primary education. That has started and, although, it has teething problems, it is beginning to pick up. I also want to thank the Ministry of Health for committing itself to free medical care to our people. It is a very important area! The NARC Government can fail or lose the next general elections if it mishandles it!

(Applause)

Mr. Temporary Deputy Speaker, Sir, I do not wish to be party to a group that can lose an election for a second time. KANU lost, and I do not want us to make the same mistakes. So, as we prepare the free medical programme for our people, we must do it very carefully, study it thoroughly and not rush it. If we rush it and it fails, 31 million Kenyans will be very angry! I guarantee you that in the 2007 general elections, *tutaenda nyumbani!* I have no intention of going home!

(Applause)

So, the responsibility of that health programme is very important to the success of the NARC Government. I support it, but we must do it in such a way that it works perfectly and come the year 2007, we will be able to brag and show it off. It will earn us points such that we cannot lose the next general elections.

Mr. Temporary Deputy Speaker, Sir, part of the things that we are going to do with our Constituency Development Fund (CDF) is to support the health sector. In my constituency, I am directing Kshs4.5 million from the CDF towards health. A lot of that money is going to be used to buy laboratory equipment. Every health centre and dispensary will get lab equipment. Right now, we have a big problem with laboratory assistants. We should find a way of employing them on a part-time basis. I do not think that at the moment the Ministry is in a position to supply us with laboratory assistants. If at all it is possible, I would like the Ministry to send a circular to the field so that those of us who have somehow managed to get laboratory equipment privately and put them in Government facilities, can charge some fees which would be used to employ laboratory assistants on a part-time basis. At the moment, in Mbeere, all laboratory assistants have been withdrawn because of the understanding that we should not employ them on a cost sharing basis. However, I think if we could explain to the local people that they will benefit from this arrangement, they will be willing to pay something small towards meeting the part-time payments made to laboratory assistants.

Mr. Temporary Deputy Speaker, Sir, I support the idea that we should train more doctors and nurses. The Medical Training College (MTC) should be adequately funded. Last year, the most important foreign exchange earner after tea, tourism, horticulture and coffee was foreign remittances by Kenyans living abroad. So, let us train our doctors, nurses and laboratory technicians. We need to give them a lot of money. Let us give them the opportunity to go to countries like England and South Africa because they are one of our single most important investment. Medical officers, do not panic. Let these personnel go to South Africa and other countries. All you need to do is to ask for

more money for MTC. We in this House shall support the Ministry in its efforts to train more Kenyans who will in turn earn a lot of foreign exchange. We want foreign remittance to be second largest foreign exchange earner in this country. Donors should not sit on us. They have sat on us for too long. Let us strive to be self sufficient. Other countries budget for this kind of programme. So, I urge the Ministry of Health not to panic because we will support it in its efforts to enhance allocations for the MTCs. You can really count on us.

Mr. Temporary Deputy Speaker, Sir, ambulances are very important in rural constituencies. For example, Mbeere District has two constituencies although it is bigger than Embu and Kirinyaga Districts combined. However, these two districts have more health facilities than Mbeere district. Could you, please, give us ambulances because our people are suffering for walking very long distances to hospital? For example, Gategi Health Centre and Kanyuambora Health Centre which is in hon. Muturi's constituency should get ambulances. Please, give us the ambulances. We are in a peculiar position. The problem with the health people---

The Temporary Deputy Speaker (Mr. Poghisio): Could you, please, address the Chair and not the health people?

The Assistant Minister for East African and Regional Co-operation (Mr. J. Nyagah): Mr. Temporary Deputy Speaker, Sir, there is a tendency to think that the term Arid and Semi-Arid Lands (ASAL) refers to the North Eastern Province. Mbeere District is also an ASAL area. We are semi-pastoralists because we look after goats. We do not have camels though. Could the Ministry of Health, when preparing the ASAL programmes take care of a district like Mbeere which lies in the ASAL areas?

Mr. Temporary Deputy Speaker, Sir, I would like to thank the Minister for Health for finally deciding to make Embu Provincial Hospital to look like one. Eastern Province is the second largest province in this country. I want to thank the Minister for allocating Kshs155 million to Embu Provincial Hospital. I hope the money will not be taken out of Embu District. There was a fear, earlier on, that the money might be taken to another district in the province. I am very happy that the money will stay in Embu which is currently the "capital" of Eastern Province. With that money, we shall make Embu Provincial Hospital a referral hospital like Moi Referral Hospital in Eldoret, or turn it into a mini Kenyatta National Hospital. I, again, thank the Minister for not taking the money from Embu District and transferring it to another district in the province.

There is a little spinal-injuries hospital near Hurlingham. I do not know whether you have ever visited it. That hospital is in a pathetic condition. Do you know how much money we are about to give it? We are going to provide Kshs3 million for the expansion of that hospital!

An hon. Member: Shame!

The Assistant Minister for East African and Regional Co-operation (Mr. J. Nyagah): Mr. Temporary Deputy Speaker, Sir, with the number of accidents on our roads, the number of people lying there is substantial. I had the honour of visiting the hospital two years ago. The hospital is almost dependant on donations. The patients have been forgotten. Their relatives have not paid them a visit for more than six months because they gave up on them. The patients are confined in the hospital for sustaining spinal injuries. I would have liked to see more money than Kshs3 million being allocated to that particular hospital since our population is on the increase and we have more accidents on our roads. If it is possible, it could be moved to a more spacious area where larger facilities can be accommodated.

The budget for development is very small, taking into consideration the important role that the Ministry plays. An allocation Kshs3.9 billion for the development of the Ministry of Health, is very little. I would have loved to see the Treasury giving this Ministry much more money for development. What is even more frightening is to note that the bulk of the Kshs3.9 billion, is not

coming from the Government of Kenya. It is from donors. If our politics continue to go in the direction it has taken of late or donors continue to threaten us the way they used to ten years ago, I am a very worried that the Kshs3.9 billion might not be realised at all. So, I would like to appeal to the Kenyan politicians to reconsider their political stand so that we can get our politics right. I am talking about politicians on the Government side and the Opposition side. When we get our politics right, we will be in a position to attract more than Kshs3.9 billion. We need to serve our people. Health is a one critical area that the NARC Government needs to improve on so that we can defeat the people on the Opposition side.

Mr. Temporary Deputy Speaker, Sir, with those few remarks, I wish to thank the Minister for Health and wish her success despite the little money she has been allocated.

Mr. Maore: On a point of order, Mr. Temporary Deputy Speaker, Sir. Is it in order for the Assistant Minister not to take cognisance of the fact that we now have a cocktail type of Parliament. Do we really have a Government side and an Opposition side? Actually, they are more on the Government side than on the Opposition side.

Prof. Olweny: Thank you, Mr. Temporary Deputy Speaker, Sir, for giving me the opportunity to make a few comments in support of this Motion.

An hon. Member: Well done!

Prof. Olweny: Yes, I am supporting the Motion. I have to support the Ministry of Health. Where is Mrs. Ngilu?

Mr. Temporary Deputy Speaker, Sir, the health sector is one of those sectors that are suffering very much in this country today. It is suffering because of poor staffing. We do not have adequate staff in our health facilities today. Quite a number of our people have died; of course, so many Kenyans are dying from the HIV/AIDS scourge. Indeed, a good number of our medics who are supposed to be taking care of us have died as a result of HIV/AIDS scourge. Quite a good number of them have either resigned or retired. We should also realise that we have brain drain in this country. So, this sector needs a lot of proper attention when it comes to staffing. So many Kenyans are trained as nurses yet they remain unemployed. There is no money to employ them. If you look at the money that is being squandered through corruption, for example, the corruption involving Anglo-Leasing and Finance Company, you will see that it is enough to employ more Kenyans who will finally manage the health sector.

The staff in the Ministry of Health are among the most demoralised workers in this country because of poor payment. Look at the uniform some of them put on. They are in tatters. Although a lot of money is lost through corruption, we still continue to say that we have no money! There is enough money in Kenya if a small group of people can take Kshs2.7 billion in a week! Let us have our priorities right and support the essential sectors like health, which is going down the drain because we are not availing enough money to it.

Mr. Temporary Deputy Speaker, Sir, the proposed health insurance scheme is yet to be debated here. But outside there, Kenyan workers are already raising concern. I, therefore, wish to advise the Minister for Health to take care of those concerns, so that when that Bill is brought here, she will not be disappointed if the Bill is dropped. Let her take care of the concerns of Kenyan workers, because even the Ministry of Health workers are complaining about it. I have received e-mails from some medical doctors who are complaining about that scheme. They say that they are going to be over-taxed. Just the other day, the Central Organization of Trade Unions (COTU) and the Kenya National Union of Teachers (KNUT) complained about it. Everybody within the country is complaining about it, including all the workers. I want the Minister to take care of that, so that when the scheme is brought here to be debated, she does not get disappointment. It will be very bad for her to be disappointed, because we have already received complaints as hon. Members from the

people we represent. These are our voters, so, on the day of voting for that Bill, I shall take care of my people, who voted for me. If the Minister does not take care of the issues being raised by the people, then she should be prepared to lose that Bill on the Floor of the House, because we have to take care of our people. So, it is my advise that she takes care of the complaints of the workers in this country.

Our health facilities are very poorly equipped. For example, ambulances are lacking in most of our health facilities. Several Questions that have been put on the Floor of this House have been about ambulances. Yet, we have enough money in this country. I keep saying that we have enough money in this country, for instance, look at the Kshs7 billion which has gone into the "sector" of corruption. You know, we have a new "sector", called the "Corruption sector", and it is the fastest growing sector today. Let us try to transfer funds from the sector of corruption to the essential sectors like health, so that we can have ambulances in our health centres. The health facilities do not have the necessary equipment, for example, stretchers, trolleys, beds and beddings. If you go to health centres and hospitals, you will find people sharing beds and dirty beddings.

Mr. Temporary Deputy Speaker, Sir, we need to be more serious when it comes to matters of health. If you go to a health facility, the furniture that you will see there leaves a lot to be desired. So, this Ministry needs proper budgeting, and when the budgeting is done, the money has to be used properly. We do not need a situation where some money is budgeted for a certain Item, then when the following year arrives, the same amount is needed and nothing was done with the previous allocation. All the money is returned to the Treasury. Why should the money be returned to the Treasury while things are not being done in the Ministries? So, our health facilities need upgrading, because most of them are dirty and smelly, and they do not smell of drugs.

I am a scientist and I know the smell of drugs. Those health facilities are stinking! That means that they are not taken care of well. So, I want to urge the Ministry to make sure that the money allocated for taking care of health facilities is not returned to the Treasury next year. Let that money be used for taking care of our health facilities and making sure that they are in good shape.

I am asking you also to make sure that your staff are not demoralized. When the staff have low morale, they become very hostile to patients. Some of them treat patients very badly, and this makes some patients not to go to the health facilities because of the fear of the hostility of the staff in these facilities.

Malaria treatment is supposed to be free of charge, but the drugs are usually not available, thus the treatment is not free. If the drugs for treatment of the disease are not available and you say that the treatment is supposed to be free, then there is no free treatment. This needs to be addressed, because at least in my constituency, we have the health centres where people have to pay for the drugs or they are given prescriptions which they use to buy drugs from the pharmacies. So, what is free is the consultation, if at all taking your exercise book to the health centre and then the clinical officer scribbles a few things in it is free treatment. But at the end of the day, they go across to the pharmacies to buy the drugs. So, this issue needs to be addressed, because I have seen that there is quite a bit of money which has been allocated under Item No.105 for malarial control.

Mr. Temporary Deputy Speaker, Sir, there is also Kshs51 million which has been allocated under Item No.194 for malarial control in Kenya. So, there is quite a bit of money for malarial control. There is also the Special Global Fund which takes care of malaria, tuberculosis and HIV/AIDS. There is quite a bit of money there, so, ensure that the drugs for malaria and tuberculosis are availed in the health facilities. So that people do not have to take their exercise books to the health centres, then the prescription is written on these exercise books, and then they have to go across to the pharmacies to buy the drugs.

[The Temporary Deputy Speaker (Mr. Poghiso) left the Chair]

*[The Temporary Deputy Speaker
(Mr. Khamasi) took the Chair]*

Lastly, Mr. Temporary Deputy Speaker, Sir, let me talk a little bit about HIV/AIDS problems in the country. HIV/AIDS patients in hospitals are usually sent back home when the doctor realizes that there is nothing they can do and the patient will just die. Well, they recommend them for home-based care.

Most of the time, you will find that the person who could have taken care of the HIV/AIDS patient at home might have already died of the same problem. So, that patient is condemned to go and die at home with nobody to take care of him. Why can the Ministry not think of improving the capacity of the local health facilities in the rural areas to take care of these patients, instead of them going to the district or provincial hospitals. That will be community-based care.

With those few comments, I beg to support.

The Temporary Deputy Speaker (Mr. Khamasi): Order! I think it is just about time we call upon the Minister to reply, because it is already 5.00 p.m.

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Speaker, Sir, let me just donate a few minutes to hon. Rotino, hon. Billow and---

The Temporary Deputy Speaker (Mr. Khamasi): Order! Order, Minister! You see, you are supposed to reply, but now you are giving away parts of your time. So, if you are giving away two or three minutes, please, let us know.

The Minister for Health (Mrs. Ngilu): I only said I am giving two minutes to Mr. Rotino and two minutes to hon. Billow. That is all.

Mr. Temporary Deputy Speaker (Mr. Khamasi): All right, Mr. Billow, you have two minutes.

Mr. Billow: Mr. Temporary Deputy Speaker, Sir, I have two concerns. The first one is the duplication of funds provided for HIV/AIDS. The campaign for HIV/AIDS has received over Kshs3 billion in the National AIDS Control Council (NACC), and at the same time, there is a similar amount in the Ministry. We need to rationalise this. The Government should either move the provision of services relating to the control of HIV/AIDS to the Ministry of Health or move everything to the NACC. That lack of rationalisation will create duplication. This is a wastage of funds. I recommend that the services being currently provided for the control of HIV/AIDS should be moved from the NACC to the Ministry of Health, so that we can rationalise on the amount of money allocated towards this.

Secondly, there is lack of priorities. Environmental health services and the prevention of communicable diseases, for example, Malaria, received only Kshs20 million in the Budget. We know that annually, over 30,000 children under the age of five years die because of Malaria alone. The Ministry has also allocated only Kshs94 million for the rehabilitation of rural health centres. This Ministry has no prioritisation in terms of funding. Family planning alone, which includes the purchase of condoms, has been allocated over Kshs350 million. It is important to note that out of the Kshs3.9 billion for the Development Vote, about Kshs3.5 billion will go to HIV/AIDS and so little will end up in rehabilitation of rural health centres.

Mr. Temporary Deputy Speaker, Sir, lastly, I want to emphasise that it is important for the Ministry to develop a national health strategy before they undertake some of the reforms they are currently undertaking. In this regard, it is important to note that we need to recruit nurses and health workers. The Ministry should provide ambulances, rehabilitate and provide additional dispensaries

and health centres before they spend the money in the manner they are spending it.

Lastly, malnutrition which affects over 25 per cent of children under the age of five years received only Kshs28 million, when, in fact, female genital mutilation (FGM) received Kshs57 million. What is the priority? Is it feeding our children, so that they remain healthy or providing money for FGM education? Those are the observations I wanted to make. I want to thank the Minister for giving me a few minutes of her time.

With those few remarks, I beg to support.

Mr. Ngoyoni: Mr. Temporary Deputy Speaker, Sir, from the outset, I want to say that I support the Vote of the Ministry of Health. In fact, health is a basic necessity for Kenyans and we support the Vote. This Ministry is under-funded and the Vote should have been increased.

I want to point out two words that the Minister is so fond of using every other day. These are: accessibility and affordability. If the Minister is sincere about accessibility, she should look at Kenya as a whole instead of only looking at urban areas. If she can look at Kenya in terms of Laisamis Constituency, a typical rural constituency, she will find that we do not have a single health centre. How can we access health care services when we do not have the facilities on the ground? Every other day, it is said that all Kenyans will access health care services. That is very wrong. We are also Kenyans. People in Laisamis Constituency fall sick. In this Budget, there is no allocation for Laisamis Constituency or the whole district. This a mockery of the pronouncement the Minister has been making.

Mr. Temporary Deputy Speaker, Sir, the other issue is affordability. First and foremost, the poorest people live in rural constituencies where there are no facilities. We only have mission health facilities which are scarcely distributed. We thank the missionaries for providing these facilities to us, which help very much. The poor Kenyans are over-loaded with the burden of paying for medical care services. It is high time the Minister came up with a policy to absorb mission facilities in her budget. They should be subsidised in terms of drugs and personnel.

The Minister had good intentions when she ordered that recruitment of personnel to be done at the district level. However, people were imported from far away places like Bungoma and Vihiga to Marsabit, and yet we have people who are qualified. This is injustice. I know the Minister means well, but she is being undermined by people who sabotage such things. Mr. N. Nyagah said that NARC will be re-elected in 2007. With these kind of injustice and corruption, I do not know whether they will come back. I would like the Minister to give a clear policy statement that recruitment should be district based. This means that only people from that particular district should be recruited there.

Before I finish, I support the hon. Members who have said that NACC should be transferred from the Office of the President to the Ministry of Health. The Office of the President has no business with HIV/AIDS. It is just a cash cow for that Ministry. Therefore, we want the NACC to be transferred to the Ministry of Health.

With those few remarks, I support.

Mr. Rotino: Mr. Temporary Deputy Speaker, Sir, I want to thank the Minister for giving me two minutes of her time. If you look at this year's Budget and last year's Budget, you will find that the Ministry only made some adjustments to its Budget.

(Loud consultations)

The Temporary Deputy Speaker (Mr. Khamasi): Order! Order, hon. Members! Let us give Mr. Rotino time to make his contribution.

Mr. Rotino: Mr. Temporary Deputy Speaker, Sir, civil servants in the Ministry of Health

should help the Minister to come up with a good Budget. The Budget should be prepared on the basis of priority list of the requirements of the people.

I have looked at the Budget and no provision has been made for West Pokot District. I do not know whether West Pokot District is not among the districts in the Rift Valley Province. Maybe we are in Uganda. I want the Minister to look at the Budget very carefully and see that no provision has been made for West Pokot District.

The priorities in the Ministry are not correctly ranked. Money is not put where it is supposed to be. The needs of the people are not really taken care of. This is a very important Ministry and it has a capable Minister. I request the Minister to visit areas like West Pokot. The Government built a training college for nurses 15 years ago, but it has not been opened up to now. It is being used as a hostel for interns. I have raised this issue with the Ministry for the last ten years. Could the Minister visit West Pokot and open that facility?

Mr. Temporary Deputy Speaker, Sir, I want to repeat what my colleague has said. During the recruitment of nurses, we were disadvantaged. We were given 15 slots. Out of those 15 slots, only eight people came from the area due to the poor terrain. The rest came from outside.

Mr. Temporary Deputy Speaker, Sir, we all know about the problems we have in West Pokot District. The area is dry and people who come from other parts of the country cannot work comfortably in the area. We have shortage of nurses all the time. I am pleading with the Minister to send a group of nurses to the area. She should consider sending some nurses to the ASAL regions. These are areas like West Pokot District. We should have a special slot for such areas. Otherwise, we shall be crying year in year out, because of problems.

I want to thank the Ministry for having assisted our two mission hospitals. The Ministry assisted us by sending a doctor there. We want the Minister to send nurses there because people cannot afford to pay the fees charged in the hospitals. The Government should assist us by sending nurses to our area, so that the hospital fees can go down. Our people cannot afford to pay for admission and drugs.

In my constituency, malaria kills more people than HIV/AIDs. The situation is bad. I am pleading with the Minister to consider doing something about it. I am not complaining about people suffering from HIV/AIDs in my area. I am talking about malaria. It kills, yet there are no facilities to control it. I would have wanted to speak more on this. However, because of lack of time, I will say more during the Committee stage.

With those few remarks, I support.

Mr. ole Metito: Thank you, Mr. Temporary Deputy Speaker, Sir. I wish to support this Vote of the Ministry of Health. From what the previous speakers have said, it is very clear that we need to put more emphasis on the preventive measures rather than the curative ones. Preventive measures go hand in hand with issues of research and training. I wish that the Ministry puts more emphasis into herbal medicine. There is need to do more research on herbal medicine. We have the personnel and the resources. That sector needs to be exploited further.

The other issue I want to talk about is resource allocation. Allocation of resources should be done considering our priorities. I wish to appeal to the Ministry to consider doing its allocations at the constituency level. Allocations to districts have been part of what has caused resource imbalances in this country. I know that we have very limited resources, yet our needs are very unlimited. However, we need to share the limited resources equitably. I want to give an example of the situation in my district, Kajiado. The two health centres which have been catered for in this Vote are from the same constituency. One has an allocation of Kshs54 million while the other has an allocation of Kshs2 million. These health centres are not far from each other. Where will the other health care centres in the constituency get money from? Owing to that kind of imbalance in resource

allocation, I ask the Ministry to consider decentralising its health services. I want to give another example in my district. Loitoktok sub-district hospital is bigger than the District Hospital yet this sub-District Hospital is getting a raw deal from the Ministry of Health. There is need to de-link the administration of Loitoktok sub-District hospital from that of Kajiado Hospital. This should be done first in terms of costs.

At the moment, this district hospital does not have the authority to incur expenditure. One has to go all the way to Nairobi to cash a cheque of Kshs5,000. One cannot go to Kajiado from Loitoktok without going through Nairobi. One may even end up spending more than they are looking for. I request the Ministry to give Loitoktok sub-District Hospital the authority to incur expenditure. There is also need to recruit and train more personnel.

I want to talk about the youth and HIV/AIDs. There is need to establish Voluntary Counselling and Testing Centres (VCT) in all districts and regulate the private practice in the medical fraternity.

With those few remarks, I beg to support.

The Minister for Health (Mrs. Ngilu): Thank you, Mr. Temporary Deputy Speaker. First, I want to thank all hon. Members who have supported the Motion, and also those who did not, because they certainly had good reasons for it. I want to thank all those who have criticised what we did not do right in this Vote. I have made a note of all areas of concern that have been raised. My officers, who have been sitting in the Chamber, have also made notes. When I introduced this Motion, I mentioned about the shortage we have as a Ministry. We have an acute shortage of health care workers, which has been raised time and again by all the hon. Members who spoke on this Motion.

Some hon. Members who spoke touched on lack of facilities. We are aware of this. Hon. Members have said that there has been an improvement in the supply of drugs. We thank them for noticing that. We will continue to make things better and strengthen our system. They also talked about the bad attitude of our health workers; doctors, nurses and technicians. I have taken note of that. Hon. Members talked about the need to train personnel. They also talked about transport in the form of ambulances. I want to say to hon. Members that we did not have a bigger budget than what we had the previous year. In fact, with what we had, we bought five ambulances. We also bought double-cabin vehicles that are serving as ambulances. I am happy that hon. Members supported buying of that kind of vehicles, considering the kind of terrain we have in most of parts of our country.

I have heard loudly and clearly hon. Members' sentiments that the Ministry is not putting enough resources into preventive and promotive activities. I believe that prevention is better than cure. If we could prevent malaria, we would reduce the number of people who come to our hospitals by nearly 50 per cent. We would, therefore, be saving the money that we use to procure drugs and even reduce the work load for our health workers.

Mr. Temporary Deputy Speaker, Sir, I want to inform hon. Members that we have actually a lot more resources for prevention this year than we have ever had before. The resources do not appear in the Recurrent Expenditure because they have been set aside from the Global Fund for the prevention of malaria. This year we have more than Kshs2 billion for prevention work. I want to assure hon. Members that these resources will be used very well. I heard every hon. Member speaking about the need to prevent malaria. We have the money and we will eradicate malaria. I can tell hon. Members' that only last week the Global Fund gave us a grant of US\$186 million to spend on prevention and eradication of malaria. This works out to nearly Kshs18 billion in the next five years. Surely, if the Ministry of Health cannot use these resources properly and eradicate malaria, I think we will be to blame. I want to assure hon. Members that this will be done.

Mr. Temporary Deputy Speaker, Sir, I thank every hon. Member who spoke for noting that the Ministry of Health is under-funded. It is true that this has hardly changed. In fact, the Vote reduced by about Kshs50 million. It is not because we have reduced the disease burden. It is because the economy of this country has not improved. I do believe that as the economy improves we will see a different scenario in the Ministry of Health. However, with proper management of the money that we have been given, reduction of inefficiencies and ensuring that what we have is properly utilised, we can still make a difference.

I have heard hon. Members concerns about rural health facilities, the dispensaries and health centres. It is true that most of these rural facilities have no equipment and adequate health workers. A week ago, we, as the Ministry, made a decision, that we must scrap cost sharing. I have heard hon. Members' concerns and I thank them for supporting us, but I am aware that we do not have adequate health workers. However, you will find that the majority of patients who go to our health facilities are turned away even when we have drugs because of the cost sharing policy, which I did not introduce.

You all know that malaria is being treated for free in this country. Tuberculosis is also treated for free, but how will a health worker know that you are suffering from malaria until you walk in and are checked? Before you are checked to establish whether you are suffering from malaria or not, you will be turned away to go and die in your hut. That is the reason why I said that even though the treatment of malaria and tuberculosis is free, patients must first go to health facilities, get checked and then treated with the drugs that we have. I can tell you today that we have enough drugs for malaria and tuberculosis. We are just beginning to buy drugs for HIV/AIDS. We should, very soon with the resources that we have, ensure that at least every district hospital has a Voluntary Counselling and Testing (VCT) facility and trained personnel who can dispense Anti-Retro Virals (ARVs). We are also encouraging people; to go for a check up so that we can treat other HIV/AIDS-related diseases rather than just giving them the ARVs.

The issue of training has come up again and again during debate. We have continued to train our people, however, due to lack of resources, I am not able to employ all the trained nurses and other health workers. This year we will ensure that at least 1,100 nurses and other health workers are employed in our facilities. They will be distributed equitably. I have listened to hon. Members who have said that we did say that applicants should be interviewed in their own localities and I confirm that we did that. Even though we said that people should be recruited where they will be working we have discovered that some local applicants were interviewed at their areas, but were not employed. I want to assure hon. Members that this will be taken into account. The interviews that we carry out in future will take that into account and ensure that we will employ local people. I will give these instructions to our officers.

This is the time for recruitment. I have also given instructions to the Kenya Medical Training College (KMTC) to give special consideration to remote areas, where even those who apply are not as qualified as those from other areas. There has got to be affirmative action because without it, many areas will not get trained people. Once we train non-locals and send them to those areas they will not be working as efficiently as those from the particular localities. I recently travelled to Maralal and I saw how the area is. It is really a hardship area. I have also decided that we will increase mobile facilities so that those who cannot get to our areas can still be treated. These mobile facilities will serve the pastoralists because they are always on the move. I noted that some of our facilities are under-utilised, because people move away from them. It is the duty of my Ministry to ensure that we move with them wherever they move to and treat them.

The other problem that has come up again and again is that of HIV/AIDS and the National AIDS Control Council (NACC). The NACC falls under the Office of the President. I have noted the

concerns of hon. Members and will once again bring them to the attention of the Cabinet. As you all know, HIV/AIDS affects everybody. Provided the two Ministries actually complement each other the Ministry of Health will be treating HIV/AIDS. The Office of the President, under the special programme, can actually do advocacy and the HIV/AIDS campaigns. I believe that NACC can continue being in the Office of the President.

Mr. Temporary Deputy Speaker, Sir, hon. Members argued that the Ministry of Health should continue supporting mission hospitals. I do agree entirely with them and I want to assure the House that we have actually been supporting mission hospitals. Late last year we gave eight vehicles to mission hospitals. We are supplying them with drugs. We are working very closely with them and will continue to do so. Yesterday I held a meeting with their officials who told me that they will be very happy if we could just give them about Kshs15 million from our budget. If the hon. Members will support me on this, I would be happy to do it. Quite honestly, mission hospitals have done a lot of good work for our people. They have suffered a lot because whenever people get into their hospitals and they are not able to afford hospital fees, they detain them but eventually release them.

Mr. Temporary Deputy Speaker, Sir, hon. Members also talked about child immunisation. We have got resources for child immunisation and we will continue allocating money for the same.

A lot was also said with regard to our referral hospitals. The Kenyatta National Hospital (KNH) and Moi Teaching and Referral Hospital, Eldoret, are not well funded. I will continue to do whatever I can to make sure that these hospitals are well equipped. My Ministry is talking to various donors to actually support these two important hospitals. The KNH has been given Kshs250 million. That is not enough, but I do hope they will have a good start with these funds.

Mr. Temporary Deputy Speaker, Sir, district hospitals too are under funded. In the past, health centres and dispensaries were allocated Kshs1.1 billion for procurement of drugs and non-pharmaceuticals. The reason hon. Members now notice that we have drugs at the health centres in rural areas is because that money is being used for that purpose. All that money sometimes used to be utilised at the district hospitals. Hon. Members will notice a difference. The district hospitals may not be well supplied with drugs as they have been in the past, but I would like to assure hon. Members of proper supply of drugs at the rural health centres and dispensaries.

Mr. Temporary Deputy Speaker, Sir, with these few remarks, I want to thank hon. Members very much for supporting my Ministry.

(Question put and agreed to)

*[The Temporary Deputy Speaker
(Mr. Khamasi) left the Chair]*

IN THE COMMITTEE

*[The Temporary Deputy Chairman
(Mr. Khamasi) took the Chair]*

Vote 11 - The Ministry of Health

The Temporary Deputy Chairman (Mr. Khamasi): Hon. Members, we are now in the Committee of Supply. I would like to draw the attention of hon. Members to page 311 of our Order Paper. The sum indicated is not in pounds, but in shillings.

Mrs. Ngilu, you could now move the Motion!

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I beg to move:-

THAT, a sum not exceeding Kshs9,878,777,265 be issued from the Consolidated Fund to complete the sum necessary to meet the expenditure during the Financial Year ending 30th June, 2005 in respect of:-

Vote 11 - The Ministry of Health

(Question proposed)

The Temporary Deputy Chairman (Mr. Khamasi): Hon. Members, we will start with the Recurrent Estimates, on page 391. Hon. Members, for the purposes of debate in the Committee of Supply, I would like to advise that if you have got any issues to raise, the best way to go about it is to catch my eye, announce the page, Vote, Head and Item, so that we are all together.

VOTE R11 - RECURRENT EXPENDITURE

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

Mr. Angwenyi: On a point of order, Mr. Temporary Deputy Chairman, Sir. Why can we not go through Head by Head?

The Temporary Deputy Chairman (Mr. Khamasi): Mr. Angwenyi, if you have got any issue to raise, please, just stand up and raise it, and the Chair will allow you to do so.

Mr. Salat, you have already sent notice of your amendment, can you now proceed.

Head 310 - Headquarters Administrative Services

Mr. Salat: Mr. Temporary Deputy Chairman, Sir, I beg to move:-

THAT, pursuant to provisions of Standing Order No.142(3), an amount of Kshs446,589,810 be reduced from the total amount to be appropriated to Vote R11, Ministry of Health, and that the amount be reduced from Sub-Vote 110, Head 310, Item 188 - Medical Scheme.

Mr. Temporary Deputy Chairman, Sir, this is obvious. As far as we are concerned, the medical scheme has not become law. I believe today we are voting on those Items that are already in law. This Item is something that has not been brought to this House.

So, until such a time that this is debated in the House and made law, I think it should be excluded. It is a good idea, but I feel we should exclude it.

The Minister for Water (Ms. Karua): On a point of order, Mr. Temporary Deputy Chairman, Sir, it would appear that, although the Standing Order allows any hon. Member to propose the reduction of a Vote, this proposal is actually designed to deny or withdraw a particular service that is in the Estimates. That service is the National Social Health Insurance Scheme, It is the tradition of the House---

(Loud consultations)

The Temporary Deputy Chairman (Mr. Khamasi): Order! Order!

The Minister for Water (Ms. Karua): Mr. Temporary Deputy Speaker, Sir, the tradition of

the House is that a reduction could be proposed, but that reduction must not withdraw or affect a service that the Government is going to give. It appears that what is being proposed is to withdraw a service.

The entire sum---

(Loud consultations)

The Temporary Deputy Chairman (Mr. Khamasi): Order! Order!

The Minister for Water (Ms. Karua): My question is: Is this Motion in order?

The Temporary Deputy Chairman (Mr. Khamasi): Let us get this right. Ms. Karua, you are not on a point of order. You are debating on a proposal which has been put forward by Mr. Salat. If that is what you are doing, then let us agree with it. You are giving the reasons for not accepting the proposal.

The Minister for Water (Ms. Karua): I would like to clarify!

The Temporary Deputy Chairman (Mr. Khamasi): Yes. Can you clarify?

The Minister for Water (Ms. Karua): Mr. Temporary Deputy Chairman, Sir, I think the Chair missed the point. The debate that is allowed on reduction of a Vote is debate that does not propose to withdraw a service that the Government is offering.

(Loud consultations)

The Temporary Deputy Chairman (Mr. Khamasi): Order, hon. Members! Order, Ms Karua! Hon. Members, this is a very important exercise. Let us be patient and listen to everybody who wants to say something, so that we can proceed.

The Minister for Water (Ms. Karua): Mr. Temporary Deputy Chairman, Sir, I am saying that there has been a ruling in this House before; that was in 1969. You can actually propose the reduction of a Vote but not a reduction that takes away a service that the Government is proposing.

Therefore, I am saying that---

(Loud consultations)

The Temporary Deputy Chairman (Mr. Khamasi): Order!

The Minister for Water (Ms. Karua): Mr. Temporary Deputy Speaker, Sir, I am, therefore, seeking the guidance of the Chair. Is it in order for the Chair to allow a Motion that is out of order, as per the ruling of the Chair in this House during the debate on 3rd July, 1969? That was a ruling of your predecessor, Sir. Humphrey Slade, that we cannot have---

(Mr. Salat interjected)

How many Chairs are there in this House? When you become the Chair--- Do not be stupid!

Mr. Salat: Do not be silly!

(Loud consultations)

An hon. Member: On a point of order, Mr. Temporary Deputy Chairman, Sir.

The Temporary Deputy Chairman (Mr. Khamasi): Order! She has raised a point of order and the Chair has got to respond!

Yes! Ms. Karua, as far as the Speaker of the National Assembly is concerned, the notice of the Motion was brought under Standing Order No.141(3). It was approved by the Speaker of the National Assembly. So, the Motion is rightly before the House. I have proposed it and we will debate it.

I will now propose the Motion afresh.

The Minister for Health (Mrs. Ngilu): On a point of order, Mr. Temporary Deputy Chairman.

The Temporary Deputy Chairman (Mr. Khamasi): Order! Is it on the same issue? I have already made a ruling! Is it a different issue?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Speaker, Sir, I want to share with hon. Members that this money is not going to any medical scheme. We must explain this issue.

The Temporary Deputy Chairman (Mr. Khamasi): Order, Mrs. Ngilu! If you want to do that, you will wait until I have proposed the question. Then, you can explain. But as I said, the Speaker has already approved this Motion and we will debate it here.

(Question of the reduction proposed)

The Temporary Deputy Chairman (Mr. Khamasi): Madam Minister, you can now respond if you want.

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, the amount of Kshs446,589,810 is paid as medical allowance to all the workers of the Ministry. That amount of money, as a matter of fact, is also part of their salaries. If it is removed from here, it will mean that they will not get that money. We hope that when the Bill is passed, we could negotiate with the workers. If the Bill which is before this House is passed, we can take that money. If it is not passed, this money cannot be taken.

Dr. Galgalo: Mr. Temporary Deputy Chairman, Sir, this is a question of legality. That is the issue. We do not have a medical scheme into which the Government is required to put money. That is where the buck stops. Yesterday, if the Chair will recall, the honourable Minister was told not to anticipate debate on the scheme, because there is a Bill which is coming. We have no problem with the money going to the workers or to a scheme, provided that the scheme is in place. This Motion was brought because this is an illegality. We have seen in the Budget that all the Ministries have been subjected to this. It is an illegality and should not be done until we have a scheme in place.

For now, there is no medical scheme where that money will go. Who is going to manage those funds? That is an illegality and that is why we are saying no!

The Temporary Deputy Chairman (Mr. Khamasi): Madam Minister, would you like to respond to that?

The Minister for Health (Mrs. Ngilu): Yes, Mr. Temporary Deputy Chairman, Sir. If hon. Members could look at page 391, Head 310 - Medical Allowance, Items 065, 092 and 093, that is where the money has been set aside.

(Loud consultations)

The Temporary Deputy Chairman (Mr. Khamasi): Order! What have you got to say, Mr. Muturi?

Mr. Muturi: Mr. Temporary Deputy Chairman, Sir, if, indeed, there are items, as the Minister has explained, where that money could go to--- As you can see from Item 188, there was

no such money last year! We are not proposing to remove that money and take it anywhere else outside the Ministry of Health. I believe that the Minister of Health has no reason to oppose the Motion by Mr. Salat, because the money would still be in the Ministry of Health.

Mr. Mwenje: Mr. Temporary Deputy Chairman, Sir, with due respect to the hon. Minister and the Ministry, you will note clearly that, that kind of money was not there last year. It is clearly for a scheme which is proposed to start and when the Bill will have been passed, we will certainly allow this funding.

(Applause)

Mr. Temporary Deputy Chairman, Sir, if you go to Head 065 which has been mentioned, the amount last year was Kshs6 million. So, it cannot rise from Kshs6 million to Kshs446 million. It is not possible! Let us be honest with ourselves, because this is money we are supposed to authorise. This money should be reserved so that when the Bill has been passed, then we can vote this money to be used by the Ministry for the scheme. But as of now, I agree with the Motion that it cannot be allowed at the moment.

(Applause)

The Temporary Deputy Chairman (Mr. Khamasi): Any response from the Ministry? Order! Hon. Members, we are dealing with public funds and we must be very clear. There is no hurry.

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I quite agree with hon. Members that this allocation was not there last year. But surely, we are saying that we must improve the health of both civil servants and other Kenyans and, therefore, we are saying--- The scheme is not in place yet. We all know that. But when it is in place, then we can have this money. But it has to be in the books now.

(Loud consultations)

The Temporary Deputy Chairman (Mr. Khamasi): Order! Hon. Members, I will give only two chances and then I will put the question. Hon. E. K. Maitha!

The Minister for Tourism and Wildlife (Mr. E. K. Maitha): Mr. Temporary Deputy Chairman, Sir, I just wanted guidance from the Chair, from what I am hearing about the same fund. I thought one day here, we passed the Constituency Development Fund money without even passing the law?

(Applause)

I am wondering where we are. I would like to have your guidance, Sir.

Mr. Sambu: On a point of order, Mr. Temporary Deputy Chairman, Sir. Although the hon. Minister is on a point of order, he is misleading the House. We did not get the Constituency Development Fund last year because the Minister told us that there was no supporting law and it was stopped.

(Applause)

In fact, a violation of the Constitution was done, because we put it in the Parliamentary Budget and the Minister contravened Section 45(b)(6)---

The Temporary Deputy Chairman (Mr. Khamasi): Order! Mr. Sambu, now you have gone beyond your point of order! Mr. Kajwang!

Mr. Kajwang: Mr. Temporary Deputy Chairman, Sir, the Minister is persuading us that this is a medical allowance being paid to help workers. But of course, there is the provision for medical allowance on Head 065 as she has pointed out herself. If she wanted it to be there, she would have transferred this Kshs446 million and put it together with the Kshs6 million, so that it would have been a medical allowance.

When you pay an allowance, you call it an allowance. If you want to create a scheme, you come up with a law to create it. We know there is a Bill coming. We may pass it or not. But when we pass it, you then put money into the same.

Mr. Temporary Deputy Chairman, Sir, I know the Minister is anxious that this thing starts working by July and that is why money must be put in the Budget so that it starts running. But, unfortunately for her, it does not come---

The Temporary Deputy Chairman (Mr. Khamasi): Fine, you have made your point! I will proceed to put the question.

(Question put and agreed to)

Hon. Members: Division! Division!

The Temporary Deputy Chairman (Mr. Khamasi): Yes, you have the requisite number. Ring the Division Bell.

DIVISION

(Question put and the House divided)

(Question negated by 62 votes to 60)

AYES: Dr. Awiti, Messrs. Bahari, Billow, Cheboi, Chepkitony, Choge, Dr. Galgallo, Dr. Godana, Messrs. Haji, Ivuti, Kajwang, Kenyatta, Keter, C. Kilonzo, J.K. Kilonzo, Kimeto, Kipchumba, S.C. Koech, Koros, Kosgey, Kutu, Maj. Madoka, Magugu, M. Maitha, Prof. Mango, Messrs. Mbai, Midiwo, H.M. Mohamed, Moi, Moroto, Musila, Muturi, Mwanzia, Mwenje, Ndambuki, Ndolo, Ngoyoni, Maj-Gen. Nkaissery, Eng. Nyamunga, Messrs. Ogur, Ojaamong, Dr. Ojiambo, Eng. Okundi, Prof. Olweny, Messrs. Omamba, Omondi, Archbishop Ondiek, Prof. Oniang'o, Messrs. Osundwa, Owidi, Owino, Rotino, Ruto, Salat, Sambu, Sasura, Dr. Shaban, Messrs. Sudi and Wario.

Tellers of the Ayes: Messrs. Moi and Munya

NOES: Messrs. Angwenyi, Prof. Anyang'-Nyong'o, Arungah, Balala, Dzoro, Githae, Gumo, Kagwima, Kamama, Kamanda, Karaba, Karua, Karume, Katuku, Kembu-Gitura, Khaniri, Dr. Kibunguchy, Mrs. Kilimo, Mrs. Kihara, Messrs. Kingi, Kiunjuri, Kombo, Konchella, Kones, Lesrima, Dr. Machage, Mr. E.K. Maitha, Dr. Manduku, Messrs. Maore, Ms. Mbarire, Messrs. Ole Metito, A.M. Mohamed, A.C. Mohamed, Muchiri, Mrs. Mugo, Messrs. Muiruri, Munya, Muriithi, Murungi, Ms. Mwau, Mr. Mwiraria, Dr. Mwiria, Messrs. Nderitu, Ndile, Ms. Ndung'u, Mrs. Ngilu, Messrs. Nyachae, N. Nyagah, Ochilo-Ayacko, Onyancha, Opore, Rai, Shitanda, Maj. Sugow, Messrs. Syongo, Tarus, Mrs. Tett, Eng. Toro, Messrs. Wambora, Wamwere, Wanjala,

Tellers of the Noes: Messrs. Kembu-Gitura and Rotino

The Temporary Deputy Chairman (Mr. Khamasi): Order, hon. Members. As per the Standing Orders, we need to finish this Vote although time may not be on our side. It is, therefore, the responsibility of the House to approve that we meet again to complete work on this Vote. That is the exercise we are going to embark on, now. Otherwise, as per the Standing Orders we need to be through with this Vote today.

(Loud consultations)

Order, Members! You know it is within the powers of the House to give us permission to extend time. We cannot do it from this Committee of Supply. We must first report the progress and then the House shall give us permission to extend under Standing Order No.127.

Mr. Nderitu: Mr. Temporary Deputy Chairman, under Standing Order No.127 may I ask the House to extend up to 8.00 p.m---

The Temporary Deputy Chairman (Mr. Khamasi): Order! We are in the Committee of Supply. We are yet to report progress to the House. Thereafter, the House shall seek permission to sit again or extend time.

PROGRESS REPORTED

Vote 11 - Ministry of Health

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, a Committee of the whole House is considering Vote 11 - Ministry of Health, and has instructed me to report progress and seek leave to sit again today.

(Question proposed)

(Question put and agreed to)

(The House resumed)

[Mr. Deputy Speaker in the Chair]

The Minister for Health (Mrs. Ngilu): Mr. Deputy Speaker, Sir, I beg to report that a Committee of the whole House is considering Vote 11 - Ministry of Health and has instructed me to report progress and beg leave to sit again today.

Mr. Nderitu seconded.

(Question proposed)

(Question put and agreed to)

Mr. Deputy Speaker: Hon. Members, the essence of what you have [**Mr. Deputy Speaker**] decided now is that you are going to sit today and not tomorrow, because there is no provision for sitting tomorrow. You will, therefore, continue with the Committee until you finish the business tonight.

[Mr. Deputy Speaker left the Chair]

IN THE COMMITTEE

*[The Temporary Deputy Chairman
(Mr. Khamasi) took the Chair]*

Vote 11 - Ministry of Health

*(Resumption of consideration
in Committee interrupted today)*

The Temporary Deputy Chairman (Mr. Khamasi): Order! Order, Members! We are on page 399.

SUB-VOTE 111 - CURATIVE HEALTH

*(Heads 294, 296, 316, 316, 317, 318, 319, 320,
321, 351, 618, 619, 620, and 621 agreed to)*

(Sub-Vote 111 agreed to)

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

*(Heads 293, 322, 323, 325, 326, 327, 328, 330,
331, 332, 334, 346, 347, 509, 510, 518,
519, 520, 622, 720 and 721 agreed to)*

(Sub-Vote 112 agreed to)

SUB-VOTE 113 - RURAL HEALTH SERVICES

(Heads 335 and 336 agreed to)

(Sub-Vote 113 agreed to)

SUB-VOTE 114 - HEALTH TRAINING AND RESEARCH

(Heads 113, 340 and 643 agreed to)

(Sub-Vote 114 agreed to)

SUB-VOTE 116 - MEDICAL SUPPLIES AND CO-ORDINATING UNITS

(Heads 355 and 356 agreed to)

(Sub-Vote 116 agreed to)

SUB-VOTE 117 - KENYATTA NATIONAL HOSPITAL

(Head 315 agreed to)

(Sub-Vote 117 agreed to)

SUB-VOTE 118 - MOI REFERRAL AND TEACHING HOSPITAL

(Head 623 agreed to)

(Sub-Vote 118 agreed to)

(Vote R11 agreed to)

VOTE D11 - DEVELOPMENT EXPENDITURE

SUB-VOTE 110 - GENERAL ADMINISTRATION AND PLANNING

The Temporary Deputy Chairman (Mr. Khamasi): Order, hon. Members! There is a notice of an amendment.

Dr. Galgalo: Mr. Temporary Deputy Chairman, Sir, I wanted to move an amendment. However, after consulting with the Minister, I now understand the issue I was concerned about. I, therefore, wish to withdraw my proposed amendment.

Mr. Billow: Mr. Temporary Deputy Chairman, Sir, Head 311, Item 405 is on Consultancy and Training. I just wanted an explanation from the Minister on what the Kshs220 million under Consultancy and Training is for.

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, these funds amount to approximately US\$29 million. We were given these funds as a credit by the World Bank in the year 2001. This morning, we were in negotiations with the World Bank. Part of that money was used sometime back to procure condoms. What is left will be used to sink boreholes and facilitate training of our district health management boards members and other personnel in our rural health centres. It is not for consultancy but for training.

Mr. Muturi: Mr. Temporary Deputy Chairman, Sir, I would like to seek clarification from the Minister on page 256, Head 311, Item 192 - New Kenya Health Sector. This is a sector that was allocated Kshs3 million last year. This year, it has been allocated Kshs48,500,000. What does the New Kenya Sector do?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, in the past, all donors have been working separately with the Ministry of Health. However, we need to have a multisectoral approach, which will bring all donors together. This will ensure that our work and programmes are carried out jointly with all donors, and not separately as it has been the case in the past.

(Heads 310 and 311 agreed to)

(Sub-Vote 110 agreed to)

SUB-VOTE 111 - CURATIVE HEALTH

Head 317 - District Hospitals

Mr. Kosgey: Mr. Temporary Deputy Chairman, Sir, I rise to seek clarification on page 257, Head 317, Item 213, District Health Services and Systems Development Programme. The allocation to it has shot up to Kshs288 million from Kshs50 million. What is this programme and which areas

will it cover? Could the Minister clarify whether it covers Nandi South?

The Minister for Health (Mrs. Ngilu): This is a grant that will come from the European Union (EU) for building capacity at the district level of the---

Mr. Kosgey: Seminars!

The Temporary Deputy Chairman (Mr. Khamasi): Order, Mr. Kosgey!

The Minister for Health (Mrs. Ngilu): It is not for seminars, but for management boards.

Dr. Galgallo: Mr. Temporary Deputy Chairman, Sir, on the same Head 317, Item 223, Decentralisation of Health Services and Item 264 is also on Decentralisation of District Health Services. It appears as if there is an overlap here. Could the Minister explain what each one entails?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, the problem with this Development Vote is that each donor specifies how and where they want their money to be utilised. We can explain it in the smaller books and indicate which donor is funding which project, how much funds they are giving us and what they will do.

Mr. Billow: Mr. Temporary Deputy Chairman, Sir, because of the amounts involved, it is very important that we get an adequate explanation on these Items. When the Minister was responding to an earlier question on another Item, on consultancy and training, costing Kshs220 million, she said it relates to training of boards of management. Here, when she is explaining district health services and systems development, she still says that boards management training will cost Kshs288 million.

I do not think over Kshs500 million is going to the training of boards of management. Could the Minister shed more light on these training programme expenses?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, part of this money will also be used to buy computers for some of the rural health centres and district hospitals.

Head 316 - Provincial Hospitals

Mr. Mwenje: Mr. Temporary Deputy Chairman, Sir, under Head 316, Item 261, there is the rehabilitation of Embu Provincial General Hospital. I am aware that there are uncompleted buildings in this particular provincial hospital. I am wondering why the Minister wants to do a rehabilitation of the old buildings instead of completing the new incomplete buildings. Why can the money not be used for that purpose?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, could he repeat the question?

The Temporary Deputy Chairman (Mr. Khamasi): Mr. Mwenje, could you repeat the question from the microphone?

Mr. Mwenje: Mr. Temporary Deputy Chairman, Sir, I am on page 256, Head 316, Item 261, Rehabilitation of Embu Provincial General Hospital.

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, this is money from the Arab Development Bank. The donor had actually given a little more than this, which we reduced because it was a little more than what the hospital could take. We asked them to spread it to other district hospitals in Eastern Province, which they said they would not do. We expect to use this money on Embu Provincial General Hospital.

Mr. Mwenje: Mr. Temporary Deputy Chairman, Sir, what is not clear here is that a sum of Kshs25 million was allocated for the rehabilitation of Embu Provincial General Hospital last year. However, this year, Kshs155 million is estimated for the same. How did they spend the Kshs25 million?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, if Mr. Mwenje looks at Head 316, Item 951, he will see a direct payment of Kshs25 million by the Arab Development Bank (ADB). The same bank has now put in Kshs150 million and Kshs185 million.

(Heads 316, 317, 318 and 320 agreed to)

(Sub-Vote 111 agreed to)

SUB-VOTE 112 - PREVENTIVE MEDICINE AND PROMOTIVE HEALTH

Head 325 - Communicable Diseases Control

Mr. Muturi: Mr. Temporary Deputy Chairman, Sir, I would like to seek clarification from the Minister on Head 325, Item 104 on NASCOP Adviser. Last year, there was no money allocated for that Item. However, this year, there is an allocation of Kshs16,125,000. What will be the role of this adviser when we have the National Aids Control Council (NACC)? Who is the adviser?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, some of these donors just tell us to put money to do a particular job. The money that has been put for this particular Item has been contributed by USAID for that work. This is also where CDC and NASCOP are.

Mr. Billow: Mr. Temporary Deputy Chairman, Sir, under the same Head, Item 162 on Special Global Fund - AIDS, Tuberculosis and Malaria, an amount of Kshs2,190,692,244 has been allocated this financial year. In the Office of the President, there is an exact definition of this Item, and the amount allocated is Kshs1.4 billion. What is the difference between this Item and the one in the Office of the President? They have the same description, but different amounts!

The Minister for Health (Mrs. Ngilu): Yes, it is true, Mr. Temporary Deputy Chairman, Sir. The Ministry has been charged with the procurement of Anti-Retrovirals (ARVs) and anti-malarial drugs. So, this is what we will do with this money.

Mr. Billow: Mr. Temporary Deputy Chairman, Sir, what about the money allocated to the Office of the President?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, the money allocated to the Office of the President for the Special Global Fund on Aids, Tuberculosis and Malaria is specifically for advocacy purposes, not for purchase of drugs.

Dr. Galgallo: Mr. Temporary Deputy Speaker, Sir, I am getting disappointed by some of these explanations. However, I want to seek a clarification on the same Head, page 258, Item 105; on Malaria Control. An amount of Kshs51,141,236, has been allocated for this purpose.

Mr. Temporary Deputy Chairman, Sir, again, Item 194 of the same Head is on Malaria Control in Kenya, and an amount of Kshs244,440,000 has been allocated. We know that of the Kshs2.1 billion which the Minister talked about will go to malaria control. Now, what is the difference between these Items? What is the role of each Item?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, this money is from different donors. Some of it will be given by DFID (UK) and they say they are putting this money in malaria control.

The Temporary Deputy Chairman (Mr. Khamasi): Now, Mrs. Ngilu, could you differentiate between these two Items? What Dr. Galgallo raised is that there are similar Items bearing almost the same description and he would like to know the difference.

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, what has happened in this Head is that, when you are given money by a particular donor, you show the amount that is given and the purpose. You do not put it together in this Estimates Book.

Mr. Bahari: Mr. Temporary Deputy Chairman, Sir, on page 258, Head 325, Item 106 - Kenya Expanded Programme on Immunization, the Budget figure has been reduced by half from last year's figure. Could the Minister clarify?

The Minister for Health (Mrs. Ngilu): Yes, it has been reduced because we did a lot of immunisation in the year 2001. Therefore, this year, we do not have much to do. That is why there is a reduction.

(Heads 323 and 325 agreed to)

(Sub-Vote 112 agreed to)

(Loud consultations)

The Temporary Deputy Speaker (Mr. Khamasi): Order, Mr. Salat!

SUB-VOTE 113 - RURAL HEALTH SERVICES

Head 335 - Rural Health Centres and Dispensaries

Dr. Galgallo: Mr. Temporary Chairman Sir, I would like to get a clarification on Head 335, page 260, Item 244 - District- Based Health Projects (DBHP) - Kshs383,000,000. You will recall that we had Kshs288 million for what the Minister called the "District Health Services and Systems Development Programme". You will also recall that we had monies on decentralisation. Could the Minister explain to us what are those systems she is allocating so much money to, at the district level? Even on the other one, instead of just saying that it is from a different donor, we want to know what those monies are going to do.

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, that amount of money will be used in Coast Province and North Eastern Province by the Danish Government. They have already started work in Coast Province and North Eastern Province.

Mr. Mwenje: Mr. Temporary Deputy Chairman, Sir, I would like to seek clarification on Head 335, Items 196 and 198 on page 259. I see here an expenditure of Kshs28 million for Female Genital Mutilation---

(Loud consultations)

The Temporary Deputy Chairman (Mr. Khamasi): Order!

Mr. Mwenje: Mr. Temporary Deputy Chairman, Sir, I want to believe that is also called female circumcision. I would like the Minister to tell us why we are spending Kshs28 million on female circumcision. Who is going to be circumcised? I do not understand!

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, that money is being put in our Vote by the Federal Republic of Germany. It is to ensure that we eradicate that very bad practice.

Mr. Mwenje: Mr. Temporary Deputy Chairman, Sir, it is not clear! How?

The Temporary Deputy Chairman (Mr. Khamasi): Order, hon. Members! Mr. Mwenje, do you want to seek clarification?

Mr. Mwenje: Mr. Temporary Deputy Chairman, Sir, this may be risking my daughters! Could the Minister tell us how this is going to help?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, it is really a study so that young women are educated and men are also educated. In actual fact, this is targeting men much more than the girls.

Dr. Godana: Mr. Temporary Deputy Chairman, Sir, mine is a bit out of the line my two

colleagues have been taking. On page 259, I want the Minister to specify something. Under rural health facilities, health centres and dispensaries, there is Item 101, Drug Supply to Health Facilities. We had an allocation of Kshs180 million and no allocation this year. Has the Ministry decided to stop supplying drugs to these facilities?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, these are drugs that were contributed by the Danish Government directly to the health centres and dispensaries, worth Kshs180 million. We are still negotiating.

Mr. Billow: Mr. Temporary Deputy Chairman, Sir, under Head 335, if you look at the items starting from 286, family planning, then 287 family planning programmes, and 288, family planning, 296, 297---

Mr. Temporary Deputy Chairman, Sir, all of them, amounting to over Kshs350 million for family planning--- Are these specific projects funded by donors and that is why they have been put separately? If that is the case, when the Minister was moving the Budget Speech, she told us that the donors are no longer funding specific projects and they are giving sectorwide funding and that it is up to the Ministry to disburse the money to areas of priority. So, how do we have all these different allocations to family planning amounting to over Kshs350 million?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, again, this is coming from different donors. Some of them give us money to buy contraceptives, others are funding different things in the area of family planning. This is not one donor. But they said this is what they were going to do and this is how they are going to spend the money.

Mr. Temporary Deputy Chairman, Sir, in fact, this money never comes to the Ministry's accounts. It is only shown here.

(Heads 335 and 594 agreed to)

(Sub-Vote 113 agreed to)

SUB-VOTE 114 - HEALTH TRAINING AND RESEARCH

Head 643 - Kenya Medical Research Institute

The Temporary Deputy Chairman (Mr. Khamasi): There is a notice of Motion to amend Head 643 by hon. Muturi. Interested Members, please look at page 301.

Mr. Muturi: Mr. Temporary Deputy Chairman, Sir, on page 261, I beg to move that pursuant to the provisions of Standing Order No. 142(3), an amount of Kshs544,896,415 be reduced from the total amount to be appropriated for Vote D11, Ministry of Health, and that the amount be reduced from Sub-Vote 114, Head 643, Item 318 and that the same be put to rural health on provision of health care.

The Temporary Deputy Chairman (Mr. Khamasi): Order! Order, Mr. Muturi! You cannot re-allocate. The way the Motion is and the way it is presented on the---

Mr. Muturi: Mr. Temporary Deputy Chairman, Sir, let me explain the genesis of my Motion.

The Temporary Deputy Chairman (Mr. Khamasi): Yes, but then, you cannot extend to re-allocating!

Mr. Muturi: I agree. The position is that this amount of money is proposed to be given to the Kenya Medical Research Institute (KEMRI) to pay to the National Bank of Kenya. The Chairman holds a title deed to a piece of land to which the Government of Kenya has already provided in the past the sum of Kshs400 million. The construction has never taken off or whatever has been done is so little. Therefore, payment of this money to the National Bank of Kenya (NBK)

from money taken from the Ministry of Health is really a disservice to the nation and the Ministry.

(Question of the reduction proposed)

Dr. Galgalo: Mr. Temporary Deputy Chairman, Sir, I want to support this amendment because these are, first of all, Government of Kenya funds. It is not donor aid. This is money which people are scheming to pay individuals for corrupt purposes and we want it to be taken back to help the Ministry of Health improve its services to Kenyans.

Mr. Temporary Deputy Chairman, Sir, I want to appeal to the Minister for Finance to make sure that this money gets back to the Ministry of Health. The Minister can then come with Supplementary Estimates so that this House can help her pass them and thus improve services to our people rather than pay individuals for corrupt purposes.

Thank you.

*(Mrs. Ngilu moved to the
Dispatch Box)*

The Temporary Deputy Chairman (Mr. Khamasi): Order, Madam Minister! Let us be orderly! There is a way we do things here. You do not stand and come to the microphone when another hon. Member is still there! Madam Minister, now you are free! Do what you want to do!

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Speaker, Sir, I just want to say that I accept his proposal.

(Applause)

These funds will not be used for what is put here but they will be used for health services.

The Temporary Deputy Chairman (Mr. Khamasi): The effect of that is that we are reducing your Vote by a similar amount!

The Minister for Health (Mrs. Ngilu): No, Mr. Temporary Deputy Chairman, Sir!

The Temporary Deputy Chairman (Mr. Khamasi): Do not command the Chair! The effect of your response to that is that your total Development Vote---

The Minister for Health (Mrs. Ngilu): No, Mr. Temporary Deputy Chairman, Sir!

The Temporary Deputy Chairman (Mr. Khamasi): Yes, that is what it is!

The Assistant Minister for Finance (Mr. Obwocha): On a point of order, Mr. Temporary Deputy Chairman, Sir.

The Temporary Deputy Chairman (Mr. Khamasi): What is it Mr. Obwocha? Let it be a point of order!

The Assistant Minister for Finance (Mr. Obwocha): On a point of order, Mr. Temporary Deputy Chairman, Sir. I was wondering whether we would be in order to re-allocate these funds to another item.

Hon. Members: No, we are not re-allocating!

The Assistant Minister for Finance (Mr. Obwocha): Mr. Temporary Deputy Chairman, Sir, the net effect---

The Temporary Deputy Chairman (Mr. Khamasi): Order! Order, Mr. Obwocha! Hon. Members on the Front Bench to my left, could you respect the Chair? At any given time, only one person can preside over the proceedings of this House. Not everybody! Please, respect the Chair!

Mr. Obwocha, could you complete your argument?

The Assistant Minister for Finance (Mr. Obwocha): Mr. Temporary Deputy Chairman, Sir, I was wondering whether, under our Standing Orders, these funds can be reduced from this item and re-allocated to another item. As far as I know, you can only reduce these Estimates by K£20,

but---

The Temporary Deputy Chairman (Mr. Khamasi): Order! Order, Mr. Obwocha! The way the Motion---

*(Several hon. Members stood up
in their places)*

Order! Order! Mr. Mwenje, could you sit down? The Motion does not seek to re-allocate any part of this amount. I stopped Mr. Muturi from moving a similar amendment because our Standing Orders do not allow it. The Mover seeks to reduce the Ministry's Development Vote by the amount stated in the Motion. After that, the Minister stood up and said that she supports the Motion. Unless she is rescinding---

The Minister for Health (Mrs. Ngilu): On a point of order, Mr. Temporary Deputy Chairman, Sir.

The Temporary Deputy Chairman (Mr. Khamasi): Order! Mrs. Ngilu, could you be orderly? Unless you want to rescind what you said, the Vote will be reduced by the stated amount. I am chairing this session and I heard you clearly! Unless you retract your statement, that is what will happen!

Mr. Angwenyi: On a point of order, Mr. Temporary Deputy Chairman, Sir. There seems to be a problem of information gap. Could the Minister seek advice from the Director of Budget?

The Temporary Deputy Chairman (Mr. Khamasi): Order! Order!

Mr. Angwenyi: Let me finish what I am saying, Mr. Temporary Deputy Chairman, Sir---

The Temporary Deputy Chairman (Mr. Khamasi): Order! Order, Mr. Angwenyi! You are trying to suggest that the Minister does not seek advice from her officers. That is not right. Would you like to say something else?

Mr. Angwenyi: Yes, Mr. Temporary Deputy Chairman, Sir. If we reduce this amount, will it remain within the Ministry or it will go to another Ministry? What will happen to the amount that will be reduced from this Vote?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I want to retract my earlier statement. I appeal that this money be left within the Ministry's Vote. I would like to assure the House that it will not be used for the purpose stated in the Printed Estimates. It will be used for other purposes that will be agreed between my Ministry and the Treasury.

Dr. Godana: On a point of order, Mr. Temporary Deputy Chairman, Sir. This is a very grave matter. The Minister initially agreed that the objections raised were genuine. She said that the proposed allocation for the purpose of settling the debt is ill-advised and unjustifiable. Now she says: "Nonetheless, let it stay." She wants to have the freedom to spend it on something else yet, as Parliament, we are voting it for the specific purpose of settling the debt. She is telling us that she will have power not to use it for the purpose for which Parliament is voting it, but for another purpose.

I think that is completely out of order.

The Temporary Deputy Chairman (Mr. Khamasi): Dr. Godana, you are right in your argument.

(Loud consultations)

Order! Order, Mr. Obwocha, Ms. Karua and Mr. Githae! It is a simple matter. I have not put this Motion to the vote. The Minister can propose an amendment to it. By the end of the day, I will put it to the vote and whoever carries it, carries the day.

Madam Minister, do you have anything else to say or are you rejecting the Motion as it is?

The import of this Motion is to reduce your Ministry's Development Vote by the stated amount. You cannot re-allocate this amount to another item, because that option is not provided for in our Standing Orders. So, you either support it or reject it.

Mr. Mwenje: On a point of order, Mr. Temporary Deputy Chairman, Sir!

The Temporary Deputy Chairman (Mr. Khamasi): Order! Order!

Madam Minister!

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, my proposal is that this money remains in the books. It should not be removed but it should be allowed to be used for other purposes.

Hon. Members: How?

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I say this because I did sit down with Dr. Galgallo and Mr. Muturi and they said we could have this money for sub-district and district hospitals.

Mr. Poghiso: Mr. Temporary Deputy Chairman, Sir, the Minister does not mean bad at all. She has very good intentions for the Vote and we also mean well on this side. The truth of the matter is that this money is going to the National Bank of Kenya (NBK). It is not going to be used by the Minister at all. It is not useful money for her and her Ministry at this point. I think she needs to understand that, so that if it is left to go, it is not going to affect the monies she is going to use for her work. This is money which is going to pay a debt. It is money which is voted wrongly because that is a debt to some individual and it is not going to be of overall good to the Ministry of Health and I want the Minister to understand that. We mean well. She means well. Let us go together.

The Assistant Minister for Finance (Mr. Obwocha): Mr. Temporary Deputy Chairman, Sir, the people who printed these Printed Estimates, plus the Minister, had allocated this money because the Government, through certain papers, had guaranteed a certain amount of money to NBK. When Parliament passes these Estimates, and if these debts are not justifiable, the Ministry can refuse to requisition this money from the Exchequer. Those of us in the Exchequer cannot release this money unless we are satisfied that this money is going to pay for debts that the Government of Kenya has requested.

Mr. Temporary Deputy Chairman, Sir, so, when the Minister reversed her earlier decision because she got more facts, she was aware that this money cannot be reduced from her Vote. So, I am pleading that this be understood.

Hon. Members: On a point of order, Mr. Temporary Deputy Chairman, Sir.

The Temporary Deputy Chairman (Mr. Khamasi): Order, all of you!

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I would like to move an amendment.

The Temporary Deputy Chairman (Mr. Khamasi): Order, Madam Minister!

Hon. Members: On a point of order, Mr. Temporary Deputy Chairman, Sir.

The Temporary Deputy Chairman (Mr. Khamasi): No! Everybody wants to talk at the same time! We cannot do that. Mr. Mwenje, what have you got to say?

Mr. Mwenje: Mr. Temporary Deputy Chairman, Sir, I think, let us also be very honest this time. The Minister has been very honest and she agreed clearly that this money was actually misallocated because it was going to pay a debt. We even know who is going to be paid this money by the NBK. So, even if we allow the money to be with the Ministry, the Minister should tell us how it is going to be spent. Even if it remains with the Ministry as hon. Obwocha has tried to explain, we run a risk, since any officer who knows that there is Kshs544 million which is not going to be used will either misuse it or even steal it!

Could the Minister tell us who is going to be paid the money?

Mr. Billow: On a point of order, Mr. Temporary Deputy Chairman, Sir. I heard you say very clearly that until the Question is put, the Minister is free to channel that amount into any other

use. Could you clarify exactly what she can or she cannot do?

The Temporary Deputy Chairman (Mr. Khamasi): Order! I did not say what you are saying Mr. Billow! All I said is that we are just going round in circles. By the end of the day, we either approve what is in the Printed Estimates, or we do not. We either carry this Motion the way it is, or we do not. That is the ultimate end. We are trying to get an understanding of how we can work out things. So, I will give only two chances then I put the Question.

Proceed, Mr. Salat!

Mr. Salat: Mr. Temporary Deputy Chairman, Sir, as you heard from the Minister, she is also unhappy that this amount was given to the National Bank of Kenya (NBK). As my colleagues said, we mean well for this country. Whatever will be decided here today, Treasury will have no choice but to pay. What we, as Parliament, will decide will be final! So, if you reject it because of your numerical strength, this money will definitely have to be paid to NBK.

The Assistant Minister for Finance (Mr. Obwocha): On a point of order, Mr. Temporary Deputy Chairman, Sir. When Parliament passes these Votes, it is prudent of Treasury to pay what it thinks is within the limit that has been approved. However, Mr. Salat says Treasury will pay everything! You cannot force---

*(Several hon. Members stood up
in their places)*

The Temporary Deputy Chairman (Mr. Khamasi): Order, all of you!

The Minister for Finance (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, pursuant to Standing Order No.41 on amendments of Notices of Motions, I would like to move an amendment to this Motion to read as follows:

THAT, pursuant to the provisions of Standing Order No.142(3), an amount of Kshs544,896,415 be retained in the Ministry of Health for the purposes other than paying the National Bank of Kenya.

The Temporary Deputy Chairman (Mr. Khamasi): Order! Madam Minister, you cannot do that because that Standing Order you referred to is very clear.

*(Several hon. Members stood up
in their places)*

Order, hon. Members! Now, it is very clear that we must dispose of this Sub-Vote. Therefore, I will put the Question!

*(Question of the reduction put
and negatived)*

(Heads 113, 340 and 643 agreed to)

(Sub-Vote 114 agreed to)

SUB-VOTE 116 - MEDICAL SUPPLIES CO-ORDINATING UNITS

(Head 355 agreed to)

(Sub-Vote 116 agreed to)

(Vote D11 agreed to)

(Question put and agreed to)

*(Resolution to be reported
without amendment)*

The Minister for Health (Mrs. Ngilu): Mr. Temporary Deputy Chairman, Sir, I beg to move that the Committee of Supply do report to the House its consideration of the Resolution and its approval of the same without amendment.

*(Question put and agreed to)
(The House resumed)
[Mr. Deputy Speaker in the Chair]*

REPORT

Vote 11 - Ministry of Health

Mr. Khamasi: Mr. Deputy Speaker, Sir, I am directed to report that the Committee of Supply has considered the Resolution that a sum not exceeding Kshs9,878,777,265 be issued from the Consolidated Fund to complete the sum necessary to meet expenditure during the year ending 30th June, 2005, in respect to Vote 11 - Ministry of Health, and has approved the same without amendment.

The Minister for Health (Mrs. Ngilu): Mr. Deputy Speaker, Sir, I beg to move that the House doth agree with the Committee in the said Resolution.

The Minister for Water (Ms. Karua) seconded.

(Question proposed)

Mr. Poghiso: Thank you, Mr. Deputy Speaker, Sir. In supporting this Motion, I would like to state that it is important that Ministers know that they have to earn their salaries and, therefore, they should be here. I am glad that we have done that.

Mr. Deputy Speaker, Sir, we have also sent a message across that we will scrutinise each and every item in their budgets. We are now scrutinising those items more seriously than we used to do in the past. We are coming up with ideas for them. But I appreciate the attitude the Minister has. It is really good because she is working to support health and I support her Vote.

Mr. Mwenje: Mr. Deputy Speaker, Sir, while I support the Vote, the only observation I would like to make is that, when it comes to paying the Kshs544 million which we have just authorised, we need to be very careful because donors will be very keen to see how that money will be spent. I hope the Minister will ensure that, that money will be used for the intended purpose. It appears that the money was put in the books by the people from the Treasury and not her own Ministry.

Mr. Deputy Speaker, Sir, the other observation that I would like to make is that quarterly reports to this House on how that money is spent are mandatory. We have never received any quarterly reports. We need to remind this Ministry that we need to see quarterly reports on how they spend the money authorised by this House.

Dr. Galgallo: Mr. Deputy Speaker, Sir, I wish to express my disappointment with the fact

that, we are giving money to pay a debt which was irregularly incurred. The Minister, in her contribution, concurred with us that, that debt was irregular. But the Government side, by using its numbers, unfairly pushed it through. My appeal now is that, that money should never be paid to those people. We also want to appeal to the Minister for Finance, who is here, not to reduce that money from the Ministry's budget. It should reallocate that money for utilisation in other departments

where finances are badly needed. But we want to say that it was not proper for that kind of money to be allocated.

With those few remarks, I beg to support.

Mr. Khamasi: Mr. Deputy Speaker, Sir, I want to congratulate the Minister for being lucky enough to have this Vote passed by the House. This is a Ministry that was bedeviled by corruption.

Mr. Deputy Speaker, Sir, we believe that corruption will be checked and all monies that we have voted--- The opposite side has been very careful in scrutinising this Vote. It is obvious that there are errors. Those errors can be checked at the Ministry level, so that we are not accused time and again by our development partners that we are corrupt. We want to see corruption out of that Ministry.

With those few remarks, I beg to support.

The Minister for Health (Mrs. Ngilu): Mr. Deputy Speaker, Sir, I would like to thank hon. Members and say that I moved the amendments to show them our desire and commitment to ensure that resources passed by this House will be used properly. I commend them for checking our Vote thoroughly, so that we do not make mistakes. I am aware that all the funds that we get through Parliament are supposed to serve the rural poor. I am going to ensure that, that is done.

(Question put and agreed to)

ADJOURNMENT

Mr. Deputy Speaker: Hon. Members, it is now time for the interruption of business. The House is, therefore, adjourned until tomorrow Thursday, 8th July, 2004, at 2.30 p.m.

The House rose at 7.35 p.m.